

Summative Evaluation of REAL Essentials Research

Program proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or associated risks (specifically sexual activity or other sexual risk behaviors).

Research that demonstrated a statistically significant positive behavioral impact.

- In a quasi-experimental study of REAL Essentials delivered to 12 to 14-year olds, Rue et al. (2012) found that "Youth who received the program were 3 ½ times less likely to initiate sexual activity during the year after they received the program as compared to average behaviors from a neighboring community without the program."
- In addition, a rigorous randomized controlled trial is underway that will examine behavioral impacts. In this study Colorado high schools were randomly assigned to either receive REAL Essentials (delivered by Center for Relationship Education facilitators) or to offer curriculum as usual. Attitudes, intentions, and behaviors are being examined immediately post program and at 6- and 12-months post enrollment. Results from this study will be available in 2025. *

Published Literature:

1. Rue, L., & Weed, S. (2010). *Primary prevention of adolescent sexual risk taking: A school-based model*. *Adolescent and Family Health*, 5(1), 1-15.

ABSTRACT: A longitudinal study conducted on the REAL Essentials curriculum* (N=807) to determine the relative benefit of delivery by two types of teachers— public school teacher or specialist teacher. Impact on transition rates into sexual activity over 12 months was also studied. Qualitative interviews of selected cases provided depth and breadth beyond the simple yes-or-no aspect of sexual activity. Preliminary results were inconclusive regarding transition rates by teacher group. However, the program group demonstrated significant change in mediating variables related to abstinence when compared with a school not offering the curriculum. Follow-up qualitative interviews reveal parenting styles that may contribute to successful maintenance of sexual abstinence over 12 months for high school youth. The coverage of this preliminary report includes a 12-month follow-up analysis of transition rates for students.

CONCLUSION: Abstinence programs taught by both specialists and public-school health teachers demonstrated strong movement on mediating variables such as affirmation of abstinence, future orientation, and justification for sex. However, the specialist teacher achieved even stronger effects on affirmation of abstinence and justification for sex. The greater effects by the specialist teacher may be due to the shorter time span between pre and post surveys for this specialist teacher intervention (15 days instead of 9 weeks). Fidelity to the curriculum was a likely factor influencing program results.

2. Rue, L., Chandran, R., Pannu, A., Bruce, D., Singh, R., & Traxler, K. (2012). *Evaluation of an abstinence based intervention for middle school students*. *Journal of Family and Consumer Sciences*, 104(3), 32-40.

ABSTRACT: Outcomes associated with an abstinence education intervention were evaluated using a single group design with a 12-month longitudinal follow-up. The intervention group of adolescents ages 12–14 years (N = 427) were enrolled in an 11.5-hour abstinence education intervention offered during the school day. Significant differences were found in the expected direction on proximal variables for

attitudes, intentions, and behaviors 1 year later. Youth who received the program were 3 1/2 times less likely to initiate sexual activity during the year after they received the program as compared to average behaviors from a neighboring community without the program. Abstinence based education may support youth's ability to delay sexual activity.

CONCLUSION: This evaluative evidence supports the benefit of promoting sexual abstinence to adolescents in school-based sex education sometimes offered through family and consumer sciences courses. When the curriculum is culturally relevant and matches the predominant values of most families, youth will likely be protected from the devastating consequences of early sexual debut because family values are being reinforced at the school. This is a well-known youth development strategy (Benson et al., 1998; Blum & Rinehart, 1997).

Grey Literature:

3. Donnelly's (*Education Evaluators, Inc.; 2008-2009*)

ABSTRACT: The Center for Relationship Education involved 543 youth aged 12-18 years old from various schools and communities throughout Colorado utilizing the REAL Essentials curriculum to train 6th to 12th grade students in areas of highest need in the state and where there are existing supportive partnerships. These areas included: Metro Denver, Mountain Communities, Mesa and Montrose Counties, and La Plata County. A 26-item questionnaire was administered as a pre-test before the program began and a 26-item questionnaire including all questions from the pre survey was administered at post-test. The survey instrument measured Abstinence Attitudes, Abstinence Beliefs, Behavioral Intentions, Child-Parent Communication, Healthy Relationships/Relationship Skills, Knowledge, Attitudes and Media Literacy.

CONCLUSION: Evaluation demonstrates that REAL Essentials is having an impact among participating students as demonstrated by percentage increases of statistical significance. These significant changes demonstrated from pre to post testing reflect that the curriculum is supporting youth to make healthier choices. "Clearly, REAL Essentials has met the goal of educating and supporting teen decisions to postpone sexual activity." Joseph Donnelly, Education Evaluator's Inc.

