

Instruction.

There are 5 abstracts. All 5 abstracts conducted one type of program evaluation. Please select the correct type of evaluation for the following abstract.

Here are the 5 types of program evaluation.

- Needs Assessment
- Program Monitoring
- Process Evaluation
- Outcome Evaluation
- Impact Assessment Study

1. () on quality improvement intervention

To design potentially successful quality improvement (QI) interventions, it is crucial to make use of detailed breakdowns of the implementation processes of successful and unsuccessful interventions. () can throw light on the mechanisms responsible for the result obtained in the intervention group. It enables researchers and implementers to (1) describe the intervention in detail, (2) check actual exposure to the intervention, and (3) describe the experience of those exposed. This paper presents a framework containing features of QI interventions that might influence success. Attention is paid to features of the target group, the implementers or change agents, the frequency of intervention activities, and features of the information imparted. The framework can be used as a starting point to address all three aspects of process evaluation mentioned above. () evaluation can be applied to small scale improvement projects, controlled QI studies, and large scale QI programmes' each case it plays a different role.

2. Cancer Care in East and Central Harlem: Community Partnership ()

In the largely African American and Hispanic communities of East and Central Harlem in New York City (NYC), health inequities are glaring. Mortality from cancer is 20–30 % higher than in Manhattan and 30–40 % higher than rates in the general population in NYC. Despite advances in risk assessment, early detection, treatment, and survivorship, individuals in Harlem and similar urban communities are not benefiting equally. Guided by community-based participatory research, this study serves as an important step in understanding cancer care needs and the range of factors that impact the disparate rates of cancer in East and Central Harlem. Forty individual interviews were conducted with community leaders and residents. Major themes included: need for appropriate supportive services; health care access and financial challenges; beliefs related to stigma, trust, and accountability; and the impact of the physical environment on health. Community partnership intervention providing health education was seen as a critical area of need and intervention.

3. An () of the SOS Suicide Prevention Program

Objectives. We examined the effectiveness of the Signs of Suicide (SOS) prevention program in reducing suicidal behavior.

Methods. Twenty-one hundred students in 5 high schools in Columbus, Ga, and Hartford, Conn, were randomly assigned to intervention and control groups. Self-administered questionnaires were completed by students in both groups approximately 3 months after program implementation.

Results. Significantly lower rates of suicide attempts and greater knowledge and more adaptive attitudes about depression and suicide were observed among students in the intervention group. The modest changes in knowledge and attitudes partially explained the beneficial effects of the program.

Conclusions. SOS is the first school-based suicide prevention program to demonstrate significant reductions in self-reported suicide attempts.

4. () of non-pharmaceutical interventions against coronavirus disease 2019 and influenza in Hong Kong: an observational study

Background

A range of public health measures has been implemented to suppress local transmission of [coronavirus disease 2019](#) (COVID-19) in Hong Kong. We examined the effect of these interventions and behavioral changes of the public on the incidence of COVID-19, as well as on influenza virus infections, which might share some aspects of transmission dynamics with COVID-19.

Methods

We analyzed data on [laboratory-confirmed COVID-19 cases](#), [influenza surveillance data in outpatients](#) of all ages, and influenza hospitalizations in children. We estimated the daily effective reproduction number (R_t) for COVID-19 and [influenza A H1N1](#) to estimate changes in transmissibility over time. Attitudes towards COVID-19 and [changes in population behaviors](#) were reviewed through three telephone surveys done on Jan 20–23, Feb 11–14, and March 10–13, 2020.

Findings

COVID-19 transmissibility measured by R_t has remained at approximately 1 for 8 weeks in Hong Kong. Influenza transmission declined substantially after the implementation of social

distancing measures and changes in population behavior in late January, with a 44% (95% CI 34–53%) **reduction in transmissibility in the community**, from an estimated R_t of 1.28 (95% CI 1.26–1.30) before the start of the school closures to 0.72 (0.70–0.74) during the closure weeks. Similarly, a 33% (24–43%) **reduction in transmissibility was seen based on pediatric hospitalization rates**, from an R_t of 1.10 (1.06–1.12) before the start of the school closures to 0.73 (0.68–0.77) after school closures. Among respondents to the surveys, 74.5%, 97.5%, and 98.8% reported wearing masks when going out, and 61.3%, 90.2%, and 85.1% reported avoiding crowded places in surveys 1 (n=1008), 2 (n=1000), and 3 (n=1005), respectively.

Interpretation

Our study shows that non-pharmaceutical interventions (including border restrictions, quarantine and isolation, distancing, and changes in population behavior) were associated with reduced transmission of COVID-19 in Hong Kong and are also likely to have substantially reduced influenza transmission in early February 2020.

5. Parent engagement in an original and culturally adapted evidence-based parenting program, Legacy for Children: ()

Legacy for Children™ (Legacy) is an evidence-based program focused on promoting sensitive, responsive parenting for socioeconomically disadvantaged families. Legacy has recently been culturally and linguistically adapted for Spanish-monolingual Latino families and is being piloted in partnership with an early childhood education program. We conducted a mixed methods study to identify barriers and facilitators to engagement, using () data sources from both participant and group leader perspectives. We conducted qualitative analyses of open-ended data to **identify distinct barriers** (e.g., employment challenges, health-related challenges and appointments) **and facilitators** (e.g., other mothers in the group, interest in program topics) **to engagement** that emerged across English and Spanish language curriculum versions; **curriculum-specific barriers and facilitators were also documented**. We interpret these findings in light of quantitative data on measures of engagement, showing that participants in the Spanish curriculum evidenced comparable levels of parent–group leader relationship quality relative to the English group, and higher levels of parent's group support/connectedness and overall satisfaction. These results offer promising considerations for optimizing families' engagement in parenting programs in the context of early care and education settings.