



OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH

Facilitators of Success Teen Pregnancy Prevention Program Tier 1B Early Implementation Evaluation

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Agenda

- Recap of the TPP 1B Program & Evaluation Study
- Review the definition of facilitators
- Facilitators of success by component
- Conclusions
- Q&A Session



Introduction & Grantee Case Study Webinar Sessions

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Webinars & Presentations

Evaluation Webinars that may serve as resources or technical assistance non specific to any one grant cohort will be posted to this space within two weeks of the presentation.

2020

- ▶ [Enablers of Success: Tier 1B Strategy \(January 16\)](#)

2019

- ▶ [TPP Tier 1B Early Implementation Evaluation: Strategy Overview \(September 10\)](#)
- ▶ [TPP Tier 1B Early Implementation Evaluation, Grantee Case Study: Mission, West Virginia \(October 1\)](#)
- ▶ [TPP Tier 1B Early Implementation Evaluation Grantee Case Study: Youth Services of Tulsa \(October 15\)](#)
- ▶ [TPP Tier 1B Early Implementation Evaluation Grantee Case Study: Dallas \(October 29\)](#)

2018

- ▶ [Tier 1B Implementation Study, Making Proud Choices, and Precursors to Sexual Behavior \(June 14\)](#)
- ▶ [Systemic Reviews of Programs to Help Teen Parents and Interventions with Condom Demonstrations + Federal Evaluation of Programs for Expectant and Parenting Youth \(June 6\)](#)

2017

- ▶ [Extending Your Reach: Mounting an Integrated Communications Strategy \(September\)](#)



The TPP 1B Program & Early Implementation Evaluation

- TPP Tier 1B Program (2015): Replicating evidence-based teen pregnancy prevention programs to scale in communities with the greatest need.
 - Four holistic elements of the strategy:
 - Evidence-based programs
 - Community mobilization
 - Linkages & referrals
 - Safe & supportive environments



Early Implementation Evaluation

- First two years of full implementation
 - Planning year: July 2015-June 2016
 - First two years of full implementation: July 2016-June 2018
- Data sources
 - Semi-structured telephone interviews with all project directors and sample of grant partners
 - Site visits to five grantees to develop case studies
 - Site visits to 12 grantees that were candidates for a federal impact evaluation
- Study Purpose
 - To understand how grantees and their community partners applied the elements of the TPP Tier 1B strategy in the first two years of full implementation



Facilitators of Success

- Facilitators: Grantee actions and community conditions and resources that supported implementation
- Four Categories of Facilitators
 - Community Capacity & Context
 - Program Infrastructure & Support
 - Partnerships
 - Evidence-Based Programs



Delivering Evidence-Based Programs (EBPs)

- Community Capacity & Context
 - Local policies were an important factor in EBP implementation
- Program Infrastructure & Support
 - Designing training and other support to increase program quality, fidelity, and community buy-in
- Partnerships
 - Grantee and partner history, and roots in communities eased adoption of the EBPs
- EBP Adaptations
 - Adaptations to structure or content (with OPA approval) allowed grantees to deliver EBPs in key settings



Community Mobilization

- Community Capacity & Context: Raising Awareness
 - Public awareness tended to increase community willingness to host EBPs, participate in Community Advisory Groups (CAGs) or Youth Leadership Councils (YLCs), or otherwise support the project.
- Program Infrastructure & Support
 - Having a backbone organization or designated staff member ensure a coherent mobilization strategy or method
- Partnerships: Empowering the Community & Youth
 - Fostering engagement for the CAG and YLC was important in mobilizing the community



Example: Focus on Disparities and Consequences

- Brought data on teen birth rates—national, state, local – to community stakeholders
- Direct connection between early pregnancy effects on individual youth life paths/outcomes
- Broader connection between teen pregnancy and community stresses/opportunities
- Can raise priority/interest for school systems, businesses, and community leaders



Linkages and Referrals

- Community Capacity & Context
 - Availability of pre-existing youth friendly services, public transportation or other supports for transportation, and conveniently located service providers helped strengthen linkages and referrals
 - Interactive youth-friendly websites, education campaigns & well-curated resource guides helped youth connect to services when direct referrals were not possible.
- Program Infrastructure & Support
 - Organizations with prior experience providing technical assistance to increase youth friendliness or referring youth to services were better equipped to provide linkages and referrals as part of this project.
 - “Youth-friendly” as a high-status designation



Example: Building a Network of Youth-Friendly Health Service Providers

- Large urban county
- Built on earlier effort to bring clinics up to standards for serving adolescents
- 29 clinics went through voluntary self-assessment
- Included in pocket guide and dedicated website
- Incentive for clinic administrators to participate – helps them advertise



Safe and Supportive Environments

- Community Capacity & Context
 - Consideration of local policies and norms
- Program Infrastructure & Support
 - Health educator experience and ongoing training helped establish safe and supportive environments
 - Classroom policies and practices set the tone
- Evidence-Based Programs
 - Approved adaptations to programs



Example: Building Capacity of Settings

- Provide technical assistance and training to staff of host organizations (Askable Adult training)
- Gives setting staff solid footing to answer questions outside of EBP sessions
- Helps promote a consistent message and safe environment for youth beyond EBP sessions
- Builds sense of shared mission between setting staff and project staff



Conclusions

- Unique communities with tailored approaches
- Collective experience offers insights into successful long term implementation

“[Bringing to scale] means bringing teen pregnancy numbers down and approaching it with a community view. It’s not just implementing a program...It’s addressing the overall problem, taking a community approach—what kind of community norms do we need in order to change the way people look at teen pregnancy?”

–Grantee



Questions?

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