

**Evaluation of The FOCUS Program**

**2015-2016**



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## Executive Summary

The purpose of The FOCUS Program is to reduce adolescent risk behaviors related to HIV/AIDS by providing youth with information, training, social skill development, and community service opportunities in a school-based program. This evaluation covers the 2015-2016 academic year and assessed the objectives and activities related to two major program goals. The evaluation team reviewed numerous records and analyzed data from a Risk Behavior Survey administered to five schools. *The evaluation concludes that the program is successful in making progress towards its goals.* A synopsis of the key findings, challenges, and recommendations follow:

### **Goal 1: Establish The FOCUS Program in all 67 counties in Alabama.**

- Recruitment, outreach, and training for high school facilitators occurred every month.
- The FOCUS Program website (<http://www.thefocusprogram.com/>) provides a thorough overview of the program, and has an average of approximately 428 visits per month.
- Evaluation of the 2015 summer facilitator training indicated that participants learned a great deal and felt prepared to implement The FOCUS Program at their schools.
- *These efforts resulted in a total of 192 institutions in 59 counties participating in The FOCUS Program for the 2015-2016 academic year, an increase from the previous year. Improvement in the number of Black Belt County schools participating was noted.*
- Persistent challenges for reaching full state-wide participation include the lack of teacher incentives, remuneration for travel, and the fact that teachers already assume many responsibilities outside of the classroom and do not have time to take on The FOCUS Program.
  - To address this issue, additional training and recruitment efforts could be conducted online through webinars and virtual meetings, which might reduce some of the burden on teachers.

### **Goal 2: Reduce the incidence of adolescent risk behaviors which lead to HIV infection.**

- Students and facilitators attended two state-wide conferences that provided workshops and educational activities:
  - The 12<sup>th</sup> Annual Alabama Youth Council was held October 8, 2015 in Montgomery, and had 70 adult and 310 student attendees representing 19 different schools.
  - The 13<sup>th</sup> Annual FOCUS Rally was held on April 28, 2016 in Talladega with 601 attendees (including 138 adult) from 29 different schools.
- *The evaluation surveys conducted at the conferences indicated highly positive attitudes with respect to learning and education. The evaluation concluded that the program was successful in providing high school students with education on a range adolescent risk behaviors.*
- A Youth Risk Behavior Survey was administered in five schools that had participated in The FOCUS Program. Although results cannot be directly attributed to The FOCUS Program, high school participants reported lower levels of smoking and marijuana use relative to state-wide averages.

### **Recommendations**

- Increasing school participation in the highly rated Alabama Youth Council and the FOCUS Rally for Awareness was identified as a potential area for improvement.
  - Changes are currently underway to make the conferences available at more convenient times and locations.
  - Seeking donations from corporate sponsors, government entities and other sources to offset the cost of attendance was also recommended.
- Findings from the Risk Behavior Survey suggest that the use of vapor products and alcohol consumption may need attention in programming.
- Assessing how The FOCUS Program impacts risk behaviors continues to be a challenge. The administration of the Risk Behavior Survey is a step in the right direction. Improving the administration methodology will be important to addressing this challenge in the future.

## **Evaluation of The FOCUS Program 2015-2016**

### **OVERVIEW OF THE FOCUS PROGRAM**

The FOCUS Program promotes school and community partnerships for prevention of HIV/AIDS in youths and adolescents. The FOCUS Program was developed in Jacksonville City Schools in Jacksonville, Alabama in 1997. The program has since been implemented throughout the state of Alabama, and for the 2015-2016 academic year, 192 institutions in 59 counties participated. Implemented in high schools and junior high schools under the guidance of an onsite school facilitator, it provides youth with focus group training, peer-helping, peer mediation, peer tutoring, violence prevention, and positive decision-making skills. One of the key components of The FOCUS Program is that it not only increases adolescents' knowledge about HIV/AIDS, but it also increases their social and leadership skills and involves them in the planning and implementation of prevention activities, such as monthly health observances and annual health fairs. Additionally, students engage in service learning activities throughout the school year. School facilitators, who guide and supervise the students, are trained through summer workshops and local training sessions. There are two state-wide events held for students and facilitators each year: the Alabama Youth Council in the fall and the FOCUS Rally for Awareness in the spring. These events provide informational speakers, workshops related to various risk behaviors, and positive youth development programs.

The FOCUS Program in Alabama aims to meet three overarching goals, and to achieve each goal, additional objectives have been identified:

Goal 1: Establish The FOCUS Program in all 67 counties in Alabama.

- Provide The FOCUS Program information to school administrators, teachers, counselors, and nurses in Alabama schools and communities to achieve participation with a minimum of eighty schools.
- Provide training and on-going support to adult facilitators who register with The FOCUS Program.

Goal 2: Reduce the incidence of adolescent risk behaviors which lead to HIV infection.

- Provide training and opportunities for youth/adolescents to be involved in the planning of education and prevention activities, peer-helping, and leading focus groups, which will increase their knowledge regarding HIV/AIDS infection.
- Recognize outstanding FOCUS Programs and youth/adolescent leadership.

Goal 3: Have the state director of The FOCUS Program actively participate in the Alabama Department of Public Health's State Prevention Council and Community Prevention Groups for HIV/AIDS prevention in various public health areas.

- Participate in the Alabama Department of Public Health's HIV Prevention and Planning Group (HPPG) and Area HIV Prevention Network Groups (HPNG).

## **SCOPE OF THE EVALUATION**

The Institute for Social Science Research (ISSR) at The University of Alabama was initially hired in March 2015 to conduct an evaluation and this report marks the second annual evaluation of the program. After discussions with Sue Jones, Director of The FOCUS Program, it was decided that the evaluation would concentrate on the first two goals related to the implementation of the program for the most recent academic year (Fall 2015 - Spring 2016).

## **METHODOLOGY**

An evaluation plan (Appendix A) was developed that included measures associated with the goals, objectives, and activities as described in the proposal. Information was sought from several sources: quarterly reports provided by the director, previous reports on state-wide events (Alabama Youth Council, FOCUS Rally for Youth, Facilitators Summer Training), the Facilitator's Implementation manual, The FOCUS Program website, and additional documents provided by the director.

To assess risk behaviors and attitudes, an adapted version of the Youth Risk Behavior Survey (YRBS; see Appendix B) was administered in five schools that included two junior high schools and three high schools. The five participating schools were selected by the Director of The FOCUS Program to represent a range of program types. Three of the schools (including both junior high schools) implemented the program as an extra-curricular activity and two high schools incorporated the program into an existing course. The schools were located throughout the state, representing four counties in the west-central, southern, and east-central regions of Alabama.

The Risk Behavior Survey asked questions about four risk areas: tobacco, alcohol, marijuana, and sexual activity. For each risk behavior students were asked if they had ever engaged in the behavior and additional behavioral questions aligned with the national outcome measures included on the YRBS. Questions were also asked about perceived harm/risk, perceptions of friends' engagement in risk behaviors and perceptions of available resources and support.

The original evaluation plan was to administer the Risk Behavior Survey to all students at the school who were participating in The FOCUS Program, whether in a class or an extracurricular activity. In addition, the Risk Behavior Survey was to be administered to a comparable group of students at each school who had not participated in The FOCUS Program. In this way, it was expected that the comparison group of students would be similar with respect to key demographic characteristics, including school characteristics, grade level, age, gender, and race, that are often associated with engaging in risky behavior. Unfortunately, there were significant differences in the demographic composition of the FOCUS and comparison groups. As a result, differences between the groups with respect to risk behaviors could not be clearly interpreted. Nevertheless, meaningful comparisons can be made between participants in FOCUS and the 2015 Alabama State level statistics on the YRBS, available from the Center for Disease Control website (<https://nccd.cdc.gov/youthonline/App/Default.aspx>). The YRBS sample is selected to be representative of high school students in the state and thus provides unbiased data on risk behaviors for students in Alabama. The 2015 data were available for high school students (grades 9 – 12), but the most recent middle school data were from 2009, which was deemed too outdated to be meaningful. A search was also made for PRIDE Survey state-wide results, which includes similar risk behavior questions, but again the data available were several years old. Thus, for 7th and 8th grade FOCUS participants, no comparisons could be made due to the lack

of state level data and an appropriate comparison group. Descriptive statistics are provided for the junior high school students, which are still useful for gleaning insight into the risk behaviors that are most commonly reported and their attitudes toward them. Although not all of the data are used in the following report, Tables B1 – B4 in Appendix B provide descriptive statistics at the school level, disaggregated by comparison and FOCUS Program participants.

## **EVALUATION FINDINGS**

The evaluation is organized around each of the goals and their corresponding objectives and activities. (See Appendix A for the complete evaluation rubric.)

### **GOAL 1: Establish The FOCUS Program in all 67 counties in the state of Alabama.**

**Objective 1:** Provide The FOCUS Program information to school administrators, teachers, counselors, and nurses in Alabama schools and communities to achieve participation with a minimum of eighty schools.

