



Office of
Population Affairs

Testing and Refining Innovative New Interventions to Prevent Teen Pregnancy – A Case Study. Morehouse School of Medicine, Health Promotion Resource Center: Statewide Network Among Partners for Parents and Caregivers.

CASE STUDY OF HOW THE 2020 TIER 2 INNOVATION AND IMPACT NETWORK GRANTEE, MOREHOUSE SCHOOL OF MEDICINE, COMPLETED THE TESTING AND REFINING STAGES FOR INTERVENTION DEVELOPMENT.



November 2024

HHS Office of Population Affairs

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About this Report

This case study describes how the Morehouse School of Medicine—recipient of an Office of Population Affairs (OPA) Teen Pregnancy Prevention Tier 2 Innovation and Impact Network grant—formed the *Statewide Network Among Partners for Parents and Caregivers*. The Statewide Network’s team of subject matter experts, parents/caregivers, youth, community leaders, and intervention developers took a human-centered design approach to test and refine innovative interventions aimed at supporting parents and caregivers in preventing unintended teen pregnancy and sexually transmitted infections. The case study describes how the Statewide Network supported intervention developers with a highly qualified team expert in human-centered design innovation, rapid cycle feedback, positive youth development, parenting and parent development, adolescent health, teen pregnancy prevention, and evaluation. As part of the Statewide Network, the Morehouse School of Medicine’s Health Promotion Resource Center built a structure and a process that supported both management and innovation and resulted in a suite of teen pregnancy prevention interventions that are ready for rigorous evaluation.

This case study is part of a larger evaluation of the Tier 1 and Tier 2 grants awarded by OPA in 2020 and 2021 under the OPA’s Teen Pregnancy Prevention (TPP) program.

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Introduction

Although the United States has made great progress in reducing teen pregnancy, disparities in rates of teen pregnancy and sexually transmitted infections (STIs) still exist across racial and ethnic groups. STI and teen pregnancy rates are also higher among youth experiencing homelessness, living in foster care, or involved with the juvenile justice system (Boonstra 2011; Martin et al. 2021; Oman et al. 2018).

To address this need, the Office of Population Affairs (OPA), within the U.S. Department of Health and Human Services, administers the **Teen Pregnancy Prevention (TPP)** program. The goal of the TPP program is to improve adolescent health, prevent unintended teen pregnancy, and reduce rates of STIs.

The TPP Program supports the implementation of existing evidence-based teen pregnancy prevention programs. It also supports the development and evaluation of new and innovative strategies to reduce rates of teen pregnancy and STIs. In line with those two goals, OPA awarded grants to 75 organizations in Fiscal Years 2020 and 2021 in two tiers:

- Tier 1: Optimally Changing the Map for Teen Pregnancy Prevention – replication of existing evidence-based TPP programs (62 awards)
- Tier 2: Innovation and Impact Networks – innovation of new TPP strategies (13 awards)

About the Tier 2 Innovation and Impact Network Grants

The three-year Tier 2 awards support organizations to convene a multidisciplinary network of partners to develop, test, refine, and disseminate innovations to prevent teen pregnancy and reduce STIs. OPA defines “innovations” as novel or reimagined strategies, relationships, processes, products, programs, or services that lead to substantial improvements in addressing barriers to reducing disparities in unintended teen pregnancy and STI transmission.

The focus of Tier 2 interventions must be adolescents, systems, and programs affiliated with one of the following priority areas: (1) juvenile justice, (2) foster care/child welfare, (3) caregivers,¹ (4) expectant and parenting youth, (5) youth with disabilities, (6) youth access to and experience with sexual health care, or (7) youth engagement.

OPA expects grantees to **test and refine** their interventions to ensure they are usable, relevant to participants, and incorporate feedback from users, recipients, and other interested parties. After undergoing appropriate cycles of testing and refinement, innovations can advance to summative evaluation activities to generate promising evidence. The goal is for grantees to become ready to apply for and conduct a rigorous impact evaluation of their innovation under a future funding opportunity, to expand the number of effective, evidence-based programs available to the field.

Grantees are also encouraged to **disseminate** to the broader field strategies and approaches that show promise and any insights and findings from their Innovation Network effort.

¹ *Caregivers* to mean adult parents, guardians, or other kin who are caring for youth, whereas *parenting youth* refers to a teen caring for their child.

About this Case Study

This case study examines the interventions tested and refined by one of the 13 Tier 2 grantees: the **Health Promotion Resource Center at Morehouse School of Medicine (HPRC/MSM)** under its project ***Statewide Network Among Partners for Parents and Caregivers***. To be considered for this case study, the grantee had to have developed multiple new interventions that had gone through the testing and refining stage and to have documented testing materials.

In preparation for case study data collection, the evaluation team:

- Reviewed two previous interviews conducted as part of the TPP20 Evaluation: with the HPRC/MSM Project Director and Project Manager (interviewed together) and with the Lead Evaluator.

Then, during a two-day in-person visit to HPRC/MSM, the team collected additional data for qualitative analysis:

- Six in-depth interviews: with the HPRC/MSM Project Director and the Lead Evaluator (together), two Statewide Network committee chairs, and three intervention developers.
- Program documents: grant application, semi-annual progress reports, performance measures, and program documents submitted by HPRC/MSM.

About the TPP20 Evaluation

In 2021, OPA contracted with Abt Associates and its partners, Decision Information Resources (DIR) and Data Soapbox, for a five-year evaluation of the Tier 1 and Tier 2 strategies implemented by grantees from 2020 through 2023 (the “TPP20 Evaluation”).^a The evaluation includes a study of how grantees are implementing strategies plus three case studies.

^a See the TPP20 Evaluation Overview for more details of the TPP20 funding opportunity: https://opa.hhs.gov/sites/default/files/2022-04/tpp-fy2020-fy2021-evaluation-overview_0.pdf. OPA has funded multiple cohorts of TPP competitive grant programs since 2010; see [Teen Pregnancy Prevention Program | HHS Office of Population Affairs](#).

Statewide Network Among Partners for Parents and Caregivers

This case study describes how one OPA TPP Tier 2 grantee used analytic approaches to test and refine five interventions it developed under the Tier 2 Innovation and Impact Network grant.

