Taking Evidence-Based Teen Pregnancy Prevention Programs to Scale in High-Need Communities:

OPA | OFFICE OF POPULATION AFFAIRS

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BRIEF

Early Implementation of a Multi-Component Approach

FORMATION, GOALS, AND ELEMENTS OF THE PROGRAM

In 2010, the U.S. Department of Health and Human Services, Office of Population Affairs (OPA) launched the Teen Pregnancy Prevention (TPP) Program to fund medically accurate and age appropriate programs focused on preventing teen pregnancy and reducing disparities. OPA supports and evaluates evidence-based (Tier 1) and new or innovative (Tier 2) TPP program models. In 2015, OPA awarded a second round of grants, including the "Tier 1B" grant program, which supported 50 organizations in 31 states and the Marshall Islands to replicate evidence-based programs (EBPs) to scale in communities with the greatest need.[1]

About the Tier 1B Early Implementation Study

OPA contracted with Abt Associates to document the planning and early implementation phase of the Tier 1B grants. The study team conducted 143 semi-structured telephone interviews (all 50 grantee project directors and a purposive sample of 93 community partners) between October 2016 and March 2017. The findings reflect plans and progress made mid-way through the second grant year.

Projects used a community-wide strategy that integrated EBPs into multiple settings and stages of adolescence, mobilized stakeholders around a shared vision, and increased access to youth-friendly services.

While implementation varied, all were required to use a multi-component approach that included four key elements:

Evidence-based programs. Deliver EBPs with fidelity in at least three types of settings.

Community mobilization. Engage the community around a shared vision to increase its ability to prevent teen pregnancy and improve adolescent health. Youth and adult advisory groups inform the effort.

Linkages and referrals. Recruit a network of youth-friendly service providers, develop a referral system, and connect youth to services.

Safe and supportive environments. Implement EBPs in safe and supportive environments: integrate a trauma-informed approach, assess LGBTQ inclusivity, and put positive youth development characteristics into action.

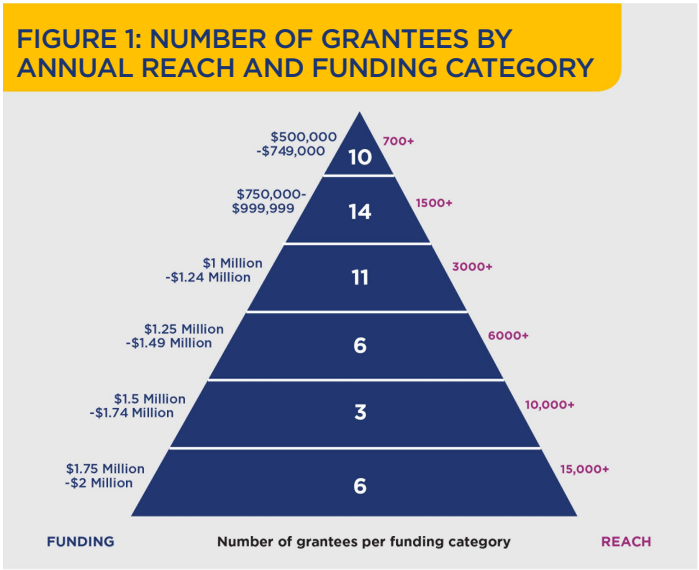
[1] Tier 1 is split into Tier 1A and 1B. Tier 1A grantees build the capacity of youth-serving organizations to implement, evaluate, and sustain evidence-based teen pregnancy prevention programs.

Who were the grantees?

- About half (48%) were based in the southern U.S.
- The majority of grantees were community-based organizations (64%). A quarter (24%) were state/local government agencies.
- More than half had previous experience implementing OPA-funded TPP programs.
- Grantees planned to reach an average of 4,899 unique youth per year, ranging from 700 to 17,550 (Figure 1). [2]

[2] Reach is the number of participants attending at least one session of an EBP during a 12-month period.

FIGURE 1: NUMBER OF GRANTEES BY ANNUAL REACH AND FUNDING CATEGORY



The size and types of communities served by Tier 1B projects varied dramatically.

