EVALUATION ABSTRACT:
THE EVALUATION OF RE:MIX IN TRAVIS COUNTY, TEXAS

Grantee

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Intervention Name

Re:MIX

Intervention Description

Re:MIX is a comprehensive in-school health curriculum and teen pregnancy prevention program for adolescents covering a broad range of topics related to sexual health and youth development, including healthy relationships, communication, gender, consent, reproductive anatomy, contraception, sexual decision making, clinics, parenthood, and life planning. Re:MIX also aims to connect students and peer educators with community resources and service linkages. The Re:MIX curriculum teaches mixed-gender groups of students in grades 8 to 10 to delay sex and use protection if they have sex. A co-facilitation team of peer educators (who are young parents) will deliver the information with professional health educators using non-traditional approaches, such as game-based tools, technology, and storytelling. Youth receive roughly nine hours and 10 minutes of group sessions during the school day over one semester (55 minutes per week for 10 weeks).

Comparison Condition

Healthy Youth, Healthy You

Comparison Condition Description

Schools receive an alternative program, Healthy Youth, Healthy You, that they can choose to implement (in part or in full) in the comparison classes, or they can choose to conduct business as usual. Comparison classes will not include sexual health topics. Healthy Youth, Healthy You is a 10-hour classroom-based curriculum, delivered in 10 one-hour sessions. The curriculum focuses on health topics including nutrition, mental health, and fitness and was developed for grades 8 to 12. EngenderHealth staff provide the curriculum and deliver a brief training for teachers from each partner school so that they can lead the sessions in their comparison classes.

Behavioral Outcomes

None

Non-behavioral Outcomes

Knowledge of contraception, attitudes, norms, and values, perception of risk, skills and self-efficacy, intentions

Sample and Setting

This evaluation will take place in three public charter schools in Travis County, Texas. Students in select classrooms in grades 8 to 10 in the three study schools will be recruited to participate in the evaluation. To be eligible for the study, participants must be in 8th, 9th, or 10th grade, have parental consent, and provide assent. The evaluation plans to enroll 580 youth across 50 classes in four semester cohorts across two years.

Research Design and Data Collection

The research design is a cluster-level randomized controlled trial. In total, the evaluation team will randomly place 50 classrooms across three schools over four semesters in the Re:MIX intervention group or the comparison group. For four semesters, at the beginning of each semester or before the semester begins, the evaluation team will send home consent and assent forms to all students in the select classrooms (classrooms are selected each semester to ensure no student is in the study twice). Students with parental consent and student assent will receive a baseline survey. After baseline surveys are complete, the evaluation team will randomize classes within each grade and school and provide the schools with the randomization results. Students who do not consent to participate in the evaluation can still participate in the program and will stay in the classroom during implementation. Parents can choose to opt their child out from the program; these students will leave class during sessions when program staff deliver the program.

Youth in both the intervention and comparison groups will receive a baseline survey and a 3-month immediate post-intervention survey. The evaluation team will conduct in-person online surveys for all survey points. If youth are not in school for the follow-up surveys, the evaluation team will contact youth via phone, email, and text message to complete the online survey, a phone-based survey, or mailed paper survey (if necessary).

For the implementation evaluation, the evaluators will collect data on fidelity, attendance, dosage, quality, and the experience of the participants in the comparison group. After each session, the professional health educators will complete an attendance log and a fidelity log. The evaluation team will select a minimum of 10 percent of all sessions to conduct a quality and fidelity observation.

Schedule/Timeline

Sample enrollment and baseline data collection began August 2016 and will end January 2018. The 3-month immediate post-intervention data collection began in November 2016 and will end May 2018.

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