



REPLICATION: *Reducing the Risk*



Grantee	LifeWorks, a private non-profit agency
Partner	Planned Parenthood of Greater Texas
Setting	Health classes in five public high schools in Austin Independent School District (AISD)
Target Population	9th and 10th graders
Curriculum & Delivery	18 sessions, delivered in nine 90-minute classes by health educators hired, trained and monitored by Planned Parenthood

Programmatic Context

LifeWorks

LifeWorks 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 federal 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>).

Formed in 1998 as the Youth and Family Alliance (dba LifeWorks), the agency merged four established social service providers to increase efficiency and ensure client access to a wide array of services through a single entry point. LifeWorks provides more than twenty housing, counseling, education/workforce and youth development programs to support more than 6,000 youth and families annually in achieving measurable increases in self-sufficiency. The agency has eight community service locations, 180 staff members, and more than 500 volunteers. Since 1997, LifeWorks has provided teen pregnancy prevention education and support services to middle school youth and pre-adolescents in Travis County, offering programs that focus on strategies to resist peer pressure, build self-esteem, delay sexual activity and make healthy choices.

Planned Parenthood of Greater Texas, which is responsible for delivering the *Reducing the Risk* curriculum to students in Austin Independent School District (AISD) high schools, has provided sexuality education and reproductive health care in Austin for more than 75 years. Its health education department trains high school students as peer educators, offers workshops for parents and provides in-school and community sessions on abstinence, birth control methods, STIs, healthy relationships and dating. Through three health centers in Austin, Planned Parenthood delivers reproductive health care to eligible young people at a free or reduced rate, so that cost is not a barrier to accessing critical medical services.

Selection of Reducing the Risk

In September 2010, Lifeworks was competitively awarded a federal Teen Pregnancy Prevention Replication grant, administered by OAH. The grant is to implement *Reducing the Risk* with ninth and tenth grade students in Austin.¹ In preparing the grant application, LifeWorks staff met with staff from AISD and Planned Parenthood to identify high risk schools and examine data on teen pregnancies in those schools. Staff reviewed all of the evidence-based curricula that had been approved by OAH for implementation under this grant and identified those which seemed to be the best “fit” with the needs of the target population, while also providing the information that LifeWorks and Planned Parenthood believed was lacking from existing health education programs in the schools. Planned Parenthood staff reasoned that many of the available evidence-based curricula tend to focus on HIV/AIDS/STI prevention, whereas, *Reducing the Risk* places an equally strong emphasis on pregnancy prevention. It is promoted by the publisher, ETR, as an appropriate curriculum for high schools with multi-ethnic populations with demonstrated impacts on parent-child communication, delay of sexual initiation, and unprotected sex. Because the curriculum aligns well with state standards for health education, LifeWorks and Planned Parenthood staff believed that *Reducing the Risk* would be more acceptable to schools than other evidence-based curricula.

Staff were concerned, however, that objections would be raised to the curriculum units that deal with birth control methods and condoms. In fact, they recognized that a condom demonstration would violate school district policy. After consultation with OAH staff and the developer, the condom demonstration was dropped from the curriculum.

Implementation of the Program Model

Settings for the Program

Reducing the Risk is being implemented in five high schools in the AISD. The schools vary on many dimensions, including demographic characteristics of the students; level of economic disadvantage; size of school population; and size of health classes.

