

THE DIGITAL AGE OF PEER EDUCATION

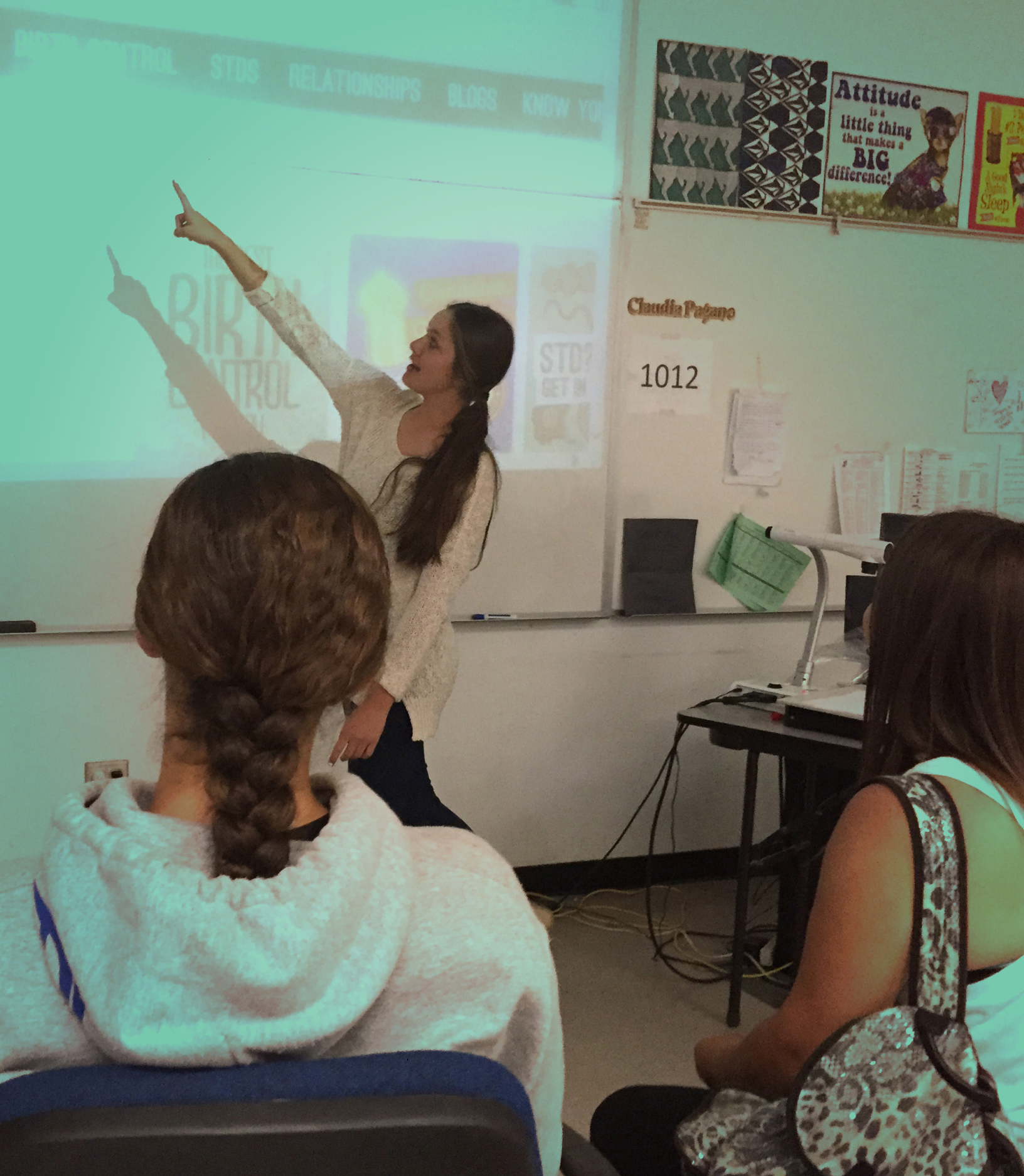
How to Leverage

NEW MEDIA //////////////

in Peer Education Programs

SEX + HEALTH + YOU

teensource.org



2015 Peer Educator Marissa shares TeenSource.org and CFHC's digital programs with her science class.

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CLAUDIA //////////////



2014 PEER EDUCATOR, FRESNO

Hello my name is Claudia. I love helping out my community & helping out at my school. I often help setting up for different events, attend Student Advisory Board (SAB) meetings, and am my school's SAB secretary.

I love my community because we are friendly and helpful with each other. Some have said that this town is a mess but, we the youth are slowly making our community a better place. I have been able to work with Barrios Unidos on different projects that have helped youth like myself, speak up about how we feel about our community. I look forward to helping out the youth of my community and hope to make a change.

A few words that can describe me are: nice, helpful, caring, crazy weird, & creative.

BACKGROUND

California Family Health Council (CFHC) champions and promotes quality sexual and reproductive health care for all through an umbrella of programs and services including clinic support initiatives, advanced clinical research, provider training, patient education, advocacy and consumer awareness campaigns.

TeenSource.org is a project of CFHC. TeenSource serves as an online hub for sharing medically accurate and teen-friendly information about sexual and reproductive health topics and linking California youth to direct health care services.

TeenSource.org currently attracts nearly 365,000 unique visitors and over 900,000 pageviews each year. The clinic finder feature on the site received nearly 30,000 pageviews in 2014.



365,000 site visitors



412,440 sessions



913,000 page views

TeenSource.org hosts other teen-facing programs like:

- **The Condom Access Project (CAP)** is CFHC's statewide condom distribution program. The program launched in 2012. CAP allows youth to search for free condom pick-up sites on an online map and order free condoms and health education materials to be delivered to them by mail if they live in a California county with the highest rates of STDs among youth. CAP provides over one million free condoms to California youth annually and has distributed over 2.1 million free condoms since program launch.
- **Hookup** is one of the first of its kind text-messaging subscription services for sexual and reproductive health. Launched in 2009, **Hookup** sends subscribers weekly sexual and reproductive health-related tips via text message and allows users to search for a nearby clinic by texting back their zipcode and the word 'CLINIC'. **To date, the program has reached nearly 12,000 youth subscribers and provided over 6,400 clinic referrals to youth in 51 local health jurisdictions.**

CFHC was awarded funding from The California Wellness Foundation in 2013 to launch and implement the TeenSource Digital Peer Educator Program. The program was developed to expand access to medically accurate sexual and reproductive health information, connect California youth with direct services in their local communities and promote healthy decision making and family communication.