4. Donnelly's (*Education Evaluators, Inc.; 2009-2010*)

ABSTRACT: Evaluation of REAL Essentials delivered to 6th to 12th grade students. Study involved 1,845 participants between 12 and 18 years of age from various schools and communities throughout the metro Denver, Colorado area. Of these 1,845 participants, 1,097 (890 treatment and 207 control) were able to be matched from pre to post using coding protocols. From pre-test to 6-month follow-up, 519 of these youth (483 treatment and 36 control) were able to be matched using coding protocols.

CONCLUSION: Based on the results of the evaluation report, REAL Essentials is having an immediate impact (pre-test to post-test) and a sustainable impact (pre-test to 6-month follow-up) among participating students as demonstrated by percentage increases and statistical significance regarding attitudes toward abstinence, parent-child communication, behavioral intent, self-efficacy and knowledge regarding healthy relationship skills.

5. Donnelly's (*Education Evaluators, Inc.; 2009-2010 REAL Essentials Multi-State Report*)

ABSTRACT: Three different agencies utilizing the same curriculum included in the analysis. A Colorado organization included 13 sites with 1217 pre- and 1095 post-surveys. Of these, 890 participants had a matching ID (initials and birth date) on the two surveys and were included in the study. A Florida organization included 8 sites with 1163 pre- and 1080 post-surveys. Of these, 895 participants had a matching ID (initials and birth date) on the two surveys and were included in the study. A Pennsylvania organization included 45 sites with 2912 pre- and 2342 post-surveys. Of these, 1607 participants had a matching ID (initials and birth date) on the two surveys and were included in the study.

CONCLUSION: Evaluation reports the effectiveness of the abstinence education programs on the seven outcome scales. Peer Self-Esteem and Positive Future had no significant change. The largest effect was found for the Beliefs in Abstinence Principles scale, with a .30 SD difference from pre to post. The other four outcomes had statistically significant gains, with effect sizes ranging from .08 to .22.

6. Rhoades' (2016) *Implementation of REAL Essentials in Center, Colorado and Drops in Teen Sexual Activity and Fertility Rates-*

ABSTRACT: Based on data collected by the State of Colorado, Saguache County has experienced a significant drop in teen births as well as in sexual activity in the past decade. This report describes ways that REAL Essentials programming in Center's middle and high schools may have contributed to these declines.

CONCLUSION: In 2005, the statewide percentage of high school students who reported they had engaged in sexual intercourse at least once in their lifetime was 39%. In Center, this figure was 63%. By 2009, this percentage had dropped in Center to 54%; statewide, it remained nearly the same at 40%. In 2013, 33.1% of Colorado high school students reported that they have had sexual intercourse at least once in their lifetime (Nickels, 2014). The same year, the Center figure had dropped to 39%. REFERENCES: Nickels, S. (2014). Healthy Kids Colorado Survey: High school overview of 2013 data. Denver, CO: Colorado Department of Public Health and Environment.

All research was conducted by an independent evaluator who is neither part of the publishing team, nor an author of the curriculum chosen.

Qualitative Data

* Positive qualitative data was reported by educators in the program schools. Educators shared three positive observations: 1. Students who were frequently truant were present and participating in the program when the REAL Essentials speakers were presenting. 2. Students who do come to school, but frequently skip classes, were present and engaged in the REAL Essentials programming when the speaker was presenting. 3. Students who come to school, come to class but are not engaged and frequently disrupt the class were engaged and not disruptive when the REAL Essentials speaker was delivering the educational content.

The Center for Relationship Education has trained and certified hundreds of facilitators to implement REAL Essentials throughout Colorado. Colorado has the distinction of being number one in the country for high school students reporting that they are not sexually active. On the 2015 Colorado Healthy Kids Survey, 76.7% of high school students reported not having sex. This finding was reported in the [Colorado Health Foundation Report Card](https://www.coloradohealth.org/sites/default/files/documents/2016-12/2016%20COHRC%20FINAL.pdf). <https://www.coloradohealth.org/sites/default/files/documents/2016-12/2016%20COHRC%20FINAL.pdf> (see page 10) This is not causal data but could be considered correlational data open for more intense evaluation and scrutiny.

*Several evaluations were done on the WAIT Training curriculum prior to the curriculum name change to REAL Essentials. WAIT Training is no longer a curriculum and CRE is asking that only REAL Essentials be used in programming. There are a few major differences between WAIT Training and REAL Essentials.

1. REAL Essentials focuses on whole person health and is a relationship development skills-based curriculum.
2. REAL Essentials is data-driven, researched aligned and is consistently updated to ensure accuracy.
3. REAL Essentials includes trauma-informed teaching strategies.
4. REAL Essentials is designed to meet the needs of all individuals such as dignity, respect, value, support, and belonging.
5. REAL Essentials does not include gender stereotypes and is inclusive to all students.
6. REAL Essentials addresses sexual health in a stand-alone unit as an optional content area.