

Evaluation of the Teen Outreach Program® in Kansas, Missouri, Abstract

Grantee	The Women’s Clinic of Kansas City, Lifeguard Youth Development Program
Evaluator	Philliber Research & Evaluation
Intervention Name	Teen Outreach Program® (TOP®)
Intervention Description	<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® Changing Scenes Curriculum is separated into four age/stage-appropriate levels, Level one is typically for youth ages 12 or 13 and Level four 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 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, who plan the order of sessions based on the needs and interest of youth, implement TOP® in a group of ten to 25 youth.</p> <p>Trained and certified TOP® Facilitators who work for The Women’s Clinic (TWC) of Kansas City’s Lifeguard Youth Development Program implemented Levels 1-3 of TOP®’s Changing Scenes Curriculum to 7th and 9th grade classes. Most clubs occurred in 7th grade social studies and 9th grade world history classes (with a few schools electing to offer the program in English or physical education/health classes).</p>
Counterfactual	Other similar classes in the same schools not receiving TOP®
Counterfactual Description	<p>Control group youth received their usual classroom curriculum from their existing core content class teacher (for example, social studies or world history teacher) and had no interaction with TOP® Facilitators. Most schools offered health education classes but this education did not include programming on reproductive health. At some schools, partner organizations offered content on domestic violence issues and sexual abuse. There was also an on-site nurse at each school to provide pregnancy tests and pregnancy referral information as needed.</p> <p>All students, including those in TOP® and the control group, were required by Kansas City Public Schools to complete 40 hours of volunteer service work to graduate. Despite not being in programs that focused on sexuality education and volunteer work, 38% of control group youth in cohort two reported having had sexuality education while 40% reported doing at least some volunteer work.</p>
Primary Research Questions	<p>1) What is TOP®’s impact on the treatment group on ever having had sexual intercourse, relative to the control group, at one-year following the program?</p> <p>2) What is TOP®’s impact on the treatment group on lack of use of effective contraception during recent sexual intercourse, relative to the control group, at one year following the program?</p>
Sample	<p>Twelve of the highest-risk (based on highest teen births per zip code ranking in 2008) middle and high schools in the Kansas City metropolitan area were recruited to participate in the evaluation. After finalizing agreements with eight schools that agreed to participate, 7th and 9th grade teachers of core subjects (such as social studies and world history) were recruited to participate. During the two years of</p>

	<p>sample enrollment, 17 teachers participated. At the start of each school year of sample enrollment, the study team assessed whether each participating teacher’s class sections would be eligible for the evaluation based on the number of students enrolled (class sections were eligible if they had at least ten students). Once eligibility was determined, passive parental consent and active student assent were obtained and the in-person baseline surveys were administered. Class sections were randomly assigned to condition. Across the two enrollment cohorts, 98 classes of 17 teachers were randomized, resulting in 51 treatment and 47 control classrooms. A total of 1,885 students enrolled in the evaluation and were randomly assigned to condition. The final analytic sample consisted of 934 participants, each of whom completed a baseline survey, a one-year follow up survey, answered both primary research questions, and provided key demographic information including race, ethnicity, and gender.</p>
Setting	<p>The evaluation was conducted in seven Kansas City public schools and one Kansas City charter school. In January 2012, about nine months before this study began, the school district lost its accreditation. The district is implementing a transformation plan according to the state requirement to try to regain accreditation. This includes offering more programs, such as TOP[®], to youth. The district serves more than 15,000 youth, most of whom are African American; nearly 90 percent of the students qualify for free or reduced-price lunch.</p>
Research Design	<p>This study is a cluster randomized controlled trial across two cohorts. Stratification occurred at the teacher level; each teacher’s classes were randomized to either TOP[®] or the control condition. All youth were followed for two years. They completed a baseline survey before receiving programming, an immediate post-program survey, and a one-year follow up survey 12 months later. Students were surveyed in class using paper-and-pencil surveys; make-up surveys occurred during follow up visits to the school over the final few weeks of school. Those chronically absent or no longer enrolled in the study schools were contacted via telephone to complete a telephone survey or via email to complete the survey online. Reminders were sent via text. Final efforts were made to visit youth who dropped out or who had been otherwise unreachable by going directly to their homes (if they still lived in the area); these youth were given a paper-and-pencil survey to complete. Students received a modest incentive (a gift card or cash) for completing each survey.</p>
Method	<p>This is a cluster sample at the class level with dichotomous outcome variables. A variable was introduced based on a unique group code to correct for clustering at the class level. Since random assignment was stratified by teacher and occurred in each cohort, a teacher-cohort code was created to adjust for the stratified design, and included as a fixed effect in the analyses. Also included as covariates were those variables normally related, according to the literature, to the outcomes of interest: age, gender, race/ethnicity, and number of parents in the home.</p> <p>Values were imputed when data were missing using data at hand, including past surveys completed by the students, when possible. When not possible, cases with missing data on key outcomes were eliminated. STATA was used as the statistical software package to analyze the data using OLS equations. As two primary research questions were tested, the Bonferroni method for correcting for multiple comparisons was used. Findings are considered statistically significant if $p < .025$, using a two-tailed test.</p> <p>The implementation evaluation primarily used descriptive analysis to address adherence to the program model, quality of implementation, experiences of students in the counterfactual condition, and context.</p>

Impact Findings	<p>In the analytic sample, there was no evidence that TOP[®] had its intended effects. Those receiving TOP[®] were not significantly more or less likely to report ever having had sexual intercourse. Students receiving TOP[®] were also not significantly more or less likely to have a lack of contraceptive use during recent sexual intercourse at one year following the program.</p>
Implementation Findings	<p>The implementation study found that the TWC replicated TOP[®] with a high level of fidelity at all eight sites. TWC's implementation of the program fell short, however, of delivering the intended program dosage to the majority of TOP[®] participants in the analytic sample. In other words, the program was offered as intended but few participants completed what was offered. A total of 51 TOP[®] clubs met weekly for a median of 31 sessions. On average, 20 of those sessions were curriculum delivery and a median of 24 hours of CSL were offered. Treatment group members attended a median of 20 TOP[®] sessions and completed a median of 3.0 CSL hours.</p>
Schedule/ Timeline	<p>Sample enrollment ended in fall 2013, with two cohorts being followed for two years. Data collection for the baseline survey ended in fall 2013, the immediate post-survey ended in summer 2014, and the one-year follow up ended in summer 2015.</p>