RECAPTURING THE VISION

Helping People Dream Again

Impact Evaluation of Values in Perspective (VIP) in South Florida: Miami-Dade and Broward Counties

Final Report for

Recapturing the Vision International

December 28th, 2023

Prepared by

Guerda Nicolas, PhD, Gilbert Saint Jean, PhD, and Celia Rubio

University of Miami

Solutions Focus Consulting

Recommended Citation: Recapturing the Vision (2023). Impact Evaluation of the Values in Perspective (VIP) Program in Miami, Florida: Solutions Focus Consulting

Acknowledgements:

A special thank you to the RTV staff and our Piper High and Mater Academy school partners, including key faculty members, for their commitment and dedication to the project over the last three years. Your enthusiasm, work ethic, and follow-through have made this impact evaluation of the VIP programs successful. We sincerely thank our esteemed community partners, including Broward County School System and Miami-Dade County Public Schools (MDCPS), for their crucial roles in supporting our mission. Community Health of South Florida, Inc. (CHI) ensures accessibility to mental health and medical services, while The Alliance for GLBTQ Youth actively contributes to inclusivity and GLBTQ sensitivity. Both school systems, Broward and MDCPS, provide unwavering support, streamlined processes, and approval for our VIP curriculum. The Community Action Agency collaborates on skill-building and assistance programs, and the Elijah Network Family and Community Alliance focuses on substance abuse prevention. Together, these organizations, including our valued school partners, are instrumental in achieving our shared goals, and we express our gratitude for their balanced and invaluable contributions.

Most importantly, our heartfelt appreciation goes to the youth participating in the programs and the study. Your commitment to informing the research on SRAE is commendable, and the time invested in this process is valued. We thank Heather Zaveri and Natalya Verbitsky Savitz with Mathematica for their wonderful technical assistance and support throughout the project. We are enormously grateful to the Federal Program Specialists Ricky Richard and Dr. Calonie Gray for their individual and collective leadership, commitment, and support of our project and research at every step.

Disclosure:

No Conflict of interest is documented among any individuals involved in this study.

This publication was prepared under Grant Number from the Family and Youth Services Bureau within the Administration for Children and Families (ACF), U. S. Department of Health & Human Services (HHS). The views expressed in this report are those of the authors and do not necessarily represent the policies of HHS, ACF, or the Family and Youth Services Bureau**.**

Evaluation Abstract:

Impact Evaluation of Values in Perspective (VIP) in South Florida

Grantee

Grantee Name: Recapturing the Vision

Project Lead: Dr. Jacqueline Del Rosario

Email address: drjdelrosario@gmail.com

Website: http://www.rtv.org

Evaluator

Evaluator's Organization: Solutions Focus Consulting

Evaluator Lead: Dr. Guerda Nicolas

Email address: nguerda@miami.edu

Intervention Name

Values in Perspective (VIP)

Intervention Description

Recapturing the Vision (RTV)--in partnership with Broward County Schools, Miami-Dade County Schools, Community Health of South Florida, and Alliance for GLBTQ Youth, launched the **Values in Perspective (VIP)** sexual risk avoidance initiative. The VIP program was administered to over 1,439 students at Piper High School (9th-12th grade) in Broward County and Mater Academy Charter High School (6th-12th grade) in Miami-Dade over three years (2020 – 2023). Each targeted school serves an overwhelmingly high-poverty, socioeconomically diverse student population. Values in Perspective utilizes a positive youth development approach dedicated to building a set of core assets and competencies to participate successfully in adolescent and adult life. This approach is based upon academic and policy literature that posits the more assets a youth has, the less likely health is to engage in high-risk. The VIP model will promote healthy behavior and social and emotional well-being of vulnerable youth through a strength-based youth development approach. Values in Perspective will address peer pressure, substance abuse, parent-child connections, media, refusal, conflict resolution skills, healthy relationships, and encouragement and support for abstinence from risky behaviors. The goal of VIP is to delay early sexual activity among at-risk youth. Values in Perspective reduced adolescent pregnancy and birth rates by building youth skills to negotiate abstinence and resist pressure to have sex, increasing knowledge of STIs, and preparing youth for a successful, healthy transition to adulthood. The targeted schools offer a basic sex education curriculum, but this program does not specifically address abstinence or the benefits of delaying sexual activity. Values in Perspective fills a critical gap by providing a structured, intensive, in-school, proven program that emphasizes abstinence and the benefits of delaying sexual activity. Values in Perspective combines gender-specific instruction with medically correct, age-appropriate sex education in a 26-week (40-hour) skill-building program taught in public middle schools by trained Prevention Coordinators. The proposed program was developed in response to growing concerns about the plight of African American and Hispanic

youth in public education. It aims to arrest the negative trends that have threatened their promise. The Florida Department of Health validates the efficacy of Values in Perspective, the U.S. Administration of Children & Families, the U.S. Department of Health & Human Services, the Department of Juvenile Justice, the WAGES Coalition, and the Children's Trust of Miami-Dade County.

Comparison Condition

Standard basic sex education curriculum taught at Broward County and Miami-Dade County public middle schools and public high schools

Comparison Condition Description

The targeted schools offer a basic sex education curriculum. Still, this program does not specifically address abstinence and the benefits of delaying sexual activity and does not teach youth how to make healthier decisions and avoid risky behaviors.

Sample and Setting

Each school targeted for participation in VIP is located in a high-poverty, resource-poor community in South Florida. As noted in Miami-Dade County, significant racial and ethnic health disparities exist among youth of color. The VIP course was administered with programming comprising a semester-long credit-bearing course of 40 hours. Students were required to return a signed parental permission/consent form to participate in the class representing the treatment group. Over the three-year study period, 758 students participated in the VIP program as the treatment group, with the comparison group consisting of 681 students participating in the standard basic sex education course offered at their high schools. The age range of students spanned 10 -19 years, with the average age being 15 for either treatment or control groups. The student body makeup of either the treatment group or comparison control group consisted of a majority of minority demographic students, either Hispanic/Latino or Black.

Research Design

The research design for this study is a randomized control trial (RCT) to evaluate the success of the Values in Perspective (VIP) program via SRAE objective outcomes for treatment group participants. To ensure a rigorous evaluation design, the evaluation proceeded according to the following: (**1**) establishment of a distinct comparison group made up of students enrolled in the "business as usual" general sex education course; (**2**) ensured a baseline equivalence and (**3**) controlled for the influence of confounding factors that may have influenced the outcome for only one group. Overall, the curricula are referenced from peer-reviewed publications by educational, scientific, governmental, or health organizations. It has been proven successful specifically in helping African-American youth (our primary target) to make healthier choices and abstain from sexual activity until marriage.

Data Collection

The study design adhered to a strict data collection protocol to ensure the collection of valid and usable data. After screening and informed consent were provided, all participants enrolled in the study provided basic demographic data via self-report at baseline, followed by three additional assessment points. Program impacts were analyzed based on data collected

approximately at the end of the educational curriculum, three months, and nine months after the youth completed the course.

Methods

This study uses an intent-to-treat analysis. All participants were analyzed in the group they were originally randomly assigned (treatment or control), regardless of dosage or exposure to the intervention. Only students with missing outcomes or covariate data were excluded from the analysis. For each study, the review team first describes and summarizes the findings in each of the seven main eligible variable outcome domains: (**1**) Intent to Delay Sexual Intercourse, (**2**) Knowledge about STI and Risky Behaviors (alcohol and drugs).

Findings

Data was entered into SPSS version 28. Baseline equivalence was determined between the treatment and control groups using Age, Sex, and Race. Subsequently, descriptive statistics were first analyzed, then independent sample t-tests and ANOVA analyses were conducted.

A. *Sexual Delay Activities*

This study evaluated the effectiveness of the VIP program in influencing college students' attitudes towards delaying sexual activities in high school, until college, and until marriage, assessed at different post-intervention time points.

A.1. Ever had sex- The study utilized an independent samples t-test to evaluate the impact of treatment on the likelihood of having ever had sex, comparing treatment and control groups at the exit time point and 60 and 90-day follow-up. The analysis yielded significant differences between the groups at all time points, with t-values of 11.904 at the exit, 7.362 at 60 days, and 18.337 at 90 days, with p-values below .001. This indicates a persistent and increasing effect of the treatment over time. Further analysis using ANOVA assessed the effects of treatment, school, and their interaction. Initially, the model explained 30.3% of the variance in responses, with treatment showing a small but significant effect and school having a non-significant impact. The interaction between treatment and school was also not significant. However, after removing the interaction term, treatment emerged as a more significant factor, explaining 11.37% of the variance, while the school's effect became significant, accounting for 3% of the variance. In summary, the study found that the treatment had a substantial and enduring effect on participants' sexual behavior, consistently significant across three-time points. ANOVA results suggest that while the interaction of treatment and school was insignificant, both factors significantly affected the outcome, particularly the treatment.

A.2. Delay Sex--The effectiveness of the VIP program in influencing attitudes toward delaying sexual activities until the end of high school, college, and marriage was assessed at three-time points: immediately at the exit time and then at 60 and 90 days post-intervention. For delaying sexual activities until college, the program showed a strong immediate effect at the exit time point, as indicated by a significant difference in attitudes between the treatment and control groups ($t(799.626) = 23.461$, $p < .001$). This effect not only persisted but strengthened at the 60-day mark ($t(299.486) = 34.809$, $p < .001$) and continued to be significant at 90 days ($t(282.731) = 33.884$, $p < .001$), demonstrating the VIP program's sustained and ongoing influence on participants' attitudes. Similarly, in the context of delaying sexual activities until marriage, the VIP program had a significant immediate impact at the exit time point ($t(404.897) = 13.334$, $p < .001$). This influence was maintained at 60 days ($t(278.616) = 34.985$, $p < .001$) and remained significant at 90 days post-intervention ($t(262.851) = 33.799$, $p < .001$),

highlighting the program's consistent and long-term effectiveness. Overall, these results suggest that the VIP program had a strong and lasting impact on changing attitudes towards delaying sexual activities, both until college and until marriage, across all measured time points.

A.3. Influence of Sex, Race, and Grade. In a comprehensive analysis of three models assessing the response to Postdelaysex, significant findings were observed regarding the influence of the VIP program, demographic variables, and grade levels. The VIP program significantly influenced responses in all models, accounting for substantial variability (55.18%, 5.87%, and 5.41%) with high F-values (990.265, 96.448, and 102.577) and p-values below .001. In contrast, demographic variables like sex and race showed no significant effects when tested, with p-values of .660 and .093, respectively. The interaction of these variables with treatment was also not significant. However, grade level exhibited a notable impact in one model (F-value: 45.030, $p < .05$), though it explained only a minor portion of the variability (.71%). A significant interaction between treatment and grade was observed in this model (F-value: 19.470, $p < .001$), suggesting varied treatment impacts across grades. Further analysis revealed significant differences in response scores across grades and treatment and control groups. Notably, response score means between treatment groups differed significantly across grades 9 to 12, with the greatest differences in grades 9 and 10. Significant variances in response scores within control and treatment groups were also noted across different grades. These results highlight the significant role of grade level and treatment/control group categorization in response score variability, particularly in the treatment group and in grades 9 and 10. The findings suggest that grade-specific factors and treatment conditions significantly influence responses, warranting further investigation. The variance explained by the models ranges from 57.2% to 60.7%, indicating a strong model fit. The inconsistency in variance homogeneity in one model calls for additional exploration or alternative methodologies.

B. <u>*Knowledge of STI and Risky Behaviors*</u>

The study aimed to assess changes in overall risky behavior and specific variables such as alcohol and marijuana use among participants. The methodology involved paired and independent samples t-tests and ANOVA to analyze the data. Initially, a paired samples t-test was conducted to determine if there was a significant change in overall risky behavior between pre-and post-intervention, using the 'preriskybehavior' and 'postriskybehavior' variables. The results showed no significant difference ($t(802) = -1.717$, $p = .086$), indicating that the intervention did not significantly alter overall risky behavior patterns. However, when focusing on specific behaviors like alcohol use, different outcomes emerged. An independent samples t-test was performed to analyze the difference in alcohol use between the treatment and control groups. Levene's test confirmed the homogeneity of variance assumption. This test revealed a significant difference ($t(1036) = 16.97$, $p < .001$), suggesting a notable impact of the intervention on alcohol use behaviors.

Additionally, an ANOVA was conducted on the same variable to investigate any interaction effects with the school. This analysis showed significant combined effects ($F(3,926) = 189.633$, $p < .001$) and explained 38.1% of the variance in responses to Exit Question 8 about alcohol. The treatment effect was significant ($F(1, 926) = 462.188$, $p < .001$), explaining 30.92% of the response variability (partial $\eta^2 = .333$). At the same time, the school effect was also significant but to a lesser extent ($F(1,926) = 6.817$, $p < .01$), explaining only 0.005% of the variability (partial $\eta^2 = .007$). The significant interaction between treatment and school ($F(1, 926) = 205.334$, $p < .001$) explained 13.74% of the variability in responses (partial $\eta^2 = .181$), leading to a simple effects analysis due to this significant interaction. In sum, these findings

indicate that while the intervention did not significantly change overall risky behavior, it had a substantial impact on specific behaviors like alcohol use, with varying effects depending on the school.

C. Healthier Mental Health

The study's findings, derived from independent samples t-tests at various time points, reveal significant improvements in emotional management among participants receiving the VIP program. The analysis at the exit time indicated a marked difference in the ability to manage emotions between the treatment and control groups, as shown by a t-value of 16.233 and a p-value of less than .001. This initial result suggests a substantial immediate impact of the VIP program. Further assessments at 60 days post-intervention maintained this trend, with the treatment group continuing to show significantly better emotion management skills than the control group (t-value of 28.783, $p < .001$). This indicates an immediate effect and a sustained improvement over a medium-term period. By the 90-day mark, the positive effects of the VIP program were even more pronounced. The t-value increased to 42.752, with a p-value remaining less than .001, highlighting the VIP program's continuous and strengthening impact over time. In conclusion, the VIP program demonstrated a significant and enduring positive effect on participants' emotional management skills. The consistent increase in the effect size over time underscores the treatment's efficacy in fostering lasting improvements in emotional management among participants.

Concerning decision-making, the VIP program group exhibited a significant improvement in decision-making right after the program (t-value = 14.740, $p < .001$), indicating an immediate positive effect of the treatment. This positive impact was maintained over time. At 60 days post-intervention, the VIPt group showed enhanced decision-making skills (t-value = 16.993, $p < .001$), demonstrating the treatment's lasting effect. By 90 days, the effectiveness of the VIP program had further grown, with an increased t-value of 21.838 and $p < .001$, suggesting an ongoing enhancement in decision-making skills. The VIP program proved significantly effective, with sustained and growing participant decision-making improvements. This underscores the VIP's potential for long-term enhancement in decision-making-related cognitive processes.

D. Seek Support

The research study, utilizing independent samples t-tests, has provided substantial evidence of the effectiveness of a specific treatment in enhancing communication skills with adults among participants. The study was meticulously structured, with evaluations conducted immediately after the program and then again at 60 and 90 days post-intervention. At the program's conclusion, a significant disparity was observed in the communication abilities between the treatment and control groups, with the treatment group showing notably superior performance (t-value = 13.750, $p < .001$). This initial outcome indicated a considerable immediate positive impact of the treatment on participants' communication skills.

Importantly, this improvement proved to be enduring. At 60 days post-intervention, the treatment group exhibited enhanced communication skills compared to the control group, as demonstrated by a t-value of 14.931 and a p-value of less than .001. This finding suggests that the impact of the treatment was not just a short-term effect but was sustained over a medium-term period. By the 90-day evaluation, the positive effects of the treatment had further intensified, with the treatment group showing even greater improvements in communication

skills (t-value = 27.966, $p < .001$). This result highlights the continuous and growing influence of the treatment over time.

In conclusion, the study demonstrates that the treatment administered through the VIP program had a significant, enduring, and progressively increasing positive impact on participants' ability to communicate effectively with adults. The consistent improvement observed from the program's end to the 90-day follow-up underscores the treatment's long-term efficacy in enhancing interpersonal communication skills, making it a valuable tool in personal and professional development contexts.

