

**Maricopa County Streets of Success
Teen Outreach Program TOP®
2011 - 2015
Five Year Overall Program Results**

MC-Streets of Success

2011-2015 Five Year Full Implementation Year

Submitted by:

Southwest Interdisciplinary Research Center
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The information provided in this report summarizes the data collected from the Maricopa County Streets of Success TOP® provided through a contractual agreement between Maricopa County Department of Public Health and the Southwest Interdisciplinary Research Center (SIRC).

Produced by:

Kathryn D Hamm, MPA, Research Analyst
Wendy Wolfersteig, Ph.D., Director, Evaluation & Partner Contracts
Southwest Interdisciplinary Research Center
Arizona State University
411 N Central, Suite 720
Phoenix, AZ 85004
(602) 496-0700

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Executive Summary

Youth

In the fall 2011, Maricopa County Department of Public Health (MCDPH) was awarded a five year Tier 1 A/B grant to provide the replication of an evidence-based teen pregnancy prevention program. The Teen Outreach Program TOP® was chosen for its beneficial measurable outcomes in academic achievement, graduation rates, pro-social behavior activities and most significantly to this project, its success with teen pregnancy prevention.

Over the course of the grant, a total of sixteen sites offered TOP® for at least two of the four full years of implementation. Those sites were as follows: Arizona Call-a-Teen Youth Resources, Inc. (ACYR), Bernard Black Elementary School (2), Career Success High School, Carl Hayden High School, Cesar Chavez High School, Colangelo Boys & Girls Club, Diamondbacks Boys & Girls Club, Rehoboth Community Life Center, Robson Boys & Girls Club, Sevilla West (2), Skyline Prep, Southwest Elementary School, Southwest Leadership Academy, Stewart Boys & Girls Club, Swift Boys & Girls Club, and Trevor Browne High School.

A total of 809 pre-surveys were completed while 572 were completed at the post-survey time frame. Based on the results to date, it is apparent the youth do have strong bonds to their parents, friends and most importantly for TOP®, their facilitators. All of the students at the post survey felt safe and that the facilitators cared about them. Most believed the facilitators understood them, supported and accepted them and students also felt like they belonged at TOP® and that it was a positive group of kids.

Objectives

MC-SOS TOP® did reach most of its objectives each year of the grant falling short on only one objective in year 3. They met the first objective each year that stated program participants would increase their knowledge about available health services, contraception, STIs/STDs and other sexual health issues by 5 percent. They met the next objective in three of the four years which stated that participants would report that they are more likely to abstain from sexual

intercourse in the next year. The last objective stated that the participants would report that they are more likely to use birth control or condoms if they engage in sexual intercourse and this was met each year of the grant as well.

Fidelity Monitoring

A total of 1,067 fidelity monitoring logs were completed by the facilitators, and it is evident TOP® is being facilitated as intended based on these logs. Of the changes that were noted, none would compromise the integrity of the original program. It was apparent that the facilitators were diligent in adhering to fidelity guidelines even when previously planned activities did not occur or were modified.

Observations

As part of a rigorous fidelity monitoring system, the OAH has mandated at least 10 percent of all program sessions are observed annually and independent checks are made on content and quality of sessions. These observation data are important for a variety of reasons, namely to maintain fidelity and increase the likelihood of experiencing the same positive results associated with the original program model. Each of the sites was observed three times by independent trained observers thus fulfilling the 10 percent OAH requirement. Observers rated the facilitators on a variety of qualities, most facilitators ranked either high or excellent in five categories: knowledge of the program, level of enthusiasm, poise and confidence, rapport or communication with participants and effectively addressed questions/concerns.

Parent Component

A parent component was added to TOP® that is based on the promising practice series, *Can We Talk?* This program states that having parents demonstrate concern for their children's school activities raises children's self-esteem and helps motivate them to develop their interests. Each year, at least three different parent groups were offered. Each session is six to eight weeks or parents could choose to complete all sessions in one day.

Background

Maricopa County Department of Public Health received a five year grant from the Office of Adolescent Health to launch the TOP® curriculum in west and southwest Phoenix, specifically in neighborhoods with high teen birth rates. The project targets the Maryvale Community Health Analysis Area (CHAAs). The Teen Outreach Program TOP® was chosen for its beneficial measurable outcomes in academic achievement, graduation rates, pro-social behavior activities and most significantly to this project, its success with teen pregnancy prevention.

