



Photo: Wyman Center

What Does It Take to Implement Evidence-Based Practices?

A Teen Pregnancy Prevention Program Shows the Way

By Daniel Stid, Alex Neuhoff, Laura Burkhauser, and Bradley Seeman

The movement to shift public and philanthropic funding to support “what works” has made real gains in the last few years. Government and philanthropy are seeking to identify high-impact programs that have been tested in rigorous trials and found to deliver superior results for society.¹ However, it is not enough to identify what works—we also have to identify how it works so that other organizations can replicate the implementation of the program and get similar results.

A federally funded teen pregnancy program shows promise as a model for how to support implementation of evidence-based programs (EBPs) that have real impact on some of the country’s toughest social problems.

Teen pregnancy is one such problem. Only about half of teen mothers receive a high school diploma by age 22, compared to 90 percent of those who are not teen mothers.² Moreover, the children of teen mothers are less likely to succeed in school, and more likely to have health problems, be incarcerated during adolescence, and themselves give birth as teenagers.³

In September 2010, the federal government awarded \$75 million in competitive five-year grants to 75 nonprofit and public agencies in 37 states and the District of Columbia to implement the Teen Pregnancy Prevention (TPP) program. The program is one of a small but growing number of federal programs that require grantees to choose from a list of interventions that have been shown in scientific studies to work.⁴

The Bridgespan Group surveyed the TPP program grantees and received responses from 38 percent. We then interviewed a dozen grantees and a half dozen technical assistance providers, as well as the federal officials sponsoring the program at the Office of Adolescent Health (OAH).

By the end of our research, we came to believe that the TPP program is a model worth emulating. It illuminates the challenges that local agencies face in finding

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- 1 Coalition for Evidence-Based Policy, Top Tier Evidence, <http://toptierevidence.org>.
 - 2 Kate Perper, Kristen Peterson, and Jennifer Manlove, “Diploma Attainment Among Teen Mothers,” Child Trends, Fact Sheet Publication #2010-01 (2010).
 - 3 Saul D. Hoffman and Rebecca A. Maynard, *Kids Having Kids: Economic Costs and Social Consequences of Teen Pregnancy* (Washington, DC: The Urban Institute Press, 2008).
 - 4 Other examples include HIV prevention grants from the Centers for Disease Control and Prevention (CDC) and some grant programs of the Substance Abuse and Mental Health Services Administration (SAMHSA).

the right staff, training them on the model, adapting operating procedures and organizational culture, and ensuring fidelity. The TPP program suggests how these challenges might be overcome by a thoughtfully structured approach such as the one OAH designed. Though the program's outcome evaluation is far from complete—it will take more than one year of implementation to know if teen pregnancies are actually being prevented—program experience to date suggests that all across the country there are local nonprofits and government agencies that *do* have the capacity to implement evidence-based programs effectively, provided that funding is tied to fidelity and agencies get help in implementing the programs correctly.

This article describes how OAH selected the EBPs and grantees, ensured fidelity to the chosen EBPs, and provided several key types of implementation support. It discusses six key elements in an “ecosystem” of support needed to scale the local use of EBPs. Finally, it considers the question of sustainability—a critical issue, given that the majority of TPP grantees we surveyed and spoke to did not have confidence they would be able to keep implementing their programs with high fidelity after the grant program ended.

Selecting EBPs and Grantees

The TPP program is the largest federal program ever directed at teen pregnancy and the first to focus solely on interventions with some evidence behind them. Under contract with the US Department of Health and Human Services (HHS), Mathematica Policy Research conducted a systematic review of the evidence base, producing a list of 31 teen pregnancy prevention EBPs that HHS deemed to have met its standards.⁵ Grant applicants had to select from those EBPs. Targeting middle or high-school aged youth, the great majority of these EBPs use a multi-session curriculum delivered during or out of school time.

