

Assessing Organizational “Fit” with Evidence-based Teen Pregnancy Prevention Programs



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Purpose of Presentation



This presentation will provide lessons learned that can be applied as organizations partner with non-traditional agencies to provide reproductive health education, and to implement evidence-based programs to fidelity.



Structured Implementation Assessment Process



The lessons learned in this presentation have been identified through a structured implementation assessment process that involved periodic identification and documentation of issues, recommendations, and resolutions.

Primary Program Partners



- Louisiana Public Health Institute (LPHI)
 - Funded by OAH as a Tier 1 Level C/D grantee to replicate and rigorously evaluate the effectiveness of *Becoming a Responsible Teen (BART)* sexual education curriculum
- The Policy & Research Group (PRG)
 - Contracted by LPHI to conduct the rigorous evaluation
- Institute of Women and Ethnic Studies (IWES)
 - Contracted by LPHI to conduct fidelity monitoring

Program Implementation Overview



- **Population:** adolescents ages 14-18 who live in Orleans Parish
- **Dosage:** program consists of eight 1½ - 2 hour sessions held over eight-weeks (one session per week)
- **Components:** program delivered to small gender-specific groups of between 5-15 participants
- **Enrollment targets:** 335 adolescents/year for 3 years = 1,005 participants

Evaluation Overview



- Individual-level randomized controlled trial (RCT) design
- **Treatment Condition: *Becoming a Responsible Teen (BART)***
 - Eight sessions; provides HIV information and teaches skill building activities to reduce sexual risk taking, delay sexual involvement, and reduce exposure to HIV, including: how to handle social and sexual pressures; ways to communicate assertively with friends and potential sexual partners; and refusal, negotiation, and condom use skills.
- **Control Condition: *Healthy Living***
 - Eight sessions; combines first session of BART (HIV information only) and seven sessions of a broader health curriculum that addresses nutrition, healthy eating habits, body image, and physical activity

Evaluation Overview



**BART + Healthy Living
= 4 Real Health Education Program**



Setting Considerations



Attempted to implement an evidence-based teen pregnancy prevention program with three types of organizations

- Small community-based organizations
- Schools and school-based organizations
- A large decentralized city-sponsored summer youth program

Key Organizational Variables



- Ability to reach and recruit the target population
- Motivation to implement the evidence-based program within the community
- Capacity to support the implementation of the program to fidelity
- Ability to adhere to funder requirements
- Administrative capacity
- Capacity for sustainability

4Real Health Implementation Site Requirements



- Ability and experience to work with adolescents ages 14-18 who live in Orleans Parish
- Ability and time available to host eight 1 ½ -2 hour sessions held over eight-weeks
- Capacity (appropriate facilities) to host gender-specific classes with 5 to 15 youth per class
- Access to 2-4 separate classrooms that could provide privacy to program participants
- Classrooms needed desks, chairs, TV/DVD, and room for exercise space.

Access to Resources



Resources such as staff training, administrative support, and proper facilities increase the likelihood of sustainable implementation of evidence-based practices.

Fixsen, D.L., Blasé, K.A., Naoom, S.F., and Wallace, F. (2009). Core implementation components. *Research on Social Work Practice, 19*(5), 531-540.

Henderson, C.E., Taxman, F.S., and Young, D.W. (2008). A Rasch model analysis of evidence-based treatment practices used in the criminal justice system. *Drug and Alcohol Dependence, 93*(1–2), 163–175.

Sociopolitical Environment



Research shows that implementation is most successful when local, state, and federal funding initiatives, policies, and regulations create a hospitable environment for implementation and program operations.

Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M. & Wallace, F. (2005). Implementation research: A synthesis of the literature. Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

Centralized vs. Decentralized Systems



While centralized systems are more efficient and productive in terms of management styles, decentralized systems are better able to meet the needs of the populations they serve.

Glisson, C. and Martin, P. (1980). Productivity and efficiency in human service organizations as related to structure, size, and age. *Academy of Management Journal*, 23(1), 21-37.

Organizational Fit-Complementary Mission



4Real Health fit well within the city-sponsored summer youth program's existing structure and programming, which research indicates increases the likelihood of successful implementation of an evidence-based program.

Glisson, C. (2002). The organizational context of children's mental health services. *Clinical Child & Family Psychology Review*, 5(4), 233-253.



Small Community-based Organizations



Benefits:

- Small community-based organizations (CBOs) provided the freedom to implement an evidence-based program with few administrative requirements and maximum flexibility.
- The CBOs had strong ties to the target population and were extremely motivated to implement TPPPs within the community.



Small Community-based Organizations



Barriers for Small CBOs:

- CBOs did not have the administrative support to hire and oversee adequate additional staff
- CBOs did not have adequate facilities to house the program, even temporarily
- CBOs did not have professional level staffing who could implement the program to fidelity



Schools and school-based organizations



Benefits:

- Ability to access and recruit the target population
- High motivation to implement the program
- Had much stronger administrative and organizational capacity than the smaller organizations

Schools and school-based organizations



Barriers:

- State education laws/policies restricted us from:
 - Collecting grantor-required performance measures asking about sexual behavior
 - Implementing a core element of the curriculum, the distribution of condoms
- Most schools have 45-50 minute class periods but we needed 1.5 – 2 hours per session to meet BART fidelity requirements.
- Louisiana public schools require 1 semester of health education for all health subjects, during 4 years of high school; therefore obtaining a commitment to dedicate over half of the time to reproductive health curriculum would be difficult.

Schools and school-based organizations



Barriers:

- Implementing during after-school hours was not an option due to transportation issues, and competing student activities
- New Orleans' decentralized school system resulted in each potential school partner having different approval process prior to partnering with 4Real Health and allowing us to implement the curriculum

Large Summer Youth Employment Program



Benefits:

- Adequate administrative capacity
- A significantly larger population of youth consistently served every year
- City-funded program incentives
- Existing parental buy-in
- No competition from school-year activities.
- LPHI centralized the hiring, training, and oversight of the health educators

Large Summer Youth Employment Program



- Youth programming took place at multiple “work” sites run by different community organizations “throughout” the city
- Provided the stability, resources, and administrative efficiency of a larger government organization (centralized system)
- Provided the flexibility of implementing in the smaller community-based organizations (decentralized system)

Large Summer Youth Employment Program



- The mission of 4REAL Health complemented the mission of the NOLA Youth Works Program, as both are interested in promoting positive youth development and future opportunity.
- Partnering with NOLA Youth Works increases the potential for sustaining the program, providing they agree to maintain the 4REAL Health Program

Important Considerations



- Research the fidelity requirements of your evidence-based program including numbers of participants, facilities needs, etc.
- Identify if the potential partner has the capacity characteristics needed to run and sustain your program within their existing structure
- Ensure that potential partner organizations fully understand program expectations
- Gain a thorough understanding of agency, state, and local regulations that may impact program implementation

Important Considerations



- Allow ample time for contracts to be put in place when dealing with larger organizations
- Ensure that contracts and/or MOUs contain specific deliverables and the repercussions for not adhering to program requirements
- Recognize and clarify for potential partners what you can and cannot be flexible about when it comes to the implementation of the evidence-based program
- Incentivize the program for participants
- Provide orientations for staff members of partnering organizations so that all parties involved know about the program



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