

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

Early Implementation of a Multi-Component Approach



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SAFE AND SUPPORTIVE ENVIRONMENTS

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 or 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 Tier 1B strategy.

This brief describes provision of safe and supportive environments during the first two years of the program.

ENSURING SAFE AND SUPPORTIVE ENVIRONMENTS

OPA expected grantees to provide programs for youth in safe and supportive environments, which included—but was not limited to—integrating a trauma-informed approach (TIA), ensuring LGBTQ inclusivity, and applying positive youth development (PYD) practices when interacting with youth.

- A TIA is a way of addressing vital information about sexuality and well-being that accounts for adverse life experiences. A TIA helps front-line staff avoid re-traumatizing youth who have experienced trauma and recognize when youth need additional support or referrals.
- **LGBTQ inclusivity** refers to the degree to which programs are sensitive toward, responsive to, and encompassing of the diverse experiences and needs of LGBTQ youth and families.
- **Positive youth development** practices actively engage youth within their communities, build on their strengths and provide opportunities, foster positive relationships, and furnish support to build skills and leadership experience.

Grantees were free to interpret and apply these principles in ways that made sense for their local contexts.

Ensuring safe and supportive environments started with choosing and adapting the EBPs

Grantees took the degree to which the curricula incorporated a TIA and the inclusivity of the curricula into account when selecting EBPs for their communities and specific settings. Where grantees found curricula that were lacking in TIA or inclusivity, but which were otherwise the best fit for their youth populations, communities, or settings, many made minor adaptations to curricula (e.g., by changing names or pronouns in exercises and examples). Some EBPs include TIA, inclusivity, or both in the standard curriculum training.

“Safe and supportive environments means every youth can feel free to be who they perceive [themselves] to be, and they will be safe in any expression of themselves or whatever their attitudes are to the subject matter at that time without being bullied or made to feel out of place in the group. Everyone needs to feel safe so they can receive what you are trying to share with them.” —Partner of a Grantee

Grantees used professional development and classroom policies to promote TIA, inclusivity, and PYD

The majority of the grantees regularly provided TIA and inclusivity training for health educators. Many health educators developed classroom policies designed to help create a safe and supportive environment. Examples of these practices included co-developing with youth the ground rules for discussion, providing a way for youth to submit anonymous questions to the health educator, allowing youth to leave the classroom with no questions asked, and allowing youth to remain silent if they preferred not to actively participate in a discussion or activity.

Some grantees used observations and assessments of EBP delivery to monitor and improve supportive practices. Others established and shared best practices for safe and supportive environments and interaction with youth through regular group meetings with EBP facilitators.

“Trauma-informed care is just trying to be aware that I don’t know why people are reacting the way that they’re reacting and that everyone’s behavior has a meaning and I should take that behavior seriously.”
—Health Educator

Many grantees helped ensure safe and supportive environments through hiring practices and supporting relationship-building

Another approach to safe and supportive environments was hiring frontline staff who understood the youths’ perspective and could develop a caring relationship with them. This included hiring local staff who had grown up in the same neighborhoods or schools as the EBP participants, had a long-standing relationship with the communities or schools, or had extensive experience living or working with populations with similar experiences.

“Our educators have a history with the schools. They don’t just go in, teach the curriculum, and then leave. The educators still stop by the school and let students know they can talk to them even if the class is over, sit in the lunch room, so students are used to seeing their faces, and they develop rapport.”—Grantee

EARLY PROGRESS

Most grantees expressed confidence in the provision of safe and supportive environments in EBP settings and saw few challenges. While not common, some grantees found that staff of settings hosting EBPs were not always comfortable with inclusive language and examples. Grantees usually addressed these concerns through training, including reinforcing the importance of inclusive environments in attaining project goals. Grantees tended to incorporate positive youth development through the curricula they chose, encouraging health educators to connect the curricula to youth goals and opportunities for future growth, and their approach to the Youth Leadership Councils.

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.