Evaluation of the Evidence-Based Program
Making Proud Choices!

Cynthia Osborne, Ph.D.
Director, Child and Family Research Partnership
LBJ School of Public Affairs
University of Texas at Austin
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)

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Sample</th>
<th>Setting</th>
<th>Follow-ups</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>Philadelphia, PA</td>
<td>Low-income African American</td>
<td>Two 4-hour Saturday sessions</td>
<td>3, 6, and 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean age: 11.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>City in Northeastern United States</td>
<td>Low-income African American</td>
<td>Two or three 4-hour Saturday sessions</td>
<td>3, 6, 12, 18, and 24 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mean age: 12.2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>


## MPC! RCT Findings

<table>
<thead>
<tr>
<th></th>
<th>1998</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sexual initiation</strong></td>
<td>No Effect</td>
<td>No Effect</td>
</tr>
<tr>
<td><strong>Had sexual intercourse in the past 3 months</strong></td>
<td>No Effect</td>
<td>No Effect</td>
</tr>
<tr>
<td><strong>Had multiple partners in the past 3 months</strong></td>
<td>Not Measured</td>
<td>No Effect</td>
</tr>
<tr>
<td><strong>Had unprotected sexual intercourse in the past 3 months</strong></td>
<td>Favorable</td>
<td>No Effect</td>
</tr>
<tr>
<td><strong>Used condoms consistently in the past 3 months</strong></td>
<td>Favorable</td>
<td>No Effect</td>
</tr>
<tr>
<td><strong>Condom use knowledge</strong></td>
<td>Favorable</td>
<td>Not Measured</td>
</tr>
<tr>
<td><strong>Self-efficacy to use condoms</strong></td>
<td>Favorable</td>
<td>Not Measured</td>
</tr>
</tbody>
</table>

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**
8\(^{th}\) and 9\(^{th}\) grade students
Received *MPC!*
curriculum
N= 567

**Comparison Group**
8\(^{th}\) 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

<table>
<thead>
<tr>
<th></th>
<th>1998 RCT</th>
<th>2010 RCT</th>
<th>Texas Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
<td>T</td>
<td>C</td>
</tr>
<tr>
<td>Percent of Students</td>
<td>10%</td>
<td>9%</td>
<td>9%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1998 RCT</th>
<th>2010 RCT</th>
<th>Texas Study</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>C</td>
<td>T</td>
<td></td>
</tr>
<tr>
<td></td>
<td>22%</td>
<td>17%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>18%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2.6%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3.3%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1998 RCT</th>
<th>2010 RCT</th>
<th>Texas Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>12%</td>
<td>3%</td>
<td>1%</td>
</tr>
<tr>
<td>C</td>
<td>4%</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>T</td>
<td></td>
<td></td>
<td>1%</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>1998 RCT</th>
<th>2010 RCT</th>
<th>Texas Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>36%</td>
<td>80%</td>
<td>67%</td>
</tr>
<tr>
<td>T</td>
<td>66%</td>
<td>76%</td>
<td>66%</td>
</tr>
<tr>
<td>T-9th</td>
<td>36%</td>
<td>78%</td>
<td>43%</td>
</tr>
<tr>
<td>T-8th</td>
<td>67%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
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