

# Office of Adolescent Health Strategic Plan FY 2012–2015



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U.S. Department of Health and Human Services

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## Vision

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**To advance best practices to improve the health and well-being of America's adolescents.**

## Strategic Priorities

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**Increase recognition** and inclusion of the specific needs and concerns of adolescents when addressing the health of the nation.

**Identify, promote, and support** a range of evidence-based approaches to enhance adolescent health, such as behavioral risk reduction, positive youth development, program and policy interventions, and recommended clinical preventive care for adolescents and young adults.

**Fully engage partners** from multiple sectors to help achieve an effective, integrated, and sustainable system for adolescent health and well-being.

**Lead development of policy and practice** in, and increase the collective impact of, the U.S. Department of Health and Human Services to ensure the health of adolescents, especially those who are most vulnerable.

## INTRODUCTION

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The Office of Adolescent Health (OAH) is dedicated to improving the health and well-being of adolescents to enable them to become healthy, productive adults. Through a congressional appropriation in 2010, OAH began to fulfill its mandate to support and evaluate evidence-based Teen Pregnancy Prevention (TPP) programs and implement the Pregnancy Assistance Fund (PAF); coordinate U.S. Department of Health and Human Services (HHS) efforts related to adolescent health promotion and disease prevention and communicate adolescent health information to health professionals and groups, and those who serve youth, parents, grantees, and the general public. OAH is also the convener and catalyst for the development of a national adolescent health agenda.

In FY 2012, OAH administers a budget of approximately \$140 million that includes the following activities:

- Lead the TPP program, including
  - Identifying evidence-based teen pregnancy programs,
  - Funding grants to replicate evidence-based programs,
  - Funding research and demonstration grant projects, and
  - Conducting extensive program evaluation;
- Administer the PAF grants to states and tribes;
- Provide training and technical assistance (TA) for grantees;
- Communicate adolescent health news, best practices, facts and tips via website and e-updates with multiple audiences; and
- Convene the HHS Adolescent Health Working Group (AHWG).

The majority of OAH funding supports the TPP (81 percent) and PAF (18 percent) grant programs. The remainder (1 percent) is for strategic initiatives such as OAH communications and the AHWG. Information on OAH authorities and the OAH organizational chart can be found in Appendices A and B, respectively.

These activities, described more thoroughly in this document, lay the foundation for an OAH Strategic Plan that leverages existing resources with our dedication to partnership building and our unique position as a convener and conduit for collaboration to improve the health of America's adolescents.

## OAH Strategic Planning Process

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OAH held a series of internal staff "visioning" meetings in 2010–2011 that served to build the framework for the OAH Strategic Plan. Through this process, OAH completed a Strengths, Weaknesses, Opportunities, and Threats analysis; developed an environmental scan; created a vision statement; and drafted key strategic priorities to guide the office's present and future work. The plan is intended to be a working document, and OAH expects the document will evolve as the office gains additional experience and perspective.

OAH also conducted a review of the national strategic plans developed throughout HHS which might suggest strategic directions pertinent to adolescent health and also identify opportunities to collaborate and to reduce duplication. Please see Appendix C for a summary.

## Cross-cutting Functions

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Adolescence is a time of remarkable growth, change, and opportunity; but it can also be a time of tremendous risk, with decisions that can lead to dire, lifelong health consequences. Although the transition to adulthood can be an exciting and exhilarating time, it can be fraught with challenges, barriers, difficult decisions, and tough transitions. Navigating adolescence is an essential developmental milestone. How successfully individuals make this transition depends on factors such as culture, socioeconomic status, gender, education, community, family, and geography.

OAH recognizes the many evidence-based approaches which help America's children become successful adults. Community prevention approaches bring improvements to where we work, live and play and help make healthy choices the easy choices. Programs and services which focus on positive youth development nurture adolescents' strengths and lay the groundwork for healthy, productive adulthood. As teens encounter risks, supporting preventive behaviors and intervening in unhealthy ones helps mitigate further problems. Youth and their families who do encounter serious concerns and vulnerabilities deserve systems designed to protect, serve, and support them.

Many programs and initiatives targeted toward this life stage focus on a single issue, such as unintended teen pregnancies, or changing behaviors defined as high risk, such as substance use. The unintended result can be fragmented approaches and services at the local level and duplication or lack of efficiency among funding agencies.

OAH is in a position to play an important role by providing leadership to bring attention to adolescent health issues, discover and promote evidence-based practices, set policy and program priorities, and coordinate programs across different agencies and programs. Most importantly, OAH focuses on highlighting the tremendous opportunities adolescence presents for promoting public health and for nurturing a generation.

Across the strategic plan, OAH has woven in four important functions:

- **Lead developments in policies and practices to support adolescent health.** Adolescent health and well-being is more than an absence of risks. OAH will use opportunities to bring together thought leaders, policymakers, researchers, educators, health care providers, and other leaders to increase recognition of the opportunities for promoting lifelong health available during adolescence and address the needs of young people who are encountering risks to their health. OAH will continue to support achievement of the Healthy People 2020 (HP2020) objectives with its renewed a focus on adolescent health. The HP2020 objectives for adolescent health are summarized in Appendix D.
- **Integrate evidence into grant making.** Evidence-based strategies and initiatives are the cornerstones to successful adolescent health programming. OAH funds, monitors, and provides TA to grantees charged with implementing evidence-based TPP programming across the nation. OAH will continually focus on identifying and funding evidence-based programs and innovative approaches, promoting continuous research and evaluation, contributing new information, and identifying and coordinating with other evidence-based initiatives focused on adolescents.
- **Lead in the development of adolescent health information that synthesizes approaches across programmatic lines and provides easy access to federal resources.** OAH is in a unique position to address the full array of strategic approaches to adolescent health issues and to widely disseminate pertinent adolescent health information to stakeholders. OAH's

website maintains publicly accessible adolescent health resources designed to keep those who work with and care about adolescents abreast of significant issues and initiatives.

- **Engage the many professionals and organizations working to improve adolescent health in developing a shared vision and agenda.** OAH recognizes that adolescent health must be addressed at the national level by a wide variety of stakeholders and that it is in a position to create linkages and effective communication among these stakeholders to broadly advance adolescent health. OAH is actively developing new and maintaining existing partnerships to improve adolescent health and well-being, including convening the Adolescent Health Working Group and partnering with other federal agencies in joint funding efforts. One of OAH's key activities will include leading the development and implementation of a national agenda for adolescent health.

### **GOAL 1. Lead National Grant Programs to Prevent Teen Pregnancy and Support Pregnant and Parenting Teens and Women**

- Objective 1.1 Administer, monitor, and support the replication of evidence-based Teen Pregnancy Prevention Projects.
- Objective 1.2 Administer, monitor, and support the Teen Pregnancy Prevention Research and Demonstration Projects.
- Objective 1.3 Develop, implement, analyze and report on performance measures for Teen Pregnancy Prevention Program grantees.
- Objective 1.4 Administer, monitor, and support the Pregnancy Assistance Fund.
- Objective 1.5 Conduct cross-cutting grant-related activities that affect and strengthen OAH grant programs.

### **GOAL 2 Expand Evidence of What Works to Reduce Health Risk Among Adolescents and to Affect Positive Youth Development**

- Objective 2.1 Ensure that evaluation efforts of all grant programs are ongoing and rigorous.
- Objective 2.2 Strengthen the knowledge base of program and policy effectiveness.

### **GOAL 3 Lead Adolescent Health Policy, Practice, and Program Development**

- Objective 3.1 Provide leadership in multiagency efforts across HHS to improve health during the second decade of life.
- Objective 3.2 Collaborate with nonfederal organizations to improve adolescent health.
- Objective 3.3 Develop a national adolescent health agenda for improving the health and well-being of adolescents.

### **GOAL 4 Promote, Communicate, and Disseminate Accurate Information on the Full Range of Issues Related to Adolescent Health to Multiple Audiences**

- Objective 4.1 Serve as a trusted source of information about adolescent health policies, programs, and practices to improve adolescent health.
- Objective 4.2 Leverage non-OAH resources for the purpose of filling gaps and creating resources in support of adolescent health.

### **GOAL 5 Increase OAH's Capacity to Achieve Optimal Performance and Document Accomplishments**

- Objective 5.1 Ensure that OAH is efficient, effective, and strategic.
- Objective 5.2 Provide OAH staff with opportunities for professional development through training, education, and professional opportunities to ensure the best-quality outcomes.
- Objective 5.3 Contribute to developing a workforce trained in adolescent health issues, and bring staff to OAH with new ideas and perspectives.

## GOALS, OBJECTIVES, STRATEGIES AND ACTION STEPS

The strategies and action steps presented here illustrate the types of approaches being used to support the OAH goals and objectives. Strategies and action steps may change as some are accomplished, next steps are undertaken, and resources allow.

### **GOAL 1    Lead National Grant Programs to Prevent Teen Pregnancy and Support Pregnant and Parenting Teens and Women**

#### **Objective 1.1 Administer, monitor, and support the replication of evidence-based Teen Pregnancy Prevention projects.**

OAH administers the TPP grant program. In 2010, OAH awarded \$75 million in cooperative agreement grants through a competitive process to support replication of evidence-based program models effective at preventing teen pregnancy or associated sexual risk behaviors. Awards were made to 75 organizations in 32 states and the District of Columbia, each for a period of up to five years.

Grantees selected the appropriate program model(s) to replicate based on their communities' unique needs. The 23 evidence-based program models being replicated represent the major program interventions to TPP and are being delivered in a variety of settings. Included are nine abstinence projects, 45 sexual health education projects, 30 youth development projects, seven clinic-based projects, and four projects for special populations. Taken together, this cohort of grants makes up a substantial, evidence-based implementation research endeavor that will increase available knowledge of what works to prevent teen pregnancy.

For a comprehensive list of these grantees, please log onto <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/grantees/tpp-tier1.pdf>. Please see Appendix E for the logic model for TPP replication grants.

