Performance Measures Snapshot

The Teen Pregnancy Prevention (TPP) Program: Performance in the first five years

The Teen Pregnancy Prevention (TPP) program is a competitive grant program administered by the Office of Adolescent Health (OAH) within the U.S. Department of Health and Human Services. The TPP program funds a wide range of public and private organizations to provide educational programs for adolescents with the aim of preventing teen pregnancy and associated risk factors. OAH funded the first group of TPP grantees, called "Cohort 1", from September 1, 2010 to August 31, 2015. The first of the five years was used for planning. Seventy-five grantees received a total of $75 million to replicate evidence-based TPP programs (Tier 1), and 18 grantees received a total of $15.2 million to test new and innovative approaches to preventing teen pregnancy (Tier 2). OAH also provided funding to 8 grantees through a partnership with the Centers for Disease Control and Prevention (CDC) to implement a community-wide approach to prevent teen pregnancy.*

The grantees targeted youth ages 10–19, with a particular focus on high-risk, vulnerable, and ethnic/racial minority youth. The programs took place in a range of settings from clinics to schools and represent a diverse set of approaches, including abstinence-based education, comprehensive sexuality education, and youth development. Some programs targeted specific vulnerable groups, including teens who are pregnant or have children already and youth in the juvenile justice system. Whereas some programs provided only one or two sessions to youth, others involved multiple sessions over the course of a year or more. More detailed information about the TPP program is provided in Appendix A and at http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/.

To assess TPP program performance, OAH required all grantees to collect performance measure data and report on them twice a year. These data provided OAH with regular updates about the performance of individual grantees and the TPP program overall, including the number and types of people served, the quality of program implementation, and the dissemination of program results. The performance measure data served several purposes. OAH used the measures to report on the program's progress in achieving its set goals and to understand program performance, and grantees used them to assess and improve their program operations.

PERFORMANCE MEASURE HIGHLIGHTS COHORT 1 (2010-2015)

- 488,479 youth were served
- 83% of participants attended ≥ 75% of scheduled sessions
- Facilitators implemented 95% of planned activities
- 92% of sessions were rated as high quality
- Grantees worked with 3,811 partners and trained 6,124 new facilitators
- Grantees published 66 journal articles and made 1,292 presentations

* With the exception of reach, performance measures for the eight grantees that received funding through the OAH/CDC partnership are not included in this report.

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TPP Performance Measures and Definitions

Measure	Definition
Reach	The number of youth enrolled in the program who participated in at least one program activity during the reporting period, broken down by specific characteristics*
Dosage	—
Mean attendance	The average percentage of curriculum-based sessions attended by program participants†
Youth receiving 75% or more of program	The percentage of program participants who attended 75% or more of the curriculum-based program sessions†
Fidelity and Quality	—
Observer-reported adherence	The average percentage of required program activities facilitators completed during observed program sessions, as reported by independent observers
Observer-reported overall quality	The percentage of observed sessions that independent observers rated 4 or higher on a 5 point scale for quality
Training	—
Number of new facilitators trained	The number of new facilitators trained
Number of facilitators receiving follow-up training	The number of facilitators who received additional or follow-up trainings
Partners	—
Number of formal partners	The number of partners grantees worked with through formal agreements
Number of informal partners	The number of partners grantees worked with without formal agreements
Dissemination	—
Manuscripts published/ accepted	The number of manuscripts published or accepted for publication in peer-reviewed journals
Presentations	The number of presentations at the national, regional, and state levels

* Some projects also involved other types of participants, such as the youths' parents or other family members, who are not included in the reach measure.

† Some program models included components that were not curriculum based, such as community service or case management; these components were not included in the dosage measures.

Number of participants reached

The number of youth engaged in the program is a key indicator of overall impact.

Grantees in Cohort 1* reached a total of 488,479 youth across four years. This is the number of youth who were enrolled in the program and participated in at least one program activity.