About the Grantee

The grantee is the Health Promotion Resource Center (HPRC) at Morehouse School of Medicine (MSM), a well-known historically Black university located in Atlanta, GA. Its strong mission is to “improve the health and wellbeing of individuals and communities,” particularly in urban and rural areas of Georgia, as well as to “address primary health care through programs in education, research, and service.”² HPRC, located within the School of Medicine has a mission aligned with the overall MSM mission: “to develop a comprehensive network of culturally competent programs and services to empower and promote the development of healthy families and communities.”³

HPRC partnered with the Innovation Learning Laboratory for Population Health,⁴ which uses a human-centered design approach (see Figure 1) to develop innovative solutions that improve the health and wellbeing of families in rural and urban Georgia communities.

The HPRC is led by a Principal Investigator who had been working in the parenting education space for nearly 30 years, both in curriculum development and implementation of standalone parenting programs and in parenting components of youth development programs. Bringing a parent educator perspective to this work, the Principal Investigator identified as a priority the need to design supports and interventions for parents of youth, rather than continuing to focus only on the youth themselves.

Over the past 13 years, HPRC/MSM has led three Tier 1 grants and one previous Tier 2 grant. Throughout this prior work, HPRC/MSM observed that parenting programs and components had not received the same funding or emphasis as had programs focused exclusively on youth, and that few evidence-based parenting interventions, and even fewer parenting interventions focused on reducing unintended teen pregnancy and sexual risks, existed. These factors prompted HPRC/MSM to apply for the OPA TPP Tier 2 Innovation and Impact Network grant, with parents/caregivers as its focus population and its home state of Georgia as the geographic setting.

Figure 1: Four Principles of Human-Centered Design

1. Ensuring that we solve the core, root issues, not just the problem as presented to us (which is often the symptom, not the cause)
2. Focusing on people
3. Taking a systems point of view, realizing that most complications result from the interdependencies of the multiple parts
4. Continually testing and refining our proposals, ensuring they truly meet the needs of the people for whom they are intended

See: <https://jnd.org/the-four-fundamental-principles-of-human-centered-design-and-application/>

² See https://www.msm.edu/about_us/

³ See <https://www.msm.edu/Community/HPRC/index.php>

⁴ See <https://www.msm.edu/InnovationLab/index.php>

Structure of the Statewide Network

For its TPP Tier 2 Innovation and Impact Network grant, HPRC/MSM drew on expertise from its Innovation Learning Laboratory for Population Health and leveraged longstanding relationships with partners in the community and across Georgia to form the **Statewide Network Among Partners for Parents and Caregivers**, known informally as the **Statewide Network**. The goal of the Statewide Network was to form a multidisciplinary team to explore, develop, test, and refine innovative interventions aimed at supporting parents and caregivers in preventing unintended teen pregnancy and STIs.

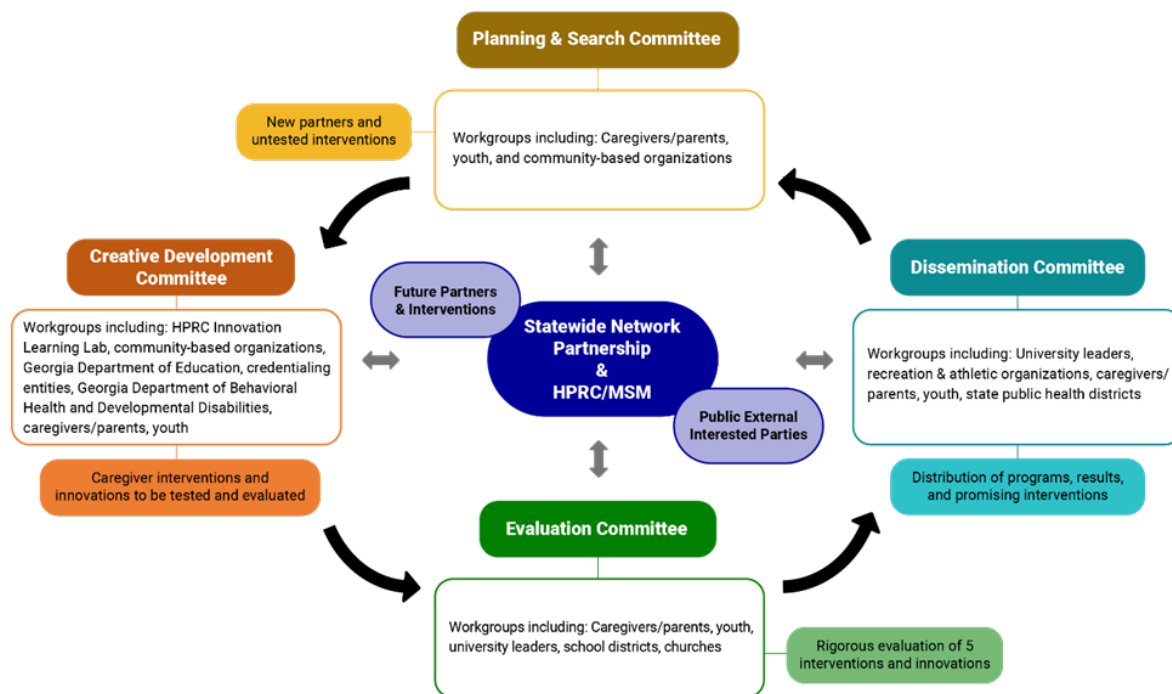
To coordinate this effort, the Statewide Network, led by HPRC/MSM, used a system of four committees—each with its own content expertise—to systematically move interventions through a structured, intentional process, incorporating input from caregivers, youth, experts, and other key community members. The HPRC/MSM Project Director and Program Manager provided project leadership, management, and oversight throughout the project.

The Statewide Network’s four committees aligned with the four main project activities:

- **Planning and Search Committee > Explore** – to understand and address the root causes of unintended teen pregnancy and STIs and take a systems point of view; to identify potential interventions and developers (per human-centered design Principles 1 and 3)
- **Creative Development Committee > Develop, Test, Refine** – to ensure a focus on people (parents/caregivers) and context; to run “prototyping” (creating draft versions of the interventions) and *preliminary* testing (piloting, per human-centered design Principle 4)
- **Evaluation Committee > Evaluate** – to support prototyping and testing (per human-centered design Principle 4); ultimately, to prepare developers and their interventions for rigorous evaluation
- **Dissemination Committee > Disseminate** – to elicit feedback and input from broader audiences about how interventions fit the needs of parents/caregivers and to further develop a definition of parenting (supporting a systems perspective) during testing and refining; to share insights and findings from the Innovation Network approach

The Statewide Network’s structure is depicted in Figure 2.

