

## EVALUATION ABSTRACT:

# THE EVALUATION OF *RESPECTING THE CIRCLE OF LIFE: MIND, BODY AND SPIRIT* WITH AMERICAN INDIAN ADOLESCENTS AND FAMILIES

### Grantee

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### Intervention Name

*Respecting the Circle of Life: Mind, Body and Spirit (RCL)*

### Intervention Description

*RCL* is a nine lesson, theory-based sexual risk reduction intervention tailored for American Indian youth and families that incorporates skill-building activities, role-playing, and education to bring about behavior change. The first eight *RCL* lessons are delivered in an innovative format: during a summer day camp to small groups of peers. *RCL* acknowledges that peer norms influence youth behavior change and that curricula bound to school-based administration might not reach the most at-risk youth. A ninth youth–parent lesson teaches family-based communication around sexual decision making and is an opportunity to impart family values around sex. *RCL* aims to delay sexual activity and promote condom use; it discusses abstinence, sexually transmitted infections, human immunodeficiency virus and acquired immunodeficiency syndrome, condom use, contraception, and pregnancy.

Trained male and female American Indian community health worker facilitators, who receive ongoing training and professional development, deliver *RCL*. Facilitator dyads teach the first eight lessons daily to small groups of self-selected same-sex peer groups of youth, ages 11 to 19, during the summer day camp. One facilitator delivers the ninth youth–parent lesson to the youth together with their parent or another trusted adult at home or in another private location within three months following the end of camp. Each of the nine *RCL* lessons last about 90 minutes. The curriculum package includes facilitator guides for the peer group lessons and youth–parent lesson as well as youth and parent workbooks, a resource guide, and DVD.

### Comparison Condition

*Healthy Youth (HY)*

### Comparison Condition Description

*HY* is a nine-lesson program delivered to American Indian youth ages 11 to 19 and families in the same structure and format as *RCL*. This includes eight daily lessons taught by male and female American Indian community health worker facilitators to self-selected same-sex peer groups during the summer day camp, and ninth lesson with the youth, parent, and facilitator in their home or another private location within three months following the end of camp. Each *HY* lesson lasts about 90 minutes. The *HY* program teaches nutrition, diet, exercise, and the importance of staying active. There is no overlap in content with *RCL*, and youth receiving *HY* do not receive any portion of the *RCL* intervention.

## **Behavioral Outcomes**

Sexual initiation, condom use at last sex, number of sexual partners in past three months, sex without a condom in past three months, sex without birth control in past three months, and incidence of sexually transmitted infection and pregnancy (tracked through medical chart data)

## **Non-behavioral Outcomes**

Knowledge related to sexual and reproductive health, pregnancy, contraception, sexually transmitted infection, human immunodeficiency virus, acquired immunodeficiency syndrome, condom use self-efficacy, intention to use condoms, parental engagement (monitoring and communication), and substance use

## **Sample and Setting**

This evaluation takes place in one reservation-based American Indian community in Arizona. Youth ages 11 to 19 and a parent or other trusted adult are recruited to participate in the evaluation. Youth and parents or trusted adults are recruited on an annual basis, each spring before camp, through the use of flyers, brochures, print ads, and radio public service announcements. To be eligible, participants have to (1) be American Indian; (2) be ages 11 to 19; (3) have a parent or trusted adult ages 18 and older with whom to participate; (4) provide consent (if 18 or 19) or have parental consent and provide assent (if 11 to 17); (5) be willing to be randomly assigned; and (6) be able to participate in the full program to which they were randomized (*RCL* or *HY*) and evaluation. The study expects to enroll 567 youth and 567 parents or trusted adults across three cohorts.

## **Research Design and Data Collection**

The research design is an individual randomized controlled trial. All eligible youth within the community who consent to participate in the study and complete a baseline assessment are stratified by sex and age (11 to 12, 13 to 15, and 16 to 19). Youth and parents or trusted adults are then randomly assigned to the intervention or comparison group. Siblings who enroll during the same summer are randomly assigned together as a cluster. After youth are randomized they self-select into peer-groups for delivery of the *RCL* or *HY* program (peer groups will be same-sex and in the three age groups used in the stratification).

Both the intervention and comparison groups receive a baseline, 3-month post-intervention, and 9-month post-intervention survey. Post-intervention means following the delivery of the ninth lesson. For all time points, the evaluation team will deliver surveys via Audio Computer Assisted Self-Interview on a laptop or tablet. The research team delivers the baseline survey during the first two days of the summer camp to the youth, before they are randomized, and at the time of consent to the parent or trusted adult. They deliver all follow-up surveys (youth and parent or trusted adult) at school, at home, the local study office, or another private location selected by the participants. Medical chart data will be collected annually for youth participants.

For the implementation evaluation, the research team collects data on fidelity, attendance, and quality. After each lesson, facilitators complete an attendance log and a lesson administration self-assessment. The research team also randomly selects 10 percent of all lessons to conduct a quality and fidelity observation.

## **Schedule/Timeline**

Sample enrollment and baseline data collection began in May 2016. Enrollment and baseline data collection will end in July 2018. Post-intervention data collection began in October 2016 and will end in July 2019.

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