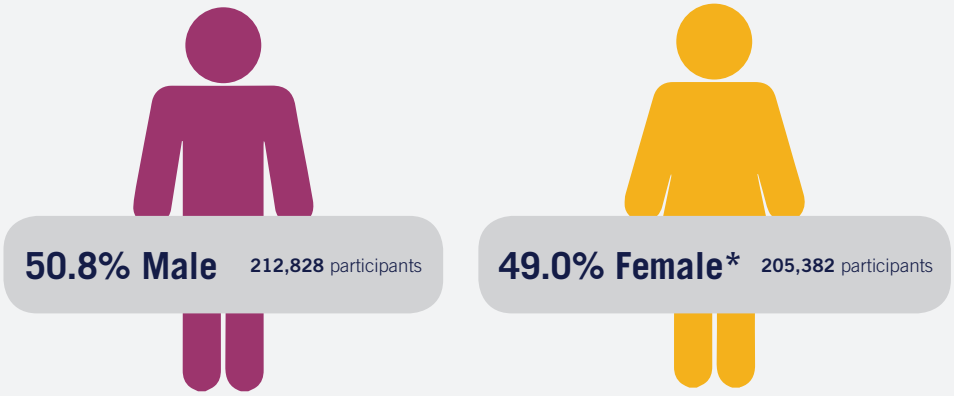
No youth were reached in Year 1, as it was a planning year. For Years 2-5, the number of youth reached was 82,823 in Year 2; 130,729 in Year 3; 162,292 in Year 4; and 155,243 in Year 5. The sum of the numbers of youth reached each year is greater than the total number reached, because some youth were served in more than one year. Fewer were reached in the 5th year as grantees completed evaluations and closed out operations.

* Including the eight grantees funded through the OAH/CDC partnership.

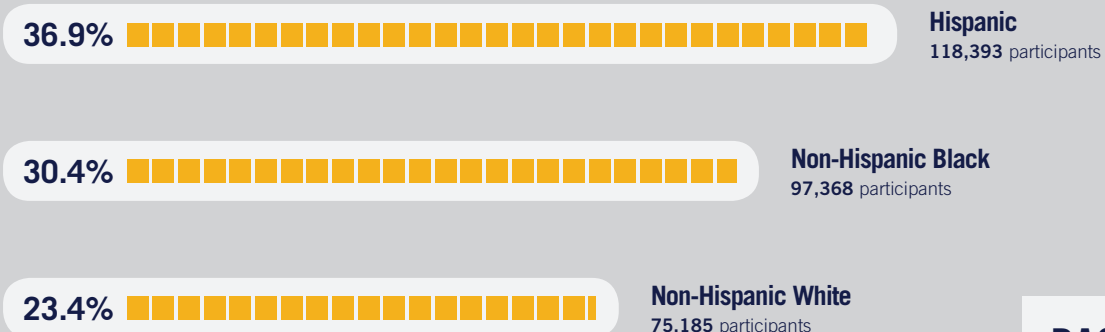
Characteristics of program participants

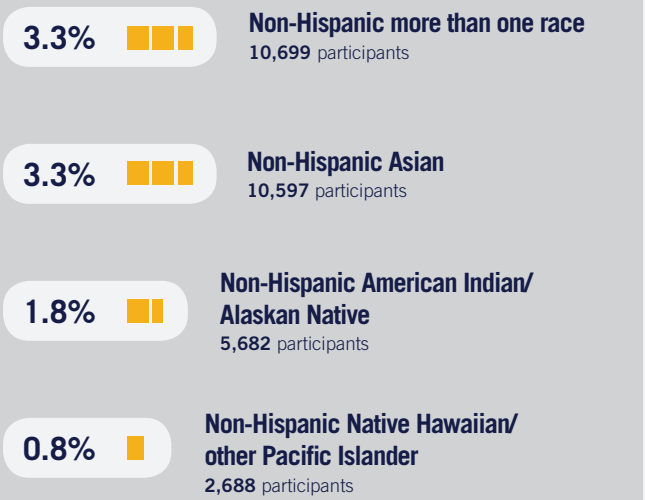
GENDER

The program served nearly equal proportions of males and females. Just over half (50.8%) of participants were male, and 49.0% were female.*