Figure 2: The Statewide Network Structure



Adapted from an HPRC/MSM graphic for its TPP20 application.

In keeping with the second principle of **human-centered design**, HPRC/MSM built a team that represented the people and priority area (i.e., parents/caregivers of teens) the interventions would serve. As such, members of the Statewide Network and its four committees included subject matter experts across a broad range of prevention domains, parents/caregivers, youth, community members, community leaders, and intervention developers with varying types of experience developing interventions for youth and caregivers. Developers included a pastor, university faculty, positive youth development professionals, and parenting experts.

Corresponding to the Statewide Network’s four committees, Network members represented experts in (1) identifying suitable teen pregnancy prevention interventions/curricula and developers, (2) creative development, (3) evaluation, and (4) dissemination. Committee leaders, the Project Director, and the Program Manager co-led the Statewide Network (henceforth referred to as **Network leadership**). Each committee had its own workgroups, comprising caregivers, youth, content area experts, and community members. The Creative Development Committee’s workgroup included experts in teen pregnancy prevention, community providers, parents/caregivers, and youth.

The Statewide Network’s philosophy included setting clear expectations; convening frequent, structured meetings and workshops; periodic individual check-ins with leadership; orientation and professional development; and ongoing customized technical assistance to individual developers. Network leadership made sure to identify and address the needs of individual developers, but they also maintained a community of practice, providing opportunities for developers to learn from one another and from other experts and participants within the Statewide Network.

Committees Working Together

The Statewide Network's original plan had only the Project Director and the Lead Evaluator overseeing intervention design and development. However, as the project evolved, the committee leaders worked so collaboratively with one another that both the Evaluation Committee and the Creative Development Committee ended up playing important roles.

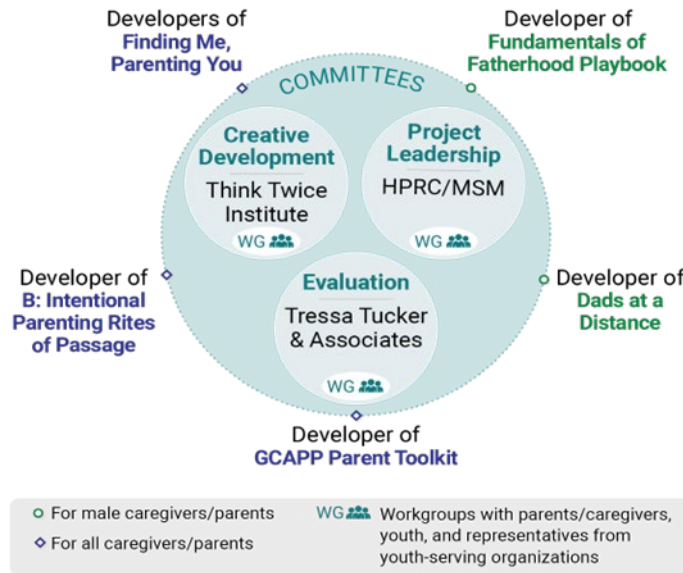
The Planning and Search Committee was charged with identifying new partners and stakeholders (community members and those working with parents/caregivers in the community) to expand the Statewide Network and host an annual training for it. The Planning and Search Committee invited prospective developers of interventions to participate.

The selected developers then began working with the Creative Development Committee. With the help of HPRC/MSM, this Committee facilitated the Promising Parenting Practices Innovation Academy (PPPIA), a seven-module innovation bootcamp, described later. The Evaluation Committee worked closely with Network leadership to integrate the key aspects of evaluation that support development: aligning an intervention design with a theory of change and a logic model and defining desired outcomes aligned with the logic model. The Evaluation Committee designed pre- and post-test surveys to measure changes in awareness, knowledge, and skills among participants recruited to receive the interventions during testing and evaluation. The Evaluation Committee also convened focus groups to solicit formative feedback from those participants. Then it worked with the Creative Development Committee to help developers interpret results of the testing and incorporate the feedback to refine their interventions. Collaboration among the Creative Development Committee, the Evaluation Committee, and the developers continued throughout testing and refining.

Along the way, a few of the original developers opted out of the project, but seven remained in contact with the Statewide Network to the end of the third (final) year; two of the seven were ready for further innovation testing; two more were preparing for external efficacy testing; and one had entered rigorous evaluation at the end of the funded period. This case study focuses on the five developer teams and their interventions that were preparing for external evaluation by the end of the funded period.

As shown in Figure 3, the HPRC/MSM team approached intervention development as an ongoing iterative and collaborative process that included the Creative Development and Evaluation Committees, project leadership, workgroups, and developers.

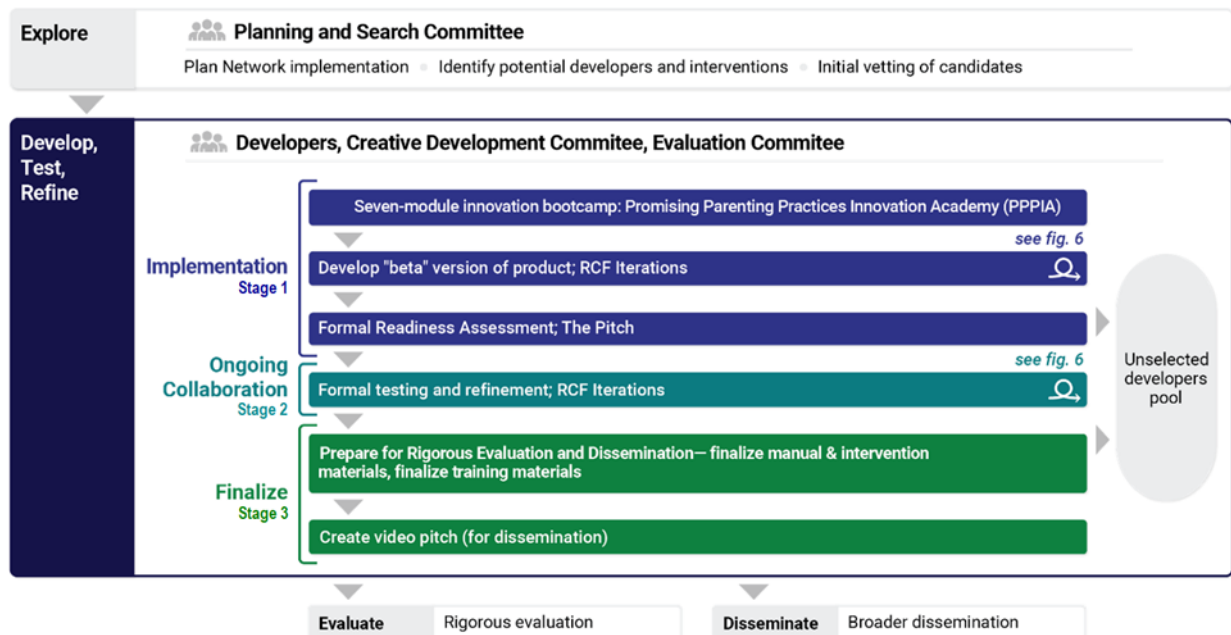
Figure 3: Intervention Development as a Collaboration