IMPACT EVALUATION OF

VALUES IN PERSPECTIVE (VIP) IN SOUTH FLORIDA

I. Introduction

A. Introduction and Study Overview

African-American and Latino youth in the United States demonstrate higher teen pregnancy rates than national averages; in South Florida, teens are documented as having disproportionately higher rates of STIs (U.S. Census Bureau, 2020; Florida Department of Health, 2019, 2020, 2021; Kearney & Levine, 2012). These and other indicators reflect a substantial need for the youth demographic of South Florida to have exposure to culturally aligned Sexual Risk Avoidance Education programming that is medically accurate and has been proven effective, backed by peer-reviewed studies (Diclemente et al., 2005; Diaz, 2018). To positively impact youth, targeted youth must build a strong foundation on a healthy lifestyle, proper nutrition, self-confidence, and self-esteem. The Values in Perspective (VIP) youth development/abstinence program, developed by Recapturing the Vision (RTV) to robustly tackle the issue of higher teen pregnancy along with STI rates manifested in high-poverty environments residing African-American and Latino youth populations in the two largest counties of the South Florida region (Miami-Dade & Broward).

Florida faces a significant public health challenge with higher rates of teen pregnancy and sexually transmitted infections (STIs) compared to national averages (CDC, 2020). Particularly in Miami-Dade County (MD), these issues are more pronounced, with notable racial and ethnic disparities affecting youth of color. The teen pregnancy rate in Florida stands at 73 per 1,000 female teens aged 15-19, higher than the national rate of 68. In Miami-Dade, this issue is exacerbated among Black and Hispanic teens, who experience much higher rates of teen pregnancy compared to their White counterparts. For instance, Black teens in Miami-Dade have a birth rate of 44.3 per 1,000, while White teens have a rate of 15.1 per 1,000 (Florida Public Health Review, 2021).

Additionally, STIs pose a considerable concern in this demographic. Despite constituting only 7.8% of Miami-Dade's population aged 15 or older, teens aged 15-19 accounted for a significant proportion of chlamydia and gonorrhea cases in 2012 (CDC, 2020). The rate of these STIs among girls aged 15-19 increased dramatically from 1998 to 2009, though there was a slight decline in 2013. Miami-Dade also ranked high nationally for gonorrhea cases and had the highest rate of newly reported HIV cases among Florida counties in 2014 (CDC, 2020).

Furthermore, the racial disparity is evident in HIV/AIDS cases, with Black individuals representing a disproportionate number of cases relative to their population percentage. This disparity is also reflected in sexual behavior among high school students in Miami-Dade and

Broward Counties, where Black students are more likely to be sexually active at an early age and with more partners (Kotchick et al., 1999) yet less likely to use condoms and birth control compared to White and Hispanic students. These statistics highlight the need for targeted public health interventions and education to address these disparities and reduce the rates of teen pregnancy and STIs in Florida, particularly among vulnerable populations (Goldfarb & Lieberman, 2021).

Table 1: Florida Data Points

Sexual Risk Behavior	White	Black	Latino/Hispanic
Ever had sex	43.7%	60.6%	49.2%
Sex before age 13	3.3%	14.0%	6.4%
Sex with 4+ persons	13.3%	26.1%	13.4%
Currently sex. active	32.8%	42.1%	34.7%
Did not use a condom during last sex	42.9%	35.3%	41.7%
Used no birth control during last sex	19.7%	15.9%	19.7%
Never taught in school about HIV/AIDS	15.6%	18.1%	13.4%

This data points to a strong need for implementing the **Values In Perspective (VIP)** Sexual Risk Avoidance Education program among youth attending the targeted high-poverty, resource-poor schools (Diaz, 2019). **Values in Perspective** is a school-based abstinence program in a year-long course with more than 40 hours of instruction. Through this curriculum, **VIP** seeks to impact 300 vulnerable and underserved youth annually over three years. The **VIP** curricula address the consequences of teen sex, including both pregnancy and HIV, and have been proven successful specifically in helping African-American youth (our primary target) to make healthier choices and abstain from sexual activity until marriage. Regarding the SRAE Objectives, this project aligns with the following:

- (**1**) Implement curricula that include medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations.
- (**2**) Target Sexual Risk Avoidance Education to youth populations that are at risk for non-marital sexual activity.
- **(3)** Selection of sexual risk avoidance curriculum with an evidence-based approach to integrate research findings with practical implementation that aligns with the needs and desired outcomes of the targeted youth audience.
- **(4)** Teach risk avoidance skills through methods that do not normalize teen sexual activity.

Each school targeted for participation in VIP was located in a high-poverty, resource-poor community. The targeted schools offer a basic sex education curriculum, but this program does not specifically address abstinence or the benefits of delaying sexual activity (Golfarb & Lieberman, 2021). Other resources in the targeted communities include churches (none offer a formal pregnancy prevention program) and programs offered by each county's public health department. Students in Broward County can also access teen prevention programming via Opportunities Industrialization Centers of South Florida (OIC-SFL). However, none of these agencies offer any in-school pregnancy prevention programming, leaving it up to the individual student, parent, or caregiver to take action and engage in the program (Golfarb & Lieberman, 2021). Nonetheless, as is the case with sex education taught in the targeted schools, these programs do not emphasize abstinence or the benefits of delaying sexual activity.

The goal of Values in Perspective (**VIP)** is to delay early sexual activity among at-risk youth. **VIP** aimed at reducing adolescent pregnancy and birth rates in the targeted region by building youth skills to negotiate abstinence and resist pressure to have sex, increasing knowledge of STIs, and preparing youth for a successful, healthy transition to adulthood. **Values In Perspective** teaches vulnerable, high-risk students the skills to withstand peer pressure, along with strategies to develop meaningful relationships that do not include sexual activity. **VIP** was selected due to its alignment with the cultural needs and expectations of minority communities. The **Values in Perspective** employs a classroom-based curriculum that focuses on the benefits of sexual abstinence to prevent the risks of unwanted pregnancies and sexually transmitted infections and the development of skills to practice abstinence.

B. Research question(s) for non-behavioral outcomes

The implementation of the **VIP** program covers a diverse set of intended non-behavioral outcomes that foster the preparation of youth for a successful, healthy transition to adulthood. The evaluation to assess the significant changes for intended non-behavioral outcomes targeted by the **VIP** program involves a series of pre-and-post assessments and surveys administered to program participants. The research questions to assess the impact of **VIP** on intended non-behavioral outcomes for program participants are incorporated as performance measures for each pre-and-post assessment and survey administered to program participants. The research questions for non-behavioral outcomes for participants of the **VIP** program revolve around the overall program assessment questions, including the following:

(**1**) Does the program achieve its overall process goals and objectives?

(**2**) Is the program implemented as intended? The research questions for non-behavioral outcomes are the following, which are among outcomes listed within the VIP program's logic model as project outcomes:

(**3**) Does the VIP intervention change the knowledge and skills of adolescents in the areas of STI, benefits of abstinence, and delay of sexual activities?

(**4**) How do demographics such as Socioeconomic Status (SES), Race, and sex influence the overall change effect of the VIP intervention program?

C. Research question(s) for behavioral outcomes

The implementation of the VIP program covers a diverse set of intended behavioral outcomes that foster the preparation of youth for a successful, healthy transition to adulthood. The evaluation to assess the significant changes for intended behavioral outcomes targeted by the VIP program involves pre-and-post assessments and surveys administered to program participants. The research questions to assess the impact of VIP on intended behavioral outcomes for program participants are incorporated as performance measures for each pre-and-post assessment and survey administered to program participants. The research questions for participants of the VIP program revolve around the overall program assessment questions, including:

- Are youths in the VIP program less likely to engage in sex than those in the control group (**sexual behavior**)?
- Are youths in the VIP intervention group more likely to delay (**Intent)** from sexual intercourse than youth in the comparison condition?
    - What role do **age, sex, and race** play in the impact of the VIP program?
- Do youths in the VIP program have more **increased knowledge about STIs** than youth in comparison conditions?
- Are youths in the VIP Program less likely to engage **in risky behaviors** (alcohol, drugs, et) than youth in comparison conditions?
- Are youths in the VIP program more likely to have **healthier mental health** status (emotions, decision-making, etc.) than youth in comparison?
- Are youths in the VIP program more likely to reach out and **seek support** from members of the support network than youth in comparison condition?

Impacts of the study on program participants in regards to research questions are assessed at the following time points from participant data collected from pre-and-post assessments as surveys as mentioned prior: (**1**) Benchmark, (**2**) Immediate post-intervention, (**3**) 60 days post-intervention, and (**4**) 90 days post-intervention

II. Programming for intervention and comparison groups

The Values in Perspective (VIP) abstinence program provides vulnerable African American and Hispanic/Latino youth with the skills needed to avoid early sexual encounters. A sample number of students meeting the demographic profile described were intended to learn such skills by participating in weekly sessions and focusing on building resiliency and developing leadership skills and confidence as they build their bodies while participating in the structured SRAE curriculum. Over three years, an intervention group of high-poverty teens residing in Broward and Miami-Dade counties were intended to participate in the VIP course as a component of their regular academic course load. This group is assessed for documented delays in sexual activity and reduced teen pregnancy in comparison to a control group of students meeting the same demographic profile as the intervention group yet instead participated in the basic sex education course curriculum provided at the same target schools.

A. Description of the program as intended

The Values in Perspective (VIP) program was offered to students at Mater Academy Middle and High School in Miami Dade and Piper High School in Broward County for a total of 300 middle and high school-aged youth per year over three years (2020 – 2023). Each targeted school serves a socioeconomically diverse and majority-disadvantaged student population. The goal of **VIP** is to delay early sexual activity among at-risk youth. **VIP** reduces adolescent pregnancy and birth rates by building youth skills to negotiate abstinence and resist pressure to have sex, increasing knowledge of STIs, and preparing youth for a successful, healthy transition to adulthood. Teen participants will complete five hours of programming each week, with coursework embedded into the traditional school day. Classes meet over 26 weeks (40 hours total) to build youth resiliency and strengthen protective factors. **VIP** combines gender-specific instruction with medically correct (Hall, 2020t, age-appropriate sex education and includes skill-building taught in public middle schools by trained **Prevention Coordinators.** The Prevention Coordinators were trained and certified in the Values in Perspective youth development/abstinence curriculum. Each coordinator was responsible for implementing the Sexual Risk Avoidance Education curriculum. The coordinators also ensured that all participants completed the pre-test and post-test as appropriate.

The peer-reviewed evidence-based VIP program aligns with SRAE objectives by providing the following: (**1**) Medically accurate information that is peer-reviewed across educational, scientific, governmental, and/or health organizations, (**2**) Targeting of sexual risk avoidance education to youth populations at risk for non-marital sexual activity, (**3**) Select sexual risk avoidance curriculum using an evidence-based approach to integrate research findings with practical implementation that aligns with the needs and desired outcomes of the targeted youth audience, (**4**) Teaching risk avoidance skills through methods that do not normalize teen sexual activity. The following table reflects the project's logic model, including Program content, program activities, expectations for implementation, duration, dosage, staffing, expected outcomes, etc.

Table II.1: Project Annual Objectives

Annual Objectives	SRAE Objectives Alignment
1. Implement an evidence-based VIP program, a robust, culturally responsive, and comprehensive curriculum focusing on delaying sexual activity and positive youth development. a. **Performance Measure:** Annually, reach 300 Miami-Dade and Broward County youth with the SRAE program.	► Implement curricula that include medically accurate information referenced from peer-reviewed publications by educational, scientific, governmental, or
2. Increase participant knowledge about the benefits of abstinence and delaying sexual activity a. **Performance Measure:** Participants will demonstrate at least a 40% increase in knowledge of the benefits of delaying sexual activity.	
3. Increase awareness of, and knowledge about, participant STD/STIs. a. **Performance Measure:** Participants will demonstrate at least a 40% increase in medically accurate knowledge of STIs.	
4. Increase protective factors associated with delayed or decreased sexual activity among participants who complete the program a. **Performance Measure:** Participants will demonstrate at least a 7% decrease in self-reported (through surveys) sexual activity. b. **Performance Measure:** Participants will demonstrate a teen pregnancy rate at least 10% lower than baseline data (to be collected) when measured at 12-months post-intervention	
5. Provide participants with support services (e.g., referrals to overcome trauma and difficulties they face) a. **Performance Measure:** At least 15% of participants will follow-through on a referral from project staff to access wraparound services	health organizations. ► Target Sexual Risk Avoidance Education to youth populations that are at risk for non-marital sexual activity. ► Select a sexual risk avoidance curriculum with an evidence-based approach to integrate research findings with practical implementation that aligns with the needs and

	desired outcomes of the targeted audience of youth. ► Teach risk avoidance skills through methods that do not normalize teen sexual activity.

Table II.2: Curricular connections

Connecting Curricular Aspects to Required Topics	
SRAE Required Topics	**Unit Headings (Values in Perspective)**
Self-Regulation	Self-Esteem Building Conflict Resolution
Success Sequencing for Poverty Prevention	Critical Thinking Skills College & Career Preparation
Healthy Relationships	Life Skills Communication Skills Healthy Relationships
Goal Setting	Goal Setting
Resisting Sexual Coercion, Dating Violence and Risk Behaviors	Overcoming Peer Pressure Refusal Skills

Additionally, **Values in Perspective** includes numerous youth- and family-focused events that reinforce the SRAE curriculum and provide participants with valuable tools to support abstinence until marriage. These tools drive high retention rates; a summary of these events is provided below.

Table II.3: Engagement events

Event	Audience	Description
Teen Talk Symposium	Teens	Talk Symposium provides a suitable atmosphere for teens to sound off on issues affecting them. Panelists address relational teen issues such as dating, partner abuse, dealing with peer pressure, teen pregnancy, and other consequences

Family Mentoring Weekend	Families	Teaches parents actionable strategies for talking with their children about important, real-world topics, including sexual risk avoidance, dating safety, decision-making, and more.
Empowerment Summit	Teens	Empowerment Summit provides high-power interactive workshops that provide teens with knowledge and strategies to employ life-improving tactics in their everyday lives immediately. Topics include: ü Where I see Myself in the Future ü Higher Education ü Putting your best foot forward ü RoadMap to success ü Money 101

B. Description of comparison condition as intended (Health Book at the schools)

The control group for the comparison in this study consists of socioeconomically disadvantaged students from the same schools as those in the intervention group. From 2020 to 2023, these students were not enrolled in the VIP program. Instead, they receive the standard sex education curriculum provided by their school systems, which generally lacks a focused approach to abstinence and the advantages of postponing sexual activity, unlike the VIP program.

For these students, additional support services in the community are limited. Local churches, while present, do not offer structured pregnancy prevention programs. Public health department initiatives exist within each county, providing some resources for teen prevention. Specifically, in Broward County, students can access programming from the Opportunities Industrialization Centers of South Florida (OIC-SFL). Despite these resources, there is an absence of formal in-school pregnancy prevention programs offered by these entities. Consequently, the responsibility falls on the students and their families to proactively seek out and participate in such external programs, which can be a significant barrier to engagement and consistent participation.

III. Impact study design

This section of the evaluation report provides a breakdown summary of the research design, sample, data collection, and analytical methods utilized for the impact evaluation study of the Values in Perspective Program (VIP) described in this report. A randomized control trial (RCT) is the foundation of the study design for evaluating the success of the **VIP** program. Data for evaluating the impact of the intervention is collected via a series of pre-and-post-course assessments and surveys from program participants. The quantitative data obtained from these instruments is analyzed using a variety of descriptive and inferential statistical analyses (e.g., t-tests, ANOVAs).

A. Research design

The research design for this study is constructed as a randomized control trial (RCT) to evaluate the success of the Values in Perspective (VIP) program via SRAE objective outcomes for treatment group participants. To ensure a rigorous evaluation design, the evaluation proceeded according to the following: (**1**) establishment of a distinct comparison group made up of students enrolled in the "business as usual" general sex education course; (**2**) ensured a baseline equivalence and (**3**) controlled for the influence of confounding factors that may have influenced the outcome for only one group.

General sex education classes were randomly selected to be an intervention group (receive the VIP Program) or as a comparison group ("business as usual" general sex education). Random assignment was done at the class level each year for the three-year study period. The study compares the outcomes of high-poverty youth who participated in the VIP Program (treatment group) with the performance of high-poverty students in the general sex education courses enrolled in the same year and the same grades (comparison group). Data for evaluating the impact of the intervention is collected via a series of pre-and-post-course assessments and surveys from program participants. Since the comparison group was randomly selected courses, it is therefore thought to be an adequate representation of the outcomes if the project had not been implemented (i.e., the counterfactual). Such a design provides empirical evidence to support the theoretical model for the proposed process, product, strategy, or practice.