#### **STRATEGY A: Actively manage, monitor, and provide TA to the TPP replication grantees.**

OAH will continue to closely monitor and support the grantees. In addition, OAH will seek opportunities to assess the experience of this cohort on issues pertinent to the implementation and management of other evidence-based grant programs, such as adapting model programs in different settings or comparing implementation costs across the cohort.

#### **ACTION STEPS**

1. Actively monitor grantee progress.
2. Provide ongoing TA.
3. Ensure that grantee spending is appropriate and aligned with programmatic activities.
4. Continually assess the cohort of grantees for opportunities for conducting implementation research.
5. Ensure the successful completion and closeout of currently funded TPP grantees.

### ***Tailored Training and TA for TPP Replication Grantees***

OAH provides training and TA specifically tailored to the needs of the cohort of grantees as they develop, implement, evaluate, and sustain their program. Training and TA needs evolve and change over the course of this 5-year program and are summarized below.

- Year 1: Work with grantee cohort to conduct a needs assessment of target population(s), provide training in selected evidence-based program models, make minor adaptations to program model to meet needs of target population(s), pilot-test the program, establish partnerships in the community, provide management and development support to grantees, and develop evaluation plans.
- Year 2: Establish systems and procedures to manage the program, ensure implementation with fidelity, address common implementation challenges (e.g., engaging teens, delivering culturally competent services), implement evaluation and performance measures data collection, and expand reach and partnerships in the community.
- Years 3–5: Ensure implementation with fidelity by providing guidance to grantees and establishing a partnership with the program developer, address common implementation challenges (e.g., engaging teens, delivering culturally competent services), continue outreach to partners and stakeholders regarding the program, strengthen and build program sustainability efforts, and widely disseminate program outcomes.

**STRATEGY B: Establish a one-stop location for resources, program guidance, materials, and success stories for TPP grantees.**

#### **ACTION STEPS**

1. Assess needs of grantees and OAH for information and support materials.
2. Design, pilot-test, and launch a web-based resource center for TPP grantees and other professionals working to prevent teen pregnancy.
3. Maintain and expand the TPP resource center.
4. Develop mechanisms to invite user feedback.

**STRATEGY C: Recompete funding for grants to replicate evidence-based model programs for the TPP program in 2015.**

#### **ACTION STEPS**

1. Review lessons learned from current TPP replication grantees.
2. Determine priorities and requirements for new competitive TPP Funding Opportunity Announcement (FOA) in consultation with OAH staff and HHS partners.
3. Prepare an FOA; publicize it widely; and provide timely, consistent information for interested applicants.
4. Carry out a competitive objective review of applications.
5. Ensure timely award of grants.

## Objective 1.2 Administer, monitor, and support the Teen Pregnancy Prevention Research and Demonstration Projects.

To develop and test additional models and innovative strategies to prevent teen pregnancy, OAH funds 19 TPP research and demonstration programs and, with the same funding, the Administration for Children and Families (ACF) Family and Youth Services Bureau (FYSB) funds an additional 13 innovative strategy projects targeting very high-risk populations, such as youth in foster care and homeless youth.

OAH also provides funds for the Centers for Disease Control and Prevention (CDC) Division of Reproductive Health (DRH) to manage eight grants to implement and test a community-wide approach to preventing teen pregnancy focusing specifically on reaching communities and youth with the highest rates of teen pregnancy.

ACF/FYSB, CDC/DRH, and OAH collaborate to provide technical assistance, information exchange, and reporting among grantees. See the complete listing of the OAH funded grantees at <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/grantees/tpp-tier2.pdf>; also please see Appendix F for the logic model for TPP research and demonstration grants.

### **STRATEGY A: Actively manage and monitor TPP Research and Demonstration Projects and provide support to the ACF/FYSB grantees.**

#### **ACTION STEPS**

1. Actively monitor grantee progress.
2. Provide continuous TA to enhance grantee programs.
3. Ensure that grantee spending is appropriate and aligned with programmatic activities.
4. Work with grantees to document key elements of their program, including the core components, logic model, curriculum materials, training manual, and adaptation guidance.
5. Ensure the successful completion and closeout of currently funded TPP grantees.
6. Partner with ACF/FYSB to support, provide joint training and TA, exchange pertinent information, share reporting mechanisms, and provide program guidance.
7. Maintain an Interagency Agreement between OAH and ACF/FYSB to guide collaborative activities and transfer funds.

### **STRATEGY B: Partner with CDC/DRH to support and test innovative, multicomponent, community-wide approaches to reduce rates of teen pregnancy and births.**

#### **ACTION STEPS**

1. Maintain a Memorandum of Understanding between OAH and CDC/DRH to guide collaborative activities and transfer funds.
2. Communicate regularly with CDC/DRH to monitor grantee progress and provide continuous TA to grantees to enhance grantee programs.
3. Assist in developing program-related guidance on key program components.
4. Collect, review, and provide feedback on grantee performance measure data, including data on reach, dosage, fidelity, training, partnerships, and dissemination.

**STRATEGY C: Recompete funding for grants to test new and innovative approaches to TPP in 2015.**

**ACTION STEPS**

1. Review lessons learned from current TPP research and demonstration grantees.
2. Determine priorities and requirements for new competitive FOA to test new and innovative approaches to TPP in consultation with OAH staff and federal partners.
3. Prepare an FOA; publicize it widely; and provide timely, consistent information for interested applicants.
4. Carry out a competitive, objective review of applications.
5. Ensure timely award of grants.

**Objective 1.3 Develop, implement, analyze, and report on performance measures for Teen Pregnancy Prevention Program grantees.**

OAH, in collaboration with ACF/FYSB, developed a series of performance measures that include grantee-level measures, which assess processes and accomplishments of the grantees; and participant-level measures, which assess who the interventions are serving and how much of the prescribed program that the participants are receiving. Please see Appendix G for a summary of TPP performance measures.

Importantly, these measures will provide a core set of indicators (e.g., training, reach, fidelity, dosage) by which to assess program performance and to guide program management. The measures establish program accountability so that OAH can demonstrate whether projects are making sufficient progress toward their stated missions and are serving the public interest.

These measures are being collected and reported by grantees funded by OAH and ACF/FYSB. OAH has trained grantees on the performance measures, provided formal program guidance, and one-on-one TA.

**ACTION STEPS**

1. Establish a web-based system for grantees to report their performance data biannually.
2. Provide ongoing training and TA to grantees on the use and purpose of the system.
3. Analyze performance measure data and produce reports.
4. Utilize analysis to track progress and inform policy- and decision making.

## **Objective 1.4 Administer, monitor, and support the Pregnancy Assistance Fund.**

OAH funds competitive grants to states and tribal entities to provide pregnant and parenting adolescents and women with a seamless network of supportive services to help them complete high school or postsecondary degrees and gain access to health care, child care, family housing, and other critical support. PAF monies are also used to improve services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking. OAH provides extensive training and TA to the grantees. An evaluation of the PAF program is creating case studies to document grantee activities and generate lessons for strengthening programs and services for the populations served. See the complete listing of grantees at <http://www.hhs.gov/ash/oah/grants/current-grantees.html>.

**STRATEGY A: Actively manage and monitor PAF grants to state and tribal entities to develop and implement activities to support pregnant and parenting adolescents and women.**

### **ACTION STEPS**

1. Actively monitor grantee progress and provide TA to enhance grantee programs.
2. Ensure that grantee spending is appropriate and aligned with programmatic activities.
3. Ensure the successful completion and closeout of currently funded PAF grantees.

**STRATEGY B: Establish a one-stop location for resources, program guidance, materials, and success stories for PAF grantees.**

### **ACTION STEPS**

1. Assess needs of grantees and OAH for information and support materials.
2. Design, pilot-test, and launch a web-based resource center for PAF grantees and other professionals working with pregnant and parenting adolescents, women, and their families.
3. Maintain and expand the online PAF resource center.
4. Develop mechanisms to invite user feedback.

**STRATEGY C: Recompete PAF program funding in 2013.**

### **ACTION STEPS**

1. Review lessons learned from current PAF grant program.
2. Determine priorities and requirements for new competitive FOA for PAF in consultation with OAH staff and federal partners.
3. Prepare an FOA; publicize it widely; and provide timely, consistent information for interested applicants.
4. Carry out a competitive objective review of applications.
5. Ensure timely award of grants.

**STRATEGY D: Develop and implement a set of performance measures for PAF grantees.**

**ACTION STEPS**

1. Develop a set of performance measures for future PAF grantees to report to OAH.
2. Create and maintain an online system for grantees to upload their data biannually.
3. Analyze PAF grantee performance measure data.
4. Provide individual TA and feedback to grantees based on their performance measure data.

**Objective 1.5 Conduct cross-cutting grant-related activities that affect and strengthen OAH grant programs.**

OAH actively engages in activities that are applicable across its grant programs. Overarching activities include providing policy and program guidance as well as review and approval of educational materials.

**STRATEGY A: Provide accurate and timely program and policy guidance to all OAH grantees.**

**ACTION STEPS**

1. Ensure efficient grantee operations, timely fiscal and programmatic approvals, and continually assess program operations.
2. Prepare and disseminate written guidance to grantees regarding policies and procedures related to grant applications, management, program implementation, finance, and reporting requirements.
3. Develop and maintain web-based access to program guidance documents and related materials.
4. Ensure that guidance is updated and effectively communicated to grantees.

**STRATEGY B: Review all curricula or educational materials developed or used by TPP grantees for medical accuracy.**

**ACTION STEPS**

1. Consult with experts in the field of sexual and reproductive health to review materials for medical accuracy.
2. Prepare and disseminate written guidance to grantees regarding policies and procedures related to the review of curricula and materials for medical accuracy.
3. Review all materials developed or used by TPP grantees for medical accuracy.
4. Prepare a report for all reviewed materials outlining any medical accuracy issues and the steps that need to be taken to correct the information to be medically accurate.
5. Disseminate medical accuracy reports to grantees and assist the grantees in correcting all identified medical accuracy issues prior to use in the program.

**STRATEGY C: Work closely with federal partners to ensure the success of the OAH grant programs.**

**ACTION STEPS**

1. Participate in department-wide TPP Collaborative workgroups with leadership and staff from the Office of the Assistant Secretary for Planning and Evaluation (ASPE), CDC/DRH, and ACF/FYSB to ensure coordination of efforts and sharing of best practices and lessons learned.
2. Periodically review and assess collaboration, identify and eliminate redundancy, and work together to achieve efficiencies.

