

EVALUATION ABSTRACT: THE EVALUATION OF THE TEEN OUTREACH PROGRAM®

IN ROCHESTER, NEW YORK

Grantee

City of Rochester, Bureau of Youth Services

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Intervention Name

Teen Outreach Program®

Intervention Description

The City of Rochester replicated the evidence-based Teen Outreach Program (TOP®). 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, 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 (CSL) over nine months. One or two facilitators plan the order of the sessions based on the needs and interests of youth and implement TOP® in a group of 10 to 25 youth.

In Rochester, TOP® was facilitated by adults trained in the TOP® model to youth ages 11-14 after school in community recreation centers. Facilitators implemented Levels 1-2 of the *Changes Scenes*® curriculum.

Counterfactual

Work Readiness Curriculum

Counterfactual Description

A work readiness (WR) curriculum was designed to help youth develop the competencies to secure and maintain employment. The curriculum includes topics such as building customer service skills, leveraging clear and direct communication, and developing the attributes of an effective leader. The WR curriculum was developed locally with input from the evaluation team and city leadership to avoid overlap in content with the TOP® curriculum. Monthly sessions were held at the recreation centers for 90 minutes. Independent consultants with recreation center experience led the sessions. Consultants received training in the curriculum. Similar to the intervention condition, sessions were implemented over the same nine-month period.

Primary Research Question

What is the impact of the TOP® relative to a WR curriculum on ever having had sexual intercourse at the end of program implementation?

Sample

Youth ages 11 to 14 with a basic understanding of English and who are enrolled in, living near, or attending school within the service area of the 11 sites hosted in 3 school-based and 8 free-standing recreation centers were eligible to participate in the evaluation. The 11 sites were selected based on their directors' willingness to participate, size, and past experience offering similar programming. The youth sample was composed of predominantly poor, inner-city youth. One thousand one hundred eighty-eight youth returned parent consent forms. The analytic sample was comprised of the 708 youth (414 TOP; 294 WR) completing both a baseline survey and providing post-intervention outcomes (60%; 61% TOP; 58% WR). Average age of youth comprising the analytic sample was 12.4 years (SD = 1.12); 54% of the sample was female. The sample was racially and ethnically diverse (65% Black only, 15% White only, 9% Black and White only, 6% Black and other race only (Asian, Hawaiian/Pacific Islander, Native American/Alaskan Native, other), 3% Black and White and other race, and 2% other race only; and 31% Hispanic). Ninety-four percent (94%) of the youth reported never having had sex at baseline.

Setting

Urban free-standing and school-based recreation centers located in the city of Rochester participated in the evaluation. Rochester typically has one of the highest rates of adolescent pregnancy in the nation.

Research Design

This is a cluster randomized controlled trial of TOP® in Rochester recreation centers. Eleven recreation centers were recruited and agreed to participate. Recreation centers were randomized annually, resulting in a final cluster sample of 33 instances in which a recreation center was randomly assigned to condition (over the three-year period). Randomization occurred after baseline data collection and was conducted using a SAS/STAT® software algorithm, stratified by TOP® community-based organization (CBO). Trained TOP® providers employed by four different Rochester CBOs delivered the curriculum. Each CBO served two to four recreation centers and was responsible for the recruitment of study participants. Recruitment began during summer months and parental consent and baseline data collection occurred in late August and September of each program year (2012 to 2014). All data were collected via self-report, predominantly using paper-and-pencil surveys. In some instances, follow-up data were collected via a telephone interview with the youth.

Impact Findings

There was no evidence that TOP® impacted the primary sexual outcome of ever having had sexual intercourse at the immediate post intervention assessment, controlling for ever having had sexual intercourse at baseline.

Implementation Findings

The program was offered with fidelity and sessions were often rated as being of high quality by facilitators and trained neutral observers. Despite this, the dosage received by treatment group members did not consistently meet program model expectations and varied substantially by site and by year; treatment group members attended a median of 18 weekly sessions, with 27% meeting or exceeding the minimum dosage of 25 sessions. The median number of CSL hours completed by the treatment group was 13, with 36% completing the minimum 20 hours. The percentage of treatment group members who attended at least 25 sessions and completed a minimum of 20 CSL hours was 22%; 32% attended at least 75% of the sessions and completed a minimum of 20 CSL hours.

Schedule/Timeline

Three annual cohorts completed the study. For each cohort, sample enrollment and baseline data collection ended in September. Immediate post-program assessment ended in June. All activities were completed by June, 2015.