

Contract Number:  
HHSP23320082911YC

Mathematica Reference Number:  
06549.095

Submitted to:  
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**Training Teens and Transforming  
School Culture Through  
Comprehensive Sex Education:  
*An Implementation Study of Teen  
PEP***

Implementation Report

August 12, 2014

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## CONTENTS

I	INTRODUCTION.....	1
II	ORIGINS AND DEVELOPMENT OF TEEN PEP .....	3
III	DEVELOPING LEADERS AND CHANGING CULTURES .....	7
IV	ENGAGING SCHOOL LEADERS AND ALLIES FOR TEEN PEP .....	13
V	BUILDING CAPACITY AND OVERCOMING OBSTACLES.....	19
VI	YOUTH ENGAGEMENT AND RESPONSE TO TEEN PEP .....	27
VII	LOOKING TO THE FUTURE: LESSONS FOR REPLICATION .....	33
	REFERENCES.....	35
	APPENDIX A: SAMPLE CHARACTERISTICS.....	A.1
	APPENDIX B: IMPLEMENTATION STUDY DATA SOURCES AND METHODOLOGY .....	B.1
	APPENDIX C: WORKSHOP ATTENDANCE TABLES .....	C.1
	APPENDIX D: TEEN PEP WORKSHOPS FOR 9TH GRADERS.....	D.1

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## TABLES

IV.1	School- and County-Level Characteristics and Risk Factors.....	14
IV.2	Characteristics of New Jersey and North Carolina 9th-Grade Students Enrolled in Teen PEP.....	16
A.1	Characteristics of New Jersey and North Carolina 9th-Grade students.....	3
B.1	Data Sources (New Jersey) .....	5
C.1	9th-Grade Student Attendance at Teen PEP Workshops in New Jersey.....	3
C.2	9th-Grade Student Attendance at Teen PEP Workshops in North Carolina.....	3
D.1	Summary of Teen PEP Workshops.....	3

## FIGURES

I.1	Teen PEP Evaluation: A Snapshot.....	2
II.1	Logic Model of the Teen PEP Intervention .....	4
III.1	Teen PEP Program Model .....	8
III.2	Teen PEP Course for Peer Educators.....	10
VI.1	NJ and NC Workshop Participants' Perceived Benefits of Teen PEP .....	27
VI.2	New Jersey Participants Thought Teen PEP Improved Communication Skills .....	28

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## I. INTRODUCTION

Curriculum-based sexuality-education programs guide classroom instruction and often incorporate activity-based learning. To complement and build on one such model, two New Jersey-based organizations, HiTOPS and the Center for Supportive Schools (CSS), focused on developing youth leaders to change school cultures and sustain the effects of the classroom curriculum. They developed Teen PEP, a peer-led model to prevent teenage pregnancies and sexually transmitted infections (STIs), which they have been implementing in New Jersey high schools since 1995 and more recently in North Carolina.

Teen PEP takes a multilevel, comprehensive approach to changing health behaviors and the decision-making culture among youth. CSS and HiTOPS staff offer training and foster active involvement of school leaders and faculty in planning and implementing Teen PEP. Two or three school faculty members then prepare selected students (peer educators) in their junior or senior year of high school to conduct sexuality-education workshops with 9th graders and serve as role models for younger students. Throughout the process, the peer educators become sources of accurate information for other students.

Federal funding propelled Teen PEP onto a wider stage, increasing visibility and interest in its effectiveness in reducing high-risk sexual behaviors. In 2010, CSS was awarded a five-year grant through the Teen Pregnancy Prevention (TPP) grant program, supported by the Office of Adolescent Health (OAH) at the U.S. Department of Health and Human Services (DHHS). CSS and HiTOPS have evaluated Teen PEP, but to date, no rigorous studies of Teen PEP's effectiveness have been conducted. The new funding opportunity made it possible for CSS and HiTOPS to undertake a rigorous evaluation and expand Teen PEP into additional New Jersey schools as well as to other states with high teenage birth rates, such as North Carolina.

The Teen PEP evaluation is part of the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA), a national evaluation also funded by OAH at the U.S. Department of Health and Human Services, to study the effectiveness of various teenage-pregnancy prevention approaches in reducing risky sexual behaviors, pregnancy, and STIs in seven sites (Figure I.1). The evaluation will focus on Teen PEP implementation between September 2011 and June 2014 in two different contexts: In New Jersey, where the program is well known but where schools can choose from many options for sexuality education (such as classroom-based curricula, after-school clubs, or community-based models), and in North Carolina, where until recently, access to comprehensive sex education was limited. The study will measure Teen PEP's impacts on the 9th-grade students who participate in the Teen PEP workshops in the two states.

The PPA evaluation of Teen PEP is also documenting program implementation in the two states and exploring a range of issues and the following questions:

- How and why did CSS and HiTOPS create Teen PEP? What role does each organization play? How do they see these roles evolving in the future?
- What needs was Teen PEP designed to address? How did it propose to do so?
- Who did the program serve? What strategies did staff use to reach and engage the schools?
- How did each of the schools administer Teen PEP? Did staff adhere to the program model, or did they modify or change it?

- How did strategies for recruitment, engagement and implementation vary across the two sites, and why? Did implementation vary in the two contexts, and if so, how and why?
- How did participants respond to the program?
- What successes and challenges did staff experience in implementing the program?

**Figure I.1. Teen PEP Evaluation: A Snapshot**

- Part of the national multiyear Evaluation of Adolescent Pregnancy Prevention Approaches
  - Funded by the Office of Adolescent Health, U.S. Department of Health and Human Services
  - Conducted by Mathematica Policy Research, with Child Trends and Twin Peaks Partners, LLC
  - Assessing effectiveness of seven programs
- 17 schools in North Carolina and New Jersey recruited and randomly assigned
  - 9 schools assigned as “early start” schools to implement Teen PEP in 2011–2012, 2012–2013, and 2013–2014 school years (treatment group)
  - 8 schools assigned as “late start” schools to implement Teen PEP after evaluation is completed (control group)
  - Approximately 1800 9th graders enrolled in the study across all sites
- Program components
  - Stakeholder teams in each school, comprising key school-level staff and decision makers, such as principals, school nurses, schedulers, and parent representatives, select at least two faculty advisors for the program.
  - Trained faculty advisors teach a daily class to 11th- and 12th-grade peer educators for either the full school year (New Jersey) or one semester (North Carolina).
  - Fifteen to twenty Peer educators lead five 90-minute sexual-health workshops for all 9th graders in the school. Workshop topics include delaying sexual activity; pregnancy prevention; STI prevention; HIV/AIDS prevention; and the impact of alcohol on sexual decision making.
  - Peer educators also lead one workshop for the parents of 9th graders.
- Program impacts on 9th graders at participating schools to be measured by two follow-up surveys, 12 and 24 months after baseline.

Two separate, collaborative evaluations aim to answer these research questions and more. Abt Associates is conducting a local implementation evaluation of Teen PEP in North Carolina schools, supported by the Teen Pregnancy Prevention (TPP) grant program through the Office of Adolescent Health, U.S. Department of Health and Human Services. Complementing and building on the local evaluation, the federal PPA study is rigorously assessing the overall impact of the Teen PEP program in both New Jersey and North Carolina. It is also examining implementation in New Jersey high schools. The PPA impact study will look at targeted outcomes among 9th-grade students in 5 New Jersey and 12 North Carolina schools (recruited and enrolled in three cohorts, or school years). The PPA implementation study draws on data from both sites (including the local implementation evaluation), and describes early implementation of Teen PEP in six program schools that delivered the program in the first two years of the federal evaluation (2011–2012 and 2012–2013).

Staff from the PPA evaluation team collaborated with Abt Associates to collect data in New Jersey and North Carolina. Evaluation staff observed classroom sessions and outreach workshops, and conducted in-person and telephone interviews with CSS and HiTOPS staff as well as school teachers, administrators, and partner agency staff in New Jersey and North Carolina. The team analyzed program monitoring and feedback documents, and examined post-program surveys completed by participants. The team assessed adherence to the implementation plan based on the program’s design, theory of change, Teen PEP curriculum, data collected during the site visit, program observations, and attendance data. Appendix B provides details on data sources and methodology for the implementation study.



## **II. ORIGINS AND DEVELOPMENT OF TEEN PEP**

New Jersey solicited help from CSS and HiTOPS in developing a better approach to preventing the spread of HIV/AIDS within the state. This collaboration resulted in a new peer-led program for teens that went beyond HIV/AIDS prevention and offered high school students a comprehensive sex-education curriculum. The program's success in New Jersey motivated plans to replicate and evaluate it in new contexts.

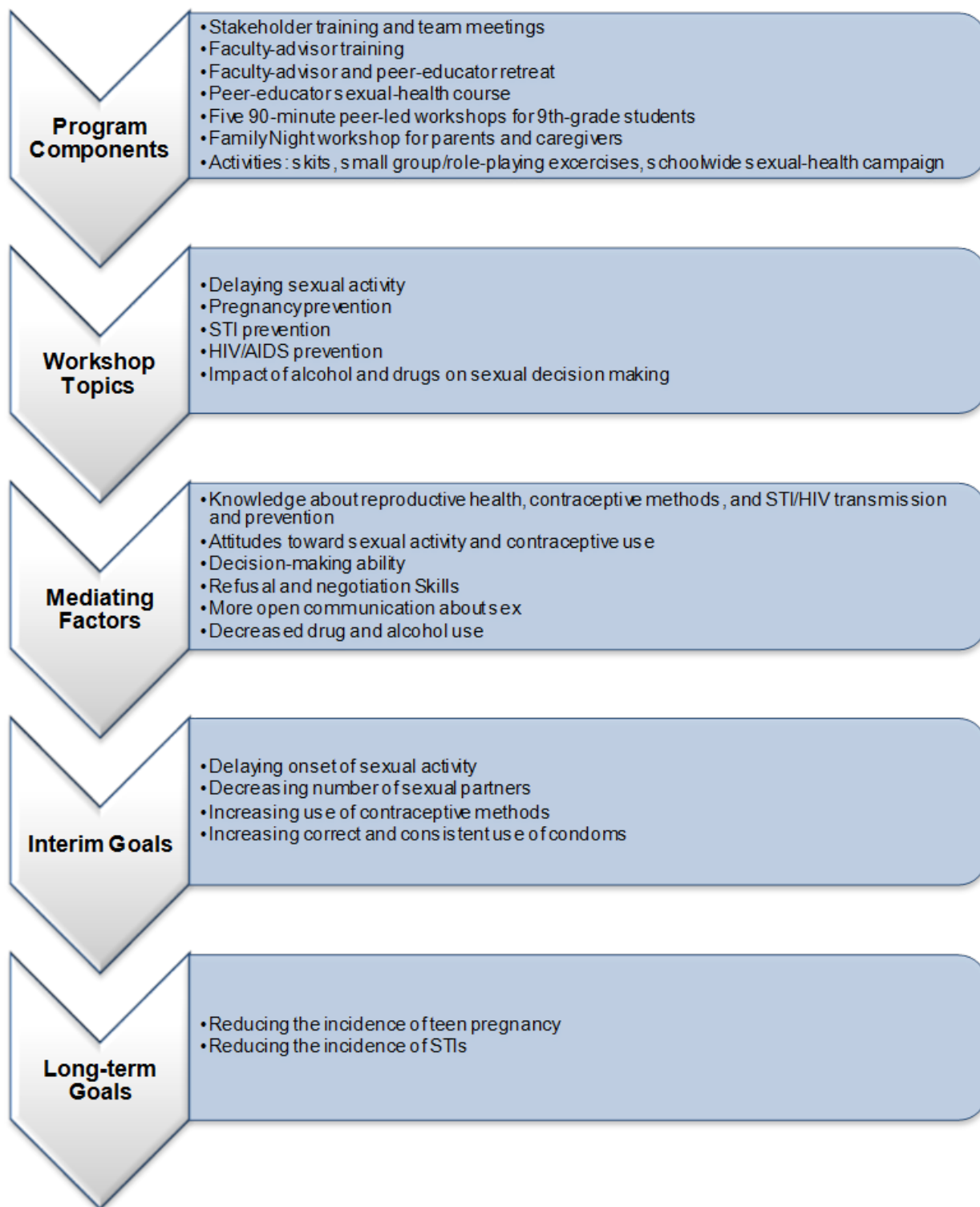
### **Teen PEP grew out of a need to combat HIV/AIDS in New Jersey**

In the mid-1990s, New Jersey's governor was looking for a way to fight HIV/AIDS that could potentially be implemented throughout the state. In 1995, the New Jersey Department of Health (DOH) organized the World AIDS Day of Learning, a statewide conference. As part of the planning process, staff at the DOH approached CSS and HiTOPS for assistance in developing a new approach to educating youth on HIV/AIDS prevention. Using DOH funding, CSS and HiTOPS developed a peer-led model that they introduced at the conference and began implementing in New Jersey communities. As a result of their effort, CSS and HiTOPS became aware that their approach needed to extend beyond HIV/AIDS prevention, to include a sustained and comprehensive school-based sex-education program.