**STRATEGY D: Widely disseminate grantee success stories and evaluation results to share best practices, implementation results, and evaluation methods.**

**ACTION STEPS**

1. Identify opportunities to present and conduct presentations about OAH grant programs and grantee activities.
2. Actively encourage and provide TA to grantees on publishing and presenting the results of their programs.
3. Develop and submit articles for publication about the work and results of OAH grantees, including development of journal supplements.
4. Write, publish, and disseminate grantee success stories and best practices.

## **GOAL 2    Expand Evidence of What Works to Reduce Health Risk Among Adolescents and to Affect Positive Youth Development**

### **Objective 2.1 Ensure that evaluation efforts of all grant programs are ongoing and rigorous.**

OAH requires that evaluations of the TPP grant programs are ongoing and rigorous. In addition, given its extensive focus on TPP and the importance of providing high-quality, evidence-based programs, OAH participates in an HHS-wide activity to maintain and periodically update a comprehensive list of evaluated evidence-based programs which have shown effectiveness at reducing teen pregnancies, teen births, HIV, sexually transmitted diseases (STD), or sexual risk behaviors related to TPP.

**STRATEGY A: Review TPP grantee-led evaluation efforts to ensure that they meet the rigorous HHS evidence review criteria.**

#### **ACTION STEPS**

1. Provide extensive evaluation training and TA to ensure that all grantees conducting a “local” or grantee-led evaluation (35 grantees: 16 replication, and 19 research and demonstration) have designed and are implementing an evaluation that meets the rigorous HHS evidence standards.
2. Use the results from any performance measures or evaluation-related reports to continue to improve program activities and inform priorities for future funding opportunity announcements.
3. Develop and implement a comprehensive plan for analyzing and reporting data and findings.
4. Disseminate information on performance measures, evaluation findings, and implications for programs and practice.

Evaluation training and TA efforts include the following OAH activities:

- Conducting monthly conference calls with grantees;
- Conducting intensive reviews and providing feedback on grantees’ evaluation designs, analysis plans, and biannual evaluation progress report data;
- Holding in-person training sessions at the OAH Annual Conference; and
- Providing webinars and written evaluation briefs.

**STRATEGY B: Support federally led evaluations of replications of program models and of new and innovative strategies.**

Two federally led experimental evaluation studies are being conducted to examine the implementation and impacts of both the TTP replication and the TPP research and demonstration programs.

- The TPP Replication Study Evaluation is an experimental evaluation study examining the implementation and impacts of three OAH TPP replications of three different evidence-based program models, for a total of nine sites. The study will examine whether program models that were commonly chosen by replication grantees and widely used in the field can achieve impacts with different populations and settings. The three program models

selected for the evaluation are *Reducing the Risk, ¡Cuidate!*, and *Safer Sex*. Implementation and short-term impact findings are anticipated in 2015.

- The Evaluation of Pregnancy Prevention Approaches is an experimental evaluation study focused on assessing the implementation and impacts of innovative strategies and untested approaches for preventing teenage pregnancy. There are three OAH TPP research and demonstration grantees, three ACF/FYSB-funded Personal Responsibility Education Program Innovative Strategies grantees, and one non-federally funded site included in the evaluation. Implementation reports are expected between August 2012 and October 2013, and a short-term impact report is expected in summer 2015.

#### **ACTION STEPS**

1. Provide monitoring and oversight of the evaluation contracts.
2. Review implementation reports and short-term impact reports.
3. Identify opportunities for program improvements and policy implications.
4. Incorporate findings into existing and subsequent policies and programs.

#### **STRATEGY C: Support a federally led evaluation of the PAF program.**

The federally led evaluation of the PAF program is creating case studies to document grantee activities and generate lessons for strengthening programs and services for the populations served.

#### **ACTION STEPS**

1. Develop PAF case studies that will document grantee activities, and generate lessons learned to continuously improve program implementation.
2. Ensure that PAF best practices are shared with states, tribal entities, and organizations and professionals who serve pregnant and parenting teens.
3. Review performance measures collected by grantees for lessons learned.

## **Objective 2.2 Strengthen the knowledge base of program and policy effectiveness.**

#### **STRATEGY A: Compile TPP evaluation findings and disseminate them to federal and nonfederal stakeholders.**

#### **ACTION STEPS**

1. In conjunction with federal partners, develop a dissemination plan.
2. Submit abstracts for conference presentations and manuscripts for publication.
3. Support grantees on how to prepare presentations and manuscripts for publication.
4. Translate evaluation findings into issue briefs, policy papers, and shared media (e.g., journal and newsletter articles, web postings, webinars, presentations) to be shared with a wide range of stakeholders.

**STRATEGY B: Maintain and update the HHS List of Evidence-Based TPP Programs in coordination with ASPE, ACF/FYSB, and CDC/DRH.**

**ACTION STEPS**

1. Participate as a member of the HHS team that oversees the evidence review.
2. Host the *HHS List of Evidence-Based TPP Programs* on the OAH website, and respond to inquiries as appropriate.
3. Promote the availability of this resource about evidence-based TPP programs.

**STRATEGY C: Identify program and policy implications of OAH grant programs, and seek opportunities to fill knowledge and research gaps.**

**ACTION STEPS**

1. Identify opportunities for cross-cutting program and policy research and evaluation emerging from the grant programs. For example, what can be learned about the costs of implementing a program model among multiple replication sites?
2. Identify, request and use evaluation and other funds to address identified program and policy gaps.
3. Seek collaborative opportunities with other federal partners to carry out this work.

**HHS List of Evidence-Based TPP Programs**

In 2010, HHS identified a list of 28 model programs eligible for replication funding through TPP (see Strategy B for related activities). OAH TPP replication grantees are replicating 23 of these model programs. In April 2012, three additional programs were added. The list includes programs that use a number of approaches—abstinence, sexual health education, youth development, and programs for delivery in clinical settings and for special populations—all of which show positive results in at least one rigorous program evaluation. The evidence review is updated periodically, and the list can be found at <http://www.hhs.gov/ash/oah/oah-initiatives/tpp/tpp-database.html>.

**STRATEGY D: Expand attention to policies, practices, and public health laws which support adolescent health.**

**ACTION STEPS**

1. Compile and disseminate existing evidence-based policies and practices shown effective in reducing risks common among adolescents and supporting all persons in making healthful choices.
2. Work collaboratively with other HHS agencies and federal departments to jointly identify impediments to adolescent health and work together on solutions
3. Monitor trends and approaches emerging at national, state, and community levels consistent with supporting a “health in all policies” approach to prevention and the public health

## **GOAL 3    Lead Adolescent Health Policy, Practice, and Program Development**

OAH is in a unique position to lead the adolescent health agenda both within HHS and, more broadly, across the country. Fundamental to OAH's leadership approach is a deep commitment to actively collaborate with HHS agencies, other federal departments, and stakeholders. The purposes of these relationships vary across time and activities. Partners advise OAH on developments in the field, as well as new research or gaps in services and research. Partners disseminate OAH materials and information rapidly expanding the reach of the office to professionals who serve youth directly. Working together, OAH and its partners can multiply their impact on adolescent health and well-being and serve shared missions effectively and efficiently. In addition, OAH will continue to pursue other funding opportunities to increase the focus on or provide resources in support of adolescent health.

### **Objective 3.1 Provide leadership in multiagency efforts across the U.S. Department of Health and Human Services to improve health during the second decade of life.**

**STRATEGY A: Broaden the focus on the needs of adolescents, and engage other agencies in making adolescent health a priority.**

#### **ACTION STEPS**

1. Identify specific cross-cutting topics and issues within adolescent health (e.g., positive youth development, TPP) where OAH will both build their internal expertise and leverage the existing expertise in the field.
2. Develop adolescent health summaries, as well as policy, practice, and research recommendations.
3. Identify policy and program developments by tracking legislation and staying abreast of expert recommendations and research findings.
4. Actively participate in the Interagency Working Group on Youth Programs, which addresses youth topics across federal departments.
5. Collaborate with interagency efforts on specific topics related to adolescent health such as STDs, violence prevention, and improving service delivery to teens.
6. Work in partnership with the Second Decade Project begun in HHS Region X to coordinate federal services and funding to benefit healthy adolescent development.

**STRATEGY B: Convene and coordinate the Adolescent Health Working Group.**

OAH convenes the AHWG, which provides a forum for HHS agencies to share information; learn from and support a full range of evidence-based approaches to improve adolescent health; address adolescent health risks, conditions, and diseases; and highlight health-promoting approaches focused on positive youth development. The AHWG advises on near- and long-term strategies to safeguard and improve the health of adolescents and enhances coordination of current and planned activities within HHS.

### **ACTION STEPS**

1. Develop, convene, and provide staff support for the AHWG.
2. Lead development and annual updates of a work plan for the AHWG.
3. Provide leadership for a signature activity for the group each year.
4. Leverage partnership opportunities within the AHWG to influence national adolescent health programming and policy.

In 2012, OAH led the development and implementation of the *Science to Service Symposium: Prevention of Mental, Emotional, and Behavioral (MEB) Disorders Among Adolescents and Their Families*, a symposium designed to learn about key research projects addressing promotion of mental health and prevention of MEB disorders among adolescents, explore implications of this research for translation into agency policy and programmatic initiatives, and advance recommendations in *Preventing Mental Emotional and Behavioral Disorders Among Young People: Progress and Possibilities* (Institute of Medicine, 2009).

**STRATEGY C: Establish and maintain formal partnerships with other HHS agencies to efficiently manage OAH programs, reduce duplication, and share resources.**

### **ACTION STEPS**

1. Maintain and nurture existing partnerships with HHS agencies to jointly implement, support, and evaluate the TPP program in ways that reduce duplication and efficiently use federal funding.
2. Create partnerships with other HHS agencies to establish fellowships or staff details in OAH in order to expand the workforce familiar with adolescent health issues.
3. Formalize working relationships with HHS agencies that share goals of improving adolescent health to share resources, reduce duplication, and further efficient use of funds.