The Digital Peer Educator Program was also designed to empower program participants and provide career-building skills in social media

communications and outreach. A total of 20 youth from California regions that experience the highest rates of teen pregnancy and sexually transmitted diseases (STDs) were recruited to participate.



TeenSource Digital Peer Educators, Class of 2014

Over a two year period, the program resulted in a significant increase in the reach of CFHC's digital teen resources and programs. The program also had a positive impact on the participating Peer Educators and their families.

WHY DIGITAL PEER EDUCATION?

CA YOUTH: SEXUAL + REPRODUCTIVE HEALTH OUTCOMES

Despite a continued decline in teen birth rates over the past two decades, sexual and reproductive health disparities persist among youth in California. The teen birth rate in California is currently 23.6 live births per 1,000 female teens, but teen birth rates among Latinas are almost six times that of their white peers.¹ Teen birth rates also vary by geography—there are 28 counties with teen birth rates that are significantly higher than the state rate.² Twenty-five California counties have teen birth

1. "2013 California Data: Teen Births in California, Girls 15-19." *The national campaign.org*. The National Campaign to Prevent Teen and Unplanned Pregnancy, 2015. Web. 24 April 2015.

2. "Adolescent Births in California, 2000-2013." *Cdph.gov*. California Department of Public Health, Maternal, Child and Adolescent Health Division, June 2015. Web. 16 June 2015.

VICTORIA



2014 PEER EDUCATOR, LOS ANGELES

Hello Everyone! My name is Victoria, I have lived my whole life in Eagle Rock, Los Angeles. I love being involved in school so I decided to run for student body president and to my surprise I was lucky enough to be elected! Right now, this position is my biggest responsibility but I am fortunate to be able to do the things I love.

My two favorite hobbies are volunteering with local organizations and taking pictures. I volunteer because I love the feeling I get when I know that I'm helping to make a difference. I take pictures because it allows me to express myself and explore my creativity. The best thing about photography is that there are no rules, it's about the creativity you hold inside your mind and how you capture it through a camera lens.

I am very excited that I was chosen to be a Teen Source Multi-Media Peer Educator and am looking forward to learning and sharing information with other teens.

rates that are higher than the national rate.³ Kern County has a teen birth rate that is nearly double the state and national average⁴ and almost 11 times higher than the teen birth rate in other developed countries like Denmark and the Netherlands.⁵

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Teens who believe their peers are using condoms are more than twice as likely to use condoms compared to teens who do not believe their peers use condoms.

Rates of sexually transmitted diseases (STDs) among California youth are also of concern. STD rates are reaching epidemic levels among adolescents and young adults in California. Six out of 10 chlamydia cases in California are among youth and young adults.⁶ Four out of 10 gonorrhea cases impact California youth.⁷ Geographic and ethnic/racial disparities also persist among California youth experiencing high rates of STDs. Statewide, African American young women experience rates of chlamydia over 5.5 times higher than their white peers.⁶ In certain areas of California, young African American females experience rates of chlamydia up to 26 times higher than their white counterparts.⁸ There are 10 counties with chlamydia and gonorrhea rates higher than the state averages.⁹ Young men who have sex with men (MSM) are at increased risk for STDs and HIV compared to young women and young men who have sex with women only.¹⁰ In fact, MSM accounted for over

3. "Teen Birth Rate Comparison, 2013." *Thenationalcampaign.org*. The National Campaign to Prevent Teen and Unplanned Pregnancy, 2015. Web. 24 April 2015.

4. Adolescent Sexual and Reproductive Health, Kern County, 2012." *Cdph.ca.gov*. Epidemiology, Assessment and Program Development Branch (MCAH/CDPH), 2014. Web. 16 June 2015.

5. Chorley, Matt. "UK still has highest rate of teen pregnancies in Western Europe despite 25% fall in the last decade." *The Daily Mail*, 15 October 2014. Web. 16 June 2015.

6. "Chlamydia, Cases and Incidence Rates, California Counties and Selected Health Jurisdictions, 2009-2013 Provisional Data." *Cdph.org*. California Department of Public Health STD Control Branch, 24 June 2014. Web. 22 June 2015.

7. "Gonorrhea, Cases and Incidence Rates, California Counties and Selected Health Jurisdictions, 2009-2013 Provisional Data." *Cdph.org*. California Department of Public Health STD Control Branch, 24 June 2014. Web. 22 June 2015.

8. "2013 California Data: Teen Births in California, Girls 15-19." *Thenationalcampaign.org*. The National Campaign to Prevent Teen and Unplanned Pregnancy, 2015. Web. 24 April 2015.

9. "California Local Health Jurisdiction STD Data Summaries, 2013 Provisional Data (July 2014)." *Cdph.org*. California Department of Public Health STD Control Branch, July 2014. Web. 22 June 2015.

10. "STDs in Men Who Have Sex with Men." *Cdc.gov*. Centers for Disease Control and Prevention, 7 January 2014. Web 23 June 2015.

half of all new STD infections in the U.S. between 2005-2008.¹¹ Men who have sex with men are 44 times more likely to get diagnosed with HIV compared to men who only have sex with women.¹² Young MSM and African-American MSM are the least likely to receive care and treatment.¹²

THE POWER OF PEER EDUCATION

Extensive research shows that youth are heavily influenced by their peers. In fact, “teens often find their peers more credible than adult educators.”¹³ Peer education programs, where youth are trained to educate their peers on sexual and reproductive health, can be utilized to promote positive group norms and influence healthy decisions about sex—including delayed sexual debut—increased condom use, and increased use of contraception. Teens who believe their peers are using condoms are more than twice as likely to use condoms compared to teens who do not believe their peers use condoms.¹⁴

Not only do recipients of peer-delivered sex education benefit from these programs, research shows that Peer Educators are also positively impacted.¹⁵ Peer Educators receive special training and learn important skills that empower them to become leaders in their communities. They also often commit to the responsible sexual behavior they recommend for their peers.

One peer-directed program in Brooklyn, New York found that the Peer Educators who entered their

11. Young Men Who Have Sex With Men: At Risk for HIV and STIs.” *Advocatesfor-youth.org*. Advocates for Youth, October 2010. Web 30 June 2015.

12. HIV among Gay and Bisexual Men: Fact Sheet.” *CDC.gov*. Centers for Disease Control and Prevention, March 2015. Web. 30 June 2015.

13. *Teen Pregnancy Prevention in California after State Budget Cutes.*” Phillip R. Lee *Institute for Health Policy Studies*. University of California, San Francisco, n.d. Web. 22 April 2015.

14. “Peer Education: Promoting Healthy Behaviors.” *Advocatesfor-youth.org*. Advocates for Youth, September 2003. Web. 16 June 2015.