Population Served

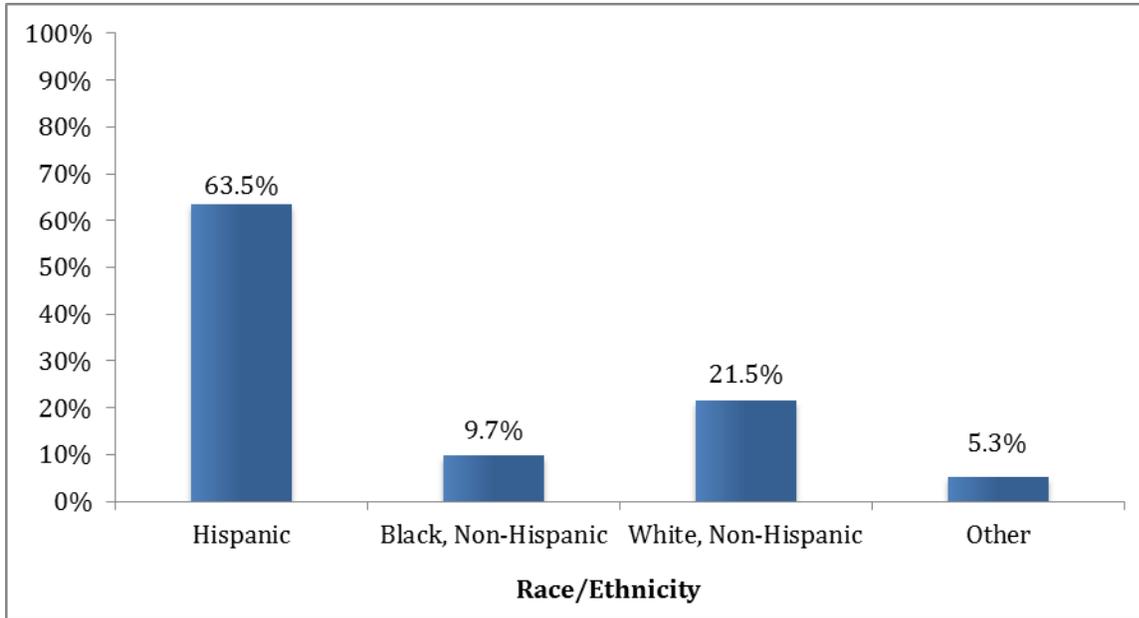
The data described below are drawn from a baseline student survey completed before the intervention was implemented. Enrollment for the study began in the fall of 2012.

Demographic Profile. AISD requires a semester of health between 8th and 12th grade, and most students take health during high school. Students in health classes in participating high schools were eligible for the program. The health classes typically served 9th and 10th graders. Nearly half of study participants were in 9th grade and one quarter were in 10th grade. The remaining students were distributed across the last two high school grades. The average age of participants was 15.3 years. Just over half of the participants were male and nearly two-thirds were Hispanic (Exhibit 1).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 LifeWorks is 1083. 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. 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.

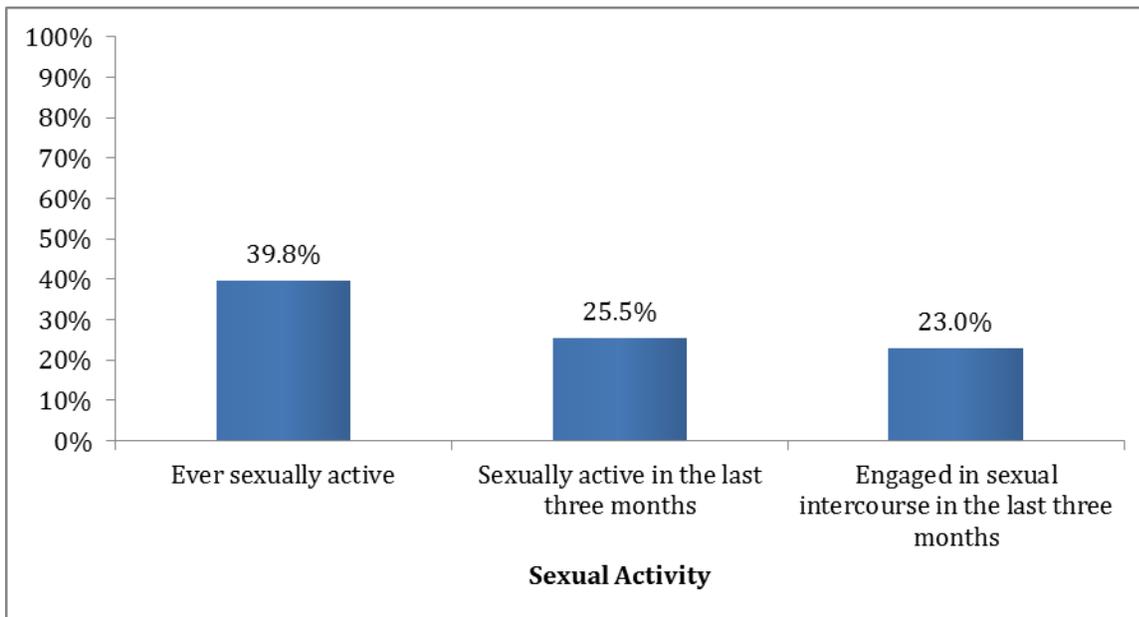
Exhibit 1: Race/Ethnicity of Youth in the LifeWorks Study Sample at Baseline



