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Descriptive Evaluation of Relationships, Education, Advancement, and Development for Youth for Life (READY 4 Life) in Miami, Florida

Final Descriptive Evaluation Report for

Hope for Miami

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Structured abstract: *The Descriptive Evaluation of Relationships, Education, Advancement, and Development for Youth for Life (READY 4 Life) in Miami, Florida*

Objective. The aim of this study was to evaluate the implementation and the outcomes of the READY4Life program, which consisted of the evidence-based Relationship Smarts 4.0 curriculum, to with a focus on increasing protective factors and reducing sexual risk behaviors in school-aged youth.

The Ready4Life program, based in Miami, Florida, served young people ages 14-24, with a focus on 9th and 10 graders, in selected neighborhoods of Miami-Dade County, a minority-majority metropolitan area where racial/ethnic disparities in multiple risk factors persist at heightened rates as compared with the state and national averages.

Study design. The project employed a parallel mixed-method descriptive study design. Survey data was used to collect demographic data, assess knowledge, behaviors, and attitudes at baseline and post-program completion. Qualitative data was collected via participant focus groups and site observations to document perceptions of changes in participant knowledge, attitudes, behaviors, and skills and to monitor program fidelity. A total of 35 sites and 2,243 participants made up the study's final analytic sample.

Results. This study demonstrated statistically significant improvements in participants' knowledge of healthy relationships and attitudes towards dating violence. Most participants entered the program with strong foundational attitudes toward healthy relationships. While the program was not associated with overall improvements in attitudes about healthy marriages and relationships, participants reported greater awareness and shifts in specific topics, particularly regarding marriage and the value of open communication. These outcomes were consistent across various demographic groups, underscoring the program's broad relevance.

Conclusion. The Ready 4 Life Program's descriptive evaluation highlights participant-reported changes in knowledge and beliefs related to healthy relationships. These findings were supported by high implementation fidelity, promising participant engagement techniques, and robust content delivery. The findings advocate for maintaining high engagement levels through culturally responsive practices and adaptations to support vulnerable subgroups (e.g., Spanish-language programming), contributing to the program's perceived relevance and reach among youth in minority-majority urban settings.

Descriptive Evaluation of Relationships, Education, Advancement, and Development for Youth for Life (READY 4 Life) in Miami, Florida

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The Descriptive Evaluation of Relationships, Education, Advancement, and Development for Youth for Life (READY 4 Life) in Miami, Florida

I. Introduction

The motivation behind the READY4Life program lay in the socio-economic challenges faced by youth in Miami Dade County (MDC), where many residents are from racial/ethnic minorities and immigrant backgrounds. These youths often experience higher rates of poverty, school failure, and health challenges, which impact their ability to transition successfully to adulthood. Specifically, MDC shows a higher prevalence of adverse outcomes such as a teen pregnancy rate higher than the national average (Center for Disease Control and Prevention, 2022); a significantly higher rate of HIV infections (Florida Department of Health, 2024); higher rates of domestic violence incidents (Florida Department of Law Enforcement, 2020); and highly concentrated rates of poverty and income disparities (US Census Bureau, 2024) as compared to other areas of the US.

The READY4Life program utilized Relationship Smarts 4.0 and 5.0, designed to enable youth and young adults to navigate romantic relationships and transition successfully to adulthood via positive youth development, life skills, healthy relationships, dating violence, and STI/HIV and pregnancy prevention. The program targeted teenagers and young adults, primarily those in grades 9 and 10, who reside or attend school in Miami-Dade County. This intervention aimed to equip these young individuals with the necessary knowledge, skills, and attitudes to foster healthy relationships, thereby improving their life outcomes.

Earlier research on similar interventions, primarily using the Relationship Smarts curriculum, demonstrated positive outcomes in enhancing relationship knowledge, reducing engagement in conflict, and fostering healthy communication skills among adolescents. However, most of these studies focused on predominantly White populations (Futris et al., 2013); a few studies have had greater representations of racial minorities, although mostly Black participants (Savasuk-Luxton et al., 2018). The current study extended this research by applying the curriculum in a diverse setting with a high representation of Hispanic/Latino participants in Miami-Dade, a demographic with distinct needs and challenges not extensively explored in previous studies. By evaluating the program's association with improving relationship knowledge, attitudes about dating violence, and a healthy relationship/marriage in this new context, the study aimed to fill a gap in the literature and provide insights on necessary adaptations for programs serving racially diverse and economically challenged communities. This could inform future implementations and policymaking for similar interventions across different socio-economic and cultural settings.

The descriptive evaluation of the READY4Life program was conducted to assess the program's implementation and examine changes in youth behavior and knowledge regarding healthy relationships. By documenting both the fidelity of program delivery and participants' experiences, the evaluation aimed to inform program improvement efforts and support the development of strategies that may help reduce negative outcomes, such as dating violence and unplanned pregnancies, among the target demographic.

II. Description of the intended program

Table 1 lists the intervention components and describes the target population.

A. Focal population

The Ready4Life program, based in Miami, Florida, served young people ages 14-24, with a focus on 9th and 10 graders, in selected neighborhoods of Miami-Dade County, a minority-majority metropolitan area where racial/ethnic disparities in multiple risk factors persist at heightened rates as compared with the state and national averages.

B. Program as intended

The program consisted of Relationship Smarts, an evidence-based healthy relationships curriculum with 13 group lessons, as outlined in Table II.1 below. Note that the project began with Relationship Smarts 4.0 and transitioned to Relationship Smarts 5.0 when the developer, The Dibble Institute, released the updated version. The primary difference between versions 4.0 and 5.0 was updated statistics and example videos; The content remained the same. Relationship Smarts addressed positive youth development, life skills, healthy relationships, dating violence, and STI/HIV. There were PowerPoints and handouts associated with each of the 13 lessons. Each lesson had an associated one-hour session, which was held once weekly. 1-2 facilitators were present for all sessions; 2 facilitators per session were preferred, and facilitators were placed based on demand and availability (e.g., # of cohorts led on the same day).

Training facilitators delivered the intervention in schools, after-school programs, and juvenile detention centers in urban settings. During months 8-12 of year 1 and months 4-7 of year 2, a subset of cohorts for the program were delivered in a virtual setting due to the COVID-19 Epidemic (e.g., Zoom). Required education and hiring requirements for facilitators, referred to as Health Educators in the Ready4Life Program, included the following: a bachelor's degree or higher in youth development, social work, psychology, health, or education; computer literate with proficiency in Microsoft Word, Excel, and PowerPoint; valid driver's license; group facilitation and public speaking experience; and no disqualifying offenses on a criminal background check. There were no requirements involving cultural background or sex. Required staff training following the initial Relationship Smarts curriculum training was outlined in Table II.2 below. Trainings were categorized as follows: Before facilitating sessions, during their first year, annually, every two years, and anytime content is updated by the Department of Children and Families (DCF).

Table II.1. Description of intended intervention components, content, dosage, and implementation schedule, delivery, and focal populations

| Component | Content | Dosage and schedule | Delivery | Focal population |
|-------------------------|--|---|--|------------------|
| Relationship Smarts 4.0 | Relationship skills curriculum for young teens that addressed positive youth development, life skills, healthy relationships, dating violence, and STI/HIV and pregnancy prevention. | 13 lessons of one-hour duration, typically once per week. | Group lessons provided at the intervention's facilities; 1-2 trained facilitator(s) led every session. | Youth |
| Relationship Smarts 5.0 | Relationship skills curriculum for young teens that addressed positive youth | 13 lessons of one-hour duration, | Group lessons provided at the intervention's facilities; 1-2 | Youth |

| Component | Content | Dosage and schedule | Delivery | Focal population |
|-------------------------|--|---|---|------------------|
| | development, life skills, healthy relationships, dating violence, and STI/HIV and pregnancy prevention. | typically once per week. | trained facilitator(s) led every session. | |
| Relationship Smarts 4.0 | Relationship skills curriculum for young teens that addressed positive youth development, life skills, healthy relationships, dating violence, and STI/HIV and pregnancy prevention. | 13 lessons of one-hour duration, typically once per week. | Virtual (During COVID-19 Pandemic); 1-2 trained facilitator(s) led every session. | Youth |

Table II.2. Staff education and training to support intervention components (initial and ongoing)

| Component | Education and initial training | Ongoing training |
|-------------------------------|---|--|
| Relationship skills workshops | <p>Facilitators are male and female, hold at least a bachelor's degree, and received four days of initial training via the program developer.</p> <p>Before facilitating sessions, staff must have completed the following trainings: internet and data security, HIPAA compliance and confidentiality, cultural competency and diversity training, trauma-informed care (children & traumatic staff), mandatory reporting of child maltreatment, CPR and First Aid, classroom management, universal precautions and infection control, including HIV/AIDS Prevention, Agency orientation and staff policies, domestic violence awareness, dealing with resistance and aggression control, positive youth development principles.</p> | <p>Facilitators received a half-day of semi-annual refresher training in the intervention's curricula from the study staff.</p> <p>During their first year on staff, the following trainings were completed: children with problematic sexual behavior, commercial sexual exploitation 101 (Human trafficking awareness), Youth Mental Health First Aid, domestic violence awareness, Ending the Silence Suicide Prevention.</p> <p>Annually, program staff must have completed the following trainings: cultural competency and diversity training, trauma-informed care (children & traumatic staff).</p> <p>Every two years, staff must have completed the following trainings: CPR and First Aid.</p> <p>Anytime content is updated by the Department of Children and Families (DCF), staff must have completed the following trainings: internet and data</p> |

| Component | Education and initial training | Ongoing training |
|-----------|--------------------------------|--|
| | | security, HIPAA compliance and confidentiality, mandatory reporting of child maltreatment. |

III. Research questions

This study examined the relationship between participation in the program and changes in knowledge of healthy relationships, as well as attitudes toward dating violence and the value of healthy marriages and relationships at program exit. Additionally, the study assessed whether changes in knowledge and attitude outcomes differed across subgroups based on socio-demographic characteristics such as ethnicity, age, and referring program type (e.g., school, after-school, or juvenile justice settings).

