

# ***Pono Choices: A Culturally Responsive Teen Pregnancy and STI Prevention Program***

## ***An Innovation Station Best Practice***

**Purpose:** This document is intended to support MCH professionals to implement a practice found in Innovation Station. This resource provides the information needed to replicate the practice and is divided into two sections: the first section provides a high-level overview of the practice while the second section describes how to implement the practice. For additional information on any of the content provided below, please reach out to the practice contact located at the bottom of this document.

### **Section I: Practice Overview**

<b>Location:</b>	<b>Hawai'i</b>	<b>Title V/MCH Block Grant Measures Addressed</b>
<b>Category:</b>	<b>Best</b>	<b>NPM #10 Adolescent Well-Visit</b> % of adolescents, age 12 through 17, with a preventive medical visit in the past year
<b>Date Submitted:</b>	<b>October 2018</b>	

#### **Practice Description**

*Pono Choices: A Culturally Responsive Teen Pregnancy and STI Prevention Program* is a scripted, 10-module, 9.5-hour curriculum that provides middle school youth with the knowledge and skills necessary to reduce their risk of unintended pregnancy and STIs by providing medically accurate information within a Native Hawaiian place-based framework.

Developed under a federal Office of Adolescent Health grant award, *Pono Choices* (1) is on the State of Hawai'i Department of Education approved curriculum list, (2) aligns with State of Hawai'i Board of Education comprehensive sexual health policy, and (3) complies with State of Hawai'i law requiring state-funded sexual health education be medically accurate.

*Pono Choices* is centered around youth empowerment by emphasizing skill building to refuse unwanted sex through role plays and content acquisition through local culture

referents in videos depicting youth in Hawai'i using their skills to make decisions to protect themselves from STIs and unintended pregnancy. The curriculum is also comprehensive in that it does not regard sex education as content that is applicable to only students at "high risk" of unprotected sexual activity, but rather regards this information as important and necessary for all students in all communities regardless of demographics such as race, religion, sexual orientation, or gender. In *Pono Choices*, knowledge, attitudes, and skills about pregnancy and STI prevention are reinforced through cultural referents in four essential activities: introduction of a Hawaiian cultural value at the beginning of each module, an original cultural story that introduces each lesson, cultural practices that are shared as take-home activities in select modules, and locally produced videos that present the topic or intended message.

## **Purpose**

The development of national health standards that address health promotion and disease prevention as well as reducing health risks for school children indicates that sexual health is a key area of education that should be taught within the context of school. *Pono Choices* contributes to furthering the development of culturally-relevant adolescent health prevention programs, specifically for diverse populations with a strong Asian and Pacific Island presence.

*Pono Choices* is a medically accurate, age appropriate teen pregnancy prevention curriculum that is culturally responsive to the needs of Hawai'i youth. Research on comprehensive sex education programs has consistently shown that young people who receive complete and accurate information about abstinence, condoms, and contraception are not more likely to have sex or acquire an STI. Furthermore, the National Campaign reports that 90% of adults believe that reducing teen pregnancy is a very effective way to reduce the high school dropout rate and improve academic achievement and that 73% want teens to receive more information about both birth control and abstinence.

Fostering a climate that supports comprehensive sex education requires a clear communication plan about not only the knowledge and skills of the evidence-based program but also the specific ways in which the program is a match to the stated mission and goals of the school. *Pono Choices* is one component of an educational approach that focuses on positive youth development to nurture resiliency, promote goal setting, and strengthen responsibility for decision making. The strong theoretical base that grounds the curriculum draws from social learning, self-regulation, and developmental assets in its framework.

## Practice Foundation

### Culturally Responsive Teaching

Evidence suggests that culturally compatible interventions increase learner outcomes. Native Hawaiian cultural values serve to ground each lesson in socially relevant and universal principles and are thus the heart of the curriculum, as opposed to an incorporation into or “add-on” to a western-based curriculum/program. Curricula that is responsive to culture “is an approach that empowers students intellectually, socially, emotionally, and politically by using cultural referents to impart knowledge, skills and attitudes.” Many studies find that culturally responsive teaching includes using curriculum that is rigorous and relevant to students’ lives, complemented by the teacher’s desire and ability to foster a trusting relationship with students and families that extends beyond the classroom.