OAH's 75 grantees were chosen through an objective review process from among 1,100 applicants. Sixteen of the programs funded at the highest level are being independently evaluated to assess whether the program actually prevented teen pregnancies and

The ABCs of EBPs

EBP can stand for evidence-based “program” or “practice.” A practice is a specific tool that may be used on its own or contained within a larger program, like the blood pressure or cholesterol test in an annual physical, both evidence-based practices for preventing heart disease or stroke. A program is the whole intervention—the physical itself.

There are various standards of evidence. [The Coalition for Evidence-Based Policy](#), a nonprofit, organization whose mission is to increase government effectiveness through the use of rigorous evidence about what works, defines the *Top Tier* standard as “interventions shown in well-designed and implemented randomized controlled trials, preferably conducted in typical community settings, to produce sizable, sustained

5 Office of Adolescent Health, Teen Pregnancy Prevention Resource Center, http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db.

understand what it takes for replication to be successful. Today, TPP program grantees reach over 100,000 young people a year with their EBPs.

Going in, we wondered whether the serious money at stake would somehow distort the “market” for EBPs—were grantees choosing to implement them only because that’s where the money was, not because of any particular faith in the evidence? After interviewing a dozen grantees, it appears that this is a group with strong interest and a lot of experience in improving life outcomes for young people. Every grantee we talked to saw the TPP program as a means to deliver a program that fit their missions and served their existing target populations.

Going to Great Lengths to Assure Fidelity

“You have to ask: Is your agency really prepared to respond to the demands of implementing one of these programs, with the training, the development of staff, the monitoring of fidelity, data capture, and reporting? Don’t kid yourself—this is really hard to do.”

STEVE TUCK, CEO, CHILDREN’S HOME SOCIETY OF WEST VIRGINIA, INC. (A TPP PROGRAM GRANTEE)

Identifying programs that work zeros in on the “what.” But delivering proven programs in multiple locations also requires rigorous adherence to the “how.” The TPP program has gone to great lengths to monitor each grantee’s fidelity to its chosen EBP and to help them implement it effectively. As implementation scientists Dean Fixsen and Karen Blase have written, an intervention and its implementation are like “serum and a syringe. Each is necessary. Neither one is useful without the other.”⁷

benefits to participants and/or society.” *Near Top Tier* interventions come close, but don’t meet all the Top Tier standards, perhaps needing a replication trial to confirm the initial findings and establish that they generalize to other sites.

All the EBPs used in the TPP program are *programs*—stand-alone interventions that require no other elements. The Coalition for Evidence-Based Policy identifies only a few of the TPP interventions as being backed by “strong evidence” of either a sustained or short-term effect on teen pregnancy or on sexually transmitted infections.⁶ The Coalition has expressed concern that the rest of the programs are supported by randomized controlled trials or quasi-experimental studies that show only short-term effects on intermediate outcomes such as condom use and number of sexual partners. However, noting that OAH is requiring the largest projects to be evaluated, the Coalition praises the TPP program as being “well-structured to build valid evidence about ‘what works’ in preventing teen pregnancy.”

6 Coalition for Evidence-Based Policy, HHS’s Evidence-Based Teen Pregnancy Prevention Program, <http://coalition4evidence.org/wp-content/uploads/2010/05/Coalition-comments-HHS-Teen-Pregnancy-Prevention-May-2010.pdf>.

7 Dean L. Fixsen and Karen A. Blase, “The EBP Movement is Dead: Long Live the EBP Movement,” National Implementation Research Network, (2012), <http://nirn.fpg.unc.edu/resources/presentation/fixsen-apa-ebpmovement>.

When an intervention is shown to be effective in a randomized controlled trial, it suggests that it could be effective if delivered again by someone else in a similar setting. But only if its core components and the context in which it is being implemented are essentially the same. Perhaps if you dropped two of those six sessions, or substituted a mixed group of boys and girls for a single-sex group, the intervention would still work—*perhaps*. But the evidence base would be gone, replaced by hope and a hunch. Fidelity means, simply, replicating the intervention in a way that’s as close as possible to the original.

