

# Research and Evaluation Capacities



Education Development Center, Inc.  
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**H**ealth and Human Development Programs (HHD), a division of Education Development Center, Inc. (EDC), is a leader in conducting and applying research and program evaluation for healthy human development worldwide. HHD's mission is to foster healthy lifestyles and create healthy, safe environments where people live, learn, and work. For nearly 30 years, HHD has conducted social science research and evaluation to:

- Identify new behavioral and social risk and protective factors
- Inform the development of policy, programs, strategies, and materials
- Learn what policies and programs are effective
- Assess organizational readiness and capacity for implementing research-based programs

HHD's research and evaluation projects cover diverse health issues, such as HIV/AIDS and other sexually transmitted adolescent risk behaviors; alcohol, tobacco, and other drug use; violence; mental health; suicide; and unintentional injury. Our investigations span all age ranges and populations, including economically disadvantaged, minority, and stigmatized groups, with an emphasis on reducing health disparities and promoting equity and social justice. We work in a variety of settings—including schools, universities, community organizations, clinics, hospitals, public health departments, the courts, and law enforcement agencies—to assess and ultimately strengthen an organization's capacity to deliver effective health promotion and prevention programs. Much of our work measures the change in the ability of organizations, their staff, and their systems to deliver health promotion policies and programs. Our work also measures the impact of prevention and intervention policies and strategies on health outcomes and quality-of-life indicators.

HHD focuses on conducting research and evaluation that is grounded in theory, uses proven methods, recognizes

the real-world needs and constraints of our clients, and fosters collaboration to ensure that research findings are translated into practice.

## Types of Research and Evaluation

HHD's research and evaluation projects use a range of models and methods, including basic behavioral and social science research; program assessment, planning, and evaluation; intervention research; policy studies; research synthesis; and technical assistance in evaluation, each of which is described below.

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**Basic behavioral and social science research** allows us to better understand how individuals, populations, organizations, and communities operate and to develop a base of knowledge on which health interventions can be built. For example:

Building on a decade of work conducted in collaboration with the New York City public schools, the **Centers for Disease Control and Prevention** funded HHD's Reach for Health program to add a component on suicidality and related mental health issues to its research with more than 1,000 minority youth. Participants were enrolled in this longitudinal study during middle school and have now been followed into young adulthood. As 11th graders and again as young adults, participants were asked whether they have seriously thought about suicide as a solution to their problems, made a suicide plan, or attempted suicide. Information they provided contributes to our understanding of the extent of suicidality in this population, as well as of risk and resiliency factors related to suicidal ideation and attempts. To inform public health responses, we also documented adolescents' patterns of help-seeking and examined how parents and other adults support young people when they experience mental health problems, including depression.

As part of the Social Norms Marketing Research Project, a five-year **NIAAA**-funded national study, annual surveys are sent to 9,600 college students on 32 college campuses nationwide to assess student attitudes, perceptions, and behaviors related to alcohol. Findings from the research will inform the field about the effectiveness of social norms marketing to reduce high-risk drinking among college students. Data is also being collected through the systematic analysis of campus newspapers and key informant interviews to assess policies, programs, incidents, and events on each campus related to alcohol use. This data will be used to inform the results of the study.

and Family Court Judges to improve interventions for battered women and their children who are involved with child welfare agencies, domestic violence service providers, and dependency courts. Using a combination of qualitative and quantitative methods, evaluation activities thus far have focused on community planning and implementation. A preliminary finding from the planning phase is the usefulness of logic models to these community-based partnerships.

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HHD conducts **program assessment, planning, and evaluation** of health promotion strategies at all levels, from school- and community-based curricula and campaigns to large-scale, international health programs:

In partnership with the **World Health Organization**, HHD developed the Rapid Assessment and Action Planning Process for School Health (RAAPP), a package of tools—including research instruments, training strategies, data analysis, and action planning techniques—to assess and strengthen a country’s capacity to deliver school health programs. RAAPP has been used by ministries of health and education in Indonesia, Nigeria, and India as an aid in assessment and planning for capacity-building and program implementation.

For the **California Endowment**, HHD conducted a qualitative evaluation of the foundation’s five-year history of funding community-based mental health centers serving ethnically, racially, and gender-diverse communities in California. The evaluation is being used to inform the Endowment’s strategic planning process as it expands its funding in the area of mental health.

