Overview of TeenAge Health Consultants Evaluation Activities

Baseline Report

Prepared by:

Terrance J. Taylor

Matt Vogel

Kyle J. Thomas

Brian Rainey

Lauren Becker

University of Missouri-St. Louis

August 2018

This research was conducted under a subcontract from the St. Louis County Department of Health as part of Award Number 5-YEPMP170097-02-00 from the Office of Minority Health, U.S. Department of Health & Human Services. Points of view contained in this report are those of the authors and do not necessarily represent those of the funding agencies.

Overview

The following report documents the Year One evaluation activities associated with the Teen Age Health Consultant (TAHC) component of Project R.E.S.T.O.R.E (Reconciliation and Empowerment to Support Tolerance and Race Equity). This report briefly outlines the key features of Project R.E.S.T.O.R.E., summarizes the process and longitudinal evaluation of the TAHC program, and provides an overview of the baseline characteristics of students in the treatment and control groups. As described in greater detail below, the findings from the process evaluation indicate that the TAHC curriculum was administered as intended at each of the participating schools. The initial findings from the longitudinal evaluation reveal a strong degree of comparability in baseline characteristics between participants in the treatment and control groups.

Project R.E.S.T.O.R.E.

Project R.E.S.T.O.R.E. is a collaborative effort between the St. Louis County Department of Public Health, Saint Louis County Police Department, Police Athletic League, and three St. Louis County Public School Districts (Hazelwood, Normandy, and University City). Funded by a $1.7 million grant from the Department of Health & Human Services Office of Minority Health, Project R.E.S.T.O.R.E. involves a series of coordinated, multi-disciplinary interventions designed to improve academic, disciplinary, and health-related protective factors and reduce risk factors for violent behaviors among a cohort of 7th grade followed through 10th grade. The goals of the program are to (1) reduce problem behaviors (including violent conduct, bullying, and school dropout), (2) promote resiliency, school performance, and healthy decision-making, and (3) improve cultural competency among school personnel and police. All 7th grade students attending

three target schools during the spring of 2018 were eligible to participate in a student-led, public health oriented curriculum known as the TeenAge Health Consultants (TAHC).

TAHC is a school-based curriculum administered by the St. Louis County Department of Health. It provides a way for pre-teens and teens to talk with other teens about important issues they face. The overarching program goal is to help teens reach their full potential by living a healthy lifestyle. The program is delivered by high school students (TAHC mentors) who have been selected by a teacher and attended a half-day training workshop offered by the St. Louis County Department of Public Health – Health Promotion Staff. Upon training completion, TAHC mentors lead discussions about healthy decision making, problem solving, and coping with health-related issues; dealing with conflicts; alcohol, tobacco, and other drug resistance skills; and dating issues. The program consists of a standardized curriculum with program binders including information on program goals, key content areas to be covered, and activity materials to be used during class sessions. The program has served over 350,000 students since it began in 1984.[1] As part of Project R.E.S.T.O.R.E, TAHC was offered in eight sessions to those students enrolled in 7th grade in 2018. Material from similar curricula will be offered to students attending the target schools in 8th (2019) and 9th grades (2020).

TAHC Evaluation

A formal evaluation of Project R.E.S.T.O.R.E. was a required component of the OMH grant. The evaluation of the TAHC portion includes a process and outcome evaluation involving students from five schools (three receiving the intervention, and two serving as controls). The evaluation was designed to assess: 1) how the program is operating in each of the schools (the

[1] TeenAge Health Consultants website (http://www.arewethereyetstlouiscounty.com/tahc/). Retrieved 8/23/2018.

process evaluation), and 2) how effective the program was at meeting its desired goals among the treatment cohort (the outcome evaluation).

Non-obtrusive observations of TAHC program delivery in each of the three intervention schools were conducted during the spring 2018 semester. A total of five sessions were observed (two at two schools and one at the third school) to assess the degree to which the program was delivered in the schools in the way it was developed and presented in the curriculum binders. Observations of the program delivery indicated that the "curriculum on the books" was, with few exceptions, the curriculum delivered in the classrooms. The TAHC mentors, for the most part, followed the curriculum outline, presented the information verbatim, and used the materials provided in the binders. When deviations occurred, they typically involved classroom management decisions (e.g., dividing students into larger or smaller groups than specified in the binders) that were unlikely to affect the effectiveness of the program offered. It is important to note, however, that one of the schools opted out of the lessons about dating issues.

To assess TAHC outcomes, confidential surveys were administered to students attending the three treatment schools and the two control schools during the spring 2018 semester. The surveys were administered by UMSL researchers during school hours in group settings and took approximately 35-40 minutes to complete. Researchers read items aloud while students completed paper and pencil questionnaires. The surveys included 22 pages of questions designed to tap into various attitudes and behaviors targeted by Project R.E.S.T.O.R.E.

