OASH | Office of Population Affairs

Adapting During Uncertainty

HOW TEEN PREGNANCY PREVENTION PROJECTS RESPONDED AND ADAPTED TO THE COVID-19 PANDEMIC

November 2024

HHS Office of Population Affairs

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PURPOSE STATEMENT

This brief highlights findings from the implementation evaluation of the 75 grantees awarded Teen Pregnancy Prevention Program Tier 1 *Optimally Changing the Map for Teen Pregnancy Prevention* and Tier 2 *Innovation and Impact Networks* funding in 2020 and 2021. It focuses on how these grantees adapted their projects during the COVID-19 pandemic, and the challenges and opportunities that arose from the changes to their programming, partners, operating settings, and modes of engagement to reduce the risk of COVID-19 transmissions.

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The onset of the COVID-19 pandemic in March 2020 coincided with the application period for two grant programs funded by the Office of Population Affairs (OPA) Teen Pregnancy Prevention (TPP) Program: Tier 1: *Optimally Changing the Map for Teen Pregnancy Prevention* and Tier 2: *Innovation and Impact Network*. When prospective grantees submitted their grant applications in early 2020, they had designed projects with the expectation that the pandemic would be short lived. When the grant period began in July 2020, however, the United States was still in a public health emergency, and grantees had to retool their approaches to accommodate the public safety protocols in their area. Tier 1 grantees had to figure out how to implement teen pregnancy prevention evidence-based programs (EBPs) for youth, partner with relevant systems, and provide needed supportive services amidst restrictions. Tier 2 grantees had to adapt their approaches to recruiting and onboarding their Innovation Networks and beginning the innovation development process.

Throughout the grant period, the pandemic presented unprecedented challenges that affected all aspects of grant implementation but also highlighted new ways of working together and reaching communities and partners. This brief summarizes those challenges and the unforeseen opportunities for TPP projects. Comprehensive implementation reports for each of these grant strategies (Freiman et al., forthcoming and de Sousa et al., 2024) are available on OPA's website.

Key Findings

Partners and Implementation Settings

- **TPP Projects Experienced Challenges with Maintaining Partners and Implementation Settings.** The COVID-19 pandemic pulled TPP grantees and their partners in different directions, creating new, urgent priorities and leaving many with limited bandwidth to focus on implementing the TPP projects. As the pandemic progressed, grantees and partners constantly faced new logistical challenges and significant staffing shortages and turnover that hindered grant implementation.
- **Grantees Overcame Partnership Challenges by Remaining Flexible and Adjusting Partnerships When Needed.** Grantees remained flexible and open to new possibilities for partner engagement as partner roles evolved throughout the grant period. Ultimately, many grantees ended up working in settings and with organizations that were different from their original plans.

Changes in Program Modality

- **The Switch to Virtual Implementation of EBPs and Virtual Engagement with Youth and Communities Came with Many Challenges.** Online learning presented a host of logistical challenges and negatively affected youth engagement. It was also harder to collect meaningful feedback for program improvement in a virtual environment. Grantees also struggled to build and maintain partner relationships virtually. In-person gatherings with partners often resumed on a staggered or hybrid basis as COVID cases surged and safety concerns remained.
- **Grantees Learned to Pivot and Be Responsive to Needs That Emerged as a Result of the Pandemic.** EBP facilitators found creative ways to use technology to make virtual learning engaging and worthwhile. Other grantees relied on non-digital adaptations to reach

youth with technology limitations (for example, by sending participants materials through the mail). Grantees leaned into the benefits of virtual programming, particularly the ability to involve new audiences that could not be present if events occurred in person. For some grantees, this allowed them to reach settings and partners that they had not otherwise reached prior to the pandemic. For certain project activities, having a virtual option improved accessibility and participation.

Participant Recruitment and Retention

- **Pandemic-Related Restrictions Created Challenges for Recruiting and Retaining Participants.** This included access restrictions such as not being able to reach youth in schools, group homes, or juvenile justice centers, which sometimes resulted in reaching fewer youth than planned in those settings. Grantees also struggled to recruit people for groups, such as community or youth advisory boards, which had historically benefited from word-of-mouth recruitment.
- **Adaptations to Engagement Strategies and Offering Incentives Improved Recruitment and Retention.** There was trial and error involved in effectively reaching new audiences and maintaining connections, but grantees generally saw improvement when they adjusted their recruitment strategies and offered incentives to encourage participation.

Program Implementation

- **Tier 1 Grantees Initially Experienced Challenges Offering Supportive Services and Meeting Mental Health Needs.** Grantees saw an unprecedented need for mental health and other services at a time when COVID limited access to health care services. Mental health care thus became one of the most frequently offered supportive services, and connecting youth to mental health care became much more of a priority than originally planned. Tier 1 grantees were perceptive to ripple effects from the pandemic in their communities and also offered new supports to meet emerging needs such as education on human trafficking.
- **COVID-related Restrictions Created Challenges in Accessing Participants.** Those grantees that planned school-based innovations or EBPs had to abide by schools' restrictions when working with students, which varied by location and could lead to delays. For many Tier 2 grantees, this resulted in unexpected delays and challenges as they developed innovations under rapidly evolving circumstances.
- **Pandemic-Related Adaptations to Delivery Formats and Engagement Helped Inform Innovation Designs for Tier 2 Grantees**. Grantees relied heavily on youth input to inform their innovations. Though most innovations were developed for in-person implementation, some grantees reimagined their innovations in Year 1 to adapt to the virtual world. As grantees navigated pandemic challenges through the testing and refining process, they leaned on their partner networks to navigate barriers on the ground, safely collect data and feedback, and provide suggestions to improve the innovations.