A. Outcomes study

Primary research questions among individuals who completed the program included:

1. Does participation in the program change/increase youth's knowledge of healthy relationships at program exit?
2. Does participation in the program change their attitude about dating violence at program exit?
3. Does participation in the program change participants' attitudes about valuing and aspiring to healthy marriages and relationships at program exit?
4. Do changes in youth knowledge and attitude outcomes differ according to subgroups by reviewing changes in pre-post (difference scores) according to socio-demographic variables specific to ethnicity, age, and program type (school, after-school, juvenile)?

B. Implementation study research questions

Listed below are the Implementation study research questions.

1. Fidelity
 - A. Is the program being implemented with fidelity?
 - B. What adaptations, if any, were made to the program? (e.g., cultural competence, other adaptations) Why were adaptations made? Did they meet the needs of youth? If not, why? If yes, how?
2. Dosage: How many sessions of the intervention did participants attend?
3. Quality
 - A. What aspects of programming address the needs of the student population? Are youth satisfied with the services received?
 - B. How do youth address and discuss relationships before and after implementing the program? Are any behaviors changed? Did youth share what they learned with someone in the close family, a peer, or someone they are in a relationship with? If yes, did it change the quality of the youth's relationship with them?
4. Engagement: What are the levels of youth engagement?

IV. Design of the outcomes study

This section describes the research questions, evaluation enrollment process, data collection procedures, outcome measures, and analytic approach for the outcomes study.

A. Data sources and data collection

Data was collected at baseline and program completion using the nFORM prescribed by the Office of Family Assistance. Instruments consisted of demographic forms as well as a pre- and post-survey on healthy relationship attitudes. In addition to these instruments, the program used a knowledge survey designed by the curriculum developers to evaluate students' knowledge of healthy relationships at baseline and program completion, completed by students online via Qualtrics. See the list of data collection instruments, mode of data collection, and time point in Table IV.1 below.

Table IV.1. Sources of data used to address outcomes study research questions

| Data source | Timing of data collection | Mode of data collection | Start and end date of data collection |
|--|---|-------------------------|---------------------------------------|
| nFORM Demographics; Applicant Characteristics Survey (ACS) | Baseline per cohort | In-person online survey | October 2021 – February 2025 |
| nFORM Pre and Post Survey on Healthy Relationships Attitudes | Baseline and Post Program Completion per cohort | In-person online survey | October 2021 – February 2025 |
| Knowledge Survey: Relationship Smarts Pre and Post Survey | Baseline and Post Program Completion per cohort | In-person online survey | October 2021 – February 2025 |
| Focus Group | Post Program Completion, 3-4 annually | In-person focus group | October 2021 – February 2025 |

B. Evaluation enrollment or sample

BSRI sought and received an exemption declaration from the Western Institutional Review Board and M-DCPS after receiving approval of the evaluation plan. The IRB granted approval on 3/31/2021.

- Recruitment and study sample enrollment targets. The study participants were recruited throughout Miami-Dade County based on program receptivity and fit. The initial IRB proposal named target neighborhoods; however, following the passage of Florida HB 1557 and 1069 in 2022 and 2023, respectively, schools became concerned about violating the legislation and were no longer receptive to community-based organizations providing these services. Thus, the selection strategy became more about convenience and reception. Miami-Dade County is a minority-majority area; thus, racial/ethnic disparities persisted as compared with the state and national averages across all neighborhoods throughout this study. Recruitment efforts were made in partnership with Miami-Dade County Public Schools (M-DCPS) and youth-serving institutions. The program was delivered during the school day in schools and after school, summer, and juvenile detention programs (15% of the sample). The desired sample size was 2700 youth, with 300 students enrolled in year 1, and 600 in years 2, 3, 4, and 5. Pre-post surveys were administered to all students, regardless of attendance or dosage. Additionally, the desired sample included 90% completing 13 required sessions of the 15 total. The two additional sessions

(sessions 1 and 15) beyond the 13 Relationship Smarts lessons were allocated for data collection (e.g., administering the pre and post surveys). Make-up sessions are also held when needed. See Appendix E for a list of all sites where the program occurred.

- Sample eligibility criteria. Ready4Life served young people ages 14-24, focusing on 9th and 10 graders. While the intervention was administered in neighborhoods with a higher proportion of racial/ethnic minority students (e.g., African American, Caribbean, Hispanic, multi-racial), Hope for Miami had a non-discrimination policy that ensured all participants were included in programming regardless of race, ethnicity, gender, sexual orientation, country of origin/immigrant, religion, linguistics-based characteristics. The intervention was delivered in English, although facilitation staff supported students with lower English proficiency by translating concepts into Spanish as needed.
- Consent process for enrollment in the evaluation. Enrollment was open from October 2021 through February 2025. Participation in the program was voluntary; if a participant did not attend a particular lesson, alternate classes were arranged through the site (e.g., guidance counselors). BSRI received exempt status from the IRB as the intervention aligned with regular education in schools and after-school settings. Hope for Miami staff worked closely with program directors for detention center settings to ensure standards were met for confidentiality and program evaluation needs. Regarding consent for participation in the program as well as in the required surveys about sexual behaviors and attitudes, the school system required passive consent from the parent or guardian for participation and agreement by the school system's Institutional Review Board for participation in research before the intervention began. The consent form sent home was offered in English, Spanish & Haitian Creole. Parents who did not wish for their child to participate could request that students not take the surveys or participate in the classes.

Table IV.2. Demographics of participants (N=2,243)

| Characteristic | Clients included in the outcomes analysis completed both entrance and exit surveys and successfully completed the program. | |
|---|--|------|
| | n | % |
| Gender | | |
| Female | 998 | 44.8 |
| Male | 1203 | 54 |
| Ethnicity | | |
| Hispanic/Latino | 1919 | 86.4 |
| Race | | |
| American Indian or Alaska Native | 54 | 2.4 |
| Asian | 31 | 1.4 |
| Black or African American | 403 | 18.1 |
| Native Hawaiian or other Pacific Islander | 21 | 0.9 |
| White | 1257 | 56.4 |
| Other | 516 | 23.2 |

| | | |
|-----------------------------|-------------|------|
| Age (M ± SD) | 14.7 (.969) | |
| Current Grade Level | | |
| Less than 9th grade | 19 | 1.0 |
| 9th grade | 1191 | 63.5 |
| 10th grade | 514 | 27.4 |
| 11th grade | 75 | 4 |
| 12th grade | 65 | 3.5 |
| Working toward a GED | 11 | 0.6 |
| College | 1 | 0.1 |
| Vocational/Technical School | - | - |
| Primary Language | | |
| English | 508 | 22.9 |
| Spanish | 670 | 30.2 |
| English and Spanish equally | 984 | 44.3 |
| Other | 59 | 2.7 |

Source: Applicant characteristic survey from the nFORM.

C. Measures

No new measures were developed by the researchers; measures were utilized in accordance with The Dibble Institute (program developer) and were included with the purchase of the curriculum, and as prescribed by the funder. The following tools were used: The Healthy Relationship nFORM to assess changes in attitudes which included Likert-scale responses (items were averaged) and the Dibble knowledge tool, which assessed knowledge and included multiple-choice responses, in which one response was scored as 'correct' (see Table IV.3. below).

Table IV.3. Outcome measures used to answer the research questions for the outcome study

| Research question | Outcome name | Description of the outcome measure | Source of the measure | Timing of measure |
|--|------------------------|---|---|---------------------------|
| 1. Does participation in the program change/increase youth's knowledge of healthy relationships at program exit? | Relationship knowledge | The survey had 10 items; the questions are multiple-choice, with one correct response for each question. (e.g., Which of these is not a good example of emotional maturity?) | Knowledge Pre and Post Survey (Dibble Institute Survey) | Baseline and Post Program |

| | | | | |
|--|---|--|---|--------------------------------------|
| | | Cronbach's alpha = 0.652 | | |
| 2. Does participation in the program change their attitude about dating violence at program exit? | Attitudes about intimate partner violence | <p>The measure included 8 items assessed on a Likert scale from not at all important (1) to very important (4) and strongly agree (1) to strongly disagree (4).</p> <p>(e.g., A person who makes their partner angry on purpose deserves to be hit.)</p> <p>Cronbach's alpha = 0.724</p> | nFORM prompt A3 and A5 | Baseline and Post Program |
| 3. Does participation in the program change participants' attitudes about valuing and aspiring to healthy marriages and relationships at program exit? | Attitudes about marriage and relationships | <p>The measure included 8 items assessed on a Likert scale from not at all important (1) to very important (4) and strongly agree (1) to strongly disagree (4).</p> <p>(e.g., Living together is just the same as being married.)</p> <p>Cronbach's alpha = 0.525</p> | nFORM prompts A1; A3; A4; A5 | Baseline and Post Program |
| 4. Do changes in youth knowledge and attitude outcomes differ according to subgroups by reviewing changes in pre-post (difference scores) according to | <p>Participant demographics</p> <p>Relationship knowledge</p> <p>Healthy marriage and relationships</p> | <p>Age, gender, race, ethnicity</p> <p>The survey had 10 items; the questions are multiple-choice, with one correct response for each question.</p> | <p>Participant demographics is from the ACS section of nFORM</p> <p>Knowledge Pre and Post Survey (Dibble Institute Survey)</p> | Baseline and Post Program Completion |

| | | | | |
|--|--|--|--|--|
| socio-demographic variables specific to ethnicity, age, and program type (school, after-school, juvenile)? | | The measure included 8 items assessed on a Likert scale from not at all important (1) to very important (4) and strongly agree (1) to strongly disagree (4). | nFORM prompts A1; A3; A4; A5 A6 is only asked at exit | |
|--|--|--|--|--|

D. Analysis approach

Quantitative Data Analysis

The analytic sample consisted of participants who completed or graduated from the program, as indicated by the 'Client Current Status' variable (5 = Completed/Graduated) in the nFORM response survey. Participants who met the 80% response threshold for each scale were included in the analysis. For paired-sample t-tests, the 'exclude cases by analysis' approach was used to handle missing data. No missing data was imputed. Beyond missing data, additional inconsistencies were not addressed due to limitations in confirming the validity of the data (e.g., measures do not inherently test for social desirability).

