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Guidelines for Replicating Programs to Prevent Teen Pregnancy

By Geri Summerville

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January 2006

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Acknowledgments

This publication was funded by the Annie E. Casey Foundation. The National Campaign wishes to thank the Foundation for their generous support but acknowledge that the findings and conclusions presented in this report are those of the author alone, and do not necessarily reflect the opinions of the Foundation. Special thanks to Debra Delgado for her support of this project and others and for her helpful guidance with this document. We also gratefully acknowledge our many additional major funders—the Robert Wood Johnson Foundation, the David and Lucile Packard Foundation, the Roger and Vicki Sant fund of the Community Foundation for the National Capital Region, and the William and Flora Hewlett Foundation, for generously supporting the full range of National Campaign activities.

The National Campaign thanks author Geri Summerville—who has worked with both Plain Talk and Michael Carrera, two of the featured programs in this publication—for sharing her replication expertise. We are confident that her insightful report will greatly help those working to prevent teen pregnancy. We also recognize the work of National Campaign staffer Karen Troccoli. Her careful review and edits have greatly strengthened this report.

Geri Summerville wishes to acknowledge Michael Carrera, Executive Director of the Carrera Teen Pregnancy Prevention program for the Children's Aid Society, and Lynda Bell, Manager of TOP replication for Cornerstone Consulting, for relaying candid and valuable information about their replication experiences. She especially wants to thank Linda Jucovy for her unique interviewing skills that allowed for much of this information to become codified, and also for her written work on earlier versions of this report.

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ISBN: 1-58671-063-X

Design by: Nancy Bratton Design · www.nancybrattondesign.com

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I. Introduction

Replication: Four Things to Consider

1. Is the program effective? For example, has a reliable evaluation of the program demonstrated positive results?
2. What makes the program effective? For example, what elements of the program are essential for repeating positive results?
3. Is the program ready to be replicated? For example, are written materials, training, and technical assistance available to help guide a successful replication?
4. What is the plan for replication? For example, how will start-up and long-term funding be secured for the program?

During the past decade, the nation's rates of teen pregnancy and birth have been declining and are now at their lowest level in 20 years.¹ Even so, the United States still has the highest rates of teen pregnancy and birth among industrialized nations.² Each year, almost one million teenagers in this country become pregnant,³ but it is important to note also that the overall decline in rates obscures significant disparities among racial and ethnic groups, as well as among communities. For example, the teen birth rate for Hispanics, the fastest growing ethnic group in the nation, has declined more slowly than for other groups and has actually increased in a number of states.⁴ And the reality is that there are always new teenagers and, therefore, always new challenges. Each year a new group of teens has to learn why it is in their own best interest, and the best interests of their future children, to avoid early pregnancy.

There are enormous personal and financial costs associated with teen pregnancy. Children of teen mothers are more likely than children of older mothers to be born at low birth weight, putting them at high risk for long-term physical and cognitive problems. They are more likely to be born into and raised in single parent

Plain Talk is a community-based initiative that was developed in 1993 by the Annie E. Casey Foundation. Plain Talk grew from the assumption that increasing adult-teen communication about responsible sexual behavior and improving teens' access to high quality and age appropriate reproductive health care would lead to decreases in unwanted pregnancies and sexually transmitted diseases (STDs), including HIV/AIDS. One of its primary goals is to help adults gain the information and develop the skills they need to communicate effectively with young people about reducing sexual risk-taking. Plain Talk operated as a demonstration project in five sites from 1994 to 1998 and began a structured replication process in January 2004. It is currently operating in nine sites in five states and the Commonwealth of Puerto Rico, with five additional sites preparing to begin operations by the end of 2005. It was evaluated by surveying participants.

households, and fully two-thirds of families begun by a young, unmarried mother are poor.⁵ Children of teen mothers also are at higher risk of struggling in school, becoming victims of child neglect and being placed in foster care. Teen mothers are more likely than other teens to have dropped out of school, and they face all the employment barriers and reduced earning potential of high school dropouts generally.⁶ One study has found that teen births cost taxpayers at least \$7 billion a year in dollars spent on health care, foster care, criminal justice, and public assistance, as well as lost tax revenues.⁷

Clearly, preventing teen pregnancy can help to reduce a large number of social problems. Moreover, the experience of recent years—when less sexual activity among teens and increased contraceptive use have combined to lower teen pregnancy and birth rates⁸—demonstrates that it is actually possible to make progress in this direction. An increasing number of teenagers are delaying sexual activity and/or increasing contraceptive use—positive choices that derive from concern about sexually transmitted diseases (STDs) and HIV/AIDS, along with broad efforts, like public service media campaigns, that attempt to influence attitudes and behaviors.⁹