Introduction

1.1 The Teen Pregnancy Prevention Program

The Office of Population Affairs (OPA) within the U.S. Department of Health and Human Services administers the Teen Pregnancy Prevention (TPP) program to reduce rates of unintended teen pregnancy and sexually transmitted infections (STIs). Since 2010, TPP grantees have worked towards these goals by serving youth through evidence-based programs (EBPs), training youth-serving professionals, building community partnerships, and developing and evaluating innovations for teen pregnancy prevention.

Between 2020 and 2023, 62 grantees implemented projects designed to reduce unintended teen pregnancy and STIs under the Tier 1: *Optimally Changing the Map for Teen Pregnancy Prevention* grant (TPP20 Tier 1).[1] Thirteen grantees implemented Tier 2: *Innovation and Impact Network* grants (TPP20 Tier 2) to support the development and evaluation of new and innovative approaches to reduce disparities in teen pregnancy and birth rates and promote adolescent health.

This brief is a supplement to two larger implementation study reports on the TPP20 Tier 1 and Tier 2 grants. It focuses on the special circumstances that grantees encountered during the COVID-19 pandemic, as this public health emergency drastically impacted our day-to-day lives; work, social, and home environments; and the logistics for how these grants could be operationalized and implemented.

For more information on the TPP20 Tier 1 and Tier 2 Innovation and Impact Network grants, see the Appendix. Comprehensive implementation reports for each of these grant strategies (Freiman et al., forthcoming and de Sousa et al., 2024) are available on OPA's website.

Methods

OPA contracted Abt Global and its partners, Decision Information Resources, Inc. (DIR) and Data Soapbox, to conduct an evaluation of the TPP Fiscal Year 2020 Tier 1 and Tier 2 grant strategies. As part of this work, the research team:

- Conducted virtual or in-person site visits with grantees and partners between October 2022 and April 2023 to collect qualitative data on grantees' experiences implementing their projects.
- Reviewed materials grantees submitted to OPA, including initial grant applications, semi-annual performance measurement data and progress reports, and other required reporting materials.

Additional information about the TPP20 Evaluation can be found in other grant-specific reports (de Sousa et al., 2024a; de Sousa et al., 2024b; Freiman et al., 2024; Freiman et al., forthcoming) available here.

1.2 The Onset of the COVID-19 Pandemic During Implementation

The onset of the COVID-19 pandemic in early 2020 coincided with grantees applying for and receiving their awards. Tier 1 grantees were implementing their teen pregnancy prevention EBPs during the height of the pandemic in 2020. Most Tier 2 grantees were developing their innovation networks at this time and did not move into later implementation phases until 2021.

[1] In 2020, OPA funded 49 organizations under the Tier 1. A year later, OPA funded an additional 13 organizations under the same grant program.

Throughout the grant period, COVID-19 presented new and unprecedented challenges that affected all aspects of grant implementation.[2]

This brief describes the effects of the pandemic on both Tier 1 and Tier 2 grantees and their efforts to implement EBPs and develop innovations to reduce unintended teen pregnancy. The brief is structured around challenges grantees faced related to partners and implementation settings, modality, participant recruitment and retention, and program implementation (Section 2) and then how they responded and adapted to these challenges throughout the grant period (Section 3).

[2] A small number of grantees and partners did not experience significant setbacks or adaptations in response to COVID. These were generally TPP20 projects working in service areas with fewer COVID restrictions and school closures. Though these organizations did not report as many disruptions as others, they did still experience some challenges.

2. COVID-Related Challenges Experienced by Grantees

This section summarizes common challenges faced by Tier 1 and 2 grantees. There were some distinct challenges across each Tier given the variation in grant goals and approach: Tier 1 grantees faced unique challenges in delivering supportive services, and Tier 2 grantees encountered delays and roadblocks in developing and testing their innovations. Several priority populations were in groups at high health risks from COVID, including pregnant youth and youth with disabilities, for example. Overall, Tier 2 grantees reported fewer COVID-related disruptions than did Tier 1 grantees.

2.1 Partners and Implementation Settings

Grantees partnered with a diverse range of organizations to implement EBPs, serve as implementation settings, engage community members, and support grant management and evaluation. Grantees and partners had to adjust their operations to meet the demands of a rapidly evolving pandemic, though the impact on TPP projects varied depending on partner (and to an extent, grantee) type, role, and capacity. Many grantees benefited from having strong existing relationships with partners and having received prior TPP funding, though this could not offset all challenges and implementation barriers brought on by the pandemic.

The COVID-19 pandemic pulled partners in different directions, creating new, urgent priorities and leaving many with limited bandwidth for TPP20 work. Health-focused organizations, especially health departments, were called on to lead or support the COVID response in their communities. Some of these partners immediately communicated their inability to remain on the TPP project; others stayed on for a time but eventually had to end their involvement. Grantees had to readjust their expectations on what partners could deliver or had to identify new partners altogether. This delayed implementation for many grantees, especially those where partners were meant to be implementation sites. A common challenge for Tier 1 grantees was having to contend with school-based settings that saw the EBPs as “extra” or unessential as they worked to meet other academic requirements.

