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Model Empowering Youth to Resume Abstinence and Seek Optimal Health Now

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Tip Sheet: A Practitioner's Guide to Program Models

This tip sheet describes for practitioners what a program model is in general, how one can be used, and some examples of how to use a program model in the context of a specific youth program. The tip sheet was developed as part of a portfolio of youth-focused projects on sexual risk avoidance and cessation sponsored by the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services and overseen by the Administration for Children and Families' Office of Planning, Research, and Evaluation.

Successfully running a program is no easy feat. With many factors to consider, it can be challenging to prepare for planning, implementation, and evaluation throughout a program cycle. Practitioners can use a program model to guide them throughout this cycle, helping promote high quality implementation and improved outcomes for the population the program serves.

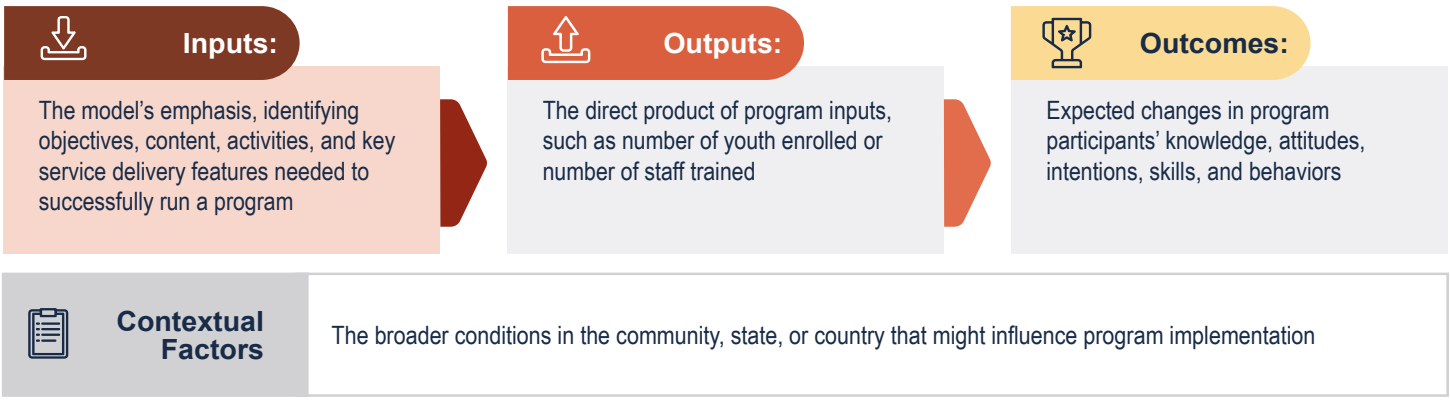
What is a program model?

A program model offers a framework or visual roadmap that illustrates the destination of a program and identifies how to get there. Program models, typically accompanied by a written narrative, describe the key elements of an intervention, including what it takes to implement it, the intended results it should have in the short and longer term, and any external factors that might influence its implementation. These components of a program model should be grounded in evidence—that is, the inputs, outputs, outcomes and contextual factors (defined later in this tip sheet) are derived from best practices in a field of study as cited by literature, research, and expert knowledge. Elements of the program model could be incorporated into a logic model for an intervention offered by an organization or for a curriculum.

A program model emphasizes program **inputs**, or the elements that define an intervention. One key program input is a program's objective. This is a statement that clearly articulates what a program aims to achieve. Inputs include the specific content and activities that a program requires (that is, curriculum, specific staff trainings, and so on), as well as more general features that a program should have in place for high quality program delivery, such as data tracking systems.

A program model might also describe program outputs, outcomes, and context to indicate what's expected from the inputs. Program **outputs** help practitioners understand whether a program was implemented as intended, describing what a practitioner should observe if program inputs are implemented with fidelity—for example, whether youth enroll in a program at the expected rate or if facilitators receive a minimum number of training hours. The model also identifies any short- or long-term **outcomes** that the program intends to influence, including changes in participants' knowledge, attitudes, intentions, skills, and behaviors. In addition, the program model includes **contextual factors** that might affect the program's design and implementation. These factors, such as local policies or community norms, are often out of the control of those running the program but can influence how the population served experiences the program. Figure 1 presents the components of a program model in a graphical display.

Figure 1: The key components of a program model



Who is a program model intended for?

Multiple groups might use a program model for different purposes (Box 1). This tip sheet focuses on helping practitioners, including program implementers and technical assistance providers, understand how to use a program model. Practitioners can map their program against a program model to help identify the strengths of the program as well as where refinements might be needed. For example, if a program model suggests that parent involvement is critical, this would signal to practitioners that they should implement and monitor this.