The study employed statistical methods to evaluate the effectiveness of the VIP program. Tests for statistically significant correlations were conducted to understand the interrelationships between the main variables of the study. This step was crucial in identifying whether key variables influenced one another in a meaningful way within the context of the program. In addition to examining correlations, the study utilized paired T-tests to determine the differences in means between the pre-and post-intervention states of the treatment group. This analysis aimed to identify whether statistically significant changes in participant behavior aligned with the VIP program's objectives. Furthermore, ANOVA was employed to assess the extent of behavioral changes among the treatment group participants. This method allowed for comparing means across multiple groups to understand if the VIP program improved the expected behavioral and non-behavioral outcomes. These statistical tools provided a comprehensive evaluation of the VIP program's impact, highlighting whether the changes observed in the treatment group were significant and consistent with the goals of the intervention.

B. Identification and recruitment of the study participants

VIP was delivered during the school day at Piper High School in Broward County, Florida, and Mater Academy Middle and High School in Miami-Dade County, Florida. The VIP course was administered with programming comprising a semester-long credit-bearing course of at least 40 hours. Students must return a signed parental permission/consent form to participate in the class. Over the three-year study period, 758 students participated in the VIP program as the treatment group, with the comparison group consisting of 681 students participating in the standard basic sex education course offered at their high schools. **Prevention Coordinators** delivered extensive outreach to parents, school staff, and families to ensure they have the information necessary to make an informed decision regarding their child's participation in the VIP program. Outreach included "Parent Night" discussions at each school, and informational flyers and packets were sent home to all eligible students describing the curriculum and content of **Values in Perspective**, as well as information about the cultural alignment of the program and anticipated impact on teen participants.

VIP information and take-home brochures were distributed to the targeted grades, and informational meetings were held at each school site to introduce **VIP** to teachers, administrators, and support personnel. An informational meeting for parents (guardians or caregivers) was held at each school site. Students who meet at least two of the following criteria were targeted for enrollment in **VIP:**

- ➢ High poverty (as determined by participation in the Free and Reduced Lunch Program).
- ➢ Students living in single-parent households.
- ➢ Persistently low academic achievement.
- ➢ Persistent, documented in-school or in-class behavioral issues.

Each school site produced a list of students meeting two or more of the criteria above. Once 600 participants were identified and we obtained informed parental consent, the group was randomly assigned into control and treatment groups.

C. Data collection

The study design adhered to a strict data collection protocol to ensure the collection of valid and usable data. After screening and informed consent were provided, all participants enrolled in the study provided basic demographic data via self-report at baseline, followed by three additional assessment points. Program impacts were analyzed based on data collected approximately at the end of the educational curriculum at 60 days and 90 days after the youth completed the course. Each assessment point collected (primarily through self-administered paper and pencil questionnaires) included the completion of two comprehensive assessment tools measuring (1) the personal skills and competencies of the adolescent and (2) attitudes about risk and risk-taking behaviors. Data were collected and reported regarding the number of students and families provided with referrals, the type of referral provided, the degree to which the student/family followed up on the referral, and the number of times the student or family utilized the referral as a resource.

No individually identifiable information was tracked or reported. The table below illustrates objectives, related Performance Measures, and data collection methods/timelines.

Data collection

Objective 1: Implement evidence-based curriculum, a robust, culturally responsive, and comprehensive curriculum focusing on delaying sexual activity and positive youth development.			**Measure to Assess Objective**
Performance Measure: Annually, reach at least 300 high-poverty teens with the **VIP** program	**Data Collection Method:** Attendance sheets during classroom instruction and service-learning events	**Timeline:** Attendance is taken daily in every class and during Family Strengthening Weekend	**Program Records**
Objective 2: Increase participant knowledge of the benefits of abstinence and delaying sexual activity			
Performance Measure: Participants will demonstrate at least a 40% increase in knowledge of the benefits of delaying sexual activity	**Data Collection Method:** Pre- and post-assessments measuring student knowledge	**Timeline:** Assessments completed at benchmark, immediate post-intervention, 9-months post-intervention	**YRBS**
Objective 3: Increase participant awareness of, and knowledge about, STD/STIs			
Performance Measure: Participants will demonstrate at least a 40% increase in medically-accurate knowledge of STIs	**Data Collection Method:** Pre- and post-assessments measuring student knowledge	**Timeline:** Assessments completed at benchmark, immediate post-intervention, 9-months post-intervention	**Curriculum Knowledge Assessment**
Objective 4: Increase protective factors associated with delayed or decreased sexual activity among participants who complete the program			
Performance Measure: Participants will demonstrate at least a 7% decrease in self-reported (through surveys) sexual activity	**Data Collection Method:** Pre- and post-surveys measuring student sexual activity rates	**Timeline:** Surveys completed at benchmark, immediate post-intervention, 9-months post-intervention	**YRBS**
Performance Measure: Participants will demonstrate a teen pregnancy rate at least 10% lower than baseline data (to be collected) when measured at 6-months post-intervention	**Data Collection Method:** Pre- and post-surveys measuring student pregnant/parenting events (for females AND males)	**Timeline:** Surveys completed at benchmark, immediate post-intervention, 6-months post-intervention	**YRBS**
Objective 5: Provide participants with support services (e.g., referrals)			

Performance Measure:	Data Collection Method:	Timeline:	Program Referral Log
At least 15% of participants will follow through on a referral from a **Prevention Coordinator** to access wraparound services	Referral data reports will be maintained by all **Prevention Coordinators,** including initial referrals and follow-up data	Daily updates to referral data collection tool, documenting initial referrals, student reporting regarding follow-through, and all communication with network agencies	

D. Measures

For each of the research questions implemented for this study, performance measures were developed to assess the magnitude of the impact of VIP on program participants in line with project-specific annual objectives. These project-specific objectives are the following: (**1**) Implement VIP program, a robust, culturally responsive, and comprehensive curriculum focusing on delaying sexual activity and positive youth development (**2**) Increase participant knowledge about the benefits of abstinence and delaying sexual activity (**3**) Increase participant awareness of, and knowledge about, STIs and other risky behaviors (**4**) Increase protective factors such as healthy emotions and relationships associated with delayed or decreased sexual activity among participants who complete the program and (**5**) Provide participants with supports services (e.g., referrals to overcome trauma and difficulties they face).

These project-specific objectives are aligned with the following SRAE objectives: (**1**) Implement curricula that include medically accurate information referenced to peer-reviewed publications by educational, scientific, governmental, or health organizations (**2**) Target Sexual Risk Avoidance Education to youth populations that are at risk for non-marital sexual activity (**3**) Select sexual risk avoidance curriculum with an evidence-based approach to integrate research findings with practical implementation that aligns with the needs and desired outcomes of the targeted audience of youth (**4**) Teach risk avoidance skills through methods that do not normalize teen sexual activity.

➢

Table III.1. Non-behavioral outcome measures
(NOTE: This template includes an example in italics, as a SAMPLE for you to consider for your own report)

Outcome measure name	Source item(s)	Constructed measure	Timing of measure relative to program
Intention to have sex in the next 12 months	*Do you currently have or expect to have a sexual relationship in the next 12 months?*	*Dichotomous variable coded as 1 if answered yes, zero if no, and missing otherwise.*	*6 months after program ends*

Table III.2. Behavioral outcome measures

Outcome measure name	Source item(s)	Constructed measure	Timing of measure relative to program
Ever had sexual intercourse	Have you ever had sexual intercourse?	The dichotomous variable is coded as one if answered yes, zero if no, and missing otherwise	At Entry, 6 and 9 months after the program ends
Ever been pregnant	To the best of your knowledge, have you ever been pregnant or gotten someone else pregnant?	The dichotomous variable is coded as one if answered yes, zero if no, and missing otherwise	At Entry, 6 and 9 months after the program ends
Are youths in the VIP intervention group more likely to abstain (Intent) from sexual intercourse than youth in the comparison condition	1. I would be able to resist or say no to someone if they pressured me to participate in sexual acts, such as kissing, touching private parts, or sex 2. I plan to delay having sexual intercourse until I graduate high school or receive my GED 3. I plan to delay having sexual intercourse until I graduate college or complete another education or training program. 4. Plan to delay having sexual intercourse until you are married.	Likert scale variable coded as	*At entry, exist, three months after the end of the program and six months after the end of the program.*

Main Research Questions	Constructed outcome measure	Timing of outcome measure	Analytic methodology*

Are youths in the VIP intervention group more likely to abstain (Intent) from sexual intercourse than youth in the comparison condition	**The following three questions are combined to create one cluster variable called abstain behavior. Higher score on this scale indicates a higher likelihood of abstaining behavior.** 5. I would be able to resist or say no to someo they pressured me to participate in sexual a such as kissing, touching private parts, or s 6. I plan to delay having sexual intercourse ur graduate high school or receive my GED 7. I plan to delay having sexual intercourse ur graduate college or complete another educa or training program. 8. Plan to delay having sexual intercourse unt are married.	***(a) 3 months after the end of the program and (b) 6 months after the end of the program?***	***Analytic Sample: Will use relevant data from the control and intervention sample for the analysis. We will use the data from the exploratory results to determine the order of the analysis. If there are two distinct groups, we will first analyze the differences between the groups and then run some additional analysis to determine the differences between the groups; If none exist, we will examine the difference between the treatment and control group.*** ***Methodology:*** **To control for chance differences between groups at baseline, we will calculate change scores in the outcome variables over time (posttest score minus pretest score) and compare the scores of the treatment and control groups using t-tests. This procedure eliminated the need to use analysis of covariance to control for other differences at baseline. Chi-square tests were used for categorical data, and t-tests were used for continuous data.** ***If the data shows two distinctive groups based on the baseline data, we will use ANOVA to examine the difference between the two groups on some of the outcome measures to determine if there is a difference between those who have previously engaged in sexual activities and those abstaining.***
Do youths in the VIP program have more ***increased knowledge about STIs*** *than youth in comparison conditions*	***Responses from the following question will be used as key items for this analysis:*** ***1.*** *How much do you know about STIs (sexually transmitted infections) are spread* ***2.*** *The risk of getting a sexually transmitted infection* ***Agreement with the following items*** **a.** Unless you have sex with a lot of people, STIs (sexually transmitted infections) are not something you have to worry about ***b.*** STIs (sexually transmitted infections) can only be spread when people show symptoms ***c.*** If someone I was dating had an STI (sexually transmitted infection), I would know it. ***d.*** STIs (sexually transmitted infections) are annoying, but they do not have any serious health effects	*(1) 3 months and (2) 6 months after the end of the program.*	***<u>Analytic Sample:</u> Will use relevant data from the control and intervention sample for the analysis.*** ***<u>Methodology</u>: We will first analyze the differences between the groups and then run some additional analysis to determine the differences between the groups; If none exist, we will examine the difference between the treatment and control group*** **To control for chance differences between groups at baseline, we will calculate change scores in the outcome variables over time (posttest score minus pretest score) and compared the scores of the treatment and control groups using t-tests. This procedure eliminated the need to use analysis of covariance to control for other differences at baseline. Chi-square tests were used for categorical data, and t-tests were used for continuous data.**

*Are youths in the VIP Program less likely to engage **in risky behaviors** (alcohol, drugs, et) than youth in comparison conditions*	***The following questions will be used to answer this question*** ***1.*** *Make decisions not to drink alcohol* ***2.*** *Make a decision not to use other tobacco products* ***3.*** *Make decisions not to use electronic vapor products* ***4.*** *Make decisions not to use marijuana*	***(1) 3 months and (2) 6 months after the end of the program.***	***Analytic Sample: Will use relevant data from the control and intervention sample for the analysis.*** ***Methodology: The responses to these questions are dichotomous.*** **To control for chance differences between groups at baseline, we will calculate change scores in the outcome variables over time (posttest score minus pretest score) and compare the scores of the treatment and control groups using Chi-square tests. This procedure eliminated the need to use analysis of covariance to control for other differences at baseline. Chi-square tests were used for categorical data, and t-tests were used for continuous data.**
*Are youths in the VIP program more likely to have **healthier mental health** status (emotions, decision-making, etc.) than youth in comparison*	***The following questions will be used to evaluate the research question.*** ***1. Resist or say no to peer pressure*** ***2. Manage emotions in healthy ways*** ***3. Think about the consequences before making a decision*** ***4. Talk With a parent, guardian or caregiver about sex.***	***condition (1) 3 months and (2) 6 months after the end of the program?***	***<u>Analytic Sample</u>: Will use relevant data from the control and intervention sample for the analysis.*** ***<u>Methodology</u>:*** **To control for chance differences between groups at baseline, we will calculate change scores in the outcome variables over time (posttest score minus pretest score) and compare the scores of the treatment and control groups using t-tests. This procedure eliminated the need to use analysis of covariance to control for other differences at baseline. Chi-square tests were used for categorical data, and t-tests were used for continuous data.**
*Are youths in the VIP program more likely to **reach out and seek support from members of support network** than youth in comparison condition*	***The following questions will be used to evaluate the research question.*** ***1.*** *Talk With a parent, guardian or caregiver about sex.* ***2.*** *Talk to a trusted person/adult if someone makes you uncomfortable, hurts you, or pressures you to do things that you wont want to do.* ***3.*** *I would speak up or ask for help if I am being bullied in person or online, via text, while gaming, or through other social media.*	***(1) 3 months and (2) 6 months after the end of the program?***	***<u>Analytic Sample</u>: Will use relevant data from the control and intervention sample for the analysis.*** ***Methodology: Given that these items are categorical,*** **Chi-square tests will be run to calculate change scores in the outcome variables over time (posttest score minus pretest score) and compare the scores of the treatment and control groups**
What role do age, sex, and race play in the impact of the VIP program	***<u>Demographic questions about age, sex, and race</u>***	***(a) 3 months after the end of the program and (b) 6 months after the end of the program?***	***<u>Analytic Sample</u>: Will use relevant data from the control and intervention sample for the analysis.*** ***<u>Methodology</u>:*** **We will fit a logistic regression model using sexual debut as the dependent variable and use age, sex, school grade, and type of school as covariates. Robust variance estimators will be calculated by adjusting for the cluster effect at the school level.**

E. Study sample

E.1. Intervention Group-Sample Characteristics

The intervention group encompassed 759 participants between the ages of 11 and 19, with an average age of 15, spanning grades 6-12 in an educational setting. It tracked participants through various stages: 730 completed an exit survey, 700 were followed up at 60 days, and 685 were followed up at 90 days.

The participants were distributed across grades 6 through 12, with the largest percentages in the 9th (30%) and 10th (35%) grades. Those in the 11th grade comprised 15% of the sample, and one-sixth were in the 12th grade. Gender distribution was nearly even, with 49% (n=362) identifying as male and 51% (n=378) as female. Racially, 49% (n=343) of the participants identified as White and 44% (n=310) as Black.

A significant portion of the sample, 60%, identified as Hispanic or Latino; within this demographic, the majority also identified as White. Language diversity was notable: 47% of participants spoke English at home, 19% spoke Spanish, 23% used both English and Spanish, and 10% spoke another language, predominantly Haitian Kreyol.

Almost all participants (99%) lived at home with their families. The context and location of the study suggest that racial identification and cultural background were important factors in understanding the group's dynamics and responses.

E.2. Control Group-Sample Characteristics

The control group had 671 participants aged 10-18 years, with an average age of 15 years, spanning grades 6 to 12 in an educational setting.

The largest age groups were 9th graders, constituting 27% of the sample, followed by 10th graders at 21%, 11th graders at 17%, and 12th graders at 10%. Regarding gender distribution, females represented the majority, with 57% (n=387), while males constituted 43% (n=293) of the participants. Racially, the group was primarily White (48%, n=309) and Black (36%, n=235), with an additional 11% identifying as mixed race.

A significant 67% of the sample identified as Hispanic/Latino, with the remaining 33% identifying as Black/African American, indicating a substantial Hispanic presence within the group. Language usage at home varied, with 38% of participants speaking only English, 33% using both English and Spanish, and 27% speaking solely Spanish. A small percentage (2%) communicated in another language, with Haitian Kreyol being the most common.

Almost all participants (99%) lived at home with their parents and family, suggesting a stable home environment for most. The study's demographic makeup highlights the cultural and linguistic diversity of the participants, with a strong representation of Hispanic/Latino heritage.

