



INTRODUCTION

Colorado Department of Public Health and Environment administers CHAPP, the Colorado HIV/AIDS Prevention Program, established in June 2006. In Year Three 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

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 movement towards these outcomes at both the program and the cross-site level. Through 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 collection and systems for data entry and storage.

To assess the CHAPP outcomes, OMNI identified widely used, standardized measurement tools for grantees to use 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. The relevant measures were included in each program's data collection instruments, which were created for each component of their program. Attached to this report is a matrix of each agency, program and associated CHAPP outcome, and additional demographic variables used to identify their targeted populations.

Each grantee and program was matched with two members of OMNI's evaluation team who provided technical assistance (TA). The evaluation liaison (ETA) and TA liaison worked with grantee staff to address any questions or needs (please see the TA Addendum in Appendix A for further information on the support provided to grantees).

Year Three (July 1, 2009—June 30, 2010) Evaluation Activities:

- Partnering with Grantees and Building their Evaluation Capacity
- Creating or Revising Program Logic Models
- Developing Program Data Collection Tools and Plans
- Developing Data Entry and Storage Systems
- Providing Technical Assistance and Training
- Providing Data Analysis and Reporting at the Program and Cross-Site Level
- Working Collaboratively with CDPHE

CHAPP: Year-End 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 2009; March and June 2010). Following the December and June data submissions, all data were merged into aggregate files, cleaned and then analyzed at both the program and the aggregate level; this report reflects the data submitted in June 2010. 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, data were submitted in June 2010 for 18 adult program components, 7 youth program components, and 28 outreach efforts. This report presents key aggregate demographic and outcome findings, followed by a summary of lessons learned and recommendations. The demographic data from the carryover period (data collected and entered between July 1 and September 30, 2009) are 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. Across program modality, nearly 2/3 (63.6%) of participants served were male, although youth programs served similar numbers of males and females. Just over half (54.7%) of participants identified as White, although a large number identified as “Other,” “Black or African-American” or “American Indian/Alaskan Native.” Overall, more than 16,600 people were reached through CHAPP programming during the 2009-2010 fiscal year.