### Culture at the Piko of the Curriculum

The *piko* or center, refers to our integration of culture as the center for each lesson and the overall curriculum. Evidence suggests that culturally compatible interventions increase learner outcomes. Native Hawaiian cultural values serve to ground each lesson in socially relevant and universal principles and are thus the heart of the curriculum, as opposed to an incorporation into or “add-on” to a western-based curriculum/program. Curricula that is responsive to culture “is an approach that empowers students intellectually, socially, emotionally, and politically by using cultural referents to impart knowledge, skills, and attitudes.” Many studies find that culturally responsive teaching includes using a curriculum that is rigorous and relevant to students’ lives, complemented by the teacher’s desire and ability to foster a trusting relationship with students and families that extends beyond the classroom. The Native Hawaiian Education Council recommends that one of the key guidelines for Hawaiian education success is to strengthen and sustain Native Hawaiian cultural identity to support the learning, use, and understanding of the Hawaiian language, culture, history, heritage, traditions, and values. Further evidence of high-quality instruction that adapts to the varied cultural backgrounds of Hawai‘i’s student population comes from an empirical study of 2,969 students in Hawai‘i. The study found that culture-based education strategies (i.e., strategies that involved the family, recognized or used Native Hawaiian language and values, made learning relevant through culturally grounded content, and gathered data to ensure student progress) positively correlated with student outcomes, especially those of Native Hawaiian students. Regardless of their ethnicity, students of teachers using culture-based education strategies reported significantly higher motivation and higher expectations to graduate from college than did students of other teachers.

## **Navigating the Literature and Building the Curriculum**

The content in each lesson was constructed to reflect prosocial behaviors that build resilience and self-esteem, incorporate medically accurate teen pregnancy and STI prevention terminology, and practice problem-solving skills within a central Hawaiian cultural value. Each lesson consists of an identified purpose and was systematically reviewed by a team using three criteria: cultural relevance, evidence based/medical accuracy, and theory driven.

The curriculum is comprised of 10 modules and includes information about abstinence, STIs, birth control methods, refusal skills (how to refuse unwanted sexual pressure), decision-making, goal-setting, recognizing healthy, unhealthy, and abusive relationships, reproductive anatomy and puberty, and a condom demonstration. Students are introduced to Hawaiian cultural values and practices that emphasize positive character development. That is, making *pono* or “right” choices based on various scenarios. There are three distinct sections of *Pono Choices*. The first section focuses on setting a foundation in trust: establishing group agreements, identifying goals, identifying support networks that can help youth meet their goals, examining healthy relationships, understanding the normal developmental changes that take place during puberty, and grounding students in the definition of sex and abstinence used in this curriculum. The second section of the curriculum focuses on knowledge about the etiology, transmission, and prevention of STIs/HIV, and teenage pregnancy. It also covers beliefs and attitudes about abstinence, STIs/ HIV, and pregnancy. The third section focuses on building effective decision making and negotiation skills and increasing self-efficacy as students demonstrate knowledge of prevention skills through role plays and practice.

*Pono Choices* incorporates three theories relating to individual behavior direction and control. Social learning theory focuses on behavior as a result of continuing interaction between a person, the behavior of that person, and the environment within which the behavior is performed. Major concepts include skill building, goal-directedness, emotional coping, and problem solving. The second theory incorporated into *Pono Choices* is self-regulation: individuals operate like feedback systems, constantly regulating their relationships to the environment in order to bring their current states closer to their goal states. This theory emphasizes coping procedures and problem solving. Finally, *Pono Choices* utilizes the developmental assets/resiliency model. This theory seeks to enable youth to participate in socially useful tasks so that they become healthy adults, in spite of adversity, and demonstrate positive results in self-esteem and moral development. This model emphasizes support of family, friends, school, and community.

## Core Components

Core components are those essential practice elements which are observable and measurable.

