



Building the Evidence to Prevent Adolescent Pregnancy

Are adolescent birthrates down? Yes, they are—across all states and among all racial and ethnic groups in the United States. Yet within communities, adolescent birthrates may vary widely affecting the overall health status and future prospects of young people. The consequences of adolescent pregnancy and childbearing can impede life plans of young women and young men, impact their health, and hinder the well-being of their children. The annual cost to the economy is estimated at \$9.4 billion.

In response to social issues such as adolescent pregnancy, investing in evidence-based programs and approaches has caught the attention of some policymakers as a way to target limited resources in ways that will make a difference. The US Department of Health and Human Service (HHS) Office of Adolescent Health's (OAH) Teen Pregnancy Prevention (TPP) Program is one of six such programs across federal agencies launched in 2010. These federal evidence-based programs all emphasize rigorous evaluation.

OAH TPP grantees funded from 2010 to 2015 reached half a million youths, of whom 74% were aged 14 years or younger, 18% were aged 15 or 16 years, and 8% were older than 16 years. The grantees used a variety of approaches in two funding categories: 75% of funds supported implementation replications or generalizability replications, and 25% of funds supported testing of new or innovative approaches to preventing adolescent pregnancy.

Replication grantees were selected from among 28 program models that had previously shown positive behavioral results in at least one study and that met the criteria for the first HHS TPP Evidence Review. Ten programs were evaluated through 17 rigorous studies. Overall, four of the 10 models showed positive behavioral results when implemented with fidelity with new populations and in different settings.

Grantees that undertook new and innovative approaches to TPP yielded an

impressive eight new programs that demonstrated positive behavioral outcomes from 19 evaluation studies.

The results of 15 randomized controlled trials conducted in the first cohort of OAH TPP grantees, which completed work in August 2015, are reported in this issue. These data, and reports from an additional grantee studies, help build the body of evidence for where, when, and with whom specific adolescent pregnancy prevention programs are most effective.

Work continues to understand mixed results from multiple replications of programs previously showing positive behavioral outcomes. Commentaries in this volume help interpret these findings. Among other topics, authors stress the importance of sharing null, as well as positive findings to continue to build a body of evidence; reconsider the logic model that includes a focus on addressing intermediary measures, such as knowledge or attitudes, as well as behavior; suggest developing alternative outcome measures for younger, less sexually active adolescents; consider the role of technology for program delivery; and support the need for ongoing technical assistance when implementing randomized controlled trials in schools and other community-based settings.

In this volume, OAH shows it remains committed to learning from research and evaluation, using data and evaluation results, and encouraging practitioners to do the same. These data can help decision-makers to make more informed choices about which programs and strategies that prevent adolescent pregnancy are the best fit to have the greatest impact in their community.

In July 2015, OAH funded a second cohort of 84 grants, which is on track to serve an estimated 1.2 million youths across the United States. Funding again focuses on both developing new and innovative approaches, replicating evidence-based programs, and conducting rigorous evaluations. These grantees, and others working with

50 YEARS AGO

Reaching Out to Young Unmarried Mothers

A hundred young unwed mothers were studied for 18 months in a deprived district. . . . The average age was 17. . . . Many clients expressed a strong desire to complete a high school education. . . . Only 19 per cent became unwed mothers for a second time. . . . The study demonstrates that the young unwed mother can be reached and significantly helped with intensive and highly individualized . . . social casework. The caseworker must be sympathetic, have an understanding of the fears and anxieties of this group, and be willing to help. The worker must be readily available and easily accessible to these mothers. . . .

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young people, are benefiting from lessons learned during the first round of funding to help prevent adolescent pregnancy, especially among the most at-risk populations. **AJPH**

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Note. More information about the HHS Office of Adolescent Health's Teen Pregnancy Prevention Program, evidence-based programs, and evaluation results can be found at http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/cohorts-fy-2010-2014.html.