



REPLICATION: ¡Cuídate!



Grantee	La Alianza Hispana
Setting	3 public high schools (one traditional, one technical-vocational, one alternative charter) and two community-based organizations (one summer youth employment program and one summer sports program) in Greater Boston, MA
Target Population	9th, 10th, and 12th graders in two public high schools; 13-19-year-old youth in CBOs and an alternative charter school
Curriculum & Delivery	6 hours total, delivered in group meetings by health educators hired, trained, and monitored by La Alianza Hispana

Programmatic Context

La Alianza Hispana

La Alianza Hispana (La Alianza) is one of nine organizations selected to participate in the Teen Pregnancy Prevention Replication Study. The study is a rigorous five-year evaluation of replications of evidence-based interventions aimed at preventing teen pregnancy, sexually transmitted infections (STIs) and other sexual risk behaviors. The interventions are funded by the Office of Adolescent Health (OAH) under the Teen Pregnancy Prevention (TPP) Program. A brief overview of the study design and a description of the TPP program can be found on the OAH website (<http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/evaluation/#Federal-LedEvaluation>.)

Founded in Boston in 1970, La Alianza is a community-based non-profit advocacy and service organization whose core programs address family mental health, public health and workforce education. The agency serves over 4,000 people annually through programs in ESOL (English for Speakers of Other Languages), citizenship, high school GED, and assistance to newcomer parents seeking to navigate the public school system; they also offer limited clinical outpatient mental health and elder care services. For several years, La Alianza has organized an annual Celebra La Vida con Salud festival at which they work with outside partners to provide free STI and general health screenings. In the early 2000s, the agency received a grant from the Massachusetts Department of Health to provide information about HIV/STI prevention and pregnancy prevention to young Latina women, in cooperation with the Boston Housing Authority; concurrently, they worked with other members of the Adolescent Trials Network (a collaborative of community-based organizations and healthcare providers, based at Boston Children's Hospital), to reduce HIV infection rates among adolescents. In 2009, the agency received funding from the Boston Public Health Commission to implement ¡Cuídate! with groups of girls in after-school settings in Boston public schools.

Selection of *¡Cuidate!*

In September 2010, La Alianza was competitively awarded a federal Teen Pregnancy Prevention Replication grant, administered by OAH. The grant is to implement *¡Cuidate!* with youth in the Greater Boston area.¹ La Alianza selected *¡Cuidate!* for several reasons. The adolescent pregnancy rate for Latinas in the Greater Boston area is much higher than that for non-Latina youth. Latina youth who have dropped out of school face even higher risks. Moreover, research on *¡Cuidate!* suggested it would be effective in reaching Latino youth in both school and community settings. Additionally, the agency was already implementing a version of the curriculum in after-school settings, and it seemed to be a good fit for the target population.

Implementation of the Program Model

Settings for the Program

La Alianza is implementing the program in a variety of settings and configurations in predominantly Latino neighborhoods within Lawrence, Chelsea, and Boston. Settings for the program include: two public high schools, a charter school, a summer youth employment program, and a youth sports league. In each setting, La Alianza worked to configure the schedule in a way that was responsive to the partner's constraints. At the technical high school, students are pulled from their physical education classes, which meet three days a week, every week, in the 9th grade and five days a week, biweekly, in the 12th grade. Class periods are less than one hour long, so completing six hours requires three weeks for 9th graders and two for 12th graders. In the second high school, administrators and teachers were unwilling to give up any instructional time in any subject, so sessions are held after school. The alternative charter school arranged with its health teacher to allow students to be pulled from her class to participate in *¡Cuidate!*; in that setting, one-hour sessions are conducted on six consecutive school days.

The youth summer employment program offered La Alianza the Friday “enrichment” time for *¡Cuidate!* sessions. Participating youth work in community settings Monday through Thursday and attend *¡Cuidate!* on two consecutive Fridays, in one four-hour session and one two-hour session. The youth sports league invited La Alianza to use practice times at the end of its baseball/softball and basketball season, so the agency scheduled 2-hour sessions on three practice nights during the last two weeks of the season.

Population Served

The data described below are drawn from a student survey completed at baseline before the intervention was implemented. Enrollment for the study began in the fall of 2012.

Demographic Profile: The average age of the students recruited was 15.6 years. While almost half were 9th graders, a small number were in lower grades and almost one-third were in 12th grade (Exhibit 1).² More than half (56%) of the students were female and just over 80% were Hispanic (Exhibit 2).

