



Original article

Implementing Evidence-Based Teen Pregnancy-Prevention Interventions in a Community-Wide Initiative: Building Capacity and Reaching Youth

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A B S T R A C T

Purpose: To describe efforts to implement evidence-based interventions (EBIs) within multicomponent, community-wide initiatives to reduce teen pregnancy.**Methods:** During 2011–2014, we collected information about the capacity (i.e., knowledge, confidence, training, and experience) of state and community-based organizations to support implementation of the following: EBIs, number and characteristics of youth served by EBIs, type of EBIs implemented, EBI settings, hours of training, and technical assistance provided. State and community-based organizations reported these data annually; however, training and technical assistance was reported monthly. We used aggregated data from these annual and monthly reports to describe the implementation of EBIs in the community-wide initiative project.**Results:** From baseline in 2011–2014, state and community-based organizations increased their capacities to support program partners in delivering EBIs. They provided 5,015 hours of technical assistance and training on topics, including ensuring adequate capacity, process and outcome evaluation, program planning, and continuous quality improvement. Program partners increased the number of youth reached by an EBI in targeted communities by 349%, from 4,304 in the first year of implementation in 2012 to 19,344 in 2014. Most youth in 2014 received sexuality education programs (59%), whereas smaller percentages received abstinence-based, youth development, and clinic-based programs. Most youth were reached through schools (72%) and community-based organizations (16%), and smaller numbers were reached in other settings (e.g., faith-based organizations, health centers).**Conclusions:** Building and monitoring the capacity of program partners to deliver EBIs through technical assistance and training is important. In addition, partnering with schools leads to reaching more youth.© 2016 Society for Adolescent Health and Medicine. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).IMPLICATIONS AND
CONTRIBUTION

Findings from the implementation of evidence-based interventions for teen pregnancy prevention in a multicomponent community-wide initiative suggest that communities can support evidence-based intervention delivery through access to training and technical assistance and reach large numbers of youth by working directly with school systems.

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Many adolescent and reproductive health interventions are effective at influencing factors associated with teenage pregnancy [1,2]. However, because evidence-based interventions (EBIs) are not always implemented with quality and fidelity, outcomes may vary [3,4], and results may not mirror outcomes observed in the original efficacy research [5]. For programs to achieve population-level effects, interventions should reach large numbers of youth and be implemented with attention to fidelity, careful adaption, and by using an evidence-based approach.

With the U.S. Department of Health and Human Services Office of Adolescent Health, the Centers for Disease Control and Prevention (CDC) led a 5-year cooperative agreement with eight state and community-based organizations to implement multi-component, community-wide initiatives (CWIs) to prevent teenage pregnancy among nine communities with high rates of teen births [6]. The Office of Population Affairs and CDC supported a ninth organization working in one additional community [6]. A key component of the initiative involved implementing EBIs shown to be effective in addressing risk and protective factors associated with preventing teen pregnancy. The CWIs also incorporated three key components to facilitate the implementation of EBIs: (1) mobilizing the community; (2) educating stakeholders; and (3) working with diverse communities. In addition, the CWIs incorporated a component to increase youth access to reproductive health care so that youth who are educated through EBIs have quality reproductive health services available.

The goals of the EBI component were as follows: increase the capacity of state and community-based organizations; support program partners in selecting, implementing, and evaluating EBIs; increase the number of youth within the target community exposed to EBIs; and prevent teen pregnancy. Program partners were local organizations that worked directly with youth and were willing to implement teen pregnancy-prevention EBIs.

The project required state and community-based organizations to partner with at least 10 program partners. A multilevel approach to supporting EBI delivery was developed for the initiatives and based on the Interactive Systems Framework for Dissemination and Implementation [4,7]. The state and community-based organizations provided program partners with formal training and technical assistance (T&TA) for selecting, implementing, and evaluating EBIs for the prevention of teen pregnancies.

Although experienced in teen pregnancy-prevention programming, the nine state and community-based organizations started the initiatives with varying levels of expertise for implementing EBIs. To improve state and community-based organizations' capacities to support the work of their program partners, Healthy Teen Network, a nationally recognized expert in the implementation of teen pregnancy-prevention EBIs, provided T&TA. Healthy Teen Network was funded through a cooperative agreement with CDC and provided state and community-based organizations with train the trainer sessions about specific EBIs, which allowed the organizations to then train their program partners. Healthy Teen Network also provided state and community-based organizations with T&TA on a 10-step process for state and community-based organizations to use with their program partners to select, implement, and evaluate teen pregnancy-prevention EBIs. Referred to as Promoting Science-based Approaches using Getting to Outcomes (PSBA-GTO), this process was developed by adapting a general

process for selecting, implementing, and evaluating EBIs [8] to specifically address teen pregnancy-prevention EBIs [9].

We describe monitoring and implementing EBI-related capacity-building efforts and the implementation of EBIs as part of the CWIs. In addition, we describe the methods used to assess the capacity of state and community-based organizations to support EBI delivery, as well as to measure the delivery of T&TA and the performance of program partners in implementing EBIs. We then explain the number of hours and the content of T&TA provided to state and community-based organizations, as well as the change in their capacity, followed by a description of the T&TA that state and community-based organizations provided to local program partners. Finally, we describe the number of youth served and the quality of the EBIs implemented by the local program partners. We conclude with a discussion of lessons learned through these efforts.

Methods

Assessing state and community-based organizations' capacity to support EBI delivery

During 2011–2014, program staff from state and community-based organization completed an annual Web-based needs assessment to identify strengths and areas of potential growth in their ability to support local organizations in selecting, implementing, and evaluating EBIs to prevent teen pregnancies. Questions were asked about recent experiences and training in relevant topics, as well as their self-reports of knowledge and confidence for providing T&TA on PSBA-GTO to support EBI implementation.

Sixteen items addressed whether the respondent had any training (eight items) or experience (eight items) in PSBA-GTO-specific content areas (e.g., using logic models, assessing programs for fit) during the previous 2 years. All items were summed to create a total training or experience score that could range from 0 (no training) to 8 (trained in all areas) or 0 (no experience) to 8 (experience in all areas), respectively. Twenty-two items assessed PSBA-GTO-specific knowledge, and 22 items assessed confidence in using PSBA-GTO; these items included a 1–5 Likert-scale response option, with higher scores indicating the respondent had more knowledge or confidence in the question topic. For both knowledge and confidence, items were averaged to create a composite total knowledge and composite total confidence score. The knowledge and confidence scales demonstrated good reliability ($\alpha = .97$ for each scale).

Training and technical assistance

During 2011–2014, the nine state and community-based organizations implementing the CWIs and Health Teen Network entered information regarding T&TA events into a Web-based system to track delivery and receipt of T&TA. Information about type of event (training or technical assistance), topic of T&TA (e.g., continuous quality improvement, program planning), and time spent providing T&TA was submitted to CDC in monthly reports beginning September 2011.

Program performance measures

Performance measures assessed the type of programs that were implemented in communities by program partners, the

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