EVALUATION ABSTRACT:
THE EVALUATION OF THE CHAT PROGRAM IN CHICAGO PUBLIC SCHOOLS

Grantee

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Intervention Name

Chicago Healthy Adolescents and Teens (CHAT) Program

Intervention Description

The CHAT Program is a school-based education and sexually transmitted infections (STIs) screening initiative implemented in partnership with the Chicago Department of Public Health, Planned Parenthood of Illinois, and Chicago Public Schools (CPS). CHAT provides an annual population-level intervention, consisting of on-site sexual health education (STI and pregnancy prevention), optional and confidential urine screening for chlamydia and gonorrhea, one-on-one counseling sessions with a health educator, and linkage to care services. Students also receive the opportunity to opt-in to receive health-related text messages for six months following the intervention. The CHAT Program is prioritized in areas of Chicago with higher rates of STIs and teen birth rates.

Trained staff from Planned Parenthood of Illinois will deliver CHAT to 9th graders in CPS high schools; the program lasts about 50 minutes.

Comparison Condition

Business as usual

Comparison Condition Description

Students located at comparison schools receive each individual school's general sexual health education and any supplemental programs provided by CPS. NORC reviewed the list of potential supplemental CPS programs (for example, condom availability program, and so on) and determined that none of them were similar to the CHAT program.

Behavioral Outcomes

Ever had vaginal sex, with whom (males, females, or both), ever had any sexual activity, ever been pregnant or gotten someone pregnant, ever used emergency birth control, vaginal sex in the past three months, vaginal sex without a condom in the past three months, vaginal sex without any birth control in the past three months, all birth control methods ever used, and birth control methods used most often

Non-behavioral Outcomes

Knowledge and attitudes about sexual behavior and sexual health, school attendance, educational aspirations, reported barriers to accessing health service, prospective use of condoms and birth control in the next year, ever been tested for STIs including human immunodeficiency virus, prospective testing for STIs and human immunodeficiency virus in the next year, ever sought information, treatment, or both for STIs at a health facility, ever sought information about birth control at a health facility, and ever not seen a doctor or nurse for STIs or pregnancy when thought should

Sample and Setting

NORC will conduct the study among 9th grade students in 30 high schools in Chicago in areas of the city with high STI and teen birth rates. All 9th grade students at the sampled schools are eligible for inclusion in the study.

Research Design and Data Collection

NORC is using a cluster-level quasi-experimental design in which 15 schools will participate in the intervention and 15 will be in the comparison condition. There will be two cohorts: cohort 1 will include 16 schools (8 in each condition), and cohort 2 will include 14 schools (7 in each condition).

For each cohort, NORC will identify a stratified, systematic random sample of schools among the CHAT program (intervention) schools that have been implementing the intervention for one or more school years. Schools in the sample frame are organized into strata and independently drawn by characteristics such as grades served, total school population, freshman population, racial composition, percent low income, and whether or not school is a charter.

NORC identified a group of potential comparison schools using cluster analysis of student population measures: free and reduced lunch percentage, race and ethnicity make-up (African American, Hispanic, and other), and proximity and neighborhood location as matching variables. CPS and the Chicago Department of Public Health assisted NORC with qualitatively confirming comparison schools similar to the program schools after the quantitative selection occurred.

The consent process begins in the summer before each intervention year. Parental consent is collected at in-person events, such as school orientation, and NORC works with school staff to arrange mailings or in-person distribution of consent forms at the beginning of the school year. Written student assent is collected in-person immediately before completing each survey.

Data collection includes a baseline survey for both intervention and comparison schools. The goal is to complete baseline data collections no more than two weeks before the intervention in intervention schools; the study will use a multi-mode approach consisting of in-school paper and pencil surveys and web surveys. Data collection processes (modes and collectors) are the same for the intervention and comparison schools. Follow up surveys will be conducted at 6 months for both cohort 1 and cohort 2. Due to the shortened project period, there will be an intermediate-range follow up survey for cohort 1, which will occur approximately 15-18 months from baseline and end in June 2018.

Schedule/Timeline

Sample enrollment and baseline data collection began in September 2017 and will end in December 2017. The 6-month post-program follow-up data collection will begin in March 2017 and will end in June 2018.

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