



The Evaluation of the Haitian American Responsible Teens Program in Massachusetts

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Intervention Name	Haitian American Responsible Teens (HART)
Intervention Description	HART is 10-lesson sexuality and behavioral skills educational intervention designed for Haitian teens and offered after school in high school or in community-based organizational settings. HART is a cultural adaptation of “Becoming A Responsible Teen” (BART), an evidenced-based curriculum designed for African American teens that delivers weekly lessons over ten weeks. HART’s primary adaptations include the addition of two lessons on reproductive anatomy/physiology and mental health, with a focus on post-traumatic stress disorder; the creation of culturally appropriate cases and discussion questions; and delivery of programming in two languages (Haitian Creole and English). The program is offered once a week for 10 weeks or twice a week for 5 weeks. Key lesson constructs include (1) providing accurate information about HIV/AIDS and reproductive anatomy/physiology; (2) enhancing motivation to change through various emotional processes; and (3) facilitating mastery of protective behaviors by improving problem-solving and assertive communication skills.
Counterfactual	Nutrition, fitness and post-traumatic stress disorder awareness curriculum
Counterfactual Description	The nutrition, fitness and post-traumatic stress disorder awareness curriculum aims to promote healthy eating habits and increase physical activity by developing peer leadership. The 10-lesson curriculum is delivered once a week for 10 weeks or twice a week for 5 weeks in after-school or community-based settings. The 10th lesson teaches awareness about post traumatic stress disorder, and is also offered to the treatment group. The nutrition and fitness curriculum was culturally adapted from Boston Medical Center’s FANTastic Kids after-school fitness and nutrition curriculum and the California Adolescent Nutrition and Fitness program. The post-traumatic stress awareness curriculum was developed by the Haitian Mental Health Network.
Primary Research Question(s)	(1) What is the HART sexuality and behavioral skills curriculum’s impact, relative to a control nutrition/fitness curriculum, on the proportion of youth who report ever having had sex at the six-month follow-up survey? (2) What is the HART sexuality and behavioral skills curriculum’s impact, relative to a control nutrition/fitness curriculum, on the proportion of youth who had sexual intercourse during the three months before the six-month follow-up survey? (3) What is the HART sexuality and behavioral skills curriculum’s impact, relative to a control nutrition/fitness curriculum, on the proportion of youth who had sexual intercourse without using a condom during the three months before the six-month follow-up survey? (4) What is the HART sexuality and behavioral skills curriculum’s impact, relative to a control nutrition/fitness curriculum, on the proportion of youth who had sexual intercourse without using any effective birth-control methods during the three months before the six-month follow-up survey?
Additional Outcomes	Number of sexual partners, pregnancy, HIV/AIDS knowledge, condom beliefs and attitudes, and intent to use condoms and birth control.
Sample	Eligible youth were of Haitian descent, ages 13 to19 years, and were enrolled in 9th or 10th grade. They were recruited to participate in the after-school program at each of nine participating schools or at two community centers. Depending on a school’s number of Haitian students, enrollment and programming occurred in one or two semesters per school in each academic year, over three years. Additional youth were also enrolled in a summer program at a community center. The projected final sample when study enrollment is completed is 592.

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Setting	Programming was delivered in nine high schools and two community-based organizations in three eastern Massachusetts counties—Suffolk, Middlesex, and Norfolk. Most participants came from areas characterized by high-risk health indicators and high proportions of residents of African descent.
Research Design	HART is a two-group individual randomized controlled trial with longitudinal follow-up. Randomization occurred after eligible students and their parents consented to participate in the study and students completed a baseline survey. Students were stratified based on gender and age and then randomly assigned to the HART or control condition. Siblings or other family members who signed up concurrently were randomly assigned as a single unit. Outcome data were collected upon completion of the curriculum (immediate post-test) and at 6 and 12 months after program completion. Self-reported survey data are collected using validated pencil-and-paper survey instruments.
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	Enrollment will be completed by August 2014, 6-month follow-up data collection used in the primary analysis will be completed by February 2015, and the final 12-month follow-up data collection will be completed by summer 2015. A final report, which focuses on implementation and 6-month follow-up data, will be available to the Office of Adolescent Health in 2015-2016.