

# Realities of conducting a randomized controlled trial in a community setting

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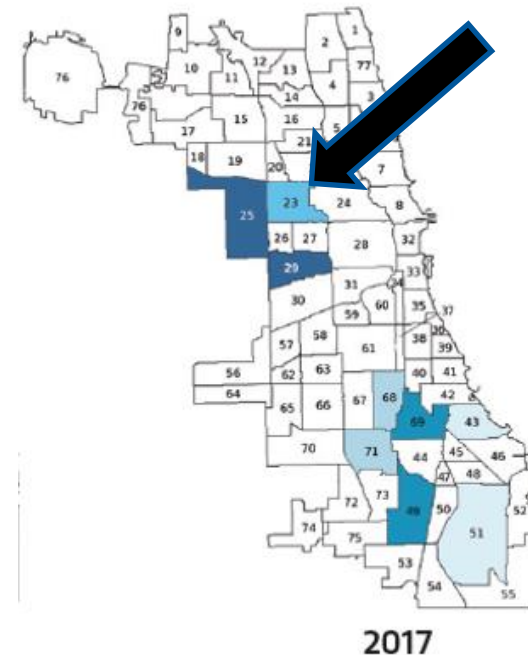
November 16, 2019



# Adolescent homicide in Chicago

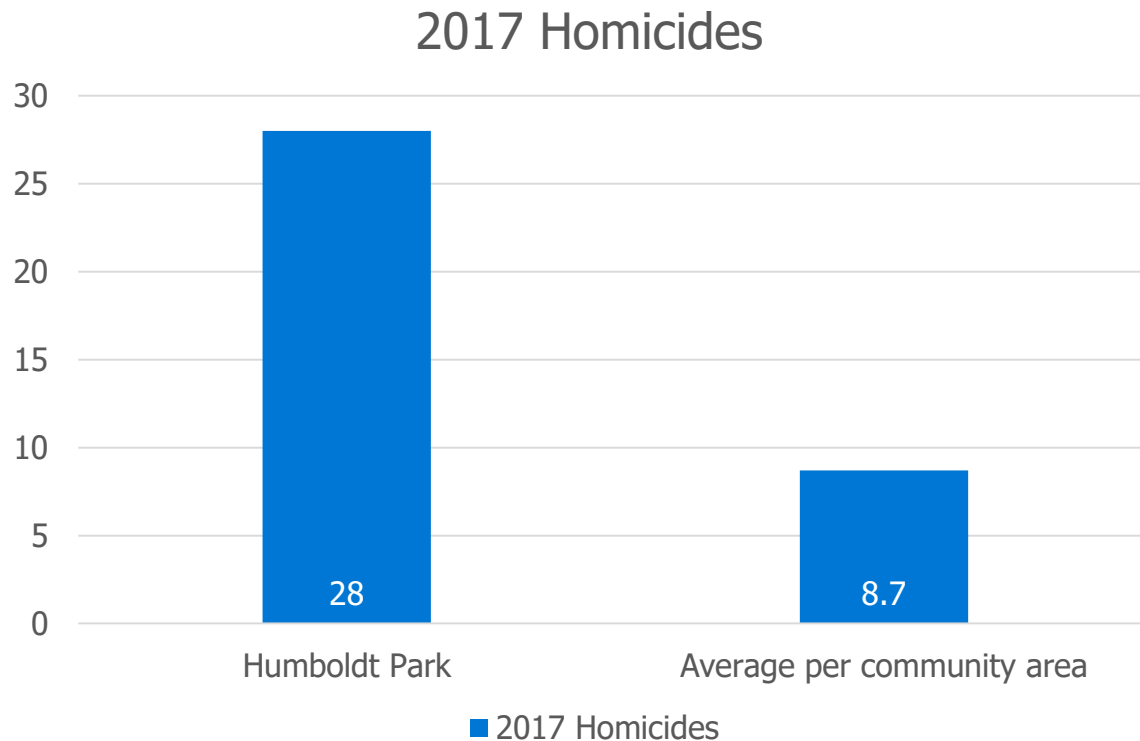
Adolescent homicide ranked by Community Area

| Community area rank | 2017   |
|---------------------|--|
| 1                   | Austin (25)<br>North Lawndale (29)           |
| 2                   | Greater Grand Crossing (69)<br>Roseland (49) |
| 3                   | Humboldt Park (23)                           |
| 4                   | Auburn Gresham (71)<br>Englewood (68)        |
| 5                   | South Deering (51)<br>South Shore (43)       |



Illinois Violent Death Reporting System. (2019). Adolescent firearm homicide in Chicago 2013-2017: Young black males at high risk [Data brief]. Retrieved from <https://www.luriechildrens.org/globalassets/documents/luriechildrens.org/research/research-areas/research-programs/smith-child-health-research-program/2019-ivdrs-adolescent-firearm-homicide-chicago-2013-2017.pdf>