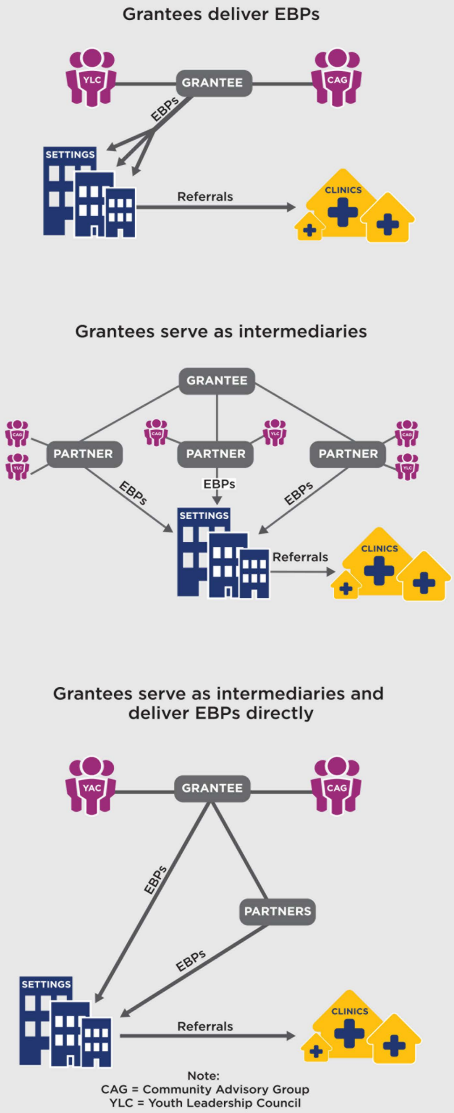
All grantees served communities with teen birth rates above the national average. Almost half (24) of grantees defined their service areas using county boundaries. Most grantees worked in multiple communities, with 30% (15) focusing on multiple communities within a single county or city, and 34% (17) working in multiple communities within a state. Four grantees served communities in multiple states. While there were many factors that influenced how projects were organized, the size and type of community played an important role. For example, a community made up of a few compact urban neighborhoods has different needs, barriers, and opportunities than a community consisting of a primarily rural county.

HOW WERE PROJECTS STRUCTURED?

Grantee roles and partnership structures varied based on capacity, community resources, existing partnerships, and service area span.

Seventeen (34%) grantees were solely intermediaries, distributing funds to partner organizations to deliver EBPs (grantees served as the administrator, community coordinator or capacity builder). In projects with large geographic areas, sub-awardees were often responsible for implementation in an entire community. A little over one-third (18) of grantees acted as both intermediaries and direct service providers. Thirty percent (15) of grantees delivered EBPs without sub-awardees (Figure 2).

FIGURE 2: THREE COMMON IMPLEMENTATION STRUCTURES



Partnerships were essential to implementing the multi-component strategy.

Complex, community-driven initiatives like the Tier 1B TPP program require formal and informal partnerships to add capacity, credibility, and expertise. The number of formal partners per project ranged from three to nearly 200, with a median of 11 partners. Most grantees (88%) had formal partnerships with organizations that provided settings for EBPs—for example, school districts that coordinated with grantees to provide EBPs during school time.

WHAT WERE THE CHARACTERISTICS OF YOUTH AND ADULT ADVISORY GROUPS?

CAGs were a mix of pre-existing and new entities, and involved a diverse cross-section of stakeholders.

About half of projects had multiple Community Advisory Groups (CAGs), which facilitated local participation and coordination in large or non-contiguous communities. Grantees primarily recruited local health departments, school districts, and youth-serving organizations with overlapping missions, as well as community members who have influence and a strong interest in the issue. More than half of grantees had a youth representative participating on the CAG. The most common CAG role was to provide guidance and input for project activities and represent the voice of the community; they often also led the community mobilization efforts.

> "A part of the CAG is getting those strategic people to the table … diversity is key—not having people in the same industry and area. It allows them to come with a plan of action that is well-rounded, not just tunnel-visioned."—Grantee

YLCs aimed to incorporate youth voices and experiences into project decision-making and help ensure effective outreach to the intended populations.

About half of projects formed new Youth Leadership Councils (YLCs), with the rest using pre-existing youth groups to capitalize on their experience and leadership capacity. Forming new YLCs was slightly more common than forming new CAGs, because appropriate groups of youth already engaged in supporting teen pregnancy prevention or adolescent health were less likely to exist in the communities. Half of projects managed more than one YLC, with an average of four YLCs per project/grantee. The most common YLC role was to raise community awareness and provide input on key project activities, such as whether an EBP would resonate with youth or how to most effectively engage youth participants in the project.

WHAT WERE THE MOST COMMON SCALE-UP STRATEGIES?

OPA defined implementing EBPs "to scale" as not simply serving greater numbers, but to have the greatest impact by selecting high-need communities and populations, ensuring the EBPs were a good match to the communities, and breaking down barriers to participation. The grant required grantees to provide EBPs in at least three types of settings as a way to reach youth multiple times and achieve scale.

> "We are aware that some of the youth are only going to get the intervention one time. In theory, we are hoping youth will get the intervention at the middle school level, high school level, and they can get it again in the community."—Grantee

Grantees increased reach by establishing new partnerships and expanding existing ones.

New and existing partnerships facilitated grantees' ability to saturate school settings with EBPs, serve additional youth in non-school settings, and expand to new communities.

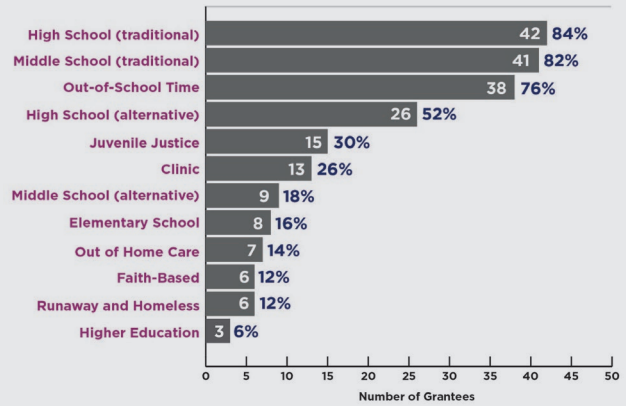
Grantees implemented in an average of four setting types, ranging from two to eight.