**Activities:** a) program dissemination and b) in person promotion/training activities.

Regularly occurring program dissemination and recruitment activities are evident from the quarterly reports that covered the period from July 2015 through June 2016. Schools were contacted through emails, phone calls, and face-to-face meetings; presentations and promotional displays were given at 15 conferences and multiple workshops. A two-day summer workshop was held for FOCUS facilitators July 21-22, 2015. (A second facilitators training occurred in June 2016, but is not included in this report.) Press releases related to the Alabama Youth Council and FOCUS Rally workshops were also made. Many of these activities served multiple purposes, including recruiting new schools, maintaining currently participating schools' enrollment, and providing youth training. At least 30 school site visits were made for the purposes of recruitment, promotion, or training. Contact through various outreach initiative reached each of the 11 Alabama Public Health Areas during the year, most receiving multiple contacts; however PHA's 2 (northeast) and 10 (south east) had relatively fewer contacts compared to the other areas. A total of 11 newsletters were sent (approximately once a month). The FOCUS Staff presented at 10 school assemblies or health fairs, attended or hosted 15 conferences

The FOCUS Program website (<http://www.thefocusprogram.com/>) provides a thorough overview of the program, information about events, a mechanism to sign up for newsletters, and a photo gallery. The site has an average of 428 visits per month, according to data available in the quarterly reports. The website also has a link to a Facebook page and a twitter feed that were used to welcome new schools and announce upcoming events. The Facebook page is especially active with multiple posts each month announcing or documenting different activities.

Additional publicity related to The FOCUS Program and adolescent risk prevention occurred in the form of articles in Alabama Nursing Quarterly and Progressive Magazine. FOCUS was featured in the "Parent to Parent" television news spotlights on WFSB television (Montgomery).

**Objective 2:** Provide training and on-going support to adult facilitators who register with The FOCUS Program.

**Activities:** a) plan and implement a summer training conference, b) provide professional development for educators, c) provide supplemental HIV/AIDS/STI education and prevention information to youth, school personnel, community-based educators, and social workers, and d)

provide a facilitator page on The FOCUS Program website.

The FOCUS Program held a two-day summer training for FOCUS Program facilitators on July 21-22, 2016. Twenty-one people attended the training, which included three sessions related to youth risk behaviors in the State of Alabama and five sessions on training and implementation of The FOCUS Program. Evaluation surveys were administered at the end of the conference, and 14 participants completed the surveys. The survey asked participants to rate their satisfaction and learning for each session on a 7-point scale, with higher scores indicating a more positive response. All sessions were rated very favorably, and the *Mean* scores for nearly all sessions reaching 6.5 or higher. Another set of questions asked about the facilitators' preparedness to implement different aspects of the program, including talking about HIV, STIs, and pregnancy and training students in conducting focus groups, which were also rated above a 6.5. Finally, the facilitators rated the training and their preparedness overall, both of which were rated above a 6.5. A detailed summary of the survey results is provided in Appendix C.

Additional training was provided through: 1) the Alabama Youth Council, 2) FOCUS Rally for Awareness, 3) FOCUS Program meetings held in individual schools and Public Health Areas (PHAs), and 4) The FOCUS Program website.

- The 12<sup>th</sup> Annual Alabama Youth Council (AYC) was held October 8, 2015, at the Montgomery Performing Arts Center with a goal to educate student leaders in grades 7-12 on a range of risk behavior issues. The AYC was established as a means for collaboration and coordination among schools, the state, nonprofits, and the business community on the issue of youth risk behaviors. Educators were eligible to receive professional development through ALSDE STI-PD and social workers could receive CEU's through the Alabama Board of Social Workers. Seventy adults attended the conference. Two breakout sessions were available for adults, one dealing with marijuana and the other with the *We are Making a Difference* (MAD) program. Evaluation surveys completed at the end of the conference asked participants to indicate how much they liked each session, how much they learned, and an overall opinion of the session. A 5-point scale was used, with higher numbers indicating a more favorable attitude. Completed surveys were received from 24 adult attendees. Average ratings for each question for the two breakout sessions were quite favorable, ranging from 4.5 to 5.0. (Additional information about the AYC is provided later in this report.)
- The 13<sup>th</sup> Annual FOCUS Rally for Awareness was held on April 28, 2015, at the Shocco Conference Center in Talladega. There were 601 attendees (138 adults) from 29 junior high schools and high schools. The mission of Rally centers on improving student-led prevention programs. The program included motivational speakers, but most of the day was spent in small breakout sessions that included health-related activities and presentations for students. A health fair was also provided. Adults accompanied students to the different sessions, but did not complete an evaluation of their experience. (Additional information about the Rally is provided later in this report.) Professional development credit was offered for social workers and evaluators who attended the conference.
- Thirty on-site FOCUS Program and FOCUS facilitator meetings were held at schools, and information was provided on the website through the "Facilitators Page."

### **Outcomes for Goal 1**

Evidence indicates that these efforts led to a large number of participating schools, which is

the focus of the first goal. According to the FOCUS website 192 institutions participated in The FOCUS Program, a significant increase from the previous year's total of 160, with the vast majority being high schools. The institutions were located in 59 of the 67 counties in Alabama, yielding a participation rate of 88.1% of the Alabama counties, also an increase from the previous year of 55 counties. A weakness noted in the 2014-2015 evaluation was the participation of counties in the Black Belt region of the state. For the current year, the vast majority of counties in the Black Belt region had at least one participating school and participation rates in these counties improved from the previous year. The first goal of The FOCUS Program is participation of all 67 counties in Alabama, and so a continued focus on the counties in this part of the state is still warranted. It should be noted, that since its inception, The FOCUS Program has been implemented at least once in each of the counties.

### **Summary for Goal 1**

To summarize, records indicated that every month of the program, recruitment, outreach, and training was available for facilitators. The survey results suggest that those who received training were very satisfied with it. The number of counties with active programs increased from 55 in 2014-2015 to 59 for the most recent year. The end result fell somewhat short of the desired outcome of outreach to all counties, but exceeded the 80 school threshold set in Objective 1. Similar to last year, the monthly reports identified some of the challenges with recruiting facilitators, including the lack of incentives, remuneration for travel, and the fact that teachers already assume many responsibilities outside of the classroom and do not have time to take on The FOCUS Program. Attendance at each of the conferences was significantly lower than in the previous year. (More detail is provided in the Outcomes for Goal 2 below.) This would not appear to be due to a lack of advertising and effort. Greater use of virtual training through webinars and conference calls could reduce some facilitator burden. For the upcoming year, adjustments are being made to the timing and location of the AYC, which could improve participation rates and training.

### **GOAL2: Reduce the incidence of risk behaviors that lead to HIV infection.**

**Objective 1:** Provide training and opportunities for youth/adolescents to be involved in the planning of education and prevention activities, peer-helping, and leading focus groups, which will increase their knowledge regarding HIV/AIDS infection.

**Activities:** a) Participation of youth in regular FOCUS meetings, classes, and youth conferences to plan and implement monthly health observances, peer-helping, community service opportunities, and education and prevention activities, b) collaboration between high school FOCUS Programs and various community organizations associated with HIV/AIDS, and c) high school FOCUS Programs' participation in state-wide conferences (Alabama Youth Council and FOCUS Rally for Awareness).

The 2015-2016 evaluation did not include school-level data collection on the activities and experiences of students in the program. The 2014-2015 evaluation included a survey of a sample of facilitators and documented that students experienced a rich and varied program. Conducting such a survey annually may not be necessary, as there are not likely to be great changes from year-to-year.

Students in every FOCUS Program school were invited to attend the two state-wide conferences. The 12<sup>th</sup> Annual Alabama Youth Council was attended by 310 students from 19

schools across that State of Alabama. For students, the goal of the AYC was to improve the knowledge and leadership skills in the service of reducing the incidence of adolescent risk behaviors. Presenters included Laymon Hicks who gave the keynote address on overcoming adversity. Breakout sessions were held on heroin addiction (Brad Blount and Danny Molloy), HIV (Brittney Brooks), dealing with personal fears (Patrick George), and marijuana (Shannon Murphy). A little over 200 students completed a survey conducted at the end of the event that asked them to rate each session on a 5-point scale, with higher scores indicating more favorable ratings. The highest ratings went to the keynote speaker with 97% of the students rating the session 4 or 5. Similarly high ratings were given to the sessions on heroin (87% of the ratings were 4 or 5) and dealing with personal fears (85% of the ratings were 4 or 5). Although also very positive, the ratings for the session on HIV were somewhat lower (73% of the ratings were 4 or 5). Students also indicated how much they learned about drug abuse, HIV, and facing fears for the conference as a whole on a similar 5-point scale. Average ratings ranged from 4.0 to 4.1 (See Appendix D for a summary of participants' ratings of their experiences at the AYC.)

