

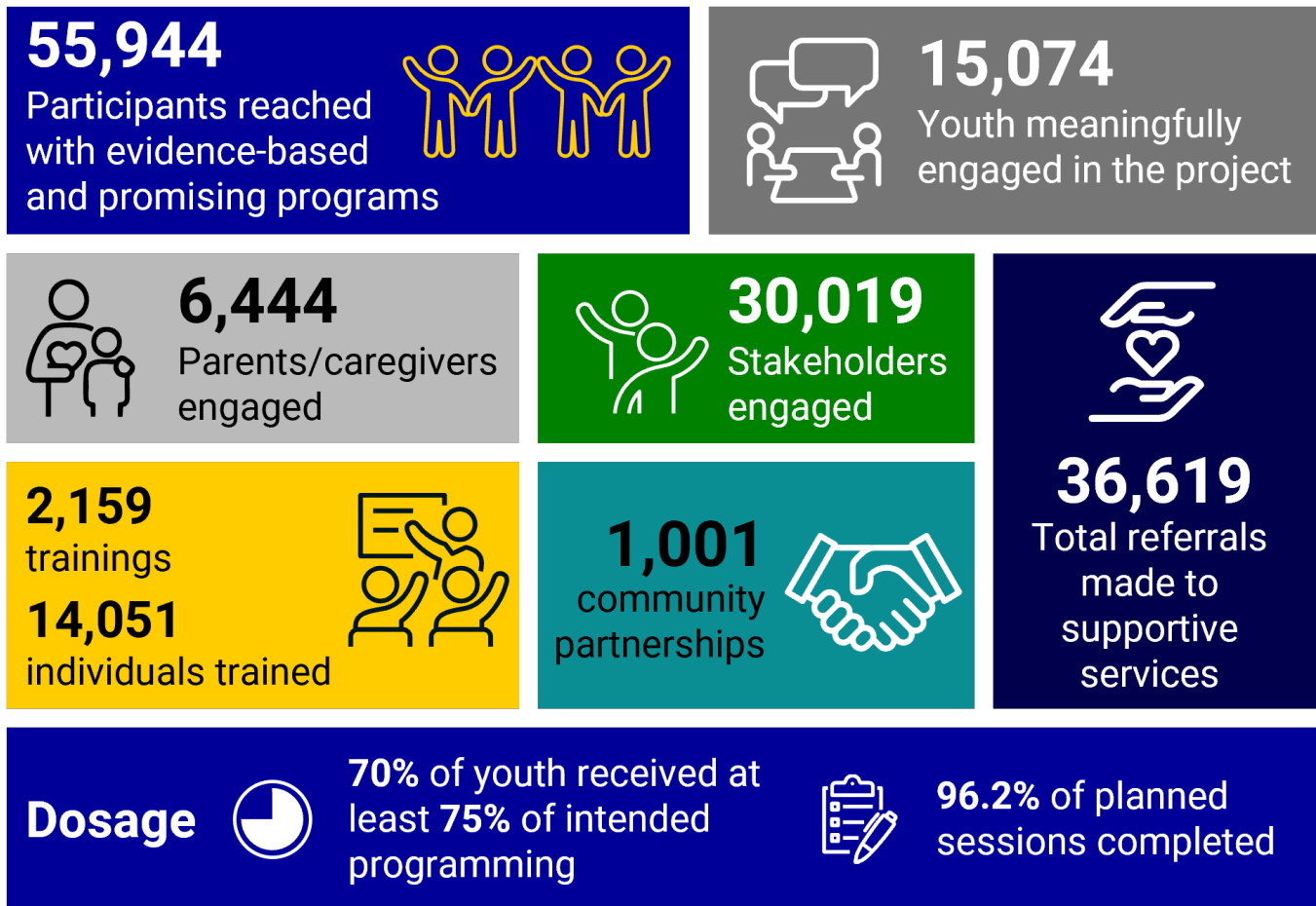


## TPP Performance Measures Snapshot 2023-2024

This snapshot summarizes performance measures data from Teen Pregnancy Prevention (TPP) grantees working to prevent teen pregnancy across the country. Between 2023 and 2024, 71 grantees from the fiscal year (FY) 2023 cohort received funding through the TPP program.<sup>1</sup>

Year 1 was a planning period for TPP grantees. The planning period ranged from 6 months to one year, depending on funding type. During a planning period, each grantee focuses on identifying and securing partners, training staff, and setting the project up for success in meeting its goals over the course of the 5-year project period.

