

Successes & Results from the OAH Teen Pregnancy Prevention Program

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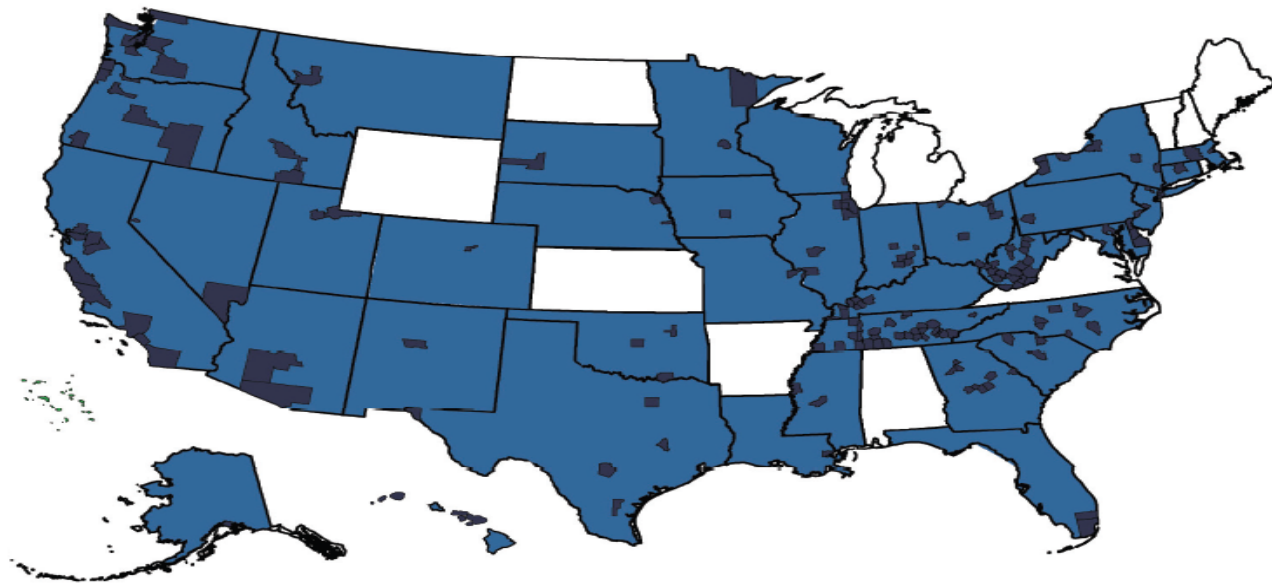
■ **Two-Tiered Evidence Initiative**

- **Replication of Evidence-Based Programs (Tier 1)** – approx. \$70 million annually to replicate programs proven effective through rigorous evaluation

- **Identifying New & Innovative Approaches (Tier 2)** – approx. \$24 million annually for research and demonstration projects to develop and test new and innovative approaches

OAH TPP Program – Who We Serve

- Reaching communities with the greatest need & the most vulnerable youth
- Cohort 1 – **102 grantees** served **½ million youth** in 39 States & DC - Sept 2010 – Aug 2015
- Cohort 2 – **84 grantees** anticipate serving **1.2 million youth** in 39 States & Marshall Islands - July 2015 – June 2020