As the pandemic progressed, grantees and partners constantly faced new logistical challenges. These challenges were more pronounced among Tier 1 grantees, which began implementation earlier in the grant period than Tier 2 grantees. Some of these challenges included limited hours of operation at partner sites (e.g., limited clinic hours for reproductive health care), capacity restrictions, and other social distancing requirements. Many settings, particularly systems such as foster care or juvenile justice, placed strict limits or otherwise barred outside groups from coming in for safety reasons. Though schools resumed virtually, some after-school programs that Tier 1 grantees had intended to use for program implementation, such as YMCAs and Boys and Girls Clubs, were unable to adapt their programming to a virtual environment and were no longer feasible settings. One university-based Tier 2 grantee reported that bureaucratic processes – such as processing invoices and issuing checks – were severely delayed because finance staff were not in the office.

Significant staffing shortages and turnover during the pandemic hindered grant implementation. Grantees and partners alike experienced illness and even death among their staff. Teachers faced burnout; in some states, teacher shortages were especially acute.

Grantees and partners reported difficulties adapting quickly when partner staff with deep institutional knowledge or those who were strong champions for the program left for other roles. Many partners had trouble filling open positions. When new staff did come on board, grantees had to divert resources to build those new relationships. This was complicated by the inability to make organic, in-person connections. Key decision makers, such as newly hired principals or superintendents, sometimes decided not to continue with the TPP20 project.

> "It really feels like it was like rolling a boulder uphill, in the sense of the time it took to, like, build relationships in a new community, like, that already takes time. But while the world is going through a global pandemic, I think the constant pivoting took a long time for, like, we're just seeing the fruits of all the work that we did those first two years, building relationships with partners."
>
> **Tier 1 Grantee**

2.2 Changes in Program Modality

Most grantees conducted limited or no in-person activities during 2020 (the first six months of the grant period) and even into the beginning of 2021. In response to COVID-induced restrictions, grantees were forced to shift programming online, which introduced a variety of complications.

Online learning presented a host of logistical challenges and, for many, negatively affected youth engagement. Many Tier 1 grantees planned to implement EBPs they had previously implemented in person, but not all EBPs were adaptable to a virtual environment. Beyond the challenges of adapting or sometimes selecting new EBPs, grantees also had to instruct EBP facilitators on technology use and safe participation. Many facilitators found that they struggled with engagement in the virtual setting, where it could be much harder to foster a sense of community. Youth were reluctant to discuss sensitive topics in the same space as their families, and on-camera participation was often low. Service areas with poor internet access, particularly in more rural communities, struggled with the rapid pivot to virtual learning. Once activities resumed in person, sites had to contend with COVID outbreaks among staff, partners, and youth. Some settings implemented a hybrid system or shifted back and forth between in-person and virtual learning in response to fluctuations in the prevalence of COVID cases, which required constant pivoting.

It was harder to collect meaningful feedback for quality improvement in a virtual environment. Data collection, particularly of participant feedback, was complicated by having to adapt paper surveys to online surveys. Tier 1 and 2 grantees also lamented missing out on being in a classroom together in person, which was much more conducive to receiving informal feedback and in-the-moment reactions from youth to helpfully inform adaptations. One Tier 2 grantee also described a notable disparity in the quality of feedback from youth, noting that they did not provide critical or constructive feedback online but did in person.

> "We're a training organization. Training is one of the things we do very well, and we struggled with engagement. We struggled with keeping people focused. We struggled with all of those things that centered around being on Zoom…and normally, something that would have been a two-day in-person workshop where we can have activities with people up and moving around and space things out, trying to compress them into four hours online was just difficult. I feel like we would have had a very different youth design challenge if it had been in person."
>
> **Tier 2 Grantee**

Grantees also struggled to build and maintain partner relationships virtually. Several Tier 2 grantees described initial plans for longer, quarterly in-person meetings or summits to facilitate collaboration, create social bonds, and strengthen their partner networks. Though they worked to make virtual meetings engaging using Zoom features such as polling and doing icebreakers, they found that building these connections took longer in virtual settings. Likewise, they found partners generally engaged less with trainings or workshops conducted virtually. Some noted this was less of an issue with regular check-in meetings, where partners found it easier not having to travel to a central meeting place. For more day-to-day communications, some partners had less experience using Zoom and other online collaboration platforms and struggled to adapt to the new technology.

In-person gatherings with partners often resumed on a staggered or hybrid basis as COVID cases surged and safety concerns remained. For some grantees, in-person activities did not begin until a year or two into the grant; even then, the spread of COVID variants continued to disrupt plans. For example, one Tier 2 grantee had to cancel a large in-person event because of a new COVID surge (Omicron) in early 2021. People were hesitant to return to in-person meetings when COVID still posed a significant risk. One grantee explained how staff became more intentional in planning and structuring their large group meetings as a result, noting that general updates were not enough to draw people in. Overall, grantees found that when they did meet in person, they were able to build stronger network connections and collaborations than when they met virtually.

2.3 Participant Recruitment and Retention

Many grantees reduced their participant reach goals once it became clear that the pandemic would significantly impede implementation. Grantees faced challenges reaching their intended participation groups due to access restrictions to certain settings, inability to take advantage of word-of-mouth advertising, and other factors noted below.

Grantees confronted access restrictions and sometimes fewer youth in certain settings. Schools across the country were confronting high absenteeism rates and declining enrollment. One Tier 1 grantee described how many parents/caregivers lost their jobs and had to move to find new employment opportunities. Some schools relaxed attendance policies, giving students more flexibility but contributing to less EBP participation in those sites. For some, this made it harder to identify students who might need certain supportive services, as they could no longer use chronic absenteeism as a metric to identify those who were high risk. COVID also limited grantees' access to certain focus populations due to restrictions imposed by settings or because of changes in partners. For example, juvenile detention facilities and foster care group homes restricted outside organizations from entering. Grantees and partners were usually able to access these settings eventually, just later in the grant period and to fewer youth than planned. Tier 2 grantees found it could be more difficult to reach some populations for new, untested

innovations. For example, some priority populations like expectant youth were at higher risk from COVID and therefore reaching them came with additional safety concerns.