The 12<sup>th</sup> Annual FOCUS Rally for Awareness was attended by 463 students from 29 schools in Alabama. The goal of the FOCUS Rally for Awareness was to increase awareness, participation, and support of student-led prevention of HIV and other adolescent risk behaviors in the State of Alabama, while enhancing leadership skills and increasing academic achievement. The theme of the conference was “changing one student at a time” and included keynote speaker Liz Huntley, author of *More Than a Bird*, which chronicles her story of overcoming childhood adversities. Students could attend several breakout sessions on under-age drinking, HIV testing, dating violence, human trafficking, diabetes, cyber bullying, and suicide prevention. There was also a health and wellness fair that included 17 presenters from a variety of organizations, such as the Alabama Department of Public Health, Alabama Coalition Against Rape, Coosa Valley Medical Center, and Bradford Health Services. Those who attended the Rally also received a certificate of attendance. Students completed a survey at the end of the conference which asked them to rate each session as to its importance to them, the quality of the presentation, and overall. Ratings could range from 1 to 5, with higher scores indicating more favorable ratings. For each session, across the three categories, average ratings were quite high. The *Median* ratings for the breakout sessions on importance was 4.6, the quality of the presentation was 4.8, and the overall rating was 4.8. The health fair was given a *Mean* rating of 4.6. Students rated the conference as a whole very highly, 4.8. The *Mean* ratings for each session are presented in Appendix E.

**Objective 2:** Recognize outstanding FOCUS Programs and youth/adolescent leadership.

**Activities:** a) publication of guidelines for registered schools to submit an application for the FOCUS School of the Year, b) selection of the FOCUS School of the Year and publicizing the results, and c) providing schools with access to certificates for Outstanding Youth Leadership Awards.

Guidelines and submission instruction for the FOCUS School of the Year were available on The FOCUS Program website, disseminated at conferences and presentations, e-mailed to participating schools, and published in The FOCUS Program e-newsletters. Cash prizes were awarded to the top three schools for 2015-2016: Andalusia High School, Central High School in Coosa, and Southside Middle School in Tallassee. The May newsletter advertised these winners. Certificates for Outstanding Youth Leadership Awards could be accessed by FOCUS Program facilitators on the Facilitators Page of The FOCUS Program website.



## **Outcomes for Goal 2**

Students and adults participated in state-wide training and education programs affiliated with The FOCUS Program, namely the Alabama Youth Council and the FOCUS Rally for Awareness. Together, the evaluation of the two conferences suggests that students receive a great deal of information and training, and that they generally had very positive experiences. However, attendance at both events was down considerably from the previous year: For AYC, last year student attendance was 763 students from 35 schools, compared to 310 students from 19 schools in the current report. Similarly, attendance at the Rally was also down from 675 students in 32 schools in 2014-2015 to 463 students in 29 schools in the current year. The drop in student attendance is more precipitous (31% for Rally and 59% for AYC) than the drop in the number of schools in attendance (10% decline for Rally and 46% for AYC). Thus, many schools seem to be sending smaller contingencies of students. To address the decline, program Director Sue Jones received input from the FOCUS facilitators suggesting to change the date and location for the AYC. For the 2016-2017 year the date of the AYC has moved from October to September and will be offered at two different sites, one in West Alabama (Tuscaloosa) and one in Talladega, the original site. Moving forward, it may be helpful to consider ways to offset the cost of attendance for students to attend, perhaps through government and corporate sponsors. This would be especially importance for counties and schools with large numbers of low income students.

There was evidence that schools and students were being rewarded for their participation in The FOCUS Program and publicly recognized for their efforts. Data were not available to assess the activities that students experience at their schools as part of The FOCUS Program, but it is not likely that there would be significant changes from the previous year. However, it may be useful to solicit this information for evaluation purposes from a sample of facilitators for 2016-2017, as was done in the previous year. Alternatively, students who attend the different conferences could report of their participation in different types of activities. Such data would indicate what risk factors are receiving the greatest attention, if student-led approaches are being implemented, and the extent to which high schools work with their local community agencies.

### **Overall Objective: Reduce Risk Behaviors**

This section of the evaluation will report on FOCUS participants' risk behaviors and attitudes and beliefs associated with risky behaviors. Four risk behaviors were assessed: smoking, alcohol use, marijuana use, and sexual intercourse. As noted in the Methodology section, this report includes a description of the responses for only the FOCUS participants. Further, for high school students, responses will be compared to those reported in the 2015 Alabama YRBS results.

A total of 199 students completed the Risk Behavior Survey (91 FOCUS participants). Demographic information is provided in the table below (numbers in parentheses indicate the numbers for The FOCUS participants). The greatest numbers of high school participants were in 9<sup>th</sup> or 10<sup>th</sup> grade, comprising 57% of the total sample and 85% of the high school aged sample. The remaining high school grades had too few participants (16 for 11<sup>th</sup> grade and 4 for 12<sup>th</sup> grade) to allow for a meaningful comparison. Thus, in the comparisons to the state-wide YRBS data, only grades 9 and 10 were included. Findings are organized by risk behavior and grade level (high school, 7<sup>th</sup> and 8<sup>th</sup> grade). Answers to behavioral questions were aggregated following the CDC standards for reporting on the YRBS. Statistical comparisons employed either the Chi Square test for proportions (comparisons made to state-wide scores) or t-tests (comparisons

between grade levels). A test was deemed significant at  $p \leq .05$  or better. Marginally or trending significant results were significant at  $p \leq .10$ , but  $p > .05$ .

Demographic Characteristics						
Grade	Female	Male	Race			Total
			White	Black/African American	All other	
7 <sup>th</sup>	22 (13)	18 (9)	15 (8)	19 (12)	4 (2)	40 (22)
8 <sup>th</sup>	15 (7)	11 (8)	7 (7)	15 (5)	4 (3)	26 (15)
9 <sup>th</sup>	35 (20)	20 (3)	29 (16)	20 (4)	7 (3)	56 (23)
10 <sup>th</sup>	35 (18)	21 (5)	31 (12)	23 (10)	2 (1)	56 (23)
11 <sup>th</sup>	8 (3)	8 (1)	8 (2)	1 (0)	7 (2)	16 (4)
12 <sup>th</sup>	2 (2)	2 (2)	3 (3)	1 (1)	0 (0)	4 (4)

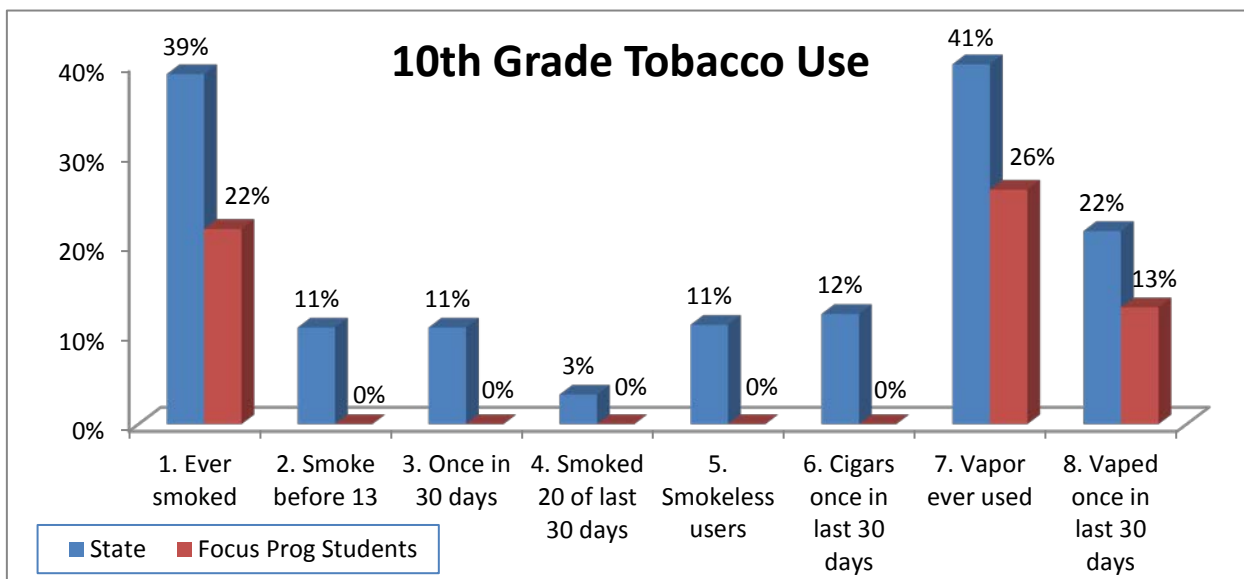
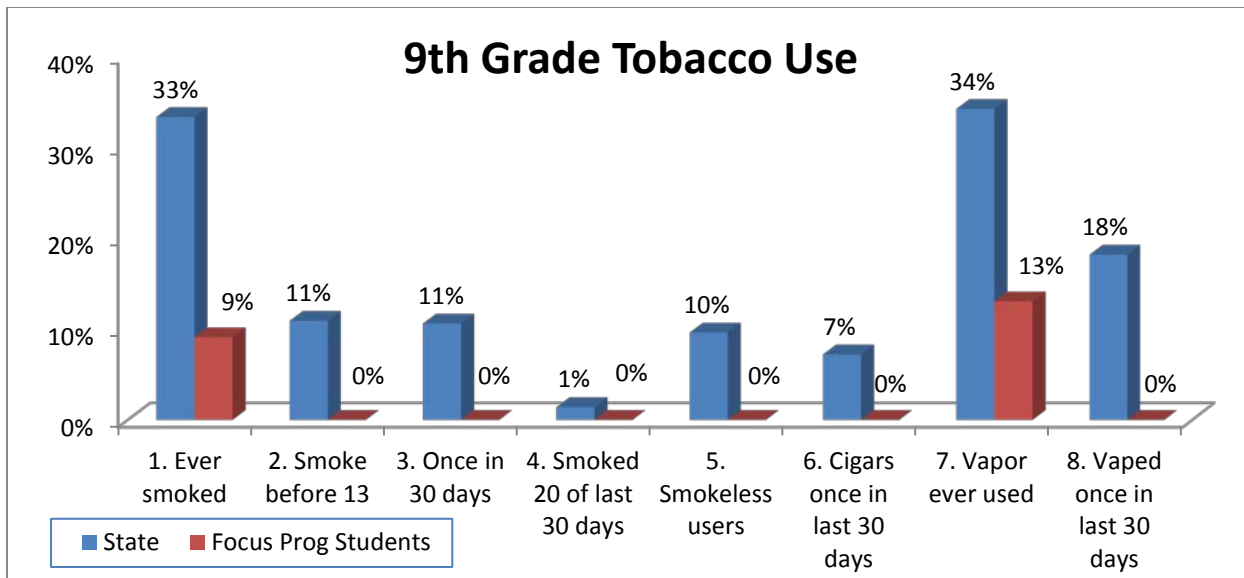
One participant at a junior high school failed to indicate their grade and other demographic information. An additional student did not provide their gender. Numbers in parentheses are for The FOCUS participants.

