

Evaluation Abstract: Evaluation of Healthy Futures in Public Middle Schools in Three Northeastern Massachusetts Cities

Grantee

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Intervention Name

Healthy Futures

Intervention Description

Healthy Futures is an age-appropriate program framed on the social ecological model, which posits that lasting changes in health behaviors require not only increased knowledge and skills at the individual level but also supportive physical and social systems. The main component is a classroom-based relationship education curriculum, Nu-CULTURE, offered in 6th, 7th, and 8th grade for eight 50-minute sessions each year. A number of supplemental efforts aim to enhance the Nu-CULTURE program and create social supports. These activities, which are optional for participants, serve a self-selected subset of Nu-CULTURE students and parents. First, Healthy Futures has virtual classrooms where participating youth are encouraged to visit age-appropriate youth websites (onmylevel.org for 6th- and 7th-grade students and doinitright.org for 8th-grade students). Second, parents are engaged through daily interactive forms linked with Nu-CULTURE, a parent website (ontheirlevel.org), and workshops (True Connections) that provide skills for building parent-child connections. Third, a 10-week after-school program each year, Rhymin' it Write, encourages youth leadership. Finally, a 6-week summer program, Code A, engages youth during out-of-school time after 8th grade. The Healthy Futures program has been revised from an abstinence-only program to now emphasize delay of sexual initiation, with added components on safer sex practices for reducing sexually transmitted infections and pregnancy.

Counterfactual

Healthy Futures Control Curriculum

Counterfactual Description

The Healthy Futures Control Curriculum offers students in the control group two 50-minute classes each year on general health education topics. Students in the 6th grade receive a class on puberty and reproduction and a class on bullying prevention, students in the 7th grade receive two classes on dating-violence prevention, and students in the 8th grade receive two classes on mental health promotion.

Primary Research Question(s)

What is the impact of the 3-year Healthy Futures relationship education program on the prevalence of students who have ever had vaginal sex by the end of the 8th-grade Nu-CULTURE curriculum, compared to the control group?

Secondary Research Question(s)

Compared to the control group, what is the impact of Healthy Futures on: 1) the prevalence of ever having had vaginal sex at immediate follow-up (8th grade) by ethnicity; 2) the prevalence of ever having had vaginal sex at immediate follow-up (8th grade) by gender; 3) the prevalence of sexual activity within

the past 3 months at immediate follow-up (8th grade); 4) the prevalence of engagement in unprotected sex without an effective type of birth control within the past 3 months at immediate follow-up (8th grade); and 5) the prevalence of ever having had vaginal sex at one year follow-up (9th grade)?

Sample

This longitudinal study included students attending 6th grade in the 2011–2012 school year from 14 middle schools in three districts and students attending 6th grade in the 2012–2013 school year from one additional middle school from one of the participating districts. Students participated in the program unless opted out by the school, their parents, or themselves. Participation in the evaluation study required student assent and parental consent. The study enrolled youth (n=1,344) attending 15 middle schools. The analytic sample for the primary research outcome included 1,060 students from the 8th-grade follow-up survey.

Setting

Trained health educators external to the school system delivered both the treatment and control programs in classrooms across 15 public middle schools in three northeastern Massachusetts cities—Haverhill, Lowell, and Lynn. Health educators also delivered the after-school peer leadership component at the treatment schools, and parent components were held in school-based settings for parents of treatment group students only.

Research Design

The research design is a school-cluster randomized controlled trial. The study used two cohorts of schools. In the 2011-2012 school year (Cohort 1), 14 schools were randomly assigned to condition (7 received the intervention, and 7 served as controls). In 2012-2013 (Cohort 2), one additional school was randomly assigned to the control condition. Randomization occurred after school principals signed memoranda of understanding. Student assent and parental consent occurred after school randomization.

Method

Data sources included five self-administered surveys collected from students over four years: baseline, immediately after each Nu-CULTURE curriculum in the 6th, 7th, and 8th grades, and a one-year follow-up in the 9th grade (Cohort 1 only). Surveys in the 8th and 9th grades collected information on sexual activity, condom and birth control use and pregnancy (these questions were not asked at either baseline or follow-up surveys in 6th- or 7th-grade due to students' young age).

Additional data included student attendance; fidelity checklists; classroom teacher, Healthy Futures educator, and coordinator surveys; health educator surveys; website analytics; and observation data to evaluate program implementation.

Impact Findings

Healthy Futures did not have a statistically significant impact on the primary outcome of reducing the prevalence of ever having had vaginal sex by the end of the 8th grade Nu-CULTURE curriculum. Overall, 6.4% of treatment students reported ever having vaginal sex, compared to 9.4% of control students ($p = 0.07$). However, the program had a significant impact for female and Hispanic students—2.9% of females in the treatment versus 6.4% in the control group ($p = 0.04$) and 6.3% of Hispanics in the treatment versus 15.7% in the control group ($p = 0.00$) reported having had vaginal sex by the end of the 8th grade Nu-CULTURE curriculum. No impact was found for the other outcomes examined in this report.

Implementation Findings

Healthy Futures implemented Nu-CULTURE, the classroom-based relationship education component, in all seven treatment schools enrolled in the study. Over the three-year program 89% of the activities were delivered as prescribed by the model, the average session duration was 51 minutes, and the average student attendance rate over the intended 24 sessions was 76%. The other three in-person Healthy Futures components—Rhymin’ it Write, Code A, and True Connections—were not implemented as planned. Furthermore, the virtual classroom components were infrequently visited by users from the target communities.

Schedule/Timeline

Student sample enrollment was completed by May 2012 for the 14 Cohort 1 schools and by April 2013 for the single Cohort 2 school. Interim follow-up data collection occurred after completion of each curriculum in the 6th–8th grades. The 8th-grade follow-up used in the primary analysis (combining information from both Cohorts 1 and 2) was completed by October 2014. One-year follow-up data in the 9th grade were collected from students originally assigned in Cohort 1 ended in May 2015.