Teen ACTION:

Final Evaluation Report

December 2009

Prepared for:
New York City Center for Economic Opportunity (CEO)

Prepared by:
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Rockville, MD 20850
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Westat®

Teen ACTION

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Authored by:
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Foreword

The Center for Economic Opportunity (CEO) is committed to evaluating its programs and policies and has contracted with Westat and Metis Associates in order to inform decisionmaking within CEO and the sponsoring agencies. Westat and Metis have developed a collaborative team approach in the planning, design, and implementation of various types of evaluations, including impact, outcome, and implementation studies. In some cases, staff from both Westat and Metis share duties and responsibilities in implementing the study. In other cases, staff from either Westat or Metis is responsible for conducting the study. This study of the Teen ACTION program was conducted by staff from both Westat and Metis.

The development of the survey instruments and parent consent forms was the responsibility of both Westat and Metis. Metis was responsible for the field work for this evaluation—survey administration training, preparation of materials, tracking of parent consents, and arranging for the survey administration at the schools and program facilities. Westat created the data sets and conducted the data analysis. Liz Quinn of Westat is the principal author of this report; Manuel Gutierrez of Metis and Frank Jenkins of Westat also produced sections of the report.

We would like to acknowledge the cooperation of the Department of Community and Youth Development (DYCD) in the survey administration and the fidelity assessment. We also appreciate the help provided by the staff of CEO who assisted with gaining entré to the programs and youth.

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CEO RESPONSE TO WESTAT EVALUATION ON TEEN ACTION

This Westat report on Teen ACTION documented positive findings in multiple domains, but overall did not capture the effect of the program on key risky behaviors such as teen pregnancy and school behavior.

Service Learning as a strategy to reduce risky behavior has been documented to be effective in multiple random assignment studies, including the Teen Outreach Program (TOP) described in this report. A 1997 evaluation of the TOP program by J.P. Allen et. al., found that it had substantial impacts specifically on reducing schools suspensions and teen pregnancy for example. The Teen Action program is not a replication of that initiative, but rather draws heavily on some of the similar core elements while differing in other keys areas. Therefore CEO was interested in assessing the impacts of the program.

Other CEO programs that offer service learning as a component include the NYC Justice Corps for court-involved youth, the Social Innovation Funded Project Rise for young people who lack a high school diploma or GED, and Justice Community, a place-based initiative that offers educational and employment opportunities for young people involved in the criminal justice system.

Since this report was produced in 2009 many changes have taken place in New York City in the area of service learning. For example, the Department of Education has strongly encouraged schools to incorporate service learning activities. In addition, our partner agency, the Department of Youth and Community Development changed the program model to emphasize reproductive health – in large part due to the evaluation findings. The program is now more focused on serving only middle school students, with fewer providers, and a stronger curricular basis for educating participants about teen pregnancy.

In 2011 a concept paper for the new Teen ACTION model was released, and subsequently a new Request for Proposals. Thirteen new providers were selected to implement the model, and the program now partners with Planned Parenthood to ensure that the reproductive health component of the model is well implemented. The original program had over fifty providers and sixty-three sites.

Service learning does appear to be a productive activity to engage young adults in their communities, alongside other educational programs and positive peer activities. These changes, coupled with the limited findings from the initial evaluation, make the program ripe for a new research study. CEO will work with its evaluation partners to conduct a second evaluation that focuses on the new model, participants' perceptions of the revised curriculum, and lessons learned from the initiative.

We hope this report is informative to readers interested in the implementation of these programs as well as provide important lessons to the field on effective (and ineffective) evaluation strategies.

The Westat evaluation of Teen Action had several limitations, and CEO learned many lessons from this evaluation that it would like to share with the field. Some of the major methodological prob-

lems provide a likely explanation of why the study did not effectively capture the impacts of the program:

- The survey was not anonymous- a key shortcoming for a study that asks about stigmatized or negative behaviors.
- Data collection was challenged because parental consent was required (most subjects were under 18 years old), which severely limited participation in the study and may have biased the results. Overall participation was low- only 22% of Teen Action participants completed surveys.
- The study was implemented as a post-test only- no baseline data was collected, so students were looking back in time to reflect on changes in attitudes and behaviors, and may not accurately recall how they felt at an earlier period.
- While a comparison group was identified, this was a non-randomized study and therefore we cannot be sure of how similar or different the groups are in key areas such as motivation. In addition, nearly 60% of the comparison group was drawn from a single High School in Manhattan.

Because of these findings, we cannot be sure if the program had the intended impact on participants, or if the evaluation simply was flawed and could not detect impacts.

We were particularly interested in understanding how service learning affects participant attitudes and behavior, as well as school performance. In order to measure these effects, we chose to identify survey respondents so we could link their responses with program dosage and school performance. In hindsight asking young people to identify themselves when answering questions about risky behavior was a poor choice and ultimately produced a low-response rate to the survey. In addition, uncontrollable factors such as school closings due to swine flu, where the survey was to be implemented, contributed to a low-response rate and ultimately, the inability to detect impacts. We share these weaknesses in recognition that evaluation of young adults about stigmatized behaviors is fraught with challenges, and we hope that by sharing this information we can help improve future evaluations.

The report did document a positive impact in the academic realm, specifically on credits attempted and credits earned. CEO requested an additional analysis of this key area based on these findings, but the additional analysis showed that the impact disappeared over time.

Despite these challenges, the report did show that participants in the program did feel that their participation in the program changed their behaviors positively. For example:

- 90% agreed that Teen Action taught them about the importance of avoiding key unhealthy behaviors
- 69% reported that they felt more confident about their schoolwork
- 58% reported that as a result of their participation in the program, they felt less likely to have unprotected sex or carry a weapon
- 89% felt the program helped them think more about their future accomplishments

Further, in relation to the comparison group, Teen Action participants were significantly more likely to partake in community service activities, and did so for more hours- an activity that also surely provided positive benefits to local communities where the programs were situated.

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Executive Summary

Teen ACTION (Achieving Change Together in Our Neighborhood) is a service-learning after-school program funded by the New York City (NYC) Center for Economic Opportunity (CEO) and implemented by the Department of Youth and Community Development (DYCD) in targeted high-poverty neighborhoods. Its goal is to enhance school performance and reduce risky behavior in middle school and high school students. DYCD contracts with provider agencies throughout the city that are responsible for conducting outreach and enrolling and providing services to interested youth. This report presents the results of an evaluation conducted by Westat/Metis for the 2008-09 school year.

Teen ACTION's model draws heavily on, but is not a replication of, the Teen Outreach Program (TOP).[1] The Teen ACTION curriculum covers the components of service learning, team building, and leadership skills, as well as learning units on health and well-being, the environment, human rights, violence prevention, sexual health, civic participation, diversity, and improving the school environment. The sites must provide at least 165 program hours and must have formal linkages with local health providers in order to facilitate health and mental health referrals when needed.

In 2008, Westat/Metis conducted a program review of Teen ACTION and concluded that it was in alignment with the CEO mission and, during its first year of implementation, met its performance benchmarks. A pilot survey of youth participants in the spring of 2008 found the following.

- Youth expressed interest in continuing in the program and referring friends to the program.
- Teen ACTION provided youth with opportunities to express themselves and increase their self-confidence. These findings cut across gender and school levels.
- Participating youth reported that their participation in Teen ACTION led to an increase in knowledge and attitudes about community needs; an increase in knowledge and attitudes about health and well-being, HIV/AIDS, and sexual health; and improvements in school functioning.
- There was variability in terms of incidence of high-risk behaviors and differences between the reports of middle and high school students. As expected, school level had a lot to do with greater incidence of high-risk behaviors such as having sexual intercourse, carrying a weapon, and engaging in group fights. However, there were no school-level differences when looking at other high-risk behaviors such as smoking cigarettes, drinking alcohol, and smoking marijuana.

Based on the pilot survey, we designed a full evaluation to include a revised survey instrument and a comparison group of high school youth who did not participate in an after-school program.[2] We targeted 45 Teen ACTION sites for the full survey in spring 2009, although only 28 sites participated in the survey. We encountered formidable challenges in the data collection, including very low rates of parental consent and low school

[1] TOP focuses on adolescents ages 12 to 17 and is managed by the TOP National Office at Wyman, a youth development nonprofit organization headquartered in St. Louis, Missouri, that delivers youth programs in communities across the country.

[2] Because randomization was not possible, the evaluation used a quasi-experimental posttest-only design that approximated a randomized design by developing a comparison group and controlling for differences on covariates (demographic variables), to make the groups as comparable as possible.

participation, and as a result, overall response rates were low when based on the total number of youth in the target populations: surveys were returned by 22 percent of all Teen ACTION students in high school and an estimated 14 percent of students in the targeted high schools who did not attend an after-school program. Other limitations to the design included a lack of baseline information and substantial variation across sites in program fidelity. Although statistical techniques were used to help adjust for these factors, we must be cautious in interpreting the results as we cannot measure the bias that might remain after the statistical adjustments.

We created seven scales for assessing program effects, covering the youth's community service activities and hours, service learning, risk behavior, school achievement, and school behavior. Table 1 shows the research questions addressed by the evaluation and summarizes the findings, which included the following.

- We found significant overall program effects on three scales: Community Service Involvement, Community Service Hours, and Service Learning. This finding is encouraging, as it indicates that Teen ACTION's emphasis on community service and service learning appears to have an impact on the participants.[3]
- We found a significant program effect on the Academic Achievement scale for students who attended Teen ACTION programs with higher fidelity to the Teen ACTION model.
- We also found a significant program effect on academic credits attempted and earned, especially for students who participated for at least 165 hours.
- We did not find significant impacts on the Risk Behavior, Sexual Health, Academic Achievement, or School Behavior scales.[4] We would have hoped that Teen ACTION would have had positive effects in these areas, but the fact that we did not find significant differences actually is quite informative. It shows that the youth who chose to participate in Teen ACTION were not that different overall from youth who did not choose to participate in Teen ACTION, at least in terms of their risky behavior, violence, and school rule-breaking. And because the Teen ACTION program targeted disadvantaged or at-risk youth, this could indicate that it reached the appropriate population.

According to responses to questions asked only of the Teen ACTION participants, the program had positive impacts on them in the areas of life skills (getting along with others, making healthy choices, helping others and the community), self-confidence, and self-esteem. The overall positive reports that youth gave about Teen ACTION indicated that they perceived many beneficial program impacts, even though we were able to detect few program effects when we compared these youth to youth who did not participate in an after-school program.

[3] However, because we do not have baseline (pretreatment) information about the youth, we do not know much about how the Teen ACTION youth differed from the other youth at the outset. Youth who chose to participate in Teen ACTION might have been predisposed to participate in community service activities.

[4] Because of the low response rate, we cannot tell whether the youth who responded to the survey were less at risk (in terms of participating in risky behavior and school misbehavior) than other Teen ACTION students and students who did not participate in an after-school program. If so, then there might have been less room for improvement in the youth who participated in the survey and, thus, positive program effects would have been more difficult to detect. In addtition, the surveys distributed were not anonymous, which may have made respondents less likely to report risky behaviors.

- In contrast to the findings when compared to youth with no after-school program, over 67 percent of the youth in Teen ACTION said that the program had helped them attend school more regularly.
- Around 69 percent reported that they felt more confident about their schoolwork, and around 67 percent said they were getting better grades.
- Over 72 percent felt that Teen ACTION had helped them avoid getting into trouble at school and helped them get along better with their classmates.
- About 73 percent said that Teen ACTION made them less likely to carry a weapon at school, and about 72 percent said they would be less likely to get into a fight at school.
- Nearly 90 percent agreed that Teen ACTION had taught them about the importance of avoiding unhealthy behaviors, and 86 percent said they felt better prepared to avoid unhealthy behaviors.
- Over 80 percent said they were making better choices about their health and well-being because of Teen ACTION. Nearly 80 percent said that they were less likely to smoke cigarettes as a result of Teen ACTION; 66 percent said they were less likely to drink alcohol; 72 percent said they were less likely to smoke marijuana; and 75 percent said they were less likely to have unprotected sex.
- Over three-quarters (78 percent) reported an improvement in their overall self-esteem.
- Almost 93 percent of respondents felt that staff treated them with respect, with nearly 77 percent agreeing strongly. Nearly 86 percent of the participants felt that they could talk to staff about things that were bothering them and felt that staff cared about what they think, and 85 percent felt that staff cared about them personally. Approximately 87 percent reported that staff helped them try new things.

Table 1. Teen ACTION Evaluation: Summary of Findings by Research Questions

Does Teen ACTION:	Measure*	Findings
1. Increase the knowledge of sexual health issues in participating students?	Teen ACTION only: In this program, participated in a sex/HIV/AIDS education program.	66.4% said "yes"
	Teen ACTION only: This program has given me knowledge about the importance of avoiding unhealthy behaviors.	88.6% agreed
2. Change the attitudes of participating students about sexual health issues?	Sexual Health Scale (sexual experiences, pregnancy and STD prevention)	No program effect
	Teen ACTION only: As a result of this program, I'm less likely to engage in unprotected sex.	75.2% agreed
3. Reduce the occurrence of high-risk behaviors in participating students?	Risk Behavior Scale (substance use, weapons, fighting, sexual activity)	No program effect
	Teen ACTION only: To what extent has Teen ACTION changed how you feel about making good choices about health and well-being?	80.2% said the program improved it
4. Improve the school attendance of participating students?	DoEd data: days present, days absent	No program effect
	DoEd data: credits attempted, credits earned	Positive effect, especially for youth who participated at least 165 hours
	Academic Achievement Scale (grades, college plans)	Positive effect only in programs with higher fidelity
	School Behavior Scale (expulsion, suspension in past 30 days)	No program effect
5. Increase the participants' community engagement?	Community Service Involvement Scale (community service activities, interest, time)	Positive program effect
	Community Service Hours Scale (hours/week)	Positive program effect
	Service Learning Scale (topics in Teen ACTION curriculum)	Positive program effect
6. Improve the life skills of participating students?	Teen ACTION only: This program has helped me get along better with classmates.	72.2% agreed
	Teen ACTION only: In this program, staff helps me try new things.	86.9% agreed
7. Increase the self-confidence of participating students?	Teen ACTION only: To what extent has this program changed your self-esteem?	78.0% said the program improved it
	Teen ACTION only: This program has helped me feel more confident about my school work.	68.7% agreed

**Scales measure program effects, as they are based on questions asked both of Teen ACTION and of comparison groups and control for confounding differences in the covariates. Department of Education data also were controlled on the covariates. Teen ACTION-only findings do not measure program effects, as they are based on questions asked only of Teen ACTION participants.*

1. Introduction

Teen ACTION (Achieving Change Together in Our Neighborhood) is a service-learning after-school program funded by the New York City (NYC) Center for Economic Opportunity (CEO) and implemented by the Department of Youth and Community Development (DYCD) in targeted neighborhoods. Its goal is to enhance school performance and reduce risky behavior in middle school and high school students. This report presents the results of an evaluation conducted by Westat/Metis for the 2008-09 school year. Chapter 1 presents an overview of Teen ACTION and evaluation activities; Chapter 2 describes the research design; Chapter 3 summarizes survey response and respondents; Chapter 4 presents findings on program effects; and Chapter 5 focuses on Teen ACTION participants' reports on their program experiences. Attachments A-E present further details on the survey administration, instruments, response frequencies, and fidelity assessment.

1.1 CEO's Anti-Poverty Mission

CEO was established by Mayor Bloomberg in December 2006, following the recommendations of the mayor-appointed Commission of Economic Opportunity (Commission), to implement innovative ways to reduce poverty in NYC. The CEO works with City agencies to design and implement evidence-based initiatives aimed at poverty reduction and manages an Innovation Fund through which it provides City agencies annual funding to implement such initiatives. CEO also oversees a rigorous evaluation of each program to determine which are successful in demonstrating results toward reducing poverty and increasing self-sufficiency among New Yorkers.

CEO targets its initiatives to young adults, the working poor, and families with young children, as recommended by the Commission (Center for Economic Opportunity, 2006). These programs aim to reduce poverty through education, employment, and health-based strategies. Several CEO initiatives also improve access to public services through innovative uses of technology and new work supports. To date, CEO has funded approximately 40 initiatives across some 20 sponsoring agencies.

Two major forces contributing to poverty and disconnection among young people are school dropout, low wages and lack of career-ladder jobs (Wyckoff, Cooney, Korom, & McClanahan, 2008), and thus one of CEO's priorities is to help disadvantaged youth overcome barriers to educational success and workforce engagement. As noted in a recent CEO report (Center for Economic Opportunity, 2007), approximately 230,000 young adults between the ages of 16 and 24 in NYC live in poor households, representing a higher proportion than the general population. Furthermore, an estimated 117,000 young adults are neither in school nor in the labor market. Of these, approximately half have high school degrees, while others struggle with basic literacy skills. Undoubtedly, providing new opportunities and supports to this large group of young people has the potential of engaging them into productive lives, contributing to their individual, family, and community well-being.

Teen childbearing is another factor that clearly is associated with poor outcomes for young people. Teenage mothers are more likely to drop out of school and to live in poverty. In addition, their babies are more likely to have health problems and developmental delays and to perform poorly in school. After nearly two decades of decline, in 2006 the birth rate among teens rose 3 percent in NYC

(Girls Incorporated of New York City, 2009). As in previous years, teen birth rates were higher among Latinas and blacks; among the boroughs, the rates were highest by far in the Bronx. This increase in birth rates in NYC parallels a national trend, where teen births for 15- to 19-year-olds in 2006 increased for the first time in 14 years (Annie E. Casey Foundation, 2009). Under its Young Adults (ages 16-24) strategy, CEO supports 12 initiatives to reduce teen pregnancy rates, engage young people in school and their communities, provide alternative education models to court-involved teens, and increase the number of internship and job placement opportunities for young adults.

1.2 Overview of Teen ACTION

Teen ACTION was developed in order to address one of the Commission's recommendations: *Expand school-community collaboration to foster positive youth development in our neediest communities*. The Teen ACTION service-learning program was developed in 2007 by a team of DYCD staff, with additional input from the Department of Health and Mental Hygiene (DOHMH) and CEO staff. Teen ACTION is geared to middle and high school students in high-poverty communities. The program aims to improve self-esteem, enhance school performance, and reduce risky behaviors and teen pregnancy. Teen ACTION is managed by DYCD, which contracts with provider agencies throughout the city that are responsible for conducting outreach, enrolling, and providing services to interested youth.

Although many NYC high schools require students to participate in community service, it is not a system-wide Department of Education mandate, and the approaches and practices vary from school to school. Some individual after-school programs also incorporate community service into their activities. However, at the time that Teen ACTION was designed, there were no city-wide after-school programs with a service-learning focus targeting youth in high-poverty neighborhoods. In addition, the Teen ACTION program was developed with targeted and ambitious objectives: reducing high-risk behaviors and teen pregnancies. Thus, program components (described on Page 5) went beyond those characteristic of typical out-of-school programs.

1.3 Teen ACTION Program Development

Teen ACTION is based on research literature about youth development, service learning, and pregnancy prevention programs. The Teen ACTION program model has an explicit focus on service learning. It follows general service-learning principles that call for the linkage of community service with academic or curriculum-based lessons, the clear articulation of learning objectives, the addressing of real community needs, and the integration of structured learning and service through reflection. Through a service-learning focus, Teen ACTION provides young people with a sustained opportunity to serve their community, learn about social issues, and reflect on their actions/contributions. In addition, the Teen ACTION service-learning model adheres to youth development principles, such as the importance of adult-youth relationships; a strong youth voice and youth-led activities; a focus on assets; and a challenging, developmentally appropriate emphasis on problem-solving and critical thinking skills. Teen ACTION also requires community partnership, including a linkage with an on-site or off-site health care provider.

In-school youth living in high-poverty neighborhoods are likely to face many risks, including teen pregnancy, school dropout, sexually transmitted infections, substance abuse, and other unhealthy behaviors. In

searching for an out-of-school-time program model, Teen ACTION program developers decided upon a service-learning model that would be attractive to middle- and high-school youth. Typically, older youth show low participation in out-of-school programs as they are difficult to engage in a systematic fashion. By selecting a service-learning model, Teen ACTION program developers felt that this focus would help engage older youth, who would have opportunities to explore the communities around them and understand how they can play an active role in their communities. Furthermore, the challenging activities and supportive programming envisioned for Teen ACTION were designed to promote problem-solving and critical thinking skills that would help participants stay in school and engage in responsible behaviors.

A recent publication by the Annie E. Casey Foundation (2009) summarized six strategies that can contribute to preventing teen pregnancy. It listed service-learning programs as one of these strategies. The authors report that "service learning programs that include youth mentoring and structured community service, often as part of an academic program, have shown to reduce the pregnancy rate of participants, at least while they are in the program….To date, the most valuable programs, especially for young people at risk, are those that offer a rich combination of education, mentoring, support services and employment opportunities" (p. 11). Recent research on the impacts of service learning on students of participating K-12 schools show that participation in high-quality programs yields statistically significant impacts on students' academic achievement, civic engagement, acquisition of leadership skills, and personal/social development (Billig, undated).

A number of studies have examined the impact of service-learning models on teen pregnancy. A study of the Teen Outreach Program (TOP), a nationally implemented model, found that, during the academic year that students were enrolled in a volunteer service program, there was a substantial reduction in the rate of teen pregnancy, course failure, and school suspension for participants, when compared to a control group (Allen, Philliber, Herrling, & Kuperminc, 1997). Another study examined a community service youth program (Reach for Health CYS) in East New York, Brooklyn, that provided opportunities for urban middle school students to participate in organized service experiences that met community needs. The researchers found that the program had a positive impact on the sexual behaviors of young adolescents at risk for HIV, sexually transmitted diseases, and unintended pregnancy. The greatest effect was among 8th graders, who received the most intensive program (O'Donnell et al., 1999).

A study of the Lions Quest program examined students' risk behaviors such as potential for dropping out of school, use of alcohol and other substances, and misconduct (Laird & Black, 2002). They also conducted surveys that documented degrees of participation in service-learning and a checklist of personal gains. This study found that 9th-grade students who participated in service-learning classes had significantly more positive scores on all measures of resilience, and that 12th-grade service-learning students maintained a lower risk of dropping out compared to their nonparticipating peers, including those identified as being at high risk initially. This study also showed that those with more service hours showed higher scores on several areas, particularly measures of positive community values and interpersonal competencies. Ninth-grade students were also more likely to decrease their cigarette smoking if they engaged in service learning.

A recent comprehensive review of the research literature concluded that there was solid evidence that service-learning programs effectively reduced teen pregnancy rates

(Kirby, 2007). In addition to their success in reducing teen pregnancy, some of the programs had other positive results, such as reducing school failure. However, the author noted that it was unclear whether these programs reduced teen pregnancy beyond the academic year in which the students participated in them.

Teen ACTION draws heavily on, but is not a replication of, the Teen Outreach Program (TOP). TOP was developed in 1978 and has been replicated nationally.[5] TOP focuses on adolescents ages 12 to 17. It uses its own curriculum, with four different age-appropriate levels, based on youth development principles and an integrated community-service-learning guide. TOP has been implemented as an in-school strategy integrated with core subjects, as an in-school elective, as an after-school voluntary program, and as an out-of-school enrichment program. While emphasizing flexibility in the use of the curriculum, TOP asserts that minimum levels of participation are required in order for the program to be effective and attain its anticipated outcomes. These requirements are one or two group discussions or activity sessions per week and a minimum of 20 hours of community service per program year. TOP is currently managed by the TOP National Office at Wyman,[6] an organization that provides the curriculum and materials as well as training and technical assistance.

Although Teen ACTION shares many programmatic similarities with its inspiration, TOP, there are some notable differences:

- In order to serve older NYC high school students, Teen ACTION extended the ages of the target population to young adults 13 to 21 years old, while TOP targets youth 12 to 17 years old.
- Teen ACTION mandates a much higher number of service-learning hours than TOP per full program year (55 as of Year 2, versus TOP's 20).
- Teen ACTION requires a program linkage with a local health provider in order to facilitate access to and increase use of health and mental health services.
- The programs use different curricula.

The 589-page Teen ACTION curriculum, developed by Global Kids, Inc., with the support of The After-School Corporation (TASC), provides a basic framework for implementing program activities through discrete, well-defined lessons and small group exercises. The Teen ACTION curriculum is comprehensive as well as user-friendly. It is also cohesive, as it consistently incorporates youth development and service-learning principles. CBOs operating Teen ACTION sites were required to integrate the curriculum into the program design; however, Teen ACTION does not specify how the curriculum must be used or in what sequence.

1.4 Teen ACTION Goals and Components

Teen ACTION's overarching goals are to reduce risk behaviors, especially those that might result in teen pregnancy; to promote positive youth development; and to promote community engagement. Specific goals for Teen ACTION are the following:

- Cultivate an ethic of service and increase civic engagement;
- Develop life skills and critical thinking skills;
- Encourage supportive relationships with caring adults;

[5] TOP is currently offered in 37 states and territories in the United States.

[6] Wyman is a youth development nonprofit organization, headquartered in St. Louis, Missouri, that delivers youth programs in communities across the country.

- Promote commitment to academic achievement;
- Reduce risk behaviors that might result in teen pregnancy, sexually transmitted diseases (including HIV/AIDS), and substance abuse; and
- Encourage use of health and mental health services.

During the first year of implementation, a few core elements were mandated for all Teen ACTION providers:

- Each site must serve a minimum of 40 participants.
- Sites must provide a minimum of 120 program hours, with at least 40 hours devoted to service activities and at least 40 hours devoted to structured learning. The remaining 40 hours could be divided among service activities, structured learning, and reflection activities. (In the second year, the program hour requirement was increased to 165, with 55 hours each for structured learning, service activities, and reflection activities.)
- The program must cover sexual/reproductive health, with provider staff using curriculum materials and/or the provision of workshops by outside experts.
- The program must have a formal linkage with a local health provider in order to facilitate health and mental health referrals when needed.

Teen ACTION program services fall into four categories: orientation, learning activities, service activities, and reflection activities. Each of these services is described below in more detail.

Orientation. Program orientation was required in order to provide participants with a general overview of the program, emphasizing the service-learning focus, youth-led activities, and themes that are covered throughout the program period. Sites conducted brief individual orientation sessions with prospective participants and parents/guardians. Program expectations were discussed, and, typically, a schedule of activities was shared with the prospective participants.

Learning Activities. These structured activities are taken from the Teen ACTION curriculum or other supplemental curricula used at the site. The activities are grounded in youth development and service-learning principles. They include thematic topics, such as the environment, immigration, and sexual/reproductive health, as well as individual and group developmental processes such as team-building, leadership, self-esteem, life skills, and problem-solving skills. Sites use the Teen ACTION curriculum flexibly. Since a strong youth voice is part of the design of the program, the curriculum has been used more as a resource than as a systematic guide to its topics.

For the second year, DYCD asked the curriculum developers—TASC and Global Kids—to develop additional units with new materials (which would benefit program participants who sign up for a second year of Teen ACTION), a unit for middle-school students on sexual/reproductive health, and a unit on service learning with elderly populations (a common service activity for many Teen ACTION programs).

Service Activities. The service activities are intended to connect the youth to their communities and to involve them in contributing to efforts that will improve their communities. Teen ACTION guidelines call for youth-led decision making with adult guidance. All sites have implemented some type of youth-led activities and/or projects, although some sites have done it with more intensity and purpose than have other sites.

According to the model, youth should conduct research to identify relevant issues in their community and decide on issues that they would like to pursue. The service activities should fulfill real needs and be valued by the intended beneficiaries. The Teen ACTION service-learning component has included many varied activities, including tutoring younger students; visiting senior citizen homes; conducting research on obesity, healthy nutrition, and food choices; HIV/sex education; and the greening of neighborhoods.