The partnership between CSS and HiTOPS led to a natural alignment of strengths, experience, and goals. The two community-based organizations merged their expertise in youth development and education. HiTOPS had historically been providing sex education, and CSS focused on leadership and character education. HiTOPS began as a community birthing center, offering prenatal care and midwife assistance to families in Princeton, New Jersey, and its surrounding communities. It leveraged its experience delivering sexual-health education to teens through a peer-led teen-council program, and focused on developing the curriculum for Teen PEP. CSS has been providing leadership development training to schools and communities for more than 30 years. It was disseminating an in-school peer leadership program, Peer Group Connection (PGC), to train senior students in mentoring incoming 9th-grade students to ensure a successful transition into high school. CSS leveraged this expertise to develop an operational approach for the Teen PEP program and to implement it within the constraints of a school system.

CSS and HiTOPS developed a comprehensive sex-education curriculum that uses a peer-to-peer education model. Teachers trained selected teens to become leaders (peer educators) and transfer their knowledge and guidance to younger peers through a series of workshops. The 16-unit curriculum for peer educators extended beyond HIV/AIDS prevention and evolved into a yearlong program, covering topics from postponing sexual involvement and preventing unintended pregnancy to understanding the impact of alcohol and other drugs on sexual decision making. The program was designed so that at least two trained school faculty or staff would deliver it to peer educators during the school day, as part of a health or elective class. HiTOPS and CSS revised the curriculum in 2010 to increase its emphasis on risky sexual behaviors and pregnancy-prevention outcomes, and to better define the core required components. The program now consists of a 10-unit course for peer educators, who then deliver five workshops required for 9th graders and a sixth workshop designed to involve and raise awareness among parents and the school community (Figure II.1).

Figure II.1. Logic Model of the Teen PEP Intervention



The program's main approach was for the youth leaders to effectively advocate healthy decisions and choices, act as role models for their peers, and effect culture change within their school community. The structured curriculum addressed what it means to be "sexually active," the reasons youth become sexually active, and the consequences of their behaviors. It also recognized the need to debunk myths, reduce stigma, and provide youth with accurate, age-appropriate information in a dynamic and appealing way.

## **Early teen PEP experience in New Jersey led to interest in expanding and replicating the program**

Teen PEP is already well established in more than 50 public high schools and has been fully operational in New Jersey for many years. HiTOPS and CSS have clearly defined roles and responsibilities in New Jersey. HiTOPS oversees the curriculum content, and maintains its relevance and accuracy through updates and revisions, while CSS manages and facilitates the operational aspects of delivering the program effectively in the school setting. Both organizations have credibility, networks, staff, and infrastructure that facilitate the implementation of Teen PEP.

CSS and HiTOPS are hoping the program can grow and be effectively replicated in new contexts. Federal funding created such an opportunity for Teen PEP, allowing the program's further expansion in New Jersey and also its implementation and testing in North Carolina. CSS began by piloting Teen PEP in four North Carolina schools, before applying for the TPP funding. With grant funding, they expanded Teen PEP into other high-need districts of the state. As a result, the federal evaluation involved two very different sites. Comprehensive sex education, including the discussion of both abstinence and contraception methods, is mandated by the New Jersey Department of Education, and most New Jersey districts are able to choose from a spectrum of available programming. In North Carolina, sex education until 2010 was limited to abstinence-only approaches; therefore, fewer services are available and historically, districts, school staff, and parents have been more resistant to comprehensive sex education. With the state's recent passing of new legislation (the Healthy Youth Act of 2009), an opportunity arose for new programming to fill the gap in available services.

Although the evaluation offered an opportunity to examine the program's capacity to expand in different contexts, it also posed several challenges for CSS and HiTOPS, which had to prepare to meet increased staffing, training, and local capacity needs. To enroll sufficient numbers of youth for a rigorous evaluation, the program had to be offered to all eligible 9th graders in participating schools (or half, if the school enrolled more than 300 9th graders), rather than a small subset of 9th-grade sections as had been the previous practice. To accommodate the increase in scale, CSS had to refine existing processes to manage scheduling and find space for larger groups of students. Because the model relies on peer-to-peer education, schools needed to train more peer educators than previously required. In North Carolina, schools use "block"<sup>1</sup> scheduling, which means that schools have one semester to deliver the Teen PEP course and the workshops, rather than the full year as in New Jersey.

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<sup>1</sup> Block scheduling is a secondary school model that implements longer class periods (and fewer classes) during the school day. It offers the same amount of total instructional time as traditional yearlong scheduling.

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### **III. DEVELOPING LEADERS AND CHANGING CULTURES**

Teen PEP's comprehensive sex-education curriculum is designed to be interactive and dynamic, and to build strong connections among participating students, staff, and the school community. Key school stakeholders work with CSS program staff to implement the program. Teachers train high school youth to become leaders and role models. These youth leaders then deliver workshops to educate younger teens on making healthy choices and avoiding risky behaviors, thereby reducing teen pregnancy.

#### **Teen PEP is designed to create school cultures that promote responsible sexual-health decisions**

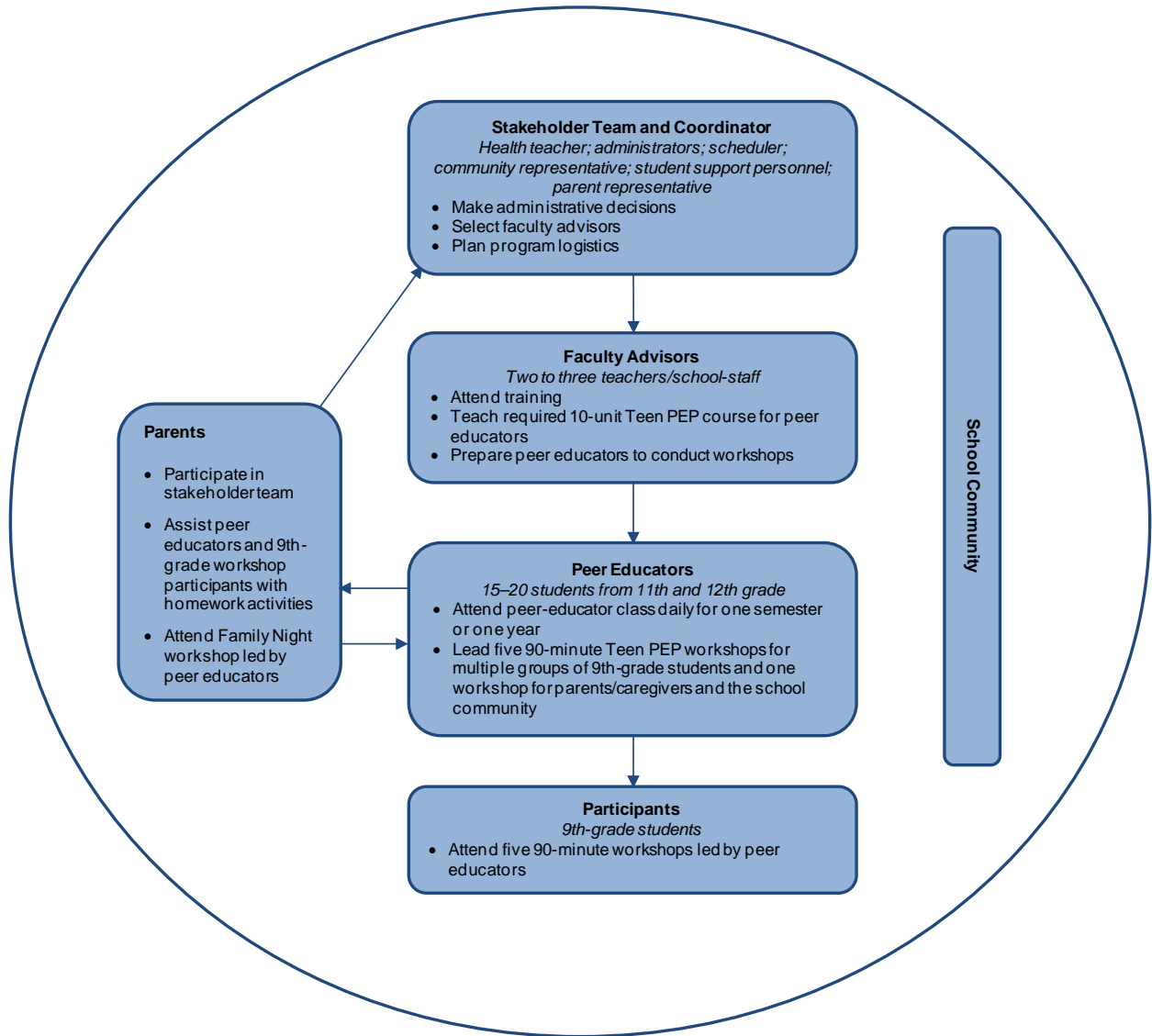
Three main theoretical frameworks and principles guide the Teen PEP model. First, like a number of youth development programs, it draws on the Health Belief model, which focuses on changing attitudes and beliefs to affect risk behavior outcomes among youth (Rosenstock et al. 1988). Second, the program relies upon Social Learning theory, heavily incorporating experiential or observational learning (such as the use of role playing) as a key pedagogical technique (Bandura 1977). Lastly, the Teen PEP model is influenced by principles of youth leadership development that shape the content and mode of instruction, emphasizing holistic values such as responsibility, teamwork, and effective communication (Edelman et al. 2004).

The Teen PEP model operates by targeting multiple participants and outcomes. The program is designed to affect the behaviors, knowledge, and attitudes of peer educators, who then aim to change the behaviors, attitudes, and knowledge of participating 9th graders. The overarching goal is that together, they will influence the broader school culture. Although Teen PEP aims to achieve academic, community, and leadership skill-development goals at each of these levels, the federal evaluation is testing its primary targeted outcomes of reducing teen pregnancies, STIs, and risky sexual behaviors among 9th-grade students.

Teen PEP's multilevel design requires involvement from the entire school community (Figure III.1). The school leadership appoints a team of stakeholders comprising administrators, a scheduler, parent representatives, and teachers. A coordinator leads the team, which attends a one-day training to begin preparing for implementation. At least two staff members serve as faculty advisors. The faculty advisors are also trained and collaboratively select 15 to 20 high school juniors and/or seniors to serve as peer educators. Teachers deliver Teen PEP to the select group of peer educators through daily classroom-based sessions. Once trained, the peer educators deliver five workshops to their 9th-grade peers, and serve as sexual health advocates and role models. A sixth workshop, Family Night, is designed to engage the 9th graders' parents and caregivers, and other community members.

By involving stakeholders at each level of the school community, Teen PEP aspires to develop a culture that values and informs responsible sexual behavior. It succeeds by actively fostering the dissemination of knowledge in a way that is appealing to young students. The dynamic course structure and activities are implemented at each level of participation, creating a collaborative style of learning and trust-building. Teachers work to develop leadership and communication skills, confidence, and knowledge about healthy decision making among participating peer educators. The program also encourages parents and guardians to discuss sex and sexuality appropriately with their children.

Figure III.1. Teen PEP Program Model



## The Peer Educator course format and structure emphasizes team-building and group interaction

Although the Teen PEP peer educator course is delivered primarily in the classroom, the program's format and activities are different from a typical school-based curriculum comprising a series of lectures. Teen PEP aims to foster trust and cohesion among peer educators and facilitators by beginning with a mandatory retreat. Peer educators then continue their training in a yearlong sexual-health course that focuses on facilitation skills, team-building, and group activities (Teen PEP Curriculum 2013). The course is designed to prepare them to deliver outreach workshops on sexual-health topics to 9th-grade students and parents.

Youth selected as peer educators attend a three-day retreat before the start of the Teen PEP course. This overnight retreat is designed to be highly interactive, so that the students and teachers can get to know and trust one another. In addition to participating in variety of trust-building activities, youth also gain exposure to the format and structure they will be expected to follow during the Teen PEP course and workshops. For example, faculty advisors introduce peer educators to the program's activity-based approach, modeling and engaging in group brainstorming, role plays, small group discussion, and group presentations. Peer educators learn to be "participant observers," paying attention to how an activity is facilitated while participating in it, so that they are able to replicate it later for their younger peers. Many of the activities encourage youth to think about, share, or present information on sexual-health topics. For example, during an activity called "Where Do We Learn About Sex?" students write on index cards the types of messages they receive about sex from parents/guardians, the media, friends, and religious/cultural sources, and the messages about sex they would like to share with younger students during the workshops. In small groups, youths share these messages with each other, identify what they learned during the activity, and present their insights to the larger group.

After the retreat, peer educators continue their training in the classroom. Faculty advisors deliver 10 core units, incorporating experiential and activity-based learning (Figure III.2). Students attend a 45-minute class each school day throughout the academic year or a 90-minute class each school day for one semester, usually during an elective period or instead of a health or gym class. The course provides medically accurate comprehensive sex education on topics such as overcoming gender roles and stereotypes, postponing sexual involvement, reproductive health, preventing pregnancy, preventing HIV/AIDS and other STIs, and how using alcohol and drugs affects sexual decision making.