Figure 1: Age by Program Type

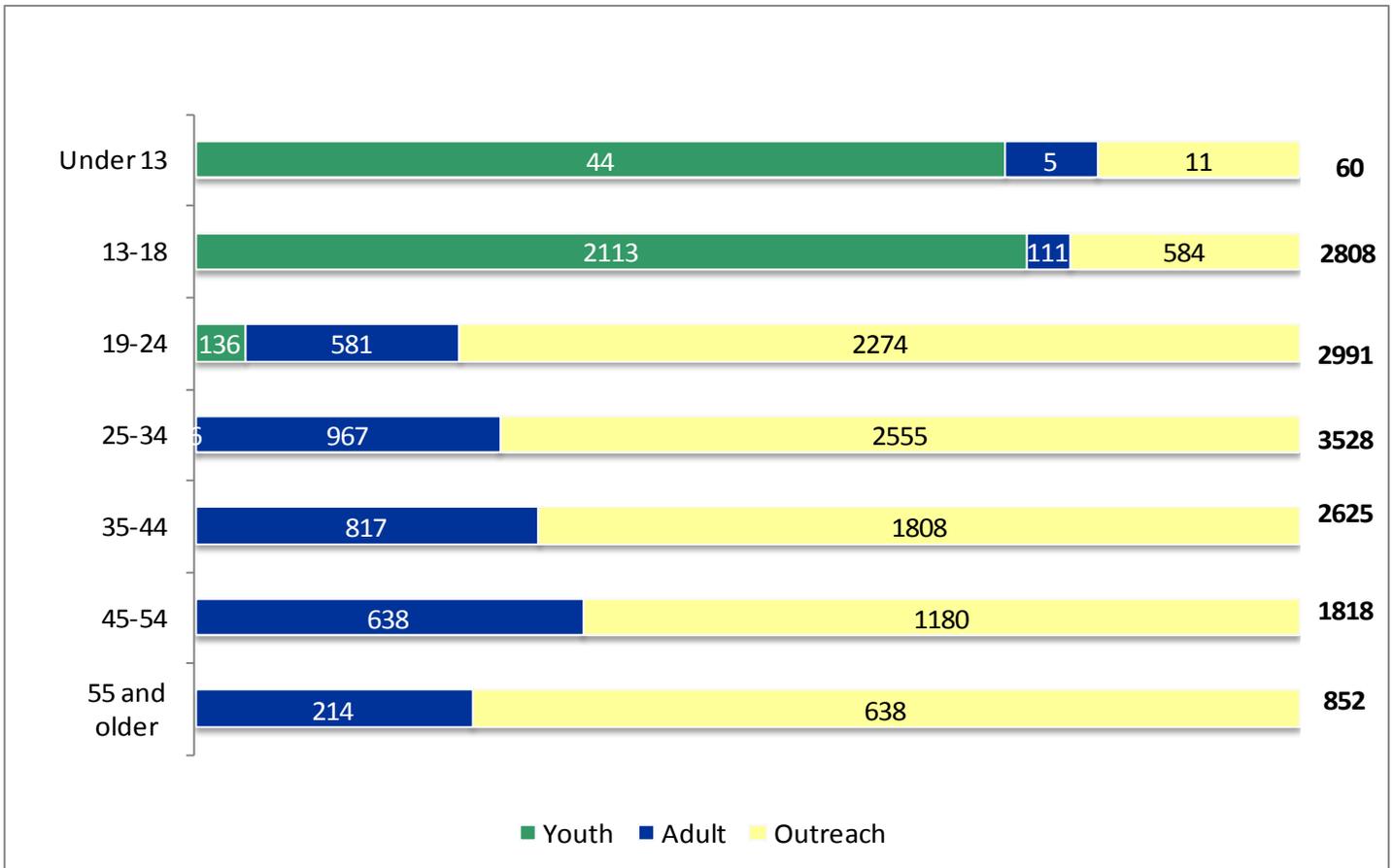


Figure 2: Gender by Program Type

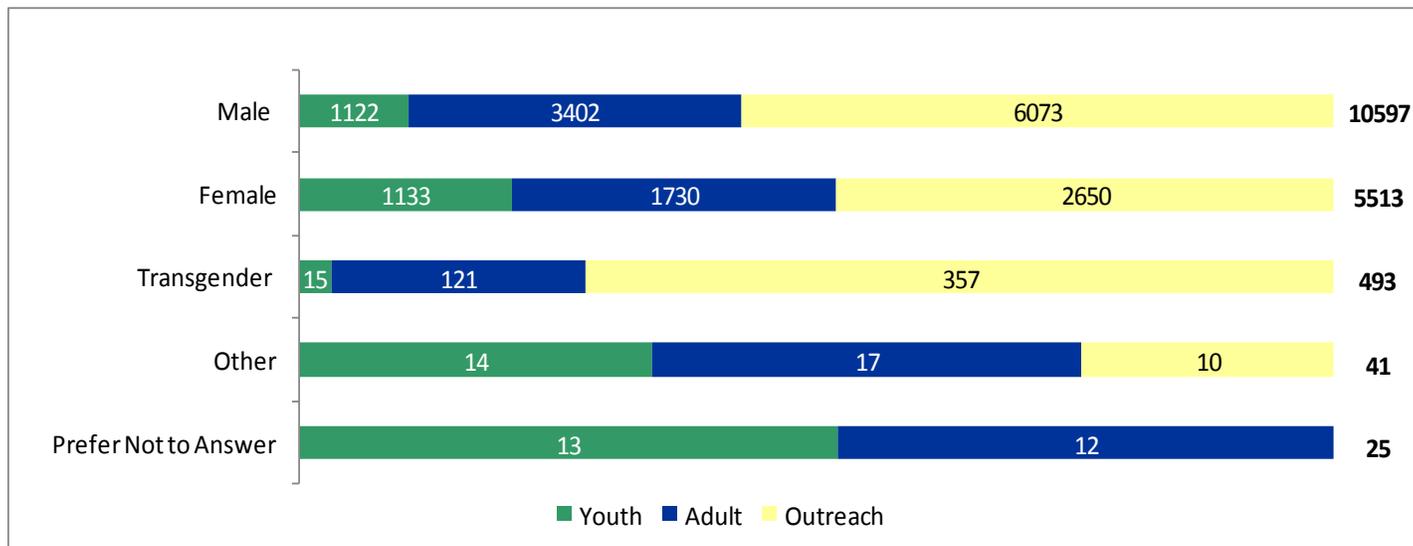


Figure 3: Hispanic/Latino Ethnicity by Program Type

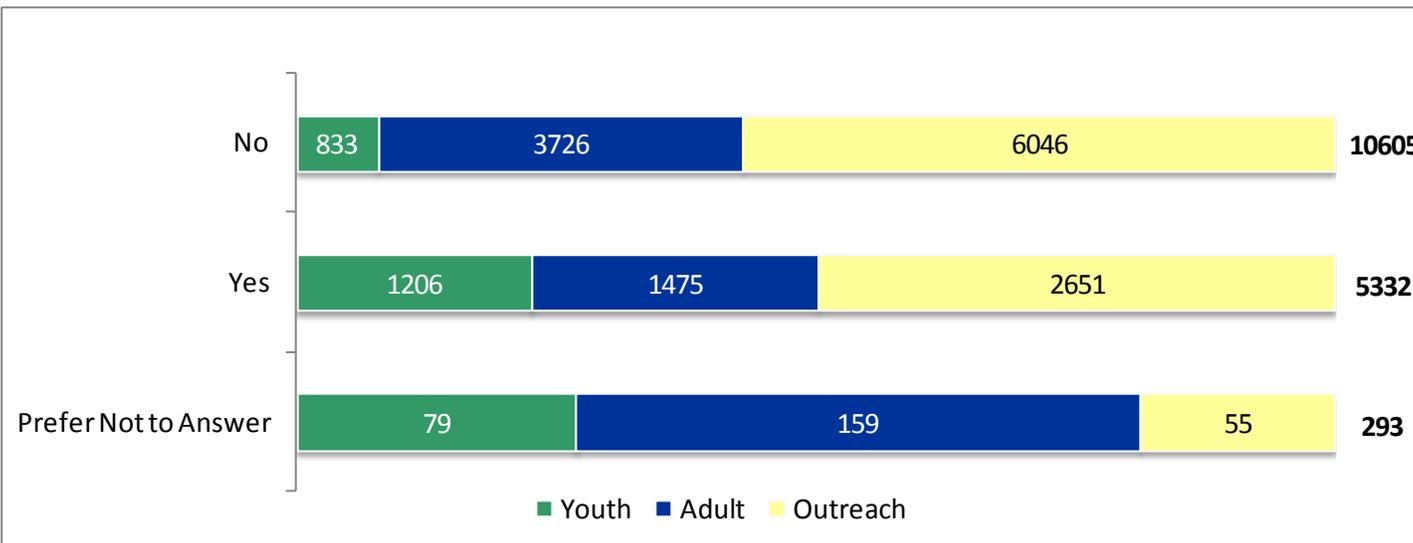
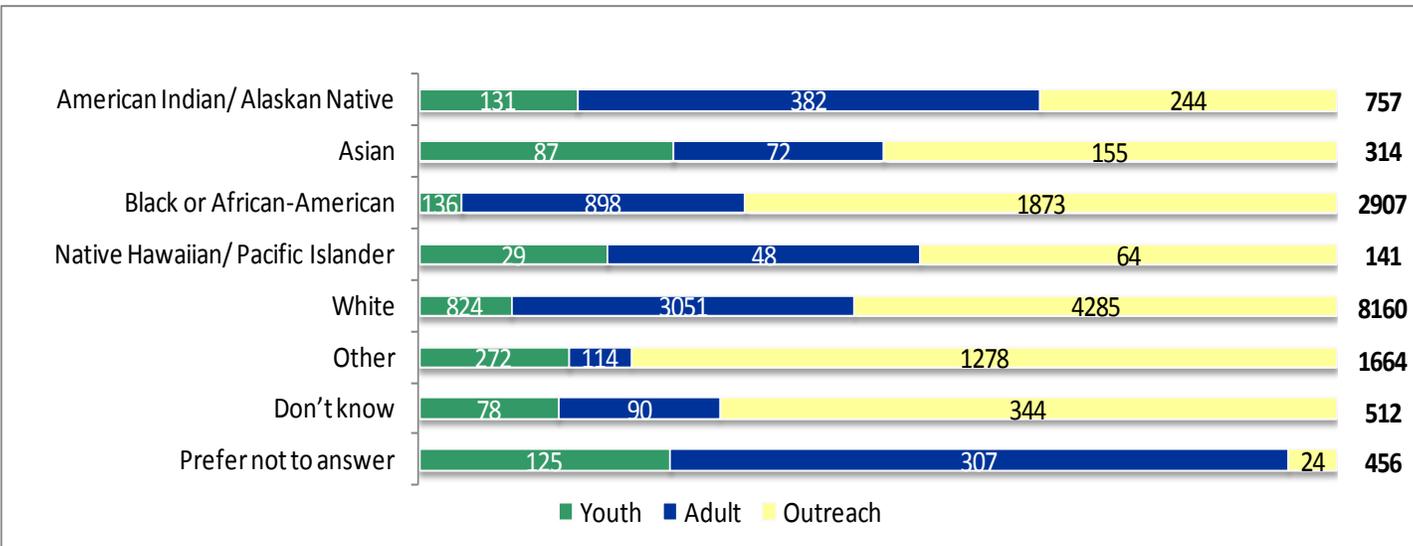


