Evaluation Abstract: Evaluation of Becoming a Responsible Teen: Findings from the Replication of an Evidence-based Teen Pregnancy Prevention Program.

Grantee

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Intervention Name

Becoming a Responsible Teen (BART)

Intervention Description

BART is an out-of-school, group-level, cognitive behavioral education program and skills training sexual education course designed to reduce African American adolescents' (ages 14 to 18) risk for contracting HIV. BART aims to reduce high-risk sexual behavior by addressing theoretically relevant motivational antecedents of that behavior. The program aims to build skills, efficacies, attitudes, and intentions to reduce risk – in addition to providing youth with factual information typically included in risk reduction programs. The intervention intends to help teens clarify their own values about sexual decisions and pressures, as well as practice skills to reduce sexual risk taking. These skills include correct condom use, assertive communication, refusal techniques, self-management, and problem solving. Teams consisting of two health educators (one male and one female) are responsible for leading BART. Fidelity requirements mandate that the intervention be delivered in small gender-specific groups of 5 to 15 persons. BART was delivered as part of a summer employment program.

BART is intended to be delivered in eight group sessions over the course of eight weeks (one 1.5- to 2.0-hour session per week). In the first year, BART was implemented over eight weeks with one session per week, as prescribed. In the second and third years, eight sessions were implemented over the course of six weeks, such that, during two weeks, two sessions were offered instead of one session. Specifically, sessions three and four occurred on separate days during week three, and sessions five and six occurred on separate days during week four.

Counterfactual

Healthy Living

Counterfactual Description

Healthy Living aims to influence participants' health behaviors with informational components on nutrition, healthy eating, body image, and exercise, as well as some basic HIV prevention facts. The counterfactual program offered the HIV information-only session of BART and seven sessions that addressed nutrition, healthy eating habits, body image, and physical activity from the Oregon Dairy Council's "Live It! Real-Life Nutrition for Teens" curriculum. Consistent with intervention dosage, Healthy Living was an eight-session, group-level health education course, intended to be delivered over the course of eight weeks (one 1.5- to 2.0-hour session per week). The previously noted modification to the intervention implementation (shortening the delivery of eight sessions to six weeks) was identically applied to the counterfactual condition in the second and third years. Healthy Living was also delivered in small, gender-specific groups of 5 to 15 people.

Because the counterfactual program offers the BART session on HIV information, this evaluation tested the effects of the seven sessions of BART that include training intended to address the (theoretical) situational determinants of behavior change (skills building and attitude and belief modification).

Primary Research Question(s)

What is the impact of the offer to participate in BART relative to the offer to participate in Healthy Living on participants' reported inconsistent use of condoms six months after the end of the intervention?

Secondary Research Question

What is the impact of the offer to participate in BART relative to the offer to participate in Healthy Living on participants' reported frequency of sex six months after the end of treatment?

Sample

Teens who participated in a summer employment program were offered the opportunity to participate in the intervention or counterfactual program, known collectively as the Health Education Program (HEP). Youth workers placed at pre-established sites where HEP was being offered and who met the evaluation eligibility criteria were eligible to participate in the program and study. To be eligible to participate, youth had to (1) be ages of 14 to 18, (2) be assigned to a job site that offered HEP, (3) not have previously participated in a specified list of pregnancy/HIV prevention programs, and (4) provide parental consent (if under age 18) and participant assent to participate in the study. Space permitting, all youth who showed up on the first day of work at sites where HEP was provided and met all the eligibility criteria were individually randomly assigned into an intervention or control group. Those youth who showed up to a HEP site for the first time sometime during the first or second week (but not on the first day) were enrolled in the study and randomly assigned to a study condition, provided they met the eligibility criteria and there was space in the class.

Setting

The study took place in New Orleans, Louisiana as part of an educational component of a summer employment program funded by the city government. The government program contracts with multiple local, community-based organizations (CBOs) to offer summer camps, internships, job training, and employment opportunities for youth ages 14 to 21 who reside in Orleans Parish. Each summer, some of these CBOs implemented HEP as a component of their summer programming.

Research Design

The study is an individual randomized controlled trial in which eligible, consenting participants were randomly assigned by evaluators to intervention or control conditions. Random assignment occurred after evaluation consent/assent had been obtained and before the provision of any programming or collection of baseline data. There was no difference in the consent process for the intervention or control groups. Most study participants were randomized at approximately the same time—the first day of programming. Others were randomized when they showed up to a HEP site for the first time sometime during the first or second week of programming. Participant assignment was blocked by employment site, work shift, and gender.

Baseline, outcome, and covariate data used in this report were collected via self-administered questionnaires that were scheduled at baseline (before the first program session was attended) and six month post-program follow-up (six months following the close of the final program session).

Method

The study investigates the impact of BART on inconsistency of condom use (primary research question) and frequency of sex (secondary research question) within an intent-to-treat framework. The analytic sample consists of the 688 participants who reliably completed both baseline and six-month questionnaires; participants assigned to the treatment condition (BART) were considered members of the treatment group, regardless as to actual program exposure. Impacts were assessed using a regression-estimated approach (OLS) that models outcomes as a function of the baseline measure of the outcome variable as well as individual-level covariates and blocking variables. We mitigated the loss of cases due to item non-response with dummy variable adjustment for missing pretest and covariate data and multiple imputation for missing outcome data.

Impact Findings

Findings from this study indicate that BART did not have a significant impact on the sexual behaviors of youth who were offered the intervention. Six months following exposure to the program, there were no statistically significant differences between treatment and comparison groups' self-reported inconsistency of condom use or frequency of sex. Sensitivity analyses corroborate these findings and indicate that results are not sensitive to analytical decisions.

Implementation Findings

Overall, 99% of intended BART and 98% of Healthy Living sessions were offered. On average participants assigned to both treatment (BART) and counterfactual groups (Healthy Living) received six to seven (mean = 6.3 and 6.2, respectively) of eight intended sessions. Regarding content delivered, on average 75% or more of prescribed intervention activities were delivered to participants in each of the eight BART sessions; crossover was limited, core BART content other than HIV/AIDS knowledge was engaged in a very small percentage of sessions in the comparison intervention (5% of session 1s and 2.3% of session 2s). Of the 155 treatment and comparison intervention sessions observed for quality, *overall quality of the program session* was scored as good or excellent for 62%. All 41 health educators who facilitated the interventions were trained in both the BART and Healthy Living curricula; 88% of health educators completed all four required trainings (both curricula plus fidelity monitoring and evaluation research basics trainings).

Schedule/Timeline

Youth were recruited and enrolled during three consecutive summers (2012 to 2014), with programming ending each summer by late July. Six-month follow-up data collections occurred February to July of each year. Six-month follow-up data collection for the last (2014) cohort concluded in July 2015.