



## Editorial

## The Teen Pregnancy Prevention Program: An Evidence-Based Public Health Program Model



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Addressing issues of adolescent health today can strengthen our nation tomorrow and beyond. In particular, preventing teen pregnancy should rank as a major priority, due to the pressing emotional, social, health, and financial consequences for both parents and their children. The stakes are high. Compared with teens who delay childbearing, teen girls who have babies are less likely to finish high school or attend college; more likely to rely on public assistance; and more likely to live in poverty as adults. Furthermore, children born to teens are more likely to have poorer long-term educational, behavioral, and health outcomes than children born to older parents [1]. Overall, teen childbearing costs U.S. taxpayers billions of dollars due to lost tax revenue, increased public assistance payments, and greater expenditures for public health care, foster care, and criminal justice services [1,2].

In September 2013, Centers for Disease Control and Prevention (CDC) National Center for Health Statistics (NCHS) data confirmed a remarkable accomplishment; the U.S. teen birth rate declined 52% from its all-time high from 20 years ago (from 61.8 births [1991] to 29.4 births [2012] per 1,000 girls aged 15–19 years) [3]. In fact, the teen birth rates for all age groups and all racial/ethnic groups are now at historic lows since the 1940s when NCHS began collecting data. Despite this striking progress, the United States still ranks among the highest in teen births among higher-income countries, a burden complicated even further by persistent racial, economic, and geographic disparities

[3,4]. Of note, more than 305,000 teens (ages 15–19 years) gave birth in the United States in 2012 [3]. Furthermore, teen birth rates for Hispanics and non-Hispanic blacks are more than double that for non-Hispanic whites [3].

In 2010, the U.S. Department of Health and Human Services (HHS) launched the Teen Pregnancy Prevention (TPP) Program as a central focus for the newly established Office of Adolescent Health (OAH). To maximize this new opportunity for teen pregnancy prevention, HHS Secretary Kathleen Sebelius called for implementing the best evidence-based initiatives in communities while also testing new approaches [5].

OAH's goals for the TPP Program and its grantees involve disseminating and employing the best prevention science available while also generating new evidence for effective strategies. The most vulnerable—those who are homeless, in foster care, in juvenile justice systems, or not linked to support systems—deserve special attention. The TPP Program emphasizes strong evaluation standards by asking grant applicants to: (1) choose from a range of systematically identified evidence-based models; (2) replicate them; (3) use performance data to ensure fidelity to those program models; and (4) conduct rigorous evaluations. Of note, OAH works in partnership with other teen pregnancy prevention programs within the HHS that link youth to healthcare services.

This supplemental issue of the *Journal of Adolescent Health* now presents the first series of articles from OAH [6–9] and its TPP grantees that share lessons learned in preventing teen pregnancy. The papers address both implementation studies that replicate evidence-based teen pregnancy prevention models [10–13] as well as testing of innovative strategies through new models [14–19]. Each paper offers unique insights. Federal staff present the historical context of the 2010 establishment of OAH and its TPP grant program. Many of the articles emphasize that assessing the fit of a proven program model to a new community setting takes careful planning. Two papers describe key implementation dimensions, such as conditions for a program to be implementation ready, the role of the program developer in replicating evidence-based programs, and the need to define and measure fidelity in program delivery. A number of authors describe the conditions necessary to support rigorous grantee-level evaluation, including how to develop uniform performance measures and implement a performance management system (useful to both the funder and the organizations). Finally, Dr. Allison Metz, Associate Director of the National Implementation Research Network, and Bianca Albers, Director of the

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Family and Evidence Center, draw on their deep experience in scaling-up evidence-informed programs in early childhood, early care and education, and child welfare settings to guide the field forward [20].

Given that 82% of pregnancies to mothers ages 15–19 years are unintended [21], the results presented here can contribute to advancing the Healthy People 2020 objectives of reducing adolescent pregnancy. To reach these objectives, OAH has not only funded TPP grantees but also established a Teen Pregnancy Prevention Resource Center [22] to ensure that vital tools and resources are shared broadly with communities.

We hope this supplemental issue can add substantially to the growing science of implementing and testing teen pregnancy prevention programs. Furthermore, over the next several years, results from the more than 30 rigorous evaluations funded through the TPP Program should better inform whether efforts were effective in reducing teen pregnancies, sexually transmitted infections, and associated sexual risk behaviors. Ultimately, the OAH TPP program will strengthen the capacity for communities to identify and select effective programs that best meet their needs.

In addition, the future promises even greater attention to adolescent health at large in the context of national health reform. From its inception, OAH has engaged national partners from health care, public health, education, community and after-school programs, faith-based groups, and social services to develop shared priorities for putting adolescent health high on the nation's public health agenda. In 2012 OAH developed the OAH Strategic Plan [23] (for FY2012–2015), laying out goals to advance best practices and improve the healthy development of America's adolescents, as well as specifying objectives and action steps. One of OAH's key objectives is leading development of a national adolescent health agenda to raise awareness among a wide-range of stakeholders. Such efforts should benefit from the full implementation of the Affordable Care Act, whereby all health plans will provide maternity benefits as part of essential health benefits as well as all recommended preventive services, such as immunizations for adolescents and screening and counseling to avoid risky behaviors.

We appreciate the commitment of so many across the country who care about making a difference in adolescent health and teen pregnancy prevention. We look forward to hearing about future progress and contributions that hold promise to make our nation healthier for generations to come.

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