In 2009, staff at Children’s Hospital Los Angeles (CHLA) saw a need for new reproductive health and pregnancy prevention programming for pregnant and parenting teens. To meet the need in Los Angeles County for additional services to prevent rapid repeat pregnancies among teen mothers, CHLA sought an evidence-based program well suited to the needs of the teen mothers and communities the hospital serves. The search led to Project AIM, which CHLA adapted for use with teen mothers. The resulting program, AIM 4 Teen Moms, consists of a structured curriculum delivered to teen mothers in home visits and two group sessions.

AIM 4 Teen Moms seeks to affect sexual risk outcomes by helping teens define specific life aspirations and make appropriate choices to achieve them. The program consists of seven individual sessions, one group session in the middle of the program, and another group session at the end of the program.

The AIM 4 Teen Moms program was selected along with six other programs to participate in the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA), a national evaluation funded by the Office of Adolescent Health in the U.S. Department of Health and Human Services. The PPA evaluation studies the effectiveness of promising new or innovative teen pregnancy approaches (Figure 1). It will test whether AIM 4 Teen Moms increases long-term contraceptive use and reduces or delays repeat pregnancy. This summary presents findings from the study of program implementation in the first 18 months of the evaluation.

Meeting Recruiting Challenges for AIM 4 Teen Moms

CHLA initially established referral relationships with two programs that already served teen mothers and could refer eligible clients to AIM 4 Teen Moms. However, state funding cuts reduced referrals and forced CHLA to expand its outreach activities. CHLA established a hotline and distributed flyers and brochures in target neighborhoods inviting potential participants to call the hotline or text designated staff. Staff also presented information at health fairs and public events to recruit for the program. Through their professional networks, CHLA staff also reached out to other case management agencies and schools to encourage them to refer eligible teens to AIM 4 Teen Moms.

CHLA’s recruitment efforts attracted teen mothers with multiple risks and service needs. Teen pregnancy was not unusual in participants’ families. At enrollment, slightly fewer than half of teen mothers reported having been sexually active in the preceding four weeks. On average, participating teen mothers reported that they had begun having sex at age 15 and had had three sexual partners.

Developing Staff Capacity and Skills to Implement AIM 4 Teen Moms

CHLA managers had to hire and train advisors with the skills needed to deliver AIM 4 Teen Moms in homes and group sessions as intended. Advisors had to be able to engage teen mothers in the curriculum activities in varying and sometimes chaotic environments. To find the right mix of skills and experience, CHLA and its partner, El Nido, recruited applicants with case management backgrounds who had previously worked with teen parents and their families in the target communities. CHLA hired staff who already had some of the required skills and experience and provided pre-service and ongoing refresher training.
Advisors participated in a three-day training in summer 2011 before the start of program delivery. The developer, along with the AIM 4 Teen Moms program director and supervisors, conducted live demonstrations by role-playing each of the program’s nine sessions to familiarize the advisors with the content. The training emphasized fidelity to the program model. As a supplement to CHLA’s training, each advisor was trained in developing reproductive life plans and certified as a family planning health counselor by the California Reproductive Health Council. Regular monitoring revealed areas in which advisors needed additional training and supervision. Refresher training, practice, and ongoing technical assistance helped improve delivery and increase comfort level.

**Engaging and Retaining Participants in AIM 4 Teen Moms**

Ultimately, the biggest challenge for AIM 4 Teen Moms staff was engaging and retaining participants in the program. Missed appointments were common. For those who missed sessions, advisors were instructed to reschedule appointments as soon as possible and make up the session. However, time and scheduling constraints often prevented make-up sessions. Anticipating that teen mothers would miss sessions, the developer had also incorporated redundancy in the curriculum to reinforce messages and help ensure that participants received all of the key content, even if they missed some sessions.

Few participants attended all nine sessions, but most received the minimum specified dosage. Based on the developer’s criteria, most teens (81 percent) completed the minimum five or more sessions required by the program. On average, teens attended six of the nine sessions. Attendance was relatively high in sessions with most of the sexual risk and pregnancy prevention content, ranging from 74 to more than 80 percent. Group attendance was lower than attendance at individual sessions. Staff and participants cited lack of access to viable transportation as a major barrier to group attendance.

Participants reported that they liked the aspirational content and personal focus of the program. Advisors noted that participants especially appreciated the confidence-building activities and interviewing and negotiation skill development, which made them feel empowered. According to advisors, teen mothers felt these skills would enable them to advocate for themselves and achieve their objectives despite societal pressures. Through AIM 4 Teen Moms, participating teen mothers were able to share their lives and feelings with someone who visited them in their homes and listened, taught, and advised them on a regular basis. When the program ended, so did the relationships the teens had developed with their advisors. Participants wanted the program and their relationship with their advisors to continue beyond the 12-week period.

**Looking Forward: Lessons to Inform Future Replication Efforts**

Lessons from CHLA’s implementation of the AIM 4 Teen Moms program could support stronger implementation of AIM 4 Teen Moms in the future.

CHLA leaders learned that filling program spaces required multiple strategies for finding and enrolling teen mothers, and advisors needed training along with regular communication about their experiences to master the curriculum materials, use them as intended, and address the challenges they encountered. CHLA’s experiences also suggest that further adjustments to the program format might improve attendance, and identifying and linking participants to services that can continue reinforcing the messages of AIM 4 Teen Moms after the program ends might help sustain the program’s effects.
Part of the national multiyear Evaluation of Adolescent Pregnancy Prevention Approaches

- Funded by the Office of Adolescent Health, U.S. Department of Health and Human Services
- Conducted by Mathematica Policy Research, with Child Trends and Twin Peaks Partners, LLC
- Assessing effectiveness of seven programs

Approximately 950 teen mothers ages 15 to 19 years old with one child younger than 7 months old in the Los Angeles, California, area were recruited and randomly assigned—half to a program group and half to a group that did not receive Aim 4 Teen Moms

- Program delivered to eight cohorts of teen mothers in 12-week cycles, November 2011 to March 2014
- Rolling sample intake through December 2013
- Staff recruited participants through (1) referrals from El Nido Family Centers, Project NATEEN, and AltaMed (programs already serving teen mothers); (2) local outreach at schools and health fairs; (3) referrals from pregnant and parenting teen schools and local Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) offices; and (4) free hotline and text messages
- Program implemented in three locations: metro Los Angeles, South Los Angeles/Compton, and San Fernando Valley

Program components:

- Seven individual one-hour sessions with a trained facilitator (advisor) in participant’s home
- Two approximately 90-minute group sessions, in the middle and at the end of the program, conducted by one or two trained facilitators

Adaptation of Project AIM, a curriculum originally used in 7th-grade classrooms in Birmingham, Alabama

Topics include positive thinking, future planning, birth control, birth spacing, reproductive planning, and motherhood as an identity strength

Impacts on long-term contraceptive use and rapid repeat pregnancy measured by follow-up surveys 12 and 24 months from baseline