



The Cost of Implementing Select Evidence-Based Programs that Prevent Teen Pregnancy: An Overview of Study Findings

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COST STUDY OF EVIDENCE-BASED TEEN PREGNANCY PREVENTION PROGRAMS BRIEF

There is limited information on the cost of interventions designed to reduce teen pregnancies. Estimates for a few teen pregnancy prevention programs are available from previous research and program developers (Aos 2014; Jemmott et al. 2010; Philiber 2002; Thomas 2011), but the data sources and methods for producing these estimates vary. Federal agencies and other funders are increasingly interested in knowing how much it costs, and what resources organizations require, to deliver these programs. To expand on currently available information, the Office of Adolescent Health (OAH) in the U.S. Department of Health and Human Services contracted with Mathematica Policy Research to conduct the multisite Cost Study of Evidence-Based Teen Pregnancy Prevention (TPP) Programs. Mathematica systematically collected cost data from grantees that were implementing select evidence-based programs designed to prevent teen pregnancy. This brief summarizes the main study findings.

THE TPP PROGRAM

OAH launched the Teen Pregnancy Prevention (TPP) Program as a tiered evidence-based program in 2010. Most funding supports replication of programs with existing evidence of effectiveness (Tier 1), with a smaller proportion reserved to encourage innovation in the field, specifically for implementing and rigorously evaluating promising new approaches (Tier 2). OAH

awarded the first Tier 1 replication grants to 75 state or local organizations in fall 2010, and programming started in fall 2011 (Kappeler and Farb 2014).

The initial grant announcement identified 28 evidence-based programs that grantees could select to replicate. These programs differed in approach, target population, setting, and length. They included abstinence education, sex education, and youth development. Some programs targeted vulnerable populations, such as expectant and parenting teens and youth in the juvenile justice system. They ranged from relatively low-intensity interventions with fewer than 10 sessions to multiyear interventions with 20 or more sessions. Programs could be implemented in a variety of settings, including schools (either during or after the school day), health clinics, community-based organizations, or specialized locations such as juvenile justice facilities.

STUDY FINDINGS

This study assessed the cost of implementing 10 evidence-based programs, at least three of the 2010 grantees implemented each program (see box). Together, 26 grantees provided cost data on the programs included in the study. Most grantees provided cost data for one program, but two grantees provided data for two programs, resulting in a total of 28 cost estimates.

The cost estimates produced by this study are likely useful to a range of stakeholders, but they may be most relevant to program funders and implementing organizations. These cost estimates are particularly valuable for planning and budgeting because they encompass all resources required to implement a program. The information may also be useful for (1) federal agencies and other funders who are seeking information on how much it costs to deliver these programs and (2) developers and distributors working to set prices for program materials and provider training.

The first step in a cost analysis typically involves estimating total program cost. For this analysis, the study team defined the total program cost as an estimate of what it cost to operate the program during one year of “steady state” operations. The total annual program cost estimate included the market value of all resources used to deliver the program, including personnel (staff salaries, fringe benefits, and the value of donated labor), supplies and materials, equipment, contracted services, office space and other facility costs, other direct costs (such as professional development and training expenses and participation incentives), and indirect (overhead) costs. The estimates are for the fourth year of the five-year grant, at which point grantees had operated their programs for about two years after the first-year planning period.

To account for program size and make it easier to compare grantees’ costs for the program, the study team calculated the average cost of serving one participant (the per-participant cost). The study team defined per-participant cost as the average value of resources that a grantee used to provide services to one participant. We estimated this by dividing the total annual cost by the number of participants the grantee served during the fourth grant year. The definition of “participant”

Evidence-Based Programs Included in Study

- *Adult Identity Mentoring (Project AIM)*
- *Be Proud! Be Responsible!*
- *Becoming a Responsible Teen*
- *Carrera Adolescent Pregnancy Prevention Program*
- *Cuidate!*
- *It’s Your Game ... Keep It Real*
- *Making a Difference!*
- *Making Proud Choices!*
- *Safer Sex Intervention*
- *Teen Outreach Program*

Note: Cuidate! and Be Proud! Be Responsible! are combined because Cuidate! is a culturally adapted version of Be Proud! Be Responsible!