Practitioners can also use a program model to strengthen fidelity of implementation and to guide continuous quality improvement or evaluation efforts. Other groups, such as program or curriculum developers, policymakers, and researchers, would also benefit from using a program model (see Box 1).

Although a program model could be used across a variety of fields, in our example, we focus on a program model developed for sexual risk cessation programming for sexually active youth (Appendix B).

Box 1: Who can use a program model?

- **Practitioners** can use the program model to guide program planning, to monitor program implementation, to design an evaluation to see how well a program influences intended outcomes, and to inform ongoing program improvements.
- **Program or curriculum developers** can use a program model to make sure the content and programming they create or refine is aligned to the roadmap set out by the program model.
- **Policy makers** can identify program topics and other inputs, as well as key program outputs and outcomes to integrate into developing future funding opportunities.
- **Researchers** can use the program model as a framework to inform research or program evaluation efforts, such as specifying research questions, identifying appropriate outcome measures, and examining contextual factors that might impact a program's evaluation.

When and how may practitioners use a program model?

Before program implementation: Planning

Program models provide practitioners a tool to understand what, at a high level, a program should look like based on evidence. Before implementation, practitioners can use the program model to reflect on whether their program aligns with the rationale and motivation expressed through the model's objectives, as well as determine if their program has the activities, resources, and materials needed to achieve intended outputs and measure outcomes. For example, the inputs section of the sexual risk cessation (SRC) program model (Appendix B) indicates the content that SRC programs should cover. Practitioners can use this guidance to scan their curriculum to make sure it covers all recommended content. If it doesn't, this enables practitioners to plan which supplemental resources or materials to provide participants, to ensure they are exposed to the full scope of recommended SRC content topics, and thus receive a more robust experience in the SRC program. Box 2 describes steps that programs could take when using a program model to guide their program planning. These steps are based on the SRC program model but could be applied in other settings as well.

Box 2: Using a program model to meet key program planning:

- ☐ Align program motivation to the stated objective in the model.
- ☐ Ensure curriculum covers all recommended content topics.
- ☐ Acquire necessary materials and resources to deliver program content.
- ☐ Hire qualified staff with the appropriate background to deliver the program.
- ☐ Establish a plan to recruit and retain program participants.
- ☐ Identify if external partnerships or services are needed to deliver, enhance, or supplement the program.
- ☐ Have a clear understanding of the population served and any adaptations needed to tailor the program to their needs.
- ☐ Identify an appropriate setting for the program's activities to occur.
- ☐ Set aside resources and establish a process for program evaluation.

During program implementation: Fidelity monitoring and continuous quality improvement

The program model also offers a reference for monitoring implementation fidelity throughout the program. Fidelity monitoring requires that programs be regularly assessed to ensure they are being implemented as intended. It also involves keeping track of the ways programs are tailored to meet the needs of participants. The model identifies key components that should be tracked that indicate successful program implementation, such as meeting participant enrollment and attendance targets, attaining high participant and staff satisfaction, or meeting training dosage for staff. If the program isn't achieving intended outputs, the model offers a starting point for practitioners to reflect on where issues might stem from and adjust accordingly, continuously improving programming quality throughout the program, rather than waiting until the program is over. The SRC model in Appendix B, for example, lists regular program attendance as a key output. If a program is tracking student attendance throughout the program and targets are not being met, practitioners can reflect on why this might be happening. Perhaps much of the population served holds after-school jobs, and the program might consider offering a more flexible program schedule (multiple options during the week or on the weekend) so participants encounter fewer barriers to attend. Box 3 describes other steps, informed by the SRC program model, that programs could accomplish when using a program model to guide their fidelity monitoring and continuous quality improvement processes.

Box 3: Using a program model to guide fidelity monitoring and continuous quality improvement:

- ☐ Train supervisory staff to understand how to monitor program implementation for fidelity.
- ☐ Train supervisors to know how to coach staff for improvement.
- ☐ Gather feedback on participant and staff satisfaction with the program through systematic tools, such as surveys, questionnaires, or focus groups.
- ☐ Maintain records of participant enrollment, attendance, and staff training.
- ☐ Establish a method to track coverage of program topics.
- ☐ Establish a process to collect program data.
- ☐ Hire/train someone/a team who can analyze the data.
- ☐ Establish targets for key program outputs that program wants to meet.
- ☐ Establish a process for sharing the information collected with key program stakeholders.

