



INTRODUCTION

Colorado Department of Public Health and Environment administers CHAPP, the Colorado HIV/AIDS Prevention Program, established in June 2006. In Year Four of this program, CHAPP currently funds 17 agencies across the state of Colorado to administer 23 HIV-prevention programs. Collectively, the funded programs are working towards the larger CHAPP program goals of reducing the transmission of HIV and decreasing the morbidity and mortality related to HIV/AIDS. The programs, through curriculum-based, testing, community and outreach efforts, target a spectrum of affected groups and address a multitude of participant-related outcomes.

CHAPP Cross-site Evaluation

The six main targeted outcomes of the CHAPP programs, which are considered indicators of the larger CHAPP program goals, include: (1) Increase Early Detection of HIV; (2) Increase Personal Knowledge of HIV Status; (3) Increase Partner Disclosure of HIV Status; (4) Improve HIV-related Attitudes and Beliefs (with sub-domains of Perception of Risk and Sexual Self-Efficacy); (5) Improve HIV-related Knowledge; and (6) Decrease Number of High-risk Transmission Behaviors (Sexual Risk Behaviors and Drug Risk Behaviors).

Each of the CHAPP-funded programs addresses at least one of these outcomes in addition to other program-specific outcomes. Each program is required to work with OMNI Institute (OMNI) to assess progress towards these outcomes at both the program and the cross-site level. Throughout the evaluation, OMNI works with each grantee to build their capacity around evaluation, create a clear map (logic model) of their program, and provide appropriate data collection tools and strategies for collecting these data. As part of the logic modeling process, OMNI facilitated grantees' identification of program target populations, activities and associated outcomes. From there, OMNI created data collection tools along with plans for data collection and databases for data entry and storage.

To assess the CHAPP outcomes, OMNI identified widely used, standardized measurement tools for grantees to measure each CHAPP outcome and key demographic questions. OMNI also identified additional, optional demographic and outcome measures to aid agencies in evaluating their programs. Relevant measures were identified for each program component and incorporated into data collection instruments. Table 1, on page 4 of this report, shows the breakdown by program type of the most frequently assessed outcomes.

Each grantee and program was matched with a member of OMNI's evaluation team who provided technical assistance (TA) to address questions or needs. Additional OMNI staff worked with the TAs in developing evaluation materials for grantees, such as surveys, codebooks, and databases.

Year Four (July 1, 2010—June 30, 2011) Evaluation Activities:

- Partnering with Grantees and Building their Evaluation Capacity
- Revising Program Logic Models
- Developing or Updating Program Data Collection Tools and Plans
- Updating Data Entry & Storage Systems
- Providing Ongoing Technical Assistance and Training
- Providing Data Analysis and Reporting at the Program and Cross-Site Levels
- Working Collaboratively with CDPHE
- Piloting Community Based Participatory Action Research and Program Fidelity

CHAPP: Midyear Data

In addition to grantees being responsible for collecting data using the tools OMNI developed for each of their program components, they were also responsible for entering their data into the OMNI-created storage systems (or their own system) and submitting that data to OMNI quarterly (October and December 2010, with upcoming submissions in March and June 2011). Following the December data submission, all data were merged into aggregate files, cleaned and then analyzed at both the program and the aggregate level; this report reflects the aggregate-level data. For each level of analysis, the data were delineated into adult program data, youth program data and outreach data (including peer-to-peer outreach, resource distribution, community events, and testing). Across the 23 programs, mid-term data were submitted for 16 adult program components, 6 youth program components, and 28 outreach efforts. This report presents key aggregate demographic and outcome findings, followed by a summary of the results. The demographic data from the carryover period (data collected and entered between July 1 and approximately October 1, 2010) are also included in this report.

DEMOGRAPHICS

Figures 1 through 4 present the age, gender, race and ethnicity demographics of participants involved in CHAPP programming by program type. About half (47.6%) of all participants were between the ages of 25 and 44. Across program modality, a little more than half (58.7%) were male. About one quarter of participants identified their ethnicity as Hispanic or Latino. Just over half (52.4%) of participants identified as White, although a large number identified as “Other,” or “Black or African-American.” Overall, more than 6,400 people have been reached thus far through CHAPP programming during the 2010-11 fiscal year.