### Smoking

**High School Students.** The two charts below illustrate the responses for 9<sup>th</sup> and 10<sup>th</sup> grade students on eight questions related to the use of tobacco and smoking for the state as a whole and for FOCUS participants. Across all questions, the charts reveal that FOCUS participants were below the state norms. Significantly lower rates were found for 9<sup>th</sup> graders on having ever smoked and the two questions related to vaping. Marginally significant lower rates were found for smoking before age 13 and having smoked in the last 30 days. Tenth graders in The FOCUS Program were marginally lower than the state-wide rates for having ever smoked, smoking before age 13, smoking once in the past 30 days, use of smokeless tobacco products, and smoking cigars. Interestingly, students reported vaping at higher rates than other tobacco related behaviors (13% of 9<sup>th</sup> graders and 25% of 10<sup>th</sup> graders).

In addition, on several 4-point scales students were asked to indicate if their friends smoked (*never, seldom, sometimes, or a lot*); if their friends would think it was wrong if they smoked (*not at all wrong, a little bit wrong, wrong, and very wrong*) and the level of risk and harm associated with smoking (*no risk, slight risk, moderate risk, and great risk*). The table below presents the *Mean* responses for each grade level for students in The FOCUS Program. The high school students indicated that their friends seldom smoke, thought it would be wrong if they smoked, and that the risk associated with smoking was greater than moderate.

**Students in 7<sup>th</sup> and 8<sup>th</sup> Grade.** Turning to the younger students in The FOCUS Program, 100% of the students in each grade indicated that they had never smoked cigarettes or cigars, used smokeless tobacco products or a vaping device. Thus, they did not respond to other questions related to use. The Smoking Norms table below indicates that very few of their 7<sup>th</sup> and 8<sup>th</sup> grade friends smoked and the risk/harm associated with smoking was similar to that of the older students, between moderate and great. Compared to the 8<sup>th</sup> graders, the 7<sup>th</sup> graders reported that their friends would be significantly more approving of smoking.



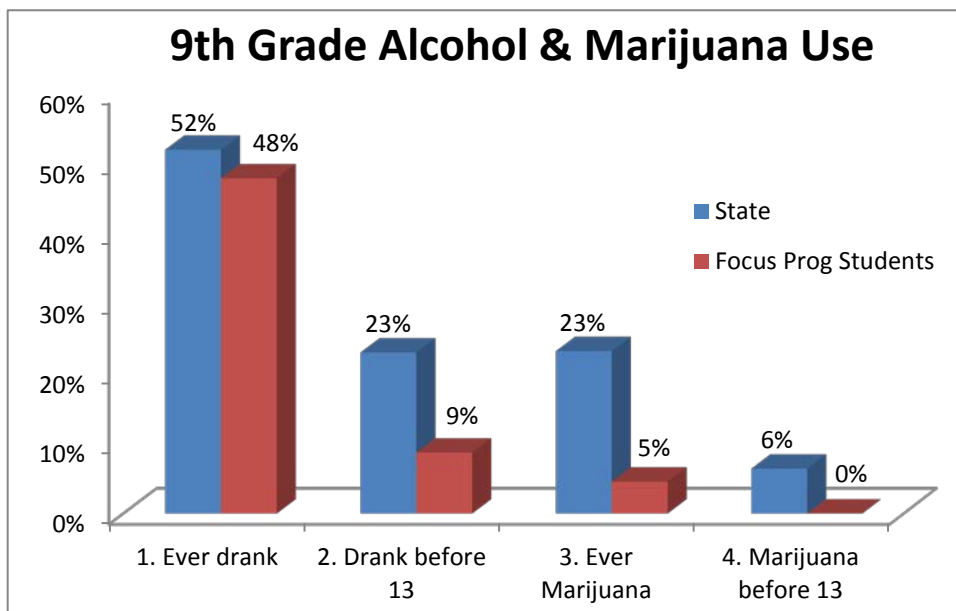
<b>Smoking Norms for The FOCUS Program Participants.</b>				
	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>
	N = 22	N = 15	N = 23	N = 23
Friends smoke	1.24	1.13	2.00	2.09
Friends think it's wrong	2.77	3.60	2.83	2.96
Risk and harm	3.64	3.80	3.74	3.87

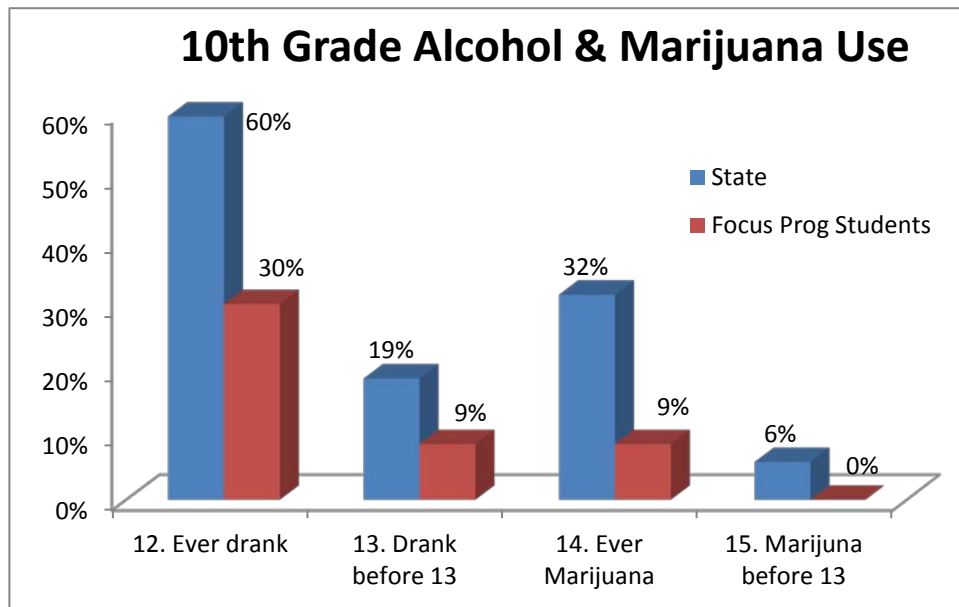
4-point scales were used for each question. Higher scores indicate that friends smoke a lot, friends think it's very wrong, and that the risk/harm is great.

