



OVERVIEW OF THE TEEN PREGNANCY PREVENTION REPLICATION STUDY

The Teen Pregnancy Prevention Program (TPP), administered by the Office of Adolescent Health (OAH) within the U.S. Department of Health and Human Services (HHS), seeks to prevent teen pregnancy, sexually transmitted infections (STIs), and associated sexual risk behaviors by: 1) replicating evidence-based program models¹; and 2) testing innovative approaches. Funding was structured to maximize investment in existing evidence-based programs (Tier 1: Replication grants) while providing support for new approaches that could add to the existing knowledge base (Tier 2: Research and Demonstration grants). The TPP Program allocates approximately \$100 million annually in grant funding.

Evaluation is a key part of the TPP program. Both tiers of the TPP program include grantee-led evaluations supported by federal training and technical assistance. All of the Tier 2 Research and Demonstration grants were required to conduct a rigorous impact evaluation. For the Tier 1 Replication grants, only those funded at levels over \$1,000,000 per year were required to

¹ Programs eligible for funding were identified as having evidence of effectiveness by the Teen Pregnancy Prevention (TPP) Evidence Review. All of the programs that meet the review criteria for evidence of effectiveness have been evaluated at least once and have demonstrated one or more impacts related to pregnancy prevention. To be eligible for inclusion, the program evaluation needs to meet specific design and impact standards. See details here: <http://tppevidencereview.aspe.hhs.gov/ReviewProtocol.aspx>

conduct a rigorous evaluation. In addition to grantee-led evaluation efforts, HHS has funded complementary evaluation activities. The federal evaluation studies focus on Tier 1 efforts to replicate programs that have evidence to support them, as well as on Tier 2 efforts to implement new and untested programs funded through research and demonstration grants.

Federal Teen Pregnancy Prevention Replication Study

One of the federal evaluation studies, the Teen Pregnancy Prevention (TPP) Replication Study, funded by OAH and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) within HHS, and conducted by Abt Associates Inc., focuses on replication. The purpose of the study is to test whether three program models previously shown to be effective in a single study continue to demonstrate effectiveness when implemented with fidelity across different settings and populations. The study is evaluating three replications of three evidence-based program models, for a total of nine grantee sites. Seven of the nine grantees in the study were not previously planning to conduct a rigorous evaluation study prior to being included in the TPP Replication Study.²

The five-year evaluation includes a comprehensive implementation study and a

² These seven grantees were funded at less than \$1,000,000 per year and, therefore, were not required to conduct an evaluation study.

rigorous experimental study of program impacts. The study is comprised of nine site-level experimental evaluations tailored to individual grantees with sufficient statistical power to detect program impacts at the site level. However, the primary focus of the analysis is on impact estimates derived from outcome data pooled across three grantees that are implementing the same program model. The study included a common set of outcome measures across all nine grantees participating in the TPP Replication Study, with minor changes to reflect differences in program focus. Data collection occurs at three points: when youth are enrolled in the study and before they are randomly assigned; between 6 and 12 months after random assignment (short-term outcome data); and between 18 and 24 months after random assignment (longer-term outcome data).

Selection of Program Models

Since only a small subset of the 24 evidence-based program models being replicated within the TPP Program could be included in the TPP Replication Study, the selection of programs was governed by consideration of the relative policy importance of the different models. A program model was considered if it: a) was widely used; b) targeted a population of interest; or c) was being implemented in a new setting. Since the study was designed to include three replications of each program model, there needed to be at least four OAH grantees replicating it, because not all of the sites would be able to meet the requirements of a rigorous evaluation. Exhibit 1 illustrates the selection of program models and grantee sites into the study from the broader pool of OAH funded grantees. The group of three program models selected needed to reflect variation in their approach to teen pregnancy prevention. Finally, program models that were already well-represented in other evaluation efforts (including grantee-led evaluations) were eliminated from consideration in order to maximize the contribution of this study and to avoid duplicating other evaluation efforts.

After reviewing the nine program models that met the selection criteria, HHS selected three that, as a group, reflect variation in program focus, service delivery strategy and populations targeted. *Safer Sex Intervention (SSI)* is a clinic-based program that targets females younger than 24— a group at very high risk for unintended pregnancy. *Reducing the Risk (RtR)*, by contrast, is a curriculum-based program widely used in classroom settings with students, a majority of whom are not sexually active, even in the high-risk communities targeted by the TPP program. *¡Cuidate!* targets Latino adolescents, aged 13 to 19, believed to be at high risk for teen pregnancy and HIV/AIDS, not all of whom are sexually active when they receive the program.

