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RESEARCH

Teens Educating about Community Health

Examining the Efficacy of an HIV/Substance Abuse Peer Education Program

By Rachel Swaner

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EXECUTIVE SUMMARY

This report summarizes findings from a six-year evaluation of a teen peer education program known as Teens Educating About Community Health (TEACH). The program, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), was developed from 2002 to 2004 in the community of Red Hook, Brooklyn, NY, and ran from 2004 to 2008. There were a total of eight half-year cohorts that included 182 teenagers overall. These teenagers, called Teen Peer Educators (TPEs), facilitated 151 workshops for 1,059 youth. These workshops were designed for TPEs to educate their peers on HIV/AIDS and substance abuse.

METHODOLOGY

The study includes both process and impact evaluations. The process evaluation is based on a combination of planning documentation, program observations, staff interviews, and TEACH participant focus groups and interviews. The impact evaluation used a pre-test/post-test survey design to measure change in the knowledge, attitudes, and behaviors of 182 peer educators, who were surveyed at four distinct time-points (baseline, 10-week follow-up, six-month follow-up, and twelve-month follow-up), and 1,059 workshop participants, who were surveyed before and immediately after the workshop. Additionally, survey data were collected from 161 comparison teenagers who did not participate in the TEACH program. This group, whom we believed would share a similar demographic background to the TEACH peer educators, took surveys at baseline, six-month follow-up, and twelve-month follow-up.

RESEARCH QUESTIONS

The impact evaluation was designed to test four hypotheses concerning the effects of the TEACH program:

1. Teen peer educators will gain increased knowledge of and improved attitudes towards HIV/AIDS; alcohol, tobacco, and drugs; and sex and sexually transmitted infection risk.
2. Teen peer educators will report decreased involvement in risky behaviors (sexual experimentation, alcohol, tobacco, and drugs).
3. Teen peer educators will show greater positive changes in all relevant knowledge, attitudes, and behaviors than the comparison group.
4. Workshop participants will gain increased knowledge of HIV/AIDS; alcohol, tobacco, and drugs; and sex and sexually transmitted infection risk.

THE PLANNING PROCESS

The planning process took place between September 2002 and February 2004 and involved a collaboration among several community organizations. Planning was led by staff at the Red Hook Community Justice Center, a community-based court that runs several programs for engaging local youth. Needs assessment data showed that HIV/AIDS and substance abuse problems were prominent community concerns, especially as they related to young people. Key findings from the planning phase included:

- ***Community partnerships:*** The large number of community partners and the wide range of skills they provided strengthened the planning capacity. They contributed expertise on substance abuse, HIV and other health issues, education, public speaking, youth development, and counseling.

- ***Program design:*** Focus groups with youth and parents revealed that the best way to engage local youth was through a peer education model. Teens from the community were hired as interns to help design all aspects of the program.

- ***Research:*** The research was based on two public health models: KAB, a model stating that behavior follows from knowledge and attitudes; and a peer education model, suggesting that young people are more persuaded by their peers than by "experts" or adults.

IMPLEMENTATION

The Red Hook Community Justice Center implemented the program over eight cohorts, the first starting in September 2004 and the last ending in August 2008. Major findings included:

- ***Participant Recruitment and Retention:*** Word-of-mouth and street outreach were the primary recruitment methods for teen peer educators. Special efforts were made to recruit males. The cohorts varied widely in their retention rates, with larger cohorts tending to lose more members over the 10-week training period. Attrition occurred for four main reasons: conflict with other young people, summer vacation and work plans, school obligations, or family circumstances. Retreats and additional incentives to complete structured program elements were helpful in improving retention rates with the later cohorts.

- ***The Curriculum:*** The TEACH planners chose two model curricula that incorporate the peer education approach: the Teens for AIDS Prevention (TAP) curriculum, produced by Advocates for Youth, and Towards No Drug Abuse (TND), produced by the University of Southern California. Activities from the two model curricula were pilot tested with the Teen Advisory Board (a group of five teenage interns who participated in the planning phase of the study), and the activities were modified to more appropriately fit the target population's culture and needs.

- ***Staffing:*** The program faced significant challenges around staff turnover; despite this, the program was administered consistently over time by different staff members. The educational background of the program coordinators varied greatly, but did not seem to have any effect on the quality and efficacy of the program. (Quantifiable changes in teen peer educator knowledge and attitudes did not vary by cohort or program staffing.)

- ***Workshops:*** In order for peer education models to be successful, young people must be able to present effectively. This requires a certain amount of skill and practice, as well as a willingness to take risks. Helping young people practice enough without becoming exhausted or bored with the material is difficult. Peer educators who were most successful

were those who were able to engage some workshop participants while not becoming frustrated with unreceptive individuals.

- ***Research Implementation:*** The need to obtain parental consent was a barrier to comparison cohort and workshop participant recruitment. Additionally, retaining the comparison cohort for follow-up surveys was very difficult. One strategy that helped to improve retention rates was a confidential method of returning surveys by mail. Finally, because the curriculum evolved while the research instrument remained the same, it was difficult to evaluate the program in a manner that was appropriately dynamic.

IMPACT EVALUATION

- ***Change in Teen Peer Educator Knowledge:*** Teen peer educators (TPEs) demonstrated a significant increase in knowledge of HIV/AIDS; alcohol, tobacco, and drugs; and sex and sexually transmitted infection risk after program participation (at 10 weeks, six months, and twelve months).

- ***Change in Teen Peer Educator Attitudes:***
  - **Attitudes Towards Sexual Risk and Experimentation**: Teen peer educators demonstrated a significantly lower propensity for sexual risk and experimentation (across all follow-up periods). Additionally, while involved with the TEACH program (at 10 weeks and six months), TPEs became significantly more likely to feel that unprotected sex was risky.
  - **Attitudes Towards Substance Use**: While TPEs generally thought that using alcohol, tobacco, and drugs was wrong at all time points, they thought it was *less* wrong at follow-up time points than prior to program participation.
  - **Attitudes Towards Gender Roles**: There was not much change in TPEs' attitudes towards gender roles and sexual preference stereotypes between baseline and the three follow-up periods.

- ***Change in Teen Peer Educator Risky Behaviors:*** Teen peer educators were significantly more likely to have drunk alcohol in the past 30 days at the six- and 12-month follow-up points than at baseline and 10-weeks. Additionally, there were no significant changes in either direction in past 30-day tobacco or marijuana usage.

- ***Teen Peer Educators vs. Comparison Group:***
  - **Knowledge:** Teen peer educators answered significantly more knowledge questions correctly than did comparison cohort youth at the six-month and 12-month follow-up (after controlling for baseline knowledge).
  - **Attitudes:** Teen peer educators demonstrated lower propensity for sexual experimentation and risk and for unprotected sex than comparison youth at both follow-up points (significant at six months). TPEs also had more positive attitudes towards differences in race and sexual preference, and held less stereotypical attitudes about gender roles, than did the comparison group (also significant at six months).
  - **Attitudes Towards and Use of Alcohol, Cigarettes, and Drugs:** There were no significant differences found between the two groups on regarding the use of

alcohol/cigarettes/drugs by teenagers, or the percent that had used alcohol, cigarettes, and drugs in the last 30 days; therefore.

- ***Workshop Effectiveness:*** Workshop participants showed significant improvement in the percentage of knowledge questions answered correctly from pre- to post-survey, indicating that immediately following the workshop presentation by the TPEs, participants knew more factual information about HIV/AIDS and alcohol, tobacco, and drugs. In addition, participants felt drinking alcohol, smoking cigarettes, and using marijuana as a teenager was more wrong after the peer-led workshop than before.

CONCLUSION

The results of the evaluation indicate that the TEACH program at the Red Hook Community Justice Center was largely effective. Numerous community organizations in Red Hook, Brooklyn came together to plan and design a program that filled a gap in services in the community. An HIV/AIDS peer education program for teenagers was implemented successfully, and the impact evaluation revealed that Teen Peer Educators greatly improved their knowledge of HIV/AIDS and substance abuse prevention and were able to successfully transmit that knowledge to their peers. Moreover, after participating in TEACH, TPEs showed significantly greater topical knowledge that the comparison cohort, though they knew the same amount at baseline. Regarding attitudes and behaviors, the program did not appear to influence orientations towards alcohol, cigarettes, and drugs. However, after the intervention, TPEs showed less risky and more positive attitudes towards sexual experimentation, unprotected sex, race, gender, and sexual preference than did the comparison group, with the latter findings indicating that the program helped them break down stereotypes that often lead to discrimination and prejudice.

CHAPTER 1
INTRODUCTION

This report summarizes findings from a six-year evaluation of a teen peer education program known as Teens Educating About Community Health (TEACH). The program, funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), was developed in 2002 and 2003 at the Red Hook Community Justice Center in Brooklyn, NY, and ran from 2004 through 2008. There were a total of eight half-year cohorts that included 182 teenagers. These teenagers, called Teen Peer Educators, facilitated 151 workshops for 1,059 youth.

This report is presented in two sections: the first section is a process evaluation that describes the planning and implementation of the TEACH program at the Red Hook Community Justice Center, followed by an impact evaluation, documenting the effect of the program on TEACH participants' knowledge, attitudes, and behaviors, compared to a similar demographic group who did not participate in the program; and workshop participants' change in knowledge and attitudes. This chapter describes the problem of HIV/AIDS among youth, the need for HIV/AIDS programming in Red Hook, Brooklyn, what the TEACH program looked like, as well as providing an overview of the literature on peer education. Chapter Two documents the planning, implementation, and research component of the TEACH program over the six years. Chapter Three describes the study methodology for the impact evaluations. Chapter Four examines program impacts on participants' knowledge, attitudes, and behaviors related to HIV/AIDS and substance abuse. Finally, Chapter Five summarizes the key findings and lessons drawn from the TEACH process and impact evaluations.

BACKGROUND: STATEMENT OF THE PROBLEM

Research conducted by the Centers for Disease Control and Prevention (CDC) shows that persons 13-24 years of age, particularly youth of color, are at risk for HIV infection. In 2006, 15% of those diagnosed with HIV were between the ages of 13 and 24, and African-Americans accounted for almost half of all diagnoses that year (CDC, 2008a). In 2004 when the TEACH program first started, African-Americans accounted for 55% of all HIV infections reported among persons aged 13-24 (CDC, 2008b). Results from the CDC's Youth Risk Behavioral Survey (YRBS) showed that many young people begin having sex at a young age (nearly half of high school students reported having had sexual intercourse), putting them at risk for HIV infection (Grunbaum et al., 2004). Additionally, behaviors such as drinking and using drugs (not necessarily intravenous drugs) have been linked to engagement in high-risk behaviors such as unprotected sex (Leigh and Stall, 1993). Finally, research shows that a large proportion of young people are not concerned about becoming infected with HIV (Kaiser Family Foundation, 2000).

TARGET POPULATION/COMMUNITY PROFILE

Brooklyn, New York is a community hit particularly hard by substance abuse and HIV/AIDS. With 37,440 adults diagnosed with AIDS when the TEACH planning began, Brooklyn reported more AIDS cases than 44 states (Brooklyn AIDS Task Force, 2002a). Included in Brooklyn's epidemic were a staggering number of pediatric AIDS cases – more than any other city in the U.S. and all but two states (New York and Florida).

The poorest Brooklyn neighborhoods have been hardest hit by the AIDS epidemic. Among these is Red Hook, a low-income, isolated community struggling with poverty, established drug markets, a lack of health care services, substance abuse and a high rate of HIV/AIDS. Surrounded on three sides by water and cut off from the rest of Brooklyn by an elevated highway, Red Hook is a geographically and socially isolated community lacking many basic services and amenities.[1] Red Hook's population has dropped from more than 20,000 residents in 1950 to fewer than 11,000 today, primarily African-Americans (48 percent of the population) and Latinos (47 percent of the population). More than 70 percent of residents live in the Red Hook Houses, one of New York's largest and oldest public housing projects. According to the 2000 Census, the median household income in Red Hook is $15,631, less than half of Brooklyn's median income. Unemployment is also a serious problem. In 1999, 20% of working-age men and women in Red Hook were unemployed, and since then, the unemployment rate in the New York City metropolitan area has nearly doubled (Department of Housing and Urban Development, 2003).

Substance abuse is a substantial problem in Red Hook. At the Red Hook Community Justice Center, the local community court, 35 percent of the caseload is comprised of drug cases. In a 2001 community survey, 80% of residents indicated that they were highly concerned about youth drug sales in the neighborhood, and 70% were highly concerned about youth drug use (Moore, 2004). While there have been some improvements in recent years, in 2004, 62 percent of residents indicated that they were highly concerned about youth drug sales and youth drug use (Cissner et al, 2008). Red Hook continues to carry the scars of a history of drugs, crime and violence. In 1988, *Life* magazine labeled Red Hook one of the nation's most crack-infested communities. And in 1992, Red Hook received national attention for the slaying of Patrick Daly, a beloved elementary school principal killed in a crossfire between two rival drug dealers as he searched for a truant student.

Red Hook has a high rate of HIV/AIDS; 1 in 41 residents of the South Brooklyn/Downtown area are HIV positive, 50% more than Brooklyn's overall rate of one in 61 residents. Red Hook and its surrounding neighborhoods report 4,250 cumulative cases of AIDS, a rate of 199 cases per 10,000 residents. (Brooklyn AIDS Task Force, 2002b)

Red Hook youth live in a low-income neighborhood struggling with pervasive poverty, geographic isolation, established drug markets and widespread substance abuse, as well as a high HIV/AIDS rate. The combination of neighborhood risk factors and low levels of parental involvement and supervision means that Red Hook's youth are in danger of engaging in risky behavior, such as delinquency, dropping out of school and early experimentation with substance abuse and sex.

Until recently remarkably, few social service providers existed to serve Red Hook residents. For years, the primary social service providers in Red Hook have been Good Shepherd Services and the South Brooklyn Health Center. Red Hook's geographic isolation has proved to be a huge stumbling block for service provision. Community members in need of services were often

1 The construction of the Gowanus Expressway in the 1930s and 1940s cut off Red Hook from the rest of Brooklyn. Only one bus links Red Hook to downtown Brooklyn. Red Hook's geographic isolation makes it difficult for residents to leave the community and for outsiders to explore Red Hook.

unaware of the services that were available to them or unable to gain access to these services when needed.

ORGANIZATIONAL OVERVIEW

In April 2000, the Red Hook Community Justice Center ("The Justice Center") opened as a response to the problems of crime in Red Hook. The Justice Center, a project of the Center for Court Innovation, strives to provide more effective solutions to local problems including substance abuse, family conflicts, landlord-tenant disputes, and quality of life crimes. The Justice Center emphasizes community restitution and accountability, and connects defendants, litigants, and voluntary walk-ins with services available both on-site and throughout the South Brooklyn area.

At the Justice Center, a single judge hears low-level Criminal, Family and Housing cases from three police precincts in South Brooklyn. The Justice Center uses this model, which offers a coordinated, rather than piecemeal, system of justice, to create better long-term solutions for individuals and for the community at large. In order to address the underlying needs of individuals, the Justice Center offers a variety of on-site services as alternative sentencing options, including drug treatment, job training, GED classes and community service. Furthermore, the Justice Center works closely with the Red Hook community to identify larger neighborhood problems and to design and implement strategic initiatives to mend them. By providing a multitude of unconventional programs that engage local residents in "doing justice," including a mediation center, a peer-led youth court, and community service projects, the Justice Center engages the community in solving local problems before they come to court. As part of the Justice Center's larger mission, the TEACH program engaged the community's young people in solving the problems of substance abuse and sexually transmitted infection (STI) transmission.

PEER EDUCATION AS PREVENTION STRATEGY

Peer groups are extremely important in influencing adolescents' behaviors and attitudes, particularly around sex. Studies on the effect of peer education in promoting healthy behaviors have found that teens find peer educators more credible than adult educators (Norman, 1998; Advocates for Youth, 1997). Research shows that peer education with youth, specifically around issues of sex behaviors and HIV/AIDS, has been successful. Evaluations of peer education have found a statistically significant effect on adolescents' HIV/AIDS-related knowledge and attitudes or beliefs about risky sexual behaviors (Kirby et al, 1997; O'Hara et all, 1996; Quirk et al, 1993; Rickert et al, 1991). Other research on peer education has shown that participation has brought about positive changes for the peer educators themselves (Philliber, 1999). An impact evaluation of a community-based HIV/AIDS peer leadership prevention program showed that peer leaders had significantly higher mean scores for HIV/AIDS knowledge than comparison youth (Pearlman et al, 2002).

TEACH PROGRAM OVERVIEW

Teens Educating About Community Health (TEACH) was a peer education model for reducing risky behaviors related to health, substance abuse, and violence among teenagers. The

curriculum integrated the Towards No Drug-abuse (TND) and Teens for AIDS Prevention (TAP) curricula. TEACH was the product of a one-year planning grant and five year implementation grant from SAMHSA, the federal Substance Abuse and Mental Health Services Administration.

The key to TEACH was to recruit and train local youth to become effective prevention educators. Twice a year, the Justice Center recruited 20 teens to become new members of TEACH. The teens were recruits from the neighborhood, referrals from other agencies, graduates of Justice Center's other youth programs (Youth Court, Mentoring, Internship) and youth who had completed their court involvement. Participants underwent a two-month training, where they learned information about HIV/AIDS, STIs and substance abuse in addition to leadership skills. They then designed an outreach plan and a series of workshops that taught their peers about HIV/AIDS and substance abuse and aimed to change knowledge and attitudes.

The 40-hour training was taught by the TEACH Coordinator, the TEACH Social Worker, local physicians, and other community health workers. The training focused on risk factors contributing to HIV/STI transmission, substance abuse, methods of prevention, communication and negotiation skills, and facilitation skills. Guest speakers who had professional or personal experience with HIV and substance abuse were an important part of the curriculum. The Teen Peer Educators received stipends and travel reimbursement for the duration of their 10-week training.

At the end of the training period, Peer Educators delivered workshops to youth ages 13-18 on the dangers of substance abuse and risky behavior, methods of HIV prevention, and strategies for healthy decision-making. These two-hour workshops included a combination of lecture, video, and interactive activities, and were presented to two audiences: (1) to youth involved in cases with the Justice Center's Youth Court, Family Court and Criminal Court and (2) to youth in the community recruited to participate through partner agencies and street outreach. During this post-training period, each Teen Peer Educator had to complete a 16-hour per month program-activity requirement by participating in one workshop per month and by participating in a series of other activities, including seminars, outreach events, and youth conferences. Teen Peer Educators who missed a scheduled workshop or other activity were required to make up the time or have their monthly stipend pro-rated. Appendix A shows the logic models for the TEACH program.

STRUCTURE OF REPORT

This report describes the results of a two-part evaluation. The first half of the report documents the results of a process evaluation describing the planning and implementation of the TEACH intervention. The process evaluation was informed by observations of planning meetings, interviews with project staff and key community partners, and focus groups conducted with program participants. The second half of the report documents the impact evaluation results measuring the effect of the TEACH program on participants' knowledge, attitudes, and behaviors regarding HIV/AIDS, substance abuse, and other risky behaviors, as compared to a non-intervention group.

CHAPTER 2
PROCESS EVALUATION

METHODOLOGY

Research staff documented the planning process, changes in curriculum and staffing, interactions with the community members and target population, description of roles and responsibilities, and program observations. The researchers tracked the number of peer educators enrolled, number of graduated peer educators, recruitment sources, pertinent demographic data, and the timeline of peer educator trainings. Finally, they recorded the number and nature of workshop requests, workshops conducted, number of workshop attendees, and demographics of attendees. These data were analyzed and presented to staff regularly in order to inform programmatic decisions. The whole TEACH team (including administration, program, and research staff) met weekly to discuss any issues that had arisen.

Planning Documentation

Part of the planning process involved meeting with members of the community to obtain their input on community problems related to HIV/AIDS and substance abuse. One focus group was held with nine Red Hook youth about issues related to relationships, sex, HIV/AIDS, drugs, and alcohol. Another focus group was conducted with ten Red Hook parents, with questions related to what they thought the most pressing issues for young people were, drugs and alcohol in the community, and their thoughts on teenagers' sexual attitudes and behaviors. Additionally, an interview was conducted with one community partner about the strengths and weaknesses of the planning process. Finally, monthly planning meetings were observed and documented. This allowed research staff to record the process of planning and implementing the TEACH program.

Program Observations

The researchers observed sessions of the training for different cohorts, including the middle of the training and final presentations. During these sessions, the researchers took notes on staff-participant interaction, peer dynamics, time management, participant engagement and attentiveness, curriculum implementation, and effectiveness of activities. After the 10-week training sessions, teen peer educators (TPEs) spent the subsequent four months running workshops for other teenagers at various locations in Brooklyn. The researchers observed some of these workshops as well, documenting how the presentations went, if all the material was covered, how engaged the audience was and whether they seemed to understand the material.

Staff Interviews

Five interviews were conducted with various staff members during the first two years of the program, including with the project director, the program coordinator, the community organizer, and the social worker. Interviews included questions about implementation, recruitment, differences across cohorts, major challenges, curriculum, and community partnerships. Data collected from these interviews were used to create action plans for improving the program and overcoming obstacles that staff encountered.

Teen Peer Educator Focus Groups and Interviews

Focus groups were conducted with the first four cohorts. A focus group was conducted with the first cohort at the beginning of their training, after their day-long retreat. Questions for this group focused on their expectations for the retreat, whether they were met, their favorite and least favorite part of the retreat, how it could have been improved, and what they thought of the facilitators. Cohort 1 participated in another focus group at their one-year exit from the program. This group had 5 participants, and questions focused on what they were doing post-program, how they were affected by their participation in TEACH, and what they saw as problematic aspects of the program. Three focus groups were held with fourteen members of Cohort 2 at the end of their 10-week training, with questions focusing on curriculum, the training, the guest speakers, and how their behaviors changed because of TEACH. Twenty-one members from Cohort 3 participated in two focus groups at the end of their 10-week training, with questions focusing on what they found to be most useful, whether they felt they had developed the appropriate skills to run workshops, their ideas about leadership, and how they felt about the program staff. Two focus groups were conducted with Cohort 4 during their 10-week training period to see how they felt the training was going thus far. Finally, one-on-one interviews were conducted with one female and one male TEACH graduate about their experiences with TEACH and how it affected their lives. Feedback from these groups and interviews were presented (anonymously) to program staff and administration.

PLANNING

During summer 2002, the Red Hook Community Justice Center (the "Justice Center") and local community stakeholders formed a working group to discuss HIV and substance abuse prevention issues in south Brooklyn, New York. Comprised of local residents, Justice Center staff, public health educators, and healthcare and youth services professionals, the working group was awarded an HIV and substance abuse prevention (HIV/SAP) planning grant geared toward underserved communities of color. Formal planning team meetings were instituted and held once a month. The original needs assessment detailed in the planning grant was reinforced with every meeting as the planning team goals became increasingly specific.

This section focuses on Project TEACH's planning process up until implementation (9/30/2002 through 2/29/2004). Documented are the following aspects of the TEACH planning process: forging a community alliance; selecting a target population and appropriate prevention model; and planning implementation of the model. Information for this report was gathered through stakeholder interviews, focus groups, meeting observation and community surveys.

Community Partners

The TEACH planning team evolved out of pre-existing organizational partnerships between the Justice Center, the South Brooklyn Health Center, the Brooklyn AIDS Task Force, and Good Shepherd Services. In order to build a strong community alliance, the Coordinator of the Justice Center met with each organization individually and spoke frankly about the level of commitment and collaboration necessary to plan an integrated HIV/SAP model. By committing to be part of the planning team, the organizations agreed to dedicate staff to attend regular meetings and

donate time and office space for future workshops. By first meeting individually with each organization in the summer of 2002, the Justice Center was able to ensure that all organizations in the final planning group were willing to work together constructively. This process allowed community organizations to consider what it would be like to partner with each other as well as understand the commitment they were making to plan such a project.