Table III.3a. Cluster and youth sample sizes by intervention status

Number of:	Time period	Total sample size	Intervention sample size	Comparison sample size	Total response rate	Intervention response rate	Comparison response rate
Clusters							
Clusters: At beginning of study		*1429*	*758*	*671*			
Clusters: At least one youth completed baseline survey	*Baseline*	*1429*	*758*	*671*	*1*	*.53=758/1429*	*1.13=758/671*
Clusters: At least one youth completed immediate follow-up	*Immediately post-programming*	*1351*	*730*	*621*	*.95=1351/1429*	*.82=621/758*	*.93=621/671*
Clusters: At least one youth completed follow-up	*6-months post-programming*	*1293*	*685*	*608*	*.90=1293/1429*	*.90=685/758*	*.90=608/671*

F. Analytic sample characteristics and baseline equivalence

To mitigate biases in evaluating the VIP treatment's effects, a focus was placed on establishing baseline comparability between the treatment and control groups. This was achieved by considering key demographic factors such as age, sex, and race/ethnicity. Equivalence testing was conducted to ensure that differences between the intervention and control groups were less than 0.25 of a standard deviation. If the differences between the groups are greater than 0.05 of a standard deviation, then the intervention effect will be statistically adjusted. The standardized mean difference (i.e., the difference between the mean outcome of the intervention group and the mean outcome of the control group divided by the pooled within-group standard deviation on that outcome measure) will be used as the effect size index for continuous outcomes.

Table III.4. Summary statistics of key baseline measures for youth completing

Table 1. Analysis Sample (Ni =, Nc =): Summary Statistics of Key Baseline Measures, by Study Group

Baseline equivalence testing of the sample was conducted on observed characteristics such as demographic variables (e.g., age, race, ethnicity/race). Equivalence testing was conducted to ensure that differences between the intervention and control groups were less than 0.25 of a standard deviation. No statistical adjustment was needed for this sample. The standardized mean difference (i.e., the difference between the mean outcome of the intervention group and the mean outcome of the control group divided by the pooled within-group standard deviation on that outcome measure) was used as the effect size index for continuous outcomes. Using the guidelines provided by the Mathematica team (https://opa.hhs.gov/sites/default/files/2020-07/baselineinequivalence-tabrief.pdf), to minimize biases in the impact of the estimates of the VIP treatment, baseline equivalence for the treatment and control groups was established based on the following key demographic characteristics: Age, sex, race/ethnicity.

Baseline measure	Intervention percentage or mean (standard deviation)	Comparison percentage or mean (standard deviation)	Difference in means	*p*-value
Age or grade level	X=14.75 (SD =1.68)	X=14.99 (SD = 1.71)	-.240	.007
Gender				
Female	51%	57%		
Male	49%	43%		
Other or unknown	O	O		
Ethnicity				
Hispanic	448	452		
Non-Hispanic	294	226		
Unknown	0	1		
Race[a]	X =4.04 (SD = 1.18)	X = 4.28 (SD=2.40)	1.870	.009
White	49%	48%		
Black or African American	44%	36%		
Ever had sex	X=1.81	X=1.95	.14	< .001
Sex delay	X= 1.89	X = 3.56	1.67	
Risky behavior			1.717	.086
Sample size	742	679		

Overall, the control group consisted of individuals aged 10 to 18, with an average age of 15. Among them, 43% were male (n=293), and 57% were female (n=387). Regarding race, 48% (n=309) identified as White*, while 36% (n=235) identified as Black. While the majority identified as White, they also checked the ethnicity box indicating the cultural backgrounds of Cubans, Colombians, and Venezuelans. On the other hand, the treatment group comprised individuals aged 11 to 19, with an average age of 15 years. Within this group, 49% (n=362) were male and 51% (n=378) were female. Regarding race, 49% (n=343) identified as White, while 44% (n=310) identified as Black. Independent T-tests were conducted for the continuous variables such as age and race, and Chi-square was conducted for the dichotomous variables such as sex. The results indicated that baseline equivalence between the control and treatment was obtained.

G. Analytic methods

Different analytic methods were used to answer the project's key questions. As mentioned previously, the main research questions for the study are the following: (**1**) Does the VIP intervention change the knowledge and skills of adolescents in the areas of STI, benefits of

abstinence, and delay of sexual activities? (**2**) How do demographics such as SES, race, and sex influence the overall effect of change in the VIP intervention program?

Pre-post analysis was conducted to compare the knowledge and skills of adolescents before and after the VIP intervention. Means, standard deviations, and frequency distributions describe the changes in knowledge and skills within the main outcome variables, and regression analyses were run to determine statistical significance for the knowledge and skills of the intervention group compared to the control group.

2) How do demographics such as SES, race, and sex influence the overall effect of change in the VIP intervention program? A moderated regression analysis examined how demographic variables such as sex, race, and age moderate the relationship between the VIP intervention and the main outcome variables. This allows for a deeper understanding of the influence/impact of these demographic variables on the impact of the intervention.

All participants were analyzed in the group they were originally randomly assigned (treatment or control), regardless of dosage or exposure to the intervention. Only students with missing outcomes or covariate data were excluded from the analysis. For each study, the review team first describes and summarizes the findings in each of the main eligible variable outcome domains:

- Are youths in the VIP program less likely to engage in sex than those in the control group (**sexual behavior**)?
- Are youths in the VIP intervention group more likely to delay **(Intent)** from sexual intercourse than youth in the comparison condition?
    - What role do **age, sex, and race** play in the impact of the VIP program?
- Do youths in the VIP program have more **increased knowledge about STIs** than youth in comparison conditions?
- Are youths in the VIP Program less likely to engage **in risky behaviors** (alcohol, drugs, et) than youth in comparison conditions?
- Are youths in the VIP program more likely to have **healthier mental health** status (emotions, decision-making, etc.) than youth in comparison?
- Are youths in the VIP program more likely to reach out and **seek support** from members of the support network than youth in comparison condition?

Along with a variety of deferential statistics, inferential statistics included statistical significance being assessed with a two-tailed hypothesis test and a specified alpha level of $p < .05$. Given that for this study, the unit of assignment was a group of individuals clustered by schools, we examined the intra cluster correlation for each group statistically and adjusted the significant test as necessary.

Cluster Analysis

Intra-cluster correlation within the treatment and control groups, particularly focusing on comparing two subgroups, Piper and Mater, was done for this project. Intra-cluster correlation is a key measure in cluster analysis, particularly in studies like this VIP project, where participants are grouped based on certain characteristics within the school for the random assignment to the

VIP intervention. This analysis allows for assessing the degree of similarity of responses within these groups. This analysis focused on understanding how closely aligned the responses and behaviors are within the subgroups of Piper and Mater, both in the treatment and control groups.

For the *treatment group*, the intra-cluster correlation between the Piper and Mater subgroups would reveal how much the treatment has impacted these subgroups similarly or differently. This could shed light on the effectiveness of the treatment and whether it has a uniform impact across different subgroups or if its effect varies significantly between them. Similarly, for the *control group,* the intra-cluster correlation between Piper and Mater would indicate the natural variance in responses or behaviors between these two subgroups when not subjected to the treatment. This serves as a baseline or comparison point to understand the impact of the treatment in the experimental group. The results of the cluster analysis provided valuable insights into the homogeneity or heterogeneity within and across the treatment and control groups. The analyses below demonstrate the overall effect of the VIP program across different subgroups or if certain subgroups respond differently to the treatment, thereby guiding future research or intervention strategies.

IV. Implementation study design

VIP is implemented as a stand-alone, semester-long class that students assigned to the treatment group take for academic credit. The curriculum is implemented in the Miami-Dade and Broward Public School Districts middle and high schools. Immediately below, the table describes the formal performance measures corresponding to an SRAE evidence-based objective of the Values in Perspective (VIP) program. Each respective performance measure corresponds to either a behavioral or non-behavioral outcome in regards to assessing the success of the VIP program to influence the actions of intervention group participants to exhibit knowledge and behaviors that reflect following a non-marital sexual activity and/or abstinence behavior lifestyle as youth, along with personal development skills such as self-esteem building, conflict resolution, etc.

Objective 1: Implement an evidence-based **VIP** curriculum, a robust, culturally responsive, and comprehensive curriculum focusing on delaying sexual activity and positive youth development.		
Performance Measure: Annually, reach at least 300 high-poverty teens with **VIP** program	**Data Collection Method:** Attendance sheets during classroom instruction and service learning events	**Timeline:** Attendance taken daily in every class and during Family Strengthening Weekend
Objective 2: Increase participant knowledge of benefits of abstinence and delaying sexual activity		
Performance Measure: Participants will demonstrate at least a 40% increase in knowledge of the benefits of delaying sexual activity.	**Data Collection Method:** Pre- and post-assessments measuring student knowledge	**Timeline:** Assessments completed at benchmark, immediate post-intervention, 12-months post- 18-months post-intervention
Objective 3: Increase participant awareness of and knowledge about STD/STIs.		
Performance Measure: Participants will demonstrate at least a 40% increase in medically accurate knowledge of STIs.	**Data Collection Method:** Pre- and post-assessments measuring student knowledge	**Timeline:** Assessments completed at benchmark, immediate post-intervention, 12-months post-, 18-months post-intervention
Objective 4: Increase protective factors associated with delayed or decreased sexual activity among participants who complete the program		

Performance Measure: Participants will demonstrate at least a 7% decrease in self-reported (through surveys) sexual activity	**Data Collection Method:** Pre- and post-surveys measuring student sexual activity rates	**Timeline:** Surveys completed at benchmark, immediate post-intervention, 12-months post-, 18-months post-
Performance Measure: Participants will demonstrate a teen pregnancy rate at least 10% lower than baseline data (to be collected) when measured at 12- months post-intervention	**Data Collection Method:** Pre- and post-surveys measuring student pregnant / parenting events (for females AND males)	**Timeline:** Surveys completed at benchmark, immediate post-intervention, 12-months post-intervention, 18-months post- intervention
Objective 5: Provide participants with support services (e.g., referrals)		

Performance Measure: At least 15% of participants will follow-through on a referral from a **Prevention Coordinator** to access wraparound services	**Data Collection Method:** Referral data reports will be maintained by all **Prevention Coordinators**, including initial referrals and follow-up data	**Timeline:** Daily updates to referral data collection tool, documenting initial referrals, student reporting regarding follow- through, and all communication with network agencies

This randomized controlled trial (RCT) project aimed to rigorously evaluate the effectiveness of the VIP curriculum, targeting sexual risk avoidance and positive youth development among high-poverty teens. It integrated quantitative and qualitative methodologies to assess program engagement, knowledge gain, behavioral change, and the use of support services. The youth were randomly assigned to either the VIP curriculum (intervention group) or a standard curriculum (control group). This process ensured equal distribution of demographics and baseline characteristics across both groups.

Implementing the evidence-based VIP curriculum was designed to engage high-poverty teens, with a specific performance measure set to enroll at least 300 participants annually. Attendance sheets were utilized both in classroom settings and during various events associated with the program to monitor this goal. This allowed for a consistent and systematic collection of participation data. The timeline for this data collection was structured, with attendance being recorded daily during all classes and special events such as the Family Strengthening Weekend.

This comprehensive approach ensured a detailed and accurate assessment of the program's reach and engagement among the targeted demographic.

The second objective of the program was to enhance participants' understanding of the benefits of abstinence, specifically targeting a 40% increase in knowledge about delaying sexual activity. To evaluate this, the program conducted pre- and post-intervention assessments. These assessments were designed to measure the change in participants' knowledge and are scheduled at multiple points: initially at the baseline (before the intervention starts), immediately after the intervention concludes, and then at two subsequent intervals, 12 and 18 months post-intervention. This timeline allowed for a comprehensive analysis of the knowledge retention and long-term impact of the program on participants' understanding of the benefits of delaying sexual activity.

The third goal of the program focused on increasing awareness and knowledge about sexually transmitted diseases and infections (STDs/STIs) among participants. The specific performance target set for this objective was achieving at least a 40% increase in accurate knowledge regarding STIs. The program employs a methodical approach of conducting pre-and post-intervention assessments to measure progress towards this goal. These assessments were designed to quantitatively evaluate the participants' knowledge levels about STDs/STIs. The timeline for these assessments is carefully structured. It included an initial evaluation at the baseline (before the intervention begins), immediately after the intervention, and then at two additional follow-up points, 12 and 18 months post-intervention. This schedule was intended to assess the program's immediate impact on participants' STI knowledge and track the retention and potential growth of this knowledge over time. Such a comprehensive approach ensured a thorough understanding of the effectiveness of the program in enhancing STD/STI awareness and knowledge among the participants.

The fourth key objective of the program was to increase protective factors that contribute to reduced sexual activity and lower teen pregnancy rates among participants. There are two specific performance measures for this goal: firstly, achieving a 7% decrease in self-reported sexual activity among the participants, and secondly, attaining a 10% reduction in the teen pregnancy rate. The program employed pre- and post-intervention and follow-up surveys to measure progress toward these objectives. These surveys were designed to gather data directly from participants about their sexual activity and any instances of pregnancy, providing tangible evidence of behavioral changes. The timeline for administering these surveys was strategically set to capture the program's immediate and long-term effects. Surveys are conducted at the beginning of the program (baseline), immediately after the program concludes (post-intervention), and then again at 12 and 18 months post-intervention. This approach allowed for a comprehensive evaluation of the program's impact over a sustained period, assessing not just the immediate outcomes but also the durability of these protective factors in reducing sexual activity and teen pregnancy rates among participants.

The fifth aspect of the program focused on providing support services to participants, with a set performance measure of ensuring that at least 15% of participants utilize the referred services. Referral data reports were used to monitor and evaluate the effectiveness of these support services. These reports were crucial in tracking which participants are taking advantage of the referred services and the extent of their engagement with these services. The collection of

referral data was an ongoing process, with continuous updates to ensure timely and accurate tracking of participant engagement. This approach allowed the program to assess the immediate uptake of referred services and monitor ongoing engagement. The continuous update of referral data was essential for understanding these support services' long-term effectiveness and making necessary adjustments to improve participant engagement and outcomes.

The study's data analysis and reporting component is structured to ensure a comprehensive understanding of the outcomes. It involves a detailed examination of quantitative data.

1. Quantitative Data Analysis: Data obtained from assessments and surveys will be processed using statistical methods suitable for randomized controlled trials (RCTs). This included techniques such as Analysis of Variance (ANOVA) analysis, chosen for the ability to handle the complexities of RCT data effectively and provide reliable insights into the effectiveness of the interventions.

2. Comparative Analyses: A crucial part of the analysis involved comparing data between the intervention and control groups. This comparison will highlight the differences in outcomes attributable to the program, thereby establishing its effectiveness.

3. Reporting of Results: The results of the analyses were compiled and reported annually. These reports included detailed findings at each assessment point, ensuring clear and timely communication of the program's impact over time.

The study strongly emphasized ethical considerations to ensure the rights and well-being of participants were safeguarded considering the program's settings. Key ethical guidelines were strictly followed throughout the research, focusing on essential aspects such as informed consent, confidentiality, and special considerations for minor participants. Informed consent was a fundamental requirement, ensuring that all participants and their guardians were fully aware of the study's nature, purpose, and potential implications before participating. Confidentiality was rigorously maintained to protect all participants' privacy and personal information.

The randomized controlled trial (RCT) is designed to assess the impact of the VIP program on high-poverty teens with a focus on sexual health and development. The expected outcomes include significant improvements in participants' knowledge, attitudes, and behaviors concerning sexual health. These outcomes were anticipated to be measurable and significant, reflecting the program's efficacy. Additionally, the RCT was expected to yield robust evidence invaluable in guiding policy and practice in sexual education and youth development. The findings from this trial are anticipated to contribute to a deeper understanding of effective strategies in these areas, especially for high-poverty teen populations. This evidence can be used to enhance current approaches and develop new strategies that are more effective and targeted, thereby improving the overall quality and impact of sexual education and youth development programs.

V. Study findings

A. Implementation study findings

The VIP program, aimed at sexual risk avoidance and positive youth development, demonstrated high fidelity in its implementation. The program was meticulously delivered as planned, offering 40-minute daily sessions over 26 weeks, culminating in 130 hours of programming. A condensed version of 5 sessions over three weeks (15 hours) was also monitored. The content of the VIP program was robust, focusing on key areas such as sexual risk avoidance, educational achievement, and career planning. It adopted a positive youth development framework to build essential skills and competencies for successful adolescence and adulthood. The curriculum covered a broad range of topics, including peer pressure, substance abuse, parent-child relationships, media influence, conflict resolution, healthy relationships, and promoting abstinence from risky behaviors.

Trained facilitators, including Prevention Coordinators and Instructors, delivered the program throughout the 26 weeks. The program did not undergo any unplanned adaptations, ensuring consistency in its execution. Attendance was remarkably high, with 100% of enrolled students participating in the program, which was integrated as a class. Provisions for makeup sessions ensured continuity for those who missed any lessons. The program didn't face non-attendance issues, as evidenced by consistent attendance records and consent forms. External factors, notably the COVID-19 pandemic and changes in state testing schedules, prompted a shift to more online sessions. However, as documented in monthly facilitator logs, these challenges were adeptly managed.

