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In-Depth Implementation Study

Staff Survey for Teachers and Health Educators

July 2016

INTRODUCTION AND INSTRUCTIONS

Thank you for helping with this important study. Your input on this survey will help us to understand how you are implementing Making Proud Choices. This survey asks questions about (1) how you see yourself as a member of the Making Proud Choices team in your organization or school, (2) how you see your organization or school supporting Making Proud Choices, and (3) the implementation of Making Proud Choices itself. The survey should take about 30 minutes to complete.

We invite you to participate in this survey. We hope you will find it interesting to describe your organization and the Making Proud Choices.

PRIVACY

Your responses will be kept private. Your identity and/or organizational affiliation will not be revealed in reports, presentations, or articles and will not be recognizable to anyone beyond the research team. We will use a study

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

identification number to track responses and follow up with non-respondents.

In any reporting, we will not include your name or title. All responses will be reported as a group response only, for example, "Most program staff reported that . . ."

Please give your most honest and complete answers so that your thoughts and opinions can help provide a better understanding of Making Proud Choices, how it's operating, and how best to strengthen it. Your responses will be used for research purposes only. Your individual responses will not be shared with the funder, other staff from your organization, or anyone outside the research team; and, again, your name will not be on this survey.

COMPENSATION AND FREEDOM TO WITHDRAW

Completion of this on-line survey is voluntary. There is no compensation for completing this on-line survey. You may refuse to answer specific questions or discontinue your participation at any time without any penalty. There are no right or wrong answers to these questions.

Please answer questions to the best of your ability. If a question asks about an issue you do not deal with in your position, please choose the "N/A" (Not Applicable) option.

If you have a comment or a question about the survey or would like to clarify or amend an answer in any way, we have included a space at the end of the survey where you can record your additional thoughts or comments.

Thank you for your participation!

|_|_| / |_|_| / |_|_|_|_|
Month Day Year

GENERAL INSTRUCTIONS

- PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED.
- PLEASE READ EACH QUESTION CAREFULLY. There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question. Here are some examples:

1. **Are you male or female?**

- 1 Male
2 Female

**If you are a male, you would mark (X)
in the first box as shown.**

2. **Please rate how much you agree or disagree with the following statements:**

SELECT ONE RESPONSE PER ROW

	STRO NGLY DISA GREE	DISA GREE	NEIT HER AGRE E NOR DISA GREE	AGRE E	STRO NGLY AGRE E
a. I love ice cream.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**If you
strongly**

A. BACKGROUND AND EXPERIENCE

This first section of questions asks you about your role in Making Proud Choices, your general background, and your training for Making Proud Choices.

1. Which of the following best describes your role with Making Proud Choices?

MARK ONE ONLY

- 1 Classroom teacher employed by the school where the program is being delivered
2 Health educator or facilitator employed by a partner or community-based organization

2. What is your age?

|_|_| AGE

3. Are you male or female?

- 1 Male
2 Female

4. Are you Hispanic/Latino?

- 1 Yes
0 No

5. Are you . . . ?

MARK ALL THAT APPLY

- 1 Mexican, Mexican American, Chicano/a
2 Puerto Rican
3 Cuban
4 Of another Hispanic, Latino/a, or Spanish origin
na Not applicable

6. What is your race?

MARK ALL THAT APPLY

- 1 American Indian or Alaska Native
2 Asian
3 Black or African American
4 Native Hawaiian or Other Pacific Islander
5 White
6 Other (*Please specify*)

7. What is the highest level of education you have completed?

MARK ONE ONLY

- 1 Some high school
- 2 High school diploma or equivalent
- 3 Postsecondary vocational or technical training
- 4 Some college, no degree
- 5 Associate's degree
- 6 Bachelor's degree
- 7 Master's degree
- 8 Doctorate or other professional degree

8. What is your profession or area of work?

MARK ALL THAT APPLY

- 1 Sexual and reproductive health counseling
- 2 Other counseling
- 3 Education
- 4 Psychology
- 5 Social work/human services
- 6 Medicine
- 7 Administration
- 8 Other (*Please specify*)

9. How many years of experience do you have working with youth (either working directly with youth or in youth program administration)?

