

# TEEN HEALTH PROJECT

## Good Evidence – Risk Reduction

### INTERVENTION DESCRIPTION

#### Target Population

- Adolescents of high risk for HIV who live in urban, low-income housing developments

#### Goals of Intervention

- Increase sex abstinence
- Increase condom use

#### Brief Description

*Teen Health Project* is a community-level intervention (CLI) that helps adolescents develop skills to enact change, and provides continued modeling, peer norm and social reinforcement for maintaining the prevention of HIV risk behavior. Adolescents first attend two 3-hour workshops that focus on HIV/STD education and skills training on avoiding unwanted sex, sexual negotiation, and condom use, with themes of personal pride and self-respect. Workshops are conducted separately for males and females, who are divided by younger and older enrollees. Adolescents then attend 2 follow-up sessions and various community activities and events with peers from their social networks in the housing development. Opinion leaders are selected based on nominations and represent 15% of the total number of adolescents in each housing development. A Teen Health Project Leadership Council (THPLC) is established in each housing development to encourage attendance, reinforce abstinence and condom use, plan HIV prevention activities to maintain risk reduction, set norms supporting abstinence and condom use, and gain support from adults to promote activities. Through pledges and videotaped testimonials, adolescents are encouraged to make commitments to HIV reduction. HIV prevention messages were emphasized throughout the activities and on small media, project newsletters, and t-shirts. Prevention messages were also featured at community-wide social events, talent shows, musical performances, and festivals in order to establish and maintain HIV risk-reduction norms among peers, family members, and the larger community. In addition, parents of adolescent enrollees are offered a workshop that focuses on HIV/AIDS information and approaches to discussing issues related to abstinence and condom use with their children.

#### Theoretical Basis

- Diffusion of Innovation
- Social cognitive theory

### **Intervention Duration**

- Two 3-hour workshops conducted 1 week apart; the community-level intervention phase (2 follow-up sessions, 4 program activities and 2 community-wide events, each of unspecified length) delivered over 10 months; and a 90-minute parent workshop.

### **Intervention Setting**

- Low-income housing developments

### **Deliverer**

- Two trained facilitators; THPLC peer opinion leaders

### **Delivery Methods**

- Performances
- Risk reduction supplies (condoms)
- Skills building exercises
- Small media (e.g., brochures, project newsletters, t-shirts)
- Social events

## **INTERVENTION PACKAGE INFORMATION**

The intervention package and training are available through the [Sociometrics](#) under the name [Teen Health Project](#).

## **EVALUATION STUDY AND RESULTS**

The original evaluation was conducted in Milwaukee and Racine, Wisconsin; Roanoke, Virginia; and Seattle and Tacoma, Washington between 1998 and 2000.

### **Key Intervention Effects**

- Continued abstinence
- Increased condom use

### **Study Sample**

The baseline study sample of 1172 adolescents in 15 housing developments is characterized by the following:

- 51% black or African American, 20% Asian, 10% East African, 5% white, 3% Hispanic/Latino, 3% Ukrainian, 2% Russian, 1% Native American, 5% other
- 50% female, 50% male
- Mean age of 14.5 years, ranging from 11-18 years
- Mean education of 7th grade; 99% currently attending school, 73% not yet in high school

### **Recruitment Settings**

Housing developments

### Eligibility Criteria

- The eligible *communities* were low-income housing developments located in urban areas with high rates of STD and drug use.
- *Adolescent residents* were eligible for assessment if they were between 12 and 17 years by the onset of the intervention.

### Assignment Method

Five sets of 3 housing developments (1 set in each city) were matched by tenant characteristics (e.g., adolescents' age and gender). Within the 5 sets, each housing development was randomly assigned to 1 of 3 groups: Community-level Intervention (5 developments, 392 adolescents), Workshop Intervention (5 developments, 428 adolescents), or AIDS Education Comparison (5 developments, 352 adolescents).

### Comparison Group

- The Workshop Intervention, a group-level intervention (GLI), was the same as the workshop phase of the Community-level Intervention.
- The AIDS Education Comparison consisted of a standard community AIDS education session delivered to groups of youth in the housing development with a videotape and discussion, and adolescents were invited to participate in the workshop intervention at study completion. Educational brochures and condoms were available for participants in all study groups.

### Relevant Outcomes Measured and Follow-up Time

- Sex behaviors (including never engaging in sexual intercourse [abstinence] and condom use at last sex) were measured at 2 months after the completion of the community intervention phase (18 months post baseline).

### Participant Retention

- Community-level Intervention (CLI)
  - 61% retained at 18 months post baseline (2 months after completion of the CLI events)
- Workshop Intervention
  - 64% retained at 18 months post baseline (12 months after the workshop intervention)
- AIDS Education Comparison
  - 72% retained at 18 months post baseline

### Significant Findings

- Sexually inexperienced adolescents in the Community-level Intervention (CLI) communities were significantly more likely to have remained abstinent than adolescents in the AIDS Education comparison communities ( $p = .04$ ) at 18 months post baseline (2 months after completion of the CLI).
- Sexually active adolescents in the CLI communities were significantly more likely to report condom use at last sex than adolescents in the AIDS Education comparison communities ( $p = .05$ ) at 18 months post baseline (2 months after completion of the CLI).

### Considerations

- This intervention fails to meet the best-evidence criteria due to  $< 70\%$  retention in the CLI arm at 2 months after the completion of the CLI events.

- Because the CLI had more activities and, thus, was longer in duration, the length of time from the end of the intervention to the final follow-up assessment differed from that of the AIDS Education Comparison.
- The effects of the community-level intervention on continued abstinence and condom use differed only from the AIDS Education Comparison. There was no significant intervention effect when compared with the GLI Workshop intervention.
- Sexually active adolescents in the GLI Workshop Intervention communities were significantly more likely to report condom use at last sex than adolescents in the AIDS Education comparison communities ( $p = .01$ ) at 12 months after the completion of the workshop.

## REFERENCES AND CONTACT INFORMATION

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

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