



<i>Grantee</i>	Community Action Partnership of San Luis Obispo County, Inc.
<i>Setting</i>	Physical Education classes (pull-out) in three public high schools in San Luis Obispo County, California
<i>Target Population</i>	10 th graders in public high schools in San Luis Obispo County
<i>Curriculum & Delivery</i>	8 sessions, delivered in 60-minute weekly group meetings by health educators hired, trained, and monitored by Community Action Partnership

Programmatic Context

Community Action Partnership of San Luis Obispo, Inc.

Community Action Partnership of San Luis Obispo County (Community Action Partnership) is one of nine organizations selected to participate in the Teen Pregnancy Prevention Replication Study. The study is a rigorous five-year evaluation of replications of evidence-based interventions aimed at preventing teen pregnancy, sexually-transmitted infections (STIs) and other sexual risk behaviors. The interventions are funded by the Office of Adolescent Health (OAH) through the federal Teen Pregnancy Prevention (TPP) Program. A brief overview of the study design and a description of the TPP program can be found on the OAH website (<http://www.hhs.gov/ash/oah/oah-initiatives/for-grantees/evaluation/#Federal-LedEvaluation>).

Community Action Partnership, founded in 1965, serves over 40,000 people in San Luis Obispo and 10 other California counties, through a wide variety of programs ranging from early care and education, housing, energy assistance and homelessness assistance to family support and health services. Since 1977, the agency has provided comprehensive sexual health education programming for youth, ages 10-18. In 1986, a multi-agency task force was established to support teen pregnancy prevention efforts in the county. Community Action Partnership's longevity and history of working collaboratively across numerous agencies and initiatives have earned the agency recognition, trust, and respect in the community.

Community Action Partnership's Health and Prevention Youth Programs Department, in the Health and Prevention Division, is well known to schools and school districts; it has provided comprehensive sexual health education in the schools for 37 years, relying on local, state and federal funding, which Community Action Partnership secures. The agency also has its own reproductive health clinics, including teen-designed and peer-provided teen clinics, in Arroyo Grande and San Luis Obispo. The agency maintains a close working relationship with the Community Health Center Network (CHCN), which provides primary care and family care services and has locations in all three communities associated with study schools

Selection of *¡Cuidate!*

In September 2010, Community Action Partnership was competitively awarded a federal Teen Pregnancy Prevention Replication grant, administered by OAH. The grant is to implement *¡Cuidate!*.¹ San Luis Obispo County's teen birth rate has not dropped at the same rate as the national rate, and the proportion of teen births to Latina mothers has been rising. This prompted Community Action Partnership to look at *¡Cuidate!* because of its Latino cultural emphasis. While the curriculum's duration – 6 one-hour sessions – is a good fit for implementation in public school settings, state requirements for provision of information about birth control and sexually transmitted infections compelled the agency to request permission from OAH to adapt the curriculum by adding medically-accurate sessions on these topics. Once permission was granted, Community Action Partnership added two sessions that met state requirements. The final model implemented includes 8 sessions, which was near the limit of what participating schools were willing to accept.

Implementation of the Program Model

Settings for the Program

For the study, Community Action Partnership partnered with two school districts to provide *¡Cuidate!* in three high schools. The schools provided space and allowed students to be pulled from their physical education classes for the requisite number of sessions. Students received participation credit in their physical education classes for attending the *¡Cuidate!* sessions.

