

EVALUATION TECHNICAL ASSISTANCE UPDATE

Teenage Pregnancy Prevention Grantees

Evaluations at a Glance

Now that all of the evaluation designs are approved, the Evaluation Technical Assistance team can provide an overview of the studies being conducted by the 24 Tier 2 grantees funded by the Office of Adolescent Health for fiscal years 2015-2019 to rigorously evaluate new and innovative approaches to prevent teen pregnancy. Although these evaluations share a similar goal—to understand the impact of teen pregnancy prevention programs—they differ in terms of their research designs, populations of interest, and expected outcomes. This update highlights the key features of these federally funded evaluations. To learn more about a particular evaluation, please visit http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/maps.html.



What are the characteristics of the programs being evaluated?

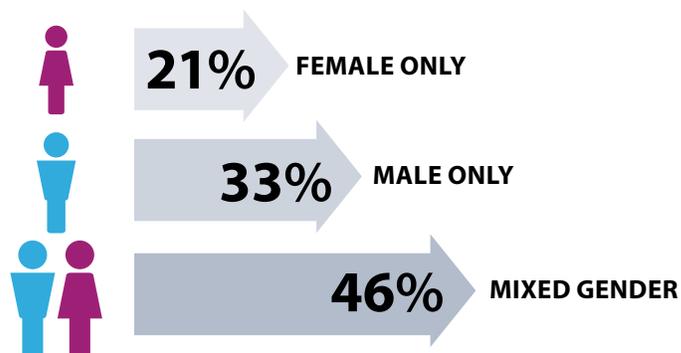
Grantees are evaluating 24 unique and innovative programs that vary in terms of their approach, duration, and dosage. Fourteen of the programs consist of a traditional sexuality education curriculum delivered in a group setting. On the other hand, six of the grantees will deliver services in a one-on-one setting—for example, by having coaches use motivational interviewing to tailor individualized pregnancy prevention information to youth. Six of the grantees will use technology, such as mobile health applications or text messages, to deliver services directly or to deliver supplementary programming.

The duration of the programs ranges from a single session to a full school year (mode = 3 months). Participants will receive anywhere from 15 minutes to 16 hours of total programming (mean = 7 hours).

What is the target population?

About half of the programs serve both males and females; the others are gender-specific: about a third target males and a fifth target females (Figure 1).

Figure 1. Percentage of grantees serving each gender



Almost 80 percent of the grantees serve high school-age or older youth. The remaining grantees

serve a mix of middle and high school-age youth (13 percent) or provide services to all ages (8 percent). No grantees solely target middle school-age youth (or younger).

Some grantees are trying to reach vulnerable youth populations (Figure 2). Two evaluations target LGBTQ youth, one targets youth in foster care, and one targets youth in the juvenile justice system. Grantees also try to reach racial and ethnic populations in regions where sexual health disparities exist.

Figure 2. Number of grantees serving vulnerable youth



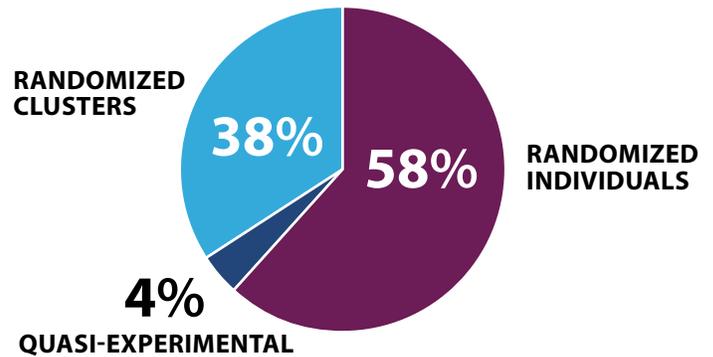
Where are the evaluations taking place?

Many of the grantees are testing programs in school settings, either during (23 percent) or after school (13 percent). Other popular sites include community-based settings (26 percent) or clinics (13 percent). As noted earlier, several of the grantees use technology by providing programming through text messages, applications, or websites. Finally, one grantee offers at-home programming for youth.

What are the research designs?

All but one of the evaluations uses a randomized controlled trial (RCT) design. The remaining evaluation uses a quasi-experimental design. Among the RCTs, almost 60 percent plan to randomly assign individuals to receive the intervention. The remaining RCTs plan to randomly assign clusters such as teachers, schools, or clubs (Figure 3).