The Statewide Network’s Process

As shown in Figure 4, once the Planning and Search Committee had identified and vetted potential developers and their interventions (the figure’s **Explore** activity), those selected began the core activity of the project: **Develop-Test-Refine**, which itself had three stages.

Figure 4: The Statewide Network’s Process



RCF= Rapid Cycle Feedback

First was the **Implementation** stage, which included the Orientation and the PPIA innovation bootcamp. In this stage, the Creative Development Committee encouraged the developers to move their intervention concepts or products through iterative cycles of receiving feedback from both experts and workgroup members with lived expertise including youth, parents/caregivers, and representatives from youth-serving community organizations.

Developers who completed the Implementation stage moved on to the **Ongoing Collaboration** stage, which involved more formal testing and refining of the intervention developed in the previous stage.

During the **Finalize** stage, the Statewide Network provided one-on-one consultations in workshops aimed at helping each developer finalize its manuals and training materials. Doing so would make the intervention accessible to others and prepare the developer's intervention for future rigorous evaluation of effectiveness (the figure's **Evaluate** activity).

Throughout Develop-Test-Refine, the Statewide Network provided opportunities for hands-on learning, feedback, and dissemination. This included regularly scheduled meetings with significant time devoted to workshops where developers designed, piloted, and refined their interventions. Within each stage, developers had multiple opportunities to try out their interventions and receive feedback. In addition, the Statewide Network supported members in publicly presenting their interventions (that were still under development) in small venues and larger conferences (the figure's **Disseminate** activity).

These process components are described in more detail below.

Explore Activity

Explore



Planning and Search Committee

Plan Network implementation • Identify potential developers and interventions • Initial vetting of candidates

The Statewide Network was charged with identifying suitable interventions or prospective developers of interventions and inviting them to participate. HPRC/MSM intentionally invited participation from developers with a range of characteristics, including those with:

- Content knowledge of teen pregnancy prevention; experience in helping parents develop parenting knowledge and skills
- Expertise in intervention development
- Experience with rigorous evaluation, preparation for such evaluation being one of the goals of the Tier 2 Innovation and Impact Network grant.

This initial search yielded 13 developers or prospective developers who entered the Develop-Test-Refine Implementation Stage. Others – those whose interest was in parenting of young children (rather than of adolescents), those who were not interested in developing an intervention aimed at preventing teen pregnancy, and those who were not willing to design an inclusive (racial, ethnic, ability, gender identity, sexuality) intervention were screened out.

Develop-Test-Refine, Implementation (Stage 1)



Orientation

To start intervention development, HPRC/MSM hosted a day-long expectation-setting Orientation for developers. Expert-led sessions covered theories of change, cultural competencies, systems thinking, trauma-informed care, LGBTQ+ inclusivity, human-centered design, youth and parent engagement, and evaluation. This orientation served as an overview of content developers would be expected to incorporate in their interventions. The following sessions began with an orientation to the *design process*.

Promising Parenting Practices Innovation Academy (PPPIA)

That high-level orientation helped set the stage for the PPPIA, a 14-week bootcamp in which the team helped developers work through developing their intervention. HPRC/MSM and the Creative Development Committee co- led the PPPIA, with Evaluation Committee members and other experts leading some modules. One week the team introduced a new topic; the next week would be a workshop session where developers could practice the new topic and receive coaching and technical assistance as needed (Figure 5). For example, when the developers learned about incorporating opportunities for active learning and some of the different ways of incorporating them into intervention designs (such as conversation pairs, discussion sessions, games), then in the practice time, developers would devise active learning activities to include in their intervention.

This Implementation stage of development involved two or three rapid cycle feedback iterations, where the developer would try out its in-progress intervention (that was still under development) with participants from its target audience (parents/caregivers and youth). These **rapid cycle feedback (RCF)** iterations allow rapid formative evaluation of materials and involve systematic design, implementation, testing, and review of results and feedback from participants. Using multiple rapid cycle feedback iterations allows developers to get multiple rounds of timely information needed to refine (or redesign) their interventions with feedback from participants.

Figure 5: PPPIA Modules

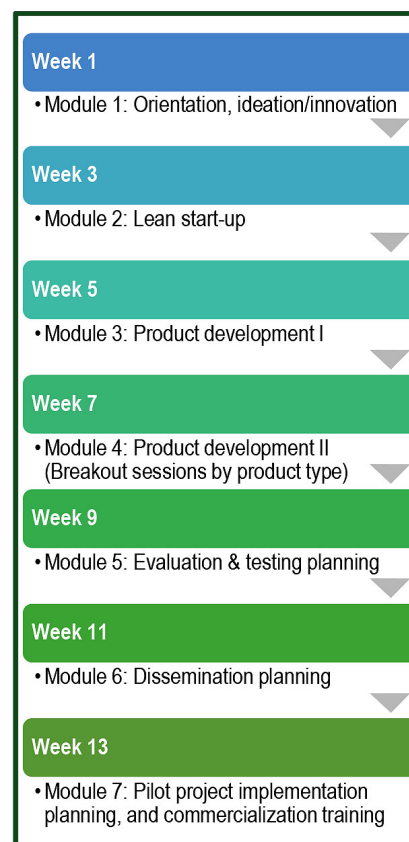


Figure 6: Sample Rapid Cycle Feedback (RCF) Model



Notes: RCF 1 = Rapid Cycle Feedback Iteration 1; RCF 2 = Rapid Cycle Feedback Iteration 2, RCF 3 = Rapid Cycle Feedback Iteration 3

In early cycles, testing consisted of focus groups aimed at eliciting participants’ experience of receiving the intervention. Participants provided feedback on which kinds of activities they found useful, enjoyable, meaningful (such as hands-on activities, role-plays), and they provided suggestions about other activities they thought could improve the intervention (such as more group discussion time).