## **Objective 3.2 Collaborate with nonfederal organizations to improve adolescent health.**

**STRATEGY A: Establish and maintain partnerships with professional and service groups with TPP portfolios.**

### **ACTION STEPS**

1. Draw on the expertise of TPP experts who may serve on advisory panels and provide information regarding data, best practices, and research gaps.
2. Maintain communications with organizations which provide public and professional education and training on TPP to identify resources for grantees and provide venues for OAH to reach professionals.
3. Host an event to draw attention to emerging issues in TPP during TPP Month (May of each year).
4. Maintain communications and participation with organizations and experts on evidence-based interventions, program evaluation, implementation research, and policy.

**STRATEGY B: Expand OAH partnerships with experts and professional groups with a focus on adolescent health.**

**ACTION STEPS**

1. Establish and maintain communications and dissemination links with:
  - a. Professional groups focused on medical or mental and behavioral health of adolescents;
  - b. Professional groups focused on adolescent health, policy, planning and development;
  - c. Organizations focused on delivery of health-related services to adolescents;
  - d. Public and school health groups;
  - e. University-based departments of adolescent health and medicine, law, workforce development, and related topics and other research organizations; and
  - f. Prevention-focused groups working to strengthen community-based services and systems or which analyze adolescent-related public policies.
2. Seek opportunities to engage these groups via expert and advisory groups, joint projects, presentations at conferences, events on the web, information exchanges, and other collaborative activities.

**STRATEGY C: Continually expand OAH outreach to groups who affect adolescent health and healthy development.**

**ACTION STEPS**

1. Take advantage of opportunities to reach the full range of groups and professionals in education, juvenile justice, social services, and health care which serve adolescents.
2. Engage community- and faith-based leaders and organizations to reinforce and support the important roles they play in providing positive youth development activities and identifying and intervening early with adolescents who are vulnerable and may lack the supports essential for healthy development.
3. Engage groups or channels that reach parents to acknowledge and reinforce their essential roles providing adolescents with safe and secure environments, developmentally appropriate expectations, and ongoing support and encouragement.
4. Consider new opportunities to convene and allow people to coalesce in support of adolescent health.

### **Objective 3.3 Develop a national adolescent health agenda for improving the health and well-being of adolescents.**

OAH is charged with developing a national agenda to improve adolescent health. OAH will work with national, regional, state, and local stakeholders in adolescent health and related fields to create a multifaceted, broad roadmap that focuses on the “whole” adolescent, with an overarching goal of improving adolescent health and well-being.

#### **STRATEGY A: Collect and assess pertinent background information.**

##### **ACTION STEPS**

1. Conduct a review of the national strategic plans developed throughout HHS which might suggest strategic directions pertinent to adolescent health and also identify opportunities to collaborate and to reduce duplication including review of Healthy People 2020 and the National Prevention Strategy.
2. Identify, by sector, strategic issues that experts feel have a powerful negative or positive impact on adolescent health. Analyze and illuminate commonalities ripe for collaborative efforts and differences which address the unique roles of various stakeholders.
3. Continue to identify items of significance and policy importance which may inform approaches to advancing adolescent health

#### **STRATEGY B: Develop and promote a national agenda for improving the health and well-being of adolescents.**

##### **ACTION STEPS**

1. Refine the purpose and goals of developing a national agenda (e.g., audience, use, impact).
2. Design an inclusive and cost-effective process for developing a national agenda.
3. Solicit involvement of multiple agencies, organizations, and youth-serving professionals to create a shared vision of adolescent health and well-being and allow each to envision a role ensuring adolescents grow into healthy, productive adults.
4. Develop a concise, action-oriented agenda with a clear vision, goals, and roles for each sector that leverages their collective strengths and resources.
5. Determine how progress will be measured and inform this process using tools developed by ASPE.
6. Disseminate the agenda through partners, the web, and other media outlets.
7. Actualize the agenda by promoting it within HHS and beyond, and developing issue briefs and white papers based on progress and feedback.

## **GOAL 4 Promote, Communicate, and Disseminate Accurate Information on the Full Range of Issues Related to Adolescent Health to Multiple Audiences**

### **Objective 4.1 Serve as a trusted source of information about adolescent health policies, programs, and practices to improve adolescent health.**

OAH serves as a reliable, timely source of information about adolescent health topics which reflect evidence-based approaches in the field and is aligned with HHS strategic goals, and responsive to the information needs of adolescent health stakeholders. To do this, OAH monitors the field to identify information gaps and systematically promotes adolescent health resources through a variety of means, including maintaining resources on the OAH website, promoting the OAH e-update, and linking regularly with other federal and nongovernmental partners.

**STRATEGY A: Promote and elevate awareness of existing adolescent health policy, programs, and practices to a broad audience.**

#### **ACTION STEPS**

1. Regularly develop and disseminate e-updates on pertinent topics related to adolescent health.
2. Track and regularly amplify the work of HHS agencies of relevance to adolescent health.
3. Track and regularly amplify other federal communications campaigns and messages.
4. Develop informational materials that encompass adolescent health resources across HHS, such as the HHS service locator list.
5. Present or moderate panels at conferences, meetings, or webinars.
6. Actively promote OAH communication tools during presentations or at conferences or events.
7. Track and report on activities using available communications metrics.

**STRATEGY B: Develop and maintain a website that addresses the full range of adolescent health issues and factors that influence adolescent health. The website can be accessed at [www.hhs.gov/ash/oah](http://www.hhs.gov/ash/oah).**

OAH is routinely increasing adolescent health web content using an approach to health topics that includes the following information if available on the topic: reason why the topic is important for adolescent health; trends; strategic priorities; preventive interventions and services; service locators; and tips and resources for adolescents, parents, communities, and health care professionals.

#### **ACTION STEPS**

1. Implement a routine schedule for updates and maintenance of the website.
2. Annually review and update policies and procedures concerning the website.
3. Continually expand and update web content to reflect best practices for government digital media.
4. Expand the website to provide one-stop access to OAH grantees for program guidance and access to training and TA resources.
5. Use available opportunities to promote the website.

**STRATEGY C: Develop and utilize tools to build the OAH communications infrastructure.**

**ACTION STEPS**

1. Establish and build an OAH Twitter presence to communicate with the public about pertinent adolescent health issues and topics. The OAH Twitter profile can be accessed at [@TeenHealthGov](https://twitter.com/TeenHealthGov).
2. Lead Twitter chats during OAH events and participate in other federal and nongovernmental Twitter chats.
3. Utilize other available social networking tools, such as YouTube, to stay current and reach additional people with adolescent health information.
4. Maintain and update communications and social media plans in accordance with HHS requirements.
5. Develop and update fact sheets and presentations describing key OAH programs.
6. Develop and promote standard responses to frequently asked questions.
7. Improve and expand OAH resources to allow for use at exhibits and meetings.
8. Develop and implement communications plans to promote specific activities.

**Objective 4.2 Leverage non-OAH resources for the purpose of filling gaps and creating resources in support of adolescent health.**

**STRATEGY A: Create and maintain the National Resource Center for HIV/AIDS Prevention Among Adolescents.**

Through the Secretary's Minority AIDS Initiative Fund, OAH received a competitive award to create a National Resource Center for HIV/AIDS Prevention among Adolescents (Resource Center). The Resource Center will support adolescent service providers with web-based resources, evidence-based research, and training and TA to promote HIV/AIDS prevention among adolescents, particularly adolescents from minority and high-risk populations. The Resource Center can be accessed at [www.preventyouthhiv.org](http://www.preventyouthhiv.org).

**ACTION STEPS**

1. Monitor the activities of the University of Medicine and Dentistry of New Jersey, the Center operator, to ensure quality delivery of resources, research, training, and TA and to ensure responsible fiscal management.
2. Coordinate activities and maintain regular communications with pertinent HHS agencies, such as CDC's National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention and the Office of HIV/AIDS and Infectious Disease Policy, and leaders of the Secretary's Minority AIDS Initiative fund about the project.
3. Integrate promotion of the resource center into OAH communications activities.

**STRATEGY B: Continually seek opportunities for leveraging resources from multiple sources for adolescent health.**

**ACTION STEPS**

1. Seek additional funding opportunities with HHS agencies that can further OAH goals.
2. Create opportunities for multiple agencies to contribute funds or other resources to activities of mutual interest in support of adolescent health.
3. Lend support and expertise to select non-governmental adolescent health initiatives.

## **GOAL 5    Increase OAH’s Capacity to Achieve Optimal Performance and Document Accomplishments**

### **Objective 5.1    Ensure that OAH is efficient, effective, and strategic.**

#### **STRATEGY A:    Align OAH operations with the OAH strategic plan.**

##### **ACTION STEPS**

1.    Develop annual work and spending plans that are informed by the OAH strategic plan.
2.    Use the OAH strategic plan to guide decision making about OAH programs and activities.
3.    Maintain alignment with HHS strategic plans and priorities.

#### **STRATEGY B:    Ensure program integrity and continuity of operations.**

##### **ACTION STEPS**

1.    Regularly identify and examine risks to OAH-supported programs.
2.    Work to minimize and mitigate risks amid changing priorities and unexpected events.
3.    Continuously monitor the environment (i.e., state and national policies, laws, and programs) to identify gaps in adolescent health programming and policy, and leverage opportunities to address these issues.

#### **STRATEGY C:    Develop a plan for measuring progress and performance.**

##### **ACTION STEPS**

1.    Develop realistic, measurable performance measures for OAH in line with Office of the Assistant Secretary for Health requirements and HHS priorities.
2.    Track progress toward these measures on a quarterly basis.
3.    Conduct timely course modifications to reach progress goals.
4.    Annually review progress and identify ways to strengthen and refine the strategic plan.

### **Objective 5.2    Provide OAH staff with opportunities for professional development through training, education, and professional opportunities to ensure the best-quality outcomes.**

#### **STRATEGY A:    Train, mentor, educate, and empower OAH staff to be leaders in adolescent health.**

##### **ACTION STEPS**

1.    Assess staff skills, capabilities, and interests.
2.    Support staff through mentoring and training to enhance their skills and develop their leadership potential.
3.    Identify and secure opportunities for staff to learn new program and topic areas through activities such as special project assignments, work details, and specialized training.