Population Served

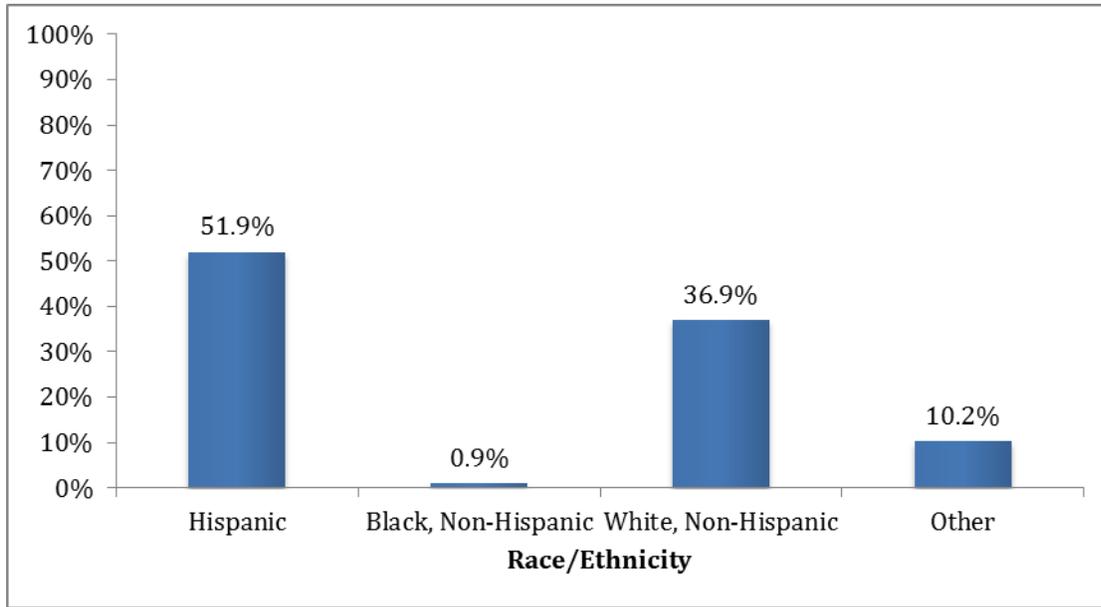
The data described below are drawn from a baseline student survey completed before the intervention was implemented. Enrollment for the study began in the fall of 2012.

Demographic Profile: Almost all students recruited for the study (n = 528) were tenth graders in public high schools in San Luis Obispo County. The remaining 1% were 9th graders. Their average age was 15 years. A majority (61%) were female. Although *¡Cuidate!* targets primarily Hispanic/Latino students, recruitment in schools also stressed the relevance of the message for all students. In this replication, just over half of those served were Hispanic; most of the remaining students were White, non-Hispanic (Exhibit 1).²

¹ A summary description of the curriculum and a citation for the original research are provided in the Study Overview.

² The total sample size for Community Action Partnership is 528. The sample sizes for each of the risk variables vary depending on individual item non-response. The percentages shown in the figures are for those who responded to the baseline survey. The percentages of missing responses range from 1-5%, depending on the risk variable reported. More detailed tables with sample sizes can be found in the Appendix.

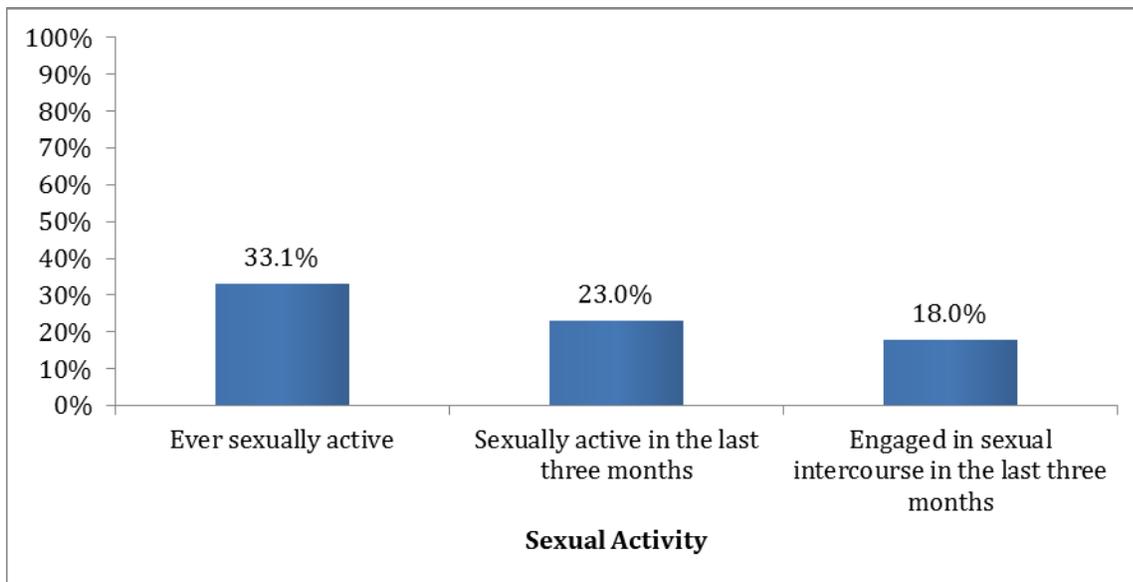
Exhibit 1: Race/Ethnicity of Youth in the Community Action Partnership Study Sample at Baseline



Risk Profile: Sexual Behavior

On entry into the program one-third of youth reported that they had ever been sexually active (defined as sexual intercourse, and/or oral sex and/or anal sex). Less than one-quarter were sexually active in the three months prior to the survey, and 18% had engaged in sexual intercourse during that same period (Exhibit 2).