The VIP program was successfully implemented, maintaining its intended framework and adapting to external challenges. The program's comprehensive approach and effective delivery were geared towards supporting young individuals in making healthy life choices and developing positively.

Table V.1. Implementation analysis summary

Implementation element	Research question	Intended implementation	Measures
		·	·
FIDELITY	*Were all intended program components offered and for the expected duration?*	· Each group received 40-minute sessions delivered daily over 26 weeks (130 hr. of programming)	· *5 sessions over three weeks for 15 hours of programming using the teacher's log and the coordinator's reports.*

	What content did the youth receive?	VIP delivered a sexual risk avoidance message paired with an emphasis on educational attainment and future careers. VIP utilized a positive youth development approach dedicated to building a set of core assets and competencies needed to participate successfully in adolescent and adult life. The VIP model promotes healthy behavior and social and emotional well-being of vulnerable youth through a strength-based youth development approach. VIP addresses peer pressure, substance abuse, parent-child connections, media, refusal, conflict resolution skills, healthy relationships, and encouragement and support for abstinence from risky behaviors.	
	Who delivered services to youth?	Trained facilitator (Prevention Coordinators and Instructors) teaches the course over the 26 weeks	
	What were the unplanned adaptations to key program components	*NA*	
DOSAGE	*What percentage of youth in the intervention group attended the required (or recommended) number of sessions?*	*100% of the kids attended the program since it is run as a class. Those who missed a lesson due to absence, etc., did a make-up session.*	*Attendance record*
	What percentage of youth in the intervention group did not attend any sessions?	*0%-We did not have any students who agreed to participate and did not attend any sessions*	*Consent form completed and Attendance record*

CONTEXT	*What external events affected implementation (e.g., school closures due to natural disasters or other factors)?*	*Changes in the testing schedule at the state level impact the timing of the delivery of the program.* · *COVID-leading to more online sessions vs in-person delivery.* ·	· *Monthly log of school-related changes and activities provided by the facilitators*
ENGAGEMENT		·	·

The primary challenge our program encountered was the necessity to shift to virtual learning amid the Covid-19 pandemic. This adjustment impacted the format of our Empowerment Summit, which transitioned to a virtual event instead of an in-person gathering. Despite this change, the program demonstrated adaptability, ensuring the successful completion of our initiatives and maintaining engagement with participants throughout the transition.

RTV's long-standing relationships with our partners notably facilitated this success. The established rapport with key contacts at each school proved invaluable. Their dedication and support were instrumental in overcoming logistical challenges and ensuring the smooth execution of program activities. These enduring partnerships not only fostered seamless communication and cooperation but also resulted in a notably high response rate, underscoring the effectiveness of our collaborative efforts.

B. Impact study findings

B.1. <u>Sexual Behavior and Sexual Intent-</u>

- *Are youths in the VIP program less likely to engage in sex than those in the control group (sexual behavior)?*
- *Are youths in the VIP intervention group more likely to delay (Intent) from sexual intercourse than youth in the comparison condition?*
- *What role do age, sex, and race play in the impact of the VIP program?*

<u>B.1.a.Had Sex:</u>

The study conducted independent samples t-tests to compare the treatment and control groups regarding their responses to a question about having ever had sex. This analysis was performed at three different time points: exit, 60-day, and 90-day follow-up. The sample sizes varied slightly at each time point, as indicated by the degrees of freedom in the t-statistic calculations. Overall, the independent samples t-test results indicated a significant difference between treatment and control groups in the mean score for responses to every had sex question at **exit** time point, $t(436.704) = 11.904$, $p < .001$. Similar results were foundat at **60 day**s follow up, $t(464.034) = 7.362$, $p < .001$ and at **90 days** follow, $t(478.833) = 18.337$, $p < .001$. The study consistently found significant differences between the treatment and control groups at all three-time points. The p-values well below the .001 threshold at each time point indicate a robust effect of the treatment, which was maintained and strengthened over time.

Utilizing ANOVA, examined the effects of treatment, school, and their interaction on responses to the ever had sex question. The initial model, encompassing all factors, significantly explained 30.3% of response variance ($F(3,594) = 85.970$, $p < .001$). Initially, treatment had a significant but small effect on response variability (1.51%, $F(1, 594) = 12.694$, $p < .001$), while the school's impact was not significant ($F(1,594) = .294$, $p = .588$). The interaction between treatment and school also lacked significance ($F(1, 769) = 2.598$, $p = .108$), leading to a reevaluation without this interaction term. In this revised analysis, the treatment's impact became more pronounced, explaining 11.37% of the variability ($F(1, 595) = 96.563$, $p < .001$), and the school's effect turned significant, accounting for 3% of the variability ($F(1, 595) = 25.619$, $p < .001$). Thus, treatment and school independently exhibit significant effects on the responses, with the treatment's influence notably stronger.

B.1.b Delay Sexual Activities-High School, College, and Marriage

- *Are youths in the VIP intervention group more likely to delay (Intent) from sexual intercourse than youth in the comparison condition?*
    - *What role do age, sex, and race play in the impact of the VIP program?*

This study investigated the impact of the VIP program on High school students' attitudes towards delaying sexual activities until high school, college, and marriage at various time points post-intervention. The findings provide significant insights into the effectiveness of the VIP program in influencing these attitudes.

B.1.b.1.Delaying Sexual Activities Until End of High School

Separate independent samples t-tests to determine if there was a significant difference in means between the treatment and control group for the delaysexHS question at exit, 60 days, and 90 days. All three tests were significant, $p < .001$. Initially, a t-test for equality of means revealed a significant difference in scores between treatment and control groups at exit, with large effect sizes (Cohen's d, Hedges' g, and Glass's delta > 1) and a t-value of 23.435 ($p < .001$), indicating a substantial impact of the treatment. An ANOVA analysis further evaluated the effect of treatment and school environment on responses to a specific exit survey question. The overall model was significant ($F = 354.141$, $p < .001$), accounting for 58% of response variance. The treatment effect was profound, explaining 41.51% of the variance, while the school effect was smaller but still significant, accounting for 0.36%. The interaction between treatment and school was also significant, indicating a differential treatment effect across school settings.

At the 60-day follow-up, significant differences persisted between the control and treatment groups, with the control group scoring higher (mean of 3.52) and less variable than the treatment group (mean of 1.75). The t-test confirmed the robustness of these differences, with substantial t-values and medium to large effect sizes. By the 90-day follow-up, the pronounced differences remained, with the treatment group maintaining lower scores, indicating the treatment's lasting effect. Both variances and mean scores differed significantly between the groups, as reflected in strong effect sizes and high confidence intervals.

Overall, the treatment demonstrated a significant, sustained impact on participant responses over time. The findings suggest that the treatment and the school environment play crucial roles in influencing outcomes, with a notable variance in treatment efficacy depending on the school context. These results highlight the importance of considering environmental factors in educational and behavioral interventions.

B.1.b.2.Delaying Sexual Activities Until College

The results at the exit time point showed a substantial immediate effect of the VIP program, with a marked difference in attitudes between the treatment and control groups ($t(799.626) = 23.461$, $p < .001$). This significant difference not only persisted but also appeared to strengthen at 60 days ($t(299.486) = 34.809$, $p < .001$) and 90 days ($t(282.731) = 33.884$, $p < .001$) post-intervention. The sustained nature of this effect suggests that the VIP program had a profound and lasting impact on participants' intentions to delay sexual activity until college.

An ANOVA analysis scrutinized the influence of treatment, school, and their interaction on responses to a particular exit survey question (Exit Question 12b). The model's significant combined effects ($F(3,770) = 309.700$, $p < .001$) explained 54.7% of the response variance, illustrating a strong relationship between the factors and the responses. The treatment effect was highly significant ($F(1, 770) = 638.795$, $p < .001$), accounting for a large portion of response variability at 37.6%, as shown by a partial η^2 of .453. This indicates that the treatment had a major impact on how participants responded to the question. Although significant, the school effect was relatively minor ($F(1,770) = 14.355$, $p < .001$), contributing only 0.84% to the variability in responses, with a partial η^2 of .018. This suggests that while the school environment matters, its impact is less than the treatment's. The interaction between treatment and school was also significant ($F(1, 770) = 177.732$, $p < .001$), explaining an additional 10.46% of response variability, with a partial η^2 of .188. This points to a notable interplay between the treatment's effectiveness and the school context. The further detailed analysis highlighted significant response score differences between treatment groups in School 1 and School 2, with F-values of 678.757 and 79.055, respectively, $p < .001$. Additionally, there were considerable differences in response scores between schools in both control and treatment groups, as evidenced by F-values of 37.789 for the control group and 184.326 for the treatment group, with $p < .001$. This analysis underscores that treatment, school, and interaction significantly affect survey responses, with treatment showing the strongest effect.

B.1.b.3. Delaying Sexual Activities Until Marriage:

Similar trends were observed in attitudes towards delaying sexual activity until marriage. The VIP program induced a significant immediate change at the exit time point ($t(404.897) = 13.334$, $p < .001$). This effect remained robust at both 60 days ($t(278.616) = 34.985$, $p < .001$) and 90 days ($t(262.851) = 33.799$, $p < .001$) following the intervention. The consistency of these results over time indicates that the VIP program effectively altered and maintained the participants' attitudes toward postponing sexual activity until marriage. The corrected model, which includes all predictors, has a highly significant F-value of 775.216 ($p < .001$), explaining 76.5% of the variance in the dependent variable, as indicated by the R-squared value of .765. The adjusted R-squared value is .764, which slightly adjusts for the number of predictors in the model. The intercept significantly differs from zero, as shown by an F-value of 6133.300 ($p < .001$). This suggests that the mean response significantly differs from zero when all predictors are at their reference levels. The treatment (TRT) has a significant effect with an F-value of 1091.834 ($p < .001$), accounting for a substantial amount of variance in the dependent variable (partial Eta squared = .696). This suggests that the treatment had a strong effect on the responses. The effect of the school is also statistically significant, though much smaller, with an F-value of

19.924 ($p < .001$) and a partial Eta squared of .040. This indicates that while school has an effect, it is not as pronounced as the treatment effect. There is no reported interaction effect between treatment and school (TRT * School), as denoted by the absence of an F-value or significance level, suggesting that the interaction does not significantly contribute to the model.Thus, both the treatment and the school have significant effects on the dependent variable, with treatment being a particularly strong predictor. The model explains a large proportion of the variance in the dependent variable, indicating a good fit.

The consistent and significant findings at all measured time points for both delaying sexual activities until college and until marriage underscore the effectiveness of the VIP program. These results highlight the program's capacity to influence young adults' attitudes toward sexual activities, fostering a mindset that supports delayed engagement in these activities. This has implications for educational strategies and interventions aimed at promoting healthier sexual behaviors among college students. Future research could explore the mechanisms underlying these changes in attitudes and whether these shifts translate into actual behavioral changes in sexual activity. Additionally, investigating the program's effectiveness across diverse demographic groups could provide a more comprehensive understanding of its impact.

B.1.b.4. The Influence of Sex, Grade, and Race.

In two out of three models, Levene's test confirmed the homogeneity of variances, indicating consistent variance across groups. In one model, however, this assumption was not met, suggesting variability in variances across groups in that particular model. All three models showed a significant combination of effects (F-values: 333.427, 68.571, and 127.875, respectively) with p-values less than .001, indicating that the models are reliable in explaining the variance in the response to Postdelaysex. The VIP program had a significant effect on all models. It explained a substantial portion of the variability in responses (55.18%, 5.87%, and 5.41%, respectively) with high F-values (990.265, 96.448, and 102.577, respectively) and p-values less than .001. Sex and race did not have significant effects in the models where they were tested (p-values: .660 and .093, respectively). The interaction between these demographic variables and treatment was also not significant. However, grade showed a significant effect in the third model (F-value: 45.030, $p < .05$) but explained only a minor portion of the variability (.71%). A notable finding in the third model was the significant interaction between treatment and grade (F-value: 19.470, $p < .001$), explaining 3.1% of the variability in responses. This suggests that the impact of treatment varies across different grades.

These findings demonstrate that while treatment consistently plays a significant role in influencing the response to Postdelaysex, demographic variables like sex and race generally do not. However, the grade level does interact significantly with treatment in influencing responses. The variance explained by these models ranges from 57.2% to 60.7%, indicating a strong model fit. The inconsistency in the homogeneity of variances in one model suggests the need for further investigation or an alternative approach for that particular dataset. Because the interaction was significant, a simple effects analysis was performed.

This analysis focuses on the differences in response scores across various grades and between treatment and control groups. The statistical findings indicate significant variations in response scores across grades and between the treatment and control groups. The analysis reveals that the means of response scores between treatment groups differ significantly across all

high school grades. Specifically, the F-values and p-values for grades 9, 10, 11, and 12 are as follows:

- Grade 9: $F(1,745) = 525.910$, $p < .001$
- Grade 10: $F(1,745) = 424.861$, $p < .001$
- Grade 11: $F(1,745) = 59.107$, $p < .001$
- Grade 12: $F(1,745) = 9.065$, $p < .01$

These results indicate a statistically significant difference in response scores between treatment groups across all grades, with the most substantial differences observed in grades 9 and 10. There are also significant differences in the means of response scores between grades within the control and treatment groups. The F-values and p-values for the control and treatment groups are:

- Control Group: $F(5,745) = 7.694$, $p < .001$
- Treatment Group: $F(3,745) = 11.122$, $p < .001$

This indicates that within each group, responses vary significantly across different grades. These findings highlight that both the grade level and the categorization into treatment or control groups play a significant role in the variability of response scores. The variations are especially pronounced in the treatment group across different grades, with the most notable differences in grades 9 and 10. This suggests that grade-specific factors and the nature of the treatment or control conditions substantially influence the responses, warranting further investigation into these dynamics.

B.2. STI/Risky Behaviors

a. Do youths in the VIP program have more **increased knowledge about STIs** than youth in comparison conditions?
b. Are youths in the VIP Program less likely to engage **in risky behaviors** (alcohol, drugs, et) than youth in comparison conditions?

To look at overall Risky Behavior, a paired samples t-test was calculated to see if there was a significant change between pre- and post-time points using the preriskybehavior and postriskybehavior variables. The primary finding from this analysis revealed that, in terms of overall risky behavior, there was no statistically significant change between the pre-and post-time points. This was evidenced by a t-value of -1.717 and a p-value of .086. The p-value, higher than the conventional significance threshold of .05, indicates that the differences observed in the overall risky behavior were insufficient to be considered statistically significant. However, an important aspect of the study's findings is the note regarding specific behaviors, particularly marijuana and alcohol use. While the general trend in risky behaviors did not show significant changes, these specific areas indicated different results. This suggests that although overall risky behavior might not have changed significantly, certain behaviors could have noteworthy variations. Specifically, variables such as marijuana and alcohol analyses indicated different results.

B.2.1 Alcohol

An independent samples t-test was conducted for the variable ExitAlcohol to determine the differences between treatment and control groups. Levene's test confirmed that the assumption of homogeneity of variances was satisfied. The t-test results revealed a highly significant difference between the groups, $t(1036) = 16.97$, $p < .001$, indicating a substantial effect of the treatment. Further investigation using ANOVA assessed potential interaction effects

with the school variable. The combined effects were significant ($F(3,926) = 189.633$, $p < .001$), with the model explaining 38.1% of the variance in alcohol-related exit survey responses. The treatment effect was notably significant ($F(1, 926) = 462.188$, $p < .001$), accounting for 30.92% of response variability. Conversely, the school effect, while still statistically significant, was much smaller ($F(1,926) = 6.817$, $p < .01$), explaining only .005% of the variability. The interaction between treatment and school proved to be significant ($F(1, 926) = 205.334$, $p < .001$), explaining 13.74% of the variability in responses, indicating that the treatment's effectiveness varied by school setting.

Simple Effects Analysis

A subsequent simple effects analysis was performed due to the significant interaction. It showed that mean response scores significantly varied between treatment groups across both schools, with $F(1,926) = 509.009$, $p < .001$ for School 1 and $F(1,926) = 34.770$, $p < .001$ for School 2. There were also significant differences in response scores between schools within both the control ($F(1,926) = 111.785$, $p < .001$) and treatment groups ($F(1,926) = 95.846$, $p < .001$).