Risk Profile: Sexual Behavior

On entry into the study, almost 40 % of students had ever been sexually active (defined as sexual intercourse and/or oral sex) in the past. A smaller percentage, just over 25%, had been sexually active in the three months preceding the survey and slightly fewer had engaged in sexual intercourse during the same period (Exhibit 2).

Exhibit 2: Sexual Risk Behavior of Youth in the LifeWorks Study Sample at Baseline³

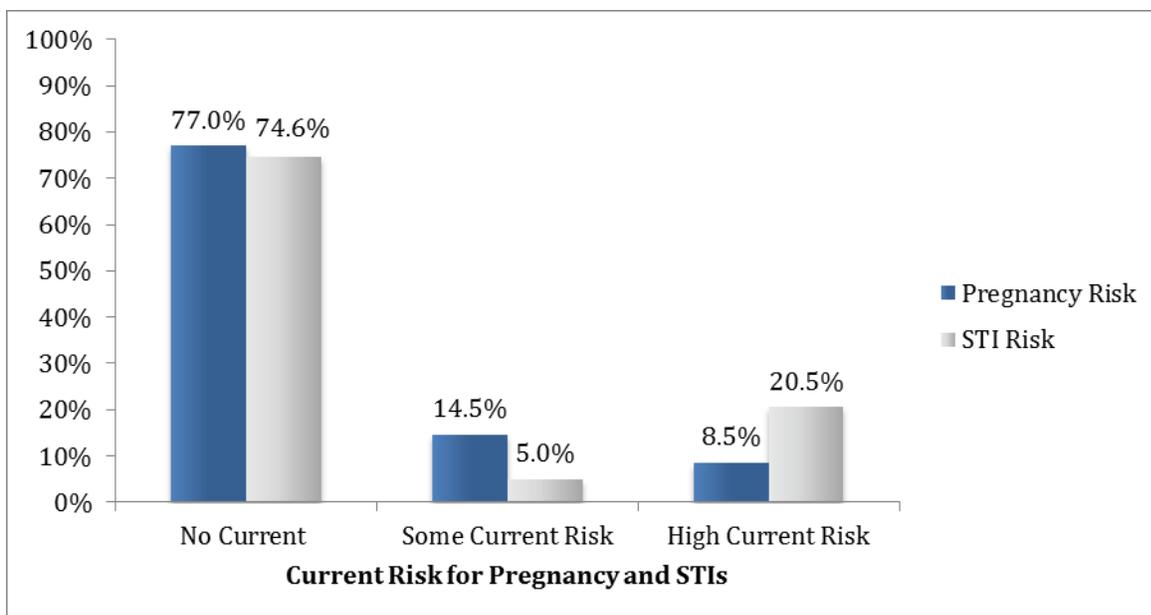


³ Sexual activity is defined as sexual intercourse and/or oral sex.

Exhibit 3 shows the distribution of study participants with respect to two kinds of risk: current risk of pregnancy, and current risk of sexually transmitted infection (STI). Those who did not engage in sexual activity in the 90 days preceding the survey are categorized as at “no current risk” for both. In addition, those who are sexually active but 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 infection are those who did not use condoms during intercourse and/or oral sex. At “high risk” for pregnancy are those who did not use condoms or birth control during sexual intercourse.