Figure 1: Age by Program Type

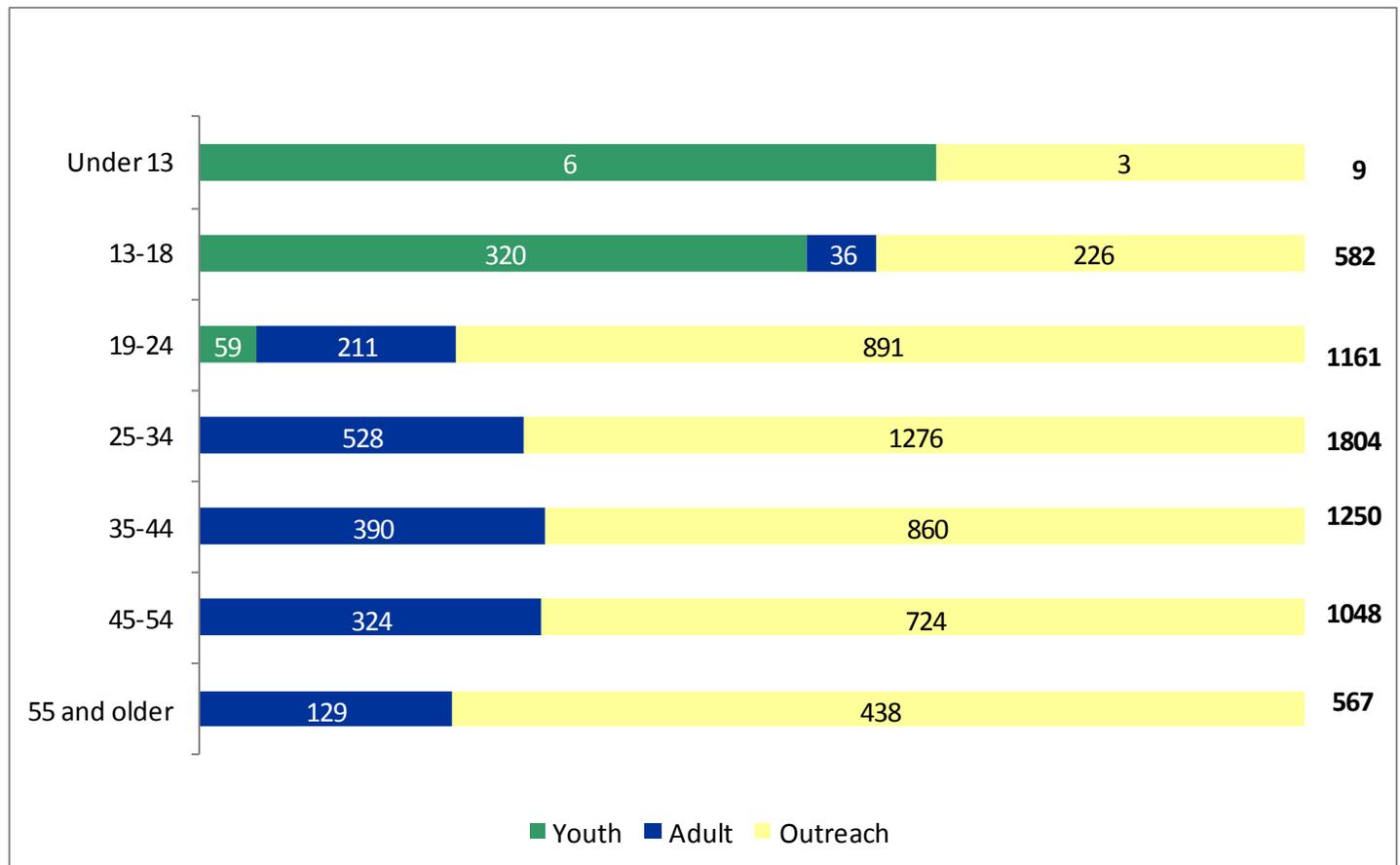


Figure 2: Gender by Program Type

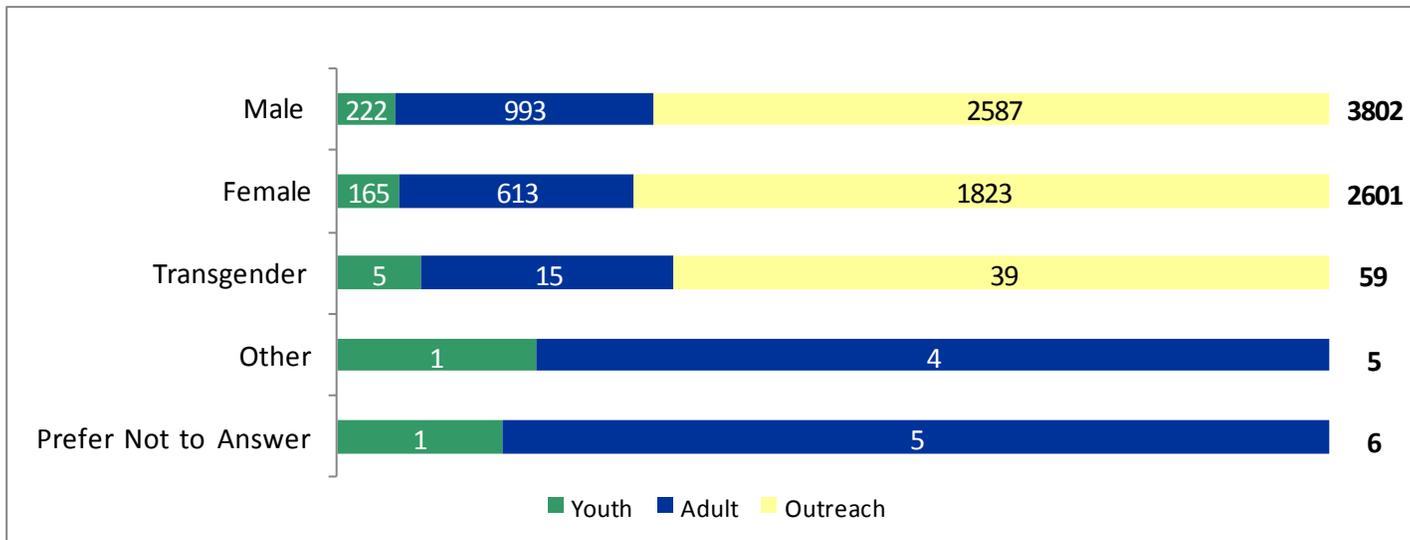


Figure 3: Hispanic/Latino Ethnicity by Program Type

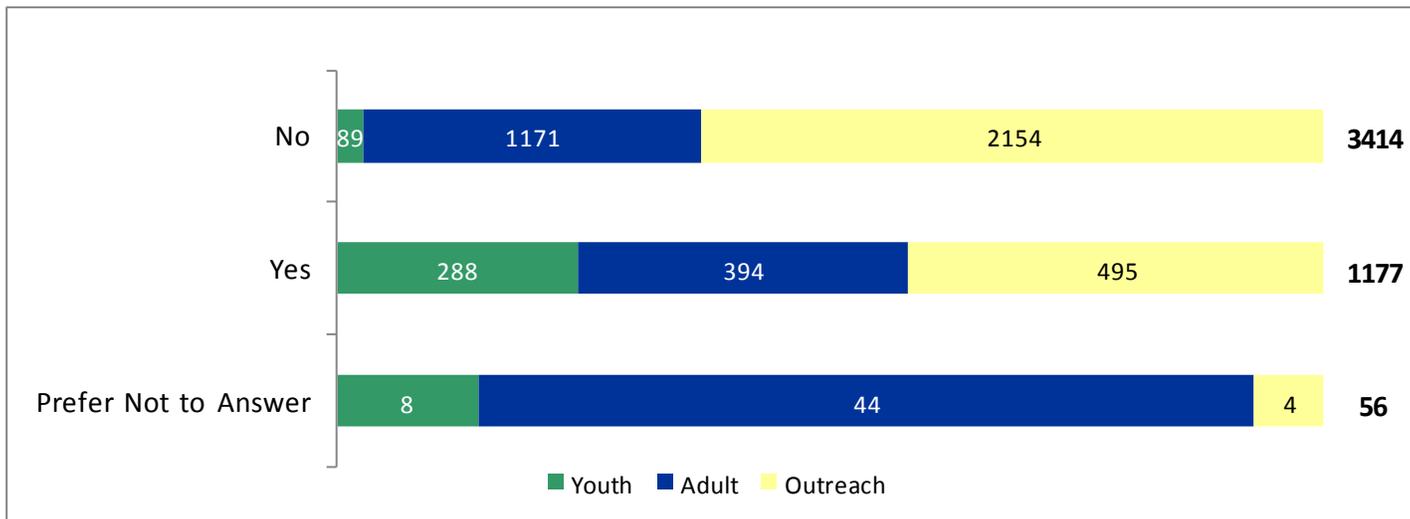
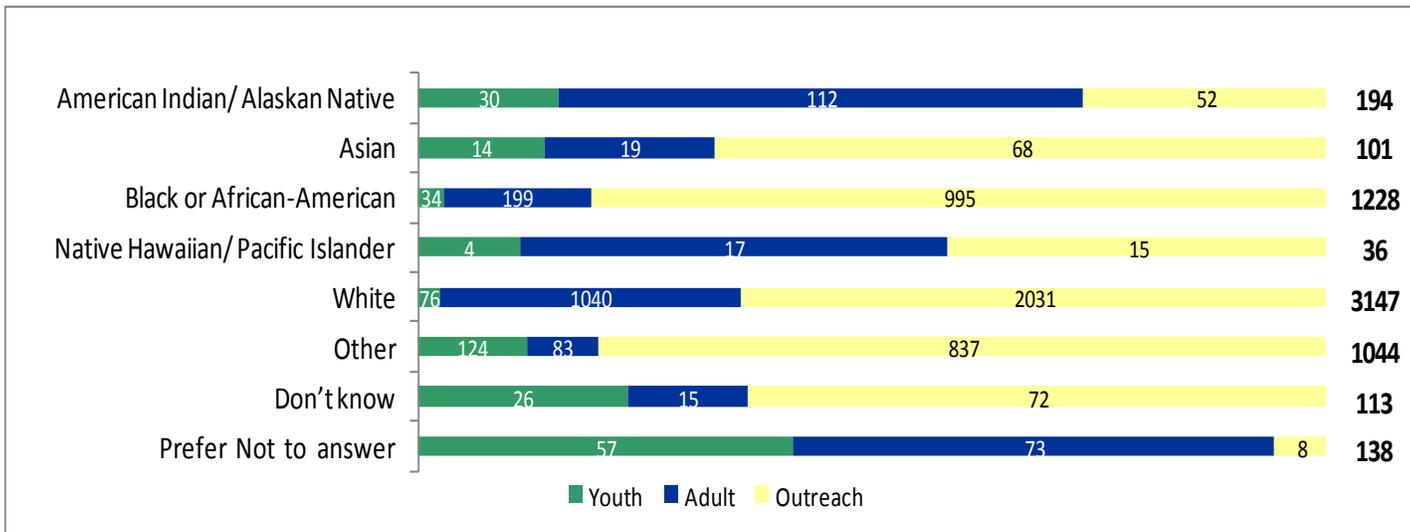


Figure 4: Race by Program Type (Participants & POLs were able to select more than one category)



OUTCOMES

Outcome data were analyzed by adult programs, youth programs and outreach efforts, with outreach split between peer-to-peer outreach, community events and/or testing (HIV) and solely resource distribution. Although the aggregated data were analyzed for all CHAPP outcomes, only outcomes assessed by a sufficient number of programs and with a sufficient amount of data are presented in this report. Programs serving adults collected data on the largest number of CHAPP outcomes; therefore, matched data from those programs make up the majority of the analyses reported.