MARK ONE ONLY

- 1 None
- 2 Less than 6 months
- 3 6 to 12 months
- 4 More than 12 months to 3 years
- 5 More than 3 years to 5 years
- 6 More than 5 years

10. How long have you worked for in your current role (as health teacher or health educator)?

MARK ONE ONLY

- 1 Less than 6 months
- 2 6 to 12 months
- 3 More than 12 months to 3 years
- 4 More than 3 years to 5 years
- 5 More than 5 years
- na Not applicable

11. Besides teaching this class, what other responsibilities do you have?

MARK ALL THAT APPLY

- 1 Teaching other health classes in school
- 2 Teaching additional subjects in school
- 3 School administration
- 4 Program administration or development
- 5 Teaching health in community-based settings
- 6 No other responsibilities
- na Not applicable

12. How would you describe your workload?

MARK ONE ONLY

- 1 Overwhelming
- 2 Somewhat challenging
- 3 Just right
- 4 A little light
- 5 Very light

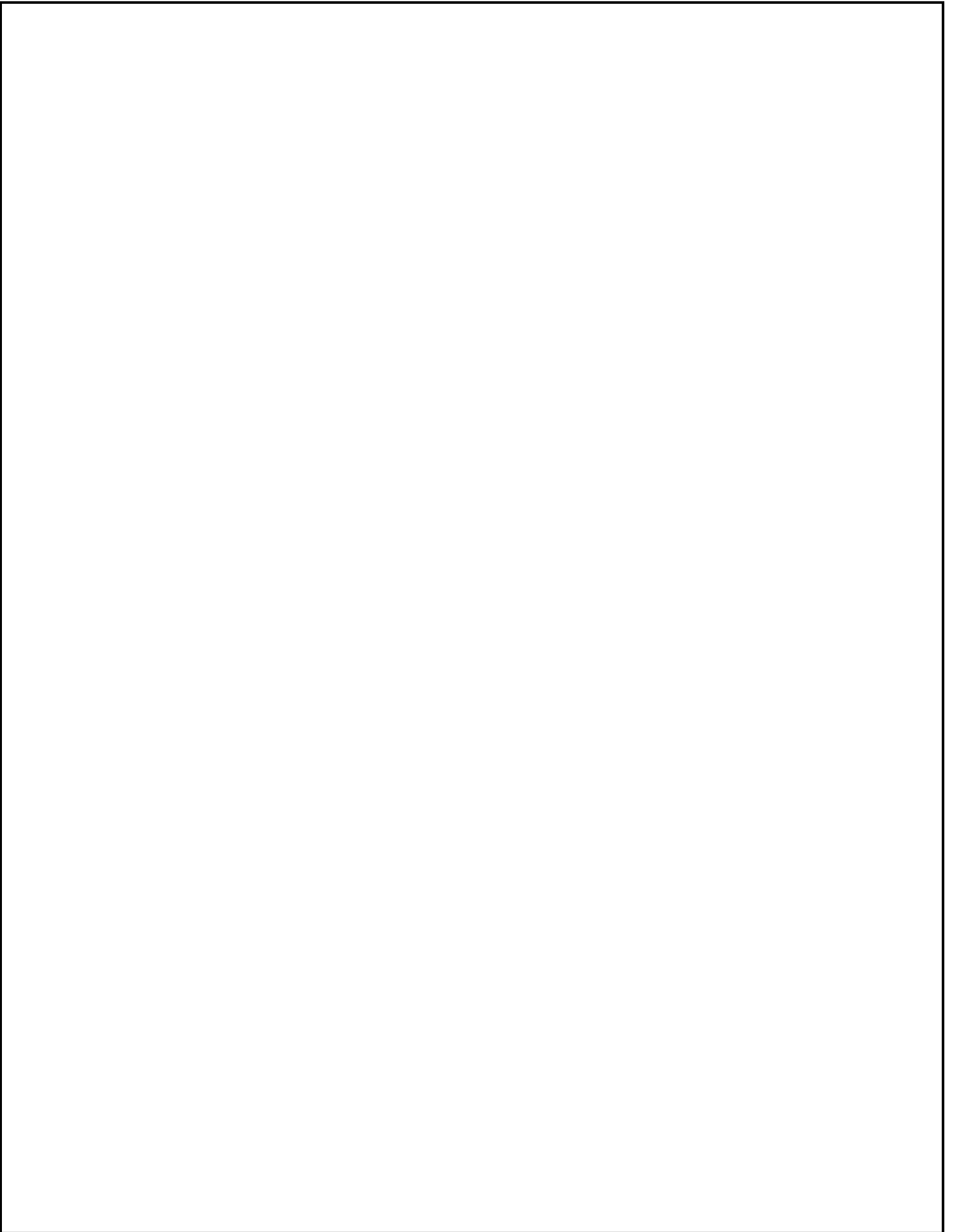
13. How long have you been providing education related to teen pregnancy prevention?