Survey data were linked using a randomly generated ID to maintain participant confidentiality, and data analysis was conducted using the Statistical Package for Social Sciences (SPSS, version 29). To examine shifts in knowledge of healthy relationships, each participant's average score on the Dibble Institute Knowledge Survey was compared from pre- to post-program. Similarly, changes in attitudes toward dating violence and attitudes about valuing and aspiring to healthy marriages and relationships were examined using responses to Likert-scale items from the nFORM surveys. Items were reverse-coded when necessary, so that higher scores consistently reflected more favorable attitudes. Changes in participant scores from pre- to post-program were reviewed to determine whether meaningful differences emerged following program participation. To address whether changes in youth knowledge and attitudes varied based on socio-demographic characteristics, relationships between outcome changes and participant variables such as ethnicity, age, and program type (school-based, after-school, juvenile) were explored. This analysis helped identify whether certain subgroups experienced greater or lesser shifts in healthy relationship knowledge and attitudes over the course of the program. Additional information about the statistical procedures and analytic decisions by research question is provided in Appendix C (Outcome Study Analyses Technical Details).

E. Sample attrition

Plans to minimize sample attrition. As all youth participating were enrolled at school, after-school, and juvenile detention center sites, in instances where youth were transferred to different classes, moved to another school, or completed time served, Hope For Miami staff worked with the youth, a parent, or another principal/school to collect pending survey data as appropriate in a manner that did not interfere with academic learning, testing or justice involvement.

Approach to report attrition. To report attrition, the number of students who completed Entrance surveys on nFORM was compared to those who completed Exit Surveys, and the number of students who

completed the pre-test for the Knowledge Survey was compared to those who completed the post-test. This showed how many students were lost between the program's start and completion. Additional demographic differences between youth included in the outcome analysis and youth not included in the outcome analysis can be found in Appendix B, Table B.1.

Table IV.4. Outcomes study analytic sample

| | Number of people |
|--|------------------|
| Enrolled in the program | 3,207 |
| Completed a baseline and pre-program survey | 3,120 |
| Completed post-program survey | 2,384 |
| Response rate (%) | 76.4% |
| Included in the analytic sample for Research Question 1: Does participation in the program change/increase youth's knowledge of healthy relationships at program exit? (accounts for item nonresponse and any other analysis restrictions) | 1,034 |
| Attrition rate (%) | 66.9% |
| Included in the analytic sample for Research Question 2: Does participation in the program change their attitude about dating violence at program exit? (accounts for item nonresponse and any other analysis restrictions) | 1,932 |
| Attrition rate (%) | 38.1% |
| Included in the analytic sample for Research Question 3: Does participation in the program change participants' attitudes about valuing and aspiring to healthy marriages and relationships at program exit? (accounts for item nonresponse and any other analysis restrictions) | 1,946 |
| Attrition rate (%) | 37.6% |
| Final analytic sample | 2,243 |
| Overall attrition rate (%) | 28.1% |

Source: Dibbles (Question 1); nFORM (Questions 2-3)

Notes: The final analytic sample includes participants who completed/graduated from the program.

V. Design of the implementation study

This section describes the research questions, the data used to answer them, and the methods used to analyze the data. The research questions for this program's implementation study can be found in Table V.1 below.

A. Data sources and data collection

The analytic sample included participants who completed or graduated from the program; 'Client Current Status,' 5=Completed/Graduated was used from the responses survey from the nFORM. Data was collected at program completion using the nFORM prescribed by the Office of Family Assistance. Instruments consisted of exit survey satisfaction questions. Focus groups were also conducted at program completion to assess changes in the youth's behaviors around healthy relationships. Program observations were completed to document if the program was implemented with fidelity. Program observations were conducted using a tool based on the five dimensions of intervention fidelity, as originally articulated by Dane and Schneider (1998) and later reinforced by Mihalic (2004): (1) adherence, (2) exposure, (3) quality, (4) participant responsiveness, and (5) program differentiation. Trained observers wrote notes pertaining to each dimension, and these notes were then discussed with facilitators with specific recommendations on programmatic delivery refinement. All participant-level implementation data were collected at program completion from youth who graduated from the program.

Table V.1. Data used to address process or implementation research questions.

| Implementation element | Research question | Data source | Timing and frequency of data collection | Party responsible for data collection |
|------------------------|---|--------------------------------|---|---------------------------------------|
| Fidelity | 1A. Is the program being implemented with fidelity? | Program Observations | During the program - three sessions selected at random annually with an aim to observe at least one of each of the 13 lessons | Study Staff |
| Fidelity | 1B. What adaptations, if any, were made to the program? (e.g., cultural competence, other adaptations) Why were adaptations made? Did they meet the needs of youth? If not, why? If yes, how? | Program Observations | During the program - three sessions are selected at random annually to observe at least one of each of the 13 lessons | Study Staff |
| Dosage | 2. How many sessions of the intervention did participants attend? | nFORM attendance data | Facilitators collect after each session | Implementation Staff |
| Quality | 3A. What aspects of programming address the needs of the student | Youth Focus Groups; nFORM exit | Post-program completion - three cohorts selected via | Study Staff |

| Implementation element | Research question | Data source | Timing and frequency of data collection | Party responsible for data collection |
|------------------------|---|-------------------------------|---|---------------------------------------|
| | population? Are youth satisfied with the services received? | survey satisfaction questions | convenience sampling annually; Post-program completion per cohort | |
| Quality | 3B. How do youth address and discuss relationships before and after implementing the program? Are any behaviors changed? Did youth share what they learned with someone in the close family, a peer, or someone they are in a relationship with? If yes, did it change the quality of the youth's relationship with them? | Youth Focus Groups | Post-program completion - three cohorts selected via convenience sampling annually | Study Staff |
| Engagement | 4. What are the levels of youth engagement? | Program observations | During the program - three sessions are selected at random annually to observe at least one of each of the 13 lessons | Study Staff |

B. Evaluation enrollment and sample

BSRI received an exemption ruling from the Western Institutional Review Board and M-DCPS after receiving approval of the evaluation plan and was granted approval from the MDCPS IRB on 3/31/2021. Selection criteria and consent processes for quantitative data collection were described above in the section "B. Outcomes Study." Researchers intended to conduct three site observations and three focus groups per year (2021-2025), which were selected based on researcher availability and receptivity of the site to allow the external evaluation team to conduct the group (e.g., convenience sample). Regarding consent, at the start of each focus group, participants verbally consented before beginning the session. If participants did not consent, they did not participate in the focus group. To protect the anonymity of the participants, no identifying information was collected, including demographics, consistent with school requirements. A total of 11 focus groups were held, with an average of 8 participants and a total of 89 participants across all focus groups.

C. Measures

The measures selected were based on established frameworks for implementation fidelity, such as those outlined by Durlak & DuPre (2008). They reflected core components of fidelity, including dosage, adherence (content delivery), and quality assurance through observation. The average number of sessions

each youth attended out of the 13 sessions was used to assess dosage, a fundamental indicator of participant exposure. The total number of sessions observed out of 13 sessions was used to assess fidelity in addition to whether all required content was covered in each session. The percentage of sessions observed was included to measure fidelity as well. Observing a minimum of 20-30% of sessions was determined based on internal evaluation guidelines to represent the program delivery adequately. This approach aligned with practical fidelity monitoring strategies, which noted that observing a representative sample of sessions supported broadly assessing implementation (Office of Population Affairs, 2020). The process measures can be found below – no new measures were created for this study.

Table V.2. Measures used to address process/implementation research questions

| Implementation element | Research question | Measures |
|------------------------|---|---|
| Fidelity | 1A. Is the program being implemented with fidelity? | <ul style="list-style-type: none"> • Total number of program sessions observed out of 13 sessions • Whether all required content was covered per session (Y/N) • % of sessions observed |
| Fidelity | 1B. What adaptations, if any, were made to the program? (e.g., cultural competence, other adaptations) Why were adaptations made? Did they meet the needs of youth? If not, why? If yes, how? | <ul style="list-style-type: none"> • Adaptations mentioned/noted during Program Observations |
| Dosage | 2. How many sessions of the intervention did participants attend on average? | <ul style="list-style-type: none"> • Average number of sessions each youth attended based out of total sessions offered based on Attendance Logs |
| Quality | 3A. What aspects of programming address the needs of the student population? Are youth satisfied with the services received? 3B. How do youth address and discuss relationships before and after the program is implemented? Are any behaviors changed? Did youth share what they learned with someone in the close family, a peer, or someone they are in a relationship with? If yes, did it change the quality of the youth's relationship with them? | <ul style="list-style-type: none"> • Programmatic aspects, behavior change, and perceptions reported in Youth Focus groups conducted annually post-program completion. • Percent of youth reporting satisfaction with the program in via nFORM exit survey satisfaction questions |
| Engagement | 4. What are the levels of youth engagement? | <ul style="list-style-type: none"> • Level of participant engagement observed during Program Observations (e.g., attentiveness, interest and enthusiasm, active |

| Implementation element | Research question | Measures |
|------------------------|-------------------|--|
| | | engagement in discussion and activities) |

D. Analysis approach

Quantitative Data Analysis

For Research Questions 2 through 4 from the outcomes study (see Table IV.3), the analytical sample included participants who met all of the following criteria:

- Completed at least 90% of the workshop sessions (i.e., 13 sessions covering the full curriculum),
- Completed both the pre- and post-assessments, and
- Responded to at least 80% of the items used in the scales relevant to each research question.

Research Question 3A (see Table V.1), which focused on implementation and participant experience, drew on data from the exit survey administered at the conclusion of the intervention. Satisfaction items were measured on a 5-point Likert scale (1 = *strongly disagree* to 5 = *strongly agree*) and were subsequently dichotomized for analysis into satisfied (1) versus dissatisfied (0) responses.

Assessment data were analyzed using SPSS Version 27. The average number of workshop sessions attended was calculated using the *Number of Workshop Sessions* metric from the Client Information section in nFORM.