Once the Justice Center met with each of the community organizations, the first HIV/SAP planning meeting was convened. The meeting was a time for each partner organization to discuss the work they do with the south Brooklyn community. Despite the differences in mission statements, the meeting revealed shared experiences working with underserved neighborhoods. The partners quickly came to a consensus that youth were the most disengaged part of the population with which they were working. This consensus around youth in the community quickly led the planning group to focus the HIV/SAP initiative on young people. The conversations surrounding youth in the community necessarily involved parents and each organization expressed difficulty engaging them in their own work. Below is a chart detailing the organizational focus of the planning team members:

Organization Name	**Organizational Mission/Focus**
Brooklyn AIDS Task Force	Substance abuse case management; education programs for women, children, and queer community; community development around HIV/AIDS
Good Shepherd Services	Social service and youth development agency providing educational and vocational opportunities for youth and families
Red Hook Community Justice Center	Multi-jurisdictional community court specializing in bringing neighborhood residents and criminal justice agencies together to solve community problems
South Brooklyn Health Clinic	Comprehensive medical service provision

Program

The original needs assessment included quantitative and qualitative demographic information about the south Brooklyn community from the 2000 Census. It was important, however, to obtain more attitudinal information from the community as the planning process progressed. The Justice Center began by incorporating new questions measuring community perceptions of HIV and substance abuse in the area into an annual community survey named "Operation Data." The survey, completed October 2002, was used to measure the community's perceptions of quality of life, safety, and opinions of criminal justice agencies. By adding these questions to the survey, the planning team gained an idea of the level of concern about HIV/SAP issues from the target population itself. Results from the survey confirmed community concern about these issues. The survey was given to 1,342 residents of the Red Hook area and surrounding neighborhoods.

Once the team reached a consensus on youth as the target population, the planning group wanted to hear directly from youth and parents about the barriers to lessening at-risk behaviors. The planning group conducted two focus groups with youth aged 14 to 17 and a group of local parents. The focus groups reinforced the planning team's selection of youth as a target

population. Youth informed the planning committee that they were much more concerned about unwanted pregnancies than preventing HIV. They also said that substance abuse combined with sexual activity was normal and lessened social inhibitions. In their own focus group, parents expressed a great deal of fear about communicating with their children about HIV and substance abuse. They were very worried that frank conversations about these issues would lead their children toward dangerous experimentation. Interestingly, parents were very concerned about social stigma, particularly while living in public housing; they were concerned with their neighbors' perceptions of their lives and parenting styles.

While the goal of the planning group was to focus on working with youth around HIV/SAP, it was the participation of youth and parents that truly refined the original goal. The outcome of the youth and parent focus groups suggested to the planning team that communication would be a vital part of a successfully integrated HIV/SAP model. At this point the planning team began to consider what HIV/SAP model would address young people and focus on improving their communication skills.

The planning team thought this would be a good time to involve the target population in this stage of the process and subsequently hired two community youth to be summer interns. Summer interns visited peer education programs throughout Brooklyn, conducted informational interviews with community stakeholders and performed a literature review of HIV/SAP curricula. One obstacle the group encountered was an inability to find HIV and substance abuse curricula that were already integrated and designed for youth. This obstacle became an opportunity for the planning group *itself* to integrate a peer-educational substance abuse prevention model with an HIV prevention model. This kind of problem-solving stood as an exercise that solidified the planning team.

Again, accountability to the target population emerged as a major expectation. Toward the end of the planning process the partnership was ready to hire a Project Coordinator for the TEACH HIV/SAP project. The alliance expected to play an integral role in the hiring process. From partner interviews:

> *We were eager to be involved with hiring the Project Coordinator in order to practice in a way that communicated accountability. Once hired, she presented what the curriculum would be like, which was very helpful.*

In February 2004 when the Project Coordinator settled into the position, the planning team had clear expectations that she would orient herself to the community at large to further increase her capacity as a community stakeholder. An initial obstacle was that the Project Coordinator had no previous ties to the community yet was responsible for reviewing, adapting, and implementing the curriculum planned by the partnership. The Project Coordinator quickly overcame this obstacle by involving the target population in the final stages of the planning process. The partnership thus decided to hire five youth from the community to serve as interns that would help shape the curriculum. The Project Coordinator spent weeks attending community meetings and reaching out to local schools to recruit the five interns. In the beginning, most of the interested youth were female. The Coordinator made a special push to find young men to

participate in the internship with the expectation that gender difference is better addressed with both male and female youth participation. From a member of the planning team:

> *I expect to meet with youth interns to hear about their perspectives, and I also want to support the Project Coordinator and the interns so they feel free to talk about the work they are doing. I feel responsible for creating more opportunities to do useful work.*

The strength of the community alliance was contingent upon an honest and developmental process. Interviews with the partners revealed that all members expected a planning process driven by fresh dialogue rather than reinventing the wheel. From a partner interview:

> *I had no regrets about the process because the group set realistic expectations. I was satisfied with monthly meetings since everyone expected to create more opportunities to do useful work. It felt developmental.*

Early in the planning phase partnership members expressed concern about what the SAMHSA grant could include. From an interview with the partner from Good Shepherd Services:

> *I wondered about what [the grant] could support. We all feel youth are most at risk so the goal is to work with disengaged young people. But how [could we] work with disengaged youth specifically? Even though we were focused on an HIV/SAP initiative, youth have other crises that come up, how would we handle those other crises?*

These concerns led the partnership to include a social worker specializing in youth to the program design. The partners felt that other people and resources had to be available to youth beyond the program's specified activities. Stakeholders from the Justice Center agreed. From an interview with Justice Center stakeholders:

> *If the model will be peer-educational, what other resources should be available to address the peer educators' needs? We have to ensure that the program is accountable to the kids' needs that are seemingly unrelated to the HIV/SAP issues they will concentrate on.*

Planning an HIV/SAP initiative with community organizations and the target population required the difficult coordination of stakeholder differences and similarities. A meeting timeline was thus created in the planning grant to better anchor the work and outcomes of the planning team. Below is a chart outlining major accomplishments of the planning team:

Time Period	**Action/Accomplishment**	**Method**
June- July 2002	• HIV/Substance Abuse Needs Assessment • Formation of HIV/SAP working group	• Accessed 2000 Census data • Added HIV/SA questions to survey instrument
September-October 2002	• Working group awarded SAMHSA planning grant	n/a
October-November 2002	• Working group evolves into Planning Team	• Established monthly meetings at the Justice Center

January -March 2003	• Planning team	• Planned focus groups
March-April 2003	• Identification and prioritization of target population	• Conducted 2 focus groups (youth and parents)
May-June 2003	• Research and prioritization of science-based culturally appropriate HIV/SAP model	• Conducted literature review • Digested information from focus groups
June 2003	• Considered literature review, community organization structures and how HIV/SAP initiative would work logistically • Decision to involve target population in program design phase of planning	• Planned team meetings • Recruited summer interns from south Brooklyn area
July-August 2003	• Members of target population contribute to planning process	• Summer interns researched HIV/SAP issues • Summer interns visited peer-education programs throughout Brooklyn • Summer interns conducted informational interviews with community stakeholders
November 2003-January 2004	• Summer interns and planning team prepare for TEACH Project Coordinator hiring process	• Program coordinator skills and qualifications discussed and debated by interns and planning team
February 2004	• TEACH Project Coordinator hired	n/a

Research

The research and evaluation of the program was based on two public health models. The first was KAB (knowledge, attitude, behavior), a model suggesting that behavior follows from knowledge and attitudes. Second, peer education models suggested that young people are more persuaded by their peers than by "experts" or adult leaders. In order to satisfy both Government Performance Review Act (GPRA) requirements that data be collected on a number of different behaviors and to measure the components of both models, the data collection drew upon several different sources, including GPRA-provided questions, the Youth Behavior Risk Surveillance System (YBRS), the Adolescent Health Study (Ad-Health) and others.

The research was always intended as a longitudinal cohort study; however, the initial plans for research focused on following young people for six months, rather than a year and did not include following workshop participants. The final research design included following participants from their baseline to the ten-week exit from training, six month exit from conducting workshops, and one year, while the comparison cohort was surveyed at the baseline, six month and twelve month. The data collection schedule is in Appendix F.

Lessons Learned

The planning process generated numerous lessons. Regarding community partnerships, we found that the number of community partners involved in this effort strengthened the planning capacity; therefore involving a wide range of partners with strong connections to the community

and a variety of skills is a way to strengthen program planning. However, all planning team meetings were held monthly at the Justice Center. In hindsight, it might have been better to distribute responsibility for hosting meetings amongst the partnership.

Regarding the research, the data collection instrument was lengthy (it included 184 total questions), causing concern about survey fatigue. Ideally, data collection instruments for teens should be planned as shorter exercises. Additionally, the data collection instrument was not created to closely match the logic and content of the intervention, as it ultimately evolved; this was problematic, as the survey was intended to measure the efficacy of the intervention.

IMPLEMENTATION

Recruitment and Retention

Initially, the teens involved in planning helped with recruitment, while the program coordinator held kickoff events and street outreach. Recruitment evolved with the program; as more teens participated, more were able to recommend the program to their friends. Further, it became clear that recruiting young men presented additional challenges and more efforts were made to recruit boys. A series of Justice Center staff efforts at street outreach eventually led to an increase in the percentage of male TPEs. Street outreach was used more with the third cohort, for example, yielding more than 40 percent male TPEs, a percentage considerably higher than the two previous cohorts.

Recruitment was done for the first cohort through posting signs and a "kickoff event" held at a local community center with TEACH interns facilitating activities related to substance abuse and HIV/AIDS prevention on the evening of July 29, 2004. Food was readily available, while a local D.J. provided further entertainment. This event cost approximately $1,000, and only yielded 15 applications for the TEACH program. Forty-two teens eventually submitted applications and 21 were selected from group interviews. A parents' night was held for all parents and guardians of Teen Peer Educators, and seven parents attended this event.

Cohorts varied widely in their retention rates, with larger cohorts tending to lose more members. Attrition occurred for four main reasons: conflict with other young people, summer vacation and work plans, school obligations, or family circumstances. For example, although cohort 2 was characterized by program staff as relatively quiet in terms of their service needs, a few young people had an interpersonal conflict which was resolved "quite professionally" according to the program coordinator and community organizer. The first cohort finished their service in March 2005 instead of February 2005 as anticipated. This lag time meant that the second cohort did not start training until April. As a result, the ten-week training and six-month participation period extended into the summer months. Because many young people have summer jobs and other commitments, and because a significant percentage of area young people spend summers with family in places like Puerto Rico and the Dominican Republic, recruitment and retention were more difficult. In contrast, cohort 3 had significant service needs and some young people left the program due to personal circumstances.

Many of the TPEs had significant challenges in their daily lives. Cohort 3, in particular presented more social service needs than previous cohorts, which program staff saw as a strength of the program—it was recruiting "the young people who need it most." Because these challenges were precisely the reason that the teens needed this program and benefited from it, despite the risk of attrition, these teens were included in the program. Teens who struggled to stay in the program but also benefited from it included those with young children, those who did not have stable places to live, who experienced significant conflict and abuse within their families, or had difficulties staying in school. The teen social worker met with each TPE individually, and for teens who were experiencing significant distress at home or in relationships, or who had questions about sexuality and healthy decision-making and other sensitive topics, the program coordinator or social worker met with them more extensively. In January 2007, on the advice of the SAMHSA program officer for TEACH, they began logging these sessions as "dosage." For many teens, these individual sessions were as meaningful, if not more meaningful, than the experience of training and giving workshops.

Other than the overall complexity and challenges faced by TPEs in their daily lives, interpersonal conflict between TPEs was the main cause of attrition from the program and from the study. Although TPEs were taught communication skills and the program coordinator spent significant time with teens who were experiencing interpersonal conflict and tried to resolve these conflicts, in a few cases, these conflicts were not able to be resolved.

Curriculum

The TEACH planners chose two model curricula that incorporate the peer education approach: the Teens for AIDS Prevention (TAP) curriculum, produced by Advocates for Youth, and Towards No Drug Abuse (TND), produced by the University of Southern California. The TAP curriculum is an award-winning, scientifically-based curriculum, which has been pilot tested among youth and shown to be very effective in increasing knowledge and changing behavior. TAP won the American Medical Association's 1990 Award for Excellence in Prevention in the area of HIV/AIDS and adolescents. TAP uses the social learning theoretical approach to incorporate existing social networks and youth resources to deliver health messages to adolescents. TAP was modified in 1988 to meet the needs of urban youth of color, and its effectiveness in increasing knowledge and changing behavior related to HIV prevention was proven through pilot tests conducted among youth at six sites in school and agency settings.

Information and activities related to conveying messages about substance abuse are drawn from the TND curriculum, which is a SAMHSA model program for adolescents. Studies conducted on the TND curriculum have shown a reduction in drug use of up to 60 percent among adolescent participants. Activities from the two model curricula were pilot tested with the Teen Advisory Board (a group of five teenage interns who participated in the planning phase of the study), and the activities were modified to more appropriately fit the target population's culture and needs.

Although the initial curriculum was based almost entirely on elements of TND and TAP, the curriculum evolved significantly. Although both of these programs have been positively evaluated, they were designed in the early 1990s, when teenage culture and needs around

substance abuse and sexuality were significantly different from the early 2000s, when this program was implemented.

In focus groups conducted after the ten-week training sessions, teens discussed their feelings about staff and the training itself:

> *I don't want to come because it's boring. We do the same things everyday. It's boring because we do the same thing over and over. Listening to it and doing it. When we first started she [project coordinator] said it was going to be fun. It's been boring. We don't think of it as fun.*
>
> *When I first started, I didn't even know about this, so I went to the orientation. Erin [project coordinator] was saying it was going to be mad fun. It was alright, but I expected it to be mad fun everyday. I don't really like coming here. I need the money, and that's why I come.*

Before her departure, the first project coordinator, Erin Healy, placed each TPE in an internship. There were not enough workshops scheduled, and the internships were intended to provide some health-related experience at different sites. This idea, while not written into the grant, was intended to supplement hours for the TPEs due to a lack of ability to secure a large number of workshops. Interns were placed at South Brooklyn Health Center, Red Hook Health Initiative, The Door, and Falconworks Artists' Group. Teens had no connection to these organizations, and many of them did not show up to these sites on their appropriate days. During this time, teens were not reporting to the Justice Center, and while some TPEs were not engaged in TEACH due to lack of interest in the sites, other teens were engaged in their sites and also were facilitating workshops simultaneously. Internships were not repeated, as they were considered an unsuccessful adaptation of the program.

When Sonia Gonzalez was hired in February of 2005, she and Laura Franceschi, a social worker from Good Shepherd Services, worked to evolve the TEACH curriculum. While the information presented remained largely the same, additional sessions on facilitation skills, relationships, and decision-making skills were added and material was presented using different activities. Further, the curriculum, which had initially included material on environment and nutrition, which are only indirectly related to the topics taught by TPEs in workshops, evolved to focus more exclusively on the information needed to run workshops (HIV/AIDS and substance abuse). Activities such as Archie Bunker's Neighborhood, which allows participants to role-play oppressed and oppressor groups in a community and a word desensitization game were added. In addition, after feedback from the first two cohorts, a slightly more didactic approach, which encouraged the young people to take in more information so that they could teach their peers accurately, was implemented in some cases.

In order to elicit feedback on the curriculum, several focus groups were conducted with young people who completed the program. One focus group was conducted with the first cohort as they exited the training, and two more were conducted with this group after a year. Three focus groups were conducted with the second cohort and two with the third cohort as they exited the training. When asked which sessions they particularly liked, the teens inevitably mentioned the

speakers from Love Heals, who were HIV-positive and told their stories. They also liked the skit activity. Overall, the sessions that the teens particularly liked had a few things in common. First of all, they felt "real"; they resonated with the teen's experience and the way that they saw their worlds. For example, they perceived that the skits accurately portrayed people on drugs. The TPEs mentioned in focus groups that they had seen people looking through the dirt to find crack if they are heavily addicted, and when they saw this as a skit, it resonated and lent credibility to the activity. The skits, therefore, did not feel staged or excessively didactic. Second, the activities that TPEs preferred were dramatic in some way. For example, one of the speakers from Love Heals had a particularly sharp turnaround from having a serious drug problem and a poor relationship with his family to getting off drugs, becoming an educator and having a family of his own. Lastly, the teens very much liked competitive activities such as Jeopardy. Activities that they struggled with included presenting on topics in front of the camera, an activity that Ms. Gonzalez added in order to prepare them to do workshops. Although they struggled with this activity, the teams also gained significant confidence and skills from doing it.

One of the main skills that teens articulated that they learned through TEACH was speaking in public. In focus groups, they explained that they felt much more confident of their knowledge, understood that some of the beliefs they held about HIV, reproductive health, and substance abuse were previously inaccurate, and felt better able to speak about their new knowledge. They were not only able to speak in workshop settings but nearly all were also educating family, friends and/or acquaintances. The exit focus group with the third cohort revealed what may be an emerging pattern regarding education. For these young people, substance abuse was more difficult to discuss with peers and acquaintances than HIV testing, condom use, and sexual health. Ms. Gonzalez suggested that from her observations, substance abuse and particularly marijuana use, is a "norm" in these populations, and thus may be more challenging to confront for young peer educators. However, it also may be that cohort three had particular success educating about sexuality, leading substance abuse to seem more challenging in comparison. It was certainly true in their focus group that the TPEs were able to articulate both their own strategies for protecting against HIV and STIs (including carrying condoms and using them) and that they felt able to educate siblings, younger people, and peers about these issues.

Despite the overall success sharing information, some TPEs found that speaking in public continued to be a challenge. A few exited the program without feeling confident that they could lead workshops. Others explained that when they tried to educate their family, friends and acquaintances informally, they encountered derision or scorn. For example, one young man tried to speak with his family and the book he was studying from was thrown in the trash. Some of the more mature TPEs explained that you have to pick your battles and only educate people who seemed somewhat receptive to it. An ongoing theme from the focus groups which, while not particularly substantive for this analysis, deserves some note, was the desire for greater compensation. For most teens that meant that they thought that they should have been paid more. In some cases, the compensation they desired involved snacks or food during the program. Ms. Gonzalez sought informal feedback from the TPEs regularly, and continued to update the curriculum throughout the process. Appendix G shows a sample schedule for the curriculum.

Because attrition rates for some of the earlier cohorts were slightly higher than desired, the TEACH Program staff, at the recommendation of the Community Advisory Board, designed a strategy to further promote group cohesiveness, connection, and retention. As part of this strategy, the TEACH staff took Cohort 5 on an overnight retreat in up-state New York. The retreat focused on team building and working from strengths with other program youth in the program in preparation for workshop facilitation. Activities ranged from a booster session on substance abuse knowledge to outside facilitated low-ropes course. This effort has proven particularly effective in decreasing the rates of attrition through the 10 week training period. Appendix H shows a sample schedule for the retreat. All subsequent cohorts went on an overnight retreat as well.

In addition, TEACH sponsored activities such as Awareness Carnival in early October. Social worker Laura Franceschi describes it:

> *This event was geared toward trying to increase the number of workshop participants by outreaching to the community and doing a workshop in a safe, fun way here in the community at an accessible location. We set up all sorts of activities, such as hair and beauty table, face painting, relay races, adventure race, bowling and water balloons. In addition, we had an area set up for a workshop, in which several of our peer educators conducted a workshop for the participants that attended. In addition, we served food and had a DJ and did an open mic rapping session at the end. All in all, the event was a lot of fun, but we did not have the turn out we anticipated. In the future, if events like this are to be held, then more planning needs to go into getting the actual participants.*

A second part of this strategy was the implementation of a set of post-training requirements for TPEs to continue as paid program members. Appendix I contains the rubric and timesheet for post-training.

Early challenges to the program included the relative immaturity of some of the teens (some of whom may have had undiagnosed learning difficulties) and challenges in recruiting male TPEs. In weekly evaluations of training as well as focus groups held after the completion of the 10-week training, many different teens complained about the younger members of the cohort disrupting the trainings and acting immature. The original program coordinator, Erin Healy, felt that it was not appropriate to take teenagers who are younger than 16 years old, and after the first cohort, only teenagers 16 years of age or older were allowed to join the TEACH program as TPEs.

Staffing

The staffing structure of TEACH changed several times and remained a significant challenge. Initially, the community organizer was expected to do extensive data entry as well as community work, resulting not only in an excessively heavy workload but also in conflicts with scheduling. As a result, in fall 2005, an Americorps member (a non-salaried employee who provides service work in exchange for a stipend and educational award) was hired to do data entry. She was replaced by a new AmeriCorps member in May 2006, who subsequently took on most

administrative research tasks for TPEs and comparison cohorts, including keeping track of permission forms and personal data, administering surveys, data entry, retaining comparison cohort participants through phone calls and letters, maintaining the TEACH database and participating in grant reporting and research tasks. The Community Organizer then assisted the Project Coordinator on all levels including assisting with training, scheduling and follow up with workshop-site program directors, organizing a follow-up tracking system, and supervising TEACH workshops. As a result of the much larger role played by the Community Organizer, this position was made full-time.

Between the time of Ms. Healy's departure and Ms. Gonzalez's hiring, the Community Organizer and the AmeriCorps member took a lead on directing the Teen Peer Educators to workshops and following up on evaluation activities such as consent form collection and data entry. After Ms. Gonzalez had been hired, the community organizer concentrated her efforts on recruiting for workshops, while the social worker and Ms. Gonzalez took the lead in directing the TPEs.

This project faced significant challenges around staffing and staff turnover. The most significant challenge was the change in the program director when Ms. Healy left her position on January 14, 2005. Because of this change, Cohort 1 experienced a loss of leadership, which made it difficult to keep them engaged with TEACH. Some TPEs were resistant to new leadership. However, those TPEs who stayed with the program, fewer than half of the original TPEs, have been "some of the most strongly engaged" young people, according to Ms. Gonzalez, who replaced Ms. Healy in February 2005. The departure of Ms. Francesci was somewhat less disruptive, with a relatively smooth transition between cohorts to Ms. Ovitt. After Ms. Carrasquillo, the Community Organizer, went on leave in February 2007, much of her work was taken on temporarily by a consultant, then by a new AmeriCorp volunteer. In August 2007, when Ms. Gonzalez left her the program, Ms. Carrasquillo took over the Assistant Coordinator position and Ms. Carter became the Community Organizer.

Appendix J recounts the staffing changes for this program and descriptions of core staff responsibilities.

Community Involvement

The TEACH Program experienced significant success with community collaboration. One of the original partners in the planning grant, Brooklyn AIDS Task Force, was less interested in implementation than in planning and thus worked more on the previous stage than the implementation. However, many programs, including several with a youth focus, that were strongly interested in implementation were included in this phase of the work. A list of community partners with linkage agreements is in Appendix K.

Two examples of such collaboration are the Red Hook HIV/AIDS Awareness Day and the Young Women of Color HIV/AIDS Coalition. On Saturday, December 2, 2006, the TEACH Program and the Red Hook Initiative collaboratively coordinated an event to acknowledge World AIDS Day. The event focused on providing preventative education around HIV, and provided HIV testing so that Red Hook residents could learn about their HIV status, stay safe, and get

connected to care as needed. The day resulted in a constant flow of Red Hook neighbors and friends, younger and older, talking, laughing, dancing to the D.J.'s tunes, snacking, and learning about HIV and getting tested. The Brooklyn AIDS Task Force and Long Island College Hospital provided testing at the Health Initiative, and testing was also available on the other side of Red Hook at the South Brooklyn Health Center in order to increase accessibility for all Red Hook residents. In total, 50 Red Hook residents received an HIV test during this event.

This event's significant success was due to the collaboration of Red Hook agencies in planning and implementation. Planning involved the two sets of peer educators (from TEACH and RHI) coming together to draft an agenda of the day's events and to create posters and safer sex kits. The agenda included a skit that was prepared by both Health Initiative and TEACH Peer Educators highlighting a teen love triangle that resulted in all three teen character's contracting HIV. The skit was followed by a question and answer session during which the audience asked the actors (teen peer educators) about how HIV is contracted, how one can protect themselves, and other clarifying questions around HIV and AIDS. Audience members commented on how realistic the skit was and, "how scary it was that you could catch it if you don't protect yourself." Additionally, throughout the entire day, TEACH peer educators accompanied canvassing groups comprised of AmeriCorps members to notify Red Hook residents about the free HIV testing opportunity and provided HIV education in the community. An estimated 200 people were reached through these efforts.

The second example of successful community collaboration was the Young Women of Color HIV/AIDS Coalition. Taking the CADCA model of forming coalitions to combat drugs in America's communities, Sonia Gonzalez, Program Coordinator, served as a co-founder and steering committee member of the Young Women of Color HIV AIDS Coalition. The mission was to address the increasing HIV rates among young women of color 13-24, through building partnerships with individuals and organizations that serve and empower adolescents. The impetus came from a continued increase of HIV among young women of color. Of new HIV infections that occurred between 2001 and 2003, 48% were among young women aged 13-19 and 43% were among young adults age 20-24. Black and Hispanic women account for only 29 percent of the New York female population, but together they represent 86 percent of New York women living with HIV/AIDS. New York City leads the nation in the number of reported AIDS cases among 13-24 year olds. Preliminary findings suggest the importance of addressing underlying issues that can interfere with a young person's ability to make healthy choices.