Exhibit 2: Sexual Risk Behavior of Youth in the Community Action Partnership Study Sample at Baseline³

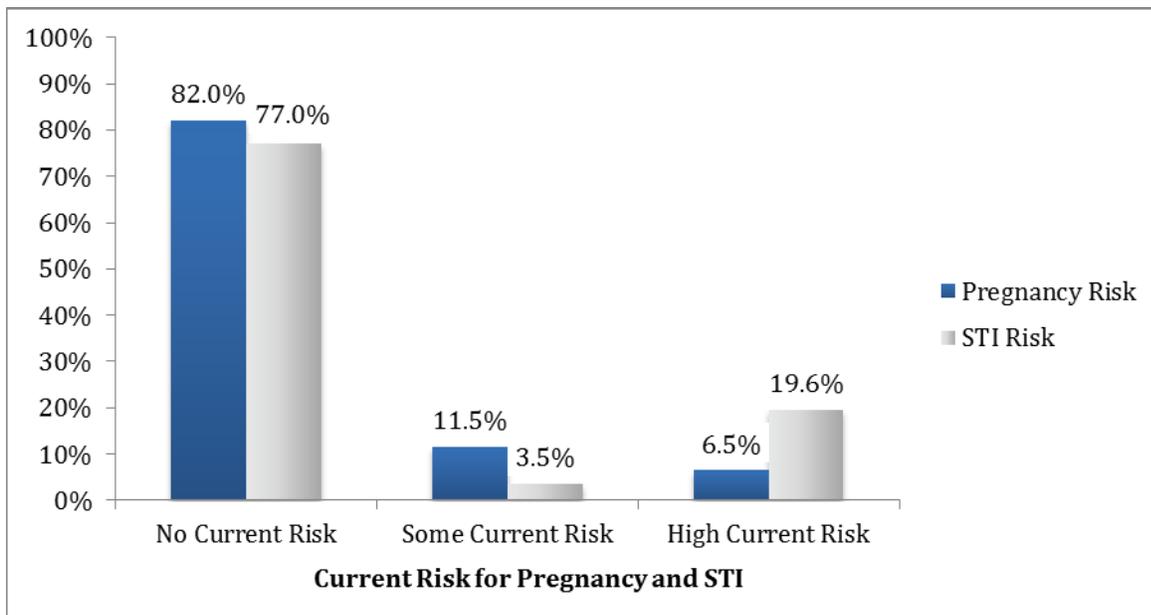


³ Sexual activity was defined as sexual intercourse, oral sex and/or anal sex.

Exhibit 3 shows the distribution of study participants with respect to two kinds of risk based on their sexual behavior in the 90 days prior to the survey: current risk of pregnancy, and current risk of sexually transmitted infection (STI). Those who did not engage in sexual activity in the 90 days preceding the survey are categorized as at “no current risk” for either. In addition, a small number who, although sexually active, did not engage in sexual intercourse in the last 90 days are categorized as at “no current risk” for pregnancy (although they are at some level of risk for infection). Youth are categorized as being at “some current risk” of pregnancy if they reported consistent use of birth control during sexual intercourse and at “some current risk” of infection if they reported consistent use of condoms during any sexual activity. At “high current risk” for pregnancy are those who did not use birth control during intercourse. At “high current risk” for infection are those who did not use condoms during intercourse and/or oral/anal sex.

The majority of students, more than three-quarters, are considered not currently at risk for pregnancy or STIs because they were not currently (i.e. in the 90 days preceding the survey) sexually active. Approximately 6.5% were at high current risk for pregnancy and three times as many (19.6%) were at high current risk for infection. Sexually active youth were much more likely to protect against pregnancy than against infection. Of those who engaged in sexual intercourse (18%), almost two-thirds reported consistent use of birth control; the remaining one-third, who failed to use birth control consistently were at high current risk for pregnancy. By contrast, of youth who were sexually active (23%), more than two-thirds failed to use condoms consistently to protect against infection when they engaged in any sexual activity. (e.g., sexual intercourse or oral sex or anal sex), placing them at high current risk for STI.

