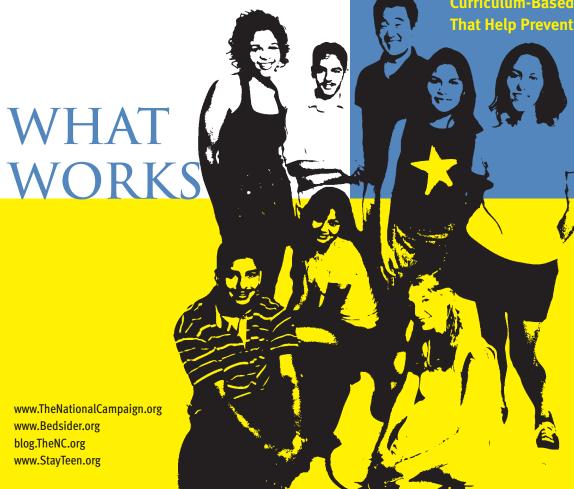
WHAT WORKS 2011-2012

Curriculum-Based Programs
That Help Prevent Teen Pregnancy



For more information, contact The National Campaign at:

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In Brief: What Programs Help Prevent Teen Pregnancy?

What programs delay sexual initiation, improve contraceptive use among sexually active teens, and/or prevent teen pregnancy? Over the years, The National Campaign has produced and disseminated a number of detailed reports and publications designed to answer this question. Here, in shorthand form, is an overview of what is known about carefully evaluated interventions that help delay sex, improve contraceptive use, and/or prevent teen pregnancy. We encourage those who want to learn more to review extensive materials on this topic at http://www.TheNationalCampaign.org/resources/effectiveprograms.aspx.

More detailed information about the programs listed in this brochure is available online in The National Campaign's Effective Programs Database at http://www.
TheNationalCampaign.org/resources/programs.aspx. This database includes detailed information about the programs along with information about how to access the curriculum.

WHAT WORKS

There is now persuasive and growing evidence that a number of programs can delay sexual activity, improve contraceptive use among sexually active teens, and/or prevent teen pregnancy. The strongest evidence stems from program evaluations that are experimental in nature—that is, participants are randomly assigned to treatment and control groups—and focus on changes in the *behavior* of program participants. Less powerful but still important evidence also comes from quasi-experimental designs. Effective programs can be divided into five broad categories:

- Curriculum-based education that usually encourages both abstinence and contraceptive use. These programs are generally offered as part of regular school classes or as part of after-school programs either on school grounds or in community centers.
- Service learning programs whose primary focus is keeping young people constructively engaged in their communities and schools. Participants in such programs typically take part in community service (such as tutoring, working in nursing homes, or helping fix up recreation areas) and reflect on their service through group discussions or writing about their experiences. Sometimes, a bit of education about ways to prevent teen pregnancy and related problems is included in the curriculum.
- Youth development programs tend to take a broader approach. For example, one youth development program that has been found to be effective with girls combines health care, academic assistance, sex education, participation in performing arts and individual sports, and employment assistance. All of these activities are designed to encourage participants to think and plan for their future.
- Parent programs that involve both parents and adolescents and, in general, seek to improve parent-child communication, particularly on sex and related topics. These programs are usually offered in a community-based setting, and are targeted to moms, dads, or both.
- Community-wide programs that tend to be much broader in scope and that encourage involvement from the entire community (not just teens and their parents). These programs might include public service announcements, educational activities for the community, or community-wide events such as health fairs.

Because of the significant variety among these interventions, communities now have more choices and more opportunities than ever to find programs that suit local values, opportunities, and budgets. Below are two charts of those programs that have evidence of success. Please note that, in general, *clinic-based* programs are not included in this publication. More information about clinic-based programs is available in The National Campaign brochure, *What Helps in Providing Contraceptive Services for Teens*.

How do you define effective?

CHARACTERISTICS OF EFFECTIVE PROGRAMS

Researchers have also identified a number of common characteristics of curriculum-based programs that are effective; many of these attributes probably apply to other types of programs, too. For example, effective curricula:

- Convince teens that not having sex or that using contraception consistently and carefully is the *right* thing to do, as opposed to simply laying out the pros and cons of different sexual choices. That is, there is a clear message.
- O Last a sufficient length of time (i.e. more than a few weeks).
- Select leaders who believe in the program and provide them with adequate training.
- Actively engage participants and have them personalize the information.
- Address peer pressure.
- Teach communication skills.
- Reflect the age, sexual experience, and culture of young people in the program.

For more information about the 17 characteristics of effective curriculumbased programs please refer to Chapter 7 in *Emerging Answers* 2007 by Dr. Douglas Kirby available at:http://www.TheNationalCampaign.org/ea2007

HOW TO CHOOSE A PROGRAM

How can communities increase the chances that the programs they select—or design on their own—will actually change teen sexual behavior? Keeping your target group in mind, consider the following three strategies:

- Best choice: choose a program already shown through careful evaluation to be effective with similar groups of adolescents, and then put it into action as it was designed—no changes, no additions or deletions.
- Next best choice: if using an existing successful program is not possible, communities should select or design programs that incorporate as many characteristics of effective programs as possible (see above).
- Last best choice: if options one and two are not possible, communities should (1) select the specific sexual behavior(s) they want to change, (2) study and understand the factors in the lives of young people most closely tied to the behavior to be changed, and (3) design activities that might affect some or all of these factors. For example, if the behavior to be changed is early sexual activity, learn about the factors that are closely tied to early sex (such as older partners) and then design interventions to change those factors. Visit http://www. TheNationalCampaign.org/resources/pdf/pubs/SexualRisk.pdf for more information on risk and protective factors.