The Coalition received funding from the Office of Women's Health and Advocates for Youth to form the Young Women's Committee, comprised of 15 to 21 year old young women from the five boroughs of New York City; to coordinate and plan a health summit in March; and to produce a public service announcement. Young Women coordinated a Safer Sex Party where HIV testing was offered. TEACH Peer Educators assisted by doing outreach for the event and attending the event on January 26, 2007, held at a local club in the West Village. Twenty-nine youth tested that evening while they danced, laughed, and socialized in the club. By the end of the night, 250 youth had participated in the safer sex party. Among the organizations that participated in outreach for the event were Family And Adolescent Experiences (FACES) at SUNY Downstate University; The Family Center; Health And Education Alternatives For Teens (HEAT); Love Heals, The Alison Gertz Foundation For AIDS Education; Young Peoples

Project, Asian And Pacific Islander Coalition On HIV/AIDS(YPP/APICHA); and TEACH at The Red Hook Justice Center.

The TEACH program also developed a Community Advisory Board, the overall objective of which was to have a membership of individuals from various organizations and professions who could assist in the long-term sustainability of a teenage peer-education program. Additionally, the Community Advisory Board was a resource for obtaining input on issues that the community is facing with regards to HIV and Substance Abuse. In June 2005, program staff extended invitations to a list of community organizations and members, all of whom accepted the invitation to join the TEACH Community Advisory Board.

In addition to developing a Community Advisory Board, TEACH staff has continued to develop programmatic collaborations and linkages with local organizations. The ongoing challenges and successes of the TEACH program, especially in regard to Teen Peer Educator recruitment and workshop development, has created the opportunity for TEACH staff to develop new linkages that complement the existing ones. These partnerships ensure widespread community awareness, generate Teen Peer Educator candidates, establish sites for workshops, create partners for event co-sponsorship, and improve the Coordinator's ability to refer the teens she works with to local agencies.

Workshops

Initial plans were made to engage the Department of Education in providing workshops to students enrolled in high schools in South Brooklyn. However, their permissions process was lengthy and difficult to navigate. Therefore, the workshop participants were recruited in three different ways. Many workshops were developed in partnership with local youth-serving agencies. Each year, the Community Organizer set up workshops at these agencies, which were then responsible for bringing their clients. In addition, the Community Organizer developed a relationship with a local school, the Urban Assembly School for Law and Justice, in which Teen Peer Educators provided onsite workshops for small groups of students. This allowed the TEACH program to reach students who are not involved with after-school activities but who are of the appropriate age and within the program's catchment area. Finally, Teen Peer Educators conducted street outreach and word-of-mouth recruitment for a series of open workshops, which were held at the Justice Center and were open to any interested youth including family and friends of program youth. By using these different ways to recruit participants, the TEACH program ensured access to the broadest range of vulnerable youth.

Many workshops took place in after-school programs and community groups. By the second cohort of TPEs, it was clear that obtaining parental consents was a significant barrier. One new innovation on the part of cohort 2 was a series of "open workshops" that were available to youth unaffiliated with other programs. Although this strategy allowed the program to reach and educate more young people, obtaining consent forms from the parents of those young people was more difficult than when working with young people affiliated with other programs, because that program was able to draw on its established relationships with the families to generate consents in an efficient and consistent manner. In response to this challenge, the program developed new partnerships with local schools. Starting in the fall of 2005, Teen Peer Educators did monthly

workshops in area classrooms. However, this necessitated adapting the workshops, shortening them and in some cases splitting them over two sessions.

The first Program Coordinator felt that workshops in the Justice Center's catchment area were difficult for two reasons: first, service providers who work with young people who might benefit from TEACH workshops were not always forthcoming or helpful in coordinating with the TEACH staff to do the workshops. Second, obtaining parental permission forms in advance of the workshops was difficult because it added to the amount of work that the site had to do before the TEACH workshop can happen. The first challenge was largely overcome through partnerships with local agencies, particularly charter schools. The School for Law and Justice and South Brooklyn High School were particularly welcoming and responsive, and many workshops took place in one of the two high schools.

In order to respond to the variety of settings in which workshops take place, a truncated version of the workshop was offered to some programs. Appendix L contains a description of the workshop and of a truncated version. Appendix M contains a chart of the number of workshops conducted by each cohort.

Lessons Learned

Many lessons were learned during the program implementation phase. First, young men provide additional challenges to recruit and retain. Any program of this type should pay special attention to methods of attracting young men and encouraging them to complete the program. Second, retention, particularly over the summer and after young people no longer meet regularly, is challenging. Retreats and additional incentives to complete structured program elements were helpful in improving retention rates. Third, staff transitions are challenging, so it is important to provide as much staff continuity as possible. Fourth, teens require escalating compensation for their work. Although they will ask to be paid more regardless of how much they are paid, it is important that they understand that their skills and time are valuable and that they are compensated adequately.

Some of the lessons learned are specific to a peer-education model. This model requires young people to be able to present effectively, and this requires a certain amount of skill and practice as well as willingness to take risks. Helping young people practice enough without becoming exhausted or bored with the material is difficult. Finally, both workshop participants and the informal audiences for peer education are receptive to varying degrees. Peer educators who are most successful are those who learn who to approach and how rather than becoming frustrated with unreceptive individuals.

RESEARCH

Recruitment & Retention

As with TPEs, recruitment and retention for the research component proved particularly difficult challenges for the TEACH program. The chart in Appendix N shows the recruitment and retention rates for research on the comparison cohort. In October 2004, a letter of request was

sent to the New York City Department of Education requesting permission to enter a high school in the Crown Heights neighborhood of Brooklyn to secure a comparison cohort. In November 2004, a letter was received stating that our project was not able to make it onto the Department of Education's agenda. An email was sent by the Senior Research Associate in December 2004 seeking an update on progress regarding the TEACH research project, but no update was given. A telephone call in January of 2005 to the contact person at the Department of Education resulted in a message left and no returned phone call. At this point, we decided to change our recruitment strategy. Subsequently, the comparison cohorts were recruited through the El Faro Beacon program in Harlem (Manhattan) and the Community Counseling and Mediation Center in Crown Heights (Brooklyn). The Harlem program provided a consistent connection to young people who were similar demographically to the TPE group. By comparison, recruitment in Crown Heights was much more difficult. Another Center for Court Innovation program, the Crown Heights Mediation Center, was helpful in providing a small number of teens and connections to local police programs for youth, but ultimately, these programs did not retain teens and collaborate effectively with TEACH to conduct research, and this comparison cohort was discontinued.

One further barrier in both comparison sites was the need to obtain parental consent. The complexity of the study and accompanying human subjects protections, while necessary, were difficult to explain and provided barriers to participation for many young people. Further, some young people did not tell the truth about their age, saying they were over 18 when they were not in order to sign permission forms. Their baseline surveys were then invalidated.

Retaining young people who are at high risk for negative health behaviors is difficult in any case, and with a program lasting an entire year, including a summer, recruitment was very difficult with no other incentive than financial. Young people had no particular buy-in to the study and found the survey excessive in length. One strategy that helped to improve retention rates was a confidential method of returning surveys by mail. A significant number of the surveys, particularly the 12-month surveys, were returned by mail after summer 2005. We also recruited larger and larger comparison cohorts to allow for the expected attrition.

Changes in Survey Instrument

In December 2005, new questions, including a socially desirable responding scale and expanded questions about sexual behavior, were added to any new comparison cohorts and TPEs who were involved in the TEACH program. Cohorts that started before December 2005 took the old instrument. The socially desirable responding scale was added because of concerns that young people were not being sufficiently honest on their baseline surveys. The expanded questions about sexuality focused on the ambiguity of the questions about oral sex; because several young people who had primarily or only same-sex partners noted that all choices were not available as responses to those questions, expanded options were included. Although the survey still did not comprehensively include all sexual behaviors, the expanded questions allowed for more accurate representation for young people with same-sex partners. Further, because different kinds of oral sex carry different risks for the participants, the new questions clarified the degree of risk rather than conflating several behaviors which vary in their level of risk for infection transmission.

The process evaluation itself was implemented slightly differently from the original plans. Staff were interviewed on a semi-regular basis about their perceptions of the program. However, rather than documenting the process, focus groups and interviews were used primarily to improve the program. Focus groups were conducted with the first cohort at the ten-week and one-year marks and with the third cohort at the ten-week exit because these were the times at which the curriculum was being revised. When the senior TPEs were added to help the third cohort, two were interviewed after their service. Time allowed only sporadic observations of TPE training sessions, workshops, and community partner meetings rather than an extensive and systematic analysis of program fidelity.

Parental Consent

Obtaining consent for research was an ongoing challenge for this project, especially for comparison cohorts and workshop participants, with whom the staff had relatively little contact. It was not the nature of the research, but rather the constraints of working with teenagers while trying to obtain consent from their parents, that provided the greatest barriers.

Appropriate Research Questions

Additionally, because the curriculum evolved while the research instrument and implementation remained the same, it was difficult to evaluate the program in a manner that was appropriately dynamic. Research on programs which are still evolving may be more suited to qualitative methods and formative evaluation rather than summative, quantitative methods.

Chapter 3
Impact Analysis Methodology

Among the main objectives of TEACH were to influence participant knowledge, attitudes, and behaviors regarding HIV/AIDS and substance abuse. In order to assess whether these objectives were achieved, TEACH research staff conducted pre-test (intake), post-test (exit), 6-month, and 12-month follow-up surveys with each of the youth participants, allowing for the assessment of individual change. In addition, research staff administered surveys at intake, 6-month, and 12-months to other cohorts of youth that did not participate in the TEACH training or program. These cohorts were recruited from two after-school programs in New York City. The first program was the El Faro Beacon Community Center, located at Junior High School 45 in Harlem, Manhattan, and the second was the NY Explorers Program in Crown Heights, Brooklyn. Overall, the researchers believed that the average demographic characteristics of the comparison youth would be similar to the TEACH peer educators. However, because there was no guarantee that this would be the case, statistical comparisons were conducted between the baseline characteristics of each sample, with a plan to adjust for significant differences before computing outcomes (see below). Finally, research staff administered surveys to the TEACH workshop participants – those trained by the peer educators – before and immediately after the workshop, at 6-month follow-up, and at 12-month follow-up, to test whether their knowledge changed after their training. (We did not hypothesize, and therefore did not measure, changes in behaviors among workshop participants.) The response rate for surveys immediately following the workshop was 94%, 13% for 6-month follow-up, and 0% for 12-month follow-up. Response rates at the later periods are too low to produce valid results; therefore, they are not presented here.

DATA COLLECTION

Survey Instrument

The TEACH survey instrument measured participants' knowledge, attitudes, and behaviors surrounding HIV/AIDS and substance abuse prevention. The questions related to alcohol, tobacco, and drugs were SAMHSA-designed questions that were required under the Government Performance and Results Act (GPRA). Questions related to HIV/AIDS were taken from the Center for Disease Control and Prevention's national survey, the Youth Risk Behavior Surveillance System (YRBS). Additional questions were asked about demographics, educational expectations, and self-esteem. Finally, teen peer educators were asked some questions about acquired leadership skills that the comparison cohort was not asked. Members of the target population and community partners played an integral role in finalizing the instruments and ensuring cultural appropriateness. All measures included in the survey instrument were recommended by SAMHSA's Center for Substance Abuse Prevention and met the requirements of being reliable and valid. The instrument for the teen peer educators is attached in Appendix B, and Appendix C describes the differences between the teen peer educator and the comparison cohort surveys. A much shorter version of the survey that only included demographics, knowledge, as well as limited attitude questions, was administered to workshop participants at the beginning and end of the workshop; this is attached in Appendix D.

Informed Consent Procedures

Project staff obtained informed consent from the parents/guardians of teen peer educators, comparison cohort youth, and workshop participants younger than 18 years of age. They obtained consent from participants 18 years of age. The informed consent included a description of the project, a promise of confidentiality, and an assessment of risk and benefits to the participants. When describing the study, the informed consent made clear the distinction between the research element of Project TEACH (survey instruments and data collection) and the education element of the project (HIV/AIDS and substance abuse education). The form also made clear that participation was voluntary. If parents/guardians or participants had questions, the informed consent provided the name and phone number of the Project Coordinator and the Center for Court Innovation's IRB administrator. Informed consents were available in English and Spanish. Additionally, survey takers were informed by research staff during survey administration that all information they shared would be kept confidential and no person's individual answers would be reported. Copies of all consent forms are attached in Appendix E.

Survey Administration

Research staff administered the surveys and completed all necessary coding, data entry, and analysis. The self-administered instrument was completed by teen peer educators prior to entering the 10-week training program (intake), upon completion of the training (exit), six months after exit (6-month follow-up), and one year after exit (12-month follow-up). Members of the comparison cohort also completed the self-administered pre-test as well as the 6-month and 12-month follow-ups. The researchers created and maintained a confidential "master list" linking the unique identifiers and participant names. The list also contained the contact information necessary to track participants for follow-up. Phone calls were made to participants to inform them of the date, time and location of survey administration, and letters were also mailed to their homes. When participants did not come in during their scheduled date or make-up date, the survey was mailed to their home with a stamped return envelope for completion. Twelve-month follow-up surveys were not collected for the last cohort (Cohort 8).

For workshop participants – the group of students who participated in sessions facilitated by the teen peer educators – the pre-test was completed immediately before the workshop began. Immediately upon completion of the session, participants were asked to complete a post-test. These surveys were administered by TEACH program staff.

Data Confidentiality and Security

Once participants and comparison cohort members completed the survey instruments, data was entered into an Access database by a research assistant. The database was password protected and accessed only by the research and administrative staff. The data entered was stripped of all personal identifiers and was stored in a location separate from the master list that linked the participants' unique identifiers and names. Aggregate data, as available, was presented to project staff and community partners in order to assess the effectiveness of the intervention on the target population's knowledge, attitude, and behaviors related to HIV/AIDS and substance abuse

prevention. Upon completion of data entry, surveys were placed in a secure location that was only accessible by research staff.

PARTICIPANT CHARACTERISTICS

There were 182 teen peer educators involved in this study. Of these, 68% were African-American, 30% were Latino, 3% were White, and 15% were other race/ethnicity. Sixty-three percent were female, 37% male, and the mean age at baseline was 16.3 years. Eighty-six percent took a 10-week follow-up survey, 72% a 6-month, and 46% a 12-month. There were 161 participants in the comparison cohort, 81% of whom were African-American, 39% Latino, 0% White, and 11% other race/ethnicity. Sixty percent were female, and 40% were male, with the mean age at baseline being 16.9 years. Sixty-five percent took the 6-month follow-up survey, and 45% the 12-month. All teen peer educator and comparison cohort survey takers had valid consent forms and were given $20 for their participation each time they filled out the survey. Pizza and soda were provided for the comparison cohort as well.

There were 1,059 workshop participants involved in this study. Of these, 62% were African-American, 40% were Latino, 3% were White, and 11% were other race/ethnicity. Fifty-six percent were female, 44% male, and the mean age at baseline was 15.2 years. Ninety-four percent took the survey immediately following the workshop. All workshop participants had valid consent forms.

HYPOTHESES

The survey instruments were designed to test four primary hypotheses concerning the effects of the TEACH program:

Hypothesis 1: Teen peer educators will gain increased knowledge of and improved attitudes towards HIV/AIDS; alcohol, tobacco, and drugs; and sex and sexually transmitted infection risk.
Hypothesis 2: Teen peer educators will report decreased involvement in risky behaviors (alcohol, tobacco, and drugs).
Hypothesis 3: Teen peer educators will show greater positive change in knowledge, attitudes, and behaviors than the comparison group, which was not exposed to the TEACH curriculum.
Hypothesis 4: Workshop participants will gain increased knowledge of HIV/AIDS and alcohol, tobacco, and drugs after participation in a TEACH peer-led workshop.

VARIABLES

The TPE and comparison cohort survey asked basic demographic questions such as gender, race/ethnicity, whether the survey taker was enrolled in school, and whether he or she lived in public housing. Age at baseline was calculated by subtracting date of birth from the date baseline survey was taken.

The knowledge component of the survey contained 22 items designed to measure how much participants knew about HIV/AIDS and alcohol, tobacco, and other drugs. These items included

statements such as “Needles and injection equipment can be cleaned with water to kill HIV,” “Cigarettes contain over 40 different carcinogens, which cause cancer,” and “The three leading, preventable, causes of death are: alcohol, smoking, and secondhand smoke.” Responses to these questions were “true,” “false,” and “don’t know.” Responses were recoded so that a correct answer was coded as 1 and an incorrect answer or a “don’t know” as 0. A composite knowledge variable was then created by summing the recoded responses and dividing by 22 to determine the percent of questions answered correctly. Workshop surveys only asked 15 of these 22 knowledge questions, so the composite knowledge variable for the workshop participants was created by summing the recoded responses and dividing by 15 to determine the percent of questions answered correctly.

The drug and alcohol attitudes section of the survey contained thirteen items designed to measure how risky or wrong participants thought certain drug- and alcohol-related behaviors were. Factor analysis indicated a “how wrong” scale that included responses for three questions (e.g., “How wrong do you think it is for someone your age to smoke cigarettes?), with a 4-point Likert scale ranging from “Very wrong” to “Not wrong at all.” This drug and alcohol attitudes scale variable calculated the mean for these three questions. A reliability analysis produced a Cronbach’s alpha of .716.

The attitudes towards sex section of the survey contained fourteen items designed to measure how the individuals felt about sex and teenage sexual behavior. Factor analysis revealed a nine-question scale that included items such as “Having sex while I’m a teenager would be a way to keep my boyfriend or girlfriend,” with a 4-point Likert scale ranging from “Strongly agree” to “Strongly disagree.” The coding for three of these questions were flipped so that “Strongly agree” was coded as 4 instead of 1, “Agree” as 3 instead of 2, “Disagree” as 2 instead of 3, and “Strongly disagree” as 1 instead of 4. The attitudes towards sex scale variable calculated the mean for these nine questions (alpha = .682).

The STI risk attitudes section contained six items designed to measure how risky participants thought certain sexual behaviors were. A sample question is, “If a girl performs oral sex on a guy without a condom, what is the risk she will get an STD?” with responses on a 4-point Likert scale ranging from “No risk” to “Great risk.” An STI Risk Attitudes scale was created with the mean for these six questions (alpha = .900).

The Cultural Issues section of the survey included fourteen items that sought to understand how participants felt about gender roles and sexual preference stereotypes. Items, such as “Real men don’t show their feelings” and “You can tell a person is gay by the way he or she looks,” had responses on a 4-point Likert scale ranging from “Strongly agree” to “Strongly disagree,” with the coding for four of the items flipped. A Cultural Norms scale was created with the mean for these fourteen items, and a reliability analysis generated a Cronbach’s alpha of .716.

Finally, the questions that asked how frequently they participated in certain behaviors (smoking cigarettes, drinking alcohol, using marijuana) during the past 30 days were analyzed separately.

ADJUSTMENTS FOR ATTRITION AND SELECTION

Separately for teen peer educators (TPEs) and comparison youth, baseline differences were examined between those who did and did not complete a survey at each respective follow-up period. The results of these analyses are presented below in Tables 3.1 and 3.2.

Table 3.1 – Teen Peer Educators: Retained vs. Not Retained at Each Follow-up Period

	Took Ten-Week (N = 157)	Didn't Take Ten-Week (N = 25)	Took Six-Month (N = 131)	Didn't Take Six-Month (N = 51)	Took 12-Month (N = 82)	Didn't Take 12-Month (N = 100)
% female	63%	60%	60%	69%	65%	61%
Mean age	16.2	16.5	16.2	16.4	16.2	16.3
% Black	68%	72%	69%	65%	68%	68%
% Hispanic	31%	28%	31%	27%	34%	27%
% living in NYC public housing	52%	44%	49%	55%	45%	55%
% in school	96%	100%	96%	98%	98%	96%
Mean % of Knowledge Questions Correct	57%	61%	57%	59%	58%	57%
Mean of Attitudes Towards Sex Scale	3.22	3.26	3.20	3.30	3.20	3.25
Mean of STI Risk Attitudes Scale	3.24	3.30	3.28	3.14	3.17	3.31
Mean of Alcohol/Cigarettes/Drugs Wrong Scale	1.62	1.63	1.59	1.71	1.56	1.67
Mean of Cultural Norms Scale	3.01	2.93	3.00	2.98	2.99	3.01
% who had smoked cigarettes in last 30 days	4%	12%	6%	4%	9%	3%
% who had drank alcohol in last 30 days	24%	12%	24%	20%	26%	20%
% who had used marijuana in last 30 days	10%	8%	10%	10%	9%	11%
% who stayed in program	87%	44%***	86%	69%**	84%	79%

+ p<.10 * p<.05 ** p<.01 *** p<.001

Table 3.2 – Comparison Youth: Retained vs. Not Retained at Each Follow-Up Period

	Took Six-Month (N = 96)	**Didn't Take Six-Month (N = 65)**	**Took 12-Month (N = 67)**	**Didn't Take 12-Month (N = 94)**
% female	62%	62%	72%	55%*
Mean age	16.7	17.2+	16.6	17.2**
% Black	81%	82%	84%	80%
% Hispanic	35%	45%	42%	37%
% living in NYC public housing	43%	45%	45%	43%
% in school	97%	97%	97%	97%
Mean % of Knowledge Questions Correct	52%	55%	54%	52%
Mean of Attitudes Towards Sex Scale	3.18	3.17	3.18	3.16
Mean of STI Risk Attitudes Scale	3.25	3.11	3.21	3.18
Mean of Alcohol/Cigarettes/Drugs Wrong Scale	1.57	1.64	1.60	1.60
Mean of Cultural Norms Scale	2.93	2.91	2.94	2.90
% who had smoked cigarettes in last 30 days	4%	2%	6%	1%+
% who had drank alcohol in last 30 days	28%	37%	28%	34%
% who had used marijuana in last 30 days	9%	6%	9%	7%

+ p<.10 * p<.05 ** p<.01 *** p<.001

These data show virtually no significant differences in baseline characteristics between those who did and those who did not take a follow-up survey. While there were four differences out of 73 tests conducted that were significant (percentages of retained vs. not retained TPEs who stayed active in the program at ten weeks and six months; and percentage female and average age of those comparison cohort members who took a 12-month follow-up vs. those who did not), the totality of these analyses suggests no differences in attrition. (See Chapter 2 for some explanations for these differences.)

Additional analyses were conducted related to the findings that at both 10-week and 6-month follow-up there were far higher percentages of people who took the survey who stayed in the program than those who did not. In particular, we further explored differences between those who stayed in the program and took follow-up surveys and those who did not stay in the program but still took a follow-up survey, comparing their responses on 10-week and 6-month knowledge, attitudes, and behavior questions and scales. These results are presented in Table 3.3.

Table 3.3 – TPE Follow-up Survey Comparisons

TPEs who Took 10-Week	**Stayed in Program (N = 137)**	**Did Not Stay in Program (N = 20)**	**p-value**
Mean % of Knowledge Questions Correct	67%	61%$^{+}$	.070
Mean of Attitudes Towards Sex Scale	3.31	3.44	.265
Mean of STI Risk Attitudes Scale	3.42	3.11^{+}	.073
Mean of Alcohol/Cigarettes/Drugs Wrong Scale	1.78	2.08^{+}	.090
Mean of Cultural Norms Scale	3.07	3.11	.674
% who had smoked cigarettes in last 30 days	3%	10%	.124
% who had drank alcohol in last 30 days	23%	20%	.741
% who had used marijuana in last 30 days	10%	15%	.523
TPEs who Took 6-Month	**Stayed in Program (N = 113)**	**Didn't Complete Program (N = 18)**	**p-value**
Mean % of Knowledge Questions Correct	70%	62%$^{+}$	.053
Mean of Attitudes Towards Sex Scale	3.36	3.40	.775
Mean of STI Risk Attitudes Scale	3.37	3.43	.748
Mean of Alcohol/Cigarettes/Drugs Wrong Scale	1.67	2.07*	.023
Mean of Cultural Norms Scale	3.07	2.96	.375
% who had smoked cigarettes in last 30 days	7%	17%	.176
% who had drank alcohol in last 30 days	32%	28%	.731
% who had used marijuana in last 30 days	14%	17%	.781

+ p<.10 * p<.05 ** p<.01 *** p<.001

There were no significant differences between the two groups on the 10-week survey, and only one variable was significant at six months. Due to the lack of an effect on outcomes, we concluded that no adjustments needed to be made for attrition.