15. “Working With Youth: Peer Education.” *Advocatesfor-youth.org*. Advocates for Youth, n.d. Web. 22 April 2015.

program as teens were less sexually active and/or more likely to have protected sex than comparison youth in their community.¹⁵

WHY GO DIGITAL?

Despite the proven effectiveness of community-based teen pregnancy prevention programs, state funding to support these programs has been reduced by 72% since 2008.¹⁶ Youth serving organizations across the state have lost critical funding and staff positions, limiting their capacity to positively impact teen pregnancy rates and sexual and reproductive health outcomes in their communities. As a result of the teen pregnancy prevention budget cuts at one public health agency, a staff member shared: “We were able to be at every school on a weekly basis... Now we’re probably at the schools once a month, and at many of the schools, every six to eight weeks... We’re not able to do outreach and presentations as often as it needs to be done.”¹⁷

The reduction in resources and necessity to improve sexual and reproductive health outcomes among youth in California has created the need for new and innovative peer education models that are cost-effective to supplement traditional community-based peer education programs.



92% ONLINE

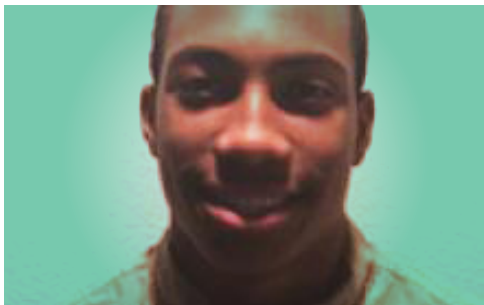
According to the latest data from the Pew Research Center, **92% of teens report going online daily and over 75% of teens use a smart phone regularly.**¹⁸

16. “Teen Pregnancy Prevention in California after State Budget Cutes.” Phillip R. Lee *Institute for Health Policy Studies*. University of California, San Francisco, n.d. Web. 22 April 2015.

17. “Teen Pregnancy Prevention in California after State Budget Cutes.” Phillip R. Lee *Institute for Health Policy Studies*. University of California, San Francisco, n.d. Web. 22 April 2015.

18. Lenhart, Amanda. “Teens, Social Media & Technology Overview 2015.” *PewInternet.org*. Pew Research Center, 9 April 2015. Web 24 April 2015.

ARLINGTON CLARENCE
RODGERS III //////////////



2014 PEER EDUCATOR, SAN BERNARDINO

My name is Arlington Clarence, I am 16 years old and am a junior in high school. My hobbies are much like the average male teenager: playing video games and hanging out with friends. I also enjoy playing football and reading. I may sound a little boring, but once you get to know me you will see that I have one of the most diverse and colorful personalities that you will ever come in contact with.

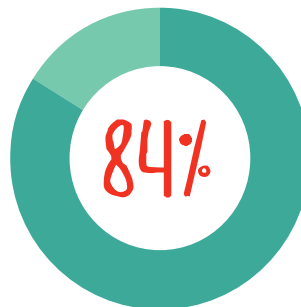
I live in a city named San Bernardino; I live on the North side of San Bernardino which is a few miles away from Cal State University San Bernardino (CSUSB). I have lived in San Bernardino my entire life. I am excited to work with TeenSource, I feel that it will give me a chance to show my technology skills and give me a way for me to give back to my community and reach other teens with good information that may not be provided at their schools.

Research also shows that the youth who experience the worst disparities when it comes to unintended pregnancy and STDs are online the most. Young African-Americans in California, who experience significantly higher rates of chlamydia than their white counterparts,¹⁹ are more likely than their white and Latino counterparts to have a smartphone.²⁰ Hispanic and African American teens, who experience birth rates at 3.3 times and 2.8 times higher than their white counterparts, report more frequent internet use than white teens.¹⁸

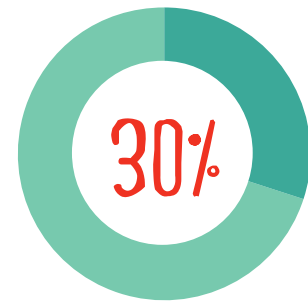
Using social media as a health promotion tool among youth has many benefits. A large percentage of teens are already using social media and online searches to answer their questions about health. Many are using the internet to gather information they find hard to discuss with their families or peers, including sexual health information.²¹

84% of teens have gotten health information online, and over 30% of teens report getting health information from social networking sites.²²

TEENS ACCESSING HEALTH INFORMATION



online health information



health information from social sites

19. California Local Health Jurisdiction STD Data Summaries 2013 Provisional Data. CDPH.org. California Department of Public Health STD Control Branch, July 2014. Web. 24 April 2015.
 20. Lenhart, Amanda. "Teens, Social Media & Technology Overview 2015." PewInternet.org. Pew Research Center, 9 April 2015. Web 24 April 2015.
 21. Carroll, J.A. & Kirkpatrick, R.L. "Impact of Social Media Use on Adolescent Behavioral Health." Phi.org. California Adolescent Health Collaborative, 2011. Web. 24 April 2015.
 22. "Teens, Health, and Technology: A National Survey." Northwestern University. Center for Media and Human Development, School of Communication, June 2015. Web. 17 June 2015.



Over 30% of teens say they have changed their behavior thanks to digital health information or resources. African American and Hispanic youth are more likely to search online for health information, in comparison to their white counterparts.

Traditional Peer Educator Model	Digital Peer Educator Model
Aims to empower youth	Aims to empower youth
Reaches smaller # of youth – less cost effective	Reaches 365,000 unique TeenSource.org users/year—highly cost effective
Offline, community-based	Online, aims to reach youth statewide
Primary goal: aims to impact Peer Educators themselves (knowledge, attitude, behavior changes)	Primary goal: create teen-friendly content to engage + educate youth statewide
Secondary impact: knowledge, attitude, behavior changes among peers receiving education	Secondary impact: knowledge, attitude, behavior changes among Peer Educators and their families with parental involvement integrated into the program

TEENSOURCE DIGITAL PEER EDUCATOR PROGRAM REVIEW

CFHC recruited two cohorts of TeenSource Digital Peer Educators from California counties that experience the highest rates of teen pregnancy and STDs. Recruitment efforts focused on bridging new partnerships with youth-serving agencies and youth-development programs in these regions that

served youth at higher risk of negative sexual and reproductive health outcomes. By reaching out to partner organizations, CFHC was able to recruit youth applicants who were already exposed to the responsibilities and expectations associated with youth development programs. This was a key strategy that contributed toward program success because the majority of the program was managed and conducted remotely.