### TPP Highlights, 2023-2024



<sup>1</sup> For more information about the TPP program and its grantees is available at <https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program-tpp>.

## Reach

In 2023-2024, 100,014 individuals participated in the TPP program as either recipients of evidence-based or promising interventions, capacity building efforts, or through other meaningful engagement activities. Detailed information on how TPP participants were involved in the TPP program is provided below.

### Participants Served

50 Tier 1 grantees implementing evidence-based programs served 53,954 youth, 1,123 parents/caregivers, and 710 youth-serving professionals (55,787 total participants). Six Tier 2 Rigorous Impact grantees implementing and evaluating innovative programs served 144 youth, 7 parents/caregivers, and 6 youth-serving professionals (157 total participants).

#### 55,944 total participants



1,130 parents/caregivers



54,098 youth



716 Youth-serving professionals

### Stakeholder Engagement

Stakeholders are individuals who supported TPP program recipients in the design, delivery, and/or evaluation of the TPP project. This data does not include individuals served with evidence-based or promising programs. These stakeholders may include youth and community advisory boards, parent groups, peer mentors, and others. In 2023-2024, across 64 grantees, TPP programs engaged 3,437 community members, 6,444 parents and caregivers, 5,064 youth-serving professionals, and 15,074 youth in ensuring TPP programs remain responsive to the needs of the youth served.