We next examined baseline differences between the teen peer educators and comparison youth. As shown in Table 3.4, there were three significant differences (average age, % Black, and mean % of knowledge questions correct), with three more (% Hispanic, mean on cultural norms scale, % drinking alcohol in the last thirty days) approaching significance. Because of this, before conducting our outcomes analysis, adjustments were made for selection bias in order to refine the samples to improve their comparability. In particular, we implemented a propensity score adjustment in order to render the two groups more comparable. The following steps were taken to make these adjustments. First, we examined the p-values for all the bivariate comparisons presented in Table 3.4. Second, we entered all baseline characteristics that differed at the liberal inclusion criterion of $p<.50$ into a backward stepwise logistic regression model, for which the dependent variable was involvement in the TEACH intervention (0 = Comparison Cohort, 1 = Teen Peer Educator). A total of 280 participants were included in the original model (82% of sample), with 63 excluded due to missing data on at least one of the independent variables. To obtain predicted probability values for the remaining 18%, further logistic regression models were run with the missing data variables excluded. Table 3.5 presents the regression coefficients and significance levels of the original model.

Table 3.4 – TPE vs. Comparison Cohort at Baseline

TPE vs. Comparison Cohort	**TPE (N = 182)**	**Comparison Cohort (N = 161)**
% female	63%	62%
Mean age	16.3	16.9***
% Black	68%	81%**
% Hispanic	30%	39%+
% living in NYC public housing	51%	43%
% in school	97%	97%
Mean % of Knowledge Questions Correct	58%	53%**
Mean of Attitudes Towards Sex Scale	3.23	3.17
Mean of STI Risk Attitudes Scale	3.25	3.19
Mean of Alcohol/Cigarettes/Drugs Wrong Scale	1.62	1.60
Mean of Cultural Norms Scale	3.00	2.92+
% who had smoked cigarettes in last 30 days	5%	3%
% who had drank alcohol in last 30 days	23%	32%+
% who had used marijuana in last 30 days	10%	8%

+ $p<.10$ * $p<.05$ ** $p<.01$ *** $p<.001$

Table 3.5 – Logistic Regression Model Predicting TPE Participation

Variable	Coefficient
Summary Statistics	
Total sample included in the analysis	280
Teen Peer Educators	143
Comparison Cohort	137
Chi-square for model	54.161***
Logistic Regression Coefficients	
Age	-.394***
Black Non-Hispanic	-1.084**
Hispanic	-1.310***
Live in public housing	.491+
% knowledge questions correct	3.145**
Attitudes towards sex scale	-.499
Cultural norms scale	.712+
Smoked cigarettes in last 30 days	1.046+
Drank alcohol in last 30 days	-.514**
Constant	5.445**

+ p<.10 * p<.05 ** p<.01 *** p < .001

Overall, the logistic regression strongly predicted participation, meaning that taken as a whole, the background characteristics included in the model were important predictors of being more or less likely to be teen peer educators (Nagelkerke R^2 = .235). All but one of the variables (attitudes towards sex scale) entered into the logistic regression model significantly predicted participation status (in the same directions as the bivariate comparisons). Propensity scores were obtained from the regression model, and these scores were used to weight each participant.

Table 3.6 compares the TPE and comparison cohort groups before and after implementation of propensity score weighting. None of the baseline characteristics that were significantly different between the two groups before weighting were significant after; hence, the results show that the weighting process improved the comparability of the comparison cohort.

Table 3.6 – Baseline Characteristics of TPE and Comparison Cohort Groups
Before and After Propensity Score Weighting

TPE N = 182 Comparison Cohort N = 161	Pre Weighting		Final Comparisons	
	TPE	**Comparison Cohort**	**TPE**	**Comparison Cohort**
% female	63%	62%	62%	65%
Mean age	16.3	16.9***	16.5	16.6
% Black	68%	81%**	71%	77%
% Hispanic	30%	39%+	37%	34%
% living in NYC public housing	51%	43%	47%	48%
% in school	97%	97%	97%	96%
Mean % of Knowledge Questions Correct	58%	53%**	55%	55%
Mean of Attitudes Towards Sex Scale	3.23	3.17	3.24	3.19
Mean of STI Risk Attitudes Scale	3.25	3.19	3.25	3.19
Mean of Alcohol/Cigarettes/Drugs Wrong Scale	1.62	1.60	1.63	1.58
Mean of cultural norms Scale	3.00	2.92+	2.98	2.96
% who had smoked cigarettes in last 30 days	5%	3%	4%	4%
% who had drank alcohol in last 30 days	23%	32%+	27%	26%
% who had used marijuana in last 30 days	10%	8%	8%	9%

+ p<.10 * p<.05 ** p<.01 *** p<.001

ANALYSIS PLAN

For teen peer educators, three different types of analyses were conducted. First, survey responses were compared across time on various outcomes, including:

- Mean score on knowledge questions,
- Mean score on attitude towards sex scale;
- Mean score on STI risk attitudes scale;
- Mean score on substance use attitudes scale;
- Mean score on cultural norms scale; and
- Participation in risky behaviors (alcohol, cigarettes, drug use).

Second, TPE 6-month and 12-month outcomes were compared with the comparison group (after adjusting for any baseline differences). Third, TPE outcomes were compared between different cohorts to test whether program impact varied based on changes over time in the nature and quality of implementation of the intervention.

Finally, workshop surveys were analyzed to determine change in knowledge from before to immediately after workshop attendance.

CHAPTER 4
IMPACT ANALYSIS RESULTS

This chapter presents the results of the impact evaluation measuring the effect of the TEACH intervention on participant knowledge, attitudes and behaviors related to HIV/AIDS; alcohol, tobacco, and drugs; sexual behaviors; and cultural norms related to gender and sexuality. All teen peer educators were asked to complete a pre-survey prior to starting the program, a survey at the end of their 10-week training period, and surveys at six-month and 12-month follow-up points. Change in knowledge, attitudes, and behavior was measured between baseline and each of the follow-up time points. In addition, comparison group surveys were collected at baseline, six-month and 12-month follow-up points from teenagers who did not participate in the program, and comparisons were made between survey results for the teen peer educators and the comparison group at the six-month and 12-month points. Finally, surveys were collected from workshop participants before and immediately after the workshops that teen peer educators facilitated, and survey data was analyzed looking at change in knowledge as well as change in attitudes towards alcohol, tobacco, and drug usage.

For teen peer educators (TPEs), t-tests were conducted comparing survey results across time on various outcomes, including mean score on knowledge questions, mean score on attitude towards sex scale, mean score on STI risk attitudes scale, mean score on substance use attitudes scale, mean score on cultural norms scale, and participation in risky behaviors (alcohol, cigarettes, drug use). Additionally, ANOVA was used to compare TPE outcomes between different cohorts to test whether program impact varied based on changes over time in the nature and quality of implementation of the intervention. Next, t-tests were used to compare TPE six-month and 12-month outcomes with the comparison cohort (after adjusting for baseline differences). Finally, for workshop participants, t-tests were used to compare pre- and post-workshop surveys to determine change in knowledge and attitudes towards alcohol, cigarettes, and drug use.

THE SAMPLES

As described in Chapter 3, there were 182 teen peer educators who were involved in the TEACH program. Eighty-six percent took the ten-week survey, 72% the six-month survey, and 46% the 12-month survey. There were 161 participants in the comparison cohort, 65% of whom took the six-month follow-up survey and 45% the 12-month. There were significant differences in baseline characteristics between the teen peer educators and comparison youth, so we implemented a propensity score adjustment in order to render the two groups more comparable. Finally, there were 1,059 workshop participants involved in this study, 94% of whom took the survey immediately following the workshop.

VARIABLES

As discussed in Chapter 3, change in knowledge was measured by a composite variable of the 22 survey items designed to measure how much participants knew about HIV/AIDS and alcohol, tobacco, and other drugs. The responses to all these items were true, false, and don't know. Responses were recoded so a correct answer was coded as 1 and an incorrect answer or "don't know" as 0. A composite knowledge variable was then created by summing the recoded responses and dividing by 22 to determine the percent of questions answered correctly. Thus, a higher percentage meant greater knowledge.

The attitudes towards sex scale is the mean of nine questions designed to measure the teenager's feelings about sexual behavior and the implications for having sex at as a teenager. Items were scored using a 4-point Likert scale ranging from "strongly agree" to "strongly disagree." All items were recoded so that one represents attitudes that are more conducive to sexual experimentation. The STI risk attitudes scale is comprised of the mean of six items designed to measure how risky participants thought certain sexual behaviors were. A score of one represents the feeling that sex without protection does not present a risk, and a score of four represents the feeling that sex without protection represents a great risk.

The alcohol/cigarettes/drugs wrong scale is comprised of the mean of three questions designed to measure how wrong the young person feels that using substances at their age is. Items were scored using a 4-point Likert scale ranging from "very wrong" to "not wrong at all."

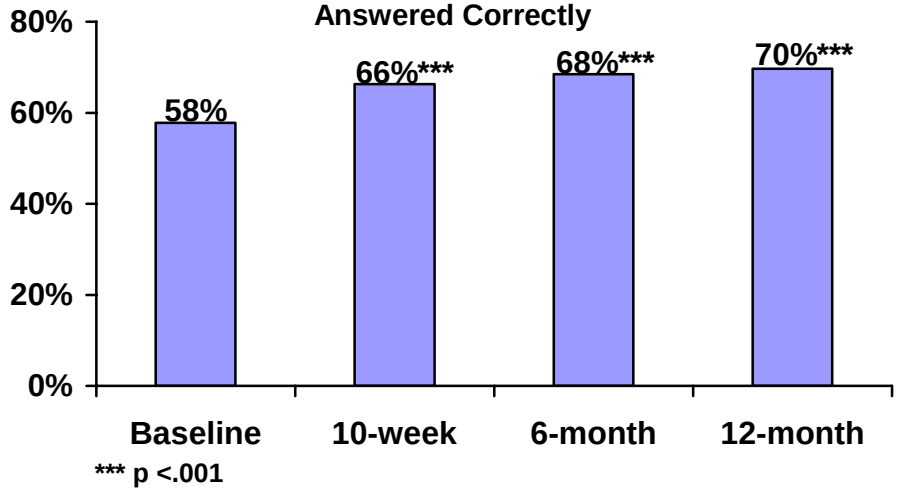
The Cultural Norms scale is the mean of 14 items that sought to understand how participants felt about gender roles, sexual preference stereotypes, and interacting with people of different races, with a 4-point Likert scale ranging from "strongly agree" to "strongly disagree." All items were recoded so that a score one represents a more negative attitude towards differences in race/gender/sexual preference, and four represents are more positive attitude.

Finally, we looked at participation in certain behaviors (smoking cigarettes, drinking alcohol, using marijuana) during the past 30 days.

IMPACT RESULTS FOR TEEN PEER EDUCATORS

Figure 4.1 illustrates that the teen peer educator average score on the knowledge composite increased significantly ($p<.001$) from baseline to each of the three follow-up survey time points, representing greater knowledge of facts related to HIV/AIDS, alcohol, tobacco, and drugs over the course of the intervention. At baseline, participants answered an average of 58% percent of knowledge questions correctly, where as by the 12-month point, they answered an average of 70% correct, a 21% relative increase.

Figure 4.1 - Improved Knowledge Among Teen Peer Educators: Mean % of Knowledge Questions Answered Correctly



Teen peer educators also showed improvement over time on the attitudes towards sex scale, with significant increases from baseline to each follow-up time point. As shown in Figure 4.2, the biggest increase was from baseline to 12 months (3.23 to 3.44, p<.001), indicating a lower propensity for sexual experimentation after completing the program.

Figure 4.2 - Change in Teen Peer Educators' Attitudes Towards Sex: Mean Score

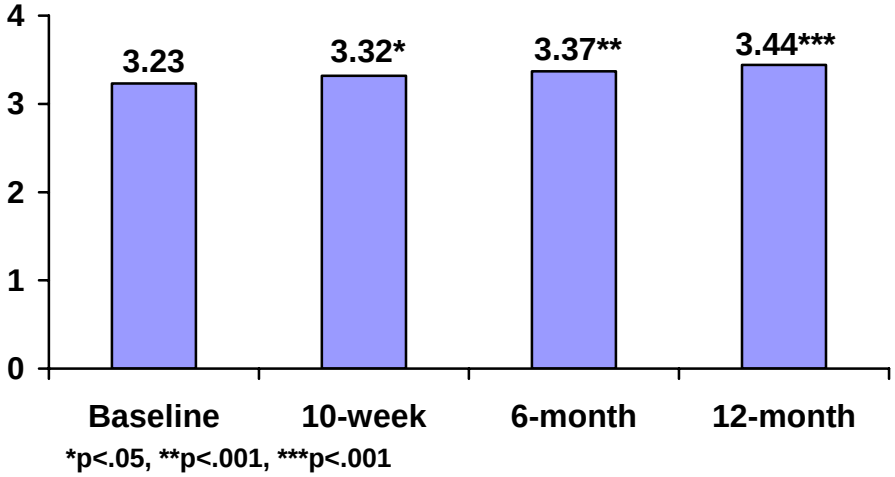
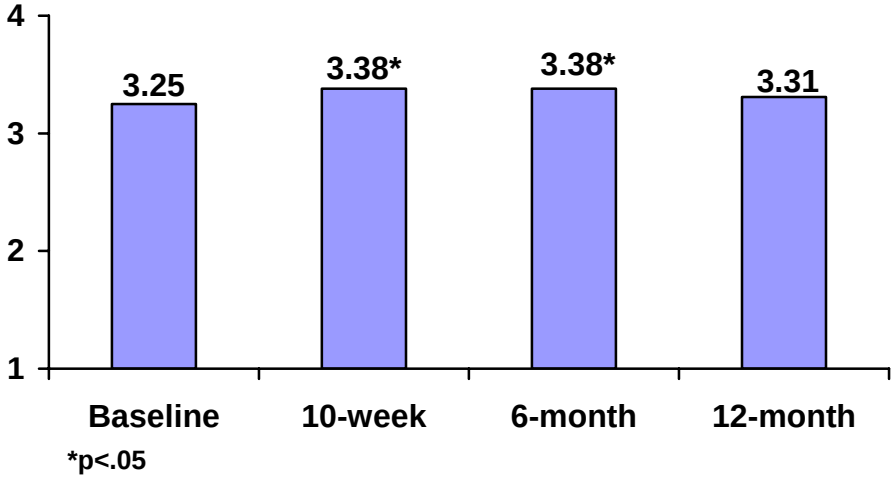


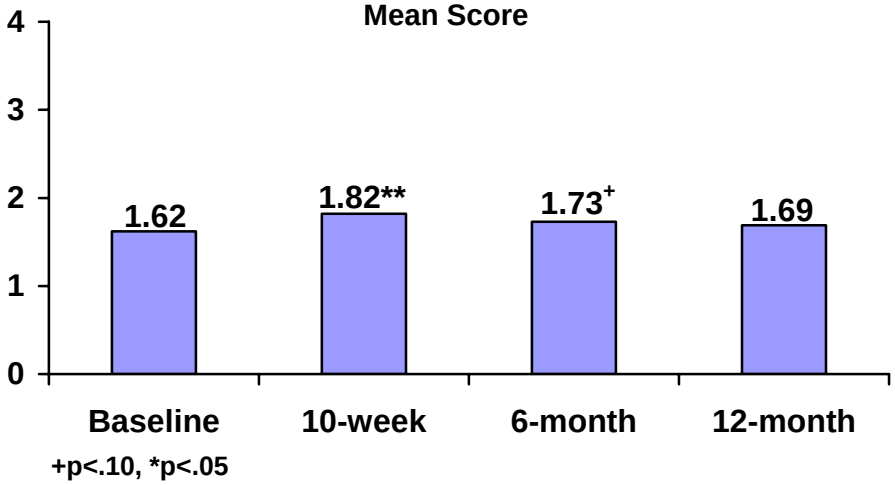
Figure 4.3 shows change in attitudes towards STI risk. At baseline, the mean scale score was 3.25, and at 10 weeks and six months, it was 3.38 (p<.05), indicating that TPEs felt unprotected sex was more risky while they were involved in the TEACH program. After leaving the program, the average score dropped slightly, and the difference between baseline and 12-months was not statistically significant.

Figure 4.3 - Change in Teen Peer Educators' STI Risk Attitudes: Mean Score



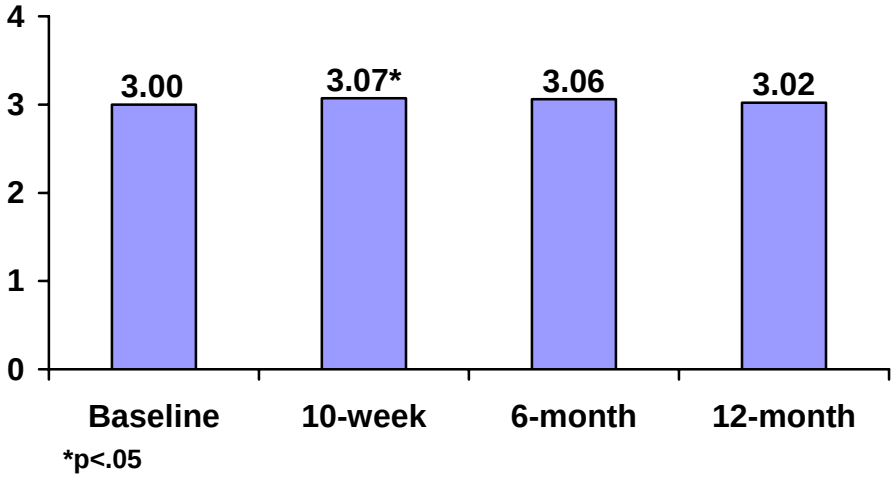
Surprisingly, after the ten week training period (1.82, p<.01), as well as six months out (1.73, p<.10), teen peer educators thought that using alcohol, cigarettes, and drugs as a teenager was significantly less wrong than they thought at baseline, though the mean was still very low, indicating that they still thought it was wrong at all periods. Results for the alcohol/cigarettes/drugs wrong scale are presented in Figure 4.4.

Figure 4.4 - Change in Teen Peer Educators' Attitudes Towards Alcohol/Cigarettes/Marijuana: Mean Score

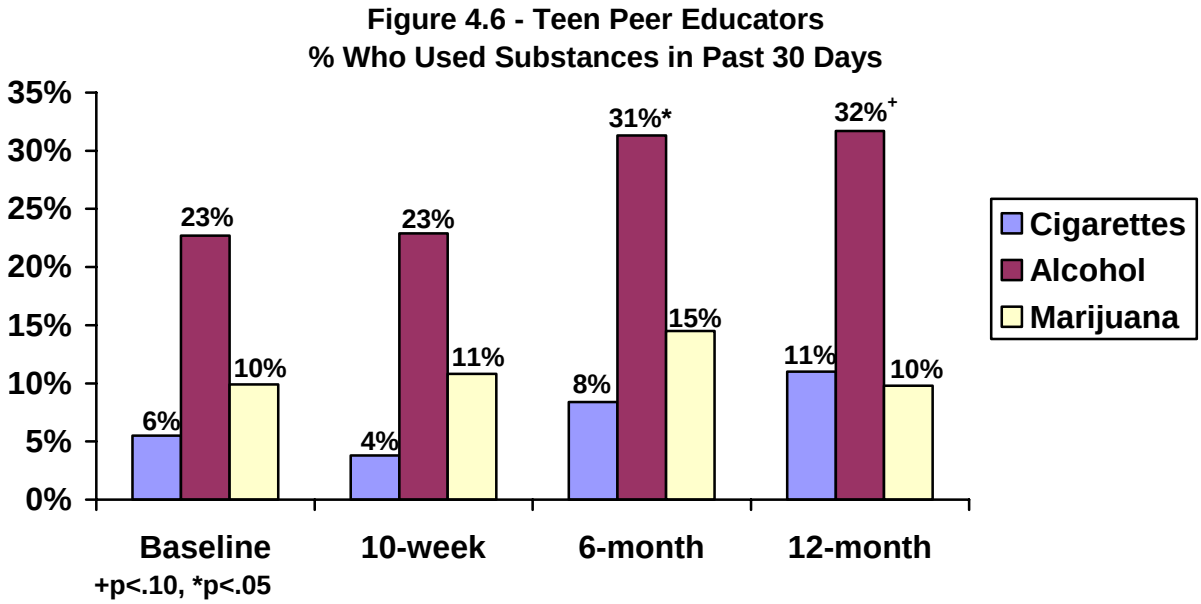


There was not much change in teen peer educators' attitudes towards gender roles and sexual preference stereotypes, as indicated by the relatively stable cultural norms scale average over time. As shown in Figure 4.5, from baseline to ten-week there was a small but significant increase in the mean score (3.00 to 3.07), indicating a positive attitude change, but this effect receded by the 12-month point.

Figure 4.5 - Change in Teen Peer Educators' Cultural Norms: Mean Score



Finally, comparisons were made between baseline and the three follow-up time points for past alcohol, cigarettes, and marijuana use in the past 30 days. As shown in Figure 4.6, there were no significant changes in cigarette or marijuana use. However, there was a significant increase in the percent who had drank alcohol in the past 30 days from baseline to six-month (23% to 31%, respectively, $p<.05$), and from baseline to 12-month (32%, $p<.10$).



There were no significant differences in change over time on any of the indicators between any two TPE cohorts, indicating that the intervention was implemented with the same quality, or at least with the same observable results, over time.

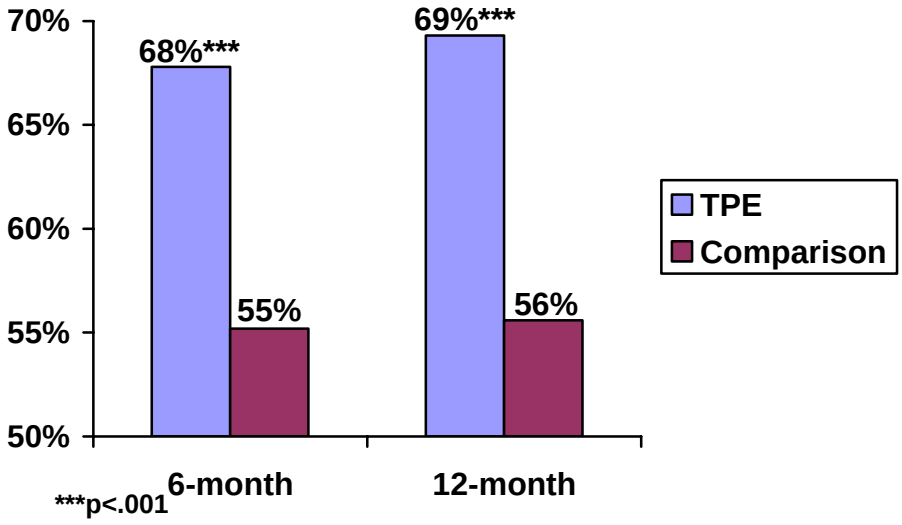
IMPACT RESULTS FOR TEEN PEER EDUCATORS VS. COMPARISON COHORT MEMBERS

As discussed in Chapter 2, there were significant differences in baseline characteristics between teen peer educators and the comparison cohort, and propensity scores were used to weight the data. After this weighting, none of the baseline characteristics that were significantly different between the two groups before weighting were significant after; hence, the two groups were rendered comparable.[2]

Comparisons between TPEs and Comparison Cohort members at the six-month and 12-month time points showed significant differences in percent of knowledge questions answered correctly. Figure 4.7 shows that at six-months, TPEs answered, on average, 68% of the knowledge questions correctly, compared to 55% by the comparison cohort members ($p<.001$). At 12-months, TPEs answered an average of 69% of the knowledge questions correctly, compared to 56% by the comparison cohort members ($p<.001$).

