

A photograph of two women, one with dark curly hair and one with blonde hair, looking down at a document they are holding together. They are both wearing t-shirts with the 'RE:MIX' logo. The background is dark and out of focus.

PROGRAM IMPLEMENTATION AND ADAPTATION MANUAL

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IMPLEMENTATION NOTE

EngenderHealth implemented this program with youth aged 14 to 18 in Texas, between 2015 and 2019. The information in this publication reflects concepts and best practices that the authors deemed comprehensive and relevant to their target beneficiaries at the time of production. As the authors recognize that the landscape surrounding sexual health, identity, and safety are continually evolving and expanding, future users should consider incorporating updated language, inclusivity concepts, and other best practices as appropriate. To maintain a lens of inclusivity in future replications, providers, educators, and implementers should adapt materials to reflect, respect, and respond to the unique needs and aspirations of the targeted population.

Additionally, this guide is part of a full implementation suite that includes the Re:MIX—Supporting Youth to Maximize their Strengths, Imagine a Healthy Future, and Explore their Identities (the curriculum); Re:MIX Professional Development and Leadership Program Guide; and the Re:MIX Training of Facilitators Guide. Further, this suite of materials in part built upon our earlier work and resultant materials from the Gender Matters program. For copies of these materials, please visit www.engenderhealth.org.

ENGENDERHEALTH

EngenderHealth is a global women's health and sexual and reproductive rights organization. We train healthcare professionals and partner with governments and communities to make quality sexual and reproductive health (SRH) services available today and for generations to come.

EngenderHealth's vision is a world where SRH rights are respected as human rights and women and girls have the freedom to reach their full potentials. To achieve transformational change leading to true social and economic progress, EngenderHealth collaborates with diverse organizations across sectors with the shared goals of promoting gender equity and sustainable development.

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ENGENDERHEALTH'S US COUNTRY OFFICE

EngenderHealth's US Country Office develops innovative, science-based programs and curricula to improve SRH outcomes for young people while delivering capacity-building training and technical assistance to youth-serving organizations and providers. We are committed to developing and supporting programs that engage youth as experts in their own lives and empower them to choose the lives they want to live.

Please visit: www.engenderhealth.org to learn more.

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This manual was designed by Fluyt and edited by Amy Agarwal and Molly Platz, with photo credit to Will Gallagher at Will Gallagher Studios

USING THE PROGRAM GUIDE

This guide provides detailed information intended to enable an organization to implement and evaluate the Re:MIX program. The guide includes details about the Re:MIX curriculum, the peer educator professional development and leadership program (PD&LP), and other core elements of the Re:MIX program.

This guide will help you:

- Hire and train project staff
- Implement the program effectively
- Identify and establish potential program partnerships
- Make informed adaptations
- Evaluate the program and use that information to make data-driven decisions

While each section of this manual builds on the previous section, it is also possible for readers to use the sections most relevant in their process of implementing and/or evaluating Re:MIX and to review others when needed.

THE PROGRAM IMPLEMENTATION AND ADAPTATION MANUAL INCLUDES SIX SECTIONS:

1. Introduction to Re:MIX
2. Core Components of Re:MIX
3. Before Implementing Re:MIX
4. Implementing Re:MIX
5. Making Adaptations to Re:MIX
6. Evaluating Re:MIX



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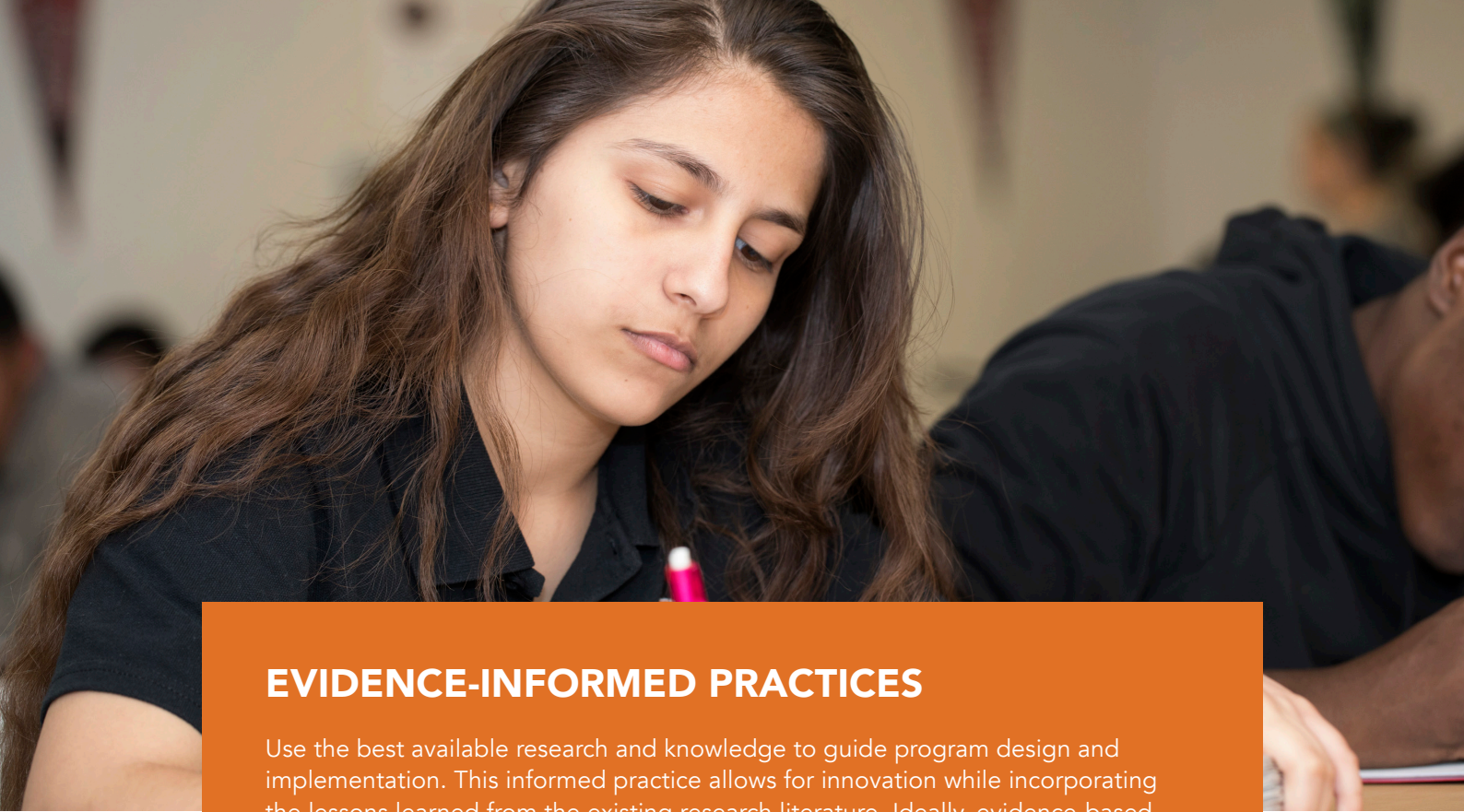
INTRODUCTION TO RE:MIX

This section introduces the Re:MIX program, including the core components, elements, and features of the program. The descriptions in this section are intended to serve as an overview. In later sections, more detailed information will be provided on how to implement the program. In this section, you will find:

- An overview of Re:MIX, including goals, objectives, priority populations and settings, complementary program components, and unique features
- An overview of the evaluation component
- An overview of how and why Re:MIX was developed, including a description of the logic model process used to map the program, a summary of formative assessment and study processes and data, and short descriptions of the health behavior change theories and approaches that informed the development of the program



SECTION 1



EVIDENCE-INFORMED PRACTICES

Use the best available research and knowledge to guide program design and implementation. This informed practice allows for innovation while incorporating the lessons learned from the existing research literature. Ideally, evidence-based and evidence-informed programs and practices should respond to families' cultural backgrounds, community values, and individual preferences.

OVERVIEW OF RE:MIX

Re:MIX is an evidence-informed, comprehensive, and inclusive health education program that includes age-appropriate, medically accurate, factual information on a broad set of topics related to human development, healthy relationships, gender, decision-making, contraception, and the prevention of sexually transmitted infections (STIs). Re:MIX builds on the idea that youth deserve the chance to maximize their strengths, imagine healthy futures, and explore their identities.

The program's goal is to empower and educate adolescents (13–17 years old) and young parents (18–24 years old) to identify life goals and avoid pregnancies and STIs, which could interfere with achieving those goals.

Re:MIX uses an innovative approach, combining ways of engaging and empowering youth that are fun and relevant with opportunities to learn and practice the crucial skills teens need to make responsible, healthy, and safe life decisions to lead healthy lives. Educators use theatre, movement, and hip-hop methodologies to encourage students to tap into their creative, expressive, and collaborative selves. Students build knowledge and critical thinking in all aspects of their lives, including their sexual lives.

In addition to the curriculum, the intervention includes a professional development, leadership, and mentoring program for the peer educators and a community health services linkage system that connects youth and peer educators with community resources.

Re:MIX Program Overview in
Appendix A

CORE ELEMENTS OF THE PROGRAM

Figure 1. Re:MIX Core Elements



Curriculum

This science-based, evidence-informed curriculum incorporates game-based tools, technology, and storytelling co-delivered by a professional health educator and a peer educator.

Peer Educator Professional Development and Leadership Program

Peer educators receive an extensive professional development program that includes mentoring and ongoing coaching, training, and skills practice in four core professional development domains.