MADDI //////////////



2014 PEER EDUCATOR, SACRAMENTO

My name is Madelyn but I go by Maddi. I am 17 years old and have a daughter named Lucia who is 1 and a half. What interests me the most about this program is that I get to communicate with teens my age on topics that I know quite a bit about because I am a teen mom and it's a hard thing to handle. Not impossible but it's hard and I just really want to make sure that other teens can get the information that really helps from another teen.

A few of my interests are playing outside with my daughter, and I love having days where it is just a day spent with my daughter and boyfriend.

Something that I'm most excited about as a TeenSource Multi-Media Peer Educator is definitely getting to meet and go through this experience with other teens.

Interested youth completed and submitted applications identifying their interests in the program and values related to sexual and reproductive health. Applicants also had to submit writing samples. Applicants that met program criteria were interviewed by phone and 10 final candidates were invited to participate as TeenSource Digital Peer Educators each year. The successful candidates were on-boarded by Human Resources as temporary CFHC employees and received \$1500 if they successfully completed the program. Payment was made in three installments as program milestones were accomplished.

The Peer Educators, along with one parent/guardian, were required to attend an in-person orientation day held at CFHC's office in Los Angeles. During orientation, Peer Educators had the opportunity to connect with each other and CFHC program staff and receive trainings on sexual and reproductive health content including:

- Birth Control
- STDs
- Healthy Relationships
- Teen Rights to Accessing Sensitive Services in California

Recognizing the important role parents play in teen pregnancy prevention, parents and family members of the Peer Educators had their own program track at orientation.

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...teens who feel more connected to their parents are more likely to delay sexual intercourse, and are also more likely to use contraception and condoms when they do have sex.

Parents and family members were introduced to the program and learned why it was needed and what to expect. They shared ideas for how they can support successful completion of the program. Parents and family members also received training on the importance of family-child communication about sexual and reproductive health and were given tips and advice on how to initiate those conversations. Parents were

informed that teens who feel more connected to their parents are more likely to delay sexual intercourse, and are also more likely to use contraception and condoms when they do have sex.²³ As part of the parent track, parents were given the opportunity to share their personal experiences and values. In addition, parents and family members were invited to share their knowledge and tips about family communication in videos and through a questionnaire. This content was posted with permission on TalkWithYourKids.org, CFHC's website focused on promoting parent-child communication about sexual and reproductive health.

After orientation, all Peer Educator trainings were conducted remotely through join.me, an online, interactive meeting platform.

CFHC hired Lauren Girardin, a new media consultant, to develop and facilitate monthly trainings conducted on join.me to build Peer Educator skills in:

- Digital Storytelling
- Shareable Writing
- Shareable Video and Photography
- Social Media for Engagement
- Public Speaking

Peer Educators also participated in monthly one-on-one check-ins with the program manager.

Two assignments were given and submitted per month that provided Peer Educators an opportunity to put their learnings into practice. Peer Educators created digital content like blogs, videos, infographics, social media posts and presentations

23. "Parent-Child Communication: Promoting Sexually Healthy Youth." *Advocatesforyouth.org*. Advocates for Youth, August 2009. Web. 17 June 2015.

WHY THE IMPLANT IS THE BEST BIRTH CONTROL FOR ME



By [Marissa](#)

These pictures are of me getting on [birth control](#). I chose the [implant](#) (aka nexplanon) because, in my opinion, it is one of the best options for teens. The implant is a type of [long-acting, reversible](#) birth control and it is extremely effective. It is about the size of a matchstick, which is inserted under the skin on the inside of your upper arm. The implant can be left in place for up to 3 years.

When I decided that I was ready to go on birth control, I went to my mom who helped me make the appointment at the [clinic](#). I feel very lucky because she was there to support me the whole way, even when I was so nervous that I almost backed out (I don't like needles!) I hope that all teens feel comfortable going to their parents if they are interested in birth control - you can let them know that not all teens who want birth control want to have sex, some just want to be cautious and that is OK! If you aren't able to go to your parents, however, you should know that [you have rights](#) as a teen in California to access birth control and other services without parental consent.

The actual "procedure" was not bad or scary. The doctor made me feel relaxed and safe and I didn't have any problems. I think all teens should be on birth control, just in case.



with a focus on a sexual and reproductive health themes provided by the program manager. During the second year, in response to feedback from the first cohort of digital Peer Educators, a partner project was assigned to give the Peer Educators an opportunity to collaborate and strengthen their

LESLIE //////////////



2014 PEER EDUCATOR, SAN DIEGO

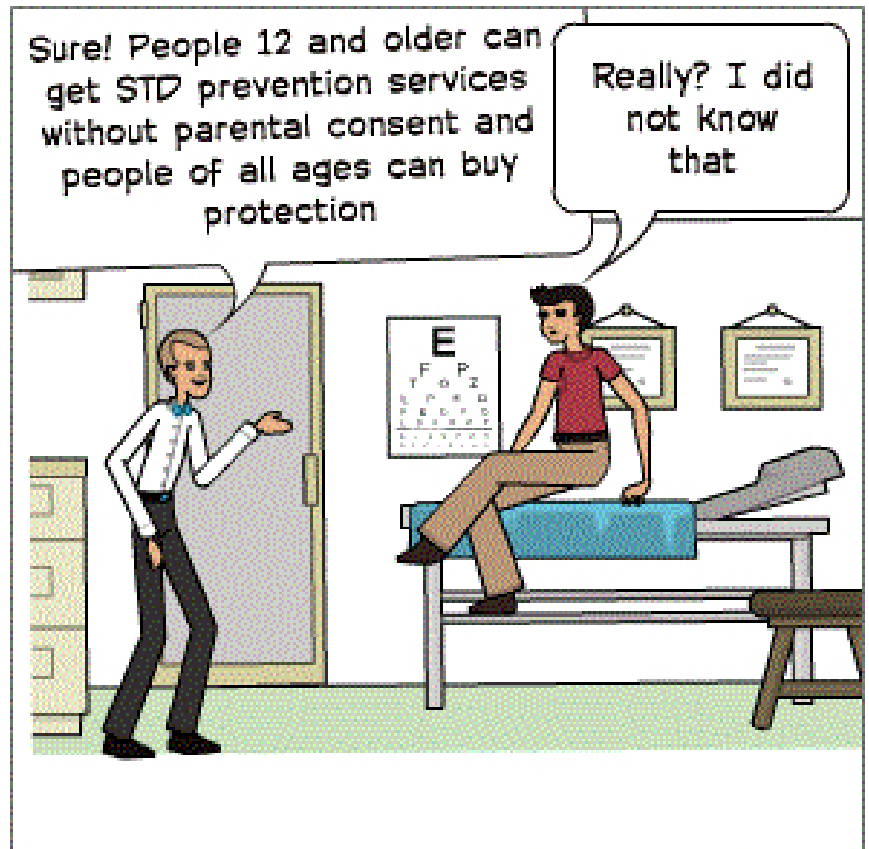
Hello, my name is Leslie, I am a youth from San Diego. I live in City Heights, a low income community and one of the most ethnically diverse neighborhoods of San Diego. Although City Heights has struggled with crimes and violence, it has also been a place that has offered opportunities and resources to many families.

