



Program Abstract

Summary

TEEN HEALTH PROJECT, an HIV-prevention intervention for adolescents, was originally developed for adolescents age 12 to 17 living in low-income housing developments. It was modeled after an effective HIV-prevention program developed for and evaluated with adult women in similar living situations. The intervention draws on several earlier group interventions with demonstrated efficacy, and adds the community-level component for longer-term engagement and involvement of the adolescent participants.

The purpose of the study was to evaluate whether the effects of a community-level HIV risk reduction intervention would be stronger and maintained when the intervention targeted change in individual-level risk reduction beliefs and skills as well as change in the social and peer normative environment.

Participants ($n = 1,172$) were recruited from 15 low income housing developments in three states. Housing developments were randomly assigned in equal numbers to the community-level intervention (five developments; the focus of this User's Guide and PASHA replication kit), a workshop-only condition (five developments), or an AIDS education only wait-list control condition (five developments). The community-level program used teen opinion leaders to develop and implement monthly HIV-prevention activities and quarterly events in their developments.

Assessments were conducted at baseline, approximately 3 months after completion of the educational sessions, and again approximately 18 months after baseline. Adolescents who reported never engaging in sexual intercourse at baseline ($n = 841$, 71.8%) and who completed follow-up measures comprise the cohort for evaluating intervention effects on continued abstinence outcomes.

At long-term follow-up, adolescents living in the community-level housing developments were more likely to have remained abstinent than their control group peers ($t_{(1,10)} = 2.22$, $P < .05$). The difference in abstinence rates between the community-level and workshop-only groups approached significance ($P = 0.07$).

Also at long-term follow-up, condom use rates among control group participants were lower than rates in either the community-level or workshop-only groups. In addition to treatment, higher baseline

Program Abstract (continued)

levels of abstinence self-efficacy ($b = 0.18$, $SE = 0.09$; $f_{(1,261)} = 4.61$; $P < 0.05$), abstinence outcome expectations ($b = 0.42$, $SE = 0.18$; $f_{(1,255)} = 5.29$; $P < 0.05$) and utilization of condom-related behavior skills ($b = 0.40$, $SE = 0.10$; $f_{(1,255)} = 15.62$; $P = 0.0001$) increased condom use at long-term follow-up.

Focus	<input type="checkbox"/> Primary pregnancy prevention	<input type="checkbox"/> Secondary pregnancy prevention	<input checked="" type="checkbox"/> STI/HIV/AIDS prevention
Original Site	<input type="checkbox"/> School-based	<input checked="" type="checkbox"/> Community-based	<input type="checkbox"/> Clinic-based
Suitable for Use In:	<i>TEEN HEALTH PROJECT (THP)</i> , while originally designed for use in low-income housing developments, may be suitable for use in other community-based settings that work with groups of adolescents. <i>THP</i> developers recommend that workshop groups be divided by gender and by ages (e.g., 12-14 and 15-17).		
Approach	<input checked="" type="checkbox"/> Abstinence <input checked="" type="checkbox"/> Behavioral Skills Development <input checked="" type="checkbox"/> Community Outreach <input checked="" type="checkbox"/> Contraceptive Access (Condoms only) <input checked="" type="checkbox"/> Contraceptive Education (Condoms only) <input type="checkbox"/> Life Option Enhancement <input checked="" type="checkbox"/> Self-Efficacy/Self-Esteem <input checked="" type="checkbox"/> Sexuality/HIV/AIDS/STI Education		
Original Intervention Sample	Age, Gender	The original intervention sample consisted of 1,172 adolescents, aged 12-17. The sample was evenly divided male ($N = 587$) and female ($N = 585$).	
	Race/Ethnicity	51% African American, 20% Asian, 10% East African, 5% White, 3% Hispanic, 3% Ukrainian, 2% Russian, 1% Native American, 5% Other	

Program Abstract (continued)

Program Components

- Adult Involvement
- Case Management
- Group Discussion
- Lectures
- Peer Counseling/Instruction
- Public Service Announcements
- Role Play
- Video
- Other: Teen-led activities and events

Program Length

The two *THP* workshops last approximately 3 hours each, and are typically offered one week apart. The two follow-up sessions, semi-structured with a focus on workshop content lasting 90 to 120 minutes, are offered over the next four to five months.

In addition, there is one loosely formatted 90-minute parent education session, giving parents an opportunity to hear about what their teens are learning. Parents also participate in parent-teen communication skills-building exercises, and have the option of viewing a condom demonstration.

The Teen Health Project Leadership Council (Health Council), comprised of opinion leaders nominated by their workshop peers and facilitators, meets each week for 90 minutes. Their meetings begin between the first and second follow-up sessions, and continue on a weekly basis for six months as they plan and implement monthly activities and quarterly events.

Staffing Requirements/ Training

In the original implementation, workshop and follow-up sessions were led by two co-facilitators. The Health Council sessions also involved co-facilitators. No specialized background is required to implement *THP*. However, facilitators will want to familiarize themselves with all the materials, including handouts (appendices) in the red envelopes. In addition, facilitators will want to check the URLs for the streaming videos, listed in the Curriculum manual, to ensure that they are still active. In addition, the *What Worked: Notes from the Field* booklet provides a variety of activities and notes from the original implementation including a follow-up session outline, a parent session outline, and meeting notes from a Health Council meeting (including slogans and t-shirt designs).

Notes about Evaluation

This program contains a copy of the audio computer assisted survey instrument used at all assessment points during the original evaluation

Program Abstract (continued)

of *THP*. (Please refer to the “Original Evaluation Materials” booklet.) Additional resources for evaluation are also included:

- (1) *Prevention Minimum Evaluation Data Set (PMEDS)*, a generic questionnaire that can be adapted to suit most prevention programs, and
- (2) *Local Evaluator Consultant Network Directory*.

These evaluation materials are included as a starting point for evaluating your program, should you choose to do so. Before using these or any survey instruments with your teens, it is very important that consent be received from the appropriate people in your community (e.g., school officials, parents, etc.). Most programs can benefit from outside help in designing and carrying out an evaluation. Your local university may be a good place to look for outside help—or you may refer to the *Local Evaluator Consultant Network Directory*. For further information, call PASHA staff (see below).

Contact Information

Program Archive on Sexuality, Health and Adolescence (PASHA)
Sociometrics Corporation
Tel. (650) 949-3282
E-mail: socio@socio.com

Bibliography

Sikkema, K. J., Brondino, M. J., Anderson, E. S., Gore-Felton, C., Kelly, J. A., Winett, R. A., Heckman, T. G., & Roffman, R. A. (2004). HIV risk behavior among ethnically diverse adolescents living in low-income housing developments. *Journal of Adolescent Health, 35*(2), 141-150.

Sikkema, K. J., Anderson, E. S., Kelly, J. A., Winett, R. A., Gore-Felton, C., Roffman, R. A., Heckman, T. G., Graves, K., Hoffmann, R. G., & Brondino, M. J. (2005). Outcomes of a randomized, controlled community-level HIV prevention intervention for adolescents in low-income housing developments. *AIDS, 19*(14), 1509-1516.