Reflection Activities. From a cognitive development perspective, reflection is the process that allows participants to integrate structured activities (workshops) with service-learning activities, to connect what they are learning in the "classroom" to what they are learning in the community, to better understand their own maturational processes, to learn how to make sound decisions in their lives, and to determine how they can be positive agents of change in their communities. Reflection activities were unevenly implemented by sites during the first year, but were strengthened during the second year.

1.5 Teen ACTION Logic Model

The Teen ACTION model is displayed in a logic model—or theory of action—format in Figure 1.1 on the following two pages. The logic model includes the program's context, key assumptions, and resources. Each activity is linked to the number of individuals targeted to participate in the different activities (outputs), as well as short- and long-term participant outcomes.

1.6 Teen ACTION Implementation

Although DYCD staff originally envisioned that the program would serve 4,500 youth, this proved to be a much higher estimate of program enrollment than feasible because DYCD was limited by the number, quality, and capacity of community-based organizations (CBOs) responding to the two requests for proposals (RFPs) issued to provide Teen ACTION services. After receiving responses to the second RFP, DYCD, in consultation with CEO, concluded that the initial enrollment target was overly ambitious and needed to be revised downward, as it was important to maintain provider quality as well as consider provider capacity. This led to the joint decision to reduce the overall enrollment target level. During its first year of operations (SY07-08), Teen ACTION funded 3,153 slots. A total of 3,550 youth entered the program, but only 3,124 became officially enrolled in it. During the second year, 3,789 students entered the program, and 3,411 were officially enrolled.

The program targets youth living in neighborhoods with high pregnancy rates. Many (but not all) are also high-poverty areas. The targeted high-poverty neighborhoods are Brooklyn Community District 3 (Bedford Stuyvesant), Queens Community District 12 (Jamaica), and Bronx Community Districts 1 and 3 (Mott Haven, Melrose, and Morrisania). Based on the review of Teen ACTION online system data, DYCD staff estimates that 30 percent of the enrolled youth live in the neighborhoods where they attend the program. However, it is possible that some youth living in high-poverty neighborhoods are attending the program in different high-poverty neighborhoods from where they live.

Figure 1.1: Teen ACTION (Achieving Change Together In Our Neighborhood) Logic Model

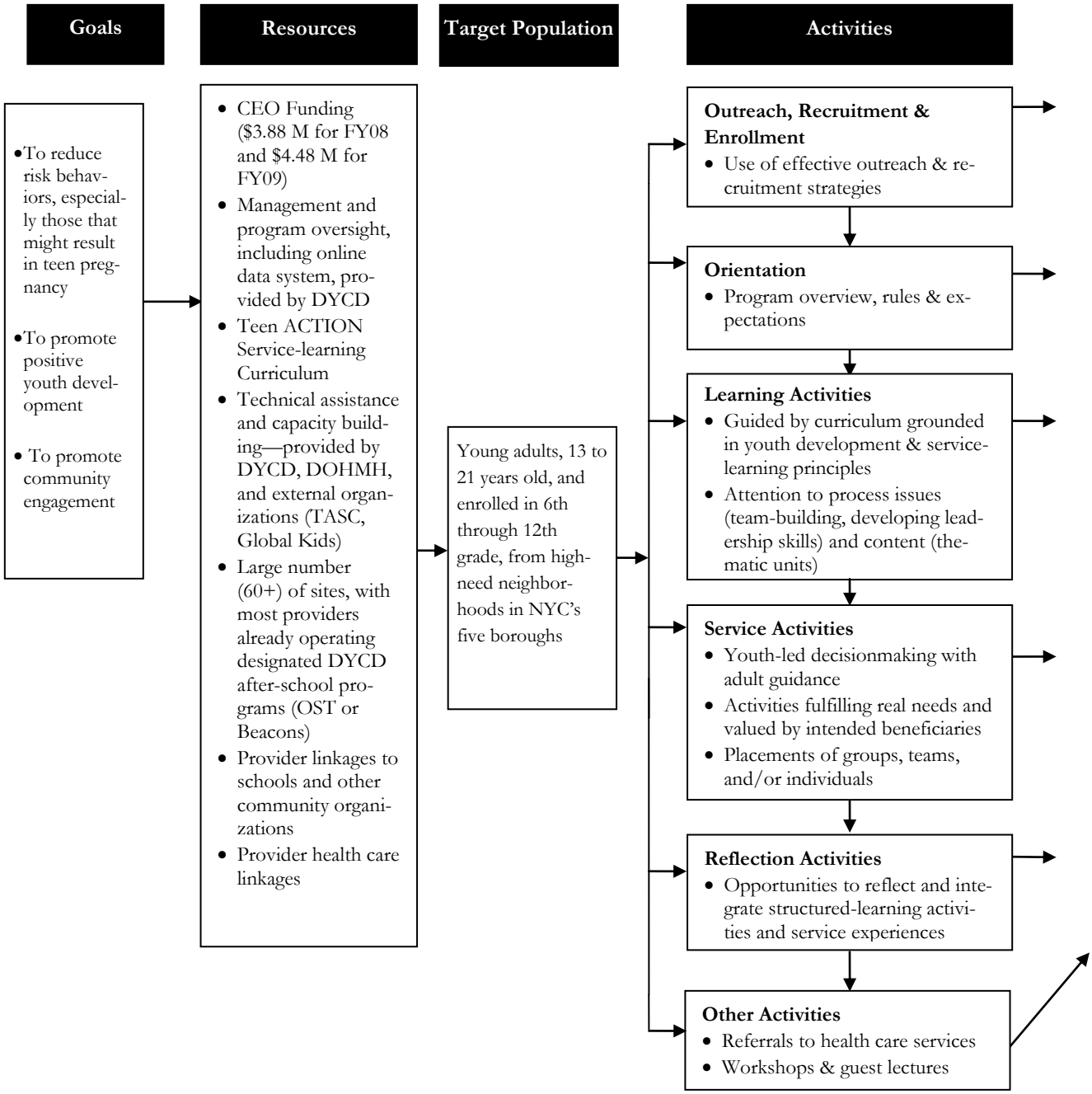
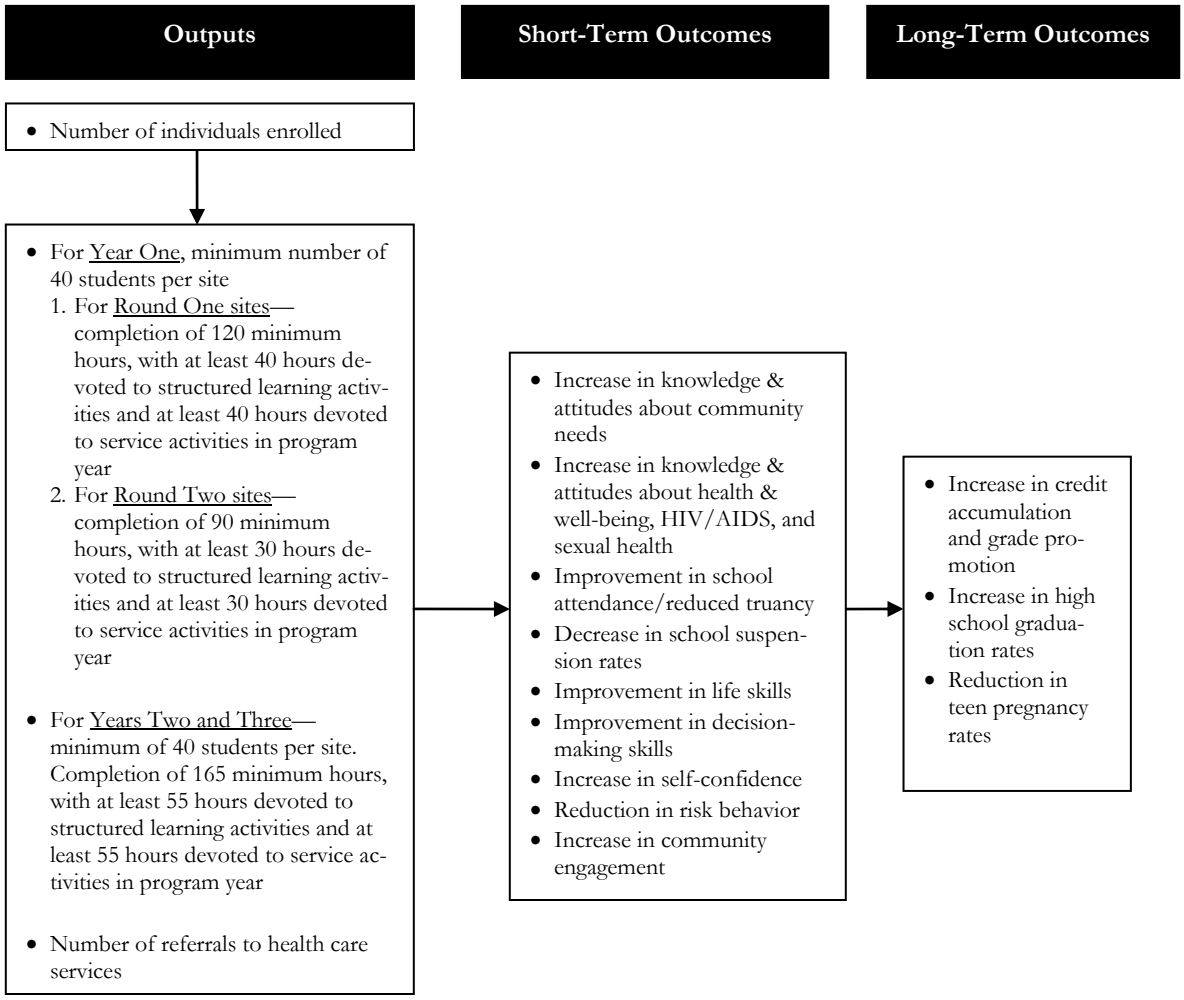


Figure 1.1: Teen ACTION (Achieving Change Together In Our Neighborhood) Logic Model (continued)



Context

- A large number of live births occur to teenagers in New York City—8,415 in 2004.*
- The overwhelming majority occur to people who are unmarried and living in poverty.
- Teen pregnancy is one of several risks that young people in poverty face during the transition to adulthood.
- Older youth are less likely to participate in after-school programs.

*The New York City Commission for Economic Opportunity (September 2006). *Report to Mayor Michael R. Bloomberg: Increasing opportunity and reducing poverty in New York City.*

A total of 64 sites were selected the first year for implementing Teen ACTION; however, three sites withdrew after unsuccessful efforts to get the program up and running, and one program did not accept the award. The remaining 60 sites (representing 38 providers) completed the first program year. Of those 60 sites, 47 were based in schools, and 13 were based in youth centers or community centers. DYCD played an active role in monitoring the progress of all sites and providing technical assistance to improve site performance.

An analysis of first-year program data showed that the majority of Teen ACTION participants were female (62% female vs. 38% male) and enrolled in high school (62% high school vs. 38% middle school). In terms of racial/ethnic background, 41 percent were Hispanic/Latino; 37 percent were black; 7 percent were Asian; 7 percent were white; and 8 percent were other race/ethnicity. Distributions in the second year were very similar: 63 percent were female, and 37 percent were male; 62 percent were enrolled in high school and 38 percent in middle school. Also, 42 percent were Hispanic/Latino; 38 percent were black; 7 percent were Asian; 7 percent were white; and 7 percent were other race/ethnicity.[7]

1.7 Initial Program Review Activities

In 2008, Westat/Metis conducted a program review of Teen ACTION and concluded that it was in alignment with the CEO mission and, during its first year of implementation, met its performance benchmarks. Teen ACTION was assessed to be a promising program that would require strengthened quality of implementation in order to reach its anticipated short-term and long-term outcomes. Specific first-year findings were:

- The program was serving a sizable number of youth in low-income communities and youth who were exposed to risk factors that lead to poor individual outcomes such as school dropout and teen pregnancy.
- The program had adapted a service-learning program model that had been shown to produce positive outcomes for youth.
- The program had been implemented across NYC and had attracted the interest of many local youth services providers that were developing expertise in the service-learning model.
- Teen ACTION was developing a network of service-learning practitioners, who were beginning to contribute lessons learned and develop best practices for a service-learning after-school program.
- The program had developed an excellent curriculum that provided a solid framework for program activities and would be enhanced in the second year.
- DYCD was very proactive and thorough in its program monitoring, program management, and technical assistance functions.
- A full evaluation of the Teen ACTION program would present special challenges around the development of appropriate measures to evaluate short-term outcomes, as shown in the logic model. Relevant data for an evaluation were likely to include school administrative data, program administrative data, and program participant surveys. The evaluation would also need to track participants longitudi-

[7] *Teen ACTION Enrollment and ROP (Rate of Participation) Report for June 2008 (Year 1) and April 2009 (Year 2).*

nally in order to be able to evaluate long-term outcomes.

1.8 Pilot Survey

As part of the independent evaluation for CEO, Westat/Metis piloted a Teen ACTION youth survey in the spring of 2008 to a sample of middle school and high school youth at the 13 center-based sites. Designed to obtain preliminary program outcome data, the survey also informed the development of a larger survey to include comparison groups. Pilot surveys were collected from 314 participants out of the 517 enrolled at the sites, for a response rate of 61 percent. Of the youth who responded, 65 percent were female, and 35 percent were male; 40 percent were middle school students, and 60 percent were high school students.

Five research questions, developed by the Westat/Metis team in collaboration with CEO and DYCD, guided the pilot effort. These questions were:

1. To what degree were youth engaged in the program? What were their participation levels? How satisfied were they with the program? Were there any differences in participation levels and satisfaction by gender, school level, and/or gender by school level?
2. To what degree had the program increased knowledge and improved attitudes about community needs? Increased knowledge and improved attitudes about health and well-being, HIV/AIDS, and sexual health? Improved school behaviors? Improved life skills and decision-making skills?
3. What survey variables correlated with recent incidence of high-risk behaviors (smoking cigarettes, drinking alcohol, smoking marijuana, engaging in unprotected sex, and carrying a weapon)?
4. Were there survey response differences across the 13 center-based sites?
5. Could the potential number of outcome variables be reduced? Was there a detectable structure in the relationships between survey items?

To answer these questions, Westat/Metis conducted a variety of analyses, including frequency distributions and crosstabs to describe the data in greater detail, logistic regressions to identify explanatory variables for incidence of high-risk behaviors, chi-square tests to reveal significant relationships between the variables, and a factor analysis to determine identifiable factors that would allow for combining variables.

The following were the main findings from the pilot study:

The youth surveyed valued Teen ACTION and the experiences it provides. Across all groups, youth reported positive experiences when involved in the community service activities and have taken on a variety of leadership roles. Respondents also reported that they were very satisfied with their Teen ACTION program.

Youth expressed interest in continuing in the program and referring friends to the program. Youth across gender and school levels were interested in participating in the program the following year, and the majority would recommend the program to their friends. It was likely that a high proportion of first-year participants in Teen ACTION would sign up for a second year.

Teen ACTION provided youth with opportunities to express themselves and increase their self-confidence. These findings cut across gender and school levels. Again, they reflected on the impact of Teen ACTION on key short-term outcomes.

Participating youth reported an increase in knowledge and attitudes about community needs through their involvement in Teen ACTION. Youth across gender and school levels reported greater knowledge about community needs and community issues as well as greater appreciation of community involvement. High school youth reported somewhat higher levels of community interest and involvement than middle school students.

The program led to an increase in knowledge and attitudes about heath and well-being, HIV/AIDS, and sexual health. Youth across gender and school levels reported greater knowledge about health and well-being, HIV/AIDS, and sexual health. They also reported that the program helped them develop and/or strengthen attitudes that would help them avoid high-risk behaviors in the future.

The program also led to improvements in school functioning. Although findings applied to both genders as well as both school levels, high school students were more likely than middle school students to report the positive influence of the program on their schoolwork and their grades.

There was variability in terms of incidence of high-risk behaviors and differences between the reports of middle and high school students. As expected, school level had a lot to do with greater incidence of high-risk behaviors such as having sexual intercourse, carrying a weapon, and engaging in group fights. However, there were no school-level differences when looking at other high-risk behaviors such as smoking cigarettes, drinking alcohol, and smoking marijuana. Although the overall numbers were not high for most of those behaviors, middle school students were as likely as high school students to have engaged in those behaviors. This finding supported the notion that involving middle school students in Teen ACTION is important.

With one exception, religious school students exhibited high-risk behaviors comparable to students attending the other center-based sites. Religious school students reported a much lower incidence of having had sexual intercourse. Because they represented a special subgroup within the Teen ACTION enrollment, a decision had to be made about whether to include this subgroup in the next phase of the Teen ACTION evaluation. (The decision was to include religious school students in the full survey.)

1.9 Teen ACTION Evaluation

Based on the pilot survey, we revised the Teen ACTION instrument and developed an instrument for a comparison group of youth who did not participate in an after-school program. We targeted 45 Teen ACTION sites for the full survey in spring 2009. These were all Teen ACTION sites that served high school youth; some also served middle school youth, but we surveyed only the youth in high school. Table 1.1 shows the distribution of these targeted sites and their participating youth by borough, compared to the distribution of all youth in NYC, and also shows the teen birth rate by borough because that was one of the risk factors considered when establishing Teen ACTION sites. The highest percentage of Teen ACTION sites serving high school youth (36%) is in Brooklyn, where the largest proportion of NYC youth ages 15-19 (33%) also live. However, the largest proportion of Teen ACTION high school participants (38%) is in the Bronx—which is where the teen birth rate is the highest by far (12%). Thus the Bronx, with 21 percent of the NYC youth population, has 29 percent of the Teen ACTION high school sites and 38 percent of the Teen ACTION high school population.

Table 1.1: Distribution of Targeted Teen ACTION Sites and Participants

Borough	Percentage of Targeted Teen ACTION Sites (*N*)	Percentage of Targeted Teen ACTION Participants (*N*)	Percentage of Total NYC Population 15-19 Years Old (*N*)[1]	Teen Birth Rate, 2007[2]
Bronx	28.9% (*13*)	38.2% (*842*)	20.9% (*114,665*)	12.0%
Brooklyn	35.6% (*16*)	34.6% (*762*)	33.1% (*181,778*)	6.7%
Manhattan	20.0% (*9*)	15.1% (*333*)	13.8% (*76,003*)	5.3%
Queens	13.3% (*6*)	9.2% (*202*)	25.6% (*140,581*)	5.7%
Staten Island	2.2% (*1*)	2.9% (*64*)	6.5% (*35,780*)	5.3%
New York City	100% (*45*)	100% (*2203*)	100% (*548,807*)	6.6%

[1]Source: 2007 American Community Survey, retrieved on September 2, 2009, from http://www.nyc.gov/html/dcp/pdf/census/acs_demo_2007.pdf.

[2]Source: New York City Department of Health and Mental Hygiene, February 2009, retrieved on September 8, 2009, from http://www.nyc.gov/html/doh/downloads/pdf/ms/bimt-teen-births.pdf.

In the next chapter we turn to the research design that guided the evaluation.

2. Research Design

Chapter 1 described Teen ACTION's overarching goals: to reduce risk behaviors, especially those that might result in teen pregnancy; promote positive youth development; and promote community engagement. This chapter describes how the evaluation was designed to determine the extent to which Teen ACTION achieved its goals.

2.1 Study Questions and Design

The evaluation team designed a rigorous quasi-experimental evaluation to assess the effectiveness of the Teen ACTION program for high school students. This design addresses the following research questions:

Does Teen ACTION:

1. Increase the knowledge of sexual health issues in participating students?
2. Change the attitudes of participating students about sexual health issues?
3. Reduce the occurrence of high-risk behaviors in participating students?
4. Improve the school attendance of participating students?
5. Increase the participants' community engagement?
6. Improve the life skills of participating students?
7. Increase the self-confidence of participating students?

To answer these questions, the evaluation used a quasi-experimental posttest-only design with a comparison group of youth who did not participate in an after-school program.[8] Quasi-experimental designs attempt to approximate a randomized experimental design by substituting other design features, such as matched comparison groups, for the randomization process. Although quasi-experiments have greater vulnerability to threats to internal validity (i.e., the extent to which effects can be attributed to the program) than a randomized experiment, they can still be constructed to support causal inferences.

With a comparison group of youth who did not participate in an after-school program, the study was able to determine the overall effect of the program and whether Teen ACTION was more effective than no after-school program at all. In addition, because we collected dosage data (hours of participation in Teen ACTION activities), the study was able to determine whether students with higher levels of participation in the program experienced greater benefits. And finally, we collected data on the degree to which the programs adhered to the Teen ACTION model (i.e., program fidelity) to determine whether programs with greater fidelity produced stronger effects on the participants. The dosage and fidelity analyses gave a more nuanced picture of the effects of the program.

2.2 Sampling

The validity of the study findings is influenced by how the comparison group was constructed. If the treatment and comparison groups are considerably different at the start, it is difficult to determine whether differences in outcomes are due to the effect of the pro-

[8] The original study design included two comparison groups: (1) youth who participated in a Beacon or OST after-school program and (2) youth who did not participate in an after-school program. However, the response rate for the Beacon/OST participants (3.4%) was too low to support that comparison.

gram or to initial differences between program participants and the comparison group. Therefore, it is ideal to have the groups as equivalent as possible at the outset.

To help ensure the equivalency of groups, we used covariates as an analytic tool to make the comparison between the groups more valid. Using covariates provides a method for statistically adjusting comparisons so that the treatment and comparison groups are balanced with respect to potentially confounding characteristics. In nonrandomized studies such as ours, where outcome differences may be biased by population differences, covariates can be used to adjust for confounding in regression analyses, thus increasing the precision of treatment effect estimates and the power. Using background characteristics as covariates can reduce the variance of treatment estimates and therefore will increase the chances of detecting a statistically significant effect on outcomes. The following variables were used as covariates: school borough, gender, race/ethnicity, grade, and age.

All students in grades 9 through 12 participating in the Teen ACTION program, having parental consent to participate in the study (or providing their own consent if 18 or older), and assenting to participate in the study were eligible for the study. The comparison group consisted of students from high schools that sent large numbers of students to Teen ACTION programs—some of these high schools, but not all, hosted Teen ACTION programs—and who did not participate in an after-school program.[9] All students under 18 years old participating in the study were required to have parental consent and to assent to participate. Students 18 years and older provided their own consent. Survey participants received two free movie tickets as an incentive for their participation. In addition, as special incentives, 20 Ipod Nanos were raffled among all survey participants. Chapter 3 provides information about survey response rates, and Attachment A presents details of survey administration, including procedures for obtaining and tracking parental consent.

2.3 Data Sources

A student survey was the primary data source for the evaluation. Annotated surveys showing response frequencies are presented in Attachment B (the Teen ACTION instrument) and Attachment C (the no-program instrument). Attachment D includes a crosswalk showing corresponding item numbers on the Teen ACTION and no-program instruments, as well as tables containing the item frequencies for the two groups.

Students completed the pen-and-paper instrument in groups at the schools or centers where their after-school programs were based (or where they attended school, for those not in an after-school program). In addition, data from the DYCD online system helped determine dosage (the amount of treatment students were exposed to, or their participation hours), and data from the NYC Department of Education provided information that was was missing or erroneous on the survey (e.g., date of birth). Finally, a fidelity assessment used data from a fidelity rating scale developed for this study and completed by DYCD staff. (See Attachment E for more information on the fidelity assessment.)

2.4 Outcome Measures

The theoretical model of Teen ACTION posits a series of short-term outcomes. Previous research found that these short-term outcomes are linked to long-term outcomes

[9] Students attending Teen ACTION, Beacon, OST, Boys and Girls Club, Twenty-First Century, and other formal after-school programs were excluded from this group. Students participating in after-school activities or clubs such as sports, music, theater, chess, etc. were not excluded from this group.

such as reduced teen pregnancy rates and increased grade promotion rates (Allen et al., 1997). As the survey was conducted after less than a year of program participation, long-term outcomes were not considered. The short-term outcome measures, their source, and the research question that they answer are provided below in Table 2.1.

Table 2.1: Teen ACTION Outcome Measures

Outcome Measure	Data Source	Research Question
Sexual health behaviors	Survey	Does Teen ACTION increase the knowledge of sexual health issues in participating students?
Sexual health behaviors	Survey	Does Teen ACTION change the attitudes of participating students toward sexual health issues?
Number of risk behaviors reported in previous 30 days	Survey	Does Teen ACTION reduce the occurrence of high-risk behaviors in participating students?
School attendance	School records	Does Teen ACTION improve the school attendance of participating students?
Knowledge of community needs	Survey	Does Teen ACTION increase the participants' level of engagement with their community?
Community engagement	Survey	
Life skills	Survey	Does Teen ACTION improve the life skills of participating students?
Decisionmaking skills	Survey	
Self-confidence	Survey	Does Teen ACTION increase the self-confidence of participating students?

2.5 Analysis

We analyzed the survey data using regression procedures that account for the clustering of the outcomes due to the data by school or site. We used two procedures in the SAS statistics package: for continuous outcomes we used Proc Surveyreg, and for categorical outcomes (those with two, three, four, or five categories), we used Proc Surveylogistic. These procedures explicitly take into account the clustered nature of data (e.g., clustering due to the data being provided from the same school or site). This is important because clustering typically produces correlations among observations in each site, violating the assumption of independence on which valid statistical inference is based. By modeling the clustering, proper standard errors for effects can be estimated so that significance tests are accurate.

A regression analysis with a cluster effect can be expressed as a multilevel model, where a regression is defined for two levels of aggregation—e.g., a regression predicting outcomes for students within site and another regression model predicting site means. Multilevel models are particularly suited for analyzing outcomes of students nested within sites. For continuous outcomes, the multilevel model used in this analysis has the following form:

$$Level\,1: \text{Students Within Site}$$

$$y_{ij} = \beta_{0j} + \beta_1 * \text{Covariate}_{ij}^{1} + \cdots + \beta_p \text{Covariate}_{ij}^{p} + e_{ij}$$

$$Level\,2: \text{Sites}$$

$$\beta_{0j} = \gamma_{00} + \gamma_{01} * \text{Borough}_j + \gamma_{02} * Treat_j + r_{0j}$$

At level 1, the outcome for student i in group j is predicted by student-level covariates, (e.g., grade, gender, race, age). At level 2, the site mean, β_{0j}, is predicted by site-level covariate, $borough_j$, and treatment status assigned to the site ($Treat_j$). Random error terms are e_{ij} and r_{0j}.

Of particular interest is γ_{02}, which is the effect of treatment.

For dichotomous outcomes a multilevel logistic analysis was performed. This is similar to the multilevel model described above except that the logit of the probability of responding 1 vs. 0 to the outcome is what is modeled by the regression:

$$Level\,1: \text{Students Within Site}$$

$$\text{Observational model:}$$

$$P(y_{ij}=1 \mid \pi_{ij}) = Bernoulli(\pi_{ij})$$

$$\text{Logit}\left(\pi_{ij}\right) = \beta_{0j} + \beta_1 * \text{Covariate}_{ij}^{1} + \cdots +$$

$$\beta_p \text{Covariate}_{ij}^{p}$$

$$Level\,2: \text{Sites}$$

$$\beta_{0j} = \gamma_{00} + \gamma_{01} * \text{Borough}_j + \gamma_{02} * Treat_j + r_{0j}$$

where $\text{logit}(\pi_{ij}) = \log\left(\frac{\pi_{ij}}{1-\pi_{ij}}\right)$.

This is a two-level generalization of logistic regression where the outcome, y_{ij}, is a dichotomous variable with a Bernoulli distribution, meaning that the probability of responding 1 is dependent on the probability, π_{ij}. The logit function is the standard link function for logistic regression (Raudenbush & Bryk, 2003, chapter 10). In the analysis for the current evaluation Proc Surveyreg and Proc Surveylogistic procedures of the SAS analysis program were used (SAS, 2004).