¹ A summary description of the curriculum and a citation for the original research are provided in the Study Overview.

² The total sample size for La Alianza is 725. The sample sizes for each of the risk variables vary depending on individual item non-response. The percentages shown in the figures are for those who responded to the baseline survey. The percentages of missing responses range from 1%-5% depending on the risk variable reported. More detailed tables with sample sizes can be found in the Appendix.

Exhibit 1: Grade Levels of Youth in the La Alianza Study Sample at Baseline

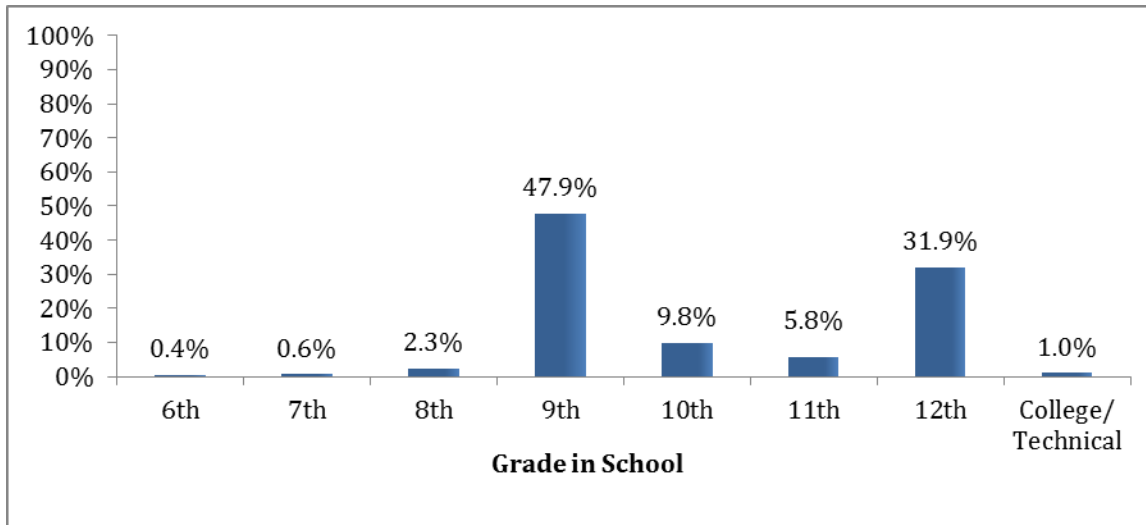
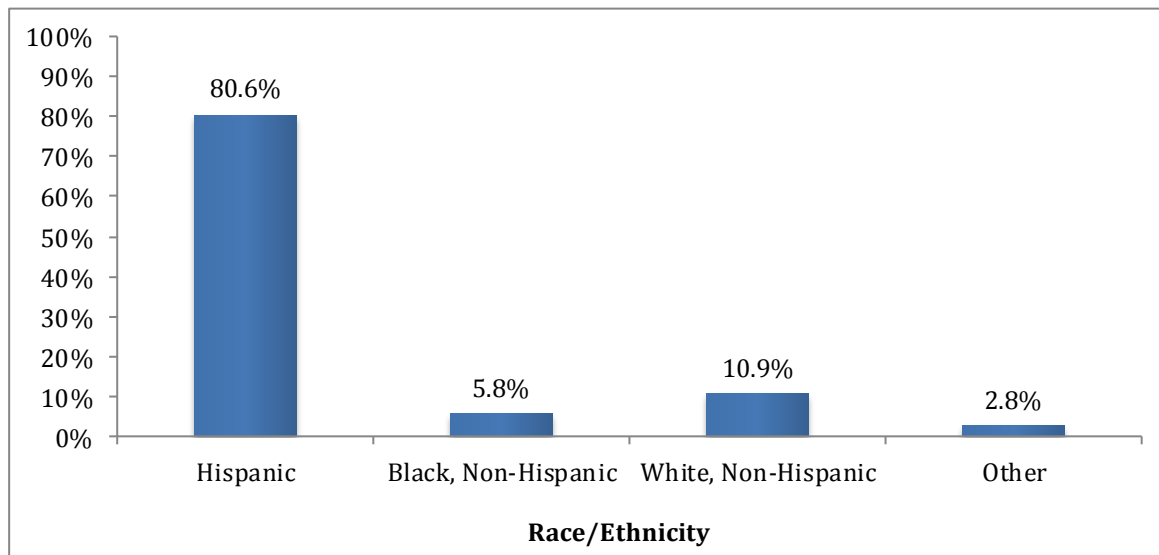


Exhibit 2: Race/Ethnicity of Youth in the La Alianza Study Sample at Baseline



Risk Profile: Sexual Behavior

On entry into the study, just over 40% of the students reported that they had ever been sexually active (i.e., engaged in oral or anal sex or sexual intercourse). Less than 30% had been sexually active in the three months prior to the survey, and one-quarter had engaged in sexual intercourse during that same period (Exhibit 3).