In collaboration with **Caliber Associates** and the **National Center for State Courts**, HHD is evaluating a domestic violence demonstration project in six U.S. communities. Each community is charged with implementing recommendations by the National Council of Juvenile

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**Intervention research** involves the design, implementation, and evaluation of interventions to test their effects on desired health outcomes or behaviors:

More than a decade of research demonstrated that our HIV/AIDS prevention intervention—VOICES/VOCES—was effective in reducing new sexually transmitted infections (STI) among African American and Latino men and women who visit clinics. Results of this randomized clinical trial funded by the **Centers for Disease Control and Prevention**, indicate that using video-based patient education to supplement regular STD clinic services and provider interactions can be effective in reducing rates of new infection, particularly among those at greatest risk. A further study showed the cost-effectiveness of the video-based VOICES/VOCES intervention when it was used by community health agencies and clinics serving patients at risk of repeat STDs and HIV infection.

For a project called Moving Kids to the Back—A Community-Based Intervention Trial, HHD developed, implemented, and evaluated the short-term impact of a community-based effort to promote seating children in the rear of a car (“child rear-seating”) in a low-income Hispanic community. Child rear-seating increased from 33 percent to 49 percent in the intervention city, which represented a greater increase than the control group. Program exposure was significantly correlated with child rear-seating. Incentives and exposure to the program across multiple channels seemed to have the greatest impact. HHD’s partner in this work is the **Harvard University Injury Control Research Center**.

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**Policy studies** examine institutions' compliance with laws and regulations, and assess the impact of policies on individuals' health and well-being:

HHD conducted a first-of-its-kind Congressionally mandated study to assess campuses' policies and procedures in their efforts to comply with the Clery Act, which requires all federally funded institutions of higher education to disclose information about sex crimes on and around their campuses. This study, funded by the **U.S. Department of Justice**, found significant flaws in colleges' reporting, prevention, and adjudication procedures where rape and sexual assault were concerned, and provided much-needed baseline data about colleges' efforts to prevent and respond to sexual assault.

To assess the transition services provided for youth with serious emotional disturbances as they reach adulthood, HHD conducted a policy and program review for the **New York State Office of Mental Health**. Through literature reviews, site visits, focus groups, and telephone interviews, HHD researchers identified three key recommendations for improvement: (1) Strengthen youths' voice in transition planning, (2) Improve state and local infrastructure planning, and (3) Collaborate with state agencies of education, children and family services, and alcohol and substance abuse services.

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**Research synthesis** makes findings accessible to practitioners and policymakers, and enables them to apply science-based strategies that promote public health:

For the **Pan American Health Organization**, HHD documented the theory behind skills-based health education programs, and included evaluation evidence and case studies of such efforts in Latin America and the Caribbean. The resulting monograph, *A Life Skills Approach to Healthy Child and Adolescent Development*, published in English and Spanish, is used to inform policymakers and program developers and to motivate them to advocate for and implement skills-based health education programs in countries around the world.

For the **World Health Organization**, HHD developed *Family Life, Reproductive Health, and Population Education: Key Elements of a Health-Promoting School*, a guidance document for policymakers, non-governmental agencies, community leaders, and educators. The document synthesizes published research, statistics, and program information on the benefits of and strategies for addressing family life and reproductive health issues in schools.

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**Technical assistance** in evaluation helps community-based practitioners conduct effective evaluations tailored to their programs' needs:

HHD's Northeast Center for the Application of Prevention Technologies (NECAPT) aims to reduce underage drinking, and assists community-based alcohol and drug prevention coalitions in 13 states in strengthening their evaluation capabilities. Funded by the federal **Center for Substance Abuse Prevention**, NECAPT provides training and technical assistance around such issues as hiring an evaluator, conducting focus groups and interviews, designing questionnaires, tracking program implementation, monitoring program outcomes, and reporting data effectively.

## Methods

Working across the spectrum, from qualitative to descriptive to experimental/intervention design, HHD projects draw on a range of methods and related analytic technologies. These include:

- Interviews (telephone and in-person)
- Site visits/assessments
- Focus groups (in person and online)
- Behavioral observations
- Surveys (direct mail and online)
- Community venue surveys
- Computer-assisted survey interviews
- Ethnographic analyses
- Content mapping
- Rapid assessment
- Policy and legal analysis
- Cost analysis

## A Longitudinal Study on Preventing Risk Behaviors in Adolescents

Through our decade-long Reach for Health study, HHD is conducting groundbreaking research on what works to reduce high-risk behaviors among economically disadvantaged, multi-ethnic, urban youth.