At the end of the PPPIA’s final module, developers were expected to have developed a “beta” version of their product developed with support and feedback in the workshops from peers, experts, and prospective audience members (parents/caregivers and youth).

Readiness Assessment

Each developer had to complete a one-page Readiness Assessment (see Appendix B) created by Network leadership as part of the Implementation stage. The developer also had to produce a logic model for its intervention, for which most developers required support from the Evaluation Committee.

The Pitch

Finally, to continue to the next stage, developers had to deliver a brief presentation to a panel of expert judges (from the Statewide Network), who evaluated the beta versions of their products with the supporting materials. The panel of judges employed a rubric, awarding points for each of seven categories (see Figure 7).

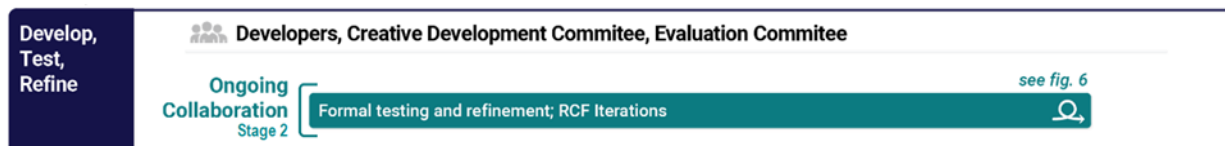
Developers that did not score highly enough to continue to the Ongoing Collaboration stage were encouraged to remain part of the project, continuing to work with the Creative Development Committee to improve their product and then pitch again. Some developers dropped out along the way, finding the workload to be greater than they had anticipated or encountering difficulty in convening participants in the way they had hoped. For example, one developer had

Figure 7: Innovator Pitch Judges’ Rubric Categories

1. Problem and Solution Identification – clearly identified, related to parenting practices and adolescent health (20 points)
2. Value Proposition – value of product, related to intended population and audience (10 points)
3. Business Model – describe product and explain how it will be successful (10 points)
4. Prototype & Current Status – viable product exists, demonstration, testing results (30 points)
5. Team – introduction, composition, experience (5 points)
6. One-page Pitch Overview (5 points)
7. Overall – innovation, originality of idea, creativity, use of technology, clear presentation, adherence to time limit (20 points)

hoped to bring together adults and their adolescent children in schools in the evening but discovered it was not feasible with pandemic restrictions. As one developer who continued noted, “We went through, I think, eight weeks of that. Now I really thought I was in school then!”

Develop-Test-Refine, Ongoing Collaboration (Stage 2)



Developers who made it through the pitch entered a stage of more intensive RCF iterations, where each cycle includes formal testing (pretest, posttest, and follow-up surveys to measure changes in participants’ awareness, knowledge, and skills) rather than just focus groups.

The Statewide Network, with help from project leadership, recruited new participants for each cycle—which was challenging while COVID-19 pandemic-related social distancing restrictions were in place—and the Evaluation Committee implemented a pre-test, post-test, and follow-up survey for each cycle, as well as participant focus groups and interviews with intervention facilitators. The Evaluation Committee shared results with developers and with the Creative Development Committee, and they continued the collaboration until final products were ready for rigorous external evaluation.

Of the seven developers that continued in the project to the end of the third year, five of their interventions entered the last, Finalize stage.

The two-stage testing and refining process implemented by the Statewide Network emphasized collaboration, learning through doing, listening to participants’ feedback, and using feedback to inform redesign. Following human-centered design principles, focusing on people and their context was paramount. The Statewide Network’s process provided developers with many opportunities to test their interventions and receive constructive feedback from content experts, youth, and caregivers—the intended intervention participants.

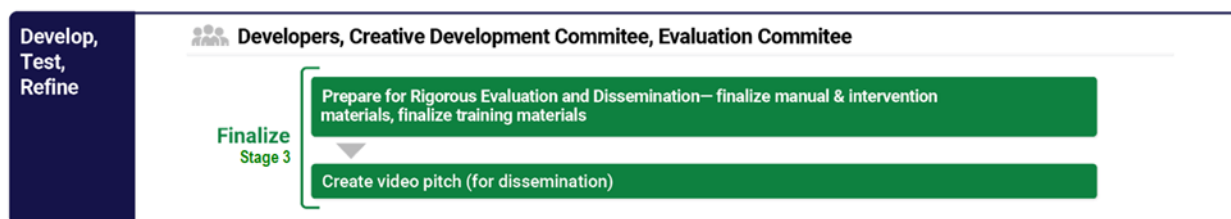
This stage had seven steps with multiple built-in iterations:

- Step 1.** Developers submitted their intervention designs to the Creative Development Committee for review. The Committee’s workgroup included experts in teen pregnancy prevention, community providers, parents/caregivers, and youth. The Committee leaders met with the developer to review feedback, and the developers chose whether and how to incorporate suggested changes.
- Step 2.** The Evaluation Committee recruitment partner recruited a group of participants (parents/caregivers, and youth if applicable), and convened the first session of the intervention. Prior to the start of the session, the Evaluation Committee’s assessment team administered a pre-test survey to participants and collected basic demographic information. The pre-test also included items aimed at measuring participants’ knowledge and awareness of teen pregnancy prevention, attitudes, beliefs, parenting practices, and self-efficacy.
- Step 3.** Developers implemented their full intervention.

- Step 4.** At the end of the intervention’s last session, the Evaluation Team administered a post-test survey (mirroring the pre-test) and collected contact information for follow-up. The Evaluation Team also conducted a focus group discussion with participants to measure satisfaction with the intervention components and elicit suggestions for changes. One month later, the Evaluation Team sent a follow-up survey to all participants. These follow-up surveys sought to discover the extent to which participants had been able to apply the intervention content to their lives and communication with their teens.
- Step 5.** The Evaluation Team compiled results for each intervention and shared them in meetings with the Creative Development Committee and each developer.
- Step 6.** Over the course of the next month, each developer could request ad hoc meetings with the Creative Development Committee as the developer refined the intervention. HPRC/MSM convened a monthly network meeting at which Network members (committees and developers) could share common challenges and successes. These meetings were an opportunity for developers to get peer feedback and input, which developers said they valued highly.
- Step 7.** The cycle began again, where the Creative Development Committee continued to provide feedback on the refined intervention, the Evaluation Committee recruitment partner recruited, the developer implemented the intervention with a new group of participants, and the Evaluation Team conducted another round of pre- and post-testing, focus groups, and follow-up testing.