As in the retreat, classes incorporate small groups, skits, interactive games, role plays, and ongoing assessment. Most activities are based on discussion, group facilitation, and presentation, so students are prepared to disseminate the content to their younger peers. The curriculum dispels common myths and encourages youths to reach their own conclusions. For example, for the unit on pregnancy prevention, students may conduct online research on the time and cost of raising a child, diapers, and doctor's appointments.

### Goals of Peer-Educator Retreat

1. To begin to form a Teen PEP group and learn to work effectively as a team.
2. To share expectations for the year ahead in Teen PEP.
3. To begin to learn foundational sexual-health information.
4. To begin to develop an understanding of the role of a Teen PEP peer educator.
5. To become familiar with the concepts of group facilitation, the activity-based learning cycle and group stages.

*-Teen PEP Curriculum*

At the same time, to prepare teens for presenting the information to the 9th-grade students, the curriculum relies on a structured format. It uses scripts and provides specific instructions to faculty advisors and peer educators on conducting each activity, including ways to transition, or “bridge,” from one activity to another. Peer educators are expected to memorize and deliver lines convincingly in skits and role-plays, as well as to accurately answer relevant questions on the sexual-health topics covered in the curriculum.

**Figure III.2. Teen PEP Course for Peer Educators<sup>2</sup>**

Class Unit	Title	Objectives
1	Building Our Foundation	Re-establish the bonds that were created on the retreat, understand responsibilities and commitment of being a peer educator, establish ground rules, create and commit to a standard code of ethics, and demonstrate active listening skills
2	Understanding Gender	Name male and female stereotypes, describe ways that a person might be considered to be outside a gender box, describe ways gender stereotypes influence expectations related to sexual behavior
3	Postponing Sexual Involvement	Describe the benefits of postponing sexual involvement, explain the difference between virginity and abstinence, describe the reasons why some teens have sex and why some teens wait to have sex, identify the qualities that need to be in place in a relationship before beginning sexual activity, identify the ways you are comfortable expressing physical affection in a relationship, demonstrate effective negotiation and refusal skills in peer-pressure situations
4	Human Reproduction	Identify the parts of the female and male reproductive systems and how the female/male reproductive systems function, understand the processes of spermatogenesis, menstruation, and fertilization
5	Pregnancy Prevention	Identify solutions to barriers that get in the way of teens using condoms, employing other birth-control methods, and seeking guidance at a family-planning clinic; identify qualities that are important to consistently using abstinence as a method of birth control; describe how to correctly use birth-control methods (for sexually active couples); identify the location of a local clinic and describe ways becoming a teen parent would negatively impact one's life
6	Understanding and Preventing Sexually Transmitted Infections	Describe STIs, including their symptoms, diagnosis, treatment, and long-term consequences, explain behaviors that put people at risk for contracting an STI, identify strategies for preventing or reducing the risk for contracting STIs, communicate ways to overcome stigmas surrounding STIs to ensure people seek treatment, and describe an STI clinic experience
7	Preparing for Family Night	Understand the ways in which working with adults is different than working with peers; describe messages you received about sex from your family, peers, the media, and your religious/cultural background; offer recommendations for how parents/guardians and teens can talk about sex and sexuality
8	Understanding and Preventing HIV/AIDS	Identify fluids that transmit HIV and how those fluids enter someone's bloodstream; articulate how HIV affects the immune system; explain what an HIV test detects and when a person should get tested; describe the correct steps to using a condom, other barrier methods, and needle cleaning; describe five ways being HIV-positive has an impact on someone's life; provide accurate information in response to common questions related to HIV risk factors
9	Alcohol, Other Drugs, and Sexual Decision Making	Describe how the use of alcohol and other drugs affects sexual decision making, identify potential consequences of mixing alcohol and/or other drugs and sex, name the steps to use when making a decision, demonstrate negotiation and refusal skills to resist peer pressure, recognize the unhealthy messages about making sexual decisions while under the influence as portrayed by the media
10	Closure and Celebration	Describe ways the group was successful in achieving the goals of Teen PEP, identify example of how the group progressed through each of the stages of group development, share what knowledge they are taking away from their Teen PEP experience, and celebrate the work that's been accomplished individually and collectively

<sup>2</sup> Drawn from Teen PEP Curriculum, 2013



## Peer educators transfer what they learn to 9th grade participants over the course of the school year

The Teen PEP curriculum describes the five core workshops that peer educators deliver to 9th-grade participants. The 90-minute workshops correspond in content and format to the classroom-based course for the peer educators, focusing on topics most relevant to reducing risky behaviors:

**Workshop 1 - Let's Wait Awhile: Postponing Sexual Involvement:** Students describe reasons why teens do and do not become sexually involved, and possible consequences of early sexual involvement; identify relationship qualities that are important to have before beginning a sexual relationship; and demonstrate negotiation and refusal skills.

**Workshop 2 - Later, Baby: Pregnancy Prevention:** Students identify behaviors that put teens at risk for unintended pregnancy; identify solutions to barriers that get in the way of teens using condoms, practicing birth control, or seeking guidance at a family-planning clinic; describe at least three methods for preventing pregnancy; and identify the location of a nearby family-planning clinic.

**Workshop 3 - Don't Pass It On: Preventing Sexually Transmitted Infections:** Students describe the identification, symptoms, treatment, and long-term consequences of the most common STIs among teens, demonstrate a greater understanding of how STIs are spread, and identify personal strategies for preventing the spread of STIs.

**Workshop 4 - Break the Silence: HIV/AIDS Prevention:** Students describe the two most common ways teens become infected with HIV/AIDS, identify behaviors that will not put a person at risk for HIV infection, name strategies for reducing the risk of contracting HIV/AIDS, describe the steps to using a condom correctly, and increase motivation for using risk-reduction strategies.

**Workshop 5 - Sex on the Rocks: Alcohol, Other Drugs, and Sexual Decision Making:** Students identify steps to decision making, and the consequences of making sexual decisions under the influence of alcohol and other drugs. They also demonstrate refusal skills to resist the pressure to use alcohol and other drugs.

The peer educators also deliver a sixth workshop (**Talk to Me: A Family Night**) for parents and school community members. This workshop is designed to help parents or caregivers identify their personal attitudes and values regarding sexuality, become more comfortable talking about sex and sexuality with teens, and develop their understanding of how to initiate conversations about sex and sexuality with teens. Beyond the six workshops, schools may also choose to implement supplemental workshops on topics such as preventing dating violence, reducing homophobia, and recognizing sexual harassment.

### Sample Skit from Workshop 5

*“As the Virus Churns* is a pantomime. Peer educators act out the story as told by the narrators. The story involves a couple, Mark and Carrie, who become sexually involved after drinking at a party. Mark contracts HIV from Carrie, but neither of them have symptoms for eight years. While the narrators describe what has been happening inside their bodies, other peer educators portray HIV, antibodies, T-cells, and diseases to illustrate the effects of HIV and AIDS. The story then replays, showing how the ending would have been different if Mark and Carrie had used safer sex practices. Narrators pause where appropriate to allow actors time to exaggerate their movements and expressions (*ham it up!*) as the skit is meant to be humorous in some places.”

- Teen PEP Curriculum

Like the classes that the peer educators take, the workshops they conduct are designed to engage and appeal to young teens. Peer educators use accessible and plain language, and use humor to convey main points and messages as part of the activities. Each workshop consists of skits, skill-

building activities, and small-group discussions facilitated by two peer educators, each pair working with a small subgroup of workshop attendees. Activities incorporate and emphasize communication with peers and parents, problem solving, decision making, and negotiation and refusal skills. For example, during the small groups, peer educators answer specific questions from participants, present or reinforce key messages, and quiz students on what they have learned so far.

Small groups are designed to allow 9th graders to build comfort and rapport with peer educators. The faculty advisors designate the pairs of peer educators based on their respective strengths and personalities, so that ideally no one person dominates the discussion. As a general rule, the composition of the small groups and the peer educators facilitating them also changes in each workshop, so that 9th graders get a chance to interact with multiple peer educators during their Teen PEP experience.

Schools build the workshops into their academic schedules in various ways. Depending on the number of participants and peer educators in a given school and their schedule constraints, some schools conduct each full 90-minute workshop all at one time, delivering the content to all 9th graders. If there are enough peer educators (ideally at least 15–20), schools may divide the peer educators into two roughly equal groups, each of which delivers the workshop to a different group of 9th graders at the same time. Other schools divide the workshop into two 45-minute parts, and deliver each part in regular class periods to multiple groups of 9th graders over the course of two school days. Depending on the format schools choose, peer educators often have to deliver the same workshop or parts of the same workshop more than once.

#### **IV. ENGAGING SCHOOL LEADERS AND ALLIES FOR TEEN PEP**

Teen PEP demands a high level of engagement and commitment from school administrators and the selected faculty advisors. Therefore, recruiting and enrolling schools willing to commit the requisite time and resources can be challenging. Despite these obstacles, CSS was able to recruit 17 schools with diverse groups of 9th-grade students in North Carolina and New Jersey.

##### **Launching Teen PEP in new schools required finding supportive administrators and motivated staff**

CSS begins recruiting by raising awareness about Teen PEP through word of mouth, direct outreach to schools in districts with high pregnancy rates and underserved populations, and community events. As an annual culminating event for Teen PEP high schools in New Jersey, CSS, HiTOPS and the New Jersey Department of Health have for several years hosted a Day of Learning conference, bringing together nearly 300 high school student leaders. At the event, CSS, peer educators, and staff at current Teen PEP schools make presentations, showcase skits and workshop content, and mingle with staff from schools considering Teen PEP. CSS staff also conduct community-based information sessions, offering additional opportunity to outreach to schools.

CSS then follows up with key school staff to explain the program, enrollment process, and requirements. CSS staff offers on-site visits to help staff consider implications of implementing Teen PEP, address concerns, and answer questions. Interested schools are then invited to complete applications. The application asks schools to identify their reasons for selecting Teen PEP and how they envision the program benefitting the school. To complete the application process, schools need approval from decision makers at both the school and district levels. The application requires signatures from the school principal, superintendent, school board representative, and the PTA representative.

Schools must recognize the program's value and be willing to contribute resources. To enroll, schools must address practical obstacles such as costs, staffing capacity, and planning and implementation resources. CSS indicates that schools that implement Teen PEP typically need to allocate \$3,000 to \$6,000 for stipends for faculty advisors, the three-day retreat for peer educators, classroom materials, and invitations and food for Family Night.<sup>3</sup> The evaluation also added demands but provided resources to offset them. Participating in the evaluation allowed CSS to offer substantial subsidies and resources to schools to overcome these initial resource constraints.

Recruiting schools often hinges on finding a local "champion," who advocates for bringing Teen PEP to a particular school. In some cases, this individual is a district staff member who believes the program could help the high school address increasingly prevalent risky behaviors. In other cases, it is a coordinator or leader of a community-based organization that provides school-based health services, such as a school nurse or county public-health staff. The program has also received significant support from principals or teachers who had previously worked at Teen PEP schools and actively sought their district's approval in bringing the program into their high school.

CSS initially reached out to more than 400 schools over two years, asking them to participate in the federal evaluation, and had early discussions with more than 75 schools across the two states. However, given the demands of the program and the evaluation, many schools that first expressed interest did not complete the application process and formally enroll. District approval was often a

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<sup>3</sup> Besides the in-school costs, the implementing agencies incur additional staffing, training, and programmatic costs.

difficult process. Staff turnover caused additional delays and challenges. Many schools, especially in New Jersey, experienced funding and resource constraints, and in North Carolina, school districts often raised political and cultural concerns about adopting the program.

To reach additional schools, CSS expanded the pool of eligible schools and modified its recruiting strategy. CSS initially targeted only schools in districts with multiple risk indicators, such as high teen birth rates and low socioeconomic status. However, once fewer than expected schools enrolled, it became necessary to relax these criteria and increase the intensity and frequency of outreach. CSS conducted more one-on-one site visits and group information sessions, and sent letters to an expanded pool of schools. CSS also approached specific schools recommended by other community-based providers or partners, such as the North Carolina Department of Health. It made special efforts to explain to school stakeholders all program and evaluation activities to avoid surprises. The recruitment period for the evaluation was also extended from two to three years to enroll enough schools necessary for the study.

### **Despite the demands of implementation, a diverse set schools agreed to participate and implement Teen PEP**

High pregnancy rates and the desire for a new approach to comprehensive sex education motivated 17 schools to complete the Teen PEP application process and formally enroll in the program and the evaluation. Nine schools were randomly assigned to begin implementing Teen PEP immediately after selection (early start), and eight schools were required to wait two years before beginning Teen PEP implementation (future start). Of the nine treatment or Early Start schools, six were recruited in the first and second cohort. The remaining three Early Start schools were not recruited until the third cohort. The implementation study examined program delivery in the first two years of the evaluation, thus focusing on the 6 treatment schools in the first two cohorts (four in North Carolina and two in New Jersey).