The majority of students, approximately three-quarters, are not currently at risk for pregnancy or STIs (i.e. they had not engaged in sexual intercourse or oral sex in the 90 days prior to the survey). Of those who engaged in sexual intercourse, almost two-thirds reported consistent use of a contraceptive; the remainder, who had failed to use birth control consistently are at high current risk for pregnancy. Twice as many youth failed to use condoms consistently to protect against infection when they engaged in any sexual activity (i.e., sexual intercourse or oral sex).

Exhibit 3. Current Risk of Pregnancy or Infection for Youth in the LifeWorks Study Sample at Baseline



Risk Profile: Perceptions about Sex

Three-quarters of the students reported no pressure from peers to have sex (Exhibit 4). Only 7% believed that none of their peers were engaging in sexual intercourse; over one third believed that most or all of their peers were engaging in sexual intercourse. A smaller percentage (19%) believed that most or all of their peers were engaging in oral sex. A substantial proportion of youth reported no knowledge of peers’ sexual behavior (Exhibit 5).

Exhibit 4: Extent of Peer Pressure to Have Sex for Youth in the LifeWorks Study Sample at Baseline

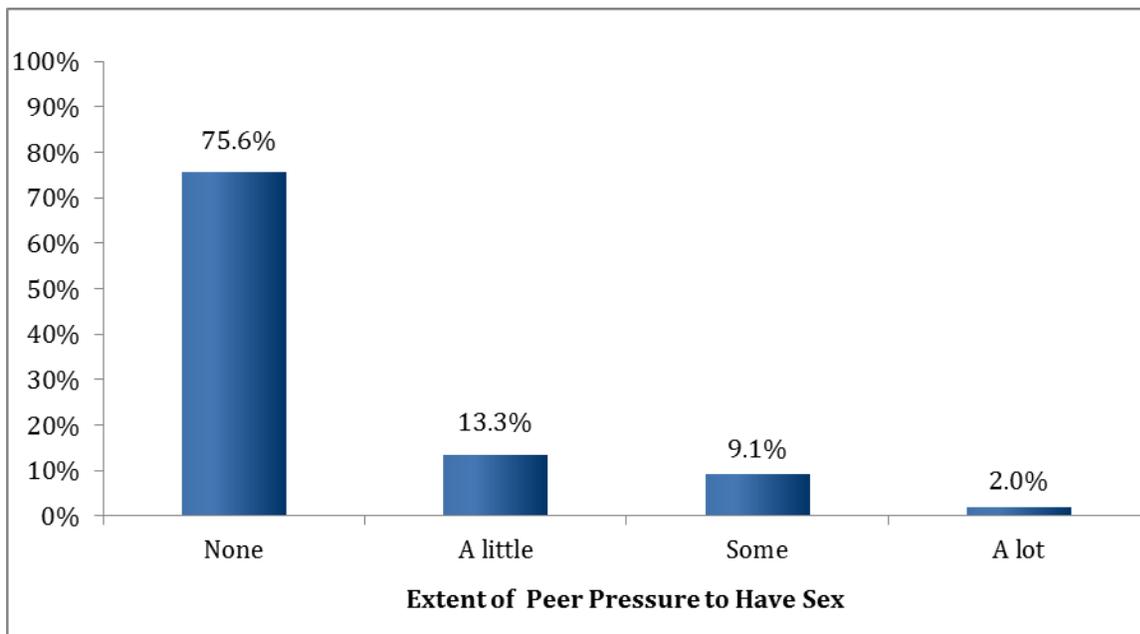
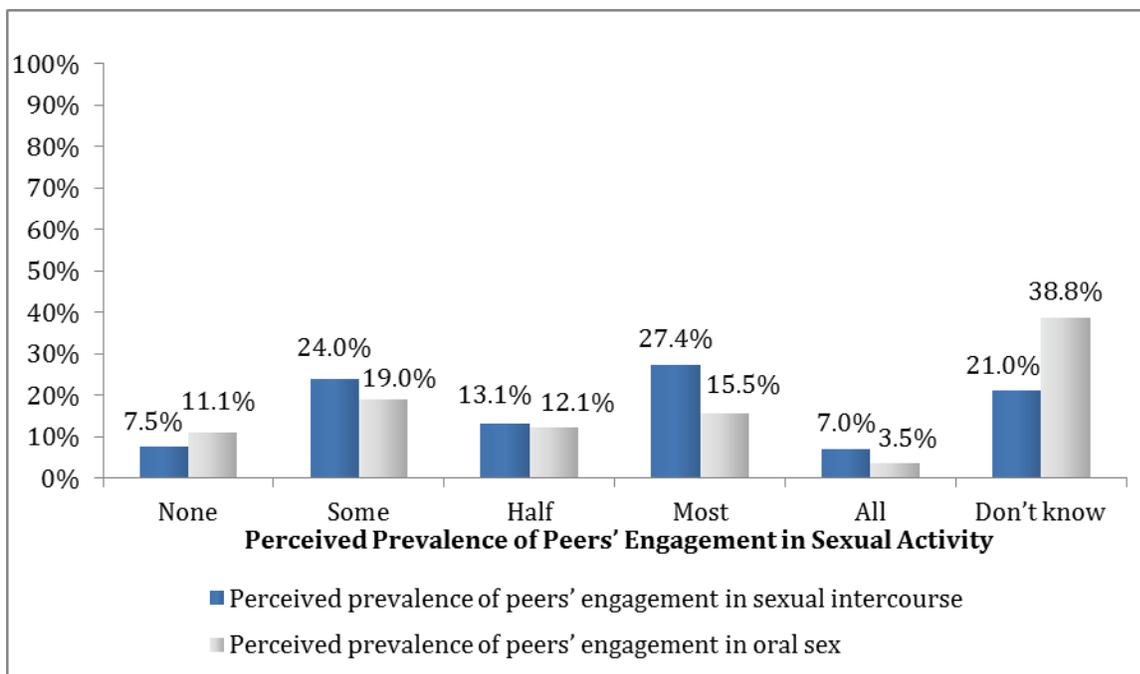