Exhibit 3. Risk of Pregnancy or Infection for Youth in the Community Action Partnership Study Sample at Baseline



Risk Profile: Perceptions about Sex

While three-quarters of study participants reported no pressure from peers to have sex (Exhibit 4), more than one-third believed that half or more of their peers were engaging in sexual intercourse and a slightly smaller percentage believed that their peers were engaging in oral sex. In both cases, a substantial proportion of youth reported no knowledge of peers’ sexual behavior (Exhibit 5).

Exhibit 4: Extent of Peer Pressure to Have Sex for Youth in the Community Action Partnership Study Sample at Baseline

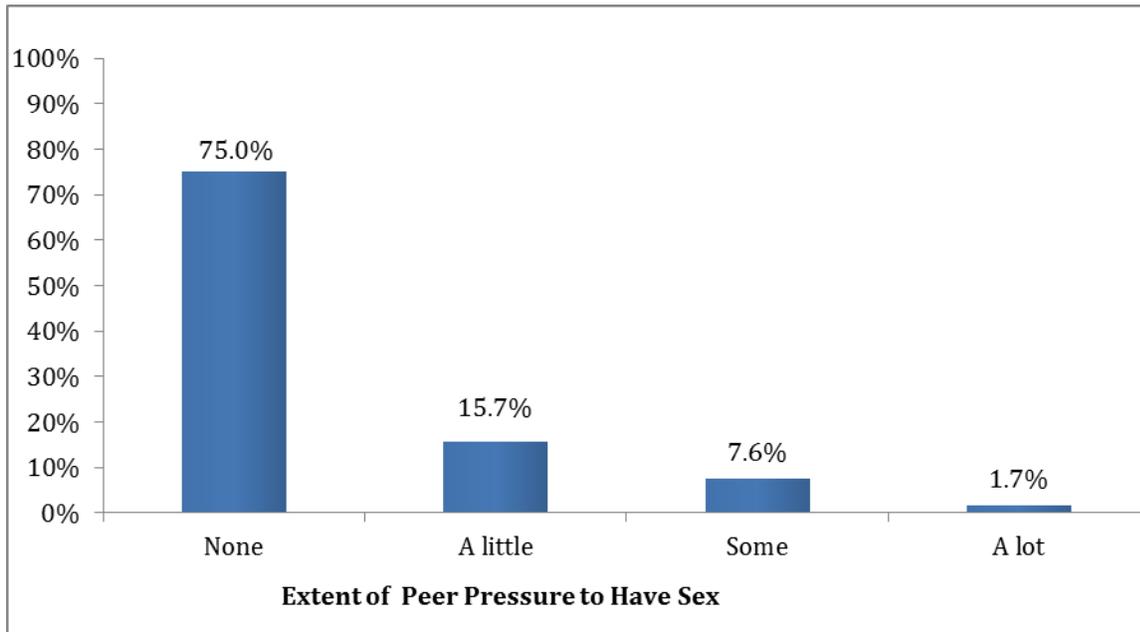
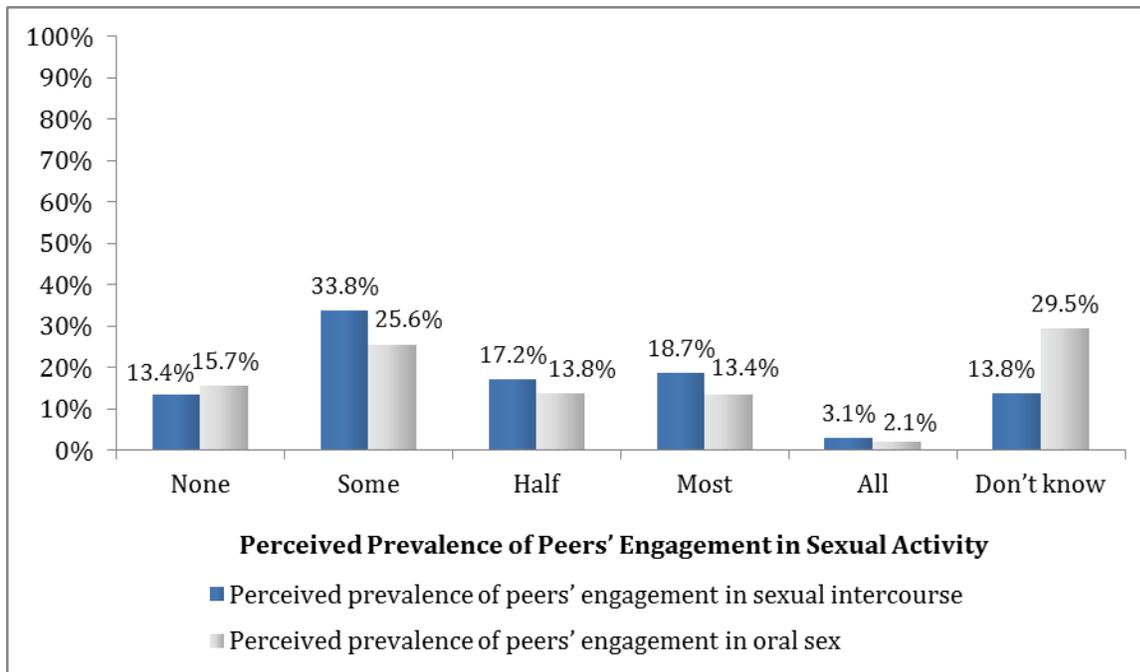