Exhibit 3: Sexual Risk Behavior³ of Youth in the La Alianza Study Sample at Baseline

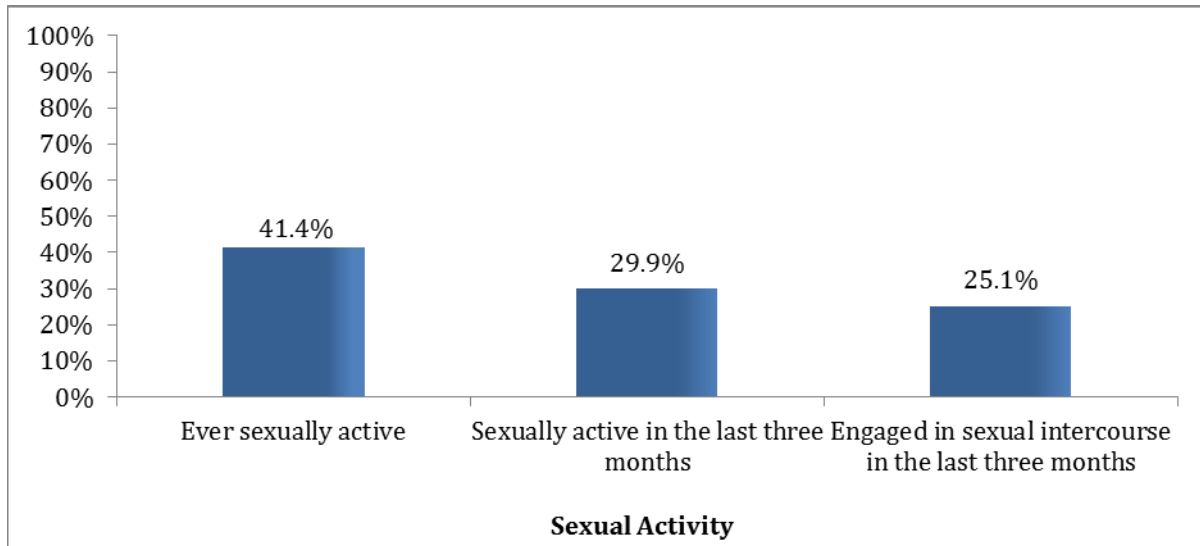
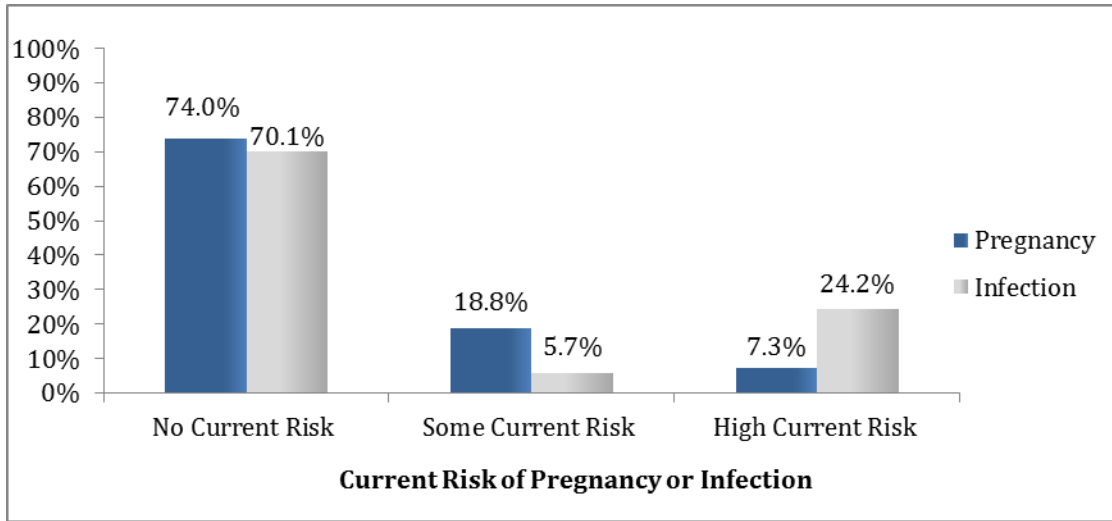