In these models, the treatment effect estimate is controlled for covariates at the student and site levels. Specifying a student and site level to the model means that clustering effects by site are accounted for in standard error. An efficient way of controlling treatment effect estimates for the confounding of covariates is to define propensity scores and then control regression estimates by propensity score matching, propensity weights, or propensity strata (see Curtis et al., 2007; Haviland, Nagin, & Rosenbaum, 2007). This was explored for this analysis, but it was found that data were missing differentially for treatment and comparison groups. Also, the levels of missing data were very different for different outcomes. As a result, controlling for confounding covariates by a single set of propensity scores was not feasible and did not balance the profile of confounding covariates for most analyses. Because of this, confounding variables were introduced as separate covariates in every regression analysis.

2.6 Limitations and Challenges

Limitations to the evaluation are noted below. Although statistical techniques were used to help adjust for these factors, we must be very cautious in interpreting the results and be aware that because of low response rates (due to low school participation and low rates of parental consent), we depended heavily on the covariates. But we cannot measure the bias that was left after the covariate adjustments. The response rate is discussed in more detail in Chapter 3.

- **Non-randomized design.** Because an experimental design was not possible, the Teen ACTION evaluation used a quasi-experimental posttest-only design that approximated a randomized design by developing a comparison group and controlling for differences on demographic variables, to make the groups as comparable as possible. This approach supports causal inferences even though it is more vulnerable to internal validity threats—in other words, we must exercise some caution in attributing effects to the program.
- **No baseline information.** The evaluation did not collect baseline information on students at the beginning of the program year. Thus we cannot rule out preexisting differences that might have influenced the outcomes. Our analyses con-

trolled for differences on covariates (age, grade, gender, borough, and race/ethnicity), but there might have been other underlying systematic differences that we were not able to measure or detect.

- **Low school participation in the survey.** Consent of principals was required in order to administer the surveys in school buildings. Despite intensive contact procedures, we received principal approval from only 22 of 32 targeted Teen ACTION high school sites and eight of 42 targeted high schools for no-program youth. And among the schools that were approved, we received surveys from only 19 Teen ACTION schools (but all eight of the schools for no-program youth).
- **Low rate of parental consent.** The NYC DOE required that we use an "active" parental consent process, in which parents provide written consent specific to this survey, rather than a "passive" consent process in which consent is assumed unless parents write or telephone with their refusal. We experienced substantial challenges in obtaining parental consent. Although we mailed out consent letters and forms, with self-addressed stamped envelopes for parents to use in returning the forms, and some Teen ACTION sites and schools took care of obtaining the consent forms, the overall response rate from parents was very low. Requiring active consent has been shown to lead to low survey response rates and biased sample demographics, such as over-representation of white and affluent students (e.g., see Bergstrom et al., 2009; Courser et al., 2009). We cannot measure the potential bias in our data, but must keep the possibility in mind in interpreting the results.
- **Variations in fidelity to program model.** In any multi-site evaluation, there are likely to be departures from fidelity in one or more sites, which can lead to findings of no difference between treatment and comparison groups. Measuring the extent to which the intended treatment was actually delivered (i.e., the program fidelity) is important because lack of adherence to the model can dilute or even dissipate any potential benefit of the treatment. In conjunction with DYCD staff, we developed a fidelity rating sheet, administered by DYCD staff, to assess the extent to which each program incorporated key Teen ACTION model components. Overall, we did find substantial variation among the 28 sites that participated in the survey. We incorporated the fidelity rating into the analysis to adjust our findings for this variation.

3. Survey Participants

Chapter 3 describes the survey response and the characteristics of the youth who completed surveys. It also presents descriptive information on underlying differences between the youth in the Teen ACTION and comparison groups. Finally, we present information from the Youth Risk Behavior Survey (YRBS) that compares risk behaviors reported by youth in the survey with a representative sample of NYC youth.

3.1 Survey Response

Note that there were major challenges to the survey administration, which were summarized in Chapter 2. Because of these challenges, overall survey response was low. Survey administration procedures are described in more detail in Attachment A.

Table 3.1 presents the response rates for the Teen ACTION (treatment) and no-program (comparison) groups. Overall response rates are low when based on the total number of youth in the target populations. However, when based only on the youth who received parental consent, the response rates are quite high, indicating that obtaining parental consent was the major barrier, and if consent was received, the youth generally participated in the survey. The NYC DOE required that we use an "active" parental consent process, in which parents provided written consent specific to this survey, rather than a "passive" consent process in which consent was assumed unless parents wrote or telephoned with their refusal. This likely exerted a strong downward pull on the response rate.

Table 3.1: Response Rates by Group

	Teen ACTION	No After-School Program
Youth in target population	2,203	6,000 (est.)
Parental consent received to complete survey	551	853
Surveys completed	477	853
Response rate based on total target population	21.7%	14.2%
Response rate based on consents received	86.6%	100.0%

We targeted 45 Teen ACTION sites (32 school-based sites and 13 center-based sites), all of which served high school students. (Some also served middle school students.) Of those sites, 28 participated in the survey (19 school-based sites and nine center-based sites). Table 3.2 shows the sites' survey identification numbers (by borough) for those that returned surveys and the number of surveys returned.

Table 3.2: Surveys Returned by Teen ACTION Sites

Borough and Site	Number of Surveys Returned
Bronx:	
TA009	26
TA011	13
TA015	23
TA017	7
TA033	46
TA034	29
TA042	41
TA043	4
TA044	20
Total, Bronx	**209**

Table 3.2: Surveys Returned by Teen ACTION Sites (continued)

Borough and Site	Number of Surveys Returned
Brooklyn:	
TA001	68
TA004	4
TA007	10
TA019	2
TA022	7
TA024	40
TA025	7
TA038	13
TA036	2
Total, Brooklyn	**153**
Manhattan:	
TA006	11
TA013	3
TA014	11
TA020	33
TA026	17
TA032	10
TA040	13
Total, Manhattan	**98**
Queens:	
TA002	1
TA012	2
TA028	14
Total, Queens	**17**
OVERALL TOTAL	**477**

Table 3.3 shows surveys returned from the high schools attended by youth in the comparison group. We targeted 42 high schools,[10] but only eight schools returned surveys. Note that nearly 60 percent of the comparison-group surveys were from one high school in Manhattan.[11]

Table 3.3: Surveys Returned by Comparison Students' High Schools

Borough and School	Number of Surveys Returned
Bronx:	
Community School for Social Justice	58
Frederick Douglass Academy III	53
Health Opportunities HS	35
Riverdale/Kingsbridge Academy	91
Total, Bronx	**237**
Brooklyn:	
Frederick Douglass Academy IV	1
John Dewey HS	76
Total, Brooklyn	**77**
Manhattan:	
Manhattan Center for Science and Math	509
Total, Manhattan	**509**
Queens:	
Pathways College Prep School	30
Total, Queens	**30**
OVERALL TOTAL	**853**

3.2 Youth Characteristics

Table 3.4 compares the two groups on gender, race/ethnicity, school borough, grade, and age. Differences between the two groups were statistically significant on all characteristics. Overall, youth participating in Teen ACTION were significantly more likely than youth in the comparison group to be (1) female, (2) black non-Hispanic or white non-Hispanic (and not Hispanic or Asian), (3) in the Bronx or Brooklyn (and not in Manhattan), (4) in lower grades (10th grade or below), and (5) younger.

[10] These high schools enrolled the highest number of Teen ACTION participants and were targeted for the no-program group so that the youth would be more comparable.

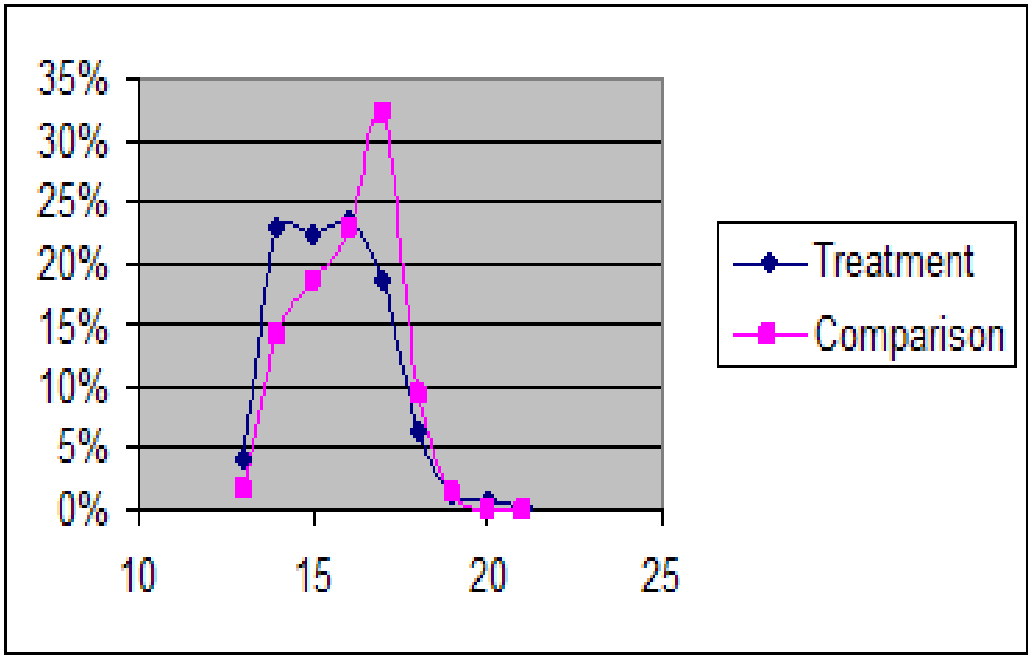
[11] We identify the name of the school that participated in the survey, while we identify Teen ACTION sites by identification number only in order not to focus the study findings on individual Teen ACTION sites.

Table 3.4: Characteristics of Students at Time of Survey Completion

Characteristic	Teen ACTION	No After-School Program
Gender (p=.0291):		
Male	34.4%	40.5%
Female	65.6%	59.5%
Total	100% (N=468)	100% (N=839)
Race/Ethnicity (p<.0001):		
Asian/Pacific Islander	7.0%	17.4%
Black, non-Hispanic	37.1%	24.9%
Hispanic-Latino	34.5%	45.6%
White, non-Hispanic	14.7%	4.9%
Multiracial	4.9%	5.8%
Other	1.7%	1.4%
Total	100% (N=469)	100% (N=840)
Borough of school (p<.0001):		
Bronx	43.9%	31.9%
Brooklyn	31.1%	9.8%
Manhattan	21.2%	54.1%
Queens	3.6%	4.3%
Staten Island	0.2%	0%
Total	100% (N=472)	100% (N=841)
Grade (p<.0001):		
Below 9th	2.1%	0.1%
9th	30.3%	16.3%
10th	21.3%	17.7%
11th	23.6%	24.0%
12th	22.5%	41.9%
GED program	0.2%	0%
Total	100% (N=475)	100% (N=841)
Age (p<.0001):		
13	4.2%	1.8%
14	22.8%	14.0%
15	22.2%	18.6%
16	23.3%	22.8%
17	18.6%	32.3%
18	6.6%	9.2%
19	1.3%	1.3%
20	0.9%	0%
21	0.2%	0%
Total	100% (N=473)	100% (N=841)
Mean age (p<.0001)	15.6 years	16.0 years

Figure 3.1 present students' ages in another format, showing that students in the Teen ACTION group tended to be somewhat younger than students in the comparison group.

Figure 3.1: Comparison of Student Ages



Thus, the two groups were significantly different on gender, ethnicity, borough, grade, and age. These differences were important in assessing program effects, and our approach to the analysis was to introduce the confounding variables as separate covariates in every regression analysis (as was described in Chapter 2) so that the comparisons would be valid.

3.3 Comparison to YRBS

As noted previously, the NYC Department of Education required that we obtain active parental consent from parents. Requiring active consent has been shown to lead to low survey response rates and biased sample demographics, such as over-representation of white and relatively affluent students (e.g., see Bergstrom et al., 2009; Courser et al., 2009). We cannot measure the potential bias in our data, but must keep the possibility in mind in interpreting the results. For example, as one indication that the students who responded to the survey (in both the Teen ACTION and the comparison groups) are not typical of NYC youth (or possibly of all Teen ACTION participants), Table 3.5 shows the percentage of NYC students who reported engaging in various risk behaviors in the YRBS,[12] compared to the percentages of youth in the Teen ACTION and comparison groups who reported engaging in the behaviors. The YRBS respondents were substantially more likely to report all the risk behaviors than were our survey respondents. Of course, YRBS was representative of 9th- to 12th-grade students, while our evaluation was not, which would

[12] See http://www.cdc.gov/HealthyYouth/yrbs/pdf/states/yrbs07_nyc_us_comparison.pdf.

Table 3.5: Comparison of Reported Risk Behaviors

Behavior	Percentage by Group		
	YRBS (Representative of NYC Youth)	Teen ACTION Survey Respondents	Comparison Group Survey Respondents
Ever Smoked Cigarettes	43.5%	16.6%	18.4%
Used Alcohol in Past 30 Days	33.5%	19.4%	24.0%
Ever Used Marijuana	26.3%	14.4%	17.0%
Ever Had Sexual Intercourse	46.1%	28.8%	34.5%

explain some of the difference. And the YRBS was anonymous, while the Teen ACTION survey was not, so youth in the YRBS might have been more truthful. Nonetheless, the differences are so large that it is likely an indication of some bias, due either to the impact of the parental consent requirement or to underreporting by our survey respondents.

Next, Chapter 4 presents the findings on the program effects.

4. Findings on Program Effects

We now turn to our findings on Teen ACTION program effects. First we describe the differences between the treatment and comparison groups on seven outcome indicators. Then we discuss further analyses incorporating information on dosage and program fidelity. We also present findings on a pro-social scale and how pro-social behaviors at the beginning of the program year (retrospectively reported) correlated with outcomes.[13] We examine program effects on the youth's school attendance and credit accumulation. Finally, we discuss the research questions that were addressed by these analyses.

In this chapter, all comparisons between the treatment and comparison groups control for differences in the covariates (age, grade, gender, borough, race/ethnicity). Attachment D presents treatment/comparison differences on each survey item, without controlling for differences in the covariates; note that the Attachment D comparisons are descriptive only, and are ***not*** estimates of program effects because they do not take into account the confounding demographic differences between the two groups.

4.1 Outcome Scales

We created seven scales for assessing program effects, covering the youth's community service activities and hours, service learning, risk behavior, school achievement, and school behavior.[14] Table 4.1 shows the items on the Teen ACTION instrument that were used in each scale; corresponding items on the comparison group instrument were worded identically.

Table 4.1: Definitions of Outcome Scales

Scale	Items on Teen ACTION Instrument
Community Service Involvement	Q17, 17a
Community Service Hours	Q17a
Service Learning (Teen ACTION curriculum topics)	Q18a-i
Risk Behavior (substance use, weapons, fighting, sexual partners)	Q20c, 21b, 22, 22c, 23d, 24, 25
Sexual Health (sexual experiences, pregnancy and STD prevention)	Q23, 23b, 23d, 23e, 23f
Academic Achievement (grades in English, math, science, social studies; plans for college)	Q30, 31, 32, 33, 34_4
School Behavior (expulsion, suspension in past 30 days)	Q27, 29

Three of the scales are based on negative items: Risk Behavior (use of substances, carrying weapons, fighting, sexual partners), Sexual Health (sexual experiences, no pregnancy and STD prevention methods), and School Behavior (expulsion/suspension in past 30 days). In the analysis, we reversed the values so that a positive effect is desirable (i.e., Teen ACTION appeared to reduce the negative behaviors), and a negative effect is not desirable (i.e., Teen ACTION appeared to increase the negative behaviors). This corresponds with the direction of the other (positive) scales.

As shown below in Table 4.2, we found significant overall program impacts on three scales: Community Service Involvement,

[13] Because we asked the youth to rate themselves on how they behaved **before** the current year, this scale does not measure an outcome and so is analyzed separately from the outcome scales.

[14] Correlation analysis was used to select specific items to comprise the scales and produce the most clear-cut findings.

Community Service Hours,[15] and Service Learning. This finding is encouraging, as it indicates that Teen ACTION's emphasis on community service and service learning appears to have an impact on the participants. However, because we do not have baseline (pretreatment) information about the youth, we do not know much about how the Teen ACTION youth differed from the other youth at the outset. Youth who chose to participate in Teen ACTION might have been predisposed to participate in community service activities. If this is the case, then Teen ACTION provides important opportunities and outlets for these youth—outlets they might have sought through other avenues if Teen ACTION was not available.

Table 4.2: Overall Treatment Effects

Scale	Estimate of Treatment/ Comparison Difference*	Probability Difference Is Significant
Community Service Involvement	**0.165**	**<.0001**
Community Service Hours	**0.243**	**<.0001**
Service Learning	**0.051**	**<.0001**
Risk Behavior	0.004	0.731
Sexual Health	-0.046	0.070
Academic Achievement	0.020	0.271
School Behavior	-0.302	0.404

*Differences range from 0 to 1, so a difference of 0.165 indicates a difference of 16.5% between the treatment and the comparison groups' scores.

Table 4.2 also shows that we did not find significant impacts on the Risk Behavior, Sexual Health, Academic Achievement, or School Behavior scales.[16] We would have hoped that Teen ACTION would have had positive effects in these areas, but the fact that we did not find significant differences actually is quite informative. It shows that the youth who chose to participate in Teen ACTION were not that different overall from youth who did not choose to participate in Teen ACTION, at least in terms of their risky behavior, violence, and school rule-breaking. And because the Teen ACTION program targeted disadvantaged or at-risk youth, this could indicate that it reached the appropriate population.

4.2 Dosage Effects

It is reasonable to expect that more participation in program activities might lead to greater program effects. We analyzed this using (1) hours of participation during the 2008-09 school year, and (2) whether youth participated in Teen ACTION the previous year. Using the DYCD online participant rate of participation (ROP) report, we obtained the number of hours that youth participated in Teen ACTION program activities over the 2008-09 school year. The hours ranged from 0 to 525.5, with a mean of 169.9 hours. Although DYCD expects all youth to participate for at least 165 hours, among the survey respondents only 46.3 percent of the youth participated at least that much.

[15] This outcome was based on a question that asked youth (in both groups) "On average, how many hours a week do you spend in community service activities?" A separate question asked youth in Teen ACTION about their hours spent in Teen ACTION activities. Thus the Community Service Hours outcome addresses community service hours more broadly than just Teen ACTION activities.

[16] It is important to remember the low response rates and unmeasured bias in this study. It is possible that for these outcomes, the youth who responded to the survey were less at risk (in terms of participating in risky behavior and school misbehavior) than other Teen ACTION students and other students who did not participate in an after-school program. If this is the case, then there might have been less room for improvement in the youth who participated in the survey, and any positive program effects would have been more difficult to detect.

Then we analyzed program effects using the hours of participation as a predictor, but it was not as powerful a predictor as treatment status (i.e., whether the youth was in the Teen ACTION or in the comparison group). In other words, we found more significant effects when *treatment status* rather than *hours of participation* was used as a predictor, indicating that additional hours of participation did not have a large effect on the outcomes we examined.

Next we conducted an "efficacy" analysis, examining whether youth who participated for at least the expected 165 hours experienced stronger program effects than youth who participated less than 165 hours. The results (shown in Table 4.3) were mixed. This analysis found the same significant outcome differences as in the overall treatment/comparison effects, but the level of significance was weaker on a couple of the outcome measures. The Community Service Involvement and Service Learning scales showed slightly more impact among youth who had participated for at least 165 hours compared to youth in the comparison group, but the Community Service Hours scale showed more impact among youth who did not participate for at least 165 hours. One possible hypothesis is that spending a lot of hours in Teen ACTION activities takes away from time available for community service, but we cannot determine that from the information available.

Table 4.3: Treatment Effects for Students by Whether Student Had 165 Hours of Participation in Teen ACTION Activities

Scale and Participation Hours	Estimate of Treatment/ Comparison Difference*	Probability Difference is Significant
Community Service Involvement:		
Participated 165 hours	**0.172**	**<.0001**
Did not participate 165 hours	**0.159**	**<.0001**
Community Service Hours:**		
Participated 165 hours	**0.784**	**0.05**
Did not participate 165 hours	**0.965**	**0.01**
Service Learning:		
Participated 165 hours	**0.054**	**0.00**
Did not participate 165 hours	**0.048**	**<.0001**
Risk Behavior:		
Participated 165 hours	0.007	0.60
Did not participate 165 hours	0.001	0.93
Sexual Health:		
Participated 165 hours	-0.038	0.173
Did not participate 165 hours	-0.057	0.083
Academic Achievement:		
Participated 165 hours	0.023	0.42
Did not participate 165 hours	0.018	0.37
School Behavior:		
Participated 165 hours	-0.299	0.53
Did not participate 165 hours	-0.807	0.07

*Differences range from 0 to 1, so a difference of 0.172 indicates a difference (or effect size) of 17.2% between the treatment and the comparison groups' scores.

**Note that this outcome (Community Service Hours as reported by youth in the survey) would be expected to be related to whether the youth had participated 165 hours (from program data on hours of participation in program activities).

Another aspect of dosage is whether youth had participated in Teen ACTION in the previous program year (2007-08). About 26 percent of the treatment youth had participated in Teen ACTION the previous year. As shown in Table 4.4, we found a slightly larger effect on the Service Learning scale for youth who had participated the previous year. But for the other two scales with significant program effects (Community Service Involvement and Community Service Hours), there were slightly larger effects for youth who had not participated the previous year. Note that youth who participated for 2 years might be different from other youth in ways that we cannot measure, and this introduces an unknown amount of bias in our results.

Table 4.4: Treatment Effects for Students by Whether Had Previous Year of Teen ACTION

Scale and Previous Participation	Estimate of Treatment/ Comparison Difference*	Probability Difference Is Significant
Community Service Involvement:		
Had Previous Year	**0.153**	**<.0001**
Had No Previous Year	**0.171**	**<.0001**
Community Service Hours:		
Had Previous Year	**0.221**	**<.0001**
Had No Previous Year	**0.261**	**<.0001**
Service Learning:		
Had Previous Year	**0.054**	**<.0001**
Had No Previous Year	**0.046**	**<.0001**
Risk Behavior:		
Had Previous Year	0.018	0.195
Had No Previous Year	-0.008	0.582
Sexual Health:		
Had Previous Year	-0.055	0.148
Had No Previous Year	-0.026	0.301
Academic Achievement:		
Had Previous Year	0.017	0.388
Had No Previous Year	0.030	0.307
School Behavior:		
Had Previous Year	-0.806	0.054
Had No Previous Year	-0.089	0.870

*Differences range from 0 to 1, so a difference of 0.153 indicates a difference (or effect size) of 15.3% between the treatment and the comparison groups' scores.

4.3 Program Fidelity

Program fidelity is the degree of fit between the developer-defined components of a program and its actual implementation. It is important to measure the extent to which the intended treatment was actually delivered because lack of adherence to the model can dilute or even dissipate any potential benefit of the treatment. In a multi-site evaluation, in particular, there are likely to be departures from fidelity in one or more sites, which can lead to the study failing to show a clear difference between treatment and comparison groups.

Our approach to measuring program fidelity involved developing (in conjunction with DYCD staff) a rating sheet that DYCD staff administered for all the Teen ACTION sites. Attachment E presents the rating sheet and accompanying instructions. The scores could range from 0 to 42, and actual scores ranged from 15 to 37. Table 4.5 presents the results of the fidelity ratings for all 28 sites that participated in the survey. To give an overall picture of the programs' range in fidelity, we classified the scores into low, medium, and high fidelity by putting about a third of the sites in each category; as shown in the bottom row of the table, over half the youth attended Teen ACTION programs with medium program fidelity.

Table 4.5: Program Fidelity to Teen ACTION Model

ID	Borough	Fidelity Rating	Teen ACTION Fidelity Level		
			Low	Medium	High
TA001	Brooklyn	29		✓	
TA002	Queens	28		✓	
TA004	Brooklyn	18	✓		
TA006	Manhattan	16	✓		
TA007	Brooklyn	31			✓
TA009	Bronx	15	✓		
TA011	Bronx	19	✓		
TA012	Queens	31			✓
TA013	Manhattan	33			✓
TA014	Manhattan	33			✓
TA015	Bronx	27		✓	
TA017	Bronx	37			✓
TA019	Brooklyn	16	✓		
TA020	Manhattan	27		✓	
TA022	Brooklyn	34			✓
TA024	Brooklyn	34			✓
TA025	Brooklyn	24	✓		
TA026	Manhattan	29		✓	
TA028	Queens	28		✓	
TA032	Manhattan	36			✓
TA033	Bronx	27		✓	
TA034	Bronx	30		✓	
TA036	Brooklyn	26	✓		
TA038	Brooklyn	18	✓		
TA040	Manhattan	28		✓	
TA042	Bronx	20	✓		

Table 4.5: Program Fidelity to Teen ACTION Model (continued)

ID	Borough	Fidelity Rating	Teen ACTION Fidelity Level		
			Low	Medium	High
TA043	Bronx	35			✓
TA044	Bronx	30		✓	
Percentage of sites at each fidelity level (N=28)			32.1	35.7	32.1
Percentage of youth at each fidelity level (N=477)			25.0	55.6	19.5

We then examined the impact of the program's fidelity on the outcomes. Table 4.6 shows that in addition to the three scales that have been significant in every comparison, the Academic Achievement scale (consisting of grades in English, math, science, and social studies and the youth's plans for college) showed a significant impact, with youth who participated in higher fidelity programs having slightly higher academic achievement scores.

Table 4.6: Treatment Effects Incorporating Program Fidelity

Scale	Estimate of Treatment/ Comparison Difference*	Probability Difference Is Significant
Community Service Involvement	**0.0059**	**<.0001**
Community Service Hours	**0.0950**	**<.0001**
Service Learning	**0.0018**	**<.0001**
Risk Behavior	0.0002	0.5597
Sexual Health	-0.0017	0.075
Academic Achievement	**0.0014**	**0.044**
School Behavior	-0.0173	0.216

*Differences range from 0 to 1, so a difference of 0.0059 indicates a difference of 0.59% between the treatment and the comparison groups' scores.

We conducted an analysis that incorporated both hours of participation and fidelity rating, but the results were not meaningful (likely due to colinearity in the variables) and are not presented.

4.4 Pro-Social Scales

A somewhat different analysis explored the youth's perceptions of their pro-social behaviors before the school year (2008-09) started. Although we did not collect baseline information on differences between the treatment and comparison groups going into the program year, there were pro-social items on the questionnaires that elicited some of that information. We created two scales from items in Question 19 on the Teen ACTION survey, which asked the youth to tell how much they did various pro-social behaviors ***before the current school year***. Because we asked them to rate themselves on how they behaved ***before*** the current year, this was a way to measure pre-existing differences between the treatment group and the comparison group. Thus, it is not a measure of program impact, but an indication of possible differences before treatment. Table 4.7 shows the items that were included in the two pro-social scales.

Table 4.7: Definitions of Pro-Social Scales

Scale	Items on Teen ACTION Instrument
Helpfulness to Others	Q19a, 19b, 19c, 19d, 19f, 19h
Rudeness to Others	Q19e, 19g

Compared to the youth who did not participate in an after-school program, Teen ACTION participants rated themselves significantly more positively on their helpfulness to others and on their rudeness to others before

the current school year (see Table 4.8). Note that these were retrospective reports (i.e., youth reported on their behavior that had occurred months earlier), so we cannot rule out that experiences ***during*** the school year might have influenced how they looked back and perceived their behavior ***before*** the school year. Also, because they were retrospective reports, these scales cannot be used as covariates. However, they might indicate that youth who chose to participate in Teen ACTION were somewhat different at the outset (i.e., more helpful and less rude)[17] than youth who did not participate in any after-school program.