Exhibit 5: Perceptions of Peers' Sexual Behavior for Youth in the Community Action Partnership Study Sample at Baseline

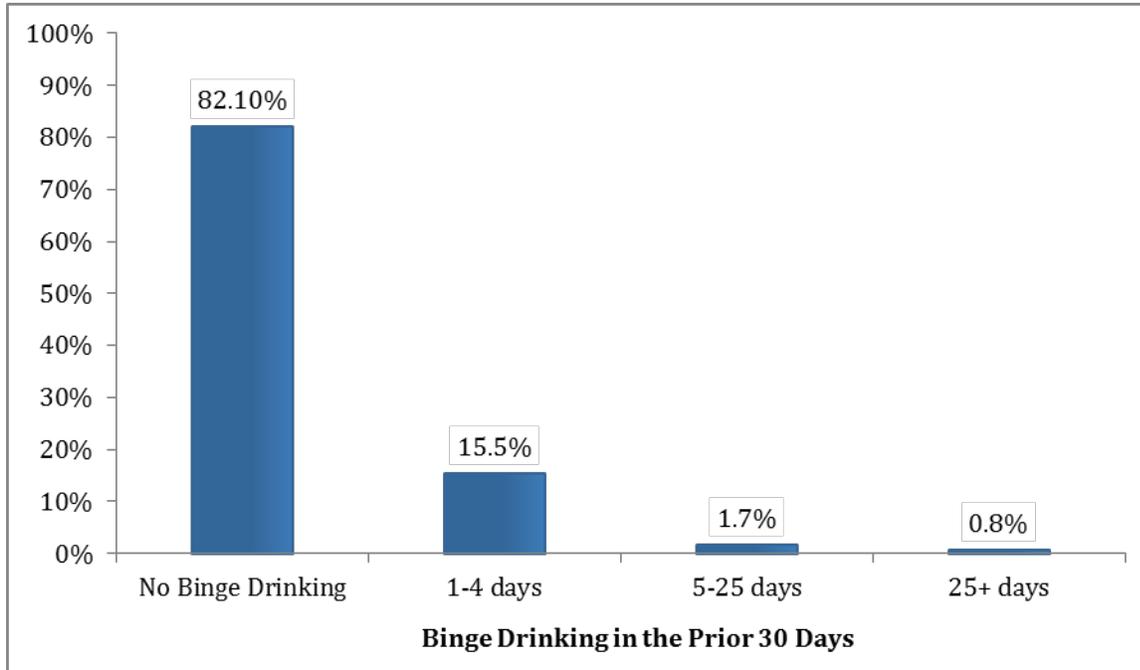


Risk Profile: Other Risk Behavior

More than 90% of youth reported that they had not smoked cigarettes at all in the prior 30 days. Most of the others were occasional smokers; less than 2% reported smoking daily during the same period (see Appendix, Table 10).