#### 30,019 total stakeholders



3,437  
Community  
members



15,074  
Youth



6,444  
Parents or  
caregivers



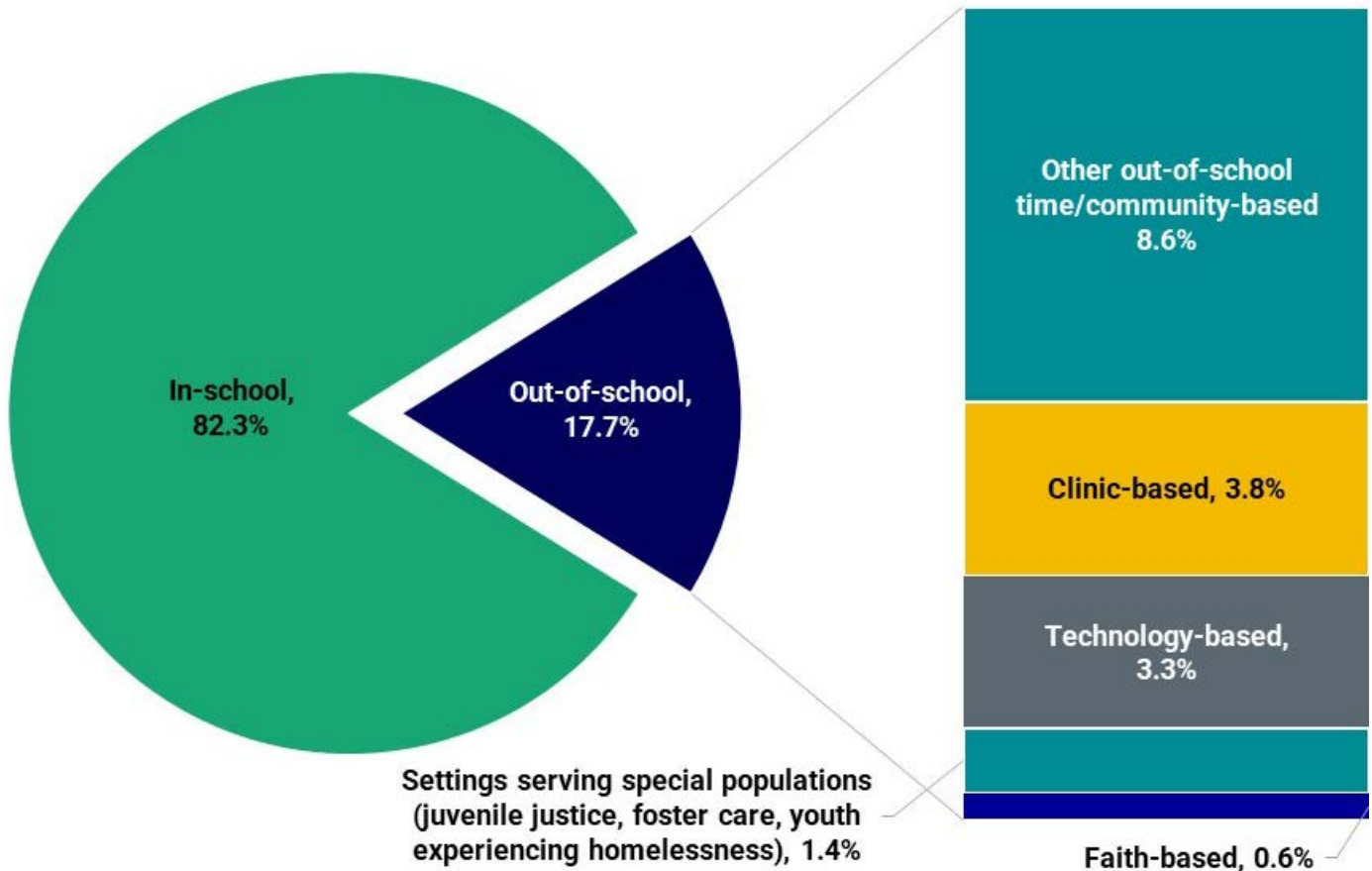
5,064  
Youth-serving  
professionals

HHS Office of Population Affairs

Web: [opa.hhs.gov](http://opa.hhs.gov) | Email: [opa@hhs.gov](mailto:opa@hhs.gov)

## Settings

Most of the participants (82.3%) were served in schools. Grantees served 46,063 participants in in-school settings. The rest (17.7%) were served in non-school settings. The non-school settings where participants received services were out-of-school- or community-based (8.6%), clinic-based settings (3.8%), other settings (5.3% total) such as technology- or faith-based settings, or settings serving special populations.



More than half (56.3%) of all participants were served in urban areas; just over one-quarter (27.4%) were in rural areas; and 16.2% were in suburban areas.



**56.3% urban**

31,424 participants



**27.4% rural**

15,301 participants



**16.2% suburban**

9,048 participants

HHS Office of Population Affairs

Web: [opa.hhs.gov](http://opa.hhs.gov) | Email: [opa@hhs.gov](mailto:opa@hhs.gov)