My free time is mostly spent out on the field playing soccer or volunteering in my community. I tend to meet new people often, especially at school. I enjoy meeting new people and getting to know their interests, hobbies, and culture. It's interesting because a lot of times I find that we have common interests and can relate to each other.

I am excited to learn how to get information out to youth in a proper manner and help contribute to their decisions. I am also really interested in obtaining the ability to speak and connect to other youth about health using multimedia.



What do teens need to know about accessing birth control?



personal connection. Peer Educator content was reviewed for quality assurance, curated, and shared on TeenSource.org and TeenSource social media platforms.

Understanding the need for both online and offline interactions and information sharing with their peers, Peer Educators were also required to perform in-person community outreach. Peer Educators distributed TeenSource promotional materials (keychains, chapstick, pens etc.) to peers in their community and shared information about local health services. Peer Educators tracked their outreach activities on material distribution logs. Peer Educators also planned and conducted at least one in-person community presentation to build on their presentation and leadership skills and become recognized resources for sexual and reproductive health information among their peers.

“ I feel that people at my school were able to trust me. People actually and honestly believed in me for something. ”

At the end of the eight month program, Peer Educators and their parents/guardians participated in an in-person graduation ceremony. At graduation, Peer Educators received awards for their digital content creation and received a certificate of program completion. Peer Educators also had an opportunity to make a presentation about their experiences with the program in front of their family and peers.



2015 Peer Educator Angelica shares TeenSource with her health class and emphasizes the importance of family communication.



2015 Peer Educator Carolina shares TeenSource and CFHC's digital teen programs with her leadership group, Las Fotos Project.

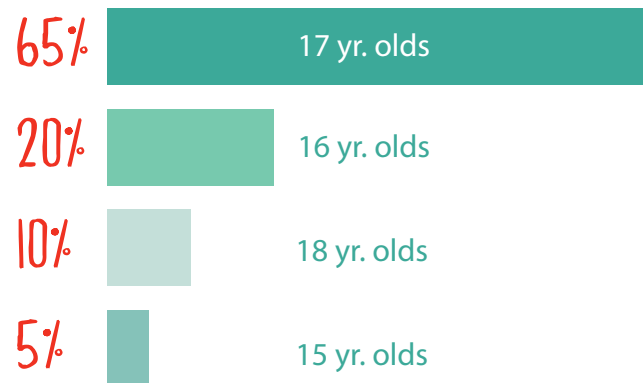
THE TEENSOURCE DIGITAL PEER EDUCATORS

Twenty youth were selected to become TeenSource Digital Peer Educators. All 20 youth resided in “hot spot” regions of California that have high rates of teen pregnancy and STDs rates including:

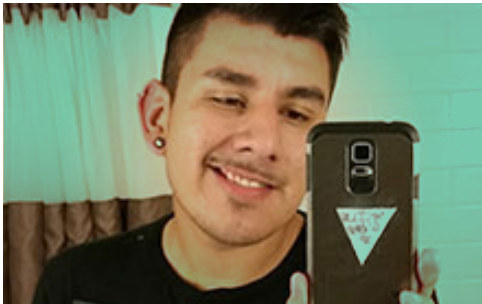
- Alameda County (5)
- Los Angeles County (5)
- San Bernardino County (3)
- Sacramento County (3)
- San Diego County (1)
- San Francisco County (1)
- Kern County (1)
- Fresno County (1)

Sixty-five percent of the Peer Educators recruited were 17 years old, 20% were 16 years old, 10% were 18 years old and 5% were 15 years old.

PEER EDUCATORS RECRUITED



JOSE //////////////

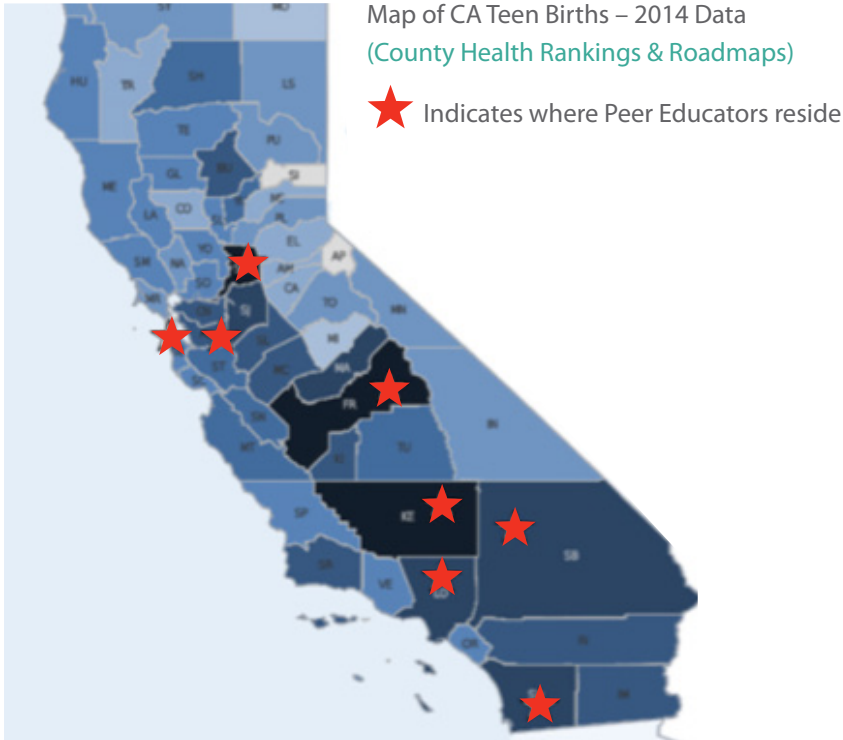


2015 PEER EDUCATOR, OAKLAND

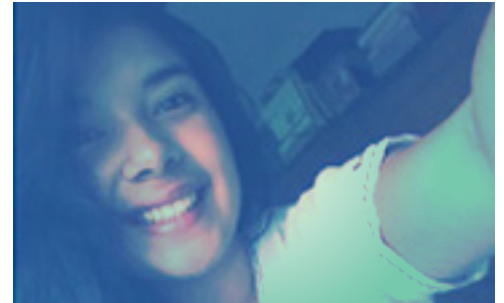
Hey there everyone, my name is Jose although my friends call me Angel. I am currently a Junior in high school.