- *Example: The goal of our program was to improve the number of perinatal depression screens among OB/GYN providers. We did this by conducting a yearlong practice improvement program for OBGYN practices across the state. The core components of this program included virtual training by a nurse educator, provision of a referral sheet tailored to the local area for positive screened women, and follow-up with practices by our program manager.*

The overarching goals of *Pono Choices* are to reduce the number of teenage pregnancies and incidences of sexually transmitted infections (STIs), increase positive bonding in the school and community, increase the sense of self-identity and self-efficacy, and improve students' expectations for the future. These goals are essential cornerstones for promoting health equity through prevention, social networking and future orientation found to be highly relevant in the research for long term positive health outcomes.

The core components of this program are:

- The curriculum - *Pono Choices: A Culturally Responsive Teen Pregnancy and STI Prevention Program*
- Facilitator/teacher training and support

## Practice Activities

Core Component	Activities	Operational Details
<b>Pono Choices: A Culturally Responsive Teen Pregnancy and STI Prevention Program (curriculum)</b>	Develop & test the curriculum (2010-2015)	<p>The 2010-2011 curriculum development process began with creating community partnerships specifically with Planned Parenthood of Hawai'i (PPHI) and ALU LIKE, Inc. (ALI), a nonprofit native Hawaiian serving organization. These partnerships were then nurtured and maintained throughout the development process. PPHI and ALI provided expertise in ensuring that both medically accurate sexual health educational content and culturally responsive concepts, respectively, were embedded throughout the lessons. The University of Hawai'i (UH) also consulted with the developers of evidence-based adolescent health curricula (<i>Making Proud Choices</i> and <i>Positive Action</i>), and used a participatory process involving students, teachers, members of the Hawai'i Department of Education and other community stakeholders to inform <i>Pono Choices</i>.</p> <p>The rigorous process of development, testing, and refinement resulted in a teen pregnancy and STI prevention innovation determined to be:</p>

		<p>(1) developmentally appropriate for the intended grade level; (2) content rich with appropriate core components to the intended outcome measures; (3) engaging and culturally responsive to Hawai'i students; and (4) flexible for teacher delivery in real classroom settings.</p> <p>IMPAQ International conducted a cluster randomized controlled trial evaluation with baseline and follow-up data collection spanning 2012-2015. Participating schools were randomly assigned to be either in the experimental group (<i>Pono Choices</i>) or a control group (business as usual) which continued their regular sexual health curriculum. The results of comparing before and after surveys for students participating in <i>Pono Choices</i> suggest that the program achieved its intended effects on students' knowledge, attitudes, skills, and intentions. In addition, <i>Pono Choices</i> had a much stronger effect on students' knowledge of sexual health than existing curricula being used in control group schools.</p>
<p><b>Facilitator training and implementation support</b></p>	<p>Train and support adults delivering <i>Pono Choices</i> to youth (2011-present)</p>	<p>2011-2013, in experimental group schools, teachers assigned to teach sex education were trained to deliver <i>Pono Choices</i> and provided support during their implementation. This was followed in 2013-2015 by teachers in the control group schools and other potential facilitators being trained in the same manner and being offered similar levels of implementation support.</p> <p>The primary mode of training during this time period entailed 2-day, in-person training (where facilitators participated in teach backs to gain experience delivering the program), followed by in-person technical assistance provided by curriculum developers and fidelity maintenance observations and debriefs. A project email <a href="mailto:ponochoices12@gmail.com">ponochoices12@gmail.com</a> was started in 2012 to centralize requests for training, technical assistance, and other project related support, and remains in use today.</p> <p>Asynchronous, online facilitator training was developed 2013-2016 in order to provide a platform for sustainable <i>Pono Choices</i> facilitator training. The online facilitator training in use today was built using Canvas, an open-source learning management system.</p> <p>Additional dissemination components, informed by lessons learned and intended to support program sustainability, were developed 2013-2016 with attention on facilitating the ongoing attention to teacher training and parent/family communication.</p>

