

Evaluation of the Evidence-Based Program *Making Proud Choices!*

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Learning Objectives

- What is the rigorous evidence base for *Making Proud Choices!*?
- Can we replicate the RCT findings when implemented at the community level?
- What explains the variation in outcomes?

Personal Responsibility Education Program (PREP)

- Federal grant to States to replicate evidence-based models proven to:
 - Delay sexual activity;
 - Increase condom or contraceptive use among sexually active youth; or
 - Reduce pregnancy among youth.
- DHHS selected 28 evidence-based models
 - Many are short interventions
 - Few are school-based

PREP in Texas: *Making Proud Choices!*

- Texas declined formula PREP funding
- Planned Parenthood of Greater Texas and EngenderHealth received a competitive PREP grant
- Evidence-based model: *Making Proud Choices!: A Safer Sex Approach to STDs, Teen Pregnancy and HIV Prevention* (MPC!)
- Implemented in two urban schools for three school years (2012-2015)

MPC! Curriculum

- HIV prevention curriculum emphasizing safer sex, including information about abstinence and condoms
- Intervention based on social cognitive theory
- Eight one-hour modules including group discussions, videos, games, brainstorming, and experiential exercises

The MPC! Evidence-Base

Two randomized control trials (RCTs)

Year	Location	Sample	Setting	Follow-ups
1998 ¹	Philadelphia, PA	Low-income African American Mean age: 11.8	Two 4-hour Saturday sessions	3, 6, and 12 months
2010 ²	City in Northeastern United States	Low-income African American Mean age: 12.2	Two or three 4-hour Saturday sessions	3, 6, 12, 18, and 24 months

¹ J.B. Jemmott, L.S. Jemmott, III, G. Fong. (1998). Abstinence and Safer Sex HIV risk-reduction interventions for African-American adolescents: A randomized control trial. *Journal of American Medical Association (JAMA)*, 279, 1529-1536.

² J.B. Jemmott, L.S. Jemmott, III, G.T. Fong. (2010). Efficacy of a Theory-Based Abstinence Only Intervention Over 24 Months. *Archives of Pediatric and Adolescent Medicine*. 164: 2.

MPC! RCT Findings

	1998	2010
Sexual initiation	No Effect	No Effect
Had sexual intercourse in the past 3 months	No Effect	No Effect
Had multiple partners in the past 3 months	Not Measured	No Effect
Had unprotected sexual intercourse in the past 3 months	Favorable	No Effect
Used condoms consistently in the past 3 months	Favorable	No Effect
Condom use knowledge	Favorable	Not Measured
Self-efficacy to use condoms	Favorable	Not Measured

Notes: 1998 results presented for 3 month follow-up; favorable results did not persist at 6 and 12 month follow-ups. 2010 results presented for average of all follow-ups.

MPC! in Texas: Intervention Goals

Intermediate Goals

- Increase knowledge about sex and safer sex
- Shift behavioral beliefs about sexual activity
- Shift attitudes about sex, safer sex, and perceptions of risk
- Increase skills and self-efficacy related to problem solving and negotiation

Behavioral Health Goals

- Decrease frequency of unprotected sexual intercourse
- Increase consistent condom use
- Decrease frequency of sex
- Delay onset of sexual intercourse

MPC! Implementation in Texas

- School-based setting
- African American and Hispanic sample of youth
- Older youth (8th and 9th grades) than RCT samples
- Delivered by community health educators
- Extended delivery schedule (2 to 6 months)
- Supplementary modules on adolescent development and healthy relationships

Evaluation Design

Treatment Group

8th and 9th grade students
Received *MPC!*
curriculum
N= 567

Comparison Group

8th grade students
Received regular health
curriculum
N= 211

- Pre, post, and fadeout surveys (pooled sample)
- Focus groups with students and facilitators
- Observations

