Teen Pregnancy Prevention Program Case Study: 
U Choose 
Baltimore City Health Department

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 grantees were required to include four key elements:

1. Deliver EBPs with fidelity in at least three types of settings.
2. Engage the community around a shared vision to increase the community’s ability to prevent teen pregnancy.
3. Recruit a network of youth-friendly service providers, develop a referral system, and connect youth to needed services.
4. Ensure programs are provided in safe and supportive environments.

U Choose

The Baltimore City Health Department (BCHD) implements U Choose in partnership with Baltimore City Public Schools (BCPS), Healthy Teen Network (HTN), Planned Parenthood of Maryland (PPMD), and other members of the city-wide Teen Pregnancy Prevention Initiative (TPPI) Coalition. BCHD mobilized more than 20 partners to work together toward the shared goal of reducing teen pregnancy as a way of reaching the city-wide vision of improving the health outcomes of infants, children, and adolescents. The project reaches youth in public schools and in clinics with EBPs, mobilizes youth and adult community members, and connects youth to a range of services including behavioral health and reproductive health care. U Choose illustrates how a community-wide strategy can amplify the contributions of partners when the backbone organization has a clear vision and the capacity to mobilize stakeholders and maintain momentum over years of shared work. BCHD began implementing U Choose 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 TPP Programs

*U Choose* built on the capacity and momentum that began prior to the grant award. The grantee engaged in five years of coalition-building leading up to the 2015 grant, which provided a solid foundation of working relationships between partners, and produced early measurable results to share and celebrate. With the 2015 award, all previous partners remained committed and BCHD was able to scale up quickly in BCPS.

**Project leaders used data to inform decision making and as content for coalition discussions.** Project leaders brought a data-driven public health perspective, as well as a focus on leveraging public and school-based health centers to improve population-level outcomes. These methods facilitated transparency and communication among stakeholders, and kept project efforts focused and strategic.

A unified coalition provided organizational structure and a collective identity for the effort. The constituent agencies, initiatives, task forces, and coalitions maintained their autonomy, but the central TPPI Coalition was known as the “home” of the initiative. The TPPI Coalition was nested within a larger initiative (*B’more for Healthy Babies*) and had overlapping supporting initiatives such as B’more Fit, Preventing Substance Exposed Pregnancies, and Home Visiting.

Supportive schools made saturation of all middle and high schools with EBPs possible. *U Choose* was fortunate to have a series of BCPS chief executives who were highly supportive of bringing high-quality sexual health education into the schools during the school day. EBPs were implemented in all 120 middle schools and all 25 high schools in 7th-9th grades.

Flexible, multi-level support for EBP implementation helped teachers fit EBPs into their classrooms. Assistance included training and one-on-one mentoring, learning communities, and translating the EBP lessons into BCPS lesson templates. The BCPS lead ensured that the selected curricula met the state standards, negotiated with the teachers’ union, ensured that principals were on board, and arranged professional development time.

Youth-adult partnerships engaged youth in meaningful ways. While BCHD began developing its Youth Advisory Council (YAC) prior to 2015, it leveraged grant resources to build in expectations and structure grounded in positive youth development. The *U Choose* YAC subsequently worked with Johns Hopkins University to create a youth-driven, dynamic, primarily web-based social marketing campaign aimed at engaging youth and informing their decisions about healthy relationships and sexual activity.

Customized training and technical assistance provided support and consistency for high quality implementation in schools and clinic settings. Locally-based technical assistance providers worked with project staff to create customized supports for full scale implementation. Capacity building within clinics also helped transform BCHD’s relationship with clinics from one of oversight to a partnership.

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