Coordinator: This is the operator. At this time this call is being recorded and you may begin.

Woman: Thank you. Today we’ll be interviewing Dr. Melissa Peskin as part of our Developer Interview Series.

The Office of Violence and Health will be hosting a series of interviews with developers of those programs identified by the Department of Health and Human Services Teen Pregnancy Prevention Evidence Review as having shown effectiveness in reducing teen pregnancy, sexually transmitted infections or sexual risk behaviors.

The goal of this interview is to ask developers some of those frequently asked questions by OAH grantees.

The Webinar series was developed as a technical assistance product for use with OAH grant programs to provide additional guidance on selecting, planning and implementing an evidence based program for teen pregnancy prevention.
This Webinar should not be used on its own but as a complement to various other resources available online. Additional resources are identified later on in this PowerPoint presentation.

Just to note an inclusion on the HHS TPP evidence review does not imply endorsement from OAH. And program selection is up to grantees.

As I mentioned today we are interviewing Dr. Melissa Peskin. Dr. Melissa Peskin is an Assistant Professor of Behavioral Sciences and Epidemiology at the University of Texas School of Public Health.

She is one of the co-developers of the It’s Your Grant Keep it Real Program. She has extensive experience in the development implementation evaluation and dissemination of adolescent health intervention particularly in the areas of sexual health, bullying and dating violence.

Welcome Dr. Peskin. Can you please briefly describe the program It’s Your Game, Keep it Real?

Dr. Melissa Peskin: Sure. So It’s Your Game, Keep it Real is a 7th and 8th grade curriculum. And the program goals are health decision-making to promote healthy relationships, abstinence from sexual behavior and to reduce risk among those youths that are already sexually experienced.

The target population is urban middle school youth ages 12 to 14 years. It is a two-year curriculum which means that there are 12 lessons in each grade level, so 24 lessons total. And it involves both classroom lessons and computer lessons.
The classroom lessons include activities such as role plays, discussions. There is also a journaling component. And then we have individualized computer lessons throughout the 7th and 8th grade curriculum.

Woman: So I noticed that you mentioned computer lessons. Are there any technology requirements like access to the Internet or any other requirements for implementing the program?

Dr. Melissa Peskin: Yes, so it is - the program is available on the Web. So it is helpful to have Internet access. However we also have the program available to users with an installer so that they can take the program and then install the program locally on their computers without using the Internet. So either way it works.

Woman: Sounds good.

Dr. Melissa Peskin: But the computer...

Woman: Can you...

Dr. Melissa Peskin: Go on.

Woman: Oh, I’m sorry. I think I might have cut you off Melissa. So you said the computer lessons can run on...

Dr. Melissa Peskin: That can run on any device that supports Adobe Flash.

Woman: Oh, okay. Thank you for that clarification. That’s actually really helpful to know. Can you briefly talk a little bit about your previous evaluation results?
Dr. Melissa Peskin: Yes so It’s Your Game has been evaluated in two randomized control trials. Both studies the population was the same, an urban school district predominantly African-American and Hispanic.

For the first study we found that those students who receive It’s Your Game were more likely to delay any type of sex. That included oral, vaginal and anal sex at the 9th grade follow-up.

We also found that students who were sexually experienced at baseline also reduced their frequency of sex at the 9th grade follow-up.

And then in study number two we replicated these findings again showing that students who receive It’s Your Game were more likely to delay any type of sex.

At the 9th grade there was reduced frequency of sex and then we also had a reduced unprotected sex without a condom.

Woman: The second study, is it the same follow-up measures that were used in the first study?

Dr. Melissa Peskin: Yes.

Woman: Okay, great.

Dr. Melissa Peskin: So you mentioned that the studies occurred in an urban area. Can you talk a little bit more about the population that was evaluated with the studies and other recommendations of populations that this intervention may be applicable for?
Woman: Yes. So in both studies the target population was urban middle school youth in 7th and 8th grade. It was predominately a Hispanic and African American population.

The program could be possibly used in other settings but we would encourage people to contact the developers if they have a question about their particular study.

Woman: For the population itself I know you mentioned here that it’s primarily Hispanic and African American where it was evaluated.

For the - in case a grantee wanted to implement this program would you say that it needs to stay within that same ethnic racial population or can it be expanded to other races and ethnicities?

Dr. Melissa Peskin: It possibly could be expanded. Again I would suggest that you contact the developer if you have a specific question. But it could be applicable. But the program was designed primarily for if you are predominately Hispanic and African American.

Woman: Okay thank you for that. And you mentioned already the settings but any additional information about the setting in which it was evaluated in and any other settings that may be applicable?