Exhibit 4 shows the distribution of study participants with respect to two kinds of risk based on their sexual behavior in the 90 days prior to the survey: current risk of pregnancy, and current risk of sexually transmitted infection (STI). Those who had not engaged in sexual activity in the 90 days preceding the survey are categorized as at “no current risk” for either. In addition, a small number who, although sexually active, did not engage in sexual intercourse in the last 90 days are categorized as at “no current risk” for pregnancy (although they may be at some level of risk for infection). Youth are categorized as being at “some current risk” of pregnancy if they reported consistent use of birth control during sexual intercourse and at “some current risk” of infection if they reported consistent use of condoms during any sexual activity. At “high current risk” for pregnancy are those who did not use birth control during intercourse. At “high current risk” for infection are those who did not use condoms during intercourse and/or oral/anal sex. At “high current risk” for pregnancy are those who did not use condoms or birth control during sexual intercourse.

Seventy percent of the study participants are considered not currently at risk for pregnancy or infection (i.e., they had not engaged in sexual intercourse or other sexual activity in the 90 days prior to the survey). Sexually active youth were much more likely to protect against pregnancy than against infection. Of those who engaged in sexual intercourse in the last 90 days (26%), almost two-thirds reported consistent use of a contraceptive; the remaining one-third, who failed to use birth control consistently, were at high current risk for pregnancy. By contrast, of those who were generally sexually active (30%), over three-quarters failed to use condoms consistently to protect against infection when they engaged in any sexual activity (i.e., sexual intercourse, anal or oral sex), placing them at high current risk for STI.

³ For La Alianza Hispana, sexual activity was defined as sexual intercourse, oral sex and/or anal sex.

Exhibit 4: Current Risk of Pregnancy or Infection for Youth in the La Alianza Study Sample at Baseline



Risk profile: Perceptions about Sex

Three-quarters of the students reported no pressure from peers to have sex (Exhibit 5). Over half of them believed that half or more of their peers were engaging in sexual intercourse; less than one-third believed that half or more of their peers were engaging in oral sex. In both cases, a substantial proportion of youth reported no knowledge of peers’ sexual behavior (Exhibit 6).

Exhibit 5: Extent of Peer Pressure to Have Sex for Youth in the La Alianza Study Sample at Baseline