RACE/ETHNICITY





Two thirds of participants were Hispanic or non-Hispanic Black. More than a third (36.9%) of participants were Hispanic; 30.4% were non-Hispanic Black, and 23.4% were non-Hispanic White. The remaining 9.2% were non-Hispanics of other races (Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, or more than one race).*

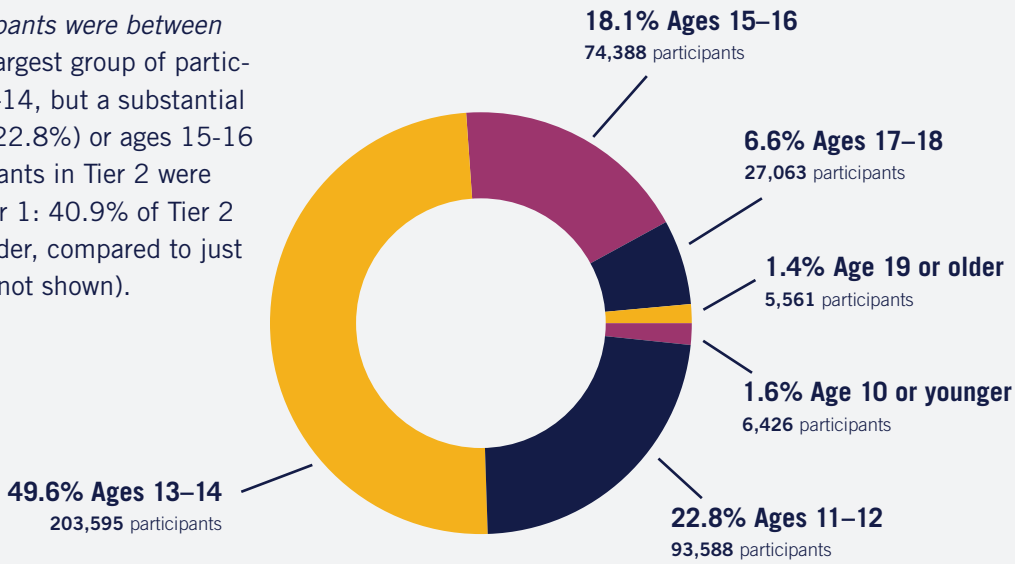
Racial/ethnic categories were similar between those grantees who were replicating evidence-based programs (Tier 1) and those who were testing new and innovative approaches (Tier 2), except that more participants in Tier 1 were non-Hispanic Black (30.9% vs. 19.1%), and fewer were American Indian/Alaska Native (1.5% vs. 7.3%)(not shown).

* Numbers do not sum to 100% due to rounding. 0.1% idenitified their gender as "other".