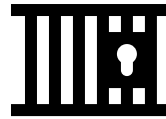
# Humboldt Park



Illinois Violent Death Reporting System. (2019). Adolescent firearm homicide in Chicago 2013-2017: Young black males at high risk [Data brief]. Retrieved from <https://www.luriechildrens.org/globalassets/documents/luriechildrens.org/research/research-areas/research-programs/smith-child-health-research-program/2019-ivdrs-adolescent-firearm-homicide-chicago-2013-2017.pdf>

# Youth violence risk factors

- Unemployment
- Poverty
- Low education attainment
  
- Associations
  - Delinquent peers
  - Gangs
- Family conflict
  
- Criminal justice involvement
- Early aggressive behavior
- Antisocial attitudes
- Substance use

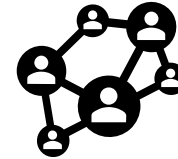


Satcher, D. (2001). Youth Violence: A Report of the Surgeon General. Office of the Surgeon General. *US Public Health Service, Dept of Health and Human Services.*

# Youth violence protective factors

- Community

- Connectedness to prosocial resources
- Support for prosocial behavior



- Connections

- Caring adults
- Family support
- Pro social peers



- School

- Employment



- Non violent cognitive behavioral skills

David-Ferndon, C., & Simon, T. R. (2014). Preventing Youth Violence: Opportunities for Action. *Centers for Disease Control and Prevention*.  
Fagan, A. A. & Catalano, R. F. What works in youth violence prevention: A review of the literature. *Research on Social Work Practice* 23(2), 141-156.  
Satcher, D. (2001). Youth Violence: A Report of the Surgeon General. Office of the Surgeon General. *US Public Health Service, Dept of Health and Human Services*.  
Lösel, F. & Farrington, D. P. (2012). Direct protective and buffering protective factors in the development of youth violence. *American journal of preventive medicine*, 43(2), S8-S23.

# Youth violence prevention approaches

- Training and education
  - Cognitive behavioral
  - Job skills
  - Violence prevention
  - Parental training
- Mentoring
- Violence interrupters
- Mental health
  - Family/individual counseling & therapy
  - Substance misuse treatment
- Alcohol control



Fagan, A. A. & Catalano, R. F. What works in youth violence prevention: A review of the literature. *Research on Social Work Practice* 23(2), 141-156.

# Alliance of Local Service Organizations

- “Safe Homes, Safe Streets”
- Violence prevention and intervention
- Local and national work

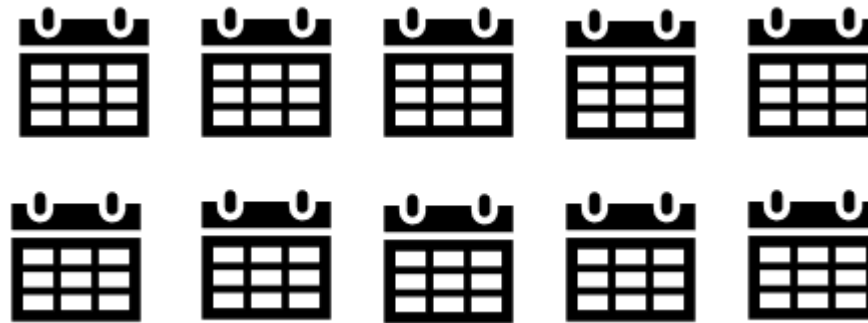


10-10-10

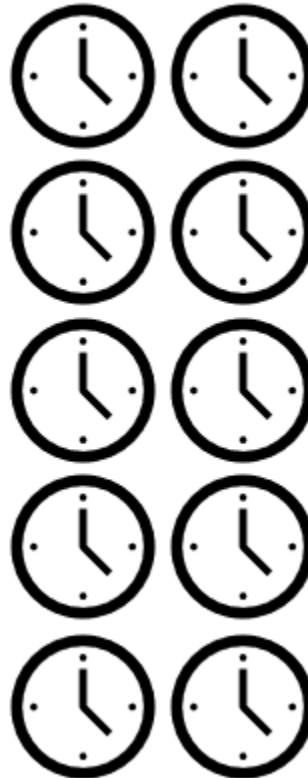




# 10 weeks



# 10 hours



# 10 dollars per hour

\$ \$ \$ \$ \$

\$ \$ \$ \$ \$

# 10 participants



# Evaluation of 10-10-10

- Help strengthen and improve violence prevention services for “in risk” youth
  - Not in school or working
  - Gang affiliated
  - Justice-involved
- Academic/community partnership

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Outreach and Advocacy Center

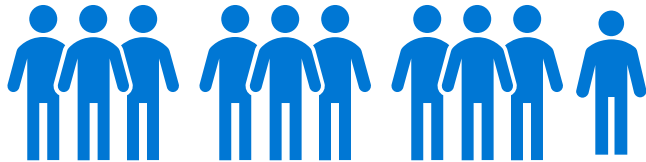


# Why evaluate 10-10-10?

- Has been in operation since 2006
  - Component of larger Safe Streets program
- Gap in literature
- Strengthen the program
- Disseminate the model for replication

# Evaluation Design

- Randomized Controlled Trial Evaluation using waitlist as control
- 2 cohorts
  - Intervention- started Fall 2018
  - Waitlist control- enrolled Fall 2018, started program Spring 2019