Qualitative Data Analysis

The following research questions were drawn from the study's process and implementation components (see Table V.1). These questions focused on participant engagement, program satisfaction, and perceptions of delivery quality. For Research Questions 1A, 1A, and 4, the analytic sample included 12 program observations (typically three per year; 1 in year one and 2 in year five) selected/sampled based on researcher availability and the site's receptivity to allow the external evaluation team to conduct the group (e.g., convenience sample).

For Research Questions 3A and 3B, the analytic sample included 11 focus groups (typically three per year; two completed in year five) selected/sampled based on researcher availability and receptivity of the site to allow the external evaluation team to conduct the group (e.g., convenience sample). Researchers used the 'Client Current Status', 5=Completed/Graduated, from the responses survey from the nFORM, for sampling by cohort.

For all qualitative data analysis, the analytic approach included thematic analysis and constant comparative techniques derived from grounded theory methods to analyze the qualitative data from youth focus groups, and program observations (Charmaz, 2011). All youth focus group data was transcribed. The research team co-generated a code list through a collaborative and inductive data review to ensure triangulation (Charmaz, 2008; Tie, Birks, Francis, 2019). Further technical details can be found in Appendix C.

After the data sets were coded and codes counted, researchers read the notes under key codes and re-grouped them under themes to answer key research questions. Data was summarized and condensed under key themes until codes showed repetition and saturation was achieved. Researchers used

participants' quotes to ensure their voices were accurately represented in the narrative.

VI. Findings

The findings for both outcomes and implementation studies can be found below, respectively.

Outcome findings

Key Findings

The outcome study found that the program was associated with significant improvements in youth knowledge of healthy relationships, with the greatest gains in areas such as emotional maturity, consent, and sexual health—topics where baseline understanding was lower. Youth reported positive shifts in key attitudes related to dating violence, particularly in recognizing the importance of respectful communication and the role of bystanders. In contrast, attitudes that were already strong at baseline, such as disapproval of physical violence and support for healthy communication, remained stable. These findings suggest an association between program participation and increased knowledge and positive beliefs among participants. Subgroup analysis showed consistent outcomes across most demographic groups, with only minor differences based on referral source.

1. Does participation in the program change/increase youth's knowledge of healthy relationships at program exit?

Key findings

Youth demonstrated a small-to-moderate increase in their knowledge of healthy relationships between pre- and post-test. Results of a paired samples t-test revealed a statistically significant increase in overall scores from pre-test (M = 0.62, or 62% correct) to post-test (M = 0.74, or 74% correct), $t(1033) = -15.93$, $p < .001$. This reflects an average improvement of 12 percentage points in correct responses. The effect size (Cohen's $d = 0.23$, 95% CI $[-0.495, -0.431]$) falls within the small-to-moderate range, indicating a statistically significant gain in knowledge scored among participants from pre- to post-test.

Table VI.1. Overall change in knowledge of healthy relationships from baseline to follow-up (n=1,034).

| Research Question | Mean outcome at baseline (%) | Mean outcome at follow-up (%) | Mean Difference (%) | p-value |
|------------------------------------|------------------------------|-------------------------------|---------------------|----------|
| Knowledge of Healthy Relationships | 62 | 74 | 12 | <.001*** |

Note. The percentage represents the average percent of correct responses.

*** $p < .001$, based on a paired-samples t-test comparing baseline and follow-up scores.

Source: Dibbles Survey.

The most substantial improvements were observed in areas where baseline knowledge was relatively low, indicating that knowledge gains were more pronounced in areas where initial understanding was limited. For example, the proportion of participants correctly identifying an example of emotional immaturity increased from 22.8% to 35.3%, and knowledge about curable STDs increased from 39.4% to 65.3%.

Similarly, understanding of what constitutes consent rose from 56.9% to 77.6%, and recognition of risky sexual situations increased from 56.8% to 70.8%.

Smaller, yet positive, changes were seen for items with high baseline knowledge. For instance, correct responses to identifying dating abuse increased from 87.3% to 90.1%, and understanding of basic human needs rose from 85.0% to 91.3%. These patterns suggest that both reinforcement of existing knowledge and improvement in lower-knowledge areas occurred over the course of the program..

Detailed results from the item-level analysis are available in Appendix Table D.1.

2. Does participation in the program change their attitude about dating violence at program exit?

Key findings

Overall, results indicate a positive change in youth attitudes related to dating violence over the course of the program. There was a statistically significant increase in scores from pre-program ($M = 3.43$, $SD = 0.44$) to post-program ($M = 3.51$, $SD = 0.49$), $t(1931) = 7.77$, $p < .001$. The average gain of +0.08 points represented a small but statistically significant positive shift in attitudes. The effect size was in the small-to-moderate range (Cohen's $d = 0.45$, 95% CI [0.060, 0.100]).

Table VI.2. Overall change in attitude toward dating violence from baseline to follow-up (n=1,932).

| Research Question | Mean outcome at baseline | Mean outcome at follow-up | Mean Difference | p-value |
|---------------------------------|--------------------------|---------------------------|-----------------|----------|
| Attitude toward Dating Violence | 3.43 | 3.51 | .08 | <.001*** |

Note. Scores are based on a 1–4 Likert scale; higher scores indicate less acceptance of dating violence.

*** $p < .001$, based on a paired-samples t-test comparing baseline and follow-up scores.

Source: nForm.

Findings from pre- and post-surveys suggest positive shifts around communication norms and the role of intervention. The most notable change was in how participants viewed verbal aggression. The proportion of youth who rated “Do not call each other names” as ‘*Very Important*’ increased from 54.0% at pre-test to 75.3% at post-test, and those who rated it ‘*Not At All Important*’ dropped from 45.1% to 24.1%.

Smaller gains were observed in other areas. For example, the belief that violence between dating partners was a personal matter and others should not interfere declined from 17.2% to 15.5% (those agreeing), and those who disagreed increased slightly from 81.4% to 82.9%, reflecting a mild improvement in willingness to intervene.

Views on physical violence as a way to express feelings, or the belief that someone “deserves to be hit,” remained essentially unchanged from pre- to post-test, with the vast majority already disagreeing (around 87–91%). Regarding valuing physical safety, attitudes remained high across both time points. Over 92% of participants already rated behaviors like not pushing/hitting, not threatening, and not fearing each other as very important at baseline, leaving little room for growth, but these attitudes were sustained at high

levels through the post-test. Furthermore, among participants who reported being in an emotionally abusive relationship at program entry (N = 810), 32.3% had ended the relationship by the end of the program. Among those in a physically abusive relationship (N = 707), 21.1% ended the relationship during the same period. These findings suggest that some participants took steps to exit harmful relationships during the program period, particularly those experiencing emotional abuse.

Detailed response frequencies for all scale items can be found in Appendix Table D.2.

3. Does participation in the program change participants' attitudes about valuing and aspiring to healthy marriages and relationships at program exit?

Key findings

Participation in the program was associated with a small but statistically significant decrease in students' scores related to valuing and aspiring to healthy marriages and relationships. Although the difference in average scores from pre- to post-test was statistically significant ($M=3.33$ to $M=3.27$, $t(1945)=-6.94$, $p<.001$), the effect size of this change was negligible ($d=-0.16$; M difference = -0.06 , 95% CI $[-0.078, -0.044]$), indicating that the slight decline is unlikely to be of practical concern.

Table VI.3. Overall change in attitudes about valuing and aspiring to healthy marriages and relationships (n=1,946).

| Research Question | Mean outcome at baseline | Mean outcome at follow-up | Mean Difference | p-value |
|---|--------------------------|---------------------------|-----------------|----------|
| Attitude toward Healthy Marriages and Relationships | 3.33 | 3.27 | -.06 | <.001*** |

Note. Scores are based on a 1–4 Likert scale; higher scores reflect more positive attitudes toward healthy marriages and relationships.

*** $p < .001$, based on a paired-samples t-test comparing baseline and follow-up scores.

Source: nForm.

There were modest but statistically significant shifts in beliefs regarding healthy relationships. Disagreements with statements reflecting unhealthy relationship attitudes increased significantly between pre- and post-surveys, such as "feelings of love should be enough to sustain a happy marriage" (disagreement rose from 41.6% to 53.8%) and "living together is the same as being married" (from 72.8% to 76.9%).

At the same time, there was a slight decline in endorsement of certain positive relationship values, such as the importance of encouraging each other (95.0% to 93.2%) and enjoying time together (96.4% to 93.8%). These items began with very high agreement at pre-test, leaving limited room for upward movement and suggesting strong baseline attitudes.

Attitudes about healthy communication remained generally strong, with small fluctuations. Disagreement with the statement 'A relationship is stronger if a couple doesn't talk about their problems' remained high,

with a slight decrease from 90.7% to 87.4%. Similarly, endorsement of the importance of discussing important topics in a relationship declined modestly from 87.5% to 83.1%. While these changes represent minor declines, overall endorsement of healthy communication attitudes remained high at program exit.

Overall, findings suggest that while most participants entered the program with strong foundational attitudes toward healthy relationships, participants may have adjusted certain misconceptions and reinforced accurate beliefs over the course of the program period, particularly in relation to marriage and the value of open communication.

Detailed response frequencies for all scale items can be found in Appendix Table D.3.

4. Do changes in youth knowledge and attitude outcomes differ according to subgroups by reviewing changes in pre-post (difference scores) according to socio-demographic variables specific to ethnicity, age, and program type (school, after-school, juvenile)?

Key findings

No significant associations were found between the changes in knowledge and demographic variables. However, there was a statistically significant but weak negative association between referring organization type and change in pre- and post-test Dibbles scores assessing knowledge (Kendall's tau-b = -0.072 , $p = .003$), indicating a small association between referring organization type and participant outcomes. Participants' referring organizations were mostly schools (83.0%), after-school (15.4%), and other child welfare agencies (e.g., court-ordered enrollment) (1.6%). A one-way ANOVA was conducted to examine whether the change in pre- to post-test scores for Dibbles differed by referring organization type. The analysis revealed a statistically significant difference between groups, $F(2, 1176) = 7.123$, $p = .001$. However, the effect size was small, with $\eta^2 = .012$ and $\omega^2 = .010$, indicating that only about 1% of the variance in change scores was explained by referring organization type.