## Evidence-based programs

### Program Models

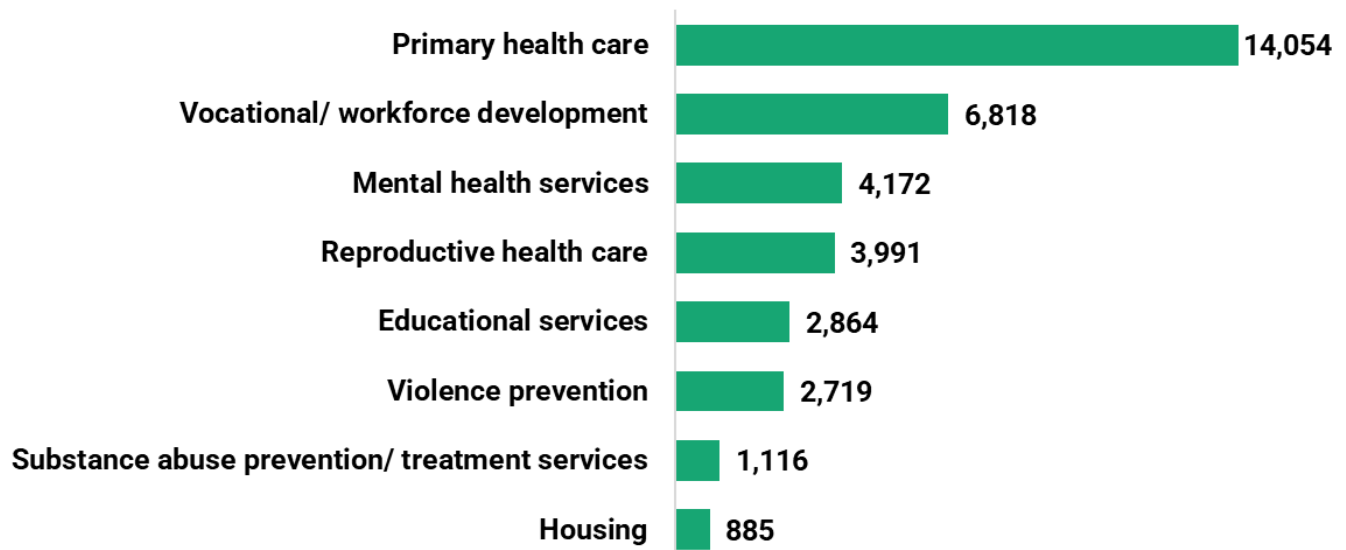
During the 2023-2024 program year, Tier 1 grantees implemented 28 evidence-based programs (EBPs). The most common were Love Notes, a healthy relationship education program (10,147 participants reached), Positive Prevention PLUS, a sexual health education program (8,527 participants), Positive Potential, a positive youth development program (7,681 participants), and Making Proud Choices!, a sexual health education program (6,700 participants).

EBPs implemented with at least 5,000 participants



### Supportive Services

Supportive Services



Projects implementing EBPs also provided additional supportive services to youth, including 14,054 referrals to primary health care, 6,818 referrals to workforce development or vocational services programs, and 4,172 referrals for mental health care services.

HHS Office of Population Affairs

Web: [opa.hhs.gov](http://opa.hhs.gov) | Email: [opa@hhs.gov](mailto:opa@hhs.gov)

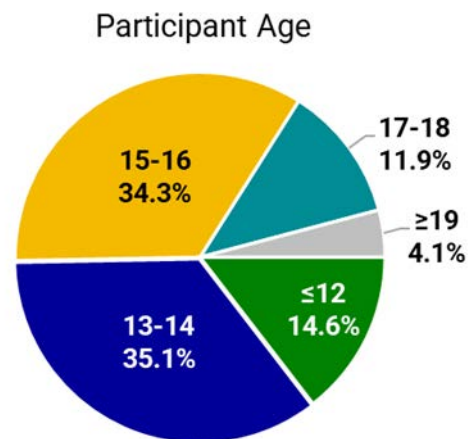
## Program models serving select settings

Tier 1 programs are designed to reduce health disparities among the most under-resourced groups of youth. There are three specific settings where youth with significant needs are concentrated and served by programs at a higher rate<sup>2</sup>: juvenile justice settings, out-of-home care facilities (such as residential treatment or foster care group homes), and settings that serve youth experiencing homelessness (such as shelters or drop-in centers). The EBPs used most frequently in these settings are Love Notes (in juvenile justice), Family Life and Sexual Health (FLASH) in settings that serve youth experiencing homelessness and Be Proud! Be Responsible! in settings serving youth in foster care.

## Demographics

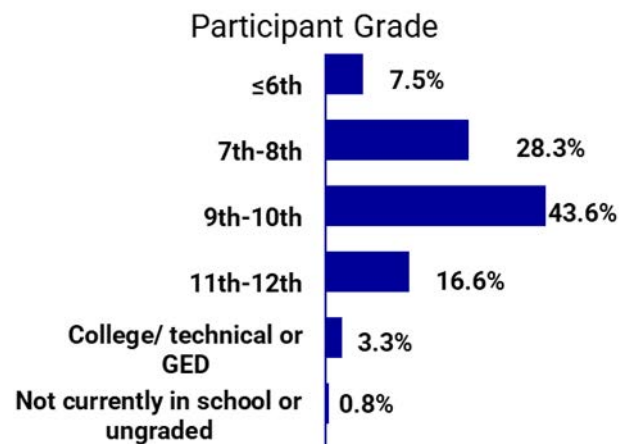
### Age

Most youth participants were age 16 or younger. Age was not reported for almost 23% of participants. For youth where age was known, the largest age group was 13–14 (35.1%), followed closely by 34.3% who were 15–16. 14.6% of participants were 12 or younger, and 16.0% were 17 or older.<sup>3</sup>