Figure 4: Race by Program Type (Participants & POLs were able to select more than one category)



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.

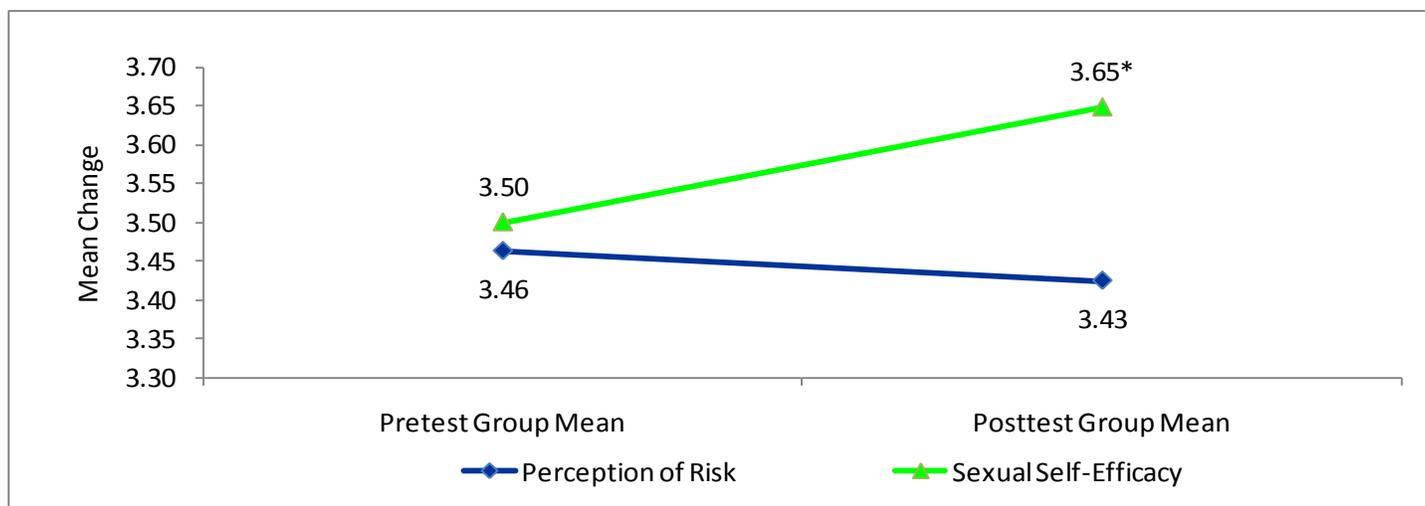
Table 1: Number of Programs Assessing each Presented Outcome

