
Summary of Changes to Teen Pregnancy Prevention Evidence Review Protocol (version 6.0)

The Teen Pregnancy Prevention (TPP) Evidence Review (TPPER) is a trusted source on scientific evidence about effective programs intended to prevent teen pregnancy, sexually transmitted infections, and associated sexual risk behaviors. The TPPER identifies existing evaluation research on TPP programs, assesses the quality of this research, and summarizes the evidence from studies that meet TPPER standards

In 2022, the TPPER released an updated protocol, Review Protocol 6.0, to guide the upcoming round of reviews. This update includes revisions to approaches used to (1) search for studies, (2) assess the quality of the research in the studies, and (3) summarize the evidence from these studies.

This document briefly summarizes the changes between Review Protocol version 5.0 and Review Protocol version 6.0 of the TPPER standards.

What's new about the approach used to search for studies in version 6.0 of the TPPER protocol?

An alternate set of keywords was used to inform the electronic search for studies, and additional keyword search databases were included. In addition, the tables of contents of additional research journals, and citations of recently published literature reviews and meta-analyses were scanned to identify relevant studies.

What's new about the approach used to assess the quality of the evidence in version 6.0 of the TPPER protocol?

There were several changes and additions to the protocol to better align TPPER's approach with the approaches used by other federally funded evidence reviews

- **Additional considerations for cluster randomized controlled trials (RCTs) to achieve a moderate evidence rating:** Previously, cluster RCTs that had low cluster attrition and either (1) high subcluster attrition, or (2) youth included in the impact analysis who joined clusters after random assignment (potentially to enroll in an attractive TPP program), automatically received a moderate evidence rating. Now, TPPER will require a demonstration of baseline equivalence for these studies to receive a moderate rating.
- **Changing the criterion used to assess baseline equivalence:** Previously, TPPER used non-significance from an inferential test of differences to determine whether a treatment and control group were equivalent on key baseline characteristics. Now, TPPER will rely on the magnitude of the difference in key characteristics to determine whether baseline equivalence has been satisfied or if a statistical adjustment is necessary to address small underlying differences between a treatment and control group.

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- **Increased transparency in TPPER review approaches:** Previously, the TPPER protocol did not provide detailed guidance on several aspects of its review process. Now, TPPER documents the types of missing data approaches that will allow studies to meet standards, the approaches used to calculate sample attrition when data are imputed, scenarios when site-specific impacts from a multi-site impact evaluation can be considered as separate studies, approaches for how baseline equivalence will be assessed with categorical data, and an articulation for the scenarios under which a demonstration of baseline equivalence for one outcome can be used as a demonstration of baseline equivalence for a different outcome in that survey with a slightly different sample size

What’s new about the approach used to categorize credible evidence in version 6.0 of the TPPER protocol?

Arguably the most substantive changes to the TPPER approach are the revisions to how findings will be categorized and presented.

- **Additional categories of evidence for each outcome domain:** Previously, TPPER used a single, four-category system for reporting both findings for individual studies, and when pooling evidence across studies for programs as a whole. Now, TPPER first categorizes the findings *within* a study into a rating for the study, using a total of 6 categories describing *study-level findings*; Next, it categorizes the findings across studies into a program level rating, again, using a total of 6 categories describing program-level evidence.

What topics might warrant revision in future rounds of TPPER standards changes?

While not addressed in this update, we know that there is considerable interest in having TPPER:

- Expand outcomes beyond sexual behaviors and their consequences
- Enhance the timeliness of findings by reducing the “moving window” of years in which an evaluation was completed for a program, which is currently 20 years
- Assess evidence from system-level evaluations
- Consider alternatives to focusing on statistical significance of impacts
- Use a meta-analytic approach to synthesize evidence across studies
- Explore external validity of standards

These topics and others may be examined in future rounds of TPPER revisions.