



**OASH**

Office of  
Population Affairs

# Executive Summary: Delivering Evidence-Based Programs to Prevent Teen Pregnancies and Support Adolescent Health

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IMPLEMENTATION OF THE TPP20  
OPTIMALLY CHANGING THE MAP FOR TEEN  
PREGNANCY PREVENTION GRANTS

*November 2024*

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**HHS Office of Population Affairs**

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## PURPOSE STATEMENT

In this executive summary, we present the main findings from an implementation evaluation of the 62 grantees awarded *Tier 1: Optimally Changing the Map for Teen Pregnancy Prevention* grants under the federal Teen Pregnancy Prevention (TPP) program. The goal of these grants (awarded in July 2020 or July 2021 through June 2023) was to make a positive impact on adolescent health and reduce rates of unintended teen pregnancy and sexually transmitted infections (STIs) by saturating communities and populations with the greatest need—that is, those with relatively high rates of teen pregnancy and STIs—through a systems thinking approach to replicate evidence-based programs and provide supportive services. The U.S. Department of Health and Human Services, Office of Population Affairs (OPA) sought to understand: (1) how grantees implemented the TPP20 Tier 1 grant strategy; (2) the factors that influenced implementation; (3) what challenges grantees encountered; and (4) what factors facilitated their success in developing and implementing a systems-thinking approach to prevent unintended teen pregnancy and reduce rates of STIs within their selected service areas. For more information, please see the final report on the [OPA website](#).

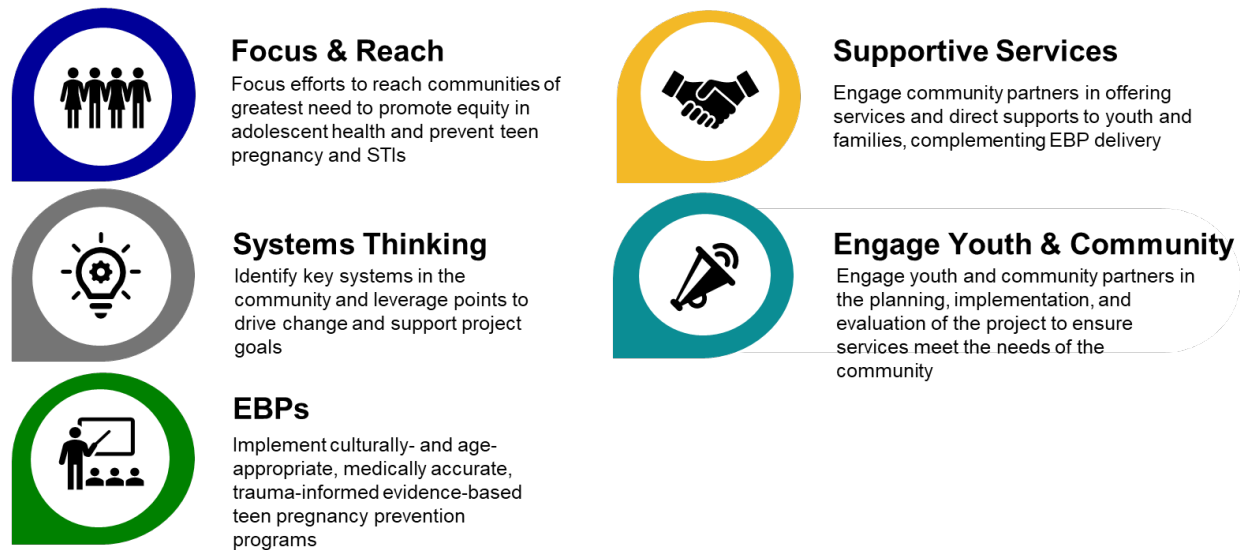
## Executive Summary

### 1.1 Background

In 2020, the Office of Population Affairs (OPA), within the U.S. Department of Health and Human Services, funded 49 organizations through the Teen Pregnancy Prevention (TPP) Tier 1: Optimally Changing the Map for Teen Pregnancy Prevention grants (TPP20 Tier 1 grants). A year later, OPA funded an additional 13 organizations through the same grant program. The goal of these two- to three-year grants (awarded in July 2020 or July 2021 through June 2023) 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 rates of both.