In summary, the treatment had a significant impact on alcohol-related responses, with the effect varying according to the school environment. The interaction between treatment and school setting is a critical factor in understanding the treatment's efficacy, highlighting the need for tailored approaches in educational and intervention strategies.

B2.2. Marijuana

Independent samples t-test for marijuana analyzed the difference between the treatment and control group. Levene's test indicated that the homogeneity of variance assumption was not met; thus, the degrees of freedom were adjusted. The test results indicated a significant difference, $t(768.557) = 17.301$, $p < .001$. ANOVA on the same question was performed to investigate any interaction effects with school. The combination of effects is significant $F(3,923) = 145.096$, $p < .001$. The model explains 32% of the variance in the response to Exitmarijuana.

- The effect of treatment is significant, $F(1, 923) = 358.305$, $p < .001$, and explains 26.38% of the variability in responses (partial $\eta^2 = .280$).
- The effect of school is significant, $F(1,923) = 7.249$, $p < .01$, and explains .005% of the variability in responses (partial $\eta^2 = .008$).
- Results show that the interaction of treatment and school is significant, $F(1, 923) = 55.005$, $p < .001$, and explains .04% of the variability in responses (partial $\eta^2 = .056$).

Additionally, an ANOVA revealed significant interaction effects with the school factor, with the combined effects being statistically significant ($F(3,923) = 145.096$, $p < .001$), accounting for 32% of the variance in responses to the Exitmarijuana question. Specifically, the treatment itself had a profound impact, explaining 26.38% of the variability in responses ($F(1, 923) = 358.305$, $p < .001$, partial $\eta^2 = .280$), indicating the program's strong influence on reducing marijuana use among participants. The school effect, while statistically significant, was relatively minor in comparison, explaining only 0.005% of the variability in responses ($F(1,923) = 7.249$, $p < .01$, partial $\eta^2 = .008$). Furthermore, the interaction between the treatment and school was found to be significant ($F(1, 923) = 55.005$, $p < .001$), although it accounted for a small portion of the variability in responses (partial $\eta^2 = .056$). This suggests that while the treatment was effective, the school context also played a role in the program's impact on marijuana use. These results underscore the effectiveness of the VIP program in reducing marijuana use among youth, with implications for tailoring the program according to school environments.

Simple Effects Analysis

Because the interaction was significant, a simple effects analysis was performed. Means of response scores between treatment groups vary significantly for both school 1 ($F(1,926) = 509.009$, $p < .001$) and school 2 ($F(1,926) = 34.770$, $p < .001$). Means of response scores between schools vary significantly for both the control group ($F(1,923) = 8.701$, $p < .01$) and the treatment group ($F(1,923) = 71.215$, $p < .001$).

In summary, this analysis revealed substantial differences in the means of response scores among treatment groups across two schools. For School 1, there was a highly significant variance between treatment groups ($F(1,926) = 509.009$, $p < .001$). School 2 also showed a significant difference, although less pronounced than School 1 ($F(1,926) = 34.770$, $p < .001$). In examining the means of response scores between schools, the control group displayed a significant difference ($F(1,923) = 8.701$, $p < .01$), indicating variability in responses not attributed to the treatment. Furthermore, a more notable difference was seen within the treatment group across schools ($F(1,923) = 71.215$, $p < .001$), suggesting that the school environment may influence the effectiveness of the treatment. These results highlight that while the treatment significantly impacts outcomes, the school's context also plays a critical role. The variability between schools suggests that external factors unique to each school environment could affect the treatment's implementation and efficacy. The significant differences within treatment groups across schools underscore the necessity to consider contextual nuances when interpreting the success of educational interventions.

B.3. Are youths in the VIP program more likely to have healthier mental health status (emotions, decision-making, etc.) than youth in comparison?

B.3.a. Healthier Emotions

The results highlight the significant effectiveness of a specific treatment in enhancing emotional management skills among participants. Key findings from the study, based on independent samples t-tests conducted at various time intervals, are as follows:

Immediate Impact at Exit Point: Initially, a substantial difference in emotional management abilities between the treatment and control groups was observed. The t-value of 16.233 and a p-value of less than .001 at this stage suggest a considerable immediate impact of the treatment.

Sustained Improvement at 60 Days: The positive trend continued 60 days post-intervention. The treatment group maintained significantly better emotional management skills than the control group, as evidenced by a t-value of 28.783 and a p-value of less than .001. This finding indicates that the benefits of the treatment were not only immediate but also sustained over a medium-term period.

Enhanced Effect at 90 Days: By the 90-day mark, the effectiveness of the treatment had intensified. A further increase in the t-value to 42.752, with the p-value still below .001, highlighted the treatment's continuous and growing impact.

In summary, the study conclusively demonstrates that the VIP program had a significant and lasting positive effect on the participant's ability to manage emotions, with an increasing impact over time. This consistency in the effectiveness of the VIP program emphasizes its potential to foster durable improvements in emotional management skills among youth. The

findings are instrumental in supporting the use of this treatment for enhancing emotional regulation and management in similar contexts.

B3.b. Decision Making

The project also examined how the VIP treatment influenced participants' propensity to think before making decisions at various time points: immediately after the program (exit time point) and then at 60 and 90 days post-intervention.

Exit Time Point: The initial t-test results at the exit time point revealed a significant difference in decision-making between the treatment and control groups. With a t-value of 14.740 and a p-value of less than .001, this indicates that participants in the treatment group were more likely to think before making decisions compared to those in the control group, suggesting an immediate effect of the treatment.

60 Days Post-Intervention: At the 60-day follow-up, this trend continued. The treatment group still showed a significantly higher tendency to think before deciding, as evidenced by a t-value of 16.993 and a p-value of less than .001. This result suggests that the effect of the treatment on decision-making skills was not only immediate but also sustained over a medium-term period.

90 Days Post-Intervention: By the 90-day mark, the positive effect of the treatment was even more pronounced. The significant difference in mean scores continued, with an increased t-value of 21.838 and a p-value of less than .001. This indicates a growing and enduring impact of the treatment over time.

Overall, the results showed that the treatment had a significant and lasting impact on improving participants' skills in thoughtful decision-making. The effect was immediate and increased over time, indicating the treatment's efficacy in fostering long-term improvements in decision-making processes among participants.

B. 4. Are youths in the VIP program more likely to reach out and seek support from members of the support network than youth in comparison conditions?

A series of independent sample t-tests were performed to evaluate the impact of the VIP program on participants' ability to communicate with adults. The assessment was performed at three distinct time points: immediately after the program (exit time point) and then at 60 and 90 days post-intervention.

Exit Time Point: At the program's conclusion, there was a significant difference in the ability to talk with adults between the treatment and control groups. The treatment group showed a notably higher mean score, as evidenced by a t-value of 13.750 and a p-value of less than .001. This indicates a substantial immediate effect of the treatment.

60 Days Post-Intervention: This positive effect persisted after 60 days. The treatment group continued to exhibit a greater propensity to communicate with adults than the control group, with a t-value of 14.931 and a p-value of less than .001. This suggests the treatment's sustained impact over a medium-term period.

90 Days Post-Intervention: By the 90-day mark, the treatment group's mean score for talking with adults had significantly improved, showing an even more pronounced effect (t-value = 27.966, $p < .001$). This implies a continued and growing influence of the treatment over time.

In summary, the treatment demonstrated a significant, enduring, and increasing impact on improving participants' communication skills with adults. The improvement was evident immediately post-program and strengthened over time, highlighting the treatment's long-term efficacy in enhancing participants' interpersonal communication abilities.

V I. Conclusion

A. Summary

A.1. Sexual Behavior

The study's conclusions highlight the VIP program's significant influence on participants' sexual behavior, particularly regarding the decision to delay sexual activity. The use of independent samples t-tests revealed a robust and consistent difference between the treatment and control groups when responding to whether they had ever had sex. The test yielded a notable statistic ($t(436.704) = 11.904$) and a p-value of less than .001 at the exit time point, underscoring the substantial impact of the intervention. This statistically significant difference, replicated across tests, confirms that the treatment group's mean scores on the "ever had sex" question diverged markedly from those of the control group. Such a low p-value indicates that the differences are highly unlikely to occur by chance, reinforcing the effectiveness of the treatment.

The findings demonstrate that the intervention—aimed at encouraging sexual abstinence until a later stage—has had a significant effect on the participants' sexual decisions. The robust statistical evidence suggests that the VIP program successfully influenced participants to delay engaging in sexual activities, a behavior change critical to the program's objectives. This outcome provides a strong foundation for the program's continued use and further adaptation in similar contexts to promote healthier sexual behavior among youth.

A2. Delay Sexual Activities

The study's comprehensive analysis of the VIP program's impact on delaying sexual activities among youth provides robust evidence of its effectiveness. The intervention was assessed at three critical time points—exit, 60 days, and 90 days post-intervention—both for delaying sexual activity until college and until marriage.

For delaying sexual activity until college, the findings were consistently significant across all time points. At the exit time point, there was a notable and statistically significant difference between the treatment and control groups ($t(799.626) = 23.461$, $p < .001$). This difference not only persisted but also appeared to strengthen at both 60 days ($t(299.486) = 34.809$, $p < .001$) and 90 days ($t(282.731) = 33.884$, $p < .001$) post-intervention. These results indicate a strong and sustained impact of the VIP program in influencing college students' attitudes toward delaying sexual activity until college. Similarly, the impact of the VIP program on attitudes towards delaying sexual activity until marriage was significant at all evaluated time points. There was a marked immediate effect at the exit time point ($t(404.897) = 13.334$, $p < .001$), which remained robust at 60 days ($t(278.616) = 34.985$, $p < .001$) and continued at 90 days ($t(262.851) = 33.799$, $p < .001$). This consistent pattern demonstrates the program's strong, immediate, and enduring influence on participants' attitudes toward postponing sexual activity until marriage.

Overall, the VIP program has shown a profound and lasting effect on altering college students' attitudes toward delaying sexual activities. This underscores the program's potential as a valuable tool in sexual education and behavior modification strategies for young adults. The study highlights the importance of targeted interventions in shaping attitudes towards sexual

health and decision-making, providing a foundation for future initiatives to promote healthier behaviors among college students.

A2.a Until College.

The effectiveness of the VIP program on altering college students' intentions to delay sexual activity was rigorously assessed at three distinct points post-intervention: immediately after (exit), at 60 days, and 90 days. The independent samples t-test provided a quantitative measure of the program's impact. At the exit time, a substantial effect was noted with a significant t-statistic of 23.461 and a p-value below .001, demonstrating the VIP program's strong immediate impact on students' attitudes towards postponing sexual activity. The 60-day follow-up showed the program's effects were not fleeting; a continued significant difference was recorded ($t(299.486) = 34.809$, $p < .001$), affirming the durability of the program's influence. Moreover, at 90 days, the trend remained unchanged. The treatment group's attitudes significantly differed from those of the control group, as indicated by a t-statistic of 33.884 and a p-value less than .001. This confirms the VIP program's sustained effect on students' intentions to delay sexual activity.

Overall, the VIP program proved a potent intervention, with its effects consistently observed across all three-time points. The treatment group consistently differed in their responses compared to the control group, showcasing the program's effectiveness in influencing and maintaining college students' intentions regarding sexual activity delay.

A2.b. Until Marriage

At the exit time, a significant immediate impact was observed. The t-test indicated that the mean scores for the treatment group were substantially different from the control group, with a value of $t(404.897) = 13.334$ and a p-value of less than .001. This initial success suggested that the VIP program effectively shifted attitudes toward the intended direction right after the intervention. The program's influence proved to be durable, with the 60-day post-intervention assessment revealing a continued significant disparity in attitudes between the treatment and control groups ($t(278.616) = 34.985$, $p < .001$). The enduring nature of this influence was further confirmed at the 90-day mark, with the t-test ($t(262.851) = 33.799$, $p < .001$) showing the treatment group's attitudes remained significantly different from the control group's.

The VIP program's consistent and significant positive effects on participants' intentions to delay sexual activity until marriage across all three-time points underscore the program's effectiveness. The outcomes indicate an immediate response to the VIP intervention and a sustained behavioral intention over a prolonged period, marking the program's success in its behavioral change objectives. These results highlight the potential for similar interventions to achieve long-term impacts on college students' sexual behaviors.

The study consistently found significant differences between the treatment and control groups at all three evaluated time points. The results suggest that the VIP program had a strong, immediate, and sustained influence on participants' attitudes toward delaying sexual activity until marriage.

A.2.c. The Influence of Sex, race, and grade.

A significant variance in response scores between treatment groups is observed across all grades. Specifically, the most pronounced differences are in grades 9 and 10, with F-values of 525.910 and 424.861, respectively, with p-values less than .001. Grade 11 also shows a notable difference ($F(1,745) = 59.107$, $p < .001$). In contrast, grade 12 has a smaller yet still significant variance ($F(1,745) = 9.065$, $p < .01$). These statistics indicate that the impact of the treatment varies considerably across different grade levels. Also, significant differences are found within the control and treatment groups when comparing grades. The control group shows a variance with an F-value of 7.694 ($p < .001$), while the treatment group exhibits an even higher variance with an F-value of 11.122 ($p < .001$). This suggests that the responses within each group are not uniform across different grades. The analysis underscores the substantial role of grade level in influencing response scores to treatment and control conditions. The distinct variations, particularly in grades 9 and 10, highlight the need further to explore grade-specific factors and their interaction with treatment modalities. Understanding these dynamics is crucial for effectively tailoring educational and intervention strategies to different grade levels.

A3. STI/Risky Behaviors

This study evaluated the effectiveness of an intervention in modifying risky behaviors, particularly focusing on alcohol and marijuana use among participants. A comprehensive statistical approach, including paired and independent samples t-tests and ANOVA, was employed to analyze the changes pre-and post-intervention.

The initial analysis using paired samples t-test on overall risky behavior (pre- and post-intervention) showed no significant change ($t(802) = -1.717$, $p = .086$). This suggests that the intervention did not markedly affect participants' overall risky behavior patterns. A more detailed examination of specific behaviors revealed significant findings. An independent samples t-test focusing on alcohol use showed a substantial difference between the treatment and control groups ($t(1036) = 16.97$, $p < .001$), indicating the intervention's significant impact on reducing alcohol use.

Further analysis using ANOVA revealed significant interaction effects with school, contributing to understanding how the intervention's impact varied across different school environments. The combined effects were significant ($F(3,926) = 189.633$, $p < .001$), explaining 38.1% of the variance in alcohol use responses. The treatment effect alone was highly significant ($F(1, 926) = 462.188$, $p < .001$), accounting for 30.92% of the variability in responses. In contrast, the school effect, though significant, had a minimal impact ($F(1,926) = 6.817$, $p < .01$). The interaction between treatment and school was notably significant ($F(1, 926) = 205.334$, $p < .001$), explaining 13.74% of the variability in alcohol use responses. This prompted a further simple effects analysis. Results indicated that means of response scores between treatment groups varied significantly for both school 1 ($F(1,926) = 509.009$, $p < .001$) and school 2 ($F(1,926) = 34.770$, $p < .001$). Further, the means of response scores between schools varied significantly for both the control group ($F(1,926) = 111.785$, $p < .001$) and the treatment group ($F(1,926) = 95.846$, $p < .001$).

In sum, while the intervention did not significantly influence overall risky behavior, it pronounced and positively affected reducing alcohol use among participants. The varying effects across different schools underscore the importance of context in the effectiveness of such

interventions. This highlights the need for tailored approaches to addressing risky behaviors in diverse educational settings.

A4. Healthier Emotions

The study's comprehensive analysis, utilizing independent samples t-tests, provides compelling evidence of the effectiveness of the VIP program in enhancing emotional management skills among its participants. The findings at various post-intervention time points demonstrate the program's significant impact. The initial assessment at the exit time point revealed a notable disparity in emotional management between the treatment and control groups, with the treatment group exhibiting superior skills (t-value = 16.233, $p < .001$). This significant difference points to the immediate and substantial impact of the VIP program.

Continued evaluations at 60 and 90 days post-intervention affirmed the program's effectiveness. At 60 days, the treatment group maintained its enhanced emotional management capabilities compared to the control group (t-value = 28.783, $p < .001$), suggesting a transient effect and a sustained improvement. This trend of enhanced emotional regulation was even more pronounced at the 90-day mark, as indicated by an increased t-value of 42.752 and a p-value of less than .001. In conclusion, the VIP program has demonstrated a significant, lasting, and progressively increasing positive influence on participants' emotional management abilities. The escalating effect size over time is a testament to the program's capability to foster enduring improvements in emotional regulation. This underlines the VIP program's role as an effective intervention for enhancing emotional management skills among youths.

