TEEN PREGNANCY PREVENTION PROGRAM:
A CASE STUDY IN EVIDENCE-BASED POLICYMAKING
THURSDAY, JUNE 30, 2016
4 PM ET/ 3 PM CT/ 2 PM MT/1 PM PT
Speakers

- Andrea Kane, Vice President for Policy & Strategic Partnerships, The National Campaign to Prevent Teen and Unplanned Pregnancy
- Evelyn Kappeler, Director, Office of Adolescent Health, U.S. Department of Health and Human Services
- Charles Sallee, Deputy Director, Legislative Finance Committee, New Mexico
Setting the Stage

Andrea Kane
Vice President for Policy & Strategic Partnerships
Progress in reducing teen pregnancy and birth rates

Recent Changes in U.S. Teen Birth Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Births per 1,000 Girls, 15-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990</td>
<td>59.9</td>
</tr>
<tr>
<td>1995</td>
<td>56.0 (-7%)</td>
</tr>
<tr>
<td>2000</td>
<td>47.7 (-15%)</td>
</tr>
<tr>
<td>2005</td>
<td>39.7 (-17%)</td>
</tr>
<tr>
<td>2010</td>
<td>34.2 (-14%)</td>
</tr>
<tr>
<td>2015</td>
<td>22.3 (-35%)</td>
</tr>
</tbody>
</table>

TPPP* Begins

© The National Campaign to Prevent Teen and Unplanned Pregnancy
Disparities remain
Teen births by county of residence, 2013-2014
Building the Evidence Base

Number of Evidence-based programs – by Year
**Funding for Teen Pregnancy Prevention Programs: Shift towards Evidence**

*In 2016, $10M for Sexual Risk Avoidance added basic evidence requirement*
In FY 2016, funding refocused on Sexual Risk Avoidance grants that implement an “evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience”.

<table>
<thead>
<tr>
<th>Federal Funding for Teen Pregnancy Prevention (in millions)</th>
<th>FY 2008</th>
<th>FY 2016</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Based Abstinence Grants</td>
<td>$113.4</td>
<td>$10.0*</td>
<td>-$103.4</td>
</tr>
<tr>
<td>State Abstinence Grants</td>
<td>$50.0</td>
<td>$75.0</td>
<td>$25.0</td>
</tr>
<tr>
<td><strong>Funding not tied to evidence</strong></td>
<td>$163.4</td>
<td>$85.0</td>
<td>-$78.4</td>
</tr>
<tr>
<td>Office of Adolescent Health Teen Pregnancy Prevention Program (TPPP)</td>
<td>$0.0</td>
<td>$107.8</td>
<td>$107.8</td>
</tr>
<tr>
<td>Personal Responsibility Education Program (PREP)</td>
<td>$0.0</td>
<td>$75.0</td>
<td>$75.0</td>
</tr>
<tr>
<td><strong>Evidence-based funding</strong></td>
<td>$0.0</td>
<td>$182.8</td>
<td>$182.8</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>$163.4</td>
<td>$267.8</td>
<td>$104.4</td>
</tr>
</tbody>
</table>

* In FY 2016, funding refocused on Sexual Risk Avoidance grants that implement an “evidence-based approach integrating research findings with practical implementation that aligns with the needs and desired outcomes for the intended audience”.
Office of Adolescent Health

Teen Pregnancy Prevention Program: A Case Study in Evidence-based Policymaking

Evelyn Kappeler
Director
Office of Adolescent Health

National Conference of State Legislatures Webinar
June 30, 2016
OAH Teen Pregnancy Prevention Program

- Replication of Evidence-Based Programs (Tier 1) – approx. $70 million annually

- Research & Demonstration Projects to Develop & Test New and Innovative Approaches (Tier 2) – approx. $24 million annually

- TPP Program Support - approx. $7 million
  - Programmatic Training & Technical Assistance
  - Medical Accuracy Review
  - Performance Measures
  - Evaluation Training & Technical Assistance
  - Staffing and Overhead
Diversity of Implemented Programs

- Relationship Education
- Clinic-Based
- Special Populations
- Abstinence Education
- Youth Development
- Sex Education
OAH TPP Program – Who We Serve

- Reaching communities with the greatest need & the most vulnerable youth
- **Cohort 1** – 102 grantees served ½ million youth in 39 States & DC - Sept 2010 – Aug 2015
- **Cohort 2** – 84 grantees anticipate serving 1.2 million youth in 39 States & Marshall Islands - July 2015 – June 2020
102 grantees served ½ million youth in 39 States & DC
- 74% ages 14 or younger, 18% ages 15-16
- 37% Latino, 30% Black, 23% White

- 6,100 new facilitators trained
- 3,800 community partnerships established
- 66 manuscripts published; 1,292 national, regional, and state presentations delivered
Impact of OAH TPP Program FY2010 – 2014

- 95% of all sessions were implemented as intended (fidelity)
- 92% of all sessions were implemented with high quality
- Youth attendance was high – on average, youth attended 86% of all sessions
TPP Program Evaluation Strategy FY2010-2014

