



the campaign to prevent unplanned pregnancy

It's About Evidence: What You Need To Know About The Teen Pregnancy Prevention Program

The Office of Adolescent Health's (OAH) evidence-based Teen Pregnancy Prevention (TPP) Program provides competitive grants to a broad range of organizations and agencies. Fully 75 percent of the funding requires that grantees replicate evidence-based program models (Tier 1). With [48 models](#) on the U.S. Department of Health and Human Services (HHS) [evidence review](#), communities with Tier 1 grants have the flexibility to choose an effective approach that reflects their needs and values. (Most grantees under [the Personal Responsibility Education Program](#), or PREP, also use evidence-based models from this list.) Meanwhile, 25 percent of the funding supports development, implementation and rigorous evaluation of innovative approaches, ensuring the menu of proven programs is always growing (Tier 2).

The current round of grantees received awards in July 2015 to carry out projects from FY 2015 - FY 2019, with funding contingent upon annual appropriations made by Congress. In July 2017, HHS sent notices informing all 81 TPP Program grantees that their five-year projects will end after project year three¹. In addition, five organizations that had grants to provide technical assistance to the program grantees, were notified that their awards would end, effective immediately.² This means grantees would lose more than \$200 million in funding that they were expecting to use to continue their work in project years four and five. Notably, HHS made this decision before Congress had a chance to begin acting on FY 2018 appropriations that would fund project year four. Despite this attempt to dismantle the program, Congress continued level funding (\$101 million) and existing legislative language for the TPP Program for FY 2018.

At a time when leading experts and members of Congress are wisely, and increasingly, focused on evidence-based policymaking and programs, the TPP Program should be expanded, not ended. Below we outline the reasons why.

Why mess with success?

- Teen pregnancy and birth rates have plummeted (55% and 67% respectively), and the pace of progress has accelerated dramatically since federal investments in evidence-based teen pregnancy prevention began. Since federal investments in evidence-based teen pregnancy prevention started in 2010 – through the TPP Program and PREP, the teen birth rate has [declined 41%](#) from 2010 to 2016—a drop that is more than twice as large as the decline in any other six-year period. It would be fanciful to suggest that these programs are solely responsible for the progress, but it is reasonable to suggest that they have played an important role.

- Independent experts have lauded the TPP Program as a stellar example of evidence-based policymaking—this includes high quality implementation, evaluation, innovation, and learning from results. It is yielding results about what works to reduce teen pregnancy for different youth and in different settings, as well as key insights for the broader enterprise of evidence-based policymaking. This was recognized by the bipartisan Commission on Evidence-Based Policymaking established by House Speaker Paul Ryan and Senator Patty Murray, which highlighted the TPP Program as an example of a federal program developing increasingly rigorous portfolios of evidence in its September 2017 unanimously-agreed-to-[report](#).
- In the larger field of evidence-based policymaking, the results from the first round of TPP-funded evaluations are impressive. It is unprecedented for a government-funded social program to conduct and release 41 randomized control trials (RCTs)—what worked and what didn't—and to immediately use that knowledge to inform current projects. Of the 41 evaluations, 12 (29% or nearly 1/3) showed positive impacts. This is well above the 10–20% of RCTs that experts say typically demonstrate positive results. Thirteen of the 41 studies were inconclusive due to implementation and/or evaluation challenges (such as too small a sample size). Excluding those 13 studies, the proportion of conclusive studies showing positive impacts is even higher (43%).³
- Funding for the overall TPP Program should not be confused with individual program models. The TPP Program allows communities to choose from a variety of models that fit their needs and values, and the circumstances of different young people at different ages. Moreover, the iterative nature of evidence-based policymaking allows for ongoing feedback and refinement. OAH used results from the first round of grants to strengthen the second round by further informing the evidence-base and encouraging the second round of grantees to shift to the most effective models for the populations they serve.
- Cutting off grants by two years is like building a skyscraper and then halfway through the construction process, abandoning the project. The TPP Program is doing high quality evaluation that is signature of evidence-based policymaking; it is highly unusual, disruptive, and wasteful to cut off research midstream. Doing so would be a big step backward for science and for creating a culture of evidence, which this program has contributed to in remarkable ways.
- Dismantling this high quality, evidence-based program is short-sighted and will harm hundreds of thousands of our most vulnerable youth by denying them high quality information and education that will help make healthy decisions about their futures.
- There is strong, [bipartisan support](#) for funding the TPP Program. Eighty-five percent of adults overall (including 75% of Republicans and 89% of Democrats) favor maintaining funding for the TPP Program.