MARK ONE ONLY

- 1 Less than 6 months
- 2 6 to 12 months
- 3 More than 12 months to 3 years
- 4 More than 3 years to 5 years
- 5 More than 5 years
- na Not applicable

14. Is this the first time you have delivered a classroom-based comprehensive sex education program?

- 1 Yes
- 0 No



B. TRAINING AND SUPPORT

The next questions ask about the types and frequency of training you needed or have received in order to implement the program.

15. Before you began delivering Making Proud Choices at your school, what kind of formal training did you receive to implement the program?

MARK ALL THAT APPLY

- 1 No formal training
- 2 In-person training by developer or certified trainer
- 3 In-person training by school staff
- 4 In-person training by staff outside the school (such as from a community-based organization)
- 5 Webinar(s) conducted by developer or certified trainer
- 6 Webinar(s) conducted by school staff
- 7 Webinar(s) conducted by staff outside the school (such as from a community-based organization)
- 8 Review of Training manual
- 9 Review of implementation plans
- 10 Other (*please describe*):

na Not applicable

16. What kind of ongoing training to support implementation of Making Proud Choices did you receive?

MARK ALL THAT APPLY

- 0 None
- 1 Review of training manual and implementation strategies with developer or certified trainer
- 2 Review of training manual/implementation strategies with school- or organization-based supervisor
- 3 Periodic webinar provided by developer or certified trainer
- 4 Periodic webinar provided by school or community-based organization
- 5 Other training provided by developer or certified trainer
- 6 Other training provided by school or community-based organization
- 7 Other (*Please describe*):

17. Other than training provided by HTN for this study, have you received any other supplementary training on implementing this program?

1 Yes

0 No → SKIP TO Q.19

18. In the past 6 months, how frequently have you received supplementary training or feedback to help you implement Making Proud Choices from either the developer, the school where you deliver the program, or from other staff outside the school?

MARK ONE ONLY

1 Once a week

2 Once every two weeks

3 Once every three weeks

4 Once a month

5 Once every six months

8 I have not received any supplementary training or feedback to help me implement this program in the last 6 months

na Not applicable – there was no supplementary training or feedback offered for this program

19. What additional health education training, if any, beyond any for Making Proud Choices have you ever received?

MARK ALL THAT APPLY

1 None, no training beyond that provided for Making Proud Choices

2 Training on teaching general health topics

3 Training on teaching youth about sexual health, STI prevention, and teen pregnancy prevention

4 Training on youth development topics

5 Training on preventing or reducing risky behaviors among youth

6 Training on teaching youth about healthy relationships

7 Other (*please describe*)

na Not applicable – there was no other training offered.

The next set of questions also focuses on your experience and training. Please check the box that best describes how much you agree or disagree with each item.