My very soul is made of music and a passion for the arts and sports. Living in a Hispanic city, you really get brought into the culture. My favorite me-time things to do are listen to Paramore and draw my heart out, or go for a run. The beautiful view of the coast is my favorite and I could never think of parting from California.

I am very excited to join the Peer Educators to be able to give something back to teens. You honestly cannot know too much about STDs or how to stay safe. I am so psyched to be able to go around helping youth with my fellow peers.

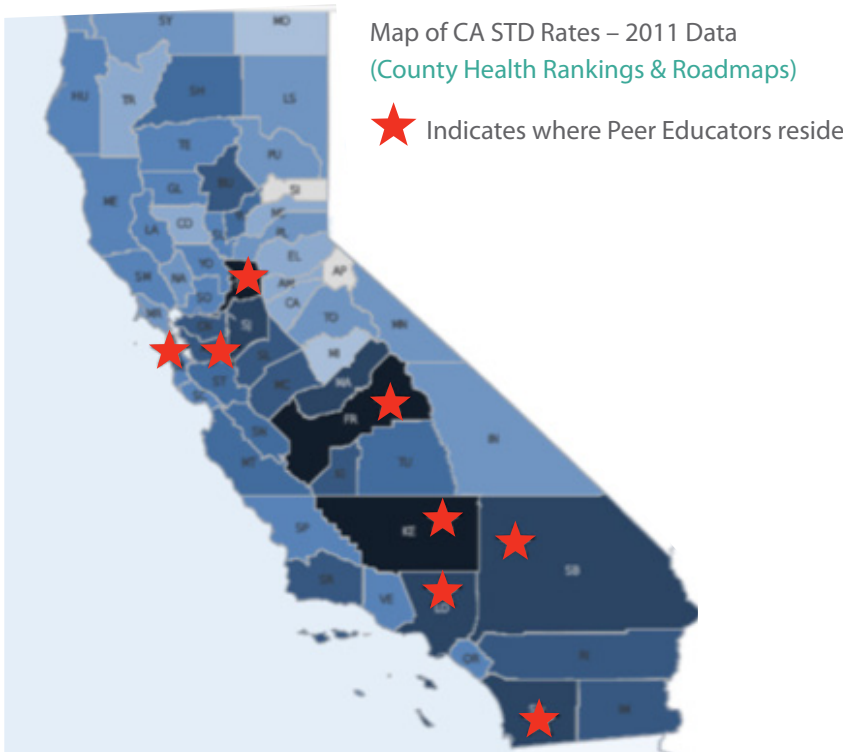


SONIA SANCHEZ //////////////

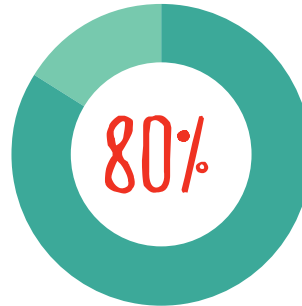


2015 PEER EDUCATOR, LOS ANGELES

Hello everyone, my name is Sonia Sanchez. I am a seventeen-year-old girl, born and raised in Boyle Heights. I am very outgoing, social, friendly, and a team-player type of person. I like to play sports, but volleyball is my favorite. My favorite hobbies are Sudoku, dance, theatre, music, social networking, and running. I learned about TeenSource from my mentor, Eric V. Ibarra, in Las Fotos Project, and getting involved was the greatest decision on my behalf. The things I plan to learn as a TeenSource Peer Educator are spreading awareness, becoming a better leader, and making a difference in helping teens make the right decisions.



80% percent of the Peer Educators were female and 20% were male, reflecting the gender balance among users of CFHC’s adolescent digital programs like TeenSource and Hookup.



female Peer Educators



male Peer Educators

KAHMARIA //////////////



2015 PEER EDUCATOR, OAKLAND

My name is Kahmaria. I am 17 years old and I am a current senior at Oakland Unity High. I live in Oakland and I am the oldest of 8 siblings.

Some of my favorite hobbies are hanging with my friends, shopping, dancing at church, and giving advice to my friends. I can’t wait to start the Peer Educator program and I know that this will create a greater experience for my future.

PROGRAM IMPACT – YOUTH

Through a variety of modalities, all TeenSource Digital Peer Educator program participants reported being positively impacted by their experience with the program. Pre and post surveys revealed that 100% of the Peer Educators reported an increase in their knowledge about sexual and reproductive health and rights.

“TeenSource has shown me new ways for how I can stay healthy in my sex life and body and how to be more open and confident about my health overall.”

One Peer Educator who felt that they came into the program already an expert in sexual and reproductive health shared, “I thought I knew all there was to it in the beginning but I learned a lot more.” Another Peer Educator stated, “TeenSource has shown me new ways for how I can stay healthy in my sex life and body and how to be more open and confident about my health overall.”

In addition to gaining knowledge about pregnancy prevention and STD prevention, the Peer Educators greatly increased their knowledge about teens’ rights to accessing sexual and reproductive health services in California. One Peer Educator thought that because he was on his parents’ insurance, his doctor would share his private health information with his mother. He said, “I thought only [public] clinics kept that

information private, but [now I know] any doctor has to because it's the law."

“The program makes me want to always be safe! I can talk to my doctor now and be comfortable discussing these topics.”

All of the Peer Educators also reported increased knowledge in new media, communication, and other professional development skills. One Peer Educator said, “[The program] has taught me to have confidence through social media. I have been reposting and tweeting all kinds of tips...it's great to have people come up to me and say 'you've helped me through this' and it's all because of TeenSource.” Another Peer Educator said, “It's been so great how we have learned to make presentations and how to get people involved in a bigger cause.” The Peer Educators' parents/guardians reported that the program had a profound impact on their teens' professional development. One parent stated that her daughter had, “enhanced her leadership skills,” while another stated that her teen, “became interested in jobs related to being more creative and spreading information through communications.” Peer Educators also reported that the program helped improve their time management skills.

Mid-program qualitative data and pre and post test data revealed that **100% of Peer Educators reported that the program helped them increase their communication about sexual and reproductive health with their peers, parents, partners and clinicians.**

One Peer Educator said, “It's made me a lot more willing to give advice to my friends since I now know the facts instead of maybe, kinda having an idea about them.” Acting as a resource for their peers was an empowering experience for one Peer Educator who said, “I feel that people at my school were able to trust me. People actually and honestly believed in me for something.”