Programs in schools and communities—a few of which have been carefully evaluated and found to reduce/delay sexual activity and improve contraceptive use—have probably helped reduce rates of teen pregnancy.¹⁰ It is also likely that other programs, yet to be evaluated, are also having a positive effect. One strategy that will help continue these downward trends in teen pregnancy is to

The Teen Outreach Program (TOP) is a youth development initiative that combines community service and curriculum-guided classroom discussion to support positive development and prevent undesirable outcomes, particularly teen pregnancy and poor school performance. Initially developed by the Junior League of St. Louis in 1978, the program was under the sponsorship of the Association of Junior Leagues International until 1995, at which point it began a major replication effort. It is currently operating in 75 areas of the United States and Virgin Islands and serving over 10,000 young people. It has been evaluated using a randomized experimental design.

replicate—that is, to copy and put into place—evaluated programs with positive results, thereby extending their reach to new communities.

Replication, however, is not an automatic or easy process. Whether considering a program for replication or preparing a program for replication by others, a number of key questions must be considered. The overarching question is: what is the program intended to accomplish? Then, depending on whether someone is looking for a program to replicate or has a program which they wish to make available to others to copy and put into place, the key questions will vary somewhat. General questions for both program developers and consumers of those programs to consider include:

- Is the program effective? (What kind of program evaluation has been done and what did it show?)
- How effective is it and on what particular measures?
- What makes it effective? (What elements seem responsible for it working?)
- Is the program ready to be replicated? (Are essential elements clearly documented and ready to be successfully implemented?)
- What is the replication plan? (How is replication actually going to happen?)

In offering answers to these questions, this report draws on the replication experiences of three different programs: Plain Talk, the Teen Outreach Program (TOP), and the Children's Aid Society-Carrera Adolescent Pregnancy Prevention Program (CAS-Carrera). These three programs have taken steps to address questions about replication in different ways. It is important to note that several other programs also have been evaluated and found to be effective on important indicators such as reducing teen pregnancy, delaying first sex, and/or increasing contraceptive use. These

The CAS-Carrera program uses a comprehensive, long-term approach that involves teens in daily activities in many areas of their lives, including school and employment, life skills, and sex education, along with access to medical and mental health services and ongoing interactions with supportive adults. Developed in 1984, the full model is currently operating in ten sites in New York City and nine other sites around the country. It is launching a major replication effort with the goal of adding 15 to 20 sites outside of New York City during the next five years. This program has been evaluated using a randomized experimental design.

three were chosen for this publication specifically because of their replication experiences.

The differences among these programs suggest that a range of approaches can be effective in preventing teen pregnancy. Hopefully, their collective experiences will spur other community leaders to replicate programs with promising results and/or prepare such programs for replication by others.

One final clarification about what this publication is intended—and not intended—to be. This report provides a relatively brief overview of the primary issues involved in replicating a program to prevent teen pregnancy. It describes which questions are the most important to answer before choosing and implementing a program—or offering up a program to others to replicate—and why they are important. However, this report is not a detailed instruction manual on how to actually set up a program in a community. Such a discussion is beyond the scope of this publication. That said, one beneficial outcome of this publication would be more documentation of the actual processes of copying and instituting proven programs in additional sites. ■

II. Is The Program Effective?

Key Questions: Is the program effective?

- Has there been an evaluation of the program's results?
- Was the evaluation done well?
- What measurable, positive results did the program achieve?
- What was the magnitude of the effect – were the changes relatively large or small?
- What population benefited from the program?
- Is there evidence regarding which factors were responsible for measured results?

The goal of replication is to achieve the same *results* as the original program—that is, to extend the benefits of a program to new locations and more people. Therefore, any program considered for replication must have convincing evidence that it is, in fact, effective. Does the program have measurable, positive results? Is the program itself, and not other factors, responsible for those results?

Examining Outcomes

After a program has been evaluated, it is important to look both at the specific outcomes and at who benefited. While it is valuable to know how teens feel about a program, how often they attend, and how much knowledge they gained through their participation, the ultimate goal of teen pregnancy prevention programs is to change behavior that ultimately leads to fewer pregnancies. For example, sexually active teens may know more about the risks of unprotected sex, but does that knowledge cause them to consistently use contraception? Teens who are not yet sexually experienced may learn about the benefits of abstinence, but does that knowledge further delay first sexual intercourse? Once they become sexually active, are they more inclined to use contraception?