Purpose

The goal of this study reflects the dual purposes of measuring (1) replication with fidelity of the Teen Outreach Program (TOP®) and (2) the overall effectiveness of the Streets of Success (MC-SOS) program. TOP® is proven to develop the positive potential of teens, thus leading to more success and less risk-taking behaviors like teen violence, school failure and teen pregnancy.

Design

Over the five year grant period sites will implement TOP® with fidelity. The sites were phased in over the first three years of the grant with full implementation beginning in September 2011. Each year additional sites were launched, and over the course of the grant, a total of sixteen sites offered TOP® for at least two of the four full years of implementation. Those sites were as follows: Arizona Call-a-Teen Youth Resources, Inc. (ACYR), Bernard Black Elementary School (2), Career Success High School, Carl Hayden High School, Cesar Chavez High School, Colangelo Boys & Girls Club, Diamondbacks Boys & Girls Club, Rehoboth Community Life Center, Robson Boys & Girls Club, Sevilla West (2), Skyline Prep, Southwest Elementary School, Southwest Leadership Academy, Stewart Boys & Girls Club, Swift Boys & Girls Club, and Trevor Browne High School.

Measures

In order to assess whether the program was meeting its goals and objectives, a variety of measures were used. The TOP® students completed pre and post surveys at the beginning and ending of each session. The facilitators evaluated each lesson via a fidelity monitoring log, and

trained program observers completed reviews on 10 percent of the lessons and utilized the federally mandated observation form.

Throughout the year, the data were either entered directly online or transported to the Southwest Interdisciplinary Research Center (SIRC) office where it was entered, cleaned and analyzed. Reports were completed in timely fashion to provide continuous feedback to MC-SOS staff. In addition, frequent meetings, phone conversations and email communication occurred.

For the parent component, parents complete pre and post surveys at the beginning and end of the program and a report at the end of year compiles the data collected. Overall, parents responded quite favorably from pre to post throughout the entire survey with significant changes in parents discussing ways to get pressured into having sex, how to talk to a partner about sex, HIV/AIDS, where to get different types of birth control, how talk to use different types of birth control, and preventing sexually transmitted diseases.

This report will provide a summary of the highlights from the youth surveys, fidelity monitoring logs, observation forms and parent surveys from the past five years.

Youth Survey

Each year, including the pilot session, students completed a pre-survey at the beginning of the program and a post-survey at the end of the program. Over the years, a total of 809 pre-surveys were completed while 572 were completed at the post-survey time frame. The following table shows the site and number of completed surveys. Most of the data in this report are aggregated, showing total numbers from all sites by question and response. Table 1 depicts the number of surveys completed by year.

Table 1. Surveys by Year

Site	# of PRE Surveys Completed	# POST of Surveys Completed	# MATCHED Pre-Post Surveys
Pilot Year	21	14	n/a
Year 1 2011-2012	95	66	29
Year 2 2012-2013	155	126	92
Year 3 2013-2014	218	163	93
Year 4 2014-2015	320	203	166
TOTAL	809	572	380

TOP® Survey Questions

Students were asked a variety of questions on their home and school lives and their responses follow. Not all students answered all questions and only those responses are reported. Table 2 displays the responses in percentage on the Wyman questions with all the years combined.

Table 2. Wyman Questions

During the last school year, did you....	Pre	Post	Percentage Difference
Fail any courses for the whole year	18.0	21.9	+3.9
Get any failing grades on your report card	43.0	40.5	-2.5
Get suspended from school	14.7	10.6	-4.1
Cut classes without permission	17.5	20.8	+3.3
Been pregnant or caused a pregnancy	3.0	2.4	-0.6
Had a baby or fathered a baby	2.5	1.3	-1.2

Students were asked a variety of questions about their grades, school attendance, getting pregnant or fathering a baby. Although the percentage of students failing courses for the whole year increased (+3.9%) from pre to post, there were decreases in students getting failing grades on their report cards (-2.5%) and getting suspended from school (-4.1%). Students did increase cutting classes without permission from pre to post (+3.3%) yet decreased in both being pregnant/causing a pregnancy (-0.6%) and having/fathering a baby (-1.2%).