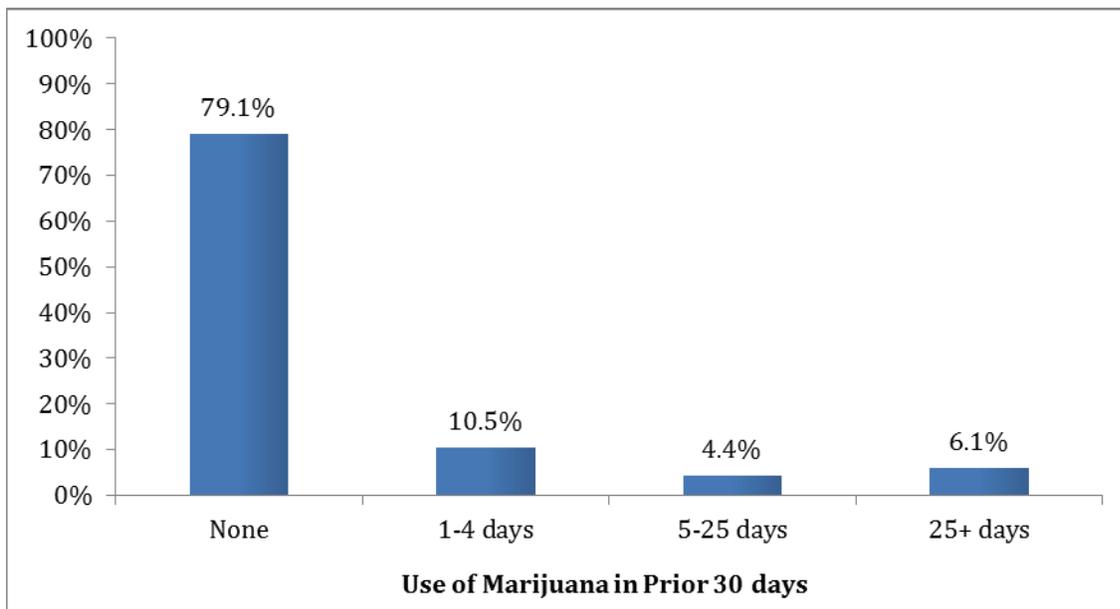
Almost one-third of youth reported using alcohol during the prior 30 days (see Appendix, Table 11) and almost 20% reported at least one instance of binge drinking (five or more alcoholic drinks in a row) during the same period (Exhibit 6).

Exhibit 6: Binge Drinking among Youth in the Community Action Partnership Study Sample at Baseline



Almost 80% of youth reported no use of marijuana in the prior 30 days, while just over 6% reported essentially daily use (Exhibit 7).

Exhibit 7: Marijuana Use among Youth in the Community Action Partnership Study Sample at Baseline



The Appendix provides data tables for Community Action Partnership and for the three *¡Cuidate!* replications combined.

Program Delivery

The replication of *¡Cuidate!* in San Luis Obispo County was adapted and expanded to eight sessions rather than six, to conform to state requirements for sex education. The two units dealt with pregnancy prevention and birth control methods and with STIs in addition to HIV/AIDS.

The program is delivered in eight weekly sessions of just under one hour each (55-57 minutes) to groups of up to twelve 10th grade students in mixed-gender groups. The sessions are facilitated by a single health educator or co-facilitated by two health educators.

Staffing and Training

The project director posted advertisements for the health educator positions and received many applications. The TPP team conducted two rounds of interviews; in the second round, applicants were asked to do a presentation on sexuality. The team was looking for experience with teens, bilingualism (English and Spanish), or Hispanic/Latino cultural background. Community Action Partnership hired four health educators (two were bilingual) and an outreach worker, and was able to retain all four health educators through the pilot and first year of implementation.

Staff background and experience prior to joining the project included secondary school teaching and tutoring in schools with at-risk youth, rape crisis counseling, reproductive health clinical work, youth violence prevention (dating violence and sexual assault prevention), and sexual assault victim advocacy. All staff were familiar with and comfortable with the sexual health content of the program, and all were dedicated to improving youth sexual health outcomes.

In addition to the *¡Cuidate!* program, all of the health educators participate in youth development and outreach strategies – a Youth Advisory Group and teen theatre project, Teen Monologues – which the project director feels helps retain staff by offering them opportunities for innovation and individual contributions.

The program director felt that staff greatly enhanced the quality of program implementation by modifying language to include non-Latino students and non-heterosexual students.

