Overview of the OAH Teen Pregnancy Prevention Quantitative Synthesis

In 2015 The Office of Adolescent Health, within the US Department of Health and Human Services, funded a study to examine questions about preventing teen pregnancies such as what kinds of services are effective and for whom they work best. Using information extracted from more than 40 rigorous evaluations, Abt Associates Inc., in partnership with the Peabody Research Institute of Vanderbilt University, will apply meta-analytic techniques to systematically analyze and summarize the findings generated by the evaluations.

Background

Beginning in 2010, three federal agencies within the Department of Health and Human Services funded a variety of teen pregnancy prevention interventions intended to reduce teen pregnancy and improve the health and well-being of adolescents. Some of the funded interventions were based on existing evidence; others were innovations in the field; and a few were untested approaches. As part of grant funding for these programs, OAH, together with the Administration for Children and Families (ACF) and the Centers for Disease Control and Prevention (CDC), required evaluations of the interventions. Almost all of these evaluations focus on the broad question of the overall impact of a specific program on sexual risk behaviors of adolescents. (A smaller number of studies examined the intervention’s impact on community-level outcomes).

Evaluations included in the study

Candidates for inclusion in the study include reports from more than 40 evaluations funded by OAH, as well as reports from several evaluations funded by ACF and CDC. To be included in the analysis, each report must meet a set of pre-specified standards:

1. the intervention focuses on youth between the ages of 12-19;
2. the evaluation uses an experimental or strong quasi-experimental design; and
3. the evaluation includes an adequate number of youth.
Advancing policy and practice

The study will provide three important benefits. First it will look at how various program components and strategies affect participant outcomes. Second, it will explore how aspects of a program’s implementation (for example, the setting for the intervention, or who delivers it, and over what period of time) influence participant outcomes. And finally, the meta-analysis will examine whether TPP interventions work better for some youth populations than for others. The study’s results will help practitioners select appropriate programs, allowing them to make a better match between programs, the characteristics of their communities, and their local youth populations. The findings will also help to guide funding decisions by federal, state and local entities.

Study Time Frame

The study began in October 2015 and has two phases. The first phase focuses on all of the grantee-led evaluations funded by OAH and the interim evaluation reports from two federal evaluations. Phase one ends in the Spring of 2017 and will produce a report that presents findings from the meta-analysis of these studies. The second phase, which begins immediately thereafter and ends in Spring of 2019, will incorporate into the meta-analysis long-term reports from the two federal evaluations, as well as reports from evaluations funded by ACF and CDC. The study’s final report will present the findings generated by the quantitative synthesis of all the evaluation reports.

Contact Information:

For more information, please contact:
Randall Juras, Project Director, Abt Associates Randall_Juras@abtassoc.com
617.520.3679

For more general information, please contact:
Amy Farb, Evaluation Specialist, OAH Amy.Farb@hhs.gov 240.453.2836

Quantitative Synthesis of Federally-Funded Teen Pregnancy Prevention Programs: Conducted by Abt Associates Inc., and the Peabody Research Institute of Vanderbilt University under contract number HHSP232201500069I, funded by the Office of Adolescent Health (OAH) the Administration for Children and Families (ACF) and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) within the U.S. Department of Health and Human Services.