Characteristics of program participants

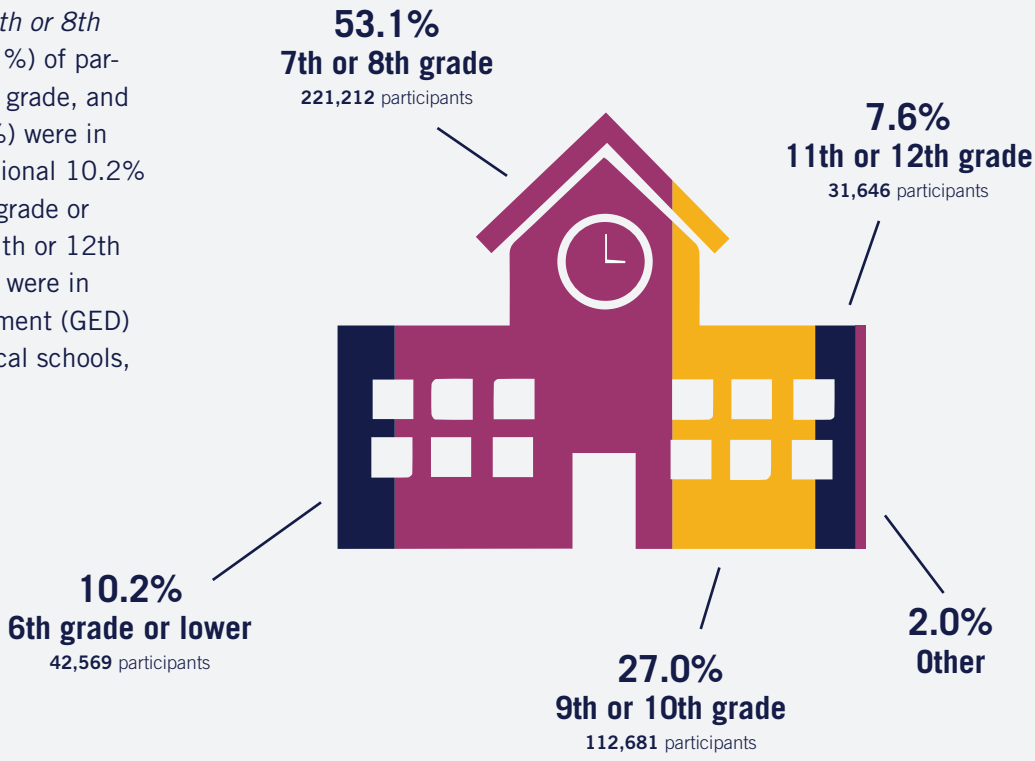
AGE

Nearly three fourths of participants were between 11 and 14 years of age. The largest group of participants (49.6%) were ages 13–14, but a substantial proportion were ages 11–12 (22.8%) or ages 15-16 (18.1%). On average, participants in Tier 2 were slightly older than those in Tier 1: 40.9% of Tier 2 participants were age 15 or older, compared to just 25.4% of Tier 1 participants (not shown).



GRADE

Most participants were in 7th or 8th grade. More than half (53.1%) of participants were in 7th or 8th grade, and more than a quarter (27.0%) were in 9th or 10th grade. An additional 10.2% of participants were in 6th grade or lower, and 7.6% were in 11th or 12th grade. The remaining 2.0% were in General Education Development (GED) programs, college or technical schools, or not in school.



Dosage

Dosage is a measure of the amount of the program participants received. The more of a program a participant receives, the greater its potential impact.

