



# HHS Teen Pregnancy Prevention (TPP) Evidence Review

<https://youth.gov/evidence-innovation/tpper>

## Call for Studies

**SUBMISSION DEADLINE: November 7, 2024**

The U.S. Department of Health and Human Services (HHS) seeks studies to include in a systematic review of the evidence base on programs that impact teen pregnancy, sexually transmitted infections (STIs) and HIV, and associated sexual risk behaviors. Submissions are due by November 7, 2024.

### 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.<sup>1,2</sup> Data from the last decade reveal fewer youth are having sex, and when they do, approximately one-third of them use effective contraception methods.<sup>3</sup> However, youth report they are less likely to use condoms than they were a decade ago.<sup>4</sup> At the same time, reported rates of STIs such as chlamydia, gonorrhea, and syphilis have increased over the last decade.<sup>5,6</sup> There are disparities in STI rates by age and race. In 2022, half (49.8%) of reported cases of chlamydia, gonorrhea, and syphilis (all stages) were among adolescents and young adults aged 15-24 years.<sup>7</sup> In addition, 31.3% of all cases of chlamydia, gonorrhea, and syphilis were among non-Hispanic Black or African American individuals, even though they made up

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<sup>1</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023. U.S. Department of Health and Human Services; 2024. Available at <https://www.cdc.gov/yrbs/dstr/index.html>.

<sup>2</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023. U.S. Department of Health and Human Services; 2024. Available at <https://www.cdc.gov/yrbs/dstr/index.html>.

<sup>3</sup> Youth risk behavior survey data summary and trends report 2009–2019. Available at [cdc.gov/healthyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf](https://www.cdc.gov/healthyouth/data/yrbs/pdf/YRBSDataSummaryTrendsReport2019-508.pdf)

<sup>4</sup> Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data Summary & Trends Report: 2013–2023. U.S. Department of Health and Human Services; 2024. Available at <https://www.cdc.gov/yrbs/dstr/index.html>.

<sup>5</sup> Centers for Disease Control and Prevention. NCHHSTP AtlasPlus. <https://www.cdc.gov/nchhstp/about/atlasplus.html>. Accessed [08/22/2024].

<sup>6</sup> CDC notes that the impact of the COVID-19 pandemic continues to affect trends in diagnosed and reported STIs, and that STI rates and trends reported through 2022 likely underreport STI infections and transmission. STI surveillance data collected during the pandemic should be interpreted cautiously ([Impact of COVID-19 on STIs \(cdc.gov\)](https://www.cdc.gov/impact-of-covid-19-on-stis)).

<sup>7</sup> Centers for Disease Control and Prevention. National Overview of STIs, 2022. U.S. Department of Health and Human Services; 2024. Available at <https://www.cdc.gov/std/statistics/2022/overview.htm>.

only approximately 12.6% of the U.S. population. These disparities are unlikely to be explained by differences in sexual behavior, and rather reflect differences in social conditions, such as socioeconomic status and access to quality sexual health care, as well as differences in the prevalence rate of STIs in communities in which people live and partner.<sup>8</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. There are currently 48 active 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-sponsored website (<https://youth.gov/evidence-innovation/tpper>).

## Purpose

This call for studies begins another round of reviews and an update to the review findings with newly published or unpublished manuscripts that were not previously reviewed—particularly those released since May 2023, the cutoff for the last review update. Studies can be evaluations of new programs or adaptations of programs, including cultural adaptations or adaptations in methods of delivery such as online or virtual delivery.

Studies may also include evaluations of program components or combinations of components. Components are the elements or activities that make up a program and inform the field about whether and which aspects of a program are effective. Some examples of component studies could include examining the impact of adding specific content (for instance, content about condoms), a particular delivery mechanism (for instance, demonstration) or a combination of content and delivery mechanism (for instance, condom demonstrations). Studies of components will need to meet the same eligibility and evidence standards as studies of full programs.

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://youth.gov/evidence-innovation/tpper/studies-search>.

Findings from this update will be made publicly available on the TPP Evidence Review website in summer 2025. 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 or its components.** 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. Components of programs can include, but are not limited to, content, dosage, delivery

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<sup>8</sup> Centers for Disease Control and Prevention. Sexually Transmitted Infections (STIs), Health Equity. U.S. Department of Health and Human Services; 2024. Available at <https://www.cdc.gov/sti/php/projects/health-equity.html>.

mechanism, format, staffing, or setting. The components should be delivered as part of or supplemental to a TPP program.

- **Assess program or program component impacts on at least one measure of sexual initiation, sexual activity, number of sexual partners, contraceptive use and/or consistency, STIs, pregnancy, or birth.**
- **Focus on U. S. youth ages 19 or younger at the start of a program.**
- **Provide a detailed description of the component and/or 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.** The studies received through this call will not be publicly distributed or published. 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.

**Please note:** The TPPER evidence standards are in the process of being updated for the upcoming round of review. The most substantial change HHS expects to make this round is using a 15-year window of eligibility (from the date of the final data collection) rather than a 20-year window of eligibility (from the publication date) to keep the review findings current and encourage continued research on established programs. This would be applied to all programs retroactively.

The updated TPPER version 7.1 protocol should be available to the public in winter 2024-2025. Until then, authors should refer to the existing version 7.0 protocol ([https://youth.gov/sites/default/files/2024-09/Version-7.0-TPPER-Protocol-September-2024\\_0.pdf](https://youth.gov/sites/default/files/2024-09/Version-7.0-TPPER-Protocol-September-2024_0.pdf)). However, a study that is eligible under and/or meets the current version 7.0 study quality standards may not be eligible or meet the quality standards under the forthcoming version 7.1 standards. All studies reviewed in the upcoming round will be assessed against the forthcoming TPPER version 7.1 standards. At this time, studies reviewed in prior rounds will not be reassessed using the forthcoming version 7.1 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 November 7, 2024.**

Authors will receive acknowledgement of receipt of their submission.