**Tier 1 (19)**
- Aban Aya
- BART
- Carrera Program (2)
- ¡Cuídate!
- It’s Your Game (2)
- PHAT-Abstinence-Only
- Reducing the Risk (2)
- Safer Sex (2)
- Seventeen Days
- Teen Outreach Program (7)

**Tier 2 (22)**

**Adaptations of EBPs (7) & New Programs (10)**
- Teen Moms (2)
- Native youth (2)
- Latino youth
- Hawaiian youth
- Rural youth
- School-based (3)
- Gender Norms
- Peer Education
- Health Education
- After school
- Relationship Education

**Standardized performance and outcome measures**

**Evaluation Training & Technical Support**
Impact of OAH TPP Program FY2010 – 2014

- Many programs had impacts on teens’ knowledge, attitudes, and intentions
- 4 evidence-based programs were effective at changing behavior when tested in new settings and/or with new populations
- 8 innovative programs were effective at changing behavior
- All added important information about where, when, and with whom programs are most effective
Lessons Learned from the OAH TPP Program

- TPP statutory language focused on outcomes rather than content
- Need to build a body of evidence for programs to know where/when/with whom they are most effective
- High standards can drive the field
- More time and emphasis needs to be spent on program selection, fit, and implementation
- Training, technical assistance and performance measures are essential to ensure quality and rigor
Replicating EBPs to Scale in Communities at Greatest Need (50 grantees)

Services are Trauma-Informed & Inclusive

Safe & Supportive Environments

Dissemination

Linkages to Youth-Friendly Health Care Services

Replicating EBPs to Scale in Multiple Settings

Engaging Youth & Families

Evaluation

Data

Capacity Building to Implement EBPs (8 grantees)

Using Lessons to Redesign OAH TPP Program

Replication of EBPs (Tier 1) in TPP Cohort 2 (FY2015 – 2019)
Using Lessons to Redesign OAH TPP Program

Developing New & Innovative Approaches (Tier 2) in TPP Cohort 2 (FY15-19)

- Supporting Early Innovation to Prevent Teen Pregnancy (2 grantees)
  - Supporting technology and programmatic innovations that are not yet ready to be rigorously evaluated

- Rigorous Evaluation of New or Innovative Approaches (24 grantees)
  - Emphasis on identifying approaches to fill gaps in the existing evidence-base
  - Young males, Latino youth, American Indian youth, LGBTQ youth, youth in foster care, incarcerated youth, clinic-based interventions, intervention for families, technology-based interventions
Identify areas for continuous quality improvement

Identify areas in need of new and continued research and evaluation

Redesign the OAH TPP program approach to have the greatest impact on reducing rates of teen births and existing disparities

Inform grantee selection of evidence-based programs
Use OAH’s Award Winning Website
www.hhs.gov/ash/oah/

Learn more about the TPP Program:
http://www.hhs.gov/ash/oah/oah-initiatives/tpp_program/

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Watch us on YouTube
www.youtube.com/teenhealthgov
Legislating for Results

Charles Sallee, Deputy Director
Legislative Finance Committee

NCSL Webinar – Teen Pregnancy Prevention Program
June 2016
Legislating For Results

Evidence-Based Policy & Budget Framework

Accountability in Government Act Remains a Top Priority

Building on past successes.

- Identify Priority Areas And Performance
- Review Program Inventory And Effectiveness
- Budget Development
- Implementation Oversight
- Outcome Monitoring

Results First – new tool to aid in decision-making.
LFC Integrates a mix of:
- Research
- Cost–Benefit Analysis
- Policy Analysis
- Budget Analysis
- Performance Monitoring (Report Cards) &
- Program Evaluation

Into the policy and budget process, in addition to traditional approaches
Performance data helps highlight the need for additional oversight and attention through the budget process.

Other data and analysis needed to help define problems/opportunities.

- Who, where, why etc.
- About 2,500 births to teens age 15–19.
- 70% of teen births to 18–19 year old women.
- Teen birth rate down 48 percent since 2000, but still one of highest in the country.
- Would need almost a thousand fewer teen births per year to reach national average teen birth rate.
## Performance, Cont.