Grantees also struggled to recruit people for advisory groups, such as community or youth advisory boards, which had historically benefited from word-of-mouth recruitment. With students spending their days in virtual learning, many grantees found they were reluctant to join extracurricular activities such as youth advisory boards or leadership councils that would convene virtually. Similarly, reaching new community members to invite them to join community advisory boards was difficult when people were sheltering in place and not able to convene in community spaces.[3]

2.4 Program Implementation

Tier 1 grantees saw an unprecedented need for mental health and other services at a time when access to health care services was limited by COVID. Youth across the country struggled to grieve the death of loved ones and navigate pandemic-related changes during an already difficult phase of life. These struggles were sometimes exacerbated by traumas in their communities, including racial violence. Multiple grantees discussed how youth suffered more abuse at home during this time.[4] Many health care services, such as teen-focused clinics operated by health departments, were unavailable to youth at the height of the pandemic. Those that did maintain operations had to severely limit hours or impose other safety restrictions. One grantee described how the teen health clinic had health department staff in hazmat suits in front of the building – a necessary health precaution, but one that discouraged teens from seeking care. Limitations in access to care extended to schools as well, where prior to the pandemic, students relied on daily access to nurses, counselors, and social workers. Another grantee spoke with concern about how students could not access condoms and STI testing from the school nurse's office.

Tier 2 grantees faced unexpected delays and challenges as they developed innovations under rapidly evolving circumstances. With their early grant period focusing on building a partner network, Tier 2 grantees had more time to prepare, adapt, and respond to pandemic limitations before beginning implementation, though several expressed a desire to have had more time to plan their youth engagement strategies. Some grantees also found that they were able to reach fewer youth than expected to contribute to the development of innovations. One grantee explained how during the pandemic 150 youth completed their survey on sexual health behaviors and needs; in a prior year it had reached 500. Regardless of delivery method, grantees conducted much of their program testing virtually or in hybrid settings due to COVID restrictions. Grantees and partners encountered challenges across settings throughout testing and refining. One grantee noted more transiency in student populations and increased youth homelessness, which affected its recruitment and retention.

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[3] The Centers for Disease Control and Prevention advised that people "social distance" during the pandemic, which required people to leave at least six feet of distance between non-household members and to wear personal protective equipment such as face masks to contain the spread of the virus. Furthermore, some states issued "stay-at-home" or "shelter-in-place" orders, shut down public spaces, and restricted in-person work to "essential" workers.

[4] Research shows that rates of anxiety and depression increased during the pandemic, and that women and young people were disproportionately affected (World Health Organization, 2022). Rates of domestic violence also increased significantly during the pandemic in response to stay-at-home orders (Piquero et al., 2021).

3. Grantee Adaptations in Response to Challenges

Grantees responded to the challenges described above, working hard to find creative solutions and implement their programs as successfully as possible. Tier 2 grantees were well served by their flexible and iterative approaches, as they entered the grant period with plans to explore and develop innovations rather than to start implementing programs immediately.

3.1 Partners and Implementation Settings

Grantees remained flexible and open to new possibilities for partner engagement as partner roles evolved throughout the grant period. Many ended up working in settings and with organizations that were different from their original plans. Grantees took these changes in stride and worked hard to build new relationships. Many Tier 1 grantees were able to identify new schools or school districts to work in. A few grantees were able to renegotiate partners' roles to keep them involved. For example, one Tier 1 grantee had originally planned to partner with a public health department to facilitate connections with school boards in the service area. When the project launched during the pandemic, the health department disengaged from the project and the grantee no longer had that facilitated connection; grantee staff had to make cold calls and initiate those communications alone. They were ultimately still able to work with most of their intended partners, but it took more time and staff resources to get in the door. The health department later partnered with the grantee in a more informal capacity, providing input on monthly advisory board calls. Another grantee increased funding to several other partners so they could play bigger roles after a key partner left the project.

As Tier 2 grantees navigated pandemic challenges through the Test and Refine stages, they leaned on their partner networks' expertise. Usually when grantees discontinued developing or testing a potential innovation or went in new directions, it was because of multiple factors – including administrative or logistical barriers – not solely COVID-related limitations. They trusted their partners' expertise to navigate barriers on the ground, safely collect data and feedback, and provide suggestions for improvement. For example, grantees and partners described monthly or regular meetings where partners would update grantees on youth engagement, data collection, reporting, and discuss challenges and possible solutions around implementation activities.

> "I think from the network level we want to be agile…in meeting our partners where they're at and kind of trusting what they tell us the problems are and kind of focusing there as opposed to being kind of prescriptive about where partners should be at and what they should be doing next. I think we always want to kind of coach people along this process, but do it in a way that's kind of respectful of where they and their community are at, especially at such a delicate time in the pandemic and our political landscape and all of that stuff too."
>
> **Tier 2 Grantee**

3.2 Changes in Program Modality

Facilitators found creative ways to use technology to make virtual learning engaging and worthwhile. When delivering EBPs, several Tier 1 grantees described "gamifying" certain activities to make them more fun. This included swapping out things such as role plays for knowledge-testing games in a quiz show format or in the collaborative card game style of Cahoots. One grantee noted that it made sure to always have two facilitators: one who was

leading instruction and one who used the chat function to respond to questions and check in with youth individually and privately. Another grantee tried asynchronous lessons, where it shared a pre-recorded video with students who then watched it individually and completed accompanying worksheets by a certain date. Many Tier 1 grantees coordinated closely with curriculum developers to adapt curricula for a virtual setting. Some developers, such as the creators of Power Through Choices, developed an online version (released for use in 2021), which eased the burden on grantees.