4. Encourage staff to become subject matter experts in adolescent health by keeping abreast of research, policy, and data from the field.
5. Provide opportunities for professional growth, such as participating in exhibits, giving presentations at meetings, participating in workgroups, and writing.

### **Objective 5.3 Contribute to developing a workforce trained in adolescent health issues and bring staff to OAH with new ideas and perspectives.**

**STRATEGY A: Establish opportunities for adolescent health internships and fellowships.**

#### **ACTION STEPS**

1. Identify mechanisms to reach qualified potential interns and fellows.
2. Develop a recruitment and interview process.
3. Develop a process for appropriate placement and ongoing mentoring and support.
4. Evaluate the program for both the participants and OAH.

**STRATEGY B: Solicit federal staff for detail assignments.**

#### **ACTION STEPS**

1. Describe and document skill sets or experiences needed to best match OAH's needs.
2. Document requirements for OAH detail assignments.
3. Identify outreach mechanisms to reach qualified potential federal employees.
4. Interview and recruit staff for OAH detail assignments.
5. Develop a process for communication and support.
6. Evaluate the program for both the detailee and OAH.

## Acronyms

There are several acronyms used throughout this document. The following list of acronyms and their meanings are below for reference:

**ACF/FYSB:** Agency for Children and Families/Family and Youth Services Bureau

**AHWG:** Adolescent Health Working Group

**ASPE:** Office of the Assistant Secretary for Planning and Evaluation

**CDC/DRH:** Centers for Disease Control and Prevention/Division of Reproductive Health

**FOA:** Funding Opportunity Announcement

**HHS:** U.S. Department of Health and Human Services

**MEB:** mental, emotional, and behavioral

**OAH:** Office of Adolescent Health

**PAF:** Pregnancy Assistance Fund

**STD:** sexually transmitted disease

**TA:** technical assistance

**TPP:** teen pregnancy prevention

## Appendix A: Relevant Authorities for OAH

### Office of Adolescent Health (OAH)

Section 1708 of the Public Health Service Act (42 USC § 300u-7), enacted in 1992, authorized the establishment of an Office of Adolescent Health within the Office of the Assistant Secretary for Health.

Funds were first appropriated for the Office of Adolescent Health in fiscal year FY2010 through the Consolidated Appropriations Act, 2010 (Public Law 111-117). Resources were provided to establish the office due to concerns about the historic lack of funding and focus on the significant unmet, often interrelated health needs of adolescents and the fact that health problems that emerge during adolescence have important consequences for adult morbidity and mortality. OAH was assigned the tasks of coordinating efforts among HHS agencies to reduce health risk exposure and behaviors among adolescents and to support health promotion and disease prevention among adolescents. OAH was also asked to implement a new initiative to support evidence-based teen pregnancy prevention approaches.

### Teen Pregnancy Prevention (TPP) Program

The President's budget for FY 2010 proposed a new TPP initiative to address the high teen pregnancy rates by replicating evidence-based models and testing innovative strategies. On December 16, 2009, the President signed the Consolidated Appropriations Act, 2010 (Public Law 111-117). Division D, Title II of the Act provided \$110,000,000 for making competitive contracts and grants to public and private entities to fund medically accurate and age appropriate programs that reduce teenage pregnancy and for the federal costs associated with administering and evaluating such contracts and grants. The statute stated that of the funds made available, "(a) not less than \$75,000,000 shall be for funding the replication of programs that have been proven effective through rigorous evaluation to reduce teenage pregnancy, behavioral risk factors underlying teenage pregnancy, or other associated risk factors; and (b) not less than \$25,000,000 shall be for funding for research and demonstration grants to develop, replicate, refine, and test additional models and innovative strategies for preventing teenage pregnancy. The remaining amounts are available for training and technical assistance, evaluation, outreach, and additional program support activities." The Act also provided through Section 241 of the Public Health Service Act, funding to evaluate teen pregnancy prevention approaches.

The accompanying Senate committee report (S. Report. 111-66) directed the newly established OAH to administer the program in collaboration with the Administration on Children and Families, the Centers for Disease Control and Prevention, and other appropriate U.S. Department of Health and Human Services (HHS) offices and operating divisions. The program was funded within the Office of the Secretary to highlight the urgent need to reduce teen pregnancies and sexually transmitted diseases among adolescents.

Subsequent appropriations for FY 2011 (Public Law 112-10) and FY 2012 (Public Law 112-74) provide continued level funding for the TPP program grants, with reduced levels for program support.

Pregnancy Assistance Fund (PAF)

Sections 10211-10214 of the Patient Protection and Affordable Care Act (Public Law 111-148) authorizes the Secretary of HHS to establish and administer the PAF for the purpose of awarding competitive grants to states and tribes to assist pregnant and parenting teens and women. The Act, codified at 42 U.S.C. § 18202, appropriates \$25 million for each of fiscal years 2010–2019 for the PAF.

**§ 300u-7. Office of Adolescent Health****(a) In general**

There is established an Office of Adolescent Health within the Office of the Assistant Secretary for Health, which office<sup>1</sup> shall be headed by a director<sup>1</sup> appointed by the Secretary. The Secretary shall carry out this section acting through the Director of such Office.

**(b) Duties**

With respect to adolescent health, the Secretary shall—

(1) coordinate all activities within the Department of Health and Human Services that relate to disease prevention, health promotion, preventive health services, and health information and education with respect to the appropriate use of health care, including coordinating—

(A) the design of programs, support for programs, and the evaluation of programs;

(B) the monitoring of trends;

(C) projects of research (including multidisciplinary projects) on adolescent health; and

(D) the training of health providers who work with adolescents, particularly nurse practitioners, physician assistants, and social workers;

(2) coordinate the activities described in paragraph (1) with similar activities in the private sector; and

(3) support projects, conduct research, and disseminate information relating to preventive medicine, health promotion, and physical fitness and sports medicine.

**(c) Certain demonstration projects****(1) In general**

In carrying out subsection (b)(3) of this section, the Secretary may make grants to carry out demonstration projects for the purpose of improving adolescent health, including projects to train health care providers in providing services to adolescents and projects to reduce the incidence of violence among adolescents, particularly among minority males.

**(2) Authorization of appropriations**

For the purpose of carrying out paragraph (1), there are authorized to be appropriated \$5,000,000 for fiscal year 1993, and such sums as may be necessary for each of the fiscal years 1994 through 1997.

**(d) Information clearinghouse**

In carrying out subsection (b) of this section, the Secretary shall establish and maintain a National Information Clearinghouse on Adolescent Health to collect and disseminate to health professionals and the general public information on adolescent health.

**(e) National plan**

In carrying out subsection (b) of this section, the Secretary shall develop a national plan for improving adolescent health. The plan shall be consistent with the applicable objectives established by the Secretary for the health status of the people of the United States for the year 2000, and shall be periodically reviewed, and as appropriate, revised. The plan, and any revisions in the plan, shall be submitted to the Committee on Energy and Commerce of the House of Representatives and the Committee on Labor and Human Resources of the Senate.

**(f) Adolescent health**

For purposes of this section, the term “adolescent health”, with respect to adolescents of all ethnic and racial groups, means all diseases, disorders, and conditions (including with respect to mental health)—

(1) unique to adolescents, or more serious or more prevalent in adolescents;

(2) for which the factors of medical risk or types of medical intervention are different for adolescents, or for which it is unknown whether such factors or types are different for adolescents; or

(3) with respect to which there has been insufficient clinical research involving adolescents as subjects or insufficient clinical data on adolescents.

(July 1, 1944, ch. 373, title XVII, §1708, as added Pub. L. 102-531, title III, §302, Oct. 27, 1992, 106 Stat. 3483.)

## PRIOR PROVISIONS

A prior section 300u-7, act July 1, 1944, ch. 373, title XVII, §1708, as added Nov. 10, 1978, Pub. L. 95-626, title V, §502, 92 Stat. 3594; amended July 10, 1979, Pub. L. 96-32, §6(l), 93 Stat. 84, related to project grants for physical fitness improvement and research projects, prior to repeal by Pub. L. 98-551, §2(c), Oct. 30, 1984, 98 Stat. 2816.

## CHANGE OF NAME

Committee on Labor and Human Resources of Senate changed to Committee on Health, Education, Labor, and Pensions of Senate by Senate Resolution No. 20, One Hundred Sixth Congress, Jan. 19, 1999.

Committee on Energy and Commerce of House of Representatives treated as referring to Committee on Commerce of House of Representatives by section 1(a) of Pub. L. 104-14, set out as a note preceding section 21 of Title 2, The Congress. Committee on Commerce of House of Representatives changed to Committee on Energy and Commerce of House of Representatives, and jurisdiction over matters relating to securities and exchanges and insurance generally transferred to Committee on Financial Services of House of Representatives by House Resolution No. 5, One Hundred Seventh Congress, Jan. 3, 2001.

<sup>3</sup>So in original. Probably should be “paragraph (1)”.

<sup>1</sup>So in original. Probably should be capitalized.

**§ 18202. Establishment of Pregnancy Assistance Fund****(a) In general**

The Secretary, in collaboration and coordination with the Secretary of Education (as appropriate), shall establish a Pregnancy Assistance Fund to be administered by the Secretary, for the purpose of awarding competitive grants to States to assist pregnant and parenting teens and women.

**(b) Use of Fund**

A State may apply for a grant under subsection (a) to carry out any activities provided for in section 18203 of this title.

**(c) Applications**

To be eligible to receive a grant under subsection (a), a State shall submit to the Secretary an application at such time, in such manner, and containing such information as the Secretary may require, including a description of the purposes for which the grant is being requested and the designation of a State agency for receipt and administration of funding received under this chapter.

(Pub. L. 111-148, title X, §10212, Mar. 23, 2010, 124 Stat. 932.)