Community Health Services Linkage

Youth and peer educators are connected to community health services that are welcoming to teens, including lesbian, gay, bisexual, transgender, and questioning youth (LGBTQ).

PRIORITY POPULATIONS

EngenderHealth developed and tested Re:MIX in Austin, Texas, with a mixed-sex group of youth aged 13–17 years living in areas with the highest rates of teen pregnancy in Travis County (TDSHS, 2010). Nearly three-quarters of students (71%) served were Latinx and nearly half (41%) primarily speak Spanish at home.

Our peer educators are young mothers and fathers between the ages of 18 and 24. They apply to Re:MIX to facilitate the sexual health curriculum to middle and high school students for one full school year. In addition to facilitating the curriculum in classrooms, peer educators participate in EngenderHealth’s professional development and leadership program (PD&LP) and related projects to grow their professional skills. Peer educators participating in the PD&LP generally included cohorts of five young parents.

BEHAVIORAL GOALS

The goal of Re:MIX is to reduce the rates of pregnancy and STIs among youth aged 13–17. To achieve this goal, the program seeks to influence six behavioral outcomes:

For youth receiving the Re:MIX curriculum:

1. Delay the onset of sexual intercourse among youth who are not having sex.
2. Reduce sexual intercourse among sexually active youth.
3. Increase the use of birth control methods among sexually active youth.
4. Increase visits to teen-friendly sexual and reproductive health (SRH) clinics.

For peer educators:

1. Reduce subsequent unplanned pregnancies.
2. Increase postsecondary education or job training for peer educators.

LEARNING OBJECTIVES

Re:MIX includes a robust set of learning objectives that support the achievement of behavioral goals.

- For a comprehensive list of learning objectives for the Re:MIX curriculum component, please reference The Re:MIX Curriculum Guide.
- For a comprehensive list of learning objectives for the PD&LP, please reference The Professional Development and Leadership Guide.

LEARNING OBJECTIVES

EngenderHealth implemented the Re:MIX curriculum during the fall and spring semesters, while youth were attending school. Youth participated in weekly 55-minute Re:MIX sessions over 10 consecutive weeks. EngenderHealth delivered the curriculum in classroom settings in three local charter schools. The sessions occurred in private classroom spaces. Arrangement of desks and chairs largely depended on the space at each school, but typically involved grouping desks into pods or rows of tables facing the same direction.

EngenderHealth implemented the Re:MIX PD&LP concurrently with peer educator training and facilitation of the Re:MIX curriculum in schools. PD&LP trainings typically occurred every other week, augmented by special projects ongoing throughout the program year. EngenderHealth facilitated PD&LP activities in meeting and training rooms within its office and in community partner spaces. In late spring, peer educators formally exited our program and entered other job placements, postsecondary education, or other training programs to further enhance their knowledge and career development.

CURRICULUM FACILITATORS

EngenderHealth paired a peer educator (a parenting youth) with a health educator (who has experience in youth health or sexuality education) to co-facilitate the Re:MIX curriculum. Having these facilitators work together is important for demonstrating cooperative relationships and respectful communication. In addition, the two roles allow for a balance of peer-to-peer interaction, enhanced delivery of medically accurate information, and additional classroom management support.

GROUP SIZE

EngenderHealth designed the Re:MIX curriculum for groups of 10–20 mixed-sex participants. Based on the study team's experience, this an ideal number of participants for facilitating interactive activities while also keeping to the time allotted for each activity.

EVALUATION

The Department of Health and Human Services, Office of Adolescent Health (2015–2020) funded the development, implementation, and evaluation of all aspects of the Re:MIX program as a rigorous federal evaluation using a randomized controlled trial design. An independent evaluation firm (Child Trends) led the outcome study evaluation while the Lyndon B. Johnson School of Public Affairs at The University of Texas at Austin conducted program implementation and the PD&LP evaluation. More information about the Re:MIX evaluation process is included in Section 6: Evaluating Re:MIX.

UNIQUE FEATURES OF RE:MIX

Building on EngenderHealth’s history of pioneering efforts to address adolescent development and SRH through a gender lens and to promote equitable relationships, Re:MIX has several key unique features.

PAIRING PEERS EDUCATORS AND HEALTH EDUCATORS

To increase the content’s relevance to youth, Re:MIX pairs experienced health educators with peer educators. The peer educators, who are young parents themselves, are a crucial element to the program’s pedagogy and delivery. The peer educators receive ongoing mentoring and participate in professional development and leadership training to prepare them for successful careers and healthy futures for their families.

PEER EDUCATION IN RE:MIX

Re:MIX assigns peer educators to cohorts of four to five young mothers and fathers between the ages of 18 and 24. Prospective peer educators apply to the program to facilitate the Re:MIX SRH curriculum to middle and high school students for one full school year (typically August–May). In addition to facilitating the Re:MIX classroom curricula, peer educators participate in professional development activities and projects to continue to grow their professional skills as part of the PD&LP.

WHY WE USE PEER EDUCATION

Peer education is an approach to health promotion in which young people promote positive health behavior change among their peers. Peer education involves teaching and sharing information, values, and experiences with others with similar social backgrounds or life experiences and who are close in age.

We chose to use peer educators in the Re:MIX program to support young people in making healthy decisions for themselves and to develop positive group norms related to healthy sexuality. Research shows that youth who believe that their peers are practicing healthy decisions are likely to practice them as well.

MIXING ESTABLISHED SEXUAL HEALTH METHODS WITH EXPERIENTIAL METHODOLOGIES

Re:MIX’s approach to reaching youth includes combining established sexual health methods (such as reflection, role playing, and skills practice) with current and culturally relevant experiential methodologies, such as theater techniques and hip-hop pedagogy—connecting not only to youth culture, but also to different learning styles.



“

I have gained a lot of confidence in myself. I have learned to appreciate my own story and life more than I did before I started this program.

Former RE:MIX Peer Educator

SEX-POSITIVE AND TRAUMA-INFORMED APPROACH

Re:MIX employs a sex-positive, trauma-informed approach to working with youth to foster a safe, nonjudgmental, healing environment that promotes exploration and support in line with principles of youth development. Re:MIX prioritizes helping youth to explore and express their identities as a fundamental experience of the curriculum.

STORYTELLING

Re:MIX uses storytelling—real stories from real youth (the peer educators)—to make the material accessible and compelling, while also delivering factual information and useful skills. Facilitators weave storytelling throughout the curriculum and encourage youth to participate in order to engage them in owning the content and opportunities available to them. Storytelling provides youth with opportunities to explore their identities while building their strengths and interests through the tradition of storytelling.

YOUTH-FRIENDLY COMMUNITY LINKAGES

Re:MIX links youth participants and the peer educators with community resources and services that the project has prescreened to be youth-friendly and inclusive of all young people. Through these linkages, youth participants and peer educators gain agency, comfort, and confidence in accessing health services for overall well-being and preventive care (not just acute care and treatment), and become connected to an extended network of support. Investing in youths' ability to thrive at this stage of development is critical to preparing them to be their best selves and plan healthy futures.

GENDER SYNCHRONIZED AND TRANSFORMATIVE APPROACH

By addressing gender throughout the curriculum, Re:MIX establishes an explicit link between SRH and the societal constructions and outcomes of gender. This approach provides a lens through which youth can begin to understand why people behave in the ways they do. By bringing youth of all genders together to explore rigid societal messages about gender in a gender-synchronized approach, youth are able to examine and redefine these messages, which creates an equal learning platform through which youth can communicate, learn, and express themselves more effectively.

THREE COMPONENTS

1 The curriculum

The Re:MIX curriculum covers a broad range of SRH topics over a 10-session, four-unit program. The topics include human development, relationships, decision-making, contraception, and infection prevention. The curriculum utilizes game-based tools, technology, and storytelling to provide young people with opportunities to learn, share, and practice the crucial skills they need to lead healthy, productive lives. Each session is approximately 55 minutes and is co-facilitated by a peer educator and a professional health educator. Peer educators share their stories, describe challenges they have faced, and offer genuine feedback about their experiences as young parents.

Each Re:MIX session is devoted to a particular theme within a unit. The overview in Section 3: Before Implementing Re:MIX outlines the themes and topics covered during each session. While Re:MIX is not a scripted curriculum, it provides detailed instructional plans for each learning activity. Implementing organizations should follow these instructional plans to maintain fidelity to its core components.

Section 3 guide provides a summary of the curriculum. The full curriculum is a companion guide. Curriculum facilitation skills are developed during Re:MIX's facilitator training. Section 4: Implementing Re:MIX explains the approach to training facilitators.

2

Peer educator PD&LP

While peer educators spend a large portion of their time on activities related to facilitation of the Re:MIX curriculum in the classroom, an equal portion of their experience is devoted to the development of concrete and transferable professional skills. The peer educator PD&LP comprises training, mentoring, special projects, and community engagement. The PD&LP builds upon a foundation of exploring four key competencies for personal and professional success: personal motivation, communication, accountability, and leadership. Section 4: Implementing Re:MIX provides an overview of the PD&LP. The full PD&LP is a companion guide.

3

The community health service linkage system

Re:MIX aims to connect all program participants with youth-friendly health services available in their communities by providing each classroom participant and peer educator with the Youth-Friendly Resource Guide (available in print and as a mobile app). The resource guide and corresponding app are community-specific and were originally designed to be paired with implementation in Austin, Texas. Section 4: Implementing Re:MIX outlines the steps necessary to creating a community-specific guide, which is critical to completing implementation of Re:MIX.