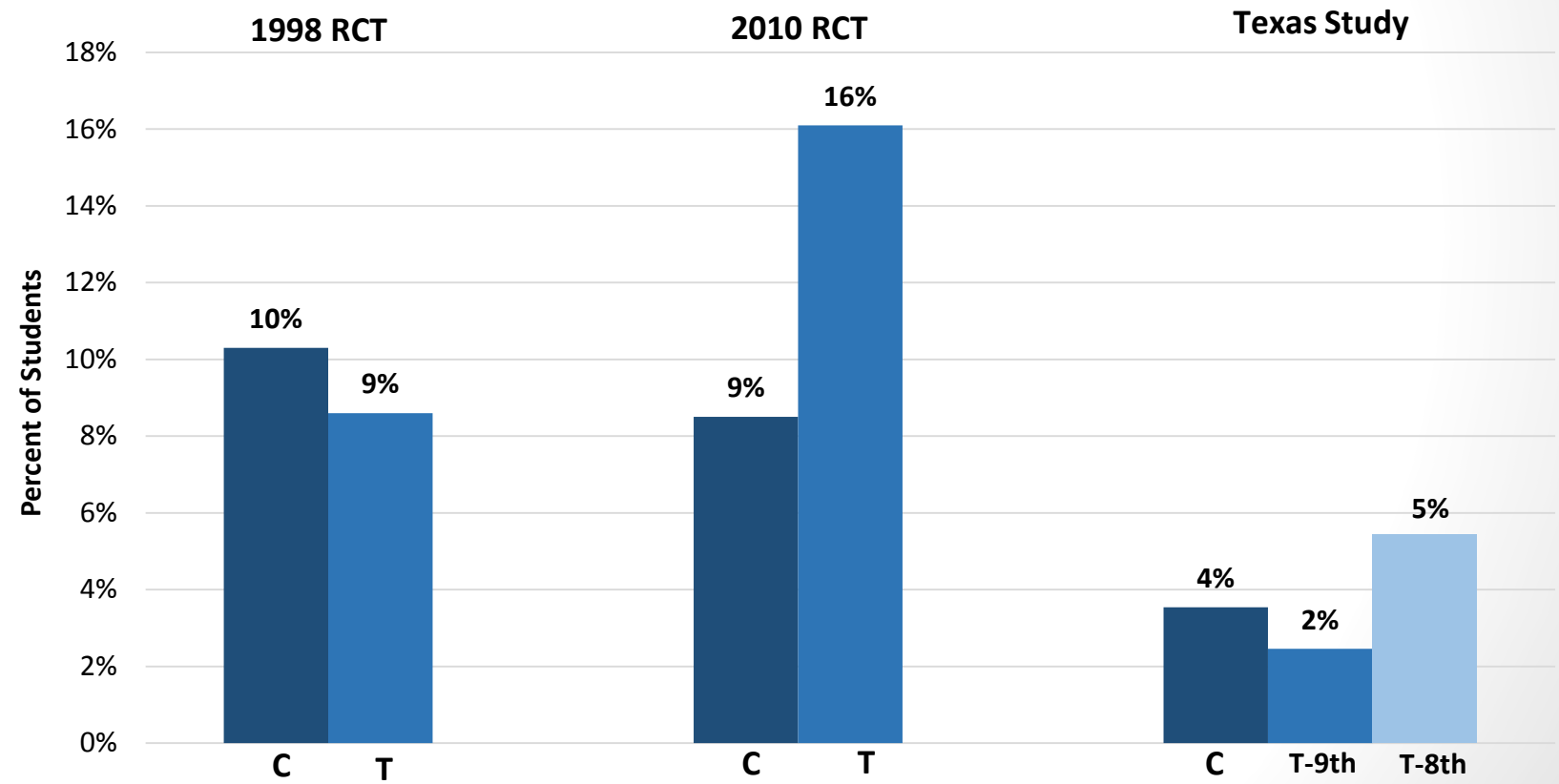
How do the outcomes compare?