■ Counties reached by the OAH TPP Program

■ States reached by the OAH TPP Program

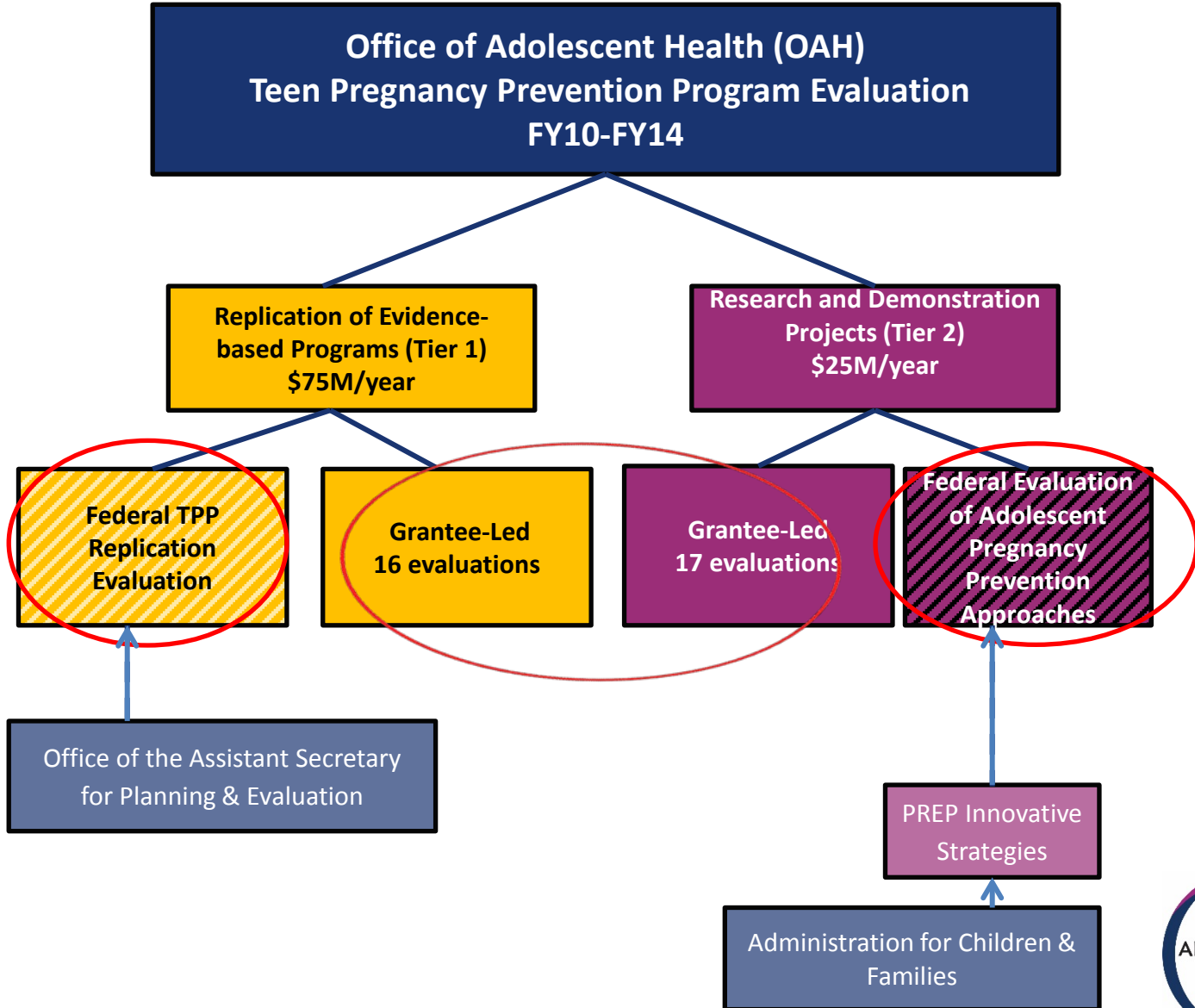
□ The OAH TPP Program does not currently fund grantees in this state



Success of OAH TPP Program – 2010-2015

- 102 grantees served ½ million youth in 39 States & DC
 - 74% ages 14 or younger, 18% ages 15-16
 - 37% Latino, 30% Black, 23% White
- 6,100 new facilitators trained
- 3,800 community partnerships established
- 95% of all sessions were implemented as intended (fidelity)
- 92% of all sessions were implemented with high quality
- Youth attendance was high – on average, youth attended 86% of all sessions
- 66 manuscripts published; 1,292 national, regional, and state presentations delivered

OAH's TPP Evaluation Strategy 2010-2015



- **TPP Replication Study** (OAH, ASPE, and Abt Associates)
 - Evaluated implementation of **3 EBPs**
- **16 Grantee-Led Evaluations**
 - Independent, rigorous evaluations designed to meet standards for a “moderate” or “high” rating on HHS TPP Evidence Review
 - Evaluated **9 EBPs** with new populations and in new settings
- **Overall Results**
 - Total of 19 evaluations of 10 different EBPs
 - 4 of 10 EBPs were effective in new settings/populations
 - Provides information about where, when, and with whom programs are most effective