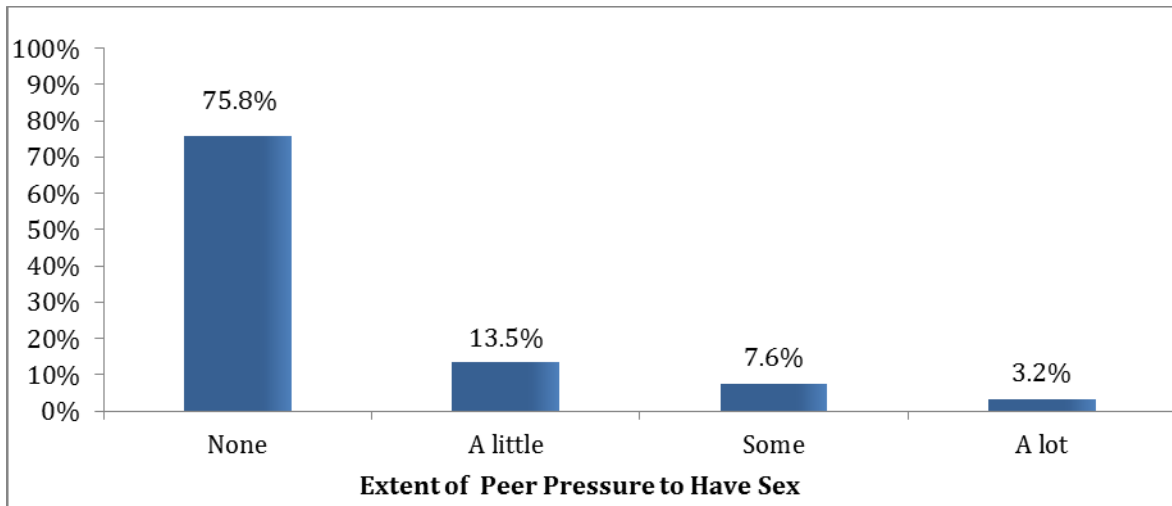
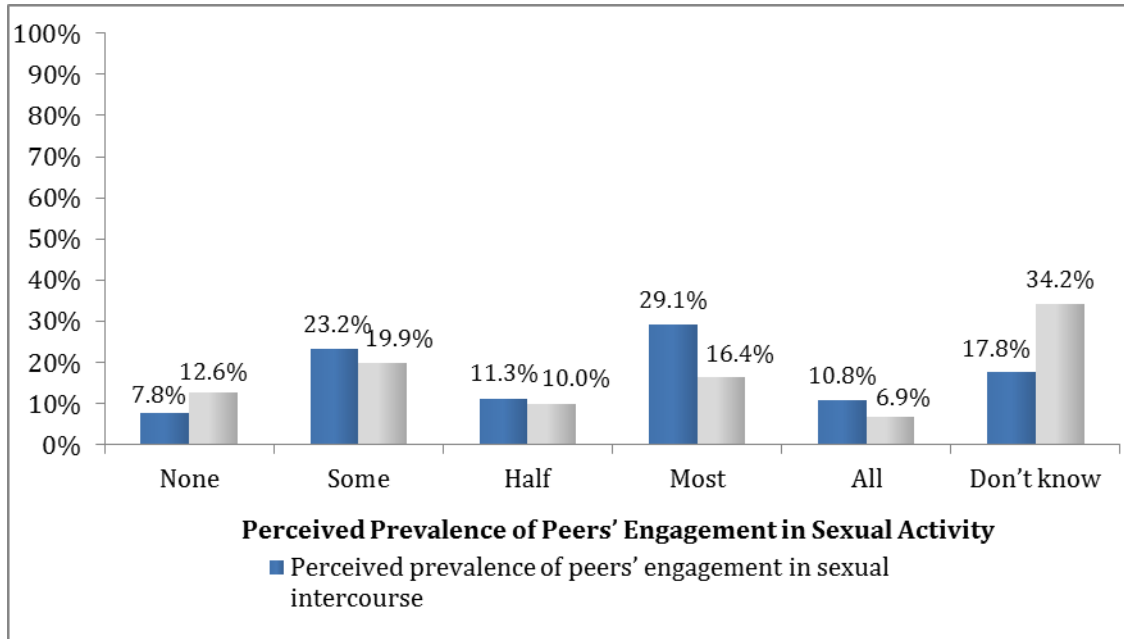


Exhibit 6: Perceptions of Peers' Sexual Behavior for Youth in the La Alianza Study Sample at Baseline