### New Mexico State of the State Dashboard

<table>
<thead>
<tr>
<th>Children, Youth and Families</th>
<th>Education</th>
<th>Health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>R</strong> 9% of babies born in New Mexico have low birth weight*2</td>
<td><strong>G</strong> 94% of children in state-funded prekindergarten progress to kindergarten readiness*2</td>
<td><strong>G</strong> 88% of New Mexicans are insured*2</td>
</tr>
<tr>
<td><strong>R</strong> 38 Births per 1,000 teen mothers age 15-19*1</td>
<td><strong>R</strong> 24% of fourth graders are proficient in reading; 19% are proficient in math*2</td>
<td><strong>G</strong> 4,624 people are receiving services through the developmental disabilities waiver*3</td>
</tr>
<tr>
<td><strong>G</strong> 7% of Medicaid children ages 2 to 17 are readmitted into hospitals after 30 days*3</td>
<td><strong>R</strong> 23% of eighth graders are proficient in reading; 9% are proficient in math*2</td>
<td><strong>Y</strong> 89% of Medicaid children whose asthma is well-managed*4</td>
</tr>
<tr>
<td><strong>R</strong> 11% of New Mexico’s children experience incidents of repeated maltreatment*3</td>
<td><strong>R</strong> 69% of students graduate from high school in four years*1</td>
<td><strong>R</strong> 58% of Medicaid adults whose diabetes is well-managed*3</td>
</tr>
<tr>
<td><strong>G</strong> 76% of children received their full required immunization in 2015*5</td>
<td><strong>R</strong> 42% of college students completed a bachelor’s degree within six years*1</td>
<td><strong>46th</strong> in the nation for diabetes deaths per 100 thousand people*1</td>
</tr>
<tr>
<td><strong>G</strong> 43% of home visits demonstrating progress in positive parent-child interactions*3</td>
<td><strong>Y</strong> 35% of New Mexicans have an Associate’s degree or higher*1</td>
<td><strong>49th</strong> in the nation for drug overdose deaths per 100 thousand people*1</td>
</tr>
</tbody>
</table>
Chart 7. 2013 Teen Birth Rate and Total Number, by New Mexico County

Source: LFC Analysis
How are agencies and programs spending resources on interventions – what are we doing to solve the problem?

What Works? Are agencies spending resources on what works?
  ◦ Inventory of evidence-based and promising interventions.
  ◦ Performance Review
  ◦ Cost–benefit analysis through Results First.
  ◦ Program Evaluation
Hypothetical Intervention

Client Groups

Percent Good Outcomes

- **A**: Program Group 63%, Control Group 63%
- **B**: Program Group 57%, Control Group 53%
- **C**: Program Group 49%, Control Group 31%
Using LFC Program Evaluation Unit Reports

Key Findings

- Teen pregnancy continues to be associated with negative outcomes, producing substantial costs to the state.
- New Mexico is implementing evidence-based teen pregnancy prevention programs, but efforts are inconsistent and not coordinated among agencies.
  - New Mexico’s educational standards require school districts teach multiple strategies to prevent teen pregnancy and reduce risky behaviors, but only about half of all schools report implementing these standards.
- The New Mexico Department of Health is using teen pregnancy prevention funds to implement evidence-based approaches.
- New Mexico could better leverage existing clinical interventions to reduce teen births.
- Report Online – Link
Spending Analysis

- Federal policies requiring use of evidence-based interventions – very positive.
- Inventory of state and intervention level spending difficult in many cases.
Performance information and evidence of program effectiveness is incorporated into the budget process with the intent to move money towards programs likely to work and yield a high return on taxpayer investments, where possible.

Appropriators face many competing priorities for funding.

Agencies granted significant budget flexibility and can re-allocate funding as well.
Recurring Early Childhood Funding History
FY12-FY17
(in millions)

Example – Tracking Key Investments
Cost-Benefit Analysis

- Alternative Response: $15.64
- Safecare: $10.98
- Nurse Family Partnerships: $9.70
- Triple P (All Levels): $9.28
- Parent Child Interaction Therapy: $5.48
- Homebuilders: $2.86
- Triple P (Level 4): $1.56
- Parents as Teachers: $1.54
- Other home visiting programs: $1.49
- Healthy Families America: $0.72
- Parent Child Home Program: $0.53
- Other family preservation: ($0.63)

Taxpayer Benefit to Cost Ratio
Non-Taxpayer Benefit To Cost Ratio
Implementation Oversight

- Performance reports, and other tools, are used to ensure programs are effectively implemented.
- The best evidence-based programs will not work as intended if poorly implemented, and monitoring the quality of implementation is critical to protect taxpayer investment.
A combination of performance reports and program evaluations assess whether programs are achieving desired results.

Outcomes can be compared to what research says should likely occur as well as compared to other states, industry or national data.
## Performance Monitoring

### 2015 Accountability Report

#### Early Childhood

<table>
<thead>
<tr>
<th>HOME VISITING</th>
<th>Average Percent of Family Goals Met</th>
<th>Mothers Initiating Breast Feeding</th>
<th>Average Number of Home Visits</th>
<th>Well – Child Exams</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15 10.6</td>
<td>FY14 26% N= 1,957 families Baseline</td>
<td>FY14 84% N=884 Better 2013 72%</td>
<td>FY14 14 N= 1,957 families Baseline</td>
<td>FY14 96% N= 1,180 Baseline</td>
</tr>
<tr>
<td>FY16 14.3</td>
<td>3,762</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NEW MEXICO PRE-K</th>
<th>Pre-K Kids Ready at Kindergarten</th>
<th>Pre-K Kids Proficient by 3rd Grade - Reading</th>
<th>Pre-K Kids Proficient by 3rd Grade - Math</th>
<th>4-Year Olds in NM Pre-K</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY15 $39.6</td>
<td>FY13 39% N=471 Baseline</td>
<td>FY14 59% N=3,309 Baseline</td>
<td>FY14 58% N=3,309 Baseline</td>
<td>FY14 17% Baseline</td>
</tr>
<tr>
<td>FY16 51.1</td>
<td>10,500 12,938</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Thank You

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Questions?

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