



The Evaluation of the Positive Prevention Plus Curriculum in Southern California

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Evaluator	California State University, San Bernardino Evaluator: Robert G. LaChausse, Ph.D., rlachaus@csusb.edu
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 intended to be taught on 11 consecutive school days by public school classroom teachers of health, science, or physical education. The curriculum is designed to be used in classrooms of public high schools for grades 9–12. Project staff provided teachers with a required 2-day, in-person training plus a one-day supplemental online training on curriculum content and delivery. Using information collected during an earlier evaluation of Positive Prevention PLUS effectiveness, the grantee and evaluator modified and updated the lesson sequence and content of the curriculum to better address students' needs. The resulting, revised 11 lessons include (1) Getting Started, (2) Life Planning, (3) Healthy Relationships, (4) Relationship Violence, (5) Family Planning and Contraceptives, (6) Myths and Stereotypes, (7) HIV Disease and AIDS, (8) Recognizing and Reducing Risk, (9) Peer and Media Pressures, (10) HIV/STD Testing and Community Resources, and (11) Steps to Success.
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 use 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 in the sample included all male and female 9th-grade students from 22 high schools enrolled in mandatory 9th-grade health, science, or physical education classes, to which the district assigns students randomly. Of the 7,042 eligible students, 4,267 received parental consent and were enrolled in the study.
Setting	The evaluation took place in mandatory 9th-grade, public high school health, science, or physical education classrooms in 22 schools across six Southern California school districts.

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Research Design	<p>This evaluation was a one cohort clustered randomized controlled trial. The unit of randomization was the school site and the unit of analysis was the individual student. The school district randomly assigned students to health, science, and physical education classes and teachers.</p> <p>In spring 2013, the project director (PD) and principal investigator (PI) developed memoranda of understanding with school districts and letters of agreement with each school site. In fall 2013, the evaluation team delivered parental consent forms to classroom teachers for distribution to student participants. Parental consent was obtained before random assignment. After obtaining consent, the PI randomly assigned school sites to either the treatment or control condition. The PD and PI notified the lead teacher at each school site of group assignment. Treatment schools/sites agreed to implement the Positive Prevention PLUS curriculum in their 9th-grade health (N =7), physical education (N = 1), or science (N = 3) classes. Control sites (N = 11) agreed not to provide any teen pregnancy prevention education during the study period.</p> <p>The evaluation team collected data at four points: (1) baseline approximately three weeks after distribution of parental consent forms 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) second follow-up was 6 months after the end of the program, and (4) final follow-up was approximately 12 months after the end of the program. Baseline data were collected during students' regular class periods. For all follow-up data collection, the evaluation team assembled students at a central location (for example, a school library or assembly hall) by the original (that is, baseline survey) class period students were in during program implementation. Data were collected on the same date for all schools in each district over a 10-day period. Participants completed a self-administered, paper-and-pencil survey available in English as a group during their designated class periods.</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	Sample enrollment concluded September 2013. Baseline data collection ended in October 2013, 30-day follow-up data collection ended in December 2013, 6-month follow-up data collection ended in June 2014, and 12-month follow-up data collection ends in December 2014. A final report, which focuses on 6-month follow-up data, will be available to the Office of Adolescent Health in 2015-2016.