- Differences between RCT treatment and control groups are due to program impacts.
- Differences between Texas treatment and comparison groups may be due to other factors
- Variation within the Texas study is important
- Outcomes measured include:
 - Sexual initiation
 - Sexual activity
 - Unprotected sex
 - Consistent condom use
 - Condom use knowledge
 - Self efficacy



Sexual Initiation

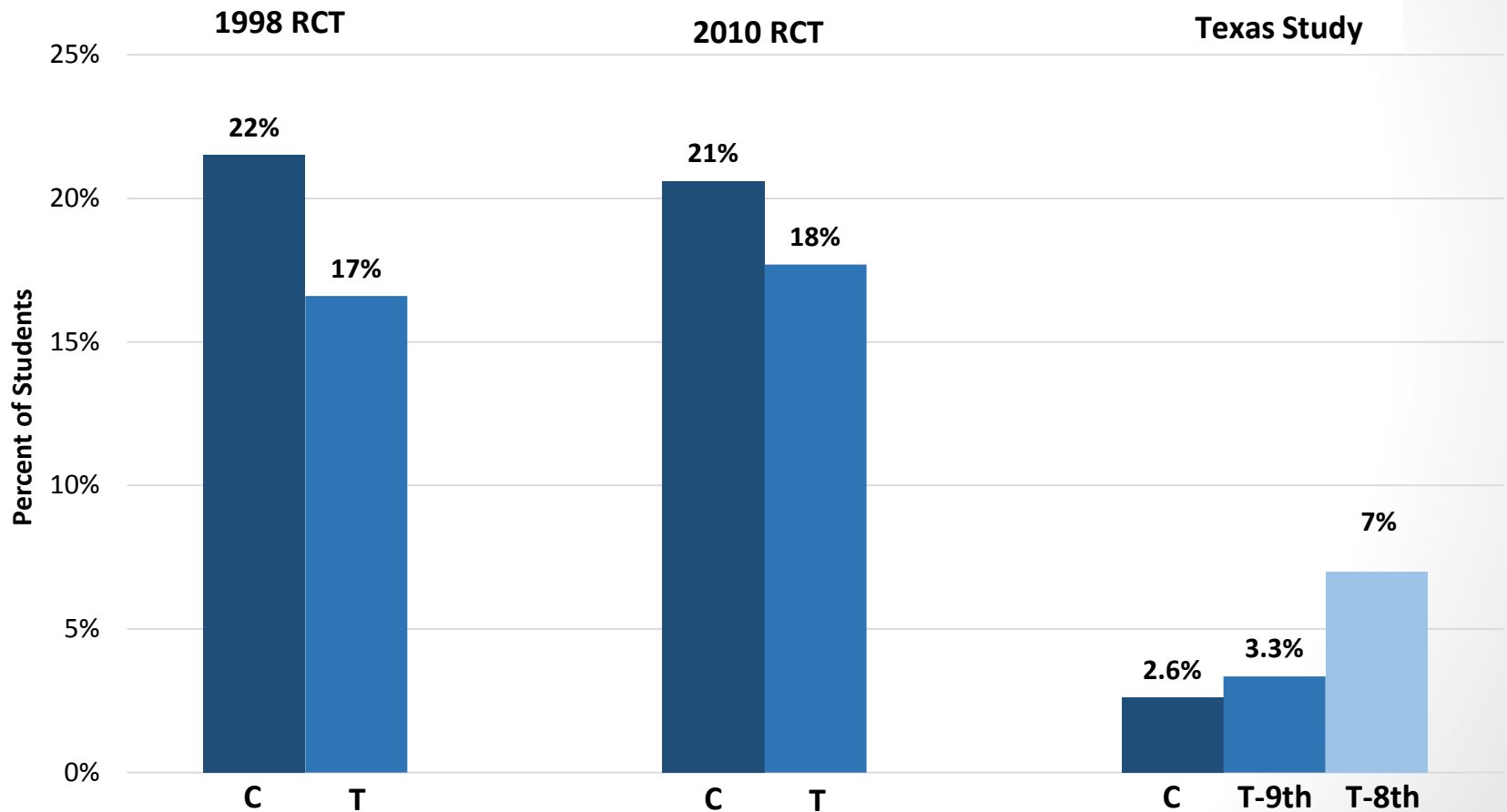
Percent of students having sexual intercourse for the first time between pre and post surveys



Notes: 1998 results presented for 3 month follow-up; 2010 results presented for 3 month follow-up; TX Study results from post-survey.