EVEN EFFECTIVE PROGRAMS CAN'T DO IT ALL.

Teen pregnancy has many causes, and it is unreasonable to expect any single curriculum or community program to make a serious dent in the problem on its own. Making true and lasting progress in preventing teen pregnancy requires a combination of community programs *and* broader efforts to influence values and popular culture, to engage parents and schools, to change the economic incentives that face teens, and more.

A NOTE OF CAUTION ABOUT EFFECTIVE PROGRAMS

Even those programs that have been shown to be effective in changing teen sexual behavior may have relatively modest results. This is due in part because programs often serve only a fraction of the kids in the area who are at risk, and is particularly true when a program is poorly funded. Consequently, it is important to think carefully about what an effective program can actually accomplish. Some things to consider:

- O How do *you* define effective? For example, is a program effective if its good results last only a relatively brief amount of time or only among boys? In other words, pay careful attention to the specific results of program evaluation and think carefully about what constitutes success. Is a 10 percent improvement enough? What if a program helps on one issue (i.e. increases contraceptive use) but not on another (i.e. no impact on age of first sex)?
- O Consider the magnitude of success. For example, if a program is successful at delaying participants from having sex, how *long* was the average delay? An effective program may only change things a bit.
- Pay attention to the criteria used to define "effective." The criteria used for these charts are described in detail below.
 Note that there is no nationally standardized criteria for identifying effective programs, thus lists may vary.
- O Keep in mind that there may very well be a number of creative programs that are effective in helping young people avoid risky sexual behavior that simply have not yet been evaluated.

CHARTS OF EFFECTIVE PROGRAMS

Over the years, The National Campaign has released a number of publications dedicated to answering the question: what programs have the best evidence of success in changing teen sexual behavior? The charts that follow summarize the best program reviews contained in these various publications and elsewhere. Those who wish to learn more about any of these programs are encouraged to review these publications in detail.

INCLUSION CRITERIA

All of the programs described here have been carefully evaluated and have met several criteria. Specifically, each of these program evaluations must include *at least* the following characteristics:

- O Been completed and published in 1980 or later,
- O Been conducted in the United States or Canada,
- Been targeted at middle and/or high school aged teens, approximately ages 12-18,
- O Included baseline and follow-up data (for at least 3 months),
- Measured impact on behavior,
- Included at least 75 people in both the treatment and the control groups,
- Used sound statistical analyses, and
- O Used an experimental or quasi-experimental evaluation design.

Again, it is important to note that, in general, those programs that have been evaluated using an experimental design (the first chart) *provide stronger evidence of effectiveness* than those evaluated through a quasi-experimental design (the second chart). The two charts below have been divided to reflect this difference. Also note that those quasi-experimental evaluations noted with a star are considered to be more rigorous than those quasi-experimental evaluations listed without a star. A final thought: Careful readers may note that several programs listed as effective in previous versions of the brochure are not on the current list of effective programs. There are several explanations for these changes, including (1) the curriculum is no longer available, and/or (2) more careful examination of the results of particular evaluations surfaced some weakness in the evaluation designs.

How do you choose a program?

WHAT WORKS 2011-2012



AT A GLANCE

LIST OF EFFECTIVE PROGRAMS (EXPERIMENTAL DESIGN)

Note that the programs below have been evaluated using an experimental design. That is, participants are randomly assigned to treatment and control groups. As a general matter, programs that have been evaluated using an experimental design provide stronger evidence of effectiveness than those using a quasi-experimental design.

- 1 All4You! (2006, dates in this cell note the year the evaluation was published)
- 2 Aban Aya Youth Project (2004)
- 3 Becoming a Responsible Teen (1995)
- 4 Be Proud! Be Responsible! (1992)
- 5 Children's Aid Society (CAS)—Carrera Program (2002)
- 6 ¡Cuídate! (2006)
- 7 Draw the Line/Respect the Line (2004)
- 8 Families Talking Together (2011)
- 9 Focus on Kids (1996) (packaged as Focus on Youth)
- 10 Focus on Kids plus ImPACT (2004) (packaged as Focus on Youth plus ImPACT)
- 11 HIV Prevention for Adolescents in Low-Income Housing Developments (2005) (Packaged as Teen Health Project)
- 12 HIV Risk Reduction Among Detained Adolescents (2009) (Keepin' It R.E.A.L=Responsible, Empowered, Aware Lifestyles)
- 13 HORIZONS HIV intervention (2009)
- 14 It's Your Game...Keep it Real (2010)
- 15 Keepin' It R.E.A.L.! (2006)
- 16 Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention (1998)
- 17 Making Proud Choices! A Safer Sex Approach to HIV/STD and Teen Pregnancy Prevention (1998)
- 18 Multidimensional Treatment Foster Care (2009)
- 19 Positive Prevention (2006)
- 20 Promoting Health Among Teens
- 21 Reach for Health Community Youth Service (RFH-CYS) (2002)
- 22 REAL Men (2007)
- 23 Safer Choices (2004)
- 24 SiHLE (HIV Prevention Intervention) (2004)
- 25 Teen Outreach Program (1997)

