Office of Adolescent Health Teenage Pregnancy Prevention Program  
April 2013

The Teenage Pregnancy Prevention Program, administered by the Office of Adolescent Health (OAH), was initially funded at $110 million for FY 2010. Funding was cut to $105 million in FY 11 and appropriations have remained at that level in FY 12 and FY 13. FY 13 funding is also subject to a 5% cut due to sequestration. This funding provides competitive grants to a broad range of organizations and agencies to implement evidence-based programs to prevent teen pregnancy. The grants (known as cooperative agreements) will run for five years, contingent upon funding being appropriated each year. The $105 million for FY 13 (before sequestration) supports the fourth year of project funding as follow:

- $75 million for 75 “Tier 1” grants to replicate teen pregnancy prevention programs that have shown to be effective through rigorous evaluation.

- $25 million for “Tier 2” grants to develop, replicate, refine and test additional models and innovative strategies to reduce teen pregnancy. OAH awarded 19 grants totaling $15 million; the remaining $10 million supports eight grants awarded in conjunction with the Centers for Disease Control and Prevention for community-wide initiatives to prevent teen pregnancy in communities with the highest rates.

An additional $5 million is available for program support, including evaluation, training, and technical assistance for the grantees. When the program was originally created in FY 10, funding for program support was $10 million.

Demand for this funding was overwhelming: 1,100 organizations submitted applications in FY 10 and OAH only had sufficient funding to make 100 grants. Grants are serving approximately 200,000 teens per year in a total of 40 states plus D.C. The grantees represent a wide array of organizations including state and local health departments, local school districts, non-profit and community-based organizations, universities, faith-based organizations, health care providers, and youth serving organizations. Some grantees are using programs that emphasize abstinence, while others are using programs that teach about both abstinence and contraception. Many grants have a strong focus on youth development, goal setting, and making responsible decisions. Regardless of program content, all funded programs must have evidence of success and must be medically accurate and age appropriate.

The funds are going to urban, rural, and suburban areas. Most grantees are serving both boys and girls. Many grants focus on populations and communities with high rates or
great need, such as African American, Latino, and Native American youth, teens in foster care or the juvenile justice system, and youth in rural areas.

The grantees are operating over 30 different program models, including 22 that have already been proven effective through rigorous evaluation. The remainder will be further refining and testing promising strategies or adapting proven models for different populations or settings.