	HIV-Related Attitudes and Beliefs		HIV-Related Knowledge	Personal Knowledge of HIV Status
	Perception of Risk	Sexual Self-Efficacy		
Adult	8	8	13	5
Youth	3	3	5	1

Improve HIV-related Attitudes and Beliefs

Eight adult programs assessed Perception of Risk and eight 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 Figure 5. For perceived risk of transmission behaviors, a slight, non-significant decrease occurred from pre to post, although the mean scores at both time points were quite high (3.4 on a scale from 1 to 4, with higher numbers indicating greater perceived risk). For sexual self-efficacy (also on a 4-pt. scale with higher scores indicated greater efficacy), there was a significant increase in the scale score, indicating a positive shift in participants' confidence in asserting safe sexual practices with their partners.

Figure 5: Adult HIV-Related Attitudes and Beliefs



Improve HIV-Related Knowledge

HIV-related knowledge was assessed by 13 adult programs and five of the seven youth programs, using 10 statements 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 10 items at either pre or post data were not analyzed. See Figures 6 and 7 for adult and youth results, respectively. Although pre-program knowledge was relatively high for adult programs, there was still a statistically significant increase in adult mean scores. The mean knowledge score for youth also significantly increased from pre to post.

Improve HIV-Related Knowledge (*continued...*)

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 8 and 9, 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 positive shift occurred in youth under the age of 15.

