



**The Evaluation of the Teen Outreach Program (TOP) in Hennepin County, Minnesota**

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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 a group of generally 10 to 25 youth. Hennepin County delivered the program in groups smaller than 10 and larger than 25 youth.</p> <p>For this evaluation, Levels 1-4 of the program were delivered to 7th- 10th graders via a co-facilitation approach, using both the classroom teacher and a staff member provided by a local community-based organization. All program facilitators, including classroom teachers, received a 19-hour curriculum training by a certified TOP replication partner.. The program was implemented in different types of classes such as social studies or health.</p>
Counterfactual	Business as usual
Counterfactual Description	Study participants scheduled into control teachers' classes receive the "business as usual" counterfactual. That is, control teachers are not trained in the TOP curriculum and teach their classes as they normally would. These classes vary across schools and include core subjects, such as social studies, and noncore subjects, such as study hall/advisory and health. Participating schools vary in terms of the standard sexual health or pregnancy prevention resources they offer students. Most have health classes with a sex-education component and/or guest presenters speaking about sexual health topics throughout the school year. One school has an on-site health clinic.
Primary Research Question(s)	What is the average impact of TOP, relative to the control group, on engaging in sexual activity 3 months after the program ends for the treatment group? <sup>1</sup>
Additional outcomes	Engagement in unprotected sex, delayed initiation of sexual activity, school performance (self-reported course failure and school suspension), school engagement and attachment, educational expectations, self-efficacy (general), self-efficacy (civic), and civic awareness

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<sup>1</sup> There is no equivalent of "program end" for the control group or treatment group members who leave the program. Follow up surveys were administered 12 months after enrollment in the study.

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Sample	The study sample consisted of 1,644 consented youth from 24 middle schools and high schools in Hennepin County, Minnesota, including alternative and public charter schools. Youth were enrolled in either school year 2011–2012 (Cohort 1) or 2012–2013 (Cohort 2). The target group was students in grades 7–10 (generally 12–16 years old). Participation in the study sample was contingent on the schools' willingness to participate and the availability of (1) a school-year-long class that met with the same student cohort over the school year and (2) a class period of sufficient length to complete a lesson from TOP's Changing Scenes <sup>®</sup> curriculum each week. Eligibility criteria for youth: (1) enrolled in a randomly assigned teacher's class at the time of the baseline survey, (2) parent/guardian written consent, (3) written youth assent, (4) ability to move, unassisted, through the baseline survey in English or Spanish, and (5) for Cohort 2, no prior participation in TOP.
Setting	TOP was delivered in middle schools, high schools, alternative schools, and public charter schools in Hennepin County. It was implemented during school hours in classes that span an entire school year with the same cohort of students. The type of class subject in which TOP was placed differed across schools (for example, social studies, study hall, health), but within each school, TOP was offered in only one class subject. <sup>2</sup>
Research Design	<p>This is a cluster randomized controlled trial. Teachers were randomized within schools to the treatment and control conditions before the school year started to enable the treatment teachers to complete the curriculum training. Before the random assignment status was known to scheduling staff, students, and parents, youth were scheduled into the treatment and control teachers' classes according to regular school procedures without regard to the teachers' study group status.<sup>3</sup></p> <p>All eligible students were required to obtain active written parent/guardian consent to participate in the study. The same consent process was used across treatment and control teachers' classes, including the same "blinded" parent/guardian consent form. By providing written consent, the parents acknowledged that their children may or may not be offered the TOP program. In all cases, scheduling staff, students, and parents were blind to the teachers' study group status until after the baseline surveys were completed. Since TOP is part of the regular school curriculum, schools do not require parent permission for students to participate in TOP programming, and there is no way for parents to opt their children out of any class, other than via state law.</p> <p>To assess the impact of offering TOP, youth are surveyed three times: at baseline, before the intervention begins for the treatment group; 3-months post-program (short-term impacts); and 15-months post-program (long-term impacts).<sup>4</sup> Baseline data and subsequent follow-up data are collected using a web-based survey. Paper surveys are used as back-up for baseline data collection. The pooled survey data from both cohorts (school years 2011–2012 and 2012–2013) will be used to estimate program impacts. Program fidelity and interview data will be used to describe program 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/Timeline	Sample enrollment ended October 2012. The 3-months post-program follow-up data collection ended November 2013 and the 15-months post-program follow-up data collection ends November 2014. A final report, which focuses on 3-month post program data, will be available to the Office of Adolescent Health in 2015-2016.

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<sup>2</sup> One school offered TOP in two class subjects, with each subject offered at a different grade level.

<sup>3</sup> Schools typically use a random or functionally random process to schedule students into classes.

<sup>4</sup> There is no equivalent of "post-program" for the control group or treatment group members who leave the program. Follow up surveys were administered 12 and 24 months after enrollment in the study