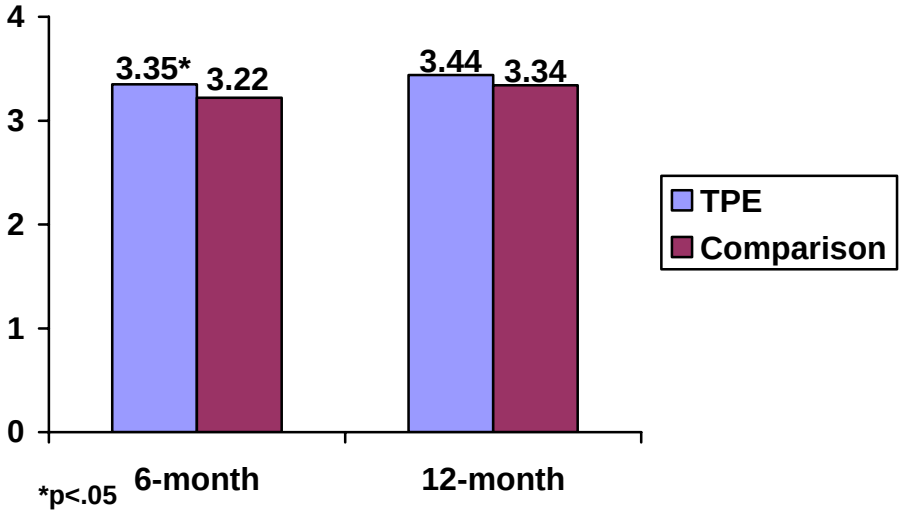
2 Comparisons between TPEs and Comparison Cohort uses weighted data; therefore, the outcome numbers for TPEs in these comparisons differ from the ones comparing TPEs to themselves across time.

Figure 4.7 - TPEs vs. Comparison Cohort: Mean % of Knowledge Questions Answered Correctly



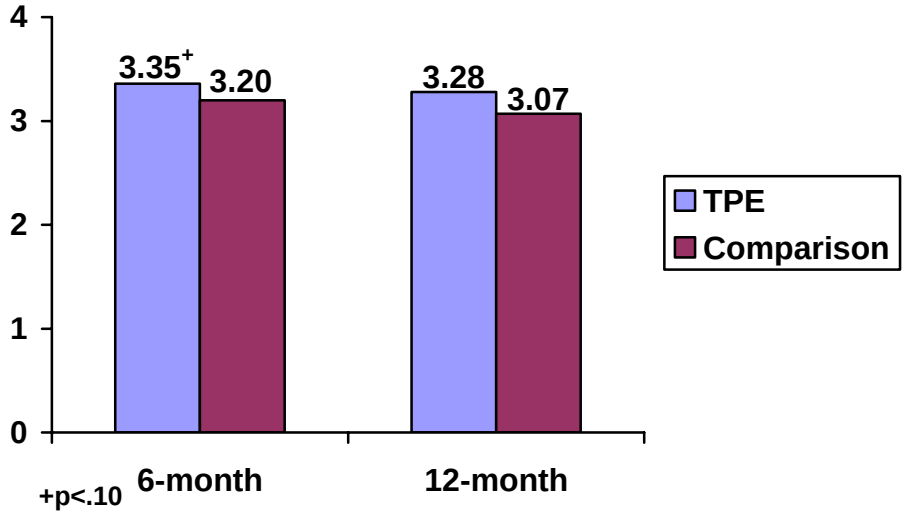
As shown in Figure 4.8, teen peer educators also had a significantly higher mean attitudes towards sex scale score than the comparison cohort at six months, 3.35 vs. 3.22, $p<.05$, indicating that TPEs had attitudes connoting a lower propensity for sexual experimentation than those who were not in the program.

Figure 4.8 - TPEs vs. Comparison Cohort: Mean Attitudes Towards Sex Scale Score



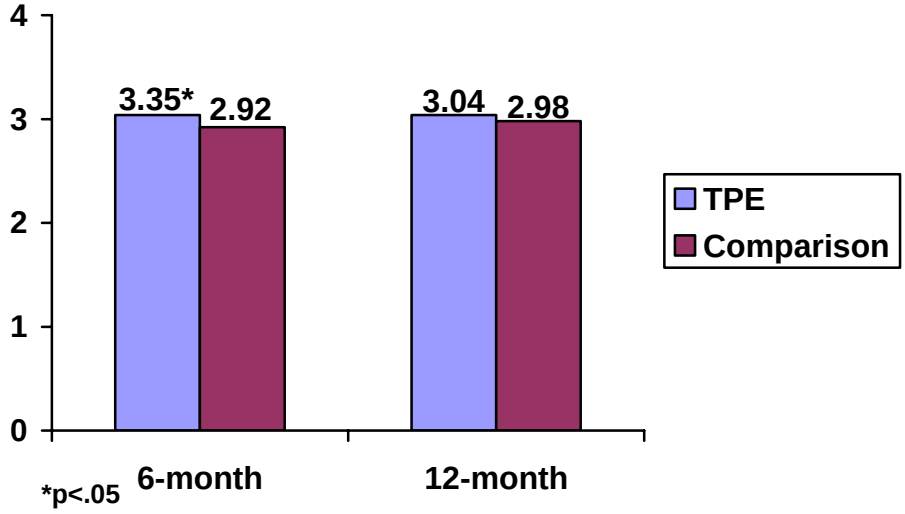
There was a small difference in the mean of STI risk attitudes scale score between TPEs and comparison cohort members at six-months, approaching significance ($p<.10$), as shown in Figured 4.9. The higher mean for TPEs at both six-months and 12-months suggests those who were in the TEACH program believed unprotected sex to be a greater risk than those who were not in the program.

Figure 4.8 - TPEs vs. Comparison Cohort: Mean STI Risk Attitudes Scale Score



On the cultural norms scale, TPEs had higher averages than the comparison cohort at both follow-up points, though only the difference at six months was significant. This is shown in Figure 4.10.

Figure 4.10 - TPEs vs. Comparison Cohort: Mean Cultural Norms Scale Score

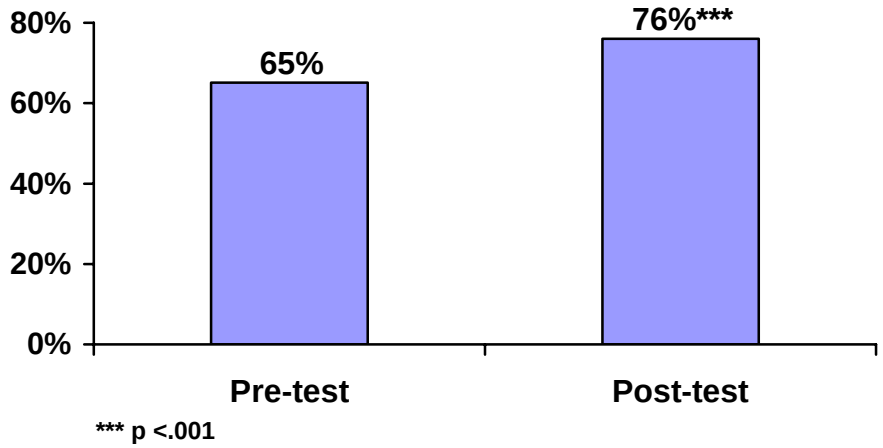


Finally, there were no significant differences found between the two groups on the alcohol/cigarettes/drugs wrong scale, or the percent who had used alcohol, cigarettes, and drugs in the last 30 days.

IMPACT RESULTS FOR WORKSHOP PARTICIPANTS

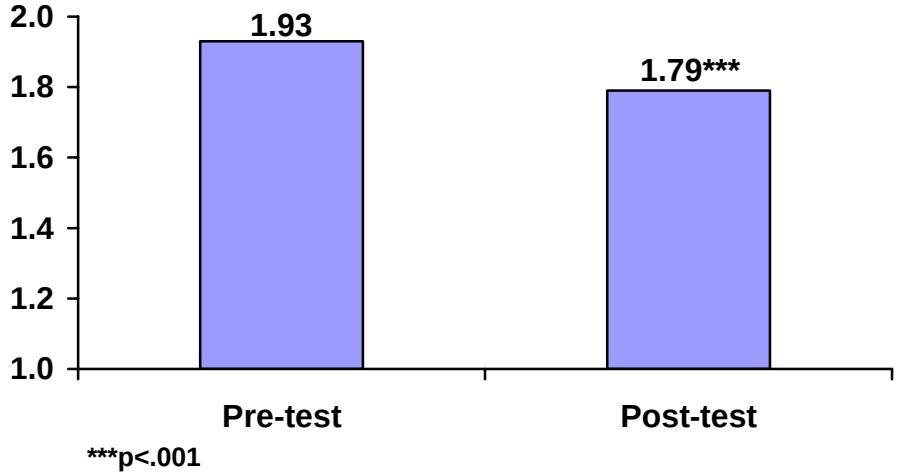
Workshop participants showed significant improvement in knowledge from pre- to post-survey. As shown in Figure 4.11, the mean percent of knowledge questions answered correctly went from 65% to 76%, p<.001.

Figure 4.11 - Improved Knowledge Among Workshop Participants: Mean % of Knowledge Questions Answered Correctly



Additionally, Figure 4.12 shows workshop participants' significant decrease in the mean of alcohol/cigarettes/drugs wrong scale, from 1.93 to 1.79, p<.001, from pre- to post-test, indicating that participants felt drinking alcohol, smoking cigarettes, and using marijuana as a teenager was more wrong after the peer-led workshop than before.

Figure 4.12 - Change in Workshop Participant Attitudes Towards Alcohol/Cigarettes/Marijuana: Mean Score



CHAPTER 5
CONCLUSION

This chapter considers the key findings and lessons drawn from both the process and impact evaluations of the TEACH program.

DISCUSSION OF KEY FINDINGS

Results of the Process Evaluation

The planning process involved collaboration among several local Brooklyn community organizations. The needs assessment showed that HIV/AIDS and substance abuse were some of the main concerns in the community, especially as they related to young people. After discussions with parents and teenagers, it was decided that the best way to engage the community around these issues was having a peer education program for teenagers. After the project coordinator was hired, she spent time attending local meetings and orienting herself in order to fully understand the community, and she hired teenagers as interns to help design all stages of the program. A social worker specializing in youth was also hired to help with the program design.

Recruitment was done through street outreach and word-of-mouth, and special efforts were made to recruit male participants. Retention rates varied by cohort, due to school, family and housing problems, as well as timing of the program; when training periods extended into summer months, it was sometimes difficult for youth to manage job commitments and travel. Interpersonal conflict between teen peer educators, however, was the main cause of program attrition. In order to address this problem, the TEACH program, starting with the fifth cohort, began taking the young people on an overnight retreat where they participated in team-building activities.

The TEACH planners initially chose two model curricula that incorporate the peer education approach: the Teens for AIDS Prevention (TAP) curriculum and Towards No Drug Abuse (TND). TAP uses the social learning theoretical approach to incorporate existing social networks and youth resources to deliver health messages to adolescents. The curriculum, however, was modified over the course of the program to better meet the needs of the young people, and based on feedback the TPEs gave during focus groups.

The research component was based on two public health models: KAB, a model stating that behavior follows from knowledge and attitudes; and a peer education model, suggesting that young people are more persuaded by their peers than by "experts" or adults. The research design involved a longitudinal cohort study, surveying TEACH teen peer educators at baseline, their 10-week exit from training, six months, and one year. A comparison cohort was recruited from demographically similar neighborhoods and surveyed at baseline, six months, and one year. TEACH workshop participants were surveyed before and after the workshop presentation, as well as at six-month follow-up. Survey questions drew from several different sources, including Government Performance Review Act-provided questions, the Youth Behavior Risk Surveillance System (YBRS), the Adolescent Health Study (Ad-Health) and others.

Results of the Impact Evaluation

The impact evaluation sought to test four hypotheses concerning the effects of the TEACH program:

<u>Hypothesis 1:</u> Teen peer educators will gain increased knowledge of and improved attitudes towards HIV/AIDS; alcohol, tobacco, and drugs; and sex and sexually transmitted infection risk.

The results of this evaluation partially support Hypothesis 1. As measured by the 22-item knowledge scale, teen peer educators demonstrated a significant increase in knowledge of HIV/AIDS; alcohol, tobacco, and drugs; and sex and sexually transmitted infection risk after completing the program at each follow-up time point.

Change over time on a nine-item attitudes towards sex scale showed that at each follow-up time point, teen peer educators had attitudes that suggest a lower propensity for sexual risk and experimentation. The change from before the program to one year after was significant. Additionally, while involved with the TEACH program, TPEs were more likely to feel that unprotected sex was risky, as measured on a six-item STI risk attitudes scale.

While those indicators supported the hypothesis, the data related to attitudes about use of alcohol, cigarettes, and drugs did not. At the ten-week and six-month time points, TPEs thought that using these three substances was less wrong than they had thought before the program. While the mean score for this three-item scale was still very low, indicating that they still generally thought that using these substances was wrong, the research had hypothesized that they would think it was more wrong after the program intervention.

Finally, there was not much change in teen peer educators' attitudes towards gender roles and sexual preference stereotypes, as indicated by the relatively stable mean over time on the 14-item cultural norms scale.

<u>Hypothesis 2:</u> Teen peer educators will report decreased involvement in risky behaviors (alcohol, tobacco, and drugs).

Hypothesis 2 was not supported by the data. Teen peer educators were more likely to have drunk alcohol in the past 30 days at the six- and 12-month follow-up time points than at baseline and 10-weeks. This indicator moved in the opposite direction than expected. Additionally, there were no significant changes in either direction in past 30-day tobacco or marijuana usage. This may be related to the fact that the TPEs were older at the follow-up time points and were more likely to have been exposed to situations where alcohol was present, especially if their follow-up survey occurred during the summer months.

<u>Hypothesis 3:</u> Teen peer educators will show greater positive change in knowledge, attitudes, and behaviors than the comparison group, which was not exposed to the TEACH curriculum.

Hypothesis 3 was mostly supported by the data. Comparisons between TPEs and comparison cohort members at the six-month and 12-month time points showed that TPEs had answered significantly more knowledge questions correctly than did the comparison cohort. Since these two groups had answered the exact same percent of questions correctly at baseline, the differences at six-month and 12-month indicate a significantly greater change in knowledge for those in the program than those not exposed to the TEACH curriculum.

Regarding attitudes towards sex and sex risk, at both follow-up points, TPEs had attitudes connoting a lower propensity for sexual experimentation and risk than those who were not in the program. Additionally, those who were in the TEACH program believed unprotected sex to be a greater risk than those who were not in the program.

Significant differences between TPEs and comparison cohort members were found on the 14-item cultural norms scale. At the six-month and 12-month time points, TPEs had more positive attitudes towards differences in race and sexual preference, and held less stereotypical attitudes about gender roles, than did the comparison group.

While the above indicators confirm Hypothesis 3, there were no significant differences found between the two groups on the alcohol/cigarettes/drugs wrong scale, or the percent who had used alcohol, cigarettes, and drugs in the last 30 days; therefore, the teen peer educators did not show greater change on these indicators.

Hypothesis 4: Workshop participants will gain increased knowledge of HIV/AIDS and alcohol, tobacco, and drugs after participation in a TEACH peer-led workshop.

The results of the evaluation support Hypothesis 4. Workshop participants showed significant improvement in the percentage of the 15 knowledge questions answered correctly from pre- to post-survey, indicating that immediately following the workshop presentation by the TPEs, participants knew more factual information about HIV/AIDS and alcohol, tobacco, and drugs. In addition, participants felt drinking alcohol, smoking cigarettes, and using marijuana as a teenager was more wrong after the peer-led workshop than before.

LESSONS LEARNED

From the planning process one lesson learned was that the number of community partners involved in this effort strengthened the planning capacity by bringing a wide range of skills and expertise together than no one organization alone could provide.

During the program implementation phase, lessons learned were that young men are a challenging population to recruit and retain, and programs of this type should pay special attention to methods of attracting young men and encouraging them to complete the program. Retention in general, particularly over the summer and after young people no longer meet regularly, is challenging. Program elements such as retreats and incentives (e.g., pizza parties) are helpful in overcoming this challenge. Another lesson learned was that teens require compensation for their work. Even modest stipends are important in communicating that teens' skills and time are valued.

Regarding peer-education models, a lesson learned was that in order for young people to present effectively, programs like TEACH must balance the need for practice with the imperative not to exhaust or bore participants. Another challenge is the difficulty of engaging unresponsive audiences. The most successful peer educators are those who learn how to move past frustration with their peers.

Despite staff turnover, the impact evaluation found that the survey data results for TPEs did not vary by cohort, indicating that the program was administered consistently over time by different staff members. Additionally, the program coordinator's credentials did not seem to have an impact on change in knowledge, attitudes and behaviors. The same results were obtained when the program was led by a coordinator with a Masters of Public Health as when it was led by a former TPE who was still in college.

From the research component, major lessons learned were that data collection instruments that are extremely lengthy, as was the instrument for the TPEs and Comparison Cohort, can lead to survey fatigue. Ideally, data collection instruments for teens should be planned as shorter exercises. Additionally, as indicated by the TPEs' increased use of alcohol and feeling it was less wrong despite increased knowledge about its effects, the assumption that attitude and behavior change follow a change in knowledge is not always correct. Finally, the impact evaluation proved that peer education is an effective way to increase knowledge of HIV/AIDS among teenagers in the short-term. However, for workshop participants, post-tests were distributed immediately after the presentation; therefore, the impact evaluation measures only immediate changes in participant knowledge. Though six-month surveys were planned, response rate was extremely low, preventing us from measuring whether the increased knowledge was sustained over time.

CONCLUSION

The results of the evaluation indicate that the TEACH program at the Red Hook Community Justice Center was largely effective. Numerous community organizations in Red Hook, Brooklyn came together to plan and design a program that filled a perceived gap in services in the community. An HIV/AIDS peer education program for teenagers was implemented successfully, and the impact evaluation revealed that Teen Peer Educators greatly improved their knowledge of HIV/AIDS and substance abuse prevention and were able to successfully transmit that knowledge to their peers. Moreover, after participating in TEACH, TPEs showed significantly greater topical knowledge than the comparison cohort, though they knew the same amount at baseline. Regarding attitudes and behaviors, the program did not appear to influence orientations towards alcohol, cigarettes, and drugs. However, after the intervention, TPEs showed less risky and more positive attitudes towards sexual experimentation, unprotected sex, race, gender, and sexual preference than did the comparison group, with the latter findings indicating that the program helped them break down stereotypes that often lead to discrimination and prejudice.

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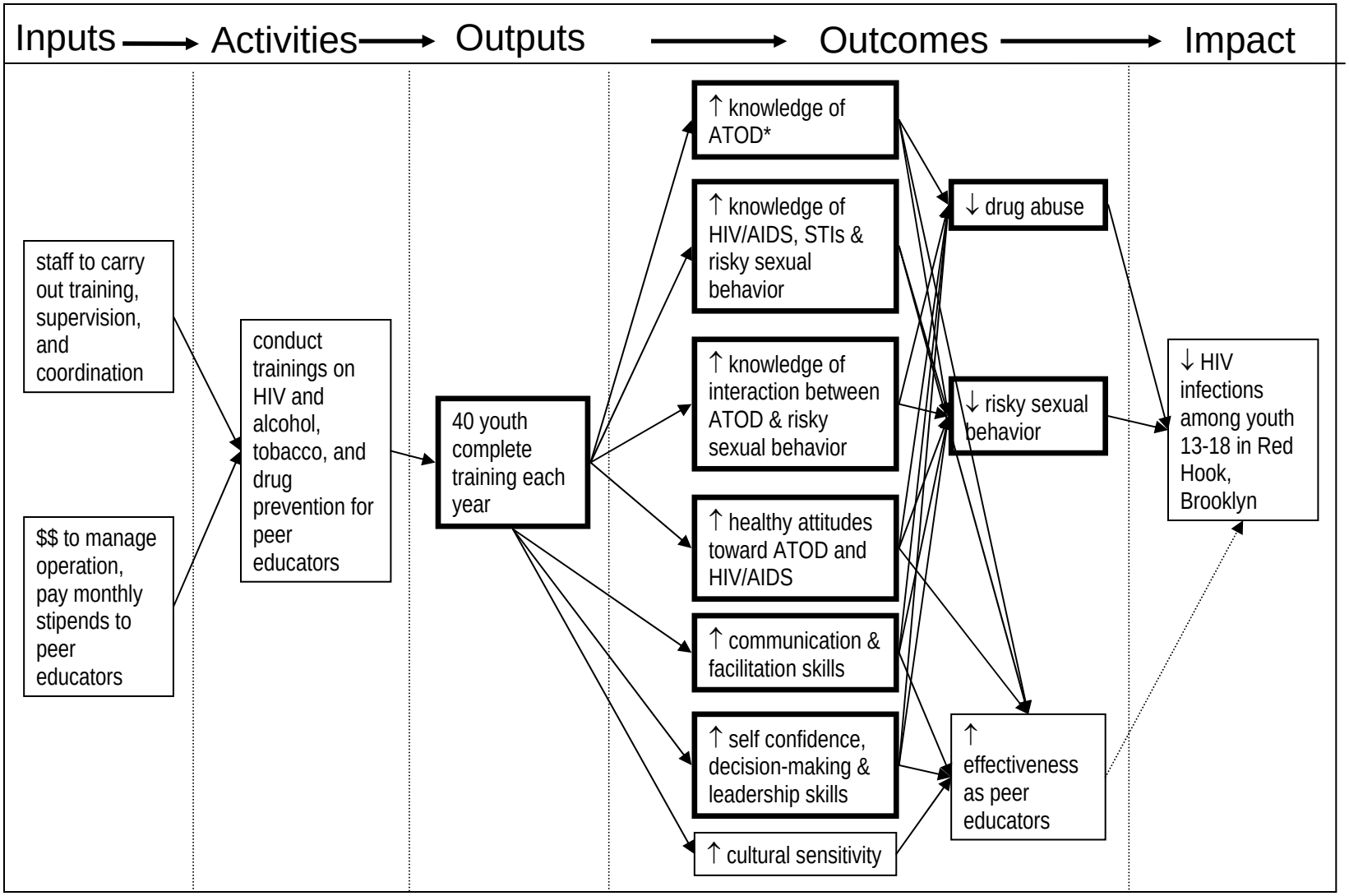
APPENDIX A
TEACH PROGRAM LOGIC MODELS

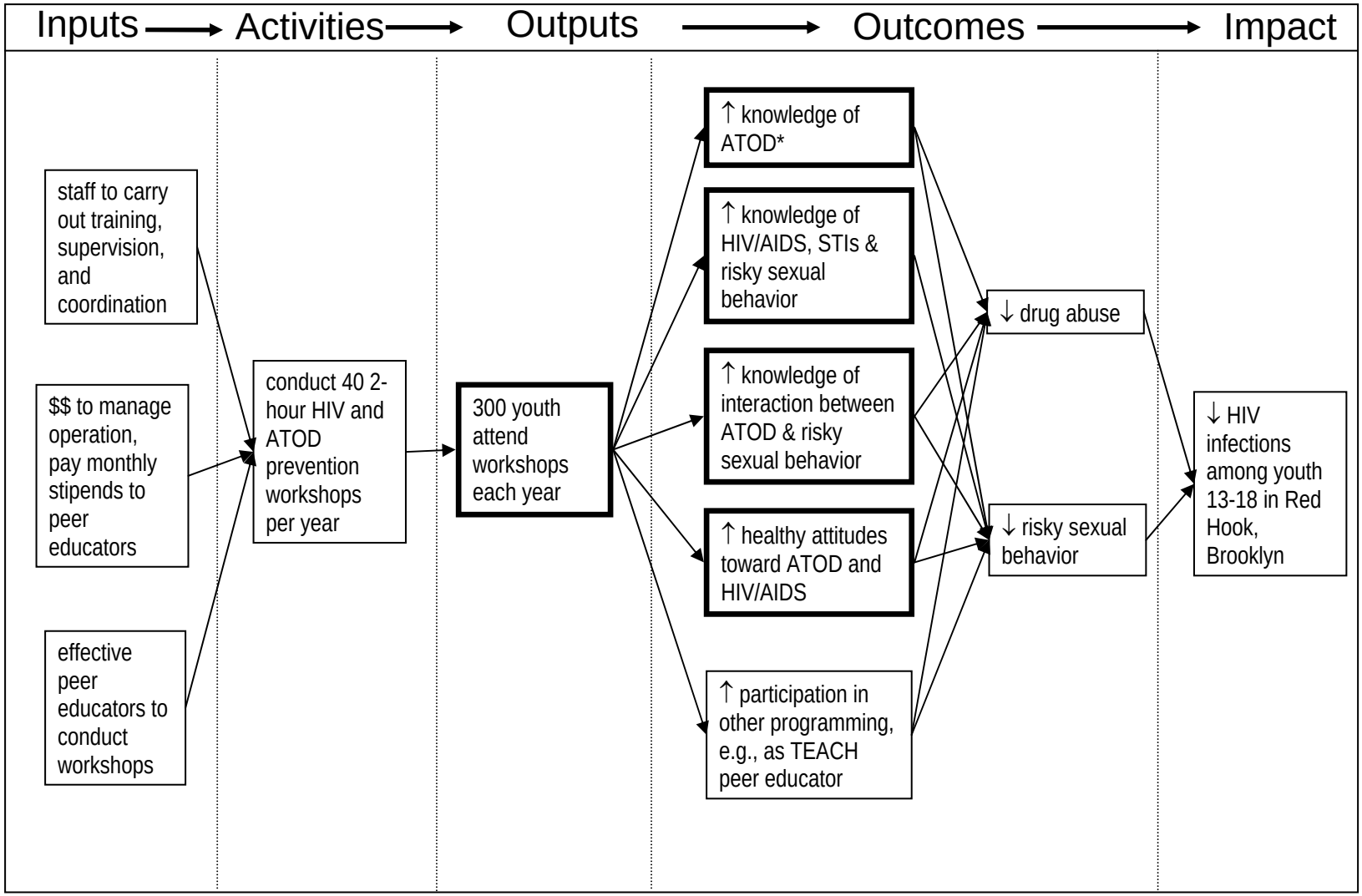
Project TEACH—Logic Model for **Peer Educators**



** ATOD = Alcohol, Tobacco, and Other Drugs*

*Note: Items that will be **measured** as part of the evaluation are shown with bold outlines. Other items will not be measured but are included to show their roles in the logic of the program design.*

Project TEACH—Logic Model for **Workshop Participants**



** ATOD = Alcohol, Tobacco, and Other Drugs*

*Note: Items that will be **measured** as part of the evaluation are shown with bold outlines. Other items will not be measured but are included to show their roles in the logic of the program design.*

APPENDIX B
TEEN PEER EDUCATOR INSTRUMENT

DATE_____

TEACH Peer Educator Survey

You are being asked to complete this survey as a part of an evaluation study so that we may understand how young people feel about themselves, friends, school, and family. You will be asked questions about your feelings toward alcohol, tobacco, and other drugs, and whether or not you use them. Please answer all of the questions honestly and thoughtfully. Your answers will be kept private. Your completion of this survey will help us learn more about the effectiveness of programs to prevent substance abuse and related risk factors as well as enhance protective factors among youth.

