



Original article

Practical Approaches to Evaluating Progress and Outcomes in Community-Wide Teen Pregnancy Prevention Initiatives



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ABSTRACT

This paper presents an overview of the key evaluation components for a set of community-wide teen pregnancy prevention initiatives. We first describe the performance measures selected to assess progress toward meeting short-term objectives on the reach and quality of implementation of evidence-based teen pregnancy prevention interventions and adolescent reproductive health services. Next, we describe an evaluation that will compare teen birth rates in intervention communities relative to synthetic control communities. Synthetic controls are developed via a data-driven technique that constructs control communities by combining information from a pool of communities that are similar to the intervention community. Finally, we share lessons learned thus far in the evaluation of the project, with a focus on those lessons that may be valuable for local communities evaluating efforts to reduce teen pregnancy.

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IMPLICATIONS AND CONTRIBUTION

This paper describes evaluation of short-term objectives and long-term outcomes of nine community-wide teen pregnancy prevention initiatives. The methods used and the lessons learned from applying those methods may be helpful to others evaluating community-wide efforts to reduce teen pregnancy.

Teenage Pregnancy Prevention: Integrating Services, Programs, and Strategies through Community-Wide Initiatives (henceforth referred to as community-wide initiatives) is a project conducted by the Centers for Disease Control and Prevention (CDC) in collaboration with the U.S. Department of Health and Human Services' Office of Adolescent Health. As part of the project, eight grantees received 5 years of funding to

develop and implement a multicomponent, community-wide approach to teen pregnancy prevention in a total of nine U.S. communities with rates of teen births above the national average [1]. A ninth initiative in one community was funded by the Office of Population Affairs and CDC. Though the specifics of how the initiatives were implemented varied depending on the needs and context of each community, all community-wide initiatives included five interrelated components: (1) collaborating with at least 10 program partners to implement evidence-based teen pregnancy prevention interventions; (2) collaborating with at least five clinical partners to increase access to teen-friendly reproductive health services; (3) mobilizing the community to support teen pregnancy prevention efforts; (4) educating the community about teen pregnancy prevention efforts by meeting with key stakeholders and implementing broad-based media campaigns; and (5) ensuring that pregnancy prevention services for teens meet the needs of youth from a range of racial/ethnic

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and socioeconomic backgrounds. For additional information on the grantees and the initiative components, please see the paper by Mueller et al. [1] in this issue.

Evaluation efforts related to performance improvement and measuring long-term impact are an essential part of attempting to implement an effective teen pregnancy prevention intervention and determine if the initiative is an adolescent health intervention worth replicating. Throughout implementation of the community-wide initiatives, grantee progress toward meeting short-term objectives was evaluated using key program and clinical services component performance measures. A separate outcome evaluation is underway to assess progress toward the primary goal of reducing teen births. The outcome evaluation uses synthetic control methods, a recently developed data-driven technique that constructs control communities by combining information from a pool of communities that are similar to the intervention community [2]. This paper will provide an overview of the performance measures that were used as part of the project and will describe the outcome evaluation. It will highlight how practical evaluation approaches can be designed to guide ongoing program implementation and assess the outcomes of a teen pregnancy prevention community-wide intervention. Changes over time across projects in many of the performance measures are presented in two other papers in this issue [3,4]. The outcome study will be completed when teen birth data through 2016 become available for all participating communities.

Key Performance Measures

During implementation of the community-wide initiatives, grantees collected data on a set of performance measures and shared these data with CDC annually. Indications of challenges with implementation gave CDC the opportunity to provide training and technical assistance to improve implementation of grantee community-wide initiatives. Evidence of successful implementation was a source of positive reinforcement for grantee efforts.

Performance measures focused on activities related to implementing programs and increasing access to teen-friendly reproductive health services. They were selected to indicate (1) the overall reach of grantee efforts and (2) the quality of implementation of programs and services provided by grantee partners. The measures were developed by CDC with the exception of outcome measures for evidence-based interventions (EBIs) which were created by program developers or grantee staff. The key performance measures are presented in Tables 1 and 2 and described in more detail below. Of note, many of the objectives in the components related to community mobilization, educating key stakeholders, and working with diverse communities were specific to each community. As a result, grantees developed community-specific objectives as part of their evaluation plans, identified measures, tracked whether the objectives were met, and summarized results in annual reports.

Key program component performance measures

Grantees completed key program component performance measures to examine the reach of their efforts to partner with youth serving organization and provide youth with EBIs. Grantees reported the number of partnerships developed with youth serving organizations who were implementing EBIs in the

Table 1
Key program performance measures

<p>Reach of grantee efforts</p> <ul style="list-style-type: none"> • Program implementation partners: current number, number retained, number added in the past year • Description of intervention setting (e.g., school, church) where each EBI is delivered • Number of new facilitators/educators trained, number who received follow-up training • Number of youth reached by EBIs overall and number reached by each EBI <ul style="list-style-type: none"> ○ By demographic characteristics (sex, race, ethnicity, age, grade, and primary language spoken at home) ○ By populations at higher risk for experiencing a teen pregnancy: pregnant or parenting teens, youth in foster care, homeless youth, and youth in the juvenile justice system • Percentage of youth who participated in at least 75% of intended program sessions, stratified by sex of participants • Number and percent of participating youth who reported engaging in behaviors that increase risk for pregnancy: ever had sex; had sex in the last 3 months; did not use hormonal contraception, intrauterine device, or condom at last sex, among sexually active youth <p>Quality of program implementation</p> <ul style="list-style-type: none"> • Mean percentage of program activities completed as planned by self-report and by observation for each program implemented • Mean quality rating for all observed sessions for each program • Mean percentage of youth who report being satisfied with their EBI participation by program

EBI = evidence-based intervention.

community to determine whether they met or exceeded the required 10 partnerships.

Because the long-term goal of the community-wide initiatives was to reduce local teen birth rates, it was important that a large proportion of teens in each community be reached by EBIs.

Table 2
Key clinical services performance measures

<p>Reach of grantee efforts</p> <ul style="list-style-type: none"> • Clinical implementation partners: current number, number retained, number added in the past year • Total number of formal linkage agreements (i.e., written agreements between clinic partners and other community organizations, agencies, or institutions intended to support adolescents receiving needed reproductive health care) • Total number of informal linkage agreements (i.e., informal agreements between clinic partners and other community organizations, agencies, or institutions intended to support adolescents receiving needed reproductive health care) • Number of youth receiving services at health center partners by age, race/ethnicity, and sex • Number of adolescent visits at which reproductive health services are provided <p>Quality of clinical services</p> <ul style="list-style-type: none"> • Number of evidence-based clinical best practices designed to increase adolescent access to and provision of reproductive health services implemented at each clinic • Percentage of health service clinics/providers that have a set of performance measures that they collect and review on a regular basis (e.g., quarterly, monthly) to measure utilization of health services by adolescents, including the delivery of reproductive health services • Percentage of clinic staff who have received training on stages of adolescent development in the past 2 years • Percentage of adolescent visits in which reproductive health services are provided by revenue source (e.g., Medicaid fee for service) • Percentage of female clients (by age and race/ethnicity) who received (1) any contraceptive method, (2) hormonal contraception (i.e., pill, patch, ring, injectable), and (3) long-acting reversible contraception (LARC; includes hormonal implants and intrauterine devices)

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