The three program models differ in their strategies for delivering service and the duration and intensity of the service provided. *SSI* uses motivational interviewing to provide one-on-one counseling to individual female youth in four sessions spread over six months; the *SSI* curriculum mandates a set of topics to be covered in the first session and provides minimal scripting for any of the sessions. *RtR* has 16 highly-scripted lessons for groups that can range in size from 15 to 30 or larger. The program may be delivered over a semester or a shorter period of time, depending on the length of time allocated for the class. *¡Cuidate!*'s six sessions can be delivered over two days or over one to six weeks, to small groups of 10-12 youth. The program identifies topics for each session and provides culturally-tailored materials, but sessions are only moderately scripted.

Selection of Study Sites

Each of the program models selected was replicated by at least four grantees. The evaluation design called for selection of at least three replications of each model. Recruiting grantees for the study was complicated by because most of their interventions were not designed to be implemented with the requirements of a rigorous experimental

evaluation in mind. In some cases, schools or other partners had signed agreements with grantees to implement the program but had no such agreement about evaluation. Sometimes these agreements could be renegotiated but, in other cases, districts were unwilling or unable to participate in research activities and were ready to decline the program if it meant participating in an evaluation. In other cases, grantees were struggling to reach agreement with school districts to implement the program and it was unclear whether they would be successful with the added burden of an evaluation. In some replications, the control condition (the services that individuals would receive if they were not assigned to the program) was not sufficiently different from the program model tested to allow for a strong test of the model. In almost every case, it was clear that it would be necessary to build the evaluation sample over a two-year period, to achieve the necessary sample sizes for a rigorous experimental study.

After more than a year of intensive work with many of the TPP grantees, nine were identified that appeared to be willing and able to participate fully in the evaluation and meet all of its requirements. The uncertainties that remained concerned a grantee's ability to generate a sufficiently large sample, even given a two-year recruitment period. As previously stated, only two of the nine grantees had proposed in their original application to conduct their own rigorous evaluations using sample sizes congruent with the requirements of the federal study. The remainder had to revisit their plans for outreach and recruitment, and often had to find additional school partners (in the case of school-based programs). The nine grantees reflect a variety of service agencies, including: county health departments; community action agencies; not-for-profit agencies that focus on providing services to youth; and not-for-profit entities that provide reproductive health services. The nine are:

Reducing the Risk (RtR)

- San Diego Youth Services, San Diego, CA
- LifeWorks of Austin, TX
- Better Family Life of St. Louis, MO

¡Cuidate!

- Touchstone Behavioral Health Services of Phoenix, AZ
- Community Action Partnership of San Luis Obispo County, CA
- La Alianza Hispana of Boston, MA

Safer Sex Intervention (SSI)

- Planned Parenthood of Orlando, FL
- Knox County Department of Health, Knoxville, TN
- Hennepin County Human Services and Public Health Department, Minneapolis, MN

Exhibit 2 summarizes the characteristics of the original program model and the three grantee replications of each model. The description of each program model provided in the shaded row shows the characteristics of the program model in the original evaluation study that demonstrated evidence of effectiveness. The descriptions of the three grantee replications that follow the description of the original study include any approved adaptations of the model for the grantee sites.

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Exhibit 1. Site Selection into the TPP Replication Study by Program Model and Grantee