Post hoc comparisons using the Games-Howell test indicated that clients referred by schools showed significantly greater improvement ($M = .1187$) than those referred by after-school programs ($M = .062$), with a mean difference of $.0571$ ($p = .043$). No other pairwise differences were statistically significant.

While the result was statistically significant, the small effect size and modest difference in means suggest that referring organization type has a limited association on score changes.

Changes in healthy relationships or dating violence attitude outcomes were not significantly associated with any demographic or referring organization type.

Implementation findings

Key Findings

The Ready for Life program was implemented with a high degree of fidelity. Across the 12 sessions observed, which represented 69.2% of the total number of unique program sessions, facilitators demonstrated 100% fidelity to the program for sessions observed by successfully delivering all required content and activities (52 out of 52), as defined above in section 'V. Design of implementation study.' Facilitators also closely followed the curriculum while engaging students through various interactive formats. Despite scheduling constraints, facilitators delivered the core content through creative adaptations, such as employing technology-enhanced learning tools like Kahoot and sharing personal experiences to enhance relatability and emotional safety.

The program not only saw high attendance rates for completers and non-completers but also increased knowledge gain among program completers on their understanding of healthy relationships, communication skills, and emotional regulation. Adaptations to the curriculum, including the use of pop culture and small group discussions, were associated with increased student engagement. Students reported meaningful changes in behavior and the ability to transfer knowledge to peers and family, highlighting suggesting the potential for informal knowledge transfer and broader relevance to their personal development.

1A. Is the program being implemented with fidelity?

Key findings

Site observation analysis found a 100% fidelity rate for the Ready for Life program: 100% of sessions (12 of out 12, which represented 69.2% of the total number of unique program sessions) and their activities (52 out of 52) were implemented with fidelity. Focus group and site observation data suggest that the program was delivered in close alignment with its core design. According to staff who led site observations, facilitators adhered closely to the curriculum, maintained classroom order, and used instructional materials as intended.

The primary challenge to fidelity was time constraints caused by school scheduling. In one instance, it was observed in a session that the facilitator only covered three types of birth control instead of all six. However, these deviations were rare and typically managed in ways intended to reduce potential disruptions to student learning. Facilitators frequently demonstrated adaptability, such as abbreviating activities or splitting them across multiple days while maintaining the delivery of core content.

Observers noted the creative use of technology—such as converting evidence-based quizzes into interactive Kahoot formats—which appeared to support smoother lesson delivery and encourage student engagement. Even when activities were abbreviated, facilitators prioritized core content to preserve key learning objectives. For example, the glitter in the water bottle activity was adapted to save time but still conveyed the intended message, that the glitter (chemical response to love) makes it hard to see through the water (think clearly).

Facilitator preparedness and classroom management also appeared to support implementation fidelity. The presence of two facilitators improved classroom dynamics, with one able to manage the learning environment while the other focused on content delivery.

1B. What adaptations, if any, were made to the program? (e.g., cultural competence, other adaptations) Why were adaptations made? Did they meet the needs of youth? If not, why? If yes, how?

Key findings

Adaptations appeared to support program delivery and made content feel more accessible and relevant to a diverse range of youth participants. Many of these adjustments aimed to foster engagement and emotional safety, while maintaining alignment with core curriculum components. These adaptations included the incorporation of relevant media, the use of facilitator storytelling, and a shift from individual to group-based activities—each of which received consistently positive feedback across sites.

Facilitators frequently drew from pop culture to make the curriculum more relatable. Clips from shows like *Black-ish* and *This Is Us*, along with references to popular social media platforms such as Instagram, were perceived by students as relatable, helping connect program content to their everyday lives. Scenario-based discussions were also perceived as highly effective. By allowing students to respond to hypothetical situations rather than share personal experiences, this approach reduced discomfort and encouraged participation. As one observer noted, this strategy “shifted away from forcing them to volunteer private information” and appeared to support a more comfortable classroom environment.

Focus group participants frequently noted responding positively to their facilitators’ willingness to share personal stories. In one example, a facilitator used personal experiences from his own marriage to explain concepts such as the Love Pyramid and the Love Advisor. In another instance, a facilitator shared the story behind her tattoo, which features lyrics from her favorite song as a reminder to stay positive—an example that helped her relate to the students and encouraged them to open up during discussion. These personal touches appeared to model vulnerability and may have contributed to a relaxed classroom atmosphere and deeper student reflection. As one student commented, *“It’s a lot better to see it from someone who actually had the experience instead of someone who is just showing off data charts or something,”* when asked how the program could be improved. Another student added, *“[The facilitator] is really kind. He also talks about... his experience... how he was adopted,”* reflecting students’ appreciation for authenticity and real-life storytelling.

Transforming individual activities into whole-class experiences appeared to support increased engagement. For example, during a values auction activity, students “bid” on values that were most important to them, which created an energetic and collaborative environment. Other complex lesson components were simplified and adapted to suit students’ age groups and fit within the available time. Replacing dense material with interactive games, group problem-solving tasks, and relaxed discussions was associated with stronger student engagement and comprehension—particularly in time-constrained settings—while still upholding fidelity to core lesson goals.

While participants perceived these adaptations as helpful and engaging, it is important that facilitators ensure each activity remains clearly tied to the lesson’s learning objectives. In one instance, a Kahoot quiz successfully engaged students, but it was unclear how the quiz content connected back to the main lesson. Although this occurred only once, it serves as a reminder that all adaptations should retain instructional purpose. Additionally, facilitators should consider language needs in future sessions. In one observation, a student who primarily spoke Spanish asked for questions to be repeated in her native language so she could participate—highlighting the need to accommodate language barriers in real time.

A noteworthy adaptation mentioned only once was the use of inclusive language, such as referring to a “partner” instead of “boyfriend” or “girlfriend.” This small shift was described as *“a notable success, especially in addressing male stigmas,”* underscoring the importance of culturally responsive communication. Another successful adaptation involved allowing students to submit questions anonymously—by writing them down to be read aloud later by the facilitator. These seemingly simple strategies contributed to a more inclusive, respectful, and emotionally safe learning environment.

2. How many sessions of the intervention did participants attend?

Key findings

Among all enrolled participants (N=3,207), 34.3% attended an average of 12 out of 13 curriculum sessions, including make-up sessions, while 65.7% attended 13 sessions. Among those who completed the program (N=2,243), 82.6% attended an average of 13 curriculum sessions, including make-up sessions.

3A. What aspects of programming address the needs of the student population? Are youth satisfied with the services received?

Key findings

Survey findings indicated that participants reported feeling more knowledgeable and confident following the program. Over 90% of youth agreed that they better understand what makes a relationship healthy, learn new skills they plan to use, and feel confident in their ability to apply what they learned. Additionally, 82.3% found the program helpful overall, suggesting a high level of satisfaction among participants.

Focus group participants consistently shared that the program addressed topics they found relevant and informative. For many, this was their first opportunity to openly discuss relationships, boundaries, communication, and sexual health in a structured setting and introduced information that appeared to fill prior knowledge gaps. One student shared, *"It's not like our parents would talk to their children about certain stuff like that... if I could get a place to learn this stuff from, sitting in a classroom, then I wanted to listen."*

Students frequently linked their satisfaction to the facilitators' relatable and conversational approach that encouraged reflection. One participant said, *"I told myself I wasn't going to need this... but the way he explained everything gave me a whole different view of a relationship."* Focus group participants appreciated the facilitators' personal stories, wellness check-ins, and genuine interest in their well-being. One participant recalled, *"Most of the mornings when I came early on time, I would see him outside in the hallway, and I would just have a conversation with him and he'd tell me the topic we were going to discuss that day. And it was just a really good way to connect with him more. And I feel like that's a key factor to truly understanding what he's trying to tell us."* Lastly, many students expressed gratitude for the facilitators' willingness to explain things in different ways when a student did not initially understand a concept. *"They helped a lot. And if you still didn't get it, they would repeat it in a different way so we could understand it better, and they'd explain it very carefully."*

Key topics that resonated with students included toxic relationships, STDs, communication, and setting boundaries. Examples of favorite lessons shared by focus group participants include:

- Toxic Relationships: Helped students recognize abuse, understand warning signs, and reflect on their own relationships.
- STDs: Addressed gaps in knowledge, prompted reflection on risk, and emphasized the importance of prevention.
- Communication: Taught students conflict resolution, emotional expression, and the value of in-person conversations.
- Setting boundaries: Clarified consent, personal rights, and the ability to set limits even in ongoing relationships.

These lessons were often seen as applicable not only to romantic relationships but also to friendships and family dynamics. Focus group participants also voiced interest in additional topics, including: parenting, mental health, drug use and relationships, friendships, same-sex relationships, sexual assault, self-love, emotional intelligence, and the link between emotions and behavior. Many focus group participants reported that they shared what they learned with others or used the lessons to support friends in difficult situations.

While overall satisfaction was high, students noted some barriers. Outdated materials—including old survey questions, statistics, and videos—were seen as less engaging. A few students also expressed frustration with the use of PowerPoint-heavy, didactic teaching styles, saying, *“After a while, it was just like another class.”* However, facilitators appeared to respond to this feedback over the course of the program, increasingly incorporating tools like scenario-based discussions and games, which students described as more engaging and relatable. Students consistently reported that key lessons were delivered and reinforced through engaging formats such as group discussions, role plays, and digital tools. As one student reflected, *“All the classes that we took were really helpful and informative. They all brightened my view or brought things to light that I didn't really think about.”*

Some students in the juvenile cohort felt that the content did not reflect their lived experiences, with one explaining, *“Most of us are already parents—I don't think someone should teach us to be parents.”* Still, others in this group found the materials relevant to improving communication and co-parenting. As one juvenile cohort student shared, *“I learned that it's important to have a relationship with your significant other for your child... techniques to not fight in front of your kid... role model for your kid.”*

3B. How do youth address and discuss relationships before and after implementing the program? Are any behaviors changed? Did youth share what they learned with someone in the close family, a peer, or someone they are in a relationship with? If yes, did it change the quality of the youth's relationship with them?