	1	2	3	4	
NAME OF PROGRAM	All4You! (2006, dates in this cell note the year the evaluation was published)	Aban Aya Youth Project (2004)	Becoming a Responsible Teen (1995)	Be Proud! Be Responsible! (1992)	
DELAYED SEXUAL INITIATION	No	NM	Yes	NM	
IMPROVED CONTRACEPTIVE USE	Yes (for 6 months only, not 12 or 18 months)	Yes (Boys only)	Yes	Yes	
REDUCED TEEN PREGNANCY	Not measured (NM)	NM	NM	NM	
STUDY SETTING AND SAMPLE	In-school program evaluated with teens in alternative schools; the intervention also included a service learning component; urban setting	In-school and after- school youth develop- ment program for African American students grades 5–8; urban setting	After-school program for African American teens aged 14–18; urban Southern setting	In-school or after-school program for African American boys grades 10–12; urban setting	
SELECTED EFFECTS	6 months after the	At the end of the	1 year after the intervention:	3 months after the	
	program ended:Program participants	• 78–80% of boys in the	 Girls in intervention were 44% more likely than girls in control group to use condoms. 	intervention:Program participants	
	were 2 times more likely than those in the control group to report using a condom at last sex.	two intervention groups used condoms compared to 65% of boys in the control group.	Virgins in the intervention group were 61% less likely to initiate sex than virgins in the control group.	reported that they did not use a condom during intercourse for 0.64 days compared to 2.38 days in the control group	
CONTACT INFORMATION	Information and evaluation: Karin Coyle, Ph.D. ETR Associates 4 Carbonero Way Scotts Valley, CA 95066 karinc@etr.org Phone: 800-321-4407	Evaluation: Brian R. Flay, Ph.D. Professor of Public Health College of Health and Human Sciences Oregon State University 254 Waldo Corvallis, OR 97331 Email: Brian.Flay@ oregonstate.edu	For Information and to purchase: ETR Associates 4 Carbonero Way, Scotts Valley, CA 95066 Phone: 800-321-4407 Fax: 800-435-8433 Web: www.etr.org	To purchase: Select Media www.selectmedia.org	
FOR FURTHER INFORMATION	Emerging Answers 2007 www.thenational campaign.org/EA2007	It's a Guy Thing: Boys Young Men and Teen Pregnancy Prevention www.thenational campaign.org/ resources/pdf/pubs/ Guy_Thing.pdf Emerging Answers 2007 www.thenational campaign.org/EA2007	A Good Time: After School Programs to Reduce Teen Pregnancy www.thenationalcampaign.org/resources/pdf/ pubs/AGoodTime.pdf Not Yet: Programs to Delay First Sex Among Teens www.thenationalcampaign.org/resources/pdf/ pubs/notyet.pdf Emerging Answers 2007 www.thenationalcampaign.org/EA2007 HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/ resources/factsheets/BART.htm	A Good Time www.thenational campaign.org/ resources/pdf/pubs/ AGoodTime.pdf Emerging Answers 2007 www.thenational campaign.org/EA2007 HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/ research/prs/resources/ factsheets/Be_Proud.htm	

	5	6	7
NAME OF PROGRAM	Children's Aid Society (CAS)—Carrera Program (2002)	¡Cuídate! (2006)	Draw the Line/Respect the Line (2004)
DELAYED SEXUAL INITIATION	Yes (Girls only)	Not Reported	Yes (Boys only)
IMPROVED CONTRACEPTIVE USE	Yes (Girls only)	Yes	No
REDUCED TEEN PREGNANCY	Yes (Girls only)	NM	NM
STUDY SETTING AND SAMPLE	Multi-year after-school youth development program for high-risk high school students aged 13–15; urban setting	After-school program for Latino teens in grades 8–11; urban setting	In-school program for youth grades 6–8; urban setting
SELECTED EFFECTS	At the end of the program: • Girls in intervention group were 18% less likely to have had sex than girls in the control group; were 55% less likely to become pregnant; and were 80% more likely to use dual methods of contraception at last sex. • Males in the intervention group did not positively change sexual behavior.	At 3 months, 6 months, and 12 months after the program ended: • Teens in the intervention group were significantly less likely than those in the control group to have recently had sex, and to have had multiple partners (although the evaluation did not report initiation of sex). • Teens in the intervention group were significantly more likely than those in the intervention group to report consistent condom use. • The intervention was particularly effective for Spanish speaking teens. Spanish speaking teens in the intervention group were 5 times more likely than Spanish speaking teens in the control group to report using a condom at last sex.	At 36-month follow-up: • 19% of boys in the program had sex compared to 27% in control.
CONTACT INFORMATION	For Information and to purchase: Dr. Michael Carrera The Children's Aid Society 105 East 22nd St New York, NY 10010 Phone: 212-876-9716 Web: www.stopteepregnancy.com or www.childrensaidsociety.org	Evaluation: Antonia M. Villarruel, Ph.D., R.N University of Michigan, School of Nursing 400 N Ingalls, Room 4320 Ann Arbor, MI 48109-0482 Email: avillarr@umich.edu To purchase: Select Media www.selectmedia.org	Information: Karin Coyle ETR Associates 4 Carbonero Way Scotts Valley, CA 95066 Phone: 800-321-4407 Web: www.etr.org To purchase: PASHA Archive: www.socio.com/ pasha.php?partner=campaign
FOR FURTHER INFORMATION	A Good Time www.teenpregnancy.org/works/pdf/goodtime.pdf Not Yet www.teenpregnancy.org/works/pdf/NotYet.pdf Emerging Answers 2007 www.thenationalcampaign.org/EA2007	Emerging Answers 2007 www.thenational campaign.org/EA2007 Science Says #32: Effective and Promising Teen Pregnancy Prevention Programs for Latino Youth www.thenationalcampaign.org/ resources HIV/AIDS Prevention Research S ynthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/ resources/factsheets/cuidate.htm	No Time to Waste: Programs to Reduce Teen Pregnancy Among Middle School Youth www.thenationalcampaign.org/ resources/pdf/pubs/No_Time.pdf Not Yet www.thenationalcampaign.org/ resources/pdf/pubs/notyet.pdf Emerging Answers 2007 www.thenationalcampaign.org/ EA2007