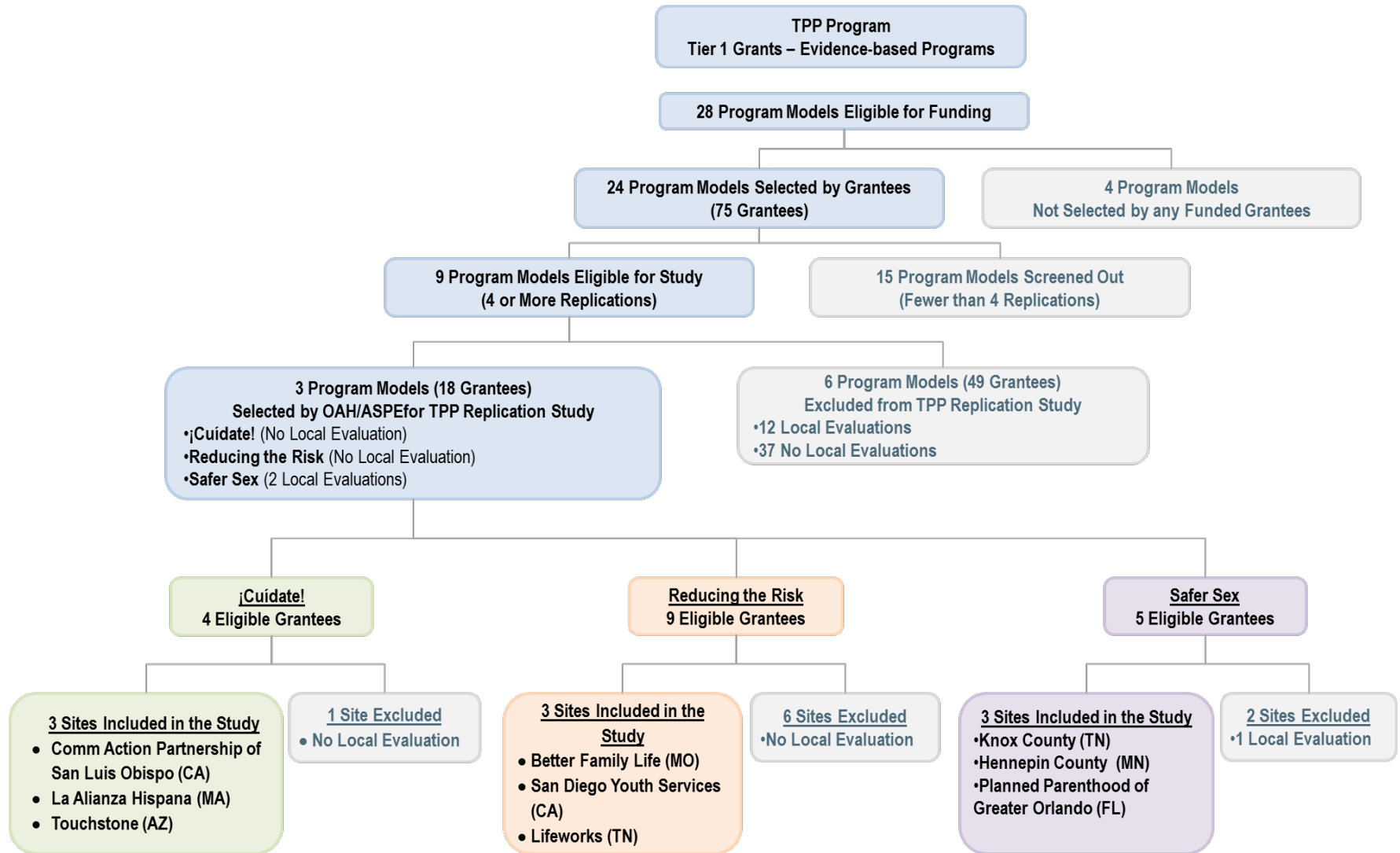


Exhibit 2. Key Features of Program Replications in the Evaluation, by Program Model and Replication Site

Program Model, Grantee	Program Description	Study Location	Target population: Age	Target population: Demographics (from proposal description)	Program Duration and Intensity	Program Setting	Program Delivered By
Original Evaluation Study							
Reducing the Risk ³	Sexual health and risk prevention curriculum delivered to groups in schools or community settings	13 high schools throughout CA (46 classes)	High school students, mixed gender	62% white, 20% Hispanic, 9% Asian, 2% African American, 2% Native American	16 45-minute sessions, which can be doubled-up.	High schools	Teachers
Grantees Replicating the Program							
Better Family Life		St. Louis City, MO, St. Louis County, MO and St. Clair County, IL	9 th graders (with small numbers of 10 th and 11 th graders).	98% African American; low SES (75% eligible for free/reduced-price lunch in St. Louis City); high risk for teen births and STIs	16 sessions delivered over 8 to 16 weeks, depending on school schedule	Non-core classes in 6 high schools	Health educators trained and employed by BFL
LifeWorks		Austin, TX	9 th graders (with small numbers of 10 th and 11 th graders)	75% minority youth, below poverty level; high rates of teen pregnancy; high rate of STIs	16 sessions delivered over 8 weeks	Health classes in 5 high schools	Health educators trained and employed by Planned Parenthood (grant partner)
San Diego Youth Services		San Diego County, CA	9 th graders (one school with 8 th graders)	9 th and 10 th grade students in the county in schools identified as “teen pregnancy hotspots” by the state	16 sessions delivered over 8-16 weeks depending on school schedule	PE/health classes in 7 high schools	Health educators trained and employed by 5 agency grant partners

³ Kirby, D., Barth, R. P., Leland, N., & Fetro, J. V. (1991). Reducing the risk: Impact of a new curriculum on sexual risk-taking. *Family Planning Perspectives*, 23(6), 253–263. This study found no effects after 6 months, but after 18 months, female, but not male, adolescents in the program who were sexually inexperienced at baseline were significantly less likely to report having had unprotected sex. No significant effects were found on sexual initiation, recent sexual activity, or pregnancy.