Most projects scaled up within in-school settings to reach the most youth—74% (37) were working in both middle and high schools. The most common mix was high school, middle school, and out-of-school time settings (Figure 3).

What EBPs did communities implement?
Communities chose a wide variety of EBPs—28 different EBPs in total (most chose multiple EBPs). *Making Proud Choices!* was the most common (68% of projects). Many chose *Be Proud! Be Responsible!* (36%), *Reducing the Risk* (30%) or *Making a Difference!* (30%).[3]

[3] Data provided to OPA by grantees, 2017

FIGURE 3: EBP SETTINGS BY NUMBER OF GRANTEES



Source: Data provided to OPA by grantees, 2017

Community engagement was a key scale-up strategy.

Several grantees noted that engaging the community was an important part of taking programs to scale. Grantees worked on mobilizing communities to ensure EBPs were a good fit for the community context, reach youth in new settings, and change community norms about teen pregnancy and sexual health education. Most projects had plans to implement community-wide awareness campaigns, and about half had begun implementing them in Year 2 (2016-2017) of the grant.

> "It [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? And, ultimately, change the rates [of teen pregnancy], having youth feel more supported, and knowing about resources that are friendly to them and usable."—Grantee

HOW DID PROJECTS ENHANCE LINKAGES AND REFERRALS?

Common approaches to enhancing linkages and referrals to youth-friendly services included developing and disseminating resource guides, expanding partnerships to increase referral options, and building the capacity of providers to make them youth-friendly.

Several projects engaged the YLC to assess the youth-friendliness of area providers. Projects were also developing flexible referral systems to adapt to different contexts. Typically, referrals were made through one-on-one interactions between health educators and youth, but could also occur through self-referrals, hotlines, and making information available to the broader public.

WHAT ARE THE EARLY LESSONS?

After the first two years, Tier 1B grantees were in the process of scaling up and fully implementing the multi-component strategy in their unique community contexts. Each faced challenges that they were able to overcome, and their experiences offer insights into what it takes to prepare communities for longer-term successful implementation. Below we highlight some key early lessons.

Adjust approaches to match communities' level of readiness.

Community readiness for taking EBPs to scale included strong pre-existing networks, key champions, and partner organizations with capacity to expand reach. The broad scope of the multi-component strategy required intensive planning and close coordination with multiple stakeholders to facilitate expansion and build support in the community. Those that needed to form new relationships with key partners, cultivate champions, or build organizational capacity needed more time to lay the groundwork to achieve full implementation of all components of the strategy.

The planning year gave all grantees time to train staff and build capacity, solidify and expand agreements and relationships with partners, and establish adult and youth advisory groups before EBP implementation. Communities with higher levels of readiness used this time to build infrastructure for reaching full scale in a way that would be sustainable.

Establishing and maintaining commitments from schools and school districts allowed projects to reach full scale most efficiently. While the Tier 1B strategy was designed to reach youth across multiple settings, schools offered the most opportunities to reach and retain a large number of youth. Projects that started with strong ties to schools or found powerful champions within them were able to implement more readily and with fewer constraints. Other projects found that building these relationships required more time and steps than expected.

Engage key community members early, continually, and strategically.

Gaining substantive engagement by a range of community members and agencies helped projects fully implement each of the interdependent Tier 1B program elements. This engagement ensured that youth and their communities received appropriate and effective services, that these services were well-received and reinforced, and that the project found open doors when they reached out to schools and other institutions.

Engaging CAG and YLC members involved careful attention to creating meaningful roles. Most grantees were able to convene CAGs and YLCs by the second year of the grant, and were working on ways to foster ownership, define meaningful roles, and improve meeting facilitation to keep these groups interested and involved. Many grantees and partners were facilitating a youth leadership group for the first time.

Selecting curricula and strategies that work for the community means balancing youth needs and local practicalities.

Grantees found that identifying EBPs that were the right fit for the community took attention to multiple factors, including which curricula would engage youth and be effective for them, but also which curricula the community and decision-makers would support, and which would be possible to schedule and implement smoothly given time, resources, and retention challenges.

Adaptability to changing environments was essential. Most grantees faced unexpected changes such as a setting no longer allowing implementation, a core implementation partner not able to provide services as expected, or a coalition dissolving. The ability to plan for and quickly adjust to changing circumstances helped these grantees stay on course.

CONCLUSION

Tier 1B grantees successfully built on prior efforts and expanded EBPs to multiple settings using a community-driven, multi-component approach. By the second year of the grant, most grantees and their partners had begun to fully implement all key elements of the strategy. Many had engaged new stakeholders and community agencies that had not been involved with teen pregnancy prevention efforts before, and had begun to reach more youth than they had previously. At this early stage of implementation, grantees and their partners were continuing to strategize and lay the groundwork for long-term population-level change: raising awareness, building long-term community support, strengthening collaboration across sectors, and integrating EBPs and referral systems into institutions and community settings.

Authors
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