Table 4.8: Retrospective Pro-Social Scales on Pre-Program Differences

Scale	Estimate of Treatment/ Comparison Difference	Probability Difference Is Significant
Helpfulness to Others	**0.022**	**0.0118**
Rudeness to Others	**-0.050**	**0.0004**

We then explored correlations between the pro-social scales and the outcomes for all youth and found that there were moderately high correlations between the Helpfulness to Others scale and (1) the Community Service Involvement scale and (2) the Service Learning scale, as shown in Table 4.9. Thus, youth who perceived themselves as having been more helpful to other people at the beginning of the school year also reportedly participated in more community service activities and were more likely to learn about service learning topics over the course of the year.

Table 4.9: Correlations Between Pro-Social Scales and Outcome Scales

Outcome Scale	Helpfulness to Others	Rudeness to Others
Community Service Involvement	**0.31**	-0.05
Community Service Hours	0.13	-0.09
Service Learning	**0.36**	-0.10
Risk Behavior	-0.11	-0.16
Sexual Health	0.02	0.07
Academic Achievement	0.16	0.05
School Behavior	0.06	-0.07

4.5 Educational Outcomes

Finally, we examined program effects on educational outcomes using Department of Education data on attendance and credits. As shown in Table 4.10, there were significant treatment effects on credits attempted and credits earned, but not on any of the attendance variables. Teen ACTION overall had a positive effect on credits attempted and earned. The more hours that students participated, the larger were the program effects. For students who participated fewer than 165 hours, the impact on credits earned disappeared (although there still was a positive effect on credits attempted even for these students). The program effects were similarly significant regardless of whether the student had participated in Teen ACTION for 1 year or 2 years. And students who attended Teen ACTION programs with higher fidelity ratings experienced a larger program effect on credits attempted and earned than students attending programs with lower fidelity. The means for the educational outcomes are shown in Table 4.11.

[17] At least they saw themselves as more helpful and less rude.

Table 4.10: Educational Outcomes

Treatment Definition	Treatment Effects on Educational Outcomes (with P Values)						
	Days Present: Fall	Days Absent: Fall	Days Present: Spring	Days Absent: Spring	Average Daily Attendance*	Credits Attempted	Credits Earned
Treatment Status	-0.069 (0.948)	0.301 (0.749)	-0.807 (0.594)	1.653 (0.203)	-1.117 (0.392)	**1.453 (0.004)**	**1.183 (0.015)**
Hours of Participation	0.001 (0.832)	0.000 (0.979)	-0.002 (0.794)	0.006 (0.257)	-0.003 (0.541)	**0.006 (0.002)**	**0.006 (0.002)**
Hours <165	-0.572 (0.636)	0.694 (0.535)	-1.546 (0.373)	2.126 (0.180)	-1.638 (0.296)	**1.426 (0.012)**	0.902 (0.076)
Hours ≥165	0.473 (0.744)	-0.123 (0.914)	-0.011 (0.995)	1.144 (0.387)	-0.557 (0.700)	**1.480 (0.002)**	**1.460 (0.003)**
One Year of Teen ACTION	0.098 (0.937)	0.471 (0.678)	-0.915 (0.629)	1.985 (0.224)	-1.406 (0.386)	**1.533 (0.004)**	**1.170 (0.024)**
Two Years of Teen ACTION	-0.534 (0.620)	0.305 (0.735)	-0.903 (0.502)	1.476 (0.211)	-1.027 (0.393)	**1.335 (0.012)**	**1.165 (0.023)**
Fidelity	0.016 (0.650)	-0.006 (0.848)	-0.006 (0.899)	0.037 (0.344)	-0.017 (0.670)	**0.051 (0.005)**	**0.046 (0.009)**

*Average Daily Attendance is a ratio of days present to total days present and absent.

Table 4.11: Means for Educational Outcomes

Survey Respondent Group	Means						
	Days Present: Fall	Days Absent: Fall	Days Present: Spring	Days Absent: Spring	Average Daily Attendance*	Credits Attempted	Credits Earned
Treatment	83.0	5.1	75.3	6.5	93.1	7.4	6.7
Comparison	83.4	4.5	75.5	5.4	94.2	5.8	5.5
All Respondents	83.3	4.7	75.4	5.7	93.9	6.3	5.8

*Average Daily Attendance is a ratio of days present to total days present and absent.

4.6 Conclusion and Recommendations

In summary, participation in Teen ACTION did increase the youth's community engagement. (Of course this is the definition of the treatment, but it is a positive finding that the program did accomplish what was expected.) Teen ACTION youth, compared to youth who did not take part in an after-school program, were significantly more likely to participate in community service activities, to participate more hours, and to learn about service learning topics (including personal well-being, goal-setting, and civic responsibility) over the course of the school year.

Three questions addressed in the evaluation involve youth's sexual health and high-risk behaviors: does Teen ACTION (1) increase the knowledge of sexual health issues

in participating students, (2) change the attitudes of participating students toward sexual health issues, and (3) reduce the occurrence of high-risk behaviors in participating students? The evaluation did not detect improvements in these areas, based on survey responses. The sexual health and risk behavior outcome indicators did not show that youth in Teen ACTION were less likely to engage in risky sexual behavior, substance use, or fighting, or to be suspended or expelled from school. Thus, participation in the program did not appear to improve outcomes in the areas of negative behaviors (although survey response rates were low, and the resulting unmeasured bias due to more missing among high-risk students in the comparison group could have made it difficult to detect program effects).

We did find some program effects in the area of educational experiences. Our analysis of Department of Education data showed that participation in Teen ACTION had a positive impact on credits attempted and earned, and students who participated more hours showed a larger impact. The effects were similar whether a student had participated in Teen ACTION for 1 year or 2 years. In addition, students who attended Teen ACTION programs with higher fidelity ratings experienced a larger program effect on credits attempted and earned than students attending programs with lower fidelity. Analysis of the survey data also showed that youth participating in programs with higher fidelity to the Teen ACTION program model did have somewhat better academic achievement (self-reported grades and plans for college) than those in programs with lower fidelity.

These findings raise the question of why the community service and educational impacts did not lead to improvements in youth's sexual health and risk behavior. Currently there is a lack of research and consensus on what really works to help disadvantaged youth address the difficult problems they face (White House Task Force for Disadvantaged Youth, 2003). Youth programs often operate at a neighborhood level and with limited resources, so efforts to assess their effectiveness have been sparse (O'Donnell, et al., 1999), but there were two randomized studies of community service programs that did produce strong positive findings. These studies covered similar populations and time periods as the Teen ACTION evaluation.

- One experimental evaluation of a community service program for preventing teen pregnancy and academic failure among high school students did find significant program impacts over the course of a school year (Allen, et al., 1997). Pregnancy rates, school failure, and school suspension were substantially lower in the treatment group at the end of the school year. The evaluators pointed out that the program, Teen Outreach, did not explicitly focus on the problem behaviors that it sought to prevent but rather attempted to enhance participants' competence in decisionmaking, interacting with peers and adults, and recognizing and handling their own emotions.
- Another experimental evaluation of a community service program among middle school students also found program impacts: students participating in the community service program, especially those in the most intensive component, reported significantly less sexual activity than students in the control group (O'Donnell, et al., 1999). The evaluators note that the study was made possible by a strong research-community partnership, indicating that the program was embraced and sustained by the community. A program that is effective in a supportive community might have different effects in a community that is indifferent or not supportive.

These studies have implications for Teen ACTION. First, focusing on risky behaviors has been shown to be less effective in helping youth avoid those behaviors than focusing on relationships and decisionmaking. Second, community dynamics can influence youth more than after-school programs do, and the Teen ACTION program might want to consider incorporating more efforts to raise community awareness and involvement with its activities and increase communities' support of the youth and the program.

Now we turn to Chapter 5 to address the final two research questions: does Teen ACTION (1) improve the life skills of participating students and (2) increase the self-confidence of participating students? These findings are presented in a separate chapter because they are based on survey items that were in the Teen ACTION instrument but not in the comparison group instrument, so we cannot compare Teen ACTION youth to youth who did not participate in an after-school program.

5. Teen ACTION Participants' Perspectives on the Program

The survey of Teen ACTION participants asked a number of questions specifically about the Teen ACTION program. These questions were not asked of the comparison group so cannot be used to demonstrate a direct effect from the program. However, the responses from these questions can help us to describe the young people who participated in Teen ACTION, how they interacted with the program, and what feelings they had about the program and themselves. This information helps to address two research questions: Does participation in Teen ACTION improve students' life skills? Does it increase students' self-confidence?

5.1 Participation in Teen ACTION

First we provide an overall picture of the students' participation in Teen ACTION—how much they participated, what the participation consisted of, how they felt about the program, whether their participation included sex/HIV/AIDS education (an important focus of the program model), and whether they planned to participate the next year. Question 7 (presented in Table 5.1) asked for the month in which participants started in Teen ACTION. As would be expected, the majority of students began participating in Teen ACTION in September or October, concurrent with the beginning of the school year. The numbers decrease in November and December, then rise briefly in January at the start of the new semester.

Table 5.1: Youth's Starting Date

Q7. Starting Date in Teen ACTION	Teen ACTION Respondents
September 2008	24.7%
October 2008	37.1%
November 2008	12.6%
December 2008	4.0%
January 2009	13.5%
February 2009	3.1%
March 2009	5.1%
Total	100% (*N*= 453)

Question 7c (Table 5.2) asked whether students attended an after-school program during the previous school year. Over half of the respondents (52%) did not attend any after-school program the previous year. Over a quarter (27%) had previously attended Teen ACTION. The remaining respondents attended OST, Beacon, or another program, or were not sure what program they attended.

Table 5.2: After-School Program in Previous Year

Q7c. After-School Program Attendance Last Year	Teen ACTION Respondents
None	52.2%
Teen ACTION	27.4%
OST	2.2%
Beacon	3.1%
Another program	10.8%
Not sure	4.3%
Total	100% (*N*=446)

Question 8 (Table 5.3) asked Teen ACTION participants how many hours per week they spent in activities in their current program. The highest proportion of respondents (38%) reported spending 5-6 hours in program activities each week.

Table 5.3: Hours Spent on Program Activities

Q8. Hours Per Week Spent In Current Program Activities	Teen ACTION Respondents
1 or less	2.0%
2	6.8%
3	6.8%
4	7.2%
5	19.0%
6	19.0%
7	6.6%
8	8.1%
9	6.3%
10	8.1%
11 or more	10.2%
Total	100% (*N*=443)

Question 13 (Table 5.4) asked participants specifically what they did in the Teen ACTION program. Around 64 percent had led a program activity, and 76 percent had helped plan an activity or event. Over 77 percent had contributed solutions for a community problem. Over 82 percent had been asked for their ideas about the program or a specific activity, and over 83 percent were active participants in program discussions. Nearly all respondents (91%) had worked as part of a team in the program.

Table 5.4: Activities in Teen ACTION Program

Q13. At this program, I have…	Yes	No
Led an activity. (*N*=465)	63.7%	36.3%
Helped plan program activity or event. (*N*=469)	75.7%	24.2%
Been asked for my ideas about program or activity. (*N*=469)	82.5%	17.5%
Been active participant in discussions. (*N*=469)	83.8%	16.2%
Worked as part of team. (*N*=470)	90.6%	9.4%
Contributed solutions for community problem. (*N*=467)	77.3%	22.7%

Question 14 (Table 5.5) asked the participants to respond to statements about how they felt about being a part of the program. Nearly 89 percent reported a feeling of belonging in the program, and the same percentage felt like they mattered and felt safe in Teen ACTION. Over 86 percent felt as if their ideas counted in the program. Around 89 percent felt successful in the program. About 82 percent felt like they could discuss the things that mattered to them while in Teen ACTION.

An important focus in Teen ACTION is sexual knowledge and attitudes. The evaluation addressed the following research question: Does Teen ACTION increase knowledge of sexual health issues in participating students? The first step is to provide education on sexual health issues, and Question 36 (Table 5.6) asked participants whether their Teen ACTION program had had a program on sex/HIV/AIDS education. About two-thirds of students (66%) reported that they had a sex/HIV/AIDS education program during their Teen ACTION participation. Later we explore what the youth reported about how the program influenced their behavior in this area.

Table 5.5: Feelings About the Teen ACTION Program

Q14. In this program, I feel like…	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot
I belong. (*N*=473)	60.7%	27.9%	8.3%	1.7%	1.5%
My ideas count. (*N*=473)	59.2%	27.1%	10.6%	1.9%	1.3%
I am successful. (*N*=470)	61.5%	27.2%	8.9%	1.3%	1.1%
I can discuss things that matter to me. (*N*=471)	55.8%	26.1%	14.2%	1.9%	1.9%
I matter. (*N*=468)	63.5%	25.2%	9.6%	0.6%	1.1%
I am safe. (*N*=471)	71.6%	17.0%	8.3%	1.7%	1.5%

Table 5.6: Had Sex/HIV/AIDS Education

Q36. In Teen ACTION, had sex/HIV/AIDS education program	Teen ACTION Respondents
Yes	66.4%
No	23.1%
Don't know	10.4%
Total	100% (*N*=450)

The youth's overall positive feelings about Teen ACTION carried through to their plans for participating the following year. Question 39 (Table 5.7) asked whether participants intend to continue participating in Teen ACTION next year. Over two-thirds of respondents (69%) said that they did plan to participate again next year. This indicates that the majority of participants perceived Teen ACTION as a helpful program.

Table 5.7: Plans for Next Year

Q39. Plan To Participate In Teen ACTION Next Year	Teen ACTION Respondents
Yes	68.6%
No	16.5%
Not sure	14.9%
Total	100% (*N*=442)

5.2 Experiences with Others in Teen ACTION

Teen ACTION sought to increase the life skills of participants, including important social interaction skills. These included interaction with their peers in the program and program staff members. Question 12 (Table 5.8) asked participants about their interactions with other participants in their program. The large majority reported overall positive social interactions with their peers. Over 92 percent agreed a little or a lot that they got to know other participants well, and 90 percent reported that they got along well with the other participants. A smaller but still substantial percentage (71%) reported that they trusted the other participants.

Table 5.8: Experience With Other Teen ACTION Participants

Q12. In this program I…	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot
Get to know other participants well. (*N*=475)	55.0%	37.1%	6.1%	0.4%	1.5%
Trust other participants. (*N*=473)	30.2%	41.0%	20.9%	3.6%	4.2%
Get along with other participants. (*N*=474)	53.6%	36.3%	8.0%	1.1%	1.1%

Question 15 (Table 5.9) asked participants about their relationships with and feelings about Teen ACTION staff. Overall, the participants overwhelmingly reported positive feelings and relationships with their program staff. Almost 93 percent of respondents felt that staff treated them with respect, with nearly 77 percent agreeing strongly. Nearly 86 percent of the participants felt that they could talk to staff about things that were bothering them and felt that staff cared about what they think, and 85 percent felt that staff cared about them personally. Approximately 87 percent reported that staff helped them try new things.

Table 5.9: Experience With Teen ACTION Staff

Q15. In this program…	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot
Staff treats me with respect. (*N*=474)	76.6%	15.8%	5.3%	1.3%	1.1%
I can talk to staff about things bothering me. (*N*=472)	59.1%	26.5%	10.0%	1.7%	2.8%
Staff cares about me. (*N*=473)	62.6%	22.4%	11.8%	1.7%	1.5%
Staff cares what I think. (*N*=472)	63.6%	22.0%	10.6%	1.9%	1.9%
Staff helps me try new things. (*N*=474)	63.9%	23.0%	10.3%	0.8%	1.9%

5.3 Youth's Impressions of Program Impact

The survey sought to measure the self-confidence and self-esteem of the young people in the Teen ACTION program. Indirect indications of self-confidence are evident in many of the previous questions about school and program engagement. For example, Question 11 (Table 5.10) looked at how participants believed that Teen ACTION had improved their engagement with school. More than half of the respondents reported that Teen ACTION had a positive effect on them at school. Over 67 percent said that Teen ACTION had helped them attend school more regularly. Around 69 percent reported that they felt more confident about their schoolwork, and around 67 percent said they were getting better grades. Over 72 percent felt that Teen ACTION had helped them avoid getting into trouble at school and helped them get along better with their classmates. Note that these self-perceptions (and further tables below) were different from the findings reported in Chapter 4, which compared Teen ACTION participants to youth not participating in an after-school program.

In that analysis, we did not find that Teen ACTION participants reported significantly better grades, higher academic aspirations, less fighting or weapon-carrying, fewer suspensions and expulsions, or better school attendance. However, we did find that Teen ACTION participants attempted and earned significantly more credits than youth in the comparison group.

Table 5.10: How Teen ACTION Helped Participants in School

Q11. This program has helped me…	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot
Attend school more regularly. (*N*=472)	41.1%	26.1%	24.2%	1.5%	7.2%
Feel more confident about schoolwork. (*N*=472)	33.9%	34.8%	23.1%	3.6%	4.7%
Get better grades. (*N*=468)	33.8%	32.5%	23.7%	3.9%	6.2%
Avoid getting in trouble. (*N*=469)	44.8%	27.3%	18.3%	2.1%	7.5%
Get along better with classmates. (*N*=472)	41.7%	30.5%	21.4%	3.2%	3.2%

In question 35 (Table 5.11), participants were asked whether Teen ACTION had changed the likelihood that they would engage in various negative or risky behaviors. Nearly 90 percent agreed that Teen ACTION had taught them about the importance of avoiding unhealthy behaviors and almost 86 percent said they felt better prepared to avoid unhealthy behaviors. About 73 percent said that Teen ACTION made them less likely to carry a weapon at school, with an additional 18 percent reporting that it had not made them more or less likely to carry a weapon. About 72 percent said they would be less likely to get into a fight at school, with 20 percent neither agreeing nor disagreeing. When asked about specific unhealthy behaviors, nearly 80 percent of respondents said that they were less likely to smoke cigarettes as a result of Teen ACTION; over 66 percent said they were less likely to drink alcohol; almost 72 percent said they were less likely to smoke marijuana; and around 75 percent said they were less likely to have unprotected sex. Around 20 percent of respondents reported a neutral impact on their health behaviors, which might indicate a lack of influence from the program, or perhaps that these participants were already disinclined toward those particular behaviors. Given this overall highly favorable report of the program's impact, it is surprising that we were not able to find program effects in these areas when the Teen ACTION participants were compared to youth who did not participate in an after-school program.

Table 5.11: Teen ACTION's Impact on Health Behaviors

Q35. TA impact on health behaviors	Agree a lot	Agree a little	Neither agree nor disagree	Disagree a little	Disagree a lot
Program gave knowledge about importance of avoiding unhealthy behaviors. (*N*=455)	60.2%	28.4%	8.8%	0.7%	2.0%
I'm better prepared to avoid unhealthy behaviors. (*N*=454)	52.2%	33.7%	10.8%	0.9%	2.4%
I'm less likely to smoke cigarettes. (*N*=449)	56.4%	15.4%	20.3%	1.3%	6.7%
I'm less likely to drink alcohol. (*N*=445)	47.4%	19.3%	23.8%	2.3%	7.2%
I'm less likely to smoke marijuana. (*N*=447)	57.9%	14.3%	19.2%	1.6%	6.9%
I'm less likely to have unprotected sex. (*N*=446)	57.9%	17.3%	17.9%	2.0%	4.9%
I'm less likely to carry a weapon. (*N*=450)	57.8%	15.6%	17.6%	2.7%	6.4%
I'm less likely to fight. (*N*=450)	52.2%	20.0%	19.6%	2.2%	6.0%

Question 16 (Table 5.12) summarizes youth's report on the program's impact on their motivation and well-being. Almost all the participants saw either no change or improvement for each of the outcomes, with the great majority noting improvement. Over 80 percent said they were making better choices about their health and well-being because of Teen ACTION. Nearly 88 percent felt more motivated to help others, while 84 percent felt they were making a difference in their community. Over 89 percent are thinking more about their future accomplishments. Finally, 78 percent felt an improvement in their overall self-esteem.

Table 5.12: Teen ACTION's Impact on Motivation and Well-Being

Q16. To what extent has this program changed how you feel about …	Improved a lot	Improved a little	No change	Little worse	A lot worse
Making good choices about health & well-being. (*N*=473)	40.0%	40.2%	19.2%	0.4%	0.2%
Making a difference in community. (*N*=473)	51.8%	31.9%	15.4%	0.6%	0.2%
Motivation to help others. (*N*=473)	56.7%	30.9%	12.3%	0%	0.2%
Thinking about future accomplishments. (*N*=474)	64.4%	25.1%	9.9%	0.4%	0.2%
My self-esteem. (*N*=473)	50.5%	27.5%	20.9%	0.6%	0.4%

Thus, according to participants' reports, Teen ACTION had positive impacts on them in the areas of life skills (getting along with others, making healthy choices, helping others and the community) and youth's self-confidence or self-esteem. The overall positive reports that youth gave about Teen ACTION indicated that they perceived many beneficial program impacts, even though we were able to find few program effects when we compared these youth to youth who did not participate in an after-school program.

References

Allen, J., Philliber, S., Herrling, S. & Kuperminc, G. (1997). Preventing teen pregnancy and academic failure: experimental evaluation of a developmentally based approach. *Child Development*, *64*, 729-742.

Annie E. Casey Foundation. (2009). *KIDS COUNT indicator brief: Reducing the teen birth rate*. Baltimore, MD: Annie E. Casey Foundation.

Arbreton, A., Bradshaw, M., Sheldon, J., & Pepper, S. (2009). *Making every day count: Boys and Girls Clubs' role in promoting positive outcomes for teens*. Philadelphia: Public/Private Ventures.

Bergstrom, J.P., Partington, S., Murphy, M.K., Galvao, L., Fayram, E., & Cisler, R.A. (October 2009). Active consent in urban elementary schools: An examination of demographic differences in consent rates. *Evaluation Review, 33*, 481-496.

Billig, S. (Undated). *Using evidence to make the case for service-learning as an academic achievement intervention in K-12 schools*. Portsmouth, NH: RMC Research Corporation.

Center for Economic Opportunity. (September 2006). *Increasing opportunity and reducing poverty in New York City*. New York, NY: Center for Economic Opportunity.

Center for Economic Opportunity. (December 2007). *Strategy and implementation report*. New York, NY: Center for Economic Opportunity.

Courser, M.W., Shamblen, S.R., Lavrakas, P.J., Collins, D., & Ditterline, P. (August 2009). The impact of active consent procedures on nonresponse and nonresponse error in youth survey data: Evidence from a new experiment. *Evaluation Review*, *33*, 370-395.

Curtis, L., Hammill, B., Eisenstein, E., Kramer, J., & Anstrom, K. (2007). Using inverse-probability weighted estimators in comparative effectiveness analysis with observational databases. *Medical Care*, *45*(10), 103-107.

Girls Incorporated of New York City. (2009). Available at: http://www.girlsincnyc.org/research.html.

Haviland, A., Nagin, D., & Rosenbaum, P. (2007). Combining propensity score matching and group-based trajectory analysis in an observational study. *Psychological Methods*, *12*(3), 247-267.

Kirby, D. (2007). *Emerging answers 2007: New research findings on programs to reduce teen pregnancy*. Washington, DC: The National Campaign to Prevent Teen and Unplanned Pregnancy.

Laird, M., & Black, S. (2002). *Report for U.S. Department of Education Expert Panel on Safe, Disciplined, and Drug-Free Schools*. Annapolis Junction, MD: Lions-Quest.

O'Donnell, L., Stueve, A., San Doval, A., Duran, R., Haber, D., Atnafou, R., Johnson, N., Grant, U., et al. (1999). The effectiveness of the Reach for Health community youth service learning program in reducing early and unprotected sex among middle school students. *American Journal of Public Health, 89*(2), 176-181.

Raudenbush, S., & Bryk, T. (2003). *Hierarchical linear models*, Chapter 10. Thousand Oaks, CA: Sage.

Rosenbaum, P.R., & Rubin, D.B. (1983). The central role of the propensity score in observational studies for causal effects. *Biometrika*, *70*, 41-55.

Rosenbaum, P.R., & Rubin, D.B. (1984). Sensitivity of Bayes inference with data-dependent stopping rules. *American Statistician, 38*(2), 106-109.

SAS Institute Inc. (2004). *SAS/STAT 9.1 User's guide*. Cary, NC: SAS Institute Inc.

White House Task Force on Disadvantaged Youth. (2003). *Final Report*. Available at http://www.acf.hhs.gov/programs/fysb/content/docs/white_house_task_force.pdf.

Wyckoff, L., Cooney, S., Korom, D., & McClanahan, W. (2008). *Disconnected young people in New York City: Crisis and opportunity*. Philadelphia, PA: Public/Private Ventures.

ATTACHMENT A

Survey Administration

1. Development of Survey Instruments

The primary data collection tool was a post-only survey of program participants and their peers from two similarly-situated groups (instruments are shown in Attachments B and C). The survey was based on the pilot Teen ACTION survey, administered to 314 program participants in spring 2008. Utilizing these results, the evaluation team revised and built upon the pilot survey. The redesigned survey included items in the following areas:

- Use of non-school time,
- Knowledge and attitudes about service learning,
- Degree of community engagement,
- Pro-social behaviors,
- Knowledge and attitudes about health and well-being, HIV/AIDS, and sexual health,
- School functioning,
- Life skills and decision-making skills,
- Self-confidence, and
- Incidence and persistence of risk-taking behaviors.

Surveys were created for students in a Teen ACTION, OST, or Beacon program (program survey) and for students who were not in any after-school program (non-program survey). The surveys were identical except that the program survey asked questions specifically about the student's after-school program, content learned, and overall experience. For all surveys, the first page of the survey consisted of a cover page to collect student information, such as name, program, grade, and home school. Each site/program was assigned a unique identification code that was printed on the survey cover page. Each survey also had a unique, random identification number that was printed on the cover page as well as on the second page of the survey. The cover page of the survey was intended to be torn off so that student identifying information was separated from the rest of the survey. Survey cover pages and the actual survey were later matched using the unique, random identification number. Non-program surveys were coded similarly with all surveys printed with a unique identification number beginning with "X," instead of a program code.

Surveys were administered in spring 2009 to high-school students participating in Teen ACTION, OST or Beacon after-school programs OR students not participating in any after-school program. Students also had to have parent consent or be 18 years of age or older. It was anticipated that approximately 1,850 students in Teen ACTION, another 1,850 in OST and Beacon, and another 1,270 in no after-school program would be administered a survey.

2. Protection of Human Subjects: IRB and PRC Reviews

To comply with program regulations, all study materials including the completed final evaluation plan, final survey instruments, parent consent form, youth assent form, and procedures for protecting human subjects were submitted to the Internal Review Boards (IRB) of Westat and Metis. Once approval was granted from both IRBs, the evaluation team submitted all required documents to the New York City Department of Education's Proposal Review Committee (PRC) including the completed research proposal, the proposal summary, Westat and Metis IRB approval forms, a copy of the program and non-program surveys, the youth assent form as the first page of each survey, and

the informed consent form that was provided to parents. The study was approved by the PRC on January 8, 2009. The PRC approval required active consent from parents as well as the approval of principals of any school where the survey would be administered.

3. Site Selection and Recruitment

Metis created a list of the 40 schools with the highest number of students who participated in a Teen ACTION program, either within the school or at another site. A separate list was constructed for schools that hosted a Beacon or OST program. Metis sent a letter to each of these 74 principals to meet the PRC requirement of principal approval, along with the PRC approval form and a copy of the survey, requesting their approval to conduct the study with the Teen ACTION, Beacon, and/or OST program that took place at their school. If a school's total population was over 300 students, Metis requested approval to conduct the survey with students who were not in any after-school program, during the school day, as well. The total population of the school was considered to ensure that the non-program pool would be a sufficient number when excluding Teen ACTION, OST, and Beacon students.

