

EVALUATION ABSTRACT
THE EVALUATION OF THE WYMAN'S TEEN OUTREACH PROGRAM® (TOP)
IN FLORIDA

Grantee

Florida Department of Health (FDOH)

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Intervention Name

Wyman's 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. The TOP model consists of 3 components implemented in school, after school, or in community settings: (1) weekly curriculum sessions, (2) community service learning, and (3) positive adult guidance and support. The intended program dosage for each participant is a minimum of 25 weekly sessions and at least 20 hours of community service learning over 9 months. The TOP Changing Scenes Curriculum is separated into 4 age-/stage-appropriate levels; Level 2 is designed to address the developmental needs and tasks of 14-year-olds. The Level 2 curriculum focuses on self-awareness, dealing with emotions, accepting responsibility, and decision making.

Trained program facilitators working for the Florida Department of Health (at the county level) deliver the Level 2 TOP curriculum in school classrooms. Youth receive TOP in Health Opportunities through Physical Education (HOPE), HOPE/Physical Education (PE), or Personal Fitness class; primarily 9th-grade students enroll in these particular classes and in each school these class types are a requirement for graduation. TOP is being implemented as supplemental education in these classes. That is, TOP is being delivered in addition to business-as-usual programming.

Counterfactual

Business as usual

Counterfactual Description

Youth in comparison schools are enrolled in HOPE, HOPE/PE, and Personal Fitness. Additionally, youth in comparison schools are enrolled in a Leadership Skill Development and PE-Fitness classes. Classroom teachers deliver the expected content of each course. Depending on the course, this content includes developing and enhancing healthy behaviors that influence lifestyle choices and students' health and fitness; developing skills related to critical thinking, learning, and problem solving; enabling students to enhance their performance in both academic and nonacademic areas; and equipping students with knowledge, skills, and abilities necessary to pursue leadership roles and endeavors within individual fields of interest.

Primary Research Question(s)

What is the impact of TOP relative to business as usual on ever having sexual intercourse *10 months after the end of the program*?

What is the impact of TOP relative to business as usual on ever having been pregnant or gotten someone pregnant *10 months after the end of the program*?

Additional Outcomes

The “5 Cs” of positive youth development (character, competence, caring, connections, and confidence), course failures, and school suspensions.

Sample

Initially, the evaluation considered 115 traditional public high schools and combination middle/high schools in 26 nonmetropolitan Florida counties for inclusion in the study. Eligibility for school participation in this evaluation included 1) year-long health classes (or classes that included health components), 2) agreement to be randomly assigned to receive TOP or serve as a comparison school, and 3) agreement to have youth surveys administered in classrooms at multiple data collection points. In summer 2011, it was determined that 28 high schools from 12 counties met the eligibility requirements and these schools were matched into pairs; intervention (or treatment) schools received TOP, and comparison (or control) schools received business-as-usual only. These schools were matched into pairs based on the county, class type, school size, region/proximity, and block or non-block schedule.

In fall 2012, youth from the 28 public high schools were enrolled in the study. In spring 2013, one school was lost due to the administration’s lack of continued interest in the program; that school and its matched pair were removed from the study. The final sample comprised 26 schools in 10 counties.

Eligible youth included students who were enrolled in the identified health or health-type class, except in the high schools where random subsampling occurred at the class level due to overlapping classes. When 2 or more eligible evaluation classes were scheduled to meet at the same time in a school, 1 of them was randomly selected to be in the evaluation. Youth were deemed eligible to participate if the following conditions were met: a) enrolled in a course selected for evaluation b) had parental consent c) were proficient in English and d) capable of independently taking a paper and pencil survey.

Of the 4,327 youth in eligible classes, 4,063 had parental consent to be in the study (1,845 intervention and 2,218 comparison). The analytic samples for the primary and secondary research questions are as follows:

- What is the impact of TOP relative to business as usual on ever having sexual intercourse *10 months after the end of the program*? **2,106 youth participants**
- What is the impact of TOP relative to business as usual on ever having been pregnant or gotten someone pregnant *10 months after the end of the program*? **2,058 youth participants**
- What is the impact of TOP relative to business as usual on ever having sexual intercourse *at the end of the program*? **2,438 youth participants**
- What is the impact of TOP relative to business as usual on ever having been pregnant or gotten someone pregnant *at the end of the program*? **2,401 youth participants**

Setting

The evaluation took place in 26 traditional public high schools in 10 nonmetropolitan Florida counties. These counties were selected because of their capacity to implement the program and because they had poorer rates and/or rankings (than other communities) overall for 1 or more of the following health indicators: 1) birth rate per female population ages 15 to 19 years, 2) repeat birth rate per female population ages 15 to 19 years, 3) combined chlamydia and gonorrhea rates per female population ages 15 to 19 years, 4) high school dropout rates, 5) graduation rates, and 6) rate of out-of-school suspensions.

Research Design

This evaluation is a school-level longitudinal randomized controlled trial. In summer 2011, matched pairs of high schools were determined based on factors including county (that is, schools within the same county were matched first); school size (that is, small or large schools); class type (e.g., HOPE, HOPE/PE, and Personal Fitness, etc.); and class scheduling (that is, presence of block scheduling). Matched pairs were randomized and deemed intervention or comparison schools. Randomization was conducted by USF evaluation staff. The program was implemented a full year prior to drawing the evaluation cohort. In fall 2012, passive parental consent and youth assent were obtained from participants. To help blind the intervention and comparison status, during the parent consent and youth assent process, the study activities were described generally as participation in an evaluation of school health programs in Florida. In fall 2012, a baseline paper-and-pencil survey was administered in classrooms, following the parental consent process. The first follow-up survey was administered at the end of the school year (spring 2013), immediately following the delivery of the TOP in intervention schools and to youth in comparison schools. The second follow-up survey was administered 10 months after the end of the intervention (spring 2014). All surveys were group-administered in classrooms or other suitable settings (e.g., cafeteria, library, etc.), except when youth moved or were absent from school, in which case they completed an abridged survey over the telephone, online, or mailed in their survey responses.

Impact Findings

For the primary outcomes of *ever having sexual intercourse* and *ever being pregnant or causing a pregnancy 10 months after the program ended*, the intervention was not found to be significantly effective compared to the comparison group.

For the secondary outcome of *ever having had sexual intercourse at the end of the program*, TOP was found to be effective in reducing the number of youth who reported engaging in sex relative to the comparison group. Exposure to the intervention reduced the number of youth having sex by approximately 3.7 percentage points (p -value = .009). For the secondary outcome of *ever being pregnant or causing a pregnancy*, the intervention was also found to be statistically significantly effective (p -value = .04), with a 1.1 percentage-point reduction compared to the comparison group, *at the end of the program*, however this finding was not confirmed by sensitivity analyses.

Implementation Findings

For this study, TOP was implemented in 70 individual classes. Of the 70 classes, 51 classes (73%) were offered at least 25 weekly sessions, as prescribed (range: 23-57 sessions). Relatively few classes—8 (or 11%)—received at least 20 CSL project hours, as prescribed. No classes received programming over a span of 9 months.

Schedule/Timeline

Random assignment occurred in fall 2011 and sample enrollment occurred in fall 2012. The baseline survey administration was completed in fall 2012, first follow-up survey administration was completed in spring 2013, and second follow-up survey administration was completed in spring 2014.