



## Editorial

## Advancing the Field of Teenage Pregnancy Prevention Through Community-Wide Pregnancy Prevention Initiatives



As a nation, we are at a crucial cross-road in our efforts to further reduce the incidence of teen pregnancy, once considered an intractable problem, but now recognized by the Centers for Disease Control and Prevention (CDC) as a “winnable battle” [1]. Over the past four decades, traditional strategies for teen pregnancy prevention have evolved from implementing relatively one-dimensional efforts, for example, those focused on changing the behavior of individuals through educational interventions or those increasing accessibility to adolescent-friendly reproductive health services. Today, there is a growing recognition of the importance of a multidimensional array of concurrent and synergistic approaches to teen pregnancy prevention that also engage stakeholders across communities [2]. With the opportunity afforded through the special partnership between the Office of Adolescent Health and CDC for the national demonstration project: integrating services, programs, and strategies through community-wide initiatives (CWI), we have a unique platform to learn from a wide variety of states’ and community-based organizations’ experiences in implementing community-wide, comprehensive approaches to reduce teenage pregnancy [3].

The CWI built upon several critical elements that enabled testing of more comprehensive approaches. First, CWI communities benefitted from the availability of a growing body of evidence-based educational interventions (EBIs) for teen pregnancy prevention, as well as the identification of evidence-based practices (EBPs) in adolescent reproductive health care. Second, the emergence of the field of implementation science provided tools to test whether interventions were in fact carefully replicated with fidelity, while also providing opportunities for local enhancements, slight adaptations, and continuous quality improvement. Third, there is a growing recognition of the importance of building informal and formal community and professional partnerships and leadership capacity as part of the necessary infrastructure that supports not only changing norms and culture, but the implementation of curriculum and clinical interventions. This type of “scaffolding” allows for the

development of key community leadership to build and sustain a combination of high-quality educational and clinical services.

In this special issue of the Journal of Adolescent Health, a broad range of review papers provides insight into important themes and issues regarding the complexity of operationalizing CWI’s overall vision. Presented together from different vantage points, these papers capture the challenges and opportunities at the local community level to approach teen pregnancy prevention from a comprehensive perspective that includes education, health services, and community engagement. Several cross-cutting themes provide insights that can help the next generation of programs.

### Cross-Cutting Themes

#### *Implementation roadmaps provide valuable milestones*

CDC provided guidelines for a sequential, staged set of milestones and timelines to conduct the planning, assessment, and preparation necessary to select EBI curricula and clinical EBPs [4]. It also provided guidance for assessing community readiness and engaging different community sectors and stakeholders. Across all sites, time-intensive attention to the overall direction of the local initiative, dedicated personnel, leveraging other resources, and solidifying commitment was essential for implementation. This combination of activities was important to shift from an unidimensional focus, such as classroom teaching, to one involving multiple, synergistic, and concurrent community-wide strategies. Key among these features was the importance of building trusting relationships with the community to maximize the likelihood of success, not only during the funding phase, but continuing through to planned sustainability. To be incorporated into the fabric of the community required dedicated staff, willingness to engage and be responsive to relevant sectors, including families, providers, and other stakeholders; and a recognition that attempting to truncate the planning process could potentially create far greater challenges to successful implementation than taking the necessary time to fully engage communities [5].

#### *Formal and informal leadership, champions, and change agents are requisite for success*

Developing engaged leaders, champions, and change agents was instrumental in the success of the CWI. This was evident from the federal partners who collaborated and combined funding streams to design and implement the CWI and who

**Conflicts of Interest:** The author declares no conflicts of interest.

**Disclaimer:** Publication of this article was supported by the Office of Adolescent Health. The opinions or views expressed in this supplement are those of the authors and do not necessarily represent the official position of the funder. The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the Office of Adolescent Health, U.S. Department of Health and Human Services.

assisted with documenting progress and conveying these accomplishments to the provider community, to local teens and parents. This process required identification of emerging leaders, building the capacity of professionals and community leaders, and engagement of various stakeholders working together across different sectors with a common goal of preventing teen pregnancy. Champions and change agents were defined not only as those in leadership positions, but informal community leaders whose capacity and self-efficacy developed and emerged through the program. These leaders played a key role in community outreach and engagement, ensuring a greater awareness and commitment in changing the necessary community norms to best sustain EBIs and EBPs. For example, sites in Texas and Massachusetts formed community teams that brought together local leaders, community members, and youth to both actively engage and invest in community capacity building [6,7].