	<p>The following are examples of the additional dissemination materials developed:</p> <ul style="list-style-type: none"> <li>- Facilitator Manual (this document includes a logic model)</li> <li>- Parent Night Materials</li> <li>- Handbook for Parents</li> <li>- Handbook for Stakeholders</li> </ul> <p>In-person and online training materials and a fidelity monitoring guide developed and can be found at <a href="https://www.cds.hawaii.edu/ponochoices/facilitators/curriculum-implementation/">https://www.cds.hawaii.edu/ponochoices/facilitators/curriculum-implementation/</a></p>
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### Evidence of Effectiveness (e.g. Evaluation Data)

In this section are brief descriptions of the study design, findings, and limitations. Additional information on curriculum development and evaluation methods and findings are available via the Pono Choices Project website Curriculum Development page. <https://www.cds.hawaii.edu/ponochoices/facilitators/curriculum-development/>  
(Also see **Resources Provided** Section of this handout – Page 15)

### Study Design

IMPAQ International conducted a cluster randomized controlled trial evaluation. Participating schools were randomly assigned to the experimental group (*Pono Choices*) or control group (business as usual) which continued their regular sexual health curriculum. The intervention period spanned 3 school semesters (Spring 2012, Fall 2012, Spring 2013).

1,783 students in 34 schools completed surveys before and one-year after completing their sexual health curriculum. In addition, program students completed a survey immediately following completion of *Pono Choices*. Students in the Spring 2012 cohort completed a 2-year follow-up survey.

### Key Findings

The results of comparing before and after surveys for students participating in *Pono Choices* suggest that the program achieved its intended effects on students’ knowledge, attitudes, skills, and intentions. Furthermore, study results indicate that students who participated in *Pono Choices* had significantly higher knowledge gain than those in the control group, indicating that middle school youth are able to demonstrate understanding of the content and retention of it up to 1 year later.

- ✓ Students who participated in *Pono Choices* had a significantly higher level of knowledge at one-year follow-up than before participating in the program, although gains in knowledge, attitudes, skills, and intentions of students decreased over time.
- ✓ *Pono Choices* had a much stronger effect on students' knowledge of sexual health than existing curricula being used in control group schools.
- ✓ *Pono Choices* was equally effective as existing curricula in improving students' attitudes, skills, and intentions.
- ✓ Students who participated in *Pono Choices* were no more or less likely than the control group to be sexually active or engaging in high-risk sexual behavior one year after baseline.
- ✓ For the smaller sample of students for whom 2-year follow-up surveys were collected, the impact findings were very similar to the 1-year follow-up results. Gains in knowledge persisted for two years after baseline.

### **Study Limitations**

The study has several important limitations, including that its findings cannot be generalized because the schools were purposively selected on the basis of their willingness to participate and administrative support for the study. Another limitation arises from the design. As with most studies in school settings, randomization for this study was done before we could identify study-eligible students. To make individual-level inferences, we assumed that enrollment in study schools was independent of assignment and that parents consented without knowledge of assignment status. These assumptions, however, are not verifiable. The study also had attrition at both school and student levels, which could lead to bias in the impact estimates. Although sensitivity analyses based on an alternative sample (excluding the assignment blocks with the dropped schools) confirmed that findings were consistent and we controlled for observable characteristics that differed at baseline, it is still possible that potential bias resulting from overall and differential attrition across the conditions may remain.

### **Replication**

#### **Statewide Training and Technical Assistance (2011 – present)**

In-person facilitator trainings conducted 2011-2015 resulted in 100+ individuals receiving a *Pono Choices* facilitator training certificate of completion and gaining access to the curriculum materials. To support sustained replication, we developed an online facilitator training, which went live in 2016 and resulted in an additional 25+ individuals

receiving a *Pono Choices* facilitator training certificate of completion 2016-2018 and gaining access to the curriculum materials. This online training is provided free on Canvas - an open-source learning management system.

### **Statewide Replication (2013 – present)**

*Pono Choices* continues to be implemented in public schools across the state of Hawai'i. Classroom facilitators include treatment group teachers initially trained for the purpose of the cluster RCT, control group teachers trained after the study intervention period was completed, and other teachers across the state in schools interested in meeting Hawai'i sexual health education requirements through delivering *Pono Choices*.

