

**Evaluation of the Teen Outreach Program® in The Pacific Northwest, Abstract**

<b>Grantee</b>	Planned Parenthood of the Great Northwest
<b>Evaluator</b>	Philliber Research & Evaluation
<b>Intervention Name</b>	Teen Outreach Program® (TOP®)
<b>Intervention Description</b>	<p>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® 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® <i>Changing Scenes</i> 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 approximately 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, implement TOP® in a group of 10 to 25 youth. Each of these groups of 10 to 25 youth comprise one TOP® club.</p> <p>The Northwest Coalition for Adolescent Health (NWCAH) is certified as a TOP® replication partner. It developed a four-person team to train and certified all TOP® Facilitators that were part of this project. The training team conducted ongoing technical assistance and support as well as school observations to monitor the fidelity of program implementation. For this evaluation the trained TOP® Facilitators implemented Levels 1 to 4 of the TOP® <i>Changing Scenes</i> Curriculum to middle and high school youth 18 years old and younger in school classes, pull-out sessions during the school day, and after-school settings.</p>
<b>Counterfactual</b>	Community Voices (CV) Program
<b>Counterfactual Description</b>	<p>CV is a benign intervention that met in a group setting 4 times a year. Sessions lasted approximately one hour, similar to TOP® sessions. The first and last sessions primarily focused on gathering survey data for the evaluation. At the two other sessions, students discussed current issues among young people in their communities. The CV program specifically <i>does not</i> include any sexuality education or community service learning opportunities. In the vast majority of cases, the CV program was administered in the same location as TOP® and was conducted in school classes, pull-out sessions during the school day, and after-school settings. The TOP® Facilitators, often with Co-Facilitators, conducted CV sessions.</p>
<b>Primary Research Question</b>	In the spring at the end of the program year, were TOP® students less likely than CV students to report ever being pregnant or causing someone to be pregnant?

<b>Sample</b>	<p>The analytic sample used to answer the primary research question consisted of 6,907 middle and high school students (of which 3,556 were in the TOP<sup>®</sup> group and 3,351 were in the CV group). The study included 87 schools. For each group of students that might comprise a TOP<sup>®</sup> club, each school was required to find a like group of students to serve as the CV group. The two groups were not to differ in any significant way (for example, gender, socioeconomic status, ethnicity, or special characteristics, such as pregnant and parenting students). These choices were approved by the evaluation team. There were no other special requirements for the groups, except that the students must stay together as a group for the entire school year. This led to 230 TOP clubs and 230 CV groups.</p>
<b>Setting</b>	<p>The study was conducted primarily in schools (including middle schools, high schools, technical schools, and alternative schools) in five northwestern states (Alaska, Idaho, Montana, Oregon, and Washington). Program schools were recruited to participate by one of the six Planned Parenthood affiliates that comprise the NWCAH. In total, 87 schools participated in the study.</p>
<b>Research Design</b>	<p>This study is a cluster randomized controlled trial to gauge impacts. An implementation study was also included to gauge fidelity, quality, and dosage. Both active parental consent and student assent were required for students to participate in the study. The consent process was the same regardless of whether TOP<sup>®</sup> and CV programs were delivered in already-formed classes, as a pull-out during the school day, or after school. The parental consent form clearly stated that the student was eligible to participate in one of two programs, the choice of which would be determined by chance. In signing the form, parents consented to their children’s participation in both the program and the evaluation.</p> <p>Random assignment of the groups was not announced until completion of the baseline administration of the survey, as students could have been either added or subtracted from the group list until the time of survey administration. No one outside of Philliber was informed of the outcome of random assignment until after the baseline survey was administered.</p> <p>All students, TOP<sup>®</sup> and CV, were followed for two years. They completed a total of three surveys (baseline, an immediate post-program survey at the end of the intervention school year, and a follow-up survey 12 months later). Data were collected in groups, with surveys being read aloud to students. When students were absent, were no longer enrolled, or had moved, surveys were completed by telephone, online, or in person at the students’ homes.</p>
<b>Impact Findings</b>	<p>In the total sample, there was no evidence that TOP<sup>®</sup> had its intended effect of preventing pregnancy. Among males, however, those receiving TOP<sup>®</sup> were significantly less likely to have caused a pregnancy than males in the control group. Females receiving TOP<sup>®</sup> were significantly more likely to have been pregnant than control females. No other secondary impacts were detected.</p>

<b>Implementation Findings</b>	<p>TOP<sup>®</sup> clubs met weekly for a median of 30 sessions. On average, 14 of those sessions were curriculum delivery and the rest were community service learning (CSL) sessions. Participants attended a median of 24 TOP<sup>®</sup> sessions and completed a median of 17.6 CSL hours. While 46% completed the minimum of 25 sessions and 42% completed the minimum 20 hours of CSL, just under one-third (30%) completed both 25 weekly sessions and 20 hours of CSL. The program was implemented with high quality with 92% of program youth agreeing that their facilitators were caring and understanding and 90% agreeing that their club was a safe and values neutral environment. The vast majority of program youth (85%) reported that TOP<sup>®</sup> was engaging. These implementation results were corroborated by TOP<sup>®</sup> Facilitator and observer ratings. Over two-thirds (68%) of the counterfactual group were found to have received sexuality education and half had performed volunteer service during the program year.</p>
<b>Schedule/ Timeline</b>	<p>Sample enrollment ended fall 2013, with three cohorts being followed for two years (the program year and one additional year). Data collection for the baseline survey ended fall 2013, the immediate post-program survey ended in summer 2014, and the one-year follow up ended summer 2015.</p>