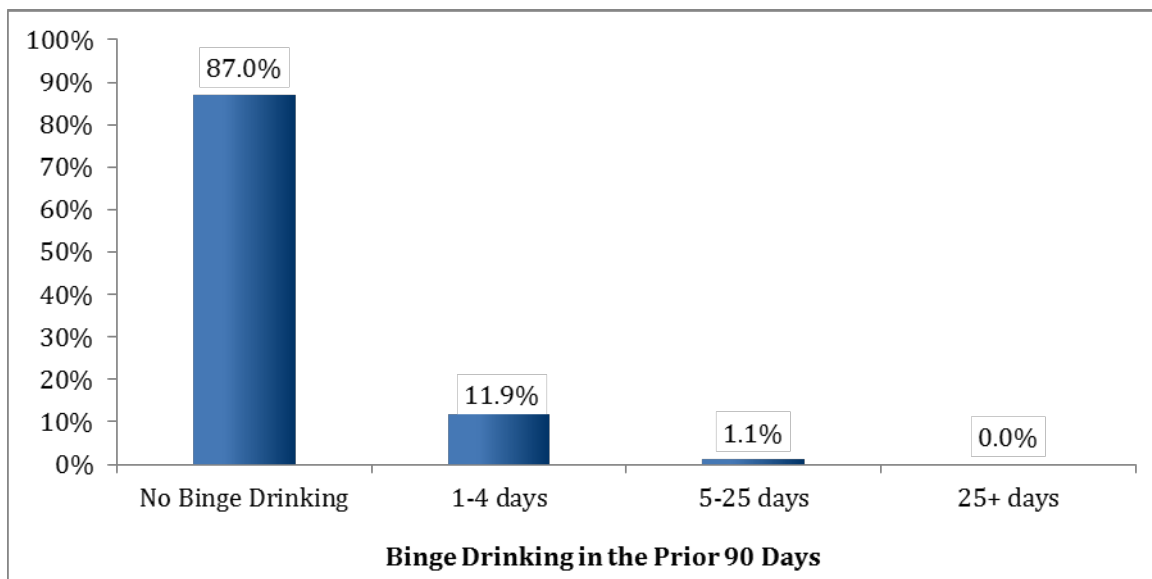


Risk Profile: Other Risk Behavior

Almost all youth (90%) reported that they had not smoked at all in the prior 30 days.

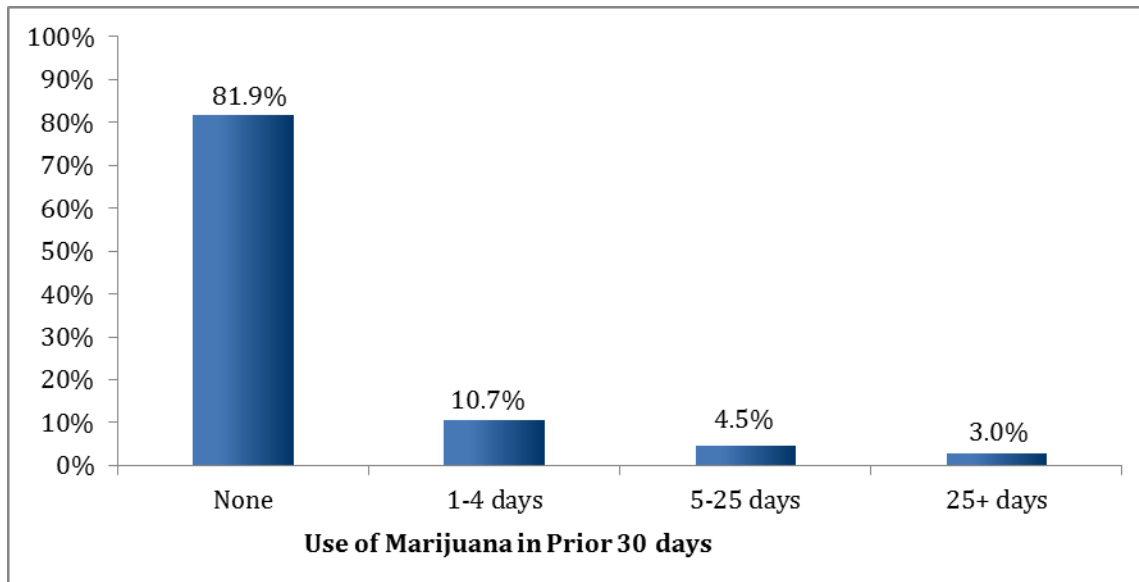
Almost 30% of youth reported using alcohol during the prior 30 days. The majority of students (87%) reported no binge drinking. Almost 12% reported binge drinking on one to four days in the 30-day period (Exhibit 7).

Exhibit 7: Binge Drinking among Youth in the La Alianza Study Sample at Baseline



Over 80% of youth reported no use of marijuana in the prior 30 days (Exhibit 8).

Exhibit 8: Marijuana Use among Youth in the La Alianza Study Sample at Baseline



The Appendix provides data tables for La Alianza and for the three *¡Cuidate!* replications combined.

Program Delivery

Unlike the two other replications of *¡Cuidate!* which are implemented in schools as part of the regular school schedule, La Alianza is replicating the interventions in several different settings within and outside the regular school schedule, with flexibility about the scheduling of sessions, and with a substantial number of older high school students.

The program is delivered over as few weeks as possible in each setting. In one high school, youth are pulled from physical education class, which meets three days a week, so the sessions span two to three weeks. In the second high school, sessions are held after school, two days a week, over three weeks. In the charter school, sessions are held on six consecutive school days during the periods set aside for health classes. In the summer youth employment program, sessions are conducted on two days (one four-hour and one two-hour session) and, in the youth sports league, two-hour sessions are conducted on three consecutive days. In each instance, one health educator facilitates a mixed-gender group of up to 12 youth. All facilitators are bilingual in Spanish and English, and sessions are conducted in English with Spanish provided as needed.