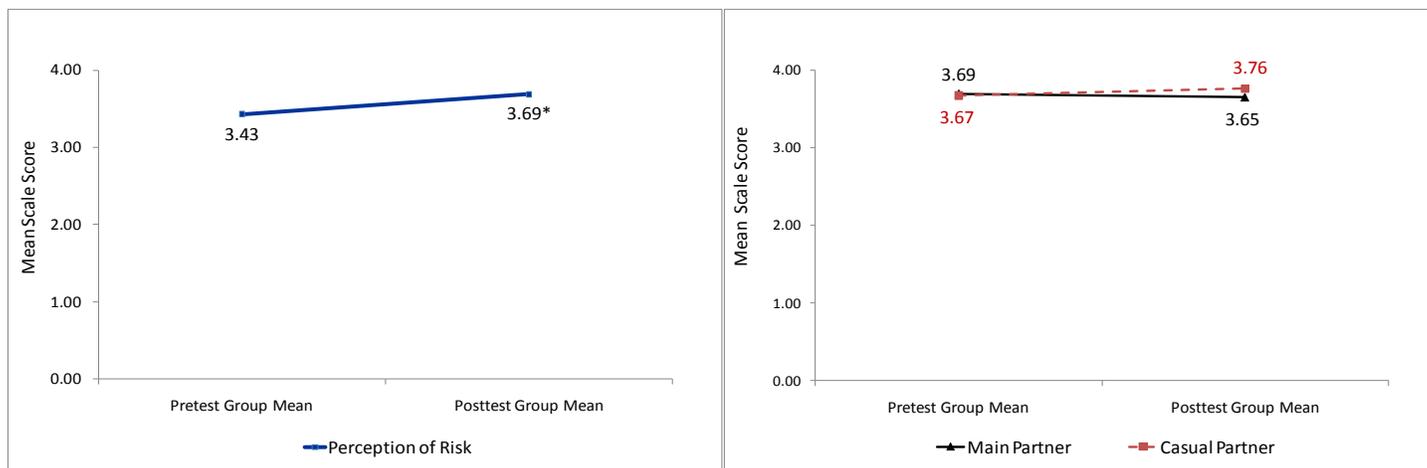
Table 1: Number of Programs Assessing each Presented Outcome

	HIV-Related Attitudes and Beliefs		HIV-Related Knowledge	Personal Knowledge of HIV Status
	Perception of Risk	Sexual Self-Efficacy		
Adult	4	5	7	9
Youth	3	3	4	0

Improve HIV-related Attitudes and Beliefs

Four adult programs assessed Perception of Risk and five assessed Sexual Self-Efficacy as domains of the outcome Improve HIV-related Attitudes and Beliefs. Each domain was measured by several items comprising a scale; the scale scores (mean response across items) at pre (before program) and post (after program) are presented in Figures 5 & 6. Perceived risk of contracting HIV due to risky behaviors such as having unprotected anal sex and sharing dirty injection needles significantly increased. Scores on the sexual self-efficacy scales did not significantly change, indicating no change in participants' confidence in asserting safe sexual practices with either a casual or primary partner. However, it is important to note that the sample sizes for all three scales were small (less than 50) and scores were high even at pre-test.

Figures 5 & 6: Adult HIV-Related Attitudes and Beliefs: Perception of Risk and Sexual Self-Efficacy



Because the perception of risk scale changed significantly for the 2010-11 evaluation year, additional analyses were conducted on each of the scale items to see if the average risk level varied by item. These analyses revealed that, at post-test, the perceived risk of unprotected anal sex was significantly higher than the perceived risk of unprotected oral sex (means = 3.88 vs. 3.35, $p < .01$). The average perceived risk at post-test for having unprotected sex under the influence of drugs or alcohol was significantly higher for sex with a casual partner than it was for sex with a primary partner (means = 3.81 vs. 3.41, $p = .001$). The highest level of perceived risk, on average, was associated with having unprotected sex with multiple partners of unknown HIV status. The lowest average risk was associated with having protected sex with a partner of unknown HIV status. These analyses suggest that participants were thinking critically about each item and assessing risk in a manner consistent with a harm reduction approach.

Improve HIV-Related Knowledge

HIV-related knowledge was assessed by seven adult programs and four of the six youth programs, using 10 statements (11 on the youth measure) to which participants responded “true,” “false,” or “don’t know.” Responses of “don’t know” were counted as incorrect and the remaining responses were coded as either correct or incorrect, depending on the question. For participants who responded to at least 90% of the items, a mean knowledge score was calculated for pre and post data. Data from participants who responded “don’t know” to all items at either pre- or post-test were not analyzed. See Figures 7 and 8 for adult and youth results, respectively. Although pre-program knowledge was relatively high for adult programs, there was still a statistically significant increase in the mean score. The mean knowledge score for youth also significantly increased from pre to post.