## Alcohol

**High School Students.** Comparisons of the 9<sup>th</sup> and 10<sup>th</sup> grade students to the state-wide statistics were made for two alcohol use questions. See charts below. The first was if the students had ever drunk more than a few sips. The 9<sup>th</sup> graders responses (48% responding yes) were similar to those at the state level (52%), but the 10<sup>th</sup> graders reported significantly lower rates (30% responding yes) compared to the state level for 10<sup>th</sup> graders (60%). The second question asked when students started drinking and 9% of both 9<sup>th</sup> and 10<sup>th</sup> graders indicated that they had started before the age of 13, compared to the state-wide rates of 23% (9<sup>th</sup> grader) and 19% (10<sup>th</sup> graders). Although, these differences were not statistically significant.

Similar to smoking, students were asked to indicate if their friends drink, if their friends would think it was wrong if they drank, and the level of risk and harm associated with drinking. The same 4-point response scales were used as described for smoking. The table below presents the *Mean* responses for each grade level for students in The FOCUS Program. At each grade level participants indicated that their friends seldom drink, and that these friends thought that drinking was between *a little bit wrong* (2) and *wrong* (3). Both 9<sup>th</sup> and 10<sup>th</sup> graders indicated that there was a *moderate risk* associated with drinking (above a 3).





<b>Alcohol Norms for The FOCUS Program Participants.</b>				
	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>
	N = 22	N = 15	N = 23	N = 23
Friends drink	1.18	1.13	2.17	2.09
Friends think it's wrong	2.82	3.67	2.41	2.74
Risk and harm	3.41	3.67	3.32	3.52

4-point scales were used for each question. Higher scores indicate that friends drink a lot, think it's very wrong, and that the risk/harm is great.

**Students in 7<sup>th</sup> and 8<sup>th</sup> Grade.** In contrast to smoking, there was some indication that 7<sup>th</sup> graders, but not 8<sup>th</sup> graders were drinking. When asked if they had ever had a drink, 27% of the 7<sup>th</sup> graders indicated “yes” and 67% of those answering yes had their first drink before the age of 13. None of the 8<sup>th</sup> grade participants indicated that they had ever had a drink. The Alcohol Norms table above indicates that both grades believed that almost none of their friends drink. Interestingly, 8<sup>th</sup> graders perceived significantly more peer disapproval for drinking (between *wrong* and *very wrong*) than all other grades (between *a little bit wrong* and *wrong*). Yet no grade level differences were found for perceptions of risk and harm.

### **Marijuana**

**High School Students.** Similar to alcohol use, two usage questions are reported for 9<sup>th</sup> and 10<sup>th</sup> graders in comparison to the state level data. Only a small percentage of FOCUS participants had ever tried marijuana (5% of 9<sup>th</sup> graders and 9% of 10<sup>th</sup> graders) and the rates were significantly lower than the state-wide data (23% of 9<sup>th</sup> graders and 32% of 10<sup>th</sup> graders). Of those who had tried marijuana, none had done so before the age of 13 compared to 6% for each grade level for the state-wide data.

The answers to the norm questions for marijuana are presented below. Both 9<sup>th</sup> and 10<sup>th</sup> graders indicated that their friends seldom used marijuana and that their friends believe that

using marijuana would be wrong. Students indicated that there was a moderate risk associated with using this drug.

<b>Marijuana Norms for The FOCUS Program Participants.</b>				
	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>
	N = 22	N = 15	N = 23	N = 23
Friends use marijuana	1.14	1.00	2.14	1.87
Friends think it's wrong	2.72	3.87	2.77	3.00
Risk and harm	3.55	3.87	3.00	3.22
4-point scales were used for each question. Higher scores indicate that friends used marijuana a lot, think it's very wrong, and that the risk/harm is great.				

*Students in 7<sup>th</sup> and 8<sup>th</sup> Grade.* None of the 7<sup>th</sup> and 8<sup>th</sup> grade participants in The FOCUS Program had tried marijuana. The perceived norms for marijuana are presented in the table above. These 7<sup>th</sup> and 8<sup>th</sup> graders had almost no friends who used this substance and perceived moderate to high risk in using it, higher than the 9<sup>th</sup> and 10<sup>th</sup> grade students (but only 8<sup>th</sup> graders were significantly higher than 9<sup>th</sup> and 10<sup>th</sup> graders). The 8<sup>th</sup> graders believed that their friends would disapprove of their use of marijuana (*wrong to very wrong*), which was significantly greater than 7<sup>th</sup> graders which was between *a little wrong* and *wrong*.

### **Sexual Activity**

*High School Students.* Responses for the 9<sup>th</sup> and 10<sup>th</sup> graders in The FOCUS Program were compared to the state-wide data for three questions: 1) ever having sexual intercourse, 2) age at which intercourse first occurred, and 3) the number of partners. The 9<sup>th</sup> grade FOCUS Program participants indicated lower levels of sexual activity (14%) compared to the state-wide data (30%), although this difference was not significant. None of the 9<sup>th</sup> graders reported having intercourse before age 13 and none had had 4 or more partners. In contrast, the 10<sup>th</sup> graders in The FOCUS Program looked very similar to the state norms: 35% indicated that they had engaged in intercourse at least once compared to a rate of 39% state-wide; 4% responded that they had intercourse before the age of 13 compared to 6% state-wide, and 9% indicated that they had four or more partners, the same percentage as for 10<sup>th</sup> graders state-wide. A fourth question asked students whether or not they had used a condom the last time they had sex. Across both grade levels, 50% of the students indicated that they had used a condom, which is identical to the state-wide rate reported for all high school students on the YRBS. (No grade level data were reported for 9<sup>th</sup> and 10<sup>th</sup> graders for this question on the YRBS).

Additional questions asked students about the risk of intercourse, their knowledge about protecting themselves against sexually transmitted diseases, who they would go to if they had a question about sex, pregnancy or sexually transmitted diseases (parents, teacher, friend, etc.), and who has taught them the most about HIV/AIDS. Both grade levels perceived the risk of having intercourse as moderate to high (*Mean* ratings of 3.17 for 9<sup>th</sup> graders and 3.57 for 10<sup>th</sup> graders). They also indicated their knowledge above a 3 on the 4-point scale indicating that they felt that they had some knowledge of the topic. The tables below indicate students' responses to where they would go to if they had a question, and who has taught them the most about HIV/AIDS. It should be noted that students could pick more than one answer for these questions. The most frequently indicated person for addressing questions was parents for 9<sup>th</sup> and 10<sup>th</sup> grade students, followed by friends. It appears that the 10<sup>th</sup> graders were more likely to turn to friends and less

likely to turn to parents compared to 9<sup>th</sup> graders. As to who had taught them the most, teachers were the most common choice followed by parents.

<b>If you had a question about sex, pregnancy or sexually transmitted diseases, where would you go?</b>				
	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>
	N = 22	N = 15	N = 23	N = 23
Parents	50%	87%	65%	39%
Teacher	9%	0%	4%	13%
Friend	5%	7%	17%	35%
Sibling	5%	0%	9%	13%
No one	14%	7%	9%	17%

<b>Who has taught you the most about HIV/AIDS?</b>				
	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>
	N = 22	N = 15	N = 23	N = 23
Parents	27.3%	40.0%	39.1%	39.1%
Teacher	31.8%	26.7%	60.9%	82.6%
Friend	4.5%	13.3%	8.7%	8.7%
Sibling	4.5%	6.7%	0.0%	4.3%
Movies, TV	4.5%	20.0%	13.0%	13.0%
Other	22.7%	6.7%	13.0%	8.7%
No one	4.5%	6.7%	4.3%	0.0%

**Students in 7<sup>th</sup> and 8<sup>th</sup> Grade.** Only one 7<sup>th</sup> grader indicated that he or she had had sexual intercourse, and thus no other questions about sexual behavior are presented. The 7<sup>th</sup> and 8<sup>th</sup> grade students also responded to questions about risk, knowledge, and sources of information. Similar to the high school students, they perceived the risk of intercourse as moderate to high (*Mean* ratings of 3.00 for 7<sup>th</sup> graders and 3.40 for 8<sup>th</sup> graders). They rated their knowledge, however, lower than the high school students, 2.50 (7<sup>th</sup> graders) and 2.87 (8<sup>th</sup> graders) between *I only know a little* and *I know some*. (Significant differences were found for comparisons between 7<sup>th</sup> grade and both 9<sup>th</sup> and 10<sup>th</sup> grade and between 8<sup>th</sup> and 10<sup>th</sup> grades). Similar to high school students, these children would mostly likely turn to a parent if they had a question. Responses to whom had taught them the most about HIV/AIDS indicated that parents and teachers were the most common resource. However, 7<sup>th</sup> graders were more likely to indicate *other* in their responses and a little less likely to indicate parents.