The participating schools serve at-risk populations and share many characteristics. (Table IV.1). All of the schools receive Title I funds, and five of the six have between 45 and 50 percent of students eligible for free or reduced-price lunch.

**Table IV.1. School- and County-Level Characteristics and Risk Factors**

School-Level Data				County-Level Data			
School	No. of Students	School-wide Title 1?	Percentage Eligible for Free/Reduced-Price Lunch	Setting	Median Household Income	Poverty Rate (Percentage)	Teen Birth Rate
NC-A	850	Yes	45.6	Rural	\$42,920	15.4	47
NC-B	1,770	Yes	50.5	Town: Fringe	\$46,900	21.9	63
NC-C	876	Yes	47.0	Rural	\$42,920	15.4	47
NC-D	1,040	Yes	48.5	City: Small	\$43,657	15.1	52
NJ-A	994	Yes	48.9	Suburb: Large	\$84,255	6.6	7
NJ-B	1120	Yes	84.2	Suburb: Large	\$42,920	15.4	47

Notes: Teen birth rate is measured per 1,000 females aged 15–19. School-level data comes from the National Center for Education Statistics, Public School Data, 2010–2011 School Year. Teen birth rate data comes from the County Health Rankings 2013, <http://www.countyhealthrankings.org>. Median household income and poverty rates come from the American Community Survey 2008–2012 five-year estimates.

However, the counties of the six program schools have diverse profiles. In New Jersey, the Teen PEP schools are located in mostly large suburban areas, whereas in North Carolina, schools participating in the study are situated in rural areas or smaller towns. Although most schools are located in areas with similar income levels, teen birth rates range from 7 to 63 per 1,000, and poverty rates range from 6.6 to 21.9 percent in counties where Teen PEP was being delivered.

By expanding into North Carolina, the evaluation of Teen PEP is testing program implementation in diverse contexts with different students. Data from the baseline survey yielded more specific information on the characteristics and risk behaviors of the first and second cohort of 9th-grade participants in the Teen PEP program (Tables IV.2). Racial composition differed across the two states. In New Jersey, most participants were Hispanic or African American, and in North Carolina, most respondents were white or African American.

Students in North Carolina were more likely to report risky behaviors. Fifteen percent of respondents in New Jersey had ever engaged in any type of sexual activity, while the percentage was twice that (31 percent) in North Carolina. North Carolina students also were more likely to have had sexual intercourse in last three months, and more likely to have sexual intercourse without a condom in that period. However, a higher proportion of New Jersey participants who had had sexual intercourse, said they did not use any birth control.

Students across both states had similar expectations for their sexual activity in the next year. Thirty-eight percent of respondents in North Carolina and 27 percent in New Jersey expected to engage in sexual intercourse in the next year. Ninety-six percent of respondents in North Carolina and 98 percent in New Jersey expected to use a condom if they had sex in the next year. Participants' reasons for not having sex were relatively similar across the two states. Some of the most common reasons participants cited were not wanting to contract an STD, not wanting to get someone pregnant, or not wanting to disappoint parents.

### **Participants' access to information and services was tied to the political and cultural climate of New Jersey and North Carolina**

The political environments and the available reproductive health services in each state may shape the differences in baseline sexual behaviors of youth across the two states. Historically, the political and cultural climates in the two states have been markedly different. New Jersey's Department of Education requires comprehensive sex education in school districts, but the level and intensity of programming varies across districts and among schools. Until recently, North Carolina has had limited availability of and access to other pregnancy-prevention or sexual-health services for teens. The state's Healthy Youth Act of 2009 now requires schools to provide comprehensive sexuality education, replacing the 1995 law that mandated abstinence-until-marriage education. Local belief systems and resistance to comprehensive sex education pose special challenges to implementing a program like Teen PEP, which requires involvement from the broader school community and aims to affect school culture.

In both states, other services are available, but students in North Carolina generally have poorer access and exposure to information in schools. Currently, most North Carolina school districts are not teaching about contraceptives and other sexual health issues in required courses (Layzer and Rosapep, 2012, 2013). Up-to-date and medically accurate training for teachers on HIV or pregnancy prevention is also limited or difficult to access (Layzer and Rosapep, 2012, 2013). Most Teen PEP schools in North Carolina are located in rural areas or outside main towns, with limited public transportation. Some county health departments run a family-planning clinic or women's preventive

**Table IV.2. Characteristics of New Jersey and North Carolina 9th-Grade Students Enrolled in Teen PEP**

	Treatment Students (Percentages Unless Noted)	
	New Jersey	North Carolina
<b>Demographic Characteristics</b>		
Age in years (mean)	14.4	14.7
Female	51.2	55.4
Race/ethnicity		
White, non-Hispanic	9.8	46.2
Black, non-Hispanic	27.8	36.2
Hispanic	48.2	13.2
Other (including multiple)	14.3	4.5
Language spoken at home		
English	80.4	96.0
Spanish	13.1	3.3
Other (including multiple)	6.5	0.7
<b>Levels of Risky Behavior</b>		
Ever had any type of sexual activity	15.2	31.4
Had sexual intercourse in past three months	7.7	16.5
Among students who had sexual intercourse in past three months...		
Had sexual intercourse without a condom in past three months	47.1	52.3
Had sexual intercourse without birth control in past three months	56.3	34.9
Number of times had sexual intercourse in past three months	5.4	7.2
Number of times had sexual intercourse without a condom	2.7	4.2
Number of times had sexual intercourse without birth control	3.1	2.3
<b>Attitudes toward Sexual Activity and Intentions for Future Sexual Activity</b>		
Expects to have sexual intercourse next year	27.4	37.7
Expects to use condom if has sexual intercourse next year	97.8	96.3
Reasons for not having sex		
Doesn't want to get a sexually transmitted disease	98.9	97.6
Doesn't want to disappoint parents	89.8	89.5
Too young	80.2	77.0
Boyfriend or girlfriend doesn't want to have sex	70.5	77.8
Wants to wait until marriage	61.8	64.6
Against personal values	68.5	63.3
Hasn't met the right person yet	80.6	80.9
Hasn't had the chance	49.7	51.8
Doesn't want to have sex	70.8	66.5
Doesn't want to get pregnant or get someone else pregnant	96.8	92.3
<b>Sample Size</b>	<b>245</b>	<b>452</b>

Source: Student surveys administered by Mathematica, January 30, 2012.

health clinic that offers free access to contraceptives. No Planned Parenthood clinics operate in the counties where Teen PEP is being delivered, and the Planned Parenthood clinics closest to the schools range from 19 to 57 miles away (Layzer and Rosapep, 2012, 2013). One county offers Teen Up, a program for teens and preteens to discuss sexuality and other common teen issues. Another county sponsors an abstinence-based pregnancy-prevention program in middle schools. Additionally, the Council on Adolescents shares in-school programming to meet the requirements of the Healthy Youth Act in middle and high schools. North Carolina offers two statewide initiatives for teen pregnancy prevention, the Adolescent Pregnancy Prevention Program and the Adolescent Parenting Program, but neither of these programs has funded operations in the counties with Teen PEP schools that are involved in the federal evaluation.

In New Jersey, schools that were selected to implement Teen PEP had access to some services but wanted more comprehensive programming to address growing numbers of teen pregnancies. Although the approach to delivering sexual education differs across schools and districts, the state mandates content. In addition to coursework on sex education, students in New Jersey have opportunities to use family-planning and health services. Multiple Planned Parenthood clinics operate in or very close to the counties of schools participating in the evaluation. Each of the counties also offers school-based youth-services programs that include pregnancy-prevention and health services, but these initiatives are not being systematically implemented in any of the New Jersey schools. The Teen Outreach Program (TOP), a youth development program that promotes healthy behaviors and life skills, operates in one of the counties targeting youths aged 12 to 19. Additionally, a local organization operating within one school provides free health services regarding sexuality, pregnancy, and STI testing.

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## **V. BUILDING CAPACITY AND OVERCOMING OBSTACLES**

Implementing Teen PEP required school leadership and staff to commit fully and maintain involvement. Before implementation, schools had to select peer educators and teachers, fit the program into student schedules, and find space to accommodate large groups of students. CSS provided mandatory training to help school staff and teachers build the skills needed to deliver Teen PEP as intended, and offered regular technical assistance. In some schools, staff found it difficult to maintain the pace of the program, attract and keep the appropriate group of peer educators, and manage the overall commitment that Teen PEP requires.

### **Successful implementation of Teen PEP requires strong administrative engagement and early planning**

To prepare for Teen PEP implementation, schools were expected to plan ahead and meet certain milestones before they could begin delivering the program. Faculty advisors and staff were required to participate in multiple trainings, school administrators needed to negotiate timing and location of classes and workshops, and teachers had to select peer educators. To facilitate this process, CSS used a structured planning phase (an important aspect of the program's design) during which its staff helped school administrators and teachers make the necessary arrangements and develop a cohesive well-functioning team. In New Jersey, schools began with a yearlong planning phase, and delivered Teen PEP the following school year. In North Carolina, schools had a shorter planning period of about six months prior to the start of program delivery, because they were delivering Teen PEP in a more condensed manner during the spring semester.

During the planning phase, school administrators received guidance from CSS on bringing together a team of key staff and decision makers to serve as the stakeholder team. The team was led by a coordinator and consisted of one or more members of the school leadership who were in a position of authority in the school, such as the principal or vice principal. The school scheduler and teachers who would be teaching Teen PEP were also expected to be on the team, along with any other individuals who would be critical to the program's implementation in the school, such as the school nurse or partner agency staff. In most schools, the team was expected to convene at least four times a year to ensure that key milestones were being met.

Choosing a stakeholder team coordinator with the right skills and commitment was also crucial to Teen PEP implementation. Tasked with leading the stakeholder team, the coordinator managed administrative staff and teachers, oversaw and coordinated the logistical and scheduling requirements, and ensured that implementation goals were met. The coordinator was ideally someone with strong organizational abilities, who could overcome barriers and obstacles and develop alternative solutions when necessary. CSS asked that schools choose a strong communicator and an informed source for stakeholders with questions or concerns. In at least two of the Teen PEP schools participating in the evaluation, the coordinator was the driving force behind the school's decision to apply for the Teen PEP program.

The coordinator and other stakeholder team members participated in a Stakeholder Team Institute early in the planning phase. This one-day training was designed to help school staff build an infrastructure to support Teen PEP and foster a cohesive working relationship to carry them through the demands of program implementation. The institute provided school administrators and staff guidance on how to accomplish the following milestones deemed critical to smooth implementation:

- Obtaining school district approval of the curriculum
- Choosing faculty advisors
- Recruiting and selecting peer educators
- Planning how the Teen PEP course and workshops for 9th graders would be scheduled

Administrative leaders on the stakeholder team (such as the principal or vice principal) worked with the coordinator to select two or three teachers or other school staff (such as a guidance counselor or nurse) to deliver and manage the Teen PEP program. In selecting these faculty advisors, schools looked for teachers/staff with the necessary qualifications and characteristics, *and* whose schedules allowed them to co-facilitate the peer educator class. CSS recommended that at least one of the faculty advisors have a health sciences or medical background. Faculty advisors also needed to be comfortable with the content, and open to exploring the sexual and reproductive health subject matter with students. It was important that faculty advisors understood and agreed with using a public health approach to teaching the curriculum, not a values-based approach. Staff who had strong objections or were resistant to the core content would be challenged to deliver the program with fidelity to its format and spirit, and were therefore not well-suited to be selected as Teen PEP advisors. Given the program's emphasis on building relationships, ideal teachers would have rapport with their students and be willing to work together as a team.

School leaders tried to be thoughtful in selecting faculty advisors, but for most, the decision often came down to schedules and availability. Administrators had to balance the programmatic need for teachers with health backgrounds and critical skills against the demands of regular school classes and activities. In both states, one of the faculty advisors needed certification in health for the class to be offered for health credit and for the teacher's time to be considered as regular salaried time. In most cases, schools selected one health/physical education teacher, and a second teacher or staff member from another relevant discipline such as counseling or nursing, whose schedules allowed more flexibility. In several schools, one of the Teen PEP faculty advisors was recruited from a school-based health services provider or community-based organization. This strategy helped to alleviate staffing constraints, but these external staff sometimes needed more targeted technical assistance from CSS or HiTops staff to help them prepare for the Teen PEP course and workshops. Some schools used a third teacher to provide additional support and to guard against anticipated staff turnover during early implementation.

Another critical and often difficult task of the stakeholder team was to arrange appropriate meeting spaces and schedule Teen PEP classes and workshops. A member of the stakeholder team was responsible for scheduling and facilitated the planning process. Schedulers were pivotal in coordinating workshop times and spaces without negatively affecting other classes and activities. CSS asked that workshops be conducted in large spaces with enough capacity to accommodate all 9th graders. Because the program format is dynamic, ideal spaces would allow students to move from one activity space to another.

