

HHS Statement Regarding the Teen Pregnancy Prevention Program

The Teen Pregnancy Prevention (TPP) program was created by the U.S. Congress in FY 2010. In September 2010, the first set of TPP grants was awarded. These grants ran for five years and were subject to a rigorous evaluation.

States and communities implemented curricula on the TPP program's approved list in good faith, having been told that the endorsed programs could be expected to produce positive results consistently. However, the very weak evidence of positive impact of these programs stands in stark contrast to the promised results, jeopardizing the youth who were served, while also proving to be a poor use of more than \$800 million in taxpayer dollars.

The TPP Program funded 41 rigorous evaluation studies of which 37 conveyed results for a 2016 report, available on the [Office of Adolescent Health](#) website. In summary:

- Overall, of the 37 funded and evaluated projects, 73% either had no impact or had a negative impact on teen behavior, with some teens more likely to begin having sex, to engage in unprotected sex, or to become pregnant. Very few positive results were sustained over time.
- Of greatest interest are the 18 funded projects that replicated curricula found on the TPP Program's approved list, and for which the TPP Program promised positive results.ⁱ
 - These projects utilized nine separate curricula from this approved list.
 - Fourteen of the 18 projects (78%) produced no impact or negative impact on teen behavior,
 - 3 had mixed results, and
 - Only 1 showed sustained positive effect, (but the same curricula used in that program was used in a separate program that demonstrated no impact).
- Despite the results, these 9 curricula all remained on the TPP approved curricula list for the second round of replication grants, begun in 2015.
 - Seven of the nine curricula evaluated in the 2010-2014 summary report continue to be replicated by grantees.
 - Six of those seven did not demonstrate effectiveness in the 2010-2014 replication.
 - Only one showed sustained positive impact – and in only one of two program evaluations. The second evaluation of the same curriculum showed no impact.

Given the strong evidence of negative impact or no impact for these programs, continuing the TPP Program in its current state is not a reasonable option. Additionally, although teen birth rates are at record lows, the current rate of decline began in 2007 (prior to the start of the TPP Program).ⁱⁱ Further, despite the enormous price tag (\$800 million), the TPP Program only serves between 0.15% and 1% of the U.S. teen population. In other words, even if the programs were proven effective, at least 99% of the teen population was not served by the TPP Program, so the program could not have been responsible for the decline in the teen birth rate.ⁱⁱⁱ

Unfortunately, sexually transmitted disease and infections are at record highs (CDC), providing further evidence of another key area where the TPP program was ineffective.

It is precisely for the reasons described above that the Trump Administration, in its FY 2018 budget proposal, did not recommend continued funding for the TPP program and that HHS chose to end the current implementation of the TPP Program.

This action gives the Department time to continue its review of the program and the evidence, to ensure that should Congress continue it, the program provides positive reinforcement of the healthy decisions being made by a growing majority of teens.

Youth behavioral trend data and health research that identifies important predictors for youth thriving will significantly inform future discussions regarding the TPP program. Furthermore, decisions made by the Department

regarding the TPP program will be guided by science and a firm commitment to giving all youth the information and skills they need to improve their prospects for optimal health outcomes.

ⁱ HHS (2017, April) OAH Initiatives: Teen Pregnancy Training/Curriculum. [Accessed via web.archive](#)

ⁱⁱ Hamilton, B.E., Martin, J.A., Osterman, M.J.K. (2017, June). NVSS Rapid release: [Births: Provisional data for 2016](#). CDC.

ⁱⁱⁱ In FY 2016, TPP served 65,788 youth, with 69% being age 14 and below. ([FY2018 HHS GDM Budget Req.](#)) A typical year serves between 300,000-500,000 students (ASPE). 2016 census data estimates 42,717,000 population between 10-19. [Census data](#) found 10-14: 20,677,000; 15-19: 22,040,000 = 42,717,000.