Key findings

Students reported that, prior to the program, many navigated relationships with limited guidance, relying mostly on assumptions or peer examples. Some students reported that while they were initially skeptical, their perspectives shifted over the course of the program. One student recalled, *“I told myself I wasn't going to need this... but the way he explained everything gave me a whole different view of a relationship.”*

Focus groups found that behavioral changes were most noticeable in communication, active listening, taking breaks during arguments, conflict resolution, and emotional regulation. Participants reported using techniques such as pausing during arguments, expressing themselves more calmly, and respecting boundaries. One participant shared, *“It helped me process it and I did try to apply it in my relationship.”* Participants reported greater awareness of emotional regulation and conflict management strategies. One participant explained, *“I used to be really childish when it comes to relationships. Any little inconvenience, I'd make it a big deal. I just learned how to communicate more efficiently and respectfully.”*

Through these discussions, students described gaining new awareness of negative relationship dynamics in themselves and others. Some participants described their decision to end unhealthy relationships, which they discussed during the focus groups. As one participant shared: *“Okay. Before this program, I kept going back to this guy and now I'm... [leaving] that to rest, it's not good for me.”* Another reflected on their relationship with a significant other, *“It was very eye opening. 'Cause now I know that it was toxic the whole time...”* These reflections may indicate a greater sense of awareness, and agency among some participants.

A recurring theme across focus groups was the belief that relationships should not be rushed—either emotionally or physically. Students discussed how sexual activity should follow a foundation of emotional connection, rather than serve as the starting point as well as the importance of consent and how to assert their boundaries.

Many youth also shared what they learned with peers, siblings, partners, and parents. One student described encouraging a friend to slow down in relationships: *"Get to know the person... when you guys have that moment, it's actually meaningful."* Another recounted advising a sibling who ended a relationship based on those discussions: *"He told me that he ended the relationship... and said he just wasn't thinking straight before."*

These insights were not just intellectual. Several youth described applying lessons to their romantic relationships. One said, *"Yes I told my girl [about working through those problems] ...I also expressed my concerns to her about how I think about it, and how we use these skills, and we actually went ahead and used them and it turned out pretty well."* These examples illustrate how some participants reported using what they learned in conversations with others, which may reflect informal diffusion of program-related concepts within their peer networks.

Lastly, many focus group participants did not express interest in getting into a long-term relationship or marriage. This appeared to be more reflective of their age and stage of life than any influence from the program itself, as many held this view prior to participation. However, for the participants who mentioned interest in future marriage or long-term commitment, they expressed that the program encouraged them to reflect on pathways to healthy relationships. One student described their outlook, *"I think that with my partner eventually, 'cause not everyone is perfect, not every relationship is always the best. But I think after time of working it out, talking it through, always finding a solution and ending on good terms, I feel like you can have a very long relationship up to always marriage or having a family."*

VII. Discussion and conclusions

A. Implications

Findings indicate that most participants entered the program with generally positive attitudes toward healthy relationships. While overall changes across domains were modest, the program was associated with reinforcement of accurate beliefs and shifts in responses related to specific misconceptions about marriage and relational communication.

Knowledge of Healthy Relationships

Youth demonstrated improvements across all items measuring knowledge of healthy relationships, with statistically significant gains on 9 out of 10 items. The largest increases occurred in areas where baseline knowledge was relatively low, including emotional maturity, consent, and sexual health. More modest gains were noted for items with higher baseline knowledge, suggesting that the curriculum may played a role in reinforcing prior understanding.

Attitudes Related to Dating Violence

Overall, participants generally expressed positive attitudes toward non-violent relationships at baseline. Although changes over time were limited, the data suggest some shifts in attitudes related to respectful communication and bystander intervention. Endorsement of disapproval of physical violence remained high across both time points, while responses on items involving more nuanced relational norms showed modest variation.

Attitudes Toward Valuing and Aspiring to Healthy Marriages and Relationships

A slight, statistically significant decrease was observed in mean scores on items related to valuing and aspiring to healthy marriages and relationships. This pattern is consistent with focus group findings in which participants indicated that marriage was not a primary focus for them at this stage in life. Nevertheless, slight increases in disagreement with the belief that "feelings of love should be enough to sustain a happy marriage" and with the statement that "living together is the same as being married" point to possible changes in how youth evaluate relational maturity and commitment.

In contrast, small decreases in endorsement of already highly rated values, such as encouraging one another or enjoying time together, were observed, though these remained above 93%, suggesting limited room for further improvement. Similarly, attitudes regarding healthy communication showed high levels of endorsement at both time points, with only minor changes in specific response patterns.

Subgroup Differences in Knowledge and Attitude Outcomes

In addition, no significant subgroup differences were found in attitude outcomes, indicating that participants across diverse groups reported comparable changes. For knowledge outcomes, most subgroups showed similar improvements; however, youth referred by schools showed slightly greater gains in knowledge compared to those referred by juvenile justice or child welfare agencies. This consistent pattern across subgroups may reflect the broad relevance of the program's engagement strategies and content delivery for participants from diverse demographic backgrounds. Thus, the study found that high implementation fidelity and quality, coupled with strong participant engagement and appropriate content dosage, were associated with significant knowledge enhancements and meaningful attitudinal shifts, reinforcing the program's overall success in supporting possible positive changes in youth perceptions and understandings of healthy relationships in a minority-majority urban setting.

Exploratory analyses examined whether program outcomes varied across key demographic subgroups, including ethnicity, age, and referring organization type. No significant associations were found between changes in youth knowledge or attitudes and these variables, suggesting that the program was experienced as similarly helpful across participant groups with different backgrounds and referral contexts. This consistency suggests the program may have broad applicability and potential for engagement across all demographic groups. However, findings from the attrition analysis revealed small but statistically significant differences in completion rates by demographic characteristics. Male and Hispanic participants were more likely to complete the program, while 9th-grade students had notably lower completion rates compared to upper-grade peers. These differences indicate that while outcome gains were similar among completers, certain subgroups may face greater barriers to sustained engagement.

To enhance completion rates in implementation and replication, it is important to proactively support groups with higher attrition risk. For example, 9th-grade students—who may be experiencing transitional challenges—may benefit from targeted engagement strategies, additional support at program entry, or developmentally tailored content. Additionally, programs should consider culturally responsive practices to maintain the high engagement observed among Hispanic participants and ensure similar responsiveness to other groups. As found in the implementation study, relevant media, facilitator support for language barriers (e.g., in-class translation), and facilitator use of inclusive language (e.g., "partner") were successful ways of engaging students. Additionally, requests for adaptations to content were voiced by youth with different lived experiences (e.g., juvenile cohort).

Program Satisfaction

Finally, the implementation study noted that students expressed high levels of satisfaction with program content, delivery, and engagement in session topics, with many citing the quality of facilitation as a contributing factor. The students responded positively to the facilitation style, which they felt encouraged deeper reflection of their existing beliefs. This approach also appeared to create opportunities for students to consider how program concepts applied to real-world scenarios, particularly in the context of their own relationships. The satisfaction and active engagement likely contributed to participants' positive experience, as reflected in outcome survey results.

C. Limitations and future directions

A few limitations should be considered when interpreting the findings from this study.

For the outcome study, facilitators reported that some questions on the Dibble's knowledge survey were confusing, particularly those worded as double negatives. This was especially problematic for middle school participants, who may have had difficulty understanding item intent, potentially affecting the accuracy of their responses.

To assess the internal consistency of the scale used to answer Research Question 3 (see Table IV.3), '*Does participation in the program change participants' attitudes about valuing and aspiring to healthy marriages and relationships at program exit?*', we computed Cronbach's alpha across eight items. The resulting alpha was .525, which falls below the traditional threshold of .70. However, this should not be interpreted as automatically indicating poor reliability. As noted by Nunnally and Bernstein (1994), rigid cutoffs are not always appropriate, particularly when scales are short (fewer than 10 items). Pallant (2016) and Streiner (2003) emphasize that alpha is sensitive to both the number of items and the average inter-item correlation, meaning short scales with moderately correlated items can yield relatively low alpha values while still providing meaningful measurement.

In this case, the mean inter-item correlation was .141, and individual item-total correlations ranged widely, with some falling below .30, suggesting some items may not strongly reflect a single latent construct. This is likely due to the fact that the scale spans multiple conceptual domains: some items address commitment beliefs (e.g., attitudes toward marriage and long-term relationships), while others focus on communication and relationship dynamics (e.g., comfort discussing problems or emotions). Since Cronbach's alpha assumes unidimensionality, its value may be artificially lowered when a scale taps into more than one underlying construct (Tavakol & Dennick, 2011; Graham, 2006). In such cases, alpha tends to underestimate reliability, especially when the tau-equivalence assumption is violated (Cohen & Swerdlik, 2010; Green & Thompson, 2005).

Despite the modest alpha, the items were theoretically aligned with the program's core constructs, and item-level analyses showed consistent shifts in responses over time. These findings support continued use of the scale but suggest that future evaluations may benefit from refining the scale structure, for example, by organizing items into narrower subscales that better capture specific domains.

In contrast, the other two primary scales used in the evaluation (see Table IV.3) demonstrated stronger internal consistency: the relationship knowledge scale ($\alpha = .652$) and the attitudes about intimate partner violence scale ($\alpha = .724$); both fall within an acceptable range for applied research, especially when working with brief measures. These results provide additional confidence in the reliability of those outcomes.

For the implementation study, one limitation was that portions of some focus group recordings were inaudible due to students speaking softly or ambient noise in the school setting. However, detailed notes were taken during each group to ensure that key themes were preserved.

Additional recommendations for future study include addressing language accessibility (e.g., offering programming in Spanish), and revisiting content related to marriage, as cultural shifts and declining marriage rates may affect its perceived relevance among youth.

Finally, it is important to note that this was a non-experimental study with no comparison group, and thus the findings should not be interpreted as causal. Future work could address current limitations by revising survey items to reduce cognitive complexity (e.g., avoiding double negatives), refining the scale structure by organizing items into subscales more closely aligned with specific constructs, conducting focus groups in smaller, acoustically controlled environments, improving audio recording methods to ensure participants' voices are clearly captured, and periodically reviewing curriculum content to ensure it remains relevant in light of evolving social norms and participant demographics.