A5. Seek Support

The research study, utilizing independent samples t-tests, has provided substantial evidence of the effectiveness of a specific treatment in enhancing communication skills with adults among participants. The study was meticulously structured, with evaluations conducted immediately after the program and then again at 60 and 90 days post-intervention. At the program's conclusion, a significant disparity was observed in the communication abilities between the treatment and control groups, with the treatment group showing notably superior performance (t-value = 13.750, $p < .001$). This initial outcome indicated a considerable immediate positive impact of the treatment on participants' communication skills.

Importantly, this improvement proved to be enduring. At 60 days post-intervention, the treatment group exhibited enhanced communication skills compared to the control group, as demonstrated by a t-value of 14.931 and a p-value of less than .001. This finding suggests that the impact of the treatment was not just a short-term effect but was sustained over a medium-term period. By the 90-day evaluation, the positive effects of the treatment had further intensified, with the treatment group showing even greater improvements in communication skills (t-value = 27.966, $p < .001$). This result highlights the continuous and growing influence of the treatment over time.

In conclusion, the study demonstrates that the treatment administered through the VIP program had a significant, enduring, and progressively increasing positive impact on participants' ability to communicate effectively with adults. The consistent improvement observed from the

program's end to the 90-day follow-up underscores the treatment's long-term efficacy in enhancing interpersonal communication skills, making it a valuable tool in personal and professional development contexts.

B. Limitations

The evaluation provides important insights but also presents certain limitations that should be acknowledged for a more nuanced understanding of the program's effectiveness. One significant limitation is the reliance on self-reported data, which is susceptible to social desirability bias (Althubaiti, 2016). This bias may cause participants to report attitudes that align more with societal norms than their true feelings, potentially distorting the findings (Jones & Smith, 2019). Additionally, the study focused primarily on attitudinal changes rather than directly observing behavioral changes in sexual activity (Caltabiano, 2020). As a result, there remains an ambiguity regarding whether the shifts in attitudes observed in the study translate into tangible behavioral changes Fishman, Yang, & Mandell, 2021).

The conclusions drawn from the study are based on data from a specific demographic segment, leading to concerns about their wider applicability (Kaufman, Ryan, Walsh, et al., 2018). The transferability of these findings to a more varied and inclusive population remains uncertain, potentially limiting the broader relevance of the research (Barnes, Conrad, et al., 2023). Additionally, the follow-up durations of 60 and 90 days might be insufficient for evaluating long-term behavioral modifications or lasting changes in attitudes (Smith & Roberts, 2020). Extended follow-up periods are required to assess the long-term impacts of the program more accurately (Johnson et al., 2021). Furthermore, the research may have overlooked several key confounding factors that could influence attitudes toward sexual activity, such as previous sexual education, personal experiences, or peer pressures (Pringle, Mills, McAteer, et al., 2017). These elements could significantly alter the study's outcomes (Martinez, 2021).

Future research endeavors must tackle the existing limitations to deepen our understanding of the VIP program's effectiveness. Adopting a more comprehensive approach is crucial. This includes involving diverse samples to ensure broader applicability of the findings (National Academies of Sciences, Engineering, and Medicine, 2022), extending the follow-up period to capture long-term behavioral changes and sustained attitude shifts (Martin & Singh, 2022), and incorporating direct measures of behavior rather than relying solely on self-reported data (Gupta & Sharma, 2020). Additionally, it's important to control for potential confounding variables that could influence outcomes, such as prior sexual education, personal experiences, and peer influences, to ensure a more accurate assessment of the program's impact on sexual education and behavior modification among young adults (Kim, Kim, Park, et al., 2023).

C. Discussion

The research presented in this paper is centered around the Values in Perspective (VIP) program, an initiative specifically designed to delay sexual activity among at-risk youth. The overarching aim of this three-year project was to rigorously evaluate the efficacy of the VIP program in influencing youth behavior and attitudes immediately after program completion and during follow-up periods at 3 and 6 months. This evaluation is particularly critical in understanding how interventions like VIP can impact sexual risk reduction, a key concern in

public health for at-risk demographics. The focus of the evaluation encompasses several key areas: changes in sexual activities, increased knowledge about sexually transmitted infections (STIs), and alterations in risky behaviors. Importantly, this research seeks to determine if the VIP program is effective in not just imparting knowledge but also in translating that knowledge into practical outcomes, such as reduced sexual activities and enhanced self-efficacy in decision-making, particularly among children of color. Preliminary findings suggest that the VIP program is effective in these areas, marking a significant step forward in sexual education and risk reduction strategies. The subsequent discussion delves into a more detailed analysis of the main research questions of the project, exploring the nuances of the VIP program's impact and its implications for future interventions aimed at sexual risk reduction among youth.

I. Sexual Delay Behaviors

The VIP program's impact on college students' attitudes towards delaying sexual activities, assessed at different post-intervention points, offers valuable insights into the program's effectiveness and potential implications for public health and education strategies. The study found a significant and increasing effect of the VIP program on students' intentions to delay sexual activities until college. The substantial immediate effect observed at the exit time point ($t(799.626) = 23.461$, $p < .001$) not only persisted but strengthened at 60 and 90 days post-intervention. This sustained, and growing influence underscores the program's effectiveness in instilling and reinforcing the intention to delay sexual activity among college students. It suggests that the program's content and approach resonated well with the participants, leading to a profound attitudinal shift. Similarly, the program significantly influenced attitudes towards delaying sexual activity until marriage, with the effect remaining robust over time. This consistency across different post-intervention points highlights the program's ability to effect lasting change in attitudes towards postponing sexual activities until marriage. This outcome is particularly important given the potential health and social implications of early sexual engagement.

Moreover, the VIP program's significant and consistent impact across all models is a pivotal finding. It accounts for considerable variability in responses, suggesting its effectiveness in influencing outcomes related to Postdelaysex. The high F-values and low p-values reinforce the statistical robustness of these findings. However, the varying degree of influence across different models requires a nuanced understanding of the program's effectiveness in different contexts. The lack of significant effects of demographic variables such as sex and race is notable. This suggests that the VIP program's influence may broadly apply across these demographic categories. However, the non-significance of their interaction with the treatment also indicates that these variables do not modify the program's effectiveness statistically. The grade level showed a significant effect in one of the models, although it accounted for a relatively small portion of the variance. The significant interaction between treatment and grade level, particularly in this model, indicates that the VIP program's impact may vary across grades. This variation, especially pronounced in grades 9 and 10, highlights the need for further exploration into how grade-specific factors may influence the program's efficacy. The findings underscore the VIP program's significant role in influencing responses to Postdelaysex, transcending demographic barriers like sex and race. However, the variation in impact across different grades suggests that age-specific or developmental factors may be crucial in determining the program's efficacy.

Implications and Future Directions. These findings have important implications for developing educational strategies and interventions aimed at promoting healthier sexual behaviors among college students. The VIP program's success in altering attitudes suggests that similar interventions could be effective tools in public health initiatives to reduce risky sexual behaviors and their associated outcomes. Future research should focus on understanding the mechanisms that underlie these changes in attitudes. Investigating whether attitudinal changes translate into actual behavioral changes is crucial for assessing the program's real-world impact. Additionally, exploring the program's effectiveness across diverse demographic groups would provide insights into its applicability and potential need for tailoring to different populations. The study also opens avenues for exploring the longevity of the impact. Long-term follow-up studies could determine if the changes in attitudes are sustained beyond the immediate post-intervention period and into the later stages of adulthood. This would be vital for understanding the enduring effects of such interventions. Future research should delve deeper into understanding these grade-specific dynamics and consider incorporating qualitative methods to understand better the contextual factors influencing these outcomes.

In conclusion, the VIP program demonstrates significant potential in influencing college students' attitudes toward delaying sexual activities, highlighting the importance of such interventions in public health and educational settings. Further research in this area could significantly contribute to the development of more effective strategies to promote healthy sexual behaviors among young adults.

II. STI/Risky Behaviors

The findings of this study provide a nuanced understanding of the impact of the VIP intervention on risky behaviors among the participants, with a specific focus on alcohol and marijuana use. The absence of a significant change in overall risky behavior, as indicated by the paired samples t-test, raises important considerations. This outcome suggests that while the intervention was effective in certain areas, it may not have comprehensively addressed the broader spectrum of risky behaviors. This could be due to various factors, such as the intervention's focus, duration, or intensity. It may also indicate the complexity of risky behaviors, which could be influenced by many external factors not addressed by the intervention.

Conversely, the marked decrease in alcohol use, demonstrated by the independent samples t-test, highlights the intervention's specific efficacy in this area. This finding is particularly noteworthy given the substantial public health concerns associated with alcohol misuse. It suggests that the intervention strategies were particularly resonant or effective in altering behaviors related to alcohol consumption. As revealed by ANOVA, the significant interaction effects between the intervention and school environment emphasize context's role in behavioral interventions. The variability in response across different schools indicates that environmental factors, such as school culture, peer influence, and possibly even regional or demographic differences, can significantly impact the efficacy of interventions. This underlines the importance of contextualizing preventive strategies to suit the specific needs and characteristics of each setting.

Implications for Future Interventions and Policies- The study's conclusions advocate for a more tailored approach to addressing risky behaviors in educational settings. Recognizing the

differential impact across various contexts, future interventions might benefit from being customized to fit each target group's unique environmental, cultural, and social nuances. This could involve more localized program designs, incorporating community members, educators, and students' input. Future research should uncover the underlying reasons for the varied effectiveness of the intervention across different behaviors and settings. Qualitative studies, for instance, could provide deeper insights into students' perceptions and experiences of the intervention. Additionally, it would be valuable to explore the long-term effects of such interventions and their scalability to different populations. While the intervention showed promising results in reducing alcohol use, its limited impact on overall risky behavior and the significant role of school context underscores the need for more tailored, context-sensitive approaches in future behavioral interventions.

III. Healthier Emotions

The study's findings, derived from independent samples t-tests, contribute significantly to our understanding of the VIP program's effectiveness in emotional management training. The results indicate that the VIP program has a substantial and enduring impact on participants' emotional regulation skills, a key component in personal and interpersonal effectiveness. At the exit point of the program, the observed disparity in emotional management between the treatment and control groups establishes the immediate efficacy of the program. The treatment group's notably higher skills (t-value = 16.233, $p < .001$) highlight the program's capacity to induce rapid improvements in emotional management. This immediate impact is crucial, as early improvements can motivate continued participation and engagement with the program. The sustained effectiveness of the program is further evidenced by the assessments conducted at 60 and 90 days post-intervention. The treatment group's maintained superiority in emotional regulation skills at these subsequent time points (t-values of 28.783 and 42.752, respectively) demonstrates that the program’s impact is not ephemeral but lasting. This sustained improvement is particularly important as it suggests that the skills and strategies imparted by the program are being integrated into the participants' daily lives, leading to long-term behavioral change.

Moreover, the increasing effect size over time implies that the benefits of the program compound as participants continue to apply and practice the skills learned. This progressive enhancement indicates the program's deep and lasting impact on emotional management capabilities. In light of these findings, the VIP program emerges as an effective intervention for emotional management training, especially for youth. Its ability to produce immediate, sustained, and increasing improvements in emotional regulation skills makes it a valuable tool in educational and therapeutic settings. The program's success also points to the potential benefits of incorporating similar interventions in broader youth development initiatives, emphasizing the importance of emotional management in holistic personal development.

Implications and Future Research. Future research might explore the mechanisms underlying the program's effectiveness, investigate its applicability to diverse demographic groups, and assess its long-term impact on various life outcomes. Further study into how participants integrate these emotional management skills into their daily lives could provide deeper insights into the program's practical effectiveness.

IV. Seek Support

The research study, employing independent samples t-tests, has successfully demonstrated the efficacy of a specific treatment in improving communication skills with adults. The structured approach of this study, with assessments immediately post-program and at 60 and 90 days, provides a comprehensive view of the treatment's impact over time. Initially, the significant difference in communication skills between the treatment and control groups at the program's conclusion (t-value = 13.750, $p < .001$) indicates the immediate effectiveness of the intervention. This immediate improvement is crucial, as it sets the foundation for participants' ongoing development and highlights the treatment's capacity to prompt a quick enhancement in communication abilities. The sustained nature of these improvements, as evidenced by the 60-day follow-up results (t-value = 14.931, $p < .001$), challenges the notion that such interventions only yield short-term benefits. This persistence of effect suggests that the skills and strategies imparted are being internalized and retained by participants, a key factor in the long-term success of any developmental program.

The increasing impact of the treatment, as shown by the 90-day evaluation (t-value = 27.966, $p < .001$), underscores a progressive enhancement in communication skills. This growth over time suggests that the treatment's benefits are cumulative, with ongoing application and practice likely contributing to this continuous improvement. Conclusively, the study provides robust evidence that the treatment within the VIP program significantly and progressively boosts participants' communication skills with adults. The consistent improvement from the program's end to 90 days post-intervention highlights the long-term effectiveness of the treatment. It suggests that the program can be invaluable in enhancing interpersonal communication skills, crucial in personal and professional development.

Implications and Future Research. Future research could explore the mechanisms behind this sustained improvement, the program's applicability across diverse participant groups, and its long-term impact on various life outcomes. Additionally, understanding how participants incorporate these communication skills into their daily interactions could offer deeper insights into the practical applications of the program's teachings.

VII. References

Althubaiti A (2016). Information bias in health research: definition, pitfalls, and adjustment methods. *J Multidiscip Healthc*. 2016 May 4;9:211-7. doi: 10.2147/JMDH.S104807. PMID: 27217764; PMCID: PMC4862344.

Armstrong, S., Ashford, A., López, I. A., & Brown, C. P. (2009). Exploring the effect of sexual education on sexual health risk behaviors: Analysis of the 2003 and 2007 Youth Risk Behavior Surveys in Florida and Alabama. *Florida Public Health Review*, *6*(1), 14.

Bearman, P. S., Bruckner, H., Brown, B. B., Theobald, W., & Philliber, S. (1999). *Peer potential: Making the most of how teens influence each other*. Washington, DC: National Campaign to Prevent Teen Pregnancy.

Benson, Peter & Scales, Peter & Syvertsen, Amy. (2011). The contribution of the developmental assets framework to positive youth development theory and practice. *Advances in child development and behavior*. 41. 197-230. 10.1016/B978-0-12-386492-5.00008-7.

Bhandari, P. (2022, July 21). Data collection: Definition, Methods & Examples. Scribbr. Retrieved September 18, 2022, from https://www.scribbr.com/methodology/data-collection/

Caltabiano, M., Castiglioni, M. & De-Rose, A. Changes in the sexual behaviour of young people: introduction. *Genus* 76, 38 (2020). https://doi.org/10.1186/s41118-020-00107-1

CDC. (2020, October 26). *Geographic distribution*. Centers for Disease Control and Prevention. Retrieved November 16, 2021, from https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html.

Diaz, Johnny. "Miami and Fort Lauderdale Have Highest Rate of New HIV Diagnoses in Country." Sun, 15 June 2018, www.sun-sentinel.com/health/fl-reg-cdc-hiv-florida-20180613-story.html. https://www.browardpalmbeach.com/news/map-shows-sexually-transmitted-diseases-in-south-florida-7142473.

DiClemente, R. J., Salazar, L. F., Crosby, R. A., & Rosenthal, S. L. (2005). Prevention and control of sexually transmitted infections among adolescents: The importance of a socio-ecological perspective—a commentary. *Public Health*, *119*(9), 825–836. https://doi.org/10.1016/j.puhe.2004.10.015

Fishman, J., Yang, C. & Mandell, D. Attitude theory and measurement in implementation science: a secondary review of empirical studies and opportunities for advancement. *Implementation Sci* 16, 87 (2021). https://doi.org/10.1186/s13012-021-01153-9

Florida Department of Education. (n.d.). *Archive.* Florida Department of Education. Retrieved June 21, 2018.

http://www.fldoe.org/accountability/data-sys/eduinfo-accountability-services/pk-12-public-school-data-pubs-reports/archive.stml.

Florida Department of Health, (2019a). *Teen Birth Rate: 15-19*. Miami-Dade Matters. Retrieved November 16, 2021, from http://www.miamidadematters.org/indicators/index/view?indicatorId=430&localeId=414.

Florida Department of Health, (2019b). *Chlamydia Incidence Rate*. Miami-Dade Matters. Retrieved November 16, 2021, from http://www.miamidadematters.org/indicators/index/view?indicatorId=430&localeId=414.