OAH requires all its TPP program grantees to collect and report on a uniform set of performance measures, including fidelity, implementation quality, and the number of sessions or other program activities that youth participated in. Staff who run the activities must complete a fidelity monitoring log after each session that includes the number of activities planned for that session, the number completed as planned, and any adaptations that were made. Grantees also had to have an independent observer monitor 10 percent of the sessions delivered over the grant period. OAH reports that of the 42,196 sessions delivered in the first full year of implementation, independent observers sat in on 3,257 of these sessions and reported a 95 percent adherence rate. The observers also rated 89 percent of the sessions as having an overall quality of very good or better.

This strikes us as *very* high fidelity. This has not always been easy for grantees to achieve. One of the greatest challenges has turned out to have been staff.

[La Alianza Hispana](#), a Roxbury, Massachusetts-based nonprofit serving the Latino community, chose Cuidate as its EBP because the agency was already delivering the six-session intervention and had experienced facilitators on staff. As implementation began, this presumed asset began to melt away. “Before we got the grant, we had five facilitators doing Cuidate, and each was doing it their own way,” explained Program Director Lily Rivera. “People were picking out and doing the things that they liked. The OAH performance measures, observation requirements, and evaluations all have led us to have much more fidelity in how we do this. We no longer skip session six because two kids once got into a fight.”

But doing Cuidate by the book was not easy for the experienced facilitators. “We had some very educated facilitators who couldn’t get their heads around this,” Rivera said. “Staff were coming and going. But we had to get the right staff. I ended up going to a probationary period of 90 days, so I could confirm that the people I hired and trained would follow through.”

Executive Director Susan McDowell of [LifeWorks](#), an Austin, Texas-based nonprofit providing services to youth and young adults, struck a theme that several other grantees echoed: “I think the challenge of implementing with fidelity is that experienced facilitators want to be creative, but they are not allowed to. They must stick to the script.” At the same time, explained McDowell, the program’s tough monitoring requirements gave her tools to improve quality and address the fidelity versus creativity challenge for her facilitators. “You go

in, do observations, then have a lot of conversations about how to make the sessions more engaging or entertaining while retaining fidelity.”

Another aspect of staff and organizational resistance to EBPs has to do with where the model comes from. Claire L. Wyneken is senior vice president and director of Partner Services for the [Wyman National Network](#), whose Teen Outreach Program (TOP®) is the most widely used of all EBPs in the TPP program. “Most of the individuals in our network are incredibly passionate about their work with young people,” said Wyneken. “If they are new to implementing EBPs, they may have a program they’ve developed in-house. Some are very attached to that program and feel that it is getting some level of results, so the transition to either adding an EBP to their program array or replacing an existing program with an EBP is a delicate leadership exercise.”

When we began our research, we had a hypothesis that organizations that already had experience with EBPs would have an easier time with fidelity than those that didn’t. Neither in our survey nor our interviews did we find a lot of evidence that we were right. Just because an agency like La Alianza Hispana was “already doing” Cuidate didn’t mean that they were doing it in a way that would meet the stringent fidelity requirements of the TPP program.

Anyone who has ever struggled to assemble an Ikea bookcase or reproduce a dish from *Mastering the Art of French Cooking* knows that following instructions isn’t necessarily the most natural of human activities. For organizations, as much as for people, fidelity can mean swimming upstream—curtailing staff and program autonomy and creativity, overriding normal operating procedures, substituting a new model from outside for something you’ve been used to doing, putting consistency at the center. Fixsen and Blase argue that because delivering human services requires so much interaction, it is inherently more complex than science. As they note, “atom-based ingredients don’t talk back or run away.”⁸

Yet it appears, based on the fidelity results reported by the independent observers, and what we have heard from grantees and OAH, that these obstacles have been mostly overcome. Amy Margolis, director of the Division of Program Development and Operations (Team One) at OAH said, “Given the data we’ve collected, we are finding that the vast majority of organizations are able to implement evidence-based programs with fidelity.” In our survey (which allowed for anonymity), 89 percent of grantees agreed or strongly agreed that they were implementing their chosen EBPs with a “high degree of fidelity,” and 100 percent agreed or strongly agreed that their “front-line staff have the skills and training they need to implement the pregnancy prevention program(s) with fidelity.”