By following a cohort of several thousand African American and Hispanic youth in Brooklyn, New York, starting in middle school, HHD researchers have been able to demonstrate that combining community service with health instruction can significantly reduce both violent behavior and high-risk sexual activity. In a randomized study conducted in a large public middle school in Brooklyn, New York, students who participated in the Reach for Health Community Youth Service program were significantly less likely to report recent sexual intercourse, sexual initiation, and recent sex without a condom or other form of contraception at initial and two-year follow-up than those who received only classroom health instruction. Participating students were also less likely to report violent behaviors at initial follow-up.

Through basic behavioral science research, the study has identified a number of risk and resiliency factors for

adolescent substance use, early and unprotected sex, violence, and suicidal behaviors, for example:

- Early initiation of sexual activity is a significant health risk for many youth and is significantly related to both subsequent sexual risk taking and unintended pregnancy.
- In communities where early sexual initiation (before the age of 15) is prevalent, prevention must begin early and address social norms and attitudes that contribute to risk taking, which are established in middle childhood and early adolescence.
- Comprehensive prevention programs that aim to reduce risky behaviors, including violence and early and unprotected sex, need to pay greater attention to both underlying structural issues, such as adolescents' perceptions of racial/ethnic discrimination, and mental health problems, such as depression.

The pioneering research of the Reach for Health project has been published in numerous peer-reviewed journals. The intervention has also been recognized as an effective program by the National Campaign to Prevent Teen Pregnancy.

## Selected Examples of Our Published Research

### Adolescent Health Risk Behavior

- O'Donnell, L., Myint-U, A., O'Donnell, C. R., and Stueve, A. (2003). Long-term influence of sexual norms and attitudes on timing of sexual initiation among urban minority youth. *Journal of School Health, 73*(2), 68–75.
- O'Donnell, L., Stueve, A., O'Donnell, C., Duran, R., San Doval, A., Wilson, R., Haber, D., Perry, E., and Pleck, J. (2002). Long-term reductions in sexual initiation and sexual activity among urban middle schoolers in the Reach for Health service learning program. *Journal of Adolescent Health, 31*(1), 93–100.

### Alcohol and Other Drug Use

- Gebhardt, T. L., Kaphingst, K., and DeJong, W. (2000). A campus-community coalition to control alcohol-related problems off campus: An environmental management case study. *Journal of American College Health, 48*(5), 211–215.

- Gomberg, L., Schneider, S. K., and DeJong, W. (2001). Evaluation of a social norms marketing campaign to reduce high-risk drinking at The University of Mississippi. *American Journal of Drug and Alcohol Abuse, 27*(2), 375–389.

### AIDS/HIV and other STD Prevention

- O'Donnell, L., Scattergood, P., Adler, M., Doval, A. S., Barker, M., Kelly, J. A., Kegeles, S. M., Rebchook, G. M., Adams, J., Terry, M. A., and Neumann, M. S. (2000). The role of technical assistance in the replication of effective HIV interventions. *AIDS Education and Prevention, 12*(5 Suppl), 99–111.
- Sweat, M., O'Donnell, L., and O'Donnell, C. (2001). Cost-effectiveness of a brief video-based HIV intervention for urban African and Latino STD clinic clients. *AIDS, 15*, 781–787.

### Unintentional Injury

- Di Scala, C., Gallagher, S. S., and Schneps, S. E. (1997). Causes and outcomes of pediatric injuries occurring at school. *Journal of School Health, 67*(9), 384–389.

### Suicide

- Potter, L. B., Kresnow, M. J., Powell, K. E., Simon, T. R., Mercy, J. A., Lee, R. K., Frankowski, R. F., Swann, A. C., Bayer, T., and O'Carroll, P. W. (2001). The influence of geographic mobility on nearly lethal suicide attempts. *Suicide and Life-Threatening Behavior, 32*(1 Suppl.), 42–48.

### Violence

- Cohen, S., De Vos, E., and Newberger, E. (1997). Barriers to physician identification and treatment of family violence: Lessons from five communities. *Academic Medicine, 72*(1 Suppl.), S19–S25.
- Cross, T. P., Whitcomb, D., and De Vos, E. (1995). Criminal justice outcomes of prosecution of child sexual abuse: A case flow analysis. *Child Abuse & Neglect, 19*(12), 1431–1442.
- De Vos, E., Stone, D. A., Goetz, M. A., and Dahlberg, L. L. (1996). Evaluation of a hospital-based youth violence intervention. *American Journal of Preventive Medicine, 12*(5 Suppl.), 101–108.

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