

## **Evaluation Abstract: Evaluation of the Teen Outreach Program in Chicago**

### **Grantee**

Chicago Public Schools

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### **Intervention Name**

Teen Outreach Program (TOP)

### **Intervention Description**

TOP is a youth development and service learning program for youth ages 12 to 17 designed to reduce teenage pregnancy and increase school success by helping youth develop a positive self-image, life management skills, and realistic goals. The TOP program model consists of three components implemented in school, after school, or in community settings over nine months: (1) weekly curriculum sessions, (2) community service learning (CSL), and (3) positive adult guidance and support. The TOP Changing Scenes Curriculum is separated into four age-/stage-appropriate levels, Level 1 is typically for youth ages 12 or 13 and Level 4 is typically for youth age 17. The curriculum focuses on the presence of a consistent, caring adult; a supportive peer group; skill development; sexual health; and sexual behavior choices. The intended program dosage for each participant is a minimum of 25 weekly sessions (one per week at 40–50 minutes each) and at least 20 hours of community service learning over nine months. One or two facilitators who plan the order of sessions based on the needs and interest of youth implemented TOP in groups of 10 to 25 youth.

For this evaluation, the Chicago Public Schools (CPS) program targeted youth ages 14 and 15. Trained facilitators implemented Level 3 of the Changing Scenes Curriculum to youth in health and physical education classes.

### **Counterfactual**

Business as usual

### **Counterfactual Description**

The CPS Board of Education mandates that all CPS schools must complete a minimum of 600 minutes of instruction in comprehensive sexual health education. CPS's list of district-approved curricula includes developmentally and age-appropriate and medically accurate lessons on healthy sexual decision making, including such topics as reproduction, contraception and abstinence, and pregnancy options. Schools self-select the curriculum and strategy that they will use to fulfill the mandate. The CPS Office of Student Health and Wellness Curriculum Review Board must approve all curricula and strategies for medical accuracy, feasibility, and terminology. For the duration of the evaluation, control schools were allowed to choose any curriculum other than TOP from this approved list. The school district also requires all students to complete three CSL projects by 12th grade. In addition, health services in schools, including condom availability and school health centers, are accessible across the school district, to TOP and control schools.

### **Primary Research Question(s)**

What is the impact of TOP on having had sex without a condom (within the past three months) at the end of the intervention?

### **Sample**

The sample consists of two cohort years of first-time 9th-grade students from 44 CPS high schools that were selected from Chicago neighborhoods with the highest teen pregnancy rates. The school

principal determined participation. Several schools dropped out of the initiative, resulting in a variable number of schools (16–18) in each study group in each year. All first-time 9th-graders in the schools were eligible for the evaluation study. Students whose parents opted them out of taking the survey or those who declined assent during survey administration were excluded from the evaluation sample. The final analytic sample size for both cohorts is 5,633 first-time 9th-grade students (3,141 in TOP schools and 2,492 in control schools).

### **Setting**

TOP and the control programming were delivered in 9th grade in 36 evaluation schools as part of the regular curriculum in the existing class schedule. The schools are all part of CPS and are located in neighborhoods with the highest teen pregnancy rates. Facilitators were trained using a train-the-trainer model and received professional development throughout the school year.

### **Research Design**

This is a clustered randomized controlled design in which 44 CPS high schools were randomized to either TOP or control programming and students are the units of analysis. Schools were stratified by student enrollment and racial and ethnic diversity in July 2011. Student survey data that assess constructs related to TOP's core components were used to determine the program's impact on the specified health behavior outcomes; CPS administrative data were used to determine students' demographics and attendance.

There were three survey administration time points over two years for both study groups—two in the implementation year and one in the following year. Baseline measures were collected before programming began (during fall of the implementation years 2012 and 2013), post-program measures were collected immediately at the end of programming (during spring of the implementation years 2013 and 2014), and one-year post-program measures was collected one year after programming (during spring 2014 and 2015 in the years after implementation).

### **Method**

Repeated measures mixed-effects logit model, controlling for design variables, baseline demographic and behavioral characteristics and correlated variables.

### **Impact Findings**

The program had no effect on the primary outcome of having sex without a condom in the last three months for the overall group or by race/ethnicity, or on the secondary outcome of having sex in the last three months. In addition to the impact analyses that compared the TOP condition with a control group, the study also conducted a number of correlational analyses. For the combined population of both study groups, there was a significantly increased prevalence of both outcomes at the end of the program compared to baseline. The results suggest that students' self-reported baseline measures of self-efficacy and parental availability may function as protective factors. Self-efficacy is a competency targeted by TOP and significantly associated with lower likelihood of the targeted outcomes; however, baseline scores for these measures were relatively high. Although not specifically targeted by TOP, student perception of parental availability was found to be associated with a lower likelihood of having sex without a condom. Additionally, there were some differences in how protective factors were associated with outcomes across Black and Hispanic subgroups. Self-efficacy was associated with having sex without a condom only among Blacks. Among Hispanic students, increased confidence in ability to receive physical health care was associated with a lower likelihood of having sex without a condom in the last three months.

### **Implementation Findings**

Implementation data confirm that the CPS had an acceptable adherence to the TOP program structure, and that program attendance rates were high. Nearly all clubs met the TOP requirement of at least 25 sessions and across all clubs the average dosage students received was nearly 90 percent. As reported in facilitator logs, approximately 22 percent of sessions covered sexual health or behavior

content. Independent observations conducted by the evaluation team indicate that more than half of the observed sessions had high ratings for the overall quality of implementation, and two-thirds of the observed sessions included active participation by youth.

**Schedule/Timeline**

TOP programming ended June 2014. There were three data collection time points: baseline, post-program, and one year post-program. Baseline data collection ended in fall 2013, the post-program survey ended in spring 2014, and the one-year post-program survey ended in spring 2015. This report focuses on immediate post-program data.