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 ES-1. Key Elements of the TPP20 Tier 1 Grant Approach



- 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

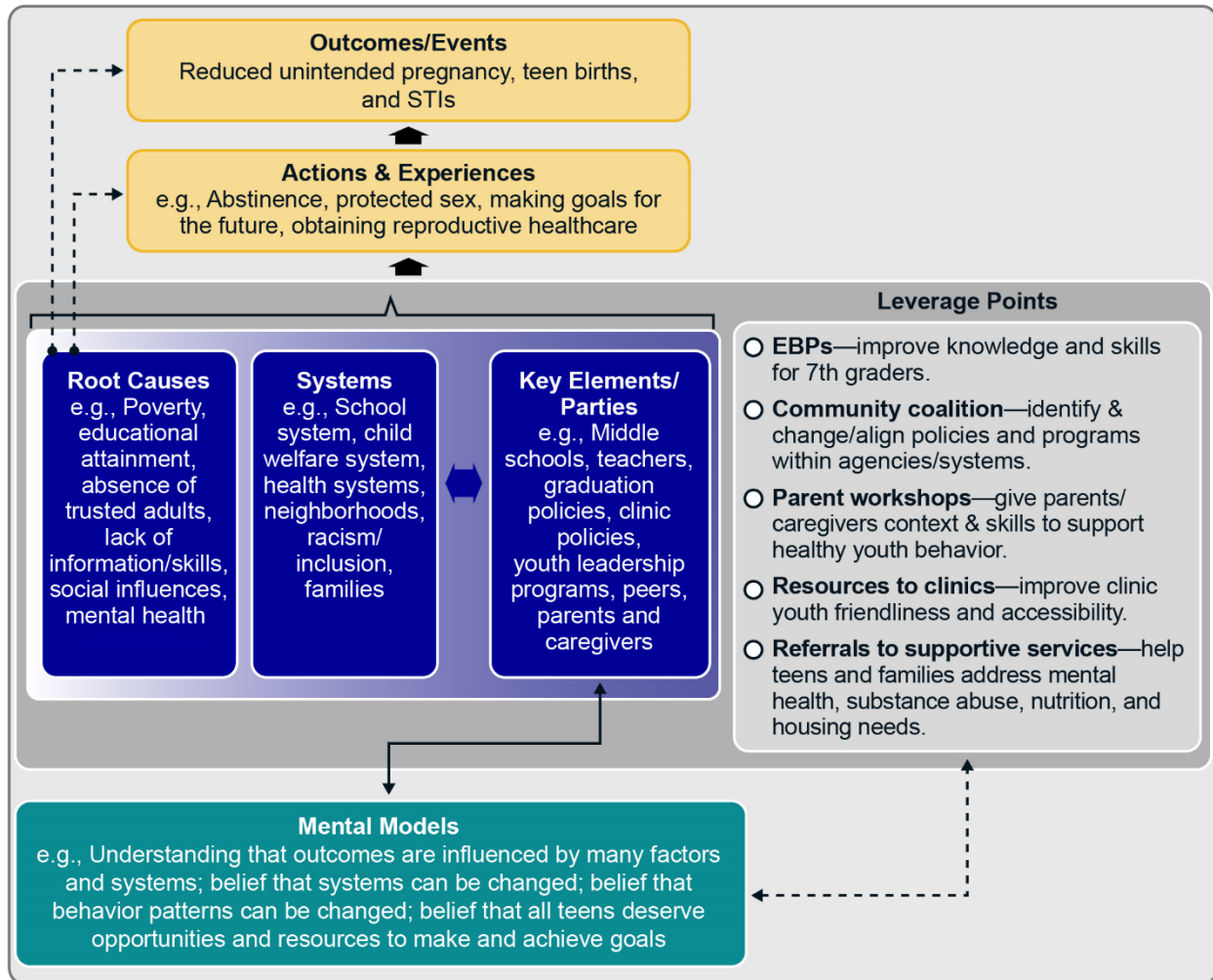
at least 25% of the overall population they had identified as a means of “saturating” the “community” with EBPs.