> "[A] silver lining of COVID is organizations that may have not known one another or of each other's existence are now, like, 'Oh, that's really cool work that you guys are doing.' And so, I think there's been this opportunity for increased exposure for orgs that maybe they wouldn't have naturally sought each other out.… And then we're working with an organization in Florida that works primarily and serves LGBTQ youth. And so, there's a lot of healing-centered and trauma-informed work that's happening there."
>
> **Tier 2 Grantee**

Other grantees relied on non-digital adaptations to reach youth with technology limitations. A few Tier 1 grantees sent physical packets of program materials to the homes of students who did not have reliable internet access. Another organized "drive-thru" events so participants could pick up paper materials and people could see one another briefly and from a distance. Some grantees noted that limited connectivity was a factor in rural schools returning to in-person learning sooner than schools in more populated areas.

Grantees leaned into the benefits of virtual programming, particularly the ability to involve new audiences that could not be present if events occurred in person. For Tier 2 grantees in particular, a noted benefit to working virtually was the ability to build networks across broad geographic distances. A few grantees described bringing together groups from across the country to create networks that were more national – versus local or regional – where organizations could offer one another technical assistance in ways that would not have been possible in person. Partnerships formed from Texas to Hawaii and California to Florida. One grantee was able to create a national teen advisory group, convening youth from across the country. It explained how meeting online improved efficiency by taking out the guesswork of how best to convene, though the format did come with tradeoffs; the grantee acknowledged that it did potentially exclude youth applicants who did not have access to a computer or the internet. Even within states, virtual meetings were often more accessible for many partners and participants, particularly those in more rural communities who had reliable internet access. One Tier 1 grantee noted that when EBP instruction happened virtually from home, having families around benefited the parents/caregivers, as they then absorbed the information as well.

For other grant activities, having a virtual option improved accessibility and participation. As COVID cases continued to rise and fall, many people felt uncomfortable attending in-person events once they resumed. These included community advisory board meetings, webinars, or workshops for parents/caregivers. Therefore, having a virtual option was crucial to maintain engagement. This also proved beneficial for grantees and partners working in rural or geographically isolated areas. One grantee noted that having coalition meetings virtually increased participation because it eliminated transportation barriers such as long drives to arrive at a central location. By allowing people to call into meetings, it also allowed people to attend the meetings at hours they otherwise could not (e.g., on the drive home or on the way to pick up their children). Initiatives for parents/caregivers and other youth-serving adults often had

better attendance when offered virtually, as adults could more easily accommodate TPP activities alongside work, family, and other obligations. Finally, multiple Tier 1 grantees also noted that being able to complete their observations of EBP delivery virtually throughout the grant was helpful. For at least one grantee, this meant it could hire staff who were not local and repurpose funding that would otherwise have gone to supporting travel for in-person observations.

3.3 Participant Recruitment and Retention

There was trial and error involved in effectively reaching new audiences and maintaining connections, but grantees generally saw improvement when they adjusted their recruitment strategies. A common strategy was providing incentives to encourage participation. Several offered gift cards and other financial incentives. One Tier 2 grantee that worked with expectant and parenting youth found they were not showing up to events, so it changed its incentive strategy to offer material items such as diapers. Another grantee that engaged caregivers worked with community members to expand recruitment strategies. Staff went beyond traditional methods such as email and public announcement boards to develop radio ads, offer food and childcare at trainings, and sometimes go directly to apartment complexes to eliminate transportation barriers. This grantee also decreased the size of in person group gatherings in response to COVID transmission concerns.

Overall, Tier 1 grantees generally saw an incremental increase in engagement throughout the grant period: lower than expected engagement in Year 1, significant gains in Year 2, and reaching or almost reaching their enrollment goals in Year 3.

3.4 Program Implementation

Tier 2 grantees relied heavily on youth input to inform their innovations. Youth engagement informed developments that would help make innovations effective, accessible, and sustainable as their communities resumed normal operations. While youth input was invaluable, due to the timing, it was also heavily informed by young people's own experiences living through the pandemic. During the Explore phase, which took place primarily in 2020, some Tier 2 grantees invited youth to share their thoughts on types of innovations needed and their preferred delivery methods. Pandemic experiences factored into that feedback, with one project focusing on youth in detention centers reporting, "Everyone was, like, 'I will not spend one more minute on Zoom.'" As a result of that feedback, the grantee focused on developing innovations that would be delivered in person, at least initially.

Most Tier 2 innovations were developed for in-person implementation, but there were exceptions. Several grantees reimagined their innovations in Year 1 to adapt to the virtual world. Some grantees decided to lean into online or hybrid delivery and adapted their innovations to be delivered in multiple settings. They understood that the benefits of incorporating online components could extend beyond the

> "We never went down this road of virtual implementation but knowing that transportation is one of our biggest barriers and it's a barrier that we can't do anything about. We can't make a rural bus system. It doesn't happen. And I think Plan C [one of our innovations] is one of those things that can help with that, but we just never…we never would have been in the mind space to think about that type of virtual programing if it hadn't been for the pandemic."
>
> **Tier 2 Grantee**

pandemic, especially for vulnerable groups and parents/caregivers. As a result of testing, grantees centered accessibility and flexibility in their innovations in various ways, including timing and length of sessions or workshops. One grantee found that its innovation, which was co-led by someone with a disability, was more accessible to other facilitators when delivered online. Another grantee, working with parents and caregivers, also found participants appreciated the flexibility of virtual meetings and were more likely to attend through Zoom.

