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

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 program to prevent teenage pregnancies and sexually transmitted infections (STIs). HiTOPS and CSS have been implementing Teen PEP 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. First, 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 years of high school to conduct sexuality education workshops with 9th graders and serve as role models. Throughout the process, the peer educators become sources of accurate information on healthy sexual decision-making, pregnancy prevention, and STI and HIV/AIDS prevention for other students.

The Teen PEP evaluation is part of the Evaluation of Adolescent Pregnancy Prevention Approaches (PPA), a national evaluation funded by the Office of Adolescent Health (OAH) at the U.S. Department of Health and Human Services (HHS), to study the effectiveness of various teenage pregnancy prevention approaches in reducing risky sexual behaviors, pregnancy, and STIs in seven sites. The evaluation will focus on Teen PEP implementation in two different contexts: New Jersey, where the program is well known and schools can choose from many options for sexuality education, such as classroom-based curricula, after-school clubs, or community-based models; and North Carolina, where until recently, access to comprehensive sex education was limited and abstinence-only training was typical. The Teen PEP impact study will examine targeted outcomes among 9th-grade students in both sites.

This summary describes findings from the federal implementation study which examined early implementation in program schools that delivered Teen PEP in the first two years of the federal evaluation (2011–2012 and 2012–2013). To collect data in North Carolina, Mathematica collaborated with Abt Associates who are conducting a local implementation evaluation of Teen PEP in North Carolina schools. The local evaluation is funded by OAH’s Teen Pregnancy Prevention (TPP) grant program.

Expanding and Replicating Teen PEP beyond New Jersey

Teen PEP is already well established in more than 50 public high schools in New Jersey and has been fully operational for many years. In this context, HiTOPS and CSS have clearly defined roles and responsibilities: HiTOPS oversees the curriculum content and maintains its relevance and accuracy through updates and revisions; 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. However, the two organizations wished to assess
whether the program could be effectively replicated in new contexts. With OAH funding through the TPP grant program, HiTOPS and CSS expanded Teen PEP into high-need districts in North Carolina.

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. Nine schools were randomly assigned to begin implementing Teen PEP immediately after selection (Early Start), and 8 schools were required to wait two years before beginning Teen PEP implementation (Future Start). Schools entered the evaluation at different years, and this implementation study examined program delivery in the first two years of the evaluation, thus focusing on 6 treatment schools (4 in North Carolina and 2 in New Jersey).

The participating schools serve at-risk populations and share many characteristics. For example, all of the schools receive Title I funds, and five of the six have 45 to 50 percent of students eligible for free or reduced-price lunch. However, 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. 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. In both states, other sexual and reproductive health services are available, such as services offered by community-based organizations like Planned Parenthood, or through other school-based programs. However, students in North Carolina generally have poorer (less) access and exposure to information in schools. Up-to-date and medically accurate training for teachers on HIV or pregnancy prevention is limited or difficult to access and most Teen PEP schools in North Carolina are located in rural areas or outside main towns, with limited public transportation.

Planning for Successful Implementation of Teen PEP

Successful implementation of Teen PEP required the full commitment of school leadership and staff. In preparation for the implementation, schools needed to select peer educators and teachers, fit the program into students’ schedules, and find space to accommodate large groups of students. To facilitate the process, 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. The training also provided guidance to teachers 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.

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, who played a crucial leadership role; one or more members of the school leadership, such as the principal or vice principal; the school scheduler; and teachers who would be delivering Teen PEP. Additionally, any individuals that were critical to the program’s implementation in the school, such as the school nurse or partner agency staff were incorporated into the team. In most schools, the stakeholder team was expected to convene at least four times a year to ensure that key milestones were met.

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 during implementation that adversely affected program delivery. In some schools, 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 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 some schools, faculty advisors also found it difficult to attract and keep the appropriate group of peer educators, and manage the overall commitment that Teen PEP requires. CSS and HiTOPS staff worked closely with each school to monitor progress and provide technical assistance when these challenges arose. 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 nonessential activities for peer educators in order to get back on schedule.