Consent Procedures and Rates

Youth require a special degree of protection when they participate in research studies. Not only is it necessary to obtain the assent of the subjects themselves, but parents must provide their

consent before the youth can be contacted. Two types of parental consent processes are available to researchers: 1) active ("opt-in") and 2) passive ("opt-out"). Active consent procedures were used in the Project R.E.S.T.O.R.E. evaluation. To facilitate the consent process, school personnel were enlisted to distribute and collect the parental consent forms. Table 1 provides an overview of the active consent and survey completion rates obtained in the current study. Forty-nine percent (n=457) of the 7th grade students' parents returned consent forms indicating that their child was allowed to participate in the evaluation.[2] An additional 11.9% of parents returned forms declining the opportunity for their child to participate, and approximately 39% of youth did not return forms. As demonstrated in the below table, consent rates varied by school, ranging from a minimum of 42 percent to a maximum of 62 percent.

Table 1: Consent and Completion Rates by School

	Yes		Complete		No		No Return	
	N	%	N	%	N	%	N	%
School 1	50	---	46	92.0	6	---	---	---
School 2	110	45.6	102	92.7	54	22.4	77	32.0
School 3	122	62.2	116	95.1	5	2.6	69	35.2
School 4	95	45.9	86	90.5	10	4.8	102	49.3
School 5	80	42.8	74	92.5	30	16.0	77	41.2
Total	457	49.0	424	92.8	99	11.9	325	39.1

Once the consent process was completed, students who returned affirmative consent forms were deemed eligible to complete the surveys. The percentage of eligible students who completed surveys exceeded 90% in each of the five schools, generating a total baseline sample size of 424 students. As illustrated in Table 2, nearly two-thirds of the sample is comprised of students attending schools in which Project R.E.S.T.O.R.E. was implemented. This is to be expected as

[2] This figure is based on only four of the schools participating in the evaluation. Consent rates cannot be calculated for one school as the principal declined to provide class rosters necessary to determine the population eligible for the study.

students in three of the five schools included in the evaluation were designated to receive the treatment with students in the remaining two schools serving as comparisons.

Table 2: Completion by Treatment Condition

	N	%
Treatment	276	65.1
Control	148	34.9
Total	424	100

Descriptive Information on Treatment and Control Groups

Table 3 presents descriptive information about the students included in the study. The overall sample is comprised primarily of females (58%), African Americans (76%), and youth aged 12 to 13 years old (64.6%). The differences between the control (12.78) and treatment (12.64) with regard to age are statistically significant, but are substantively negligible. The control group is slightly more likely to be female (63%) compared to the treatment group (56%), although these differences are not statistically significant. The control group consists of a greater proportion of non-Hispanic whites (9%) compared to the treatment group (3%), and proportionately fewer African Americans (Control: 67% versus Treatment: 81%). With the notable exception of race/ethnicity, the treatment and control groups are quite similar on demographic characteristics.

Table 3. Descriptive information of the TAHC evaluation sample

	Overall		**Treatment**		**Control**		
Construct	**Mean /%**	**SD**	**Mean/%**	**SD**	**Mean/%**	**SD**	***P* < .05**
Age	12.69	0.51	12.64	0.43	12.78	0.54	*
Gender							
Male	41.81	-----	44.32	---	37.16		
Female	58.19	-----	55.68	---	62.84		
Race							
Non-Hispanic White	5.25	-----	3.31	---	8.84	---	*
Non-Hispanic Black	76.13	-----	80.88	----	67.35	----	*
Hispanic	3.82	-----	2.94	----	5.44	----	
Non-Hispanic Multi – Race	11.69	-----	10.66	----	13.61	----	
Non-Hispanic Other Race	3.10	-----	2.21	----	4.76	---	

Comparison of Baseline Outcome Measures between Treatment and Control

The primary goals of Project R.E.S.T.O.R.E. are to reduce offending and victimization, increase healthy decision making, increase coping/resilience, and decrease risk factors for violence. As such, the survey instrument collected baseline information for a series of attitudinal and behavioral measures related to these outcomes. The descriptive statistics of the baseline outcome measures are presented in Table 4.