In response to testing feedback, grantees worked to make their innovations more interactive, engaging, and accessible, such as by adding closed captioning to videos. One grantee had initially planned to implement an in-person summer program with expectant and parenting youth. When it was clear they would be unable to safely meet in 2020, the grantee decided instead to launch a project with short educational videos that could be texted or emailed to participants. Several more developed apps or used other digital media, such as one grantee's online, self-paced anatomy toolkit for youth with intellectual disabilities.

> "Originally, we tried to hire for somebody, and we wrote a full-time therapist into the grant. We added a salary that I thought was competitive, but that didn't work. And we were not finding people that wanted to work full-time to the quality and caliber that we believe should work with young people. And I wasn't really willing to let down on that or let the bar, like, go any lower on who we're going to hire. And so we ended up switching to, like, a contractor-based, which was really awesome in disguise because it allowed us to take that salary and cut it up and hire multiple providers."
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> **Tier 1 Grantee**

Mental health care was one of the most frequently offered supportive services under Tier 1. Connecting youth to mental health care became much more of a priority than originally planned. Grantees invested more resources in scaling up mental health services and referral networks to providers, including through telehealth services. Several projects hired staff for this purpose, working through hiring and other logistical challenges to bring dedicated counselors and therapists onto their staff.[5] For one grantee, this additional mental health support was not limited to youth. It observed the negative impact of the pandemic on teachers and delivered professional development training focused on burnout, mental health, and fatigue. Still, a few grantees expressed some concern about the impact that dwindling COVID relief funds (e.g., federal funds) would have on mental health support, particularly where new staff had been hired to meet the demand.[6] For day-to-day primary care and sexual health needs, such as condoms and STI testing, access issues generally resolved as COVID transmission rates declined and clinical services fully resumed operations.

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[5] Grantees who invested in building staff capacity and relationships with mental health providers were particularly well-positioned to continue prioritizing this need. They facilitated sustainability of their mental health support by strengthening referral networks, developing resource sheets for youth and families, and training other youth serving professionals.

[6] The federal government passed several Acts to provide emergency support during the pandemic. For example, in 2021, the Consolidated Appropriations Act and the Coronavirus Response and Relief Supplement Appropriations Act provided $4.25 billion to the Substance Abuse and Mental Health Services Administration to disburse to states and entities throughout the United States to support programs that provided mental health and other needed services. For more information on the awards granted, see https://www.samhsa.gov/sites/default/files/covid19-programs-funded-samhsa-fy21.pdf

Tier 1 grantees observed ripple effects from the pandemic in their communities and offered new supports to meet emerging needs. Some of these challenges arrived in 2020; others were existing issues exacerbated by the pandemic. Many Tier 1 projects adapted their programming to include additional support in these areas or to make activities more accommodating to youth. For example, one grantee noted that human trafficking increased significantly in its city after the pandemic. It responded by delivering a training on human trafficking for youth-serving adults as part of its project. Another described how more youth were taking on after-school employment because their parents lost their jobs, which led it to refrain from scheduling after-school programming. Grantees often sought out youth to provide input on what new topics to cover or areas for improvement. They engaged peer educators, youth leadership council members, and EBP participants generally in focus groups, surveys, interviews, and informal feedback sessions.

4. Conclusion

OPA TPP20 Tier 1 and Tier 2 grantees navigated the pandemic for a significant proportion of their three-year grants. In that time each had to adjust its original plans for its TPP project to constantly changing local conditions on the ground related to the pandemic. They found that skills that had always been central to this work – group facilitation, community and youth engagement, curriculum development and adaptation, data collection – looked very different in a virtual or hybrid world and required time to adapt. The pandemic forced grantees and partners to be flexible and adapt to continually changing protocols and restrictions, which took a mental toll.

Partners played critical roles throughout the lifecycle of the projects. Because of this, grantees often felt the burden of partners' own pandemic-related struggles. Partners that were directly involved in pandemic response, such as health departments, frequently had to significantly reduce their role on the project or step back entirely. Many were dealing with staff turnover or workforce shortages of their own, and grantees had to rebuild relationships when partner staff left their organizations. Across grants and partner types, grantees agreed that having strong pre-existing relationships helped, especially getting things off the ground during the first year of the project.

When reflecting on their work, grantees shared a deep sense of pride for what they were able to accomplish despite COVID's endless challenges. They recognized and responded to the unique ways their communities were affected and creatively adapted to virtual environments. Some planned to continue integrating online components in their work, whereas others were glad to fully resume activities in person. Several grantees cited the tools, frameworks, and technical assistance embedded in the grant as facilitators of their success, as well as the resiliency they observed within their own staff, among partner organizations, and in their communities.

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Suggested citation: Garman, L., T. de Sousa, and R. Roy. *Adapting During Uncertainty: How Teen Pregnancy Prevention Projects Responded and Adapted to the COVID-19 Pandemic*. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health and Human Services, 2024.

Note: The information in the Appendix is reproduced from two other reports delivered to the Office of Population Affairs (de Sousa, T. et al., 2024 and Freiman, L. et al., 2024).

