



The Evaluation of the Teen Outreach Program (TOP) in Chicago Public Schools

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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 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 over nine months. One or two facilitators who plan the order of sessions based on the needs and interest of youth implemented TOP in groups of 10 to 25 youth.</p> <p>For this evaluation, the Chicago Public Schools (CPS) program targets youth ages 14 and 15. Trained facilitators are implementing Level 3 of the Changing Scenes Curriculum to youth in health and physical education classes.</p>
Counterfactual	Business as usual
Counterfactual Description	The CPS Board of Education mandates that all CPS schools must complete a minimum of 600 minutes of instruction in comprehensive sexual health education. CPS's list of district-approved curricula includes developmentally and age-appropriate and medically accurate lessons on healthy sexual decision making, including such topics as reproduction, contraception and abstinence, and pregnancy options. Schools self-select the curriculum and strategy that they will use to fulfill the mandate. The CPS Office of Student Health and Wellness Curriculum Review Board must approve all curricula and strategies for medical accuracy, feasibility, and terminology. For the duration of the evaluation, control schools are allowed to choose any curriculum other than TOP from this approved list. The school district also requires all students to complete three CSL projects by 12th grade. In addition, health services in schools, including condom availability and school health centers are accessible across the school district, to TOP and control schools.
Primary Research Question(s)	What is TOP's impact, compared with the control programming, on having had sex without a condom during the past three months at the end of the intervention?
Additional Outcomes	Recent sexual activity, class failures, and suspensions
Sample	The sample consists of two cohort years of first-time 9th-grade students from 44 CPS high schools that were selected from Chicago neighborhoods with the highest teen pregnancy rates. The school principal determined participation. Several schools dropped out of the initiative, resulting in a variable number of schools (16–18) in each study group in each year. All first-time 9th graders in the schools were eligible for the evaluation study. Students whose parents opted them out of taking the survey or those who declined assent during survey administration were excluded from the evaluation sample. The final sample size for both cohorts is 7,579 first-time 9th-grade students (4,170 in TOP schools and 3,409 in control schools).

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Setting	TOP and the control programming are being delivered in 9th grade in the 44 evaluation schools as part of the regular curriculum in the existing class schedule. The schools are all part of CPS and are located in neighborhoods with the highest teen pregnancy rates. Facilitators are trained using a train-the-trainer model and receive ongoing professional development throughout the school year.
Research Design	<p>This is a clustered randomized controlled design in which 44 CPS high schools are randomized to either TOP or control programming and students are the units of analysis. Schools were stratified by student enrollment and racial and ethnic diversity in July 2011. The evaluation included students without parental opt-out and those who did not decline assent. Student survey data that assess constructs related to TOP's core components are used to determine the program's impact on the specified health behavior outcomes; CPS administrative data are used to determine students' demographics and attendance.</p> <p>There are three survey administration time points over two years for both study groups—two in the implementation year and one in the following year. Baseline measures were collected before programming began (during fall of the implementation years 2012 and 2013), post-program measures are collected immediately at the end of programming (during spring of the implementation years 2013 and 2014), and one-year post-program measures will be collected one year after programming (during spring 2014 and 2015 in the years after implementation).</p>
Impact Findings	To be determined when data collection and analysis are complete.
Implementation Findings	To be determined when data collection and analysis are complete.
Schedule/Time Line	Participant enrollment is complete and programming ended June 2014. There are three data collection time points: baseline, post-program, and one year post-program. Baseline data collection ended fall 2013, the post-program survey ended spring 2014, and the one-year post-program survey ends spring 2015. A final report, which focuses on immediate post-program data, will be available to the Office of Adolescent Health in 2015-2016.