UNDERSTANDING WHY AND HOW RE:MIX WAS DEVELOPED

PROGRAM HISTORY

EngenderHealth designed Re:MIX to make sexual health content as relevant to adolescents as possible, without sacrificing the knowledge and objectivity that professional adult co-facilitators provide. Re:MIX resonates with youth more than comprehensive sex education delivered solely by adults because it connects to youth culture and is informed by formative research that sought youth insight. Re:MIX draws upon formative research with youth as well as existing evidence-informed curricula, including Gender Matters (developed by EngenderHealth) and No Kidding: Straight Talk from Teen Parents (developed by YouthLaunch in partnership with the Texas Attorney General's Child Support Division). The US Department of Health and Human Services' Office of Adolescent Health funded Re:MIX for five years, from 2015 to 2020.

Rather than duplicating past work, EngenderHealth designed Re:MIX to specifically address identified needs and gaps in adolescent sexual health programming. In 2014, researchers from the Texas Institute for Child and Family Wellbeing (formerly the Child and Family Research Institute) at The University of Texas at Austin collaborated with EngenderHealth and a community collaborative known as Healthy Youth Partnership to complete a comprehensive teen pregnancy prevention needs assessment on behalf of Austin's Healthy Youth Partnership. This needs assessment was designed to increase understanding of the supports and barriers in Travis County to prevent teen pregnancies.

THE FOLLOWING RECOMMENDATIONS EMERGED:

- Create a gender-transformative approach to address unhealthy gender norms and relationship dynamics.
- Provide more information and access to educational and occupational opportunities as pathways to adulthood.
- Provide more youth-driven programs, especially with teen parents serving as peer educators.

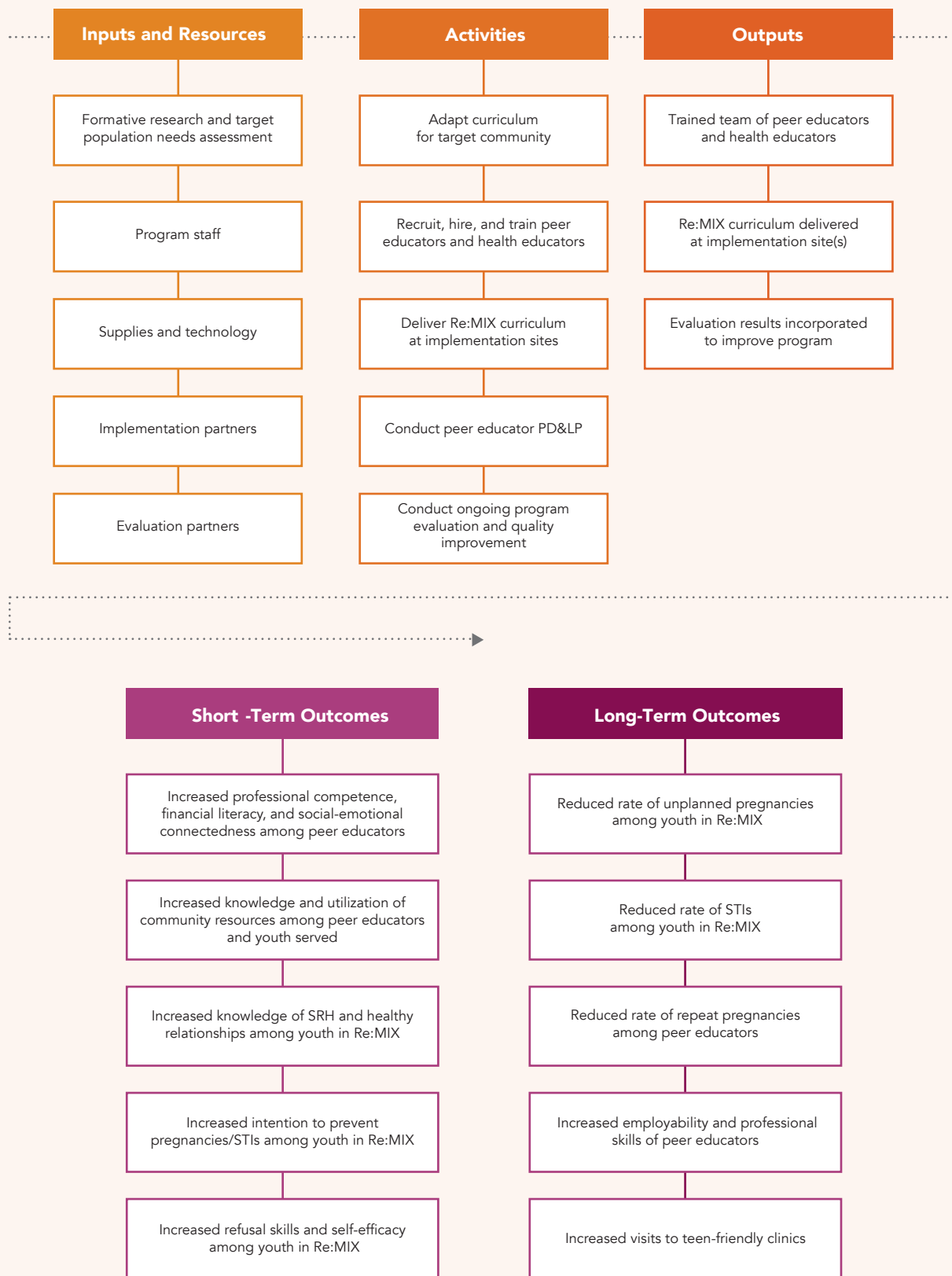
In response to these findings, EngenderHealth, with funding provided by the Kabacoff Family Foundation, launched a task force in 2014 to address noted gaps in adolescent sexual health programming. The resulting logic model with key activities is outlined in the next section.

THE RE:MIX LOGIC MODEL

Figure 2 is a simplified version of the Re:MIX logic model, focusing on key inputs and resources, activities, outputs, and outcomes. The full logic model provides a more complete picture of the creation, implementation, and evaluation of the program.

Re:MIX Logic Model in **Appendix B**

Figure 2. Re:MIX Inputs and Resources, Activities, Outputs, and Outcomes



THEORIES AND APPROACHES

Re:MIX honors the experiences and contributions of young people and their life experiences. This curriculum is not about teaching young people what we think they should know, although critical information is embedded into the sessions. Instead, it focuses on helping youth explore how their own experiences have shaped who they are and facilitating conversations that enable youth to learn more about relationships, staying safe, and making healthy decisions for their present and future selves.

Storytelling can be a transformative and powerful tool for building a healthier and more equitable world. Through the process of peer education, peer educators share their own personal stories of growing up, becoming parents, and the day-to-day joys and challenges of life. These personal narratives enable peer educators to reach the youth they work with in meaningful ways while creating opportunities for the peer educators to reflect on their own journeys and understand how their experiences have shaped their stories and modified their behaviors in ways that support them in reaching their full potentials. In Re:MIX, everyone has a story to tell.

The Re:MIX development team used several methods to design this evidence-informed and innovative intervention, including the development of a logic model, a literature review of the key determinants selected for the logic model, a review of health behavior change theories (e.g., social cognitive theory), formative research, and pilot testing. Each of these methods is described in more detail within this manual.

Understanding the theories underlying Re:MIX can help program administrators and facilitators understand the purpose, intention, and logic behind each of the program's activities.

COGNITIVE DISSONANCE THEORY

Cognitive dissonance occurs when a person holds a belief that is incongruent with an action or behavior performed by that person.ⁱ Because this situation produces feelings of discomfort, the individual strives to change one of the beliefs or behaviors to avoid being inconsistent.

While the primary goal of Re:MIX is to impact the knowledge and behavioral outcomes of youth who complete the curriculum, it also doubles as an opportunity for the peer educators to improve their skills and modify their behaviors. The peer educators may not have previously practiced healthy behaviors, but by functioning in a peer-teaching role, they may experience positive behavioral and belief changes themselves. The threads of youth development link across the experiences of all youth involved, as participants and as peer educators.

THEORY OF POSSIBLE SELVES

The theory of possible selves relates to an individual's perception of what they might become, what they would like to become, and what they are afraid of becoming—linking cognition with motivation.ⁱⁱ Possible selves function as incentives for future behaviors and provide an evaluative and interpretive context for the current view of self.

By engaging youth in various goal-setting activities and peer educators in mentorship and career planning activities, both groups have the opportunity to plan for their futures by aligning their current health behaviors to their goals. In doing so, they are able to explore their identities in expansive ways.

FUZZY TRACE THEORY

This theory of cognition helps to explain how individuals process information and then use that processed information to reason and make decisions.ⁱⁱⁱ



Re:MIX emphasizes how youth weigh costs and benefits when making a calculated decision. EngenderHealth designed the curriculum to enable youth to determine the best decision by assessing which option is better than an alternative. The program aims to leave youth with gist traces (i.e., memories of underlying meanings) of desirable choices they can access cognitively when making important decisions about relationships and sex. Re:MIX achieves this by the final key messages stated in each activity and in the closing activity, during which participants mix the key messages to restate what they have internalized. Finally, the Re:MIX Code is used throughout the curriculum to synthesize objectives and key messages.