Prepared for OPA under contract number:
HHSP233201500069I _75P00121F37018

Disclaimer

This publication was supported by Award No. HHSP233201500069I _75P00121F37018 from the Office of Population Affairs (OPA). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPA or HHS.

Appendix

The Tier 1: Optimally Changing the Map for Teen Pregnancy Prevention Grants

The goal of these grants was to make a positive impact on adolescent health and reduce rates of unintended teen pregnancy and sexually transmitted infections (STIs) within communities and populations with the greatest need; that is, those with relatively high incidences of teen pregnancy and STIs. Grantees could opt to serve all youth within the identified service area—where rates of teen pregnancy, births, or STIs were high—or further focus their reach and programming on populations with the greatest need within the selected service area.

Exhibit ES-1 describes the key required elements of the Tier 1 grants. Within this basic framework, to facilitate a community-driven approach, the Tier 1 grantees had flexibility in how they implemented their projects based on local priorities, resources, and constraints. This included flexibility in their: (1) methods for incorporating elements of a systems-thinking approach; (2) focus populations; (3) type of evidence-based programs (EBPs) delivered; (4) number of different EBPs delivered; (5) settings and modes for EBP delivery; (6) parent and caregiver programming; (7) integration of supportive services; and (8) approach to youth and community engagement.

Exhibit A-1. Key Elements of the TPP20 Tier 1 Grant Approach

Source: Office of Population Affairs (2020a).

- **Focus and Reach**: Grantees used available data, their prior experiences, and community connections to identify a service area for their TPP projects. The service area needed to include areas where there were disproportionately higher rates of unintended teen pregnancy or births and STIs. Grantees could further narrow their reach and programming to serve ***specific populations where rates of teen pregnancy and STIs were higher*** than for other populations in the same geographic area. *Reach* was the goal a grantee set for the numbers of individuals (e.g., youth) within the selected service area and/or focus population that would receive EBPs. Grantees were expected to serve at least 25% of the overall population they had identified as a means of "saturating" the "community" with EBPs.

- **Systems Thinking**: After identifying their overall service area and any focus populations, grantees identified community needs and the ***systems*** affecting youth. Systems included schools, the healthcare system, and family systems. This systems-thinking approach allowed grantees to further explore existing systems to (1) identity the ***key elements or parties***—such as people and organizations—that can affect rates of unintended teen pregnancy and then (2) determine how those key elements or parties can better work together to create healthier systems for youth to see positive impacts on their sexual and reproductive health and prevention of unintended teen pregnancies. To implement their approaches, grantees identified ***leverage points*** within systems where it is possible to influence youth outcomes and support youth through interventions such as EBPs, policy changes, peer support, and connection to services. Exhibit ES-2 describes the components of a sample systems-thinking approach, with examples of what each component might include.[7]

- **Evidence-Based Programs (EBPs)**: Grantees identified ***teen pregnancy prevention evidenced-based programs*** that were best suited for their communities and focus populations, taking into consideration the needs of the youth, parents/caregivers, community norms, and local or state policies or laws. Grantees also identified in which ***settings*** they or partners would deliver the program services, such as schools, community-based settings, or online.

- **Supportive Services**: In addition to selecting which EBP(s) to deliver, grantees also identified available and needed **youth-friendly supportive services** to address other youth needs related to adolescent sexual and reproductive health outcomes, such as access to job training, mental health services, violence prevention services, or other healthcare needs.

- **Engagement of Youth and Community**: Through the TPP project, grantees ***incorporated the perspectives and experiences of youth, parents/caregivers, and community members*** into the design and implementation of their TPP projects. They kept communities informed of the project's progress and approach through public communication.

The Tier 2: Innovation and Impact Network Grants

The goal of these grants was to make a positive impact on adolescent health and reduce rates of teen pregnancy and STIs within seven key priority areas as specified by OPA: caregivers, expectant and parenting youth, foster care and child welfare, juvenile justice, youth access to and experience with sexual health care, youth engagement, and youth with disabilities. As part of the grant application process, organizations selected which of the seven priority areas would be the focus of their project. Overall, organizations selected the priority area based on their experience, skills, and where they saw the greatest needs.