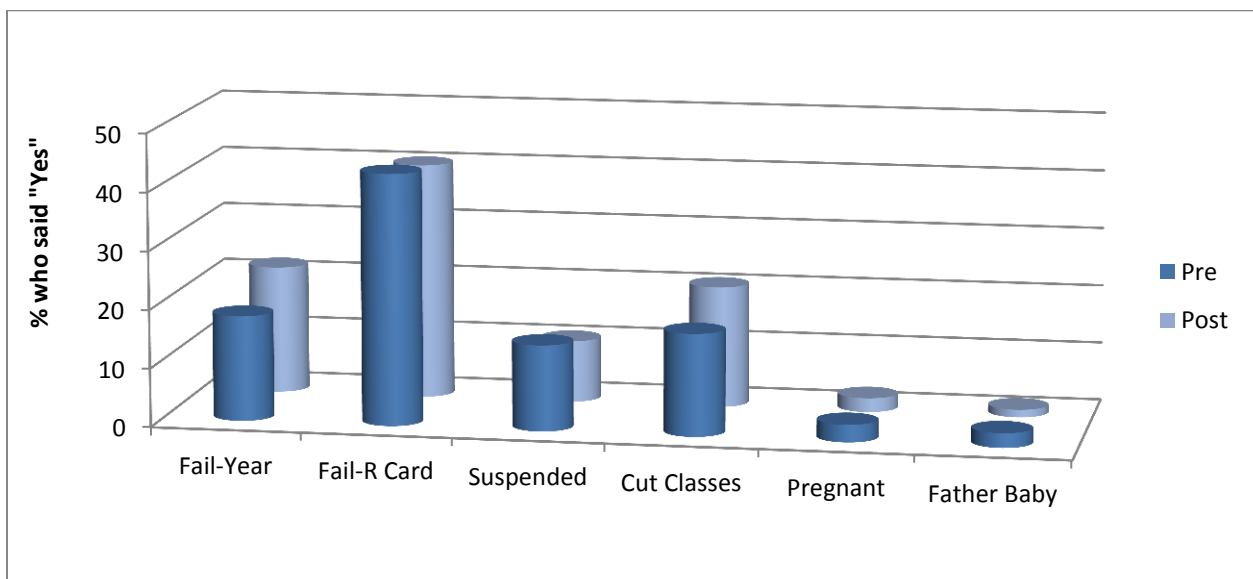


Figure 1. Wyman Questions

Outcome Objective Overview

The Streets of Success encompassed three major outcome objectives measured by the evaluation team.

Objective #1: Program participants will increase their knowledge about available health services, contraception, STIs/STDs and other sexual health issues by 5 percent.

Project Status/Performance: This objective was MET.

Narrative: In each year of the grant, this objective was met and in some years surpassed. In 2011-12, this objective was met and far surpassed with the increases of at least +28 percent in each of the three categories. In 2012-2013, objective was met with the average percentage increase for the grouped knowledge categories at +12.3 percent. In 2013-2014, this objective was met with the average percentage increase for the grouped knowledge categories at +13 percent. This objective was also met in 2014-2015 with increases of at least 5 percent in each of the categories with an average percentage increase for the grouped knowledge categories at +17.2 percent. Overall, objective 2 was met with the average percentage increase for the grouped knowledge categories from pre to post at +17.6 percent.

Objective #2: Participants will report they are more likely to abstain from sexual intercourse in the next year.

Project Status/Performance: This objective was MET in three of the years.

Narrative: This objective was met in three of the four years of the grant. In 2011-2012, This objective was met with about one-fourth of the students (24.2%) indicating they were less likely to engage in sexual intercourse in the next year which is significantly larger than the percentage of those who are much more likely to engage in sexual intercourse in the next year (10.6%). In 2012-2013, this objective was met with fewer TOP® students reporting they intended to have sexual intercourse in the next year after participating in the program (-6.0%). In 2013-2014, this objective was not met with youth actually reporting they were less likely to abstain from sexual intercourse in the next year (+9.1% from pre to post) and more likely to have sexual intercourse

in the next year (+18.6% from pre to post). However, in 2014-2015, this objective was met again with fewer TOP® students reporting they intended to have sexual intercourse in the next year after participating in the program (-5.0%).