- **Systems Thinking:** After identifying their overall service area and any focus populations, grantees identified community needs and the **systems** affecting youth. Examples of systems included schools, the healthcare system, and family systems. This systems-thinking approach allowed grantees to further explore existing systems to (1) identify 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. 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 supportive services. Exhibit ES-2 describes the components of a sample systems-thinking approach, with examples of what each component might include.<sup>1</sup>
- **Evidence-Based Programs (EBPs):** Grantees identified **evidenced-based programs with positive impacts on sexual and reproductive health outcomes** 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.

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<sup>1</sup> 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.

Exhibit ES-2. Components of a Sample Systems-Thinking Approach



Overall, **experience and relationships** played important roles in supporting projects. Most grantees chose communities or populations where they had strong, existing connections to partners and service providers, or which were closely tied to their organizational missions. Most also chose EBPs with which the grantee, partners, or community was already familiar with in order to leverage existing experience and knowledge in their network and build on existing trust among settings and communities hosting EBPs.

In strengthening existing collaborations and forming new ones, grantees relied on dedicated individuals. This came in the form of (1) project staff members dedicated to identifying partners and services; (2) single points of contact at school-based and other settings who could advocate for the EBP and coordinate delivery on-site; and (3) local “champions” of the TPP project, such as school nurses, department of health staff, or school board members, who could help projects gain entry to new settings or communities.

## 1.2 The TPP20 Evaluation

In 2021, OPA awarded Abt Global and its partners, Decision Information Resources and Data Soapbox, a contract to evaluate the TPP20 Tier 1 Optimally Changing the Map for Teen

Pregnancy Prevention grant strategy (“TPP20 Evaluation”). The purpose of the TPP20 Evaluation was to understand the factors that influenced implementation; what challenges grantees encountered; and what factors facilitated their success in implementing systems-thinking approaches, replicating effective programs, and connecting youth and communities to supportive services and information to prevent unintended teen pregnancy and STIs.

Between October 2022 and April 2023—during the final year of grants—the study team conducted virtual or in-person semi-structured interviews with all 60 Tier 1 grantees. The study team interviewed staff from each grantee organization and a subset of partner organizations. Study data also included a web-based informational form and a review of OPA grant information.

### 1.3 Key Takeaways

What follows are the key takeaways from the insights grantees and partner agencies provided about the core elements of the TPP projects:

#### **Grantees, Communities, and Community Engagement**

- **Previous grants and related experience helped grantees launch their projects quickly and engage partners widely.** Many grantees had previous funding to support teen pregnancy prevention efforts, which ensured that important community structures and experience were in place for the start of their grants.
- **Projects faced substantial hurdles to both recruiting youth and delivering EBPs in all intended sites, settings, and communities during the COVID-19 pandemic.** During the first two years of the COVID-19 pandemic (which coincided with the first two years of the grant period for most grantees), many projects had to pivot to remotely delivering EBPs designed for in-person implementation. Some sites or settings were unable to host EBPs even after in-person activities had resumed.<sup>2</sup>
- **Community input and involvement were central to project implementation, though makeup and structure of community groups varied in composition and roles.** This included gaining feedback from community or youth groups, parents/caregivers, and the community at large. For example, community advisory group members, who were often from community-based partner organizations, helped grantees avoid “reinventing the wheel” by advising them on existing resources and providing input on community needs, program design, and ways to improve implementation. Grantees also gathered input on project and community needs through key informant interviews or focus groups.