Figure 6: Adult HIV-Related Knowledge

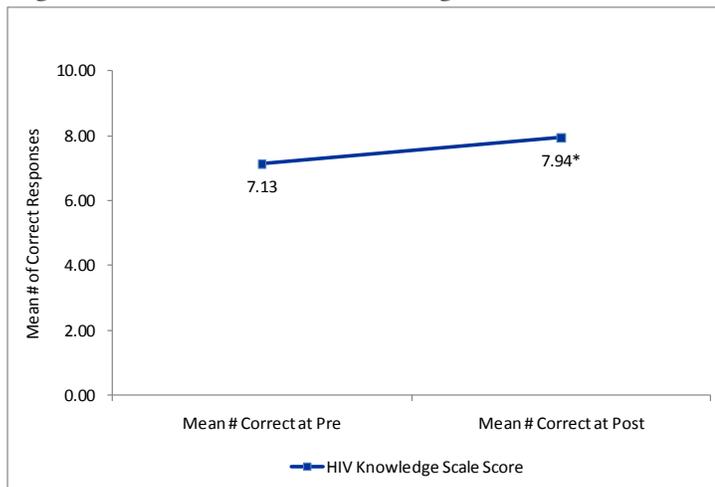


Figure 7: Youth HIV-Related Knowledge

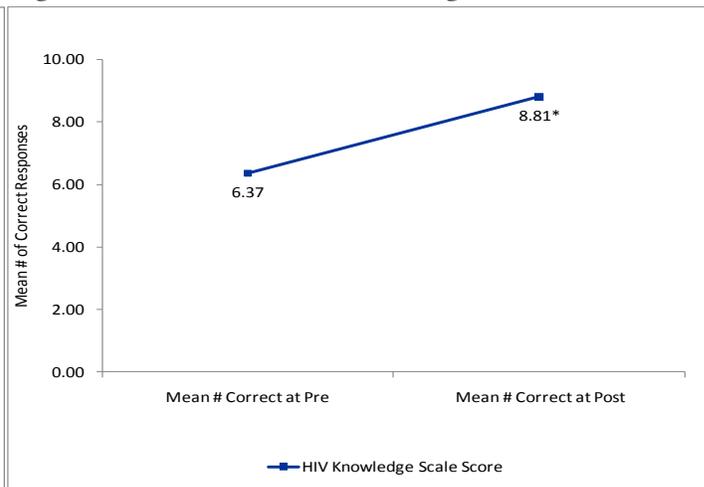


Figure 8: HIV-Related Knowledge by Age Category : Adult**

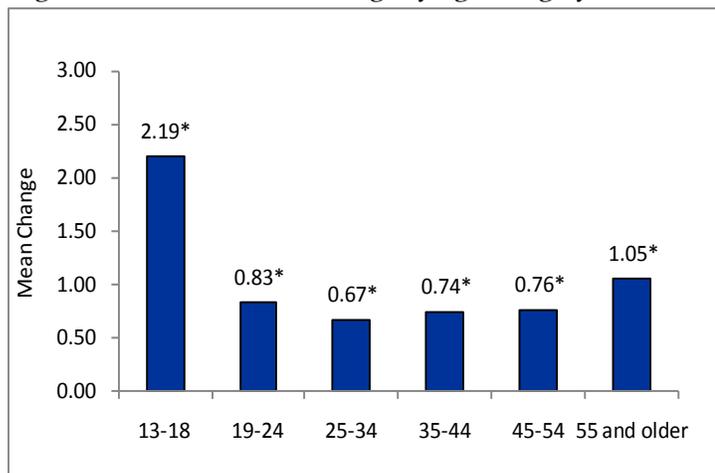
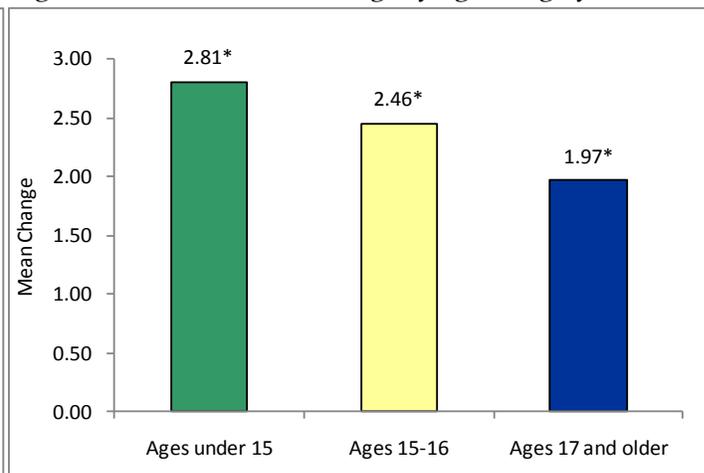


Figure 9: HIV-Related Knowledge by Age Category : Youth**



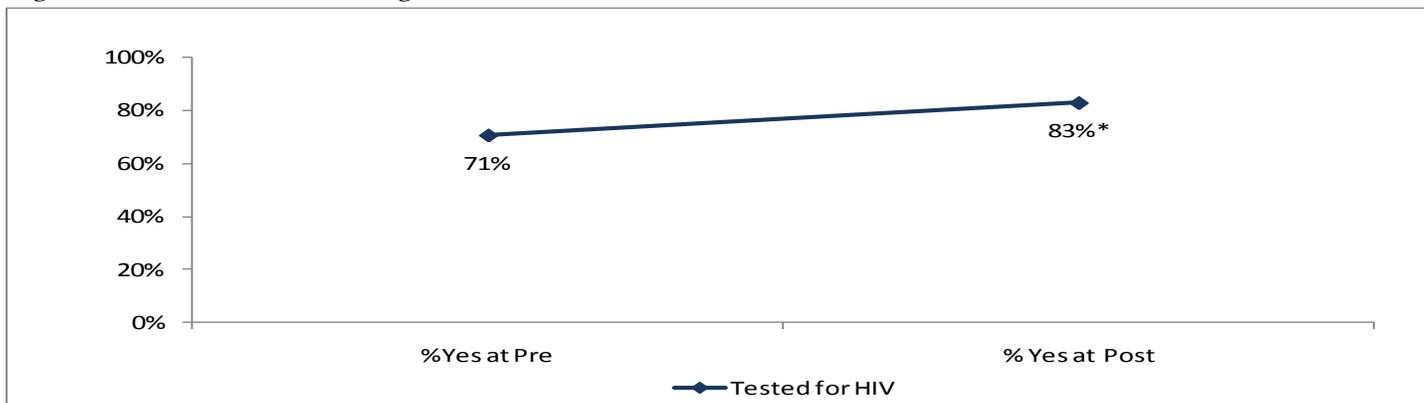
Increase Personal Knowledge of HIV Status

Five adult programs assessed the outcome Increase Personal Knowledge of HIV Status. These programs targeted participant knowledge of HIV status through testing and assessed their impact through testing history. From pre to post, the percentage of participants (with data at both time points) who reported being tested for HIV increased significantly (see Figure 10).