No one in your school or community will ever know how you answered the questions. The survey is completely voluntary. If you do not want to fill out the survey or any of the questions, you do not have to. No one else will know your decisions.

This is not a test, so there are no right or wrong answers. Please work quietly and by yourself. We think you will find the survey interesting and that you will like filling it out.

Background Information

In this section, we're asking some questions about you. Please choose the best answer for each question.

D1. Are you:

- ☐ Male (boy)
- ☐ Female (girl)

D2. Who do you live with now? (Please check a box for <u>everyone</u> that you live with)

- ☐ Mother
- ☐ Father
- ☐ Step mother
- ☐ Step father
- ☐ Guardian
- ☐ Grandparents
- ☐ Brothers (how many brothers? _____)
- ☐ Sisters (how many sisters? _____)
- ☐ Foster care or group home
- ☐ Others (who else do you live with? _____)

D3. What neighborhood best describes where you live?

- ☐ Red Hook
- ☐ Sunset Park

- ☐ Carroll Gardens
- ☐ Park Slope
- ☐ Gowanus
- ☐ Cobble Hill
- ☐ Other (_____)

D4. Do you live in New York City public housing?

- ☐ Yes
- ☐ No

D5. Are you Hispanic or Latino (Spanish)?

- ☐ Yes
  - ☐ Puerto Rican
  - ☐ Dominican
  - ☐ Cuban
  - ☐ Other Latino _____
- ☐ No

D6. How would you describe your race/ethnicity? (Please check all that apply)

- ☐ Black or African-American
- ☐ Asian
- ☐ American Indian
- ☐ Pacific Islander / Native Hawaiian
- ☐ Alaska Native
- ☐ White
  - ☐ Other, not Hispanic or Latino _____

D7. Are you currently in school?

- ☐ Yes
- ☐ No

D7a. If you are in school, what grade are you currently in?

- ☐ 8th Grade
- ☐ 9th Grade (Freshman)
- ☐ 10th Grade (Sophomore)
- ☐ 11th Grade (Junior)
- ☐ 12th Grade (Senior)

D8. In general, I go to school...

- ☐ Almost always (95% of the time or more)
- ☐ Usually (75% of the time)
- ☐ Half of the time (about 50% of the time)
- ☐ Sometimes (about 25% of the time)

☐ Almost never (about 5% of the time)
☐ Never

D9. Outside of Project TEACH, are you currently employed either on or off the books? (This includes fast food, babysitting)
☐ Yes
☐ No

D9a. If yes, how many hours a week do you work? _____

D10. Are you involved in after school activities?
☐ Yes
☐ No

D10a. IF YES, please tell us what activities _____

D11. Have you participated in any Red Hook Community Justice Center Activities? (Please check a box for each activity that you have participated in)
☐ Youth Court
☐ Internship
☐ Mentoring
☐ Baseball League
☐ Project TEACH workshop

D12. Have you (or you and a parent) ever received services at the Red Hook Community Justice Center? (Please check a box for each activity that you have participated in)
☐ Housing
☐ Mediation
☐ Drug Treatment Referral

D13. Have you had a juvenile delinquency case, been arrested, or been a youth court respondent?
☐ Yes
☐ No

In this section, we're asking you questions about HIV/AIDS and alcohol, tobacco, and other drugs. Choose true, false or don't know for each answer.

K1. Blood, semen, vaginal fluids, and breast milk are the only fluids that can transmit HIV.	TRUE	FALSE	Don't Know

K2. HIV can only be spread through unprotected vaginal or anal sex with an infected person.	TRUE	FALSE	Don't Know
K3. Needles and injection equipment can be cleaned with water to kill HIV.	TRUE	FALSE	Don't Know
K4. Only latex condoms can reduce the risk of HIV transmission during vaginal, anal or oral sex.	TRUE	FALSE	Don't Know
K5. Confidential HIV testing associates one's name to his/her results, but the information can only be accessed only by your doctor.	TRUE	FALSE	Don't Know
K6. There is a cure for HIV, but it is not being released by the government.	TRUE	FALSE	Don't Know
K7. HIV is the virus that causes AIDS.	TRUE	FALSE	Don't Know
K8. It is more likely that a woman would transmit HIV to a man than a man transmitting HIV to a woman.	TRUE	FALSE	Don't Know
K9. Only oil-based lubricants, like Vaseline and hand lotion, can be used on condoms to protect against HIV.	TRUE	FALSE	Don't Know
K10. Abstinence is the only 100% effective way to prevent against HIV and STDs.	TRUE	FALSE	Don't Know
K11. All STDs can be prevented by using condoms during sex.	TRUE	FALSE	Don't Know
K12. Smoking marijuana (weed) is harmless to your health and cannot lead to cancer.	TRUE	FALSE	Don't Know
K13. Only people who use hard drugs, including cocaine and crack, experience withdrawal when they quit.	TRUE	FALSE	Don't Know
K14. Someone who has never smoked can get cancer from second-hand smoke.	TRUE	FALSE	Don't Know
K15. Heroin, nicotine, marijuana, cocaine, and alcohol are examples of "depressants" that slow down motor skills.	TRUE	FALSE	Don't Know
K16. Using drugs and alcohol can put you at risk for getting STDs or HIV.	TRUE	FALSE	Don't Know
K17. Cigarettes contain over 40 different carcinogens, which cause cancer.	TRUE	FALSE	Don't Know
K18. Nicotine, in cigarettes, is addictive, but not harmful to health.	TRUE	FALSE	Don't Know
K19. The risk of death from smoking begins to decrease only 5 years *after* quitting smoking.	TRUE	FALSE	Don't Know

K20. Lung cancer is the only type of cancer caused by smoking.	TRUE	FALSE	Don't Know
K21. The three leading, *preventable*, causes of death are: alcohol, smoking, and secondhand smoke.	TRUE	FALSE	Don't Know
K22. Alcohol impairs judgment, vision, and motor skills.	TRUE	FALSE	Don't Know

Drug and alcohol use and attitudes

Please choose the best answer for each question.

A1. How frequently have you smoke cigarettes during the past 30 days?

- ☐ Not at all
- ☐ Less than one cigarette per day
- ☐ One to five cigarettes per day
- ☐ About one-half pack per day
- ☐ About one pack per day
- ☐ About one and one-half packs per day
- ☐ Two packs or more per day

A2. How often have you taken smokeless tobacco during the past 30 days?

- ☐ Not at all
- ☐ Once or twice
- ☐ Once or twice per week
- ☐ Three to five times per week
- ☐ About once a day
- ☐ More than once a day

A3. To be more precise, during the past 30 days about how many cigarettes have you smoked per day?

- ☐ None
- ☐ Less than 1per day
- ☐ 1-2
- ☐ 3 to 7
- ☐ 8 to 12
- ☐ 13 to 17
- ☐ 18 to 22
- ☐ 23 to 27
- ☐ 28 to 32
- ☐ 33 to 37
- ☐ 38 or more

A4. Alcoholic beverages include beer, wine, wine coolers and liquor. On how many occasions during the last 30 days have you had alcoholic beverages to drink? (more than just a few sips?)

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A5. On how many occasions during the last 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A6. On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A7. During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on average? (If you shared them with other people, count only the amount that YOU smoked).

- ☐ None
- ☐ Less than 1 day
- ☐ 1 a day
- ☐ 2 to 3 a day
- ☐ 4 to 6 a day
- ☐ 7 to 10 a day
- ☐ 11 or more a day

A8. On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A9. On how many occasions during the last 30 days (if any) have you taken LSD (acid)?

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A10. Amphetamines are sometimes called: uppers, ups, speed, benies, dexies, pep pills, diet pills, meth or crystal meth. They include the following drugs: Benzedrine, Dexedrine, Methedrine, Ritalin, Preludin, Dexamyl, and Methamphetamine. **On how many occasions during the last 30 days (if any) have you taken amphetamines on your own that is, without your doctor telling you to take them....during the last 30 days?**

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A11. On how many occasions during the last 30 days (if any) have you taken "crack" (cocaine in chunk or rock form)?

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A12. On how many occasions during the last 30 days (if any) have you taken cocaine in any other form (like cocaine powder)?

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A13. Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves or relax their muscles. Librium, Valium, and Miltown are all tranquilizers. **On how many occasions during the last 30 days (if any) have you taken tranquilizers on your own that is, without your doctor telling you to take them....during the last 30 days?**

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A14. Barbiturates are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs, downers, goofballs, yellows, reds, blues, rainbows. **On how many occasions during the last 30 days (if any) have you taken barbiturates on your own that is, without your doctor telling you to take them....during the last 30 days?**

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions
- ☐ 40 or more occasions

A15. On how many occasions during the last 30 days (if any) have you smoked (or inhaled the fumes of) crystal meth ('Ice')...during the last 30 days?

- ☐ 0 occasions
- ☐ 1 to 2 occasions
- ☐ 3 to 5 occasions
- ☐ 6 to 9 occasions
- ☐ 10 to 19 occasions
- ☐ 20 to 39 occasions

☐ 40 or more occasions

A16. Amphetamines have been prescribed by doctors to help people lose weight or to give people more energy. They are sometimes called uppers, ups, speed, bennies, dexies, pep pills, and diet pills. Drug stores are not supposed to sell them without a prescription from a doctor. Amphetamines do NOT include any non-prescription drugs, such as over-the-counter diet pills (like Dexatrim) or stay-awake pills (like No-Doz), or any mail-order drugs. **On how many occasions (if any) have you taken amphetamines on your own that is, without a doctor telling you to take them...during the past 30 days?**

☐ 0 occasions
☐ 1 to 2 occasions
☐ 3 to 5 occasions
☐ 6 to 9 occasions
☐ 10 to 19 occasions
☐ 20 to 39 occasions
☐ 40 or more occasions

A17. On how many occasions during the last 30 days (if any) have you used heroin...during the last 30 days?

☐ 0 occasions
☐ 1 to 2 occasions
☐ 3 to 5 occasions
☐ 6 to 9 occasions
☐ 10 to 19 occasions
☐ 20 to 39 occasions
☐ 40 or more occasions

A18. There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, demerol, paregoric, talwin, and laudanum. They are sometimes prescribed by doctors. On how many occasions (if any) have you taken narcotics other than heroin on your own that is, without a doctor telling you to take them...during the past 30 days?

☐ 0 occasions
☐ 1 to 2 occasions
☐ 3 to 5 occasions
☐ 6 to 9 occasions
☐ 10 to 19 occasions
☐ 20 to 39 occasions
☐ 40 or more occasions

A19. On how many occasions (if any) have you used MDMA ('ecstasy') during the past 30 days?

☐ 0 occasions
☐ 1 to 2 occasions
☐ 3 to 5 occasions
☐ 6 to 9 occasions
☐ 10 to 19 occasions
☐ 20 to 39 occasions
☐ 40 or more occasions

A20. On how many occasions (if any) have you used Rohypnol ('rophies', 'roofies') during the past 30 days?

☐ 0 occasions
☐ 1 to 2 occasions
☐ 3 to 5 occasions
☐ 6 to 9 occasions
☐ 10 to 19 occasions
☐ 20 to 39 occasions
☐ 40 or more occasions

A21. During the last 30 days, on how many occasions (if any) have you used GHB (liquid G, grievous bodily harm)?

☐ 0 occasions
☐ 1 to 2 occasions
☐ 3 to 5 occasions
☐ 6 to 9 occasions
☐ 10 to 19 occasions
☐ 20 to 39 occasions
☐ 40 or more occasions

A22. During the last 30 days, on how many occasions (if any) have you used Ketamine (special K, super K)?

☐ 0 occasions
☐ 1 to 2 occasions
☐ 3 to 5 occasions
☐ 6 to 9 occasions
☐ 10 to 19 occasions
☐ 20 to 39 occasions
☐ 40 or more occasions

A23. On how many occasions (if any) in your lifetime have you had an alcoholic beverage more than just a few sips?

☐ Never
☐ 1 to 2

☐ 3 to 5
☐ 6 to 9
☐ 10 to 19
☐ 20 to 39
☐ 40 or more

A24. How old were you the **first time** you smoked part or all of a cigarette? _____
If you never smoked part or all of a cigarette, please mark the box ☐

A25. Think about the **first time** you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink ._____

A26. If you never had a drink of an alcoholic beverage, please mark the box ☐

A27. How old were you the **first time** you used marijuana or hashish? _____
If you never used marijuana or hashish please mark the box ☐

A28. How old were you the **first time** you used any other illegal drugs? _____
If you never used any illegal drugs please mark the box ☐

A29. It is clear to my friends that I am committed to living a drug-free life.
☐ False
☐ Maybe
☐ True

A30. I have made a final decision to stay away from marijuana.
☐ False
☐ Maybe
☐ True

A31. I have decided that I will smoke cigarettes.
☐ False
☐ Maybe
☐ True

A32. I plan to get drunk sometime in the next year.
☐ False
☐ Maybe
☐ True

A33. How much do you think people risk harming themselves (physically or other ways) if they smoke one or more packs of cigarettes per day?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate Risk
- ☐ Great Risk
- ☐ Can't say / Drug unfamiliar

A34. How much do you think people risk harming themselves (physically or other ways) if they try marijuana once or twice?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate Risk
- ☐ Great Risk
- ☐ Can't say / Drug unfamiliar

A35. How much do you think people risk harming themselves (physically or other ways) if they try marijuana regularly?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate Risk
- ☐ Great Risk
- ☐ Can't say / Drug unfamiliar

A36. How much do you think people risk harming themselves (physically or other ways) if they take one or two drinks nearly every day?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate Risk
- ☐ Great Risk
- ☐ Can't say / Drug unfamiliar

A37. How much do you think people risk harming themselves (physically or other ways) if they have five or more drinks once or twice each weekend?

- ☐ No risk
- ☐ Slight risk
- ☐ Moderate Risk
- ☐ Great Risk
- ☐ Can't say / Drug unfamiliar

A38. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all

A39. How wrong do you think it is for someone your age to smoke cigarettes?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all

A40. How wrong do you think it is for someone your age to smoke marijuana?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all

A41. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all

Sexual behavior and attitudes about sex

In this section, we're asking questions about sexual behavior and your attitudes about sex. There are no right or wrong answers. You can skip any questions that make you feel upset or uncomfortable. Please choose the best answer for each question.

S1. Have you ever had sexual intercourse? (when a male's penis is put into a female's vagina)?

- ☐ Yes
- ☐ No

S2. How old were you when you had sexual intercourse for the first time?

- ☐ I have never had sexual intercourse
- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old

☐ 16 years old
☐ 17 years old or older

S3. During your life, with how many people have you had sexual intercourse?
☐ I have never had sexual intercourse
☐ 1 person
☐ 2 people
☐ 3 people
☐ 4 people
☐ 5 people
☐ 6 or more people

S4. During the past 3 months, with how many people did you have sexual intercourse?
☐ I have never had sexual intercourse
☐ I have had sexual intercourse, but not during the past 3 months
☐ 1 person
☐ 2 people
☐ 3 people
☐ 4 people
☐ 5 people
☐ 6 or more people

S5. Did you drink alcohol or use drugs before you had sexual intercourse the last time?
☐ I have never had sexual intercourse
☐ Yes
☐ No

S6. The last time you had sexual intercourse, did you and your partner use a condom?
☐ I have never had sexual intercourse
☐ Yes
☐ No

S7. The last time you had sexual intercourse, what method did you or your partner use to prevent pregnancy? (select only one response)
☐ I have never had sexual intercourse
☐ No method was used to prevent pregnancy
☐ Birth control pills or the birth control “patch”
☐ Condoms
☐ Depo-Provera (injectable birth control)
☐ Withdrawal
☐ Some other method
☐ Not sure

S8. How many times have you been pregnant or gotten someone pregnant?

- ☐ 0 times
- ☐ 1 time
- ☐ 2 or more times
- ☐ Not sure

S9a. Have you ever given oral sex to a male?

- ☐ Yes
- ☐ No

S9b. Have you ever given oral sex to a female?

- ☐ Yes
- ☐ No

S9c. Have you ever received oral sex?

- ☐ Yes
- ☐ No

S10. How old were you when you had oral sex for the first time?

- ☐ I have never had oral sex
- ☐ 11 years old or younger
- ☐ 12 years old
- ☐ 13 years old
- ☐ 14 years old
- ☐ 15 years old
- ☐ 16 years old
- ☐ 17 years old or older

S11. During your life, with how many people have you had oral sex?

- ☐ I have never had oral sex
- ☐ 1 person
- ☐ 2 people
- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people

S12. During the past 3 months, with how many people did you have oral sex?

- ☐ I have never had oral sex
- ☐ I have had oral sex, but not during the past 3 months
- ☐ 1 person
- ☐ 2 people

- ☐ 3 people
- ☐ 4 people
- ☐ 5 people
- ☐ 6 or more people

S13. Did you drink alcohol or use drugs before you had oral sex the last time?

- ☐ I have never had oral sex
- ☐ Yes
- ☐ No

S14a. The last time you gave oral sex to a male, did you use a condom?

- ☐ I have never given oral sex to a male
- ☐ Yes
- ☐ No

S14b. The last time you gave oral sex to a female, did you use a dental dam or latex barrier?

- ☐ I have never given oral sex to a female
- ☐ Yes
- ☐ No

S14c. The last time you received oral sex, did you use a dental dam, latex barrier or condom?

- ☐ Yes, I used a dental dam or latex barrier
- ☐ Yes, I used a condom
- ☐ No, I did not use any of these
- ☐ I have never received oral sex

S15. During your life, my sexual partners have been

- ☐ Only guys
- ☐ More guys than girls
- ☐ About half guys and half girls
- ☐ More girls than guys
- ☐ Only girls
- ☐ I have never had a sexual partner

S16. I'm confused about what I should and should not do sexually.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

S17. I have my own set of rules to guide my sexual behavior.

- ☐ Strongly agree

☐ Agree
☐ Disagree
☐ Strongly disagree

S18. Even if I am physically mature, it doesn't mean that I'm ready to have sex.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

S19. Having sex while I'm a teenager would be a way to keep my boyfriend or girlfriend.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

S20. "Love" and "having sex" mean the same thing.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

S21. It would be a big hassle to do the things necessary to completely protect myself from getting a sexually transmitted disease.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

S22. It's OK for a person to say no to sex, even if their boyfriend or girlfriend wants to do it.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

S23. I am quite knowledgeable about how to use a condom correctly.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

S24. Sexual intercourse isn't something you should talk about, it just happens.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

S25. It takes too much planning ahead of time to have birth control on hand when you're going to have sex.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

S26. If people have sexual intercourse without a condom, what is the risk that they will get an STD?
☐ No risk
☐ Slight risk
☐ Moderate Risk
☐ Great Risk

S27. If people have sexual intercourse without a condom, what is the risk that they will get HIV?
☐ No risk
☐ Slight risk
☐ Moderate Risk
☐ Great Risk

S28. If a girl performs oral sex on a guy without a condom, what is the risk she will get an STD?
☐ No risk
☐ Slight risk
☐ Moderate Risk
☐ Great Risk

S29. If a girl performs oral sex on a guy without a condom, what is the risk she will get HIV?
☐ No risk
☐ Slight risk
☐ Moderate Risk
☐ Great Risk

S30. If a guy performs oral sex on a girl without a latex barrier, what is the risk he will get an STD?
☐ No risk
☐ Slight risk

☐ Moderate Risk
☐ Great Risk

S31. If a guy performs oral sex on a girl without a latex barrier, what is the risk he will get HIV?
☐ No risk
☐ Slight risk
☐ Moderate Risk
☐ Great Risk

S32. How wrong do you think it is for a girl your age to have multiple sex partners?
☐ Very wrong
☐ Wrong
☐ A little bit wrong
☐ Not wrong at all

S33. How wrong do you think it is for a guy your age to have multiple sex partners?
☐ Very wrong
☐ Wrong
☐ A little bit wrong
☐ Not wrong at all

S34. How wrong do you think it is for someone your age to have sex partners of the same sex?
☐ Very wrong
☐ Wrong
☐ A little bit wrong
☐ Not wrong at all

S35. How wrong do you think it is for someone your age to have sexual intercourse and not use a condom?
☐ Very wrong
☐ Wrong
☐ A little bit wrong
☐ Not wrong at all

S36. I know someone who has had an HIV test.
☐ Yes
☐ No

S37. I have had an HIV test.

☐ Yes
☐ No

S38. I have had an HIV test in the last six months.
☐ Yes
☐ No

Cultural Issues

Please choose the best answer for each question.

C1. I would feel comfortable in a social setting with someone of a different background – like a different race or sexual orientation.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

C2. You can tell a person is gay by the way he or she looks.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

C3. The thought of men having sex with each other is disgusting.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

C4. I could be good friends with a gay person.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

C5. If a guy hasn't had sexual intercourse by the time he's 16, he's probably gay.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

C6. If a girl hasn't had sexual intercourse by the time she's 16, she's probably gay.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

C7. It's more important for teen boys to control their feelings than to show them.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

C8. Real men don't show their feelings.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

C9. Men should share the work around the house, such as doing dishes, cleaning, and taking care of children.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

C10. Women should behave differently from men most of the time.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

C11. Women are much happier if they stay at home and take care of their children.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

C12. It is much better for everyone concerned if the man is the achiever outside the home and the woman takes care of the home and family.

- ☐ Strongly agree
- ☐ Agree

☐ Disagree
☐ Strongly disagree

C13. People should not be expected to behave in certain ways just because they are male or female.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

C14. Men are always ready for sex.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

H. Please choose the best answer for each question.

1. I sometimes tell lies if I have to.	Not true	A little bit true	Somewhat True	True	Very True
2. I never cover up my mistakes.	Not true	A little bit true	Somewhat True	True	Very True
3. I always obey laws, even if I'm unlikely to get caught.	Not true	A little bit true	Somewhat True	True	Very True
4. I have said something bad about a friend behind his or her back.	Not true	A little bit true	Somewhat True	True	Very True
5. When I hear people talking privately, I avoid listening.	Not true	A little bit true	Somewhat True	True	Very True
6. I have received too much change from a salesperson without telling him or her.	Not true	A little bit true	Somewhat True	True	Very True
7. I have done things that I don't tell other people about.	Not true	A little bit true	Somewhat True	True	Very True
8. I never take things that don't belong to me.	Not true	A little bit	Somewhat True	True	Very True

		true			
9. I have taken a sick day from work or school even though I wasn't really sick.	Not true	A little bit true	Somewhat True	True	Very True
10. I have never damaged a library book or store merchandise without reporting it.	Not true	A little bit true	Somewhat True	True	Very True
11. I don't gossip about other people's business.	Not true	A little bit true	Somewhat True	True	Very True

Future Plans

Please choose the best answer for each question.

