

EVALUATION ABSTRACT: THE EVALUATION OF IN•CLUED - INCLUSIVE HEALTHCARE: YOUTH & PROVIDERS EMPOWERED IN ALASKA, IOWA, MASSACHUSETTS, MINNESOTA, MONTANA, OREGON, UTAH, AND WASHINGTON

Grantee

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Intervention Name

IN•clued - Inclusive Healthcare: Youth & Providers Empowered (IN•clued)

Intervention Description

The IN•clued program consists of two pieces: one for clinics and one for youth. The program is often delivered by peer educators trained to deliver IN•clued to lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) youth ages 15 to 19 and health care providers who work with them. Trained facilitators have the option to deliver the program instead of peer educators.

The IN•clued program for youth consists of a three-hour in-person workshop for youth about sexual risk prevention, healthy relationships, and how to access sexual health services. Workshops take place in LGBTQ youth groups in schools or community-based organizations. Youth receive a list of local health care providers that highlights those that have participated in the IN•clued health care provider workshop. Program youth can also opt-in to receive text messages of health tips and reminders to visit a health center for three months following the workshop.

The IN•clued program for health care staff and providers is a three-hour workshop — delivered in two 1.5 hour segments — that covers best practices for working with LGBTQ youth.

Comparison Condition

Alternate activity

Comparison Condition Description

The comparison group will receive a 10-minute presentation and a list of local health care providers, including those that have and have not trained with the peer educators to be more LGBTQ friendly and accepting. There will be no indication of which providers have received the training. This 10-minute presentation will be a part of a longer three-hour activity unrelated to sexual health. During the three-hour activity, this group can watch and discuss films by and for LGBTQ youth about sexual orientation and gender identity. Activities could include a community scavenger hunt, poetry slam, discussion about relationships, and appreciation of members of the group's unique strengths. This group will not discuss topics related to safer sex or accessing sexual health care.

Behavioral Outcomes

Use of reproductive health services, sexually transmitted infection testing, completion of sexual health care appointments, avoidance of risky sex

Non-behavioral Outcomes

Self-efficacy related to communication with health care professionals about sexual health and needs, knowledge of safe sex practices, knowledge of how to access sexual health

Sample and Setting

To identify and recruit eligible youth, the program partnered with 60 local organizations that have space, capacity, staff, interest, and youth participants who are a part of LGBTQ youth groups that already meet on a regular basis. These sites range in size, but the average is about 15 youth per cohort with up to two cohorts per site. This will include a consented baseline sample of 1440 youth (720 per study condition). The program also will recruit 44 clinics (22 per study condition) to participate in the health care provider workshop component. The evaluation will take place in Alaska, Massachusetts, Minnesota, Montana, Oregon, Utah, and Washington State.

Research Design and Data Collection

The study is a cluster randomized controlled trial in which evaluators randomly assign each cohort of youth enrolled at the selected sites to receive the IN•cluded intervention or the comparison condition. In addition, at the start of the evaluation, evaluators will randomly select each clinic in year two to receive the IN•cluded training. The evaluation team has a waiver of parent or guardian consent because of the nature of the study population. They will gather assent from the youth participants. Assent, baseline data collection, and implementation occur on the same day.

The evaluator randomly assigns youth cohorts before assent and baseline data collection, but youth do not know until implementation occurs. Facilitators trained by the evaluator will collect baseline data using pen and paper surveys in person after they collect assent and before the announcement of random assignment. The evaluation team will administer the follow-up surveys using an online link or via phone. If necessary, they will follow up in person.

Immediate post-intervention surveys will occur three months after the workshop and at the end of the text message service. Nine-month follow-up surveys will occur one year after the workshop and nine months after the text message service. In addition, an implementation study will occur for both the youth and clinic portions. Facilitators collect attendance data during the interventions to track dosage, complete a fidelity form at the end of each session indicating whether they covered all of the topics and activities scheduled for that lesson, and provide information about any session abnormalities (for example, excessive behavioral problems, late start, cancellation). Trained observers will observe 10 percent of the lessons and will complete observation forms detailing whether all topics and activities were covered during the session.

Schedule/Timeline

Sample enrollment and baseline data collection began in February 2017, the immediate post-intervention survey data collection began in May 2017, and the nine-month follow-up survey data collection will begin in February 2018. Due to the shortened project period, data collection with OAH funding will end in June 2018.