Team Building and Group Interaction in Teen PEP

Teen PEP aims to foster trust and cohesion among peer educators and facilitators. Although the Teen PEP peer educator course is delivered primarily in the classroom, the program’s format and activities differ from a typical school-based curriculum comprising a series of lectures. Peer educators begin their training with a mandatory retreat, and training continues yearlong with a sexual health course that focuses on facilitation skills, team-building, and group activities. The course is designed to prepare peer educators to deliver outreach workshops on sexual health topics...
to 9th-grade students and parents. The peer educator course incorporates small groups, skits, interactive games, role plays, and ongoing assessment, with guidance on leading the workshops for the 9th-grade students. The curriculum dispels common myths and encourages youth to reach their own conclusions.

The five 90-minute workshops for 9th graders correspond in content and format to the classroom-based course for the peer educators, focusing on topics most relevant to reducing risky behaviors: (1) Let’s Wait Awhile: Postponing Sexual Involvement; (2) Later, Baby: Pregnancy Prevention; (3) Don’t Pass It On: Preventing Sexually Transmitted Infections; (4) Break the Silence: HIV/AIDS Prevention; and (5) Sex on the Rocks: Alcohol, Other Drugs, and Sexual Decision Making. The peer educators also deliver a sixth workshop (Talk to Me: A Family Night) for parents and school community members. Family Night 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. Schools build the workshops into their academic schedules in various ways. Some schools (such as in New Jersey) have the full academic year to conduct the workshops. Others have one semester to deliver the Teen PEP course and the workshops, as was the case in North Carolina.

**Peer Educators and Ninth Grade Participants’ Engagement in Teen PEP**

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. Faculty advisors and CSS/HiTOPS program staff provided encouragement and targeted feedback to help them develop the requisite skills, and improve their performance. CSS/HiTOPS program staff reported that most peer educators felt more confident and comfortable in delivering the curriculum after the first workshop.

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. At most schools, faculty advisors reported that the younger students looked up to the peer educators and viewed them as reliable sources of information on sensitive topics that might be difficult to discuss with an adult. Additionally, the peer educators were able to establish a rapport with 9th graders in ways that a teacher or adult could not.

Most workshop participants found the content within the Teen PEP curriculum useful as it helped them develop their negotiation, refusal, and help-seeking skills. 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, birth control, and general health issues. Nevertheless, a small percentage of students felt the program was not helpful at all in some respects.

**Looking Forward: Lessons for Future Implementation**

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.

Implementation of the program also depended on selecting faculty advisors that were open to learning and mastering the new co-facilitation teaching model; comfortable with the sensitive content of the curriculum; and experienced in managing students in a classroom setting. It was not sufficient for schools to assign teachers who were available—the teachers had to be committed to fulfilling their substantial roles and responsibilities and developing a collaborative relationship with one another and with the students.

The guidance HiTops and CSS provided to schools played a critical role in Teen PEP implementation. Additional expansion efforts will require increasing capacity to continue providing this intensive support for implementation. Vital technical support and targeted feedback from HiTOPS and CSS can buffer schools against common challenges, especially in their first program year. 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.

As demonstrated by this evaluation, Teen PEP is more than a packaged curriculum, and it takes commitment from all involved to put into practice. It requires specialized and intensive support to ensure that teachers, school staff, and peer educators 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. The partnership between HiTOPS and CSS is a key strength of the Teen PEP model. HiTOPS is responsible for the sexual and reproductive health education content, and CSS manages the school operations and rollout. Expansion of the program will require thoughtful planning and capacity-building to address these intersecting needs, roles, and the long-term visions of both organizations.
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
- 8 schools assigned as Future Start schools to implement Teen PEP after evaluation is completed (control group)
- Approximately 1,800 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 20 peer educators lead five 90-minute sexual health workshops for all 9th graders in the school. Workshop topics include delaying sexual activity; pregnancy, STI, and 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 will be measured by two follow-up surveys, 12 and 24 months after baseline.

Endnote
1 North Carolina schools use block scheduling. 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.