



Commonwealth of Massachusetts  
The Office of Health and Human Services  
Department of Public Health  
75 State Street, Boston, MA 02108-4619

CHARLES D. BAKER  
Governor

KARYN E. POLITO  
Lieutenant Governor

MARYLOU SUDDERS  
Secretary

MONICA BHAREL, MD, MPH  
Commissioner

Tel: 617-624-6000  
[www.mass.gov/dph](http://www.mass.gov/dph)

June 26, 2015

Steven T. James  
House Clerk  
State House Room 145  
Boston, MA 02133

William F. Welch  
Senate Clerk  
State House Room 335  
Boston, MA 02133

Dear Mr. Clerk,

Pursuant to Line Item 4530-9000 of Chapter 165 of the Acts of 2014, please find enclosed a report from the Department of Public Health entitled "Teen Pregnancy Prevention Data Collection and Evaluation Pilot: Summary of Preliminary Findings."

Sincerely,

Monica Bharel, MD, MPH  
Commissioner  
Department of Public Health

**Charles D. Baker**  
Governor

**Karyn Polito**  
Lieutenant Governor



**Marylou Sudders**  
Secretary

**Monica Bharel, MD, MPH**  
Commissioner

# **Teen Pregnancy Prevention Data Collection and Evaluation Pilot: Summary of Preliminary Findings**

**June 2015**



## **Legislative Mandate**

The following report is hereby issued pursuant to Line Item 4530-9000 of Chapter 165 of the Acts of 2014 as follows:

“the department shall expend not less than \$150,000 for a data collection and evaluation pilot; provided further, that the pilot program shall conduct longitudinal tracking of program participants to examine the long-term impact of educational interventions on behaviors; provided further, that the department of elementary and secondary education shall provide local school district-level Youth Risk Behavior Survey data to the department of public health to target and evaluate intervention strategies; provided further, that the department shall report to the house and senate committees on ways and means not later than March 2, 2015 on the progress of the pilot program, obstacles encountered in retrieving data and preliminary findings and results; and provided further, that the department shall work with the department of early education and care and the department of elementary and secondary education on a pilot program to issue state assigned student identifiers to youth participating in teen pregnancy programs”

## Introduction

In Fiscal Year 2013, the Legislature added funding to line item 4530-9000 for the purpose of carrying out a longitudinal study on teen pregnancy prevention. With this funding, DPH's Bureau of Community Health and Prevention (BCHAP) developed the Teen Pregnancy Prevention Data Collection and Evaluation Pilot. Towards the end of FY13, this line item sustained a cut and in FY14 the annualized funding for this program was eliminated in a 9C reduction, requiring the delay of further program activities until funding was restored in FY15.

Additionally, completion of this multi-year, longitudinal study has encountered delays due to the sensitive nature of the survey questions and the population of interest, which required a prolonged Internal Review Board (IRB) approval process. Identifying and ensuring the ongoing, voluntary participation of youth in the study remains a challenge given the topic area and length of the study, requiring multiple years to achieve a sufficient sample size to conduct a robust analysis.

This line item includes language requiring the Department of Public Health to report to the House and Senate Committees on Ways and Means the progress of this evaluation pilot. Despite the challenges listed above, DPH has been able to obtain some preliminary findings from the first rounds of this study, which are detailed in this report.

## Enrollment

Youth in evidence-based teen pregnancy prevention (TPP) programs in communities with high teen birth rates are eligible to enroll in the TPP longitudinal study. Participating communities include: Brockton, Chicopee, Everett, Fall River, Fitchburg, Holyoke, Lawrence, Lowell, Lynn, New Bedford, Southbridge, Springfield, and Worcester. Youth are informed about the study and given parental consent paperwork at the beginning of each evidence-based program. If youth return their consent documents before completing programming, their information is sent to SurveyUSA, the contracted vendor implementing the study. SurveyUSA formally enrolls youth in the study and continues to follow them unless youth indicate they would like to stop being followed.

