



The Evaluation of Becoming a Responsible Teen (BART) in New Orleans, Louisiana

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Intervention Name	Becoming a Responsible Teen (BART)
Intervention Description	<p>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 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 to 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 between 5-15 persons. BART was delivered as part of a summer employment program.</p> <p>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.</p>
Counterfactual	Healthy Living
Counterfactual Description	<p>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. Healthy Living was also delivered in small, gender-specific groups of 5 to 15 people.</p> <p>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).</p>
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 consistent use of condoms six months after the end of the intervention?
Additional Outcomes	Frequency of sex (sexual activity); knowledge of safe sex practices, STIs, and condom use; belief of risk of HIV infection, STI infection, and pregnancy associated with sexual activity; belief of control associated with condom use and sexual activity; attitudes supportive of condom use; attitudes supportive of delayed initiation; condom use self-efficacy; communicative and assertive self-efficacy; beliefs of normative behaviors; intentions to engage in sex; intentions to use condoms.

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Sample	Teens who participated in the 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 into the study, provided they met the eligibility criteria and there was space in the class. The projected sample size was 1,005 youth.
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, these CBOs implemented HEP as a component of their summer programming.
Research Design	<p>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.</p> <p>Baseline, outcome, and covariate data were collected via self-administered questionnaires that were scheduled at the following times: baseline (before the first program session attended); immediate post-program follow-up; 6-month post-program follow-up; and 12-month post-program follow-up.</p>
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/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. Twelve-month follow-up data collections were generally offered from July to January of each year. Six-month follow-up data collection ends July 2015 and twelve-month data collection ends January 2016. A final report, which focuses on six month follow-up data, will be available to the Office of Adolescent Health in 2015-2016.