NAME OF PROGRAM	8 Families Talking Together (2011)	9 Focus on Kids (1996) (packaged as Focus on Youth)	
DELAYED SEXUAL INITIATION	Yes	NM	_
IMPROVED CONTRACEPTIVE USE	NM	Yes	
REDUCED TEEN PREGNANCY	NM	NM	_
STUDY SETTING AND SAMPLE	Two potential settings: •Clinic-based program for mothers of African American and Latino adolescents age 11–14; urban setting •School-based program for mothers of African American and Latino adolescents in grades 6–7; urban setting	After-school program for African-American youth aged 9–15; urban setting	_
SELECTED EFFECTS	9 months after the clinic-based intervention: 6% of youth in the intervention group had ever had sex compared to 22% of youth in the control group	6 months after the intervention: •Youth in intervention were 39% more likely to have used a condom at last sex than control group.	
CONTACT INFORMATION	Information and evaluation: Vincent Guilamo-Ramos, Ph.D., MSW Professor and CLAFH Co-Director James Jaccard, PhD Professor and CLAFH Co-Director New York University Center for Latino Adolescent and Family Health Silver School of Social Work 1 Washington Square North New York, NY 10003 Email: Vincent.ramos@nyu.edu	Evaluation: Bonita F. Stanton, M.D. Department of Pediatrics at Wayne State University Children's Hospital of Michigan, 3901 Beaubien Blvd, Suite 1K40 Detroit, MI 48201 Phone: 313-745-5870 Email: bstanton@med.wayne.edu Information and to purchase: Cherri Gardner, Senior Program Manager ETR Associates, 2811 Adeline Street Oakland, CA 94608 Phone: 510-645-1047 X609 Email: cherrig@etr.org Web: www.etr.org and www.etr.org/foy To purchase: PASHA Archive: www.socio.com/srch/ summary/pasha/passt16.htm	
FOR FURTHER INFORMATION	Center for Latino Adolescent and Family Health www.nyu.edu/socialwork/clafh	A Good Time www.thenationalcampaign.org/ resources/pdf/pubs/AGoodTime.pdf No Time to Waste www.thenationalcampaign.org/ resources/pdf/pubs/No_Time.pdf Emerging Answers 2007 www.thenationalcampaign.org/ EA2007 HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/ resources/factsheets/FOY.htm	15