Objective #3: Participants will report they are more likely to use birth control or condoms if they engage in sexual intercourse.

Project Status/Performance: This objective was MET.

Narrative: Over the years, this objective was consistently met. In 2011-2012, this objective was met with much higher percentages of participants who stated they were likely to use birth control if they do engage in sexual intercourse (+56.0%). The percentages are similar for intent to use condoms with more students reporting they were more likely to use a condom if they engage in sexual intercourse in the next year since participating in the program (77.8%). In 2012-2013, this objective was met with much higher percentages of participants who stated they were likely to use birth control if they do engage in sexual intercourse (+68.9%). The percentages are similar for intent to use condoms with more students reporting they were more likely to use a condom if they engage in sexual intercourse in the next year since participating in the program (+17%). In 2013-2014, this objective was met with much higher percentages of participants who stated they were likely to use birth control if they do engage in sexual intercourse (+44.2%). The percentages are similar for intent to use condoms with more students reporting they were more likely to use a condom if they engage in sexual intercourse in the next year since participating in the program (+28.6%). In 2014-2015, this objective was also met with much higher percentages of participants who stated they were likely to use birth control if they do engage in sexual intercourse (+7.0%). The percentages are similar for intent to use condoms with more students reporting they were more likely to use a condom if they engage in sexual intercourse in the next year since participating in the program (+5.2%).

Post Only TOP® Questions

At the post survey, TOP® incorporated additional questions asking students about their beliefs, attitudes and feelings after participating in the TOP® program. Based on the data, it is obvious that the youth had a very positive experience participating in TOP®. Most students felt safe and that the facilitators supported, accepted and cared about them, and that believed they belonged at TOP®. When asked specific questions about the Community Service Learning (CSL) projects, most somewhat enjoyed the CSL and thought it helped make a positive difference in someone else's life.

Fidelity Monitoring

As a grant requirement, OAH has mandated that all programs keep fidelity monitoring logs for a variety of reasons, namely to ensure the program is being delivered with fidelity. It is important to maintain fidelity to increase the likelihood of finding the same positive results originally associated with the program. The MC-SOS facilitators have completed fidelity monitoring logs for each session throughout the year. Each online log contains questions regarding the lesson, activities in the lesson, what, if any, changes were made to the lesson, recommendations, and specific fidelity questions for each activity and objective inherent in that specific lesson.

Over the years a total of 1,067 fidelity monitoring logs were submitted to SIRC. On the log, facilitators were also asked to type in the activities inherent in the lesson according to the Wyman curriculum. Facilitators were then asked to describe if the activity was facilitated as described or with changes. If the latter, they were to write the changes made for the program manager to ensure that fidelity was maintained. Most activities were facilitated as described with most (80.1%) not making any changes for the first activity. Again most (75.2%) facilitated Activity 2 as described, and (71.3%) completed activity three as described. The notes associated with these responses have to do with adjusting the lesson for the number of participants or time allotted for the lesson, changes made to enhance the lesson or to further explain the purpose, directions or intended outcome of the lessons and service projects. None of the changes listed altered the intended purpose of the lesson or the way it was to be presented.

Observations

As part of a rigorous fidelity monitoring system, the OAH has mandated at least 10 percent of all program sessions are observed annually and independent checks are made on content and quality of sessions. For this reason, the MC-SOS program maintains Program Observation Forms completed by independent trained observers. These observation data are important for a variety of reasons, namely to maintain fidelity and increase the likelihood of experiencing the same positive results associated with the original program model. Each of the sites was observed three times fulfilling the 10 percent OAH requirement, and MC-SOS was compliant each of the years.

Observers rated the facilitators on a variety of qualities and again, almost all facilitators ranked either high or excellent in four categories: knowledge of the program, level of enthusiasm, poise and confidence, rapport or communication with participants and effectively addressed questions/concerns. See Table 3 for all percentage of quality ratings.