In addition, an evaluation might provide evidence that a program is more successful with some groups of teens than with others. Girls, for example, might have more positive outcomes than boys in a coed program. A program that has included both middle school and high school students might prove to be more effective with just younger teens. Or a program with positive results might have been evaluated with participants who were poor, urban, minority teens. That does not necessarily mean, however, it would work with poor, urban, white teens, or with rural teens. Finally, not all program evaluations are equal. Some are less rigorous than others, which means their findings may be inconclusive.

Making the Case

Because many factors in teens' lives can influence their decisions about sex, one challenge facing evaluators is how to assess whether the measurable outcomes are due to the program, or whether they could have resulted from other factors.

The most convincing way to isolate the effects of an intervention is by comparing changes among young people in the program to changes in a group of youth who share the same characteristics but who were not in the program. Studies with experimental designs are the most rigorous way to tease out program effects. Studies that rely on experimental design randomly assign participants to intervention and control groups and then compare the two groups. Experimental designs represent the only evaluation approach that can potentially address causal questions definitively. Quasi-experimental designs do not randomly assign study participants to either group but do compare the intervention group with a comparison group with similar characteristics.

CAS-Carrera and TOP are among the small number of teen pregnancy prevention programs that relied on randomized designs to document effectiveness. In a three-year study of CAS-Carrera, six sites in New York City each recruited 100 teens aged 13 to 15. At each site, the teens drew envelopes to determine who would participate in the Carrera program and who would be assigned to a "control" group -- which meant they received the regular teen programming of the organizations operating those sites. After three years, the girls enrolled in CAS-Carrera were significantly less likely (54 percent) than girls in the control group (66 percent) to be sexually active and to have been pregnant (10 percent versus 22

percent). Those girls who were sexually active were significantly more likely to use contraception than girls in the control group. There were no such effects on the boys in the study.¹¹

TOP was similarly evaluated before it was widely replicated. High school students at 25 sites across the country were randomly assigned to either TOP or to a control group. After nine months in the program, the percentage of control group adolescents who experienced a pregnancy (becoming pregnant or causing a pregnancy) was more than twice as high as among adolescents in the TOP program (9.8 percent versus 4.2 percent). TOP had a greater effect on girls than boys.¹²

While evaluations using a control or comparison group offer the most convincing evidence that the program is responsible for the documented results, such studies are done infrequently, primarily because they are expensive. In addition, it can sometimes be difficult or even impossible to identify a suitable comparable group.¹³ In such instances a well-designed, though not randomized, study may be used as an alternative approach to provide evidence of a program's effects. This was the case with Plain Talk.

Because Plain Talk was a community-wide initiative, finding a comparable neighborhood as a control group would have been cumbersome, if not impossible. Another barrier would have been the variations in social dynamics and other community characteristics that may differ and/or shift over time. Therefore, the Plain Talk evaluation, which focused on three of the five demonstration sites using Plain Talk, measured changes in participants' attitudes and behavior by surveying 12 to 18 year olds at the beginning of the program (1994) and again at the end of the demonstration period (1998). Overall, the Plain Talk communities showed increased levels of adult-youth communication about sexual responsibility, as well as an increase in the quality of that communication. Compared with youth who did not talk with adults, those who did knew more about and were more comfortable with contraception; used reproductive health services and birth control more often; and were less likely to have an STD or a pregnancy. The findings suggested that the underlying assumptions about how Plain Talk should work were on target. The program appeared to change the way adults communicated with teens about sex, and this was associated with improvements in teens' sexual knowledge, attitudes, and behavior.¹⁴

Having reliable evidence that a program achieved its goals is the crucial first step in making decisions about replication. Knowing that a program has proven results helps to both (1) attract the interest of organizations and agencies that want to adopt a program that is going to make a difference in their communities, and (2) generate financial support: potential funders often want to know they are investing in a proven commodity and that their investment will be worthwhile.

III. What Makes The Program Effective?

Key Questions: What makes the program effective?

- What elements of the program are essential for replicating the positive outcomes?
- How do these elements work together?
- What safeguards are in place to make sure all these elements are replicated?
- What roles must partners fill and who will those partners be?
- How much funding is necessary to get the program planned, implemented and evaluated in each site?

