



The Office of Adolescent Health collects performance measure data from the Teen Pregnancy Prevention (TPP) program. The data are used to provide stakeholders with information on the progress the program is making toward its objectives and to provide program leadership with information needed for program management. This bulletin presents a summary of some of the program's key performance measures for the first 2 years of program implementation, which correspond to Years 2 and 3 of the grant (September 1, 2011—August 31, 2012 and September 1, 2012—August 31, 2013). Data presented reflect the data available as of March 4, 2014 (Year 2) and September 8, 2014 (Year 3).

How many participants has the program reached?

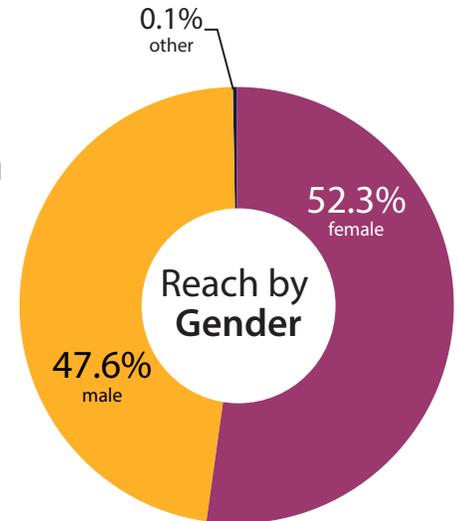
All youth who were enrolled in the program and participated in at least one program activity during the year are included in the reach count. Overall, the program reached 78,432 youth in Year 2 and 122,208 youth in Year 3.



What were the characteristics of program participants in Year 3?

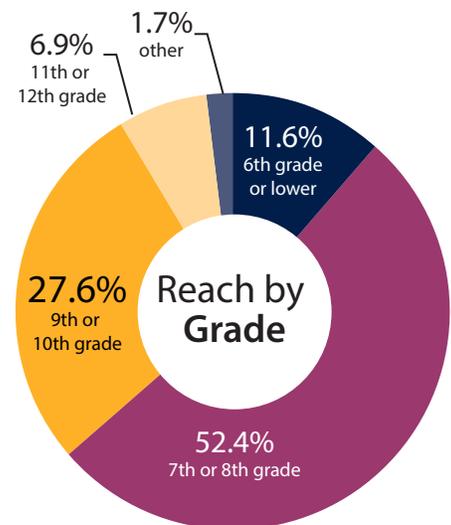
Gender:

Just over half (52.3%) of participants were female, 47.6% were male, and 0.1% identified as "other."



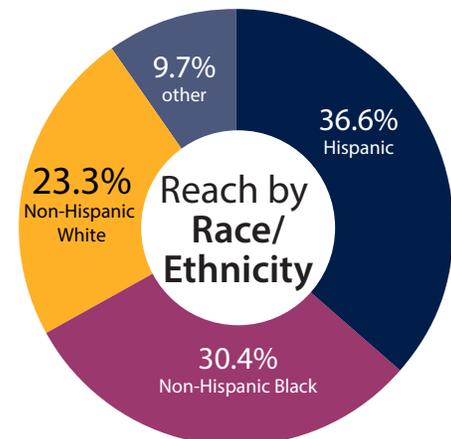
Grade:

More than half (52.4%) of participants were in 7th or 8th grade, and more than a quarter (27.6%) were in 9th or 10th grade. An additional 11.6% were in 6th grade or lower, and 6.9% were in 11th or 12th grade. The remaining 1.7% were in GED programs, college or technical schools, or not in school.

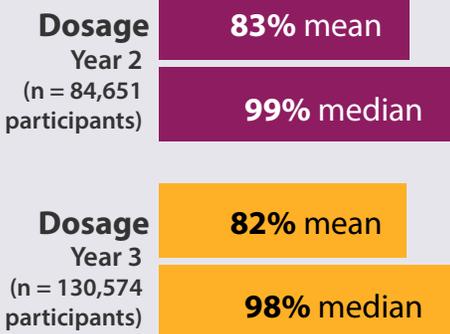


Race/Ethnicity:

More than a third (36.6%) of participants were Hispanic; 30.4% were non-Hispanic Black, and 23.3% were non-Hispanic White. The remaining 9.7% were non-Hispanics of other races (Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander, "other," or more than one race).



What level of dosage has the program achieved?



Dosage is a measure of the amount of the program participants are receiving. Some program models have several different components (e.g., a curriculum, community service, mentoring, or case management), and dosage is calculated differently for each component. Since a curriculum is the one component that is common to nearly all program models, dosage for the curriculum component is the measure presented here. Dosage is calculated for each participant (e.g., if 10 sessions of the program were offered during the reporting period, a participant who attended 8 of the sessions would have received 80% of the program). Mean and median dosage are then calculated across all participants.