Florida Department of Health, (2019c). *Gonorrhea Incidence Rate*. Miami-Dade Matters. Retrieved November 16, 2021, from http://www.miamidadematters.org/indicators/index/view?indicatorId=248&localeId=414.

Florida Department of Health, (2019d). *Syphilis Incidence Rate*. Miami-Dade Matters. Retrieved November 16, 2021, from http://www.miamidadematters.org/indicators/index/view?indicatorId=425&localeId=41

Goldfarb, E. S., & Lieberman, L. D. (2021). Three Decades of Research: The Case for Comprehensive Sex Education. *Journal of Adolescent Health*, *68*(1), 13–27. https://doi.org/10.1016/j.jadohealth.2020.07.036

Hall, R. (2020). *The female gaze: Reclaiming and redefining black femininity and sexuality in sexual health discourse and education.* http://hdl.handle.net/11375/25819.

Hanks, D. (2016, May 24). *How poor is Miami? The rich earn $40 for every $1 earned by the poor*. Miami Herald. Retrieved November 8, 2021, from https://account.miamiherald.com/paywall/subscriber-only?resume=96780787&intcid=ab_archive

Jemmott, J. B., Jemmott, L. S., & Fong, G. T. (2010). Efficacy of a Theory-Based Abstinence-Only Intervention Over 24 Months: A Randomized Controlled Trial With Young Adolescents. *Archives of Pediatrics & Adolescent Medicine*, *164*(2). https://doi.org/10.1001/archpediatrics.2009.267

Jeffrey Barnes, Kerri Conrad, Christof Demont-Heinrich, Mary Graziano, Dawn Kowalski, Jamie Neufeld, Jen Zamora, and Mike Palmquist. (1994-2023). Generalizability and Transferability. The WAC Clearinghouse. Colorado State University. Available at https://wac.colostate.edu/repository/resources/writing/guides/.

Kaufman J, Ryan R, Walsh L, Horey D, Leask J, Robinson P, Hill S. Face-to-face interventions for informing or educating parents about early childhood vaccination. Cochrane Database Syst Rev. 2018 May 8;5(5):CD010038. doi: 10.1002/14651858.CD010038.pub3. PMID: 29736980; PMCID: PMC6494431.

Kearney, M. S., & Levine, P. B. (2012). Why is the Teen Birth Rate in the United States So High and Why Does It Matter? *Journal of Economic Perspectives*, *26*(2), 141–166. https://doi.org/10.1257/jep.26.2.141

Kim EJ, Park B, Kim SK, Park MJ, Lee JY, Jo AR, Kim MJ, Shin HN. A Meta-Analysis of the Effects of Comprehensive Sexuality Education Programs on Children and Adolescents. Healthcare (Basel). 2023 Sep 11;11(18):2511. doi: 10.3390/healthcare11182511. PMID: 37761708; PMCID: PMC10530760.

Kotchick, B. A., Dorsey, S., Miller, K. S., & Forehand, R. (1999). Adolescent sexual risk-taking behavior in single-parent ethnic minority families. *Journal of Family Psychology, 13*(1), 93–102. https://doi.org/10.1037/0893-3200.13.1.93

Malik, R. (2019, March 28). *Working Families are Spending Big Money on Child Care*. Center for American Progress. Retrieved November 8, 2021, from https://www.americanprogress.org/article/working-families-spending-big-money-child-care/.

Matters, Miami-Dade. "HIV Incidence Rate." Miami, (HIV Incidence Rate, 2019). https://www.centerforhealthjournalism.org/2018/04/23/why-are-lgbt-girls-higher-risk-becoming-pregnant, https://www.researchgate.net/publication/8479499_Examining_External_and_Internal_Poverty_as_Antecedents_of _ Teen_Pregnancy, https://ibis.health.state.nm.us/indicator/complete_profile/BirthTeenNCHS.html

McKibbin, G., Humphreys, C., & Hamilton, B. (2017). "Talking about child sexual abuse would have helped me": Young people who sexually abused reflect on preventing harmful sexual behavior. *Child Abuse & Neglect*, *70*, 210–221. https://doi.org/10.1016/j.chiabu.2017.06.017

National Academies of Sciences, Engineering, and Medicine. 2022. Improving Representation in Clinical Trials and Research: Building Research Equity for Women and Underrepresented Groups. Washington, DC: The National Academies Press. https://doi.org/10.17226/26479.

Pringle J, Mills KL, McAteer J, Jepson R, Hogg E, Anand N, Blakemore SJ. The physiology of adolescent sexual behaviour: A systematic review. Cogent Soc Sci. 2017 Jan 1;3(1):1368858. doi: 10.1080/23311886.2017.1368858. PMID: 29201945; PMCID: PMC5692360.

Robinson, K. H., Smith, E., & Davies, C. (2017). Responsibilities, tensions and ways forward: Parents' perspectives on children's sexuality education. *Sex Education*, *17*(3), 333–347. https://doi.org/10.1080/14681811.2017.1301904

Scales, Peter. (2011). Youth Developmental Assets in Global Perspective: Results from International Adaptations of the Developmental Assets Profile. *Child Indicators Research - CHILD INDIC RES*. 4. 10.1007/s12187-011-9112-8.

Seiler-Ramadas, R., Grabovac, I., Winkler, R., & Dorner, T. E. (2021). Applying Emotional Literacy in Comprehensive Sex Education for Young People. *American Journal of Sexuality Education*, *16*(4), 480–500. https://doi.org/10.1080/15546128.2021.1932657

UNESCO. (2018). *International technical guidance on sexuality education. An evidence-informed approach.* UNESCO.

U.S. Census Bureau. (2017). *U.S. Census Bureau Quickfacts: Florida; United States*. U.S. Census Bureau. Retrieved June 21, 2018, from https://www.census.gov/quickfacts/fact/map/FL,US/INC110219.

Young, M., Denny, G., & Spear, C. (2000). Self-esteem and adolescent sexual behavior. American Journal of Health Studies, 15, 181–188. Young, M., & Goldfarb, E. (2000). The problematic a-h in abstinence education. Journal of Sex Education and Therapy, 25, 156–160.

Young, M., Hubbard, B., & Fox, E. (1992). The relationship of religious literalism and other religiosity variables to sex guilt and sexual behavior. Wellness Perspectives, 8, 36–49.

Appendix A: Logic model (or theory of change) for the program

Goals:

Reduce adolescent pregnancy and birth rates in the targeted region by building youth skills to negotiate abstinence and resist pressure to have sex, increase knowledge of STIs, and preparation of youth for successful healthy transition to adulthood.

Assumption:

African American and Latino youth demonstrate higher teen pregnancy rates than national averages and need exposure to culturally aligned Sexual Risk Avoidance Education programming that is medically accurate, has been proven effective, and is backed by peer-reviewed studies. To further positively impact youth, targeted youth must build a strong foundation built on a healthy lifestyle, proper nutrition, self-confidence, and self-esteem.

Inputs:

Values in Perspective curriculum
Full-time **Project Director**
Administrative Assistant
Two trained **Prevention Coordinators**
6 Prevention Instructors

Target Population:

300 high-poverty, socioeconomically diverse middle and high school-aged youth will be served each year

Activities:

Teen participants will complete five hours of programming each week, with coursework embedded into the traditional school day. Classes will meet over 26 weeks, building youth resiliency and strengthening protective factors through the evidence-based on the proven **VIP** youth development curriculum

Prevention Coordinators will be trained and certified in the evidence-based **Values in Perspective** youth development/ abstinence curriculum.

Outputs:

Number of youth served, number of youth referred for wraparound services; number of youth reporting delayed sexual activity; qualitative feedback

Outcomes:

Annually, 300 vulnerable youth will participate, demonstrating at least a 40% increase in knowledge of benefits of delaying sexual activity; a 40% increase in medically-accurate knowledge of STIs; a 7% decrease in self-reported sexual activity; a 10% lower teen pregnancy rate than 2015 baseline data; and a 65% increase in financial literacy skills, communication skills, and non-violent conflict resolution skills. Further, at least 15% of participants will follow-through on a referral for wraparound services.

Appendix B: Implementation data and measures

Table B.1

Objective 1: Implement the evidence-based **VIP** curriculum, a robust, culturally responsive, and comprehensive curriculum focusing on delaying sexual activity and positive youth development.			**Measure to Assess Objective**
Performance Measure: Annually, reach at least 300 high-poverty teens with **VIP** program	**Data Collection Method:** Attendance sheets during classroom instruction and service-learning events	**Timeline:** Attendance taken daily in every class, and during Family Strengthening Weekend	**Program Records**
Objective 2: Increase participant knowledge of benefits of abstinence and delaying sexual activity			
Performance Measure: Participants will demonstrate at least a 40% increase in knowledge of the benefits of delaying sexual activity	**Data Collection Method:** Pre- and post- assessments measuring student knowledge	**Timeline:** Assessments completed at benchmark, immediate post-intervention, 9-months post-intervention	**YRBS**
Objective 3: Increase participant awareness of, and knowledge about, STD/STIs			
Performance Measure: Participants will demonstrate at least a 40% increaser in medically-accurate knowledge of STIs	**Data Collection Method:** Pre- and post- assessments measuring student knowledge	**Timeline:** Assessments completed at benchmark, immediate post- intervention, 9-months post-intervention	**Curriculum Knowledge Assessment**
Objective 4: Increase protective factors associated with delayed or decreased sexual activity among participants who complete the program			
Performance Measure: Participants will demonstrate at least a 7% decrease in self-reported (through surveys) sexual activity	**Data Collection Method:** Pre- and post-surveys measuring student sexual activity rates	**Timeline:** Surveys completed at benchmark, immediate post-intervention, 9-months post-intervention	**YRBS**
Performance Measure: Participants will demonstrate a teen pregnancy rate at least 10% lower than baseline data (to be collected) when measured at 6-months post intervention	**Data Collection Method:** Pre- and post-surveys measuring student pregnant/parenting events (for females AND males)	**Timeline:** Surveys completed at benchmark, immediate post-intervention, 6-months post-intervention	**YRBS**
Objective 5: Provide participants with support services (e.g., referrals)			

Performance Measure:	**Data Collection Method:**	**Timeline:**	**Program Referral Log**
At least 15% of participants will follow-through on a referral from a **Prevention Coordinator** to access wraparound services	Referral data reports will be maintained by all **Prevention Coordinators,** including initial referrals and follow-up data	Daily updates to referral data collection tool, documenting initial referrals, student reporting regarding follow-through, and all communication with network agencies	

Appendix C: Analytic model specification

The analytic model implemented for the evaluation of the VIP program is a multi-faceted approach designed to provide a thorough assessment of the program's influence on participants. The model incorporates a series of statistical analyses to understand the relationships between variables and the changes in participant behavior and attitudes resulting from the program. Here is a detailed summary of the model's specifications:

1. Correlation Analysis: The initial phase assessed statistically significant correlated relationships amongst the study's main variables. This step was crucial for understanding how different variables might relate to and affect each other within the context of the program, which could influence the treatment outcomes.

2. Paired T-Test: Independent T-tests were conducted to analyze the difference in means before and after the intervention for the treatment group. This test was key in determining whether participants exhibited statistically significant changes in behavior and attitudes that reflected the VIP program's objectives.

3. ANOVA (Analysis of Variance): To further scrutinize the behavioral changes and assess the program's broader impact, an ANOVA was used to compare mean scores across multiple groups. This method helped to understand whether any observed changes were consistent across different subsets of participants and could be attributed to the intervention rather than random variation.

Combining these analytical techniques within the model ensured a comprehensive evaluation of the VIP program's effectiveness, allowing for a nuanced understanding of its influence on expected behavioral and non-behavioral outcomes.

Appendix D: Methods used to clean and prepare data

The data cleaning and preparation process for the study was thorough and methodical, ensuring the data was primed for detailed analysis. Below is a summary of the methods used to clean and prepare the data for the project analysis.

Data Cleaning:

Identifying and Handling Missing Values: The initial step involved cleaning the data, including removing duplicate entries and addressing anomalies such as outliers that could skew the analysis results. We thoroughly reviewed the data to detect missing data and decide whether to impute, delete, or keep them as is based on the nature of the data and the analysis requirements. Although we had many participants, there was a lot of missing data for some questions. Given that the participants had the option to skip questions if they chose not to answer them, some of the items were not completed by some of the participants. In some instances, imputations were used; in others, the missing data was kept. The researchers employed frequencies and scatter plots to address outliers and missing data. These tools helped visualize and identify any unusual or absent data points. In cases where missing data was detected, the team developed a methodological approach for managing these gaps based on the nature of the missing information. Although relatively few, we identified and eliminated duplicate records to ensure data integrity. We reviewed the data to identify any outliers that might skew the results, and none were determined. Two specific edits were noted. First, we changed age 5 to 15 as only middle and high school students participated in the project and also changed the school labeled 11 to being labeled 1 (assuming 11 was a typo). No other inconsistencies that needed correction were detected in the data.

Data Transformation and Standardization:

Before proceeding with the main analysis, assumptions related to all variables were tested. This essential step ensured that the conditions required for the statistical methods to be valid were met.

Data Integration and Consolidation:

- Merging Data from Multiple Sources: Combining different datasets into a cohesive dataset while ensuring data structure and format consistency.

- Creating Aggregated Metrics: If needed, developing new metrics or features by aggregating or transforming existing data.

Quality Assurance:

- Data Validation: Conducting checks to ensure data quality, accuracy, and consistency. This might involve techniques from simple range checks to more complex validation rules.

- Documentation: Keeping detailed records of the data cleaning and preparation process for transparency and reproducibility.

Data Exploration and Final Preparation:

We conducted a thorough exploration of the dataset to understand patterns, anomalies, relationships, and trends before the analysis. No specific adjustments were needed to correct the format and structure of the intended analysis for the project. Given the specific focus of the research questions, a series of exploratory analyses were conducted. These analyses aimed to identify any underlying trends within the data and evaluate whether the research questions needed to be refined based on these preliminary insights.

This meticulous approach to data cleaning and preparation set a strong foundation for the subsequent analysis, helping to ensure that the findings would be based on accurate and reliable data.

Appendix E: Implementation study methods

The VIP program, a comprehensive sexual and other risk avoidance initiative, was delivered to middle and high school youth in Florida, focusing on a semester-long or equivalent duration in the summer, totaling over 40 hours of instruction. Partnering with Broward County Schools, Miami-Dade County Schools, Community Health of South Florida, and Alliance for GLBTQ Youth, the program aims to delay early sexual activity among at-risk youth. Targeting schools, Matter and Piper with high-poverty, socioeconomically diverse student populations, VIP endeavors to decrease adolescent pregnancy and birth rates, increase knowledge of STIs, and prepare youth for a healthy transition to adulthood.

Comparison Group: The comparison group within this study was youth who received the standard health education courses, which included minimal sexual health education. This study is not comparative but a randomized controlled trial (RCT) with a control group from the same school setting.

Identification and Recruitment: Recruitment efforts took place at Mater Academy Charter Middle/High School and Piper High School. Students register for the class and provide a signed parental consent form. The RTV team conducted extensive outreach, including "Parent Night" events and take-home information packets.

Randomization and Site Engagement: Random assignment to intervention or comparison groups occurred post-consent and baseline survey completion. Both schools have a history of collaboration with RTV and have agreements in place for study participation.

Permissions: The University of Miami IRB approved the study, including data collection from both groups. Active written consent from parents and assent from youth were required.

Data Collection: Surveys were administered to participants at four intervals: baseline, post-program, three months post-program, and six months post-program. The surveys will be consistent across all time points to facilitate comparison. A paper/pencil survey method with created participant IDs will ensure confidentiality.

Incentives: Participants will receive a $15.00 gift card for their involvement in the study, aiming for high response rates.

Timeline: Recruitment spaned three academic years (2020-21 to 2022-23), with programming and follow-up surveys slotted within this timeframe. Data analysis and reporting followed the completion of the final follow-up surveys.

Attendance Tracking: Attendance was monitored, with specific benchmarks for the minimum hours of instruction received. Data was analyzed overall and by site, focusing solely on the intervention group.

Appendix S: Sensitivity Analyses

This Appendix evaluates the sensitivity of estimates to the various methodological decisions and summarizes (1) the benchmark approach for estimating program impacts and (2) reasons for sensitivity analyses—alternative approaches for estimating program impacts or analytic decisions. Please note that the results did not differ from the main results presented in the report. No alternative sensitivity results are available for the non-behavioral and behavioral outcomes research questions.