Understanding the necessary components of a program and how they work together to produce results is important in making decisions about replication. For teen pregnancy prevention programs, the key program elements that are linked to success typically include the content and approach of specific activities, the duration of programming, demographics of participants, types of support services, staff characteristics, program setting, and/or characteristics of the lead agency.¹⁵

Identifying Essential Elements: The Plain Talk Experience

Identifying which elements of a program are essential and where there may be flexibility in replication is not a simple task. The Plain Talk experience is illustrative. Armed with positive evaluation findings, replication soon began in one new site. However, the leaders at that site struggled in their efforts to put the program in place because they were unsure how to prioritize and organize the array of activities implemented during the demonstration. Because each of the five demonstration sites used slightly different approaches, it was unclear which specific activities had contributed to the overall success of the program.

All five demonstration sites had done community mapping, a process by which residents carry out a comprehensive community survey to gather information about adults' attitudes and knowledge concerning adolescent sexual behavior and contraceptive use, and youth's attitudes, knowledge, and behavior about sexual responsibility. Each site used its findings as a guide for developing that community's specific strategies for Plain Talk. Since the survey results were given back to the community, they were also used as a tool to motivate community residents to become involved.

To identify which approaches were most successful and should therefore be considered “essential elements” of Plain Talk, and to ultimately prepare for a larger replication, the program developers returned to the original sites. They interviewed lead agency staff and community residents and gathered detailed information about the specific components of each community's program. Each site's activities were then examined in relation to its outcome data, including the number of adults reached and trained to communicate with the youth.¹⁶

Several of the sites relied on professionals to conduct workshops for local adults on communicating about sex, while other sites relied more heavily on residents of the community. Two sites created a paid role for residents as peer educators—called Walkers & Talkers—who conducted outreach and education for adults in the community. These sites also used home health parties to inform community residents about findings from the survey, promote the importance of adult-teen communication about sex, provide information about reproductive health, pregnancy prevention and STDs, and to help adults learn how to communicate effectively with youth. The parties were held in residents' homes and were typically facilitated by a Walker & Talker. The evaluation found that the two sites using Walkers & Talkers and home health parties were more successful than those that did not in educating larger numbers of adults to communicate effectively with youth about sexual responsibility and contraception. Therefore, Walkers & Talkers and home health parties, along with community mapping, proved to be the three essential elements of Plain Talk and were promoted as a critical part of replicating the program effectively.

Learning from Evaluations

While the task of identifying essential elements in Plain Talk was relatively complex because there had been somewhat different program models in each of the five sites, the process provides a good illustration of how essential program components are identified.

Strong program models are built on an underlying theory about what will lead to the desired outcomes—in this case, reduced rates of teen pregnancy and STDs. A well-designed evaluation can provide evidence about both the extent to which the program achieves its desired outcomes and *why* it works—how its underlying theory manifests itself in key program elements.

TOP, for example, was built on improving academic achievement and reducing teen pregnancy using the core principles of positive youth development. These include providing teens with opportunities to feel competent and self-sufficient, giving them an opportunity to discuss their thoughts and feelings, and connecting them to a caring adult with whom they form an ongoing, supportive relationship.¹⁷ The evaluations corroborated the value of this approach and strongly suggested that three interrelated elements were key to the program's effectiveness: community service, classroom discussions of the service experience, and classroom discussions and activities focused on critical issues facing teens, such as identifying and understanding their values and making the transition from adolescence to adulthood.

The research also suggested that the duration of the program was critical to its effectiveness. TOP was a nine-month program with at least 20 hours of youth-planned and led community service that followed a community mapping activity, and weekly meetings for the curriculum-based discussions and activities. In addition, the research underscored the importance of having an effective facilitator and noted that TOP could be effectively operated in diverse settings such as schools, after-school programs, or community-based programs.

As with the TOP evaluation, research on CAS-Carrera showed evidence of the effectiveness of the underlying approach. It also pointed to the importance of adhering to the program's philosophy and its constellation of activities to achieve equally strong results. This program views young people as being “at promise,” not “at risk,” and posits that long-term comprehensive programming will have a powerful “contraceptive effect” on teens. The program operates six days a week, 50 weeks a year, and teens participate in five activities—a job club, educational support, a component that focuses on family life and sex education, and activities that encourage creative expression and physical activity. In addition, participants receive comprehensive medical, dental, and mental health services. The evaluation also suggested that providing all essential elements at one site and having committed long-term staff that form strong,

supportive relationships with the teens were essential to the success of the program.