Referencing an improved relationship with her parents, one Peer Educator stated, “My best experience has been talking with my parents. I finally am able to talk to my dad now. I can say 'sex' and talk about what I am passionate about.” Another Peer Educator shared how the program impacted her relationship with her health care provider. “[The program] makes me want to always be safe...I can talk to my doctor now and be comfortable discussing these topics.”

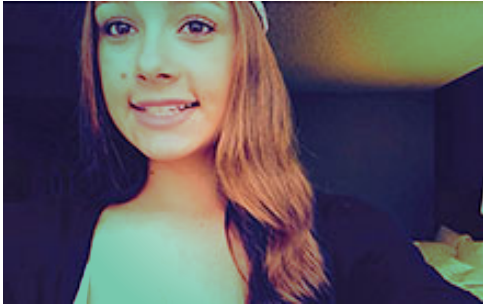
The program also had positive impacts on Peer Educator behavior. After learning about how to identify unhealthy relationships, one Peer Educator said that she began to understand that she was perpetrating an unhealthy relationship. She said, “I had a realization that I was an emotional abuser in a past relationship. I thought it was just jealousy and normal but now I've learned that jealousy can lead to abuse.” Another Peer Educator ended a relationship that she realized through the program was unhealthy for both her and her boyfriend.

After learning the benefits of long-acting reversible contraceptives, one Peer Educator decided to get an implant and document her clinic visit with a digital story on TeenSource. She said that because she felt more knowledgeable as a Peer Educator, she made the decision to start birth control and was inspired to talk to her peers about their birth control options.



2014 Peer Educator Danielle and her mom Laura enjoy orientation day.

MARISSA //////////////



2015 PEER EDUCATOR, BAKERSFIELD

Hi my name is Marissa. I live in Bakersfield. I am a Sophomore in High School. I am currently the Vice President for my class. I am also involved in FFA, ASB, softball and the marching band. I love to play softball, and spend time with my family.

I am very excited to be a TeenSource Peer Educator because this is what I do best! I love talking to teens about the big issues in life these days! I am grateful for this amazing opportunity.



Tom, 2014 Peer Educator Vianey’s father, shares how teens can maintain healthy relationships in a TalkWithYourKids.org video.



2014 Peer Educator Arlington and his mom Gwen are all smiles at orientation.



2015 Peer Educator Markia and her mom Lamenthia reunite after completing their separate orientation tracks.

PROGRAM IMPACT – PARENTS

The program's parent track at the orientation and graduation, ongoing outreach to parents, and content focus on the importance of family

“ I know other parents who have rocky relationships with their kids and my daughter gave me information to share with [other parents] to help them communicate with their kids. ”

communication also proved to have a positive impact on Peer Educator parents and families. Parents and family members participated in surveys and focus groups to see how involvement in the program impacted their lives and relationships.

All of the parents surveyed reported an increase in knowledge about the importance of parent-teen communication. One parent said, “I learned I'm not in this alone and that there are many other parents who have the same concerns. I know now there are resources available where parents can seek advice for a better approach to communication.”

“ I believe that the TeenSource Digital Peer Educator Program and its resources offer great ideas to families on bridging the gap of communication and discussing sexuality, especially during a time when sexuality is a hot topic. ”

100% of parent/guardian respondents reported that they had increased their communication about sexual and reproductive health with their teens as a result of the program. One father said, “[Sex] is a hard subject to bring up in my culture, but blogging and everything my daughter is learning makes [talking] easier for us.”



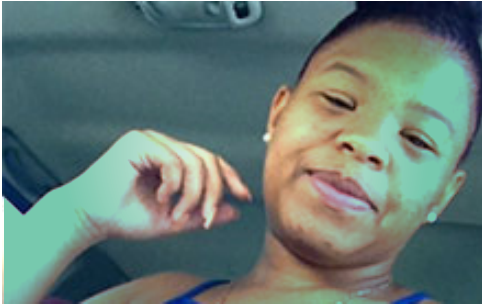
2015 Peer Educator Joseph shares this picture with his mom Chasity on social media to highlight their close relationship.



2015 Peer Educator Marissa and her mom Tina at orientation.

The program also allowed the parents of the Peer Educators to help *their* peers initiate conversations with their own children about sexual and reproductive health. One father said, “I know other parents who have rocky relationships with their kids and my daughter gave me information to share with [other parents] to help them communicate with their kids.”

MARKIA //////////////



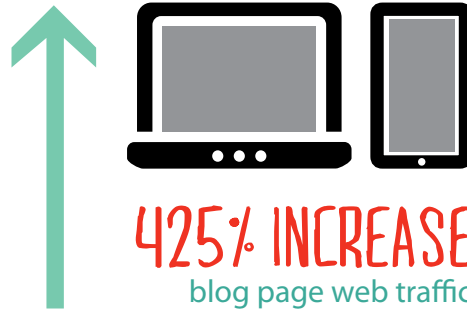
2015 PEER EDUCATOR, SAN BERNARDINO

My name is Markia Thompson. I live in San Bernardino, California. I am 17 years of age and currently a senior in high school. My hobbies are doing hair, dancing and spending quality time with family and friends. I am excited to work with TeenSource because helping others is a great way to give back and that's what I am able to do as a Peer Educator. I also feel like having "The Talk" about sex and STDS with your parents or any adult in general is a little awkward to many teens, and having Peer Educators makes the situation more comfortable for teens to reach out and actually get the information they need without getting discouraged about their actions or questions. Awareness will always be a big thing to me and I am glad that I can share the things that I know and will learn along the way with other teens.

PROGRAM IMPACT - TEENSOURCE.ORG

CFHC's Digital Peer Educator Program has significantly increased TeenSource.org web traffic.

Since the launch of Digital Peer Educator content on TeenSource.org, the site has experienced a 33% increase in pageviews, and a 39% increase in unique users.



The blog page on TeenSource.org, the webpage where the majority of Peer Educator content was posted, received a 425% increase in web traffic since the launch of the program.

While Peer Educators were able to connect their extensive social media networks to TeenSource's Facebook, Twitter and Instagram pages, thanks to additional funding from the program, CFHC was also able to support targeted paid advertising campaigns on Facebook and Twitter. Through this collective effort, CFHC has greatly expanded the reach of TeenSource's social media platforms.