Principals were asked to respond within 10 days of receiving the letter. This initial contact resulted in three responses by the requested deadline. Metis had five staff members repeatedly contact the remaining principals via phone, fax, and/or email, and additional copies of the materials were mailed when needed. To further encourage a response, an email communication on behalf of the DYCD Deputy Commissioner was sent by Metis to all middle schools where approval was still pending. As a last attempt at communication, Metis sent three staff members to thirteen schools that had not responded in order to answer any questions they might have had. An additional 10 approval forms were gained through this method. All these efforts garnered approval from 32 principals.

An additional delay in gaining principal approval was the discovery that certain programs had "satellite locations." Therefore, the DYCD database had the program listed at one location, yet students were actually sent elsewhere. This required contacting a new group of principals to gain new approvals and ensure that students would be taking the survey at one site versus another.

All Teen ACTION and OST programs held at center-based sites were automatically given approval by DYCD to participate. This represented 29 programs across 20 sites. Metis encountered some resistance from Beacon and OST sites as a comparison group to the Teen ACTION programs which were the subject of the evaluation. Communication was difficult with some sites, and additional survey administration sessions had to be conducted as many program directors missed initial sessions. To aid this challenge, a second email on behalf of the DYCD Deputy Commissioner was sent to all Teen ACTION, Beacon, and OST providers requesting their cooperation.

4. Obtaining Parent Consent

The human subject protection plan included procedures for obtaining parental informed consent and youth assent, as well as maintaining confidentiality of data. Parents were asked to provide active consent to allow their child to participate in the survey administration, meaning that parent needed to provide written consent for the study survey. This is in contrast to a passive consent process where consent is assumed unless the parent communicates specifically that they do not want their

child to participate. The consent form also included a place to indicate if the student was 18 years of age or older. In this case, students were allowed to provide consent to participate. Both parent and youth consent/assent forms included information about the study, the voluntary nature of participation, and the protection of confidential student data acquired through survey participation.

To reach the large majority of parents, the consent form *(see attached)* was translated into Chinese, Russian, and Spanish. Double-sided copies were provided to all sites that requested English and another language, as well as to sites where the DYCD database indicated that over 25% of participants in a program spoke Chinese, Russian, or Spanish in the home. A parent consent form, along with a business reply envelope and a letter of support from the DYCD Commissioner, were sent to the homes of the approximately 6,000 students who participated in the chosen Teen ACTION, OST, or Beacon programs. Student addresses in the DYCD database were used for the mailing. Due to the delay in gaining principal approval from all the program sites, consent forms were distributed to the entire potential pool of Teen ACTION, OST, and Beacon participants between late March and April 2009.

As a result of the initial mailing, approximately 200 completed consent forms were received. Over 600 consent forms were sent back as "return to sender" with either incomplete or incorrect addresses. Given the inaccuracies in the DYCD database, we opted to revise the process for contacting parents about the study and seeking their consent. For the revised consent process, Metis sent each after-school program site consent forms for the program director to distribute to the participants, asking them to take the forms home for their parents to sign. Directors were instructed to collect these consent forms and return them with the completed surveys at a later date.

In total, 551 consent forms were collected through the mail or from Teen ACTION program directors, 78 were collected from OST programs, and 34 from Beacon programs. An additional 74 consents were collected from Teen ACTION programs, 19 from OST programs, and another 3 from Beacon programs without accompanying surveys.

5. Incentives and Stipends

All students who brought in a completed consent form and who took the survey at their program site received two free AMC movie ticket vouchers. Survey administrations were also held off site at the DYCD offices for students in programs where approval to conduct the survey at the program site could not be gained from the principal. At these off-site administrations, at the Youth Forum, and at non-program survey administrations, ticket vouchers were also distributed. For Teen ACTION, OST, and Beacon participants, ticket vouchers were sent to the program director once the completed surveys were received by Metis. To further increase the appeal of the study, a raffle for 20 iPod Nanos across all program and non-program survey participants was added as an incentive. Students who attended the off-site survey administrations received a $4 Metro card in addition to their movie vouchers and raffle entry to compensate for their travel costs. Chaperones to the administration were also given a $4 Metro card. Schools who agreed to conduct a survey administration for their students who were not in an after-school program were paid a $400 stipend for their participation.

6. Survey Administration Tools and Training

Individual packets were created for the program directors who attended Metis's six survey administration training sessions. Each packet included: a copy of Metis's survey administration PowerPoint presentation, survey administration instructions, a sample parent consent letter that was sent to students' homes, and a sample program survey. Metis also created flyers to attract participants - each program director received 20 flyers to display around their program site. An additional 20 flyers were included with the survey materials that were later sent to the directors to further promote the survey. A sample attendance roster was also distributed in the training packet. Program directors were instructed that along with the other survey materials, Metis would send a list of students who had sent their parent consent forms back to Metis' office through the initial mailing. Directors were instructed to then add the names of any additional students who returned their consent forms back to the program site. The final list with all students who took the survey would be returned to Metis along with the completed surveys.

For program sites where principal approval had not yet been given, an additional letter was included in the program director's packet. If they felt comfortable doing so, program directors were asked to encourage the principal to return the form and allow the survey administration at their site.

In total, 61 program directors and provider staff took part in the six trainings provided by Metis during March and April 2009. Table A.1 shows the type and number of providers who took part in each training and the dates of the trainings. On April 7, seven Metis staff took part in an in-house survey administration training to learn the steps involved in administering surveys to the non-program sites.

Table A.1: Overview of Provider Trainings

Provider	Date	Number of Attendees
Teen ACTION	3/12/09	41
Beacon and OST Manhattan sites	3/19/09	6
Beacon and OST Brooklyn sites	3/23/09	2
OST	4/07/09	2
Other Beacon	4/16/09	8
Other Beacon and OST	4/30/09	2
Total	--	61

Ongoing regular face-to-face and telephone meetings took place between Metis, DYCD, and CEO to ensure that the survey administration process was running smoothly. Informal communication such as email took place throughout the process. Weekly updates on field work, trouble shooting, and problem solving also took place. Specific communication strategies used with the program sites are described in Section 3, Site Selection and Recruitment.

The first survey administration session occurred at the DYCD Youth Forum event on April 17, 2009, for selected Teen ACTION participants. Each Teen ACTION program sent 10 program participants to the event. Prior to the event, Metis distributed parent consent forms for the program directors to distribute to those students attending the event who may be interested in completing the

survey. In total, 35 students brought their consent forms to the Youth Forum and completed the survey.

As referenced earlier, Metis, in collaboration with DYCD, conducted four survey administration sessions in the auditorium of the DYCD office building. Programs that occurred in school buildings where the principal's approval could not be gained were invited to attend these off-site events. Surveys were administered and collected during the session, and all students received two movie ticket vouchers and a $4 Metro Card for their travel costs to DYCD.

For all center-based Teen ACTION and OST programs, along with Beacon and other school-based programs where principals granted approval, packages of survey materials were mailed to the site. Each package included: surveys representative of the number of students in the program and survey administration instructions. The package also included an attendance roster with a list of students whose parent consent forms had been received at the Metis office. As stated earlier, program directors were asked to write in the names of students who had brought their consent forms back to the program site, as well as students who were 18 years of age or older and completed their own forms. Each package also included two large envelopes to collect the surveys, one for each day; an index card to write the name and address of the program where movie ticket vouchers should be sent for students who completed the surveys; and a UPS label addressed to Metis for the directors to use in sending the completed surveys and consent forms.

In total, we received 477 Teen ACTION surveys, 76 OST surveys, and 66 Beacon surveys. As seen in Table A.2, 35 Teen ACTION programs, seven of the 24 OST programs, and five of the 10 Beacon programs were represented.

Table A.2: Number of Surveys Collected by Type of After-School Program

Program	Administration Site	Total Number of Programs Included in the Study	Total Number Participating Programs with Completed Surveys	Total Surveys Collected
Teen ACTION	Program Site	35	19	387
	DYCD Night		8	55
	Youth Forum		8	35
Beacon	Program Site	10	5	66
OST	Program Site	24	7	76

All program sites chose two days to administer the survey at their sites. On the first day, surveys were administered to those students who submitted consent forms. The second day was to allow more students to bring in their parent consent forms, and to allow any students who were absent the first day to still participate in the survey. Survey administration closed on July 23, 2009. Due to the delays and changes in the recruitment process, this represented a significant delay from the original March 2009 deadline outlined in the evaluation plan timeline.

Eight principals granted approval for Metis to conduct the survey during the school day with their students who did not attend any after-school program. Metis called the designated contact person at each school to arrange the survey administration over two days, and to choose the classes that the survey would be administered. For schools with populations of 350 or less, the entire school was surveyed. For these schools, a class that all students take was identified, such as English or Physical Education (PE), and all of the classes that met on the administration day were surveyed. At large schools, Metis allowed the contact person to select a course or period of the day. Metis then randomly selected classes from a list of all the classes that occurred during the administration day. Table A-3 displays information about each school and the classes that were selected.

Table A.3: Overview of No-Program Survey Administration

School	Location	School Enrollment (9-12)	Teen ACTION, OST, or Beacon Program Youth[18]	Surveys Collected	Course Selected
School 1	Bronx	347	168	58	Homeroom
School 2	Bronx	350	0	1	Assembly[19]
School 3	Brooklyn	276	0	53	All English classes
School 4	Bronx	641	209	35	Advisory
School 5	Brooklyn	2,972	0	76	PE - Periods 4 and 5
School 6	Manhattan	1,675	264	499	All PE classes and lunch
School 7	Queens	521	22	30	Elective classes
School 8	Bronx	1,278	235	91	Lunch periods 2 & 4

During Day 1, Metis staff visited the selected classes and gave an introduction to the study, its voluntary nature, and a description of the questions and the incentives to the students. Students received a parent consent form to bring back on the day of survey administration. On Day 2, which generally occurred later in the same week, Metis staff collected any signed parent consent forms, administered the survey, and distributed movie ticket vouchers. In total, 843 surveys were collected from the non-program schools.

7. Field Work Challenges and Solutions

Metis faced multiple challenges in the recruitment and approval of survey administration sites and the parent consent process. The incorrect student addresses in the DYCD database, as well as the satellite locations for programs, required new strategies for reaching both parents and sites. While discussed in earlier sections, these challenges are briefly highlighted in the following paragraphs:

i. Obtaining principal approval to conduct the survey with the Teen ACTION, Beacon, or OST programs that are housed at their schools was much more difficult than expected. Initial contact with 74 principals received three responses by the requested response date. Metis

[18] These numbers represent the number of students enrolled in DYCD after-school programs. These students, as well as students attending other after-school programs, were excluded from the recruitment process.

[19] On the day of the survey administration, many students were not in school. The administration indicated that it was the day of the school prom and also the day after Brooklyn-Queens day, which is often a "cut" day for students. Only about 50 students had come to school that day and only one had returned a completed consent form. Due to exams and other school conflicts, the survey was not able to be rescheduled.

had five staff members repeatedly contact the remaining 71 principals via phone, fax and/or email and additional copies of the materials were mailed if needed. This became a very lengthy and frustrating process.

ii. A substantial hurdle was encountered in obtaining parental consent for youth to participate in the survey. Parents were asked to provide active consent to allow their child to participate in the survey administration, meaning that a parent needed to provide consent for the study survey in writing. Metis mailed consent letters to approximately 6,000 parents of students participating in a Teen ACTION, Beacon, or OST program. From this mailing, over 600 envelopes were "return to sender" letters as incomplete or incorrect addresses. Few parents provided consent, either by mail or when the form was sent home with the student. The active consent process created a substantial delay as the forms had to be prepared, sent, and returned. In addition, many of the addresses in the DYCD database were found to be incorrect, making even initial contact with students and parents difficult.

iii. Further, in contacting schools it was discovered that certain Teen ACTION programs had one location listed but were actually held in "satellite locations." This required contacting a new group of principals to understand where students would be asked to take the survey and begin the approval process for these schools.

iv. Some Teen ACTION sites and most of the selected OST and Beacon sites failed to conduct the survey. The survey deadline was extended several times to allow sites ample opportunity to field the survey. In addition, Metis staff and DYCD staff contacted the sites to urge them to participate. The low participation rate among the targeted sites appeared to be a function of multiple factors. For some sites, it appears that implementing the Teen ACTION survey had low priority, especially as they were dealing with end-of-term closing activities. For other sites, particularly for Beacon and OST, it is apparent that there was little buy-in into the evaluation of a competing after-school program. Although several attempts were made to encourage the participation of these sites, the results were below expectations and we did not receive sufficient Beacon/OST surveys to comprise a comparison group of those youth.

ATTACHMENT B

Annotated Teen ACTION Instrument

SITE

After-school program
(Mark one)
☐ Teen ACTION
☐ Out of School Time (OST)
☐ Beacon

HIGH SCHOOL YOUTH SURVEY

SPRING 2009

This survey is part of an evaluation of the Teen ACTION program and is voluntary. We are asking high school students who attend Teen ACTION, OST, or Beacon after-school programs to participate. The purpose of this survey is to learn about you and your experiences in after-school activities. The survey asks questions about these activities or programs, you, school, and personal experiences that may affect your health and well-being. The survey includes questions about tobacco, alcohol, and drug use, sexual experiences, and grades and behaviors in school. We ask these questions because we want to learn the different ways in which these activities or programs may be of benefit to you and to other participating youth. You will not get into trouble when answering honestly to the survey questions. Your answers will not be shown to your parents, school or after-school program staff, or the police.

You do not have to take the survey if you do not want to. If you decide to take the survey, you can skip any question if you do not want to answer it. If you do not want to take the survey, you can do homework, read, or engage in a quiet activity at your desk. Please note that this survey is for high school students only. If you are not in high school, you are not eligible to take this survey. When you complete the survey, you will receive two free movie tickets as a measure of our appreciation for your time.

We will keep your answers confidential. That means that all individual answers are private and will not be shared with anyone at this program, your school, or home. Only the researchers will see the completed surveys and survey data will be reported in the aggregate form, in other words, for all youth together, not individually. We are asking you to provide us with your name so that we can also collect your school records and after-school program records. This page of the survey where you will write your name will be removed from the rest of the survey. Only the researchers will be able to link your name to the number appearing on the survey. By signing below you agree to be part of this study.

This is not a test. Please remember that this is a personal survey and there are no right or wrong answers. It is important that you answer each question honestly. It will take about 20-25 minutes to complete.

If you have any questions about what is being asked, raise your hand and the survey administrator will come over and will explain it to you. Once you are done with the survey, turn it upside down on your desk and the survey administrator will collect it from you.

Thank you for your participation!

NAME (PRINT)	
OSIS #	CODE

SIGNATURE DATE

Code _____

ABOUT YOURSELF

1. What is the name of the school that you attend? _____.

2. What borough is your school in? (Mark one)
   - 1☐ Bronx **[N=207, 43.9%]**
   - 2☐ Brooklyn **[N=147, 31.1%]**
   - 3☐ Manhattan **[N=100, 21.2%]**
   - 4☐ Queens **[N=17, 3.6%]**
   - 5☐ Staten Island **[N=1, 0.2%]**
   - 6☐ Not Sure **[N=0, 0%]**

3. What is your date of birth?

   _____/_____/_____.
   MM / DD / YYYY

4. Are you… (Mark one)
   - 1☐ Male **[N=161, 34.4%]**
   - 2☐ Female **[N=307, 65.6%]**

5. What is your race/ethnicity? (Mark one)
   - 1☐ Asian or Pacific Islander **[N=33, 7.0%]**
   - 2☐ Black, non-Hispanic **[N=174, 37.1%]**
   - 3☐ Hispanic-Latino **[N=162, 34.5%]**
   - 4☐ White, non-Hispanic **[N=69, 14.7%]**
   - 5☐ Multiracial **[N=23, 4.9%]**
   - 6☐ Other **[N=8, 1.7%]**

6. What grade are you in? (Mark one)
   - 1☐ Below 9th grade **[N=10, 2.1%]**
   - 2☐ 9th **[N=144, 30.3%]**
   - 3☐ 10th **[N=101, 21.3%]**
   - 4☐ 11th **[N=112, 23.6%]**
   - 5☐ 12th **[N=107, 22.5%]**
   - 6☐ I am attending a GED program **[N=1, 0.2%]**

YOUR EXPERIENCE IN THIS PROGRAM OR OTHER AFTER-SCHOOL ACTIVITIES

7. For the current school year, when did you start attending this after-school program? (Mark one)
   - 0☐ September 2008 **[N=112, 24.7%]**
   - 1☐ October 2008 **[N=168, 37.1%]**
   - 2☐ November 2008 **[N=57, 12.6%]**
   - 3☐ December 2008 **[N=18, 4.0%]**
   - 4☐ January 2009 **[N=61, 13.5%]**
   - 5☐ February 2009 **[N=14, 3.1%]**
   - 6☐ March 2009 **[N=23, 5.1%]**

   7a. Why did you enroll in this after-school program?

   _____

   _____

   _____

Code _____

7b. Did you attend an after-school program last school year? (Mark one)

1 ☐ Yes **[N=233, 50.0%]**
2 ☐ No (SKIP TO QUESTION 8) **[N=233, 50.0%]**

7c. If yes, which program did you attend last year? (Mark one)

1 ☐ Teen ACTION (Service Learning) **[N=122, 57.3%]**
2 ☐ Out-of-School Time (OST) **[N=10, 4.7%]**
3 ☐ Beacon **[N=14, 6.6%]**
4 ☐ Another program **[N=48, 22.5%]**
5 ☐ Not sure **[N=19, 8.9%]**

8. On average, how many hours a week do you spend in this program's activities? (Mark one)

1 ☐ 1 hour or less **[N=9, 2.0%]**
2 ☐ 2 hours **[N=30, 6.8%]**
3 ☐ 3 hours **[N=30, 6.8%]**
4 ☐ 4 hours **[N=32, 7.2%]**
5 ☐ 5 hours **[N=84, 19.0%]**
6 ☐ 6 hours **[N=84, 19.0%]**
7 ☐ 7 hours **[N=29, 6.6%]**
8 ☐ 8 hours **[N=36, 8.1%]**
9 ☐ 9 hours **[N=28, 6.3%]**
10 ☐ 10 hours **[N=36, 8.1%]**
11 ☐ 11 hours or more **[N=45, 10.2%]**

9. Are you currently involved in other organized after-school and weekend activities? (Mark all that apply)

1 ☐ Yes: Sports **[N=128, 27.5%]**
2 ☐ Yes: Religious activities **[N=81, 17.4%]**
3 ☐ Yes: Arts and/or music **[N=53, 11.4%]**
4 ☐ Yes: Other: (describe) **[N=73, 15.7%]**
5 ☐ No, I'm not involved in other organized after-school or weekend activities (SKIP TO QUESTION 10) **[N=206, 44.2%]**

9a. On average, how many hours a week do you spend in all these other organized after-school and weekend activities, combined? (Mark one)

1 ☐ 1 hour or less **[N=20, 8.0%]**
2 ☐ 2 hours **[N=31, 12.4%]**
3 ☐ 3 hours **[N=35, 13.9%]**
4 ☐ 4 hours **[N=30, 12.0%]**
5 ☐ 5 hours **[N=23, 9.2%]**
6 ☐ 6 hours **[N=12, 4.8%]**
7 ☐ 7 hours **[N=16, 6.4%]**
8 ☐ 8 hours **[N=11, 4.4%]**
9 ☐ 9 hours **[N=8, 3.2%]**
10 ☐ 10 hours **[N=9, 3.6%]**
11 ☐ 11 hours or more **[N=56, 22.3%]**

10. Do you have major responsibilities, other than homework, after your school day and on the weekend? (Mark all that apply)

1 ☐ Yes: Child care or babysitting **[N=97, 21.1%]**
2 ☐ Yes: Household chores **[N=203, 44.1%]**
3 ☐ Yes: Part-time job or internship **[N=91, 19.8%]**
4 ☐ Yes: Other responsibility: (describe) **[N=33, 7.2%]**
5 ☐ No (SKIP TO QUESTION 11) **[N=134, 29.1%]**

Code _____

10a. On average, how many hours a week do you spend taking care of all of these responsibilities after your school day and on the weekend? (Mark one)

1☐ 1 hour or less **[N=23, 6.7%]**
2☐ 2 hours **[N=46, 13.4%]**
3☐ 3 hours **[N=36, 10.5%]**
4☐ 4 hours **[N=34, 9.9%]**
5☐ 5 hours **[N=38, 11.1%]**
6☐ 6 hours **[N=25, 7.3%]**
7☐ 7 hours **[N=16, 4.7%]**
8☐ 8 hours **[N=19, 5.5%]**
9☐ 9 hours **[N=14, 4.1%]**
10☐ 10 hours **[N=18, 5.3%]**
11☐ 11 hours or more **[N=54, 15.7%]**

11. How much do you agree or disagree about the ways in which this program has helped you in school? (Circle one in each row)

This program has helped me…	Agree a lot	Agree a little	Neither agree or disagree	Disagree a little	Disagree a lot
a. Attend school more regularly.	5	4	3	2	1
	[N=194, 41.1%]	**[N=123, 26.1%]**	**[N=114, 24.2%]**	**[N=7, 1.5%]**	**[N=34, 7.2%]**
b. Feel more confident about my schoolwork.	5	4	3	2	1
	[N=160, 33.9%]	**[N=164, 34.8%]**	**[N=109, 23.1%]**	**[N=17, 3.6%]**	**[N=22, 4.7%]**
c. Get better grades in school.	5	4	3	2	1
	[N=158, 33.8%]	**[N=152, 32.5%]**	**[N=111, 23.7%]**	**[N=18, 3.9%]**	**[N=29, 6.2%]**
d. Avoid getting in trouble at school.	5	4	3	2	1
	[N=210, 44.8%]	**[N=128, 27.3%]**	**[N=86, 18.3%]**	**[N=10, 2.1%]**	**[N=35, 7.5%]**
e. Get along better with my classmates.	5	4	3	2	1
	[N=197, 41.7%]	**[N=144, 30.5%]**	**[N=101, 21.4%]**	**[N=15, 3.2%]**	**[N=15, 3.2%]**

Code _____

12. How much do you agree or disagree with the following statements about the other young people in the program? (Circle one in each row)

In this program I…	Agree a lot	Agree a little	Neither agree or disagree	Disagree a little	Disagree a lot
a. Get to know other participants really well.	5	4	3	2	1
	[N=261, 55.0%]	**[N=176, 37.1%]**	**[N=29, 6.1%]**	**N=2, 0.4%]**	**[N=7, 1.5%]**
b. Can really trust other participants.	5	4	3	2	1
	[N=143, 30.2%]	**[N=194, 41.0%]**	**[N=99, 20.9%]**	**[N=17, 3.6%]**	**[N=20, 4.2%]**
c. Get along with other participants.	5	4	3	2	1
	[N=254, 53.6%]	**[N=172, 36.3%]**	**[N=38, 8.0%]**	**[N=5, 1.1%]**	**[N=5, 1.1%]**

13. Some programs that operate after school and on weekends involve young people in running the program. Have you done any of the following things at this program? (Circle one in each row)

At this program, I have…	Yes	No
a. Led an activity (discussion group, service project).	1 **[N=296, 63.7%]**	2 **[N=169, 36.3%]**
b. Helped plan a program activity or event.	1 **[N=355, 75.7%]**	2 **[N=114, 24.2%]**
c. Been asked by staff or other participants for my ideas about the program or an activity.	1 **[N=387, 82.5%]**	2 **[N=82, 17.5%]**
d. Been an active participant in discussions.	1 **[N=393, 83.8%]**	2 **[N=76, 16.2%]**
e. Worked as part of a team.	1 **[N=426, 90.6%]**	2 **[N=44, 9.4%]**
f. Contributed solutions for a community problem.	1 **[N=361, 77.3%]**	2 **[N=106, 22.7%]**

Code _____

14. How much do you agree or disagree about your experience in this program? (Circle one in each row)

In this program I feel like…	Agree a lot	Agree a little	Neither agree or disagree	Disagree a little	Disagree a lot
a. I belong.	5	4	3	2	1
	[N=287, 60.7%]	**[N=132, 27.9%]**	**[N=39, 8.3%]**	**[N=8, 1.7%]**	**[N=7, 1.5%]**
b. My ideas count.	5	4	3	2	1
	[N=280, 59.2%]	**[N=128, 27.1%]**	**[N=50, 10.6%]**	**[N=9, 1.9%]**	**[N=6, 1.3%]**
c. I am successful.	5	4	3	2	1
	[N=289, 61.5%]	**[N=128, 27.2%]**	**[N=42, 8.9%]**	**[N=6, 1.3%]**	**[N=5, 1.1%]**
d. I can discuss things that matter to me.	5	4	3	2	1
	[N=263, 55.8%]	**[N=123, 26.1%]**	**[N=67, 14.2%]**	**[N=9, 1.9%]**	**[N=9, 1.9%]**
e. I matter.	5	4	3	2	1
	[N=297, 63.5%]	**[N=118, 25.2%]**	**[N=45, 9.6%]**	**[N=3, 0.6%]**	**[N=5, 1.1%]**
f. I am safe.	5	4	3	2	1
	[N=337, 71.6%]	**[N=80, 17.0%]**	**[N=39, 8.3%]**	**[N=8, 1.7%]**	**[N=7, 1.5%]**

Code _____

15. How much do you agree or disagree about the staff in this program? (Circle one in each row)

In this program…	Agree a lot	Agree a little	Neither agree or disagree	Disagree a little	Disagree a lot
a. Staff treats me with respect.	5	4	3	2	1
	[N=363, 76.6%]	**[N=75, 15.8%]**	**[N=25, 5.3%]**	**[N=6, 1.3%]**	**[N=5, 1.1%]**
b. I feel that I can talk to staff about things that are bothering me.	5	4	3	2	1
	[N=279, 59.1%]	**[N=125, 26.5%]**	**[N=47, 10.0%]**	**[N=8, 1.7%]**	**[N=13, 2.8%]**
c. Staff really cares about me.	5	4	3	2	1
	[N=296, 62.6%]	**[N=106, 22.4%]**	**[N=56, 11.8%]**	**[N=8, 1.7%]**	**[N=7, 1.5%]**
d. Staff cares what I think.	5	4	3	2	1
	[N=300, 63.6%]	**[N=104, 22.0%]**	**[N=50, 10.6%]**	**[N=9, 1.9%]**	**[N=9, 1.9%]**
e. Staff helps me to try new things.	5	4	3	2	1
	[N=303, 63.9%]	**[N=109, 23.0%]**	**[N=49, 10.3%]**	**[N=4, 0.8%]**	**[N=9, 1.9%]**

Code _____

16. To what extent has <u>this program</u> changed how you feel about these things? (Circle one in each row)

		Improved a lot	Improved a little	No change – feel the same way	Got a little worse	Got a lot worse
a.	Making good choices about my health and well-being	5	4	3	2	1
		[N=189, 40.0%]	**[N=190, 40.2%]**	**[N=91, 19.2%]**	**[N=2, 0.4%]**	**[N=1, 0.2]**
b.	Making a difference in my community	5	4	3	2	1
		[N=245, 51.8%]	**[N=151, 31.9%]**	**[N=73, 15.4%]**	**[N=3, 0.6%]**	**[N=1, 0.2%]**
c.	My motivation to help others	5	4	3	2	1
		[N=268, 56.7%]	**[N=146, 30.9%]**	**[N=58, 12.3%]**	**[N=0, 0%]**	**[N=1, 0.2%]**
d.	Thinking about what I can accomplish in the future	5	4	3	2	1
		[N=305, 64.4%]	**[N=119, 25.1%]**	**[N=47, 9.9%]**	**[N=2, 0.4%]**	**[N=1, 0.2%]**
e.	My self-esteem	5	4	3	2	1
		[N=239, 50.5%]	**[N=130, 27.5%]**	**[N=99, 20.9%]**	**[N=3, 0.6%]**	**[N=2, 0.4 %]**

