



# HHS Teen Pregnancy Prevention (TPP) Evidence Review

<https://tppevidencereview.youth.gov>

## Call for Studies

**SUBMISSION DEADLINE: April 15, 2022**

Mathematica<sup>®</sup> Inc. seeks studies to include in a systematic review of the evidence base on programs that impact teen pregnancy, sexually transmitted infections (STIs), and associated sexual risk behaviors. The Teen Pregnancy Prevention (TPP) Evidence Review is being conducted for the Office of the Assistant Secretary for Planning and Evaluation (ASPE), the Administration on Children, Youth and Families and the Office of Population Affairs all in the U.S. Department of Health and Human Services (HHS). Submissions are due by April 15, 2022.

## Background

Rates of teenage sex, pregnancy, births, and abortions have generally declined since the 1990s, yet concerns persist about teen sexual activity and the associated rates of pregnancy and STIs among young people. Data from the Youth Risk Behavior Surveillance System show that 38 percent of all high school students and 57 percent of high school seniors in the United States reported having had sexual intercourse in 2019.<sup>1</sup> In that survey, nine percent of high school students reported having had four or more sexual partners.<sup>2</sup>

Data from the last decade reveal fewer youth are having sex, and when they do, they are using more effective contraception.<sup>3</sup> However, there is less reported use of condoms compared with a decade ago—54 percent of high school students reported using a condom at last intercourse.<sup>4</sup> This change has corresponded with a recent uptick in reported STIs.<sup>5</sup> There are disparities in STI rates by age and race. In 2019, over half (55.4%) of STD cases were reported among adolescents and young adults aged 15-24 years.<sup>6</sup> In addition, 30.6% of all cases of chlamydia, gonorrhea, and syphilis in 2019 were among non-Hispanic Black individuals, even though they made up only approximately 12.5% of the U.S. population. These disparities are unlikely to be explained by differences in sexual behavior, and rather reflect differences in access to quality sexual health

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<sup>1</sup> Centers for Disease Control and Prevention (2021). Youth risk behavior surveillance – United States 2019 results.

<sup>2</sup> Centers for Disease Control and Prevention. (2020). Youth risk behavior surveillance – United States, 2019. *Morbidity & Mortality Weekly Report*, 69(1), 1-83.

<sup>3</sup> Youth risk behavior survey data summary and trends report 2009–2019.

<https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf>

<sup>4</sup> Centers for Disease Control and Prevention. (2020). Youth risk behavior surveillance – United States, 2019. *Morbidity & Mortality Weekly Report*, 69(1) 1–83.

<sup>5</sup> Youth Risk Behavior Survey Data Summary and Trends Report 2009–2019.

<sup>6</sup> Centers for Disease Control and Prevention (2021). *Sexually Transmitted Disease Surveillance 2019*. Atlanta: U.S. Department of Health and Human Services.

care as well as differences in the prevalence rate of STIs in communities in which people live and partner.<sup>7</sup>

To help identify programs with evidence of effectiveness in reducing these risks, since 2009, HHS has sponsored an independent systematic review of the teen pregnancy prevention research literature. To date, the review team has identified and assessed 300 program impact studies. From these assessments, the team has identified 48 programs with evidence of effectiveness in reducing teen pregnancy, STIs, or associated sexual risk behaviors. Findings from the review are posted publicly on an HHS website (<https://tppevidencereview.youth.gov/>).

## Purpose

This call for studies begins another round of reviews and an update to the review findings. The purpose of this update is to identify newly published or unpublished manuscripts that were not previously reviewed—particularly those released since October 2016, the cutoff for the last review update. Studies can be on new programs or adaptations of programs, including cultural adaptations or adaptations in methods of delivery such as online or virtual delivery. New manuscripts will be identified through a literature search and this public call for studies. For a list of previously reviewed studies, search the study database available on the TPP Evidence Review website at <https://tppevidencereview.youth.gov/StudyDatabase.aspx>.

Findings from this new update will be made publicly available on the TPP Evidence Review website. These findings will serve as a general update to the field on the state of the evidence and will not necessarily be tied to federal funding or any particular federal grant announcement. Funding decisions are made separately by federal program offices in accordance with their legislative authority.

Studies submitted in response to this call should:

- **Use quantitative data, statistical analysis, and hypothesis testing to examine the impacts of an intervention.** Interventions may focus on a range of approaches to reducing teen pregnancy, STIs, or associated risk behaviors—such as encouraging teens to wait to have sex, providing information on contraception, teaching refusal skills, or discussing the health consequences of sexual activity.
- **Assess program impacts on at least one measure of pregnancy, birth, STIs, or sexual risk behaviors.**
- **Focus on U. S. youth ages 19 or younger at the start of a program.**
- **Provide a detailed description of the intervention being evaluated, target population, the study design, the analysis methods, and findings.** Paper abstracts, slide show presentations, and other informal study descriptions generally do not provide enough information and therefore will not be considered for review.
- **Be accessible to the public through a website, as a published journal article or book chapter, or upon request from the study author.** Mathematica will not publicly distribute or publish the studies received through this call. However, to ensure transparency in the review process, any study considered for review must be available to the public. Authors should not submit confidential manuscripts or evidence that is not otherwise publicly available.

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<sup>7</sup> Centers for Disease Control and Prevention (2021). *Sexually Transmitted Disease Surveillance 2019*. Atlanta: U.S. Department of Health and Human Services.

**Please note:** The TPPER evidence standards are in the process of being updated for the current round of review. ASPE is considering changes to several elements of the standards with a goal of aligning some TPPER standards with the What Works Clearinghouse Version 4.1 standards.<sup>8</sup> The updated TPPER version 6.0 protocol should be available to the public in summer 2022. Until then, authors should refer to the existing version 5.0 protocol ([https://tppevidencereview.youth.gov/pdfs/TPPER\\_Review%20Protocol\\_v5.pdf](https://tppevidencereview.youth.gov/pdfs/TPPER_Review%20Protocol_v5.pdf)). However, a study that meets the current version 5.0 standards may not meet the forthcoming version 6.0 standards. All studies reviewed in the current round will be assessed against the forthcoming TPPER version 6.0 standards. At this time, studies reviewed in prior rounds will not be reassessed using the forthcoming version 6.0 standards, but they may be reassessed against updated standards in the future.

## **Submission Instructions**

Submissions should be emailed in MS Word or PDF format to:

[TPPER@mathematica-mpr.com](mailto:TPPER@mathematica-mpr.com)

**The deadline for submissions is April 15, 2022.**

Authors will receive acknowledgement of receipt of their submission.

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<sup>8</sup> See [What Works Clearinghouse™ Standards Handbook, Version 4.1 \(ed.gov\)](#)