SOCIOLOGICAL IMAGINATION

This term comes from the field of sociology and is credited to C. Wright Mills, who defined it as “the vivid awareness of the relationship between personal experience and the wider society”.^{iv} Sociological imagination helps participants view their lives from a different perspective and connect their situation at the most personal level with a broader social context. Another way to think about the sociological imagination is as bursting your personal bubble to consider the elements that shape what you think and believe and therefore how you engage with the world around you—stepping back from your immediate situation so you can see it more clearly and comprehensively.

Re:MIX asks participants to connect what they think about their gender identities to the broader communities in which they live. Participants are asked to consider socially defined gender norms and messages and how these impact their own beliefs and behaviors regarding gender. Throughout the curriculum, Re:MIX gives participants the opportunity to hear stories from their peers as well as share their own stories that have shaped who they are and what they think and believe. Group discussions enable youth to share their perspectives while openly listening to how others may have experienced similar or different situations and thinking about how they relate to the world around them.

POSITIVE YOUTH DEVELOPMENT

This approach complements efforts to prevent unplanned pregnancies among adolescents, but it is not limited to risk reduction. The aim is to engage youth in their own development so that they think about and invest in their senses of self, purpose, potential, and future to enhance their interests, skills, and abilities.^v

Re:MIX celebrates the inherent strengths and maturing interests of youth participants and peer educators. Engaging youth in meaningful ways as program staff emphasizes their value as authors of and experts in their own lives. Similarly, inviting youth participants to engage in curriculum discussions, activities, and exercises builds their individual agency and self-efficacy as they reflect on who they are and who they decide they can become. By also addressing future life goals and limitations that gender and cultural expectations create, youth are better able to understand how to combat gender and ethnic inequalities.

Re:MIX is explicitly based in the Search Institute’s 2014 Developmental Assets Framework, which draws upon internal assets (i.e., empowerment, positive identity, positive values, and social competencies) and external assets (i.e., positive peer influence and relationships with caring and supportive adults) that foster positive youth development. Throughout the curriculum, the learning objectives align to the appropriate developmental assets fostered.

GENDER-TRANSFORMATIVE APPROACH

The gender-transformative approach aims to accomplish three tasks: (1) raise awareness about unhealthy gender norms; (2) question the costs of adhering to these norms; and (3) replace unhealthy, inequitable gender norms with redefined healthy norms. A growing field of evidence has demonstrated the effectiveness of employing gender-transformative interventions with youth. In 2007, the World Health Organization endorsed the efficacy of gender-transformative interventions, stating that they are more likely to be effective than public health prevention interventions that do not address the underlying constructions of gender.^{vii}

Re:MIX uses a gender-transformative approach to engage youth in open discussions where they can acknowledge and identify positive gender messages, as well as to provide opportunities for youth to question the consequences of abiding by harmful gender norms. In doing so, youth recreate a culture where it is acceptable to redefine norms so that they can thrive in healthy and equitable ways.

HIP-HOP PEDAGOGY

Much more than a reflection of a musical style, hip-hop pedagogy—or culturally relevant teaching,^{viii, ix,x,xi,xii} – validates youth’s languages, stories, and values. It emphasizes multi-literacies and multi-intelligences. In doing so, the Re:MIX hip-hop pedagogy draws on the 1970s teachings of Paulo Friere, a Brazilian educator who worked with migrant farm workers and believed that literacy was the key to their liberation. Re:MIX celebrates the cultures and identities of students, invites youth into the learning environment, and incorporates the ways youth learn into the curriculum. This may come through in various art forms that appeal to a range of learning styles, such as:

- Verbal linguistic learners, who enjoy reading and writing as well as word games.
- Logical-mathematical learners, who enjoy sequence, problem solving, and reasoning.
- Visual-spatial learners, who enjoy maps, charts, diagrams, and images.
- Musical-rhythmic learners, who are sensitive to sound and enjoy music and beats.
- Bodily-kinesthetic learners, who enjoy hands-on approaches and bodily sensation.
- Intrapersonal learners, who enjoy reflection and independent thinking.
- Interpersonal learners, who enjoys cooperative group relating and sharing of ideas.

Re:MIX uses hip-hop pedagogy to open and close sessions, inviting participants to feel engaged in the group and the material, and to contribute, be valued, and be celebrated in ways that may not be common in their more traditional classes. Re:MIX invites participants to share their own stories and life experiences as a way of learning from one another. Pedagogical approaches are varied to include body movement, group and independent work, use of images and sounds (like chanting), and other forms of learning.

TRAUMA-INFORMED APPROACH

As noted in *A Trauma-Informed Approach for Adolescent Sexual Health*, “a trauma-informed approach for adolescent sexual health is a way of addressing vital information about sexuality and well-being for teens that takes into consideration adverse life experiences and their potential influence on sexual decision making. The goal of such an approach is to prevent sexual harm, unplanned and unwanted pregnancy, and/or disease”.^{xiii}

Re:MIX facilitators are trained to recognize if a participant reveals current or past trauma and are equipped to refer them to counseling or other services, as appropriate. Throughout the curriculum, participants receive the tools to refuse unwanted sex as well as the permission to disclose trauma and promote healing if they are currently experiencing or have previously experienced trauma. *Re:MIX* trains facilitators to avoid triggers for youth and to identify and respond to signs and reports of trauma.

INCLUSIVE APPROACH

According to the Department of Health and Human Services’ Office of Adolescent Health, lesbian, gay, bisexual, transgender, and questioning (LGBTQ) inclusivity “refers to the degree to which programs are sensitive toward, responsive to, and encompassing of the diverse experiences and needs of LGBTQ youth and families.” As an affirming program, *Re:MIX* validates, supports, respects, and values the identities of all youth and responds to the diverse needs of young learners from a variety of backgrounds, abilities, and learning styles. Incorporating inclusive strategies within the program delivery model and the curriculum content contributes to a safe learning environment where participants feel equally valued, supported, and included.

Re:MIX intentionally creates a safe and inclusive environment at the onset of the program, beginning in the first session by setting classroom expectations that are reinforced throughout the workshops. The curriculum also features a variety of pedagogical methods and teaching strategies intended to reach youth of all learning styles and abilities (i.e., group and paired discussions, individual reflection time, role-play activities, lectures, games, and tactile learning opportunities). *Re:MIX* trains program facilitators to use inclusive language and to be understanding and respectful of youth participants’ differing backgrounds.

PEER EDUCATION APPROACH

Peer education is the teaching or sharing of information, values, and behavior with others who share similar social backgrounds or life experiences. Peers serve as natural educators, role models, and enablers for one another, making peer health education a comfortable and seamless facilitation approach, especially for discussing sensitive topics like SRH.^{xv}

In Re:MIX, young parents serve in leadership roles as peer educators who educate participants on important health issues and promote positive behavior change by establishing healthy sexual norms and changing risky attitudes and sexual behaviors within community youth groups. Additionally, the young parents have the opportunity to develop positive life skills in areas including leadership, facilitation, communication, and collaboration, in addition to mastering relevant SRH education. The development of these skills, the learned SRH education, and the support network of other young parents together serve as the protective factors that reduce the occurrence of subsequent pregnancies among peer educators.

Theories that support a peer education approach are outlined herein.

Social Cognitive Theory

Social learning theory serves as an umbrella term for various social theories, including social cognitive theory. First described by Albert Bandura, social cognitive theory explains human behavior in terms of a continuous reciprocal interactions among cognitive, behavioral, and environmental determinants. Social cognitive theory posits that a role model who is relatable, credible, supportive, and similar to the target population with regard to gender, ethnicity, and age is able to influence peers' social attitudes and behaviors.^{xvii}

Theory of Reasoned Action

The theory of reasoned action states that behavioral change is highly influenced by an individual's perception of social norms or beliefs about how other people, especially people who are important to the individual, behave or view a particular behavior. Young people are highly influenced by the perception of how their peers think and behave and are motivated by the expectations of their respected peer leaders.

Cognitively, Re:MIX engages peer educators to model and teach a range of concepts in a variety of formats to facilitate the uptake of knowledge and skills. Behaviorally, youth have the opportunity to practice their new skills, with support from peer educators, to gain confidence and self-efficacy in particular health behaviors. Environmentally, the curriculum provides the literal and figurative space for youth to try new identities and explore different approaches to arriving at the best decisions for their lives.

YOUTH-ADULT PARTNERSHIP

Young people are more likely to be successful when they experience developmental relationships with important people in their lives. Developmental relationships are close connections through which young people discover who they are, cultivate abilities to shape their own lives, and learn how to engage with and contribute to the world around them.^{xviii} In addition, advocates of youth-adult partnerships argue that programs are more sustainable and effective when youth are partners in their design, development, and implementation—and that evaluation results are more realistic when youth assist in gathering and providing the data on which evaluation is based.^{xix}

The PD&LP was developed, piloted, and enhanced in partnership with youth. Additionally, the PD&LP hinges on positive and effective youth-adult partnerships to successfully complete special projects, foster community engagement, and identify mentors that are relevant, interesting, and meaningful to youth. Furthermore, youth provide participant and program data through various feedback channels to inform ongoing adaptations and enhancements.

WORKFORCE AND POSTSECONDARY EDUCATION DEVELOPMENT^{xxi}

Research and experience have identified key components for effective workforce development approaches. Research has consistently acknowledged the following evidence-based components of effective workforce development programs: combined academic and technical training with a focus on employability, comprehensive social services (e.g., academic advising, counseling, housing support, and job placement), connections to employers, and an understanding of viable employment opportunities in the local labor market.

