

EVALUATION ABSTRACT: THE EVALUATION OF BIG DECISIONS IN TEXAS

Grantee

Grantee Name: Healthy Futures of Texas
Project Lead: Janet P Realini, MD, MPH
Email address: jrealini@hf-tx.org

Evaluator

Evaluator's Organization: Philliber Research and Evaluation
Evaluator Lead: Randi Burlew, Ph.D.
Email address: rburlew@philliberresearch.com

Intervention Name

Big Decisions

Intervention Description

Big Decisions is a promising teen pregnancy prevention intervention that consists primarily of abstinence-plus sexual health education curriculum. The intended dosage for students is 10 classroom-based sexual health lessons.

Classroom teachers, who receive three days of training on the curriculum as well as ongoing technical assistance, deliver Big Decisions lessons to 9th grade students. The lessons take place during normally scheduled classes over the course of three to five weeks. Classes include health, biology, and English. The curriculum focuses on helping youth make good decisions about their sexual health. There are three key messages: (1) having sex with someone is a big decision, (2) abstinence is the most effective way to avoid both pregnancy and sexually transmitted infections, and (3) teens who have sex need to use latex condoms correctly every time to reduce the risk of HIV and other sexually transmitted infections and use contraception to prevent pregnancy.

In addition to a classroom curriculum, Big Decisions also includes a parent component offered to all families. This includes two parent workshops, a parent workbook, and homework for parents and children. The parent workshop meets twice during the period of time when students receive the classroom curriculum. The workshops last for 90 minutes, are offered in both English and Spanish, and are facilitated by district coordinators and grantee staff.

Comparison Condition

Youth Voices

Comparison Condition Description

Youth Voices is a benign comparison intervention that meets for two class sessions over three to five weeks. Classroom teachers deliver Youth Voices to 9th grade students. Teachers deliver sessions during regularly scheduled classes similar to Big Decisions. Students in Youth Voices participate in facilitated discussions about two of seven potential discussion topics (nutrition, physical fitness and exercise, tobacco and e-cigarettes, participation in sports, driver safety, environmental health, and safety at work). Students take a vote, and they discuss the two topics with the most votes during the sessions. Classroom teachers facilitate Youth Voices. Teachers are trained to deliver both Youth Voices and Big Decisions and can deliver both programs to different classes during the same implementation period.

Behavioral Outcomes

Sexual initiation, condom use at last sex, birth control use at last sex, ever pregnant or gotten someone pregnant, sex in the past three months, sex without a condom in the past three months, sex without birth control in the past three months

Non-behavioral Outcomes

Intentions to have sex, intentions to use a condom, intentions to use birth control

Sample and Setting

Healthy Futures of Texas staff recruited four high schools from three rural and semi-rural school districts in Texas for participation in the study. The program targets 9th-grade students in each district for participation. Each high school identified one course required for 9th grade students for program delivery (for example, health, biology, English). To be eligible for participation, students must (1) be in 9th grade, (2) be enrolled in one of the courses identified for program delivery, (3) have parental consent, and (4) provide student assent. The evaluation expects to enroll 2,596 students from 178 classrooms.

Research Design and Data Collection

This evaluation is a cluster randomized controlled trial. Classrooms are the unit of randomization. Two of the three school districts are implementing the program and evaluation once a year and the third school district, with two high schools, is implementing each quarter of the academic year. At the beginning of each round of implementation, parents provide consent for participation. Two weeks before implementation, students provide assent and take the baseline survey. The evaluator randomizes the participating classes the week before implementation.

Youth will be surveyed at baseline, immediately post-intervention, and at 12-month follow-up. Baseline and immediate post-test surveys will be given in the classroom either over the web or by paper-and-pencil. The 12-month follow-up survey will take place in small group settings at the school. Absent students will be surveyed in-person individually by the district coordinator, by phone, or over the web. Teachers, district coordinators, and research staff will collect data. Due to the shortened grant project period ending June 2018, 12-month follow-up data will only be collected through this grant from students who enrolled during the 2016-2017 school year.

Data for an implementation study designed to assess fidelity, attendance, and quality will be collected through fidelity logs, observations, and attendance sheets.

Schedule/Timeline

Sample enrollment and baseline data collection began in September 2016 and will end in the Spring of 2018. Immediate-post data collection began in December 2016 and will end in May 2018, and the 12-month follow-up data collection will begin in December 2017 and will end in May 2018. Due to the shortened project period, 12-month follow-up data will only be collected from students who enrolled during the 2016-2017 school year.