



The Evaluation of Reducing the Risk and Love Notes in Louisville, Kentucky

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Intervention Name	Reducing the Risk and Love Notes
Intervention Description	<p>Creating Healthy Adolescents through Meaningful Prevention Services (CHAMPS) Camps offered two interventions: Reducing the Risk and Love Notes.</p> <p><i>Reducing the Risk: Building Skills to Prevent Pregnancy, STD and HIV</i> (RtR) 5th Edition (Barth 2011) consists of 16 one-hour modules. Two certified facilitators who were experts in comprehensive sex education provided the intervention. The 16 modules cover risk behaviors, abstinence, HIV and STI prevention, and skills development.</p> <p>There were two adaptations to RtR. First, instead of delivering the training across 16 weeks for less than an hour a week in a school setting delivered by a health teacher, it was delivered over two weekends during nine-hour days in community-based organizations by social workers or youth workers. Second, six additional educational videos were used to ensure that youth understood reproductive anatomy, abstinence, contraceptives, sexually transmitted diseases, and making sound sexual choices.</p> <p><i>Love Notes</i> (LN) is a 13-module curriculum designed to educate youth about healthy relationships, including issues of decision making, communication, and conflict resolution; it also aims to reduce teen dating violence and unprotected sex (and thus pregnancy, the spread of sexually transmitted infections [STIs], and injury). The curriculum builds on social exchange theory and meets the needs of youth who are alienated and in need of loving personal relationships. LN presents information on domestic violence using the Johnson multidimensional model (Johnson 1995, 2008) addressing issues of risk level related to dangerous behaviors.</p> <p>There were four adaptations of LN. First, instead of training youth in 13 one-hour sessions or 4 sessions lasting three hours, youth were trained on two weekends during nine-hour days. Second, the curriculum developer enhanced the module on sexuality by providing more material on contraception, condoms, biological reproduction and decision-making, adding roles plays on refusal skills, and adding activities to cover the material. Third, four educational videos on reproduction, abstinence, and birth control were added. Fourth, PowerPoint slides and abbreviated versions of the training materials were created to focus facilitators on key information and activities from the full training manual.</p>
Counterfactual	The Power of We (POW)
Counterfactual Description	CHAMPS Camps offered a counterfactual program, POW. POW helps youth learn more about their neighborhoods, assets in their neighborhoods, and ways to bring about positive change. Youth took a neighborhood walk to gather information about neighborhood assets, watched films such as <i>Waiting for Superman</i> to learn how to bring about community change, and created a film or piece of artwork to demonstrate what they learned in general about community-building and change and about their neighborhoods. The developer of POW, Network Center for Community Change, delivered POW to participants in 13 hours of contact over two consecutive weekends.

The Effectiveness of Reducing the Risk and Love Notes in Louisville, Kentucky

Primary Research Question(s)	<p>(1) Do participants in the RtR intervention group use condoms and other forms of birth control more often than participants in the POW control condition three months after the conclusion of the program?</p> <p>(2) Do participants in the LN intervention group use condoms and other forms of birth control more often than participants in the POW control condition three months after the conclusion of the program?</p> <p>(3) Do participants in the RtR intervention have fewer sexual partners from the commencement of the program to three months after the program, compared with control POW participants?</p> <p>(4) Do participants in the LN intervention have fewer sexual partners from the commencement of the program to three months after the program, compared with POW control participants?</p>
Additional Outcomes	Knowledge and attitudes; intent to have sex; intent to use a condom; intent to use birth control; perceived impact of program on sexual activity; perceived impact of program on condom use; perceived impact of program on birth control use; perceived impact of program on abstinence
Sample	Organizations serving youth in Louisville recruited and enrolled unmarried youth ages 14 to 19 who had never been pregnant or impregnated anyone, who could participate verbally in English, and who had no cognitive impairment that precluded giving assent or informed consent for any reason. The program targeted youth in foster care, youth from urban areas, and refugee youth, but the sample was not restricted to this population. From September 2011 to March 2014, 107 clusters (38 RtR, 38 LN, and 31 POW) were offered at the 38 CHAMPS camps, which included 1,450 youth (517 RtR, 513 LN, and 420 POW).
Setting	The program was delivered in Louisville, Kentucky, at the host location of 22 community-based organizations, such as faith-based agencies, community centers, social service agencies, and resource centers located in low-performing schools in the western and southern parts of the city with the highest poverty rates and where most urban, foster, and refugee youth live.
Research Design	The study is a three-arm, cluster randomized controlled trial that collected data at six points (pre-training baseline, immediate post-training, 3, 6, 12, and 24 months post-training). All youth ages 14 to 17 received parental consent to participate and assented to participate before the beginning of each CHAMPS camp. As youth reached age 18, they consented to participate in the study. Consent and assent occurred in a similar fashion for all youth. Randomization occurred at the beginning of each CHAMPS camp to ensure only youth who were present were randomized. A stratified randomization procedure was used to assign youth to clusters based on gender. Youth who were part of a larger household unit were placed in the same cluster, with one youth randomly sampled as the study participant. Intact clusters were then randomized to condition. Classes ran simultaneously at each site and received the same name to minimize the potential for students to determine their condition. Baseline data were collected at the start of the first session, immediately after randomization of cluster to condition. For all three conditions, follow-up data were collected in a similar manner. All youth were invited to participate in a "Data Daze" event at which they completed the survey and received food and an incentive. Data Daze events were planned for specific CHAMPS camps and for each survey; however, youth could attend a different Data Daze if they were unable to attend their scheduled event.
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	The full sample was enrolled as of March 2014. 3-month follow-up data collection ends June 2014 and 12-month follow-up data collection ends March 2015. A final report, which focuses on 3-month follow-up data, will be available to the Office of Adolescent Health in 2015-2016.