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Original article

The Impact of the Teen Outreach Program on Sexual Intentions and Behaviors

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A B S T R A C T

Purpose: We evaluated the impact of a positive youth development program on adolescent pregnancy, sexual behavior, risky sex, and intentions in nonmetropolitan Florida high schools.
Methods: Between 2012 and 2014, the Teen Outreach Program (TOP) was compared to standard school curriculum content using a cluster randomized controlled trial design with 7,976 youth in two cohorts. The majority of youth were 14 years old and in the ninth grade at baseline. Treatment group youth received TOP in health-related classes. After using multiple imputation to account for missing data, we analyzed baseline and follow-up survey data using generalized linear mixed-effects models with logit link function.
Results: In the cohort 1 sample, compared to the control condition, males and females receiving TOP showed lower odds of engaging in recent sex (odds ratio [OR], .71; 95% confidence interval [CI]: .58–.86) compared to control males and females. Cohort 1 treatment females who did engage in recent sex were less likely to have risky sex (OR, .54; 95% CI: .32–.89). There were fewer significant findings in cohort 2, though TOP females and combined gender had lower odds of risky sex intentions (OR, .53; 95% CI: .33–.84 and OR, .65; 95% CI: .44–.96, respectively). Overall, cohort 1 females in the TOP condition were the group most likely to benefit from TOP.
Conclusions: Consistent with previous research, TOP was more effective regarding sexual health outcomes among female versus male youth; this was especially true for the outcome of risky sex. However, results were not consistent across cohorts, prompting questions for future research.
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IMPLICATIONS AND CONTRIBUTION

This study evaluated the effectiveness of the Teen Outreach Program, a positive youth development program, in decreasing pregnancy, risky sexual behavior, and sexual behavior intentions among youth living in nonmetropolitan Florida counties. Study findings may provide support for the effectiveness of Teen Outreach Program, especially among females.

Sexual and reproductive health (SRH) among adolescents has been a critical issue in the United States. In 2013, 34% of adolescents reported being sexually active, and 59% of those reported that they used a condom at last sex [1]. That same year, the birthrate among U.S. women aged 15–19 years was 26.5 births per 1,000 women [2]. Sexually transmitted infections (STIs) also

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Clinical Trials Registry Site and Number: The study described in this manuscript is registered on clinicaltrials.gov under the trial number NCT02519530.

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represent a concern for these adolescents. There were 1,852.1/100,000 chlamydia cases and 337.5/100,000 gonorrhea cases and among 13–19 year-olds, and the rate of diagnosed infection with HIV was 24.3/100,000 [3].

Traditionally, interventions have sought to improve SRH outcomes in adolescents by addressing problem behaviors, such as unprotected sexual intercourse or reductions in the number of sexual partners, with limited success [4,5]. Positive youth development (PYD) programs, however, have emerged as an alternative to such efforts [6]. PYD is a strength-based model that focuses on youth as assets to be developed, rather than problems to be solved [7]. The Teen Outreach Program [8] (TOP), an example of one PYD program, seeks to help youth build critical thinking and interpersonal skills, form connections with supportive adults, and create a positive view of their future through various opportunities and experiences [6].

TOP was designed to provide an age-appropriate curriculum to middle- and high school–aged youth, alongside meaningful volunteer (i.e., community service learning [CSL]) experiences [9]. The program has been offered in schools, after-school programs, and community settings. In one study from the early 1990s, compared to youth who were not participating in TOP, TOP youth had lower rates of course failure, school suspension, and pregnancy [10]. Although the positive results of TOP have been seen across demographic groups in other research, the program was found to be most effective among older youth [11,12] and youth at high risk for poor academic and reproductive health outcomes [13]. Particularly successful components of the program were the inclusion of a quality volunteer experience and emotionally supportive classroom learning environment promoted through the program [12]. Studies have shown that these components promote autonomy and may contribute to better health and academic outcomes [14]. Based on these evaluation results, the U.S. Office of Adolescent Health added TOP to its list of "evidence-based" programs for teen pregnancy prevention (TPP) [15,16].