MAME OF PROCRAM Focus on Kids plus ImPACT (200a) (packaged as Focus on Youth plus ImPACT) Make Provided income Measing Developments (2004) Calcaged as Teen Health Project) Packaged		10	11	12	
IMPROVED Ves (at 24 months) only, not 12 or ZOMTRACE TIPPE USE PEGLICED TEEN PEGNANCY STUDY SETTING 6 months after the intervention is parent; urban setting AND SAMPLE Participants in both the parent program and the parent program with booster sessions were more likely than those in the group without the additional parent intervention to report using a condom. 24 months after the intervention: Participants in the parent program were bees likely than those in the group without the additional parent intervention to report using a condom. 24 months after the intervention: Participants in the parent program were bees likely than those in the group without the additional parent intervention to report using a condom. 25 months after the intervention: Participants in the parent program were less likely than those in the group without the additional parent intervention to report getting pregnant of reasing a pregnancy (Mose in the parent plus booster session group showed no difference). CONTACT INFORMATION Contract information and to purchase: Cheric Gardine, Senior Program Manager ETR Associates 28th Adelina Steated, Senior Program Manager ETR Associates 28th Adelina Steet, Oakland, CA 94608 Phone: 510-645-1027 x609 Email: Cherical Senior Program Manager ETR Associates 28th Adelina Steet, Oakland, CA 94608 Phone: 510-645-1027 x609 Email: Cherical Senior Program Manager ETR Associates 28th Adelina Steet, Oakland, CA 94608 Phone: 510-645-1027 x609 Email: Cherical Senior Program Manager ETR Associates 28th Adelina Steet, Oakland, CA 94608 Phone: 510-645-1027 x609 Email: Cherical Senior Program Manager ETR Associates 28th Adelina Steet, Oakland, CA 94608 Phone: 510-645-1027 x609 Email: Cherical Senior Program Manager ETR Associates 28th Adelina Steet, Oakland, CA 94608 Phone: 510-645-1027 x609 Email: Cherical Senio	NAME OF PROGRAM	Focus on Kids plus ImPACT (2004)	HIV Prevention for Adolescents in Low- Income Housing Developments (2005)	HIV Risk Reduction Among Detained Adolescents (2009) (Keepin' It R.E.A.L=Responsible, Empowered,	
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### After-school program for African-American youth aged 13-16 years and their parents; urban setting aged 12-17; urban se			Yes	condom use among those in	
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*Participants in both the parent program and the parent program with booster sessions were more likely than those in the group without the additional parent intervention to report using a condom. 24 months after the intervention: *Participants in the parent program were less likely than those in the group without the additional parent intervention to report getting pregnant or causing a pregnancy (those in the parent plus booster session group showed no difference). *Evaluation: **Evaluation:** *To NTACT INFORMATION** **Evaluation:** **Athieen Sikkema, Ph.D. **Duke University **DuMC 3322 **207 Trent Drive **DuMA' 3322 **207 Trent Drive **Duffama, NC 27730 **Adhien, Steer of Disease Control and Prevention along Ocition Road, Mailstop E-37 **Atlanta, GA 30333 **Phone: 404-699-0892 **Email: Wiffing@cdc.gov **Information and to purchase: Cherri Gardner, Senior Program Manager **Err Associates* **281 Adeline Street, Oakland, CA 94608 **Phone: 510-645-1047 X609 **Email: Wiffing@cdc.gov **HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.dcd.goy/hiv/topics/search/synthyspois/scresarch/synthesis Sproject, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.dcd.goy/hiv/topics/scresarch/synthesis.org.** **Post Further* **To purchase: **PASHA Archive **Pasha Archi				Adolescents in juvenile detention facilities; mean age was 15.8; 83% were boys	
parent program with booster sessions were more likely than those in the group without the additional parent intervention to report using a condom. 24 months after the intervention: - Participants in the parent program were less likely than those in the group without the additional parent intervention to report getting pregnant or causing a pregnancy (those in the parent plus booster session group showed no difference). CONTACT INFORMATION Evaluation:	SELECTED EFFECTS	6 months after the intervention:	18 months after baseline:	12 months after baseline:	
Participants in the parent program were less likely than those in the group without the additional parent intervention to report getting pregnant or causing a pregnancy (those in the parent) plus booster session group showed no difference). **CONTACT INFORMATION Evaluation: Bonita F. Stanton, Ph.D. Department of Pediatrics, Wayne State University, Children's Hospital of Michigan, Detroit, MI 48202 E-mail: bistanton@med.wayne.edu Dr. Jennifer Galbraith Centers for Disease Control and Prevention 1600 Cilfion Road, Mailstop E-37 Allanta, GA 39333 Email: gialbraith@cdc.gov For details on intervention materials: Winifeed King DEBI Technical Monitor Centers for Disease Control and Prevention Allanta, GA 99339 Phone: 404-699-0892 Email: WKing@cdc.gov Information and to purchase: Cherri Gardner, Senior Program Manager ETR Associates 2811 Addine Street, Oakland, CA 94608 Phone: 510-649-1047 X609 Email: cherrig@etcl.org Web: www.ect.org and www.et.org/foy/ FOR FURTHER INFORMATION Emerging Answers 2007 www.thenational campaign.org/EA2007 www.thenational campa		parent program with booster sessions were more likely than those in the group without the additional	vention were more likely than those in the control group to remain abstinent (85% vs. 76%), and were more likely	•Teens in the intervention group were less likely to experience a decline in condom use compared to teens in the control group; thus while condom use	
Participants in the parent program were less likely than those in the group without the additional parent intervention to report getting pregnant or causing a pregnancy (those in the parent plus booster session group showed no difference). CONTACT INFORMATION Population: Bonita F. Stanton, Ph.D. Department of Pediatrics, Wayne State University, Children's Hospital of Michigan, Detroit, MI 48202 E-mail: bstanton@med.wayne.edu Dr. Jennifer Galbraith Centers for Disease Control and Prevention 1600 Clifton Road, Mailstop E-37 Atlanta, GA 30333 Email: galbraith@cdc.gov For details on intervention materials: Winifred King DEBI Technical Monitor Centers for Disease Control and Prevention Atlanta, GA 30333 Phone: 204-639-0892 Email: WKing@cdc.gov Information and to purchase: Cherri Gardner, Senior Program Manager ETR Associates 2811 Adeline Street, Oakland, CA 94608 Phone: 510-645-1047 X609 Email: cherrig@edt.org Web: www.etr.org and www.etr.org/foy/ FOR FURTHER INFORMATION Emerging Answers 2007 www.thenational campaign.org/EA2007 HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/lopics/research/brs/resources/		24 months after the intervention:	9 .	did not increase among this group, the intervention seemed to mitigate a	
Bonita F. Stanton, Ph.D. Department of Pediatrics, Wayne State University, Children's Hospital of Michigan, Detroit, MI 48202 E-mail: bstanton@med.wayne.edu Dr. Jennifer Galbraith Centers for Disease Control and Prevention 1600 Cliffon Road, Mailstop E-37 Atlanta, GA 30333 Email: jgalbraith@cdc.gov For details on intervention materials: Winifred King DEBI Technical Monitor Centers for Disease Control and Prevention Atlanta, GA 30333 Phone: 404-639-0892 Email: WKing@cdc.gov Information and to purchase: Cherri Gardner, Senior Program Manager ETR Associates 2811 Adeline Street, Oakland, CA 94608 Phone: 310-645-1047 X609 Email: cherrig@et.org Web: www.et.org and www.et.org/foy/ FOR FURTHER INFORMATION Por FURTHER INFORMATION Bonita F. Stanton, Ph.D. Duke University DUMC 3322 Center on Alcoholism, Substance Abuse and Additions, Department of Psychol Additions, Department of Psych		than those in the group without the additional parent intervention to report getting pregnant or causing a pregnancy (those in the parent plus booster session	(77% vs. 62%).	decrease in condom use.	
Www.thenational campaign.org/EA2007 www.thenationalcampaign.org/ Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/resources/ www.thenationalcampaign.org/ Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/resources/	CONTACT INFORMATION	Bonita F. Stanton, Ph.D. Department of Pediatrics, Wayne State University, Children's Hospital of Michigan, Detroit, MI 48202 E-mail: bstanton@med.wayne.edu Dr. Jennifer Galbraith Centers for Disease Control and Prevention 1600 Clifton Road, Mailstop E-37 Atlanta, GA 30333 Email: jgalbraith@cdc.gov For details on intervention materials: Winifred King DEBI Technical Monitor Centers for Disease Control and Prevention Atlanta, GA 30333 Phone: 404-639-0892 Email: WKing@cdc.gov Information and to purchase: Cherri Gardner, Senior Program Manager ETR Associates 2811 Adeline Street, Oakland, CA 94608 Phone: 510-645-1047 x609 Email: cherrig@etr.org	Kathleen Sikkema, Ph.D. Duke University DUMC 3322 307 Trent Drive Durham, NC 27710 kathleen.sikkema@duke.edu To purchase: PASHA Archive www.socio.com/srch/summary/	Angela D. Bryan, Ph.D. University of New Mexico Center on Alcoholism, Substance Abuse and Additions, Department of Psychology Albuquerque, NM 87131	
		www.thenational campaign.org/EA2007 HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention	www.thenationalcampaign.org/	Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence	