ALU LIKE (a co-developer), Planned Parenthood of the Greater Northwest and Hawai'i (a co-developer), the Hawai'i Department of Education (statewide public and public charter school system), the Hawai'i Department of Health, Hawai'i Youth Services Network, and other youth serving organizations have trained facilitators. As of 2015, all trained facilitators have access to digital curriculum materials via a password protected website.

During the 2016-2017 school year, we partnered with the Hawai'i Department of Health Adolescent Health Program to evaluate *Pono Choices* replication (delivery after the study intervention period). Our evaluation findings, outlined in the next section, inform us that replication of *Pono Choices* has been successful.

### **Key findings**

- ✓ *Pono Choices* is being used by public school educators across the state – in all 4 counties.
- ✓ The curriculum is being delivered by both teachers who participated in the study and were trained in person as well as teachers trained later via the online facilitator training system.
- ✓ School reports from all 4 counties tell us that at least 792 youth in grades 6-7 received *Pono Choices* that school year, and that 165 parents or community members attended a *Pono Choices* Parent Night – an in-person presentation at the school, provided prior to the teacher delivering the program.
- ✓ Student outcome measures collected via a post-program survey from 301 students further inform us that replication has been successful:
  - 85% of youth understood that abstinence from sexual activity is the only 100% effective way to avoid a teen pregnancy and fatherhood

- 83% of youth recognized traits associated with healthy, unhealthy, and abusive relationships [correctly identified at least 2 of the 3 relationship traits]
- 73% of youth understood Hawaiian cultural terms and practices that stress positive character development and making good choices [correctly identified at least 2 of the 3 cultural terms asked about]
- 71% of youth were confident they could refuse unwanted sexual pressure by applying the 4Rs (refusal skills) [responded they were “Confident” or “Very confident” in applying all of the 4Rs]

To examine the online training system, individuals completing the online facilitator training were asked to complete a feedback survey. 21 of the 23 individuals completing the training during the evaluation period responded to the survey. Over 80% of respondents “Strongly Agreed” or “Agreed” with statements covering the following topics: training ease of use, program cultural components, program sexual health and medical terminology, preparation to implement, delivering the program with fidelity, knowledge and understanding gained as a result of the training, quizzes relevant to the training content, and suggesting the course to others.

## Section II: Practice Implementation

### Internal Capacity

Here is a listing of the types of capacity identified as key to Pono Choices becoming a best practice.

**Principal Investigator** – Secured 5-year approx. \$5M funding for the development and testing of *Pono Choices*.

**Project Coordinator** – Led the collaborative curriculum development process, training and technical assistance model development and implementation, study recruitment and communications with school systems, schools, project team, and sustainability of the project, completed progress and annual reports to funder, served as liaison to funder, project partners, and internal evaluation team.

**Medical Accuracy and Cultural Experts** – Co-developed the curriculum with the Project Coordinator, and provided training and technical assistance to educators throughout the study and replication periods.

**External Evaluator** – Conducted and reported on the cluster randomized controlled trial and other external evaluation activities required by the Office of Adolescent Health;

worked closely with the Project Coordinator and Internal Evaluation Team to execute a high quality research study.

**Internal Evaluation Team** – Obtained and maintained IRB and other data collection approvals for pilots and rigorous study of the curriculum, guided the curriculum development process and provided feedback on curriculum pilots, assisted with recruiting schools into the cluster randomized controlled trial, prepared schools for external evaluator follow-up data collection visits, debriefed with study schools each semester regarding data collection and sexual health program implementation, assisted project coordinator with progress and annual reports to funder, assisted external evaluation team with reports and other summaries, assisted with website and other sustainability efforts.

**Graduate Assistants** – Supported curriculum development and data collection as requested by the Project Coordinator.

**IT and Digital Media Support** – Developed and maintained the Pono Choices Project website infrastructure; developed online training and digital curriculum platform.

**Admin Assistants** - Provided support for subcontracts, purchases, dissemination of the finalized curriculum, and required travel throughout Hawai'i.