But fidelity to program design is only half the story.

8 Fixsen and Blase, *ibid.*

The Keys to Supporting Success

“Just because something is an evidence-based practice, you can’t just open a box and go.”

CLAIRE WYNEKEN, SENIOR VICE PRESIDENT & DIRECTOR OF PARTNER SERVICES,
WYMAN NATIONAL NETWORK

OAH provided time for the grantees to plan and pilot, close support and assistance, and enough funding to implement the EBPs as intended.

In a standard federal grant program, there might be an annual grantee meeting, a required report every six months or a year, and perhaps one site visit over the project period. Margolis of OAH explained that the TPP program was set up as a “cooperative agreement,” which in this case meant, “the government says up front that we will be substantially involved as a partner with you in the implementation and evaluation of your program. OAH provides training and coaching for its staff members to ensure that they are providing technical assistance and support to grantees throughout program implementation and are assisting grantees in overcoming challenges as they arise. The OAH project officers are not just monitoring grantees for compliance, they are helping the grantees continuously enhance their programs. That’s how we described it to the grantees as well. But you can describe it that way and until they see it, they won’t trust it.”

Our research suggests that the great majority of grantees *have* seen OAH as providing real support, and support as being important to program success. In our grantee survey, 92 percent of respondents agreed or strongly agreed that they had “sufficient support from OAH to implement the pregnancy prevention program(s) effectively.”

What kinds of support mattered most?

- **Time to plan and pilot:** A 2008 report on evidence-based practices from the National Implementation Research Network⁹ notes that for federal and state grants, “a clear best practice in financing start-up activities is the funding of planning time.” The TPP program provided grantees with a year to assess needs, select programs, plan, hire staff, participate in trainings, pilot the intervention, and troubleshoot problems that showed up in the pilot. OAH was therefore making a trade-off between quantity—foregoing many tens of thousands of young people who could have been reached in that year—and the quality of the interventions over the full five-year grant period.

Wyneken of the Wyman National Network emphasized the importance of the piloting phase. “If you’re new to an EBP, you have to do a pilot—especially

9 Preethy George and Karen A. Blase, “Financing Evidence-Based Programs: Changing Systems to Support Effective Service,” National Implementation Research Network, (2008), <http://nirn.fpg.unc.edu/resources/financing-evidence-based-programs-and-practices-changing-systems-support-effective-service>.

piloting actual implementation,” she said. “Get staff acclimated to the program and all the logistics related to it. Work through local considerations, partner buy-in and any bugs in deploying the program. Just because something is an EBP, you can’t just open a box and go.”

- **Close support from the funder:** “For the first six months,” said OAH’s Margolis, “our project officers had calls with the grantees every two weeks to help get the project going. They continue to have regular calls at least monthly.” Linda Rogers, project director with the Iredell-Statesville School District in North Carolina, one of several school district grantees, told us, “This is the second grant I’ve managed. The level of support we get from OAH has been incredible.” Indeed, many of the grantees we interviewed painted the same picture of their relationship with their OAH project officers: Grantees are reporting results, asking approval for changes in their plans, and getting advice, support, and encouragement, sometimes in a single conversation.
- **Training and technical assistance:** With EBPs, as with fine cuisine, simply publishing a recipe does not guarantee that the results produced by a skilled chef in a top-flight kitchen can be replicated at home. But what if the chef taught classes in how to cook that dish; and afterward, you could call or email that chef, or perhaps one of a team of well-trained sous-chefs, for follow-up coaching and support when something wasn’t going right? Welcome to the world of the EBP “purveyor.”

