High School FLASH Evaluation Results Overview

High School FLASH, 3rd edition has been rigorously evaluated and found to be an effective, proven program at reducing unintended pregnancy and STDs among teens. The full study findings can found using the following citation: Coyle, Anderson, Laris, Barrett, Unti, & Baumler (2020). A Group Randomized Trial Evaluating High School FLASH, a Comprehensive Sexual Health Curriculum. *Journal of Adolescent Health, 68*(4), 686-695.This research was funded by the US Department of Health and Human Services, Office of Population Affairs, Grant #TP2AH000031. Some important findings about High School FLASH include:

- Significantly reduced rates of vaginal sex without a condom or other birth control among students who were not previously sexually experienced at baseline.
- Positively impacted attitudes, norms, and perceived self-efficacy regarding sexual health and pregnancy prevention behaviors.
- Positively impacted students' perceived self-efficacy to talk with their parents about sex.

The evaluation was conducted by ETR, an independent external evaluator with over 30 years of experience implementing, evaluating, and disseminating science-based resources to improve health outcomes and to advance health equity for youth, families, and communities. The evaluation study procedures were reviewed and approved by ETR's Institutional Review Board, the Research Administrative Review Committee of Public Health – Seattle & King County, and by the U.S. Department of Health and Human Services. The study was a randomized controlled trial involving 9th and 10th graders from 20 schools drawn from 7 school districts in the Midwest and South of the U.S. encompassing urban, rural and suburban communities. Schools were randomly assigned to receive High School FLASH (the intervention) or a knowledge-based sexual health curriculum (the comparison condition). The evaluation survey was administered to students three times over the course of the study-- before instruction and 3- and 12-months after the instruction period.

During the study, FLASH was taught in high school health classes. It was taught every day for 15 consecutive class days in traditional 50-minute classes, or every day or every other day for 10 sessions in classes using block schedules. The lesson content was the same across both schedules. FLASH was implemented in a total of 51 classrooms. In all, almost 1,500 students received FLASH, with over 84% receiving at least 75% of the FLASH lessons. Approximately 1,500 students from the intervention and comparison condition took part in the baseline survey with over 90% of those students completing the 3- and 12-month surveys as well. All surveys were voluntary and confidential, and required both parental and student consent. Trained data collectors administered the electronic self-report survey using electronic tablets to ensure privacy, during regular school hours. Students who left school after baseline were surveyed at their new schools, online, or by mail.

More information on how to replicate High School FLASH with fidelity can be found in the FLASH Implementation Toolkit, including fidelity monitoring and facilitator observation tools, guidance on modification, and further information about FLASH core components, medical accuracy, age appropriateness, cultural responsiveness, and the use of a trauma-informed approach in FLASH.

For questions about the FLASH curriculum, contact FLASH@kingcounty.gov.
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