Sexual Activity

Percent of students who had sexual intercourse in the past 3 months

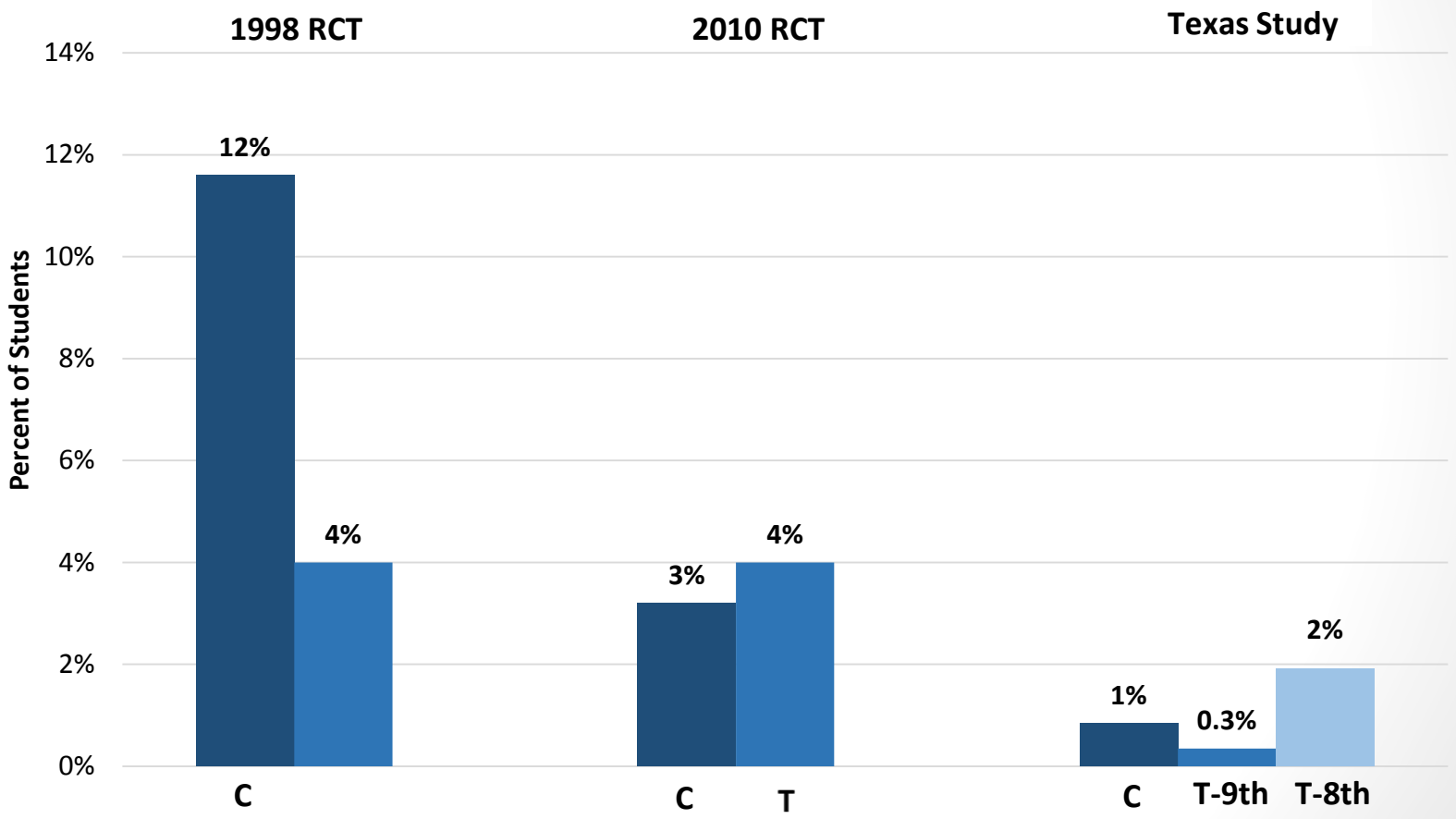


Notes: 1998 results presented for 3 month follow-up; 2010 results presented for 3 month follow-up; Texas Study results from post-survey.