In addition to the OAH regional trainings on cultural awareness, implementing effective TPP programs, and the annual conference, staff participated in local and state training sessions on eleven topics related to adolescent health and sexuality and one on classroom presentations and public speaking.⁴ Not all staff attended the OAH trainings, but those who did participate returned to “teach back” what they had learned at the training sessions. All staff participated in the OAH training on the program model and practiced extensively with each other prior to the pilot implementation. As new staff join the team, they will also be trained, provide mock presentations as well as shadow and then co-facilitate with veteran staff.

⁴ Topics: fetal alcohol syndrome, sexual assault, transgendered youth, minor consent and confidentiality, mental health, IUDs, “Sex Tech”, gangs task force forum, gender norms, LGBTQ Ally Training, Western Regional Institute for Teachers and Community Health Educators.

Monitoring Program Implementation

A critical element of the replication of evidence-based programs is the extent to which the original model is implemented with fidelity. Staff took fidelity to the program model very seriously and focused on implementing the core elements of *¡Cuidate!*.

The program director and health educators emphasize that the initial training and consultation with the program developer provided a strong understanding of how each core element should be implemented in order to adhere to the model as well as how the implementation of each activity supported fidelity. Staff are required to document implementation of each activity for each session using fidelity logs, recording explanations for activities that could not be completed and the reason why, and devising plans for including missed activities in the next session or in a make-up session, if necessary. The project director uses the fidelity logs in conjunction with her own periodic observations (10% of sessions using the observation tool provided by OAH and the checklist provided by the program developer) and observations conducted by a local evaluator to inform periodic feedback and annual performance reviews. Issues that arise become topics for focused professional development. An example of this was practicing how to prepare students for the condom demonstration in order to enhance student engagement and comfort with the topic while helping students to be responsible and take the demonstration seriously.

Summary of Community Action Partnership Profile

Because only half of the student participants are Hispanic, the replication of *¡Cuidate!* in San Luis Obispo County will test the program's claim that its content and message are relevant for students of all ethnicities. Almost all of the students were in 10th grade at baseline. Less than one-quarter were sexually active in the three months preceding the survey; most of these did not use a condom when engaged in sexual activity, placing them at high risk for STIs (and for pregnancy, when another method of birth control was not used during intercourse).

This research is supported by the Office of Adolescent Health and the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services under contract number HHSP23320095624WC Order No. HHSP23337011T awarded in September 2011.

Appendix: Community Action Partnership Baseline Data Tables

Table 1. Gender in Community Action Partnership and Overall ;Cuidate! Study Samples at Baseline

	Community Action Partnership (n= 528)	;Cuidate! Overall ¹ (n= 2169)
Male	39.2%	45.8%
Female	60.8%	54.2%

¹This represents the three replications of the program model.

Table 2. Race/Ethnicity in Community Action Partnership and Overall ;Cuidate! Study Samples at Baseline

	Community Action Partnership (n= 528)	;Cuidate! Overall (n= 2169)
Hispanic	51.9%	71.4%
Black ¹	0.9%	4.7%
White ¹	36.9%	17.7%
Other Race ²	10.2%	6.3%

¹ Non-Hispanic

² "Other Race" includes Asian, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Multiracial, and open-ended responses to the question "What is your race?"

Table 3. Age in Community Action Partnership and Overall ;Cuidate! Study Samples at Baseline

	Community Action Partnership (n= 528)	;Cuidate! Overall (n= 2169)
Mean (SD)	15.0 (0.5)	14.4 (1.5)
Range	14 – 17	11 -20

Table 4. Grade in School in Community Action Partnership and Overall ;Cuidate! Study Samples at Baseline

	Community Action Partnership (n= 528)	;Cuidate! Overall (n= 2169)
6 th	0.0%	0.1%
7 th	0.0%	0.2%
8 th	0.0%	43.0%
9 th	1.3%	16.3%
10 th	98.3%	27.2%
11 th	0.4%	2.0%
12 th	0.0%	10.7%
College/technical	0.0%	0.3%
Not in school	0.0%	0.1%

**Table 5. Sexual Activity in Community Action Partnership and Overall ;Cuidate!
Study Samples at Baseline**

	Community Action Partnership (n=528)	;Cuidate! Overall (n=2169)
Ever sexually active ¹ (n=522)	33.1%	25.1%
Sexually active in the past 3 months (n=521)	23.0%	17.3%
Engaged in sexual intercourse in the past 3 months (n=522)	18.0%	14.5%

¹ Sexual activity is defined as sexual intercourse, oral sex, and/or anal sex.