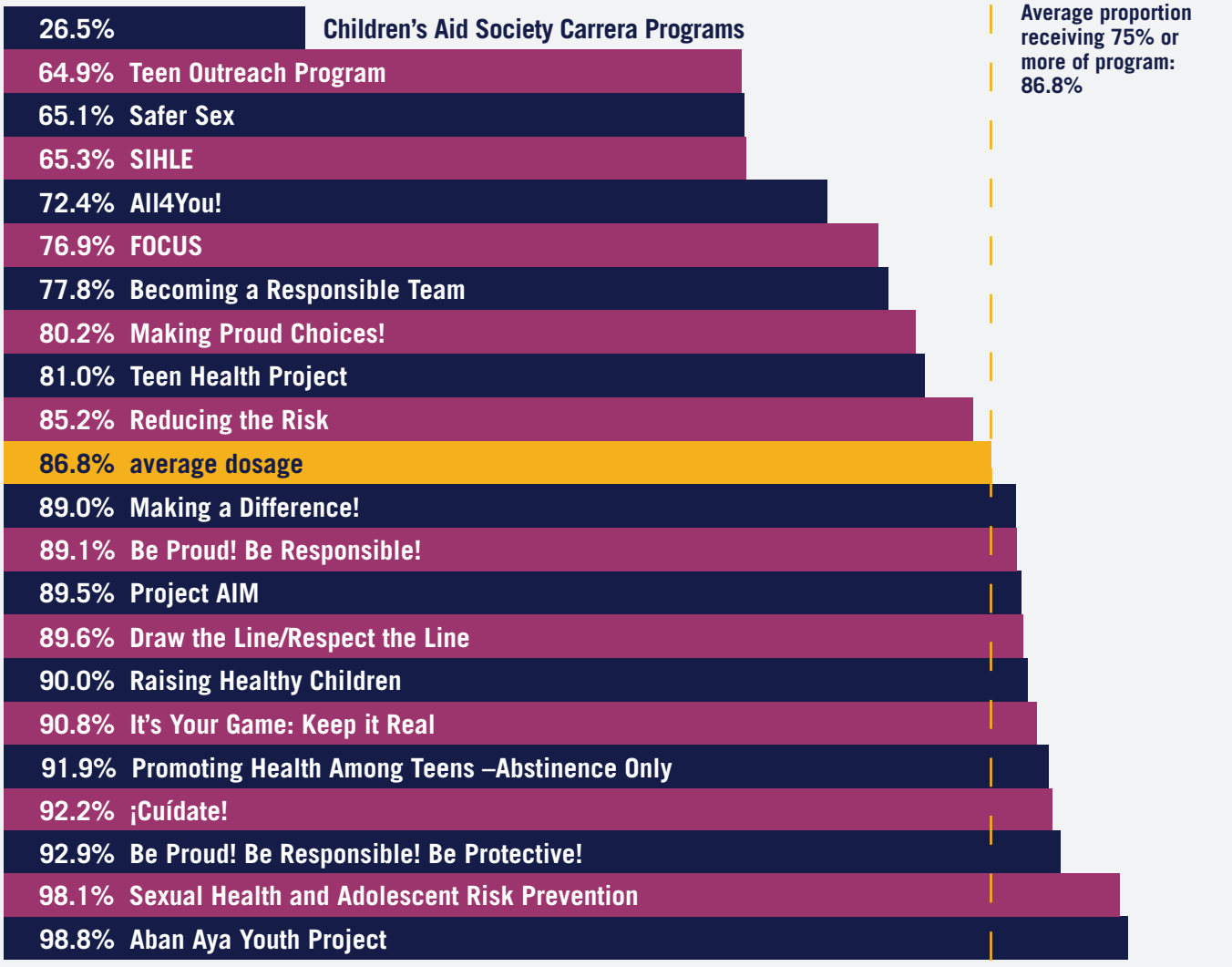
Average dosage was high. On average, youth in Cohort 1 received 86.3% of their program model's sessions, and 83.4% of participants received at least 75% of sessions.

83.4% of participants received ≥75% of the program

DOSAGE BY TIER 1 PROGRAM MODEL

The 75 Tier 1 grantees were each implementing one or more of 24 evidence-based program models.

Dosage varied significantly by program model. Across all Tier 1 grantees, 86.8% of participants received 75% or more of intended programming. Dosage ranged from a low of 26.5% for Children's Aid Society-Carrera to a high of more than 98% for both Aban Aya Youth Project and Sexual Health and Adolescent Risk Prevention. Dosage for Children's Aid Society-Carrera is likely lower than for other program models because it is a more intensive program, involving multiple sessions per week over a period of years.



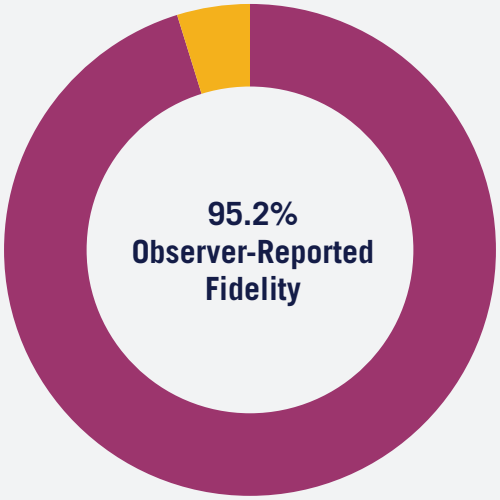
Fidelity and quality of program implementation

Fidelity can be defined as "the extent to which delivery of an intervention adheres to the protocol or program model as originally developed." Measuring the fidelity and quality of program implementation helps project managers identify any problems in program implementation and then act to correct them. These measures also assist in the interpretation of evaluation results. If a grantee's project fails to achieve the intended results, it is important to know whether the lack of success might be due to a lack of fidelity or quality in implementation. To assess fidelity and quality, grantees assigned an independent observer to assess at least 10% of program sessions.