20. I need more training on. . .

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Communicating effectively with youth participants.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Engaging youth participants in program topics and materials.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Improving participants' decision-making skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Improving participants' negotiation and refusal skills.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Teaching and demonstrating the correct use of condoms and/or other methods of birth control.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Delivering program content with fidelity.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. Delivering the program in the classroom setting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Other: Please describe..... _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

1 I have all the skills I need to implement the Making Proud Choices

C. IMPLEMENTATION

Sometimes staff have to make changes in program implementation to meet the needs of participating youth, the timeline, organizational resources, or some other factor. The next questions are about adjustments or adaptations you made to your program for any reason.

21. Which of the following best describes what adjustments or adaptations you have made while implementing Making Proud Choices:

- 1 I have been able to use the program exactly as defined by the developer (without any adjustments or adaptations) and meet the needs of my students
- 2 I have made minor adjustments or adaptations to the program design in order to meet for it to work for my students
- 3 I have made significant adjustments or adaptations to the program's design (for example: structure, content, methods) in order to make it work for my students

22. Which of the following adjustments or adaptations did you make to the program's design in order to meet your students' needs?

MARK ALL THAT APPLY

- 0 No changes made
- 1 Changed procedures and methods
- 2 Changed the sequence of sessions or activities
- 3 Increased the number of sessions
- 4 Decreased the number of sessions
- 5 Increased the length of sessions
- 6 Decreased the length of sessions
- 7 Changed program content
- 8 Changed program materials
- 9 Added specific content
- 10 Deleted specific content
- 11 Other (*Please specify*): _____

D. IMPLEMENTATION SETTING & CONDITIONS

23. Please rate how much you agree or disagree with the following statements:

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Implementing a program like Making Proud Choices was challenging in the school setting...	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. There were internal school policies in place that conflicted with the approach and content of Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Implementation of a program like Making Proud Choices was not difficult in the school setting.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

E. STRUCTURAL BARRIERS TO IMPLEMENTATION

24. Please rate how much you agree or disagree with the following statements:

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. The workload and pressures I faced decrease my motivation to implement the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. It is too difficult to adapt information and skills learned in trainings in order to implement the program with fidelity.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. The resources that were available to me, helped facilitate program implementation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Staff attitudes and preferences supported the introduction of the program.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Staff attitudes and preferences made it difficult to implement the program with fidelity.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

F. COMMUNICATION SYSTEM

25. Please rate how much you agree or disagree with the following statements:

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. I knew who to communicate with about challenges or issues related to Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I was never sure whom I should talk to about issues related to Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

G. ORGANIZATIONAL CLIMATE

26. Please rate how much you agree or disagree with the following statements.

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. My organization or school clearly defines areas of responsibility and authority for supervisors and teachers involved in Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. My organization or school promotes team building to solve problems with implementing Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. My supervisors give clear, concrete feedback that I can use to improve the delivery of Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. My supervisors regularly observe my work and coach me in how to implement Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

H. ADEQUACY OF RESOURCES TO SUPPORT PROGRAM IMPLEMENTATION

Please rate how much you agree or disagree with the following statements:

27. In my organization/school, for the implementation of Making Proud Choices. . . ?

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. We have the necessary budget or financial resources needed to implement our Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. We have the necessary staffing to implement the Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. We have the necessary staff training needed to implement the Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. We have the necessary time to support continuous improvement of Making Proud Choices implementation.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

I. ATTITUDES TOWARD MAKING PROUD CHOICES

28. Please rate how much you agree or disagree with the following statements:

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. I feel like Making Proud Choices can make a difference for youth.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Making Proud Choices addresses many of the risks youth in our school and community face.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Making Proud Choices fits well with the values and philosophy of our school.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

29. Please rate how much you agree or disagree with the following statements. In my community. . .

SELECT ONE RESPONSE PER ROW

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. There are other programs that address topics that are the same as or similar to Making Proud Choices.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Many groups and/or individuals do not support teaching comprehensive approaches to pregnancy and STD prevention.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. There is broad support for programs that address reducing teen sexual risk behaviors.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

30. Please use the space below to share any other thoughts or information related to your experience implementing Making Proud Choices.

Thank you for taking the time to complete this survey.