Program Model, Grantee	Program Description	Study Location	Target population: Age	Target population: Demographics (from proposal description)	Program Duration and Intensity	Program Setting	Program Delivered By
Original Evaluation Study							
¡Cuidate! ⁴	HIV/AIDs prevention program for small groups with emphasis on Latino cultural values	Saturday program serving neighborhoods in northeast Philadelphia	Adolescents 13-18 years of age, mixed gender	All Latino, 85% Puerto Rican	Six one-hour sessions that can be delivered over 2 days to six weeks	After-school programs or community-based organizations	Trained facilitators
Grantees Replicating the Program							
Touchstone Behavioral Health		Phoenix, AZ	8 th graders	61% Hispanic, 29% white, 7% African American; 18.5% below Federal poverty line	Approved adaptation added one session on pregnancy prevention. Seven modules delivered over three weeks.	Non-core classes in 10 K-8 elementary or intermediate schools	Facilitators hired and trained by TBH
La Alianza Hispana		Boston, Chelsea and Lawrence, MA	9 th graders (some 10 th and 11 th graders)	62-78% Hispanic, 9-20% white, 4-25% African American; 68-88% free/reduced-price lunch	Six sessions with schedules varying by school from nine 45-minute sessions over three weeks to three 2-hour sessions in one week.	Non-core classes in 2 high schools, after-school program in 1 high school	Facilitators hired and trained by LAH
Community Action Partnership of San Luis Obispo County		SLO County, CA	10 th graders	29-47% Hispanic, 47-64% white, 1-3% African American; 35-50% free/reduced-price lunch	Approved adaptation added two sessions on STIs and pregnancy prevention. Eight sessions over 8 weeks	Pullout sessions during school day in 3 high schools	Facilitators hired and trained by CAPSLO

⁴ Villarruel, A. M., Jemmott, J. B., & Jemmott, L. S. A randomized controlled trial testing an HIV prevention intervention for Latino youth. (2006). *Archives of Pediatrics & Adolescent Medicine*, 160(8), 772–777. This study found that adolescents in the program were significantly less likely to report having had sexual intercourse and multiple partners in the previous 3 months; they reported significantly fewer days of unprotected sex and more consistent condom use. No significant effects were found on condom use at last sex or the proportion of days of sexual intercourse that were condom protected.

Program Model, Grantee	Program Description	Study Location	Target population: Age	Target population: Demographics (from proposal description)	Program Duration and Intensity	Program Setting	Program Delivered By
Original Evaluation Study							
Safer Sex ⁵	HIV/AIDS Prevention program for high-risk females younger than 24	Urban children's hospital; adolescent clinic	Adolescent females who are not pregnant	49% African American, 18% Hispanic, 14% Non-Hispanic, White; all sought treatment for an STI at clinic	Initial one-hour face-to-face session with three 30-minute booster sessions over six month period	Health clinics	Female health educator
Grantees Replicating the Model							
Planned Parenthood of Greater Orlando		Orange County and adjacent counties, FL	Sexually active females ages 15-19, who are not pregnant	72% white, 21% African American, 25% Hispanic, 5% Asian; 41% of children living in economic hardship; high rates of STIs		Two PPGO reproductive health clinics in Orlando	Health educators trained and hired by PPGO
Knox County Health Department		Knox County and adjacent counties, TN	Sexually-active females ages 13-19 who are not pregnant	89% white, 9% black, 19% females 15-19 are Latina; poverty rates up to 34% for children under 18; many teens from high risk situations; serve children in state custody		16 reproductive health, adolescent health clinics	Health educators trained and hired by Knox County Health Department and grant partners
Hennepin County Human Services and Public Health Department		Hennepin County, MN	Sexually-active females ages 13-19 who are not pregnant	32% African American, 10% Latino, 46% Caucasian; large disparities in family income by race/ethnicity; sites selected for program implementation have teen birth rates approaching or exceeding the national teen birth rate		19 reproductive health, adolescent health, school-based health clinics	Health educators trained and hired by Hennepin County and grant partners

⁵ Shrier L.A., Ancheta R., Goodman E., Chiou V.M., Lyden M.R., & Emans S.J. (2001). Randomized controlled trial of a safer sex intervention for high-risk adolescent girls. *Archives of Pediatrics & Adolescent Medicine*, 155(1), 73-9. This study found no effects one month after the program, but six months after the program, adolescents who participated in the program were significantly less like to report having had another sexual partner, aside from their main partner, in the prior six months.