Re:MIX's PD&LP developers understand that early work experiences are especially critical for young people, which is why the guide is designed around four key competencies that emphasize workplace skills as identified by community stakeholders. PD&LP trainings, special projects, mentoring opportunities, and community engagement activities equip youth with the knowledge and tools to expand their employability. The program also connects participants to career development, technical training, and additional employment opportunities based on participants' needs and goals. While Re:MIX is not a counseling program, it does seek to educate and connect peer educators to social services that can support their success. For all of these reasons, the program couples paid work experience with on-the-job training.

FORMATIVE RESEARCH AND STUDY

FORMATIVE ASSESSMENT

In 2013 and 2014, EngenderHealth conducted customized formative research that led to the development of Re:MIX and confirmed the potential benefit of employing peer educators to share their lived experiences toward increasing adolescents' receptiveness to curriculum content, messages, and skills-building. EngenderHealth explored the role and impact of peer educators in No Kidding and Gender Matters by conducting focus groups, participant surveys, and in-depth interviews with adolescents and teen parents.

EngenderHealth administered a survey to a sample of Gender Matters participants after they had completed a session titled "Am I Ready to be a Parent?" EngenderHealth asked participants about their perceptions of the session, thoughts and feelings about teen parenting, and reflections on facilitation and activities. Nearly all the 25 respondents (92%) reported that they probably or definitely would have learned more if teen parents had facilitated the session. When EngenderHealth asked those respondents why they felt they would have learned more, two main concepts emerged: more than half mentioned that teen parent facilitators have credibility and direct experience that would make their presence valuable (57%) and also that teen parent facilitators could share concrete details about the emotional and social impacts and the realities of teen parenting (52%).

EngenderHealth also conducted in-depth interviews with 12 parenting teens who previously served as peer educators for the No Kidding program. These young parents provided insights about how they perceived their pregnancy risk, relationships, personal growth, future education and job prospects, and access to health resources. EngenderHealth incorporated these views into Re:MIX's content and activities, including through emphasizing the role of peer educators and including activities to help peer educators develop and meet professional expectations and ensure that their storytelling does not inadvertently send contradictory messages about teen parenthood. Ensuring alignment of peer educator messages and the Re:MIX curriculum is a focus of the training, mentoring, and coaching that the peer educators receive. The program is structured to ensure that peer educators tell their stories in ways that can help youth can make better choices while serving as a healing and positive experience for the young parents.

In addition to these qualitative research findings, the Re:MIX task force provided input. Funded by the Kabacoff Family Foundation in 2014, the task force members included former No Kidding parenting peer educators (now health professionals), a school district health supervisor, representatives of youth-serving organizations, an evaluator from the Lyndon B. Johnson School of Public Affairs at The University of Texas at Austin, a City of Austin public health representative, and a representative of the Healthy Youth Partnership. The task force led the development of the logic model, design of program implementation and core components, and direction of the evaluation plan.

Drawing from the above research and experience, EngenderHealth determined that a rigorous evaluation of the program would add to the scientific evidence base about aspects of this intervention that have not been studied extensively to date. This includes: (1) the relative strength and influence of peer health education teen pregnancy prevention approaches, (2) the effectiveness of gender-transformative and gender-synchronized interventions, (3) acceptance of and access to other health services (including long-acting reversible contraceptives) among adolescents, and (4) the relative impact on repeat unplanned pregnancies on youth.

CURRICULUM REVIEW PROCESS

EngenderHealth understands the value of incorporating youth voices into the development of any program designed to benefit youth. The Re:MIX curriculum underwent reviews by youth and adults involved in youth education in Austin, Texas; their comments and suggestions resulted in significant improvements to the overall program.

REVIEWERS INCLUDED:

- The task force previously mentioned, comprised of experts in the youth education field
- Staff and youth from OutYouth, including individuals with diverse sexual orientations and gender identities
- The first group of parenting peer educators (2016–17 cohort) delivering the Re:MIX curriculum

STUDY MODEL AND PROCEDURES

EngenderHealth established the Re:MIX study as a randomized controlled trial. Instead of randomizing individual students, EngenderHealth randomized entire classrooms to either receive the Re:MIX curriculum or to serve as a control class. Re:MIX randomized participants at the classroom level in order to limit spillover effect, which occurs when students who are in the intervention group spread information to the control group and skew the study results. EngenderHealth provided the alternative curriculum (Healthy Youth, Healthy You) which includes information about nutrition, hygiene, physical activity, mental health, alcohol and drug abuse, stress, bullying, and other health-related topics. Teachers of control classes could choose to teach the full control curriculum, parts of the control curriculum, or to conduct business as usual. Whichever curriculum option the control teachers chose, they were instructed not to teach health topics covered in Re:MIX.

The Re:MIX and Healthy Youth, Healthy You curricula both comprise 55-minute sessions, once a week, for 10 weeks. Each Re:MIX session was taught by one health educator and one parenting peer educator, both of whom received extensive training on the Re:MIX curriculum and SRH topics before teaching the curriculum. Staff teachers at the site schools taught control classes. Before starting either curriculum, students completed a pretest, which assessed their knowledge, attitudes, and beliefs about contraception, sexual activity, healthy relationships, and consent. Students completed a similar survey after completing their respective program. Re:MIX used survey results to determine knowledge growth and changes in attitudes and beliefs experienced by the intervention and control groups.

Health educators completed fidelity forms after every class. These forms allowed EngenderHealth to track which activities the facilitators completed, which they omitted or modified, and why. This information was valuable to the continued improvement of the Re:MIX curriculum and implementation process. The EngenderHealth evaluation staff constructed a quality improvement plan after the pilot year, tracking necessary adaptations to the curriculum. At the end of each semester, Re:MIX convened focus groups with peer educators and health educators to gather feedback about the program, including their overall opinions, experiences, and any adaptations that the facilitators would recommend to improve the curriculum and implementation process.



A randomized controlled trial is the gold standard of research study design. In a randomized controlled trial, participants are randomly assigned to either an experimental group, which receives the treatment or intervention, or a control group, which will not receive the treatment or intervention. Typically, either a computer program or the researcher uses de-identified information to randomly assign participants to each group. In a randomized controlled trial, only half of the participants receive the intervention or treatment. The control group does not receive the intervention or treatment, but does receive an alternative intervention. A critical part of the randomized controlled trial is that the two groups are similar across all demographic factors (e.g., age, health status, race, and socioeconomic status) and all other confounding factors are controlled. This is important because in controlling for every factor sans the intervention, randomized controlled trials best allow for inferring causation.

WHAT WE LEARNED FROM THE RE:MIX STUDY

Re:MIX Curriculum Participant Key Findings

Some of the key findings of the program's effectiveness include:

Re:MIX was implemented with high fidelity and quality. Facilitators covered, on average, 89 percent of planned activities and most students completed at least 8 of 10 sessions. On average, observers rated session quality a 4 out of 5.

The Re:MIX curriculum was well-received. Most students reported liking their young parent and adult health educators (90% and 89%, respectively).

Re:MIX improved students' knowledge and self-efficacy. Immediately after program completion, the evaluation found positive impacts of Re:MIX on students' sexual and reproductive health knowledge, their knowledge of where to go in their community to access contraception, and their ability to ask for and give consent. These impacts were sustained at the long-term follow-up, approximately 12 months later.

For a comprehensive review of study data and materials, please visit: <https://www.childtrends.org/research/research-by-topic/remix-evaluation>.

Re:MIX participants also expressed excitement about their experiences with the program and the peer and health educators.

- 98% said they learned something from Re:MIX
- 89% said they liked their health educators
- 90% said they liked their peer educators
- 78% would recommend Re:MIX to a friend

The students reported that they especially liked hearing peer educators' personal stories and enjoyed learning from someone who has experienced a teen pregnancy. One male student said, "They are closer to our age so they know what [teen pregnancy] is like now." Students also overwhelmingly noted that they looked forward to Re:MIX. When asked what would make the program better, one male student reported, "It should be every day and every year." Students did not want to be finished with the program at the end of the school year.

Peer Educator Professional Development and Leadership Findings

The PD&LP underwent a comprehensive evaluation during EngenderHealth's implementation of the program to determine if peer educators grew in their professional proficiency over the course of the 10-month program. The program aims to increase proficiency in four core competency areas: accountability, communication, personal motivation, and leadership. EngenderHealth supported the evaluation as a means to informing improvements for future iterations of the PD&LP. These findings are also available to other organizations or programs to inform best practices for serving and supporting young parents or parenting teens, particularly preparing them for postsecondary education and workforce opportunities.

Using a robust combination of participant surveys, an observation tool, individual interviews, and focus groups, the evaluation team sought to determine if participating in the PD&LP increased peer educators' proficiencies. The year-end report synthesized data from evaluation activities completed during the 2017–2018 implementation period. Due to three peer educators departing early, there were gaps in data, and the low sample size (final N=4) made it difficult to track trends in competency development. However, there was a noticeable overall increase in observation quality data. Each peer educator improved in each quality area throughout facilitation. Interviews and focus groups with peer educators, health educators, and EngenderHealth staff also provided anecdotal evidence that the peer educators grew significantly more confident in their professional skills. Specifically, interviews and focus groups highlighted the successes of peer educators' storytelling and co-facilitation between peer and health educators, both of which elevated Re:MIX's impact in the classrooms.

