

Taking Evidence-Based Teen Pregnancy Prevention Programs to Scale in High-Need Communities:

Early Implementation of a Multi-Component Approach



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BRIEF NO. 2

COMMUNITY MOBILIZATION

In 2010, the U.S. Department of Health and Human Services, Office of Population Affairs (OPA) launched the Teen Pregnancy Prevention (TPP) Program to fund medically accurate and age appropriate programs focused on preventing teen pregnancy and reducing disparities. OPA supports and evaluates evidence-based (Tier 1) and new and innovative (Tier 2) TPP program models. In 2015, OPA awarded a second round of grants, including the “Tier 1B” grant program, which supported 50 organizations in 31 states and the Marshall Islands to replicate evidence-based programs (EBPs) to scale in communities with the greatest need. Projects used a community-wide strategy that integrated EBPs into multiple settings and stages of adolescence, mobilized stakeholders around a shared vision, and increased access to youth-friendly services. While implementation varied, all were required to use a multi-component approach that included four key elements:



Evidence-based programs. Deliver EBPs with fidelity in at least three types of settings.



Community mobilization. Engage the community around a shared vision to increase its ability to prevent teen pregnancy and improve adolescent health. Youth and adult advisory groups inform the effort.



Linkages and referrals. Recruit a network of youth-friendly, accessible service providers, develop a referral system, and connect youth to services.



Safe and supportive environments. Ensure TPP programs are implemented in safe and supportive environments: integrate a trauma-informed approach, assess LGBTQ inclusivity, and put positive youth development characteristics into action.

The implementation study includes a full report, *“Taking Evidence-Based Teen Pregnancy Prevention Programs to Scale in High-Need Communities: Early Implementation of a Multi-Component Approach,”* a brief version of the full report, and a series of four briefs highlighting implementation of the core components of the Tier 1B strategy.

This brief describes community mobilization during the first two years of the program.

COMMUNITY MOBILIZATION APPROACH

The involvement, support, and leadership of a broad base of community stakeholders in preventing teen pregnancy and improving adolescent health is a cornerstone of the grant strategy. Grantees implemented a community mobilization approach based on [Best Practices for Community Mobilization](#), which describes key best practices, including the following:

- (1) A formal structure and strong leadership/backbone organization;
- (2) Shared vision, decision-making, and authentic participation;
- (3) Diverse, multi-sector representation;
- (4) Authentic and productive roles for youth;
- (5) Strategic plan; and
- (6) Community education, awareness, and outreach.

Grantees were expected to convene a Community Advisory Group (CAG) and a Youth Leadership Council (YLC) to inform community mobilization. Projects could re-purpose existing groups in their communities or create new groups for the Tier 1B initiative. Some projects used one CAG and one YLC for the whole service area, while others had multiple of either or both bodies to serve large, diffuse, or varied communities.

GRANTEES FORMED A MIX OF NEW AND EXISTING CAGS AND YLCS, AND OFTEN HAD MULTIPLE OF EACH



Community Advisory Group (CAG)

48% of grantees formed all new CAGs

52% of grantees had multiple CAGs

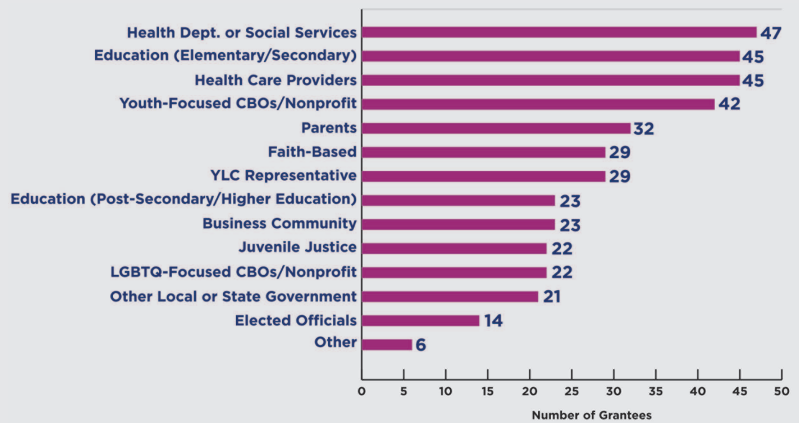


Youth Leadership Council (YLC)

54% of grantees formed all new YLCs

52% of grantees had multiple YLCs

GRANTEES RECRUITED CAG MEMBERS FROM DIVERSE SECTORS OF THE COMMUNITY



The most common role of the CAG was to provide guidance and input—to be the community’s voice

CAGs most often provided general guidance for the project, and represented the community’s perspective. For example, CAG members often reviewed EBP curricula for fit, medical accuracy, and LGBTQ inclusivity or helped troubleshoot implementation challenges. They also led the community mobilization efforts, which could be general (e.g., help increase awareness of and support for the project), or more targeted (e.g., cultivating key community champions). Other CAG roles included sustainability planning and providing technical assistance or training to project staff.

“[The CAG’s role is] to mobilize and engage other key stakeholders from various walks of life, including youth, to build forth a movement that is community led. [...] They’ve been paramount, they are the movement. They’re the people who opened the doors that we couldn’t.”—Grantee

YLCS raised awareness or provided youth perspectives on key project components

YLCS often developed and disseminated public awareness campaigns and served as youth “ambassadors” of the project. The majority of YLCS helped review EBPs for fit, and many were also involved in assessing the youth-friendliness of service providers.

Most projects had planned or launched efforts to raise awareness and educate the community

The most common approach was a media campaign through social media, newsletters, web, or local broadcast. Projects also used community events or forums to conduct outreach. In addition to promoting awareness of the local effort, many projects sought to elevate the importance of preventing teen pregnancy and increase knowledge about resources. Some projects aimed to educate the public directly (e.g., fliers, posters, or videos about healthy relationships).

EARLY PROGRESS

Grantees and partners were actively working to substantively engage a range of community members and agencies to help fully implement each element of the program. Higher engagement helped ensure that youth and their communities received appropriate services, these services were well-received, and the project found open doors when they reached out to schools and other organizations. Most grantees were able to convene CAGs and YLCS by the second year of the grant, and were working on ways to foster ownership, define meaningful roles, and improve meeting facilitation to keep these groups interested and involved.

The Office of Adolescent Health funds the Tier 1B design and implementation study, which includes an implementation study of all 50 grantees, case studies of five grantees, and development of an impact evaluation design. The study is conducted by Abt Associates under contract number HHSP2332015000691.