### Grade

Most youth were in grades 7 through 10. Of those with reported grade, more than two-thirds of participants were in grades 7 through 10 (71.8%). Participants in 6th grade or lower accounted for 7.5% of those served, and 16.6% were in 11th or 12th grade. A small percentage of participants were in general equivalency diploma (GED) programs, in college or technical schools, were not in a designated grade, or were not currently in school (4.1%).<sup>4</sup>



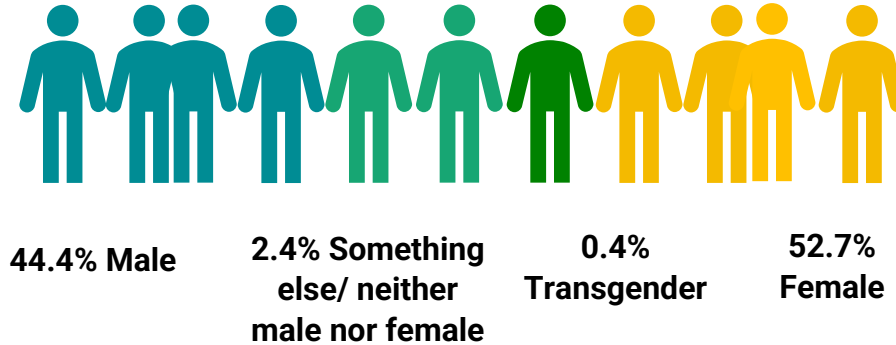
<sup>2</sup> Youth who are experiencing homelessness or living in out-of-home-care settings may also be receiving services in in-school or out-of-school programs.

<sup>3</sup> Age was reported for 41,704 participants; percentages were computed using this denominator. Age was not reported for 12,394 participants.

<sup>4</sup> Grade was reported for 48,348 participants; percentages were computed using this denominator. Grade was not reported for 5,750 participants.

## Gender

Grantees served about equal proportions of males and females. In 2023-2024, gender was not reported for 37.5% of participants. Of the youth with reported gender, 52.7% identified as female, 44.4% identified as male, and 0.4% identified as transgender. A small percentage of participants (2.4%) did not identify as male, female, or transgender.