### External Supports

- **Principals** – Identified teachers to participate in the development and rigorous study of *Pono Choices*.
- **Teachers** – Delivery of sex education (*Pono Choices* or the business-as-usual program) was done by middle schools teachers as part of their regular school activities. If the school was assigned to deliver *Pono Choices*, the teacher was trained and provided supports during delivery.
- **Parents and students** – Formally agreed to the study via a consent and assent form.
- **School-based study liaisons** – A teacher or staff member in each study school, as well as follow-up in high schools, facilitated school-based study activities such as distribution and collection of parent consent forms and external evaluator data collection.
- **Office of Adolescent Health** – Provided funding for all curriculum development and testing activities.

## Collaboration/Partners

*Pono Choices* co-developers, trainers, technical assistance providers:

- University of Hawai'i at Mānoa (lead developer, internal evaluator)
- ALU LIKE, Inc. (cultural experts)
- Planned Parenthood of the Greater Northwest and the Hawaiian Islands (medical accuracy experts)

*Pono Choices* advisory committee:

- Hawai'i Department of Education (including piloting the curriculum in middle school classrooms during the curriculum development process and recruiting schools into the study)
- Hawai'i Public Charter Schools
- Hawai'i Department of Health
- Hawai'i Youth Services Network

*Pono Choices* study schools:

- 34 public, charter, and private middle schools in Hawai'i where students enrolled into the study
- High schools where study students were enrolled in when 1- and 2- year follow-up data collection occurred
- Study liaisons who worked with both the external and internal evaluation teams
- Teachers who delivered *Pono Choices* or their regular curriculum during the study
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*Pono Choices* external evaluator:

- IMPAQ International LLC – formerly Berkeley Policy Associates

## Practice Cost

This budget is designed for those seeking to implement the *Pono Choices* curriculum. For advice/costs of developing a culturally responsive curriculum, contact us for more information.

Given that the curriculum is fully developed and free online training is available for teachers who are interested in using the curriculum, the cost per year to implement is minimal.

The main cost is the printing of the student workbook and other printing which is on a per student basis. So cost for one year of implementation is dependent upon the number of students in a class and the number of classes in which it is offered.

<b>Budget</b>			
<b>Activity/Item</b>	<b>Brief Description</b>	<b>Quantity</b>	<b>Total</b>
<b>Facilitator Training</b>	A training to understand curriculum and its delivery (available online and in-person)	8-16 hours when new to program	Online facilitator training is free In-person training can be requested – cost to depend mainly on whether travel to a neighbor island is required
<b>Field Support for Program Facilitators</b>	Curriculum kits to guide facilitators are currently available  Support is available via <a href="mailto:ponochoices12@gmail.com">ponochoices12@gmail.com</a>	1-2 hours per program delivery	Online support is free In-person support can be requested – cost to depend mainly on whether travel to a neighbor island is required
<b>Facilitator Preparing for Implementation</b>	Curriculum kits are needed  Additional printing may be needed  Facilitator conducts a Parent Night	4-6 hours per program delivery	Curriculum kits – cost to depend on whether color printing, laminating materials, and the number of students in the class (a wooden demonstrator is needed for each student and is the most costly item in the kit to purchase)  Printing of student workbooks and other materials – cost to depend mainly on the number of students teaching
<b>Actual Program Delivery</b>	Facilitator Delivers Pono Choices to Youth	10-12 hours per group of youth	If teacher is delivering the program as part of their job, estimated (in-kind) cost to depend on teacher's salary
<b>Providing Support for Program</b>	Maintaining Website, Online Training, Curriculum Material Platforms, and Responding to Requests for Training and Support	Ongoing, as needed	Currently being conducted in-kind by the University of Hawai'i

