As part of this year’s evaluation, all TeenSMART Outreach (TSO) coordinators participated in phone interviews with UCSF staff to discuss their use of peer educators and outreach workers in their efforts to bring teens into their clinics. Among the 21 TSO agencies, 16 currently use peer providers to conduct outreach and provide clinical services to adolescents. Each quarter, these agencies rely on nearly 70 trained peer providers, who reach more than 4,200 adolescents in their communities.¹

This report summarizes findings from these interviews. Additional information is available through the full research report prepared by UCSF.

About Peer Providers
Every TSO peer provider program is unique. The structure and size of each program depends on the needs of the organization, available funding, the surrounding community, and the responsibilities of the teens providing services. The majority of TSO peer provider programs employ 1 to 10 teens, both male and female. While peer providers range in age from 14 to 24, most are 15 to 19 years old.

All 16 TSO agencies use peer providers to perform outreach to adolescents in their community. Outreach activities take place in various settings, such as presentations and brochure/flyer distribution at schools (16 of 16), at health fairs and other community events (15), and through one-on-one or street outreach (14). In addition, some agencies use peer providers to help develop media materials to advertise the clinic and educational materials to distribute to teen clients (4). Peer providers sometimes give presentations to adult groups as well, such as advisory groups, school boards, and community boards (7).

Twelve agencies use peer providers in the clinic, as well. Here, teens are most often used for administrative support, such as front desk duties, appointment and referral services, appointment follow-up, and assisting with paperwork and Family PACT enrollment (11 of 12 agencies). Many also provide in-person peer counseling and health education (10). Other duties peer providers are responsible for within TSO clinics include over-the-phone counseling, clinical exams, mental health screening, STI and HIV screening, counseling, and follow-up.

Recruitment
TSO agencies have developed varied strategies to recruit teens to become peer providers. The most common approaches are through existing networks in local schools and throughout the community, word-of-mouth, flyers, and job postings. Agencies also recruit new peer providers during classroom presentations and other outreach activities, and by advertising in newspapers, online job boards, and on the radio.

In general, agencies look for youth who are responsible, motivated, mature, outgoing, and energetic, and who demonstrate a strong interest in teen pregnancy prevention and in making a

¹ Numbers are based on FY 2005–06 2nd Quarter data (10/1/05–12/31/05) reported by TSO agencies.
difference in their community. Other skills agencies seek in peer providers include the ability to communicate and listen well, be non-judgmental and open-minded, understand the importance of confidentiality, and be comfortable and make others comfortable with family planning issues. For most agencies, teens do not have previous knowledge of or experience in family planning or pregnancy prevention before they are hired as peer providers, since they will receive comprehensive training for the position.

Many agencies (8 of 16) seek peer providers who represent the ethnic/racial background of the client population in their community, so they can better understand teens’ needs and concerns. Agencies may consider other demographic factors when hiring peer providers, including language and cultural fluency, gender, socioeconomic status, risk factors, age, and neighborhood.

TSO coordinators cited challenges in recruiting peer providers, including finding the right person for the job, conservative community beliefs about family planning, and logistical barriers such as scheduling conflicts after school and funding. In order to address these challenges, coordinators suggested more focused recruitment strategies, including taking more time in the hiring process and using existing word-of-mouth networks, to target teens who are dedicated to working in teen pregnancy prevention. In addition, coordinators suggested scheduling training sessions around teens’ schedules and having fewer, longer trainings, perhaps on the weekends, in order to increase recruitment numbers.

Retaining peer providers allows agencies to develop competent, experienced teen staff and helps peer providers gain valuable work experience, knowledge, skills and confidence, while improving the quality and continuity of services for teen clients. In general, peer providers work at TSO clinics for 1–3 years. In order to retain peer providers for a longer period of time, many agencies (7) have created peer positions with room to grow and advance, such as a two- or three-tiered job structure. With this type of ladder system, younger teens often start out performing outreach in exchange for school credit or community service hours; after a year or so in this role, they may move into the clinic setting with more responsibilities and receive a paycheck or stipend for their work.

Agencies also strive to provide comfortable and positive work environments, supportive staff and supervisors, flexible work schedules, and opportunities for training and exposure throughout the community, in order to keep peer providers interested in and satisfied with their positions.

Some challenges TSO agencies face in retaining peer providers include coordinating with teens’ schedules and competing with higher-paying jobs in the community. Coordinators suggest hiring more peer providers, using popular incentives to keep them motivated, and involving them in decision-making and planning at their agency, so that they are more invested in and committed to their role as peer providers.

Compensation
In exchange for the work they do, all TSO agencies compensate their peer providers. Compensating peer providers for their time performing outreach or providing clinical services helps keep teens motivated and makes them feel empowered, while ensuring that they take their job responsibilities seriously. The method and amount of compensation take different forms, depending on the resources of the agency and specific work provided. The most common methods of compensation include a paycheck or stipend (14), community service hours (6), school credit (4), or incentives (4), such as gift certificates, free food, or other “goodies” they can take home.