F1. How likely is it that you will have sex in the next 6 months?

- ☐ I definitely won't
- ☐ I probably won't
- ☐ I'm not sure
- ☐ I probably will
- ☐ I definitely will

F2. How likely is it that you will have sex without a condom in the next 6 months?

- ☐ I definitely won't
- ☐ I probably won't
- ☐ I'm not sure
- ☐ I probably will
- ☐ I definitely will

F3. How likely is it that you will drink alcohol in the next 6 months?

- ☐ I definitely won't
- ☐ I probably won't
- ☐ I'm not sure
- ☐ I probably will
- ☐ I definitely will

F4. How likely is it that you will smoke cigarettes in the next 6 months?

- ☐ I definitely won't
- ☐ I probably won't
- ☐ I'm not sure
- ☐ I probably will

☐ I definitely will

F5. How likely is it that you will use another drug (besides alcohol and tobacco) in the next 6 months?

☐ I definitely won't
☐ I probably won't
☐ I'm not sure
☐ I probably will
☐ I definitely will

F6. How likely is it that you will use alcohol before having oral sex in the next 6 months?

☐ I definitely won't
☐ I probably won't
☐ I'm not sure
☐ I probably will
☐ I definitely will

F7. How likely is it that you will use alcohol before having sexual intercourse in the next 6 months?

☐ I definitely won't
☐ I probably won't
☐ I'm not sure
☐ I probably will
☐ I definitely will

Leadership / Future Orientation

Please choose the best answer for each question.

L1. I feel comfortable communicating my values to my peers, even if they might not agree with me.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

L2. I think kids my age have a lot to contribute to their communities.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

L3. I believe I am well prepared to get a good job when I finish school.

☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

L4. I feel I do not have enough control over the direction my life is taking.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

L5. I don't know what I want out of life.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

L6. I have a good idea of where I'm headed in the future.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

L7. I don't know what my long-range goals are.
☐ Strongly agree
☐ Agree
☐ Disagree
☐ Strongly disagree

Below there are a number of statements that are more or less true (that is like you) or more or less false (that is unlike you). Please use the eight point scale to indicate how true (like you) or how false (unlike you), each statement is as a description of you. Answer the statements as you feel now, even if you have felt differently at some other time in your life. Please do not leave any statements blank.

1	2	3	4	5	6	7	8
This statement doesn't describe me at all; it isn't like me at all		More False than True		More True than False		This statement describes me well – IT IS very much like me	

A. I am a fast thinker. 1 2 3 4 5 6 7 8

The 6 has been circled because the person answering believes the statement "I am a fast thinker" is sometimes true. That is, the statement is sometimes like him/her.

B. I am a good storyteller. 1 2 3 4 5 6 7 8

The 2 has been circled because the person answering believes that the statement is mostly false as far as he/she is concerned. That is, the person responding feels he/she is not a good storyteller.

C. I am good at math. 1 2 3 4 5 6 7 8

The 8 has been circled because the person really enjoys math a great deal, therefore the statement is definitely true about him/her.

STATEMENT

	FALSE not like me							**TRUE** like me
L8. I plan to use my time effectively.	1	2	3	4	5	6	7	8
L9. I am successful in social situations.	1	2	3	4	5	6	7	8
L10. When working on a project, I do my best to get the details right.	1	2	3	4	5	6	7	8
L11. I change my thinking or opinions easily if there is a better idea.	1	2	3	4	5	6	7	8
L12. I can get people to work for me.	1	2	3	4	5	6	7	8
L13. I can stay calm in stressful situations.	1	2	3	4	5	6	7	8
L14. I like to be busy and actively involved in things.	1	2	3	4	5	6	7	8
L15. I know I have the ability to do anything I want to do.	1	2	3	4	5	6	7	8
L16. I do not waste time.	1	2	3	4	5	6	7	8
L17. I am competent in social situations.	1	2	3	4	5	6	7	8
L18. I try to get the best results when I do things.	1	2	3	4	5	6	7	8
L19. I am open to new ideas.	1	2	3	4	5	6	7	8

	FALSE not like me							TRUE like me
L20. I am a good leader when a task needs to be done.	1	2	3	4	5	6	7	8
L21. I stay calm and overcome anxiety in new or changing situations.	1	2	3	4	5	6	7	8
L22. I like to be active and energetic.	1	2	3	4	5	6	7	8
L23. When I apply myself to something, I am confident I will succeed.	1	2	3	4	5	6	7	8
L24. I manage the way I use my time well.	1	2	3	4	5	6	7	8
L25. I communicate well with people.	1	2	3	4	5	6	7	8
L26. I try to do the best that I possibly can.	1	2	3	4	5	6	7	8
L27 I am adaptable and flexible in my thinking and ideas.	1	2	3	4	5	6	7	8
L28 As a leader, I motivate other people well when tasks need to be done.	1	2	3	4	5	6	7	8
L29. I stay calm when things go wrong.	1	2	3	4	5	6	7	8
L30. I like to be an active, “get into it” person.	1	2	3	4	5	6	7	8
L31. I believe I can do it.	1	2	3	4	5	6	7	8

Communication / Facilitation Skills

T1. Some people are better than others in their ability to communicate well with their peers. If the average grade in this skill is C, how would you grade yourself?

- ☐ A+
- ☐ A
- ☐ A–
- ☐ B+
- ☐ B
- ☐ B–
- ☐ C+
- ☐ C
- ☐ C–
- ☐ D+

☐ D
☐ F

T2. Some people are better than others in their ability to facilitate workshops with groups of peers. If the average grade in this skill is C, how would you grade yourself?

☐ A+
☐ A
☐ A−
☐ B+
☐ B
☐ B−
☐ C+
☐ C
☐ C−
☐ D+
☐ D
☐ F

APPENDIX C
COMPARISON COHORT INSTRUMENT DIFFERENCES

The TEACH Comparison Cohort survey is identical to the Teen Peer Educator survey with the following minor changes:

Additional Questions added to the Comparison Cohort survey:

- What is your birth date?
- In the last 6 months, have you received or participated in any programs specifically about HIV/AIDS? (For example: school classes, presentations, after school programs, etc.) If yes, please describe.
- In the last 6 months, have you received or participated in any programs specifically about substance abuse? (For example: school classes, presentations, after school programs, etc.) If yes, please describe.

Questions on Teen Peer Educator survey not on Comparison Cohort survey:

- Have you participated in any Red Hook Community Justice Center Activities?
- Have you (or you and a parent) ever received services at the Red Hook Community Justice Center?

APPENDIX D
WORKSHOP SURVEY

TEACH Workshop Survey (Pre-Test)

Please write in your initials and date of birth:

_____ _____ / _____ _____ / _____ _____ /____ ____
First I. Last I. Month Day Yr.

You are being asked to complete this survey as a part of Project TEACH's evaluation study so that we can better understand what you have learned today and what kids your age think about substance abuse prevention and HIV/AIDS prevention.

Please answer all of the questions. Your answers will be kept private. No one in your school or community will ever know how you answered the questions. The survey is completely voluntary. If you do not want to fill out the survey or any of the questions, you do not have to. No one else will know your answers.

Background Information

D1. Are you:

- ☐ Male (boy)
- ☐ Female (girl)

D2. How old are you? _____

D3. What is your date of birth? /_____/_____/____
Month Day Year

D4. What neighborhood best describes where you live?

- ☐ Red Hook
- ☐ Sunset Park
- ☐ Carroll Gardens
- ☐ Park Slope
- ☐ Gowanus
- ☐ Cobble Hill
- ☐ Other (_____)

D5. Do you live in New York City public housing?

- ☐ Yes
- ☐ No

D6. Are you Hispanic or Latino (Spanish)?

☐ Yes
- ☐ Puerto Rican
- ☐ Dominican
- ☐ Cuban
- ☐ Other Latino _____

☐ No

D7. How would you describe your race/ethnicity? (Please check all that apply)

☐ Black or African-American
☐ Asian
☐ American Indian
☐ Pacific Islander / Native Hawaiian
☐ Alaska Native
☐ White
☐ Other _____

D8. When school is in session, do you go to school?

☐ Yes
☐ No

Choose true, false or don't know for each answer.

K1. Having unprotected sex with an IV drug user (someone who uses needles to shoot up) is a risk for contracting HIV.	TRUE	FALSE	Don't Know
K2. HIV can only be spread through unprotected vaginal sex with an infected person.	TRUE	FALSE	Don't Know
K3. Only lambskin condoms can reduce the risk of HIV transmission during vaginal, anal or oral sex.	TRUE	FALSE	Don't Know
K4. HIV can be spread from an infected mother to her baby.	TRUE	FALSE	Don't Know
K5. Having an STD puts a person at risk for getting HIV through sexual intercourse.	TRUE	FALSE	Don't Know
K6. HIV is the virus that causes AIDS.	TRUE	FALSE	Don't Know
K7. Cigarettes contain nicotine, tar, and over 40 different carcinogens (substances that cause cancer)	TRUE	FALSE	Don't Know
K8. Abstinence is the only 100% effective way to prevent against HIV and STDs.	TRUE	FALSE	Don't Know

K9. Smoking marijuana is just as harmful to the lungs and respiratory system as smoking cigarettes.	TRUE	FALSE	Don't Know
K10. Someone who has never smoked can get cancer from Second-hand smoke (being around someone who smokes).	TRUE	FALSE	Don't Know
K11. Using drugs and alcohol can put you at risk for getting STDs or HIV.	TRUE	FALSE	Don't Know
K12. Nicotine, in cigarettes, is more addictive than all other drugs.	TRUE	FALSE	Don't Know
K13. A person can tell whether or not s/he has an STD, because they always show symptoms	TRUE	FALSE	Don't Know
K14. Prolonged use of alcohol and marijuana can lead to depression and permanent memory damage.	TRUE	FALSE	Don't Know
K15. Alcohol impairs judgment, vision, and slows down motor skills.	TRUE	FALSE	Don't Know

A1. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all

A2. How wrong do you think it is for someone your age to smoke cigarettes or marijuana (weed)?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all

A3. Even if a teenager is physically mature, it doesn't mean that he or she is ready to have sex.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree
- ☐ Strongly disagree

A4. Having sex while a teenager is a way to keep a boyfriend or girlfriend.

- ☐ Strongly agree
- ☐ Agree
- ☐ Disagree

☐ Strongly disagree

A5. How wrong do you think it is for someone your age to have sexual intercourse and not use a condom?

☐ Very wrong
☐ Wrong
☐ A little bit wrong
☐ Not wrong at all

A6. How wrong do you think it is for someone your age to drink alcohol before having sexual intercourse?

☐ Very wrong
☐ Wrong
☐ A little bit wrong
☐ Not wrong at all

A7. How wrong do you think it is for someone your age to smoke marijuana before having sexual intercourse?

☐ Very wrong
☐ Wrong
☐ A little bit wrong
☐ Not wrong at all

APPENDIX E
CONSENT FORMS

Participants under 18 years
Project TEACH – HIV/Substance Abuse Prevention Study
Parental Consent Form

1. What is the purpose of this study?
As part of Project TEACH, the Red Hook Community Justice Center is conducting a research study to learn more about how to prevent teens from using illegal substances and participating in risky sexual behaviors through training youth to become peer educators and the completion of surveys.

2. What will you be asking my child/juvenile to do?
As part of the program, your child/juvenile will complete an intensive HIV and substance abuse prevention training for 10-weeks to become a Peer Educator. Upon completion of the training, your child/juvenile will lead workshops to their peers in the Red Hook community to educate about HIV and substance abuse prevention.

As part of the research, your child/juvenile will complete the same questionnaire four different times in one year. The questionnaires will be completed at the beginning of Project TEACH training (#1), at the end of training (#2), when they finish their work with Project TEACH (#3), and then 6-months after they stop working with Project TEACH (#4). Each questionnaire should take about 45 minutes to complete and ask questions about their knowledge of HIV and substance abuse prevention, substance use, sexual activities, and their leadership skills. Finally, we will ask your child/juvenile to participate in a group exit interview to provide feedback about their experiences as a Peer Educator.

3. Does my son or daughter have to take part in TEACH?
No. Participation in TEACH is completely voluntary. If your juvenile/child decides to participate in the program and not the research, this decision does not affect their ability to be a Peer Educator. Your child/juvenile can stop participating in the study at any time, for any reason. And, your child/juvenile can skip questions that he or she does not want to answer.

4. Will information be confidential?
Yes. If your child/juvenile participates, we promise that we will take every step to assure that everything will be kept in strictest confidence. Only the Project Coordinator and one Project TEACH staff member will be able to link your child/juvenile's name with his/her answers. Your child/juvenile's name will never be used in any report. All completed questionnaires will be kept in locked cabinets in a secure area for three years following completion of the study. After that period, the questionnaires will be destroyed.

5. What are the possible risks and discomforts of being in TEACH?
It is possible that some of the questions may cause your child/juvenile to feel uncomfortable or bring up distressing issues. If your child/juvenile experiences any stress or discomfort, the Project TEACH Coordinator will provide him or her with referrals to the appropriate services and contact you when appropriate.

6. Are there any benefits to you being in TEACH?

By participating in TEACH, your child/juvenile will develop a greater understanding of HIV and substance abuse prevention and can help develop more effective programs and for youth. In addition, there are incentives. Your child/juvenile will receive a $100 stipend per month during training and once leading workshops as a Peer Educator. There is also a $20 incentive to complete questionnaire #3 and another $20 incentive to complete questionnaire #4. If your child/juvenile stops participating in TEACH for any reason, he/she will be compensated $20 for each completed questionnaire.

7. What should you do if you have any questions?
If you have any questions about the study, please call Mike Rempel, Principal Investigator, at the Center for Court at (212) 373-1681.

In addition, you may contact the Institutional Review Board's Administrator, Kelly O'Keefe, at the Center for Court Innovation at (718) 643-5729 if you have any questions regarding your rights as a research participant.

PARENT'S STATEMENT (TEACH Program)
I agree to allow my child/juvenile _____to participate in TEACH program activities, including participation in training and leading workshops. I understand that his/her participation is voluntary and that he/she can stop participating at any time.
Name_____
(PLEASE PRINT)

Signature_____ Date _____

PARENT'S STATEMENT (TEACH Research)
I agree to allow my child/juvenile _____to participate in the research study. I understand that his/her participation is voluntary and that he/she can stop participating at any time or refuse to answer specific questions. I have received a copy of this form.

Name_____
(PLEASE PRINT YOUR NAME)

Signature_____ Date _____

INVESTIGATOR'S STATEMENT
I have discussed the proposed research with the parent/guardian, and in my opinion, the participant understands the benefits, risks and alternatives (including non-participation) and is capable of freely consenting to participate in the research.

Signature _____ Date: _____
Member of the Research Team

Print Name: _____

Participants 18 years old
Project TEACH – HIV/Substance Abuse Prevention Study
Informed Consent Form

1. What is the purpose of TEACH?

As part of Project TEACH, the Red Hook Community Justice Center is conducting a research study to learn more about how to prevent teens from using illegal substances and participating in risky sexual behaviors through training youth to become peer educators and the completion of surveys.

2. What will you ask me to do?

As part of the program, you will complete an intensive HIV and substance abuse prevention training for 10-weeks to become a Peer Educator. Upon completion of the training, your child/juvenile will lead workshops to their peers in the Red Hook community to educate about HIV and substance abuse prevention.

As part of the research, you will complete the same questionnaire four different times in one year. The questionnaires will be completed at the beginning of Project TEACH training (#1), at the end of training (#2), when you finish your work with Project TEACH (#3), and then 6-months after you stop working with Project TEACH (#4). Each questionnaire should take about 45 minutes to complete and ask questions about your knowledge of HIV and substance abuse prevention, substance use, sexual activities, and their leadership skills. Finally, we will ask you to participate in a group exit interview to provide feedback about your experience as a Peer Educator.

3. Do I have to take part in TEACH?

No. Participation in TEACH is completely voluntary. If you decide to participate in the program and not the research, this decision does not affect your ability to be a Peer Educator. You can stop participating in the study at any time, for any reason. And, you can skip questions that you do not want to answer.

4. Will information be confidential?

Yes. If you participate, we promise that we will take every step to assure that everything will be kept in strictest confidence. Only the Project Coordinator and one Project TEACH staff member will be able to link your name with your answers. Your name will never be used in any report. All completed questionnaires will be kept in locked cabinets in a secure area for three years following completion of the study. After that period, the questionnaires will be destroyed.

5. What are the possible risks and discomforts of being in TEACH?

It is possible that some of the questions may cause you to feel uncomfortable or bring up distressing issues. If you experience any stress or discomfort, the Project TEACH Coordinator will provide you with referrals to the appropriate services.

6. Are there any benefits to you being in this study?

By participating in TEACH, you will develop a greater understanding of HIV and substance abuse prevention and can help develop more effective programs and for youth. In addition, there

are incentives. You will receive a $100 stipend per month during training and once leading workshops as a Peer Educator. There is also a $20 incentive to complete questionnaire #3 and another $20 incentive to complete questionnaire #4. If you stop participating in TEACH for any reason, you will be compensated $20 for each completed questionnaire.

7. What should I do if I have any questions?

If you have any questions about the study, please call Mike Rempel, Principal Investigator, at the Center for Court at (212) 373-1681.

In addition, you may contact the Institutional Review Board's Administrator, Kelly O'Keefe, at the Center for Court Innovation at (718) 643-5729 if you have any questions regarding your rights as a research participant.

PARTICIPANT'S STATEMENT (TEACH Program)

I agree to participate in TEACH program activities, including participation in training and leading workshops. I understand that his/her participation is voluntary and that he/she can stop participating at any time.

Name_____
(PLEASE PRINT)

Signature_____ Date _____

PARTICIPANT'S STATEMENT (TEACH Research)

I agree to participate in the research study. I understand that my participation is voluntary and that I can stop participating at any time or refuse to answer specific questions. I have received a copy of this form. I am 18 years of age or older.

Name_____
(PLEASE PRINT)

Signature_____ Date _____

INVESTIGATOR'S STATEMENT

I have discussed the proposed research with the participant, and in my opinion, the participant understands the benefits, risks and alternatives (including non-participation) and is capable of freely consenting to participate in the research.

Signature _____ Date: _____
Member of the Research Team

Print Name: _____

Participants under 18 years
Project TEACH – HIV/Substance Abuse Prevention Study
Parental Consent Form for Comparison Cohort

1. What is the purpose of this study?

The Red Hook Community Justice Center is conducting a research study to learn more about how to prevent teens from using illegal substances and participating in risky sexual behaviors. Teens in Red Hook, Crown Heights and East Harlem will be participating

2. What will you be asking my child/juvenile to do?

Your child/juvenile will complete the same questionnaire two different times. One questionnaire will be completed now and the second in 6-months. Each questionnaire should take about 45 minutes to complete and ask questions about their knowledge of HIV and substance abuse prevention, substance use, sexual activities, and their leadership skills.

3. Does my son or daughter have to take part in this study?

No. Participation in this study is completely voluntary. Your child/juvenile can stop participating in the study at any time, for any reason. And, your child/juvenile can skip questions that he or she does not want to answer.

4. Will information be confidential?

Yes. If your child/juvenile participates, we promise that we will take every step to assure that everything will be kept in strictest confidence. Only the Research Assistant and Project Coordinator will be able to link your child/juvenile's name with his/her answers. Your child/juvenile's name will never be used in any report. All completed questionnaires will be kept in locked cabinets in a secure area for three years following completion of the study. After that period, the questionnaires will be destroyed.

5. What are the possible risks and discomforts of being in this study?

It is possible that some of the questions may cause your child/juvenile to feel uncomfortable or bring up distressing issues. If your child/juvenile experiences any stress or discomfort, the Research Assistant will provide him or her with referrals to the appropriate services and contact you when appropriate.

6. Are there any benefits to you being in this study?

By participating in these interviews, your child/juvenile can help develop more effective programs and for youth. In addition, there is a $20 incentive to complete each questionnaire.

7. What should you do if you have any questions?

If you have any questions about the study, please call Mike Rempel, Principal Investigator, at the Center for Court at (212) 373-1681.

In addition, you may contact the Institutional Review Board's Administrator, Kelly O'Keefe, at the Center for Court Innovation at (718) 643-5729 if you have any questions regarding your rights as a research participant.

PARENT'S STATEMENT
I agree to allow my child/juvenile, _____, to participate in the research study. I understand that his/her participation is voluntary and that he/she can stop participating at any time or refuse to answer specific questions. I have received a copy of this form.

Name_____
(PLEASE PRINT)

Signature_____ Date _____

INVESTIGATOR'S STATEMENT
I have discussed the proposed research with the parent/guardian, and in my opinion, the participant understands the benefits, risks and alternatives (including non-participation) and is capable of freely consenting to participate in the research.

Signature _____ Date: _____
Member of the Research Team
Print Name: _____

Participants 18 years old

Project TEACH – HIV/Substance Abuse Prevention Study
Informed Consent Form for Comparison Cohort

1. What is the purpose of this study?

As part of Project TEACH, the Red Hook Community Justice Center is conducting a research study to learn more about how to prevent teens from using illegal substances and participating in risky sexual behaviors.

2. What will you ask me to do?

You will be asked to complete the same questionnaire two different times. One questionnaire will be completed now and the second in 6-months. Each questionnaire should take about 45 minutes to complete and ask questions about their knowledge of HIV and substance abuse prevention, substance use, sexual activities, and their leadership skills.

3. Do I have to take part in this study?

No. Participation in this study is completely voluntary. You can stop participating in the study at any time, for any reason. And, you can skip questions that you do not want to answer.

4. Will information be confidential?

Yes. If you participate, we promise that we will take every step to assure that everything will be kept in strictest confidence. Only the Project Coordinator and the Research Assistant will be able to link your name with your answers. Your name will never be used in any report. All completed questionnaires will be kept in locked cabinets in a secure area for three years following completion of the study. After that period, the questionnaires will be destroyed.

5. What are the possible risks and discomforts of being in this study?

It is possible that some of the questions may cause you to feel uncomfortable or bring up distressing issues. If you experience any stress or discomfort, the Research Assistant will provide you with referrals to the appropriate services.

6. Are there any benefits to you being in this study?

By participating in these interviews, you can help develop more effective programs and for youth. In addition, there is a $20 incentive to complete questionnaire each time.

7. What should I do if I have any questions?

If you have any questions about the study, please call Mike Rempel, Principal Investigator, at the Center for Court at (212) 373-1681.

In addition, you may contact the Institutional Review Board's Administrator, Kelly O'Keefe, at the Center for Court Innovation at (718) 643-5729 if you have any questions regarding your rights as a research participant.

I agree to participate in the research study. I understand that my participation is voluntary and that I can stop participating at any time or refuse to answer specific questions. I have received a copy of this form. I am 18 years of age or older.

Name_____
(PLEASE PRINT)

Signature_____ Date _____

INVESTIGATOR'S STATEMENT
I have discussed the proposed research with the participant, and in my opinion, the participant understands the benefits, risks and alternatives (including non-participation) and is capable of freely consenting to participate in the research.