	13	14	15
NAME OF PROGRAM	HORIZONS HIV intervention (2009)	It's Your Game Keep it Real (2010)	Keepin' It R.E.A.L.! (2006)
DELAYED SEXUAL INITIATION	NM	Yes	No
IMPROVED CONTRACEPTIVE USE	Yes	No	Yes
REDUCED TEEN PREGNANCY	NM	NM	NM
STUDY SETTING AND SAMPLE	Clinic-based, out-of-school intervention (held on 2 consecutive Saturdays) for sexually active girls age 15–21; urban setting	In-school program for middle school students (grades 7–8); predomi- nately African American and Hispanic students; urban setting	After-school parent program for youth aged 11–14 and their mothers; urban setting
SELECTED EFFECTS	12 months after baseline:	Over 24 months:	Over 24 months:
	 Girls in the intervention group were more likely to report consistent condom use in the past 14 days and 60 days than girls in the control group 	•23% of teens in the intervention group had initiated sex compared	•Teens in the life skills intervention group were significantly more likely
	•50% of girls in the intervention group report using a condom consistently in the past 14 days compared to 39% of girls in the control group	to 30% of teens in the control group. •17% of Hispanic teens	than teens in the social cognitive intervention and the control group to report condom use in
	Over the 12 month follow-up, girls in the intervention group were less likely to have a chlamydial infection compared to girls in the control group (42 versus 67; RR = 0.65, 95% confidence intervals =0.42 to 0.98; P=.04)	in the intervention group initiated sex compared to 28% of Hispanic teens in the control group.	the past 30 days, in the past 3 months, and in the past year.
CONTACT INFORMATION	Evaluation: Ralph DiClemente, Ph.D. Rollins School of Public Health, Department of Behavioral Science and Health Education, 1518 Clifton Rd NE, Room 554, Atlanta, GA 30322 E-mail: rdiclem@sph.emory.edu To purchase: PASHA Archive www.socio.com/passt29.php	Evaluation: Susan R. Tortolero, Ph.D. Center for Health Promotion and Prevention Research, University of Texas Health Science Center at Houston 7000 Fannin, Suite 2080 Houston, TX 77030 E-mail: Susan.Tortolero @uth.tmc.edu	Evaluation: Colleen Dilorio, Ph.D., R.N., FAAN Department of Behavioral Sciences and Health Education- Rollins School of Public Health, Emory University 1520 Clifton Road, NE, Room 262, Atlanta, GA 30032 Email: cdilori@sph.emory.edu
			To purchase: PASHA Archive www. socio.com/passt26.php
FOR FURTHER INFORMATION	HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Preven- tion Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/research/prs/resources/ factsheets/horizons.htm	www.itsyourgame.org	Emerging Answers 2007 www.thenational campaign.org/EA2007

NAME OF PROGRAM	Making a Difference! An Abstinence-Based Approach to HIV/STD and Teen Pregnancy Prevention (1998)	Making Proud Choices! A Safer Sex Approach to HIV/STD and Teen Pregnancy Prevention (1998)	18 Multidimensional Treatment Foster Care (2009)	Positive Prevention (2006)
DELAYED SEXUAL INITIATION	Yes (at 3 months but not at 6 or 12 months)	No	NM	Yes (among sexually inexperienced only)
IMPROVED CONTRACEPTIVE USE	Yes (at 12 months but not at 3 months or 6 months)	Yes	NM	No
REDUCED TEEN PREGNANCY	NM	NM	Yes	NM
STUDY SETTING AND SAMPLE	After-school program for African American youth grades 6 and 7; urban setting	After-school program for African American youth grades 6–7; urban setting	Case management program for girls (aged 13–17) placed in out-of- home care	In-school program with high school students in 9th grade; 60% of participants were Latino; suburban
SELECTED EFFECTS	3 months after the intervention: • Program participants were less likely to have had sex compared to control group participants (12.5% vs. 21.5%). 12 months after the intervention: • Program participants had a higher frequency of condom use than control group (3.9 vs. 3.2) on a scale of 1 to 5 (never to always).	12 months after the intervention: •Among sexually active youth, those in the program reported a lower frequency of unprotected sex than those in the control group (0.04 days vs. 1.9 days).	24 months after baseline: •Girls in the control group were 2.44 times more likely than those in the intervention group to become pregnant during the follow-up period. •27% of girls in the intervention reported a pregnancy during the follow-up period compared to 47% of girls in the control group.	At the 6 month follow-up among students who were sexually inexperienced at pre-test: •9% of students in the intervention group reported initiating sexual intercourse compared to 24% of students in the intervention group
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FOR FURTHER INFORMATION	A Good Time www.thenational campaign.org/resources Not Yet www.thenational campaign.org/resources No Time to Waste www.thenational campaign.org/resources Emerging Answers 2007 www.thenational campaign.org/EA2007	A Good Time www.thenational campaign.org/resources/ pdf/pubs/AGoodTime. pdf Emerging Answers 2007 www.thenational campaign.org/EA2007	www.mtfc.com/index. html	Emerging Answers 2007 www.thenational campaign.org/EA2007

