



## The Evaluation of the Teen Outreach Program (TOP) in the Pacific Northwest

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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 10 to 25 youth.</p> <p>The Northwest Coalition for Adolescent Health (NWCAH) Planned Parenthood is certified as a TOP replication partner. Through this process, it developed a four-person training team that is able to train and certify TOP facilitators. All of the NWCAH TOP facilitators are trained and certified through this process. The training team conducts ongoing technical assistance and support as well as site observations to monitor the fidelity of program implementation. For this evaluation the trained TOP facilitators implements Levels 1 to 4 of the TOP Changing Scenes Curriculum to middle and high school youth under 18 years old in school classes, pull-out sessions during the school day, and after-school settings.</p>
Counterfactual	Community Voices (CV) Program
Counterfactual Description	<p>CV is a benign intervention that meets in a group setting. CV students convene four times during the program year. Sessions last approximately one hour, similar to TOP sessions. The first and last CV sessions primarily focus on gathering survey data. At the two other sessions, CV students discuss current issues among young people in their communities. The program aims to foster civic engagement and give young people an opportunity to mold community programs by alerting program staff from various agencies to the needs and challenges of local youth. The CV program specifically <i>does not</i> include any sexuality education or community service learning opportunities.</p> <p>In the vast majority of cases, the CV program is administered in the same location as TOP. As with TOP, sessions are conducted in school classes, pull-out sessions during the school day, and after-school settings. The same TOP facilitators, often with co-facilitators, conduct CV sessions.</p>
Primary Research Question(s)	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?
Additional Outcomes	Abstinence, consistency of condom use, consistency of birth control use, and educational outcomes (grades and suspensions)

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Sample	The final enrolled sample is 8,551 middle and high school students (of which 4,365 are in the TOP group and 4,186 are in the CV group). For each group of 25 students that might comprise a TOP club, the site is required to find a like group of students who might serve as the CV class. The two classes or groups cannot differ in any significant way (for example, gender, socioeconomic status, ethnicity, or special characteristics, such as pregnant and parenting students). There are no other special requirements for the classes, except that the students must stay together for a class for the entire school year. The research team makes all decisions about class eligibility.
Setting	The study is being 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 sites were recruited to participate by one of the six NWCAH Planned Parenthood affiliates.
Research Design	<p>In this cluster randomized controlled trial, 8,551 middle and high school students were randomly assigned at the class level into either the TOP treatment group (n = 4,365) or the CV control group (n = 4,186).</p> <p>After class eligibility was determined, the TOP facilitator began the consent process. 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 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, which would be determined by chance. In signing the form, the parent consented to participation in both the program and the evaluation.</p> <p>Random assignment of the classes did not technically occur until completion of the baseline administration of the survey, as students could have been either added or subtracted from the class list until the time of survey administration. No one outside of PRA was informed of the outcome of random assignment until after the baseline survey was administered.</p> <p>All students, TOP and CV, were followed for two years. They completed a total of three surveys (baseline, a post-survey at the end of the school year, and a follow-up survey in the spring of the year following the intervention). Data were collected in groups, with questionnaires being read aloud to students. When students were absent or moved, interviews were also completed on the telephone or students were given a link to complete their surveys online.</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	Sample enrollment ended fall 2013, with three cohorts being followed for two years. Data collection for the baseline survey ended spring 2013, the immediate post-test ended in spring 2014, and the one-year follow-up ends spring 2015. A final report, which focuses on immediate post-test data, will be available to the Office of Adolescent Health in 2015-2016.