As of March 31, 2015, there are a total of 521 youth enrolled in the study. The 3-month survey for FY14 has closed and preliminary data from that survey is described below. Many of the youth enrolled in the study in FY15 have not reached the 3-month mark yet.

	<b>FY14</b>	<b>FY15</b>	<b>Total</b>
Number of youth enrolled in TPP study	242	279	521
Number of 3-month surveys completed	105	50	155
Number of 6-month surveys completed	98	NA	98
Number of 12-month surveys completed	14	NA	14

## Preliminary Results

Research has shown that certain risk and protective factors are associated with risky sexual behaviors and teen pregnancy. Select demographics of the 105 youths who completed the 3-month TPP survey are shown in Table 2. Two protective factors we examined were connected to an adult and self-reported self-efficacy. Eighty-six percent (86%) of youth reported having an adult to talk to about a problem. Ninety-eight percent (98%) reported that it is “very” or “somewhat” likely that they will achieve their future goals; higher levels of self-efficacy (i.e. believing you will achieve your goals) is associated with less risky sexual behavior.

Sexual behaviors, such as current sexual activity, condom use, and use of a birth control method, in addition to pregnancies and births occurring in the study population, were also examined. Forty-six percent (46%) of youth surveyed reported ever having participated in sexual activity. Among those who reported sexual activity, 65% reported sexual activity in the past 3 months and 58% reported using a condom the last time they were sexually active. Fifty-one percent (51%) of those reporting having engaged in sexual activity reported vaginal intercourse in the past 3 months. Of those, 79% reported using a birth control method. There were 2 pregnancies and no births reported. The data collected to date is not sufficient to calculate pregnancy or birth rates among the study population due to the small sample size. These rates will be calculated as more data is collected.

<b>Sex</b>	
Male	35%
Female	65%
<b>Age</b>	
<14 years	13%
15-19 years	83%
20+ years	2%
<b>School status</b>	
Completed high school or GED	18%
In middle or high school	79%
In GED program	2%
Not in school	1%
In college, among those who completed high school	47%

## Challenges

The implementation of the TPP longitudinal evaluation has had several challenges. Because the state budget was passed late in 2013, the TPP longitudinal evaluation had a delayed start in fiscal year 2014. In addition, the DPH Internal Review Board (IRB) approval process for the study was prolonged due to the sensitive nature of the survey questions and the population of interest. In addition to these administrative challenges, recruiting and retaining teenagers for a longitudinal study is a challenge. Because the study requires active consent, only youth who bring back a consent form signed by a parent or legal guardian are enrolled. Several agencies implementing TPP programs have reported that youth are either nervous about giving personal contact information out and/or are simply not interested in participating. Some TPP programs do not have the capacity to continuously follow up with youth to ensure they return their consent paperwork on time. In general, programs conducted in schools, rather than in community settings, have been more effective at enrolling a higher number of youth in the study.

Another challenge related to recruiting study participants is having an adequate sample size to conduct robust statistical analysis. Despite being offered a gift card as an incentive for each survey completed, not all youth who enroll in the study complete the follow-up surveys. In FY14, 43% of youth enrolled completed the 3-month survey and 40% completed the 6-month survey. The relatively small number of

youth completing the follow-up surveys will necessitate combining multiple years of data to determine if study results are statistically significant.

## Next Steps

Enrollment in the study will continue through the end of FY15 and follow-up surveys will continue until 12 months after the last enrollment date. DPH epidemiological staff will match data collected in the follow-up surveys to data collected in a pre-test youth completed before beginning evidence-based programming; this analysis will examine retention of knowledge and changes in behavior for a one-year period after completing the program. As the FY15 surveys close, the data will be combined with data collected in FY14. Combining two years of data increases the sample size of the study and allows for more robust analysis. Results will be compared to Youth Risk Behavior Survey (YRBS) data collected among high school students across the state; an algorithm will be used to compare sexual risk-taking behavior among youth in the study to students with similar “risk profiles” who have taken the YRBS.