Based on these findings, the evaluation team determined that the peer educators gained overall professional competencies during the program. It is unclear which competencies showed the most or least gains, because each peer educator demonstrated growth in different areas. Most importantly, each peer educator who completed the program reached a major milestone achievement and left the program having identified professional goals and a path to reaching them.

Considerations for implementing the PD&LP include the added hours and/or trainings required (specifically related to classroom facilitation and management) as well as the additional resources required to support the peer educators, whose needs may closely resemble those of the target population. EngenderHealth found that peer educators were often learning the material themselves, while facilitating and teaching others; as a result, the delivery of certain topics (such as healthy relationships) was sometimes triggering of past or present trauma. EngenderHealth suggests seeking additional local resources to provide this support or hiring someone to meet these specific needs.

CORE COMPONENTS OF RE:MIX

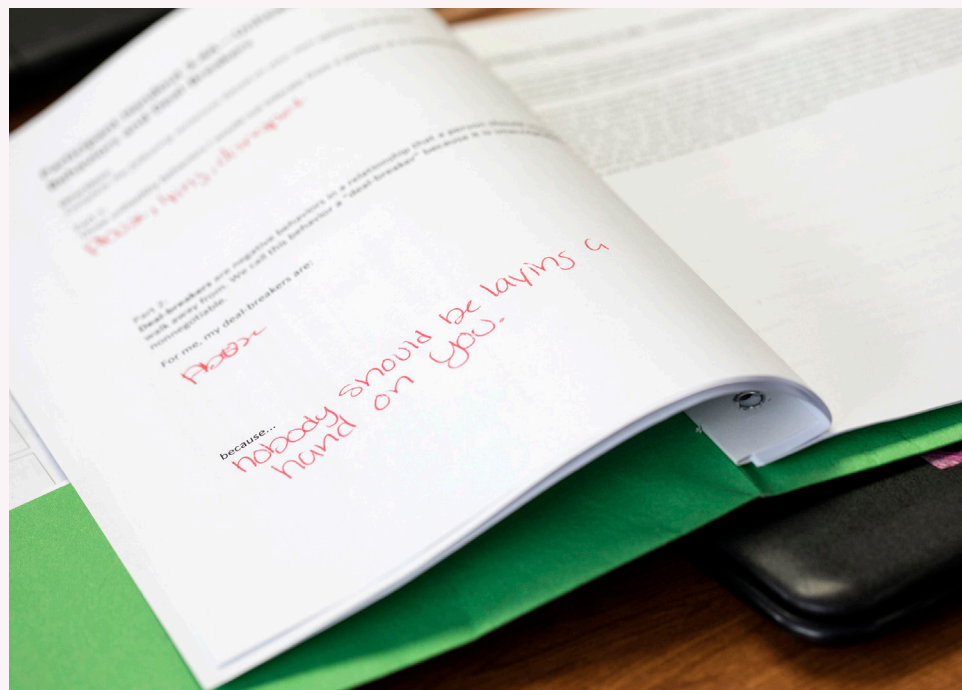
This section describes Re:MIX's core content and pedagogical and implementation components. The descriptions and resources described here are designed to clarify for curriculum facilitators and administrators how Re:MIX was developed, its structure, its approaches, and the intention and purpose of its activities.

In combination with Section 5: Making Adaptations to Re:MIX, this section can inform strategic adaptations to Re:MIX. EngenderHealth encourages facilitators to review both sections and use them as a guide for implementing the curriculum with fidelity. Note that Component 1 (the curriculum) and Component 3 (youth-friendly healthcare linkages) are core components of the program. Although Component 2 (PD&LP) is not essential to the program's effectiveness, its activities greatly benefit professional and workplace skills development for peer educators.

In this section, you will find:

- An overview of the core content components, including a description of the mediators and youth development assets tied to the curriculum
- An overview of the core pedagogical components, including important justifications for methodologies
- An overview of the core implementation components, including justifications for each

All of these elements are critical to ensuring the fidelity and quality implementation of the Re:MIX program.



SECTION 2

CORE CONTENT COMPONENTS

Core content components are the essential parts of the program. The core content components align with the psychosocial determinants (e.g., attitudes about abstinence, communication skills, and knowledge about condoms) prioritized by the curriculum's logic model.

Re:MIX curriculum activities are each designed to address one mediator and youth developmental asset. The mediator explains how external physical events and activities in the lesson take on internal psychological significance. The developmental assets are, as defined by the Search Institute (2015), internal assets (i.e., empowerment, positive identity, positive values, and social competencies) and external assets (i.e., positive peer influence and relationships with caring and supportive adults) that foster positive youth development. EngenderHealth selected these mediators and assets based on adolescent reproductive health research, formative assessment data, and guiding theories of health behavior change. Mediators and developmental assets are listed herein with their definitions.

For a more comprehensive look at how the Re:MIX curriculum's learning activities map to mediators and developmental assets, refer to the Re:MIX Curriculum Guide.

MEDIATORS

KNOWLEDGE

Knowledge refers to the awareness and understanding of information, statistics, facts, principles, frameworks, characteristics and descriptions, causes, and consequences related to a particular public health problem (e.g., unintended pregnancy or STI/HIV transmission). Knowledge is foundational, but generally not sufficient, for behavior change.

Some examples of knowledge mediators in Re:MIX include:

- Knowledge of use and benefits of condom use
- Knowledge of use and benefits of hormonal methods use

ATTITUDES

Attitudes are positive or negative views that people have toward other people, objects, activities, ideas, etc. They demonstrate our opinions, dispositions, perspectives, or positions on a particular topic. For example, people are likely to have attitudes about exercise, doing chores, having sex, etc. People who have a positive attitude toward some behavior are more likely to engage in that behavior, those with negative attitudes are less likely to do so. Attitudes have two components: (1) a cognitive component, which includes one's beliefs about something (e.g., "I believe condoms reduce the risk of HIV transmission"), and (2) an affective component, which includes one's evaluation of the same thing encompassing likes and dislikes or favorable and unfavorable views (e.g., "I believe condoms prevent HIV transmission, but I don't like the way they feel").

Some examples of attitude mediators in Re:MIX include:

- Attitudes about equitable gender roles
- Attitudes healthy and unhealthy relationships

PEER NORMS

Peer norms are acceptable standards for behavior or attitudes within a community or peer group. There are two types of peer norms—actual norms and perceived norms. Actual norms are the true social norms for a particular attitude or behavior. For example, if the majority of a group of sexually active individuals uses some form of birth control, then the actual norm for the group is to use birth control, and going without birth control is non-normative in that group. Perceived norms are what someone believes to be the norm for a group. If, for example, a young man believes that most of his peers do not use condoms, for that young man, the perceived norm is nonuse of condoms.

Some examples of value mediators in Re:MIX include:

- Peer norms about equitable gender roles
- Peer norms about healthy and unhealthy relationships

Often, teens' perceptions of peer norms do not reflect actual norms. For example, some teens may believe that many of their peers are having sex, when in reality just a few may be having sex. When actual norms reflect healthy behaviors and perceptions of peer norms reflect unhealthy behaviors, uncovering the reality presents an opportunity to modify perceived norms and encourage healthy behaviors, because teens (and many adults) often want to fit with the majority.

SKILLS

Skill refer to the ability to do something well (e.g., to use a condom correctly, to refuse sex, or to negotiate condom use with a partner). Skills are developed by practice. Having the skill to do something assumes that a person knows the correct steps required to execute an action and understands how to execute the steps. However, knowing how to do something does not mean that a person will behave or act in the desired way in a real-life situation (see "Self-Efficacy").

SELF-EFFICACY

Self-efficacy is a person's confidence in their ability to perform particular behaviors well enough to control events that affect their life. People with high self-efficacy believe that they can perform behaviors well enough to change their environment and achieve a goal. As a result, these individuals are more confident and more likely to try to perform the behavior or achieve the goal.

Conversely, people with low self-efficacy believe that they cannot achieve a goal, have less confidence, and are less likely to try. Self-efficacy is developed through skill practice, mastery of skills, and positive reinforcement (internal and external).

Skills and self-efficacy mediators in Re:MIX include:

- Skills and self-efficacy to use assertive communication techniques
- Skills and self-efficacy to resist peer pressure and refuse unwanted and/or unprotected sex
- Skills and self-efficacy to obtain and offer consent
- Skills and self-efficacy to set personal limits
- Skills and self-efficacy to reach future goals
- Skills and self-efficacy to use and negotiate condom use
- Skills and self-efficacy to use birth control

“

In the beginning I was just super nervous...I barely made eye contact and now I'm talking straight to [students], doing the activities with them and helping them get out of their shells. It's a huge improvement for me.

Former RE:MIX Peer Educator

PERCEPTIONS OF RISK

Perception of risk is an individual's understanding and belief about the likelihood that they could experience negative consequences (e.g., experiencing an unintended pregnancy or contracting an STI) by engaging or not engaging in certain behaviors (e.g., having sex with or without a condom). Perception of risk encompasses awareness of one's susceptibility or vulnerability to a possible health outcome, its severity, and its seriousness. Perceptions of risk in Re:MIX include:

- Perception of risk of pregnancy during adolescence
- Perception of financial consequences of parenting during adolescence

INTENTIONS

An intention is a decision, determination, or plan to behave in a particular way in specific situations. If a person intends to behave in a certain way, they are more likely to actually behave in that way, but it is not a guarantee. The extent to which an intention translates into actual behavior typically depends on the strength of the intention, the skills or capability of the individual to implement the intention, and the environmental or peer support for the intention.