OBSERVER-REPORTED FIDELITY

To implement a program model with fidelity, grantees must carry out all of its core components. Core components are the parts of the program model that the developers have identified as key to achieving the intended outcomes. One core component that is common to nearly all of the program models is the percentage of planned activities that facilitators implement. Independent observers completed a fidelity monitoring log at the end of each session observed, indicating which planned activities were completed and which were not.

During the sessions observed, facilitators implemented nearly all planned activities. For Cohort 1, independent observers reported that facilitators implemented 95.2% of the expected activities.

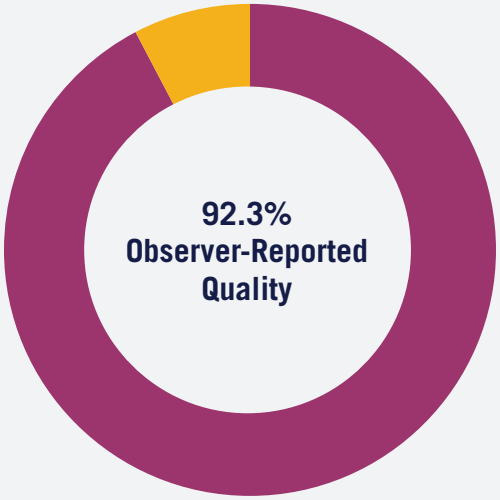


Adherence to the number of planned activities

OBSERVER-REPORTED QUALITY

To assess the quality of the programs provided, observers completed a form rating facilitators on a variety of factors (e.g., time management, enthusiasm, clarity of explanations) and their overall performance (a measure of overall quality that takes into account all the specific factors assessed). Ratings were on a scale of 1 (poor) to 5 (excellent).

Quality of implementation was high for nearly all sessions observed. For Cohort 1, 92.3% of observed sessions were rated as having an overall quality of 4 or higher on the 5-point scale.



Rated as having an overall quality of 4 or higher on a 5-point scale

Facilitator training

Training program facilitators is key to the quality and fidelity of program implementation. Training also builds lasting capacity within schools, community-based organizations, clinics, and other settings where facilitators are based.

Grantees trained 6,124 new facilitators and provided 8,344 follow-up or supplemental trainings* across four years.

6,124 new facilitators trained

8,344 follow-up trainings

*Supplemental trainings include training on any topic that will improve the facilitators' delivery of the program.

Grantee partners

Partners are organizations that worked with the grantees to support their programs; some partners had formal agreements with the grantees while others did not. The number of partners engaged by TPP grantees suggests the level of community engagement around the topic of adolescent sexual health and indicates the potential for sustainability of the programs after the grant cycle concludes.

Grantees worked with nearly 4,000 partners. These included 1,765 formal partners and 2,046 informal partners.