Code _____

17. How much do you agree or disagree about your involvement in community service activities? (Circle one in each row)

		Agree a lot	Agree a little	Neither agree or disagree	Disagree a little	Disagree a lot	Not Applicable
a.	I am interested in community service activities	5	4	3	2	1	0
		[N=245, 52.0%]	**[N=169, 35.9%]**	**[N=38, 8.1%]**	**[N=5, 1.1%]**	**[N=7, 1.5%]**	**[N=7, 1.5%]**
b.	I devote a great deal of my time to community service activities	5	4	3	2	1	0
		[N=162, 34.5%]	**[N=181, 38.6%]**	**[N=88, 18.8%]**	**[N=13, 2.8%]**	**[N=14, 3.0%]**	**[N=11, 2.4%]**
c.	Community service activities help me understand the role that I can play in improving my community.	5	4	3	2	1	0
		[N=233, 49.6%]	**[N=170, 36.2%]**	**[N=38, 8.1%]**	**[N=8, 1.7%]**	**[N=12, 2.6%]**	**[N=9, 1.9%]**
d.	Community service activities meet real needs in the community.	5	4	3	2	1	0
		[N=240, 51.2%]	**[N=164, 35.0%]**	**[N=42, 9.0%]**	**[N=7, 1.5%]**	**[N=9, 1.9%]**	**[N=7, 1.5%]**

17a. On average, how many hours a week do you spend in community service activities? (Mark one)

1☐ 1 hour or less **[N=76, 17.4%]**
2☐ 2 hours **[N=48, 11.0%]**
3☐ 3 hours **[N=52, 11.9%]**
4☐ 4 hours **[N=56, 12.8%]**
5☐ 5 hours **[N=37, 8.5%]**
6☐ 6 hours **[N=55, 12.6%]**
7☐ 7 hours **[N=25, 5.7%]**
8☐ 8 hours **[N=33, 7.6%]**
9☐ 9 hours **[N=20, 4.6%]**
10☐ 10 hours **[N=8, 1.8%]**
11☐ 11 hours or more **[N=26, 6.0%]**

Code _____

18. How much do you agree or disagree with the following statements? (Circle one in each row)

Since September of this year, I have learned about:	Agree a lot	Agree a little	Neither agree or disagree	Disagree a little	Disagree a lot	Hasn't been covered
a. Personal health and well-being.	5	4	3	2	1	0
	[N=267, 56.5%]	**[N=162, 34.3%]**	**[N=30, 6.3%]**	**[N=7, 1.5%]**	**[N=2, 0.4%]**	**[N=5, 1.1%]**
b. Setting goals for my future.	5	4	3	2	1	0
	[N=320, 67.7%]	**[N=123, 26.0%]**	**[N=24, 5.1%]**	**[N=3, 0.6%]**	**[N=1, 0.2%]**	**[N=2, 0.4%]**
c. The environment.	5	4	3	2	1	0
	[N=262, 55.6%]	**[N=145, 30.8%]**	**[N=54, 11.5%]**	**[N=2, 0.4%]**	**[N=2, 0.4%]**	**[N=6, 1.3%]**
d. Human rights and children's rights.	5	4	3	2	1	0
	[N=238, 50.4%]	**[N=159, 33.7%]**	**[N=60, 12.7%]**	**[N=6, 1.3%]**	**[N=3, 0.6%]**	**[N=6, 1.3%]**
e. Violence prevention.	5	4	3	2	1	0
	[N=274, 59.1%]	**[N=127, 27.4%]**	**[N=47, 10.1%]**	**[N=6, 1.3%]**	**[N=4, 0.9%]**	**[N=6, 1.3%]**
f. HIV/AIDS and sexual health.	5	4	3	2	1	0
	[N=321, 68.3%]	**[N=94, 20.0%]**	**[N=41, 8.7%]**	**[N=6, 1.3%]**	**[N=3, 0.6%]**	**[N=5, 1.1%]**
g. Civic participation and social change.	5	4	3	2	1	0
	[N=205, 43.7%]	**[N=176, 37.5%]**	**[N=70, 14.9%]**	**[N=7, 1.5%]**	**[N=2, 0.4%]**	**[N=9, 1.9%]**
h. Immigration and diversity.	5	4	3	2	1	0
	[N=185, 39.3%]	**[N=152, 32.3%]**	**[N=90, 19.1%]**	**[N=15, 3.2%]**	**[N=7, 3.2%]**	**[N=22, 4.7%]**
i. Improving schools.	5	4	3	2	1	0
	[N=242, 51.2%]	**[N=138, 29.2%]**	**[N=70, 14.8%]**	**[N=8, 1.7%]**	**[N=3, 0.6%]**	**[N=12, 2.5%]**

Code _____

HELPING BEHAVIORS

19. Before the current school year, I did the following:

		Very much	Somewhat	Very little	Not at all
a.	Helped out at home	4 **[N=265, 56.5%]**	3 **[N=182, 38.8%]**	2 **N=15, 3.2%]**	1 **[N=7, 1.5%]**
b.	Was friendly at school and tried to include everyone	4 **[N=247, 52.9%]**	3 **[N=178, 38.1%]**	2 **[N=32, 6.9%]**	1 **[N=10, 2.1%]**
c.	Tried to correct unfair treatment of others	4 **[N=167, 36.2%]**	3 **[N=213, 46.1%]**	2 **[N=60, 13.0%]**	1 **[N=22, 4.8%]**
d.	Did projects to make school a better place	4 **[N=127, 27.4%]**	3 **[N=177, 38.2%]**	2 **[N=101, 21.8%]**	1 **N=59, 12.7%]**
e.	Was often rude to others	4 **[N=68, 14.6%]**	3 **[N=105, 22.5%]**	2 **[N=136, 29.1%]**	1 **[N=158, 33.8%]**
f.	Helped others when asked	4 **[N=243, 53.1%]**	3 **[N=183, 40.0%]**	2 **[N=25, 5.5%]**	1 **[N=7, 1.5%]**
g.	Had a hard time seeing other people's point of view	4 **[N=75, 16.2%]**	3 **[N=166, 35.9%]**	2 **[N=119, 25.8%]**	1 **[N=102, 22.1%]**
h.	Volunteered to help without being asked	4 **[N=190, 40.6%]**	3 **[N=192, 41.0%]**	2 **[N=57, 12.2%]**	1 **[N=29, 6.2%]**

Code _____

HEALTH BEHAVIORS

Like the whole survey, this section is completely voluntary. You can skip any question if you do not want to answer it.

20. Have you ever tried cigarette smoking, even one or two puffs? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 20a-20d) **[N=76, 16.6%]**
2☐ No (SKIP TO QUESTION 21) **[N=382, 83.4%]**

20a. How old were you when you first tried a few puffs of a cigarette? (Mark one)

1☐ 8 years old or younger **[N=8, 10.8%]**
2☐ 9 or 10 years old **[N=6, 8.1%]**
3☐ 11 or 12 years old **[N=10, 13.5%]**
4☐ 13 or 14 years old **[N=21, 28.4%]**
5☐ 15 or 16 years old **[N=20, 27.0%]**
6☐ 17 years or older **[N=9, 12.2%]**

20b. How old were you when you smoked a whole cigarette for the first time? (Mark one)

1☐ I have never smoked a whole cigarette **[N=42, 63.6%]**
2☐ 8 years old or younger **[N=0, 0%]**
3☐ 9 or 10 years old **[N=0, 0%]**
4☐ 11 or 12 years old **[N=5, 7.6%]**
5☐ 13 or 14 years old **[N=11, 16.7%]**
6☐ 15 or 16 years old **[N=8, 12.1%]**
7☐ 17 years or older **[N=0, 0%]**

20c. During the past 30 days, on how many days did you smoke cigarettes? (Mark one)

0☐ 0 days (SKIP TO QUESTION 21) **[N=56, 75.7%]**
1☐ 1 or 2 days **[N=6, 8.1%]**
2☐ 3 to 5 days **[N=2, 2.7%]**
3☐ 6 to 9 days **[N=2, 2.7%]**
4☐ 10 to 19 days **[N=3, 4.1%]**
5☐ 20 to 29 days **[N=2, 2.7%]**
6☐ All 30 days **[N=3, 4.1%]**

20d. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**? (Mark one)

0☐ Less than 1 cigarette per day **[N=6, 31.6%]**
1☐ 1 cigarette per day **[N=6, 31.6%]**
2☐ 2 to 5 cigarettes per day **[N=3, 15.8%]**
3☐ 6 to 10 cigarettes per day **[N=2, 10.5%]**
4☐ 11 to 20 cigarettes per day **[N=1, 5.3%]**
5☐ More than 20 cigarettes per day **[N=1, 5.3%]**

21. Have you ever drunk alcohol (this includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey) with friends or alone? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 21a-21d) **[N=224, 49.9%]**
2☐ No (SKIP TO QUESTION 22) **[N=225, 50.1%]**

21a. How old were you when you had your first drink of alcohol other than a few sips? (Mark one)

1☐ 8 years old or younger **[N=14, 6.5%]**
2☐ 9 or 10 years old **[N=17, 7.9%]**
3☐ 11 or 12 years old **[N=28, 13.1%]**
4☐ 13 or 14 years old **[N=71, 33.2%]**
5☐ 15 or 16 years old **[N=66, 30.8%]**
6☐ 17 years or older **[N=18, 8.4%]**

Code _____

21b. During the past 30 days, on how many days did you have at least one drink of alcohol? (Mark one)

0☐ 0 days (SKIP TO QUESTION 22) **[N=127, 59.4%]**
1☐ 1 or 2 days **[N=55, 25.7%]**
2☐ 3 to 5 days **[N=17, 7.9%]**
3☐ 6 to 9 days **[N=5, 2.3%]**
4☐ 10 to 19 days **[N=5, 2.3%]**
5☐ 20 to 29 days **[N=2, 0.9%]**
6☐ All 30 days **[N=3, 1.4%]**

21c. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? (Mark one)

0☐ 0 days **[N=45, 55.6%]**
1☐ 1 day **[N=19, 23.5%]**
2☐ 2 days **[N=8, 9.9%]**
3☐ 3 to 5 days **[N=4, 4.9%]**
4☐ 6 to 9 days **[N=1, 1.2%]**
5☐ 10 to 19 days **[N=1, 1.2%]**
6☐ 20 or more days **[N=3, 3.7%]**

21d. During the past 30 days, on how many days have you been drunk, intoxicated, or inebriated? (Mark one)

0☐ 0 days **[N=50, 63.3%]**
1☐ 1 day **[N=12, 15.2%]**
2☐ 2 days **[N=8, 10.1%]**
3☐ 3 to 5 days **[N=3, 3.8%]**
4☐ 6 to 9 days **[N=1, 1.3%]**
5☐ 10 to 19 days **[N=2, 2.5%]**
6☐ 20 or more days **[N=3, 3.8%]**

22. Have you ever smoked marijuana (marijuana is also called “weed”)? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 22a – 22c) **[N=64, 14.4%]**
2☐ No (SKIP TO QUESTION 23) **[N=380, 85.6%]**

22a. How old were you when you tried marijuana for the first time? (Mark one)

1☐ 8 years old or younger **[N=1, 1.6%]**
2☐ 9 or 10 years old **[N=6, 9.8%]**
3☐ 11 or 12 years old **[N=4, 6.6%]**
4☐ 13 or 14 years old [**N=17, 27.9%]**
5☐ 15 or 16 years old **[N=26, 42.6%]**
6☐ 17 years or older **[N=7, 11.5%]**

22b. During the past 30 days, how many times did you use marijuana? (Mark one)

0☐ 0 times **[N=29, 46.8%]**
1☐ 1 or 2 times **[N=19, 30.7%]**
2☐ 3 to 9 times **[N=3, 4.8%]**
3☐ 10 to 19 times **[N=5, 8.1%]**
4☐ 20 to 39 times **[N=2, 3.2%]**
5☐ 40 or more times **[N=4, 6.5%]**

22c. During the past 30 days, how many times have you been high, stoned, or wasted from marijuana? (Mark one)

0☐ 0 times **[N=29, 46.8%]**
1☐ 1 or 2 times **[N=20, 32.3%]**
2☐ 3 to 9 times **[N=3, 4.8%]**
3☐ 10 to 19 times **[N=3, 4.8%]**
4☐ 20 to 39 times **[N=3, 4.8%]**
5☐ 40 or more times **[N=4, 6.5%]**

Code _____

23. Have you ever had sexual intercourse (some people call this "having sex" or "going all the way")? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 23a – 23i) **[N=128, 28.8%]**
2☐ No (SKIP TO QUESTION 24) **[N=316, 71.2%]**

23a. How old were you when you had sexual intercourse for the first time? (Mark one)

1☐ 11 years old or younger **[N=10, 8.1%]**
2☐ 12 years old **[N=12, 9.7%]**
3☐ 13 years old **[N=19, 15.3%]**
4☐ 14 years old **[N=26, 21.0%]**
5☐ 15 years old **[N=29, 23.4%]**
6☐ 16 years old **[N=13, 10.5%]**
7☐ 17 years old or older **[N=18, 12.1%]**

23b. During the past 30 days, how many times have you had sexual intercourse? (Mark one)

0☐ 0 times **[N=47, 38.2%]**
1☐ 1 times **[N=20, 16.3%]**
2☐ 2 times **[N=13, 10.6%]**
3☐ 3 to 5 times **[N=14, 11.4%]**
4☐ 6 to 9 times **[N=15, 12.2%]**
5☐ 10 to 19 times **[N=4, 3.3%]**
6☐ 20 or more times **[N=10, 8.1%]**

23c. During your life, with how many people have you had sexual intercourse? (Mark one)

1☐ 1 person **[N=34, 27.6%]**
2☐ 2 people **[N=30, 24.4%]**
3☐ 3 people **[N=19, 15.5%]**
4☐ 4 people **[N=11, 8.9%]**
5☐ 5 people **[N=8, 6.5%]**
6☐ 6 or more people **[N=29, 17.1%]**

23d. During the past 3 months, with how many people did you have sexual intercourse? (Mark one)

0☐ None. I have had sexual intercourse, but not during the past 3 months **[N=36, 29.3%]**
1☐ 1 person **[N=63, 51.2%]**
2☐ 2 people **[N=16, 13.0%]**
3☐ 3 people **[N=3, 2.4%]**
4☐ 4 people **[N=2, 1.6%]**
5☐ 5 people **[N=0, 0%]**
6☐ 6 or more people **[N=3, 2.4%]**

23e. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy? (Mark all that apply)

0☐ No method was used to prevent pregnancy **[N=23, 18.4%]**
1☐ Birth control pills **[N=8, 6.4%]**
2☐ Condoms **[N=94, 75.2%]**
3☐ Depo-Provera (injectable birth control) **[N=3, 2.4%]**
4☐ Patch **[N=0, 0%]**
5☐ Plan B/ Morning after pill **[N=3, 2.4%]**
6☐ Withdrawal (pull out) **[N=10, 8.0%]**
7☐ Some other method **[N=2, 1.6%]**
8☐ Not sure **[N=3, 2.4%]**

23f. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent a sexually transmitted disease? (Mark all that apply)

0☐ No method was used to prevent a sexually transmitted disease (STD) **[N=20, 16.1%]**
1☐ Condoms **[N=98, 79.0%]**
2☐ Withdrawal (pull out) **[N=11, 8.9%]**
3☐ Some other method **[N=2, 1.6%]**
4☐ Not sure **[N=3, 2.4%]**

Code _____

23g. In the past 6 months, have you been told that you have an STD (sexually-transmitted disease) or an STI (sexually transmitted infection)? (Mark one)

1☐ Yes **[N=5, 4.0%]**
2☐ No **[N=120, 96.0%]**

23h. How many times have you been pregnant or gotten someone pregnant? (Mark one)

0☐ 0 times **[N=100, 85.5%]**
1☐ 1 time **[N=12, 10.3%]**
2☐ 2 or more times **[N=5, 4.3%]**
8☐ Not sure **[N=0, 0%]**

23i. Do you have children of your own? (Mark one)

1☐ Yes **[N=5, 4.1%]**
2☐ No **[N=116, 95.9%]**

24. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club? (Mark one)

0☐ 0 days **[N=402, 93.1%]**
1☐ 1 day **[N=13, 3.0%]**
2☐ 2 or 3 days **[N=7, 1.6%]**
3☐ 4 or 5 days **[N=5, 1.2%]**
4☐ 6 or more days **[N=5, 1.2%]**

25. During the past 30 days, how many times have you gotten into a fight where a group of your friends was against another group? (Mark one)

0☐ Never **[N=335, 78.1%]**
1☐ 1 time **[N=51, 11.9%]**
2☐ 2 or 3 times **[N=26, 6.1%]**
3☐ 4 or 5 times **[N=8, 1.9%]**
4☐ 6 or more times **[N=9, 2.1%]**

SCHOOL FUNCTIONING

26. Since you started 9th grade, how many times have you been expelled from school (by *expelled* we mean asked to leave school for the rest of the school year without the possibility of coming back)? (Mark one)

0☐ 0 times **[N=446, 96.8%]**
1☐ 1 time **[N=9, 2.0%]**
2☐ 2 times **[N=2, 0.4%]**
3☐ 3 times **[N=0, 0%]**
4☐ 4 or more times **[N=4, 0.9%]**

27. In the past 30 days, have you been expelled from school? (Mark one)

1☐ Yes **[N=12, 2.6%]**
2☐ No **[N=454, 97.4%]**

Code _____

28. Since you started 9th grade, how many times have you been suspended from school (by *suspended* we mean asked not to come to school temporarily, for a specific number of days, as punishment for something you did)? This could include a principal's suspension or a superintendent's suspension. (Mark one)

0☐ 0 times **[N=380, 82.8%]**
1☐ 1 time **[N=46, 10.0%]**
2☐ 2 times **[N=14, 3.1%]**
3☐ 3 times **[N=5, 1.1%]**
4☐ 4 times **[N=5, 1.1%]**
5☐ 5 times **[N=2, 0.4%]**
6☐ 6 times **[N=1, 0.2%]**
7☐ 7 times **[N=1, 0.2%]**
8☐ 8 or more times **[N=5, 1.1%]**

29. In the past 30 days, have you been suspended from school? (Mark one)

1☐ Yes **[N=26, 5.6%]**
2☐ No **[N=436, 94.4%]**

30. At the last grading period, what was your grade in English or language arts? (Mark one)

0☐ A (90-100) **[N=123, 26.9%]**
1☐ B (80-89) **[N=169, 36.9%]**
2☐ C (70-79) **[N=103, 22.5%]**
3☐ D (60-69) **[N=24, 5.2%]**
4☐ F (50-59) **[N=13, 2.8%]**
5☐ Didn't take this subject **[N=4, 0.9%]**
6☐ Took the subject but it wasn't graded this way **[N=2, 0.4%]**
7☐ Don't know **[N=20, 4.4%]**

31. At the last grading period, what was your grade in mathematics? (Mark one)

0☐ A (90-100) **[N=131, 28.7%]**
1☐ B (80-89) **[N=114, 25.0%]**
2☐ C (70-79) **[N=100, 21.9%]**
3☐ D (60-69) **[N=49, 10.8%]**
4☐ F (50-59) **[N=23, 5.0%]**
5☐ Didn't take this subject **[N=14, 3.1%]**
6☐ Took the subject but it wasn't graded this way **[N=3, 0.7%]**
7☐ Don't know **[N=22, 4.8%]**

32. At the last grading period, what was your grade in science? (Mark one)

0☐ A (90-100) **[N=117, 25.7%]**
1☐ B (80-89) **[N=130, 28.5%]**
2☐ C (70-79) **[N=87 19.1%]**
3☐ D (60-69) **[N=49, 10.8%]**
4☐ F (50-59) **[N=27, 5.9%]**
5☐ Didn't take this subject **[N=30, 6.6%]**
6☐ Took the subject but it wasn't graded this way **[N=2, 0.4%]**
7☐ Don't know **[N=14, 3.1%]**

33. At the last grading period, what was your grade in history or social studies? (Mark one)

0☐ A (90-100) **[N=136, 30.0%]**
1☐ B (80-89) **[N=152, 33.5%]**
2☐ C (70-79) **[N=82, 18.1%]**
3☐ D (60-69) **[N=31, 6.8%]**
4☐ F (50-59) **[N=18, 4.0%]**
5☐ Didn't take this subject **[N=13, 2.9%]**
6☐ Took the subject but it wasn't graded this way **[N=1, 0.2%]**
7☐ Don't know **[N=21, 4.6%]**

34. What do you plan to do after high school? (Mark all that apply)

0☐ Work **[N=111, 24.3%]**
1☐ Vocational training or apprenticeship **[N=6, 1.3%]**
2☐ Military service **[N=18, 3.9%]**
3☐ Community college **[N=46, 10.1%]**
4☐ 4-year college or university **[N=354, 77.5%]**
5☐ Travel **[N=49, 10.7%]**
6☐ Undecided **[N=46, 10.1%]**

Code _____

AFTER-SCHOOL PROGRAM'S IMPACT ON HEALTH BEHAVIORS

35. How much do you agree or disagree about the ways in which your after-school program has helped with your personal decision-making regarding health behaviors? (Circle one in each row)

		Agree a lot	Agree a little	Neither agree or disagree	Disagree a little	Disagree a lot
a.	This program has given me knowledge about the importance of avoiding unhealthy behaviors.	5 **[N=274, 60.2%]**	4 **[N=129, 28.4%]**	3 **[N=40, 8.8%]**	2 **[N=3, 0.7%]**	1 **[N=9, 2.0%]**
b.	As a result of this program, I feel better prepared now to avoid unhealthy behaviors.	5 **[N=237, 52.2%]**	4 **[N=153, 33.7%]**	3 **[N=49, 10.8%]**	2 **[N=4, 0.9%]**	1 **[N=11, 2.4%]**
c.	As a result of this program, I'm less likely to smoke cigarettes.	5 **[N=253, 56.4%]**	4 **[N=69, 15.4%]**	3 **[N=91, 20.3%]**	2 **[N=6, 1.3%]**	1 **[N=30, 6.7%]**
d.	As a result of this program, I'm less likely to drink alcohol.	5 **[N=211, 47.4%]**	4 **[N=86, 19.3%]**	3 **[N=106, 23.8%]**	2 **[N=10, 2.3%]**	1 **[N=32, 7.2%]**
e.	As a result of this program, I'm less likely to smoke marijuana.	5 **[N=259, 57.9%]**	4 **[N=64, 14.3%]**	3 **[N=86, 19.2%]**	2 **[N=7, 1.6%]**	1 **[N=31, 6.9%]**
f.	As a result of this program, I'm less likely to engage in unprotected sex.	5 **[N=258, 57.9%]**	4 **[N=77, 17.3%]**	3 **[N=80, 17.9%]**	2 **[N=9, 2.0%]**	1 **[N=22, 4.9%]**
g.	As a result of this program, I'm less likely to carry a weapon.	5 **[N=260, 57.8%]**	4 **[N=70, 15.6%]**	3 **[N=79, 17.6%]**	2 **[N=12, 2.7%]**	1 **[N=29, 6.4%]**
h.	As a result of this program, I'm less likely to get into fights.	5 **[N=235, 52.2%]**	4 **[N=90, 20.0%]**	3 **[N=88, 19.6%]**	2 **[N=10, 2.2%]**	1 **[N=27, 6.0%]**

Code _____

SEX AND HIV/AIDS EDUCATION AND HEALTH SERVICES

36. In this program, have you participated in a sex education/HIV/AIDS education program? (Mark one)

1☐ Yes **[N=299, 66.4%]**
2☐ No **[N=104, 23.1%]**
3☐ Don't know **[N=47, 10.4%]**

36a. Other than this program, have you participated in a sex education/HIV/AIDS education program at other places? (Mark all that apply)

1☐ Yes: At school **[N=232, 52.3%]**
2☐ Yes: At another after-school or weekend program **[N=35, 7.9%]**
3☐ Yes: At another program: _____ **[N=24, 5.4%]**
4☐ No **[N=142, 32.0%]**
5☐ Don't know **[N=35, 7.9%]**

37. Does your school have a health clinic that provides health and reproductive services to students? (Mark one)

1☐ Yes (CONTINUE TO QUESTION 37a) **[N=192, 42.8%]**
2☐ No (SKIP TO QUESTION 38) **[N=157, 35.0%]**
3☐ Not sure (SKIP TO QUESTION 38) **[N=100, 22.3%]**

37a. If your school has a health clinic for students, have you visited the clinic this school year? (Mark one)

1☐ Yes **[N=100, 56.8%]**
2☐ No **[N=76, 43.2%]**

Code _____

38. During the time you have attended this after-school program, have you had a health problem or a need requiring health services? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 38a – 38b) **[N=40, 9.4%]**
2☐ No (SKIP TO QUESTION 39) **[N=385, 90.6%]**

38a. Has this program referred you for health services? (Mark one)

1☐ Yes (CONTINUE TO QUESTION 38b) **[N=29, 76.3%]**
2☐ No (SKIP TO QUESTION 39) **[N=9, 23.7%]**

38b. If this program has referred you for health services, have you gone for services? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 38b1 – 38b2) **[N=23, 79.3%]**
2☐ No (SKIP TO QUESTION 39) **[N=6, 20.7%]**

38b1. Did this referral help you address your health problem or need? (Mark one)

1☐ Yes **[N=18, 90.0%]**
2☐ No **[N=2, 10.0%]**

38b2. How satisfied were you with the health provider that this program referred you to? (Mark one)

1☐ Very satisfied **[N=13, 61.0%]**
2☐ Somewhat satisfied **[N=6, 28.6%]**
3☐ Somewhat dissatisfied **[N=2, 9.5%]**
4☐ Very dissatisfied **[N=0, 0%]**

39. Do you plan to participate in this program for the next school year? (Mark one)

1☐ Yes **[N=303, 68.6%]**
2☐ No: (Because) **[N=73, 16.5%]**
3☐ Not sure **[N=66, 14.9%]**

THIS IS THE END OF THE SURVEY.

THANK YOU VERY MUCH FOR YOUR HELP.

ATTACHMENT C

Annotated No-Program Instrument

Code _____

SITE

High School Youth Survey
(no after-school program version)

SPRING 2009

This survey is part of an evaluation of the Teen ACTION program and is voluntary. We are asking high school students who do not attend an after-school program to be part of this study. The purpose of this survey is to learn about you and your experiences in after-school activities. The survey asks questions about these activities, you, school, and personal experiences that may affect your health and well-being. The survey includes questions about tobacco, alcohol, and drug use, sexual experiences, and grades and behaviors in school. We ask these questions because we want to learn the different ways in which these activities may be of benefit to you and to other participating youth. You will not get into trouble when answering honestly to the survey questions. Your answers will not be shown to your parents, school staff, or the police.

You do not have to take the survey if you do not want to. If you decide to take the survey, you can skip any question if you do not want to answer it. If you do not want to take the survey, you can do homework, read, or engage in a quiet activity at your desk. Please note that this survey is for high school students only. If you are not in high school, you are not eligible to take this survey. When you complete the survey, you will receive two free movie tickets as a measure of our appreciation for your time.

We will keep your answers confidential. That means that all individual answers are private and will not be shared with anyone at your school or home. Only the researchers will see the completed surveys and survey data will be reported in the aggregate form, in other words, for all youth together, not individually. We are asking you to provide us with your name so that we can also collect your school records. This page of the survey where you will write your name will be removed from the rest of the survey. Only the researchers will be able to link your name to the number appearing on the survey. By signing below you agree to be part of this study.