Agencies use their TeenSMART Outreach budgets,
other funding sources, or a combination of funds to support their peer provider programs. Coordinators cite funding constraints as a challenge to recruiting and retaining peer providers. Some agencies also face organizational barriers to providing the compensation they would like to offer, such as collaborating with schools to provide academic credit for peer providers.

Training
Peer providers receive comprehensive and ongoing training on a variety of topics to ensure that they are providing accurate and appropriate information to teens in the community. Often this includes an initial, intensive orientation training, followed by ongoing updates throughout the year. The content of the trainings varies depending on the particular job duties of the peer providers, the skills they come in with, and the challenges they face in their work. Most peer providers receive training about the family planning services provided by the clinic (such as contraception, STI testing, and physical exams) (16) and important clinic protocols (such as intake forms and confidentiality) (7). In addition, peer providers are trained on the skills they will need in their work, including different outreach methods (14), peer counseling (10), and public speaking (4).

Most agencies use a curriculum to train their peer providers, containing either original material, material from other organizations, or a combination of training materials. Agencies use surveys or other methods to ask peer providers about their ongoing needs and interests, and develop new training opportunities accordingly.

Challenges in training peer providers include logistical barriers, such as teens’ schedules, as well as behavioral issues, due to the age, maturity, and different learning styles of peer providers. Coordinators suggest intensive trainings on content and work style to help peer providers retain the correct information and fulfill the responsibility, professionalism, and confidentiality their job requires.

Supervision
According to TSO coordinators, peer providers must be closely supervised by adult staff, in both group settings and through one-on-one supervision. Most supervisors hold regular meetings with their peer providers to check in about their duties, plan for upcoming activities, debrief presentations, and evaluate their work.

The nature and frequency of peer provider supervision varies from agency to agency, depending on supervisors’ schedules and availability. Because peer providers are young and often lack previous work experience, intense supervision, often in the form of mentoring or forming close relationships with adult staff, is essential for peer providers to successfully fulfill their job duties and expectations.

Integration with Adult Staff
Peer providers are often integrated with adult staff at TSO clinics. Having adults work closely with teens, holding common meetings and trainings, and giving staff of all ages opportunities to get to know each other both within and outside of work has helped foster staff integration.

The attitudes of adult staff about teens can sometimes create barriers to integration. Coordinators suggest that common meetings, trainings, and other activities can help address and ease tension between adult and peer staff. In addition, coordinators suggest keeping adult staff well informed of peer provider activities and projects, so that they can appreciate the significant contributions peer providers make to their agency.

Impact
According to coordinators, having peer providers has had a significant, positive impact on enrolling and retaining teen clients, developing successful
outreach activities and presentations, and ensuring that clinics and providers are teen-friendly. They believe that peer providers serve an important role in reaching teens in schools and other settings, informing teens about contraception and disease prevention, and attracting them to local clinics, while ensuring that clinical services are appropriate, accessible, and friendly for adolescent clients.

In addition, coordinators feel that peer provider programs create positive opportunities for youth in the community, benefiting the peer providers, other teens, and the community at large.

Agencies that Don’t Use Peer Providers
Currently, 5 of the 21 agencies do not use peer providers for their TSO outreach or clinical activities. Coordinators cited a variety of reasons for not implementing peer provider programs as part of their TeenSMART Outreach grants.

Three agencies use peer providers through funding sources other than TSO, finding that these other sources allow them to better meet their current needs. Some (2) voiced concerns about teens’ ability to provide reliable, confidential services for adolescent clients, particularly in small communities. Another (1) felt that their current programs using adult staff to provide outreach and clinical services to teens are sufficient and successful as is.

Suggestions for OFP
During the interviews, TSO coordinators requested guidance from the Office of Family Planning to help improve their peer provider efforts.

• Technical assistance. Coordinators requested support in their ongoing efforts to implement peer provider programs, specifically regarding training materials and appropriate use of TSO funds. TSO agencies that do not currently have peer provider programs stated that support from OFP would greatly assist them in their decision to develop or renew this type of effort. Moreover, OFP could encourage agencies to incorporate innovative peer provider strategies during their contract negotiations, as appropriate.

• Opportunities to share practices. Coordinators requested opportunities for TSO programs to share their peer provider practices with each other. OFP could facilitate these opportunities by hosting meetings or teleconferences, distributing information about innovative TSO strategies, and developing a repository of peer provider materials. Such information may also be of interest to other teen pregnancy prevention (TPP) programs and Family PACT providers throughout the state.

• Funding. Coordinators felt that additional funding for TSO programs would help increase the scope, strength, and overall impact of their adolescent outreach and clinical services. Coordinators stated that they would use this funding to expand and improve peer recruitment efforts, hire more peer providers, offer better incentives and compensation, enhance training efforts, and expand the scope of their outreach activities and clinical services.

• Additional evaluation activities. This report relies on the experiences and opinions of the TSO coordinators who oversee peer provider programs. OFP could increase the understanding of the impact of peer provider activities by supporting additional evaluation efforts, such as interviews with peer providers, surveys of the teens who receive peer–provided services, or analysis of client enrollment trends through Family PACT claims data.