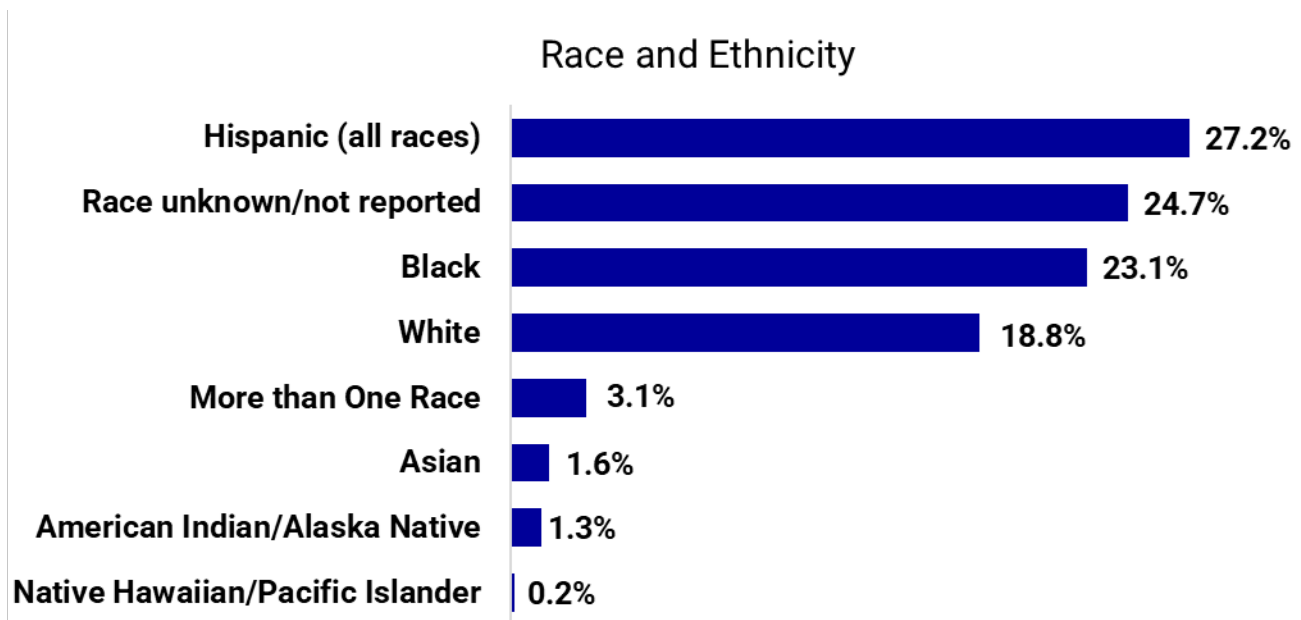


## Sexual Orientation

In 2023-2024, sexual orientation was not reported for 81.7% of participants. Of the 9,906 participants who did report, 75.8% said they were straight or heterosexual, 9.9% said they were bisexual, and 3.9% said they were lesbian, gay, or homosexual. 7.2% reported Undecided, and 3.2% reported Something Else.

## Race and Ethnicity

More than one-quarter (27.2%) of youth participants identified as Hispanic or Latinx (across all races). The majority of youth participants did not identify as Hispanic and reported their race as Black (23.1%), White (18.8%), or did not report their race (24.7%).



HHS Office of Population Affairs

Web: [opa.hhs.gov](http://opa.hhs.gov) | Email: [opa@hhs.gov](mailto:opa@hhs.gov)

## Dosage, Fidelity, and Quality

**Dosage** is a measure of the quantity of programming participants received. The benchmark for dosage is for participants to receive at least 75% of an intervention as the higher the dosage, the greater the opportunities for the program to have an effect.

In 2023-2024, 70.2% of participants received at least 75 percent of intended programming.



### Fidelity

*Nearly all the planned activities were implemented.*



**96.2%**

of planned activities implemented during observed sessions

*N = 1,684 sessions*

### Observer-Reported Quality

*Most programs were of high quality.*



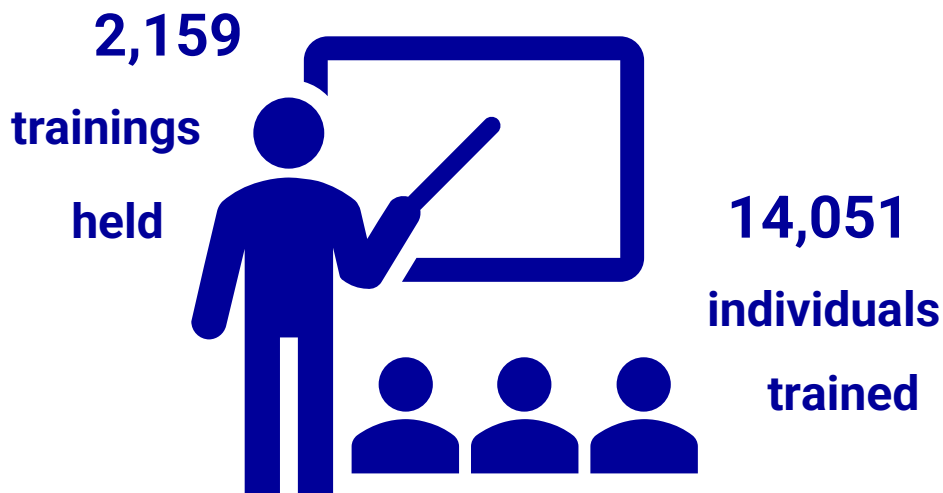
**91.7%**

of observed sessions received an **overall quality rating of 4 or greater on a 5-point scale**

*N = 1,684 sessions*

## Trainings

Youth-serving professional need adequate training to ensure the needs of a project are met and that programs are delivered with high fidelity and quality. Training also builds lasting capacity that can sustain a program within communities. In 2023-2024, grantees provided 743 trainings on TPP programs, reaching 5,116 individuals. A total of 1,416 other trainings were held by projects on other topics, reaching an additional 8,935 individuals.