**Table 6. Current Risk of Pregnancy¹ in Community Action Partnership and Overall ;Cuidate!
Study Samples at Baseline**

	Community Action Partnership (n = 522)	;Cuidate! Overall (n=2131)
No Current Risk	82.0%	85.5%
Some Current Risk	11.5%	10.1%
High Current Risk	6.5%	4.4%

¹ *No Current Risk* is if the respondent did not have sexual intercourse in the past 90 days; *Some Current Risk* is if the respondent always used condoms or contraceptives during sexual intercourse in the past 90 days; and *High Current Risk* is if respondents engaged in unprotected sexual intercourse in the past 90 days.

**Table 7. Current Risk of Infection¹ in Community Action Partnership and Overall ;Cuidate!
Study Samples at Baseline**

	Community Action Partnership (n = 521)	;Cuidate! Overall (n=2128)
No Current Risk	77.0%	82.8%
Some Current Risk	3.5%	3.4%
High Current Risk	19.6%	13.9%

¹ *No Current Risk* is if the respondent did not engage in sexual intercourse or oral sex, and/or anal sex in the past 90 days; *Some Current Risk* is if the respondent always used a condom during sexual activity during the past 90 days; and *High Current Risk* is if respondents engaged in any sexual activity without a condom in the past 90 days.

Table 8. Risk of Infection and/or Pregnancy in Community Action Partnership and Overall ¡Cuidate! Study Samples at Baseline

	Community Action Partnership (n= 522)	¡Cuidate! Overall (n= 2131)
Sexual Activity and Condom Use		
Not sexually active	77.0%	82.8%
Sexually active with use of condoms	3.5%	3.4%
Sexually active without use of condoms	19.6%	13.9%
Sexual Intercourse and Birth Control Use		
No sexual intercourse	82.0%	85.5%
Sexual intercourse with use of birth control	11.5%	10.0%
Sexual intercourse without using birth control	6.5%	4.4%

Table 9. Peer Pressure to Have Sex and Perceived Norms in Community Action Partnership and Overall ¡Cuidate! Study Samples at Baseline

	Community Action Partnership (n= 523)	¡Cuidate! Overall (n= 2086)
Extent of peer pressure to have sex		
None	75.0%	75.8%
A little	15.7%	13.1%
Some	7.6%	7.5%
A lot	1.7%	3.6%
Prevalence of peer sexual intercourse		
None	13.4%	22.0%
Some	33.8%	27.0%
Half	17.2%	9.8%
Most	18.7%	15.9%
All	3.1%	4.5%
Don't Know	13.8%	20.9%
Prevalence of peer oral sex		
None	15.7%	25.9%
Some	25.6%	20.4%
Half	13.8%	8.2%
Most	13.4%	10.1%
All	2.1%	2.9%
Don't Know	29.5%	32.5%

Table 10. Frequency of Cigarette Use (past 30 days) in Community Action Partnership and Overall ¡Cuidate! Study Samples at Baseline

	Community Action Partnership (n= 526)	¡Cuidate! Overall (n= 2130)
0 days	90.3%	94.5%
1-4 days	5.7%	3.3%
5-25 days	2.5%	1.5%
> 25 days	1.5%	0.8%

Table 11. Frequency of Alcohol Use (past 30 days) in Community Action Partnership and Overall ¡Cuidate! Study Samples at Baseline

	Community Action Partnership (n= 524)	¡Cuidate! Overall (n= 2118)
Any alcohol use (last 30 days) ¹		
0 days	68.3%	77.8%
1-4 days	22.9%	17.4%
5-25 days	7.4%	3.7%
> 25 days	1.3%	1.2%
Binge drinking(last 30 days) ²		
0 days	82.1%	89.1%
1-4 days	15.5%	9.5%
5-25 days	1.7%	0.8%
> 25 days	0.8%	0.5%

¹ Alcohol use is defined as having an alcoholic drink such as beer, wine, or other liquor ("just a sip" not counted).

² Binge drinking is defined as 5 or more alcoholic drinks in a row.

Table 12. Frequency of Marijuana Use (past 30 days) in Community Action Partnership and Overall ¡Cuidate! Study Samples at Baseline

	Community Action Partnership (n= 526)	¡Cuidate! Overall (n= 2128)
0 days	79.1%	85.7%
1-4 days	10.5%	7.8%
5-25 days	4.4%	3.5%
> 25 days	6.1%	3.0%