### **Frequent and intensive training laid the foundation for the program and helped bolster teachers' comfort and expertise**

To implement the Teen PEP model, CSS and HiTOPS required that selected faculty advisors attend several training sessions and become conversant with the content and format of Teen PEP. During the planning phase, all faculty advisors participated in a required three-day group residential training that provided guidance on how to select peer educators; how to structure, manage, and co-

facilitate the peer educator retreat; and the mechanics of facilitating and conducting the daily Teen PEP course.

CSS trained faculty advisors in what to look for when conducting outreach and recruiting the group of peer educators, and other important factors to consider in selecting a representative group. The selection criteria emphasized diversity and the importance of selecting groups of students with different personality types, and academic and social skills. For instance, some students may have strong academic or extracurricular experience but no leadership skills, or others may be very vocal in small groups, but more reserved and uncomfortable speaking in public. CSS also recommended being sensitive to the balance of males and females, and racial and ethnic backgrounds. Teachers received training in how to manage students and harness students' strengths and weaknesses through the prescribed activities. CSS guidance also identified 'red flags' or qualities that were not well-suited for peer educators, such as repeatedly putting others down, or constantly needing to dominate conversations. While schools had some flexibility in terms of selection, CSS advised that teachers recruit a group of 15-20 peer educators, from eleventh and twelfth grades. The Peer Educator Selection packet also included the application forms, interview questions and guidelines, and scripts and materials to use for conducting outreach in the school to obtain interest from students. The training offered a day-by-day schedule for the peer educator retreat, and instructions for how to schedule and implement it before the start of the program. The guidance included scripted activities, discussion questions, games/skits, ground rules, and expectations.

Teen PEP staff conducted a second, mandatory round of group residential training for new teachers just prior to program start. This training provided more step-by-step planning guidance on delivering the classroom-based course, mapping out the first two weeks of peer educator classes, techniques for preparation and co-facilitation, and the logistics of planning and conducting the workshops. The training was designed so that teachers modeled and practiced the same preparation, presentation, and group facilitation processes in which their peer educators would be trained. CSS staff facilitated the activities for teachers, who in turn facilitated the activities for peer educators, and then the peer educators facilitated for the 9th-grade participants. This format allowed teachers to develop a fuller understanding of the peer-educator experience, and its potential challenges and solutions.

Once implementation had begun, CSS and HiTOPS also offered additional one-day group training sessions to all participating schools who were delivering Teen PEP. At this training, CSS and HiTOPS staff prepared faculty advisors for

#### **Peer Educators' Selection Process**

1. *Review of applications:* Interested students submit paper application with permission of parent or guardian
2. *Faculty recommendations:* Faculty and other school professionals are asked to confidentially rate applicants on their suitability to serve as peer educators
3. *Group interview:* Applicants participate in an interactive group interview
4. *Individual interview:* Applicants meet with a Teen PEP advisor
5. *Final selection:* Faculty advisors notify applicants of their status.

#### **Ideal Characteristics for Peer-Educator Applicants**

Depth of insight  
Warmth of personality  
Sense of humor  
Enthusiasm  
Cooperation  
Leadership potential  
Potential appeal to younger students  
Openness/willingness to share feelings or views  
Showing respect for others' opinions  
Supporting or encouraging others  
Sharing verbal space with others  
Clarity of communication  
Good eye contact  
Sincere commitment to being a positive role model  
Diversity in interests and skills  
Self-confidence  
Self-awareness  
Overall maturity

- From *Teen PEP Peer Educator Selection Packet*

a mid-program peer-educator retreat and the Family Night event in addition to providing updates to the curriculum, such as new curriculum ideas or new topics. This training also provided opportunities for faculty advisors to share their successes and challenges with other advisors and to brainstorm solutions as a group.

CSS and HiTOPS supplemented training with technical assistance, especially in the schools' first year of implementation. Teen PEP staff regularly monitored program delivery by attending and observing at least 2 or more peer-educator classes per school, each of the required workshops and preparatory sessions, and stakeholder team meetings. Staff from CSS or HiTOPS frequently (after each workshop) offered written and oral feedback to ensure schools' adherence to the program model. CSS and HiTOPS staff also conducted regular site visits and program observations of each workshop, and closely monitored schedules and pacing, especially in the first year. Faculty advisors were required to submit monitoring forms after completion of each workshop, and program updates during implementation.

### **Despite Teen PEP support, schools experienced logistical and personnel challenges**

Although faculty advisors and stakeholders agreed that the training and support they received helped to prevent or overcome many pitfalls and problems, some noted common challenges that arose during implementation and often adversely affected program delivery.

CSS and school staff reported that stakeholder team relationships and cohesion played a key role in how well schools were able to roll out Teen PEP in the first year. Implementation suffered in at least two schools where the stakeholder team coordinator or high-level administrator was not actively involved or attentive to the program due to other commitments or lack of buy-in. For instance, stakeholders did not recognize and address key logistical issues and tasks in a timely manner, resulting in delays in program delivery and in scheduling workshops. Turnover in school leadership also affected the makeup and day-to-day functioning of the stakeholder team, thus adversely affecting smooth implementation and program delivery. Developing trust and relationships with new principals or decision makers required additional adjustment and time for CSS and faculty advisors.

The overall demands placed on some administrators limited their ability to commit to Teen PEP. In such cases, CSS and school staff reported that it was much more difficult to solve problems and negotiate timing, space, and schedules of peer educators and 9th graders, while making sure the students received the content at the appropriate pace. In one school, the principal was unable to attend meetings or delegate tasks, the stakeholder team coordinator was based at a partner organization and lacked the authority and support to make key decisions, and one teacher lacked the appropriate skills and experience to administer the program. In this instance, key tasks and deadlines often fell through the cracks, and stakeholders and faculty advisors lacked accountability and follow-through on critical milestones (such as selection of peer educators, or scheduling of workshops) to keep the program running smoothly and on schedule. In another school, district officials decided to adopt Teen PEP without obtaining the necessary buy-in from school administrators or staff. As a result, only one school administrator was actively involved in making important decisions, and most of the coordinating and logistical work fell to the faculty advisors who were burdened with this role on top of their teaching responsibilities. CSS staff reported that the administration in one school did not recognize and address pacing challenges when they arose, which led to significant implementation challenges later in the year.

Faculty advisors found Teen PEP’s activity-based learning model challenging to deliver in the classroom. In all but one school, at least one of the faculty advisors came to Teen PEP from a role that did not involve classroom teaching, and none of the teachers had any classroom co-facilitation experience for a structured and intensive program like Teen PEP. So it took time, training, coordination, and practice for them to become comfortable with Teen PEP. Relationships between the faculty advisors were also a factor in how easily they were able to adjust in this new role. Those who had a strong rapport with each other and well-defined responsibilities were able to commit sufficient time to prepare and divide tasks equitably, and found the adjustment easier. They were also able to resolve differences and support each other when obstacles arose. The faculty advisors who seemed to struggle the most with Teen PEP were veteran teachers who were recognized for having a “way of doing things” and had difficulty adapting to a new format that did not rely on lectures and traditional teaching methods. Faculty advisors in some schools also reported that lack of clear communication about the demands of the program made their role more challenging. In North Carolina, where schools faced implementation challenges and delays, a number of faculty advisors learned about the program and that they would be teaching a for-credit daily class only a week before the first training.

“[The support] has been excellent. We’ve never had this before. It seems like every two years we get a brand new program that’s going to teach us something—a new way to teach, a new way to do something. And this is the first time that we’ve had consistent support throughout the year for whatever we needed, whenever we needed it.”

—Faculty Advisor

Frequent transitioning between activities involving large groups of students presented an early challenge. In both New Jersey and North Carolina, schools needed to deliver each workshop to 200 to 300 9th-grade students overall, but in most schools, the number of participants in any one workshop ranged from 30 to 110 students. The dynamic nature of Teen PEP required space for students to move frequently, split into small groups, or present in front of large groups of peers. Small, constricted spaces were not well-suited to such activities. One school overcame this challenge by capitalizing on unused science lab space that could accommodate large groups of students (Layzer and Rosapep, 2013). Another school used a large library space for workshops. However, program staff reported that scarcity of adequate classroom and workshop space forced at least one school to deliver the program in an impractical setting that made it difficult to conduct many of the workshop activities. In addition, in some schools, other activities and teachers’ concerns about pulling students out of class for workshops caused frequent interruptions, delays, and scheduling hurdles. Faculty advisors in one school allowed 9th-grade workshop participants to stay with the same peer educators in the last three workshops (Layzer and Rosapep, 2013). This structure helped faculty advisors and peer educators more efficiently manage large groups of workshop participants under tight time lines.

Faculty advisors and stakeholders in most schools also reported difficulties attracting parents and community members to the family night workshop. Some attributed the lack of attendance to a combination of limited outreach efforts prior to the workshop and competing commitments and events on the same night. For example, in one school, family night was scheduled on the same evening as a significant religious event in the community. Staff acknowledged that more intensive and earlier outreach to the wider school community, as well as more thoughtful scheduling of the actual workshop, could prevent conflicts and ensure better parent participation in the future.

Early delays in program implementation had lasting effects. Schools that fell behind schedule and did not allow enough time to recruit and select peer educators found themselves with a less than ideal group. In these cases, the peer educators either did not meet the criteria recommended by the program or were fewer in number than needed for program delivery. Overall, the groups of peer

educators ranged from less than 10 in one school, to the most being 21 peer educators in two schools. Where shorter or less successful recruitment efforts resulted in fewer peer-educator applications than expected, schools accepted all applicants rather than making selections based on the program's requirements. For instance, one North Carolina school delivered the program with nine peer educators when 15 to 20 were needed (Layzer and Rosapep, 2013). This situation, given the condensed schedule in North Carolina, presented a major challenge, because it meant peer educators had to prepare for (and memorize) multiple roles in the little time between workshops. Because memorization of lines, transitions, and skit roles were integral to workshop preparation, students and staff complained that performances suffered when they felt rushed and were unable to devote sufficient time to workshop preparation (Layzer and Rosapep, 2013).

One New Jersey school was unable to complete the program and delivered only the first four required workshops and the Family Night program. Scheduling problems also caused one group of 28 9th graders to miss two of the five workshops. Program staff reported that the school's other academic and scheduling priorities did not allow peer educators and faculty advisors to train for and deliver the last workshop to 9th-grade participants. School administrators said that despite their training and support, they were "caught off guard" by the number of workshops and the time it takes to prepare for each of them. One lesson they emphasized was that in the future they would be more careful to use the targeted technical assistance offered by CSS early and often, and they would strive to avoid delays at the start of the program.

### **In meeting and mitigating challenges, support from CSS and HiTOPS was critical**

CSS and HiTOPS staff worked closely with each school to monitor progress and provide technical assistance when challenges arose. For instance, all schools received a detailed "pacing" guide during their training, with step-by-step instructions for the timing of each unit and implementation milestones. For schools that fell behind schedule or had difficulties meeting their early milestones, CSS worked with the stakeholder team coordinator and faculty advisors to cut non-essential peer-educator activities in order to get back on schedule.

CSS and HiTOPS staff also noted areas for improvement or concern during their observations and provided peer educators and faculty advisors with regular, detailed feedback and possible solutions. After each workshop, faculty advisors in New Jersey and North Carolina received letters highlighting aspects that worked well, those that required further assistance, and instructions for each participant. In one school that started the program late, CSS staff observed that peer educators were not ready to deliver the first workshop at the scheduled time (their lines were not memorized, and their facilitation skills needed honing). Program staff worked with this school to arrange for the peer educators to conduct a practice workshop with 10th graders. After studying the scripts and completing this practice session, the peer educators were better prepared to deliver the first workshop to 9th graders.

Program staff offered faculty advisors the tools and guidance to help them understand and employ the co-facilitation model. For instance, teachers were asked to engage in "straight talk" with each other to air their concerns and resolve disagreements. CSS and HiTOPS staff noted, however, that the effectiveness of the technical assistance often depended on how receptive faculty advisors and school administrators were to hearing feedback and using it constructively. In one school, staff reported that a faculty advisor from outside the school initially had difficulty preparing for the peer-educator classes and managing the new format. Program staff intervened early to discuss ways to help her improve and better organize her tasks. Students and staff reported that she learned quickly, corrected her mistakes, and made significant progress through the course, and the two faculty

advisors formed an effective team that students respected. By contrast, a faculty advisor in another school who needed help communicating and working with the peer educators was not open to the advice repeatedly offered by program staff, and did not implement their suggested changes to improve his performance (Layzer and Rosapep, 2013). His attitude negatively affected his relationship with the peer educators and the other teacher, as well as the quality of the workshops they implemented.