**§ 18203. Permissible uses of Fund****(a) In general**

A State shall use amounts received under a grant under section 18202 of this title for the purposes described in this section to assist pregnant and parenting teens and women.

**(b) Institutions of higher education****(1) In general**

A State may use amounts received under a grant under section 18202 of this title to make funding available to eligible institutions of higher education to enable the eligible institutions to establish, maintain, or operate pregnant and parenting student services. Such funding shall be used to supplement, not supplant, existing funding for such services.

**(2) Application**

An eligible institution of higher education that desires to receive funding under this subsection shall submit an application to the designated State agency at such time, in such manner, and containing such information as the State agency may require.

**(3) Matching requirement**

An eligible institution of higher education that receives funding under this subsection shall contribute to the conduct of the pregnant and parenting student services office supported by the funding an amount from non-Federal funds equal to 25 percent of the amount of the funding provided. The non-Federal share may be in cash or in-kind, fairly evaluated, including services, facilities, supplies, or equipment.

**(4) Use of funds for assisting pregnant and parenting college students**

An eligible institution of higher education that receives funding under this subsection

shall use such funds to establish, maintain or operate pregnant and parenting student services and may use such funding for the following programs and activities:

(A) Conduct a needs assessment on campus and within the local community—

(i) to assess pregnancy and parenting resources, located on the campus or within the local community, that are available to meet the needs described in subparagraph (B); and

(ii) to set goals for—

(I) improving such resources for pregnant, parenting, and prospective parenting students; and

(II) improving access to such resources.

(B) Annually assess the performance of the eligible institution in meeting the following needs of students enrolled in the eligible institution who are pregnant or are parents:

(i) The inclusion of maternity coverage and the availability of riders for additional family members in student health care.

(ii) Family housing.

(iii) Child care.

(iv) Flexible or alternative academic scheduling, such as telecommuting programs, to enable pregnant or parenting students to continue their education or stay in school.

(v) Education to improve parenting skills for mothers and fathers and to strengthen marriages.

(vi) Maternity and baby clothing, baby food (including formula), baby furniture, and similar items to assist parents and prospective parents in meeting the material needs of their children.

(vii) Post-partum counseling.

(C) Identify public and private service providers, located on the campus of the eligible institution or within the local community, that are qualified to meet the needs described in subparagraph (B), and establishes<sup>1</sup> programs with qualified providers to meet such needs.

(D) Assist pregnant and parenting students, fathers or spouses in locating and obtaining services that meet the needs described in subparagraph (B).

(E) If appropriate, provide referrals for prenatal care and delivery, infant or foster care, or adoption, to a student who requests such information. An office shall make such referrals only to service providers that serve the following types of individuals:

(i) Parents.

(ii) Prospective parents awaiting adoption.

(iii) Women who are pregnant and plan on parenting or placing the child for adoption.

(iv) Parenting or prospective parenting couples.

**(5) Reporting****(A) Annual report by institutions****(i) In general**

For each fiscal year that an eligible in-

stitution of higher education receives funds under this subsection, the eligible institution shall prepare and submit to the State, by the date determined by the State, a report that—

(I) itemizes the pregnant and parenting student services office's expenditures for the fiscal year;

(II) contains a review and evaluation of the performance of the office in fulfilling the requirements of this section, using the specific performance criteria or standards established under subparagraph (B)(i); and

(III) describes the achievement of the office in meeting the needs listed in paragraph (4)(B) of the students served by the eligible institution, and the frequency of use of the office by such students.

#### **(ii) Performance criteria**

Not later than 180 days before the date the annual report described in clause (i) is submitted, the State—

(I) shall identify the specific performance criteria or standards that shall be used to prepare the report; and

(II) may establish the form or format of the report.

#### **(B) Report by State**

The State shall annually prepare and submit a report on the findings under this subsection, including the number of eligible institutions of higher education that were awarded funds and the number of students served by each pregnant and parenting student services office receiving funds under this section, to the Secretary.

#### **(c) Support for pregnant and parenting teens**

A State may use amounts received under a grant under section 18202 of this title to make funding available to eligible high schools and community service centers to establish, maintain or operate pregnant and parenting services in the same general manner and in accordance with all conditions and requirements described in subsection (b), except that paragraph (3) of such subsection shall not apply for purposes of this subsection.

#### **(d) Improving services for pregnant women who are victims of domestic violence, sexual violence, sexual assault, and stalking**

##### **(1) In general**

A State may use amounts received under a grant under section 18202 of this title to make funding available to its State Attorney General to assist Statewide offices in providing—

(A) intervention services, accompaniment, and supportive social services for eligible pregnant women who are victims of domestic violence, sexual violence, sexual assault, or stalking.

(B) technical assistance and training (as described in subsection (c)) relating to violence against eligible pregnant women to be made available to the following:

(i) Federal, State, tribal, territorial, and local governments, law enforcement agencies, and courts.

(ii) Professionals working in legal, social service, and health care settings.

(iii) Nonprofit organizations.

(iv) Faith-based organizations.

#### **(2) Eligibility**

To be eligible for a grant under paragraph (1), a State Attorney General shall submit an application to the designated State agency at such time, in such manner, and containing such information, as specified by the State.

#### **(3) Technical assistance and training described**

For purposes of paragraph (1)(B), technical assistance and training is—

(A) the identification of eligible pregnant women experiencing domestic violence, sexual violence, sexual assault, or stalking;

(B) the assessment of the immediate and short-term safety of such a pregnant woman, the evaluation of the impact of the violence or stalking on the pregnant woman's health, and the assistance of the pregnant woman in developing a plan aimed at preventing further domestic violence, sexual violence, sexual assault, or stalking, as appropriate;

(C) the maintenance of complete medical or forensic records that include the documentation of any examination, treatment given, and referrals made, recording the location and nature of the pregnant woman's injuries, and the establishment of mechanisms to ensure the privacy and confidentiality of those medical records; and

(D) the identification and referral of the pregnant woman to appropriate public and private nonprofit entities that provide intervention services, accompaniment, and supportive social services.

#### **(4) Eligible pregnant woman**

In this subsection, the term "eligible pregnant woman" means any woman who is pregnant on the date on which such woman becomes a victim of domestic violence, sexual violence, sexual assault, or stalking or who was pregnant during the one-year period before such date.

#### **(e) Public awareness and education**

A State may use amounts received under a grant under section 18202 of this title to make funding available to increase public awareness and education concerning any services available to pregnant and parenting teens and women under this chapter, or any other resources available to pregnant and parenting women in keeping with the intent and purposes of this chapter. The State shall be responsible for setting guidelines or limits as to how much of funding may be utilized for public awareness and education in any funding award.

(Pub. L. 111-148, title X, § 10213, Mar. 23, 2010, 124 Stat. 932.)

#### **§ 18204. Appropriations**

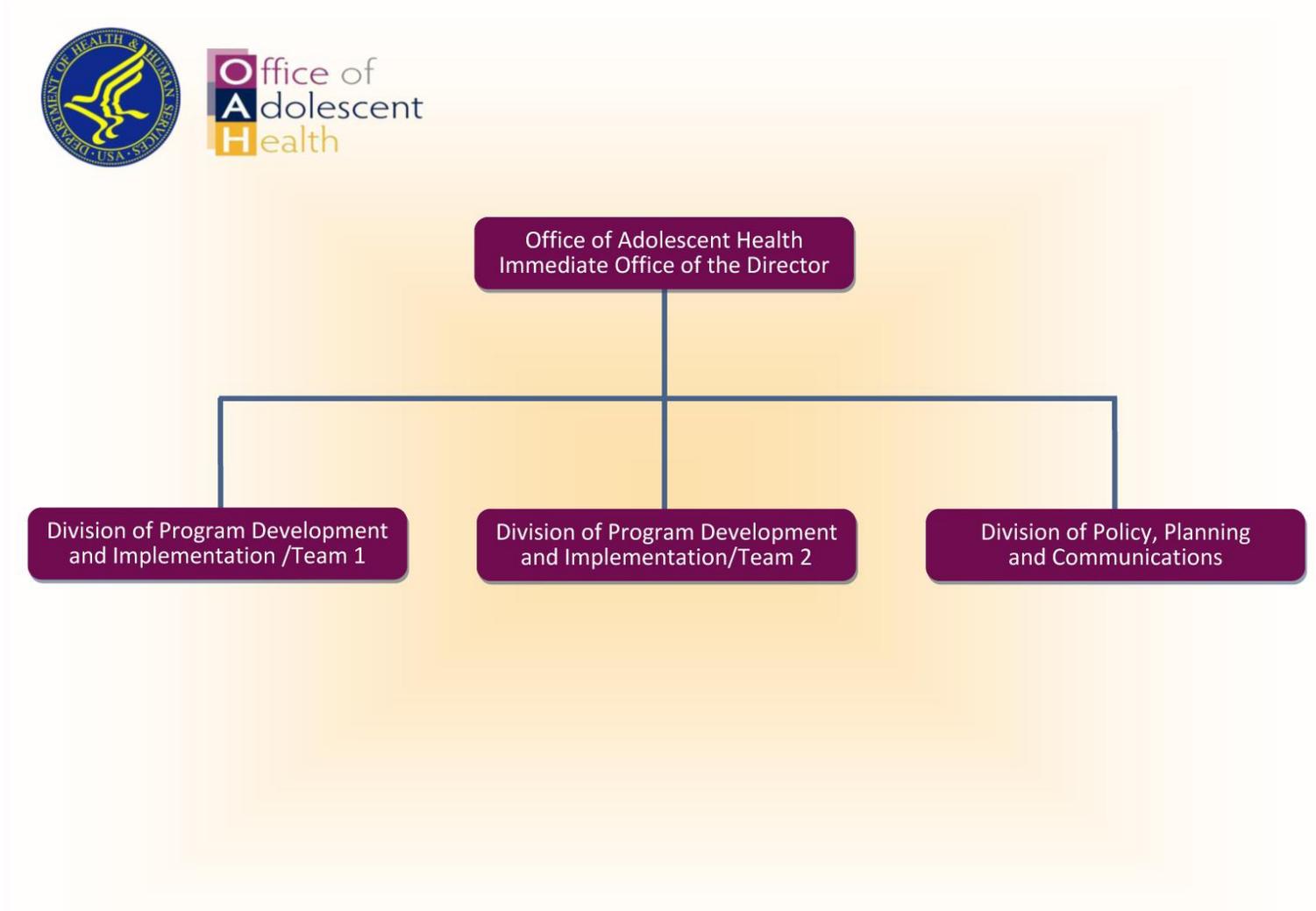
There is authorized to be appropriated, and there are appropriated, \$25,000,000 for each of fiscal years 2010 through 2019, to carry out this chapter.

