

EVALUATION ABSTRACT: THE EVALUATION OF HIGH SCHOOL FLASH, 3RD EDITION IN MINNESOTA AND GEORGIA

Grantee

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Intervention Name

High School FLASH, 3rd edition (High School FLASH)

Intervention Description

High School FLASH is a 15-session comprehensive sexual health curriculum designed for classroom settings in grades 9 to 12. The basis of High School FLASH is a public health approach to behavior change. The primary strategy used in the FLASH curriculum for preventing teen pregnancy, sexually transmitted diseases (STDs), and sexual violence is to address student behaviors and attitudes. To this end, FLASH uses a harm reduction and behavior change framework, implements best practices as outlined in the research on effective programs, addresses risk and protective factors for program goals, and rests on the theory of planned behavior. The instructional approach of High School FLASH employs key concepts in every lesson, which enables teachers to hone in on the risk and protective factors outlined in the curriculum logic model. The curriculum covers the following topics: reproductive system, pregnancy, sexual orientation and gender identity, healthy relationships, coercion and consent, online safety, abstinence, birth control, preventing human immunodeficiency virus (HIV) and other STDs, condoms, STD testing, communicating and decision making, and improving school health. The curriculum aligns with national health education standards.

Comparison Condition

Sexual Health Education for Adolescents

Comparison Condition Description

Sexual Health Education for Adolescents is a five-session knowledge-based sexual health curriculum designed for classroom settings. The lessons cover the reproductive system, pregnancy, birth control, abstinence, HIV and other STDs, and healthy relationships. The goal of the curriculum is to increase student knowledge in all content areas. The primary strategy employed by Sexual Health Education for Adolescents is to address the cognitive learning domain. The curriculum aligns to national health education standards.

Behavioral Outcomes

Number of times had vaginal sex in the past three months, number of times had vaginal sex without condoms or other birth control in the past three months, initiation of vaginal sex, STD testing, and family communication regarding sexual health (quality and quantity)

Non-behavioral Outcomes

Knowledge about STD testing, attitudes toward birth control and condoms, refusal self-efficacy, self-efficacy to get and use condoms, perceived peer norms about having sex and using birth control, family communication

Sample and Setting

The study expects to enroll 1,500 9th or 10th grade youth from 20 mainstream high schools in Minnesota and central Georgia (10 schools in each region) who had parental consent and provided assent for participation in the study. The study schools must (1) be from regions with teen birth rates at or above the national average at the time of study recruitment; (2) agree with randomization of mainstream schools to either High School FLASH or five-session knowledge-based comparison curriculum; (3) agree with inviting all students in targeted grade level in the fall semester required class to take part in study (9th or 10th grades depending on health education course placement); (4) have a policy environment that enabled implementation of all FLASH components if randomized to intervention condition; (5) be in a district not currently mandating comprehensive sexuality education or using an evidence-based sexual health curriculum in school or for after-school programs; and (6) have schools large enough to ideally contribute 40 or more students to the study. Students enrolling in the study must (1) be in targeted classes in fall semester; (2) provide positive parent consent to take part in study survey; and (3) provide assent to take part in the survey.

Trained health educators from local community-based agencies will implement FLASH for schools in the intervention condition. Classroom health teachers will teach the five-session program for schools in the comparison condition.

Research Design and Data Collection

This evaluation employs a cluster randomized controlled trial design, with randomization at the school level. Randomization was stratified by region (Minnesota and Georgia) and by school size. Randomization occurred after securing parental consent and before collecting baseline data. All data collectors responsible for the consent and survey administration are blind to study condition. Evaluators notified school district administrators and teachers of their condition after they collected parent consent forms and before collecting baseline data. Trained data collectors administer the survey two to three times over the course of the study, with the number of follow-up time points varying by region due to the reduction of the project period by two years—at baseline (both regions), 3-months post-intervention (both regions), and 12-months post-intervention (MN only due to changes in funding). Surveys will be collected during school hours using handheld tablets, and data collection methods will be identical across conditions. For follow-up survey events, evaluators track and survey students who are no longer enrolled in their schools using an online survey or an abbreviated telephone survey.

For the implementation evaluation, the evaluation team will collect data on fidelity, attendance, and quality through observations, attendance logs, and fidelity logs. Observations will be conducted for 10 percent of all FLASH sessions; attendance and fidelity logs will be collected for every session.

Schedule/Timeline

Study enrollment and baseline data collection in Minnesota began in September 2016. The 3-month post-intervention data collection began in Minnesota in February 2017 and will end in May 2017; the 12-month post-intervention data collection will begin in November 2017 and will end in January 2018. Study enrollment and baseline data collection in Georgia will begin in September 2017. The 3-month post-intervention data collection will begin in Georgia in February 2018 and end by June 2018.

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