

# 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 precursors of teen pregnancy, including sexual-risk behaviors, involvement in violence, and school disconnection

#### Brief Description

*Prime Time* is a youth-development intervention consisting of one-on-one case management visits coupled with peer-educator training and service-learning sessions delivered to groups of adolescent females at risk of pregnancy. Client-centered case management visits address social and emotional skills, responsible sexual behaviors, healthy relationships, and positive involvement with family, school, and community. Participants then take part in *Just in Time* group sessions, which address communication, stress management, conflict resolution skills, sexual behaviors, sexual decision-making and contraceptive use, and teach participants to serve as peer educators. Subsequently, participants engage in a group-teaching practicum where they develop and teach lessons related to topics from the *Just in Time* curriculum. Finally, participants take part in *It's Our Time* group sessions, which encourage civic engagement and teach leadership skills through service-learning projects.

#### Theoretical Basis

- Resilience Paradigm
- Social Cognitive Theory

#### Intervention Duration

- Monthly case management sessions, 15 peer-educator training sessions followed by a 7-session practicum, and 4 service-learning sessions, 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
- Discussion
- Homework
- Peer educator training
- Practicum
- Service projects
- Skills building

## INTERVENTION PACKAGE INFORMATION

The intervention package is available through [Sociometrics](#) under the name [Prime Time](#).

For training, please contact **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](mailto:sievi001@umn.edu)

## 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/Latina, 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

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 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, and were more likely to be currently attending college or technical school at 18 months of 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

## REFERENCES AND CONTACT INFORMATION

Sieving, R. E., McRee, A-L., Secor-Turner, M., Garwick, A. W., Bearinger, L. H., Beckman, K. J., . . . Resnick, M. D. (2014). [Prime Time: Long-term sexual health outcomes of a clinic-linked intervention](#). *Perspectives on Sexual and Reproductive Health*, *46*, 91-100.

Sieving, R. E., McMorris, B. J., Secor-Turner, M., Garwick, A. W., Schlafer, R., Beckman, K. J., . . . Seppelt, A. M. (2014). [Prime Time: 18-month violence outcomes of a clinic-linked intervention](#). *Prevention Science*, *15*, 460-472.

Sieving, R. E., McRee, A-L., McMorris, B. J., Beckman, K. J., Pettingell, S. L., Bearinger, L. H., . . . Resnick, M. D. (2013). [Prime Time: Sexual health outcomes at 24 months for a clinic-linked intervention to prevent pregnancy risk behaviors](#). *JAMA Pediatrics*, *167*, 333-340.

Sieving, R. E., Bernat, D. H., Resnick, M. D., Oliphant, J., Pettingell, S., Plowman, S., & Skay, C. (2012). [A clinic-based youth development program to reduce sexual risk behaviors among adolescent girls: Prime Time pilot study](#). *Health Promotion Practice*, *13*, 462-471.

Sieving, R. E., McMorris, B. J., Beckman, K. J., Pettingell, S. L., Secor-Turner, M., Kugler, K., . . . Bearinger, L. H. (2011). [Prime Time: 12-month sexual health outcomes of a clinic-based intervention to prevent pregnancy risk behaviors](#). *Journal of Adolescent Health*, *49*, 172-179.

**Researcher: Renee E. Sieving, RN, PhD, FSAHM**

University of Minnesota School of Nursing

5-160 Weaver-Densford Hall

308 Harvard St. SE

Minneapolis, MN 55455

Email: [sievi001@umn.edu](mailto:sievi001@umn.edu)