Unprotected Sex

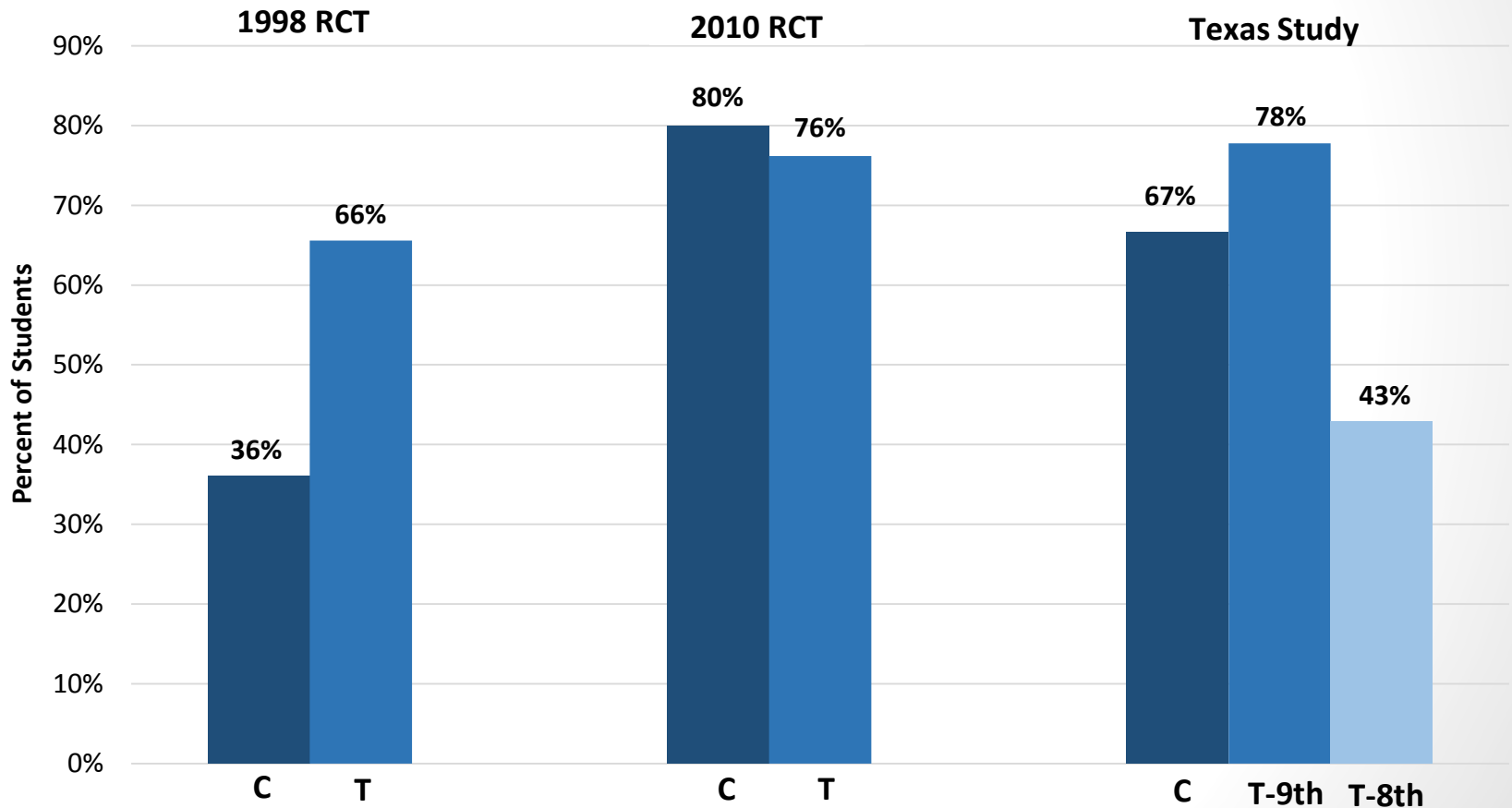
Percent of students who had unprotected sex in the past 3 months



Notes: 1998 results presented for 3 month follow-up; 2010 results presented for 3 month follow-up; Texas Study results from post-survey.