#### *Data and quality improvement*

A commitment to qualitative and quantitative data collection and documentation across all CWI components was a key to monitor the planning and implementation phases, as well as the substantial progress made across sites. Simultaneously, the data pointed to certain gaps in accomplishing milestones, thus providing an opportunity for further refinement and improvement of initiatives, as part of a commitment to continuous quality improvement. Several data sources were used across communities, including cross-site performance measures to assess short-term objectives, metrics to ascertain whether there were increases in students being exposed to EBIs, more clinics were implementing EBPs, and community engagement occurred. Individual sites also developed local data collection that was meaningful to their programs. For example, the sites in New York and North Carolina used different but complementary approaches for documenting changes in the types of strategies they used to link teens to sexual and reproductive health services [8,9]. Another source of data were the records and documents kept by the technical assistance providers, providing an opportunity to ascertain what investment was necessary in establishing “training of trainers” models [10]. Finally, some sites, such as the one in South Carolina, used focus group data on African-American and Latina teens’ perceptions regarding contraceptives and satisfaction with services to redesign new approaches and strategies [11]. As a result, there are opportunities for sites to share different training and capacity building tools for local sites to use data effectively, as well as data findings, particularly when facing similar challenges. For example, focus group data on barriers to contraceptive adoption in one site might be helpful to disseminate to other sites serving similar youth so that these insights might be helpful in further program design.

#### *Creating a learning environment for building sustainability*

Another cross-site theme that emerged was that successfully implementing the vision of CWIs was far more intensive and challenging than program implementers may have originally anticipated. Because the components of the CWI are interlocking and each needs to be functioning effectively and efficiently individually and in combination, taking the necessary time to ensure that each was in place took constant vigilance, as well as an openness to learning. This tone was initially established by the federal leadership, which partnered with the states and

community-based organizations. It required candor and willingness to use quality improvement to continue to fine-tune interventions, given the complexity of implementing multi-sectoral interventions. Cultivating lessons learned and being able to thoughtfully review the progress required dedication and determination, as well as the ability to roll up one’s sleeves, given the ground-breaking nature of the CWI.

#### **Implications for the Field of Teenage Pregnancy Prevention**

These findings point to several important programmatic directions. First, future learning communities will need to incorporate quality improvement strategies for ongoing service improvements. Second, while CWI sites focused on classroom, clinic, and community-focused interventions, additional partnerships to address socioeconomic and other determinants of health that contribute substantially to teen childbearing, such as improving educational outcomes, are needed. Third, engaging youth in shaping program development and implementation is a key. Fourth, additional dissemination and diffusion efforts are needed to optimize the transfer of this body of evidence to other communities. Combined, these strategies can further advance our nation’s commitment to ensuring that young people can more successfully navigate their teen years pregnancy free.

Claire D. Brindis, Dr.P.H.

*Philip R. Lee Institute for Health Policy Studies*

*Department of Medicine*

*and the Division of Adolescent and Young Adult Medicine*

*Department of Pediatrics*

*University of California, San Francisco*

*San Francisco, California*

---

#### **References**

- [1] Winnable battles, in centers for disease control and prevention, 2014. Downloaded on January 17, 2016. Available at: <http://www.cdc.gov/WinnableBattles/TeenPregnancy/index.html>.
- [2] Brindis CD, Moore K. Improving adolescent health policy: Incorporating a framework for assessing state-level policies. *Annu Rev Public Health* 2014; 35:343–61.
- [3] Barfield WD, Warner L, Kappeler E. Why we need evidence-based, community-wide approaches for prevention of teen pregnancy. *J Adolesc Health* 2017;60:S3–6.
- [4] Metz A, Albers B. What does it take? How federal initiatives can support the implementation of evidence-based programs to improve outcomes for adolescents. *J Adolesc Health* 2014;54:S92–6.
- [5] Mueller T, Tevendale HD, Fuller TR, et al. Teen pregnancy prevention: Implementation of a multicomponent, community-wide approach. *J Adolesc Health* 2017;60:S9–17.
- [6] Plastino K, Quinlan J, Todd J, Tevendale HD. Stakeholder education and community mobilization garner support for sex education. *J Adolesc Health* 2017;60:S24–9.
- [7] Bhuiya N, House LD, Desmarais J, et al. Strategies to build readiness in community mobilization efforts for implementation in a multi-year teen pregnancy prevention initiative. *J Adolesc Health* 2017;60:S51–6.
- [8] O’Uhuru DJ, Santiago V, Murray LE, et al. Bronx teens connection’s clinic linkage model: connecting youth to quality sexual and reproductive health care. *J Adolesc Health* 2017;60:S38–44.
- [9] Sotolongo J, House LD, Swanson S, Davis SEH. Integrated community strategies for linking youth to adolescent reproductive health services: a case study. *J Adolesc Health* 2017;60:S45–50.
- [10] Tevendale HD, Condrón DS, Garraza LG, et al. Practical approaches to evaluating progress and outcomes in community-wide teen pregnancy prevention initiatives. *J Adolesc Health* 2017;60:S63–8.
- [11] Galloway CT, Duffy JL, Dixon RP. Exploring african-american and latino teens’ perceptions of contraception and access to reproductive health care services. *J Adolesc Health* 2017;60:S57–62.