Lessons Learned from the TPP Program

- Need to build a body of evidence for programs to know where/when/with whom they are most effective
- Independent replication evaluations are critical
- Not all programs can be implemented with anyone, anywhere, with the same results
- Programs that were effective at one point in time, may no longer be effective at a later point in time
- How programs are implemented impacts who receives the program and the outcomes of the program
- Dosage is critical to program outcomes
- Training, technical assistance and performance measures are essential to ensure quality and rigor

Lessons Learned from the TPP Program

- More time and emphasis needs to be spent on program selection, fit, and implementation:
 - Assessing needs, organizational capacity, restrictions of the implementation site, and intended outcomes to ensure programs selected are a good fit
 - Using implementation frameworks to guide planning
 - Ensuring participants receive the full dosage
 - Ensuring that staff have comfort, capacity, and skills to implement
- Using evaluation results to inform program selection can be difficult
 - Need to be willing to move away from programs that are no longer effective

- Identify areas for continuous quality improvement
- Inform grantee selection of evidence-based programs
- Redesign the OAH TPP program to have the greatest impact on reducing rates of teen births and existing disparities
- Identify areas in need of new and continued research and evaluation

- Cohort 2 grantee EBP selection informed by TPP cohort 1 evaluation results
 - Negative findings
 - 3 or more rigorous, high quality studies unable to replicate
 - Evidence 20 years old or more
 - New EBPs added during planning year
 - Additional evidence for communities to consider when selecting programs to ensure fit

Importance of Translating Evidence

Home > Programs > All4You! > Implementation Requirements and Guidance

All4You!

Implementation Requirements and Guidance

Program Overview

Program Components

Implementation Requirements and Guidance

Program Structure and Timeline

Program Structure and Timeline of 14 sessions, nine 70- to 90-minute skills-based lessons and service-learning visits, overall approximately 26 hours. Ideally, it should be implemented 2-3 times per week for a period of 5-7 weeks. It consists of 15 sessions of 50 minutes each, overall 7.5 hours. Ideally, the program should be implemented 2-3 times per week for a period of 5 to 7 weeks.

Staffing

Program Materials and Resources

Additional Needs for Implementation

Materials should be delivered by classroom teachers or community-based providers who have good rapport with youth. Peer leaders are used to facilitate both versions of the program.

Fidelity

Materials and Resources

Materials are a teacher guide, teacher background materials, and student materials.

Training and Staff Support

Materials are a teacher guide, teacher background materials, and student materials.

Allowable Adaptations

Fidelity

ETR provides a fidelity log, a tool that can be administered as a pre- or post-test. These materials can be found at <http://pub.etr.org/docpages>

Training and Staff Support


Staff Training:

It is highly recommended that staff receive professional development to ensure curriculum with its intended available through ETR's Professional Development Center.

- Two- or three-day Training includes pre-work, skill-building, and a role-play activity.

Evidence-Based Teen Pregnancy Prevention Programs at a Glance

*This table was developed by Child Trends under contract number GS-10F-0030R for the Office of Adolescent Health, U.S. Department of Health and Human Services as a technical assistance product for use with OAH grant programs.



This table provides a brief overview of the program models on the HHS Teen Pregnancy Prevention Evidence Review website that are implementation ready and is intended to be used in conjunction with other resources when selecting a program model for implementation. For additional information, please visit <http://www.hhs.gov/ash/oah/resources-and-publications/dby/>.

Note: Grantees may propose to implement an evidence-based TPP program with a population or in a setting other than those identified in the program's original evaluation; however, as a reminder, proposed adaptations must be shared with OAH and may require approval.

