



The Evaluation of the Pono Choices Pregnancy and STI Prevention Program in Hawaii

Grantee	University of Hawaii, Center on Disability Studies Kelly Roberts, Ph.D., Principal Investigator, robertsk@hawaii.edu , (808) 956-2303
Evaluator	IMPAQ International Linda Toms Barker tomsbarker@impaqint.com ; 808-934-9297
Intervention Name	Pono Choices
Intervention Description	<p>Pono Choices is a culturally responsive teen pregnancy and sexually transmitted infection (STI) prevention program that seeks to provide adolescents with the knowledge, attitudes, and skills necessary to reduce their risk of STIs and unintended pregnancy by incorporating medically accurate information, character education, and the traditions and practices of the Hawaiian host culture. Pono Choices is delivered in group sessions to 7th- and 8th-grade middle school students (ages 11–14) as part of the regular middle school health curriculum. Pono Choices is a 9.5-hour program made up of 10 modules. It can be delivered on a flexible schedule (from one to five times per week), depending on the schedule of the implementation site. Because classes and bell schedules vary greatly across school sites, the curriculum was constructed to be delivered across varied numbers of sessions, as long as all 9.5 hours of content are delivered in sequential order and all activities are covered.</p> <p>Pono Choices program content covers the following topics:</p> <ul style="list-style-type: none">• Setting long- and short-term goals• Identifying characteristics of healthy and unhealthy relationships• How to communicate effectively• Making good decisions about one's sexual health• Knowledge of how STIs are transmitted• Knowledge of birth control methods, including abstinence• Hormonal and barrier birth control methods• Knowledge of refusal skills, and application of refusal skills through scenarios• Skills in correct condom use, through a teacher and student demonstration <p>The program contains a scripted teacher/facilitator curriculum manual and teacher/facilitator program kit that includes PowerPoint presentations, videotapes and audio recordings, and other materials needed for each lesson.</p>
Counterfactual	Business as usual
Counterfactual Description	The counterfactual condition in control group schools is the business-as-usual sexual health instruction that takes place in regular 7th- and 8th-grade health classes. The state of Hawaii does not use a standard sexual health curriculum across schools, and the Hawaii Department of Education (DOE) does not specify a level of dosage. Classes range from one or two sessions to six weeks of classes or, occasionally, sessions scattered throughout the semester. The Hawaii DOE does not clearly specify program content. Control school teachers report covering anatomy, pregnancy prevention, STI prevention, refusal skills, and condom demonstration.
Primary Research Question(s)	What is the impact of Pono Choices, relative to business as usual, on avoiding unprotected sexual intercourse (defined as intercourse without a condom or effective method of birth control) among youth as measured 22 months after the program ends?
Additional Outcomes	Initiation of sexual activity, knowledge of condom use, attitudes toward safe-sex behavior, intention to engage in safe-sex behavior

The Evaluation of the Pono Choices Pregnancy and STI Prevention Program in Hawaii

Sample	<p>The sample consisted of 36 randomly assigned middle schools. All public and charter schools were eligible to participate, except those that included 6th grade (which were being considered for another study). In the first year of the project (fall 2011), 19 schools were recruited and randomly assigned. In May 2012, an additional 17 schools were recruited and randomly assigned. Of the 36 schools recruited and randomized into treatment and control groups, 34 participated in the study. Each participating school identified one health teacher to participate. In schools where the participating teacher taught more than two periods of health, the first two classes of students were enrolled in the study.</p> <p>The target sample for impact analyses was defined as all students who were enrolled in the target health education classes in study schools from spring 2012 to spring 2013 whose parents consented to their participation in the study. The study included 1,783 students across three semester cohorts.</p>
Setting	<p>The study is being conducted in middle schools across the state of Hawaii on Oahu, Maui, Hawai'i, Kaua'i, and Moloka'i islands.</p>
Research Design	<p>The evaluation of Pono Choices uses a cluster random assignment design in which schools are the unit of random assignment and students within schools are the unit of analysis. Schools were assigned using restricted randomization, in which schools were blocked or stratified to ensure that the resulting allocation of schools in the treatment and control groups was balanced in the number of schools and key school characteristics. The two school characteristics used as stratification criteria were (1) public versus charter school and (2) island. The basic analytic approach to impact analyses uses an intent-to-treat model to draw statistical inferences on the effects of a randomized offer of Pono Choices on student outcomes.</p> <p>Students in participating sexual health classes were asked to have their parents provide consent before completing a baseline survey before the beginning of the sexual health curriculum. Random assignment occurred before the parent consent process so that teachers in treatment schools could be trained in delivering the curriculum before the beginning of the semester. However, parents were not informed of the schools' treatment status before their consent to participate was obtained.</p> <p>Data collection included assessments of the fidelity of implementation using facilitator logs and independent observations, as well as baseline, immediate post-test (treatment group only), 10-month, and 22-month follow-up surveys of students. Student surveys were collected in person in group administrations, using a consistent script across schools as much as possible. When students could not participate in group administration, individual surveys were administered by mail with extensive telephone, email, and repeat mail follow-ups. In addition, program staff interviewed teachers at the end of the semester to get feedback on the curriculum (from the program schools) or information on business as usual (from control schools).</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/Timeline	<p>Enrollment of the three cohorts of students ended in May 2013. The 10-month follow-up data collection ended in July 2014, and 22-month follow-up data collection ends in July 2015. A final report, which focuses on 22-month follow-up data on two cohorts, will be available to the Office of Adolescent Health in 2015-2016.</p>