In Year 2, mean dosage for the TPP overall was 83%, and the median was 99%. In Year 3, dosage was similar: mean 82% and median 98%. The median is higher than the mean because it is less affected by outliers: a small number of participants with low attendance could substantially reduce the mean, but not the median. Therefore, the median dosage reflects what may be considered more typical.

How were the fidelity and quality of program implementation?

Fidelity:

To implement a program model with fidelity, grantees must implement all of its core components. The only core component that is common to nearly all of the TPP models is a list of specific activities that should occur during each session of the program; therefore, it is the only measure of fidelity used for the TPP performance measures. This measure is assessed by means of fidelity monitoring logs completed by facilitators at the end of each session, and by outside observers for a subset of sessions.

In Year 2, facilitators reported 95% adherence for sessions implemented. Observed adherence was the same: 95% for sessions observed. In Year 3, these figures were nearly identical: 96% for facilitator-reported adherence and 95% for observed adherence.

Facilitator-Reported Adherence



Observed Adherence



Quality:

Quality of implementation is based on a form completed by observers during observed sessions. The form rates facilitators on a variety of specific factors (e.g., time management, enthusiasm, clarity of explanations) and overall (a measure of overall quality that takes into account all of the specific factors assessed). Ratings are on a scale of 1 (poor) to 5 (excellent). The performance measure is the proportion of sessions that scored 4 or higher on the measure of overall quality.

In Year 2, 91% of the sessions observed were rated as having an overall quality of 4 or higher on the 5-point scale. In Year 3, this proportion was nearly identical at 92%.

Overall Quality % rated 4 or higher



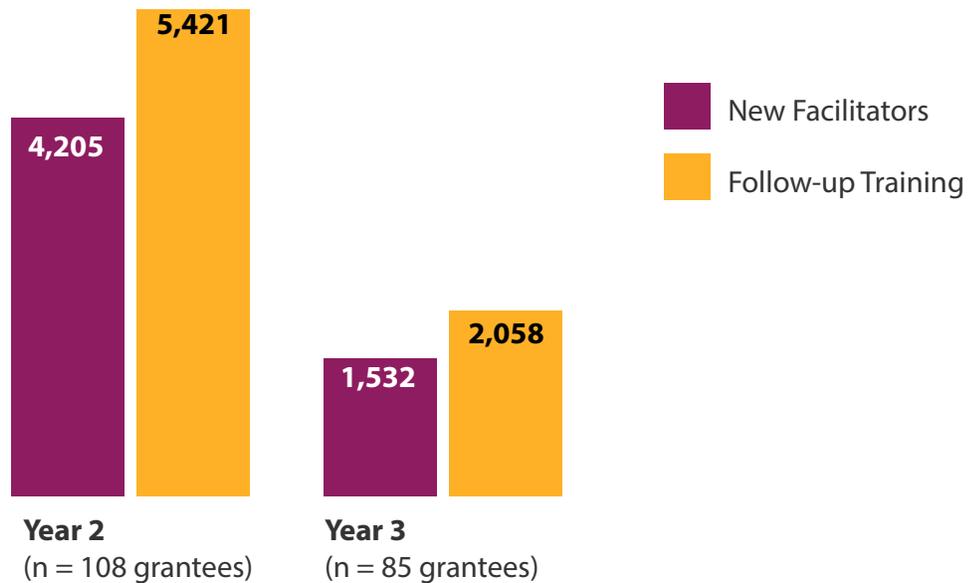
For further information, visit the Office of Adolescent Health website:

<http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/performance-measures/>.

How many facilitators were trained?

Training measures include the number of facilitators newly trained, as well as the number of facilitators who received refresher or supplemental training. In Year 2, the 108 grantees that reported training data trained a total of 4,205 new facilitators and provided 5,421 follow-up trainings. In Year 3, the 85 grantees that reported training data trained 1,532 new facilitators and provided 2,058 follow-up trainings.

Number of Facilitators Trained

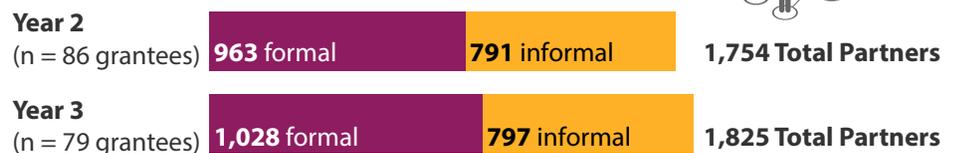


How many partners did the grantees work with?

Partners are those organizations that are working with the grantees but are not part of the grant organization, including those that have formal agreements with the grantee (formal partners) and those that do not (informal partners). At the end of Year 2, the 86 grantees that reported partner data were working with 963 formal partners and 791 informal partners, for a total of 1,754. At the end of Year 3, the 79 grantees that reported partner data were working with 1,028 formal partners and 797 informal partners, for a total of 1,825.



Number of Partners



Written by Ellen Wilson and Caroline Lawson from RTI International for the HHS Office of Adolescent Health under contract HHSP233013000458G as a resource for TPP grantees.