

Teen Health Project: Community-Level HIV Prevention Intervention for Adolescents in Low Income Housing Development

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SUMMARY FOCUS TEEN HEALTH PROJECT, an HIV-prevention Primary Pregnancy Prevention intervention for adolescents, was originally developed for adolescents age 12 to 17 living in Secondary Pregnancy Prevention low income housing developments. It was modeled STD/HIV/AIDS Prevention 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-ORIGINAL SITE 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 School-Based when the intervention targeted change in individual-level risk reduction beliefs and skills as well as change in the social and peer normative environment. Community-Based Participants (n = 1,172) were recruited from 15 low income housing developments in three states. Housing developments were randomly assigned in Clinic-Based 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 APPROACH implement monthly HIV-prevention activities and quarterly events in their developments. Assessments were conducted at baseline, approximately 3 months after completion of the M Abstinence 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 Behavioral Skills Development measures comprise the cohort for evaluating intervention effects on continued abstinence outcomes.



Contraceptive Access



Life Option Enhancement





COMPONENTS



Case Management



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 workshoponly groups. In addition to treatment, higher baseline 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.

SUITABLE FOR USE IN

TEEN HEALTH PROJECT (THP), 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. THP developers recommend that workshop groups be divided by gender and by ages (e.g., 12-14 and 15-17).

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 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 90minute parent education session, giving parents an opportunity to hear about what their teens are learning. Parents also participate in parent-teen



Peer Counseling/Instruction





Video



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 cofacilitators. 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).

PASHA PROGRAM PACKAGE

The PASHA Program Package for this program includes:

- > Teen Health Project User's Guide
- 4ME! Before You Begin: An Overview for the Curriculum Manual
- *4ME!* Curriculum Manual
- 4ME! Workshop Appendix
- > Teen Health Project Leadership Council Facilitation Guide
- What Worked: Notes from the Field
- Logos & Certificate
- Resource Lists
- Workshop Attendance & Evaluation
- Teen, Sex & Health DVD
- 101 Ways to Make Love Without Doin' It educational brochures(25)
- Set of Original Evaluation Instruments
- Prevention Minimum Evaluation Data Set (PMEDS)
- Local Evaluator Consultant Network Directory
- Telephone technical support on implementation and evaluation for 1 year