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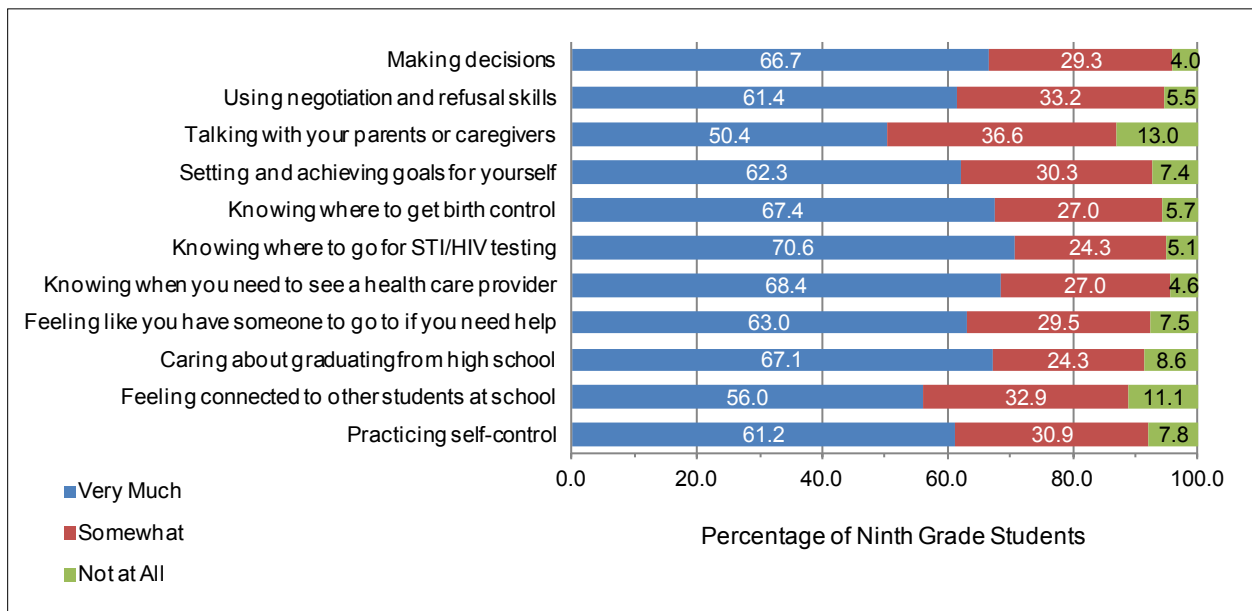
## VI. YOUTH ENGAGEMENT AND RESPONSE TO TEEN PEP

Teen PEP is a school-based program, intended to be implemented during the school day. However, its design did not necessarily translate into high exposure to the program in every school. Implementation difficulties and scheduling challenges limited some students' opportunity to attend the workshops. Overall, participants liked the interactive nature of the program and felt that Teen PEP was helpful in building their confidence and communication skills. Both 9th graders and peer educators' engagement improved over time.

### Most workshop participants found Teen PEP helpful and useful

Teen PEP is designed to improve decision-making skills and connections among peers and in the school culture at large. Ninth-grade participants across schools in both New Jersey and North Carolina shared their perceptions of how Teen PEP helped them (Fig VI.1). In surveys administered at the end of the program, more than two-thirds of the participants responded that they agreed *very much* with a statement suggesting that Teen PEP helped students make decisions (66.7 percent). Most participants also felt that Teen PEP helped to improve their connectedness with other peers (56 percent), and their ability to set and achieve goals for themselves (62.3 percent).

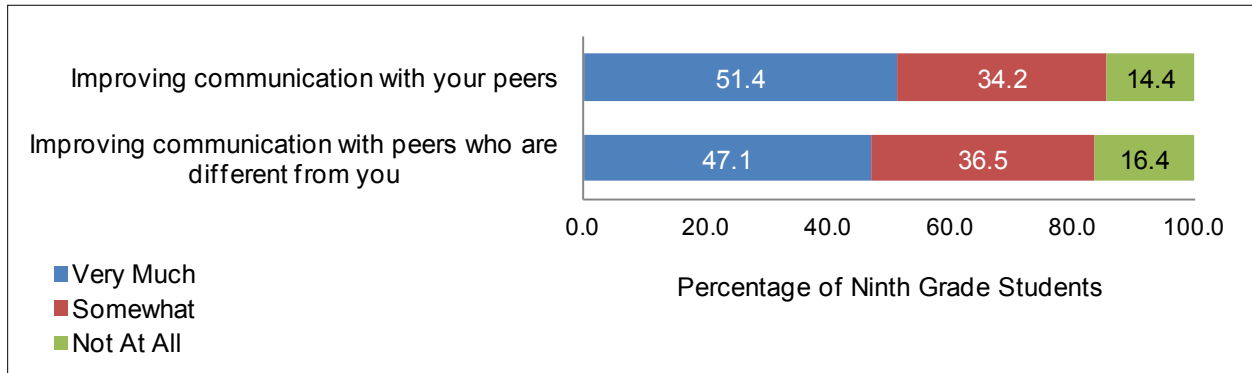
**Figure VI.1. NJ and NC Workshop Participants' Perceived Benefits of Teen PEP**



Ninth-grade participants felt that the Teen PEP program helped them develop their negotiation, refusal, and help-seeking skills. More than 60 percent of participants responded *very much* when asked whether they agree with statements suggesting that Teen PEP helped them feel like they have someone to go to if they need help (63 percent) and helped them use their negotiation and refusal skills (61.4 percent). More than two-thirds of all respondents also felt that the program gave them a better understanding of where to seek help for STI/HIV testing (70 percent), birth control (67 percent), and general health issues (68 percent). Nevertheless, a small percentage of students felt the program was in some respects not helpful at all. For instance, 13 percent of respondents said it did not help in terms of talking to parents and caregivers, and 11 percent said it did not make them feel any more connected to other students at school.

In New Jersey, participants felt Teen PEP helped improve their communication skills, an important element of Teen PEP. CSS collected New Jersey workshop participants' opinions on how the program affected their communication skills in general and with peers who were different (Figure VI.2). About half of the respondents felt the program improved their communication with peers, and nearly half said that Teen PEP was helpful in improving their communication with those who were different from them. About 15 percent felt Teen PEP did not help improve their communication skills at all.

**Figure VI.2. New Jersey Participants Thought Teen PEP Improved Communication Skills**



The availability of Teen PEP stood in stark contrast with what many students were receiving otherwise, especially in North Carolina. The relative scarcity of services may have made the program seem more attractive to North Carolina participants, as they generally reported more favorable views of the program's benefits than New Jersey respondents. For example, a higher proportion of North Carolina students said the program helped them feel more connected to other students, compared with New Jersey participants. More students in North Carolina also reported that the program helped them feel like they have someone to turn to for help, and know where to go for more information on STI/HIV. Given the relative dearth of sexual and reproductive health services and programs available to North Carolina students in the communities where Teen PEP was being implemented, the perceived benefits of Teen PEP may be higher than those in New Jersey, where students have access to many more sources for help and guidance.

### **Most schools delivered the Teen PEP Workshops as planned, but there were challenges**

Program observations and CSS/HiTOPS staff reports suggest that all but one school followed the curriculum and completed most activities as planned. Where compressed time lines or pacing difficulties made it necessary, faculty advisors and CSS or HiTOPS staff worked to make adjustments to specific activities without compromising on critical content. For instance, CSS staff helped one school adhere to the planned time line by eliminating certain aspects of a particular peer educator unit. Peer educators could then focus their preparation on the more critical activities in the unit.

Exposure to the program was generally high at schools in which peer educators were able to deliver all five core workshops to 9th-grade students. However, while the fact that the program is embedded within the school day would seem to be an advantage of this model over programs that serve youth after school or during the summer, scheduling disruptions and implementation challenges depressed some students' access to the workshops. For example, in New Jersey, more than 70 percent of participants attended each of the workshops. However, in one school, 28 9th

graders (about 10 percent of eligible students) received only the first two workshops, due to a scheduling mistake. In the same school, the fifth workshop was not delivered due to pacing difficulties, which resulted in about half of the students in New Jersey not receiving the full program. In North Carolina, median attendance for the five workshops and Family night was about 70 percent, but scheduling disruptions and limited turnout at Family Night resulted in lower than expected program completion.<sup>4</sup>

## **Peer Educators became trusted resources, leaders, and role models**

Relationships formed during Teen PEP activities made it possible for peer educators to share information and address questions outside of the workshops. Faculty advisors at most schools reported that the younger students looked up to the peer educators and viewed them as a reliable source of information on sensitive topics that may be difficult to discuss with an adult. Students at one school reported that teachers outside the program would sometimes call on peer educators to offer information on health topics in other classes.

“Our seniors have been amazing examples, they walk the walk and talk the talk... they have been really amazing with our youth, and our freshmen are definitely looking up to our seniors.”

—Faculty Advisor

The peer educators were also able to establish a rapport with 9th graders in ways that a teacher or adult could not. Although workshop participants were initially hesitant to engage in the Teen PEP activities, school staff and peer educators noted that the 9th graders became increasingly comfortable talking to peer educators throughout the year. Peer educators reported that workshop participants were more receptive to their advice and answers than perhaps those offered by parents or a teacher. The program’s small group format, the frequent use of humor in skits, and interactive features put teens at ease, even when asking questions and sharing experiences.

Peer educators were proud to be leaders in promoting sexual health in their school and saw Teen PEP as filling a real need for sex education among younger students. Most peer educators said they were motivated to apply because they wanted to teach and better inform their younger peers. For some, the program also offered an opportunity to show leadership, earn necessary credit or experience, and be part of a course that was “not like [their] typical health class.” Students explained that Teen PEP was different from their other classes, because they learned about the sexual health concepts in ways that did not try to “sugarcoat” facts and critical information (Layzer et al, 2014). In discussions, peer educators suggested that Teen PEP should also target even younger students, such as those in middle school.

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<sup>4</sup> In North Carolina, CSS planned to calculate dosage based on attendance at the five core workshops plus Family Night. Because attendance at Family Night was significantly lower, the dosage reported was an underestimate of the degree to which 9th-grade students in North Carolina received the five core workshops. Table C.2 in the Appendix provides dosage both with and without Family Night.

## Peer Educators' performance improved as they became more engaged

Facilitation and performance skills of peer educators varied across schools, but with practice, they improved and gained confidence in their presentation skills. Program staff and teachers reported that many students initially struggled, especially with small group facilitation. For instance, they would read directly from the script, not communicate with their co-facilitator, or have difficulty transitioning between activities. In schools that experienced significant delays or implementation challenges, peer educators had more difficulty meeting expectations. Faculty advisors and CSS/HiTOPS program staff provided encouragement and targeted feedback to help them develop the requisite skills, take their tasks seriously, and improve their performance. Staff reported that after the first workshop, most peer educators felt more confident and comfortable.

"We want to be able to touch at least one student to help them make better choices, to educate them to be a little bit smarter, to get more information than we had when we were their age."

–Peer Educator

In most schools, teachers reported that peer educators also took more ownership and responsibility as the course progressed. According to one faculty advisor, "They really took ... total responsibility of the class. They became very self-directed before the year was finished. They [initially] looked to us to guide everything, [but] by the end of the year, they were directing themselves."

There were exceptions, however. In some schools, a shortfall in peer-educator recruitment and the resulting increased workload left some faculty advisors concerned about peer-educator performance (Layzer and Rosapep, 2012–2013). Where the number of peer educators was lower, students had to prepare for more than one role and also deliver workshops multiple times to reach all of the 9th graders. Staff also reported that there were a few peer educators in each school who lacked commitment or did not meet expectations, and found it difficult to maintain a balance between their workload and the demands of the program.

Most peer educators felt that Teen PEP helped improve their communication skills, their sensitivity toward others, and their ability to recognize their own strengths and weaknesses. In a survey CSS administered at the end of the program and in focus group discussions, most peer educators said that their involvement in the program improved their confidence to talk with a friend, a peer, or student about a risky/unhealthy behavior or choice. Peer educators in both sites also reported that the program made them more comfortable with responding to those needing advice or guidance on serious health topics.

## Ninth Graders' interest and engagement also grew over time

School staff and stakeholders as well as students in both states reported that workshop participants were only moderately active and interested during the first workshop but showed greater responsiveness to workshop activities during subsequent workshops. This result may be attributed to the topic of the first workshop (Let's Wait Awhile), which focuses on abstinence. Peer educators and program staff pointed out that this topic was less interesting to participants and similar to what they may have been learning in their traditional health classes. Some participants even assumed that Teen PEP was a program focused on abstinence (Layzer and Rosapep, 2013). Peer educators noticed some unengaged workshop participants who "didn't want to listen," or "were too cool to listen," to the information (Layzer and Rosapep, 2013).