Figure 7: Adult HIV-Related Knowledge

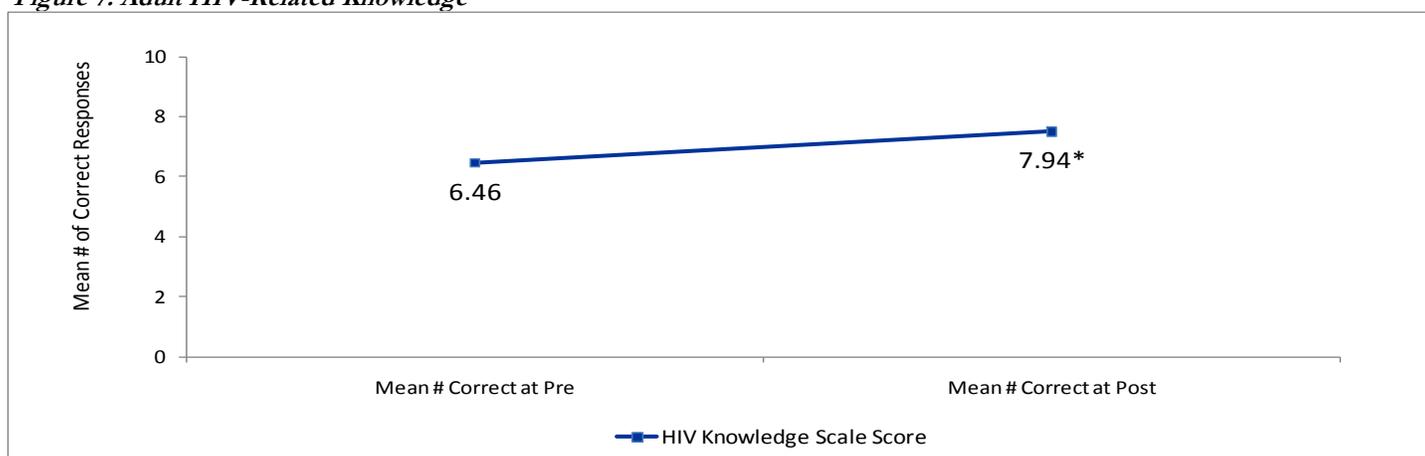
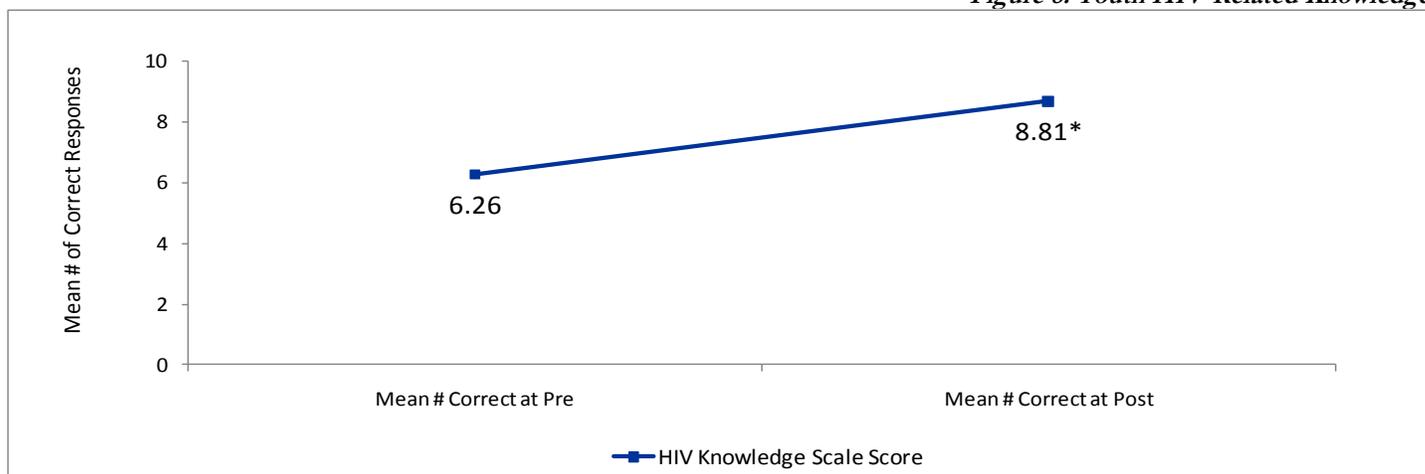


Figure 8: Youth HIV-Related Knowledge



Additional analyses were conducted to determine if there were differences in amount of knowledge increase across different age categories for adult and youth (shown in Figures 9 and 10, respectively). While mean knowledge scores were relatively high at pre, scores from pre to post increased significantly for each age category among adults and youth. The largest increase occurred in participants in adult programs between the ages of 13 and 18.