- TeenSource Facebook impressions have increased by 22% and **page likes have increased by over 580%** since program launch.
- TeenSource Twitter potential impressions have increased by 53%, **Twitter followers have increased by 225%**. Engagement on Twitter has also increased with Twitter favorites up **418%**, and Twitter mentions up **415%** since launch of the program.
- There has been a **252% increase in unique users of the CAP webpage** compared to the previous time period prior to the

program's launch. In the same time period, over **3,000** eligible youth ordered condoms from the program, a **22%** increase compared to the previous period.

- There has been a **151% increase in unique users** of the Hookup blog page on TeenSource. In the same time period, there have been over **1,200 new subscribers** to the Hookup program and **879 clinic referrals** provided.

CONCLUSION

The Digital Peer Education model is an innovative, cost-effective and successful strategy to create relevant, engaging teen-friendly content that provides youth with sexual and reproductive health information and resources they can trust. The program has also had an enormous impact on the reach of TeenSource's digital teen programs, including TeenSource.org, CAP and Hookup.

The program positively impacted the knowledge, attitudes, and behaviors of the Peer Educators and their families. Positive shifts include youth ending unhealthy relationships and starting effective forms of birth control, parents/guardians developing closer relationships with their kids, youth taking leadership roles in their communities and connecting parents to resources about family communication.

BEST PRACTICES:

After two years piloting the Digital Peer Educator Program, best practices identified include:

- **Provide in-person training for sensitive subject matter like birth control, STDs,**

healthy relationships, and teen rights to accessing sensitive services: In-person training allowed for a safe space to answer questions and provide clarification.

- **Develop assignments that utilize skills learned in online new media trainings:** Requiring Peer Educators to immediately practice what they learned resulted in building a stronger skill-set and developing more successful content.
- **Leave assignment themes broad to allow for creativity:** By giving the Peer Educators flexibility in choosing the specific content they would include in their assignments, their final products covered a broader range of topics, and the tone of assignments was personal and authentic.
- **Provide ongoing professional development and skill-building opportunities:** Peer Educators signed a Memorandum of Understanding at the start of the program which clearly outlined that they were required to complete all assignments and trainings on time. In holding Peer Educators accountable to their contract, and by providing them with constructive feedback on their participation in the program, they reported increased professional development including time management and communication skills.
- **Create flexible space for regular feedback from Peer Educators:** Peer Educators completed online surveys after each new media training and were also required to participate in regular check-ins with the program manager. Check-ins were either via text, online chat, or over the phone, depending on the medium the Peer Educator was most comfortable using. This

flexible communication strategy resulted in constructive feedback and allowed the program manager to connect with Peer Educators based throughout the state.

- **Ask Peer Educators to link to content and resources in their social media profiles:** By connecting their online social media networks to TeenSource.org and TeenSource social media platforms, Peer Educators were able to help expand TeenSource's reach.
- **Incorporate a "parent track:"** By including parents/guardians in orientation, graduation, and in at least one assignment, Peer Educator families helped promote the program within their communities, and their relationships were positively impacted.
- **Compensate Peer Educators:** While some of the Peer Educators reported that they would have participated in the program even if a salary was not offered, most Peer Educators shared that the stipend was a big incentive and that if they weren't compensated as Peer Educators, they would likely have to forfeit the opportunity to find another paid job.
- **Utilize innovative technology to connect with and train Peer Educators remotely for a minimal cost:** By utilizing online meeting platform join.me, the program manager and the new media consultant were able to train and interact with youth on a monthly basis.
- **Boost reach of online programs with targeted paid advertising:** Through paid advertising on Twitter and Facebook that targeted priority areas in California where youth experience the highest rates of STDs and teen pregnancy, CFHC was able to successfully expand the reach of the

TeenSource Digital Peer Educator content and other digital programs and resources.

- **Evaluate impact on Peer Educators and their parents/guardians:** While Peer Educators were required to complete pre/post tests and provide mid-program feedback to the program manager about their experience in the program, parents/guardians were also asked for their feedback at multiple points throughout the program. Regular feedback supported program improvement and ongoing engagement.

LESSONS LEARNED:

- **Before recruiting program applicants, understand how Peer Educators will fit into the make-up of the organization:** Human Resources and legal experts were engaged to determine the appropriate level of payment for youth participants, the process for youth obtaining legal work permits, and engaging youth as part of CFHC. While it might take extra time and planning at the start of the program, the better the understanding of the youth hiring process, the better.
- **Plan for ample time to recruit, interview, and vet Peer Educator applicants after the start of school year:** CFHC began applicant recruitment prior to the start of the school year, but many youth were not involved in youth development programs over the summer. As a result, the Peer Educator applicant pool was not as full as it could have been had the recruitment process started later in the year. Additionally, requiring references (teachers, counselors etc.) as part of the application could enhance the professional skills building

experience of the program and support recruitment efforts.

- **Provide ample opportunities for youth to connect and collaborate on assignments:** Providing time at orientation for youth to exchange social media contact information was a successful way to bridge new friendships early in the program and promote cross sharing of Peer Educator content. After receiving feedback from the first cohort of Peer Educators that they wished they could have spent more time getting to know their colleagues in the program, we added a partner assignment for the second cohort. Peer Educators partnered to create content based on interviews they conducted with each other about their family's communication about sex.
- **Create opportunities for youth to become advocates for their peers:** As a result of the Peer Educators' interest in advocacy in addition to health education, CFHC is adding an advocacy component to TeenSource.org to allow youth to contact their representatives in support of legislation that promotes access to sexual and reproductive health services and education.

With diminished state investment in community-based pregnancy prevention programs, a dramatic rise in STD rates among youth and persistent disparities among youth that experience STDs and teen pregnancy, there is a strong need to continue investing in innovative programs and strategies that reach geographically and demographically diverse youth with information they need to stay safe and make healthy decisions.

Robust evidence supports the effectiveness of the peer education model.

Reaching youth where they are already searching for health information—online and on their phones—is both a logical and cost-effective way to leverage technology to make a broader impact. The TeenSource Digital Peer Education model has been a highly successful pilot program. Additional funding to support the continuation, expansion and evaluation of the TeenSource Digital Peer Education program is needed to better understand how youth-focused digital peer education can make an even bigger impact on young people in California and beyond.

“It's great to have people come up to me and say 'you've helped me through this' and it's all because of TeenSource.”



📷 TeenSource Digital Peer Educators, Class of 2015

THANK YOU

The TeenSource Digital Peer Education program was made possible thanks to the generous support of The California Wellness Foundation.

STAY CONNECTED!

Learn more about TeenSource at [TeenSource.org](https://teensource.org) and CFHC at cfhc.org.



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