Consistent Condom Use

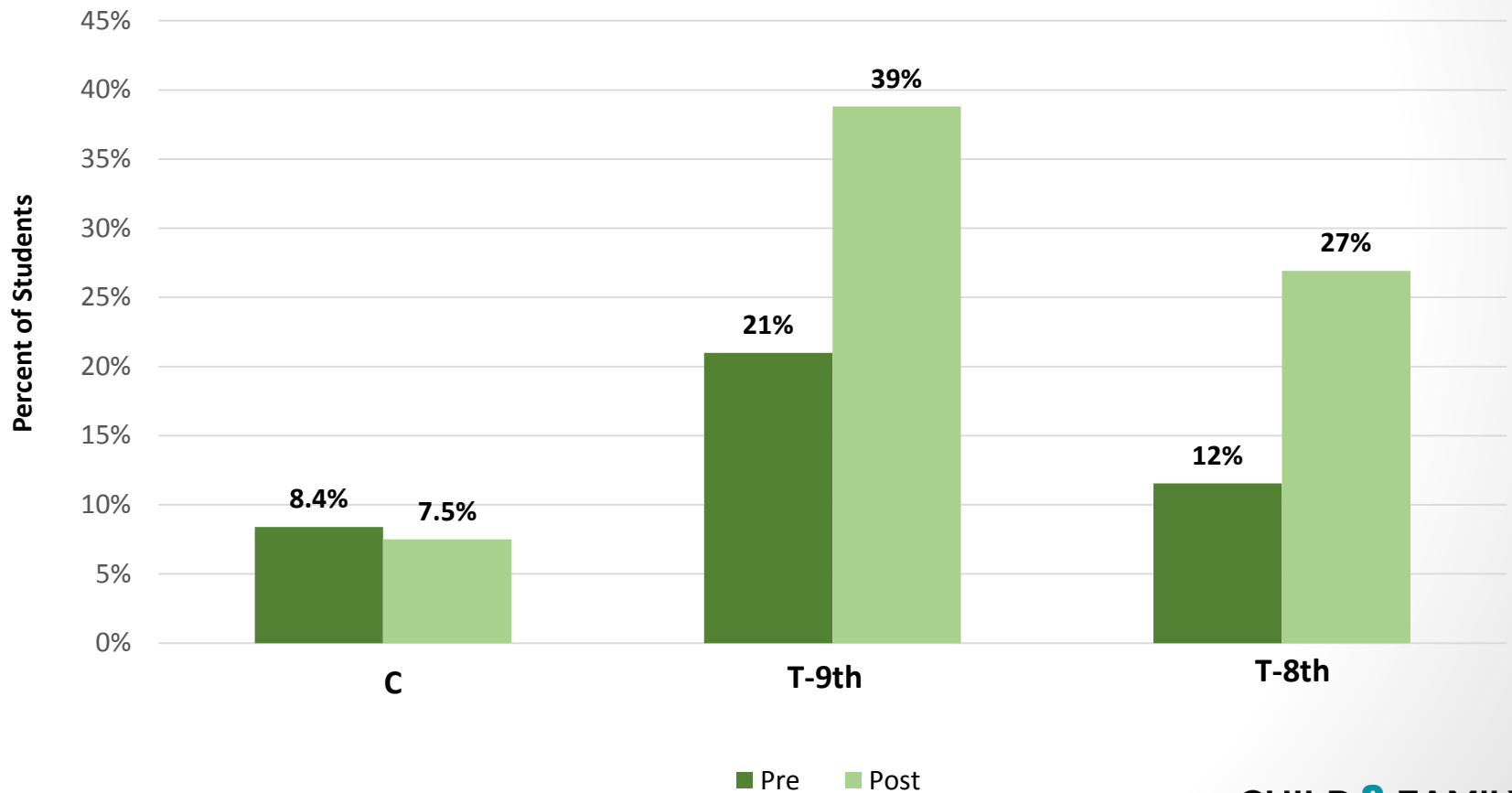
Percent of sexually active students who consistently used condoms in the past 3 months



Notes: 1998 results presented for 3 month follow-up; 2010 results presented for 3 month follow-up; Texas Study results from post-survey.