This is not a test. Please remember that this is a personal survey and there are no right or wrong answers. It is important that you answer each question honestly. It will take about 15 minutes to complete. If you have any questions about what is being asked, raise your hand and the survey administrator will come over and will explain it to you. Once you are done with the survey, turn it upside down on your desk and the survey administrator will collect it from you.

Thank you for your participation!

NAME (PRINT)	
	CODE

SIGNATURE DATE

Code _____

ABOUT YOURSELF

1. What is the name of the school that you attend?_____.

2. What borough is your school in? (Mark one)
   - 1☐ Bronx **[N=268, 31.9%]**
   - 2☐ Brooklyn **[N=82, 9.8%]**
   - 3☐ Manhattan **[N=455, 54.1%]**
   - 4☐ Queens **[N=36, 4.3%]**
   - 5☐ Staten Island **[N=0]**
   - 6☐ Not Sure **[N=0]**

3. What is your date of birth?

   _____/_____/_____.

4. Are you… (Mark one)
   - 1☐ Male **[N=340, 40.5%]**
   - 2☐ Female **[N=499, 59.5%]**

5. What is your race/ethnicity? (Mark one)
   - 1☐ Asian or Pacific Islander **[N=146, 17.4%]**
   - 2☐ Black, non-Hispanic **[N=209, 24.9%]**
   - 3☐ Hispanic-Latino **[N=383, 45.6%]**
   - 4☐ White, non-Hispanic **[N=41, 4.9%]**
   - 5☐ Multiracial **[N=49, 5.8%]**
   - 6☐ Other **[N=12, 1.4%]**

6. What grade are you in? (Mark one)
   - 1☐ Below 9th grade **[N=1, 0.1%]**
   - 2☐ 9th **[N=137, 16.3%]**
   - 3☐ 10th **[N=149, 17.7%]**
   - 4☐ 11th **[N=202, 24.0%]**
   - 5☐ 12th **[N=352, 41.9%]**
   - 6☐ I am attending a GED program **[N=0]**

YOUR EXPERIENCE WITH AFTER-SCHOOL ACTIVITIES

7. Are you currently involved in <u>any</u> organized after-school and weekend activities? (Mark all that apply)
   - 1☐ Yes: Sports **[N=184 , 22.1%]**
   - 2☐ Yes: Religious activities **[N=49, 5.9%]**
   - 3☐ Yes: Arts and/or Music **[N=71, 8.5%]**
   - 4☐ Yes: Other: (describe) **[N=201, 24.2%]**
   - 5☐ No, I'm not involved in any organized after-school or weekend activities (SKIP TO QUESTION 8) **[N=401, 48.3%]**

Code _____

7a. On average, how many hours a week do you spend in all these organized after-school and weekend activities, combined? (Mark one)

1☐ 1 hour or less **[N=37, 8.7%]**
2☐ 2 hours **[N=100, 23.5%]**
3☐ 3 hours **[N=49, 11.5%]**
4☐ 4 hours **[N=46, 10.8%]**
5☐ 5 hours **[N=36, 8.5%]**
6☐ 6 hours **[N=39, 9.1%]**
7☐ 7 hours **[N=18, 4.2%]**
8☐ 8 hours **[N=20, 4.7%]**
9☐ 9 hours **[N=10, 2.4%]**
10☐ 10 hours **[N=28, 6.6%]**
11☐ 11 hours or more **[N=43, 10.1%]**

8. Do you have major responsibilities, other than homework, after your school day and on the weekend? (Mark all that apply)

1☐ Yes: Child care or babysitting **[N=182, 21.9%]**
2☐ Yes: Household chores **[N=396, 47.7%]**
3☐ Yes: Part-time job or internship **[N=158, 19.0%]**
4☐ Yes: Other responsibility: (describe) **[N=35, 4.2%]**
5☐ No (SKIP TO QUESTION 9) **[N=244, 29.4%]**

8a. On average, how many hours a week do you spend taking care of all of these responsibilities after your school day and on the weekend? (Mark one)

1☐ 1 hour or less **[N=50, 8.4%]**
2☐ 2 hours **[N=91, 15.2%]**
3☐ 3 hours **[N=85, 14.2%]**
4☐ 4 hours **[N=69, 11.5%]**
5☐ 5 hours **[N=48, 8.0%]**
6☐ 6 hours **[N=25, 4.2%]**
7☐ 7 hours **[N=34, 5.7%]**
8☐ 8 hours **[N=39, 6.5%]**
9☐ 9 hours **[N=13, 2.2%]**
10☐ 10 hours **[N=26, 4.4%]**
11☐ 11 hours or more **[N=94, 15.7%]**

Code _____

9. How much do you agree or disagree about your involvement in community service activities? (Circle one in each row)

		Agree a lot	Agree a little	Neither agree or disagree	Disagree a little	Disagree a lot	Not Applicable
a.	I am interested in community service activities	5	4	3	2	1	0
		[N=230, 27.8%]	**[N=351, 42.4%]**	**[N=136, 16.4%]**	**[N=56, 6.8%]**	**[N=31, 3.7%]**	**[N=24, 2.9%]**
b.	I devote a good deal of my time to community service activities	5	4	3	2	1	0
		[N=121,14.6%]	**[N=229, 27.7%]**	**[N=202, 24.4%]**	**[N=124, 15.0%]**	**[N=96, 11.6%]**	**[N=56, 6.8%]**
c.	Community service activities help me under-stand the role that I can play in improving my community.	5	4	3	2	1	0
		[N=225, 27.2%]	**[N=305, 36.8%]**	**[N=167, 20.2%]**	**[N=58, 7.0%]**	**[N=29, 3.5%]**	**[N=44, 5.3%]**
d.	Community service activities meet real needs in the community.	5	4	3	2	1	0
		[N=248, 30.0%]	**[N=293, 35.4%]**	**[N=184, 22.3%]**	**[N=38, 4.6%]**	**[N=29, 3.5%]**	**[N=35, 4.2%]**

Code _____

10. How much do you agree or disagree with the following statements? (Circle one in each row)

Since September of this year, I have learned about:	Agree a lot	Agree a little	Neither agree or disagree	Disagree a little	Disagree a lot	Hasn't been covered
a. Personal health and well-being.	5 **[N=402, 48.4%]**	4 **[N=308, 37.1%]**	3 **[N=69, 8.3%]**	2 **[N=24, 2.9%]**	1 **[N=11, 1.3%]**	0 **[N=16, 1.9%]**
b. Setting goals for my future.	5 **[N=513, 62.0%]**	4 **[N=253, 30.6%]**	3 **[N=48, 5.8%]**	2 **[N=6, 0.7%]**	1 **[N=4, 0.5%]**	0 **[N=4, 0.5%]**
c. The environment.	5 **[N=322, 39.1%]**	4 **[N=311, 37.8%]**	3 **[N=136, 16.5%]**	2 **[N=31, 3.8%]**	1 **[N=12, 1.5%]**	0 **[N=11, 1.3%]**
d. Human rights and children's rights.	5 **[N=324, 39.1%]**	4 **[N=286, 34.5%]**	3 **[N=139, 16.8%]**	2 **[N=39, 4.7%]**	1 **[N=16, 1.9%]**	0 **[N=25, 3.0%]**
e. Violence prevention.	5 **[N=325, 39.4%]**	4 **[N=287, 34.8%]**	3 **[N=141, 17.1%]**	2 **[N=34, 4.1%]**	1 **[N=20, 2.4%]**	0 **[N=17, 2.1%]**
f. HIV/AIDS and sexual health.	5 **[N=474, 57.6%]**	4 **[N=219, 26.6%]**	3 **[N=85, 10.3%]**	2 **[N=19, 2.3%]**	1 **[N=16, 1.9%]**	0 **[N=10, 1.2%]**
g. Civic participation and social change.	5 **[N=236, 28.5%]**	4 **[N=296, 35.8%]**	3 **[N=181, 21.9%]**	2 **[N=54, 6.5%]**	1 **[N=28, 3.4%]**	0 **[N=33, 4.0%]**
h. Immigration and diversity.	5 **[N=256, 30.9%]**	4 **[N=281, 33.9%]**	3 **[N=154, 18.6%]**	2 **[N=66, 8.0%]**	1 **[N=35, 4.2%]**	0 **[N=37, 4.5%]**
i. Improving schools.	5 **[N=293, 35.2%]**	4 **[N=250, 30.0%]**	3 **[N=151, 18.1%]**	2 **[N=72, 8.6%]**	1 **[N=35, 4.2%]**	0 **[N=32, 3.8%]**

Code _____

HELPING BEHAVIORS

11. Before the current school year, I did the following:

		Very much	Somewhat	Very little	Not at all
a.	Helped out at home	4 **[N=512, 61.0%]**	3 **[N=289, 34.4%]**	2 **[N=26, 3.1%]**	1 **[N=13, 1.6%]**
b.	friendly at school and tried to include everyone	4 **[N=471, 56.3%]**	3 **[N=307, 36.7%]**	2 **[N=50, 6.0%]**	1 **[N=8, 1.0%]**
c.	Tried to correct unfair treatment of others	4 **[N=257, 30.9%]**	3 **[N=399, 47.9%]**	2 **[N=140, 16.8%]**	1 **[N=37, 4.4%]**
d.	Did projects to make school a better place	4 **[N=162, 19.5%]**	3 **[N=268, 32.2%]**	2 **[N=234, 28.1%]**	1 **[N=168, 20.2%]**
e.	Was often rude to others	4 **[N=81, 9.8%]**	3 **[N=156, 18.8%]**	2 **[N=271, 32.7%]**	1 **[N=322, 38.8%]**
f.	Helped others when asked	4 **[N=437, 52.8%]**	3 **[N=339, 40.9%]**	2 **[N=43, 5.2%]**	1 **[N=9, 1.1%]**
g.	Had a hard time seeing other people's point of view	4 **[N=80, 9.6%]**	3 **[N=272, 32.7%]**	2 **[N=272, 32.7%]**	1 **[N=208, 25.0%]**
h.	Volunteered to help without being asked	4 **[N=305, 36.3%]**	3 **[N=354, 42.1%]**	2 **[N=134, 15.9%]**	1 **[N=48, 5.7%]**

Code _____

HEALTH BEHAVIORS

Like the whole survey, this section is completely voluntary. You can skip any question if you do not want to answer it.

12. Have you ever tried cigarette smoking, even one or two puffs? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 12a-12d) **[N=153, 18.4%]**
2☐ No (SKIP TO QUESTION 13) **[N=680, 81.6%]**

12a. How old were you when you first tried a few puffs of a cigarette? (Mark one)

1☐ 8 years old or younger **[N=14, 9.3%]**
2☐ 9 or 10 years old **[N=8, 5.3%]**
3☐ 11 or 12 years old **[N=23, 15.2%]**
4☐ 13 or 14 years old **[N=48, 31.8%]**
5☐ 15 or 16 years old **[N=47, 31.1%]**
6☐ 17 years or older **[N=11, 7.3%]**

12b. How old were you when you smoked a whole cigarette for the first time? (Mark one)

1☐ I have never smoked a whole cigarette **[N=73, 55.3%]**
2☐ 8 years old or younger **[N=1, 0.8%]**
3☐ 9 or 10 years old **[N=3, 2.3%]**
4☐ 11 or 12 years old **[N=10, 7.6%]**
5☐ 13 or 14 years old **[N=18, 13.6%]**
6☐ 15 or 16 years old **[N=27, 20.5%]**
7☐ 17 years or older **[N=0]**

12c. During the past 30 days, on how many days did you smoke cigarettes? (Mark one)

0☐ 0 days (SKIP TO QUESTION 13) **[N=112, 74.7%]**
1☐ 1 or 2 days **[N=21, 14.0%]**
2☐ 3 to 5 days **[N=4, 2.7%]**
3☐ 6 to 9 days **[N=3, 2.0%]**
4☐ 10 to 19 days **[N=2, 1.3%]**
5☐ 20 to 29 days **[N=4, 2.7%]**
6☐ All 30 days **[N=4, 2.7%]**

12d. During the past 30 days, on the days you smoked, how many cigarettes did you smoke **per day**? (Mark one)

1☐ Less than 1 cigarette per day **[N=0]**
2☐ 1 cigarette per day **[N=11, 28.2%]**
3☐ 2 to 5 cigarettes per day **[N=10, 25.6%]**
4☐ 6 to 10 cigarettes per day **[N=15, 38.5%]**
5☐ 11 to 20 cigarettes per day **[N=1, 2.6%]**
6☐ More than 20 cigarettes per day **[N=2, 5.1%]**

13. Have you ever drunk alcohol (this includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka or whiskey) with friends or alone? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 13a-13d) **[N=383, 46.4%]**
2☐ No (SKIP TO QUESTION 14) **[N=442, 53.6%]**

13a. How old were you when you had your first drink of alcohol other than a few sips? (Mark one)

1☐ 8 years old or younger **[N=31, 8.2%]**
2☐ 9 or 10 years old **[N=22, 5.8%]**
3☐ 11 or 12 years old **[N=44, 11.6%]**
4☐ 13 or 14 years old **[N=128, 33.7%]**
5☐ 15 or 16 years old **[N=113, 29.7%]**
6☐ 17 years or older **[N=42, 11.1%]**

Code _____

13b. During the past 30 days, on how many days did you have at least one drink of alcohol? (Mark one)

0☐ 0 days (SKIP TO QUESTION 14) **[N=197, 51.8%]**
1☐ 1 or 2 days **[N=107, 28.2%]**
2☐ 3 to 5 days **[N=37, 9.7%]**
3☐ 6 to 9 days **[N=24, 6.3%]**
4☐ 10 to 19 days **[N=13, 3.4%]**
5☐ 20 to 29 days **[N=1, 0.3%]**
6☐ All 30 days **[N=1, 0.3%]**

13c. During the past 30 days, on how many days did you have 5 or more drinks of alcohol in a row, that is, within a couple of hours? (Mark one)

0☐ 0 days **[N=93, 50.5%]**
1☐ 1 day **[N=36, 19.6%]**
2☐ 2 days **[N=28, 15.2%]**
3☐ 3 to 5 days **[N=16, 8.7%]**
4☐ 6 to 9 days **[N=6, 3.3%]**
5☐ 10 to 19 days **[N=1, 0.5%]**
6☐ 20 or more days **[N=4, 2.2%]**

13d. During the past 30 days, on how many days have you been drunk, intoxicated, or inebriated? (Mark one)

0☐ 0 days **[N=98, 53.0%]**
1☐ 1 day **[N=44, 23.8%]**
2☐ 2 days **[N=21, 11.4%]**
3☐ 3 to 5 days **[N=13, 7.0%]**
4☐ 6 to 9 days **[N=5, 2.7%]**
5☐ 10 to 19 days **[N=2, 1.1%]**
6☐ 20 or more days **[N=2, 1.1%]**

14. Have you ever smoked marijuana (marijuana is also called “weed”)? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 14a – 14c) **[N=140, 17.0%]**
2☐ No (SKIP TO QUESTION 15) **[N=686, 83.1%]**

14a. How old were you when you tried marijuana for the first time? (Mark one)

1☐ 8 years old or younger **[N=4, 2.9%]**
2☐ 9 or 10 years old **[N=4, 2.9%]**
3☐ 11 or 12 years old **[N=11, 8.0%]**
4☐ 13 or 14 years old **[N=36, 26.3%]**
5☐ 15 or 16 years old **[N=49, 35.8%]**
6☐ 17 years or older **[N=33, 24.1%]**

14b. During the past 30 days, how many times did you use marijuana? (Mark one)

0☐ 0 times **[N=61,44.5%]**
1☐ 1 or 2 times **[N=34, 24.8%]**
2☐ 3 to 9 times **[N=27, 19.7%]**
3☐ 10 to 19 times **[N=8, 5.8%]**
4☐ 20 to 39 times **[N=3, 2.2%]**
5☐ 40 or more times **[N=4, 2.9%]**

14c. During the past 30 days, how many times have you been high, stoned, or wasted from marijuana? (Mark one)

0☐ 0 times **[N=70, 51.9%]**
1☐ 1 or 2 times **[N=31, 23.0%]**
2☐ 3 to 9 times **[N=20, 14.8%]**
3☐ 10 to 19 times **[N=7, 5.2%]**
4☐ 20 to 39 times **[N=4, 3.0%]**
5☐ 40 or more times **[N=3, 2.2%]**

Code _____

15. Have you ever had sexual intercourse (some people call this "having sex" or "going all the way")? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 15a – 15i) **[N=286, 34.5%]**
2☐ No (SKIP TO QUESTION 16.) **[N=544, 65.5%]**

15a. How old were you when you had sexual intercourse for the first time? (Mark one)

1☐ 11 years old or younger **[N=16, 5.6%]**
2☐ 12 years old **[N=13, 4.6%]**
3☐ 13 years old **[N=25, 8.8%]**
4☐ 14 years old **[N=61, 21.4%]**
5☐ 15 years old **[N=70, 24.6%]**
6☐ 16 years old **[N=61, 21.4%]**
7☐ 17 years old or older **[N=39, 13.7%]**

15b. During the past 30 days, how many times have you had sexual intercourse? (Mark one)

0☐ 0 times **[N=91, 32.3%]**
1☐ 1 times **[N=41, 14.5%]**
2☐ 2 times **[N=39, 13.8%]**
3☐ 3 to 5 times **[N=49, 17.4%]**
4☐ 6 to 9 times **[N=32, 11.4%]**
5☐ 10 to 19 times **[N=10, 3.6%]**
6☐ 20 or more times **[N=20, 7.1%]**

15c. During your life, with how many people have you had sexual intercourse? (Mark one)

☐ 1 person **[N=101, 35.7%]**
☐ 2 people **[N=56, 19.8%]**
☐ 3 people **[N=49, 17.3%]**
☐ 4 people **[N=19, 6.7%]**
☐ 5 people **[N=16, 5.7%]**
☐ 6 or more people **[N=42, 14.8%]**

15d. During the past 3 months, with how many people did you have sexual intercourse? (Mark one)

☐ None. I have had sexual intercourse, but not during the past 3 months **[N=70, 24.7%]**
☐ 1 person **[N=160, 56.3%]**
☐ 2 people **[N=30, 10.6%]**
☐ 3 people **[N=12, 4.2%]**
☐ 4 people **[N=4, 1.4%]**
☐ 5 people **[N=3, 1.1%]**
☐ 6 or more people **[N=5, 1.8%]**

15e. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent pregnancy? (Mark all that apply)

0☐ No method was used to prevent pregnancy. **[N=26, 9.4%]**
1☐ Birth control pills **[N=52, 18.8%]**
2☐ Condoms **[N=217, 78.3%]**
3☐ Depo-Provera (injectable birth control) **[N=0]**
4☐ Patch **[N=0**
5☐ Plan B/ Morning after pill **[N=0]**
6☐ Withdrawal (pull out) **[N=23, 8.3%]**
7☐ Some other method **[N=9, 3.3%]**
8☐ Not sure **[N=4, 1.4%]**

15f. The last time you had sexual intercourse, what method(s) did you or your partner use to prevent a sexually transmitted disease? (Mark all that apply)

0☐ No method was used to prevent a sexually transmitted disease (STD). **[N=30, 10.8%]**
1☐ Condoms **[N=229, 82.1%]**
2☐ Withdrawal (pull out) **[N=27, 9.7%]**
3☐ Some other method **[N=0]**
4☐ Not sure **[N=5, 1.8%]**

Code _____

15g. In the past 6 months, have you been told that you have an STD (sexually-transmitted disease) or an STI (sexually transmitted infection)? (Mark one)

1☐ Yes **[N=17, 6.1%]**
2☐ No **[N=264, 94.0%]**

15h. How many times have you been pregnant or gotten someone pregnant? (Mark one)

0☐ 0 times **[N=239, 89.2%]**
1☐ 1 time **[N=22, 8.2%]**
2☐ 2 or more times **[N=7, 2.6%]**
8☐ Not sure **[N=0]**

15i. Do you have children of your own? (Mark one)

1☐ Yes **[N=8, 2.9%]**
2☐ No **[N=271, 97.1%]**

16. During the past 30 days, on how many days did you carry a weapon, such as a gun, knife, or club? (Mark one)

0☐ 0 days **[N=761, 93.3%]**
1☐ 1 day **[N=16, 2.0%]**
2☐ 2 or 3 days **[N=16, 2.0%]**
3☐ 4 or 5 days **[N=5, 0.6%]**
4☐ 6 or more days **[N=18, 2.2%]**

17. During the past 30 days, how many times have you gotten into a fight where a group of your friends was against another group? (Mark one)

0☐ Never **[N=697, 85.3%]**
1☐ 1 time **[N=75, 9.2%]**
2☐ 2 or 3 times **[N=29, 3.6%]**
3☐ 4 or 5 times **[N=6, 0.7%]**
4☐ 6 or more times **[N=10, 1.2%]**

SCHOOL FUNCTIONING

18. Since you started 9th grade, how many times have you been expelled from school (by *expelled* we mean asked to leave school for the rest of the school year, without the possibility of coming back, as punishment for something you did)? (Mark one)

0☐ 0 times **[N=802, 96.4%]**
1☐ 1 time **[N=20, 2.4%]**
2☐ 2 times **[N=5, 0.6%]**
3☐ 3 times **[N=2, 0.2%]**
4☐ 4 or more times **[N=3, 0.4%]**

19. In the past 30 days, have you been expelled from school? (Mark one)

1☐ Yes **[N=12, 1.4%]**
2☐ No **[N=819, 98.6%]**

Code _____

20. Since you started 9th grade, how many times have you been suspended from school (by *suspended* we mean asked not to come to school temporarily, for a specific number of days, as punishment for something you did? This could include a principal's suspension or a superintendent's suspension. (Mark one)

0☐ 0 times **[N=733, 87.8%]**
1☐ 1 time **[N=53, 6.4%]**
2☐ 2 times **[N=17, 2.0%]**
3☐ 3 times **[N=12, 1.4%]**
4☐ 4 times **[N=12, 1.4%]**
5☐ 5 times **[N=2, 0.2%]**
6☐ 6 times **[N=2, 0.2%]**
7☐ 7 times **[N=0]**
8☐ 8 or more times **[N=3, 0.4%]**

21. In the past 30 days, have you been suspended from school? (Mark one)

1☐ Yes **[N=30, 3.6%]**
2☐ No **[N=805, 96.4%]**

22. At the last grading period, what was your grade in English or language arts? (Mark one)

0☐ A (90-100) **[N=245, 29.4%]**
1☐ B (80-89) **[N=301, 36.1%]**
2☐ C (70-79) **[N=171, 20.5%]**
3☐ D (60-69) **[N=43, 5.2%]**
4☐ F (50-59) **[N=43, 4.8%]**
5☐ Didn't take this subject **[N=2, 0.2%]**
6☐ Took the subject but it wasn't graded this way **[N=3, 0.4%]**
7☐ Don't know **[N=29, 3.5%]**

23. At the last grading period, what was your grade in mathematics? (Mark one)

0☐ A (90-100) **[N=233, 28.2%]**
1☐ B (80-89) **[N=232, 28.1%]**
2☐ C (70-79) **[N=158, 19.1%]**
3☐ D (60-69) **[N=76, 9.2%]**
4☐ F (50-59) **[N=52, 6.3%]**
5☐ Didn't take this subject **[N=60, 7.3%]**
6☐ Took the subject but it wasn't graded this way **[N=2, 0.2%]**
7☐ Don't know **[N=14, 1.7%]**

24. At the last grading period, what was your grade in science? (Mark one)

0☐ A (90-100) **[N=170, 20.5%]**
1☐ B (80-89) **[N=320, 38.6%]**
2☐ C (70-79) **[N=175, 21.1%]**
3☐ D (60-69) **[N=62, 7.5%]**
4☐ F (50-59) **[N=24, 2.9%]**
5☐ Didn't take this subject **[N=62, 7.5%]**
6☐ Took the subject but it wasn't graded this way **[N=3, 0.4%]**
7☐ Don't know **[N=16, 1.9%]**

25. At the last grading period, what was your grade in history or social studies? (Mark one)

0☐ A (90-100) **[N=245, 29.4%]**
1☐ B (80-89) **[N=280, 33.6%]**
2☐ C (70-79) **[N=168, 20.2%]**
3☐ D (60-69) **[N=62, 7.4%]**
4☐ F (50-59) **[N=31, 3.7%]**
5☐ Didn't take this subject **[N=24, 2.9%]**
6☐ Took the subject but it wasn't graded this way **[N=2, 0.2%]**
7☐ Don't know **[N=21, 2.5%]**

Code _____

26. What do you plan to do after high school? (Mark all that apply)

0☐ Work **[N=216, 25.9%]**
1☐ Vocational training or apprenticeship **[N=19, 2.3%]**
2☐ Military service **[N=22, 2.6%]**
3☐ Community college **[N=72, 8.6%]**
4☐ 4-year college or university **[N=687, 82.4%]**
5☐ Travel **[N=99, 11.9%]**
6☐ Undecided **[N=54, 6.5%]**

SEX AND HIV/AIDS EDUCATION AND HEALTH SERVICES

27. Have you ever participated in a sex education/HIV/AIDS education program? (Mark all that apply)

1☐ Yes: At school **[N=528, 63.2%]**
2☐ Yes: At another after-school or weekend program **[N=100, 12.0%]**
3☐ Yes: At another program: _____ **[N=50, 6.0%]**
4☐ No **[N=203, 24.3%]**
5☐ Don't know **[N=46, 5.5%]**

28. Does your school have a health clinic that provides health and reproductive services to students? (Mark one)

1☐ Yes (CONTINUE TO QUESTION 28a) **[N=556, 66.7%]**
2☐ No (SKIP TO QUESTION 29) **[N=121, 14.5%]**
8☐ Not sure (SKIP TO QUESTION 29) **[N=156, 18.7%]**

28a. If your school has a health clinic for students, have you visited the clinic this school year? (Mark one)

1☐ Yes **[N=306, 58.1%]**
2☐ No **[N=221, 41.9%]**

29. During this school year, have you had a health problem or a need requiring health services? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 29a – 29b) **[N=121, 15.1%]**
2☐ No (SKIP TO THE END) **[N=682, 84.9%]**

29a. Has this program referred you for health services? (Mark one)

1☐ Yes (CONTINUE TO QUESTION 29b) **[N=67, 56.3%]**
2☐ No (SKIP TO THE END) **[N=52, 43.7%]**

Code _____

29b. If this program has referred you for health services, have you gone for services? (Mark one)

1☐ Yes (CONTINUE TO QUESTIONS 29b1 – 29b2) **[N=48, 72.7%]**
2☐ No (SKIP TO THE END) **[N=18, 27.3%]**

29b1. Did this referral help you address your health problem or need? (Mark one)

1☐ Yes **[N=43, 91.5%]**
2☐ No **[N=4, 8.5%]**

29b2. How satisfied were you with the health provider that this program referred you to? (Mark one)

1☐ Very satisfied **[N=32, 68.1%]**
2☐ Somewhat satisfied **[N=13, 27.7%]**
3☐ Somewhat dissatisfied **[N=2, 4.3%]**
4☐ Very dissatisfied **[N=0]**

THIS IS THE END OF THE SURVEY.

THANK YOU VERY MUCH FOR YOUR HELP.

ATTACHMENT D

Teen ACTION and No-Program Item Frequencies

TableD.1 below is a crosswalk showing corresponding item numbers on the Teen ACTION and no-program instruments.