A purveyor helps agencies implement a particular EBP with rigorous attention to design. A purveyor may be the original developer; other times the developer has passed along that job to someone else. The purveyor is supposed to document the intervention (curriculum, supporting materials, implementation manual), train people on its use, provide coaching and support, oversee any evaluation components, and (ideally) use what’s learned from continued implementation to improve the EBP.

Purveyors play a big role in the TPP program, including approving any changes in how their EBPs are presented. (OAH also has to sign off on any changes.) They also provide training. Finally, the purveyor also plays a coaching and troubleshooting role. Jenny Diaz, youth development supervisor in the Maricopa County (Arizona) Department of Public Health, one of more than a dozen public agencies that are TPP program grantees, said, “It’s been so helpful to have Wyman. I email them, I call them. We’ll process together.”

On balance, the TPP program purveyors appear to be performing these tasks reasonably well. Of the grantees who responded to our survey, 76 percent reported that they had “sufficient support from the developer and/or a technical assistance provider to implement the pregnancy prevention program(s) effectively.”

But the purveyor-grantee relationship has not been without challenges. OAH has noted that not all of the programs on the HHS list of evidence-based teen pregnancy prevention programs were implementation-ready when the TPP

program began. Dr. Nanci Coppola, CEO of [Program Reach and the Healthy Respect Program](#), a Bronx, New York-based youth development organization, suggested that “the developer probably wasn’t ever thinking one day someone is going to replicate this. So [program procedures] sat in someone’s Word documents from 1999 to 2010 when they had to pull them out and put them together.” One of the EBP developers (who is also a purveyor for that EBP) described how challenging the TPP program had been from its perspective. “They did not really consider the developers of this program at all. We have just been bombarded with requests for information. We are researchers and this takes up too much time.”

- **Enough funding to do EBPs right:** Among the 12 grantees we interviewed, no one said they lacked the funding to implement their EBPs with fidelity. Depending on the size of their programs, grantees get between \$400,000 and \$4 million a year for five years. Funding levels have allowed for planning and piloting, staffing appropriate to the EBP, staff training, data collection, and fidelity assessment. One can imagine that a grant program that tried to do EBPs on the cheap—insisting on fidelity, but not providing grantees enough funds to deliver their EBPs as intended—might have far less satisfactory results.

Funders Must Do More to Nurture an Ecosystem of Support for Implementing EBPs

Based on our research, we have identified six key elements needed to support effective local implementation of EBPs, whether in teen pregnancy or other areas. These recommendations are directed primarily at funders, who will have the largest influence on nurturing the ecosystem of support.

- 1. Identifying EBPs that warrant replication:** In teen pregnancy prevention, HHS felt that it had a rich prospect list to choose from, coming up with 31 EBPs that met its criteria, though some have met higher standards than others (see sidebar on Page 3 “[The ABCs of EBPs](#)”). In other areas, such as preventing youth violence or reducing childhood obesity, there is much that must still be done to identify programs that work.
- 2. Matching EBPs and implementers:** Our interviews turned up some buyer’s remorse about the chosen EBP. One agency program director explained that the research for her agency’s chosen EBP “was kind of limited. But we didn’t know that until after we picked it.” Her agency didn’t have a problem with implementation, but if she had it to do over again, “I would have done way more research on the evidence-based program.” Margolis of OAH agreed that the process by which grantees select their EBPs can be improved. “We are thinking about ways that we can help grantees do a more thorough job at selecting EBPs that are a good fit for their organizations and communities.”
- 3. Local agencies capable of implementing EBPs:** What kind of agency is best suited to scaling what works? Our colleagues at Bridgespan have written both

about the potential of larger, established nonprofits,¹⁰ and of large national networks to implement EBPs.¹¹ The TPP program experience points in another direction—neither at nonprofit superstars nor large national networks but rather at more “typical” local nonprofits and government agencies. With 1,100 applicants and just 75 awards, the TPP program turned out to be as hard to get into as Yale or Cal Tech. The TPP grantees may be an unusually strong group, but in their diversity of size, community, and experience, they speak to the potential of local nonprofits and government agencies across the nation to tackle big problems by delivering EBPs with fidelity.