Condom Use Knowledge

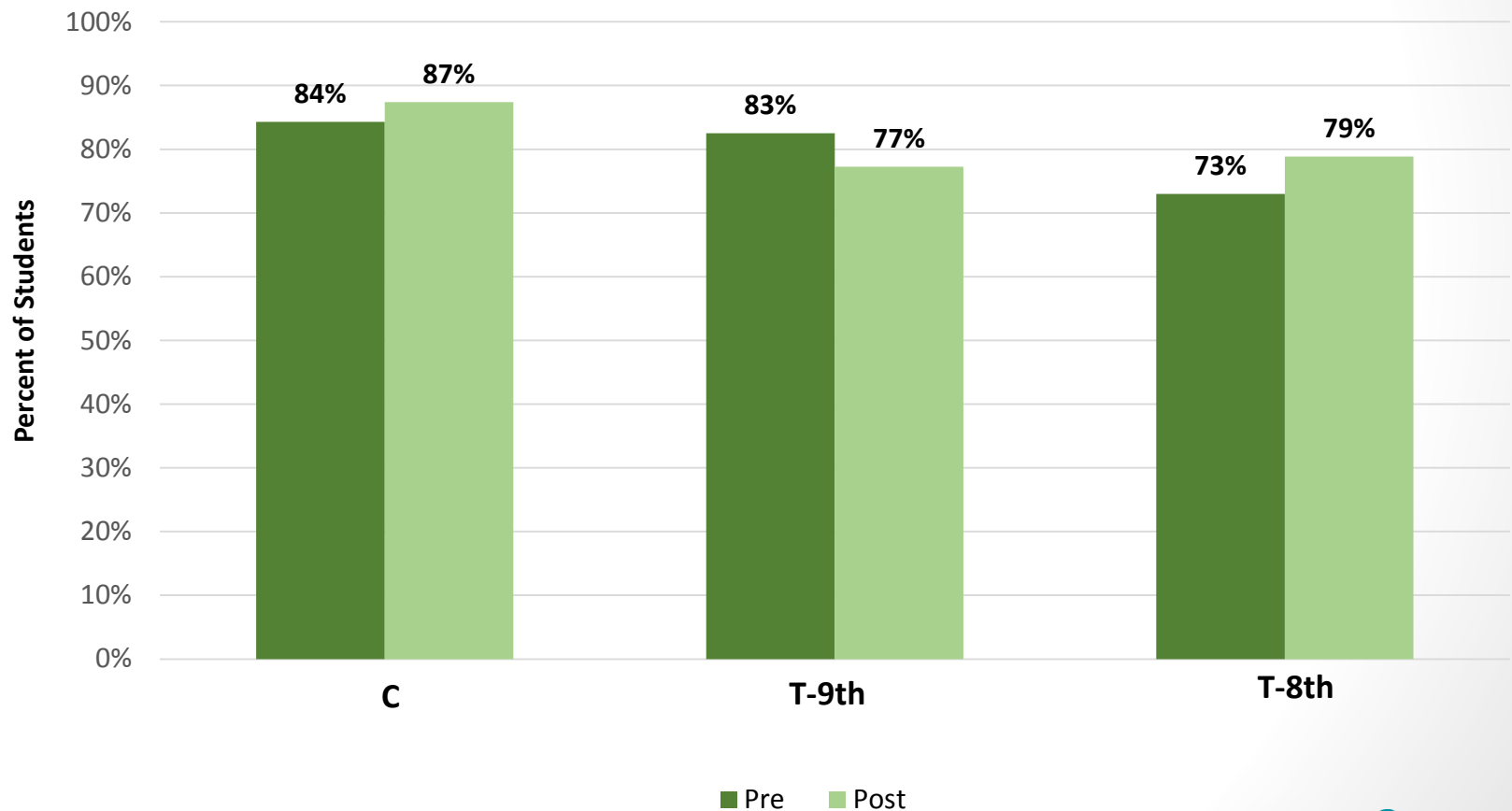
Percent of students answering correctly on four technical questions about condom use



Notes: Results from Texas Study post-survey.