RESULTS

Figure 9: HIV-Related Knowledge by Age: Adult**

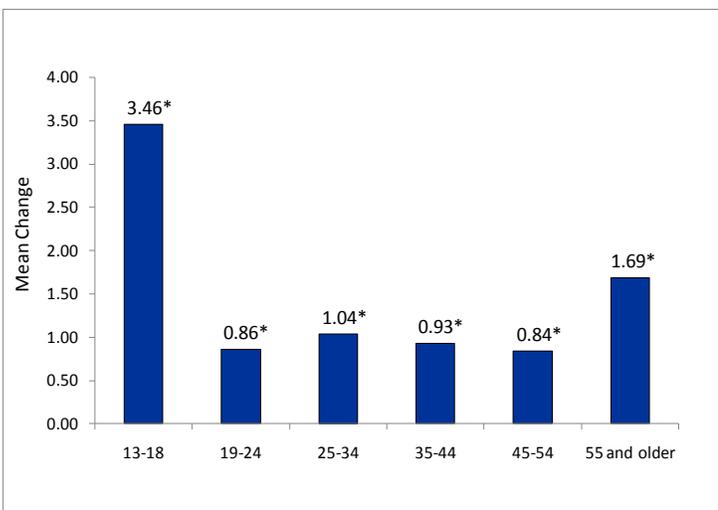
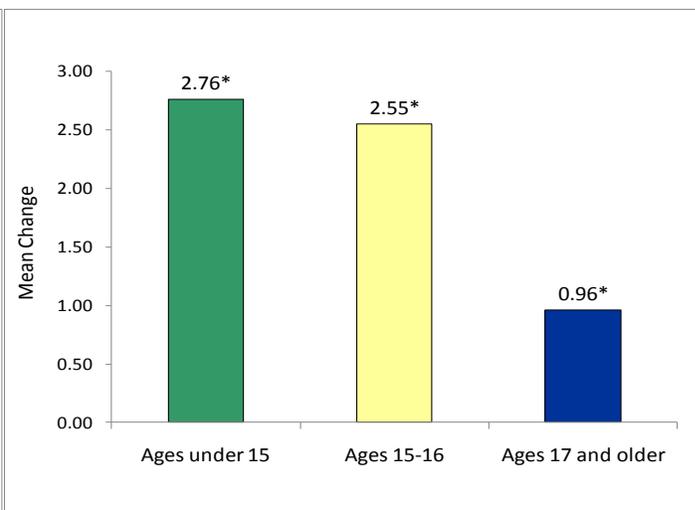


Figure 10: HIV-Related Knowledge by Age : Youth**



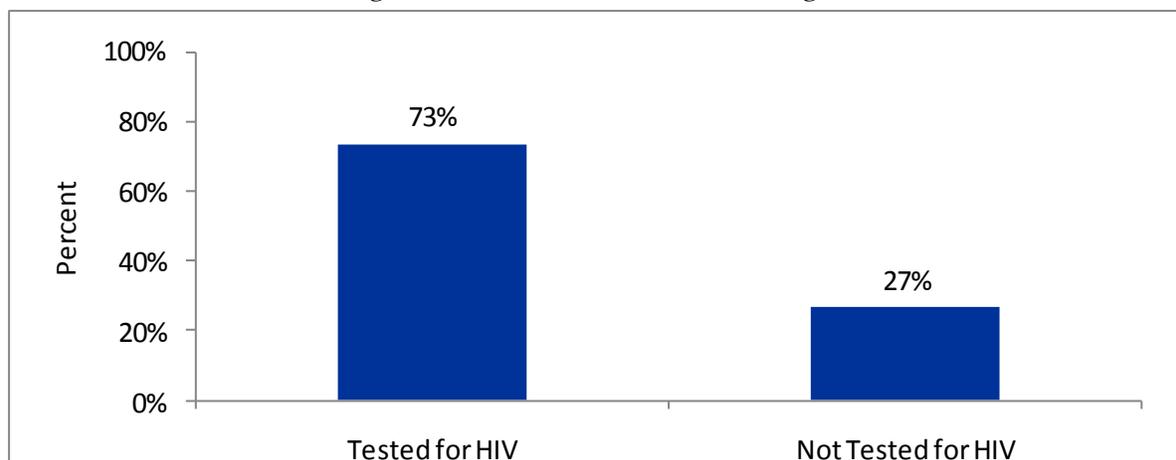
Increase Personal Knowledge of HIV Status

Nine adult programs assessed the outcome Increase Personal Knowledge of HIV Status. These programs targeted participant knowledge of their own HIV status through testing and assessed their impact through testing history. Even at pre-test, nearly all participants (92.8%) reported that they had been tested for HIV, and the proportion did not significantly change by post-test.

Outreach Information

Data collected by outreach programs included HIV risk-related experiences, HIV testing status of individuals reached, and resources distributed. Nearly 3/4 (73%) of individuals contacted by outreach reported having been tested for HIV (see Fig. 11). Additional analyses were conducted to examine tested status by age and ethnicity for the testing outreach programs. Results indicated that 13-18 year olds were significantly less likely to have been tested than other age groups (see Fig. 13), and participants identifying as Hispanic or Latino were significantly less likely than non-Hispanics/Latinos to report having been tested (see Fig. 14). As displayed in Figure 12, the most common known risky experience reported by outreach participants was having multiple sexual partners. Figure 15 displays the total number of each resource that was distributed in the past year. HIV test referrals were the most widely distributed resource, followed by male condoms.