D. Other lessons learned

Other lessons learned focused on the importance of building rapport and creating psychological safety for participants to create positive outcomes. The implementation study found multiple ways of addressing this, including facilitator relatability, authenticity, and emotional availability, facilitators' efforts to build personal relationships and check in on wellness, and encouraging participants to submit anonymous questions to be answered by the facilitator in front of the class.

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IX. Appendices

A. Logic model (or theory of change) for program

The logic model for the Ready 4 Life program can be found below.

Table A.1. READY 4 Life Logic Model.

| Inputs | Target Population | Activities | Outputs | Outcomes | Impact |
|---|--|---|--|--|--|
| MDCPS Public Schools, Charter, and Private Schools, other youth centers | Students, primarily in grade 9 & 10, in schools in Miami & youth- serving institutions | Train staff | 6 trained Ready4Life Health Educators | R4L youth receive high-quality programming | Improve well- being for vulnerable youth |
| EBP Materials | | Select and on-board sites | # of sites onboarded | R4L youth have knowledge, attitudes, skills and behaviors to succeed in healthy relationships | Promote healthy adolescent development |
| Organization al capacity of HFM | 300 participants year 1 | Recruit/enrol l youth participants | # of sessions delivered | | Increase number of stable marriages |
| | | Deliver the Relationship Smarts Curricula | # of students attending sessions | Improve community networking | Improve family functioning |
| TA for Fidelity to program delivery | 600 participants per year for years 2-5 2700 total | Conduct screenings and assessments | 2,700 participants will complete 90% of RE sessions | Increase in coordination of community resources across social determinants of health for vulnerable youth | Improved family stability, resulting in improved child safety, permanency and well-being |
| Independent Evaluation Services | | Provide incentives for student participation | Monthly information dissemination briefs; number of social- media posts | | |
| Stakeholder support - schools and youth- serving programs, community support | | | # of events attended e.g., community events, forums and community-wide prevention planning | Long Term Outcomes Reduce dating violence Increase family communication skills | |
| | | Create individualize d student case plans for indicated participants | # of youth with individualized case plans | | |
| | | Refer youth to appropriate services | # of youth connected to services | | |

| | | | | | |
|--|--|--|--|--|--|
| | | <p>Share outcomes and resources via flyers and social media platforms and/or other web-based platforms</p> <p>Conduct stakeholder advisory board meetings</p> <p>Participate in community events</p> | | | |
|--|--|--|--|--|--|

B. Attrition analyses and tables

The study assessed the potential for missing data to bias our findings on client outcomes by comparing the characteristics of clients in the analytic sample (i.e., those who completed both entrance and exit surveys) to those of enrolled clients who were not included in the analysis. Specifically, we examined characteristics collected at enrollment, including gender, age, ethnicity, and grade level. We used chi-square tests for categorical variables and independent samples *t*-tests for continuous variables to assess whether differences between the groups were statistically significant.

Clients included in the outcomes analysis were more likely to be male, Hispanic, and in higher grade levels (particularly 10th and 11th grades). For example, 11th-grade participants had a completion rate of 78.4%, compared to just 42.2% among 9th-grade participants. While these group differences were statistically significant, the effect sizes were small (Cramér's $V = .055-.120$), indicating a weak association between grade level. No significant differences were found in age, with completers and non-completers having nearly identical average ages (14.72 vs. 14.73 years, $p = .828$). These findings suggest that while demographic characteristics were associated with study completion, the potential for systematic bias in outcome estimates may be minimal.

Table B.1. Differences in baseline demographic characteristics of youth individual samples

| Characteristic | Clients included in the outcomes analysis completed both entrance and exit surveys and successfully completed the program | | Clients not included in outcomes analysis (completed entrance survey but not exit survey) | | p-value |
|---|---|------|---|------|---------|
| | n | % | n | % | |
| Gender | | | | | .002 |
| Female | 998 | 44.8 | 437 | 51.1 | |
| Male | 1203 | 54 | 412 | 48.2 | |
| Ethnicity | | | | | <.001 |
| Hispanic/Latino | 1919 | 86.4 | 696 | 81.4 | |
| Race | | | | | .433 |
| American Indian or Alaska Native | 54 | 2.4 | 21 | 2.4 | |
| Asian | 31 | 1.4 | 19 | 2.2 | |
| Black or African American | 403 | 18.1 | 183 | 21.3 | |
| Native Hawaiian or other Pacific Islander | 21 | 0.9 | 15 | 1.7 | |
| White | 1257 | 56.4 | 490 | 57 | |
| Other | 516 | 23.2 | 158 | 18.4 | |
| Age (M ± SD) | 14.7 (.969) | | 14.7 (.969) | | 0.828 |
| Current Grade Level | | | | | <.001 |
| Less than 9th grade | 19 | 1.0 | 26 | 3.6 | |
| 9th grade | 1191 | 63.5 | 480 | 66.2 | |

| | | | | |
|-----------------------------|-----|------|-----|------|
| 10th grade | 514 | 27.4 | 142 | 19.6 |
| 11th grade | 75 | 4 | 41 | 5.7 |
| 12th grade | 65 | 3.5 | 31 | 4.3 |
| Working toward a GED | 11 | 0.6 | 4 | 0.6 |
| College | 1 | 0.1 | 1 | 0.1 |
| Vocational/Technical School | - | - | - | - |
| Primary Language | | | | .078 |
| English | 508 | 22.9 | 229 | 26.9 |
| Spanish | 670 | 30.2 | 254 | 29.8 |
| English and Spanish equally | 984 | 44.3 | 343 | 40.3 |
| Other | 59 | 2.7 | 26 | 3.1 |

Notes. Source is the applicant characteristic survey from the nFORM.
SD=Standard Deviation.

C. Technical details on outcomes and implementation analyses

Outcome Study Analyses Technical Details

A randomly generated identification number was used to link survey data across time points and surveys to individuals without including personally identifiable information. The ID is stored in the nForms—the Applicant Characteristics Survey (demographics), Entrance Survey (pre-program), and Exit Survey (post-program). For Research Question 1, the nFORM Client ID was collected as part of the Dibble survey, which was administered through the Qualtrics platform. This ID was used to link responses from the Dibble survey to the corresponding nFORM survey data.

To assess the internal consistency of the multi-item scales used in the outcome study, Cronbach's alpha coefficients were calculated for each construct. This analysis was conducted in SPSS using pre-test data. Items designed to measure the same underlying construct, such as knowledge of healthy relationships, attitudes toward dating violence, and attitudes about valuing and aspiring to healthy marriages and relationships were grouped accordingly. For each scale, Cronbach's alpha was computed to evaluate the extent to which the items consistently reflected a single latent construct. Reverse-coded items were included in the analysis, having been properly recoded prior to reliability testing to ensure that all items were aligned in the same conceptual direction.

For Research Question 1, a paired samples t-test was conducted to evaluate the effect of the program's outcomes related to participant's knowledge of healthy relationships measured by the Dibles survey. Items were dichotomized as 0 (incorrect) to 1 (correct). For Research Questions 2-3, a paired samples t-test was conducted to evaluate the effect of the program's outcomes related to participants' attitudes about dating violence, as measured by eight nFORM items rated on a 4-point scale (1 = Strongly Agree or Not At All Important to 4 = Strongly Disagree or Very Important). Higher scores reflect more favorable or prosocial attitudes.

The following nFORM items were reverse-coded prior to analysis for Research Question 3 in order to ensure consistent directionality for the summary score evaluating attitudes toward healthy relationships, and for the paired-samples t-tests:

- *"In a healthy relationship, it is essential for couples to talk about things that are important to them."*
- *"Even in a good relationship, couples will occasionally have trouble talking about their feelings."*

This coding ensured that higher scores consistently reflected more positive attitudes about healthy communication within relationships.

For Research Question 4, bivariate Kendall's tau-b correlations were computed to examine the associations between change scores on youth knowledge and attitudes outcomes, socio-demographic variables, and referring organization type. For variables that were statistically significantly associated with the outcome change scores, a one-way ANOVA was conducted to examine whether the change in pre- to post-test scores in healthy relationship attitudes (using items from the nFORM) or in knowledge of healthy relationships (using items from the Dibble instrument) differed across groups. The Games-Howell test was used for post hoc comparisons to account for potential variance differences among groups.

Implementation Study Analyses Technical Details

First, two coders reviewed the guides and transcripts to develop a code list revised for clarity by the Principal Investigator (PI). Program observations were coded separately from the focus groups, as they may have different codes. Then, a qualitative data analysis software, NVivo, was used to code the dataset. Next, coders conducted an inter-rater reliability test to determine the degree of agreement for coding between the users. A Kappa coefficient (κ) of 0.4, indicating fair agreement, was obtained for more than 80% of the codes (QSR International, 2020). After the first test for inter-rater reliability, codes with a Kappa coefficient (κ) of $< .4$ were reviewed, and a consensus was achieved between the two coders. After a consensus meeting and recoding, a second test for inter-rater reliability was conducted. A Kappa coefficient (κ) of greater than 0.61 was achieved in more than 80% of the codes after the second coding round, indicating substantial agreement.

D. Additional analyses

Outcome Study- Research Question 1: Item-level outcome findings for Knowledge of Health Relationship questions.

Table D.1. Changes in knowledge of healthy relationships from baseline to follow-up.

| Outcome | Sample size (n = 1,034) | Pre (% correct) | Post (% correct) |
|---|----------------------------|-----------------|------------------|
| Knowledge of Healthy Relationships | | | |
| Which of these is not a good example of emotional maturity? ** | | | |
| | | 22.8 | 35.3 |
| Which of these is a good example of a healthy relationship? | | | |

| Outcome | Sample size (n = 1,034) | Pre (% correct) | Post (% correct) |
|---|----------------------------|-----------------|------------------|
| | | 92.0 | 92.6 |
| Which of these is not one of the basic human needs?** | | | |
| | | 85.0 | 91.3 |
| Which of these is not considered dating abuse?** | | | |
| | | 87.3 | 90.1 |
| Which of these is considered consent?** | | | |
| | | 56.9 | 77.6 |
| Which of these is not one of the Six Parts of Intimacy?** | | | |
| | | 70.8 | 77.8 |
| Which of these is not a risky situation for sex?** | | | |
| | | 56.8 | 70.8 |
| Which of these STDs is curable?** | | | |
| | | 39.4 | 65.3 |
| Which of these won't help someone be ready to be a parent?** | | | |
| | | 65.5 | 73.6 |
| The biggest myth about the use of social media is:** | | | |
| | | 48.2 | 64.1 |

**p<.05, based on a paired-samples t-test comparing baseline and follow-up scores.

Source: Dibbles Survey.