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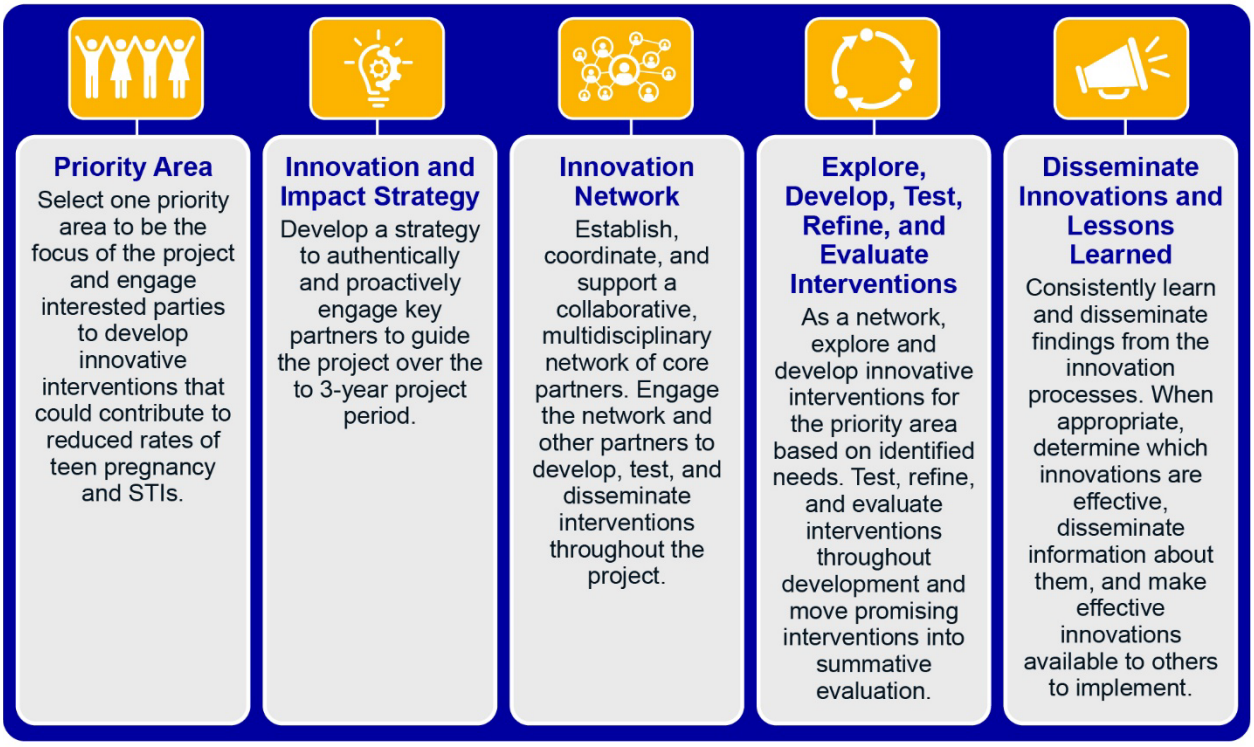
7 The sample model of systems thinking presented in Exhibit ES-2 is a combination of elements grantees incorporated into their projects. Individual grantees did not necessarily incorporate all components of this sample approach. Among several common models of systems thinking are *social-ecological* models, focused on different groups and layers of influence in youth's lives, and the *iceberg model*, based on the concept of unseen root causes and influences. OPA provided grantees with training on multiple models and empowered them to build their own approaches based on local resources, perspectives, understanding, and needs.

To do so, grantees formed and engaged a multidisciplinary network of partners to explore and develop, test and refine, and evaluate innovative interventions to reduce unintended teen pregnancy within their selected priority area.

Exhibit A-2 below describes the required elements of the Tier 2 Innovation and Impact Network grants.

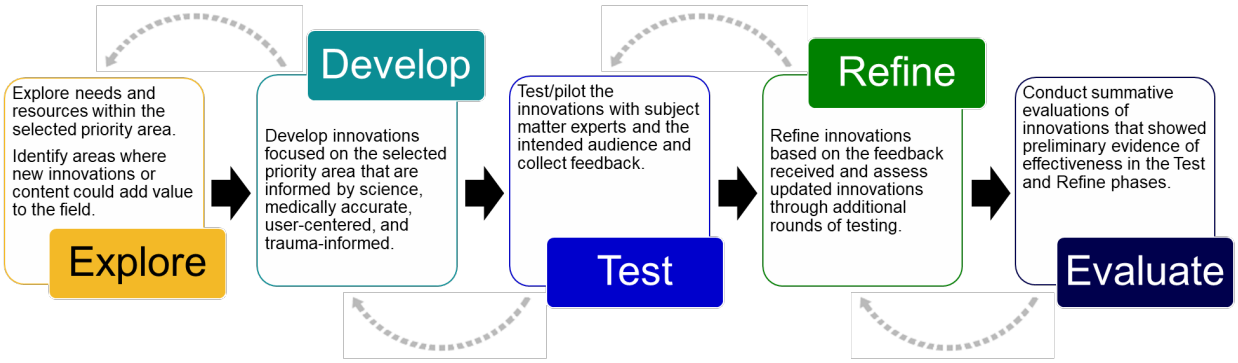
Exhibit A-2. Required Elements of the Tier 2 Innovation and Impact Network Grants



Source: Office of Population Affairs (2020b).

A key element of the Tier 2 Innovation and Impact Network grants is the innovation pipeline for intervention development, which is defined by five phases, as shown in Exhibit A-3 and described below.

Exhibit A-3. The Innovation Pipeline



Source: Office of Population Affairs (2020b).

- **Explore**: Innovation networks explored the needs and resources within the selected priority area, including any existing interventions, and identified areas where new interventions or content would add value to the field. This phase can take the form of an environmental scan, stakeholder mapping, needs assessments, focus groups, or another method selected by the network.
- **Develop:** Innovation networks developed innovative interventions for teen pregnancy and STI prevention that focused on the selected priority area. Interventions were either created from scratch or adapted from an existing intervention. As part of the development process, grantees developed a theory of change for each intervention and had to ensure each intervention was informed by the latest science on adolescent brain development, medically accurate, user-centered, and trauma-informed.
- **Test:** Throughout the development process, innovation networks tested the interventions as appropriate for the phase of development the intervention was in. This often included seeking feedback from subject matter experts or intended users, piloting the intervention with the intended audience, fielding pre-post surveys, or conducting focus groups. As testing feedback was received, innovation networks could move interventions back into the Develop phase, move them on to the Refine phase, or discontinue them.
- **Refine:** Following testing, innovation networks made changes to the interventions based on the testing feedback received and then conducted preliminary evaluations of the effectiveness of the revised interventions through additional rounds of testing.
- **Evaluate:** After the Test and Refine stages, if interventions showed promise innovation networks moved them into the Evaluate phase for summative evaluation. This step required the involvement of external or independent evaluation staff.

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