HHS Office of Population Affairs

Web: [opa.hhs.gov](http://opa.hhs.gov) | Email: [opa@hhs.gov](mailto:opa@hhs.gov)

## Partners

Partners are organizations that work with grantees to support and advance project goals. The number of partners is an indication of the level of engagement among community members in the project and the potential for sustainability. *Grantees had 1,001 total partners in 2023-2024.*



## Dissemination

Dissemination is important to raise awareness of teen pregnancy prevention, share information about TPP projects, and disseminate best practices and lessons learned in the community and beyond. The grantees made 583 presentations at national (34), statewide (45), or local (504) conferences or events. Grantees published 197 blogs or online articles and generated 727 social media posts.

**727**  
social media  
posts



**197**  
blogs or online  
articles



**583**  
presentations



## Tier 2 Innovation Hubs

OPA funds six Tier 2 Innovation Hubs aimed to foster innovation, research, and expand the evidence to support and advance equity in the TPP program. Innovation Hub grantees are categorized as “Incubators”, “Accelerators”, or “Hybrid”. “Incubators” work in discovery, exploring gaps and user needs, idea generation, and prototyping with participatory methods. “Accelerators” help determine feasibility, appropriateness, and desirability of existing prototypes. OPA funds one organization as a “hybrid” which combines both the “Accelerator” model and “Incubator” model.

More information about each of these grantees can be found at [2023 Innovation Hubs](#). Information on OPA’s innovation grants can be found at [opa.hhs.gov/innovation](https://opa.hhs.gov/innovation)

### The Innovation Hubs supported 13 Innovation Development Teams (IDTs) that developed or tested 8 prototypes.

#### *Prototypes focusing on each user type*



1 for parents/caregivers



6 for youth



1 for professionals

#### *Prototypes focusing on each system type*



3 for individual



2 for interpersonal



3 for multiple

## Appendix A. TPP Performance Measures and Definitions

OPA requires all TPP grantees to report data on performance measures twice annually. The performance measures help reflect the progress and successes of the TPP program. They are also used to inform key audiences of progress, keep grantees accountable, facilitate continuous quality improvement, and inform work toward sustainability.

Measure	Definition
<b>Participant characteristics and program locations</b>	
Reach	The number of youth participants enrolled in evidence-based programs or innovative programs being evaluated for effectiveness who attended at least one program activity, broken down by specific participant characteristics and program locations  The number of parents/caregivers and youth-serving professional participants receiving evidence-based programs or innovative programs being evaluated for effectiveness
<b>Dosage</b>	
Participants receiving 75% or more of the program	The percentage of program participants who attended 75% or more of the intervention-based program sessions
<b>Fidelity and quality</b>	
Fidelity	The average percentage of required program activities that facilitators completed during observed program sessions, as reported by independent observers
Observer-reported overall quality	The percentage of observed program sections that independent observers rated 4 or higher on a 5-point scale for quality
<b>Staffing and training</b>	
Number of individuals trained	The number of individuals trained
Number of trainings provided	The number of trainings provided
<b>Partners and sites</b>	
Number of formal partners	The number of partners with formal written agreements
<b>Dissemination</b>	
Number of blogs/online articles	The number of blogs or online articles published about grantee's project
Number of social media posts	The number of social media posts about grantee's project
Number of presentations	The number of presentations by the grantee at the national, state, local, or other level

### Disclaimer

This publication was supported by Contract Number: HHSP23320150042I, Task Order: 75P00123F37015 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.

More information about the TPP program and its grantees is available at <https://opa.hhs.gov/grant-programs/teen-pregnancy-prevention-program/about-tpp-program>.

HHS Office of Population Affairs

Web: [opa.hhs.gov](https://opa.hhs.gov) | Email: [opa@hhs.gov](mailto:opa@hhs.gov)