| Program Name | Program Type | Outcomes | Duration of Outcomes | Activities | Team-lead/trainer | Train-the-facilitator | # of Sessions | Session Length | Program Duration | Setting | Target Population | Age | Languages |
|--|--------------|----------|-------------------------------------|------------|-------------------|-----------------------|---------------|----------------|------------------|----------------|---------------------|------------------------|-----------|
| Aban Aya Youth Project | SE | ● | post-intervention | ✓ | ✓ | | 16-21 | 45 min | 4 years | S*, Cm | ♀/♂*, AA* | 10-14* | En |
| Adult Identity Mentoring (Project AIM) | YD | ● | 3 mos | | | ✓ | 12 | 50 min | 6 weeks | S*, Cm | ♀/♂*, All (AA*), Lw | 11-14 (12-14)* | En, Sp |
| All4You! | YA | ● | 6 mos | ✓ | ✓ | ✓ | 14 | 70-140 min | 7 weeks | Sp* | ♀/♂*, All* | 14-18 (14-17)* | En |
| | | ● | 3-12 mos | ✓ | ✓ | ✓ | 6 | 60 min | 6 days | C, S, As*, Cm* | ♀/♂*, All (AA*) | 11-18 (11-13)* | En |
| | | ● | 12 mos | ✓ | ✓ | ✓ | 8 | 60 min | 8 days | S, Sp*, As, Cm | ♀, All (H, AA*) | 12-18 (14-20)* | En |
| | | ● | 12 mos | ✓ | ✓ | ✓ | 8 | 90-120 min | 8 weeks | C*, As | ♀/♂*, All (AA*) | 14-18* | En |
| | | ● | 3 yrs after program start for girls | ✓ | ✓ | ✓ | Daily | 2-3 hours | 7 years | S, As*, Cm | ♀/♂*, All (H, AA*) | 10-12 at program entry | En, Sp |
| | | ● | 3-12 mos | ✓ | ✓ | ✓ | 6 | 60 min | 2 days + | S, As*, Cm* | ♀/♂*, H* | 13-18* | En, Sp |
| | | ● | 12 mos post-intervention; boys only | ✓ | ✓ | ✓ | 19 | 45 min | 3 years | S* | ♀/♂*, All* | 11-14* | En, Sp |
| | | ● | 9-mos | ✓ | ✓ | | 11 modules | Varies | Varies | C*, As*, Cm* | ♀/♂*, H*, AA* | 10-14 (11-14)* | En, Sp |
| | | ● | 11-mos | ✓ | ✓ | ✓ | 4 | 120 min | 8 hours | S, Sp*, Cm | ♀, All* | 16+ (17+)* | En |
| | | ● | post-intervention | ✓ | ✓ | ✓ | 27 | 45 min | 3 years | S* | ♀/♂*, All* | 11-14* | En |

Making Proud Choices

Potential Adaptations

This document includes examples of adaptations that have been previously implemented by OAH grantees. Grantees should keep in mind that all potential adaptations should be discussed with their project officer, and may need OAH approval. Potential adaptations involving medical information will require a medical accuracy review and need to be approved by OAH.

Adaptation Kits (from ETR) for individuals/organizations implementing Making Proud Choices!

Adaptation 1: [Grantee Guide](#)
 Adaptation 2: [School Guide](#)
 Adaptation 3: Consider implementing MPC for Out of Home Youth with all youth, not just youth in out of home care. MPC for Out of Home Youth has been updated and revised to be inclusive and trauma-informed and could be used with all youth. [Grantee Guide \(In and Out Home Core Guide\)](#)

Program Content

Interview with the Program Developer

See the materials below to hear from the program developer.

A WORD FROM THE EXPERTS
Families Talking Together
 Interview with Developers of Evidence-Based Programs for Teen Pregnancy Prevention

Slides, Audio, Transcript

Last updated: July 14, 2015

For Grantees

Resources and Publications > Online Learning > How to Select an Evidence-Based Teen Pregnancy Prevention Program

How to Select an Evidence-Based Teen Pregnancy Prevention Program

Introduction Defining Evidence-Based Step 1 Step 2 Step 3 Step 4 After Program Selection Conclusion

Introduction

Objectives > Overview of the Steps

So you want to implement an evidence-based teen pregnancy prevention program...