- 4. Funders who can combine monitoring and support to ensure fidelity:** OAH sought to balance the support and accountability functions (the carrot and the stick), built strong relationships with their grantees, gave them enough time and money to get it right, and helped them stay laser-focused on fidelity. If this federal agency can use these tools, why can’t other federal agencies, and state and local ones, and philanthropy? (True, a local foundation might not want to field a team of project officers, as OAH has, but that function could be performed by an intermediary.) This blend of close monitoring and close support, while tricky to pull off, may be one of the most important things that funders can do to transform strong local agencies that could implement EBPs with fidelity into agencies that actually do.
- 5. Purveyors who are prepared to fully support their EBPs:** In general, the purveyors involved with the TPP program seem to have stepped up to perform the documentation, training, and coaching functions that only they can perform. If a program has good evidence behind it and can address a major social problem in a cost-effective way, it does no good for its developers to fail to complete the journey from randomized trial to implementation-ready EBP. If the developer itself is not in a position to support the dissemination of an EBP, it should find a purveyor with the experience and ability to do so. And, whether it is government or philanthropy funding this research, the funder should have some clear path in view beyond getting a paper in a peer-reviewed journal. No local agency ever implemented a paper.
- 6. A feedback loop between implementer and purveyor that supports continued improvement:** Fixsen and his colleagues¹² recommend that purveyors “commit to an ongoing relationship with implementation sites for the purpose of identifying beneficial innovations.” The TPP program is a golden opportunity to strengthen the existing set of EBPs by tapping into the on-the-ground experience of 75 grantees across the country that are now

10 Nancy Roob and Jeffrey L. Bradach, “Scaling What Works: Implications for Philanthropists, Policymakers, and Nonprofit Leaders,” Edna McConnell Clark Foundation (April 20, 2009).

11 Taz Hussein and Michaela Kerrissey, “Using National Networks to Tackle Chronic Disease,” *Stanford Social Innovation Review* (Winter 2013).

12 Dean L. Fixsen, Sandra F. Naoom, Karen A. Blase, Robert M. Friedman, and Frances Wallace, *Implementation Research: A Synthesis of the Literature*. (Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, 2005).

reaching 100,000 young people a year. Wyneken, noting that Wyman is now working with 57 agencies (both TPP grantees and others) to implement TOP, said, “We’ve built a lot of places where we’re getting feedback from partners. We have at least a quarterly call with them. It all starts with the week-long training. In that week, they meet and get to know the entire team here. That relationship is what keeps the communication flowing.”

EBPs Are Not Self-sustaining

While the program seems to have done a good job of building grantee capacity—staff, systems, mindset—to deliver EBPs with fidelity, how long will this added value remain in place after the money is gone? Almost all the TPP program grantees we surveyed agreed that their current funding levels enabled them to implement their chosen programs with fidelity. However, the majority did *not* have confidence they would be able to keep implementing their programs with high fidelity after the grant program ended.

A special challenge in sustaining EBPs is that even if grantees find some money to carry on their programs, it’s not clear whether the new funding source will sustain their use of EBPs over time. What is unusual about the TPP program is that it focuses not only on how many young people are reached but *how* they are reached. Another funder that cared only about numbers served might well provide disincentives to fidelity: encouraging shortcuts, and starving the agencies of the ongoing training and supervision that are so important to getting EBPs right.

We believe in EBPs, done right. Nonprofits who say the same should understand the costs and benefits, choose their EBPs carefully, and consider what it will take to deliver programs in essentially the same ways that produced the original promising research results. For their part, government and private funders who believe in the value of EBPs will need to help build the ecosystem and supply the funding that will support their implementation.

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