### **Outcomes for Risk Behavior**

Participants in The FOCUS Program generally reported low levels of engagement across each of the risk behaviors and overall associated high levels of risk with these behaviors. For both 9<sup>th</sup> and 10<sup>th</sup> graders, the rates of ever engaging in smoking and marijuana were lower than state-wide levels and younger students reported zero participation in these behaviors. Drinking was the most commonly occurring risk behavior at all grade levels. It is difficult to discern a pattern in usage across the grades as 9<sup>th</sup> grade levels were just slightly below the state-wide rates,

but 10<sup>th</sup> graders were much lower; 27% of 7<sup>th</sup> graders reported having a drink at least once, but none of the 8<sup>th</sup> graders had. While it is encouraging that drinking rates were low, alcohol's ubiquitous presence in society suggests that The FOCUS Program efforts to reduce alcohol use are needed. It is also worth noting that the use of electronic vapor products was the most common smoking related activity across the grades. This is a relatively new product and it may be important to pay special attention to it in upcoming programs.

Understanding perceptions of peer norms and risk are important because these are often associated with the likelihood that an adolescent will engage in an activity. Students in The FOCUS Program did not perceive their friends as engaging in high levels of smoking, drinking, or marijuana use; however perceptions of friends' disapproval for these behaviors were more variable and inconsistent across grade levels. Two-thirds of these ratings were between a 2 (*a little bit wrong*) and 3 (*wrong*) and the remainder of the ratings were 3 or higher. Programs like FOCUS that are student-centered have the potential to impact peer norms, which exert a powerful influence on students. Attention should be given to these outcomes in addition to behavioral outcomes.

Because of The FOCUS Program's emphasis on educating students about sexually transmitted diseases it is important to highlight these results. Sexual activity rates were low across all grade levels, although not significantly lower than state-wide rates for 9<sup>th</sup> and 10<sup>th</sup> grades. Because FOCUS aspires to educate students about HIV/AIDS it was especially interesting to see that the high school students reported higher levels of knowledge in this area compared to younger students, and a large number indicated that teachers had taught them a lot on the topic. Parents were also viewed as one of the top sources of information across all age groups.

Despite these positive results, it is important to point out again that the evaluation design does not allow us to attribute them to The FOCUS Program per se. To make such claims, the evaluation would ideally have a group of students at each school (to control for school-related factors) that was similar in individual demographic characteristics such as grade level, gender and race to The FOCUS Program participants. The FOCUS Program participants could then be fairly compared to these groups on various outcomes. The Alabama State results from the YRBS provide the next best alternative as a comparison point, but they do not permit comparisons with students below 9<sup>th</sup> grade. Used in combination, these strategies would provide a more thorough assessment of The FOCUS Program.

## **Summary for Goal 2**

Participation in the Alabama Youth Council and the FOCUS Rally for Awareness provided students with a range of educational and training opportunities. Attendance at these events was lower than previous years, but this seems to be primarily due to schools bringing smaller contingencies of students. Adjustments have already been made to the AYC with respect to location and date that may help address this problem. Finding ways to offset the cost of attendance may also help. Analysis of the Risk Behavior Survey indicated relatively favorable results across the junior high schools and high schools. These findings are useful for identifying risk behaviors to target in the future, such as vaping and alcohol use and junior high students' knowledge of HIV/AIDS. However, it is important to underscore that a better controlled study is needed to attribute outcomes to The FOCUS Program.



## **CONCLUSIONS**

This careful analysis of the 2015-2016 FOCUS program indicates that the program continues to achieve its goals and objectives. Notable improvements from the previous year are increases in the number of participating schools and counties, especially those in the Black Belt Region. The addition of the Risk Behavior Survey is significant with respect to assessing the effectiveness of the program, although improvements should be made to the methodology. The FOCUS Program continues to address the challenges of facilitator recruitment, training, and participation of youth in state conferences. This effort to continually improve is likely to lead to better outcomes related to youth risk behaviors.

**APPENDIX A**

**Evaluation Rubric for The FOCUS Program: Goals, Objectives and Activities**

<b>GOAL 1: Establish The FOCUS Program in all 67 counties in the state of Alabama.</b>	
<b>OBJECTIVE 1:</b> Provide FOCUS Program information to school administrators, teachers, counselors, and nurses in Alabama schools and communities to achieve participation with a minimum of eighty schools.	
<b>Activity</b>	<b>Observation/Measure</b>
<b>Activity 1:</b> Program information will be disseminated through mail, telephone, emails, e-newsletters, conference exhibits, and presentations, community organization presentations, social media, news media, and the FOCUS website.	<ol style="list-style-type: none"> <li>1) The FOCUS Program website.</li> <li>2) E-mails sent to FOCUS Program facilitators.</li> <li>3) E-Newsletters sent to stakeholders who have signed up to receive them.</li> <li>4) Facebook page and Instagram account.</li> <li>5) Presentations and exhibits at conferences and to community organizations.</li> </ol>
<b>Activity 2:</b> Trained FOCUS staff will meet individually with school board members, administrators, counselors, and/or school facilitators to provide information and FOCUS training in individual schools.	Meetings and presentations were held with administrators, counselors, school board members, and other school facilitators to provide information about The FOCUS Program as it was conducted in individual schools.
<b>OBJECTIVE 2:</b> Provide training and on-going support to adult facilitators who register with The FOCUS Program.	
<b>Activity</b>	<b>Observation/Measure</b>
<b>Activity 1:</b> Plan and implement two-day summer conference to train adult facilitators to deliver evidence-based HIV/AIDS/STI curriculum.	Summer training for FOCUS Program facilitators was held for 2 days.
<b>Activity 2:</b> Provide professional development for educators and Continuing Education Credits for social workers through the Alabama Board of Social Work at conferences and youth events.	CEUs were awarded to Social Workers who attended the Alabama Youth Council.
<b>Activity 3:</b> Provide supplemental HIV/AIDS/STI education and prevention information to youth, school personnel, and community-based educators and social workers.	<ol style="list-style-type: none"> <li>1) Alabama Youth Council</li> <li>2) FOCUS Rally for Awareness</li> <li>3) FOCUS Program meetings held in individual schools and Public Health Areas (PHAs)</li> </ol>
<b>Activity 4:</b> Provide access to the facilitator page on The FOCUS Program website to all registered schools so they may receive resource information and updates.	Resource information and updates are readily available via The FOCUS Program website.

<b>GOAL 2: Reduce the incidence of risk behaviors that lead to HIV infection</b>	
<b>OBJECTIVE 1:</b> Provide training and opportunities for youth/adolescents to be involved in the planning of education and prevention activities, peer-helping, and leading focus groups which will increase their knowledge regarding HIV/AIDS infection.	
<b>Activity</b>	<b>Observation/Measure</b>
<b>Activity 1:</b> Youth will participate in regular FOCUS meetings, classes, and youth conferences to plan and implement Monthly Health Observances, peer-helping, community service opportunities, and educations and prevention activities.	Not assessed for 2015-2016. FOCUS Program facilitators' online survey was disseminated by ISSR in Spring 2015.
<b>Activity 2:</b> Youth and adult facilitators will collaborate with AIDS Services Organizations (ASOs), Community-Based Organizations (CBOs) and the Alabama Department of Public Health's HIV Community Network Groups.	Partnerships and collaborations were undertaken with ASOs, CBOs, and the Alabama Department of Public Health.
<b>Activity 3:</b> State-wide conferences (Alabama Youth Council and FOCUS Rally for Awareness) will be held to provide educations, action, planning guides, and networking opportunities for youth and adolescents.	1) Alabama Youth Council 2) FOCUS Rally for Awareness
<b>OBJECTIVE 2:</b> Recognize outstanding FOCUS Programs and youth/adolescent leadership.	
<b>Activity</b>	<b>Observation/Measure</b>
<b>Activity 1:</b> Publicize guidelines to registered schools for submitting applications for FOCUS School of the Year.	1) Flyer with guidelines was placed on The FOCUS Program website. 2) Guidelines were disseminated at conferences and presentations. 3) E-mails were sent to participating schools. 4) Guidelines were published in FOCUS Program E-Newsletters.
<b>Activity 2:</b> Select the FOCUS School of the Year and present the award with a press release to local newspaper, in e-news, and on The FOCUS Program website.	1) Press releases were included in summary reports of the Alabama Youth Council and the FOCUS Rally for Awareness. 2) Press releases were archived on The FOCUS Program website under the headings for the Alabama Youth Council and the FOCUS Rally for Awareness.
<b>Activity 3:</b> Provide schools with access to certificates for Outstanding Youth Leadership Awards.	Certificates could be accessed by The FOCUS Program facilitators on the Facilitators Page of The FOCUS Program website.
<b>Goal 2 overall</b>	Youth Risk Behavior Survey was administered to FOCUS participants.