(Pub. L. 111-148, title X, § 10214, Mar. 23, 2010, 124 Stat. 935.)

<sup>1</sup>So in original. Probably should be "establish".

<sup>2</sup>So in original. Probably should be "to".

## Appendix B: OAH Organizational Chart



## Appendix C: Overview of Inclusion of Adolescent Health in National Strategic Plans

| Title   | Adolescent Representation  |
|---|--|
| <b>Action Plan for the Prevention, Care, and Treatment of Viral Hepatitis</b> | Adolescents (i.e., “young persons”) are a priority group. However, there are no recommended strategies related to adolescent health (AH) for programming or policy. AH-related recommendations are for the expansion of research. An AH-related objective includes identifying and studying the recent emergence of injection-drug use and HCV transmission among young persons in suburban and rural communities.   |
| <b>Action Plan for Reducing Racial and Ethnic Health Disparities</b>          | Adolescents are not a priority group and no strategies related to AH programming are recommended. Only one of the Plan’s goals partially includes adolescents (i.e., “children”), and that goal is to increase access to dental care for children in Medicaid and CHIP.  |
| <b>Healthy People 2020</b>  | Adolescents, as well as young adults, are a priority group and included as one of HP 2020’s main 42 Topics. HP 2020’s overarching goal for adolescent health is to improve the healthy development, health, safety, and well-being of adolescents and young adults.  |
| <b>National Action Plan for Child Injury Prevention</b>                       | Adolescents are the priority group in the Plan. The overarching goal is to stimulate a national coordinated effort to reduce child and adolescent injury and its accompanying death and disability, including highlighting prevention opportunities, creating recommendations for action, and evaluating progress.   |
| <b>National Action Plan to Improve Health Literacy</b>                        | Adolescents (including “children” and “young adults”) are a priority group. Children and adolescents are highlighted in Goal 3 of 7: Incorporate Accurate, Standards-Based, and Developmentally Appropriate Health and Science Information and Curricula in Child Care and Education Through the University Level.   |
| <b>National HIV/AIDS Strategy for the United States</b>                       | Adolescents are not listed separately as a priority group, and there are no AH-specific goals included. A general reference to ages is only made in the Strategy’s vision: “The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age... will have unfettered access to high-quality, life-extending care, free from stigma and discrimination.”   |
| <b>National Prevention Strategy</b>   | Adolescents are a priority group in each of the Strategy’s Strategic Directions (SD): Tobacco Free Living; Preventing Drug Abuse and Excessive Alcohol Use; Healthy Eating; Active Living; Reproductive and Sexual Health; and Mental and Emotional Well-Being. Priorities include specific recommendations for Early Learning Centers (ELC), Schools, Colleges and Universities. Adolescents are particularly highlighted in the Reproductive and Sexual Health Strategic Direction.    |
| <b>National Public Health Strategy to Prevent Youth Violence</b>              | Adolescents (i.e., “youth,” “children,” and “young people”) are the priority group of the Strategy, which is aimed at reducing the perpetration of violence by youth ages 10-24. Strategy themes include strengthening the personal capacity of youth to resist violence and building and supporting positive relationships between youth and adults.  |
| <b>National Stakeholder Strategy for Achieving Health Equity</b>              | Adolescents (i.e., “youth” and “young people”) are a priority group and are the main focus of one of the Strategy’s goals. Adolescent-specific goals and objectives within the Strategy are to strengthen and broaden leadership for addressing health disparities at all levels and to invest in young people to prepare them to be future leaders and practitioners by actively engaging and including them in the planning and execution of health, wellness, and safety initiatives. |
| <b>National Strategy for Suicide Prevention</b>                               | Adolescents (including “young adults”) are a priority group and are included in a number of goals and objectives. One example of a goal that includes AH objectives is to develop and implement community-based suicide prevention programs, i.e., to increase the proportion of school districts and private school associations with evidence-based programs designed to address serious childhood and adolescent distress and prevent suicide.  |
| <b>Tobacco Control Strategic Action Plan</b>                                  | Adolescents are a priority group. This Plan responds to HP 2020’s focus on AH and the reduction of adolescent tobacco use. The Plan’s recommendations incorporate many other health promotion and tobacco control-related plans, campaigns, initiatives, as well as related centers and offices, a number of which reference strategies for adolescents.   |
| <b>White House Task Force on Childhood Obesity Report to the President</b>    | Adolescents (including “children”) are the priority group in the Report, which aims to solve the problem of childhood obesity within a generation. Seventy Report recommendations cover areas such as: empowering parents and caregivers, providing healthy food in schools, and getting children more physically active.  |

## Appendix D: Healthy People 2020 Adolescent Health Objectives

**AH-1** Increase the proportion of adolescents who have had a wellness checkup in the past 12 months

*Baseline: 68.7% -- Target: 78.6*

**AH-2** Increase the proportion of adolescents who participate in extracurricular and out-of-school activities

*Baseline: 82.5 -- Target: 90.8*

**AH-3** Increase the proportion of adolescents who are connected to a parent or other positive adult caregiver

**AH-3.1** Increase the proportion of adolescents who have an adult in their lives with whom they can talk about serious problems

*Baseline: 75.7 -- Target: 83.3*

**AH-3.2** Increase the proportion of parents who attend events and activities in which their adolescents participate

*Baseline: 82.1 -- Target: 90.3*

**AH-4** (Developmental) Increase the proportion of adolescents and young adults who transition to self-sufficiency from foster care  
(Developmental) Increase the proportion of adolescents and young adults who transition to self-sufficiency from foster care

**AH-5** Increase educational achievement of adolescents and young adults

**AH-5.1** Increase the proportion of students who graduate with a regular diploma 4 years after starting 9th grade

*Baseline: 74.9 -- Target: 82.4*

**AH-5.2** Increase the proportion of students who are served under the Individuals with Disabilities Education Act who graduate high school with a diploma

*Baseline: 59.3 -- Target: 65.2*

**AH-5.3** Increase the proportion of students whose reading skills are at or above the proficient achievement level for their grade

**AH-5.3.1** Fourth (4th) grade

*Baseline: 33.0 -- Target: 36.3*

**AH-5.3.2** Eighth (8th) grade

*Baseline: 32.4 -- Target: 35.6*

**AH-5.3.3** Twelfth (12th) grade

*Baseline: 35.4 -- Target: 38.9*

**AH-5.4** Increase the proportion of students whose mathematics skills are at or above the proficient achievement level for their grade

**AH-5.4.1** Fourth (4th) grade

*Baseline: 39.1 -- Target: 43.0*

**AH-5.4.2** Eighth (8th) grade

*Baseline: 33.9 -- Target: 37.3*

**AH-5.4.3** Twelfth (12th) grade

*Baseline: 23.0 -- Target: 25.3*

**AH-5.5** Increase the proportion of adolescents who consider their school work to be meaningful and important

*Baseline: 26.6 -- Target: 29.3*

**AH-5.6** Decrease school absenteeism among adolescents due to illness or injury

*Baseline: 14.6 -- Target: 13.1*

**AH-6** Increase the proportion of schools with a school breakfast program

*Baseline: 68.6 -- Target: 75.5*

**AH-7** Reduce the proportion of adolescents who have been offered, sold, or given an illegal drug on school property

*Baseline: 22.7 -- Target: 20.4*

**AH-8** Increase the proportion of adolescents whose parents consider them to be safe at school

*Baseline: 86.4 -- Target: 95.0*

**AH-9** (Developmental) Increase the proportion of middle and high schools that prohibit harassment based on a student's sexual orientation or gender identity