INTENTION MEDIATORS IN RE:MIX INCLUDE

- Intent to prevent pregnancy
- Intent to prevent STIs
- Intent to delay onset of sex, abstain from sex, or have protected sex
- Intent to use condoms or hormonal methods of contraception
- Intent to visit a health clinic

YOUTH DEVELOPMENTAL ASSETS

Re:MIX prioritizes the following youth development assets.

POSITIVE VALUES

Young people need to develop strong guiding values or principles to help them make healthy life choices.

- Responsibility—youth accept and take personal responsibility
- Equality and social justice—youth place a high value on promoting equality
- Restraint—youth believe it is important not to do something (e.g., be sexually active or use alcohol or drugs)

SOCIAL COMPETENCIES

Young people need social skills to interact with others effectively, to make difficult decisions, and to cope with new situations.

- Resistance skills—youth resist negative peer pressure and dangerous situations
- Planning and decision-making—youth know how to plan ahead and make responsible choices

POSITIVE IDENTITY

Young people need to believe in their own self-worth and to feel that they can control things that happen to them.

- Personal power—youth feel they have control over things that happen to them
- Positive view of personal future—youth are optimistic about their personal futures

SUPPORT

Youth need to be surrounded by people who love, care for, appreciate, and accept them.

- Positive family communication—youth and their parent(s) communicate positively and youth are willing to seek parent(s) advice and counsel



CORE PEDAGOGICAL COMPONENTS

The following presents each of Re:MIX’s core pedagogical components along with justifications and examples from the curriculum. Table 3 serves as a useful tool for preparing to implement the curriculum and helping project teams to better understand the reasoning behind the teaching methods as well as the facilitation skills and comfort levels facilitators need to have to implement Re:MIX effectively and with fidelity.

Table 3. Justification of Pedagogical Components

Pedagogical Component	Justification
Clear Program Introduction	The introduction to the curriculum should include group introductions, classroom rules, and a program overview. The introduction sets the tone for behavioral and learning expectations and creates a safe social environment for asking questions and participating in activities.
Clear Directions	Directions for interactive activities must be clear and succinct in order to ensure that the activity is conducted correctly and as intended. When participants are unclear about what is expected of them, they are likely to become distracted or confused, which can lead to classroom management issues and can derail the activity. Facilitators should rehearse directions to activities before delivering the curriculum.
Detailed Steps for Activities	Each activity provides concise steps and information for completing it correctly and effectively, to maintain fidelity to the activity.
Icebreakers	Icebreakers at the beginning of each lesson are important for building trust, comfort, and safety between the facilitators and participants before introducing content that can be complex, challenging, and triggering.
Brainstorming	Brainstorming is an effective technique that allows participants to quickly generate as many ideas as possible regarding a particular topic, in a free and nonjudgmental way. Using this technique allows participants to share their knowledge, ideas, and experiences, while providing the facilitator with an assessment of what they may or may not already know.
Teaching Skills	Consistent with research on skills acquisition, Re:MIX uses a four-step approach to teach skills: (1) break down the skill into manageable, easy-to-understand steps; (2) demonstrate the skill effectively and ask youth what they observed; (3) have youth practice the skills, first using relatively easy examples and then using more challenging examples; and (4) give positive, constructive feedback on the performance of the skill.
Demonstrating Skills	Research has shown that modeling and demonstrating skills is an effective instructional strategy that allows students to observe a facilitator's thought and behavior process. It is important for facilitators to be comfortable demonstrating the skills they are teaching. Therefore, facilitators should practice and become familiar with all skills demonstrations in advance.

Pedagogical Component	Justification
Practicing Skills	After observing a skills demonstration, youth practice to develop competency. Re:MIX often asks participants to practice skills multiple times to build mastery.
Critical Thinking	Critical thinking helps learners better understand the causes and effects of certain behaviors. Rather than telling participants what you want them to know, engage them in the process of actively analyzing and evaluating information so they reach their own answers or conclusions. This is especially true of activities designed to help youth to think about the influence of gender norms on sexual decision-making.
Individual Work	Although Re:MIX prioritizes group work, some individual work is used to give participants time to personalize information and apply what they have learned. Individual work also engages learners who prefer individual processing time.
Paired Work	Working in pairs gives learners a chance to think about ideas, questions, or skills with a partner before launching into a larger group activity. Pairs work also engages youth who may be less likely to participate in large-group discussions. By working in a pair, each learner also benefits from having a person to support the learning process.
Large-Group Discussion	Most of the activities begin and conclude with a large-group discussion. These interactive discussions allow participants to think about the session's topics and reflect on what they learned. Large-group discussions also clarify information, personalize information and skills, and reinforce positive peer norms. Facilitator skills related to asking open-ended questions, keeping the discussion focused, summarizing key points, and navigating the flow of the discussion are critical.
Small-Group Work	Placing participants in small groups transforms the large group into supportive learning teams in which all members are expected to contribute to the outcome of the activity. In a small group, participants are more engaged and have more opportunities to answer questions, solve problems, analyze information, and summarize key points. When participants work in small groups, facilitators should be available to provide assistance, as needed. Facilitators should observe the groups and be prepared to answer questions, remind the groups of the task directions, support the groups in completing their tasks, and manage the allotted time for the activity.
Story Shares	Story shares are regular opportunities for peer educators to share their personal experiences related to the session topic(s). Storytelling is a key component of the curriculum, which brings relevance and connection to students.
Lectures	Re:MIX uses lectures sparingly but strategically to impart definitions, facts, and instructions to participants. When partnered with other forms of learning, the lecture approach is the easiest way to share knowledge quickly.

Pedagogical Component	Justification
Role Plays	A role play is an interactive teaching method that allows learners to practice new skills. It is particularly effective in building communication skills. Participants first observe demonstration role plays performed by the facilitators and then have the opportunity to practice scripted role plays before finally developing role plays in their own words. After the role play, participants receive feedback from their peers based on an objective observer checklist. This process is central to building participants' self-efficacy to delay and refuse sex and to negotiate use of condoms and contraceptives.
Worksheets	Worksheets allow participants to respond to specific questions in a guided way and provide them with more time to think critically about their thoughts and ideas regarding certain topics.
Key Messages	The key messages are statements given to students to summarize the main takeaways from each activity and reinforce activity learning.

CORE IMPLEMENTATION COMPONENTS

The core implementation components are the essential logistical elements needed to implement the Re:MIX curriculum effectively. Table 4 lists each implementation component with a corresponding justification.

Table 4. Justification of Implementation Components

Implementation Component	Justification
A Re:MIX group comprises approximately 10–20 participants per group.	Re:MIX uses participatory pedagogy. Facilitating Re:MIX with groups larger than 20 participants will render these pedagogical methods difficult to manage and challenging to complete within the time allotted. For example, having five small groups of five learners (25 total) report out to the larger group will take more time than having four small groups of three learners (12 total) do the same. Not allowing each small group to report out means that some learners lose their voice in the learning process. Groups with less than 10 participants may also pose a challenge to the interactivity of learning activities.
The Re:MIX curriculum is an educational workshop-based program designed around four content areas totaling 550 hours of instruction over 10 sessions. Each session is designed to be 55 minutes long.	EngenderHealth carefully constructed the Re:MIX curriculum using a logic model piloted for appropriate timing to cover all material at a pace and depth for teen comprehension

