



The Evaluation of the Positive Prevention Plus Curriculum in Southern California (RCT #1)

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Intervention Name	Positive Prevention PLUS
Intervention Description	Positive Prevention PLUS is a combination of the Positive Prevention HIV/Sexually Transmitted Disease (STD) Prevention Education curriculum (five lessons) and the Positive Prevention PLUS, Sexual Health Education for California Youth curriculum (five lessons). The Positive Prevention Curriculum addresses risk factors and behaviors associated with unplanned teen pregnancy. Positive Prevention PLUS consists of 11 45-minute lessons designed to be taught on 11 consecutive school days by regular health, science, or physical education classroom teachers in grades 9–12 of public high schools. Project staff provide teachers with a required 2-day, in-person training plus a one-day supplemental online training on curriculum content and delivery. The topics of the 11 lessons include (1) introduction to the curriculum and reproductive anatomy; (2) healthy relationships and dating violence; (3) family planning and contraception; (4) California Safe Surrender law and decision making; (5) risks and stereotypes associated with HIV/AIDS and STD infections; (6) HIV infection and AIDS; (7) STD signs, symptoms, and testing; (8) unprotected sex and condom use; (9) peer and media pressures; (10) community resources and a personal health contract; and (11) life planning and goal setting.
Counterfactual	Business as usual
Counterfactual description	Students in control group classrooms received the standard health, science or physical education curriculum. Control groups schools and teachers were asked to refrain from providing any sex-related classroom instruction or schoolwide Teen Pregnancy Prevention or STD-focused activities. Control group teachers were allowed to discuss human reproduction if relevant to their curriculum (for example, in a biology course), but not pregnancy or STD prevention. Instructors of health were allowed to address related risk behaviors, such as decision making and refusal skills for drug prevention as long as they did not discuss them in relation to pregnancy or STD prevention.
Primary Research Question(s)	(1) What is the impact of Positive Prevention PLUS relative to a control group on the initiation of sexual activity six months after the end of the intervention? (2) What is the impact of Positive Prevention PLUS relative to a control group on those who have ever been pregnant six months after the end of the intervention? (3) What is the impact of Positive Prevention PLUS relative to a control group on birth control use six months after the end of the intervention?
Additional Outcomes	Attitudes towards abstinence, self-efficacy to negotiate condom use, self-efficacy to use condoms, self-efficacy for refusing sexual intercourse, parental communication regarding sex, use of reproductive health services
Sample	Eligible students included all male and female 9th-grade students from 19 high schools enrolled in mandatory 9th-grade health or science classes, to which the district assigns students randomly. Of the 7,107 eligible students, 3,204 obtained parental consent and were enrolled in the study.
Setting	The evaluation took place at 19 public high schools across five school districts within Southern California.

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Research Design	<p>This evaluation was a one cohort clustered randomized controlled trial (CRCT). The unit of randomization was at the school site level and the unit of analysis was the individual student. The school district assigned students to health and science classes and teachers essentially randomly.</p> <p>In fall 2011, parental consent forms were delivered to teachers for distribution to student participants by the principal investigator (PI) and his staff after memoranda of understanding had been signed by each school district and class rosters had been received by the PI. Parental consent was obtained before random assignment. After consent was obtained, school sites were randomly assigned into either the treatment (n = 10) or control (n = 9) condition. Treatment sites agreed to implement the Positive Prevention PLUS curriculum in their 9th-grade courses. Control sites agreed to not provide any teen pregnancy prevention education within the study period. The project director and PI notified the lead teacher at each school site as to their group assignment. After randomization occurred, one school site control group (with 101 students) was dropped from the study because the school principal refused to allow pretest data collection to occur.</p> <p>The evaluation team collected data at four points: (1) baseline data collection occurred approximately two weeks after parental consent forms were distributed and approximately one week before the beginning of the program, (2) first program follow-up was 30 days after the last day of program implementation, (3) the second follow-up was six months after the end of the program, and (4) the third follow-up was approximately one year after the end of the program. Baseline data were collected in each student's regular class period. During follow-up, students were pulled into a central location (for example, the library) by the original (that is, baseline survey) class period. Data were collected on the same date for all study schools in each district. Participants completed a self-administered, paper-and-pencil survey available only in English as a group during their regular class period.</p>
Impact Findings	To be determined when analyses are complete.
Implementation Findings	To be determined when analyses are complete.
Schedule/Timeline	Sample enrollment concluded September 2011. Baseline data collection ended in October 2011, the 30-day follow-up data collection ended in December 2011, the six-month data collection ended in May 2012, and the 12-month follow-up data collection ended in December 2012. An initial report of findings was given to program staff in June 2012. This report of findings was used internally for program improvement and modification in preparation for a second CRCT.