Table 3. Facilitator Quality Rating

	Good/Excellent
Knowledge of the program	95.5
Level of enthusiasm	98.5
Poise and confidence	99.2
Rapport and communication with participants	98.6
Effectively addressed questions/concerns	96.9

When observers were asked to note at least one major strength of the session, the most commonly cited strength was the facilitator’s ability to interact and build rapport with students. Responses also commonly mentioned enthusiasm and knowledge of the facilitator.

Parent Program

Numerous studies have documented the importance of addressing how significant the family aspect is in increasing the probability of success in teens. For this reason, the MC-SOS included a parent component to TOP® based on the promising practice series, *Can We Talk?* The single most significant factor impacting whether teens engage in early sexual intercourse, is the quality of the parent-child relationship (*Protecting Teens: Beyond Race, Income and Family Structure*, Blum, Beuhring & Rinehard, 2000); therefore the initial purpose of the parent component was to enroll parents of TOP® participants to contribute to protective factors in the youths' lives. However, based on low enrollment from TOP® families, it was determined that the parent component would be open to all community members in the target area during the program. Staff from MC-SOS partnered with a variety of community agencies to host parent groups and continued to offer this program. Over the course of the grant, at least three sessions were offered each year reaching a total of 602 parents. Table 4 depicts the number of parent surveys completed each year.

Table 4. Parent Surveys by Year

Year	# Surveys Completed
Year 1 2011-2012	190
Year 2 2012-2013	66
Year 3 2013-2014	172
Year 4 2014-2015	174
TOTAL	602

Results from the pre and post parent surveys showed that overall, parents responded quite favorably throughout the entire survey with significant changes in parents talking with their children about the following: reproduction and anatomy, different types of birth control, preventing sexually transmitted diseases, how to talk to your partner about sex, and ways to get pressured into having sex . Table 5 and Figure 2 depict these percentage increases.

Table 5. Talking with Children

Have you talked with your child about the following?			
	Yes		
	Pre	Post	% Difference
Reproduction and anatomy	70.6	84.5	+13.9
Different types of birth control	47.4	58.7	+11.3
Preventing sexually transmitted diseases	63.6	81.7	+18.1
How to talk to your partner about sex	34.5	56.0	+21.5
Ways you can get pressured into having sex	51.1	70.6	+19.5

Figure 2 below also depicts these increases for the parent responses over the years.

