

## EVALUATION ABSTRACT: IT'S YOUR GAME...KEEP IT REAL

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Intervention Name	It's Your Game...Keep It Real (IYG)
Intervention Description	<p>IYG 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 was 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 were delivered according to the schedule that worked best for schools (for example, twice a week, once a week, or daily) within a school semester. The lessons were delivered by trained teachers during regular classroom time and were taught during a variety of subject areas (for example, physical education/health, social studies, and science). Teachers implementing the lessons were required to attend training in order to teach the 7th- and 8th-grade lessons.</p>
Counterfactual	Business as usual
Counterfactual Description	Each school in the comparison condition provided its usual health and sex education program, which varied by district because sexual health and HIV education are not mandated in Texas. Teachers in comparison schools indicated that no schools used a curriculum to teach sexual health that has been identified by the Department of Health and Human Services (HHS) as evidence-based or promising.

Primary Research Question	What is the impact of the IYG program relative to the usual health curriculum on initiation of either vaginal or oral sex by the end of 9th grade (approximately one year after the end of the program) for students reporting “no” to ever had vaginal or oral sex at baseline?
Secondary Research Questions	(1) What is the impact of the IYG program relative to the usual health curriculum on initiation of vaginal intercourse by the end of 9th grade for students reporting “no” to ever had vaginal intercourse at baseline? And (2) What is the impact of the IYG program relative to the usual health curriculum on initiation of oral sex by the end of 9th grade for students reporting “no” to ever had oral sex at baseline?
Sample	<p>This sample included students at 20 schools from selected school districts throughout the greater Houston, Texas, area that agreed to participate in the study and that served 7th and 8th grades. Student inclusion criteria required that students not face language barriers or require educational accommodations that would preclude them from participation in the survey data collection process.</p> <p>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 randomly and consents were distributed to 180 students.</p> <p>The study included one cohort and followed students from 7th through 9th grades. The final enrolled sample size was 2,588 students for whom parental consent and student assent were obtained.</p>
Setting	<p>The study sites included 20 urban middle schools, in Harris County, Texas. The schools ranged in size from 500 to 1,950 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 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.</p> <p>The program was implemented in 10 intervention schools by trained facilitators. Most facilitators in both 7th and 8th grades were physical education teachers.</p>

## Research Design

This evaluation used 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 and then randomized to condition. There were five school districts and an even number of schools within each district. After school randomization, parents consented for their children to be in the evaluation. The consent process for students was the same for intervention and comparison 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.

Survey administration occurred 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).

## Methods

Implementation data were analyzed using descriptive statistics and qualitative analyses. Impact data were analyzed using multilevel regression due to the nested nature of the study design (students within schools). Specifically, *logistic* regression models were used because the three behavioral outcomes (ever had vaginal or oral sex, ever had vaginal sex, ever had oral sex) were dichotomous. Each model included the following covariates: (1) an indicator denoting intervention condition, age, gender and race/ethnicity measured at baseline, and a set of *a priori* identified outcome-related covariates measured at baseline. Additionally, three of the variables used in the randomization process (district, 7th grade enrollment, and percent of students who received a free lunch) were included as well as an indicator representing the percentage of entering 7th grader students in the school reporting they ever had vaginal or oral sex at baseline. One sensitivity analysis was conducted to understand the influence of including the school-level covariate representing the percent of students reporting they ever had vaginal or oral sex at baseline.

Implementation Findings	Data from the implementation evaluation suggest all IYG teachers were trained before implementation. Teachers delivered most lessons and the majority of activities within each lesson. Further, among teachers reporting, most students received most lessons with good quality. A large number of teachers did not provide attendance data despite incentives and extensive follow-up efforts, making it difficult to fully understand dosage across all students in the cohort. Teacher and student reaction data suggest they enjoyed the program and rated it highly.
Impact Findings	The results indicate there were no statistically significant differences in rates of vaginal or oral sexual initiation by the end of 9th grade.
Schedule/Time Line	Baseline data collection ended early March 2013, the first follow-up data collection with 8th-grade youth ended August 2014 and the final 9th-grade follow-up data collection ended in July 2015.