Interestingly, the CAS-Carrera evaluation findings also revealed an important program shortcoming. Except for increases in knowledge, the reproductive health outcomes for teen boys were not significantly better for program youth than for the control group. Data showed that boys who had already had sexual intercourse before enrolling in the program were least likely to attend regularly¹⁸ and, therefore, least likely to benefit from the program. Because it is often easier to influence behavior before it starts than to change established behavior, sites began enrolling participants at younger ages—11 or 12—presumably before they became sexually active. This illustrates how evaluation can identify areas for improvement, even in successful program models.

Identifying Partners and Figuring Costs

In addition to identifying essential components, two other factors are important to address before replicating a program: 1) developing partnerships; and 2) determining the costs of planning, operating, and sustaining the program.

These issues are sometimes addressed in tandem. TOP, for example, is set up within an existing organization or institution. Its key partners are schools, school districts, and community-based organizations. Because TOP draws on its partners' resources and has a short timeframe (nine-months), the annual program cost is relatively low: usually from \$500 to \$700 per participant. By contrast, CAS-Carrera is self-contained and intense, operating mostly without partners. Annual costs average between \$4,000 to \$5,000 per participant. As a community-wide initiative, Plain Talk does not calculate cost per participant. Instead, its annual budget is about \$80,000 for communities with populations that range from 2,000 to 10,000 people. Its key partnerships are with local providers of adolescent reproductive health services and community-based organizations.

Knowing that a program works, why it works, and what it costs are key steps in making decisions about whether it can and should be replicated. The remainder of this report describes what it takes to do so.

IV. Is The Program Ready To Be Replicated?

Key Questions: Is the program ready to be replicated?

- Which organization is going to manage the replication process? (The organization that developed the program? An intermediary?)
- What written materials, training and technical assistance are needed to help guide and systematize replication?
- Are there clear performance standards and a data collection system?
- How will new sites be selected?
- Are all partnerships and resources confirmed and are partners committed to the program?
- Is an evaluation plan built in?
- If so, what will it cost?

Someone has to plan and oversee the replication effort—either an outside organization, called an “intermediary,” or the agency/entity that developed the program. The Annie E. Casey Foundation provided funding for Public/Private Ventures (P/PV), whose Replication and Expansion department was experienced in such efforts, to serve as the intermediary for the Plain Talk replication. Cornerstone, a consulting organization that focuses on health and human service programs, received funding from the Charles Stewart Mott Foundation to be the intermediary for replication of TOP, a role it continued for ten years until the Wyman Center, a youth development organization in Missouri, assumed that role during the summer of 2005.

By contrast, the CAS-Carrera replication was managed by the program's original developer. The Robin Hood Foundation funded the program's expansion within New York City; Atlantic Philanthropies and the Edna McConnell Clark Foundation are supporting expansion to other regions. There are a number of benefits to having an organization overseeing the replication of its own program, particularly the strong knowledge of and experience with

its inner workings. However, there is also the ongoing challenge of ensuring adequate staffing and replication expertise to efficiently implement the program in new communities and sustain it over time.

Whoever manages the replication—the program originator or an intermediary—will be responsible for key preparation steps: creating written materials and a plan for delivering technical assistance and training, developing performance standards and a data collection system, and deciding on criteria for the selection of new sites.

Creating Written Materials

Clear, user-friendly materials are essential for helping a new site conduct a faithful replication of the original program. If several replications are underway, such materials help ensure consistency across sites. Organizations managing the replication have to decide what specific materials will be most useful for helping new sites plan and put the program in place in a timely way. Regarding an implementation guide, for example, what does it need to include? Does it clearly describe the essential components and corresponding activities? What curricula and training materials are to be used? What marketing materials are needed? Do any other new materials need to be developed?

Plain Talk’s creator worked with the intermediary, P/PV, to create an implementation guide that includes, among other information, an overview of Plain Talk and detailed descriptions of the essential components. A curriculum for training Walkers & Talkers also was produced. More recently, P/PV developed a curriculum for training the community mappers and standardized surveys in English and Spanish that can be used across sites for the mapping activity. There is also a guide with information on federal funding sources that may support Plain Talk, as well as information on other potential public and private funding sources.

Cornerstone, TOP’s intermediary, also developed materials to help the replication process: a guide for creating community service-learning programs; an implementation manual; and other supplemental materials, including information on fundraising, management information systems, and forming community partnerships. The original curriculum has now been simplified for less experienced facilitators to use, and because TOP participants include teens of different ages, the new curriculum is organized into four age-and-stage-appropriate modules. With the new four-level curriculum, teens can begin participating in TOP in the 7th or 8th

grade and continue for up to four years, with new service activities and new discussions that can contribute to their development. However, there is no evaluation yet of TOP’s new curriculum or of the effect of multi-year participation on participants.