Signature _____ Date: _____
Member of the Research Team
Print Name: _____

APPENDIX F
DATA COLLECTION SCHEDULE

TPE Cohort	Baseline	10-week	6-month	1-year
Cohort 1	September 2004	December 2004	March 2005	September 2005
Cohort 2	April 2005	June 2005	October 2005	April 2006
Cohort 3	September 2005	November 2005	March 2006	September 2006
Cohort 4	January 2006	March 2006	July 2006	January 2007
Cohort 5	September 2006	November 2006	March 2007	September 2007
Cohort 6	February 2007	April 2007	August 2007	February 2008
Cohort 7	September 2007	December 2007	March 2008	September 2008
Cohort 8	February 2008	April 2008	August 2008	----

Comparison Cohort	Baseline	6-month	1-year
Harlem 1	December 2004	June 2005	December 2005
Crown Heights 1	March 2005	October 2005	March 2006
Harlem 2	December 2005	June 2006	December 2006
Crown Heights 2	April 2006	October 2006	April 2007
Harlem 3	December 2006	May 2007	December 2007
Crown Heights 3	September 2006	April 2007	----
Harlem 4	May 2007	December 2007	May 2008
Harlem 5	December 2007	May 2008	----

APPENDIX G
SAMPLE CURRICULUM SCHEDULE

TEACH Program
Syllabus

DATE	TOPIC / ACTIVITIES	READINGS
1 month prior	Individual Interviews (pass out parental consents)	
2 weeks prior	Group Interview (collect consents)	
1 week prior	Family Night/Baseline Survey (collect consents)	
Session 1	Ice Breaker – People Bingo **Communication**: (Sonia with a Sr. TPE) Communication Styles; Fishbowl; Perspective; Active Listening; Community Practices; Expectations – Write out personal goals for TEACH (for your eyes only), hand in to facilitator folded and put your name on the outside. Name Game.	
Session 2	Ice Breaker – 2 Truths 1 Lie All Names for RH organs on newsprint in 2-3 teams **RH Overview** (Sonia) Teen Pregnancy & MOC (Sabrina) *Guest Speakers:* CHN Q & A, services offered and RH rights of teens.	Ch 1 Changing Bodies 7 – 52 So You Think You Might Be Pregnant
Session 3	Ice Breaker – Human Knot **Substances I**: Marijuana Informative Game (online) (Sr. TPEs) Group Discussion on drug use/abuse- (Review community practices – confidentiality- and what have you heard? Experiences with drugs/alcohol?) & review of different substances and their effects. Views of a heroine addict. Format: open Q&A. *Guest Speaker: Aeli with Alicia*	Ch 6 Substance Abuse: Drugs & Alcohol; pp 195-201
Session 4	Ice Breaker – Conveyor Belt Questions: favorite movie, movie star, musical artist, last good movie saw, las bad movie that saw, number of siblings, last thing that heard on an ipod (yours or friends')… Alcohol/Tobacco True False (Sr. TPEs) **Substances II**: Video "Alcohol True Stories by Family Health Productions; (Alicia) Skits: Myths, Denial; Chemical Dependency; & Talk Show (with review of following: Enabler, Hero, Scapegoat, Mascot, Lost Child)	Ch 6 Substance Abuse: Drugs & Alcohol; pp. 201-208 "Substances"

	Group discussion on drug use/abuse	
Session 5	Ice Breaker – Password **Diversity & Tolerance**: Encouraging Tolerance and Understanding Archie Bunker's Neighborhood. ABCs of Diversity. Culture 1, 2, 3. Review and Pass out Take Home Exam	
Session 6	Ice Breaker – Transmission Game (share something no one knows about you – true or false) **HIV/AIDS I**: RH systems Review, Microbiology of AIDS, Testing of HIV, Window Period, Symptomatic vs. Asymptomatic phase, T/F HIV Activity.	
Session 7	Ice Breaker: Candy Bowl or Baby, I love you… **HIV/AIDS II**: Opportunistic Infections, Immune System, Password, Defining Abstinence and Risk Behaviors. Sexual Health Jeopardy (HIV/AIDS, Entertainment: Sex, Drugs, and the Rich and Famous, & Condoms)	HW: HIV/STI Interview Questions Ch 10 Protecting Yourself: Birth Control & Safer Sex
Session 8	Ice Breaker: Silent Birthday Lineup (optional: have people sit together by birth-month) **STI's**: Overview, Transmission & Prevention including condom negotiation skills – role play in pairs, Condom Card Line-up in 2 teams, Condom Quiz.	Ch 9 STIs
Session 9	Ice Breaker: check in – room temperature **Decision Making & CopingI**: Keira.com Goal Setting Exercise Weigh Your Options; Relationships Decision Making True Colors ***Guest Speakers: Love Heal-Joey and Niko***	Ch 3 Changing Sexuality; p109-110 "Pressures & Influences: The 'Voices' We Hear".
Session 10	**Decision Making & Coping II**: Ice Breaker: HI, LOW, YO Stand in a circle for each word there is a hand sign Hi – chest level, palm down Lo – diaphragm level palm up Yo – fingers facing forward Whomever is pointed to with Yo begins the round	Ch 4 Emotional Health Care; pp 153-166 "Feelings"; pp166-170 "Stress"; pp 171,172 Stress Management

	again. Participants play until they mess up. Those out of the circle can attempt to distract other players. Stress, Health, & Goals; Conflict Resolution – Web, CR Stand Alone, CR Style. Meditation Practices Role Play	
Session 11	Ice Breaker: Group Choice: knee to elbow (small groups 3-4) OR group sit and stand (with hands locked) **Sexuality & Sexual Expression**: STATS video and discussion, teenwire homophobia and sexual expression	HW: Condom Hunt
Session 12	Ice Breaker: What is your name, favorite color, and where do you want to go on vacation? **Linking HIV/AIDS and Substance Abuse**: Co-Risk Factors Video: In Our Own Words Processing questions in curriculum Intoxicated Condom Race in larger group with drunken goggles (larger group) and/or in pairs – (Sr. TPEs give constructive criticism for each group, share observations back to the larger group).	
Session 13	**Cumulative Review**: Open book quizzes in small groups. Large group review of both quizzes.	Ch 10 - Protecting Yourself: Birth Control & Safer Sex
Session 14	Ice breaker: 4 Sheets to the wind **Facilitation Skills** – Presentations Prep Packets to start prep for presentations in pairs in front of the group read article and summarizing article. Group critique. Web on board of facilitation skills 1) speaking 2) facilitating. *Individual Evaluations*	
Session 15	**Improv**: Falconworks	
Session 16	**Improv**: Falconworks	
Session 17	Presentation Prep	
Session 18	Presentations Prep	
Session 19	Paired Presentations	
Session 20	Paired Presentations	
	10 Week Survey	Pass Out Books & Pass Out T-Shirts
4/13-4/15	**Group Retreat**	
	Every Thursday is Mandatory for TEACH Mock Workshops Street Outreach with HEAT / PRY / THEO	Tabling/ workshop events

	Testing new material for future groups/workshop participants Review of Material Once a Month (Jeopardy only) – with prizes Focus Group to discuss training efficacy Fun Speakers Nutrition (added value?? RHI?) – cook workshop Food Night of Different Cultures Movies & Speak Out: Kids, Raising Victor Vargas, When the Band Played On, She's Too Young Team Building: Low Ropes Facilitation Timesheets in Drawer w/staff signature She's too Young (movie) Youth Court Hearing Observation Observe Court	

APPENDIX H
SAMPLE TEEN PEER EDUCATOR RETREAT AGENDA

Friday, 17 November (4:30-9p.m.)		
When	**What**	**Who**
4:30	TPEs start to arrive at JC. Pizza at 5:15.	
Leave City by 6	Arrive Clearpool by 7:30 Shortly before arriving, call Glen at 347-446-6119.	
7:30	Arrive at Clearpool Facility & Eat Dinner (Sandwiches)	All
8:15	Ice Breaker: Something With Lots of Movement/energizing/fun – Incredible Hulk Bag *Materials:* 3 large garbage bags bag of balloons Have each person blow up 4 -6 balloons and set them in the middle of the room. Set up teams on opposite side of the room from the balloons. Each team chooses their "incredible hulk" – when the game begins their teammates have to gather and stuff as many balloons as possible inside the shirt/bag. Can only pick up 2 balloons at a time. The team with the most balloon muscle wins.	Aeli

8:45	Establish Community Practices
	Community Practices
	Purpose: Have group agree on practices everyone should follow.
	Content:
	• Articulate goals for community practices.
	• Pair Share: (method: turn to person next to you.)
	  o When you think about a group that is exciting, what are some things that make it work?
	  o What hasn't worked in the past?
	• Second Pair Share:
	  o What makes it easier to participate in a discussion?
	  o What makes it harder to participate in a discussion
	• Ask for suggestions for practices.
	• Get general agreement on practices.
		Alicia/ Leslie

	Practices will be charted on oak tag and signed by all members later that day	
9:15	(Staff Check-in, as needed)	
9:30	Individual Cabin Check-in's What worked, what didn't, expectations being met?	All

Saturday, 18 November (8- midnight)		
When	**What**	**Who**
Prior to 8:00	**Wake-ups by staff. Reminder to bring sneakers and that they will not be returning to the cabin during the day.** *PLEASE LEAVE CELL PHONES IN CABINS*	All
8:00	Breakfast (Staff Check-in)	
9:00	Ice Breaker: Stretch: Shuffle Your Buns – You are like me w chairs.	Omar
9:30	Discuss Expectations/Apprehensions	Sonia
9:45	Leadership Style Activity	Sabrina
10:45	Break	
11:00 (-11:50)	Workshop Development: Components for All From Pre-test to Timesheet Calendars Friend/Family Recruitment World AIDS Day	Leslie
12:00	Lunch (Staff Check-in)	
1:00	Low Ropes Course	Clearpool Staff
	Free Time for All as time allows after low-ropes *Teens must be accompanied by an adult at all times	
5:30	Dinner (Staff Check-in)	
6:30	Check-in All – Thermometer Check Talent Show Prep	Sonia
9:30	Bonfire with S'mores	Aeli

11:30	Cabin Check-in's	

Sunday, 19 November (8 - 4)		
8:00	Breakfast	
9:00	Announcement of Working Groups & Workshop Development	Leslie/Sonia
12:30	Lunch	
1:15	Closing Activity *Materials Needed: Yarn – 1,2,3 contact* *Cards on Back Messages of Thanks & Praise*	Alicia/Sabrina
1:30	Get on Bus (back in NYC by 4ish, dependent on traffic)	

APPENDIX I

GUIDELINES FOR POST-TRAINING HOURS

You are responsible for 16 hours per month to receive a full paycheck ($100). Below is a list of how you can earn hours and what events are required per month:

- [required] workshops – must do 1 per month (4 hours)
  - prep (review material) & establishing roles (talk to one another to know who is going to lead what during the workshop) (1 hour)
  - facilitating workshop (2 hours)
  - reviewing evaluation with staff and debrief (what worked, what could have been better; use "I" statements when giving/receiving feedback) (1 hour)
- [required] outreach - must do 2 per month (2 hours)
  - prep & going out to site (Red Hook, Park Slope, Gowanus, or Sunset Park)
  - recruit workshop participants
  - recruit peer educators
  - safer sex kits distribution
  - HIV testing sites
- [required] mock workshops- must do 1 per month at the Justice Center (2 hours)
  - practice facilitation and presentation skills with peer feedback (use "I" statements when giving/receiving feedback)
- [required] attending seminars –must attend 1 at the Justice Center (2 hours)
  - continuing education workshop around public health issues
- tabling events – optional as your schedule allows & as available (1 to 4 hours)
  - health fairs, park fairs, arts festivals and other community oriented events often have tables available for organizations to have information available. You can work in 1 hour shifts, and are welcome to work the entire event.
- youth conferences - optional as your schedule allows & as available (4 to 6 hours)
  - usually on a weekend, you will travel with TEACH Staff to conferences organized by and for youth around reproductive health and/or substance abuse prevention.

Frequently Asked Questions (FAQs)

How do I sign up for events?

During the mandatory seminar at the Justice Center, you can sign up on the calendar to work events for the following month (this is usually the last Tuesday or Thursday of the month). After that, you can also come in and see Sonia, call (718.923.8219), or email (sgonzale@courts.state.ny.us).

Can I sign up for everything?

There is no maximum of how many hours you can collect during one month; however, if you sign up for an event and no-show (unexcused absence) you will be docked $15. If you know that you are unable to attend an event in advance, find someone to cover you and you will not be docked; however, you are responsible for signing up for other events to fulfill working 16 hours for the month. If you are ill or an emergency comes up, call Sonia (718.923.8219 or 917.859.6289).

Who should I check in with the day of an off-site event?
A program/partnering staff member will be at each event (Sonia, Leslie, James, Mr. Cook, or Laura). You must complete the sign-in sheet to receive credit for the event that you work. Metrocards will be provided.

Timesheet: How does it work and how do I get paid?
So that you can track what events you have worked, and how many more events you need to work to meet 16 hours/month, you will have a time sheet available to take with you.

SAMPLE TIMESHEET

Name: Peer Educator
Month: June

Hours Worked

M	T	W	Th	F	S	Su	Sub-Total
			1 June Workshop 4:30-6”30 = 4 hours				4
	6June Mock Wrkshp 4:30-6:30 = 2hrs						2
					17 June Peer Conference 10-4 = 6 hrs		6
		21 June Mandatory Seminar All Peer Educators Must Attend 4:30-6:30 = 2 hours			24 June Tabling Event 3-5 = 2 hours		4
							0
							GRAND TOTAL= 16

APPENDIX J
STAFFING TIMELINE

July 26, 2004
Marisa Budwick is hired as Senior Research Associate at Red Hook Community Justice Center. For the next 2 weeks, she and Kelli Moore, Research Associate, Red Hook Community Justice Center, overlap for training purposes.

August 6, 2004
Kelly Moore's last day at Red Hook Community Justice Center.

October 1, 2004
Shona Bowers is hired as Community Organizer.

October 20, 2004
Leslie Carrasquillo, Americorps member, begins working with TEACH to assist with tracking, data entry and locating workshops.

January 7, 2005
Dave Walters, Americorps member, begins working with Project TEACH to track participants, enter data and locate workshops.

January 14, 2005
Erin Healy, Project Coordinator, last day at Community Justice Center

January 31, 2005
Shona Bowers, Community Organizer, last day at Red Hook Community Justice Center.

February 1, 2005
Sonia Gonzalez, TEACH Project Coordinator, begins.

April 1, 2005
Leslie Carrasquillo is hired as TEACH Community Organizer.

July 1, 2005
Marisa Budwick, Research Associate, last day at Community Justice Center.

August 2, 2005
Somjen Frazer is hired as the Research Associate

October 17, 2005
Marisol Nina, and AmeriCorps volunteer dedicated to assisting with research activities, begins doing data entry for TEACH.

January 2006
Sabrina Carter, a former TPE and Senior TPE, becomes an AmeriCorps volunteer for TEACH.

May 2006
Marisol Nina leaves the AmeriCorps program.

June 2006
Nahima Ahmed is hired as the TEACH research assistant. Laura Francesci leaves the TEACH program; Alicia Ovitt joins as the new social worker for the program.

March 2007
Leslie Carrasquillo goes on leave from the TEACH program community organizer position.

June 2007
Somjen Frazer leaves position as the Research Associate.

August 2007
Sonia Gonzalez leaves and Leslie Carrasquillo becomes Assistant Program Coordinator. Sabrina Carter becomes Community Organizer.

September 2007
Rachel Swaner is hired as the Senior Research Associate.

August 2008
Nahima Ahmed leaves her position as the AmeriCorps research assistant.

Project Director, James Brodick – Mr. Brodick helps coordinate the work of the four lead agencies (the Red Hook Community Justice Center, the South Brooklyn Health Center, Good Shepherd Services, and the Brooklyn AIDS Taskforce) and other partners. In addition, the Project Director works with internal Justice Center players to help craft and implement the use of TEACH workshops as part of [alternative resolution of Criminal and Family Court cases] TEACH workshops cannot be mandated, they are voluntary, however, are used in Youth Court cases, which is also a voluntary process.

TEACH Coordinator-- Responsibilities include training the Teen Peer Educators, conducting outreach to recruit participants and workshop sites, establishing and retaining partnerships with other community-based organizations, representing TEACH at meetings and health fairs, developing the TEACH curriculum and supervising Teen Peer Educators at workshops. The TEACH Coordinator also provides quarterly updates at the Community Advisory Board meetings.

Community Organizer—Responsibilities include conducting outreach, recruiting teen peer educators, identifying potential workshop sites, assisting with research and evaluation such as obtaining parental consent forms and tracking workshop participants and teen peer educators for follow-up surveys and interviews, and assisting in the teen peer educator training.

Planner--Keeps track of quarterly, bi-annual, and annual reporting, providing administrative support to TEACH staff, and overseeing evaluation instrument administration and data entry. The Planner also assists the TEACH program coordinator and Community Organizer in partner agency outreach and collaboration.

Senior Research Associate—Provides oversight and guidance to the Research Associate and TEACH team members for research design, protocol, and implementation. The Sr. Research Associate works with the Research Associate to ensure proper administration of baseline and follow-up evaluations; to monitor data entry and quality assurance; and to collaborate on data analysis.

Research Associate– Designing and revising appropriate evaluation tools and overseeing the administering of all pre-, post-, and six-month evaluations, including the GPRA, to peer educators, workshop participants, and control groups.

APPENDIX K
COMMUNITY PARTNERS AND LINKAGES

Red Hook Youth Court- At the Youth Court, young people who have admitted to a minor infraction go before a true jury of the peers. Youth Court members are given the unique responsibility to set standards of behavior for their peers, take responsibility for conditions in their community, and use positive peer-pressure to help other young people realize the consequences of their actions. Members, aged 13-18, hear low-level criminal cases committed by youth ages 10-16. The Youth Court determines a sanction for the young offender that may include community service, a life-mapping workshop, essays or letters of apology, among other possible sanction options.
Collaboration: The TEACH program and the Youth Court will make cross referrals, help each other in recruitment for Youth Court members and Teen Peer Educators, Youth Court will be site for Teen Peer Educators to hold workshops, and may refer young offenders to the TEACH workshop.

Red Hook Health Initiative – A clinic that offers various health services, including reproductive health for teens and adults in Red Hook.
Collaboration: The TEACH program and the Red Hook Health Alliance will make cross referrals and will work together in outreach activities and to promote their programs at health fairs. The Red Hook Health Initiative will be a site for Teen Peer Educators to hold workshops. Teen Peer Educators will also help with reproductive health activities with teens in the Red Hook Health Initiative programs, such as co-facilitating reproductive health discussions with teen girls and acting as peer educators for Tobacco Prevention in Red Hook.

Red Hook Youth Summer Internship – A competitive summer internship program that offers youth summer job opportunities and extensive job training and leadership development workshops.
Collaboration: The TEACH program and The Red Hook Youth Summer Internship will make cross referrals and coordinate recruitment and program promotion. Additionally, the Youth Summer Internship program will be a site for Teen Peer Educators to facilitate workshops.

Off the Hook/Falconworks – A theatre group run for young people in Red Hook.
Collaboration: Mr. Flowers, a trained actor/director, works with teens to hone their public speaking skills and develop scenarios/skits and plays on the topics of HIV/AIDS, STIs, and drug abuse. These plays will be incorporated into curricula and performed for other youth.

Center for Family Life (CFL) – A social service center offering family counseling, employment services, foster care, and emergency help to families and children in the Sunset Park neighborhood of Brooklyn.
Collaboration: The TEACH program and CFL will make cross referrals, and CFL will be a site for Teen Peer Educators to hold workshops.

Red Hook Youth Baseball – A Little League program for youth in Red Hook.
Collaboration: The TEACH program will provide education workshops for members of Red Hook little league who are at least thirteen years old.

Red Hook Rise – A literacy program that organizes basketball tournaments for South Brooklyn youth.
Collaboration: The TEACH program and Red Hook Rise will make cross referrals, and RHR will allow Teen Peer Educators to hold workshops during an organized basketball tournaments.

Love Heals – An organization that offers a speakers bureau of extraordinarily diverse trained health educators and people of all ages living with HIV.

Collaboration: Love Heals will provide guest speakers for TEACH training who specialize in linking substance use, substance abuse, and HIV.

The Urban Assembly School for Law and Justice (SLJ) – A local high school that prepares students for college and beyond through a rigorous academic program with an emphasis on law and debate. *Collaboration:* TEACH and SLJ will work together to provide SLJ students with information on HIV and substance abuse prevention.

Appendix L
Workshop Description

Goals:
Participants will be able to:
1. Identify effects of STIs and drug use.
2. Identify proper condom use.
3. Learn protective language regarding sexual and drug related risky behavior.

Workshop:

1. **Pre-Test** (10 min.)
   Participants take a confidential survey measuring attitudes, knowledge, and behavior prior to the workshop.

2. **Introductions** (5 min.)

3. **Telephone** (5 min.)
   Participants remain in their seats and whisper a message to one another. The message may only be whispered once. The last person is asked by the facilitators to stand and repeat the message out loud for the whole group. Then the facilitators tell the group the original message. The game is meant to teach the audience about the importance of two-way communication and listening.

4. **Transmission Game** (10 min.)
   Facilitators hand out cards and latex gloves (2 gloves per 10 participants) to the group. The participants are then told to stand up, walk around the room, and introduce themselves to as many people as possible in the allotted time. Once time is called participants return to their seats, facilitators ask for a volunteer to stand and name the people that they met. Those people are asked to stand and name the people whom they met. This continues until there is no one left seated. The participants are then told that the act of introduction was meant to symbolize sexual intercourse and that everyone they met should now be considered a sexual partner. Participants with gloves are told that the gloves represent condoms. Everyone is then asked to open and read their cards out loud. The participants with the gloves did not contract an infection. The game teaches the participants how quickly STIs can be transmitted and the importance of latex barriers, namely condoms.

5. **Skit** (10 – 20 min.)
   An informative skit on sexuality and drugs is presented. Information is provided which participants are able to practice in the health jeopardy.

6. **Health Jeopardy** (30-45 min.)
   Health Jeopardy is our own version of the classic television game show. Participants are split up into two groups. A board is set up with four categories, including STIs, Condoms, HIV/AIDS, and Substance Abuse. Within each of the categories are the

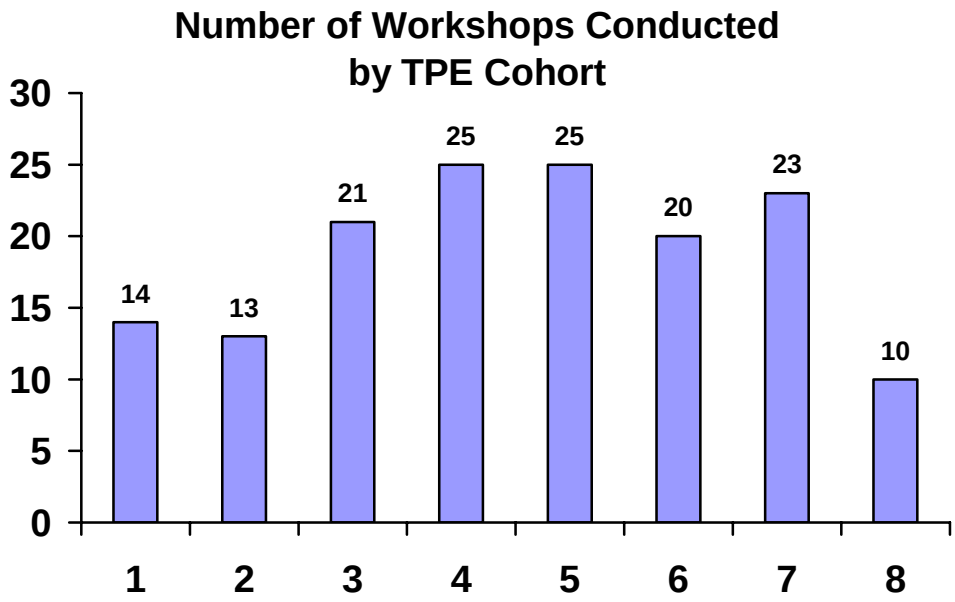
answers to five questions relating to the categories topic. The answers range in difficulty and point value (100 – 500). Whichever team finishes with the most points gets to choose between two prizes, the runners up receive the other prize. This game allows participants to have fun while learning about sexuality, STIs, and substance abuse.

7. **Condom Card Line Up** (10 – 15 min.)
   Participants are split up into two groups. Each group is given a stack of cards. Each card contains one of the many steps in correctly putting on a condom e.g. Check expiration date. Each team is then asked to line the cards up in what they believe is the correct order. After the allotted time, facilitators decide whose line-up is correct. This activity teaches participants about correct condom use.

8. **Optional Condom Demo** (10 min.)
   Facilitators demonstrate how one properly puts on a condom using an educational model. Participants are told the steps and are given and opportunity to ask questions. This activity is only for participants over the age of 15.

9. **Post-test** (10 min.)
   Participants take a confidential survey measuring attitudes, knowledge, and behavior after the workshop.

APPENDIX M
WORKSHOPS CONDUCTED



APPENDIX N
RESEARCH IMPLEMENTATION

	Baseline	10-week	6-month	12-month
TPEs	182	157	131	83
Percent who took	100%	86%	72%	46%
Comparison Cohort	161	--	104	72
Percent who took	100%	--	65%	45%