## Practice Timeline

Practice Timeline				
Phase	Description of Activity	Date/Timeframe	# of hours needed to complete/oversee activity	Person(s) Responsible
<b>Curriculum Development &amp; Testing</b>	Defining Core Components of an Effective Program	2010	200 hours	PC, PP, ALI
	Navigating the Literature and Building the Curriculum	2010-2011	800 hours	PC, IE
	Finalizing Curriculum Development Decisions through Data	2011	200 hours	PC, IE
	Recruiting Schools into the Study	2011-2012	200 hours	PC
	Randomly Assigning Schools	2011-2013	10 hours	EE
	Training Teachers in Program Schools to Deliver the Curriculum	2011-2012	800 hours	PC, PP, ALI
	Identifying a Central "Contact Us" Location for Teachers	2012	-	PC
	Baseline Data Collection	2012-2013	800 hours	EE, IE
	Fidelity Maintenance and Technical Assistance to Teachers	2012-2013	800 hours	PP, ALI
	Fidelity Observations and Teacher Delivery Logs	2012-2013	600 hours	EE
	Follow-up Data Collection	2013-2015	1600 hours	EE, IE
	Data Analysis and Reporting	2012-2016	500 hours	EE, IE
<b>Teacher/Facilitator Training and Support</b>	In-Person Training, Technical Assistance, Fidelity Maintenance	2011-2015	1600 hours	PC, PP, ALI
	Developing the Pono Choices Website	2011-2016	800 hours	PC, IT
	Developing Digital Curriculum Materials for Trained Facilitators	2011-2016	800 hours	PI, PC

	Developing an Online Facilitator Training	2013-2016	800 hours	PI, PC
	Developing Informational Materials for Different Target Audiences	2015-2016	200 hours	PI, PC
	Maintaining Website, Online Facilitator Training, Implementation Supports	2016-present	1200 hours	PC, IT

**ALI** = ALU LIKE, **EE** = External Evaluation, **IE** = Internal Evaluation, **IT** = IT and Digital Media Support, **PC** = Program Coordinator and Team, **PI** = Principal Investigator, **PP** = Planned Parenthood

### Contributing to success of the practice

- Parents and students willing to consent/assent to the study activities
- Schools and teachers willing to participate in random assignment and the study activities that followed
- Consistent and quality training and technical assistance provided to teachers delivering *Pono Choices* in their classrooms
- Content knowledge experts in culturally-responsive programming and medical accuracy
- Efficient and effective project management and adherence to timelines, curriculum development standards, research quality standards, and a focus on sustainability
- Continuous quality improvement approach to the work and the ability to quickly address challenges
- Internal and external evaluation prior experience with program development, federal reporting, and conducting rigorous research in school-based settings
- Sustainable and online framework providing 24/7 access to facilitator training and digital versions of the curriculum materials

### Resources Provided

#### Curriculum Development

<https://www.cds.hawaii.edu/ponochoices/facilitators/curriculum-development/>

This webpage includes study summaries developed for a variety of target audiences (general public, educators, federal funder Office of Adolescent Health) that include the following:

- Research Study Overview
- Summary Report
- Final Report submitted to the Office of Adolescent Health

- Journal of School Health article
- American Journal of Public Health article
- Additional publications by curriculum co-developers
- Pono Choices logic model
- Student data collection instruments

### **Online Facilitator Training**

<https://www.cds.hawaii.edu/ponochoices/facilitators/facilitator-training/>

We maintain an online facilitator training platform developed using open-source Canvas software. This learning management platform allows for an accessible training which includes downloadable curriculum materials, interactive quiz sections, and printing of a certificate of completion.

Online facilitator training is free to individuals interested in delivering *Pono Choices*.

### **Online Toolkits**

<https://www.cds.hawaii.edu/ponochoices/facilitators/curriculum-overview/>

Our Curriculum Overview page includes the Parent Night handbook and other key stakeholder resources.

<https://www.cds.hawaii.edu/ponochoices/facilitators/curriculum-implementation/>

The Curriculum Implementation page includes program fidelity resources resources.

<https://www.cds.hawaii.edu/ponochoices/facilitators/facilitator-resources/>

The full implementation toolkit is available to trained facilitators via a password protected site. If you are a trained facilitator and have misplaced your login and password, please provide us a copy of your certificate of completion and contact us at [ponochoices12@gmail.com](mailto:ponochoices12@gmail.com). The resources are password protected to support program and implementation fidelity by trained facilitators.

