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Teen Pregnancy Prevention: Implementation of a Multicomponent, Community-Wide Approach



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A B S T R A C T

This article provides an overview and description of implementation activities of the multicomponent, community-wide initiatives of the Teenage Pregnancy Prevention Program initiated in 2010 by the Office of Adolescent Health and the Centers for Disease Control and Prevention. The community-wide initiatives applied the Interactive Systems Framework for dissemination and implementation through training and technical assistance on the key elements of the initiative: implementation of evidence-based teen pregnancy prevention (TPP) interventions; enhancing quality of and access to youth-friendly reproductive health services; educating stakeholders about TPP; working with youth in communities most at risk of teen pregnancy; and mobilizing the community to garner support. Of nearly 12,000 hours of training and technical assistance provided, the majority was for selecting, implementing, and evaluating an evidence-based TPP program. Real-world implementation of a community-wide approach to TPP takes time and effort. This report describes implementation within each of the components and shares lessons learned during planning and implementation phases of the initiative.

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IMPLICATIONS AND CONTRIBUTION

Implementation of a comprehensive, evidence-based community-wide approach to teen pregnancy prevention required significant training and technical assistance. A tiered training and technical assistance approach was helpful for distilling the research and translating it to practice in the communities.

Although the teen birth rate declined 64% between 1991 and 2015 from 61.8 to 22.3 per 1,000 female adolescents aged 15–19 years [1], the United States continues to have one of the highest teen pregnancy rates among developed nations [2], and racial/ethnic and geographic disparities in teen birth rates persist

[3,4]. Because of the high rates and persistent disparities in teen births, teen pregnancy prevention is one of six major evidence-based policy initiatives currently funded across the federal government [5]. In 2010, the U.S. Centers for Disease Control and Prevention (CDC) declared teen pregnancy one of its seven “winnable battles” and a public health priority because of the potential for large-scale impact on health and the availability of known, effective strategies [6]. The Department of Health and Human Services (HHS) Office of Adolescent Health (OAH) is responsible for implementing and administering the Teenage Pregnancy Prevention Program, which has two funding tiers: the replication of evidence-based intervention (EBI) models (tier 1) and the testing of new or innovative approaches (tier 2) [7]. In 2010, as one of the tier 2’s approaches, CDC, in partnership with OAH, funded eight state- and community-based organizations to

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develop and implement a multicomponent, community-wide approach to teen pregnancy prevention (TPP) in communities with a history of high teen birth rates (>45.5 births per 1,000 females aged 15–19 years). CDC and the Office of Population Affairs also supported a Title X organization to implement the same community-wide approach in a ninth community. Funded state- and community-based organizations received between \$700,000 to \$1.5 million per year through a 5-year cooperative agreement to implement project activities. To meet the needs of the nine state- and community-based organizations and their local partners, the CDC also funded five national organizations to provide training and technical assistance (TTA). **Table 1** lists the state- and community-based organizations and their targeted communities and the national organizations included in these initiatives.

Description of Initiatives

The purpose of the initiatives was to use a community-wide, multicomponent approach to reduce teen pregnancy and birth rates in communities with rates exceeding the national average. The current initiative model includes five primary elements (**Figure 1**). Although individual elements are based on research and implementation of prior TPP efforts, the overall model has not been previously carried out.

The first element is implementation of EBIs to prevent teen pregnancy. Interventions that have been rigorously evaluated and found to impact behaviors associated with pregnancy and/or reduce the likelihood of pregnancy or sexually transmitted infections among teens have been identified through a review carried out for HHS [8]. State- and community-based organizations were expected to partner with youth-serving organizations (program partners) who would implement these EBIs.

In addition, given indications of the importance of increasing contraceptive use among teens to declining teen birth rates nationally [9,10], increasing teen access to high-quality sexual and reproductive health services was identified as the second key element of the model. State- and community-based organizations were to work with local health centers to improve implementation of evidence-based guidelines for adolescent reproductive health care [11]. Implementation of these guidelines has been linked to greater use of highly effective contraception and youth satisfaction with services received [12–18]. The initiatives also were to connect youth participating in EBIs to participating health centers for sexual and reproductive health services, as needed.

Implementing teen pregnancy prevention efforts in a community can be a sensitive and even controversial issue. Widespread implementation of these efforts may require the approval of local community leaders (e.g., school officials) and can be derailed when community members object to how the teen pregnancy prevention efforts are carried out. In light of this, the initiatives were designed to involve and engage the communities from the start. Community mobilization efforts, which represent the third initiative element, sought to engage community members, youth, and local leaders in planning the initiatives and providing feedback on how and where initiative activities were implemented [19]. The fourth element, educating key stakeholder (e.g., school boards, youth serving organization leadership) about the need for teen pregnancy prevention, extent of community support for TPP efforts, and the types of interventions supported by research, was to be carried out by the

Table 1

State- and community-based organizations and national organizations in the community-wide teen pregnancy prevention initiatives

| State- and community-based organizations | |
|--|--|
| Organization name | Target community |
| Adolescent Pregnancy Prevention Coalition of North Carolina ^a | Gaston County, North Carolina |
| Fund for Public Health in New York ^a | South Bronx, New York ^b |
| Family Planning Council ^a | Philadelphia, Pennsylvania |
| City of Hartford ^a | Hartford, Connecticut |
| Georgia Campaign for Adolescent Power and Potential ^a | Richmond County, Georgia |
| Massachusetts Alliance on Teen Pregnancy ^a | Springfield and Holyoke, Massachusetts |
| University of Texas Health Science Center at San Antonio ^a | South San Antonio, Texas |
| South Carolina Campaign to Prevent Teen Pregnancy ^a | Spartanburg County, South Carolina; Horry County, South Carolina |
| Mobile County Health Department ^c | Mobile County, Alabama |
| National training and technical assistance organizations ^d | |
| Organization name | Area of expertise |
| Advocates for Youth | Community mobilization |
| CAI Global, Inc | Clinical services |
| Healthy Teen Network | Evidence-based programs |
| The National Campaign to Prevent Teen and Unplanned Pregnancy | Stakeholder education |
| JSI, Inc | Working with diverse communities |

^a Funded by the Office of Adolescent Health.

^b Community Districts 2 and 3, Hunts Point and Morrisania.

^c Funded by the Office of Population Affairs.

^d Funded by the Centers for Disease Control and Prevention.

state- and community-based organizations as well as participating community members. Mobilizing community members to become actively involved in change efforts and educating key leaders in the community about change efforts have been found to be factors in the success of community efforts [20–22].

Finally, the fifth element, which focused on working with diverse communities, sought to engage community members from different backgrounds to participate in community mobilization and stakeholder education, as well as ensure that EBIs and sexual and reproductive health services were culturally appropriate and tailored to meet the needs of all youth in the community. Failing to engage key segments of the community or providing youth with interventions that are not culturally sensitive may reduce the likelihood that efforts have a positive impact [23,24] (**Figure 1**).

To ensure that capacity was built within the state- and community-based organizations and their partners to implement the five elements of the community-wide initiative and to ensure quality implementation, we applied a multitiered TTA framework modeled after the Interactive Systems Framework for Dissemination and Implementation (ISF, **Figure 2**). Previous application provides support for using the ISF to help local providers implement interventions [25–27]. The ISF, a multisystem, capacity-building model, was developed to help prevention practitioners and researchers bridge the gap between what is known about effective approaches from research and how activities are implemented in the field [28]. The ISF is represented by three systems: (1) prevention synthesis and translation; (2) prevention support; and (3) prevention delivery. The prevention synthesis and translation system distills the research and makes

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