Developing a Data Collection System for Replication Sites

The concept of performance measurement is simple. Measurement helps sites stay on track by focusing attention on what needs to be accomplished and, therefore, where to put time, energy, and resources. It also provides the basis for ongoing self-evaluation. Sites can see how well they are progressing towards goals and make adjustments along the way. Ongoing data collection also provides information on program progress and results that often are essential for securing funding. Key questions to consider include: Are there clear performance standards that address both outcomes and indicators of operational quality? Does the program have a data collection system to generate ongoing information that allows the sites (and the intermediary if there is one) to monitor performance and make adjustments? Are all replication sites required to collect the same data?

Plain Talk, for example, has a data collection system that is consistent across sites and includes key program components such as findings from community mapping. This information is used for planning activities and also serves as a baseline to monitor community change when the community is re-surveyed three years later. Sites also collect implementation data, such as the number of home health parties, where the parties are located, and how many community adults were educated. Home health party attendees take pre-and post-tests on adolescent sexual health issues and communication skills so sites can measure the impact of the parties on participants. All Plain Talk sites use a web-based data collection system with standard reporting forms for their data allowing for comparisons across sites and aggregated data to show how the program is performing nationally.

While CAS-Carrera is also collecting data tracking the implementation of each essential component in its replication sites, TOP is using a somewhat different approach. Because the program had been evaluated and had consistent findings over a number of years, it was assumed that new sites that adhered to the program philosophy and to the essential elements would achieve results similar to the evaluated sites. (Moreover, TOP believed that the

cost of ongoing data collection in the large number of sites where it was replicated would have been unaffordable.) Instead, Philliber Research Associates (PRA), which had conducted the TOP evaluations, developed a tool for new sites that included a step-by-step guide for setting up and conducting an evaluation. Each site could either partner with a local resource that had evaluation expertise, such as a university or health department, or contract with PRA to help set up the evaluation and provide training in doing it.

Managing Site Selection

The site selection process works in two directions: while the organization managing the replication has to establish criteria for selecting sites, it is equally important for potential sites to assess whether they are good candidates for adopting the program and what that commitment entails.

With this in mind, Plain Talk developed an application that describes what sites will be expected to do and what supports will be provided to them if selected. It asks for information about the lead agency, including its location, previous involvement with residents of the community, work on issues related to reproductive health care, and connections with decisionmakers such as local politicians and health care providers.

CAS-Carrera uses a different approach. Because of the program's relatively high cost, long timeframe, and comprehensiveness,

there is a lengthy assessment process for selecting a site. It includes examining the availability of local funding, the extent to which the philosophy of the lead agency is consistent with the program's approach, and the lead agency's openness to the kind of intensive technical assistance and supervision that are central to the replication.¹⁹

Finally, it is important to gauge whether the program being considered for replication is a good fit for a given community. In other words, are they able to implement the entire program with fidelity? For example, Cornerstone, TOP's intermediary, was approached by some potential sites that were interested in using only the community service and service-learning components of TOP, not the discussions and activities regarding reproductive health. Because the positive evaluation findings were from studies of the full TOP model, partial replication was not plausible.²⁰

Program materials, a strategy for measuring performance and outcomes, criteria for site selection, key resources (funding, staff, curricula, training etc.) and a plan for assessing results should be in place before a replication initiative begins. But the replication also needs an overall plan. The next section provides guidelines for undertaking this process. (Because CAS-Carrera is currently in the process of formulating its strategy, the next section focuses only on Plain Talk and TOP.)

V. What Is The Plan?

Key Questions: What is the plan?

- Who are the partners that can help the program take hold in the community?
- How can sites secure start-up and, ultimately, long-term funding?
- Is there a technical assistance plan to help sites with start-up and getting the program underway in a timely manner?
- What ongoing technical assistance and support will sites receive?
- How will evaluation be done?

After it has been confirmed that a program is effective and materials that describe its essential elements have been developed, the question becomes how to proceed with replicating the program. Every replication initiative needs a strategic plan that includes long-term goals. This plan should take into account issues such as where there is interest and/or political will for the program; the type of environments that can successfully implement the program (e.g., urban vs. rural); whether the program can expand to scale once implemented in that environment; who the partners are that can give the program visibility and help it take root; and how sites can sustain the program over time.