Exhibit 5: Perceptions of Peers' Sexual Behavior for Youth in the LifeWorks Study Sample at Baseline

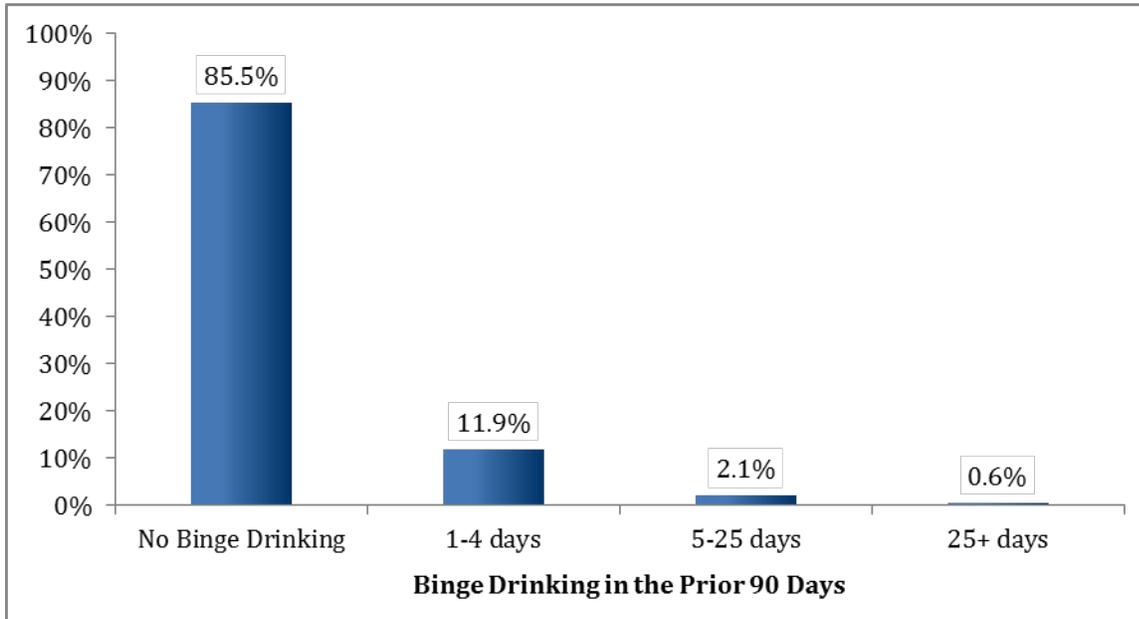


Risk Profile: Other Risk Behaviors

Almost 90% of youth reported that they had not smoked cigarettes at all in the prior 30 days. Most of the others were occasional smokers – just over 1% reported smoking daily during the same period (See Appendix, Table 10).

