



The Evaluation of Be Yourself/Sé Tu Mismo in Maryland

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Intervention Name	Be Yourself/Sé Tu Mismo
Intervention Description	Be Yourself/Sé Tu Mismo is an after-school teen pregnancy prevention program using a cultural-, developmental-, and theory-based curriculum. There are four core components: (1) curriculum-based group sessions, (2) social media and text messaging as reminders and reinforcements, (3) a weekend retreat, and (4) an individual action plan and case management services. This is a 12-week program, with sessions occurring twice weekly for 1.5 hours per session. The weekend retreat includes 48 additional contact hours.
Counterfactual	Healthy Living/Vida Sana
Counterfactual Description	Healthy Living/Vida Sana is an attention-control program that focuses on fitness and nutrition. There are 16 sessions, with groups meeting twice weekly for the first 8 sessions (two hours per session) and once weekly for the second 8 sessions (two hours per session). Access to case management services is offered to all Identity and Mary's Center clients. The control program includes a weekend activity (similar to the intervention weekend retreat) but does not consist of an intense overnight gathering. The control group sessions cover nutrition, exercise, and other nonsexual health-related topics.
Primary Research Question(s)	What is Be Yourself/Sé Tu Mismo's impact, relative to Healthy Living/Vida Sana, on delaying sexual onset six months after the program ends? What is Be Yourself/Sé Tu Mismo's impact, relative to Healthy Living/Vida Sana, on contraceptive use during the last sexual experience six months after the program ends? What is Be Yourself/Sé Tu Mismo's impact, relative to Healthy Living/Vida Sana, on contraceptive use in the past three months, six months after the program ends?
Additional Outcomes	No additional outcomes
Sample	The population of interest was 9th- and 10th-grade self-identifying Latino students from 12 schools Montgomery or Prince George's Counties Maryland. High schools were eligible if they had (1) a high percentage of Hispanic/Latino populations and (2) a high percentage of students receiving free or reduced-price meals. Twelve eligible schools were recruited and all consented to participate. There will be a total of six cohorts during the project (72 clusters). Both male and female youth were eligible for the program if they met the following eligibility requirements: <ul style="list-style-type: none">• Attended 9th or 10th grade in the high school where the program ran• Spoke and/or understood Spanish• Were able to participate in one weekend activity• Were able to attend two sessions per week on the days specified• Were not currently pregnant (females only), although youth who are parents were able to participate• Returned the completed application packet• Had not participated in a previous Be Yourself/Sé Tu Mismo or Healthy Living/Vida Sana program through Identity or Mary's Center Youth must have volunteered to participate in the program. Enrolled youth completed an application packet, including both parental consent and youth assent, and attended at least one neutral session before randomization. The final sample size is 1,356.

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Setting	All 12 schools participating in this study are in Montgomery or Prince George's Counties in suburban Maryland.
Research Design	<p>This is a cluster randomized controlled trial. For all cohorts, except cohort 1, schools were informed of their assignment to intervention or control after parental consent and baseline survey data were collected. For cohort 1, school assignments were shared with the project director and program manager before recruitment. More youth enrolled in intervention schools than control schools in cohort 1, which might be attributed to the early release of these assignments. Beginning with cohort 2, program sessions were modified to include four neutral sessions (identical for intervention and control schools) during the first two weeks of implementation. During this time, program staff continued to recruit youth for the program, which provided staff time to meet recruitment expectations while maintaining blind recruitment. Consent forms did not indicate the schools' intervention status, and program staff were not aware of which school would receive which condition during recruitment. Randomization was shared with the program manager and program director on the last day of recruitment/neutral sessions. The program manager then assigned staff to schools to begin program implementation the following week. Youth development counselors were assigned to Be Yourself/Sé Tu Mismo schools, and healthy living mentors were assigned to Healthy Living/Vida Sana schools. Youth were not allowed to enroll after random assignment.</p> <p>The unit of random assignment was the school. Randomization for all cohorts was completed before cohort 1; cohort results were revealed on the last day of recruitment/neutral sessions for each cohort. Matched pairs were used to cluster schools. Schools were paired together during evaluation planning and the pairs remained throughout the evaluation. Schools were matched based on these characteristics: (1) percentage of Hispanic/Latino students, (2) teen birth rate in school zip code, (3) miles from partner organization, and (4) school enrollment. Each semester, one school in each matched pair was randomly assigned to receive the intervention and its matched school received the control program. Randomization was restricted to ensure that six schools were assigned to the intervention and six schools were assigned to the control program for each cohort. To address the community partner's staffing needs, in any semester only three down-county schools and three up-county schools were assigned to the intervention.</p> <p>Data is collected at four timepoints: baseline, immediate post-program, 6-month and 12-month post-program</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	Sample enrollment and baseline data collection were completed in February 2014. The final cohort completed the immediate post-program follow-up in June 2014, the 6-month post-program follow-up will be completed in December 2014, and the 12-month post-program follow-up will be completed in June 2015. A final report, which focuses on 6-month post program follow-up data, will be available to the Office of Adolescent Health in 2015-2016.