

# **EVALUATION ABSTRACT: THE EVALUATION OF TAKING RESPONSIBLE ACTIONS IN LIFE (TRAIL) IN CABARRUS COUNTY, NORTH CAROLINA**

## **Grantee**

Grantee Name: Public Health Authority of Cabarrus County  
Project Lead: Barbara Sheppard  
Email address: barbara.sheppard@cabarrushealth.org

## **Evaluator**

Evaluator's Organization: Portland State University  
Evaluator Lead: Lynne Messer, Ph.D.  
Email address: lymesser@pdx.edu

## **Intervention Name**

Taking Responsible Actions in Life (TRAIL)

## **Intervention Description**

TRAIL is a multi-tiered school-wide intervention delivered to youth in middle school and high school. The overall goal of the TRAIL project is to decrease rates of teen birth by increasing the capacity of students to make healthy decisions regarding sexual health through the use of a school-wide pregnancy prevention model. The program will be delivered to youth in 8th and 9th grade at the intervention sites.

The TRAIL program is composed of a multitier system of strategies: (1) universal strategies, (2) targeted strategies, and (3) intensive strategies. Universal strategies impact the entire school via a school-wide social norms marketing campaign and school climate change activities. A social norms marketing campaign saturates the entire school through monthly newsletters, posters, and video campaigns to educate students on healthy behaviors and dispel their misperceptions of peers' sexual activity. School staff trainings and professional development activities focus on enhancing protective factors for students to reduce the effects of stressful life events and trauma, improving classroom management, linking students to resources, and improving the overall school climate for students and staff. Activities include trainings to staff and teachers on trauma-informed care, positive youth development, available teen-friendly resources via the Network of Care teen resource guide and app, and available support programs to the parents. Key health staff receive three trainings and the entire school staff receives one training. School nurses measure healthcare linkages and referrals, which program staff review to assess and address any barriers to accessing services related to teen sexual health and related healthcare services.

Targeted strategies include an in-school curriculum and service learning component, which impact all targeted grade students at the intervention schools. Elevate is the in-school adolescent leadership curriculum program that provides teens with the knowledge, skills, and support they require to make healthy decisions regarding their future, including those related to sexual health. Elevate provides peer mentoring and an interactive curriculum covering topics such as setting and achieving goals; self-assessment; issues with family, friends, and self; media awareness; self-esteem; leadership; communication and negotiation skills; and future orientation. In addition, all targeted grade students complete service learning projects to develop and deepen a positive attachment to the school and community. This tier includes five 90-minute sessions (7.5 hours) of classroom programming and 10 hours of service learning. A subset of youth with identified increased risk factors and their caregivers receive intensive strategies, which include peer mentoring, after-school running/positive youth development programming, summer programming, and parent workshop support. Schools identified a subset of students in the targeted grades and their caregivers for recruitment for these activities, but participation is voluntary. High school and college mentors are carefully selected and trained to act as peer mentors who collaborate to raise awareness about teen health issues in the community and promote healthy decision making. These mentors assist the universal, targeted, and intensive strategy activities. TRAIL enrichment is a set of twenty 90-minute sessions of a comprehensive noncompetitive running program that promotes future orientation, an active lifestyle, nutritious eating, and healthy decision making, including decisions regarding sexual health for adolescents to achieve holistic health and be successful adults. Summer Advantage opportunities provide meaningful, positive, and supervised activities for youth during the summer months. Community partners make activities available to enable students to experience various positive youth development outlets in the community, which are related to health, education, and the arts. Parent workshops are available to equip parents and community members with prevention education and a system to reinforce positive norms for students.

## Comparison Condition

Business as usual

## Comparison Condition Description

Students in the comparison schools (as well as those in the intervention condition) receive the normal 9th grade health curriculum, "Reproductive and Health Safety Education," which aims to cover three essential standards: (1) healthy and effective interpersonal communication and relationships, (2) abstinence from sexual intercourse as a positive choice for young people, and (3) strategies that develop and maintain reproductive and sexual health. All schools in North Carolina provide sex education in accordance with the 2009 Health Youth Act in 7th, 8th, and 9th grades.

## Behavioral Outcomes

Age of sexual initiation, ever been pregnant or gotten someone pregnant, number of times been pregnant or gotten someone pregnant, any sex in past three months, number of times had sex in the past three months, had sex without a condom in past three months, number of times had sex without a condom in past three months, had sex without birth control in past three months, and number times had sex without birth control in past three months (among 9th grade cohort)

Outcomes identified above and the occurrence of touching someone's private parts and letting someone else touch participants' private parts (among 8th grade cohort)

## Non-behavioral Outcomes

Intentions to have sex, intentions to use birth control, speaking to guardians about pregnancy prevention and sexual decision making, perception of peers' sexual activity, reporting of staff members at their school that care about their success

## Sample and Setting

Evaluators recruited eight high schools and eight middle schools from Cabarrus County and Kannapolis City Schools, all of which have agreed to random assignment to intervention or comparison sites and to accommodate evaluation and program staff in the schools. In cohort 1, the evaluation population is 9th graders attending intervention or comparison high schools; in cohort 2, the evaluation population is 8th graders attending intervention or comparison middle schools. Passive parental consent and active participant assent will be obtained for all cohorts. About 4,800 8th and 9th graders will be enrolled in 16 schools across two cohorts.

## Research Design and Data Collection

The TRAIL intervention will be evaluated using a cluster-level randomized control trial design. During each cohort, the eight study schools will be categorized as high risk or low risk based on the percentage of free or reduced price lunch and percentage non-white students in the school. Each risk category will contain four schools. Within each risk strata, schools will be randomly assigned to intervention or comparison.

Evaluators will administer the baseline and immediate post-intervention surveys electronically. In addition to passive parental consent, evaluation participants will complete an electronic assent form, which provides the standard disclosures for participating in the study as outlined by the Portland State University IRB.

The implementation evaluation includes monitoring healthcare linkages, reach, dosage, fidelity, and quality. The implementation evaluation plan includes the use of written documents from various sources including facilitator logs, college mentor logs/observations, participant satisfaction questionnaires, and observers for ensuring fidelity as well as for quality improvement efforts. Trained independent project staff will observe and document at least 10% of all curriculum sessions and provide feedback to facilitators and mentors.

## Schedule/Timeline

Sample enrollment and baseline data collection began in September 2016 and will end September 2017. Immediate post-intervention data collection began in May 2017 and will end May 2018.

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