Building Strategic Partnerships

Plain Talk's replication strategy focuses on growth within individual states. Having several sites operating in a state makes technical assistance and training more cost effective, and it also helps the program gain visibility that, in turn, helps generate funding to sustain the program over time.

Building partnerships with state teen pregnancy prevention coalitions, local and state health departments, and adolescent health-

care providers is central to Plain Talk's strategy. These partnerships provide access to local, county, and state government agencies, as well as to key politicians—assets that are essential in developing connections to sources of public and private funding for new sites. In some cases, for example, state or county health departments have made the decision to adopt Plain Talk and then issued requests for proposals to select the community-based organization to operate the program. Other sites are currently funded through a mix of public and private sources or, in a few communities, entirely by local foundations.

As with Plain Talk, TOP has focused on connecting the program with an existing entity in order to give it visibility, access to funding, and support for technical assistance and training. Unlike Plain Talk, however, TOP is not a stand-alone program: it is an add-on program that operates within the context of a school, after-school, or community setting. It works with organizations and institutions that can use the program with large numbers of youth in classrooms throughout an entire school district who then take responsibility for continuing the replication within their community.

These organizations, called “sponsors,” have included local and state health departments, adolescent pregnancy prevention coalitions, school districts, volunteer centers, and the like. In Oklahoma City, for example, the Oklahoma Institute for Child Advocacy has worked with the local school district, the OKC Junior League, and a local Methodist Church to provide funding and volunteers for TOP replications in Family and Consumer Science courses offered at two inner city high schools and the Teen Parent Program at the district's alternative school. This approach has allowed TOP to become part of the ongoing operations of an established organization or institution, and, by doing so, to position itself for long-term funding. Operating TOP in a school setting may enhance its sustainability by incorporating it into an existing academic framework with established curricula and performance criteria.

Providing Technical Assistance

Each intermediary or entity managing a program replication has to develop an approach to technical assistance and training that fits each site's scope and budget. For instance, P/PV defines itself and the Plain Talk sites as partners in the national replication, while the CAS-Carrera program replication manager has assumed a supervisory and support role.²¹

TOP's recent intermediary, Cornerstone, functioned more as a clearinghouse than a hands-on manager. To that end, Cornerstone packaged TOP so that after initial training and technical assistance, other organizations and agencies could use the materials to further disseminate the program in their communities. Cornerstone provided up-front support to sponsors to help them work out such issues as where TOP would be put into place, how it would be staffed and managed, and how to institutionalize and expand the program over time. But the focus of Cornerstone's technical assistance was training the classroom facilitators in principles of positive youth development and effective delivery of the TOP curriculum.

Because of the large number of classrooms interested in the program, Cornerstone developed a "train-the-trainer" approach so that sponsors could provide training as the program expanded and new facilitators were added. Cornerstone also created a special four-day training that prepared participants to become certified TOP trainers for their states. After training, TOP sponsors were held responsible for ongoing support of their sites. Cornerstone made itself available to provide assistance to those who experienced challenges putting the program in place and also tracked the progress of the replication by surveying all TOP sites at the end of each year to collect information about both program implementation and results.²²

Because it is a community-based initiative, Plain Talk may be more complex to plan and operate than classroom-based programs like TOP. In fact, one of the key challenges for the original Plain Talk sites was the time it took to create their workplans, conduct the community mapping, and reach the point where they were ready to recruit and train community residents. It became clear that a more efficient strategy was needed. In response, P/PV developed a new approach that is being used with replication sites.

When a community shows interest in implementing Plain Talk, P/PV conducts an informative presentation for representatives from all groups interested in being involved, including health departments, community-based organizations, and community residents. This allows communities to understand the history of Plain Talk, program components, evaluation results, support services provided to sites by P/PV, and the importance of implementing Plain Talk with fidelity. After the initial presentation, P/PV continues to work with these communities through site visits and conference calls to help them garner support and funding to begin the program.

Once communities have secured funding and their application to become a replication site is approved, they attend a one-day training focused on how to start the replication process, build awareness of Plain Talk in the community, and recruit residents to conduct the community mapping. A subsequent two-day training, approximately six weeks later, prepares lead agency staff and the newly recruited residents to conduct the community mapping. Once sites have completed the mapping, which typically takes three or four weeks, P/PV uses the curriculum it developed to conduct a three-day training for the Walkers & Talkers. Then home health parties—organized and led by the Walkers & Talkers—begin.