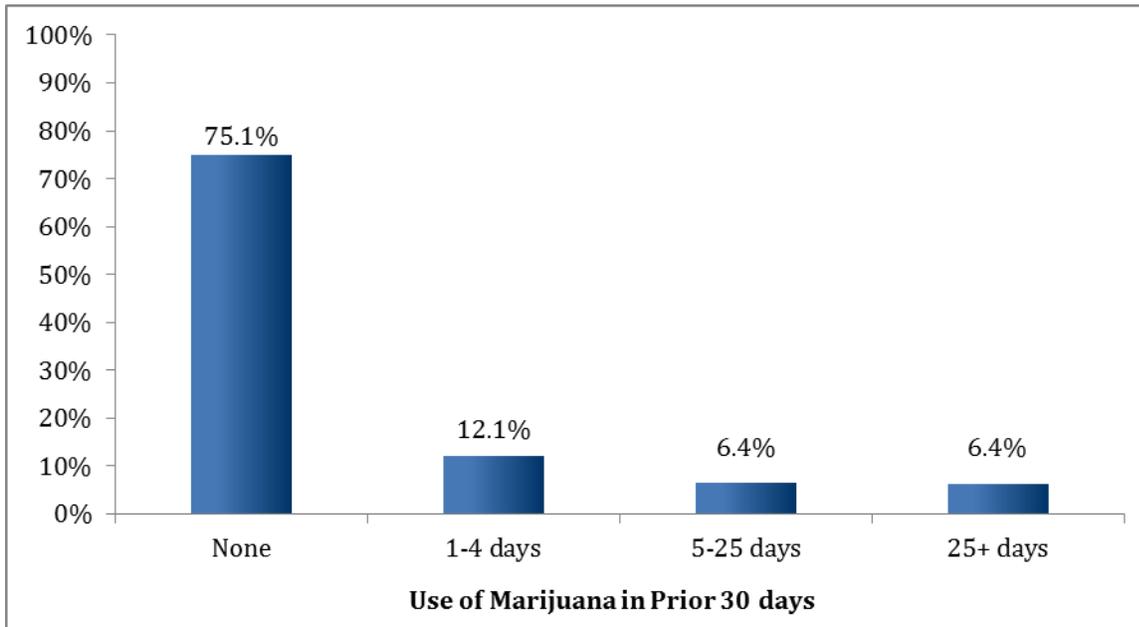
Thirty percent reported using alcohol during the prior 30 days (See Appendix, Table 11). Almost 15% reported binge drinking (five or more alcoholic drinks in a row) during the same period (Exhibit 6).

Exhibit 6: Binge Drinking by Youth in the LifeWorks Study Sample at Baseline



Three-quarters of youth reported no use of marijuana in the prior 30 days, although approximately 6% reported essentially daily use (Exhibit 7).

Exhibit 7: Marijuana Use by Youth in the LifeWorks Study Sample at Baseline



The Appendix provides data tables for LifeWorks and for the three *Reducing the Risk* replications combined.

Program Delivery

The replication of LifeWorks in the Austin Texas Independent School District includes two adaptations. The first is the elimination of the condom demonstration to conform to school district policy. The second is the addition of two units to the 16-unit curriculum, one on reproductive anatomy and one reinforcing the curriculum's emphasis on pregnancy and STI prevention.

In all of the schools, the program is delivered in required health classes, which are taught in 90-minute blocks. The class schedule varies depending on the school. For instance, health classes are held twice a week in some schools, and three times a week in others.