There is a critical need to re-examine TOP to determine if it is improving youth SRH today. Given access to computers, phones, and the Internet [17], immersion in social media [18], and even online health information-seeking [19], youth today may have different needs than they did over a decade ago. The purpose of this study was to evaluate the impact of TOP on SRH outcomes in a randomized controlled trial (RCT) in Florida high schools. The study attended to the following research questions: compared to control youth, are TOP recipients, immediately after the program, less likely to report (1) sexual intercourse; (2) sexual intercourse in the previous 3 months; (3) risky sex (i.e., sex without a condom) in the previous 3 months; (4) having or causing a pregnancy; (5) intending to have sex within the next year; and (6) intending to have risky sex within the next year? In addition, the study sought to determine whether the effects on risky sex were identified among key subgroups, namely those who were (7) sexually inexperienced at baseline; (8) sexually experienced at baseline; and (9) those who engaged in sexual intercourse within 3 months before follow-up.

Methods

Study design

This study, approved by the Florida Department of Health Institutional Review Board (Protocol H11180), involved a school-level cluster RCT designed to assess the impact of TOP among youth in nonmetropolitan Florida counties (defined here as a county with a population of less than 900,000). Counties were eligible for inclusion if they had the capacity to implement TOP and if they had poorer rates compared to other communities for one or more health indicators: adolescent births, STIs, high school dropout, graduation, or out-of-school suspension rates.

Twenty-eight public high schools within 12 selected counties were matched based on: county, courses offered, school size, region/proximity, and presence of block scheduling. If a perfect match was not possible for all criteria, schools were matched following the list as prioritized above. Each school within a matched pair was randomized to either the treatment or control condition.

In the treatment schools, TOP was implemented as supplemental education in health opportunities through physical education (HOPE), HOPE/physical education, or personal fitness classes. The TOP curriculum was delivered in addition to, rather than in place of, the standard public school curriculum content. Local public health department staff, trained and certified as TOP Facilitators, delivered the TOP changing scenes curriculum level 2, an appropriate level for the priority population of 14-year-old youth. In control schools, youth received standard curriculum content delivered by classroom teachers in HOPE, HOPE/physical education, or personal fitness classes.

TOP uses weekly educational group sessions, CSL, and positive adult guidance to help youth build healthy behaviors, life skills, and a sense of purpose [20]. Consisting of 4 levels tailored for age appropriateness for youth ages 12–17 years, the curriculum provides teens with the necessary supports and opportunities to prepare for successful adulthood and avoid problem behavior [21]. The curriculum incorporates topics such as goal setting, communication/assertiveness, sexuality, and human development. The sexuality component is woven into a larger, asset-focused program model. The curriculum also features a CSL Guide that provides structured exercises to identify community needs and brainstorm/choose service project ideas (which are youth selected). Flexible in nature, TOP can be implemented in school settings, after-school programs, or within community organizations [21]. As intended, TOP should be implemented over 9 consecutive months with a minimum of 25 weekly sessions.

At the beginning of the school year, before TOP implementation in treatment schools, a passive (i.e., opt-out) parental consent process was used in all 28 participating schools. Eligible youth (those enrolled in a course selected for evaluation, proficient in English, and capable of independently taking a paper-and-pencil survey) were then asked for their assent. Assenting youth took a survey, described in detail below. Immediately following the conclusion of TOP in treatment schools, a follow-up survey was given. If students were absent or if they moved or changed schools, then the follow-survey was administered at a later date.

Participants included 2 cohorts of youth. For cohort 1 youth, the baseline survey was administered in fall 2012, and follow-up survey was administered in spring 2013. For cohort 2 youth, the baseline was administered in fall 2013 and follow-up was administered between May and September 2014. After the first study year, one school dropped out due to lack of interest; this school and its matched pair (control) school were removed from the study for cohort 2. Therefore, cohort 2 youth were from 26 schools in 10 counties.

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