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

RESULTS

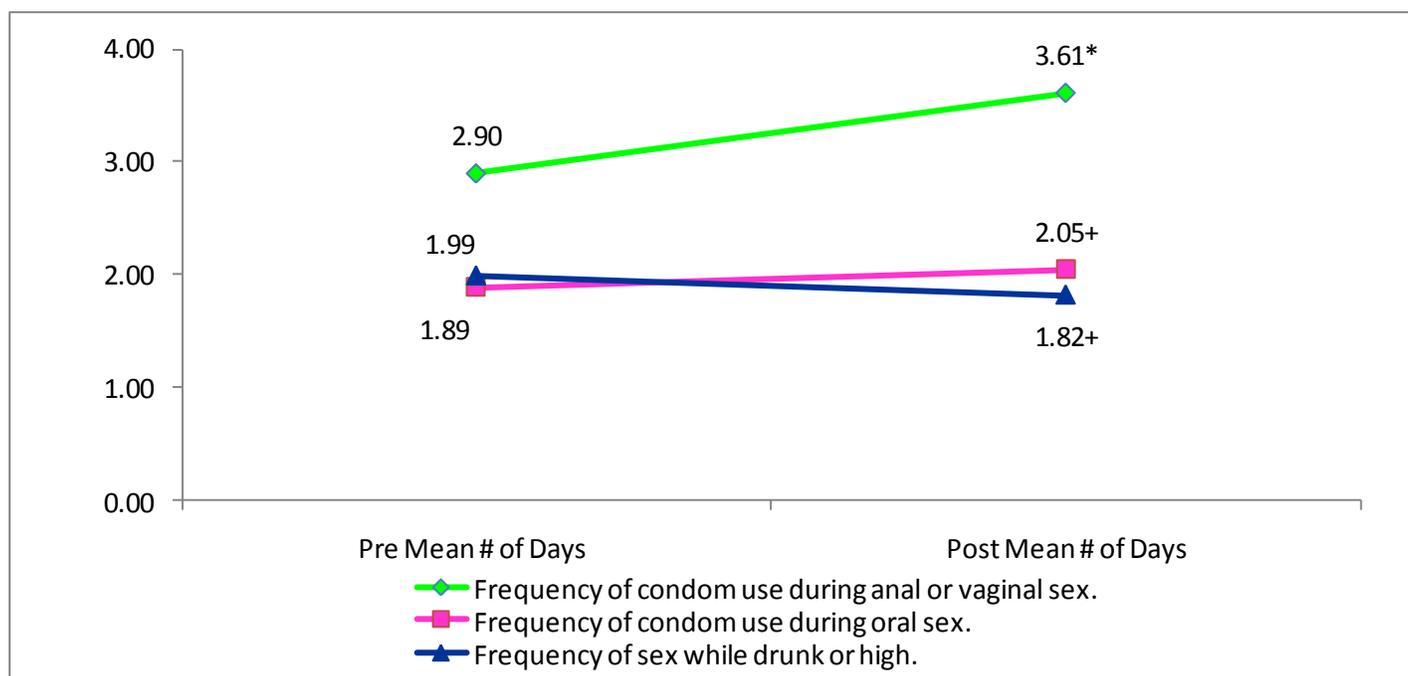
Figure 10: Adult Personal Knowledge of HIV Status



Decrease Number of High-risk Transmission Behaviors

Engagement in protective and high-risk transmission sexual behaviors was assessed by seven adult programs. As shown in Figure 11, frequency of using a condom increased significantly for anal and vaginal sex, and increased somewhat for oral sex. Engaging in sex while drunk or high decreased slightly.

Figure 11: Frequency of Protective and Risky Behaviors among Adults



Outreach Information

Data collected by outreach programs included the risk categories and HIV testing status of individuals reached, and resources distributed. As displayed in Figure 12, the most common risk category reported by outreach participants was men who have sex with men (MSM), followed by heterosexual contact. More than half (61%) of individuals contacted by testing outreach reported having been tested for HIV (see Fig. 13). Additional analyses were conducted to examine tested status by age and ethnicity for the 11 testing outreach programs. Results indicated that 13-18 year olds were significantly less likely to have been tested than other age groups (see Figure 14), and participants identifying as Hispanic or Latino were significantly less likely than non-Hispanics/Latinos to report having been tested (see Fig. 15). Figure 16 displays the total number of each resource that was distributed in the past year. Male condoms were the most widely distributed resource, followed by lubricant and educational materials.

Figure 12: Risk Populations Reached by Outreach Programs **Figure 13: HIV Test Status - HIV Testing Outreach**

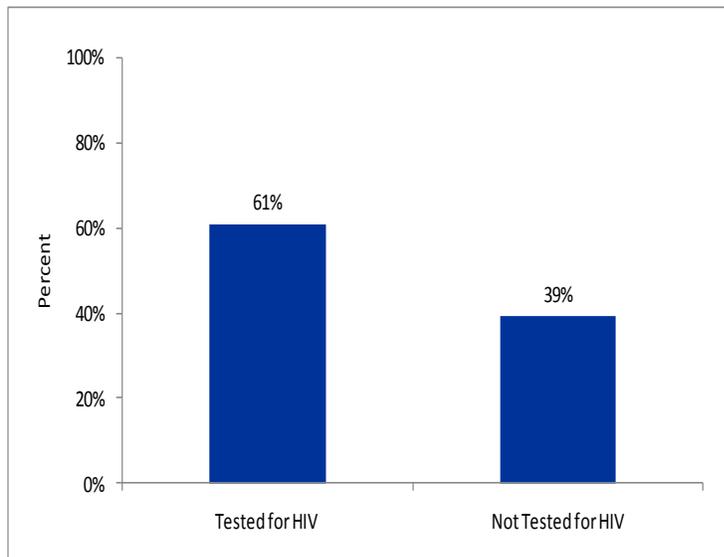
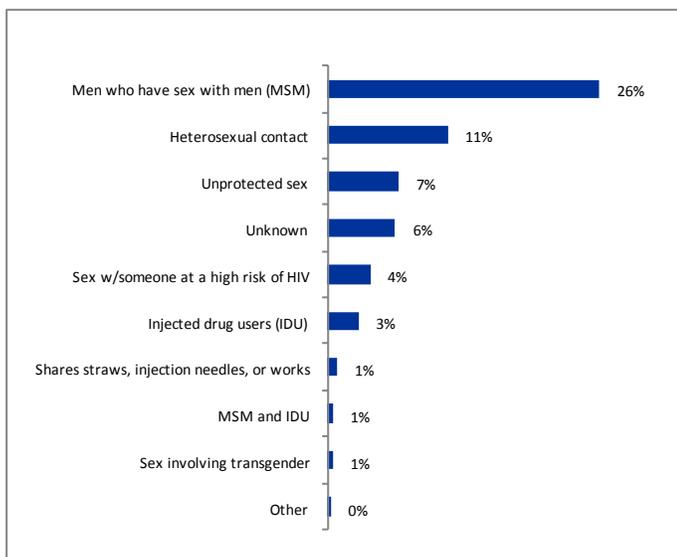


