



The Evaluation of the Healthy Futures Teen Pregnancy Prevention Program in Public Middle Schools in Three Northeastern Massachusetts Cities

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Evaluator	JSI Research & Training Institute, Inc. Evaluation Lead: Tamara Calise, tcalise@jsi.com
Intervention Name	Healthy Futures
Intervention Description	Healthy Futures (HF) is a comprehensive teen pregnancy prevention program that targets change at the individual, interpersonal, organizational, and community levels. The middle school program comprises eight 50-minute classroom-based holistic sexuality education sessions offered in the 6th, 7th, and 8th grades (24 sessions over three years), as well as a number of interacting components. These components include virtual classroom education (www.onmylevel.org) and two optional 10-week programs: “Rhymin’ It Write,” an after-school program that encourages youth leadership, and “Code A,” a summer program that provides intensive training based on the HF high school curriculum. The intervention’s parenting component encourages parent-child communication. It comprises parent connection/interactive worksheets linked to classroom curricula, information booklets and monthly emails to parents discussing the risks of adolescent sexual activity, and an optional parent program involving four 90-minute sessions. The HF program has been revised from an abstinence-only program to now emphasize delay of sexual initiation, with added components on safer sex practices for reducing sexually transmitted infections and pregnancy.
Counterfactual	HF Control Curriculum
Counterfactual Description	The HF Control Curriculum offers students in the control group two 50-minute classes each year on general health education topics (in accordance with the Massachusetts Health Education Standards). Students in the 6 th grade receive a curriculum on puberty/reproduction and bullying prevention; students in the 7 th grade receive classes on dating-violence prevention; and students in the 8 th grade receive classes on mental health promotion.
Primary Research Question(s)	(1) Does HF reduce the prevalence of students who have ever had sex at immediate follow-up in 8th grade, compared with the control group? (2) Does HF reduce the prevalence of students who have ever engaged in unprotected sex at immediate follow-up in 8th grade, compared with the control group?
Additional Outcomes	Sex in the past three months, unprotected oral sex, number of sexual partners, age at first sex, sexual knowledge, attitudes, and beliefs, family relationships, communication with parents/adults, confidence in limit-setting, and reasons for sexual delay.
Sample	This longitudinal study included students attending 6th grade in the 2011–2012 school year from 14 middle schools in three districts and students attending 6 th grade in the 2012–2013 school year from one additional middle school from one of the participating districts. Students participated in the program unless their parents opted them out. Participation in the evaluation study required student assent and parental consent. The study enrolled youth (n = 1,344) attending 15 middle schools.
Setting	Both intervention and control programs are delivered in classrooms across 15 public middle schools in three northeastern Massachusetts cities—Lowell, Lynn, and Haverhill. Trained health educators also deliver the after-school peer leadership component at the treatment schools, and parent components exist in community-based settings for parents of treatment students only.

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Research Design	<p>The research design is a school-cluster randomized controlled trial. Schools within each district were rank-ordered and matched, based on the percentage of students who receive free/reduced-price lunch, and randomly assigned to the treatment (n = 7) or control group (n = 8). Randomization occurred after school principals signed memoranda of understanding. Student assent and parental consent occurred after school randomization.</p> <p>Data sources included five self-administered surveys collected from students over four years: baseline, immediately after each curriculum in the 6th, 7th, and 8th grades, and a one-year follow-up in the 9th grade. Surveys collected information on knowledge, attitudes/beliefs, and family relationships and communications. Surveys in the 8th and 9th grades also contained questions on sexual activity, contraception, birth control, and pregnancy.</p> <p>Additional data included student attendance; fidelity checklists; classroom teacher, HF educator, and HF coordinator surveys; and observation data to evaluate program implementation.</p>
Impact Findings	To be determined when data collection and analysis are complete.
Implementation Findings	To be determined when data collection and analysis are complete.
Schedule/Timeline	<p>Sample enrollment was completed by May 2012 for 14 schools and by April 2013 for one school. Interim follow-up data collection occurs after each curriculum in the 6th–8th grades is completed. The 8th-grade follow-up used in the primary analysis ends April 2015. One-year follow-up data in 9th grade for 14 of 15 schools ends June 2015. A final report, which focuses on the immediate follow-up data on all 15 schools, will be available to the Office of Adolescent Health in 2015-2016.</p>