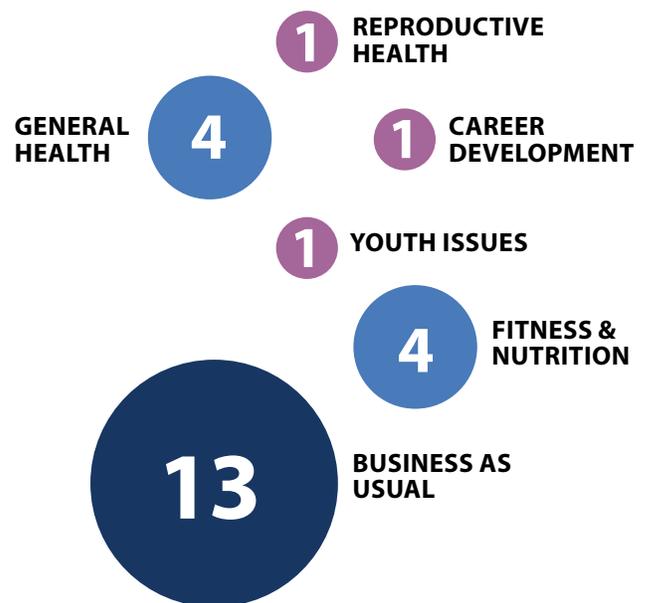
Figure 3. Percentage of programs implementing each evaluation design



What are the counterfactuals?

About half of the evaluations opted for “business as usual” as the counterfactual, which means youth in the comparison condition will receive whatever would have been available in the absence of the program. The other half of the evaluations provide alternative programming to the comparison group. This programming varies widely and covers topics such as fitness and nutrition, reproductive health, and career development (Figure 4).

Figure 4. Number of evaluations offering counterfactual programming*



*One grantee plans to offer two different counterfactual programs.

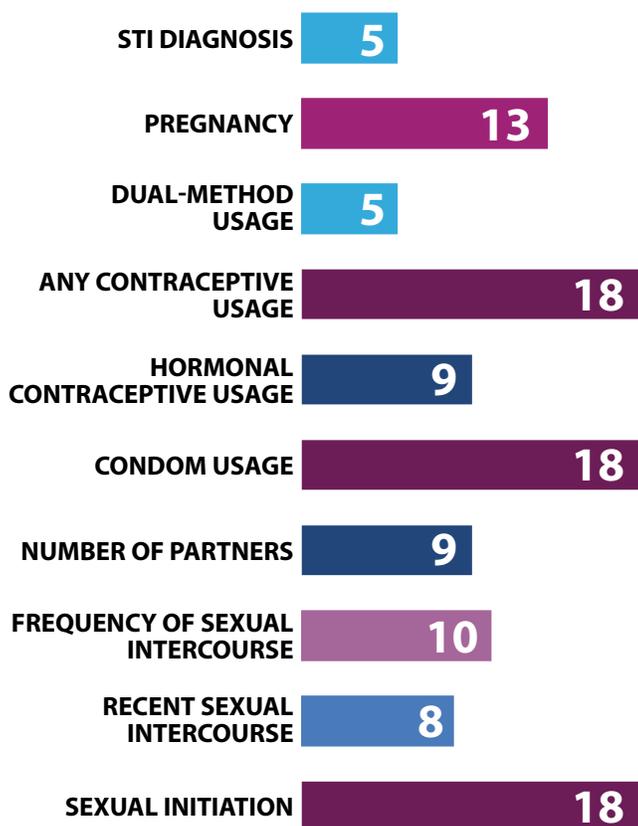
How big are the evaluations?

The intended sample sizes for the evaluations range from 567 to 4,800 youth (average = 1,589 youth). For cluster RCTs, the target number of clusters ranges from 16 to 432 (average = 120 clusters).

What outcomes do the evaluations examine?

Most of the evaluations include outcomes related to use of condoms or other contraceptive methods and sexual initiation. Several of the evaluations also measure pregnancies, self-reported sexually transmitted infection diagnoses, number of sexual partners, and frequency of sexual intercourse (Figure 5).

Figure 5. Number of evaluations measuring behavioral outcomes



When will impacts be assessed?

Most of the evaluations measure both short- and long-term outcomes. Short-term outcomes are measured less than one year after the program ends and long-term outcomes are measured at least nine months after the program ends. Three evaluations measure outcomes at more than two time points (Figure 6).

Figure 6. Number of evaluations assessing outcomes in the period after the program ends



Conclusion

Despite their differences, all of these evaluations share a rigorous approach to testing the effectiveness of their innovative teen pregnancy prevention programs. Taken together, these evaluations will greatly contribute to the evidence base of programs for preventing teen pregnancy and related risk behaviors. We look forward to continuing our work with you in this important effort!

The Eval TA team