Figure 14: Tested for HIV by Age Group - HIV Testing Outreach

Figure 15: Tested for HIV by Ethnicity - HIV Testing Outreach

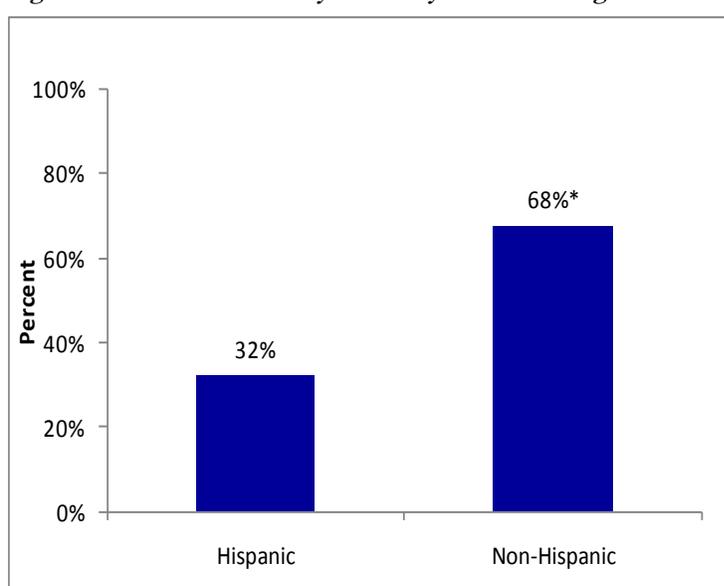
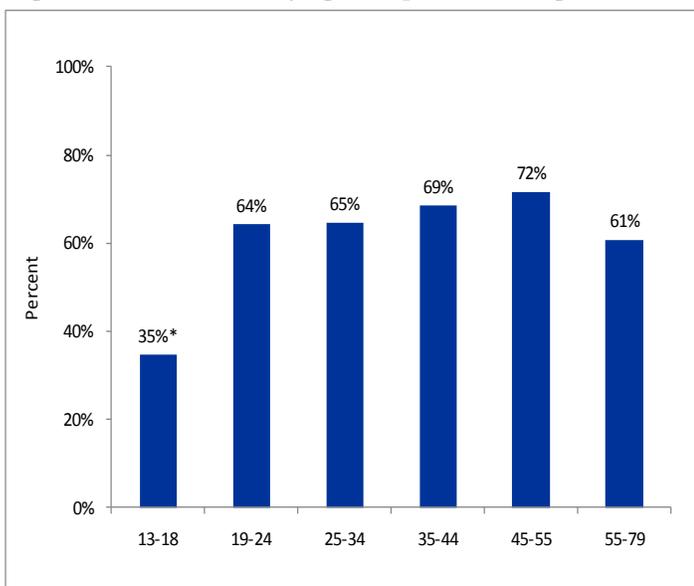
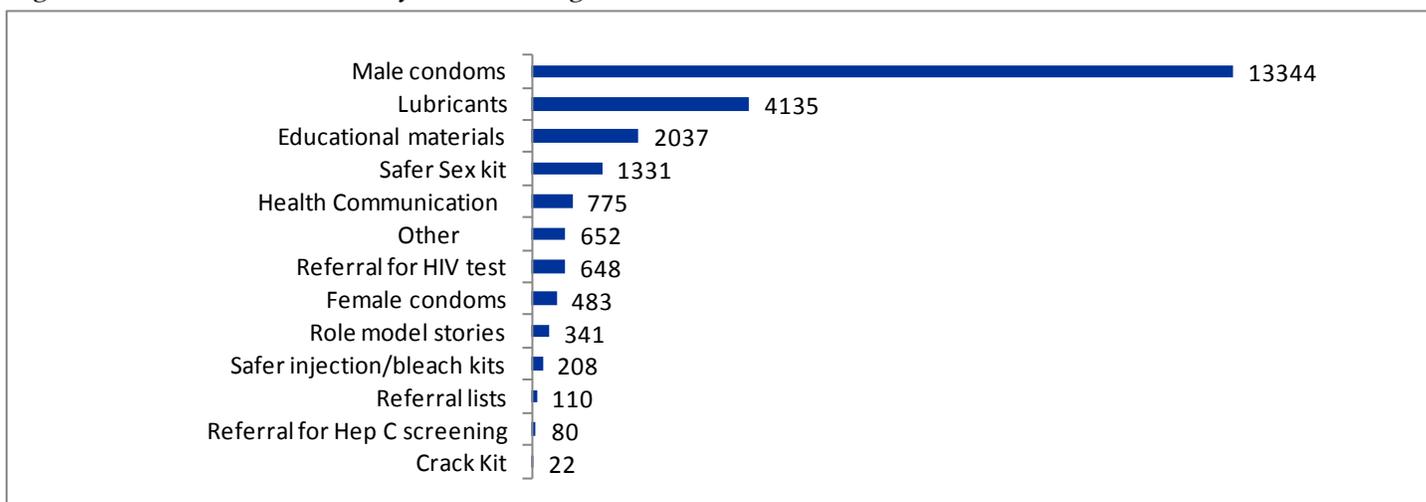