Characteristically, *Reducing the Risk* has sixteen 45-minute units or lessons that can be taught in 8 block sessions of 90 minutes. For this replication, Planned Parenthood added a unit on reproductive anatomy and chose to deliver both introductory lessons on pregnancy and STIs, rather than choosing one of the two as the program developer suggests. (Both topics are covered in later lessons; the introductory lessons allow reinforcement of either or both topics). For this reason, the curriculum is delivered in the AISD high schools in nine block sessions, each incorporating two units or lessons. The size of the classes varies by school and year, ranging from the minimum allowed by the curriculum developer (10) to 33 students. Classes are taught by a single health educator with the teacher usually, though not always, present.

"In the first year, we learned about the importance of communicating and setting up meetings with the health teachers and having letters of agreement from them before the program starts."

Staffing and Training

Planned Parenthood is responsible for implementing *Reducing the Risk* in the five high schools. The Planned Parenthood Project Director supervises the work of two full-time health educators who were hired at the beginning of the project. The initial requirements for the Health Educator position included education and training and/or experience in working with teens and in sexual health. In addition, they were looking for individuals who were comfortable working for Planned Parenthood, passionately committed to helping high-risk youth, and able to talk in a straightforward way about sex and risk behavior.

Staff participated in a five-day training in the *Reducing the Risk* curriculum conducted by the Healthy Teen Network, an approved trainer for this and other evidence-based curricula. In addition, staff received considerable internal training. Topics included: birth control methods; STIs; reproductive anatomy; puberty; responding to anonymous questions; youth development; and working with parents. After this initial training in the first year of the grant, subsequent training opportunities were more varied and focused on professional development.

Throughout the grant period, OAH offers regional trainings on topics, such as cultural awareness and implementing effective TPP programs. OAH also offers webinars on a variety of topics and hosts an annual conference. Beyond these offerings, health educators are encouraged to attend conferences and training sessions provided by external sources.

Monitoring Program Implementation

A critical element of the replication of evidence-based programs is the extent to which the original model is implemented with fidelity. In the case of *Reducing the Risk*, the requirement of OAH to mandate and support fidelity to the program model was greatly helped by the training and support materials provided

by the curriculum developer. Training sessions were highly interactive, with a strong emphasis on implementing the program with fidelity. This emphasis was especially important since neither of the partner agencies had prior experience in implementing evidence-based program models with fidelity. Agency staff ended the training convinced of its importance.

To support fidelity of implementation, the developer also provides a detailed manual and adaptation kit that offers a clear rationale for each unit in terms of content and pedagogic strategy, guidance about modifying the program, fidelity logs and observation protocols.

In the LifeWorks replication, health educators complete fidelity logs for each session, and these are used both for self-monitoring (to check that all the content was covered) and by the Planned Parenthood Project Director as a basis for regular review with the health educators. The LifeWorks Project Director or a trained member of the local evaluator's staff observes 10% of sessions (an OAH requirement) using the observation tool provided by the developer and meets with the health educator after the session to provide feedback.

Summary of LifeWorks Grantee Profile

Among the three replications of this program, LifeWorks is unique in its addition of sessions to an already lengthy curriculum to strengthen coverage of important topics and provide information on reproductive anatomy. It is the only one of the three replications in which the condom demonstration had to be omitted in every school to conform to school district policy.

Almost half of the students in the study sample were in 9th grade at baseline, with the remainder spread out over the later grades. Just over one-quarter of them were sexually active in the three months prior to the survey. Most of these had not used a condom consistently during any sexual activity, putting them at high risk for STIs. In addition, close to 10% of the youth were at high current risk for pregnancy because they did not use any form of contraception consistently.

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: Baseline Data Tables for LifeWorks

Table 1. Gender in Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n= 1083)	Reducing the Risk Overall ¹ (n= 3241)
Male	51.9%	51.2%
Female	48.1%	48.8%

¹This represents the three replications of the program model.