#### **Applying Elements of a Systems-Thinking Approach**

- **For most grantees, systems thinking was a new concept, and one that they incorporated and built on as the grant progressed.** Some had staff members or partners who had experience with a systems-thinking approach, and a few were already implementing approaches based on systems thinking at an organization or community coalition level, such as a *Collective Impact* model for community-level change.

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<sup>2</sup> See Garman et. al. (forthcoming) for more information about program implementation during the pandemic and lessons learned from this experience.



- Grantees' common overall approaches to systems thinking included:
  - *Directly involving multiple partners or formal systems (e.g., healthcare, school, or juvenile justice systems).* This included close collaborations, such as coordinating to recruit participants with system involvement or specific risks, or recruiting organizations to provide feedback and guidance to the project.
  - *Engaging and educating staff, partners, and other community members involved in youth's lives in the concept and language of systems thinking, trauma-informed care, and other topics.*
  - *Focusing on the roles of parents, caregivers, and other trusted adults in the lives of teen participants.* This emphasis incorporated a model of systems thinking based on the different sectors and levels of influence on individuals (e.g., families, peers, youth-serving agencies), to support teens and positively influence their behavior.
- ***Pre-existing experience with and infrastructure for community-level collaboration or systems-thinking approaches were essential to developing comprehensive systems-thinking approaches within the grant period.*** A few grantees already had comprehensive systems-thinking approaches in place. Others were able to use organizational or community partnership experience, connections, and infrastructure to grow a robust systems thinking approach for their TPP projects.
- ***Regardless of their level of experience with systems-thinking approaches, most grantees expressed a positive view of systems thinking overall.*** Some said that it had expanded their understanding of the root causes, people, and agencies with a role in youth health outcomes. Others said it allowed them to make new connections in their communities with the possibility of sustainable change. Those who shared negative views of systems thinking said that it took away resources, time, or social capital needed for implementation or felt like they had insufficient capacity or time to implement an effective approach.

### **EBPs and Settings**

- ***Most grantees selected EBPs with which they, their partners, or their communities were already familiar in order to leverage existing experience and build on existing support.*** Familiar EBPs helped grantees start implementing immediately because some staff were already trained, settings and communities were already accepting of the EBPs, and support within the community was already established.
- ***Some grantees gained support for their EBPs in schools and communities by meeting salient needs that went beyond decreasing unintended teen pregnancy and supporting youth health.*** For example, some grantees selected EBPs that built life skills. Others added training or modules to address needs important to the community, such as disaster preparedness or social media awareness.
- ***Grantees expressed concern about the impact of adaptations needed to deliver EBPs remotely during the COVID-19 pandemic; some found silver linings to remote delivery.*** Grantees were concerned that most EBPs could not be delivered with fidelity online, and that it was harder to engage or support participants virtually. Some projects were able to adapt activities for a virtual setting to better engage youth using

tools on Zoom and other platforms, incorporated online features such as built-in resource guides, crisis hotlines, and the ability to send confidential questions to EBP facilitators. A few projects said that moving to remote delivery allowed them to better reach populations they would not have been able to reach with in-person delivery. This included youth in some community-based settings who could not easily travel and parents who did not necessarily have time to travel.

- **School-based settings, where projects could reach the most participants and achieve the highest retention, were the most common settings for EBP delivery.** However, the majority of projects delivered EBPs in multiple settings and went beyond school-based settings to reach more youth and a variety of focus populations.
- **Frequent communication with setting staff supported implementation.** Projects were able to implement EBPs most smoothly when they had setting partner buy-in or even enthusiasm, and when they had a dedicated point of contact who had volunteered for the role.