Staffing and Training

The project sought bilingual staff with experience and a strong understanding of Latino/Hispanic culture to fill the health educator positions. The agency was firm in its stance that only people of Latino/Hispanic descent would be suitable to deliver the curriculum. Desired characteristics for the health educator position included: skills in engaging with youth and in talking about difficult topics, as well as the ability to talk in depth about serious issues such as HIV/AIDS. Some constraints on hiring were imposed by the agency's union, which requires priority in hiring staff within

"We looked for [health educator] candidates who understand the cultural context, the context of adolescents, and the local context"

the agency. Ultimately, the experience of the staff assigned to the program encompassed HIV/AIDS outreach work, mental health and case management, youth development, and community organizing. In addition to training in the curriculum by Select Media, the project director, project coordinator and health educators participated in OAH trainings offered (e.g. cultural competence, needs of LGBTQ youth) and took responsibility for training new staff as they were hired. New staff shadowed more experienced staff as part of their preparation, transitioning to co-facilitating and taking sole responsibility for leading a group on their own only after they had observed and been observed by the project coordinator.

In addition to the *¡Cuidate!* program, both the project coordinator and all of the health educators are required to participate in extensive agency-related work, including fundraising, health events and community organizing and advocacy work. Many staff voluntarily participate in community events related to Latino/Hispanic heritage, community health, Latino leadership and summer youth and after school programs in Boston, Chelsea and Lawrence.

Monitoring Program Implementation

Guidance on fidelity of program implementation was provided through a combination of training by the program distributor and consultations with the program developer. Adaptations approved by OAH included adding a brief review of reproductive anatomy (to ensure that participants were aware of correct names for body parts), using penis and vagina models, and making the language inclusive of LGBTQ youth (i.e., including a greater variety of sexual activities in which condom use would protect against HIV or STI transmission). The project director and local evaluator use checklists, periodic observations, and weekly team meetings with all health educators to ensure adherence to core components of the program model and implementation quality.

Summary of La Alianza Hispana Grantee Profile

La Alianza is implementing the program in a variety of settings both within and outside the regular school day. Some of the schedules pose challenges for attendance and retention of youth. More than one-third of the students in the La Alianza sample were in the last two grades of high school at baseline. Almost 30 percent were sexually active in the three months prior to the survey and almost one-quarter had engaged in sexual activity without consistently using a condom in the same period, placing them at high risk for STIs (and for pregnancy, when another method of birth control was not used during intercourse).

This research is supported by the Office of Adolescent Health and the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services under contract number HHSP23320095624WC Order No. HHSP23337011T awarded in September 2011.

Appendix: La Alianza Baseline Data Tables

Table 1. Gender in La Alianza and Overall ¡Cuidate! Study Samples at Baseline

	La Alianza (n= 725)	¡Cuidate! Overall ¹ (n= 2169)
Male	44.0%	45.8%
Female	56.0%	54.2%

¹This represents the three replications of the program model.

Table 2. Race/Ethnicity in La Alianza and Overall ¡Cuidate! Study Samples at Baseline

	La Alianza (n= 725)	¡Cuidate! Overall (n= 2169)
Hispanic	80.6%	71.4%
Black ¹	5.8%	4.7%
White ¹	10.9%	17.7%
Other Race ²	2.8%	6.3%

¹ Non-Hispanic

² "Other Race" includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiracial, and open-ended responses to the question "What is your race?"

Table 3. Age in La Alianza and Overall ¡Cuidate! Study Samples at Baseline

	La Alianza (n= 725)	¡Cuidate! Overall (n= 2169)
Mean (SD)	15.6 (1.6)	14.4 (1.5)
Range	11 – 20	11 -20

Table 4. Grade in School in La Alianza and Overall ¡Cuidate! Study Samples at Baseline

	La Alianza (n= 725)	¡Cuidate! Overall (n= 2169)
6 th	0.4%	0.1%
7 th	0.6%	0.2%
8 th	2.3%	43.0%
9 th	47.9%	16.3%
10 th	9.8%	27.2%
11 th	5.8%	2.0%
12 th	31.9%	10.7%
College/technical	1.0%	0.3%
Not in school	0.4%	0.1%

Table 5. Sexual Activity in La Alianza and Overall ;Cuidate! Study Samples at Baseline

	La Alianza (n=725)	;Cuidate! Overall (n=2169)
Ever sexually active ¹ (n=706)	41.4%	25.1%
Sexually active in the past 3 months (n=702)	29.9%	17.3%
Engaged in sexual intercourse in the past 3 months (n=703)	26.0%	14.5%

¹Sexual activity is defined as sexual intercourse, oral sex, and/or oral sex.