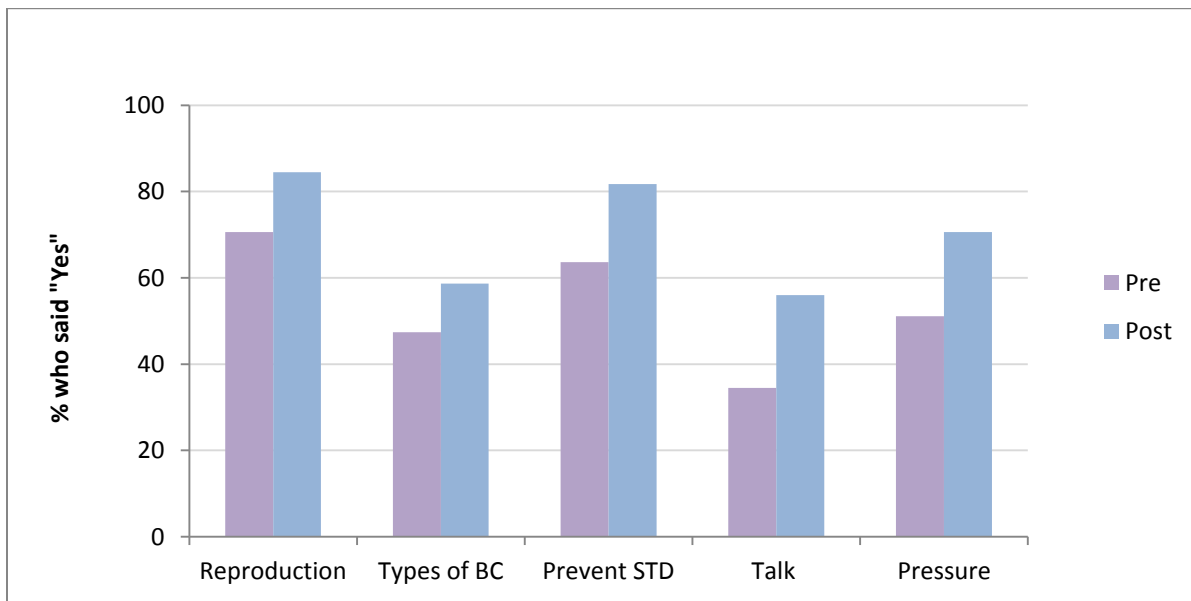


Figure 2. Parents Talking to Their Children about Sensitive Topics

It is especially important to note the increases in parents discussing topics regarding sex and sexual behavior with their children. As noted in the surveys, even though parents were not completely comfortable with these discussions, most parents still engaged in conversations regarding sex and sexual behavior with their children. Based on all post survey comments, it is apparent parents not only enjoyed the program, but gained valuable tools they could use immediately. Each year, all parents indicated they would recommend the program to others.

Recommendations/Conclusion

Research indicates that one of the most effective ways to reduce children's risk is to strengthen their bond with positive, pro-social family members, teachers, or other significant adults, and/or pro-social friends. Children who are attached to positive families, friends, schools, and their community and who are committed to achieving the goals valued by these groups, are less likely to develop problems in adolescence. Children who are bonded to others who hold healthy beliefs are less likely to do things that threaten that bond, such as use drugs, engage in risky sexual behavior, commit crimes or drop out of school. For example, if children are attached to their parents and want to please them, they will be less likely to risk breaking this connection by doing things of which their parents strongly disapprove.

Bonding is only part of the protective equation. Research indicates that another group of protective factors falls into the category of healthy beliefs and clear standards. The people with whom children are bonded need to have clear, positive standards for behavior.

Based on the results to date, it is apparent the youth do have strong bonds to their TOP® facilitators. Almost all of the students at the post survey felt safe and that the facilitators cared about them. Most believed the facilitators understood them, supported and accepted them and students also felt like they belonged at TOP®. Additionally, qualitative comments made on the post survey by youth also indicated a solid and genuine connection to the facilitator.

MC-SOS TOP® did reach most of its objectives each year of the grant falling short on only one objective in year 3. They met the first objective each year that stated program participants would increase their knowledge about available health services, contraception, STIs/STDs and other sexual health issues by 5 percent. They met the next objective in three of the four years which stated that participants would report that they are more likely to abstain from sexual intercourse in the next year. The last objective stated that the participants would report that they are more likely to use birth control or condoms if they engage in sexual intercourse and this was met each year of the grant as well.

In only one area did the MC-SOS fall short each year and that was the OAH dosage requirement which was that at least 80 percent of the participants would complete 75 percent or more of the program activities. In the first full implementation year, the dosage rate was at its lowest at 45.5 percent. After that, the program manager along with the evaluator worked diligently to improve this rate through a retention plan, and training specific to the importance of attendance and dosage. During the second year of implementation, that percentage increased significantly to 68.8 percent, the highest of the four full years of implementation. In the third full year of implementation the dosage rate was 65 percent while in the last year of the grant, the dosage rate was at its second highest at 68.3 percent.

There are several factors which attributed to not meeting this standard. One is the duration of the program which is nine months and in order to graduate, participants must attend at least 20 sessions which were offered weekly. Wyman requires implementation to take place over a nine month period which was difficult for youth as other family, school and social demands prevented them from attending during the entire school year. Also, the program was typically offered on a voluntary basis after school during the school year, so competing interests and obligations impacted consistent attendance. In addition to the 20 sessions, another significant obstacle for completing the program was the requirement to complete 20 hours of community service learning.

Another reason MC-SOS did not meet the dosage requirements was TOP[®] was not part of a mandatory health education class offered in high school but an optional after school program; therefore, the retention numbers were relatively small compared to school districts that offered TOP[®] in mandatory settings. Because the program was offered on a voluntary basis, it was difficult for many youth to commit to all nine months of the program with other interests and obligations including caring for younger siblings or contributing to the family through working, transportation barriers, sports and other school opportunities. Because of these factors, it is strongly recommended that a program such as TOP[®] is offered during the school day in a Physical Education or Health class to increase the dosage and more importantly, the impact of the program on the youth.