The number of cycles each developer went through depended, in part, on the length of the intervention. For example, the online intervention, with only two in-person sessions, implemented in many more cycles than the other interventions. Another intervention, designed to be delivered over eight hours in a single Saturday, was also able to implement more cycles than a developer whose intervention was designed to be delivered in six weekly sessions. Most developers were able to do two or three cycles in each stage (Implementation stage, Ongoing Collaboration stage).

Develop-Test-Refine, Finalize (Stage 3)



In the Finalize stage, the Statewide Network provided one-on-one consultations in workshops aimed at helping each of the five developers that made it through the previous stage to finalize manuals and training materials that would make the intervention accessible to others. As part of this, the Creative Development team also helped developers create a video pitch that could be used in the OPA Showcase or another dissemination venue. Two developers completed this. The Evaluation Committee, the Creative Development Committee, and developers continued

their collaboration until final products were ready for rigorous evaluation under a future funding opportunity.

How the Statewide Network Supported Developers

The needs of developers varied depending on what skills and knowledge they brought to the project. The Statewide Network provided support to all developers, customized as needed; developers also supported one another's growth. The Statewide Network provided four types of supports from which developers could benefit based on their needs (Figure 8). Appendix A provides examples of how the Statewide Network assisted developers with various degrees of experience.

Network Structure

Clearly defined responsibilities across the Statewide Network and a highly structured, regular process provided support that developers could count on.

Each committee had its own content domain for which it was ultimately responsible, but all committees collaborated with one another and with developers over the life of the project. The Statewide Network held frequent meetings that included time for training, technical assistance, and workshops so that developers continued learning and had dedicated time to work on designing and then refining their interventions. Network leadership and committees held regular periodic check-ins with each developer to maintain clear channels of communication and to troubleshoot as needed.

Network Support

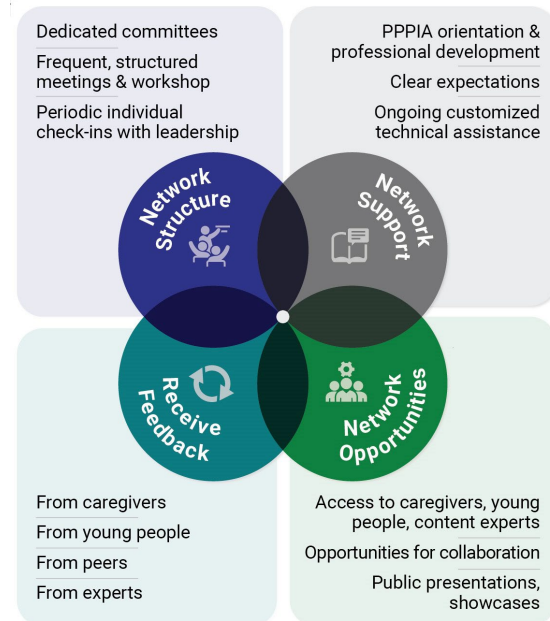
The HPRC's experience with human-centered design and with supporting innovation made it especially effective at designing the PPPIA, which helped provide developers with a clear understanding of the principles underlying intervention development and making them ready for dissemination and rigorous evaluation.

The Statewide Network set and maintained clear expectations for members and provided ongoing technical assistance customized to the individual developers' needs.

Network Opportunities

Because each committee included caregivers, young people, and content experts, developers were able to get input from them, over time, to inform the design and refinement of the

Figure 8: Four Types of Network Support for Development, Testing, and Refinement



"Knowing the purpose...the type [of your intervention]... if your intervention is going to be a curriculum, is it going to be a practice, a strategy, or is it going to be an app? You learn to set...the goals of the intervention; I felt like going through what we went through was very helpful."

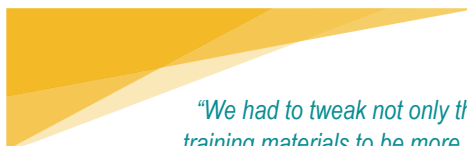
Developer who completed the PPPIA

interventions. The Statewide Network provided many opportunities—in virtual meetings, in-person meetings, workshops, presentations—to collaborate with and get input from other Network members, including peer developers.

The Statewide Network also provided opportunities for developers to disseminate information about their intervention to network members first, and later more broadly through conferences and showcases. From each of these opportunities, developers were exposed to other perspectives on their work, which they reported was very helpful.

Receive Feedback

The Statewide Network helped developers feel comfortable receiving feedback and incorporating suggestions into their work. It did that by offering many low-pressure opportunities to receive feedback, by offering suggestions in a constructive and non-judgmental way, by not requiring developers to incorporate suggestions offered, and by being willing to meet developers where they were.



“We had to tweak not only the logic model, but the training materials to be more inclusive. Because we don’t want to shut off one of the participants, one of the young people, because we’re not reaching them, because we’re stuck in some type of framework that doesn’t include them.”

Developer in the Statewide Network

In the Network opportunities described above, developers received feedback from caregivers and youth—the intended population of interest—as well as from experts and peer developers in the Statewide Network. Several developers reported seeking feedback from their peers outside of the Statewide Network, as well.

Obstacles Encountered by Developers

Network leadership and developers described four kinds of challenges in completing their work:

Limited Experience. The Statewide Network invited developers with a range of experience and expertise to participate and then customized the support provided to developers accordingly. Developers that came to the project with less experience in developing interventions reported feeling that they benefited the most from the structures and supports built into the Statewide Network. Similarly, developers with less experience in preparing for rigorous evaluation benefited from the Statewide Network’s guidance in articulating the theory of change of their intervention and developing a logic model. Not all developers began with deep knowledge of teen pregnancy prevention or of parenting, but the Statewide Network provided support, through the PPPIA, subsequent professional development, customized technical assistance, and expert consultation as needed, so that developers gained the expertise needed to incorporate appropriate content in their intervention.

