



## EXECUTIVE SUMMARY

August 2013

# Making A Plan And Sticking To It: Implementing An Enhanced Version Of *HealthTeacher* In Chicago

In 2010, Chicago Public Schools (CPS) faced a dilemma—how to deliver a consistent sex education program in a complex and diverse school district. CPS wanted schools to comply with the Chicago Board of Education’s 2006 policy calling for students in grades 5 through 12 to receive family life and comprehensive sex education. To satisfy this requirement, CPS wanted schools to use programs it recommended (*HealthTeacher*, an online comprehensive K–12 health education curriculum; CPS’s Family Life and AIDS Education handbooks; or programs offered by CPS-approved organizations). However, CPS did not have the staff or funding to monitor whether or how schools actually offered or delivered programs.

CPS was particularly interested in the use of the *HealthTeacher* program as a way to promote adherence to its policy and agreed to participate in the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA), funded by the Office of Adolescent Health in the U.S. Department of Health and Human Services. This national evaluation is studying the effectiveness of various teen pregnancy approaches in seven sites. The evaluation in Chicago focuses on the implementation and impact of an enhanced version of the *HealthTeacher* curriculum for 7th-grade students in nine schools in winter and spring 2011. The evaluation is a test of nine lessons from the family health and sexuality module of *HealthTeacher* for middle school youth, supplemented by three lessons developed by CPS with support from the University of Chicago. The evaluation will test whether this enhanced *HealthTeacher* curriculum, which is highly structured and designed to be easy to access and implement, is effective in delaying sexual activity and/or reducing risky sexual behavior among sexually active youth.

## Adherence to the Implementation Plan

An analysis of data from CPS staff and teachers found that the enhanced version of *HealthTeacher* was implemented with high fidelity to the plan, ensuring that the evaluation will provide a

### About this Summary

This executive summary provides a brief overview of the implementation study findings from the evaluation of *HealthTeacher* in Chicago. The full report on program implementation discusses these findings in more detail.

solid test of *HealthTeacher*’s effectiveness. Although teachers’ level of comfort with the material varied, all of them accessed and completed the *HealthTeacher* curriculum and implemented the lessons in the correct order, in the time allotted, and as prescribed. Six teachers reported making minor modifications to the lessons plans (to fit the lesson into the class period or to augment the materials with diagrams to teach a concept, such as menstruation and sperm production).

## Student Participation and Engagement

Implementing *HealthTeacher* during the school day ensured good reach and high retention of students. *HealthTeacher* was implemented across 7th grade in all participating schools, and only students without parental consent did not participate. Attendance rates in the study schools were high, suggesting that students seldom missed *HealthTeacher* lessons.

Students appeared to be engaged in and receptive to the *HealthTeacher* lessons. District monitors observed students who were active participants, expressing their thoughts and asking good questions in class. Teachers reported having good discussions with their students about the material.

## Implementation Success and Challenges

The implementation experience in CPS shows that a large urban school district can consistently implement an online

sex education curriculum such as *HealthTeacher*. Teachers found the curriculum easy to use and helpful in addressing students' questions and misconceptions. Teachers reported that it filled an important programming gap and indicated they would like to continue using *HealthTeacher*.

Implementing *HealthTeacher* was not without challenges, however. Teachers from schools with shorter class periods reported difficulty completing some lessons in the allotted time. Some teachers felt the lessons were not in the ideal order; others would have liked additional and clearer instructions for lesson plans. In particular, inexperienced teachers sometimes felt they needed more direction. More experienced teachers, on the other hand, felt hindered by instructions not to supplement *HealthTeacher*—instructions intended to ensure that the evaluation tested a consistently defined intervention.

## Lessons to Inform Future Implementation Efforts

The experiences of CPS teachers in implementing *HealthTeacher* offer several lessons for future implementation of the curriculum in other districts. When scheduling *HealthTeacher* lessons, it is important to provide ample time for students' questions that the lessons are likely to elicit. Teachers also suggested that scheduling the lessons daily or several times per week—rather than weekly—would promote greater continuity between lessons and foster more dynamic class discussions.

A balance can be struck between striving for consistency and allowing teachers to exercise creativity. Providing experienced teachers expanded opportunities to supplement the curriculum with materials they believe are stronger, within some clear guidelines, would help them better explain some concepts. At the same time, school districts should recognize that inexperienced teachers might need closer supervision and support to ensure that they remain comfortable with the material and able to deliver *HealthTeacher* to their students confidently.

## HealthTeacher Evaluation—A Snapshot

### Part of the national multiyear Evaluation of Adolescent Pregnancy Prevention Approaches

- Funded by the Office of Adolescent Health, U.S. Department of Health and Human Services
- Conducted by Mathematica Policy Research
- Assessing effectiveness of seven programs

### Seventeen schools recruited and randomly assigned in Chicago, focusing on schools serving a high-risk teen population with weak or no existing/planned use of *HealthTeacher* in the 7th and 8th grades

- Nine schools delivered intervention in winter and spring 2011 to 7th-grade students
- Eight schools assigned to control status (programming as usual)

### No similar programming available or provided to 7th-grade students at program or control schools

### Ten teachers in nine program schools trained to deliver *HealthTeacher* and given technical assistance

### Twelve lessons delivered at program schools over approximately 16 class periods

- Nine lessons from online *HealthTeacher* curriculum: Recognizing Respect, Changing Minds, Changing Bodies, Menstruation and Sperm Production, Looking to My Future, Looking at Barriers, Abstinence, It's Okay to Say No, Preventing STDs/HIV
- Three lessons developed by CPS and University of Chicago staff: Contraceptives, Sexuality, and Gender

### Two lessons monitored at each school by CPS staff

### Program impacts measured by two follow-up surveys in fall 2011 and spring 2012