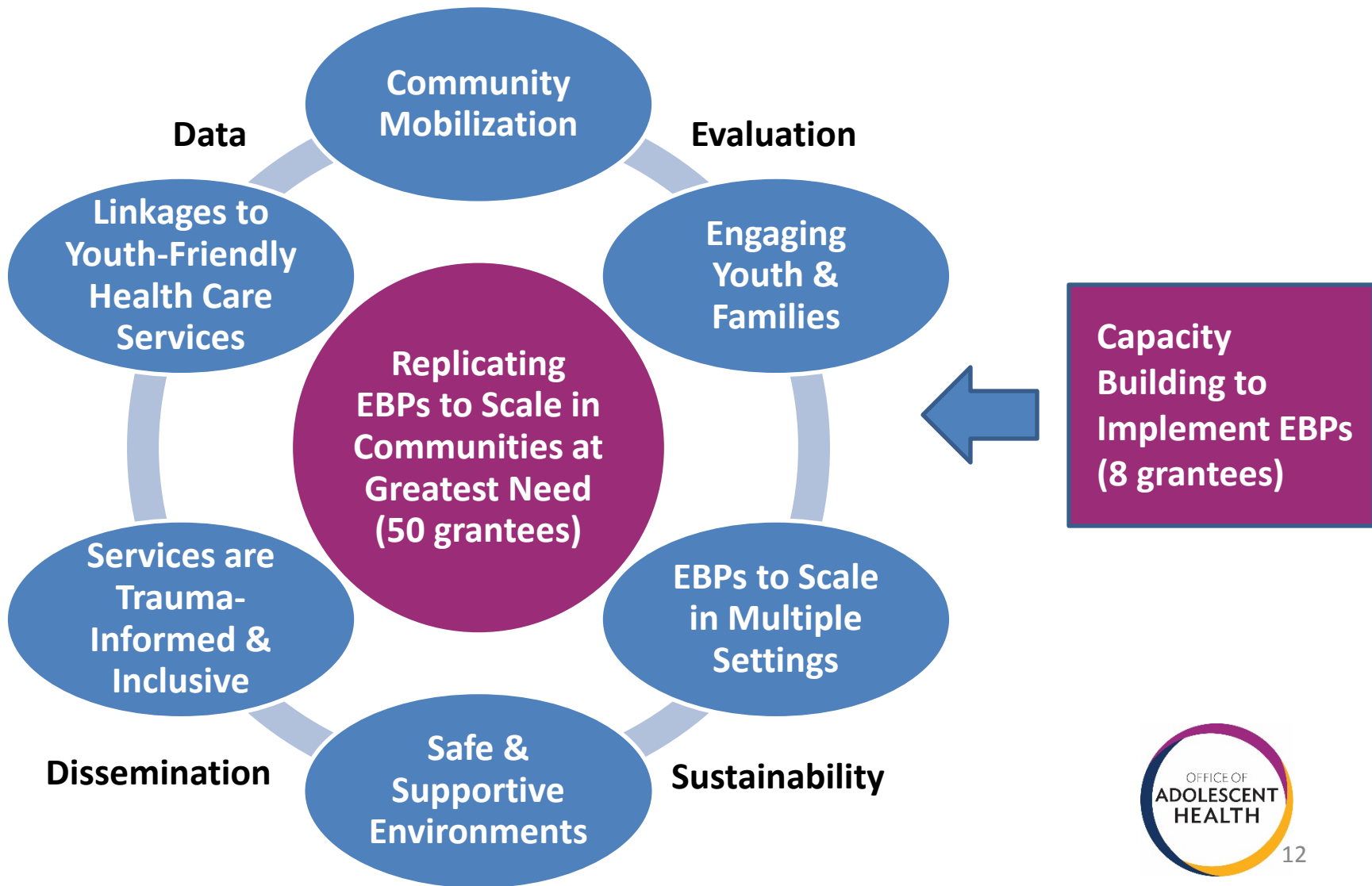
Excellent news! The Office of Adolescent Health (OAH) has developed this e-module to help you choose the program that is best suited to meet your specific needs and goals. Program selection does not occur in a vacuum; it is a process that involves thought, planning, and coordination. The steps laid out in this module will walk you through the process of program selection, the first in a series of steps involved in implementing evidence-based programs (EBPs). We also touch briefly on aspects of implementing an EBP in the section entitled "After Program Selection."

At the conclusion of this e-learning module, participants will be able to:

1. Define the term "evidence-based."
2. Discuss the importance of implementing evidence-based programs.
3. Identify the four main steps in selecting the most appropriate evidence-based teen pregnancy prevention program for their particular needs; and
4. Describe how program selection fits into a larger process of high quality program implementation.



Replication of EBPs (Tier 1) - TPP Cohort 2 (2015 – 2020)



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