

EVALUATION ABSTRACT: TEEN OUTREACH PROGRAM® IN LOUISIANA

Grantee

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Evaluator

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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 teen 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; and (3) positive adult guidance and support. The TOP® *Changing Scenes* curriculum is separated into four age -appropriate levels. The curriculum focuses on the presence of an adult mentor, a supportive peer group, skill development, sexual health, and sexual behavior choices. All facilitators who conduct the curriculum sessions and work with the participants on community service learning have completed the Wyman certification training. Facilitators plan the order of sessions based on the needs and interest of the youth. The intended program dosage for each participant is a minimum of 25 weekly sessions (40 to 50 minutes each) and at least 20 hours of community service learning over nine months.

Counterfactual

Business as usual.

Counterfactual Description

Youth in the counterfactual condition did not participate in any TOP® activities such as the *Changing Scenes* curriculum sessions and community service learning; however, they might have had access to other sexual health education or other youth development programs offered in their communities.

Primary Research Question

What is the impact of the offer to participate in TOP® clubs on participants' reports of sexual intercourse without an effective form of birth control immediately after the end of the intervention?

Additional Outcomes

Recent pregnancy and sex with no effective form of birth control 12 months following the intervention was also measured.

Sample

A convenience sample of school-age adolescents was recruited into the study. Participants met three eligibility requirements (1) currently be 12 to 17 years of age, (2) a resident of the recruitment target area; and (3) able to participate in activities and complete all study materials in English. All recruitment was performed by project staff from contracted local agencies. Participants were recruited from school settings, through local community outreach, and existing youth programs. A sample of 4,769 youth completed baseline data collection and were randomly assigned to condition (2,397 assigned to TOP[®] and 2,372 assigned to control). The final analytic samples for completed post-test surveys was 2,428 (1,248 assigned to TOP[®] and 1,180 assigned to control) and for 12-month follow up was 580 (318 assigned to TOP[®] and 262 assigned to control).

Setting

Community-based organizations (CBOs) in seven Louisiana public health regions were selected to implement TOP[®] based on high teen pregnancy rates and previous experience serving youth. The seven organizations offered programming after school or on weekends in centralized locations. Transportation was provided based on the geographic need. Community service learning opportunities were identified in the local community and in some cases by the host agencies to ensure youth could easily participate.

Research Design

The study design was an individual randomized controlled trial with youth assigned to either TOP[®] (treatment) or to the control group. CBO staff contacted and recruited all youth. Recruitment and enrollment occurred over a three-year period. Six of seven agencies had similar enrollment goals: 300 youth in year one and 350 youth in years two and three; a seventh agency added in year three had the goal of enrolling a single cohort of 300 youth.

There were no differences in the manner in which control and TOP[®] youth were recruited, surveyed, or consented. After explaining the study and the intervention, CBOs enrolled, and obtained written parental consent and youth assent. Baseline surveys were then administered to the youth. CBOs submitted enrollment and consent documentation, and baseline surveys in groups of approximately 50 participants of similar age and location to the evaluation team. These groups were then randomized by the evaluation team, resulting in a TOP[®] club of 25 participants, the recommended maximum size for clubs with one facilitator. The results of random assignment were uploaded by evaluation staff to an online data portal that was viewable by project staff.

Data Collection

Data were collected at three critical time points: (1) pre-intervention (or baseline); (2) immediately after intervention; and (3) 12-month follow-up post intervention. Baseline survey data were collected by CBO staff following consent and enrollment but before randomization. Because the recruitment methods differed across and within agencies, baseline surveys were administered both individually to incoming participants and in larger group administrations. All baseline data were collected within about one month before TOP[®] club initiation. The immediate post-intervention and 12-month follow-up intervention surveys were administered in group settings by trained evaluation staff.

Impact Findings

Youth in the TOP[®] group were no more or less likely than youth in the control group to report having engaged in sexual intercourse without an effective form of birth control in the three months before the program ended after controlling for relevant baseline covariate measures. Similarly, the intervention had no effect on sexual intercourse without an effective form of birth control at the 12-month follow-up, nor did TOP[®] impact the likelihood of pregnancy in the time between baseline and the 12-month follow-up.

Implementation Findings

Compared to expectations of the TOP[®] model, the dosage received by youth was low. Only 21% of youth completed 75% of the recommended 25 sessions, and only 6% completed the full 25 sessions. Youth assigned to receive TOP[®] attended a mean of 8.2 sessions, a median of 4.5 sessions, and a mode of 0 sessions. On average, teens in the treatment group completed four hours of community service learning. Evaluators observed 10% of sessions throughout the study and found the CBOs' adherence to program design and implementation guidelines was high. Treatment participants responded to the survey items regarding participant perception of TOP[®] facilitators. Almost two-thirds (64%) strongly agreed that the facilitator was caring and 94% strongly agreed he or she was understanding. In addition, 79% strongly agreed that the TOP[®] club was a safe, values-neutral environment. As reported on the immediate post-intervention survey of the control group teens, 18% participated in a similar community service or teen youth group during the previous 12 months.

Schedule/Timeline

Programming was offered for three consecutive school years: 2011–2012, 2012–2013, and 2013–2014. Final enrollment ended in Fall 2013. Immediate post surveys were administered after the conclusion of the TOP[®] program; data collection ended in September 2014. The 12-month follow-up survey was administered one year after each club ended. The final club ended July 2014 and the final 12-month follow-up data collection ended in September 2015.