	20	21	22
NAME OF PROGRAM	Promoting Health Among Teens: A Theory-Based Abstinence-Only Program (2010)	Reach for Health Community Youth Service (RFH-CYS) (2002)	REAL Men (2007)
DELAYED SEXUAL INITIATION	Yes	Yes	Yes (at 6 month follow- up; did not delay at 3 month or 12 month)
IMPROVED CONTRACEPTIVE USE	No	Not reported in evaluation	Yes (among sexually experienced teens)
REDUCED TEEN PREGNANCY	NM	NM	NM
STUDY SETTING AND SAMPLE	After-school program (implemented on Saturdays in school classrooms) for African American teens in grades 6–7; urban setting	In-school service learning program for middle school students; urban setting	After-school parent program with adolescent boys aged 11–14 and their fathers (or a father figure); urban setting
SELECTED EFFECTS	Among virgin participants, 2 years after baseline: • 33.5% of those in the intervention group had initiated sex compared to 48.5% of those in the control group Among those who had sex in the past 3 months, there was no difference in condom use between the intervention group and control group 2 years after baseline.	Among boys who received 2 years of the service learning component, 50% had initiated sex by the end compared to 80% control group; among girls who received 2 years of the service learning component 40% had initiated sex by the end compared to 65% of control group	At 12 month follow-up: •31% of boys in the intervention group reported ever having sex without a condom compared to 60% in the control group. •Fathers in the intervention group were more likely to report talking to their sons about sex-related topics compared to fathers in the control group.
CONTACT INFORMATION	For Information and Evaluation: John B. Jemmott III, Ph.D. Department of Psychiatry Center for Health Behavior and Communication Research University of Pennsylvania School of Medicine 3535 Market St., Ste 520 Philadelphia, PA 19104 jjemmott@asc.upenn.edu To purchase: www.selectmedia.org	Evaluation: Lydia O'Donnell, Ph.D. Education Development Center, Inc., 55 Chapel Street, Newton, MA 02458 Phone: 617-618-2368 Email: lodonnell@ edc.org To purchase: PASHA archive www.socio.com/srch/ summary/pasha/full/ paspp10.htm	Evaluation: Colleen Dilorio, Ph.D. Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University, 1518 Clifton Road, NE, Room 560, Atlanta, GA 30322 E-mail: cdiiori@sph.emory.edu
FOR FURTHER INFORMATION		No Time to Waste http://www.thenational campaign.org/resources/ pdf/pubs/No_Time.pdf Not Yet www.thenational campaign.org/resources/ pdf/pubs/notyet.pdf Emerging Answers 2007 www.thenational campaign.org/EA2007	Emerging Answers 2007 www.thenational campaign.org/EA2007 HIV/AIDS Prevention Research Synthesis Project, 2009 Compendium of Evidence-Based HIV Prevention Interventions Best-Evidence Intervention www.cdc.gov/hiv/topics/ research/prs/resources/ factsheets/REALmen.htm

	23	24	25
NAME OF PROGRAM	Safer Choices (2004)	SiHLE (HIV Prevention Intervention) (2004)	Teen Outreach Program (1997)
DELAYED SEXUAL INITIATION	Yes (Latino program participants only)	NM	NM
IMPROVED CONTRACEPTIVE USE	Yes	Yes	NM
REDUCED TEEN PREGNANCY	NM	Yes (at 6 months, not at 12 months)	Yes
STUDY SETTING AND SAMPLE	In-school program for students grades 9–10; urban and suburban setting	After-school program for girls in high school; urban setting	In-school service learning intervention, 9th-12th grade; multi-site
SELECTED EFFECTS	At 31 month follow-up: •Sexually active program participants were 1.5 times more likely to use a condom and 1.5 times more likely to report using another method of birth control than control participants.	Follow-up was conducted at 6 months and 12 months. At 6 months: • Program participants were less likely to report a pregnancy (difference not significant at 12 months).	At program completion: Intervention group participants had half the percentage of pregnancies as the control group (9.8 vs. 4.2).
		At both 6 and 12 months: •Program participants were more likely to report consistent condom use and are less likely to report unprotected sex.	
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WHAT WORKS



AT A GLANCE

LIST OF EFFECTIVE PROGRAMS (QUASI-EXPERIMENTAL DESIGN)

Note that the programs below have been evaluated using a quasi-experimental design. As a general matter these programs provide a somewhat weaker evidence of effectiveness than those with an experimental design (see previous table). Programs listed below that have relatively stronger evidence of effectiveness are noted with a star. The stronger evidence of effectiveness is either due to the strength of the evaluation design or because there have been two or more replications of the program that have been evaluated and found to have similar results.