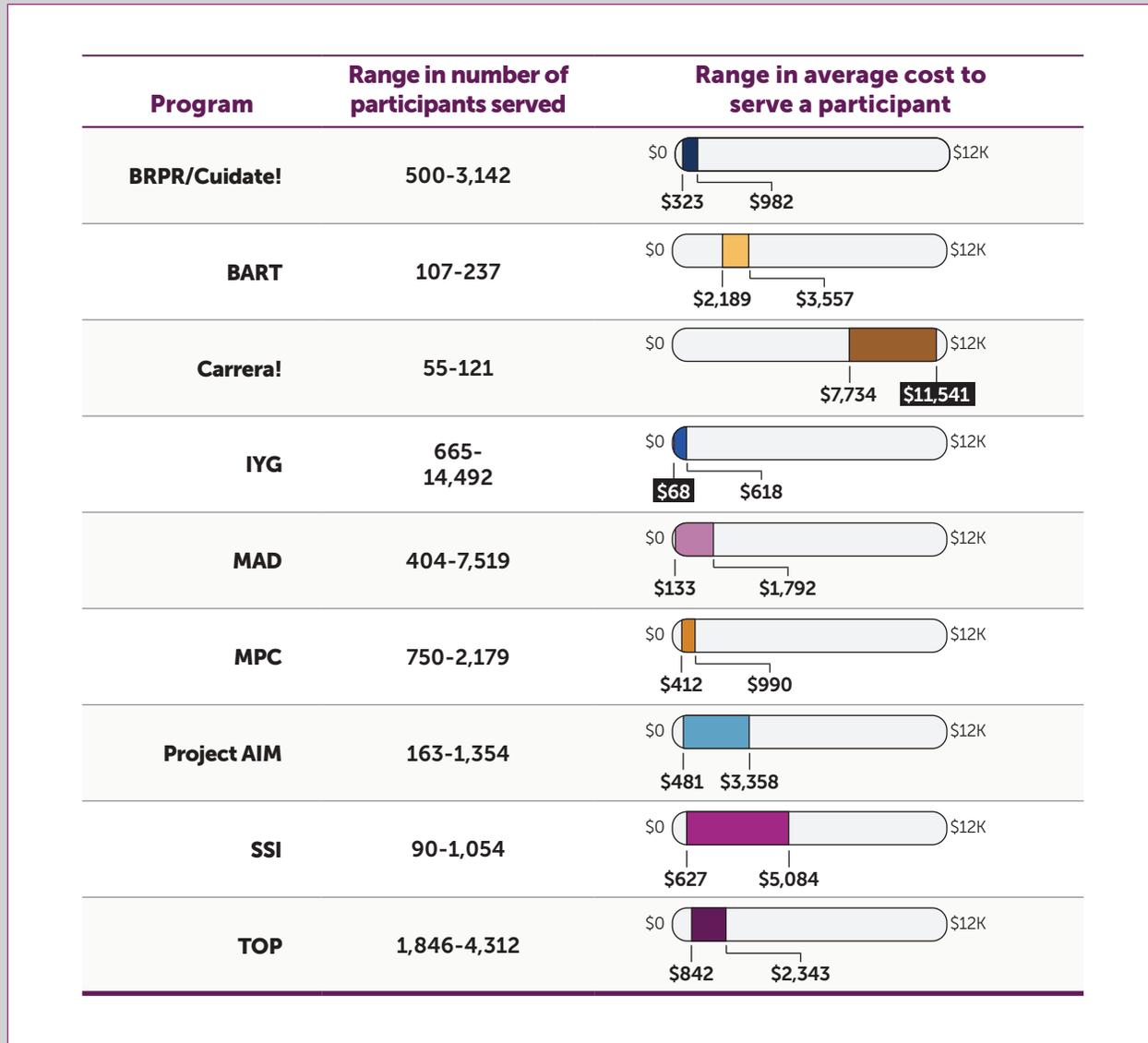
was broad, including all youth who attended at least one session of the program. The cost per participant varied, ranging from \$68 to \$11,541 (Figure 1). Despite some variability, the per-participant cost for grantees offering the same program were similar.

Differences in the design of the programs likely accounted for most of the variation in costs between grantees implementing different programs. This reflects that the resources a program requires, and therefore its costs, depend on the program’s content, intended length, overall approach, and so on. Carrera was the most intensive program in the study, offering youth a multi-faceted daily afterschool and summer program for several years. As expected, per participant costs for grantees implementing this program were higher than that of grantees implementing any of the other programs. Grantees implementing SSI also had a higher per participant cost than most other programs. Even though SSI had the smallest number of sessions—one core session and up to three booster sessions—it was the only program with services provided individually in a clinic, which may account for its higher per participant costs.

FIGURE 1

Range in average cost per participant

This figure combines cost findings for grantees that implemented the same evidence-based program. For each program, it shows the range in the number of participants served and average per participant cost among the grantees that implemented the same program. Across all programs, the number of participants served ranged from 55 to 14,492. The average per participant cost ranged from \$68 to \$11,541.



BPBR/Cuidate! (Be Proud! Be Responsible!)
BART (Becoming a Responsible Teen)
Carrera (Carrera Adolescent Pregnancy Prevention Program)

IYG (It's Your Game...Keep It Real)
MAD (Making a Difference!)
MPC (Making Proud Choices!)

Project AIM (Adult Identity Mentoring)
SSI (Safer Sex Intervention)
TOP (Teen Outreach Program)

Note: This figure reflects the range across grantees implementing the same program. The grantee with the lowest average amount for one measure may not be the grantee with the lowest average amount for other measures.

Program design decisions also influenced costs. Programs implemented in community-based locations, juvenile justice facilities, or in schools but outside of school hours had higher costs than those implemented in schools during school hours. Among grantees implementing MAD and MPC, grantees implementing in school during school had lower costs. Looking across the different programs, grantees implementing BART had the highest cost per participant served compared to similar programs, including BPBR, Cuidate, IYG, MAD, and MPC. Of these programs, BART was the only program for which all grantees implemented exclusively in community-based settings with no programming in schools (during or after school). This comparison supports the inference that implementing in school-based settings during the school day lowered costs.

Several other factors may have influenced per-participant cost, particularly among grantees offering the same program. For example, grantees that served more participants may have generated cost efficiencies by distributing their resources widely. Grantees that offered youth additional services to supplement the services they received through the program, or that provided services to parents or community members in addition to program participants, typically had higher costs than grantees that offered the same program with no additional services. If a grantee used staff from external organizations, instead of relying on staff hired and overseen directly by the grantee, it may have increased costs because of extra administrative work to oversee contracted organizations. It is unclear how much geography affected costs because the study team standardized personnel costs to the national level. In

addition, most grantees operated their programs in urban counties or in both urban and rural counties, so it was not possible to determine whether the setting influenced costs.

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