**AH-10** Decrease the proportion of public schools with a serious violent incident

*Baseline: 17.2 -- Target: 15.5*

**AH-11** Reduce adolescent and young adult perpetration of, as well as victimization by, crimes

**AH-11.1** Decrease the rate of minor and young adult perpetration of violent crimes

*Baseline: 444.0/1000 -- Target: 399.6/1000*

**AH-11.2** Decrease the rate of minor and young adult perpetration of serious property crimes

*Baseline: 1526.7/100,000 -- Target: 1374/100,000*

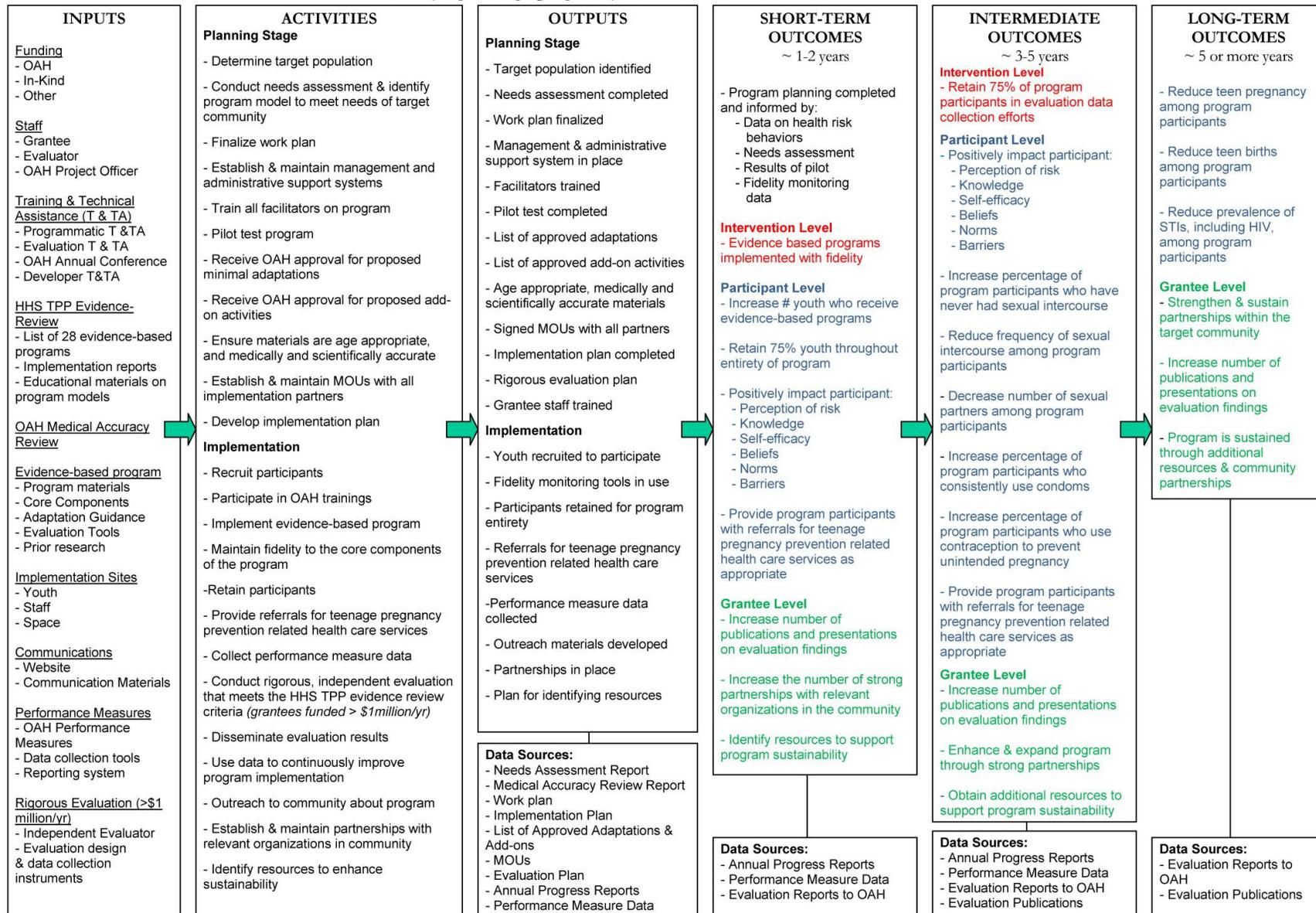
**AH-11.3** (Developmental) Decrease the percentage of counties and cities reporting youth gang activity

**AH-11.4** (Developmental) Reduce the rate of adolescent and young adult victimization from crimes of violence

# Appendix E: Logic Model for Teen Pregnancy Prevention Replication Grants

## Teen Pregnancy Prevention: Replication of Evidence-based Program Models (Tier 1)

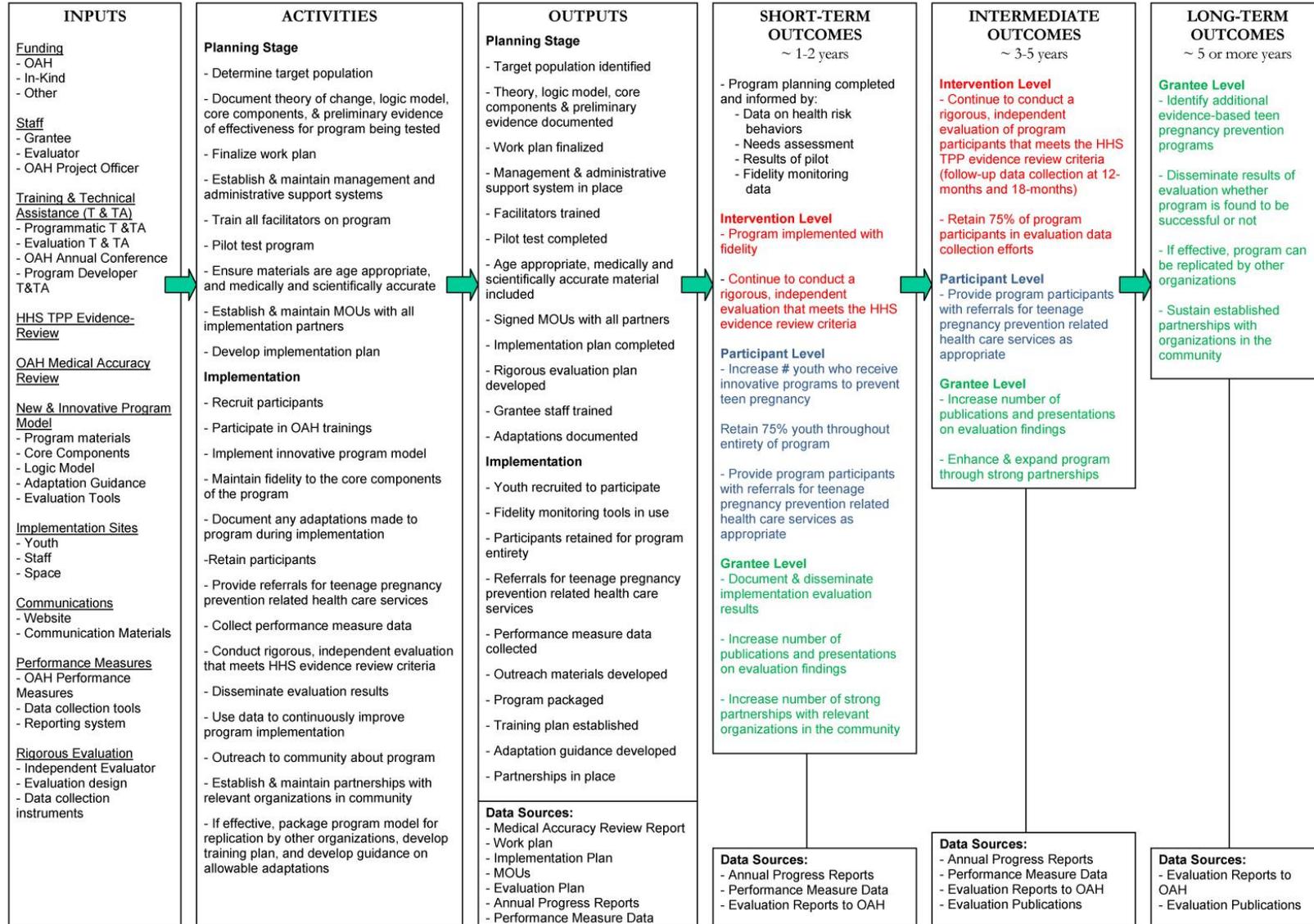
**Goal:** To support the replication of evidence-based program models that have proven through rigorous evaluation to reduce teenage pregnancy, behavioral risk underlying teenage pregnancy, or other associated sexual risk factors.



# Appendix F: Logic Model Teen Pregnancy Prevention Research and Demonstration Grants

## Teen Pregnancy Prevention: Research and Demonstration Programs (Tier 2)

**Goal:** To develop and test additional program models and innovative strategies for preventing teenage pregnancy, STIs, and associated sexual risk behaviors.



## Appendix G: Summary of Teen Pregnancy Prevention Performance Measures

### ALL GRANTEES COLLECT THE FOLLOWING PERFORMANCE MEASURES

- Participant ID
- Grantee name
- Program name (e.g., TOP, Cúdate)
- Date of data collection
- Demographic characteristics
  - Age
  - Grade
  - Gender
  - Race
  - Ethnicity
  - Language spoken at home
  - Special populations targeted
- Perceived impact of the program on sex
- Perceived impact of the program on condom use
- Perceived impact of the program on contraceptive use
- Perceived impact of the program on abstaining

### Dissemination

- How many manuscripts have you had accepted for publication in the past year (including both articles that were published and those that have been accepted but not yet published)? Do not include manuscripts previously reported as published.
- Please list the references for any published manuscripts published in the past year.
- How many presentations have you made at each of the following levels in the past year:
  - National or regional? \_\_\_\_  
Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made).
  - State? \_\_\_\_  
Please list titles of all presentations and venue (e.g., conference or organization to which the presentation was made).

### Retention

- With how many organizations and/or schools do you have a formal agreement in place to assist with implementing your program?
  - With how many organizations or schools are you currently working that are assisting with intervention implementation?
- How many organizations have been involved in planning and implementing your program, but not in a formal role? (Do not include organizations with which you have a formal agreement.)
- How many of the organizations or schools with which you had a formal agreement at the start of the program year remained engaged at the end of the program year?

- In the past program year, how many new intervention facilitators (including teachers) have you or one of your partners trained? Please include only training provided to new facilitators.
- In the past program year, how many intervention facilitators (including teachers) have you or one of your partners given follow-up training?

### **Dosage of services received by participants**

- What is the median percentage of program services received by youth?
- What is the median percentage of program services received by parents (if applicable)?
- What percentage of youth received at least 75% of the program?
- What percentage of parents received at least 75% of the program?

### **Fidelity**

- In the past program year, what percentage of sessions were observed by an independent observer for fidelity assessment?
- What is the median percentage of activities completed, across sessions observed?
  - What is the minimum and maximum percentage of activities completed, across sessions observed?
    - Minimum
    - Maximum
  - What percentage of sessions were rated either 4 or 5 for overall quality?
  - For what percentage of sessions completed do you have a completed fidelity monitoring log from the facilitator?
  - What is the median percentage of activities completed, across sessions for which you have a completed fidelity monitoring log?
  - Across cohorts, what is the median percentage of sessions implemented?
  - What is your score on the 24-point fidelity process scale?

### **GRANTEES WITH GRANTEE-LED, RIGOROUS EVALUATIONS COLLECT THE FOLLOWING ADDITIONAL MEASURES**

- Ever had sex
- Ever been pregnant/gotten someone pregnant
- Number of times been pregnant/gotten someone pregnant
- Any sex in past 3 months
- Number of times had sex in past 3 months
- Had sex without a condom in past 3 months
- Number of times had sex without a condom in past 3 months
- Had sex without birth control in past 3 months
- Number of times had sex without birth control in past 3 months
- Intent to have sex in next year
- Intent to use a condom in next year
- Intent to use birth control in next year