Competing Commitments. Nearly all developers encountered challenges in balancing competing time commitments. The Statewide Network demonstrated flexibility, but some developers were not able to continue in the network due to time constraints.

Short Time Frame. Grantees had three years from start to finish, including a planning period, to complete this work. All participants interviewed said that the time frame seemed very short to accomplish so much. Moreover, some developers began in the second year of the grant period and others began in the third year, leaving them even less time to complete their intervention. The Statewide Network's intensive structure might have mitigated this time pressure somewhat, helping move participants through the stages at a steady pace; but the intensity might also have pushed others out.

Recruitment. Projects found recruitment to be a challenge throughout. Initially, the COVID-19 pandemic restrictions made it very difficult to find people and/or settings in which to pilot interventions. Once restrictions were lifted, difficulties in recruitment remained. However, the Network leadership expanded the recruitment responsibility to all Committees to assist in recruitment. This strategy was very successful, given the extensive reach of each organization's connections with parents, caregivers, and service providers to aid in recruitment.

The Takeaways

The Statewide Network designed and implemented an ambitious approach to supporting developers with a range of prior experience in intervention development. The project created innovative interventions in a tight time frame aimed at helping caregivers prevent unintended pregnancy and STIs in their adolescent youth. Developers were supported by a highly qualified team with expertise in supporting human-centered design innovation, including rapid cycle feedback, positive youth development, parenting and parent development, adolescent health and teen pregnancy prevention, and evaluation. The team built a structure and a process that supported both responsible management and innovation and resulted in a suite of teen pregnancy prevention interventions that are ready for rigorous evaluation. Although the timeline and workload were demanding, all of the developers interviewed said that they would do it again if they had the opportunity.

Even developers with prior intervention development experience found that participating in the Statewide Network was helpful. Several said they learned a lot about making materials and activities inclusive, the kinds of cultural products that resonate with today's youth, and adult learning. All of the developers responded to feedback from parents/caregivers urging them to reduce the total time and number of sessions and to include more group discussion time for parents/caregivers.

The examples described above further illustrate the diversity of experience and thought of Network members and shows how a dynamic and flexible approach to testing and refining, with multiple rounds of RCF and opportunities for feedback from Network members—peers, partners, and intervention participants—was necessary. They also highlight the value of the Statewide Network's approach in that, within the three years of grant funding, five developers were able to take their interventions to a point where they were ready to be rigorously evaluated.

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Suggested citation: C. Layzer, T. de Sousa, R. Roy, and K. Francis, with E. Elmudesi and C. Roddey. (2024). *Testing and Refining Innovative New Interventions to Prevent Teen Pregnancy – A Case Study. Morehouse School of Medicine, Health Promotion Resource Center: Statewide Network Among Partners for Parents and Caregivers*. Washington, DC: Office of Population Affairs, Office of the Assistant Secretary for Health, U.S. Department of Health, and Human Services.

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 A: The Statewide Network in Action

This appendix provides three examples to highlight how the Statewide Network accommodated, supported, and challenged each developer according to the characteristics and skills it brought to the Statewide Network. Two exemplars are experienced developers; one is not. The icons correspond to Figure 8 to indicate which of the four types of support the developer received from the Statewide Network.

Experienced Developers

Developers that came with expertise in intervention or curriculum development, teen pregnancy prevention, or an existing intervention required slightly less support and followed a slightly different path than new developers did. Experienced developers focused first on what innovations would be needed to ensure that their intervention would specifically help parents reduce adolescent children's risk of STIs and unintended pregnancy.

Figure 9: Experienced Developer Exemplar



Georgia Campaign for Adolescent Power and Potential (GCAPP)

Intervention: GCAPP Parent Toolkit (<https://www.gcapp.org/toolkit/>)

Brief Description: The Parent Toolkit is an online resource that can be accompanied by two in-person group sessions (see website for more information). It provides practical information to help parents navigate topics and situations that all families face, including ones that are hard to talk about. It includes testimonials from parents; factual information about adolescent health and wellness topics including STIs, healthy relationships, human sexuality, dating, and mental health; and tips on how to talk with teens about each topic. The Parent Toolkit is available for download, free of charge.

Prior to Being Involved in the Statewide Network: GCAPP had created an online resource for youth aimed at preventing unintended pregnancy and reducing STIs. The challenge for GCAPP was to modify the toolkit to make it suitable for parents/caregivers.

Feedback Received: Parents and caregivers wanted practical information in written form and examples of how to apply the information in conversations with their teens. Parents and caregivers also wanted group discussion time where they could share experiences and ideas with other parents.

Refinements Implemented: GCAPP added video examples, readings, peer leaders in the in-person sessions, and group discussion sessions.

Status: GCAPP Parent Toolkit is currently being rigorously evaluated under the 2023 OPA TPP Tier 2 grant for rigorous evaluation.


Value-Add of the Statewide Network: Although GCAPP had all of the key characteristics that support successful TPP innovation, it is also a larger, more established organization and so might have had more competing demands for its attention than would a smaller entity. Being in the Statewide Network gave GCAPP a structure and a process whereby it could receive constructive feedback and support in testing and refining the toolkit.

GCAPP initially developed a Toolkit for teens. Having already developed and tested that similar product was an advantage. Being part of the Statewide Network's innovation process provided GCAPP with an opportunity to get feedback from parents/caregivers and learn about how to transform its intervention to be a good fit for adults.

Less Experienced Developers

Some developers began the Statewide Network process with an idea but were missing one of the other characteristics, such as experience developing interventions/curricula, experience with teen pregnancy prevention, or experience with rigorous evaluation. These developers arguably benefited the most from the Statewide Network's support.

Figure 10: Less Experienced Developer Exemplar

**Good Deeds Ministry**

Intervention: Fundamentals of Fatherhood Playbook (<https://fathersandsonsplaybook.com/>)

Brief Description: The Fundamentals of Fatherhood Playbook uses the fundamental skills, drills, and practices of basketball as a metaphor for engaging fathers and sons in communication about “what it means to be a man and a father, good decision-making as it relates to health, relationships, sexual health, and overall adolescent health. The Playbook helps sons learn to seek their father’s guidance and consult them as a resource on sex and relationships, contraceptive use, and risk reduction.” The Playbook’s five modules are implemented by a trained facilitator in a retreat setting; the intervention was piloted in three modes: in all-day retreats, over Zoom, and in overnight retreats with recreational activities.