Figure 11: HIV Test Status - HIV Testing Outreach



**Note: Adult programs served some participants under age 19, and youth programs served some participants over age 18.

Figure 12: Risk Experiences of People Served by Outreach

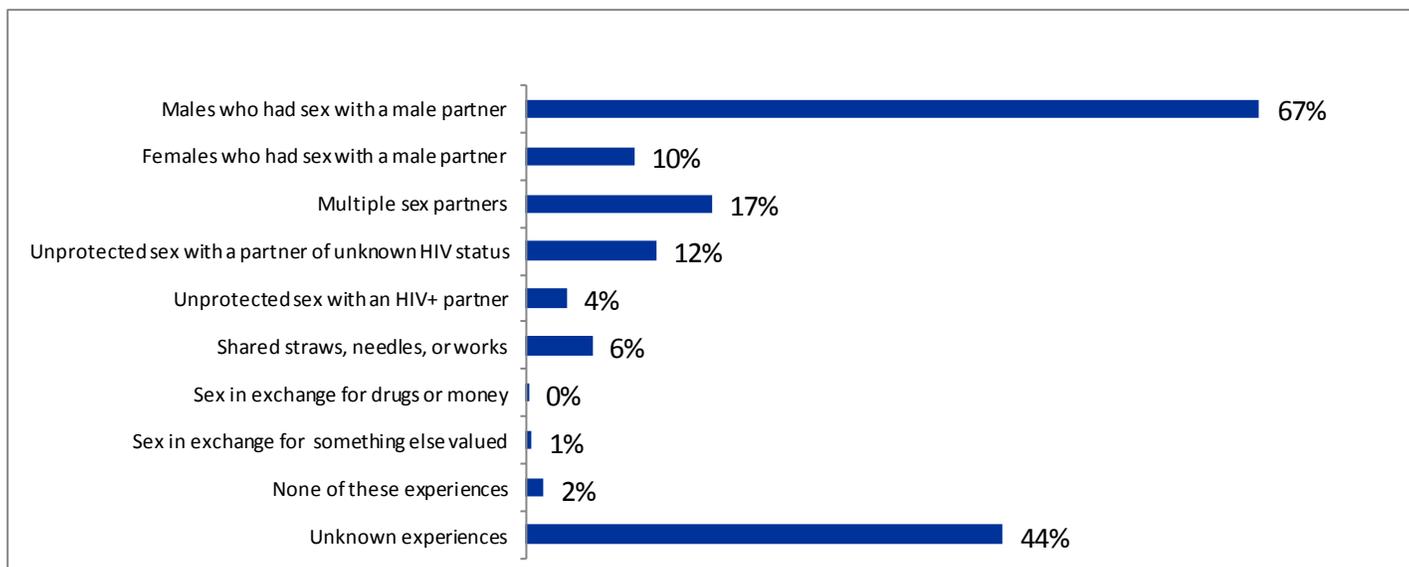


Figure 13: Tested for HIV by Age Group - HIV Testing Outreach

Figure 14: Tested for HIV by Ethnicity - HIV Testing Outreach

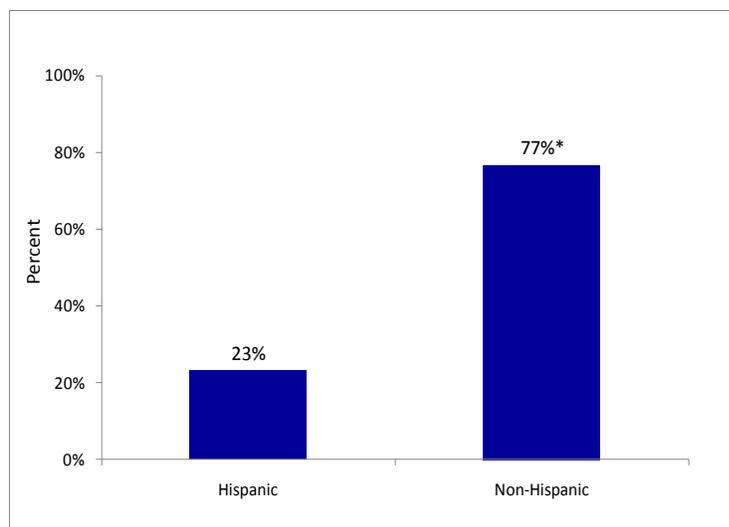
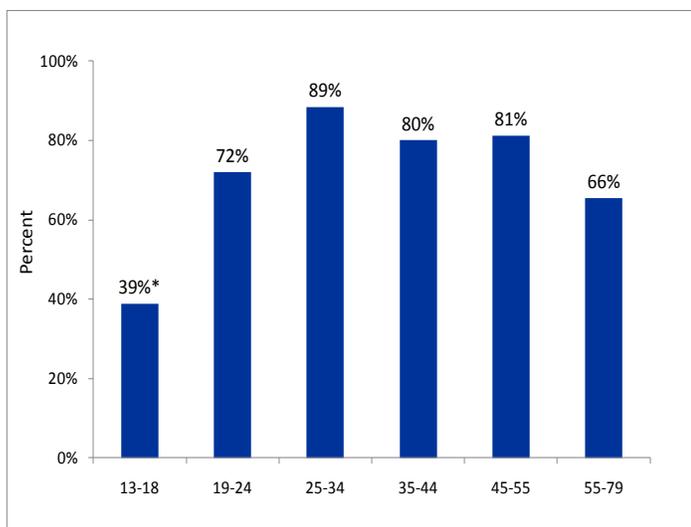
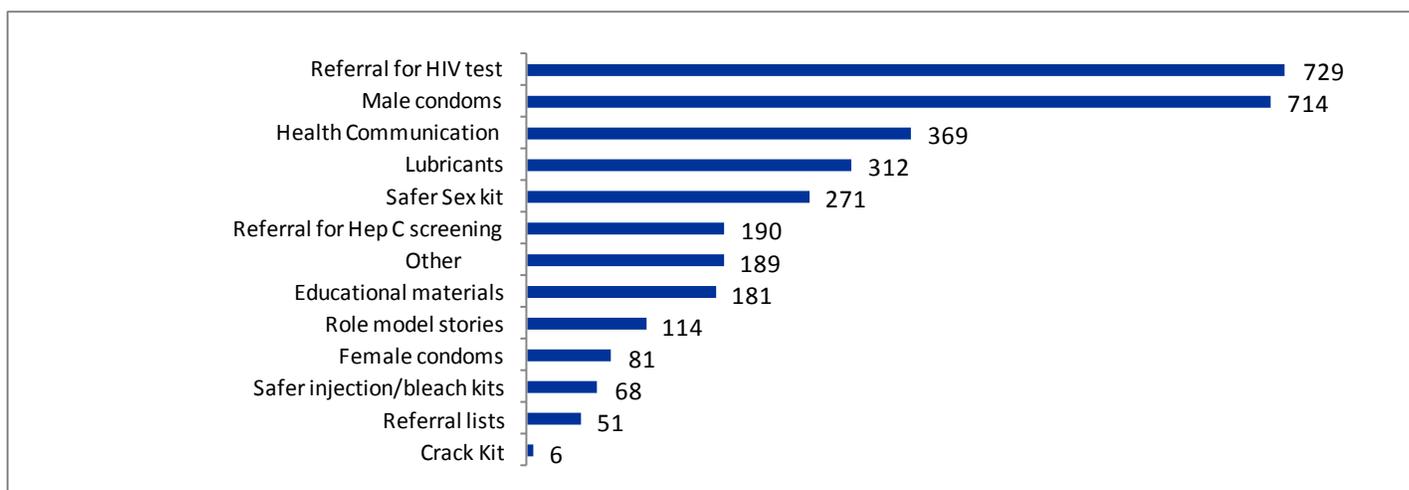