Table 2. Race/Ethnicity in Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n= 1083)	Reducing the Risk Overall (n= 3240)
Hispanic	63.5%	46.6%
Black ¹	9.7%	33.2%
White ¹	21.5%	11.0%
Other Race ²	5.3%	9.3%

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 Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n= 1083)	Reducing the Risk Overall (n= 3240)
Mean (SD)	15.3 (1.2)	14.6 (1.1)
Range	13 – 20	13 -20

Table 4. Grade in School in Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n= 1083)	Reducing the Risk Overall (n= 3240)
6 th	0.0%	0.0%
7 th	0.0%	0.0%
8 th	0.0%	8.8%
9 th	46.4%	67.9%
10 th	25.7%	11.8%
11 th	17.9%	7.4%
12 th	10.1%	4.0%

Table 5. Sexual Activity in Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n=1083)	Reducing the Risk Overall (n=3240)
Ever sexually active ¹ (n=1061)	39.8%	33.1%
Sexually active in the past 3 months (n=1061)	25.5%	21.6%
Engaged in sexual intercourse in the past 3 months (n=1061)	23.0%	19.4%

¹ Sexual activity is defined as sexual intercourse and/or oral sex. Respondents were not asked about anal sex.

Table 6. Current Risk of Pregnancy¹ in Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n = 1061)	Reducing the Risk Overall (n=3168)
No Current Risk	77.0%	80.6%
Some Current Risk	14.5%	12.8%
High Current Risk	8.5%	6.6%

¹ *No Current Risk* is if the respondent did not have sexual intercourse in the past 90 days; *Little 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 Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n = 1061)	Reducing the Risk Overall (n=3166)
No Current Risk	74.6%	78.4%
Some Current Risk	5.0%	5.9%
High Current Risk	20.5%	15.7%

¹ *No Current Risk* is if the respondent did not engage in sexual intercourse or oral 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 LifeWorks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n = 1061)	Reducing the Risk Overall (n=3166)
Sexual Activity and Condom Use		
Not sexually active	74.6%	78.4%
Sexually active with use of condoms	5.0%	5.8%
Sexually active without use of condoms	20.5%	15.7%
Sexual Intercourse and Birth Control Use		
No sexual intercourse	77.0%	80.6%
Sexual intercourse with birth control	14.5%	12.8%
Sexual intercourse without birth control	8.5%	6.6%

Table 9. Peer Pressure to Have Sex and Perceived Norms in Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n= 1061)	Reducing the Risk Overall (n= 3126)
Extent of peer pressure to have sex		
None	75.6%	73.1%
A little	13.3%	14.0%
Some	9.1%	9.2%
A lot	2.0%	3.7%
Prevalence of peer sexual intercourse		
None	7.5%	14.0%
Some	24.0%	22.4%
Half	13.1%	11.9%
Most	27.4%	22.5%
All	7.0%	8.3%
Don't Know	21.0%	20.9%
Prevalence of peer oral sex		
None	11.1%	19.1%
Some	19.0%	18.1%
Half	12.1%	9.7%
Most	15.5%	12.6%
All	3.5%	4.0%
Don't Know	38.8%	36.5%

Table 10. Frequency of Cigarette Use (past 30 days) in Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n= 1073)	Reducing the Risk Overall (n= 3196)
0 days	88.4%	92.3%
1-4 days	7.2%	5.3%
5-25 days	2.9%	1.5%
> 25 days	1.6%	0.9%

Table 11. Frequency of Binge Drinking (past 30 days) in Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n= 1073)	Reducing the Risk Overall (n= 3193)
Any alcohol use (last 30 days) ¹		
0 days	70.7%	78.6%
1-4 days	21.8%	17.0%
5-25 days	6.2%	3.4%
> 25 days	1.3%	1.1%
Binge drinking (last 30 days) ²		
0 days	85.5%	91.2%
1-4 days	11.9%	7.6%
5-25 days	2.1%	0.9%
> 25 days	0.6%	0.3%

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 Lifeworks and Overall *Reducing the Risk* Study Samples at Baseline

	LifeWorks (n= 1070)	Reducing the Risk Overall (n= 3194)
0 days	75.0%	81.3%
1-4 days	12.1%	10.3%
5-25 days	6.4%	4.9%
> 25 days	6.4%	3.5%