Many programs claim to be evidence-based, but not all evidence is created equal.

- All models on the [HHS evidence list](#) must meet well-recognized high standards of evidence—they must have been evaluated using a randomized controlled trial or quasi-experimental design. These evaluations must demonstrate actual changes in behavior (not just knowledge or behavioral intent), and results must be published in a peer-reviewed journal.
- The list of models that meet this high standard contains a variety of approaches, including abstinence-only programs and those that address both abstinence and contraception.
- The TPP Program is one of the few government programs that both uses evidence as criteria for funding decisions and continues to rigorously evaluate its efforts and results. Few federal programs are backed by such strong evidence.

A focus on evidence of behavior change, rather than content, should be the basis for federal funding.

- There are many well-meaning programs—both those that teach only abstinence and those that teach both abstinence and contraception. However, only a small proportion of these programs have actually demonstrated through rigorous evaluation standards to change behavior.
- The TPP Program is focused on evidence and results rather than the decades-old fight over content. As a result, it funds a wide variety of approaches, including abstinence education, parent-child communication, and positive youth development. What they have in common is demonstrated change in behavior. There are several program models on the HHS evidence review that teach about both abstinence and contraception and that have been shown through careful evaluation to delay sex among the teens who participate—i.e., abstinence is the result. The overwhelming majority of American adults ([79%](#)) [support that approach](#), believing teens should be getting more information about postponing sex *and* contraception rather than an either/or approach.⁴
- To say that we must have “equal” funding for abstinence-only programs and programs that address contraception is to miss the point that it is the *evidence*, not the content that should set the standard. Pitting abstinence against contraception won’t reduce teen pregnancy, but by following the evidence we can achieve the universal goal of reducing teen pregnancy.

We must grow and support a broad menu of proven programs.

- The TPP Program invests in two primary areas: (1) replicating programs that have already been shown through rigorous evaluation to change teen behavior, and (2) investing in research and demonstration projects to develop, replicate, refine, and test additional models and innovative strategies to prevent teen pregnancy. In this way, the menu of effective approaches to reducing teen pregnancy can continue to grow and be refined.

- States and communities must have a broad menu of program models to pick from. The investments made by the TPP Program allow communities to choose from an increasing number of interventions that best fit their local needs and values. For example, what people in New York City choose may be different from what people in Missouri choose. This is exactly what the current TPP Program funding allows.

What can policymakers do?

- The TPP Program is investing in efforts that have evidence of success, exploring new and effective ways to reach young people, and continuously monitoring and evaluating what works; all a responsible use of taxpayer dollars. Policymakers should protect the current funding level and structure of the evidence-based Teen Pregnancy Prevention Program administered by the HHS Office of Adolescent Health.
- To cut or redirect funds from a wide variety of programs with strong evidence and a focus on continuous and rigorous evaluation to instead fund a particular kind of content without strong evidence or evaluation requirements would be taking a huge step backwards.
- By focusing on evaluation and results, rather than debating content, policymakers can ensure a diverse menu of effective programs.

¹ Three TPP Program grantees that are on a different program cycle received similar notices in September 2017, bringing the total number of program grantees affected to 84.

² Office of Adolescent Health, (2016). Five Organizations to Provide Capacity Building Assistance to its Teen Pregnancy Prevention Grantees, retrieved from www.hhs.gov/ash/oah/news/news-releases/2016-capacity-building-award/index.html.

³ American Journal of Public Health (2016). September Special Issue. Retrieved from <http://ajph.aphapublications.org/toc/ajph/106/S1>.

⁴ Power to Decide, (2017). Survey Says. Retrieved from <https://powertodecide.org/what-we-do/information/resource-library/survey-says-support-for-birth-control-january-2017>.