

PRIME TIME

Best Evidence – Risk Reduction

INTERVENTION DESCRIPTION

Target Population

- Sexually active adolescent females at elevated risk for teen pregnancy and sexually transmitted infections

Goals of Intervention

- Reduce sexual-risk behaviors, violence involvement, and school disconnection

Brief Description

Prime Time is a youth-development program that combines one-on-one case management and peer educator group sessions, delivered in tandem. Client-centered case management visits address social and emotional skills, responsible sexual behaviors, healthy relationships, and positive involvement with family, school, and community. Participants also take part in peer educator training, which addresses communication, stress management and conflict resolution skills, responsible sexual behaviors, sexual decision-making and contraceptive use. During this training, participants are expected to complete peer educator contacts with peers, parents, and family members. Following the training, participants may complete an optional group practicum that involves teaching lessons on topics related to the peer educator curriculum to elementary or high school students.

Theoretical Basis

- Resilience Paradigm
- Social Cognitive Theory

Intervention Duration

- Monthly case management sessions and 16 peer educator training sessions, followed by an optional 7-session group teaching practicum, all delivered over 18 months

Intervention Setting

- Community locations convenient to individual teens

Deliverer

- Case managers experienced in working with urban adolescents from diverse cultural backgrounds

Delivery Methods

- Case management
- Client-centered counseling
- Homework
- Motivational interviewing
- Peer educator training
- Practicum
- Skills building

INTERVENTION PACKAGE INFORMATION

An intervention package is available from Renee E. Sieving, University of Minnesota School of Nursing, 5-140 Weaver-Densford Hall, 308 Harvard St. SE, Minneapolis, MN 55455.

Email: sievi001@umn.edu for details on intervention materials and training requests.

EVALUATION STUDY AND RESULTS

The original evaluation was conducted in Minneapolis-St. Paul, Minnesota between 2007 and 2011.

Key Intervention Effects

- Increased consistent condom use
- Increased abstinence

Study Sample

The baseline study sample of 253 adolescent females is characterized by the following:

- *41% black or African American, 21% mixed/multiple races, 12% Hispanic/Latino, 12% Asian/Pacific Islander, 11% white, 3% Native American*
- *100% female*
- *Mean age of 16 years*

Recruitment Settings

Community- and school-based primary care clinics

Eligibility Criteria

Sexually active adolescent females aged 13 to 17 years were eligible if they met one or more of the following risk criteria: (1) had a clinic visit involving a negative pregnancy test; (2) had a clinic visit involving treatment for a sexually transmitted infection; (3) very young age (13-14 years); (4) engaged in aggressive or violent behaviors (e.g., used a weapon in the past 6 months); (4) engaged in high-risk sexual behaviors (e.g., had multiple sex partners in the past 6 months); or (5) engaged in behaviors indicating school disconnection (e.g., were not enrolled or had changed schools at least twice in the past year).

Assignment Method

Adolescent females (N = 253) were randomized to 1 of 2 study arms: Prime Time (n = 126) or a usual care comparison (n = 127).

Comparison Group

The comparison group received usual services offered at the clinics

Relevant Outcomes Measured and Follow-up Time

- Sexual behaviors in the past 6 months (including number of months of consistent condom use [defined as using condoms during every, or most, sexual encounters with their most recent sexual partner] and sexual abstinence) were measured at 12, 18, 24, and 30 months post-initiation of intervention.

Participant Retention

- Prime Time Intervention
 - 92% retained at 12 months post-initiation of intervention
 - 92% retained at 18 months post-initiation of intervention
 - 90% retained at 24 months post-initiation of intervention
 - 91% retained at 30 months post-initiation of intervention
- Usual Care Comparison
 - 97% retained at 12 months post-initiation of intervention
 - 97% retained at 18 months post-initiation of intervention
 - 97% retained at 24 months post-initiation of intervention
 - 97% retained at 30 months post-initiation of intervention

Significant Findings

- Intervention participants reported a significantly greater number of months of consistent condom use than comparison participants at 12 months (0.96 vs. 0.66 months, Adj OR = 1.45, 95% CI = 1.26, 1.67, $p < 0.01$), at 24 months (1.53 vs. 0.93 months, Adj RR = 1.57, 95% CI = 1.28, 1.94, $p < 0.05$), and at 30 months post-initiation of intervention (1.77 vs. 1.06 months, Adj RR = 1.67, 95% CI=1.39, 2.00, $p < 0.001$).
- Intervention participants were significantly more likely to have abstained from sex in past 6 months than comparison participants at 30 months post-initiation of intervention (15.2% vs 5.6%, Adj OR = 2.88, 95% CI = 1.12, 7.40, $p < 0.05$).
- While the above findings meet the best-evidence criteria, two additional findings at 30-months post-initiation of intervention meet the good-evidence criteria due to analytic sample sizes < 50 per arm:
 - Among the subgroup of participants with higher levels of family connectedness ($n = 98$), intervention participants reported a significantly greater number of months of consistent condom use than comparison participants ($p < 0.05$).*
 - Among the subgroup of participants with higher levels of school connectedness ($n = 99$), intervention participants reported a significantly greater number of months of consistent condom use than comparison participants ($p < 0.05$).*

Considerations

- Several additional intervention effects (all p -values < 0.05) were observed:
 - Intervention participants reported a greater number of months of consistent hormonal contraceptive use at 12 months, 18 months, and 24 months post-initiation of intervention.
 - Intervention participants reported a greater number of months of consistent dual-method (hormonal and condom) contraceptive use at 12 months, 24 months, and at 30 months post-initiation of intervention for all participants, and at 30 months post-initiation of intervention for the subgroup of adolescent females with higher levels of school connectedness.
 - Intervention participants reported lower relational aggression perpetration and increased family connectedness at 18 months post-initiation of intervention.
 - Intervention participants were more likely to be currently attending college or technical school at 18 months and 30 months post-initiation of intervention.
- No significant intervention effects were observed for the number of male sex partners at any of the 4 assessments.
- Missing data was $>10\%$ at the 30-month assessment for the consistent condom use outcome; however, attrition plus missing data did not exceed 40% (21%), which is considered acceptable.*

- Sieving et al., 2012 conducted a pilot study evaluating Prime Time at three clinics in a Midwestern metropolitan area between 1999 and 2004, which provides the following additional evidence:
 - Intervention participants reported significantly fewer sex partners in the past 6 months than comparison participants at 12 months post-initiation of intervention ($F[1, 98] = 3.99, p = 0.049$).
 - Intervention participants reported a significantly greater number of months of consistent condom use than comparison participants at 18-months post-initiation of intervention ($F[1, 85] = 3.81, p = 0.05$).

***Information obtained from author**

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