



Personal Responsibility Education Program (PREP) Evaluation

May 2017

Implementing a Teen Pregnancy Prevention Program in Rural Kentucky

Rural regions have among the highest teen birth rates in the nation. Even so, to date, little research has been done on adolescent pregnancy programming designed to meet the needs of rural youth. To address this research gap, the Administration for Children and Families funded Mathematica Policy Research to conduct a rigorous evaluation of an adapted version of the comprehensive teen pregnancy prevention curriculum *Reducing the Risk* in collaboration with the Kentucky Department of Public Health. The study focuses on the implementation of *Reducing the Risk* by two local health departments that delivered the curriculum in high schools in a relatively low-income, mostly rural region in central and southwestern Kentucky. Programming was funded through the state's Personal Responsibility Education Program (PREP) grant, which provides federal funding for teen pregnancy prevention services.

A Look at the Region Served

The two local health departments serve a largely rural region. Across their 13-county service area, the largest city has only about 60,000 people. The region has teen pregnancy rates nearly twice the national average and a median income 20 percent below that of the nation as a whole. School and program staff reported that area youth have few services available to them related to sex education, contraception, and sexually transmitted diseases (STDs). Moreover, the great distances and limited public transportation in the region can make it difficult to access the few services that are available.

Health educators in the region described an environment in which teenage pregnancy is the norm among many families and part of a cycle of poverty that has been limiting the prospects of area youth for generations. Health educators indicated that many parents in the community did not talk to their children about sexuality and contraception. At study enrollment, students in the participating schools reported little knowledge about contraception. According to school and program staff, school administrators recognized the need to address teen pregnancy prevention with their students and, in general, supported having *Reducing the Risk* implemented in their schools.



Evaluation of an Adapted Version of *Reducing the Risk* in Rural Kentucky—A Snapshot

- The study recruited 13 schools in the Barren River and Lincoln Trail districts and randomly assigned them twice, once in summer 2013 and again in summer 2014.
 - In the treatment group, the adapted version of *Reducing the Risk* was delivered in mandatory health classes in six treatment schools in fall 2013 and seven schools in fall 2014.
 - The control group received the standard health curriculum delivered in mandatory health classes at seven control schools in fall 2013 and six schools in fall 2014.
 - Most students were in the 9th or 10th grades.
- *Reducing the Risk* covers abstinence, refusal skills, delaying tactics, obtaining and using contraception, preventing STDs/HIV, and risk behaviors.
- The adapted version of *Reducing the Risk* that was tested in Kentucky consists of eight one-hour long sessions delivered in mandatory health classes by health educators from the Barren River and Lincoln Trail District health departments.

Adapting and Implementing a Teen Pregnancy Prevention Curriculum

Reducing the Risk is a widely implemented, classroom-based curriculum designed to prevent teen pregnancy, STDs, and associated sexual risk behaviors. *Reducing the Risk* identifies abstinence as the most effective way to avoid STDs and unintended pregnancy, but also provides information on contraceptive methods. The curriculum supplements classroom instruction with interactive skill-building activities designed to improve communication and refusal skills. Local health department staff shortened the original 12-hour curriculum to 8 hours to fit within the time allotted by area schools for delivering the program. The adapted version of the curriculum covers all the topics in the original curriculum, but it contains fewer role-plays and less repetition of material. In addition, health educators tailored the content to local circumstances. For example, instead of visiting a health clinic, as the original curriculum suggested, health educators or health clinic staff describe services available at local health clinics during regular class time.

Health educators implemented the adapted curriculum as intended. They delivered the curriculum as part of a mandatory health class offered to students, primarily in 9th and 10th grades. During the study period, health educators covered more than 90 percent of their planned activities. Attendance was high; students in the study sample attended 93 percent of scheduled sessions. Based on classroom observations and focus group reports, students were receptive to the material, especially portions that contained interactive elements.

Students identified a number of ways the curriculum could be strengthened. During focus groups, students indicated that additional role-play exercises and interactive program elements would have kept them more engaged. Students also reported that the curriculum would have benefited from more time devoted to discussing birth control methods.

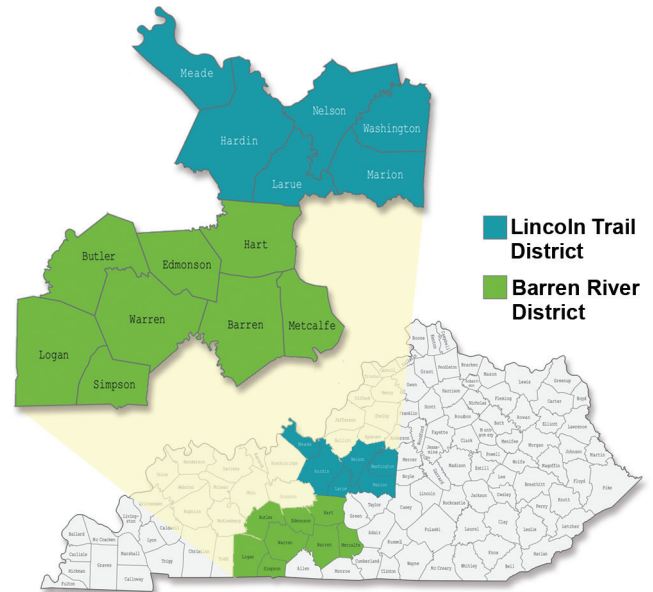
Taking Stock and Looking Ahead

This study took an in-depth look at the implementation of *Reducing the Risk* in a set of high schools in rural Kentucky. The two local health departments that participated in the study successfully delivered the curriculum to hundreds of youth in their service regions during the study period. These results suggest that delivering an abstinence and contraceptive education curriculum in rural high schools is feasible and can fill a pressing need.

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Kentucky counties included in the research study



This study is being conducted in conjunction with a rigorous impact study based on a random assignment research design in which schools were assigned to offer either the adapted curriculum or their regular programming. Upcoming impact reports, scheduled for release in 2017 and 2018, will examine the effects of the program on students' attitudes, knowledge, and sexual activity one and two years after they completed the program.

The PREP Multi-Component Evaluation

The PREP evaluation, led by Mathematica Policy Research, has three main components: (1) documenting the implementation of funded programs in participating states, (2) analyzing performance management data provided by PREP grantees, and (3) assessing the impacts of PREP-funded programs in four sites using a random assignment design. This brief, and the accompanying full report, "Adapting an Evidence-Based Curriculum in a Rural Setting: Implementing Reducing the Risk in Kentucky,," are part of a series of products from the evaluation. Learn more about the evaluation at <https://www.acf.hhs.gov/opre/research/project/personal-responsibility-education-program-prep-multi-component>. Learn more about the PREP initiative at <https://www.acf.hhs.gov/fysb/programs/adolescent-pregnancy-prevention>.