### Supportive Services


- **Some grantees delivered one or more supportive services directly to participants; however, most services were referred externally. Typical approaches relied on informal referrals or resource guides.** Grantees identified organizations that could offer supportive services that grantees' focus populations needed, often referring participants to some services outside of their formal partner networks.
- **Some grantees integrated one or more supportive services as core components of their projects.** Several grantees integrated access to reproductive health or healthcare into their projects, and some EBPs included field trips to or visits from youth-friendly healthcare providers. Other integral services included parenting classes, material support, job training or work experience, housing assistance, violence prevention, youth leadership experience, and academic coaching.
- **In general, the pandemic made it harder to deliver services, connect youth to services, and identify the needs of individual youth.** Some youth and communities faced trauma and isolation because of the pandemic and other concurrent events, making it more challenging for the TPP projects to meet their needs. These events also highlighted the need for projects to build more connections to mental health support and treatment.

## 1.4 Lessons Learned

The TPP20 Tier 1 grant program required projects to develop and implement complex, multi-component approaches to prevent unintended teen pregnancy and transmission of STIs—which were sensitive topics in many communities—starting in the early months of a global pandemic that dramatically affected youth, their families, and community institutions. This section highlights key lessons learned as projects worked with staff, partners, youth, and communities to form a clear picture of systems affecting youth outcomes and aimed to address core needs with evidence-based programming and supportive services.



- Developing and maintaining strong relationships with partner organizations, parents, and youth is key to successful implementation.** Strong partners not only served as champions of the program within the community, helping to gain buy-in and trust from implementation settings, parents, and youth; they also helped to remove barriers to implementation and facilitated their ability to respond to changing needs, including adjusting programming modalities and content. For some grantees, forming these strong relationships involved partnering with organizations that had shared goals or mission, engaging in frequent communication, and providing materials and training to incentivize their ongoing participation.



“WE’RE ALIGNING WHAT WE’RE DOING WITH THE NEEDS OF THAT COMMUNITY, BECAUSE THAT’S NOT REFLECTED IN ALL OF US. WE DON’T HAVE—OUR STAFFING AND EVEN WITHIN THE GRANT—WE DON’T LOOK LIKE THE STUDENTS THAT WE SERVE. SO IT’S IMPORTANT THAT WE GATHER THAT INFORMATION.”

Grantee
- Engaged, dedicated staff facilitate EBP delivery, community support, and youth engagement.** Having staff who are mission driven, have roots in the community or similar backgrounds to community members, and foster a supportive organizational culture was a common facilitator of success. Among projects where grantee staff delivered the EBP programming directly, several noted that having skilled, approachable, and knowledgeable facilitators was critical to building trust, garnering youth engagement in the EBP programming, and receiving honest feedback from youth.
- Early and ongoing transparency and community engagement help smooth project delivery and build community support.** Open communication about the TPP project and EBPs and designing programming in response to community needs and feedback helped grantees deliver appropriate programming and earn community support.
- Parents and caregivers can be a challenging but essential part of the community to engage to build acceptance of EBPs and help support youth beyond the EBPs.** Parents were often one of the main obstacles grantees had to overcome in getting youth into their programs. Though some grantees offered parent/caregiver workshops and programming on developmentally appropriate ways to talk to their children about pregnancy prevention, relationships, and STIs, several more grantees said they wished they had included this component so that parents could continue the conversations with youth at home.
- The grant was not long enough for grantees to accomplish everything in the TPP20 Tier 1 grant strategy.** Grantees’ project start-up periods often lasted six to eight months, which cut into their ability to serve the intended number of participants. The challenges navigating the changing landscape brought on by the COVID-19 pandemic also meant that many grantees were not able to start implementing their project as intended—that is, with in-person delivery—until a year or two into the grant—which itself was only two or three years, depending on the cohort. The grant’s short timeframe also did not allow grantees enough time to form the community relationships, partnerships, and wider engagement needed to adopt a comprehensive systems-thinking approach, which many thought would take several years.

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Suggested citation: Freiman, L., T. de Sousa, L. Garman, S. Phillips, and K. Francis. 2024. *Executive Summary: Delivering Evidence-Based Programs to Prevent Teen Pregnancies and Support Adolescent Health—Implementation of the TPP20 Optimally Changing the Map for Teen Pregnancy Prevention Grants*. 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 the U.S. Department of Health and Human Services.