During and after program implementation: Program evaluation

Practitioners often want to know how successful their program was in achieving key outcomes for the population they serve. The program model offers a helpful guide and visualization of how the model's components are connected and presents the outcomes that the program inputs and outputs aim to achieve or influence. By understanding a program's intended outcomes, practitioners can identify or develop measures to capture progress toward the intended outcomes at key time points. Using the SRC example in Appendix B, "Attitudes supportive of sexual risk cessation" is listed as an expected outcome. Bearing this in mind, practitioners can find or create a measure that captures this change in attitude to gauge if the program is working as expected. Informed by the SRC program model, Box 4 describes steps programs could accomplish when using a program model to guide their program evaluation processes. Programs should keep in mind that although evaluations often happen at the end of a program, many of the data and monitoring systems need to be in place at the start of the program, and therefore should be considered during the planning phase.

Practitioners should note that measuring the effectiveness of a program with the same group of youth before and after the program is completed has limitations. Without a comparison group (that is, a similar group of youth to those participating in the program, but who are not in the program), changes in youth outcomes cannot definitively be attributed to the program alone. Practitioners should consider whether there are other external factors that might contribute to the changes they observe in youth.

Program models can serve as a helpful guide for program activities related to planning, monitoring, and evaluation. Programs in a variety of contexts might use a program model to guide high quality program implementation. These models offer a common language and evidence-informed approach to program design and implementation. Widespread use of program models has the potential to provide a more standard program experience for participants and stakeholders by ensuring that program components are in place across contexts. Informed by the elements of the SRC program model, Appendix A presents a checklist that compiles the steps in Boxes 2–4 for practitioners to adapt and use as a guide in their program contexts.

To use the checklist, staff should assess how well the program addresses each characteristic associated with elements of the program model. If the characteristic consistently applies to the program, staff can select the category "This describes us." If the characteristic sometimes applies to the program or is just beginning to apply this characteristic, mark "This somewhat describes us." If the characteristic does not apply to the program, mark "This does not describe us." Completing this checklist can help programs identify areas to focus on to better use a program model.

Box 4: Using a program model to meet key program evaluation:

- ☐ Identify what outcomes our program can measure and a strategy to measure them.
- ☐ Have a process in place to collect program data.
- ☐ Hire and train someone/a team who can analyze the data.
- ☐ Establish targets for program outcomes that your program wants to meet.
- ☐ Establish a process for sharing the information collected with key program stakeholders.
- ☐ Establish a process to review evaluation findings before each program cycle.

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Appendix A: Program Cycle Checklist for Practitioners

	This describes us	This somewhat describes us	This does not describe us
Program Planning			
Our program's motivation is aligned to the stated objective in the model.			
Our program curriculum covers all recommended content topics.			
We have the necessary materials and resources to deliver program content.			
We have qualified staff with the appropriate background to deliver the program.			
We have a plan to recruit and retain program participants.			
We have identified whether external partnerships or services are needed to deliver, enhance or supplement the program.			
We have a clear understanding of the population we serve and any adaptations needed to tailor the program to their needs.			
Our program occurs in an appropriate setting for the program's activities.			
We have the resources and a process in place for program evaluation.			
Fidelity Monitoring and Continuous Quality Improvement			
We have supervisory staff who understand how to monitor program implementation for fidelity.			
Our supervisors know how to coach staff for improvement.			
We gather feedback on participant and staff satisfaction with the program through systematic tools, such as surveys, questionnaires, or focus groups.			
We maintain records of participant enrollment, attendance, and staff training.			
We are able to track coverage of program topics.			
We have a process to collect program data.			
We have someone or a team who can analyze the data.			
We have established targets for key program outputs that the program wants to meet.			
We have a process for sharing the information collected with key program stakeholders.			
Program Evaluation			
We have identified what outcomes our program can measure and a strategy to measure them.			
We have a process in place to collect program data.			
We have someone or a team who can analyze the data.			
We have targets for program outcomes that we want to meet.			
We have a process for sharing the information collected with key program stakeholders.			
We have a process to review evaluation findings before each program cycle.			

Appendix B: The SRC Program Model[1]

Implementation inputs

Program design

Program objectives: Encourage all adolescents to choose or return to sexual risk avoidance. For youth with sexual experience, encourage cessation of sexual activity through goal setting and skill-building that increases self-efficacy to support this behavior change.

Content: Programs targeting sexual risk cessation should address:

- Sexual cessation
- Benefits of and barriers to ceasing sexual activity
- Sexual health
- Sexual consent
- Communication, negotiation, and refusal skills
- Building healthy relationships
- Self-perception
- Setting goals to encourage the cessation of sexual activity
- Identifying and engaging supportive peers and trusted adults
- Role of media and online interactions

Program approaches: Programs can start with group sessions for broad or targeted groups to help identify youth who are considering cessation of sexual activity. Offer individualized services to these youth to support their return to a lifestyle without sex.

Program features

Target population: Youth with sexual experience; however, some content and messages are applicable to general youth populations.