# Measures

- Self-report, in-person interview



- Quantitative scales from various sources



- Qualitative data





# Evaluation Design

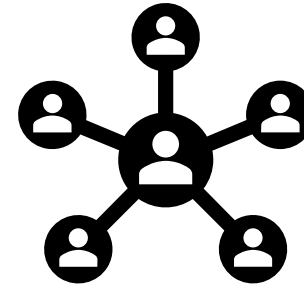
| Cohort   | Sept 2018 | Dec 2018             | March 2019           | June 2019          | Nov 2019            |
|--|-----------|----------------------|----------------------|--------------------|---------------------|
| <p>Intervention</p> <p>Program start Fall 2018</p>       | Baseline  | Post program         | x                    | 6 mo. post program | 1 year post program |
| <p>Waitlist Control</p> <p>Program start Spring 2019</p> | Baseline  | 6 mo. after baseline | Before program start | Post program       | 5 mo. post program  |

# What we saw



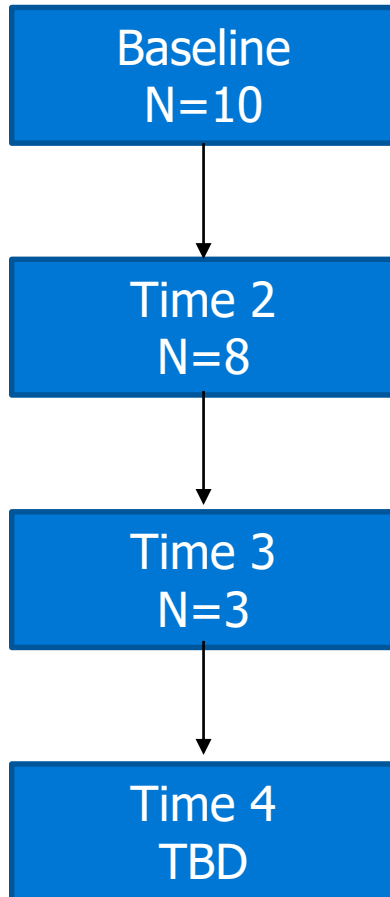
# Process Evaluation

- Curriculum changes
- Added "peace circle"
- Major staff disruption

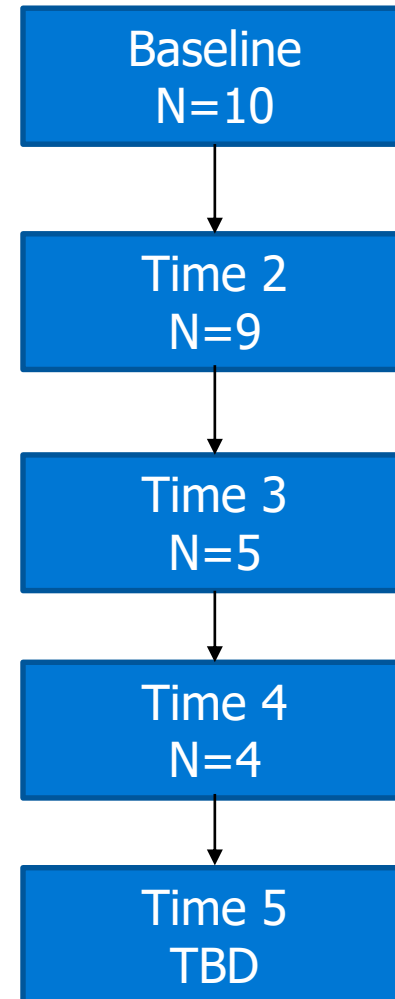


# Participant Retention

## Intervention Cohort



## Control Cohort

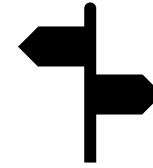


# Challenges

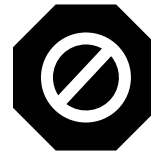


# Study Design

- Randomized controlled trial
  - Structure of evaluation
  - Program's priority of delivering services



- Ethical considerations
  - Delayed services



# Retention

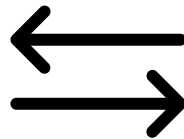
- Changes in contact information



- Incarceration

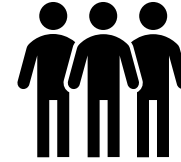


- Staffing changes



# Methodological Challenges

- Small # of participants in each group
  - Difficult to determine significant change
  
- Confirming participant eligibility





# Partnership

- Building trust and engagement
  - Community-based participatory research practices



- Involve program staff
  - Human Subjects Research training



# Lessons Learned



# Lessons Learned

- Collect original participant data needed for evaluation
  - Original v. secondary data
  - Eligibility criteria
- Discuss evaluation readiness early and often
- Prepare for delays and retention issues
  - Data collection timeline and analysis plan
  - Staffing turnover
- Involve all program staff in development of evaluation
  - “on the ground” program staff in addition to leadership

# Acknowledgements

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Outreach and Advocacy Center



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Children's Hospital of Chicago®

# Questions?

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