- ★ 1 Get Real about AIDS (1994)
 - 2 Learn and Serve America (1998)
 - 3 Poder Latino: A Community AIDS Prevention Program for Inner City Latino Youth (1994)
 - 4 Preventing AIDS Through Live Movement and Sound (2010)
 - 5 Reasons of the Heart (2008)
- ★ 6 Reducing the Risk, (1998)
- ★ 7 Seattle Social Development (2002)

	1*	2	3	4	5
NAME OF PROGRAM	Get Real about AIDS (1994)	Learn and Serve America (1998)	Poder Latino: A Commu- nity AIDS Prevention Program for Inner City Latino Youth (1994)	Preventing AIDS through Live Movement and Sound (PALMS) (2010)	Reasons of the Heart (2008)
DELAYED SEXUAL INITIATION	No	NM	Yes (Boys only)	No	Yes
IMPROVED CONTRACEPTIVE USE	Yes	NM	NM	Yes (among youth with a non-main partner only)	NM
REDUCED TEEN PREGNANCY	NM	Yes (short-term among middle school youth)	NM	NM	NM
STUDY SETTING AND SAMPLE	In-school program for high school students; urban setting	In-school service learn- ing program for middle and high school stu- dents; multi-site, urban, suburban, and rural	In-school, after-school and community wide program with Latino youth aged 14–20; urban setting	Group program delivered to high risk teen boys in juvenile justice facilities; ages 14–18 primarily African American teens	In-school program for 7th grade students
SELECTED EFFECTS	6 months post- intervention:	Immediately after program ended:	At the 18 month	At six-month follow-up:	At 12 month follow-up:
	•Teens in the program reported more condom use in the past 2 months compared to teens in the comparison group.	Program participants were half as likely to be involved in a pregnancy than comparison group. No difference in pregnancy rates after 1 year.	•Male program participants were 92% less likely to initiate sex than comparison group males.	•Teens who participated in the program were significantly more likely to report using a condom the last time they had sex with a non-main partner (97% versus 87%).	•9% of students in the program had ever had sex compared to 16% of students in the comparison group.
CONTACT INFORMATION	Information and to purchase: Discovery Education Email: info@unit- edlearning.org Web: store.discovery education.com/product/ show/49428 PASHA Archive: www.socio.com/srch/ summary/pasha/full/ passto7.htm	Information and to Purchase: Elson Nash Learn & Serve Acting Director Corporation for National and Community Service 1201 New York Ave, NW Washington, DC Phone: 202-606-6834 Web: www.learnandserve. gov or http://www. nationalservice.org	For Information: Hispanic Office of Planning and Evaluation, Inc. 165 Brookside Avenue Extension Jamaica Plain, MA 02130 Phone: 617-524-8888 Email: streetsmart- HIVprevention@ hopemass.org To purchase: PASHA Archive www.socio.com/srch/ summary/pasha/full/ passt11.htm	Evaluation: Jennifer Lauby, PhD Public Health Management Corporation, 260 S. Broad St., Philadelphia, PA 19102; e-mail: Jennifer@ phmc.org Program Information: Akil Pierre Project Coordinator 215.731.2021 akil@phmc.org	Evaluation: Dr. Stan Weed Director Irene H. Ericksen Research Analyst Institute for Research and Evaluation, 6068 S Jord an Canal Road, Salt Lake City, UT 84118. E-mail: weedstan@aol.com
FOR FURTHER INFORMATION	Emerging Answers 2007 www.thenational campaign.org/EA2007	A Good Time www.thenational campaign.org/ resources/pdf/pubs/ AGoodTime.pdf Emerging Answers 2007 www.thenational campaign.org/ EA2007	Not Yet www.thenational campaign.org/ resources/pdf/pubs/ notyet.pdf Emerging Answers 2007 www.thenational campaign.org/EA2007		

NAME OF PROGRAM	6 ★ Reducing the Risk, (1998)	7 ★ Seattle Social Development (2002)
DELAYED SEXUAL INITIATION	Yes	Yes
IMPROVED CONTRACEPTIVE USE	Yes (among those who were sexually inexperi- enced at pretest)	Yes
REDUCED TEEN PREGNANCY	No	Yes
STUDY SETTING AND SAMPLE	In-school program with high school students	In-school program for grades 1–6; urban setting
SELECTED EFFECTS	At 18 month follow-up: •Program participants were 35% less likely to initiate sex compared to comparison group.	Follow-up was conducted at age 18 and age 21: • Program participants reported later age of first sex (0.5 years older).
		•At age 18: program participants were 35% less likely to have been involved in a pregnancy.
		•At age 21: 38% of girls in the program reported having been pregnant compared to 56% of girls in the comparison group.
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ABOUT THE NATIONAL CAMPAIGN TO PREVENT TEEN AND UNPLANNED PREGNANCY

The National Campaign is a nonprofit, nonpartisan organization supported largely by private donations. The National Campaign seeks to improve the lives and future prospects of children and families and, in particular, to help ensure that children are born into stable families who are committed to and ready for the demanding task of raising the next generation. Our specific strategy is to prevent teen pregnancy and unplanned pregnancy among single, young adults. We support a combination of responsible values and behavior by both men and women and responsible policies in both the public and private sectors. Our goal is to reduce the teen pregnancy rate by one-third between 2006 and 2015.

ABOUT THE AUTHOR Katy Suellentrop is The National Campaign's Director of State Support.

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