Participants grew more interested once they developed a vocabulary for the topics covered in the program and they began to develop bonds with the peer educators. The program's interactive nature, when done well, creates opportunities for students' to build trust and feel at ease discussing sensitive topics. The small group served as a more comfortable place for younger students to ask questions they would normally not ask in front of an adult. To help 9th graders develop rapport with the peer educators, one school decided to keep peer educator teams and small group participants consistent across workshops. Peer educators indicated that this strategy was an improvement over the earlier format (whereby small group composition and leaders would be different each time) and also allowed participants in each small group to become more familiar and comfortable with each other (Layzer and Rosapep, 2013). Peer educators in one school suggested that increasing the number of male peer educators could further facilitate these relationships, especially for younger boys.

"It is crazy what 9th graders think...Before we became Teen PEPers, that was probably one of the main reasons why we felt like we had to do this—hearing things that other people were saying...The 9th graders definitely need to do this."

—Peer Educator

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## **VII. LOOKING TO THE FUTURE: LESSONS FOR REPLICATION**

Lessons from CSS and HiTOPS' implementation of the Teen PEP program could support stronger implementation of Teen PEP in the future. The program's design required implementation of multiple components and a significant time commitment from school administrators and facilitators to overcome challenges as they arose. Building strong and lasting connections among CSS/HiTOPS program staff, faculty advisors, and peer educators was key for strong implementation. Targeted support and technical assistance from HiTOPS and CSS was seen as critical to the program's success and long-term sustainability.

### **Early buy-in from leaders and a cohesive Stakeholder Team are critical before and during Implementation**

Applying for and implementing a program like Teen PEP requires that schools commit significant time and resources. The support and backing of key decision makers was vital to smooth implementation. Motivated school and district personnel who believed in the program and its benefits could ensure that the school met many of the required milestones necessary for enrollment. On the other hand, when school principals or key personnel were absent or not fully committed to seeing the program succeed in their school, staff experienced significant challenges getting the necessary approvals and meeting defined goals during the planning phase. Some of the schools that were able to implement the program had integral stakeholder team coordinators who championed Teen PEP from the beginning. As one CSS staff member emphasized, their ability to enroll and retain schools depended heavily on actively involved stakeholder team coordinators.

When stakeholder team members, school administrators, and faculty advisors developed good working relationships, schools were better able to address implementation issues. CSS and school staff reported that stakeholder team cohesion and clear communication among key staff were critical to program success and smooth implementation. Teams where members represented a range of roles tended to be more credible and helped influence school wide support for the program. For example, some stakeholder teams included school nurses or counselors, parent representatives, or district staff. Stakeholder teams that were consistently led by a committed coordinator and supported by a key administrator also tended to be more productive and efficient, because they had buy-in at the leadership level. In addition, teams functioned better when there was a structured environment for meetings and staff members were given concrete actionable steps. In schools in which all three elements came together, staff faced fewer challenges and disruptions during implementation.

### **Teen PEP emphasizes selecting teachers and peer educators with specific skills and characteristics**

When schools could not follow CSS guidelines for selecting teachers and other school staff to be faculty advisors, because of logistical constraints or lack of resources, the faculty advisors sometimes did not have the commitment or skills needed for success. Implementation of the program depended on faculty advisors who were open to learning and mastering the new co-facilitation teaching model, were comfortable with the sensitive content of the curriculum, and had experience managing students in a classroom setting. The program required hard work and teachers' wholehearted support. It was not enough for schools to assign teachers who were "available"—they needed to be committed to fulfilling their substantial roles and responsibilities, as well as developing a collaborative relationship with each other and with the students.

When faculty advisors were able to recruit a large pool of potential peer educators and select those with the skills and maturity to present workshops, lead small group activities, and serve as role models for 9th graders, the implementation experience was positive. As schools found out, recruiting peer educators for a program they were not familiar with was difficult. At schools in which teachers and stakeholders were more knowledgeable and purposeful about the selection process, the peer-educator group was more representative and cohesive and better able to respond to challenges. These experiences suggest that when planning and implementing Teen PEP, schools should carefully consider not just the logistical needs of the program but also the required qualifications and skills of the stakeholder team members, faculty advisors, and peer educators.

### **Additional expansion efforts will require increasing capacity to provide intensive support for implementation**

Vital technical support and targeted feedback from HiTOPS and CSS can buffer schools against common challenges, especially in their first year. Early implementation is often the most challenging for schools and faculty advisors. Getting used to the schedules, class and workshop formats, and numerous time lines requires constant juggling and efficient time management. The current model relies on intense and frequent training for stakeholders and teachers. Program staff provide detailed and targeted technical assistance to the top levels of school administrators down to individual peer educators. Schools, staff, and students should actively use and apply the technical assistance, pacing guidance, and ongoing support offered by CSS and HiTOPS, especially in this first year of implementation.

Teen PEP is more than a packaged curriculum; it takes work to put into practice. The program model emphasizes trust-building, peer-to-peer interaction, and in-depth content knowledge of sexual and reproductive health topics. It takes specialized and intensive support to ensure that teachers, school staff, and students deliver the program with fidelity and accuracy. Meeting these demands for a greater number of schools will require additional staffing and management capacity, as well as comprehensive strategies to ensure the program's content and format are implemented as intended.

As a result, replicating Teen PEP on a large scale requires a special complement of content guidance and implementation support. The partnership between HiTOPS and CSS is a key strength of Teen PEP. HiTOPS is responsible for the sexual and reproductive health education content, while CSS manages the school operations and rollout. Staff of both organizations provide targeted technical assistance and training to school staff on content and logistical issues. Expansion of the program will require thoughtful planning and capacity-building to address these intersecting needs and the long-term visions of both organizations.



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**APPENDIX A**  
**SAMPLE CHARACTERISTICS**

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**Table A.1. Characteristics of New Jersey and North Carolina 9th-Grade students**

	New Jersey Treatment Students (Percentages Unless Noted)	North Carolina Treatment Students (Percentages Unless Noted)
<b>Demographic Characteristics</b>		
Age in years (mean)	14.4	14.7
Female	51.2	55.4
Race/ethnicity		
White, non-Hispanic	9.8	46.2
Black, non-Hispanic	27.8	36.2
Hispanic	48.2	13.2
Other (including multiple)	14.3	4.5
Language spoken at home		
English	80.4	96.0
Spanish	13.1	3.3
Other (including multiple)	6.5	0.7
<b>Levels of Risky Behavior</b>		
Ever had any type of sexual activity	15.2	31.4
Had sexual intercourse in past three months	7.7	16.5
Among students who had sexual intercourse in past three months...		
Had sexual intercourse without a condom in past three months	47.1	52.3
Had sexual intercourse without birth control in past three months	56.3	34.9
Number of times had sexual intercourse in past three months	5.4	7.2
Number of times had sexual intercourse without a condom	2.7	4.2
Number of times had sexual intercourse without birth control	3.1	2.3
Number of same-age friends who have had sexual intercourse		
None	16.4	10.3
Some	35.1	35.9
Half	8.4	13.2
Most	10.8	23.2
All	2.3	5.0
Don't Know	27.1	12.4
Amount of peer pressure to have sexual intercourse		
None	75.6	68.2
A little	10.8	17.5
Some	9.9	10.7
A lot	3.8	3.6
Ever had an alcoholic drink	40.9	54.5
Among those who ever had a drink, age at first drink (mean)	12.5	12.4
In past 30 days, had one drink or more...		
Never	50.6	47.2
One to four days	42.5	36.7
Five or more days	6.9	16.2
In past 30 days, had five or more drinks in a row...		
Never	85.1	78.2
One to four days	12.6	16.4
Five or more days	2.3	5.2

**Table A.1** (continued)

	New Jersey Treatment Students (Percentages Unless Noted)	North Carolina Treatment Students (Percentages Unless Noted)
<b>Attitudes Toward Sexual Activity and Intentions for Future Sexual Activity</b>		
Engaging in sexual activity		
Having sexual intercourse is a good thing to do	17.5	22.9
Having sexual intercourse would create problems	86.1	80.6
Not having sexual intercourse is important to be safe and healthy	86.0	78.0
Against values to have sexual intercourse before marriage	44.1	44.1
Using condoms		
Condoms should always be used for sexual intercourse	90.3	92.3
Condoms are a hassle to use	12.2	16.3
Condoms are pretty easy to get	55.5	65.5
Condoms are important to make sex safer	86.2	88.8
Using condoms means you don't trust your partner	3.9	6.9
Expects to have sexual intercourse next year	27.4	37.7
Expects to use condom if has sexual intercourse next year	97.8	96.3
Among students who have never had sex...		
Using a condom or other birth control method if students decide to have sex is...		
A little bit likely or not at all likely	7.3	6.0
Very likely or somewhat likely	92.7	94.0
Reasons not to have sex		
Doesn't want to get a sexually transmitted disease	98.9	97.6
Doesn't want to disappoint parents	89.8	89.5
Too young to have sex	80.2	77.0
Boyfriend or girlfriend doesn't want to have sex	70.5	77.8
Wants to wait until marriage	61.8	64.6
Against personal values	68.5	63.3
Hasn't met the right person yet	80.6	80.9
Hasn't had the chance	49.7	51.8
Doesn't want to have sex	70.8	66.5
Doesn't want to get pregnant or get someone else pregnant	96.8	92.3
<b>Sample Size</b>	<b>245</b>	<b>452</b>

Source: Student surveys administered by Mathematica, January 30, 2012.

## **APPENDIX B**

### **IMPLEMENTATION STUDY DATA SOURCES AND METHODOLOGY**

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Two separate, collaborative evaluations provided information for this report. Abt Associates, supported by the Teen Pregnancy Prevention (TPP) grant program through the Office of Adolescent Health, U.S. Department of Health and Human Services, is conducting a local evaluation of the implementation of Teen PEP in North Carolina schools. Complementing and building on this local evaluation, the federal Pregnancy Prevention Approach (PPA) study is examining Teen PEP implementation in New Jersey high schools and rigorously assessing the overall impact of the program in both New Jersey and North Carolina. The implementation study draws on data from both sites and describes early implementation of Teen PEP in six schools that delivered the program in the first two years of the federal evaluation (2011–2012 and 2012–2013).

Staff from Abt Associates collected implementation data in North Carolina. This report draws on two internal reports they prepared for the Center for Supportive Schools (CSS) to describe the implementation of Teen PEP in the study schools in North Carolina (Layzer and Rosapep 2012, 2013). To enhance the PPA team’s understanding of the reports and implementation of Teen PEP in North Carolina, a PPA team member accompanied the Abt Associates team on one site visit.

PPA staff collected implementation data in New Jersey. For New Jersey, several data sources provided information for this report: (1) site-visit and telephone interviews, (2) observations of classes and workshops, (3) focus groups with peer educators, (4) program documents, (5) baseline and post-program surveys completed by participants, and (6) attendance and technical assistance data and summaries. Table B.1 details the sources for the data collected and the topics covered in each source.

## **Site-Visit and Telephone Interviews**

Two researchers conducted a site visit to New Jersey to collect in-depth data on (1) the planned intervention, (2) adherence to the planned intervention, (3) delivery of the faculty advisor training and Teen PEP curriculum, (4) participants’ responsiveness to the curriculum, and (5) successes and challenges encountered during program implementation. During the site visit, which took place in April–May 2013, the researchers (1) conducted in-person interviews with staff from CSS and stakeholders and faculty advisors in the study schools; (2) conducted focus groups with two groups of peer educators; and (3) observed two peer-educator classes and two workshops with 9th graders.

In addition to the site-visit interviews, telephone interviews were conducted with CSS and HiTOPS staff. Some interviews with faculty advisors were also conducted by telephone following the site visit.

**Analysis approach.** Qualitative analysis of the site-visit and telephone interview data involved an iterative process using thematic analysis and triangulation of data sources (Patton 2002; Ritchie and Spencer 2002). Because of the number of interviews conducted, we used a qualitative analysis software package, Atlas.ti (Scientific Software Development 1997), to facilitate organizing and synthesizing the qualitative data. First, we developed a coding scheme for the study, organized according to key research questions. Within each question, we defined codes for key themes and subtopics we expected to cover in the interviews. Then, we applied the codes to passages in the interview and focus group notes. To ensure accurate and consistent coding, an analyst and a research assistant/programmer independently coded site-visit data, and a researcher (a member of the site visit team) reviewed the coded documents and reconciled any differences in coding. To address the research questions, we used the software to retrieve relevant passages and then examined the patterns of responses across respondents and identified themes emerging from the responses.

## **Survey and Administrative Data**

**Population served.** We gathered data on the population served by the intervention from several sources. The baseline instrument collected data on demographic and background characteristics, risky behavior, previous sex education, and knowledge and attitudes toward sexual activity and contraceptive use in consented youth. It was administered to consented youth in January 2012; the data in this report are from the 245 New Jersey youths and 452 North Carolina youths who participated in Teen PEP and completed the baseline survey.

**Attendance.** We obtained attendance data for all six study schools. Schools in New Jersey provided attendance information in different formats. One school provided a list of 9th-grade students present on the day of each workshop, and the other school provided a list of students indicating which workshops they attended. From these data, we calculated the percentage of 9<sup>th</sup> graders who attended each workshop. Because of the variations in how the data were provided, in one school, the percentage who attended each workshop is based on attendance at school on the day of the workshop, and in the other school, the percentage is based on actual attendance at the workshop. In North Carolina, whose requirements for reporting attendance differ from New Jersey's, CSS provided data for each school indicating the percentage of students who received at least 75 percent of the program (at least five out of six workshops, including Family Night).