Outcome Study- Research Question 2: Changes in attitudes about dating violence from baseline to follow-up.

Table D.2. Changes in attitude about dating violence from baseline to follow-up.

| Outcome (Sample size) | Pre (%) | Post (%) |
|--|---------|----------|
| Attitudes about Dating Violence | | |
| Do not call each other names? (n = 1904) ** | | |
| Very Important | 54.0 | 75.3 |

| Outcome (Sample size) | Pre (%) | Post (%) |
|---|---------|----------|
| Not At All Important | 45.1 | 24.1 |
| Do not threaten each other? (n = 1908) ** | | |
| Very Important | 92.1 | 92.8 |
| Not At All Important | 7.0 | 6.7 |
| Do not push, shove, hit, slap, or grab each other? (n = 1919) | | |
| Very Important | 92.1 | 93.4 |
| Not At All Important | 7.0 | 6.3 |
| Do not fear each other? (n = 1903) | | |
| Very Important | 93.8 | 92.3 |
| Not At All Important | 5.3 | 7.0 |
| A person who makes their partner angry on purpose deserves to be hit (n = 1893) | | |
| Strongly Disagree or Disagree | 87.7 | 87.4 |
| Strongly Agree or Agree | 11.2 | 11.6 |
| Sometimes physical violence, such as hitting or pushing, is the only way to express your feelings (n = 1902) | | |
| Strongly Disagree or Disagree | 90.8 | 89.8 |
| Strongly Agree or Agree | 8.2 | 9.7 |
| Violence between dating partners is a personal matter, and people should not interfere (n = 1876) ** | | |
| Strongly Disagree or Disagree | 81.4 | 82.9 |
| Strongly Agree or Agree | 17.2 | 15.5 |
| It's okay to stay in a relationship even if you're afraid of your boyfriend/girlfriend. (n = 1889) | | |
| Strongly Disagree or Disagree | 92.0 | 91.1 |
| Strongly Agree or Agree | 6.9 | 7.7 |

**p < .05, based on a paired-samples t-test comparing baseline and follow-up scores.
Source: nForm.

Outcome Study- Research Question3: Changes in attitudes about healthy marriages and relationships.

Table D.3. Changes in attitudes about healthy marriages and relationships.

| Outcome (Sample size) | Pre (%) | Post (%) |
|--|----------------|-----------------|
| Attitudes about Healthy Marriages and Relationships | | |
| In the end, feelings of love should be enough to sustain a happy marriage (n = 1906) | | |
| ** | | |
| Strongly Disagree or Disagree | 41.6 | 53.8 |
| Strongly Agree or Agree | 57.4 | 45.1 |
| Living together is just the same as being married (n = 1918)** | | |
| Strongly Disagree or Disagree | 72.8 | 76.9 |
| Strongly Agree or Agree | 26.6 | 22.3 |
| Do not cheat on each other? (n = 1932)** | | |
| Very Important | 96.1 | 93.9 |
| Not At All Important | 3.6 | 5.6 |
| Encourage each other when life is hard? (n = 1918) ** | | |
| Very Important | 95.0 | 93.2 |
| Not At All Important | 4.4 | 6.0 |
| Enjoy spending time together? (n = 1921)** | | |
| Very Important | 96.4 | 93.8 |
| Not At All Important | 2.8 | 5.8 |
| In a healthy relationship, it is essential for couples to talk about things that are important to them (n = 1937)** | | |
| Strongly Disagree or Disagree | 12.4 | 16.5 |
| Strongly Agree or Agree | 87.5 | 83.1 |

| Outcome (Sample size) | Pre (%) | Post (%) |
|--|---------|----------|
| Even in a good relationship, couples will occasionally have trouble talking about their feelings.(n = 1914)** | | |
| Strongly Disagree or Disagree | 11.2 | 15.7 |
| Strongly Agree or Agree | 88.0 | 83.5 |
| A relationship is stronger if a couple doesn't talk about their problems (n = 1907)** | | |
| Strongly Disagree or Disagree | 90.7 | 87.4 |
| Strongly Agree or Agree | 8.7 | 11.3 |

**p < .05, based on a paired-samples t-test comparing baseline and follow-up scores.

Source: nForm.

Implementation Study

The NVivo analysis coding table can be found below.

Table D.4. NVivo implementation study analysis coding table.

| Code Name | # of Codes | % of Codes across full data set | Code Description | Code Name |
|------------------------|------------|---------------------------------|--|------------------------|
| Fidelity | 45 | 4.6% | This code captures how closely the program is being implemented according to its intended design and structure, including consistency in delivery and adherence to curriculum. | Fidelity |
| Program Implementation | 8 | 0.8% | This code captures responses related to how closely the program followed the original design and structure, including the delivery of content and consistency in the approach. Includes notes on how the program was delivered on-site, including facilitator actions, use of materials, or any noticeable challenges during delivery. | Program Implementation |
| Environment | 37 | 3.8% | Observations of the physical environment where the program takes place, including seating arrangements, technology, and overall comfort as well as observations of the emotional or social atmosphere of the session (e.g., relaxed, tense, supportive). | Environment |

| | | | | |
|-------------------------------|------------|--------------|---|-------------------------------|
| Program Adaptations | 66 | 6.8% | This code identifies any changes or modifications made to the program to better fit the needs of the participants, such as cultural adaptations or adjustments for specific youth needs. | Program Adaptations |
| Cultural Competence | 7 | 0.7% | Responses discussing any changes made to make the program more culturally relevant or sensitive to participants' background. | Cultural Competence |
| Adaptations for Youth Needs | 34 | 3.5% | Instances where adaptations were made to better meet the specific needs of the youth in the program. | Adaptations for Youth Needs |
| Effectiveness of Adaptations | 25 | 2.6% | Responses assessing whether adaptations improved or hindered the program's effectiveness for the participants. | Effectiveness of Adaptations |
| Program Quality | 309 | 31.9% | This code focuses on the effectiveness of the program in addressing the needs, interests, and satisfaction of the youth, including the relevancy of content and skill development. | Program Quality |
| Relevance of Program Content | 101 | 10.4% | Participants' feedback on how well the program content addressed their needs, interests, and life situations. | Relevance of Program Content |
| Skill Development | 65 | 6.7% | Descriptions of how the program helped develop specific skills (e.g., relationship skills, communication skills). | Skill Development |
| Student Satisfaction | 143 | 14.8% | Youth satisfaction with the program, including what they liked and disliked. | Student Satisfaction |
| Relationship Attitudes | 265 | 27.4% | This code explores how youth perceive and discuss their relationships both before and after participating in the program, including any changes in behavior or attitudes toward relationships. | Relationship Attitudes |
| Pre-to-post program views | 164 | 17% | Insights into how participants viewed relationships before the program, and changes in participants' attitudes towards relationships after the program, including attitudes toward love, commitment, communication, and new insights or perspectives. | Pre-to-post program views |
| Behavioral changes | 44 | 4.5% | Observations of any specific behavioral changes in relationships after the program (e.g., better communication, healthier boundaries). | Behavioral changes |

| | | | | |
|---------------------------------|------------|--------------|---|---------------------------------|
| Sharing knowledge | 57 | 5.9% | Instances where youth share what they've learned from the program with family, peers, or others, and how that affected their relationships. | Sharing knowledge |
| Youth Engagement | 282 | 29.2% | This code examines the level of youth involvement in the program, including their participation, interest, and emotional investment in the activities and content. | Youth Engagement |
| Participation level of interest | 119 | 12.3% | Descriptions of how actively participants engaged in the program, including their involvement in activities, discussions, or exercises and their feelings of connection or relevance to the topics discussed. | Participation level of interest |
| Participant interaction | 97 | 10.0% | Observations about how participants interacted with one another and with the facilitators during the session. | Participant interaction |
| Engagement strategies | 66 | 6.8% | Methods used by facilitators to engage the participants, including interactive activities, discussions, or multimedia tools. | Engagement strategies |

NOTE: Parent (bolded) codes were auto-aggregated to include the child (non-bolded) codes.

E. Program Sites

Ready4Life Program sites are listed below:

- AcadeMir Preparatory Academy
- African Heritage Cultural Arts Center
- Boys & Girls Club Hank Kline
- Boys and Girls Club Kendall
- Boys and Girls Club Northwest
- Boys and Girls Club South Beach
- Boys and Girls Clubs of Miami
- Branches Inc, Florida City
- Branches Inc.
- Brito Miami Private School
- City of Hialeah Educational
- City of Hialeah Educational Academy
- COHEA
- Dave and Mary Alper Jewish Community Center
- Downtown Doral Charter School
- Downtown Doral Charter Upper School
- Faces Learning Academy
- Great Heights Academy
- Higher Ground
- His House Children's Home
- Homestead Police Athletic League
- Jewish Community Center
- Miami Dade Public Library Kendale Lakes
- Miami Edison Senior High School
- Miami Youth Academy
- MLMPI
- Naranja Community Resource Center
- Overtown Youth Center
- SLAM! Miami
- SmartEn Sports Academy
- Tamiami Basketball Team Thunder
- Teen Upward Bound
- The Resource Room
- Touching Miami with Love
- Youth Success Afterschool Program

F. Data collection instruments

The Ready 4 Life Programs' data collection instruments included:

- Healthy Marriage Youth Entrance and Exit Surveys
- Applicant Characteristics Survey
- The Dibbles Institute baseline and post-program knowledge survey
- Focus group interview guide
- Site Observation template