



The Evaluation of Alaska Promoting Health Among Teens, Comprehensive Abstinence and Safer Sex Project (AKPHATComp) in Alaska

Grantee	State of Alaska, Department of Health and Social Services Project Director: Mollie Rosier, mollie.rosier@alaska.gov
Evaluator	University of Alaska Anchorage, Institute of Social and Economic Research Evaluation Lead: Stephanie Martin, smartin@uaa.alaska.edu
Intervention Name	Alaska Promoting Health Among Teens, Comprehensive Abstinence and Safer Sex Project (AKPHATComp)
Intervention Description	<p>The AKPHATComp curriculum is designed to provide teens ages 14 to 19 with (1) increased knowledge about preventing HIV, STDs, and pregnancy; (2) more positive attitudes and beliefs about abstinence and condom use; (3) increased confidence in their ability to negotiate abstinence; (4) increased confidence in their ability to negotiate safer sex and correctly use condoms; (5) stronger intentions to abstain from sex, or use condoms if they have sex; (6) a lower incidence of risky sexual behaviors associated with HIV and STDs; and (7) a stronger sense of pride and responsibility in making a difference in their lives.</p> <p>The curriculum is delivered to high-risk youth including Alaska Native youth, youth in foster care and homeless youth, in Alaska in Anchorage and small rural communities. Because the geographically dispersed communities are difficult to reach, delivery occurs in small groups that are very spread out from one another. The curriculum is delivered in 12 modules, which can occur over multiple sessions. Each module is designed to last about 60 minutes and is administered in a small-group format via peer educators. All 12 modules are typically administered within a two-week period.</p> <p>AKPHATComp is an adaptation of PHATComp, an evidence-based program that has been shown to reduce the number of sexual partners of African American students in 6th and 7th grades. The main adaptation is the use of peer educators rather than adults. The entire curriculum is taught by at least two peer educators, ages 16 to 21, who are supervised by an adult. Peer educators are true peers of high-risk youth and provide the program to groups of 4–10 teens. Peer educators use “we” and “us” instead of “you” and “teens”. AKPHATComp was adapted to target 14- to 19-year-olds rather than 11- to 18-year-olds. Therefore, language for preteens was eliminated. The curriculum has also been adapted to make it culturally appropriate for Alaska by including talking circles, a forum that Alaska Natives use to discuss important issues. Talking circles include the use of talking sticks, which are passed from one person to the next to systematically identify who is allowed to speak. Other cultural adaptations for Alaska include simplifying the language by reducing metaphors and urban language. The use of penis models was removed from the curriculum.</p>
Counterfactual	Business as usual
Counterfactual Description	The project did not provide any programming for youth in the control group. Similar programming is almost nonexistent in Alaska. The Alaska Department of Education and Early Development does not have specific health education standards, other than mandating students to complete one-half credit of physical education or one-half credit of health education. The schools in the participating school districts do not have sexual health requirements. The rural school districts’ health classes focus on nutrition and physical fitness. However, one Anchorage high school started a pilot program that offers an elective course on healthy relationships and sexuality education.
Primary Research Question(s)	(1) What is AKPHATComp’s impact, compared with no program, on whether a youth used condoms during sexual intercourse at the six-month post-program follow-up? (2) What is AKPHATComp’s impact, compared with no program, on whether a youth abstained from sexual intercourse at the six-month post-program follow-up?
Additional Outcomes	No additional outcomes

The Evaluation of Alaska Promoting Health Among Teens, Comprehensive Abstinence and Safer Sex Project (AKPHATComp) in Alaska

Sample	<p>Youth ages 14 to 19 who were clients of community organizations were recruited to be in the study sample. Youth self-selected to become part of the evaluation by returning signed consent and/or assent forms. The program was delivered to cohorts, which were defined as the group of youth who were randomized on the same date at the same site. Cohorts were small, ranging in size from 5 to 16 youth. The final sample size is expected to be about 250 youth.</p>
Setting	<p>There were two rural sites—one in Homer, Alaska, and one in Bethel, Alaska—and two sites in Anchorage. Two of the four sites served primarily Alaska Native youth; the other two served an ethnically diverse clientele. Each of the four sites worked with several local organizations to deliver the program. One Anchorage site served homeless youth and delivered programs at a homeless shelter, as well as in local behavioral health facilities. The other Anchorage site served Alaska Native youth and delivered programs through Alaska's foster care organization, in its own facility, and in Alaska Native villages. The two rural sites delivered programs in alternative schools, in their own sites, and in Alaska Native villages.</p>
Research Design	<p>The research design is an individual randomized controlled trial. Recruitment methods are similar across the four sites. Peer educators recruited potentially eligible youth through flyers, Facebook messages, emails, and local events, such as health fairs and community meetings. Professional staff members also helped to recruit youth through contact with local behavioral health organizations, school staff, and other peers. Programs provided pizza parties, raffles, and other incentives to youth who obtained consent forms and attended the baseline survey administration.</p> <p>Youth younger than 18 were required to provide consent forms signed by a parent or guardian, as well as a signed assent form. Parents or guardians also could provide consent over the telephone. Youth 18 and older signed their own consent forms.</p> <p>Youth began the baseline survey after providing consent forms, and randomization occurred while they were taking the survey. Participants' names were entered into an Excel spreadsheet and youth were randomly assigned to one of the two conditions using an Excel program. Assignments were announced after the baseline survey was completed.</p> <p>Baseline surveys are conducted on paper. Follow-up surveys are conducted using paper or online surveys at 3, 6, and 12 months after programming.</p>
Impact Findings	<p>To be determined when data collection and analysis are complete.</p>
Implementation Findings	<p>To be determined when data collection and analysis are complete.</p>
Schedule/Time Line	<p>Randomization ends July 2014. Six-month follow-up data collection ends January 2015. A final report, which focuses on six-month follow-up data, will be available to the Office of Adolescent Health in 2015-2016.</p>