



The Evaluation of It's Your Game...Keep It Real in Harris County, Texas

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Intervention Name	<p>It's Your Game...Keep It Real</p>
Intervention Description	<p>It's Your Game...Keep It Real consists of 12 50-minute lessons delivered in 7th grade (8 in class and 4 via computer) and 12 50-minute lessons delivered in 8th grade (7 in class and 5 via computer). The intervention is provided to the same 7th and 8th graders over a two-year period (i.e., the same students receive up to 24 lessons over two years). In each grade, the curriculum integrates group-based classroom activities with personalized journaling and individually tailored computer-based activities. A life-skills decision-making paradigm (Select, Detect, Protect) underlies the activities, teaching students to select personal rules regarding risk behaviors, detect signs or situations that might challenge these rules, and use refusal skills and other tactics to protect these rules. The classroom curriculum also includes three parent-child homework activities at each grade level designed to facilitate dialogue on topics such as friendships, dating, and sexual behavior. The curriculum is grounded in social cognitive theory, the theory of triadic influence, and social influence models.</p> <p>The lessons can be delivered according to the schedule that works best for schools (for example, twice a week, once a week, or daily) within a school semester. The lessons should be delivered by trained teachers during regular classroom time and can be taught during a variety of subject areas (for example, physical education/health, social studies, and science). Teachers implementing the lessons are required to attend a three-day, in-person training in order to teach the 7th- and 8th-grade lessons. An online booster training is available to teachers, who receive ongoing support and technical assistance from the training team staff.</p>
Counterfactual	<p>Business as usual</p>
Counterfactual Description	<p>The counterfactual condition is the usual health curriculum. In Texas, sexual health and HIV education are not mandated, and most districts have not adopted a curriculum. Therefore, whether students receive sex and HIV education will vary by school district. However, Texas general requirements for sex and HIV education state that when sex and HIV education are provided, they must be age-appropriate and give parents notice with the ability to opt out their children. Teachers in control schools indicated that no schools taught about sexual health.</p>
Primary Research Question(s)	<p>What is the impact of assignment to the 7th- and 8th-grade It's Your Game...- Keep It Real program, relative to the usual health curriculum, on student initiation of either vaginal or oral sex one year after the program ends?</p>
Additional Outcomes	<p>Initiation of vaginal sex, initiation of oral sex, times vaginal sex past 3 months, times unprotected vaginal sex past 3 months, number partners with whom had vaginal sex past 3 months, intentions to have vaginal sex, intentions to have oral sex, refusal self-efficacy to have sex/use condoms; attitudes and beliefs about sex/condoms, perceived/normative beliefs about peer sexual behaviors, exposure to risky situations, knowledge about condoms/STIs.</p>

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Sample

This sample includes students at 20 schools from selected school districts throughout the greater Houston, Texas, area. For inclusion in the study, the schools districts had to meet the following criteria: (1) be a public school district, (2) include schools with 7th and 8th grades, and (3) be willing to participate and agree to the study conditions. All 7th-grade classes in the evaluation schools were deemed eligible for inclusion in the study, except for special education classes and athletics-only classes (because they do not meet as a class but are the practice period for the sport). Student criteria required that the student be capable of participating in a survey. The following were incapable of participating: (1) students in an implementation class whose existing educational accommodations (for example, an individualized education plan [IEP] or other in-class accommodation) exempted them entirely from completing any standard assessment (for example, state assessment or other test); (2) English-language-learning students in an implementation class whose existing educational accommodations (for example, IEP or other in-class accommodation) required tests to be read to them by an interpreter; and (3) students in an implementation class whose existing educational accommodations (for example, IEP or other in-class accommodation) allowed for significantly more time to complete a test above a regular class period (for example, one hour).

Data collection staff, blind to school study condition, recruited 7th-grade students attending eligible classes across the 20 middle schools participating in the randomized controlled trial. A mix of census and sampling was used when securing consent for participation. In schools with 250 or fewer 7th-grade students, consents were distributed to all students. For schools with 7th-grade enrollments of more than 250, classes were sampled and consents were distributed to 180 students.

The study includes one cohort and follows students from 7th through 9th grades. The final enrolled sample size is $n = 2,524$ students for whom parental consent and student assent were obtained.

Setting

The study sites include 20 urban middle schools, in Harris County, Texas. The schools range in size from 445 to 1,232 youth. Harris County is the most populous county in Texas and the third most populous county in the United States, with an estimated 4.1 million residents covering 1,729 square miles. Harris County is home to the fourth- and sixth-largest U.S. cities. It represents one of the nation's most diverse and disadvantaged counties: 38 percent of residents are Hispanic, 20 percent of residents are African American, one-third of adults speak a language other than English, and more than 23 percent of children live in poverty. Texas has the highest percentage (25 percent) of uninsured residents in the United States, and Harris County has even higher proportions than Texas, with more than one million (30 percent) uninsured residents.

The program is being implemented in 10 intervention schools by trained facilitators. Most facilitators in both 7th and 8th grades are physical education teachers. In some instances, program staff from the University of Texas Health Science Center assisted schools with implementation (for example, when schools lacked sufficient staff to implement lessons in the required implementation window).

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Research Design	<p>This evaluation uses a group randomized controlled trial design, with randomization at the school level. The school district was used as a stratification variable to balance school assignments to the intervention and control arms within districts. Randomization occurred before baseline data collection using a multi-attribute randomization protocol that involved the following variables: (1) 7th-grade enrollment in the school, (2) percentage of black students in the school, (3) percentage of Hispanic students in the school, and (4) percentage of students in the school who receive a free lunch. Specifically, these four variables were combined into a single index using principal components analysis. Within each district, schools whose index scores were closest to each other were paired. Finally, within each pair, one school was randomly assigned to the intervention condition and the other to the control condition. There were five school districts and an even number of schools within each district. School administrators were notified of their condition after randomization but before baseline.</p> <p>After school randomization, parents consented for their children to be in the evaluation. The consent process for students was the same for treatment and control schools. Study condition was not mentioned to parents via survey consent or student assent forms. All data collectors responsible for the consent and survey administration were blind to study condition.</p> <p>Survey administration occurs three times over the course of the study: fall-winter 2012–2013 (baseline), winter-spring 2014 (end of 8th-grade intervention), and winter-spring 2015 (one-year follow-up in 9th grade). Trained data collectors gather data in schools using laptop computers. The baseline survey period extended from September 2012 to February 2013 and was based on district and school schedules and planned implementation schedules. Data collection schedules were balanced to ensure that treatment and control school pairs were surveyed within two weeks. The condition surveyed first in a pair varied. The data collection methods were identical across conditions. At follow-up, the data collection occurs in school. Additionally, students who are no longer enrolled in their schools will be tracked and surveyed using an online survey or an abbreviated telephone survey.</p> <p>Process data also will be collected from the control school health teachers to provide a clearer explanation of the extent and nature of sex and health education programs in the control schools.</p>
Impact Findings	To be determined when data collection and analysis are complete.
Implementation Findings	To be determined when data collection and analysis are complete.
Schedule/Time Line	Baseline data collection ended February 2013, the first follow-up data collection with 8th-grade youth ended June 2014 and the final 9th-grade follow-up data collection ends June 2015. A final report, which focuses on one-year follow-up data, will be available to the Office of Adolescent Health in 2015-2016.