## APPENDIX B

### Student Risk Behavior Survey Conducted by the University of Alabama's Institute for Social Science Research

1. *Do your teachers talk with you about the problems of tobacco, alcohol and drug use?*  
 Never     Seldom     Sometimes     A lot
2. *Do your parents talk with you about the problems of tobacco, alcohol and drug use?*  
 Never     Seldom     Sometimes     A lot
3. *Is there a class, program or club at your school that encourages kids to stay away from tobacco, alcohol and drugs or teaches kids about sexually transmitted diseases like HIV and AIDS?*  
 Yes     No
4. *Are you a member of the Focus Program?*     Yes     No

#### The next questions ask about using tobacco and smoking.

5. *Have you ever tried cigarette smoking, even one or two puffs?*  
 Yes     No
6. *How old were you when you smoked a whole cigarette for the first time?*  
 I never smoked     12 years or younger     13 years     14 years     15 years     16 years     17 or older
7. *During the past 30 days, on how many days did you smoke cigarettes?*  
 0 days     1 or 2 days     3 to 5 days     6 to 9 days     10 to 19 days     20 to 29 days     All 30 days
8. *During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**?*  
 I did not smoke     Less than 1     1 per day     2 to 5     6 to 10     11 to 20     More than 20
9. *During the past 30 days, how did you **usually** get your own cigarettes? (Select only **one** response.)*  
 I did not smoke cigarettes during the past 30 days  
 I bought them in a store such as a convenience store, supermarket, discount store, or gas station  
 I got them on the Internet  
 I gave someone else money to buy them for me  
 I borrowed (or bummed) them from someone else  
 A person 18 years old or older gave them to me  
 I took them from a store or family member  
 I got them some other way

10. During the past 30 days, on how many days did you use **chewing tobacco, snuff, or dip**, such as Redman, Levi Garrett, Beechnut, Skoal, Skoal Bandits, or Copenhagen?

Never       Less than 1       1 per day       2 to 5       6 to 10       11 to 20       More than 20

11. During the past 30 days, on how many days did you smoke **cigars, cigarillos, or little cigars**?

Never       Less than 1       1 per day       2 to 5       6 to 10       11 to 20       More than 20

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**The next 2 questions ask about electronic vapor products, such as blu, NJOY, or Starbuzz. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens.**

12. Have you ever used an electronic vapor product?

Yes       No

13. During the past 30 days, on how many days did you use an electronic vapor product?

0 days       1 or 2 days       3 to 5 days       6 to 9 days       10 to 19 days       20 to 29 days       All 30 days

14. Do your friends use tobacco (cigarettes, chewing tobacco, snuff, dip, or anything else)?

Never       Seldom       Sometimes       A lot

15. How wrong do your friends feel it would be for you to smoke tobacco?

Not wrong at all       A little bit wrong       Wrong       Very wrong

16. How much do you think people risk harming themselves physically or in other ways if they smoke one or more packs of cigarettes per day?

No Risk       Slight Risk       Moderate Risk       Great Risk

---

**The next questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.**

17. Have you ever had a drink of alcohol, other than a few sips?

Yes       No

18. How old were you when you had your first drink of alcohol other than a few sips?

I not had a drink       12 years Or younger       13 years       14 years       15 years       16 years       17 or older

19. Do your friends use alcohol (beer, liquor, etc.)?

Never       Seldom       Sometimes       A lot

20. *How wrong do your friends feel it would be for you to have one or two drinks of an alcoholic beverage nearly every day?*

- Not wrong at all       A little bit wrong       Wrong       Very wrong

21. *How much do you think people risk harming themselves physically or in other ways if they have five or more drinks of an alcoholic beverage (beer, coolers, liquor) once or twice a week?*

- No Risk       Slight Risk       Moderate Risk       Great Risk

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**The next questions ask about marijuana use. Marijuana also is called grass or pot.**

22. *Have you ever used marijuana?*

- Yes       No

23. *How old were you when you tried marijuana for the first time?*

- I have not had marijuana       12 years or younger       13 years       14 years       15 years       16 years       17 or older

24. *Do your friends use marijuana (pot, hash, etc.)?*

- Never       Seldom       Sometimes       A lot

25. *How wrong do your friends feel it would be for you to smoke marijuana?*

- Not wrong at all       A little bit wrong       Wrong       Very wrong

26. *How much do you think people risk harming themselves physically or in other ways if they smoke marijuana once or twice a week?*

- No Risk       Slight Risk       Moderate Risk       Great Risk

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**The next questions ask about sexual intercourse. This is sometimes called “going all the way.”**

27. *Have you ever had sexual intercourse?*       Yes       No

28. *How old were you when you had sexual intercourse for the first time?*

- I have not had Sexual intercourse       12 years or younger       13 years       14 years       15 years       16 years       17 or older

29. *With how many people have you ever had sexual intercourse?*

- I have never had sex       1 person       2 people       3 people       4 people       5 people       6 or more people

30. *The last time you had sexual intercourse, did you or your partner use a condom?*

- I have never had sex       Yes       No

31. *If you had a question about sex, pregnancy or sexually transmitted diseases, where would you go?*

- I don't know
- Parents
- Teacher, Class or club at school
- Friends
- Brother or sister
- No one, I would figure it out on my own
- Someone else

32. *How risky is it for someone your age to have sex?*

- No Risk
- Slight Risk
- Moderate Risk
- Great Risk

33. *How do you feel about your knowledge of protecting yourself against sexually transmitted infections such as HIV/AIDS?*

- I don't know much
- I only know a little
- I know some
- I know a lot

34. *Who has taught you the most about HIV/AIDS?*

- No one
- Parents
- Teacher, Class or club at school
- Friends
- Brother or sister
- Movies or TV
- Someone else

---

**Tell us a little bit about yourself**

35. *How old are you?*

- 12 years or younger
- 13 years
- 14 years
- 15 years
- 16 years
- 17 or older

36. *Are you a*

- Girl?
- Boy?

37. *In what grade are you?*

- 7<sup>th</sup>
- 8<sup>th</sup>
- 9<sup>th</sup>
- 10<sup>th</sup>
- 11<sup>th</sup>
- 12<sup>th</sup>
- Another grade

38. *Are you Hispanic or Latino?*

- Yes
- No

39. *What is your race? (You may select one or more responses.)*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

<b>Table B1 Youth Risk Survey Means for Rating Scales</b>											
School		Junior High 1		Junior High 2		High School 1		High School 2		High School 3	
Item #	Member of Focus	No (20)	Yes (22)	No (19)	Yes (25)	No (27)	Yes (27)	No (36)	Yes (7)	No (6)	Yes (10)
<b>Tobacco</b>											
6.	Age of cigarette use	1.20	1.32	*1.21	1.00	1.78	1.27	1.58	2.29	1.33	1.20
7.	30 day cigarette use	1.05	1.00	1.16	1.00	<sup>m</sup> 1.37	1.00	1.23	1.00	1.17	1.00
8.	Frequency of cigarette use	1.10	1.05	1.21	1.00	<sup>m</sup> 1.33	1.00	1.22	1.00	1.17	1.00
10.	Frequency of other tobacco use	1.00	1.00	1.05	1.00	1.62	1.00	1.00	1.14	1.00	1.00
11.	Frequency of cigar use	1.15	1.00	1.21	1.00	1.41	1.00	1.00	1.00	1.33	1.00
13.	30 day vape use	1.00	1.09	1.17	1.00	*1.93	1.00	1.25	1.00	1.00	1.10
14.	Friends use tobacco	1.90	1.77	*1.84	1.12	*2.52	1.89	2.39	1.86	*1.33	2.20
15.	Friends disapproval of tobacco	*3.30	2.32	<sup>m</sup> 3.00	3.52	*2.07	3.07	2.64	2.71	2.33	2.80
16.	Risk of tobacco	3.65	3.77	3.37	3.76	*3.30	3.78	3.75	3.71	3.50	3.80
<b>Alcohol</b>											
18.	Age of first drink	1.75	1.82	*1.47	1.08	*3.37	2.33	2.06	2.00	*4.50	2.10
19.	Friends use alcohol	2.05	1.73	*1.58	1.08	*2.93	2.19	2.19	2.00	2.67	2.40
20.	Friends disapproval of alcohol	2.90	2.41	3.16	3.60	*1.92	2.62	2.58	2.71	2.00	2.50
21.	Risk of alcohol	3.55	3.36	3.26	3.68	*2.85	3.44	3.54	3.29	2.83	3.22
<b>Marijuana</b>											
23.	Age of marijuana use	1.30	1.00	*1.21	1.00	*2.26	1.07	1.29	1.86	2.00	1.67
24.	Friends use marijuana	1.60	1.64	<sup>m</sup> 1.42	1.04	*3.00	1.96	2.20	2.29	*2.17	2.22
25.	Friends disapproval of marijuana	3.05	2.41	*3.00	3.72	*1.74	2.93	2.80	3.29	2.17	2.44
26.	Risk of marijuana	3.00	3.09	*3.00	3.92	*2.04	3.23	<sup>m</sup> 2.97	3.71	2.50	2.67
<b>Sexual activity</b>											
28.	Age of intercourse	1.25	1.55	*1.37	1.00	*3.33	1.59	1.60	1.86	1.83	3.11
29.	Number of sexual partners	1.11	1.41	*1.26	1.00	*2.07	1.15	1.40	1.14	2.00	2.22
32.	Risk of sex	3.80*	3.18	*2.82	3.40	*2.41	3.26	*3.36	3.86	3.33	2.90
33.	STD/protection knowledge	3.25	2.95	2.50	2.56	3.59	3.30	<sup>m</sup> 3.25	3.71	3.67	3.80