Table 6. Current Risk of Pregnancy¹ in La Alianza and Overall ;Cuidate! Study Samples at Baseline

	La Alianza (n = 703)	;Cuidate! Overall (n=2131)
No Current Risk	74.0%	85.5%
Some Current Risk	18.8%	10.1%
High Current Risk	7.3%	4.4%

¹*No Current Risk* is if the respondent did not have sexual intercourse in the past 90 days; *Some Current Risk* is if the respondent always used condoms or contraceptives during sexual intercourse in the past 90 days; and *High Current Risk* is if respondents engaged in unprotected sexual intercourse in the past 90 days.

Table 7. Current Risk of Infection¹ in La Alianza and Overall ;Cuidate! Study Samples at Baseline

	La Alianza (n = 702)	;Cuidate! Overall (n=2128)
No Current Risk	70.1%	82.8%
Some Current Risk	5.7%	3.4%
High Current Risk	24.2%	13.9%

¹*No Current Risk* is if the respondent did not engage in sexual intercourse, oral sex, or anal sex in the past 90 days; *Some Current Risk* is if the respondent always used a condom during sexual activity during the past 90 days; and *High Current Risk* is if respondents engaged in any sexual activity without a condom in the past 90 days.

Table 8. Risk of Infection and/or Pregnancy in La Alianza and Overall ;Cuidate! Study Samples at Baseline

	La Alianza (n= 703)	;Cuidate! Overall (n= 2131)
Sexual Activity and Condom Use		
Not sexually active	70.1%	82.8%
Sexually active with use of condoms	5.7%	3.4%
Sexually active without use of condoms	24.2%	13.9%
Sexual Intercourse and Birth Control Use		
No sexual intercourse	74.0%	85.5%
Sexual intercourse with use of birth control	18.8%	10.0%
Sexual intercourse without using birth control	7.3%	4.4%

Table 9. Peer Pressure to Have Sex and Perceived Norms in La Alianza and Overall ;Cuidate! Study Samples at Baseline

	La Alianza (n= 697)	;Cuidate! Overall (n= 2086)
Extent of peer pressure to have sex		
None	75.7%	75.8%
A little	13.5%	13.1%
Some	7.6%	7.5%
A lot	3.2%	3.6%
Prevalence of peer sexual intercourse		
None	7.7%	22.0%
Some	23.2%	27.0%
Half	11.3%	9.8%
Most	29.1%	15.9%
All	10.8%	4.5%
Don't Know	17.8%	20.9%
Prevalence of peer oral sex		
None	12.6%	25.9%
Some	19.9%	20.4%
Half	10.0%	8.2%
Most	16.4%	10.1%
All	6.9%	2.9%
Don't Know	34.2%	32.5%

Table 10. Frequency of Cigarette Use (past 30 days) in La Alianza and Overall ;Cuidate! Study Samples at Baseline

	La Alianza (n= 714)	;Cuidate! Overall (n= 2130)
0 days	90.3%	94.5%
1-4 days	5.7%	3.3%
5-25 days	2.5%	1.5%
> 25 days	1.5%	0.8%

Table 11. Frequency of Alcohol Use (past 30 days) in La Alianza and Overall ;Cuidate! Study Samples at Baseline

	La Alianza (n= 709)	;Cuidate! Overall (n= 2118)
Any alcohol use (last 30 days)¹		
0 days	71.7%	77.8%
1-4 days	23.6%	17.4%
5-25 days	3.9%	3.7%
> 25 days	0.8%	1.2%
Binge Drinking (last 30 days)²		
0 days	87.0%	89.1%
1-4 days	11.8%	9.5%
5-25 days	1.1%	0.8%
> 25 days	0.0%	0.5%

¹ Alcohol use is defined as having an alcoholic drink such as beer, wine, or other liquor ("just a sip" not counted).

² Binge drinking is defined as 5 or more alcoholic drinks in a row.

Table 12. Frequency of Marijuana Use (past 30 days) in La Alianza and Overall ;Cuidate! Study Samples at Baseline

	La Alianza (n= 711)	;Cuidate! Overall (n= 2128)
0 days	81.9%	85.7%
1-4 days	10.7%	7.8%
5-25 days	4.5%	3.5%
> 25 days	3.0%	3.0%