Table 4. Baseline Outcome Measures from the TAHC Evaluation Sample

	Overall		Treatment		Control		
Construct	**Mean /%**	**SD**	**Mean/%**	**SD**	**Mean/%**	**SD**	***P* < .05**
GPA	2.91	0.85	2.89	0.86	2.95	0.82	
Perceived Standing	2.29	0.90	2.28	0.91	2.29	0.88	
School Commitment	3.86	0.69	3.88	0.70	3.84	0.69	
Parental Closeness	3.62	0.98	3.59	0.98	3.67	0.98	
Parental Monitoring	4.26	0.70	4.21	0.73	4.37	0.63	*
CYRM – Resilience	3.98	0.54	3.98	0.53	3.99	0.56	
CESD 10 - Depression	2.06	0.53	2.06	0.50	2.05	0.59	
Self-rated Health	3.10	0.71	3.13	0.72	3.06	0.70	
Discipline (six months)							
Sent to Principal	58.68	-----	57.68	----	60.56	----	
Peer Mediation	18.77	-----	23.86	----	9.22	----	*
Suspended	40.29	-----	42.01	----	37.06	----	
Questioned by Police	19.81	-----	20.37	----	18.75	----	
Arrested	4.11	-----	4.47	----	3.42	----	
Delinquency (six months)							
General Delinquency	68.72	-----	67.24	----	71.43	----	
Violence	47.61	-----	46.36	----	50.00	----	
Bullying	11.62	-----	12.87	----	9.22	----	
Cyberbullying	18.18	-----	19.78	----	15.17	----	
Victimization (six months)							
Violent Victimization	24.64	-----	23.53	----	26.71	----	
Violent Victimization at School	15.59	-----	15.50	----	15.75	----	
Bullying	30.41	-----	29.59	----	31.94	----	
Cyberbullying	25.54	-----	24.44	----	27.59	----	
Attitudes towards Police	3.36	1.00	3.40	0.95	3.30	1.09	
Healthy Behaviors							
Milk	2.85	1.34	2.84	1.33	2.85	1.36	
Fruit	3.16	1.28	3.17	1.29	3.13	1.26	
Veggies	2.28	1.29	2.20	1.27	2.43	1.32	
Bread	3.08	1.21	3.09	1.25	3.05	1.14	
Cookies	2.74	1.23	2.79	1.24	2.66	1.22	
Soda	2.49	1.24	2.46	1.30	2.52	1.13	
Water	3.73	1.19	3.73	1.23	3.73	1.13	
Fast food	2.45	1.16	2.46	1.22	2.42	1.03	
Exercise	3.68	2.16	3.83	2.22	3.41	2.01	
Sleep	2.97	0.83	2.96	0.82	2.97	0.77	

Of particular interest for the evaluation is the comparability between the students in the treatment and control groups. If the treatment and control groups are quite different, then such differences would need to be taken into account when evaluating the effectiveness of Project

R.E.S.T.OR.E. While there are some differences between treatment and control students on the factors described below, the main picture is one of similarity. Stated simply, the treatment and control groups are comparable on most of the baseline measures.

Factors related to school commitment (e.g., GPA) and attachment to family are similar between the treatment and control students. Further, students in the treatment and control schools, on average, reported similar levels of depression (CESD-10) and resilience (CYRM). The two groups also reported similar experiences with discipline both in-school and contact with the criminal justice system. The one exception is that students in the control schools were significantly less likely to go through peer mediation. Students' attitudes towards police were, on average, similar across the treatment and control schools.

These data also indicate that self-reported delinquency was comparable across the treatment and control schools, with 70% of students reporting engaging in at least one delinquent act in the last six months. Approximately 50% of students in both the treatment and control schools reported engaging in some form of violence. Self-reported bullying behavior—both in person and online—was slightly higher in the treatment schools than in the control schools, but these differences did not reach conventional levels of statistical significance. Victimization experiences are also quite comparable between treatment and control students, with around 25% of students in each condition experiencing some type of violent victimization in the past six months. Experiences with bullying victimization (both in person and online) are similar across groups. Finally, the students in the treatment and control groups report similar health behaviors, with the one exception being that students in the treatment group report exercising slightly more frequently than students in the control groups.

Summary & Conclusions

To briefly summarize, evaluation activities to date have involved: 1) observations of the TeenAge Health Consultants (TAHC) program to assess program fidelity and 2) surveys of 424 students attending 7th grade in one of three treatment or two control schools. The observations of the program delivery suggest that the program was generally delivered as designed. The TAHC mentors, for the most part, followed the curriculum outline, presented the information verbatim, and used the materials provided in the binders. With one exception – a school that opted out of the dating issues lessons – it appears that students were exposed to the curriculum contained in the binders.

The survey data illustrate that the students in the treatment and comparison groups are quite similar on most baseline measures, especially those involving the key outcomes of interest. That being said, there are a handful of demographic differences between students in the treatment and control groups. As the evaluation moves forward, the research team will be attentive to the ways in which the racial and ethnic differences between groups may influence the assessment of program impact.

As the evaluation moves forward, the UMSL research team will produce a series of brief research reports intended to provide a more comprehensive overview of topics apropos to the key TAHC program outcomes. Specifically, future reports will focus on (1) healthy decision making; (2) victimization experiences; (3) responses to traumatic life events; (4) psychological well-being; and (5) delinquency. These reports will be distributed to the St. Louis County Health Department and made available for download through the Project R.E.S.T.O.R.E. evaluation website. Summaries of other evaluation activities, including the Year 1 reports of the Police Athletic League (PAL) and school personnel evaluations, will be distributed in the same manner.