Figure 16: Resources Distributed by Outreach Programs



KEY FACTS

- During the logic-modeling process, each program identified its alignment with the CHAPP cross-site evaluation, through CHAPP outcomes or outreach efforts.
- Most CHAPP-funded agencies began their programming and collecting outcome data for each funded program component. Data for nearly 16,600 individuals were submitted and analyzed across programs.
- Most CHAPP programs intended to increase HIV-related knowledge. On average, they were successful; HIV knowledge significantly increased among adults and youth.
- Sexual self-efficacy significantly increased among adults; perception of risk did not.
- High risk transmission sexual behaviors decreased.
- The majority of adult program and outreach participants asked about their HIV testing history had been tested; the proportion increased among adults.

Highlighted Findings

- ◆ HIV-related knowledge increased for youth and adult participants from pre-program to post.
 - ◆ Most adult program and outreach participants asked about their HIV testing history had been tested. Testing increased among adults from pre- to post-test.
- Among outreach participants, Hispanics and those under age 19 were less likely to have been tested for HIV than non-Hispanics and older participants.
 - Although the data were not presented in this report, participant risky sexual and drug behaviors were low among participants who reported on these behaviors.
 - 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 reaching CHAPP and program-specific outcomes.

LESSONS LEARNED AND RECOMMENDATIONS

Lessons Learned

The approach and activities of Year Three of the cross-site evaluation were based on things learned during the first two years of the project. Over the course of work in Year Three, many additional lessons were learned. During the first annual CHAPP Grantee Meeting held in August of 2009, CDPHE and OMNI worked together to present findings from the second year of the evaluation, as well as the bigger picture of the CHAPP projects, and how they are funded, monitored and evaluated. This additional context proved critical, and improved grantees' understanding of the collaborative nature of OMNI and CDPHE's relationship. In addition, through both the grantee meeting and individual site visits, agencies were able to provide a lot of valuable feedback regarding the evaluation and the relationship of the targeted outcomes to the communities they serve.

The evaluation activities in Year 3 largely continued the basic framework established in the first two years of the project, such that logic models, data collection instruments and a data collection plan were created for each program, and support and training were continued and refined.

Two key changes, however, were the survey administration training and the second site visit, which focused on reviewing the mid-term data analysis results. In previous years, the survey administration training was instruction-based and delivered to grantees individually. In Year Three, trainings were provided in a group setting and

Lessons Learned (continued...)

designed to be more interactive. Grantees were encouraged to practice administering surveys during the training, and OMNI staff was available to respond to questions and challenging scenarios posed by the grantees.

The content and goals of the second site visit were also modified in Year 3. Instead of providing a PowerPoint presentation on how to interpret and use data, OMNI engaged agencies in more in-depth discussion about their reports, including how agencies interpreted the data and communicated their findings. Both of these substantive changes to evaluation activities were well-received and useful to grantees.

Overall, through the course of Year Three and all site visits, trainings, technical assistance, conference calls and other communication, it was apparent that revising the reporting templates and the approach around trainings to be more responsive to grantee needs and communication styles were effective modifications. The changes created more grantee engagement in the evaluation, which will hopefully translate into better quality data. From these lessons learned, the following recommendations are offered for Year Four:

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- Create a CHAPP program logic model to clarify the larger goals, activities, and outcomes of the larger CHAPP grant program and evaluation.
 - Continue to host a grantee meeting each year to disseminate and discuss cross-site results, reinforce the larger context of CHAPP, and provide opportunity for grantees to connect and collaborate.
 - Continue providing survey administration training in an interactive group format, and dedicate additional time to review outreach measures.
 - Include agencies in the process of instrument revision to maintain engagement and buy-in, and ensure understanding of required evaluation measures.
 - Continue to focus the second, spring site visit on informal discussions of agencies' data.
 - Revise the data collection plan to be more program-based and completed primarily by the grantees in order to increase ownership and compliance.
 - Increase grantee input on site visit agendas to ensure their TA needs are met.
 - Continue to solicit feedback from grantees in regards to instruments, data reports, trainings and other information related to the evaluation in order to better support the needs of grantees as well as those of OMNI in conducting the cross-site evaluation.