Table D.1: Teen ACTION and No-Program Instrument Crosswalk

Variable	Item #, TA Survey	Item #, NP Survey
School name	1	1
School borough	2	2
DOB	3	3
Gender	4	4
Race/Ethnicity	5	5
Grade	6	6
Start of program attendance	7	
Last year	7a	
Which	7b	
Hrs/week	8	
Other activities	9	7
Hrs/week	9a	7a
Responsibilities	10	8
Hrs/week	10a	8a
Program helped attendance	11a	
Program helped confidence	11b	
Program helped grades	11c	
Program helped avoid trouble	11d	
Program helped get along	11e	
Got to know others	12a	
Can trust others	12b	
Get along with others	12c	
Led activity	13a	
Helped plan	13b	
Asked for ideas	13c	
Active participant	13d	
Part of team	13e	
Contributed solutions	13f	
Belong	14a	
Ideas count	14b	
Successful	14c	
Can discuss	14d	
Matter	14e	
Safe	14f	
Get respect	15a	
Can talk to staff	15b	
Staff care about me	15c	
Staff care what I think	15d	
Help me try new things	15e	
Make good choices	16a	
Make difference	16b	
Help others	16c	

Table D.1: Teen ACTION and No-Program Instrument Crosswalk (continued)

Variable	Item #, TA Survey	Item #, NP Survey
Accomplish	16d	
Self-esteem	16e	
Community service interest	17a	9a
Community service activities	17b	9b
Understand role	17c	9c
Meet needs	17d	9d
Learned personal health	18a	10a
Goal setting	18b	10b
Environment	18c	10c
Human rights	18d	10d
Violence prevention	18e	10e
HIV/AIDS	18f	10f
Civic participation	18g	10g
Diversity	18h	10h
School improvement	18i	10i
Helped at home	19a	11a
Friendly	19b	11b
Correct unfairness	19c	11c
Projects	19d	11d
Rude *(reverse score)*	19e	11e
Helped others	19f	11f
Other people *(reverse score)*	19g	11g
Volunteered	19h	11h
Tried cigarettes	20	12
How old – puff	20a	12a
How old – cigarette	20b	12b
Past 30 days smoking	20c	12c
Past 30 days #	20d	12d
Drinking	21	13
How old	21a	13a
Past 30 days #	21b	13b
Past 30 days 5 or more	21c	13c
Past 30 days drunk	21d	13d
Marijuana	22	14
Age	22a	14a
# times	22b	14b
Past 30 days # times	22c	14c
Sexual intercourse	23	15
Age	23a	15a
Past 30 days # times	23b	15b
Lifetime # partners	23c	15c
Past 3 months # partners	23d	15d
Contraception method	23e	15e
Disease prevention method	23f	15f
Past 6 months STD	23g	15g
# pregnancies	23h	15h
# children	23i	15i

TableD.1: Teen ACTION and No-Program Instrument Crosswalk (continued)

Variable	Item #, TA Survey	Item #, NP Survey
Past 30 days carry weapon	24	16
Past 30 days fight	25	17
Expulsions since 9th grade	26	18
Expulsions in past 30 days	27	19
Suspensions since 9th grade	28	20
Suspensions in past 30 days	29	21
English grade	30	22
Math grade	31	23
Science grade	32	24
History grade	33	25
After high school	34	26
Program gave knowledge	35a	
Avoid unhealthy behavior	35b	
Less likely to smoke	35c	
Less likely to drink	35d	
Less likely to use pot	35e	
Less likely unprotected sex	35f	
Less likely carry weapon	35g	
Less likely to fight	35h	
Got sex ed in program	36	
Got sex ed elsewhere	36a	27
School has health clinic	37	28
Used clinic	37a	28a
Had health problem	38	29
Got referral	38a	29a
Got services after referral	38b	29b
Referral helped	38b1	29b1
Satisfied	38b2	29b2
Participate next year	39	

The tables below include frequencies for each item response, on the Teen ACTION and the no-program instruments. The question number (e.g., Q9) is the item number on the Teen ACTION survey; see Table D.1 for the corresponding item number on the no-program survey. Items that were on the Teen ACTION survey but not on the no-program survey are not included in these tables. Note that these frequencies are descriptive only and do not take into account the underlying differences between the two groups. In other words, the tables do not control for differences in the covariates (age, grade, gender, borough, race/ethnicity), as our Chapter 4 analyses did, so direct comparisons can be misleading and caution should be exercised in interpreting the tables.

Q9. Other organized after-school activities	Teen ACTION	No After-School Program
None	44.2%	48.3%
Sports	27.5%	22.1%
Religious activities	17.4%	5.9%
Arts and/or music	11.4%	8.5%
Other	15.7%	24.2%
Total*	(*N*=466)	(*N*= 831)

*Could total to more than 100% because youth could mark more than one response.

Q9a. Number of hours/ week in other organized activities	Teen ACTION	No After-School Program
1 or less	8.0%	8.7%
2	12.4%	23.5%
3	13.9%	11.5%
4	12.0%	10.8%
5	9.2%	8.5%
6	4.8%	9.2%
7	6.4%	4.2%
8	4.4%	4.7%
9	3.2%	2.4%
10	3.6%	6.6%
11 or more	22.3%	10.1%
Total	100% (*N*=251)	100% (*N*=426)

Q10. Major responsibilities after school and/or weekends	Teen ACTION	No After-School Program
None	29.1%	29.4%
Child care/babysitting	21.1%	21.9%
Household chores	44.1%	47.7%
Job/internship	19.8%	19.0%
Other	7.2%	4.2%
Total*	(N=460)	(N=830)

*Could total to more than 100% because youth could mark more than one response.

Q10a. Hours per week on responsibilities	Teen ACTION	No After-School Program
1 or less	6.7%	8.4%
2	13.4%	15.2%
3	10.5%	14.2%
4	9.9%	11.5%
5	11.1%	8.0%
6	7.3%	4.2%
7	4.7%	5.7%
8	5.5%	6.5%
9	4.1%	2.2%
10	5.3%	4.4%
11 or more	15.7%	15.7%
Total	100% (N=343)	100% (N=598)

Q17. Involvement in community service activities	Agree a lot		Agree a little		Neither agree nor disagree		Disagree a little		Disagree a lot	
	TA	NP	TA	NP	TA	NP	TA	NP	TA	NP
Interested in community service activities	52.0%	27.8%	35.9%	42.4%	8.1%	16.4%	1.1%	6.8%	1.5%	3.7%
Devote great deal of time to community service activities	34.5%	14.6%	38.6%	27.7%	18.8%	24.4%	2.8%	15.0%	3.0%	11.6%
Community service activities help to understand role in improving community	49.6%	27.2%	36.2%	36.8%	8.1%	20.2%	1.7%	7.0%	2.6%	3.5%
Community service activities meet real needs in community	51.2%	30.0%	35.0%	35.4%	9.0%	22.3%	1.5%	4.6%	1.9%	3.5%

Q17. Involvement in community service activities	Interested in community service activities	Devote great deal of time to community service activities	Community service activities help to under-stand role in improving community	Community service activities meet real needs in community
Agree a lot				
Teen ACTION	52.0%	34.5%	49.6%	51.2%
No Program	27.8%	14.6%	27.2%	30.0%
Agree a little				
Teen ACTION	35.9%	38.6%	36.2%	35.0%
No Program	42.4%	27.7%	36.8%	35.4%
Neither agree nor disagree				
Teen ACTION	8.1%	18.8%	8.1%	9.0%
No Program	16.4%	24.4%	20.2%	22.3%
Disagree a little				
Teen ACTION	1.1%	2.8%	1.7%	1.5%
No Program	6.8%	15.0%	7.0%	4.6%
Disagree a lot				
Teen ACTION	1.5%	3.0%	2.6%	1.9%
No Program	3.7%	11.6%	3.5%	3.5%

Q17a. Average weekly community service hours	Teen ACTION	No After-School Program
1 hour or less	17.4%	52.3%
2 hours	11.0%	17.9%
3 hours	11.9%	10.7%
4 hours	12.8%	6.6%
5 hours	8.5%	4.5%
6 hours	12.6%	2.8%
7 hours	5.7%	1.2%
8 hours	7.6%	1.2%
9 hours	4.6%	1.3%
10hours	1.8%	0.8%
11 hours	6.0%	0.9%
Total	100% (N=436)	100% (N=786)

Q18. Since September, have learned about...	Agree a lot		Agree a little		Neither agree nor disagree		Disagree a little		Disagree a lot	
	TA	NP	TA	NP	TA	NP	TA	NP	TA	NP
Personal health and well-being	56.5%	48.4%	34.3%	37.1%	6.3%	8.3%	1.5%	2.9%	0.4%	1.3%
Setting goals for the future	67.7%	62.0%	26.0%	30.6%	5.1%	5.8%	0.6%	0.7%	0.2%	0.5%
Environment	55.6%	39.1%	30.8%	37.8%	11.5%	16.5%	0.4%	3.8%	0.4%	1.5%
Human and children's rights	50.4%	39.1%	33.7%	34.5%	12.7%	16.8%	1.3%	4.7%	0.6%	1.9%
Violence prevention	59.1%	39.4%	27.4%	34.8%	10.1%	17.1%	1.3%	4.1%	0.9%	2.4%
HIV/AIDS and sexual health	68.3%	57.6%	20.0%	26.6%	8.7%	10.3%	1.3%	2.3%	0.6%	1.9%
Civic participation & social change	43.7%	28.5%	37.5%	35.8%	14.9%	21.9%	1.5%	6.5%	0.4%	3.4%
Immigration and diversity	39.3%	30.9%	32.3%	33.9%	19.1%	18.6%	3.2%	8.0%	1.5%	4.2%
Improving schools	51.2%	35.2%	29.2%	30.0%	14.8%	18.1%	1.7%	8.6%	0.6%	4.2%

Q19. Before the current school year, I...	Very much		Somewhat		Very little		Not at all	
	TA	NP	TA	NP	TA	NP	TA	NP
Helped out at home	56.5%	61.0%	38.8%	34.4%	3.2%	3.1%	1.5%	1.6%
Was friendly at school & tried to include everyone	52.9%	56.3%	38.1%	36.7%	6.9%	6.0%	2.1%	1.0%
Tried to correct unfair treatment of others	36.2%	30.9%	46.1%	47.9%	13.0%	16.8%	4.8%	4.4%
Did projects to make school a better place	27.4%	19.5%	38.2%	32.2%	21.8%	28.1%	12.7%	20.2%
Was often rude to others	14.6%	9.8%	22.5%	18.8%	29.1%	32.7%	33.8%	38.8%
Helped others when asked	53.0%	52.8%	40.0%	40.9%	5.5%	5.2%	1.5%	1.1%
Had a hard time seeing other people's point of view	16.2%	9.6%	35.9%	32.7%	25.8%	32.7%	22.1%	25.0%
Volunteered to help without being asked	40.6%	36.3%	41.0%	42.1%	12.2%	15.9%	6.2%	5.7%

A20. Ever tried smoking	Teen ACTION	No After-School Program
Yes	16.6%	18.4%
No	83.4%	81.6%
Total	100% (N=458)	100% (N=833)

Q20a. Age when first tried smoking	Teen ACTION	No After-School Program
8 years old or younger	10.8%	9.3%
9 or 10 years old	8.1%	5.3%
11 or 12 years old	13.5%	15.2%
13 or 14 years old	28.4%	31.8%
15 or 16 years old	27.0%	31.1%
17 years old or older	12.2%	7.3%
Total	100% (N=74)	100% (N=151)

Q20b. Age when first smoked whole cigarette	Teen ACTION	No After-School Program
Never smoked whole cigarette	63.6%	55.3%
8 years old or younger	0%	0.8%
9 or 10 years old	0%	2.3%
11 or 12 years old	7.6%	7.6%
13 or 14 years old	16.7%	13.6%
15 or 16 years old	12.1%	20.5%
17 years old or older	0%	0%
Total	100% (N=66)	100% (N=132)

Q20c. Number of days smoked in past 30 days	Teen ACTION	No After-School Program
0 days	75.7%	74.7%
1 or 2 days	8.1%	14.0%
3 to 5 days	2.7%	2.7%
6 to 9 days	2.7%	2.0%
10 to 19 days	4.1%	1.3%
20 to 29 days	2.7%	2.7%
All 30 days	4.1%	2.7%
Total	100% (N=74)	100% (N=150)

Q20d. If smoked in past 30 days, number of cigarettes per day	Teen ACTION	No After-School Program
Less than 1 cigarette	31.6%	0%
1 cigarette	31.6%	28.1%
2 to 5 cigarettes	15.8%	25.6%
6 to 10 cigarettes	10.5%	38.5%
11 to 20 cigarettes	5.3%	2.6%
More than 20 cigarettes	5.3%	5.1%
Total	100% (N=19)	100% (N=39)

Q21. Ever drunk alcohol	Teen ACTION	No After-School Program
Yes	49.9%	46.4%
No	50.1%	53.6%
Total	100% (N=449)	100% (N=825)

Q21a. Age at first drink	Teen ACTION	No After-School Program
8 years old or younger	6.5%	8.2%
9 or 10 years old	7.9%	5.8%
11 or 12 years old	13.1%	11.6%
13 or 14 years old	33.2%	33.7%
15 or 16 years old	30.8%	29.7%
17 years old or older	8.4%	11.1%
Total	100% (N=214)	100% (N=380)

Q21b. Number of days had drink in past 30 days	Teen ACTION	No After-School Program
0 days	59.4%	51.8%
1 or 2 days	25.7%	28.2%
3 to 5 days	7.9%	9.7%
6 to 9 days	2.3%	6.3%
10 to 19 days	2.3%	3.4%
20 to 29 days	0.9%	0.3%
All 30 days	1.4%	0.3%
Total	100% (N=214)	100% (N=380)

Q21c. Number of days had five or more drinks in past 30 days	Teen ACTION	No After-School Program
0 days	55.6%	50.5%
1 day	23.5%	19.6%
2 days	9.9%	15.2%
3 to 5 days	4.9%	8.7%
6 to 9 days	1.2%	3.3%
10 to 19 days	1.2%	0.5%
20 or more days	3.7%	2.2%
Total	100% (N=81)	100% (N=184)

Q21d. Number of days inebriated in past 30 days	Teen ACTION	No After-School Program
0 days	63.3%	53.0%
1 day	15.2%	23.8%
2 days	10.1%	11.4%
3 to 5 days	3.8%	7.0%
6 to 9 days	1.3%	2.7%
10 to 19 days	2.5%	1.1%
20 or more days	3.8%	1.15
Total	100% (N=79)	100% (N=185)

Q22. Ever smoked marijuana	Teen ACTION	No After-School Program
Yes	14.4%	17.0%
No	85.6%	83.1%
Total	100% (N)	100% (N)

Q22a. Age when first tried marijuana	Teen ACTION	No After-School Program
8 years old or younger	1.6%	2.9%
9 or 10 years old	9.8%	2.9%
11 or 12 years old	6.6%	8.0%
13 or 14 years old	27.9%	26.3%
15 or 16 years old	42.6%	35.8%
17 years old or older	11.5%	24.1%
Total	100% (N=61)	100% (N=137)

Q22b. Number of times used marijuana in past 30 days	Teen ACTION	No After-School Program
0 times	46.8%	44.5%
1 or 2 times	30.7%	24.8%
3 to 9 times	4.8%	19.7%
10 to 19 times	8.1%	5.8%
20 to 39 times	3.2%	2.2%
40 or more times	6.5%	2.9%
Total	100% (N=62)	100% (N=137)

Q22c. Number of times high on marijuana during past 30 days	Teen ACTION	No After-School Program
0 times	46.8%	51.9%
1 or 2 times	32.3%	23.0%
3 to 9 times	4.8%	14.8%
10 to 19 times	4.8%	5.2%
20 to 39 times	4.8%	3.0%
40 or more times	6.5%	2.2%
Total	100% (N=62)	100% (N=135)

Q23. Ever had sexual intercourse	Teen ACTION	No After-School Program
Yes	28.8%	34.5%
No	71.2%	65.5%
Total	100% (N=444)	100% (N=830)

Q23a. Age at first sexual intercourse	Teen ACTION	No After-School Program
11 years old or younger	8.1%	5.6%
12 years old	9.7%	4.6%
13 years old	15.3%	8.8%
14 years old	21.0%	21.4%
15 years old	23.4%	24.6%
16 years old	10.5%	21.4%
17 years old or older	12.1%	13.7%
Total	100% (N=124)	100% (N=285)

Q23b. Number of days had sexual intercourse in past 30 days	Teen ACTION	No After-School Program
0 times	38.2%	32.3%
1 times	16.3%	14.5%
2 times	10.6%	13.8%
3 to 5 times	11.4%	17.4%
6 to 9 times	12.2%	11.4%
10 to 19 times	3.3%	3.6%
20 or more times	8.1%	7.1%
Total	100% (N=123)	100% (N=282)

Q23c. Number of sexual partners lifetime	Teen ACTION	No After-School Program
1 person	27.6%	35.7%
2 people	24.4%	19.8%
3 people	15.5%	17.3%
4 people	8.9%	6.7%
5 people	6.5%	5.7%
6 or more people	17.1%	14.8%
Total	100% (N=123)	100% (N=283)

Q23d. Number of sexual partners past 3 months	Teen ACTION	No After-School Program
None	29.3%	24.7%
1 person	51.2%	56.3%
2 people	13.0%	10.6%
3 people	2.4%	4.2%
4 people	1.6%	1.4%
5 people	0%	1.1%
6 or more people	2.4%	1.8%
Total	100% (N=123)	100% (N=284)

Q23e. Pregnancy prevention method last sexual intercourse	Teen ACTION	No After-School Program
No method	18.4%	9.4%
Birth control pills	6.4%	18.8%
Condoms	75.2%	78.3%
Depo-Provera	2.4%	0%
Patch	0%	0%
Plan B/Morning after pill	2.4%	0%
Withdrawal	8.0%	8.3%
Some other method	1.6%	3.3%
Not sure	2.4%	1.4%
Total*	(N=125)	(N=277)

*Could total to more than 100% because youth could mark more than one response.

Q23f. STD prevention method last sexual intercourse	Teen ACTION	No After-School Program
No method	16.1%	10.8%
Condoms	79.0%	82.1%
Withdrawal	8.9%	9.7%
Some other method	1.6%	0%
Not sure	2.4%	1.8%
Total*	(N=124)	(N=279)

*Could total to more than 100% because youth could mark more than one response.

Q23g. STD in past 6 months	Teen ACTION	No After-School Program
Yes	4.0%	6.0%
No	96.0%	94.0%
Total	100% (N=125)	100% (N=281)

Q23h. Number of times pregnant/ got someone pregnant	Teen ACTION	No After-School Program
0 times	85.5%	89.2%
1 time	10.3%	8.2%
2 or more times	4.3%	2.6%
Not sure	0%	0%
Total	100% (N=117)	100% (N=268)

Q23i. Have children	Teen ACTION	No After-School Program
Yes	4.1%	2.9%
No	95.9%	97.1%
Total	100% (N=121)	100% (N=279)

Q24. Number of days carried weapon in past 30 days	Teen ACTION	No After-School Program
0 days	93.1%	93.3%
1 day	3.0%	2.0%
2 or 3 days	1.6%	2.0%
4 or 5 days	1.2%	0.6%
6 or more days	1.2%	2.2%
Total	100% (N=432)	100% (N=816)

TQ25. Number of times in group fight in past 30 days	Teen ACTION	No After-School Program
Never	78.1%	85.3%
1 time	11.9%	9.2%
2 or 3 times	6.1%	3.6%
4 or 5 times	1.9%	0.7%
6 or more times	2.1%	1.2%
Total	100% (N=429)	100% (N=817)

Q26. Number of times expelled since 9th grade	Teen ACTION	No After-School Program
0	96.8%	96.4%
1	2.0%	2.4%
2	0.4%	0.6%
3	0%	0.2%
4+	0.9%	0.4%
Total	100% (N=461)	100% (N=832)

Q27. Whether expelled in past 30 days	Teen ACTION	No After-School Program
Yes	2.6%	1.4%
No	97.4%	98.6%
Total	100% (N=466)	100% (N=831)

Q28. Number of times suspended since 9th grade	Teen ACTION	No After-School Program
0	82.8%	87.9%
1	10.0%	6.4%
2	3.1%	2.0%
3	1.1%	1.4%
4	1.1%	1.4%
5	0.4%	0.2%
6	0.2%	0.2%
7	0.2%	0%
8+	1.1%	0.4%
Total	100% (N=459)	100% (N=834)

Q29. Whether suspended in past 30 days	Teen ACTION	No After-School Program
Yes	5.6%	3.6%
No	94.4%	96.4%
Total	100% (N=462)	100% (N=835)

Q30. English Grade	Teen ACTION	No After-School Program
A	26.9%	29.4%
B	36.9%	36.1%
C	22.5%	20.5%
D	5.2%	5.2%
F	2.8%	4.8%
Didn't take	0.9%	0.2%
Not graded	0.4%	0.4%
Don't know	4.4%	3.5%
Total	100% (N=458)	100% (N=834)

Q31. Math Grade	Teen ACTION	No After-School Program
A	28.7%	28.2%
B	25.0%	28.1%
C	21.9%	19.1%
D	10.8%	9.2%
F	5.0%	6.3%
Didn't take	3.1%	7.3%
Not graded	0.7%	0.2%
Don't know	4.8%	1.7%
Total	100% (N=456)	100% (N=827)

Q32. Science Grade	Teen ACTION	No After-School Program
A	25.7%	20.5%
B	28.5%	38.6%
C	19.1%	21.1%
D	10.8%	7.5%
F	5.9%	2.9%
Didn't take	6.6%	7.2%
Not graded	0.4%	0.4%
Don't know	3.1%	1.9%
Total	100% (N=456)	100% (N=830)

Q33. History/Social Studies Grade	Teen ACTION	No After-School Program
A	30.0%	29.4%
B	33.5%	33.6%
C	18.1%	20.2%
D	6.8%	7.4%
F	4.0%	3.7%
Didn't take	2.9%	2.9%
Not graded	0.2%	0.2%
Don't know	4.6%	2.5%
Total	100% (N=454)	100% (N=833)

Q.34. Plans after high school	Teen ACTION	No After-School Program
Work	24.3%	25.9%
Vocational training	1.3%	2.3%
Military	3.9%	2.6%
Community college	10.1%	8.6%
4-year college	22.5%	17.6%
Travel	10.7%	11.9%
Undecided	10.1%	6.5%
Total*	(N=457)	(N=834)

*Could total to more than 100% because youth could mark more than one response.

Q36a. Sex/HIV/AIDS education outside TA	Teen ACTION	No After-School Program
Yes: at school	52.3%	63.2%
Yes: at another after-school or weekend program	7.9%	12.0%
Yes: at another program	5.4%	6.0%
No	32.0%	24.3%
Don't know	7.9%	5.5%
Total*	(N=444)	(N=835)

*Could total to more than 100% because youth could mark more than one response.

Q37. School has health clinic	Teen ACTION	No After-School Program
Yes	42.8%	66.8%
No	35.0%	14.5%
Not sure	22.3%	18.7%
Total	100% (N=449)	100% (N=833)

Q37a. If school has clinic, visited this year	Teen ACTION	No After-School Program
Yes	56.8%	58.1%
No	43.2%	41.9%
Total	100% (N=176)	100% (N=527)

Q38. Had health problem or need	Teen ACTION	No After-School Program
Yes	9.4%	15.1%
No	90.6%	84.9%
Total	100% (N=425)	100% (N=803)

Q38a. If had service need, was referred for health services	Teen ACTION	No After-School Program
Yes	76.3%	56.3%
No	23.7%	43.7%
Total	100% (N=38)	100% (N=119)

Q38b. If referred, went for services	Teen ACTION	No After-School Program
Yes	79.3%	72.7%
No	20.7%	27.3%
Total	100% (N=29)	100% (N=66)

Q38b1. Referral addressed need	Teen ACTION	No After-School Program
Yes	90.0%	91.5%
No	10.0%	8.5%
Total	100% (N=20)	100% (N=47)

Q38b2. Satisfaction with referred health provider	Teen ACTION	No After-School Program
Very satisfied	61.9%	68.1%
Somewhat satisfied	28.6%	27.7%
Somewhat dissatisfied	9.5%	4.3%
Very dissatisfied	0%	0%
Total	100% (N=21)	100% (N=47)

ATTACHMENT E

Fidelity Assessment

Teen ACTION Evaluation:
Program Fidelity Rating Sheet

Provider name: _____ Program name: _____ Date of rating: _____ Rater:_____

I. FIDELITY RATING

	0	1	2	3
Please rate the extent to which the following statements describe the program during this school year (2008-2009). Place a checkmark in the appropriate box.	**Not at all**	**Very little**	**Quite a bit**	**Fullest extent possible**
1. The program used an effective plan for recruiting and retaining participants.				
2. The program integrated the curriculum into its model to the fullest extent possible.				
3. The program incorporated team building into its activities.				
4. The program incorporated an understanding of service learning into its activities.				
5. The program incorporated information on sexual health into its activities.				
6. The program appropriately incorporated reflection components into its activities.				
7. The program actively referred students to needed health care providers (covering comprehensive health care services to include primary care, specialty care, mental health, and reproductive health).				
8. The program had strong linkages to community partners.				
9. The program had strong linkages to schools.				
10. The program had strong linkages to primary health care providers.				
11. During site visits groups of students were productively working on projects, with program staff actively engaged in the activities with the youth.				
12. Service learning projects were meaningful both for youth and community.				
13. Service learning projects were challenging for the youth.				
14. There was evidence of a strong youth voice in the program.				

II. IMPLEMENTATION CHALLENGES

	0	1	2	3
Please indicate whether the following implementation challenges negatively impacted the program's fidelity over the school year.	**Not at all**	**Very little**	**Quite a bit**	**Extreme impact**
15. Staff turnover				
16. Establishment of satellite programs				
17. Lack of cooperation from the school				
18. Instability at the school				
19. High need for technical assistance				
20. Other – specify:				

Teen ACTION Evaluation:

Guide to Completing the Program Fidelity Rating Sheet

Programs should be rated based on their performance on the following indicators for the 2008-2009 school year.

1. The program used an effective plan for recruiting and retaining participants: *Program achieved its enrollment targets and maintained good participation levels over the school year. If the program ran into problems with recruitment, staff implemented an effective method (e.g., peer-to-peer recruitment) to achieve its targets.*

2. The program integrated the Teen ACTION curriculum into its model to the fullest extent possible: *The program described in its work scope how it would use the curriculum, including the specific parts of the curriculum that it would use, and followed its plan. In addition, structured learning and action activities complemented each other.*

3. The program incorporated team building into its activities: *The program provided structured learning and activities that helped bring students together and feel like a community.*

4. The program incorporated an understanding of service learning into its activities: *The program helped the students understand what service learning means.*

5. The program incorporated information on sexual health into its activities: *The program used the curriculum section on sexual health as well as had providers come in and offer workshops.*

6. The program appropriately incorporated reflection components into its activities: *The program helped students process what they learned by offering activities such as journaling, group discussions, artwork, celebrations, and public informational events at a frequency that was appropriate to the projects.*

7. The program actively referred students to needed health care providers (covering comprehensive health care services to include primary care, specialty care, mental health, and reproductive health): *The program staff are alert to student health issues and provide students with contact information for health care providers.*

8. The program had strong linkages to community partners: *The program staff regularly communicated with community partners and brought them in to interact with the students.*

9. The program had strong linkages to schools: *The program staff regularly communicated with schools and brought in school staff to interact with the students.*

10. The program had strong linkages to primary health providers: *The program staff regularly communicated with health providers and brought them in to interact with the students.*
11. During site visits, groups of students were productively working on projects, with program staff actively engaged in the activities with the youth: *Students were focused on completing projects (which includes planning activities, the actual projects themselves, reflection activities, and speakers) and staff were working with them.*

12. Service learning projects were meaningful both for students and community: *Students' projects were not limited to sports, recreation, and homework activities, but had a positive impact both on the students and on their communities.*

13. Service learning projects were challenging for the students: *The process of planning and implementing projects was demanding, thought-provoking, and rewarding for the students.*

14. There was evidence of a strong youth voice in the program: *Youth provided input, and programs responded, on which topics to address, projects to develop, and activities to complete.*