



Original article

Implementing Three Evidence-Based Program Models: Early Lessons From the Teen Pregnancy Prevention Replication Study

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A B S T R A C T

Purpose: This article describes some of the early implementation challenges faced by nine grantees participating in the Teen Pregnancy Prevention Replication Study and their response to them.**Methods:** The article draws on information collected as part of a comprehensive implementation study. Sources include site and program documents; program officer reports; notes from site investigation, selection and negotiation; ongoing communications with grantees as part of putting the study into place; and semi-structured interviews with program staff.**Results and Conclusions:** The issues faced by grantees in implementing evidence-based programs designed to prevent teen pregnancy varied by program model. Grantees implementing a classroom-based curriculum faced challenges in delivering the curriculum within the constraints of school schedules and calendars (program length and size of class). Grantees implementing a culturally tailored curriculum faced a series of challenges, including implementing the intervention as part of the regular school curriculum in schools with diverse populations; low attendance when delivered as an after-school program; and resistance on the part of schools to specific curriculum content. The third set of grantees, implementing a program in clinics, faced challenges in identifying and recruiting young women into the program and in retaining young women once they were in the program. The experiences of these grantees reflect some of the complexities that should be carefully considered when choosing to replicate evidence-based programs. The Teen Pregnancy Prevention replication study will provide important context for assessing the effectiveness of some of the more widely replicated evidence-based programs.

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IMPLICATIONS AND
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Is it possible to address the needs of program participants without compromising essential elements of evidence-based programs? Experiences of grantees replicating evidence-based programs with fidelity while, at the same time, working to ensure that the interventions meet the needs of their target populations offer important lessons for policymakers and service providers.

The Teen Pregnancy Prevention (TPP) program, administered by the Office of Adolescent Health (OAH), seeks to address high rates of teen pregnancy by (1) replicating evidence-based program models and (2) testing innovative approaches. Funding was

structured to maximize investment in programs with strong evidence of effectiveness (Tier 1: Replication grants) while providing support for new approaches that could add to the existing knowledge base (Tier 2: Research and Demonstration grants). Funding for both types of grantees was accompanied by requirements for evaluation activities. All grantees in both groups are required to assess and report on the fidelity with which they are implementing the program model. Adaptations are allowed with OAH approval, providing they do not compromise any of the program's core components.

The TPP Replication Study, funded through OAH and the Office of the Assistant Secretary for Planning and Evaluation, is designed to supplement existing evaluation efforts by focusing

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on replication and expanding on the grantee-led evaluations that others are implementing. For this study, three program models were selected, with three replications of each model, to address the question “Do replications of evidence-based models, implemented with fidelity, produce impacts on teen pregnancy and births to teens, across different settings and populations?”

The replication challenge

Efforts to replicate an evidence-based program in real-world settings bring into sharp focus the tension between adherence to the core elements of the program (fidelity) and adaptation in response to implementation challenges. Some prevention researchers believe that adaptation always reduces the effectiveness of the program model [1]. Berkel et al. (2011) [2] cite other researchers in support of the idea that adaptation can be defined as addition to the program model, rather than lack of fidelity. They suggest that this might help in distinguishing what might be a positive addition to the program from an inability to implement the program with fidelity to the original design. Because the context in which the program is delivered changes over time and may be offered to populations that differ in important ways from those on which it was originally tested, adaptation may be necessary to preserve program effectiveness [3,4].

Bumbarger and Perkins (2008) argue that, when evidence-based programs are replicated in natural conditions, complete fidelity is unlikely and that much of the adaptation is not intentional (innovation, a positive addition that strengthens the intervention without eroding its core elements) but rather reactive in response to barriers [5]. Their research provides some support for this contention. In a survey of organizations participating in the Pennsylvania Commission on Crime and Delinquency initiative, almost 40% of the respondents reported that they had not implemented the program model as it was originally designed, and in more than half of these, the adaptations could reasonably be expected to reduce program effectiveness. Examples included shortening or deleting lessons and changing pedagogic strategy, both in response to unanticipated barriers, and both directly affecting core program elements. In contrast, Greenberg and et al. (2005) [6] suggest that adaptation can coexist with fidelity. OAH's emphasis on fidelity of implementation required grantees to find that balance and to develop solutions to unanticipated challenges that enhanced rather than eroded the program model.

The TPP replication study

The 5-year federally funded TPP Replication Study evaluation includes an impact evaluation study and a comprehensive implementation study. The evaluation incorporates nine rigorous experimental evaluations of grants awarded by OAH in 2010. Three of the nine grantees selected for the study are replicating *Reducing the Risk*, a widely used curriculum-based sexuality education program, whose 16 sessions are usually delivered in schools with students aged 14–19 years. Three other grantees are replicating *Cuidate!*, an HIV/AIDS prevention program, culturally tailored to Latino adolescents aged 13–19 years and delivered over six sessions in small groups that may be either single sex or mixed gender. The third set of grantees are replicating *Safer Sex*, a clinic-based program to prevent sexually transmitted disease (STD) that targets sexually active females aged 14–19 years. The program is delivered individually to participants by a trained health educator using a motivational interviewing process.

Participants complete an initial 1-hour session and then three subsequent booster sessions over a 6-month period. Table 1 lists key characteristics of the grantee, the model tested, and the population targeted.

The implementation study

The goals of the implementation study are as follows:

- To provide an in-depth description of the intervention as planned and implemented in each of the replication sites for the three models;
- To document the extent to which program models are implemented with fidelity and are able to meet their performance goals;
- To examine barriers and challenges to implementation in each of the sites to arrive at a qualitative understanding of why replication efforts did or did not reproduce the impacts reported in the original study;
- To identify and describe the services available to and used by youth in the control groups; and
- To explore linking aspects of program implementation to variation in program impacts, in the event that the impact study identifies such variation.

Underlying these goals are two questions that arise in many research fields, namely the extent to which multiple high-quality replications of a program model are feasible, and the factors internal and external to the program that affect replication.

To guide the specification of data needed to address these goals and the research questions that flow from them, the study uses a framework that builds on the work of Berkel and et al. (op.cit.) and others, to identify aspects of implementation that have been shown to affect program outcomes, as well as the factors internal and external to the grantee that affect implementation. Figure 1 shows the proposed framework.

Methods

The information presented below is drawn from a much larger body of data that are being collected for the implementation study. Table 2 lists the data needs, sources, and data collection strategies for the study as a whole. Collection of these data is ongoing and will continue through spring 2014. This article relies on a small subset of this information collected early in the first implementation year. Sources of information for the article include grantee and program documents and reports; notes made by study staff during site recruitment; ongoing communication with grantee and partner staff; and semi-structured telephone interviews with program staff.

The information was compiled within site and then reviewed to extract model-specific themes that were identified by multiple sites implementing the model.

Results

Early implementation challenges

Intervention goals and strategies varied by program model, as did the challenges encountered as grantees attempted to replicate each program model with fidelity. Below, we discuss

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