Dr. Melissa Peskin: So we evaluated the program in middle schools but the - it would definitely be appropriate to use this program in an afterschool setting if health clinics wanted to use the program or if a community- based organization wanted to use the program as well that would be appropriate.
Woman: And I’m assuming so please correct me if I’m wrong that you would still think that the ages should stay at 12 to 14 when implementing in these other settings?

Dr. Melissa Peskin: Yes.

Woman: Okay, thank you for that information. So well as patients require OAH prior approval and at times approval by the developer it can be helpful for organizations to get a sense of previous adaptations that have been successfully implemented.

Can you provide some examples of the types of minor adaptations that are allowable?

Dr. Melissa Peskin: Sure. So the lessons really can be delivered at any schedule that works best for the school. But we ask that it be delivered over a four month time period.

But it would be okay if that some schools did the lesson, you know, they had it, you know, two times a week or every day for 12 days. So whatever works best for the school district is appropriate.

Also it’s appropriate that names and pictures can be changed to be more reflective of the target population.

Woman: Do you want to talk a little bit about the computer component and how grantees may want to approach that issue if it’s not something that looks for them?
Dr. Melissa Peskin: Yes. So what we recommend so we do have computer lessons and the computer lessons are designed for students to do them individually on their own computers.

And so the best possible scenario is for the organization to have the computers there and that the students can use their own computers doing the program. If for some reason an organization or a school doesn’t have the computer resources it is okay to assign the computer lessons as homework.

But we would consider...

(Crosstalk)

Dr. Melissa Peskin: ...a yellow light (adaptment) and really should only be used as a last resort.

Woman: And so I just want to make a note again to the grantees that an adaptation like this would require prior approval from OAH. And seems as if it should probably require a little more discussion with the developer as well, is that correct Melissa?

Dr. Melissa Peskin: Yes I mean it’s always helpful for them to contact the developers and so that we can discuss a particular situation.

Woman: Thank you. Can you describe any staffing recommendations you may have for successful implementation as well as any training opportunities that are available?

Dr. Melissa Peskin: Yes. So we do require any facilitator or teacher who is going to teach It’s Your Game to attend an It’s Your Game training.
It’s helpful if facilitators have teaching experience. And it’s also helpful if they are comfortable discussing sexual health.

We do require the training. It is conducted by a certified UT health training staff. We do have a training of trainers available so that is also an option. And then in terms of cost information you should contact the developer for cost information for both the curriculum and the training.

Woman: And can you discuss some of the implementation challenges that you’re aware of and if possible any strategies that you’ve known organizations to implement or that you’ve implemented to overcome those challenges?

Dr. Melissa Peskin: Yes so some common challenges are maintaining support for the program, so keeping the organization or the district on board in terms of their support for the program in the school.

Also really important to make sure that the teachers get trained. That’s very important. And then it’s just important to really have your implementation plan very clearly so that you can really be clear about the logistics of your planning especially if you have a large class size or if you have mixed grade levels within classes so if you’re trying to do the 7th grade curriculum but you’re in a PE class that has 7th and 8th grade students together you just want to be - you want to know about that ahead of time. So the implementation plan is really key.

And some of the things that we’ve used to be successful especially for maintaining support is to do presentations to key stakeholders, keep involved with the key decision makers to provide incentives and resources for teacher training and then to begin planning for implementation logistics.
Woman: The office is going to love that you mentioned implementation plans because we’re all about implementation plans.

Dr. Melissa Peskin: Right.

Woman: So thank you so much for that. Can you discuss some of the recent or planned revisions to the program?

Dr. Melissa Peskin: Yes. So we did recently, the Real World Serial which is a video of - it’s a series of videos that follows some young people throughout the curriculum they - which is in the computer lessons was recently re-filmed to enhance the quality of the videos and to update the look and content of the stories.

And so that was implemented as of September 2014.

Woman: Thank you. And on Slide 12 you will find additional information and resources on It’s Your Game, Keep it Real. We’ll put these resources in conjunction with today’s Webinar we’ll provide a comprehensive understanding of this evidence based teen pregnancy prevention program.

I will assist you in not only making an informed decision on which evidence based programs to select for your community and how to best prepare for and implement this program.

Melissa do you have any final words?

Dr. Melissa Peskin: No, no, no thanks. No, I don’t think so.
Woman:   Okay, well thank you. You’ll see at the last slide information from Melissa so you can feel free to contact her or go on to the Web site and get more information about the program.

And Melissa I just want to thank you so much for taking time today to put this information together and present it to the grantees. I know they’ll find this information incredibly helpful. So thank you again.

Dr. Melissa Peskin:  Thank you.

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