

Teen Pregnancy Prevention Case Study: *THINK TPP* Mission West Virginia

Background

In 2015, the Office of Population Affairs (OPA) awarded 50 Teen Pregnancy Prevention (TPP) grants to replicate evidence-based programs (EBPs) to scale in communities with the greatest need. OPA designed the 2015 TPP grants to have a significant impact on reducing teen pregnancy rates and disparities by using a multi-component, community-wide strategy. The strategy integrated EBPs into multiple safe and supportive settings, mobilized stakeholders around a shared vision, and increased access to youth-friendly services. While implementation approaches varied, all were required to include these key elements:¹



Deliver EBPs with fidelity in at least three types of settings.



Engage the community around a shared vision to increase the community's ability to prevent teen pregnancy.



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



Ensure programs are provided in safe and supportive environments.

THINK TPP

Mission West Virginia (MWV) implements *Teaching Health Instead of Nagging Kids (THINK) TPP* in nineteen rural counties across West Virginia. The counties are divided into four regions, one of which is served by MWV and the remainder by three regional partner organizations overseen by MWV: Community Action of Southeast West Virginia (CASE WV), Rainelle Medical Center (Rainelle), and Regeneration. The project's intended outcomes are to delay sexual initiation, reduce sexual activity and unprotected sex among teens, connect teens to needed services, and engage the community in prevention efforts. *THINK TPP* provides evidence-based TPP programs to youth in school settings, raises community awareness and integrates teen pregnancy prevention with other youth issues, and promotes access to youth-friendly services. **This case illustrates how the multi-component approach was brought to scale in rural communities across a wide geographic area building on existing adolescent health initiatives and infrastructure.** MWV began implementing the grant in summer 2015; the case study is based on phone interviews and a site visit conducted in the second grant year.

¹ See the Funding Opportunity Announcement for details: <https://www.hhs.gov/ash/oah/sites/default/files/tier1b-foafile.pdf>.

Lessons in Scaling Up Evidence-Based Teen Pregnancy Prevention

Statewide coordination among multiple funding streams facilitated full saturation of communities with EBPs. *THINK TPP* coordinated with several programs providing teen pregnancy prevention EBPs to ensure most middle and high schools and community settings offered an EBP without duplication. Having multiple options for EBPs gave communities more choices to ensure they fit with the local context. A state-level advisory group, the Leadership to Prevent Teen Pregnancy Task Force, provided planning and coordination support.

Incorporating teen pregnancy prevention into existing related community coalitions was a promising model for *THINK TPP*. Grant partners worked with other community advisory groups to incorporate teen pregnancy prevention into their missions rather than starting groups from the ground up. This was especially important because these West Virginia communities were dealing with other pressing social issues, such as substance abuse, domestic violence, low high school graduation rates, and child abuse and neglect. Joining with these groups connected *THINK TPP* to key stakeholders, helped keep teen pregnancy prevention top of mind, and acknowledged that issues affecting youth are interconnected.

Community mobilization efforts focused on making teen pregnancy prevention part of local community-building efforts. Regional partner organizations had been collaborating in their respective communities for at least ten years, building relationships with local organizing entities like Family Resource Networks, and becoming part of the social fabric.² The regional partner organizations co-sponsored community efforts that helped residents meet basic needs, integrated themselves into the local schools, and were establishing themselves as a trusted resource for adolescent health issues.

***THINK TPP* built on existing infrastructure and community assets to enhance linkages and referrals.** Project leadership leveraged two strengths. First, the state's vast network of Title X clinics and School-Based Health Centers, at least one of which existed in each county, provided opportunities to strengthen linkages between service providers. Second, the state's Family Planning program shared its systematic clinic assessments (that included a youth-friendly component) of Title X clinics with *THINK TPP*; this allowed the project to maximize resources and avoid creating a duplicative assessment process.

The complete case study includes greater detail on the community and organizational context of implementation, the project's structure, and how *THINK TPP* implemented the four key elements.

² Family Resource Networks (FRNs) are local state-funded coalitions of people working to address needs and service gaps for children and families in their communities. FRN's collaborate with partner agencies to develop innovative projects and provide necessary resources for their respective areas. There are 47 FRN's serving all 55 WV counties.