### **Lessons Learned**

#### **Assets**

- Schools value culturally responsive and medically accurate curricula
- Teachers from different backgrounds are able to implement a scripted sex education curriculum with high implementation fidelity through rigorous training
- Students value medically accurate information that meets their developmental level and is based on youth empowerment rather than scare tactics
- Students value stories and videos the feature youth that are similar to them – talk like them, look like them, and that feature locations in Hawaii

- Administrators value evidence-based curricula
- Parents value information sessions detailing content, delivery and benefits of comprehensive sex education

## Challenges

- Obtaining approval for 2-year follow up data collection was difficult when local politics encountered the topic of sexual health education. We addressed this challenge by using 1-year follow up data to examine impact.
- Schools randomly assigned to the control group were eager to learn about the program being studied in experimental schools. As soon as our intervention period was completed and study students had aged out of middle school, we provided the same level of curriculum training and follow-up technical assistance to teachers in control schools.
- When federal funding for the program ended, we found it difficult to continue to provide in-person training and technical assistance. Anticipating this challenge, we developed an online facilitator training and digital curriculum resources housed online for 24/7 access.
- Curriculum development and testing is time intensive and takes a multi-disciplinary team to execute properly. Standards and protocols were put in place so that the quality of the development and testing remained high during periods of staff turnover.

## Lessons Learned

- General education teachers are qualified to teach a comprehensive sex education curriculum. *Pono Choices* was implemented in all schools sites by current teachers who ranged in experience, background, and skill level. *Pono Choices* participants showed a substantial and significant increase in knowledge compared to students in control schools, helping debunk the myth that general education teachers cannot teach sexual health content.
- Middle school students are developmentally ready for the content included in a comprehensive sex education curriculum. Study results indicate that students that participated in *Pono Choices* had significantly higher knowledge gain than those in the control group, indicating that middle school youth are able to demonstrate understanding of the content and retention of it up to 1 year later.
- School leaders must provide the necessary funds for ongoing professional development in medically accurate, evidence-based programming. Research informs practice and school health must represent current, research-based information. District curriculum administrators must ensure that updated

information in health education is being provided to teachers implementing curriculum.

- School leaders should make sure that supplemental supports, such as fidelity guides and observer checklists, are included as part of their curriculum adoption. Teachers should not limit activities related to skill-building, such as role play where students practice choice-making and refusal skills, because they think that students will find them difficult or because of large class size. Fidelity guides provide the opportunity to redirect or reteach critical implementation skills.
- School leaders need to establish the expectation that quality instruction across all content areas, including sex education, will be based on evidence-based practices, not subject to individual teacher values or beliefs. Refusing to teach medically accurate content based on personal discomfort or beliefs poses a serious health risk and negates one's professional responsibilities. Findings from the *Pono Choices* study demonstrating student high level of knowledge retention of medically accurate content can be correlated to the high level of delivery with fidelity.
- Comprehensive sex education does not lead to increased sexual activity. Students who received *Pono Choices* were no more likely to engage in sexual activity than students receiving lessons that did not include instruction on birth control and correct condom use.

## Next Steps

*Pono Choices* (1) is on the State of Hawai'i Department of Education approved curriculum list (2) aligns with State of Hawai'i Board of Education comprehensive sexual health policy and (3) complies with State of Hawai'i law requiring state-funded sexual health education be medically accurate.

Schools in all counties of Hawai'i continue to use *Pono Choices*. We continue to provide support and technical assistance to these and other school and youth-serving organizations interested in using the curriculum. The following is a listing of support available.

## Website & Ongoing Technical Assistance

<https://www.cds.hawaii.edu/ponochoices/>

We maintain a project website which contains background information on curriculum development, information on how to get trained to deliver the program, and curriculum resource materials for trained facilitators.

We also maintain a project email address – [ponochoices12@gmail.com](mailto:ponochoices12@gmail.com) - where we receive requests for training, technical assistance, curriculum materials, and other types of support or information.

### Practice expansion activities

- Share the Best Practices designation through the Pono Choices website; media, collaborative partners, and affiliate outlets; conference presentations and panels; and visits to other jurisdictions with Native Hawaiian and Other Pacific Island youth populations
- Pursue funding for in-person training and support and to support replication and research in new settings
- Find out from practitioners across Hawai'i and in the Pacific ways of sustaining the practice in their communities

#### Practice Contact Information

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