Curricula: Identify curricula consistent with content and objectives.

Teaching strategies: For individualized support, use strategies like motivational interviewing, mentoring, and case management. For group sessions, incorporate a range of teaching strategies such as lecture, discussion, role-play, games, and worksheets, and include hands-on or interactive activities.

Setting: The model may work in multiple settings (including schools, community organizations, and clinics). Identify an appropriate setting based on the curriculum selected, population served, and type of individualized support.

Service delivery plan: When individualized support follows group sessions, begin with curriculum delivery by a trained facilitator. Individual follow-up then should reinforce curriculum messages. If individualized support is the main approach, trained facilitators provide all services. The number and length of group and individual sessions may vary.

Supplemental services: As appropriate, refer youth to supportive services or offer youth opportunities for community engagement.

Program materials: Give facilitators all materials needed to deliver both group and individual content, such as a manual, PowerPoint slides, handouts, flip charts, and DVD players.

Implementation system/ infrastructure

Staff selection/requirements: Identify facilitators with adequate skills and experience, which may include past experience working with youth, comfort discussing sexual health, and commitment to encouraging youth to cease sexual activity to avoid sexual risk.

Staff training and certification: Train facilitators on the skills necessary to implement the program, including the selected curriculum and facilitation quality, as necessary. Build capacity of implementation sites by training staff (like teachers in schools or providers in clinics) to promote program sustainability.

Staff supervision and support: Provide facilitators with supervision, feedback, and coaching to support high-quality program delivery and interactions with youth. May include group and/or individual feedback.

Recruitment strategies for youth: Form strong partnerships with implementation sites or other community organizations with adequate staff resources and access to youth in the target population. Develop processes for obtaining consent.

Engagement and retention strategies for youth: Collaborate with implementation sites to deliver programming at convenient times and places for youth. Consider offering incentives to youth.

Partnerships: Establish partnerships with medical providers or health clinics, mental health organizations, and other relevant service providers.

Referrals: Define process for referring youth to other community service providers as needed and appropriate.

Data systems: Develop system to facilitate tracking of program implementation, including youth enrollment and participation and referrals. Use data to address challenges and guide program improvement.

Measurement of fidelity: Define a process and develop tools for monitoring adherence to program expectations. If available, use existing fidelity tools.

Implementation outputs

Staff

Staff with knowledge and skills to deliver the program and coordinate services with schools, community organizations, or clinics
Credibility and comfort of staff with youth
Staff satisfaction and commitment to the program model
Receipt of sufficient training, support, and supervision, for staff to successfully carry out their jobs

Service delivery

Program provided at intended dosage
Program delivers core content and activities with fidelity
Facilitators address individual needs of youth
Facilitators coordinate with partner staff to address youth needs

Participant responsiveness

Youth enroll at expected pace
Youth attend program regularly and complete intended components
Youth satisfied with program services

Outcomes

Changes in knowledge, attitudes and intentions

- Relevant knowledge, including about sexual health, communication and refusal skills, healthy relationships, identifying and engaging supportive peers and trusted adults, benefits of cessation, and the role of media and online interactions
- Attitudes supportive of sexual risk cessation
- Sexual risk cessation intention

Changes in skills and behaviors

- Skill development related to sexual health, communication and refusal skills, healthy relationships, identifying and engaging supportive peers and trusted adults, goal-setting, and role of media and online interactions
- Decreased number of romantic or sexual partners
- Decreased frequency of sexual activity
- Discontinuation of sexual activity (for example, in last 3, 6, 12 months)
- Improvement in non-sexual outcomes, such as:
  - Academic achievement
  - Mental health
  - Relationship quality
  - Self-sufficiency
- Decrease in non-sexual outcomes, such as:
  - Alcohol/drug use
  - Delinquency
- Decrease in sexually transmitted infections
- Decrease in teen pregnancy

Context Availability and accessibility of other services, community norms and values related to adolescent sexual behavior, community context (pregnancy rates, economic conditions), and relevant national, state, or local policies.

[1] The SRC program model was created as part of a portfolio of efforts focused on sexual risk avoidance (SRA) and sexual risk cessation (SRC) sponsored by the Office of the Assistant Secretary for Health at the U.S. Department of Health and Human Services (HHS). The Administration for Children and Families' Office of Planning, Research, and Evaluation (OPRE) oversees the research and evaluation-related projects in this portfolio. The program model identifies the optimal intervention components that would comprise a program designed to influence these factors and ultimately empower youth to cease sexual risk behaviors. This model is intended to give policymakers and practitioners options for designing programs that are appropriate for varied populations of youth and implementation settings. The program model will also support the final phase of this project, which will develop a supplemental curriculum module on sexual risk cessation for use in a classroom setting.