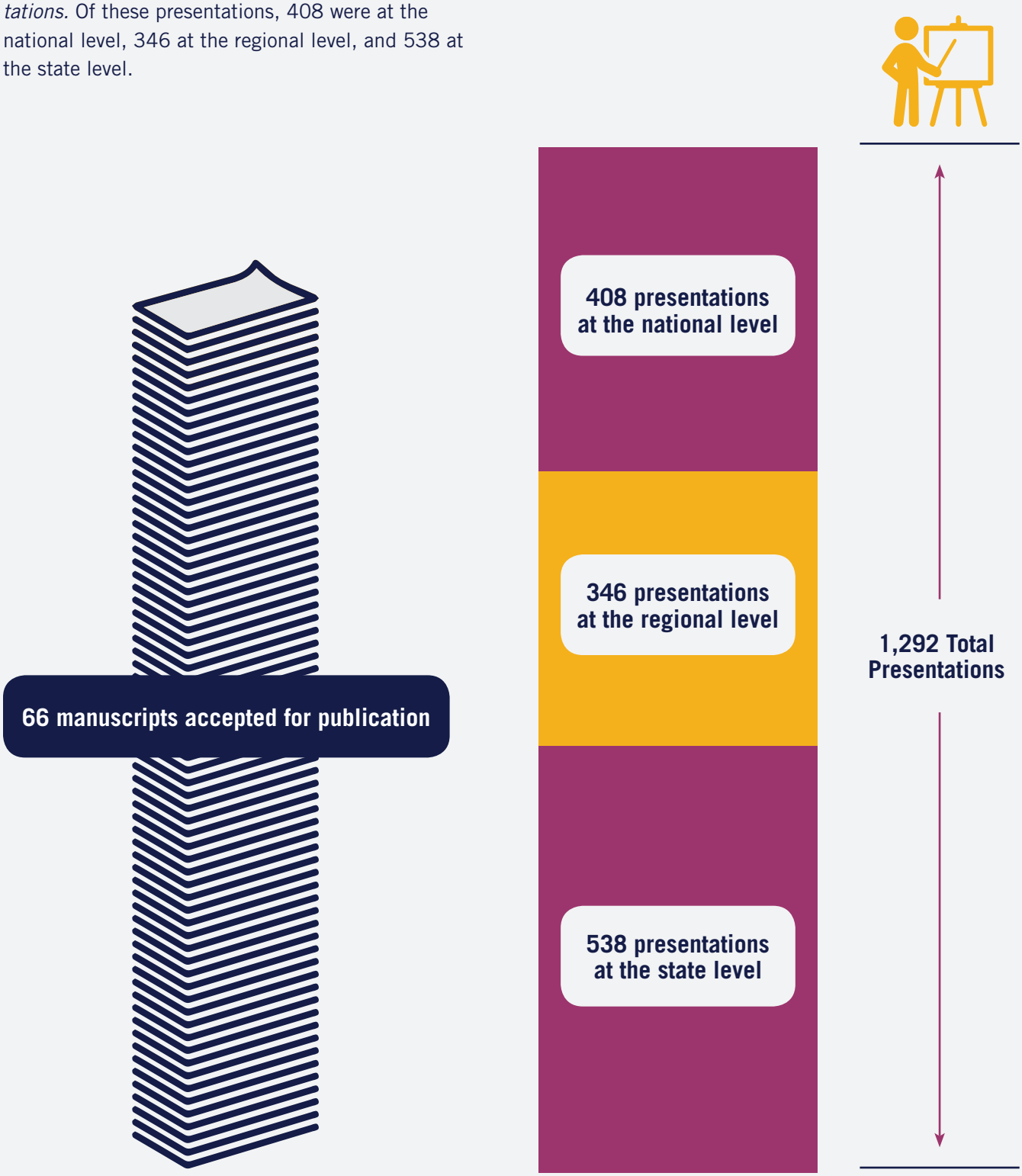
1,765 formal partners

2,046 informal partners

3,811 total partners

Dissemination of findings

At the end of Year 5, grantees had 66 manuscripts accepted for publication and gave 1,292 presentations. Of these presentations, 408 were at the national level, 346 at the regional level, and 538 at the state level.



Appendix A

ADDITIONAL INFORMATION REGARDING THE FIRST COHORT 1 OF THE TPP PROGRAM

Tier 1: Tier 1 grants replicated 24 of the program models identified as effectively reducing teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors, by the U.S. Department of Health and Human Services *Teen Pregnancy Prevention Evidence Review* (see http://tppevidencereview.aspe.hhs.gov/ for more information). Funding of Tier 1 grantees ranged from $400,000 to $4 million per year. Of the 75 grants, 58 received less than $1 million per year. These smaller grants are referred to as Tier 1 A/B grants. The remaining 17 grants received between $1 million and $4 million per year, and are referred to as Tier 1 C/D grants.

Tier 2: Tier 2 grants funded new programs that addressed gaps in the TPP field and showed signs of promise, but did not yet have strong empirical evidence of success. Awards to the 18 Tier 2 grantees ranged from $400,000 to $1 million per year.

Evaluation: 41 program implementations across both tiers were rigorously evaluated, through federal evaluations or independent grantee-led evaluations.

Performance Measures Snapshot

The Teen Pregnancy Prevention (TPP) Program:
Performance in the first five years

For further information, visit the
Office of Adolescent Health website:
http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/performance-measures/

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