**Implementation.** In New Jersey, we obtained additional information about adherence to the curriculum and the quality of implementation from two sources: (1) Teen PEP program implementation forms submitted by faculty advisors and (2) workshop observation forms and feedback completed by the CSS staff who provided technical assistance to each school. The Teen PEP program implementation forms provided basic information on the topics and activities completed during the workshops and attendees. The workshop observation forms and feedback to faculty advisors provided information about the strengths and weaknesses that CSS staff observed during each workshop implementation, along with the suggestions they made for improving implementation of future workshops.

**Participant response.** In New Jersey, data on participants' satisfaction with Teen PEP were gathered from end-of-program surveys administered by CSS and HiTOPS staff to peer educators and workshop participants after the last workshop was completed. The surveys of peer educators included questions about 9th graders' responsiveness to the program, and the surveys of 9th graders included quantitative and qualitative questions about their perceptions of how the program helped them.

**Table B.1. Data Sources (New Jersey)**

Research Question	Data Sources								Abt Associates Implementation Reports
	CSS and HiTOPS Staff Interviews	Key Stakeholder Interviews	Faculty Advisor Interviews	Class and Workshop Observations	Peer-Educator Focus Groups	Curriculum Materials and Program Documents	Baseline and Post-Program Survey Data	Attendance and Technical Assistance Data/ Summaries	
1. How and why did CSS and HiTOPS create Teen PEP? What role does each organization play? How do they see these roles evolving in the future?	X	X							
2. What needs was Teen PEP designed to address? How did it propose to do so?	X	X				X			
3. Who did the program serve? What strategies did staff use to reach and engage the schools?	X	X	X		X				X
4. How was Teen PEP delivered in each of the schools? Did staff adhere to the program model, or was it modified or changed?	X	X	X	X	X	X		X	X
5. How did strategies for recruitment, engagement, and implementation vary across the two sites, and why? How did implementation vary in the two contexts, if at all, and what were the reasons for these differences?	X	X	X	X	X			X	X
6. How did participants respond to the program?			X	X	X		X	X	X
7. What successes and challenges did staff experience in implementing the program?	X	X	X		X				X

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**APPENDIX C**  
**WORKSHOP ATTENDANCE TABLES**

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**Table C.1. 9th-Grade Student Attendance at Teen PEP Workshops in New Jersey**

	Number of Eligible 9th-Grade Students	Percentage of Students in Attendance				
		Workshop 1	Workshop 2	Workshop 3	Workshop 4	Workshop 5
NJ- A	292	80.8	77.7	81.8	75.7	72.6
NJ- B	284	96.8	94.0	86.6	83.8	0.0

Notes: Attendance data is based on all enrolled 9th graders (including students who consented for the PPA evaluation and those who did not). For Workshops 3 and 4, 28 students at School B were not able to attend because of scheduling conflicts. School B did not deliver Workshop 5 due to lack of time.

**Table C.2. 9th-Grade Student Attendance at Teen PEP Workshops in North Carolina**

	Number of Eligible 9th-Grade Students	Percentage of Students Who Received 75 Percent of Program (Including Family Night)	Percentage of Students Who Received 75 Percent of the Program (Not Including Family Night)	Median Attendance (Percentage)
NC- A	202	64	82	73
NC- B	170	26	62	61
NC- C	210	48	74	68
NC- D	214	55	83	72

Note: Attendance data are based on enrolled 9th graders to whom Teen PEP was offered (including students who consented for the PPA evaluation and those who did not). For performance measure reporting purposes in North Carolina, CSS initially included Family Night when calculating the percentage of students who completed at least 75 percent of the program. Therefore, students had to have attended at least five of the six workshops to be considered attending 75 percent of the programming. Because the program's core content was delivered to 9th graders as part of the five workshops, the table reports dosage both with and without Family Night attendance.

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**APPENDIX D**

**TEEN PEP WORKSHOPS FOR 9TH GRADERS  
(DETAILED DESCRIPTION)**

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**Table D.1. Summary of Teen PEP Workshops**

Workshop	Title	Objectives for Participants	Activities
1	Let's Wait Awhile: Postponing Sexual Involvement	<ul style="list-style-type: none"> <li>Describe at least three reasons why teens become sexually involved</li> <li>Describe at least three reasons why teens do not become sexually involved</li> <li>Describe at least three possible consequences of early sexual involvement</li> <li>Identify at least three relationship qualities that are important to have before beginning a sexual relationship</li> <li>Demonstrate negotiation and refusal skills</li> </ul>	<ul style="list-style-type: none"> <li>Attention-Getting Skit and Introductions (7 minutes)</li> <li>Skits (11 minutes): <ul style="list-style-type: none"> <li><i>Help!</i></li> <li><i>The Last Virgin</i></li> <li><i>Boy/Girl Monologues</i></li> <li><i>Three Boys</i></li> <li><i>Stop the Madness</i></li> </ul> </li> <li>Bridge to Small Group Activities (1 minute)</li> <li>Small Group Activities (65 minutes): <ul style="list-style-type: none"> <li>Sexual Decision Making: Why Teens Have Sex/Why Teens Wait to Have Sex; Characteristics of a Responsible Couple; Are They Ready? (40 minutes)</li> <li>Negotiation and Refusal Skills (25 minutes)</li> </ul> </li> <li>Closure and Evaluation (6 minutes)</li> </ul>
2	Later, Baby: Pregnancy Prevention	<ul style="list-style-type: none"> <li>Identify behaviors that put teens at risk for unintended pregnancy</li> <li>Identify at least three solutions to barriers that get in the way of teens using condoms, birth control, or going to a family-planning clinic</li> <li>Describe at least three methods for preventing pregnancy</li> <li>Identify the location of a nearby family-planning clinic</li> </ul>	<ul style="list-style-type: none"> <li>Attention-Getting Skit and Introductions (10 minutes)</li> <li>Bridge to Skit (1 minute)</li> <li>Skit (4 minutes): <ul style="list-style-type: none"> <li><i>Talk About It</i></li> </ul> </li> <li>Bridge to Large Group Activity (1 minute)</li> <li>Large Group Activity (5 minutes): <ul style="list-style-type: none"> <li>Why Teens Don't Use Condoms, Birth Control, or Go to the Clinic</li> </ul> </li> <li>Bridge to Small Group Activities (1 minute)</li> <li>Small Group Activities (57 minutes): <ul style="list-style-type: none"> <li>Problem Solving the Barriers</li> <li>Contraceptive Methods (8 minutes per method)</li> </ul> </li> <li>Bridge to Large Group Skit, Abstinence Message (2 minutes)</li> <li>Large Group Skit (4 minutes): <ul style="list-style-type: none"> <li><i>Am I Ready for Sex?</i></li> </ul> </li> <li>Closure and Evaluation (5 minutes)</li> </ul>

Table D.1 (continued)

Workshop	Title	Objectives for Participants	Activities
3	Don't Pass It On: Preventing Sexually Transmitted Infections	<ul style="list-style-type: none"> <li>Describe the most common STIs among teens, including their identification, symptoms, treatment, and long-term consequences</li> <li>Demonstrate a greater understanding of how STIs are spread</li> <li>Identify personal strategies for preventing the spread of STIs</li> </ul>	<ul style="list-style-type: none"> <li>Attention-Getting Skit and Introduction (13 minutes)</li> <li>Skit (5 minutes): <ul style="list-style-type: none"> <li><i>Chain Reaction</i></li> </ul> </li> <li>Bridge to Small Group Activities (1 minute)</li> <li>Small Group Activities (44 minutes): <ul style="list-style-type: none"> <li>STI Basics (22 minutes)</li> <li>Watch Out!: How to Prevent STIs (22 minutes)</li> </ul> </li> <li>Bridge to Large Group Activity (1 minute)</li> <li>Large Group Activity (20 minutes): <ul style="list-style-type: none"> <li>Pass it Along</li> </ul> </li> <li>Closure and Evaluation (6 minutes)</li> </ul>
Family Night	Talk to Me: A Family Night Workshop	<ul style="list-style-type: none"> <li>Identify their personal attitudes and values regarding sexuality</li> <li>Report increased comfort in talking about sex and sexuality with teens</li> <li>Demonstrate a greater understanding of the ways in which they can initiate conversations about sex and sexuality with teens</li> </ul>	<ul style="list-style-type: none"> <li>Attention-Getting Skit and Introduction (8 minutes)</li> <li>Bridge to Skits (2 minutes)</li> <li>Skits (10 minutes): <ul style="list-style-type: none"> <li><i>Homework</i></li> <li><i>Parties</i></li> <li><i>Privacy and Trust</i></li> <li><i>Meaningful Sex</i></li> <li><i>Not MY Son!</i></li> </ul> </li> <li>Bridge to Small Group Activity (1 minute)</li> <li>Small Group Activity (30 minutes): <ul style="list-style-type: none"> <li>Where DO We Learn About Sex?</li> </ul> </li> <li>Break (10–15 minutes)</li> <li>Bridge to Large Group Activities (2 minutes)</li> <li>Large Group Activities (35 minutes): <ul style="list-style-type: none"> <li>Where Do We Learn About Sex? Processing (5 minutes)</li> <li>Questions and Answers: Student Panel (25 minutes)</li> <li>Teachable Moments (5 minutes)</li> </ul> </li> <li>Bridge to Skit (1 minute)</li> <li>Skit (3 minutes): <ul style="list-style-type: none"> <li><i>Just a Moment</i></li> </ul> </li> <li>Q&amp;A, Closure, and Evaluation (5 minutes)</li> </ul>

Table D.1 (continued)

Workshop	Title	Objectives for Participants	Activities
4	Break the Silence: HIV/AIDS Prevention	<ul style="list-style-type: none"> <li>Describe the two most common ways teens get HIV/AIDS</li> <li>Identify at least three behaviors that will not put a person at risk for HIV infection</li> <li>Name two strategies for reducing the risk of contracting HIV/AIDS</li> <li>Describe the steps to using a condom correctly</li> <li>Report increased motivation for using risk-reduction strategies</li> </ul>	<ul style="list-style-type: none"> <li>Attention-Getting Skit and Introduction (9 minutes)</li> <li>Bridge to Skit (1 minute)</li> <li>Skit (10 minutes): <ul style="list-style-type: none"> <li><i>As the Virus Churns</i></li> </ul> </li> <li>Bridge to Small Group Activities (1 minute)</li> <li>Small Group Activities (45–50 minutes): <ul style="list-style-type: none"> <li>HIV Basics (25 minutes)</li> <li>Letter from Chris (20 minutes)</li> <li>Optional: Agree/Disagree/Not Sure (varies)</li> </ul> </li> <li>Large Group Activities (2 minutes): <ul style="list-style-type: none"> <li>Abstinence Message (1 minute)</li> <li>Condom Message/Bridge (1 minute)</li> </ul> </li> <li>Skit (4 minutes): <ul style="list-style-type: none"> <li><i>Condom Man or Mother/Son Condom</i></li> </ul> </li> <li>Bridge to Large Group Activity (1 minute)</li> <li>Large Group Activity (8 minutes): <ul style="list-style-type: none"> <li>Condom Lineup</li> </ul> </li> <li>Closure and Evaluation (5 minutes)</li> </ul>
5	Sex on the Rocks: Alcohol, Other Drugs, and Sexual Decision Making	<ul style="list-style-type: none"> <li>Describe the relationship between the use of alcohol and drugs and sexual decision making</li> <li>Identify steps to decision making</li> <li>Identify the consequences of making sexual decisions under the influence of alcohol and other drugs</li> <li>Demonstrate refusal skills needed to resist the pressure to use alcohol and other drugs</li> </ul>	<ul style="list-style-type: none"> <li>Attention-Getting Skit and Introduction (6 minutes)</li> <li>Bridge to Skits (1 minute)</li> <li>Skits (13 minutes): <ul style="list-style-type: none"> <li><i>Losing Control</i></li> <li><i>The Morning After</i></li> </ul> </li> <li>Bridge to Small Group Activities (1 minute)</li> <li>Small Group Activities (45 minutes): <ul style="list-style-type: none"> <li>What Do You Have to Lose? (15 minutes)</li> <li>Decision Making (20 minutes)</li> <li>Refusal Skills (10 minutes)</li> </ul> </li> <li>Bridge to Skit (1 minute)</li> <li>Skit (3 minutes): <ul style="list-style-type: none"> <li><i>Play it Safe</i></li> </ul> </li> <li>Bridge to Large Group Activity (1 minute)</li> <li>Large Group Activity (13 minutes): <ul style="list-style-type: none"> <li>Sex on the Rocks: How Much Do You Know?</li> </ul> </li> <li>Closure and Evaluation (6 minutes)</li> </ul>

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