Self efficacy to say no to sex

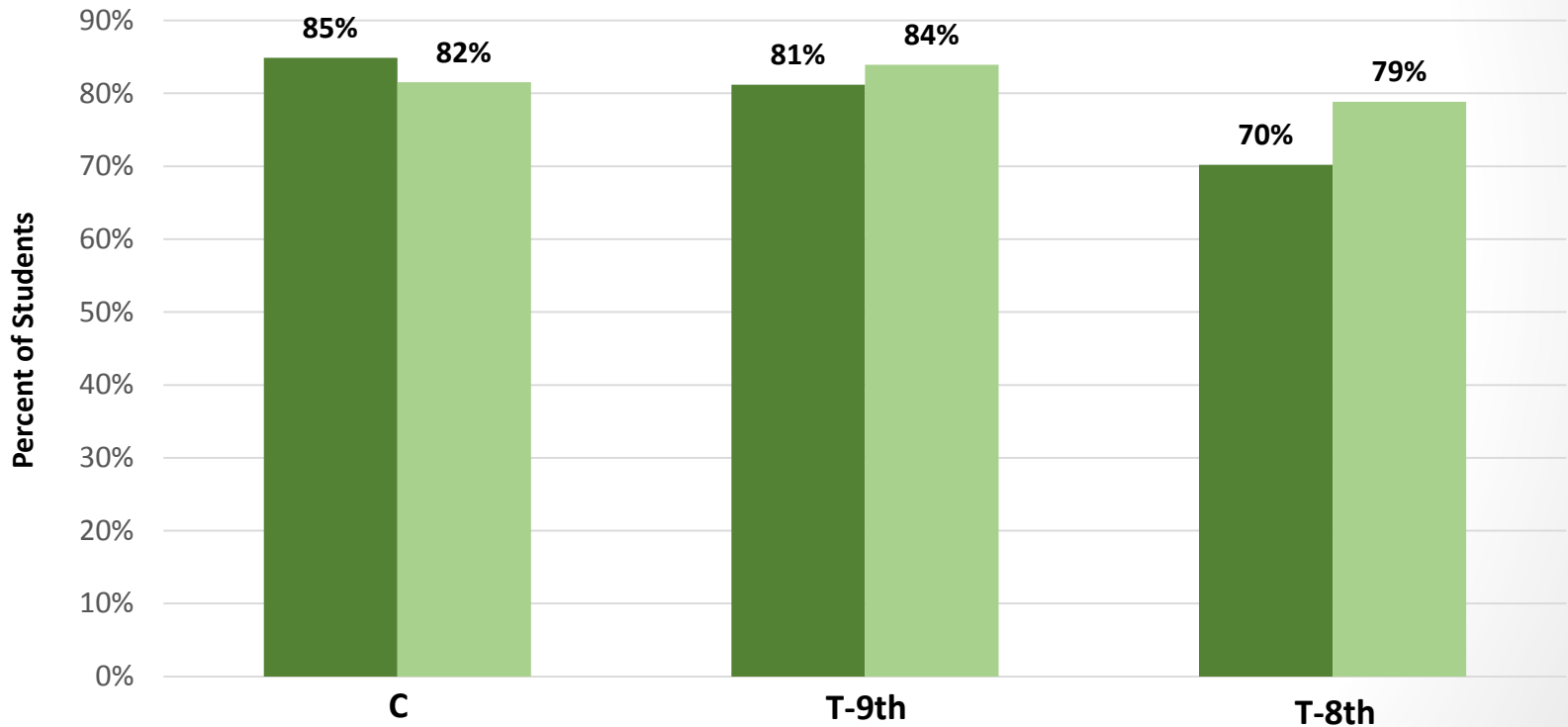
Percent of students confident they could say no to having sex



Notes: Results from Texas Study post-survey.

Self efficacy for condom use

Percent of students confident they could convince a partner to use a condom if the partner didn't want to



Notes: Results from Texas Study post-survey.

■ Pre ■ Post



Why do the findings vary?

- Each RCT is only one sample from a population – the effects from one study will rarely be identical in another study
- Within Texas, findings differ, even though delivery is similar
 - Demographic characteristics of participants
 - Fidelity to the model
 - Location/setting of program
 - Program delivery
 - Students' prior knowledge

Conclusion

- Using evidence-based models provide a guide, not a guarantee, for what we might expect in the population
- Realistic expectations are crucial
- Ensuring implementation is similar to RCT will maximize effects, but differences will prevail
- Does it mean it didn't work?
 - Need to continue to evaluate and learn what works, for whom, and why