



The Evaluation of Need to Know in South Texas

Grantee	University of Texas Health Science Center at San Antonio Principal Investigator: Kristen Plastino, M.D., plastino@uthscsa.edu
Evaluator	University of Texas Health Science Center at San Antonio Jonathan Gelfond, MD, Ph.D., gelfondjal@uthscsa.edu ; Nicole Jaime, M.P.H., jaimen@uthscsa.edu
Intervention Name	Need to Know (N2K)
Intervention Description	<p>The Need to Know (N2K) program is a three-year intervention consisting of 48 lessons (8 lessons per semester) designed for 9th-, 10th-, and 11th-grade students to be delivered in a group or classroom setting of up to 32 students. Each lesson lasts 25 minutes and can be taught in any typical class period. For the purpose of the evaluation, N2K is taught in core subjects (English and social studies). The lessons are taught by health educators who are selected and trained by the program developer and not by the classroom teacher or other school staff.</p> <p>The program consists of the N2K curriculum, which differs across three grades and was developed by the Department of Obstetrics/Gynecology at the University of Texas Health Science Center at San Antonio School of Medicine. The 9th-grade course, N2K: Basics, encourages self-discovery and goal-setting and discusses human growth and development, adolescent risk behaviors, communication, sexually transmitted diseases (STDs), abstinence, contraceptives, teen dating violence, legal issues, responsible media use, refusal skills, and role-playing. The 10th-grade curriculum, N2K: Decisions, focuses on decision-making skills, clarifies values, promotes healthy relationships and the benefits of delaying sex, and reviews anatomy, contraceptives, STDs, and legal issues. In addition to the classroom lessons, N2K: Decisions offers 11 so-called webisodes that add narrative to the basic facts presented in class. Webisode 1 is viewed together during class, and students can view the additional webisodes online. Teachers refer to characters or situations from the webisodes to enhance students' understanding of concepts taught in the classroom. The 11th-grade curriculum, N2K: Relationships, reinforces the basic concepts taught in 9th and 10th grades.</p> <p>In addition, a social media component consists of four Facebook posts per lesson, which are intended to enrich, reinforce, or answer a frequently asked question. There is also a teen advisory board (TAB) consisting of a subset of 10 to 30 teens who are nominated or volunteer for at least one year. The TAB meets at least eight times per year to provide input on how to promote the N2K curriculum and act as campus ambassadors. Lastly, parent-child interaction is encouraged during the parent-student night, held once per year at the beginning of the second semester on each campus. Health educators, assisted by the TAB members, present medical information regarding adolescent brain development, STDs, and pregnancy prevention during the 90-minute event.</p>
Counterfactual	Business as usual
Counterfactual Description	The counterfactual condition receives no specific program. The N2K program supplements the standard health education at the two high schools where the study occurs. Health class is available to both treatment and comparison students but is not a requirement for graduation, and the content varies by teacher. In the absence of N2K, there is no systematic or regular sex education or pregnancy prevention instruction.
Primary Research Question(s)	<p>Question 1: At program completion, what is the impact of N2K, a three-year program, on sexual initiation (vaginal intercourse) among students that have not yet initiated sex at baseline?</p> <p>Question 2: At program completion, what is the impact of N2K, a three-year program, on condom and contraceptive use?</p>
Additional Outcomes	Behavioral intentions, knowledge of STDs, condoms, and legal issues, sexual behavior and number of partners in the last three months, pregnancy frequency, attitudes towards sexual initiation and sexual relationships, relationship violence, clinic visits to receive birth control/pregnancy tests, social media/media usage, alcohol and drug use, and dropout rates.

The Evaluation of Need to Know in South Texas

Sample	<p>Two high schools within the same South Texas school district were selected because they met the following criteria: large size, demographically diverse student population, interest in providing the intervention, and lack of participation in any other evidence-based sex education program during the intervention period.</p> <p>Students were eligible for the evaluation sample if they were first-time 9th graders in the fall of their enrollment year. Students were excluded from the evaluation sample if they were enrolled in the LifeSkills class, which included students who were severely developmentally challenged and not mainstreamed in the core classes in which the program was taught. The final enrolled sample size was 856 for the treatment group and 761 for the comparison group.</p>
Setting	<p>The evaluation occurred in two South Texas high schools where there is no requirement for health class before graduation. At study start (2011), these two schools enrolled 3,455 and 2,229 students. In the school district in which the intervention took place, 63.9 percent of students were characterized as economically disadvantaged and 81.7 percent were characterized as minority (51.5 percent Hispanic, 24.8 percent African American, and 5.4 percent other minorities). The class of 2011 graduation rate for this district was 80.9 percent, compared with a statewide graduation rate of 85.9 percent.</p>
Research Design	<p>This is a quasi-experimental design evaluation, with subsequent cohorts of youth from two high schools in the same school district serving as the treatment and comparison groups. The comparison group was enrolled as 9th-grade students in fall 2011; the treatment group was enrolled in fall 2012. The N2K program will be implemented for three years to the treatment group, beginning in fall 2012 and ending in spring 2015.</p> <p>Every effort was made to consent all eligible 9th-grade students for the treatment and comparison cohorts, and a similar process was used for both the treatment and comparison groups. During the consenting process, parents and students were blind to the cohort's treatment status. Parents were mailed letters describing the evaluation and consent forms in July before their child's 9th-grade year. The study team recruited youth for the evaluation during 9th-grade registration events in August and all parent open houses. In-school announcements, school visits, and telephone calls to parents were used to recruit students and remind parents to return consent forms. Teachers were provided with \$25 gift card incentives and written reminders to assist in collecting signed consents from students. Consents were accepted until the baseline survey was administered approximately three weeks into the school year.</p> <p>The baseline survey was administered at the beginning of the 9th-grade year for the treatment and comparison cohorts. For the treatment cohort, the baseline survey was administered before the start of N2K. For the purposes of the impact analysis, surveys are being administered for both groups in the spring of their 9th-, 10th-, and 11th-grade years. For the treatment group, surveys will be administered at the end of the 11th-grade year, the time at which the three-year intervention ends. The primary research questions for the study will be addressed using this survey.</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	<p>Due to the subsequent cohort design, the data collection schedule for the comparison group is as follows: baseline survey fall 2011, first follow-up spring 2012, second follow-up spring 2013, and final follow-up spring 2014. The data collection schedule for the treatment group is as follows: baseline survey fall 2012, first follow-up spring 2013, second follow-up spring 2014, and final follow-up spring 2015. A final report, which focuses on immediate post-intervention data after 3 years of programming, will be available to the Office of Adolescent Health in 2015-2016.</p>