Figure 15: Resources Distributed by Outreach Programs



For Year Four of the CHAPP evaluation, we were interested in examining, to the extent possible, whether outcomes differed as a function of program features. OMNI evaluators used information about each funded program to further categorize the programs beyond adult, youth, and outreach programming. Some preliminary results of the new categories are included in this midterm report; additional analyses will be conducted for the end of year report with the full year of 2010-11 data.

Two of the new program feature categories are presented in Table 2, below. Number of sessions refers to how many sessions participants are expected or strongly encouraged to attend. Program facilitator training was categorized as either none, informal (use of DVDs or other materials, but no one has been formally trained), or formal (including a train-the-trainer model). As shown in Table 2, most adult programs consisted of one session whereas most youth programs included multiple sessions.

Table 2: Program Features

	Number of Sessions		Facilitator Training		
	One	Two or More	None	Informal	Formal
Adult programs	64%	36%	36%	27%	36%
Youth programs	17%	83%	33%	17%	50%

Of all the CHAPP outcome areas, HIV knowledge was assessed by the largest number of youth and adult programs. Therefore the preliminary analyses of both of the new program categories were conducted looking at change in HIV knowledge, with the data combined for adult and youth programs and statistically controlling for the other category.

Change in HIV knowledge was significantly greater among participants who had attended programs staffed by facilitators with formal training than it was among participants whose program facilitators had informal training (see Table 3). The sample size was too small within the No Training group to conduct analyses. The analysis of number of sessions was not statistically significant, indicating that change in knowledge did not differ depending on how many sessions were offered by a program.

End of year analyses will be conducted to better understand the relationships between program features and participant outcomes, and also to explore whether participants with particular characteristics or baseline attitudes seem to choose to enroll in a specific program type. Categorizations based on other program features, such as education comprehensiveness, will also be considered.

Table 3: Change in HIV Knowledge by Facilitator Training

	No Training (n = 11)	Informal Training (n = 404)	Formal Training (n = 237)
Pre-test HIV knowledge	—	6.55	5.96
Post-test HIV knowledge	—	7.47	8.38

KEY FACTS

- During the logic-modeling process, each funded program identified its alignment with the CHAPP cross-site evaluation, through CHAPP outcomes or outreach efforts.
- By the time of this midyear report, most CHAPP-funded agencies had begun their programming and collecting outcome data for each funded program component. Data for more than 6,400 individuals were submitted and analyzed across programs.
- The majority of adult program (92.8%) and outreach participants (73.4%) who were asked about their HIV testing history had been tested.
- Most CHAPP programs intended to increase HIV-related knowledge. On average, they were successful; HIV knowledge significantly increased among participants in adult and youth programs
- Perception of risk significantly increased among adults. Sexual self-efficacy with either a main or casual partner did not increase significantly, but was high before and after programming.
- Unprotected anal sex was seen as more risky in contracting HIV than unprotected oral sex. Unprotected sex under the influence was considered to be more risky with a casual partner than with a primary partner.
- Among outreach participants, Hispanics and those under age 19 were less likely to have been tested for HIV than non-Hispanics and older participants.
- Overall, there was demonstrated progress at the aggregate level across program modalities towards most CHAPP outcomes. In addition, many programs demonstrated reach to targeted populations as well as movement toward achieving CHAPP and program-specific outcomes.

Highlighted Findings

- ◆ HIV-related knowledge increased for youth program and adult program participants from pre-program to post.
- ◆ Most adult program and outreach participants asked about their HIV testing history had been tested.
- ◆ Perception of risk in contracting HIV as a result of risky behavior increased among adult program participants.
- ◆ HIV knowledge increased more among participants who attended a program conducted by a trained facilitator.

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