Continued		Table B1 Youth Risk Survey Means for Rating Scales									
School		Junior High 1		Junior High 2		High School 1		High School 2		High School 3	
Item #	Member of Focus	No (20)	Yes (22)	No (19)	Yes (25)	No (27)	Yes (27)	No (36)	Yes (7)	No (6)	Yes (10)
<b>Other</b>											
1.	Teachers talk about tobacco, alcohol, other drugs	2.70*	2.05	2.95	3.08	2.63	2.70	2.64	2.43	2.33	2.50
2.	Parents talk about tobacco, alcohol, other drugs	3.45*	2.41	3.11	3.33	3.04	2.81	3.25	3.14	3.33	2.60
* significant difference between the FOCUS participants and the comparison group $p < .05$ ;											
<sup>m</sup> marginally significant difference between the FOCUS participants and the comparison group, $p < .10$											
<b>Note.</b> All questions were answered on a 4-point scale											

Table B2. Percentage of Students who had Ever Engaged in a Risk Behavior											
Item #	Junior High 1		Junior High 2		High School 1		High School 2		High School 3		
	Comp	FOCUS	Comp	FOCUS	Comp	FOCUS	Comp	FOCUS	Comp	FOCUS	
5. Smoking	15.0%	13.6%	21.1%	0.0%	44.4%	3.8%	22.2%	42.9%	33.3%	20.0%	
12. Vapor	10.0%	18.2%	21.1%	0.0%	59.3%	11.1%	33.3%	28.6%	0.0%	20.0%	
17. Alcohol	40.0%	40.9%	38.9%	4.0%	77.8%	37.0%	44.4%	28.6%	83.3%	50.0%	
22. Marijuana	10.0%	0.0%	22.2%	0.0%	50.0%	3.7%	11.4%	14.3%	20.0%	22.2%	
27. Sex	10.0%	13.6%	26.3%	4.0%	55.6%	14.8%	20.0%	14.3%	33.3%	55.6%	
Comp = comparison group											

<b>Table B3.</b>										
<b>31. If you had a question about sex, pregnancy or sexually transmitted diseases, where would you go?</b>										
	<b>Junior High 1</b>		<b>Junior High 2</b>		<b>High School 1</b>		<b>High School 2</b>		<b>High School 3</b>	
	Comparison	FOCUS	Comparison	FOCUS	Comparison	FOCUS	Comparison	FOCUS	Comparison	FOCUS
Parents	63.0%	43.5%	36.8%	76.0%	55.6%	55.6%	61.1%	42.9%	83.3%	30.0%
Teacher	20.0%	8.7%	10.5%	0.0%	11.1%	11.1%	27.8%	0.0%	0.0%	10.0%
Friend	25.0%	13.0%	26.3%	8.0%	0.0%	0.0%	19.4%	28.6%	33.3%	10.0%
Sibling	5.0%	4.3%	5.3%	4.0%	11.1%	11.1%	2.8%	28.6%	16.7%	20.0%
No one	0.0%	14.0%	5.3%	4.5%	11.1%	7.4%	13.9%	14.3%	0.0%	10.0%

**Note.** Students could select more than one answer.

<b>Table B4</b>										
<b>34. Who has taught you the most about HIV/AIDS?</b>										
	<b>Junior High 1</b>		<b>Junior High 2</b>		<b>High School 2</b>		<b>High School 2</b>		<b>High School 3</b>	
	Comparison	FOCUS	Comparison	FOCUS	Comparison	FOCUS	Comparison	FOCUS	Comparison	FOCUS
Parents	5.0%	4.3%	52.6%	36.0%	40.7%	22.2%	47.2%	42.9%	83.3%	30.0%
Teacher	35.0%	52.2%	0.0%	28.0%	59.3%	81.5%	75.0%	71.4%	33.3%	40.0%
Friend	0.0%	8.7%	15.8%	12.0%	3.7%	3.7%	19.4%	14.3%	16.7%	0.0%
Sibling	5.0%	0.0%	0.0%	8.0%	0.0%	0.0%	8.3%	14.3%	0.0%	0.0%
TV/movies	20.0%	17.4%	0.0%	8.0%	7.4%	11.1%	19.4%	28.6%	0.0%	0.0%
Other	5.0%	13.0%	10.5%	12.0%	0.0%	11.1%	11.1%	14.3%	0.0%	30.0%
No one	13.0%	4.3%	21.1%	4.0%	11.1%	0.0%	0.0%	0.0%	0.0%	10.0%

**Note.** Students could select more than one answer.

**Appendix C**  
**Facilitators Training Survey**

<b>Question</b>	<b>Mean Rating (N = 14)</b>
1. I learned a lot about the 2013 YRBS.	6.57
2. I am satisfied with the training that I received about the 2013 YRBS.	6.57
3. I learned a lot about The FOCUS Program and Alabama youth risk behaviors.	6.64
4. I am satisfied with the training that I received about The FOCUS Program and Alabama youth risk behaviors.	6.64
5. I learned a lot about HIV, STIs, and teen pregnancy.	6.71
6. I feel prepared to talk about HIV, STIs, and teen pregnancy with the students in The FOCUS Program at my school.	6.71
7. I am satisfied with the training that I received about HIV, STIs, and teen pregnancy.	6.86
8. I learned a lot about PHL training.	6.64
9. I feel prepared to implement PHL training with the students in The FOCUS Program at my school.	6.57
10. I am satisfied with the training that I received about PHL training.	6.64
11. I learned a lot about FOCUS Group training.	6.36
12. I feel prepared to implement FOCUS Group training with the students in The FOCUS Program at my school.	6.36
13. I am satisfied with the training that I received about FOCUS Group training	6.21
14. I learned a lot about implementing The FOCUS Program.	6.64
15. I feel prepared to implement The FOCUS Program with the students at my school.	6.57
16. I am satisfied with the training that I received about implementing The FOCUS Program.	6.64
17. Overall facilitator training.	6.50
18. Overall preparedness to run The FOCUS Program at your school.	6.57
19. Information provided about preventing HIV, STDs, and teen pregnancy.	6.57
20. Information provided about where you can access other information regarding HIV and STDs.	6.79
21. Information provided about The FOCUS Program website.	6.71
22. I learned a lot about the 2013 YRBS.	6.79
23. I am satisfied with the training that I received about the 2013 YRBS.	6.71
24. I learned a lot about The FOCUS Program and Alabama youth risk behaviors.	6.14
25. I am satisfied with the training that I received about The FOCUS Program and Alabama youth risk behaviors.	6.21
26. I learned a lot about HIV, STIs, and teen pregnancy.	6.36
27. I feel prepared to talk about HIV, STIs, and teen pregnancy with the students in The FOCUS Program at my school.	6.57
<b>Note.</b> All items were rated on a 7-point scale with higher numbers indicating more positive responses.	

**Appendix D**  
**Alabama Youth Council**

<b>Alabama Youth Council Student Evaluations</b>		
<b>Session</b>	<b><i>Mean</i> Rating</b>	<b>N</b>
Opening Session	4.84	202
Heroin Addiction	4.39	174
You, me, and HIV	4.00	204
Monsters in your closet	4.26	209
Learn – drug abuse	4.05	202
Learn – HIV	4.01	203
Learn – facing fears	4.08	196

**Note.** Ratings were made on a 5-point scale with higher scores indicating more favorable attitudes.

<b>Alabama Youth Council Adult Evaluations</b>				
<b>Session</b>	<b>Like</b>	<b>Learn</b>	<b>Overall</b>	<b>N</b>
Opening	4.75	4.33	4.71	24
Marijuana	4.96	4.96	4.96	23
MAD	4.76	4.48	4.81	21

**Note.** Ratings were made on a 5-point scale with higher scores indicating more favorable attitudes. Entries are *Mean* ratings. MAD = We are Making a Difference.

**Appendix E**  
**Rally for Awareness**

<b>Session</b>	<b>Importance</b>	<b>Presentation</b>	<b>Overall</b>	<b>N</b>
Teen Suicide	4.89	4.74	4.79	72
Think B4 You Post	4.92	4.81	4.85	71
Underage Drinking	4.53	4.48	4.78	64
Dating Violence	4.41	4.70	4.70	73
Human Trafficking	4.55	4.77	4.76	72
Diabetes	4.55	4.77	4.76	72
HIV-STIs	4.38	4.79	4.79	56
Health Fair			4.61	241
Overall			4.84	249

**Note.** Ratings were made on a 5-point scale, with higher scores indicating more favorable ratings