Prior to Being Involved in the Statewide Network: The developer had experience in working with adults and young adults to navigate the challenges of life, and in holding spiritual retreats, but did not have experience in developing interventions, in teen pregnancy prevention content, or in rigorous evaluation. The developer had hoped to use a retreat-based format, but that was not an option during pandemic-related social distancing.

Feedback Received: Revisit the retreat format. Make the activities more interactive to increase participation. Reduce the number of modules. Focus on fathers and sons/teens. Make it like a playbook. The process also encouraged the developer to seek feedback and input from his peers outside of the Statewide Network, particularly about how best to support fathers.

Refinements Implemented: Following a suggestion from a peer in the Statewide Network, the developer used the format of a sports playbook for the curriculum. The developer shortened the playbook from eight modules to five and replaced some content with content more focused on teen pregnancy prevention. The developer also revisited the original idea of a retreat-based format, which had been infeasible during pandemic-related social distancing restrictions, and designed retreats for this intervention. The developer did not implement a suggestion to limit participation to fathers and sons (i.e., not including grandfathers or coaches).


Status: Fundamentals of Fatherhood Playbook is ready for external efficacy evaluation.

Value-Add of the Statewide Network: Developing an intervention from scratch is a major feat, requiring extensive time and effort. To develop a strong, engaging intervention in such a brief time is a testament not only to the developer’s skills and perseverance but also to the power of the Statewide Network’s structure and its members’ commitment to supporting all of the members through the process. This developer, newer to intervention development, also began seeking feedback and input on this intervention from professional peers.

Experienced Developers with a Different Content Focus

Some developers began the Statewide Network's process with an intervention geared at parents and caregivers, but either had a different focus (e.g., geared at parents of young children) or lacked the specific teen pregnancy prevention content focus (e.g., focused on positive youth development broadly). Like new developers, they had to begin with proof of concept and rely on the support of the Creative Development Committee to create a new intervention specific to helping parents reduce adolescent children's risk of STIs and unintended pregnancy.

Figure 11: Experienced Developer Exemplar II



HPRC/MSM and A Catalyst for Change Training & Development, Inc.

Intervention: Finding Me, Parenting You (recently renamed Parenting Ain't Easy)

Brief Description: Finding Me, Parenting You is a culturally competent, six-session curriculum for African-American parents/caregivers of teens ages 13 to 18. The first sessions focus on the parents'/caregivers' own development and needs, and the second half of the program focuses on parenting and teen sexual health. The program helps parents/caregivers discover the importance of developing and maintaining positive relationships as individuals and as parents of adolescents. The curriculum is designed to be used with men or women, with parents, grandparents, or whoever is caring for youth in the home.

Prior to Being Involved in the Statewide Network: The developers had experience in developing and implementing parenting interventions, TPP interventions, and being part of rigorous evaluation. The intervention they brought to adapt in the Statewide Network was aimed at parents of young children.

Feedback Received: Reduce length. Update the information, resources, and references. Make it age-appropriate (i.e., for parents/caregivers of teens rather than young children). Replace one of the vignettes.

Refinements Implemented: Reduced from eight to six modules and shortened length of modules. Added an alternative story/vignette; removed some outdated vignettes. Updated information, resources, and references.

Status: Finding Me, Parenting You is ready for external efficacy evaluation.

Value-Add of the Statewide Network: In collaboration with the Creative Development and Evaluation Committees, these experienced developers were able to test and refine their curriculum, updating it and making it relevant for "21st century parenting," where parents' and guardians' messages must compete for attention with social media and other real-world influences.

In addition to the examples above, three developers that had a history of working with adults and youth in transformative ways—a charismatic leader and speaker, a counselor/therapist/youth services professional, and a former K-12 teacher now university professor—each developed an intervention aimed at engaging caregivers and youth in teen pregnancy prevention interventions:

Dads at a Distance is a three-session, four-hour curriculum that aims to engage fathers, male caregivers, and mentors with youth to promote positive attitudes and behaviors related to TPP.

Its sessions are designed to support caregivers in learning how to communicate about sex with the adolescents in their lives. The refinements that the developer implemented in response to feedback were to shorten the curriculum and include more group discussion time. This intervention is ready for further innovation testing.

Youth Empowering Parents (YEP) involves youth in presenting a skit on teen-parent communication about teen pregnancy prevention. The intervention includes two follow-up parenting-focused sessions. In response to feedback, the developer further expanded the skit and added the two parenting sessions. This intervention was delayed in piloting due to constraints associated with the COVID-19 pandemic restrictions.

The B: Intentional Parenting Rite of Passage is a four-phase experience in which parents are guided through a rite of passage ritual to support growth in their parenting practices. The curriculum is steeped in Ghanaian culture, is culturally sustaining, and nurtures intentional parenting practices. As part of the refinement process, the developer reviewed images, symbols, and pictures; shortened the curriculum; and was urged to use graduates of the program as mentors. This intervention is ready for further innovation testing.

Other developers paused or stepped away from the Statewide Network. For example, prior to the grant, Generations Initiative had been convening online, self-paced faith-based sessions for African-American parents, focused on parent involvement in teen pregnancy. They began, but they did not continue their involvement in the Statewide Network.

Appendix B: Readiness Assessment

MSM SNAPP EVALUATION PHASE I RUBRIC

Evaluation Criteria	Scoring	Met/Not Met (3 or above – Met)	Comments
	Excellent – 5, Above Average – 4, Average – 3, Below Average – 2, Very Poor – 1		
<p>Program Need</p> <p>Does the intervention address needs for parents/caregivers?</p>			
<p>Program Fit</p> <p>How does the target population feel about the intervention?</p> <p>How does the target population respond to the intervention?</p>			
<p>Program Merit</p> <p>Does the intervention sufficiently and realistically address teen pregnancy?</p> <p>Does the intervention sufficiently address one or more aspect of parenting or of caregiving?</p>			
<p>Program Feasibility</p> <p>Can the intervention be implemented and completed the way it is intended?</p> <p>Are the goals/objective and outcomes reasonable?</p> <p>Sufficiently Staffed?</p> <p>Staff are trained and implement with quality?</p> <p>Are implementation materials developed?</p>			

Source: Tressa Tucker & Associates, LLC

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