Sites hold home health parties for 24 months and then conduct another community mapping to assess their effects. P/PV provides ongoing technical assistance during this period through regularly scheduled phone calls, site visits, feedback on sites' performance data, problem-solving assistance, and an annual conference allowing for face-to-face communication between sites. When findings show that Plain Talk has successfully educated a large percentage of community adults, the site can consider expanding the program to a neighboring community. This way, the replication builds on its successes, and the program continues to extend its reach.

VI. Conclusion

Expanding the reach of successful programs by replicating effective ones is an important part of preventing teen pregnancy. But successful replication requires an understanding of what makes a program suitable for replication and how to go about duplicating its success. Some reasons why a community or organization might consider replicating a particular program include the following:

- It has proven, measurable results.
- How and why the program works is known.
- The program is a good fit for a community.
- Clear information about what is involved in planning and operating the program is available so that it will achieve results comparable to the original program.
- It is a project an organization or agency has the capacity to undertake.
- There is a process in place for measuring the progress of the program's implementation and documenting its results.
- The intermediary or other entity managing the replication can provide the necessary technical assistance and support.
- Funding for planning and implementation is accessible, and there is good potential for longer-term funding.

To a large extent, these elements of successful replication are interconnected. To start with, a program must have well documented results. Strong evaluation findings, in turn, tend to generate interest from communities and funders. But for new sites to successfully duplicate results, they have to understand and put into place the essential elements found in the original model to be especially important—and those elements must be replicated “with fidelity.” Also, understanding how the program works is important for developing an evaluation plan, including performance measures and data collection systems for new sites.

The intermediary or other entity supporting the program's replication has other responsibilities as well. These include developing clearly written materials and providing timely technical assistance and training. They also should help generate visibility for the program in order to help sites secure community support and funding. In many cases, this involves building close working partnerships so that the overall replication effort and the individual sites are well supported.

It is clear that planning and carrying out a replication initiative is challenging. But the potential benefits are significant. The programs described in this report represent a small but promising range of approaches to teen pregnancy prevention. They offer ideas for how other programs can best position themselves to be accessible to practitioners who want to adopt well-documented strategies in their own communities and what practitioners should look for when selecting a program to replicate. As program replication becomes more feasible and widespread, it will be important to continue sharing information about what works—and does not work—in order to further support efforts to extend effective programs to those who can benefit from them.

Additional Resources

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Endnotes

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19. Michael Carrera, developer of the Children's Aid Society-Carrera Adolescent Pregnancy Prevention Program. Personal communication, August 22, 2005.
20. Lynda Bell, manager of TOP replication for Cornerstone. Personal communication, August 19, 2005.
21. Michael Carrera. Personal communication, August 22, 2005. Currently, CAS-Carrera provides almost all of its technical assistance through its National Training Center, which is in New York City, where the majority of present sites are located. Current plans are to have the replication focus on other regions—cities and their surrounding areas—where there is already one strong CAS-Carrera program, with the goal of established four to six new sites in each of those regions. For the replication, a regional implementation center would be established in each of the expansion regions to provide the kind of intensive support and supervision that has worked successfully with the New York City sites.
22. Lynda Bell. Personal communication, August 19, 2005.

Related materials of interest from the National Campaign to Prevent Teen Pregnancy Available at www.teenpregnancy.org



Making the List: Understanding, Selecting, and Replicating Effective Teen Pregnancy Prevention Programs. Making the List helps those working with young people to navigate lists of effective teen pregnancy prevention programs and make informed decisions about how to select the best one(s) for a particular community and population.



Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy is a comprehensive review of evaluation research that offers practitioners and policymakers the latest information on “what works” to prevent teen pregnancy.



Not Yet: Programs to Delay First Sex Among Teens. Produced in partnership with Child Trends, Not Yet provides detailed descriptions of prevention programs that have been shown through careful research to have a delayed first sex among teens. The publication provides detailed descriptions of program curriculum, costs, and evaluation results.



No Time to Waste: Programs to Reduce Teen Pregnancy Among Middle School-Aged Youth. Produced in partnership with Child Trends, No Time to Waste provides detailed descriptions of those programs for middle school-aged youth that have been shown through careful research to have a positive impact on adolescent sexual behavior. The publication provides detailed descriptions of program curriculum, costs, and evaluation results.



A Good Time: After-School Programs to Reduce Teen Pregnancy. Produced in partnership with Child Trends, A Good Time is a new report that provides detailed descriptions of those after-school programs that have been shown through careful research to have a positive impact on adolescent behavior.