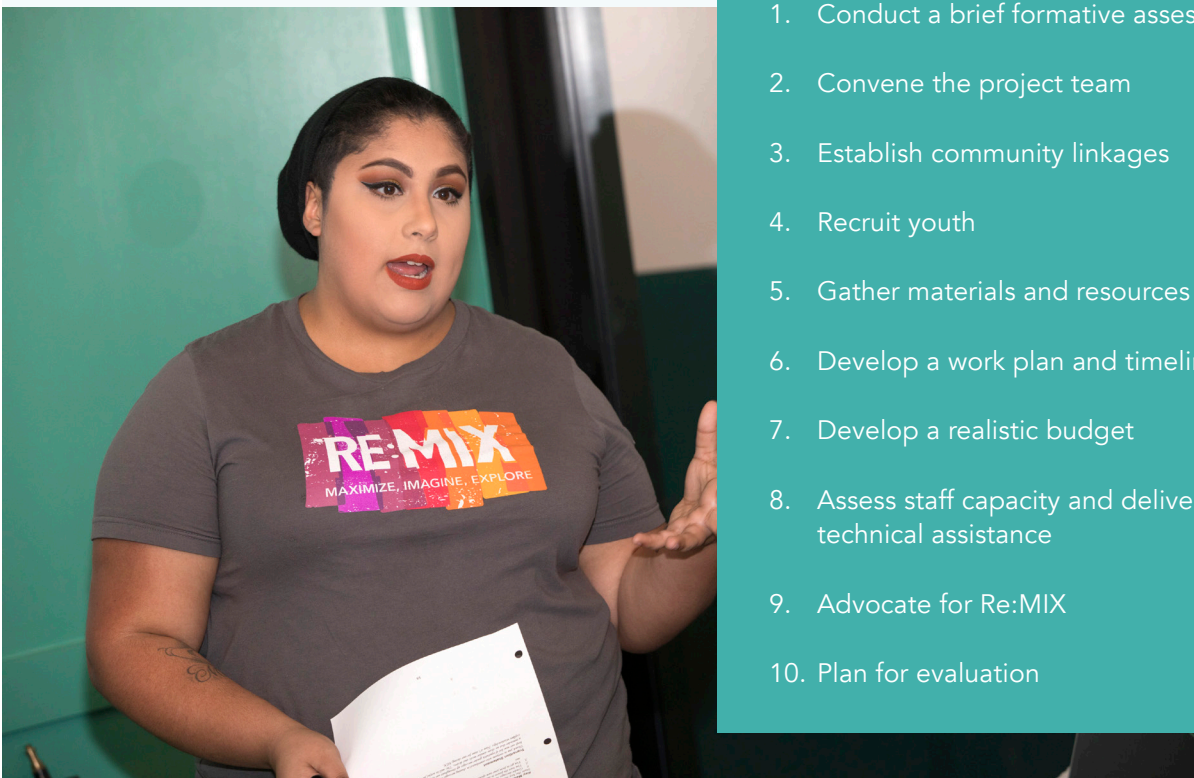
Implementation Component	Justification
<p>Re:MIX targets participants of all genders and the curriculum should be delivered to gender-blended groups whenever possible.</p>	<p>Having male, female, and nonbinary participants aligns with Re:MIX's gender transformative approach. Re:MIX gives youth an opportunity to learn about and work together on issues that impact their relationships across the gender spectrum. Young people listen to each other discuss their own gendered experiences, develop empathy for each other's experiences, and learn how to better support their peers in resisting harmful gender norms.</p>
<p>In the Austin, Texas study, Re:MIX served youth aged 14–17, usually with participants in the same grade. However, program developers designed it to be facilitated with youth aged 13–19, though recommended placing participants in developmentally appropriate groups (e.g., avoid having 13-year-olds in a group with 19-year-olds). Re:MIX can also be implemented with youth of different ethnic and racial backgrounds.</p>	<p>EngenderHealth found that the concepts presented in Re:MIX are difficult to translate from a cognitive and social development point of view to youth younger than 14. While EngenderHealth did not test Re:MIX youth older than 17, we believe that teens through age 19 would benefit from the program. The content and teaching methodologies used in Re:MIX would likely need to be more advanced for individuals aged 20 years and older.</p>
<p>Re:MIX relies on a co-facilitation model comprised of a parenting youth aged 18–24 and a health educator with moderate-to-high levels of training and expertise in sexuality education. We also suggest placing an additional peer or health educator as an assistant in groups with larger participant sizes (15+) and to support individuals/groups with special needs.</p>	<p>Peer and health educators each bring unique areas of expertise and experiences that enrich the Re:MIX curriculum. In particular, the technical expertise of the health educator and parenting experience and peer status of the peer educators enrich the learning environment. The technical expertise that peer educators gain throughout the course of implementation contributes to their professional development and skillsets.</p>
<p>Re:MIX facilitators should receive training on effective curriculum facilitation and adolescent SRH basics. See the companion manual, Re:MIX Facilitator Training Guide. In addition to completing the initial facilitator training, facilitators should also receive regular refresher trainings on topics related to observations and feedback.</p>	<p>As with any educational curriculum, it is unrealistic to think that even the most experienced of facilitators can implement a new curriculum without training in its content and pedagogical methods.</p>
<p>Re:MIX sessions and activities should be delivered in the order presented in the curriculum manual.</p>	<p>Each content area of the curriculum builds upon the previous one; therefore, facilitators should deliver the curriculum sequentially.</p>
<p>Facilitators should follow the detailed steps for leading each activity as it is written and according to the time allotted, to the degree possible.</p>	<p>The Re:MIX curriculum provides instructions on how to implement activities. While the curriculum is not comprehensively scripted for verbatim delivery, facilitators should follow activity instructions, timing, and discussion questions closely.</p>
<p>Prepare to implement Re:MIX prior to beginning workshops by studying the curriculum, practicing the delivery of activities, and preparing materials in advance. We also suggest finding opportunities to become acquainted with the participants and space ahead of time, when possible.</p>	<p>As with any curriculum or presentation, adequate study, preparation, and practice before delivering Re:MIX activities is critical, especially for new facilitators. Our staff found it beneficial to visit the spaces where they would be facilitating in advance to anticipate adaptations and strategies for successful implementation.</p>
<p>Re:MIX sessions should be regularly observed and assessed for medical accuracy, fidelity, and quality. We recommend that 10–25% of sessions be observed using the tools provided in the appendices.</p>	<p>Program accuracy, fidelity, and quality are critical to successful participant outcomes. Due to the nature of the material and intensive training facilitators receive, ongoing observation and quality enhancements can ensure curriculum is delivered accordingly.</p>

BEFORE IMPLEMENTING RE:MIX

To implement the Re:MIX program in a manner consistent with the original study's protocols, a project team should complete several tasks in advance of implementation. These preparation tasks are described in this section. These tasks are not necessarily listed in chronological order—some may need to occur simultaneously and some may need to be revisited more than once.

RE:MIX PREPARATION TASKS

1. Conduct a brief formative assessment
2. Convene the project team
3. Establish community linkages
4. Recruit youth
5. Gather materials and resources
6. Develop a work plan and timeline
7. Develop a realistic budget
8. Assess staff capacity and deliver training and technical assistance
9. Advocate for Re:MIX
10. Plan for evaluation



SECTION 3

KEY PREPARATION TASKS

Re:MIX is a robust program and requires thoughtful planning before implementation can begin. EngenderHealth recommends beginning preparations at least six months prior to implementation. The Implementation Readiness Questionnaire is a checklist designed to help identify preparation tasks that have been satisfactorily completed and preparation tasks that may need further attention before implementation begins.

Implementation Readiness Questionnaire in [Appendix C](#)

TASK 1: CONDUCT A BRIEF FORMATIVE ASSESSMENT

No two communities of youth will be the same. As such, conducting a brief formative assessment is an important preparation task. Formative data will guide necessary adaptations of Re:MIX to respond to the needs of local youth and to appropriately leverage the implementing organization’s capacity. A summary of formative data will also support any required justifications to funders and other stakeholders as an appropriate and beneficial program for youth.

A formative assessment does not have to be a laborious endeavor. Reviewing existing reports and survey data can provide the insights necessary to customize Re:MIX. Complementing archival data with original data collected from youth using interviews, focus group discussions, and/or surveys, as well as interviews with the adults who work with youth, is also helpful and can provide a more specific, in-depth understanding of the targeted youth population. Collecting original data will likely require more time and resources but may be a good investment.

Herein we provide questions that can be used to guide a Re:MIX formative assessment. These questions aim to strengthen your team’s understanding of the targeted youth population and to help you explore your organization’s capacity to implement Re:MIX effectively.

For more information on conducting formative evaluations, visit these resources:

- Getting To Outcomes™ 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation ^{xxii}
- Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide ^{xxiii}

Possible Sources of Formative Data

Reviewing Existing Data

- Existing proposals or reports from your organization
- Reports from community-based organizations, foundations, or universities
- State-level pregnancy prevention coalition information
- State or county departments of health and education information
- School district information
- Survey data (e.g., Youth Risk Behavior Surveillance System or school district surveys)

Collecting Original Data

- Focus group discussions with youth and/or relevant adults
- Interviews with youth and/or relevant adults
- Surveys (paper or online) with youth and/or relevant adults

GUIDING QUESTIONS FOR CONDUCTING A FORMATIVE ASSESSMENT

1. Have the youth participated in previous SRH education programs? What did youth learn from these

programs? Are there ways in which Re:MIX can leverage previous education efforts?

2. How does the demographic context (e.g., age, cultural background, and socioeconomic status of target youth) affect youth's understanding of SRH and sexual decision-making?
3. Do youth perceive themselves to be at risk for pregnancy and STIs?
4. How do prevailing gender norms in your community affect teen attitudes and behaviors toward relationships, sexual decision-making, and use of contraception, including particularly condoms?
5. What are the prevailing youth attitudes and peer norms about teen pregnancy, relationships, abstinence, using condoms, using hormonal contraceptives, and accessing health services?
6. What myths, if any, exist about pregnancy, STIs, contraception, and condoms?
7. What sexual risk behaviors are prevalent among youth?
8. What are the pregnancy and STI rates among the target youth?
9. Are parents supportive of SRH education? If not, why not? How can you address this resistance?
10. How committed is your organization to implementing a science-based, evidence-informed SRH education program like Re:MIX? Does Re:MIX fit with your organization's mission, vision, values, strategic plan, programs, and policies? Has your organization's leadership and staff demonstrated enthusiasm and support for the program?
11. Does your organization have the necessary funding, staff, equipment, and time to implement Re:MIX effectively and with fidelity?
12. Are there state or local standards, policies, or laws that your team will need to abide by when implementing Re:MIX? What are they? Will they affect the implementation of Re:MIX in any way(s) that would compromise fidelity?
13. What types of training and experience has your team had in implementing SRH education programs? Does your organization have the SRH education and facilitation expertise and skills required to implement Re:MIX effectively? What type of additional training and/or coaching will they need before onboarding and supporting educators?
14. What types of training and experience has your team had in working with and coaching parenting youth?
15. What types of training and experience has your team had with co-facilitation models?
16. How do project team members view key issues including gender equality, adolescent sexuality, and teen pregnancy? Will personal values about these issues affect the implementation of Re:MIX?
17. Is there any resistance related to implementing Re:MIX among your project team, other staff in your organization, parents, funding partners, and/or other stakeholders in the community? What are the best ways to manage this resistance?

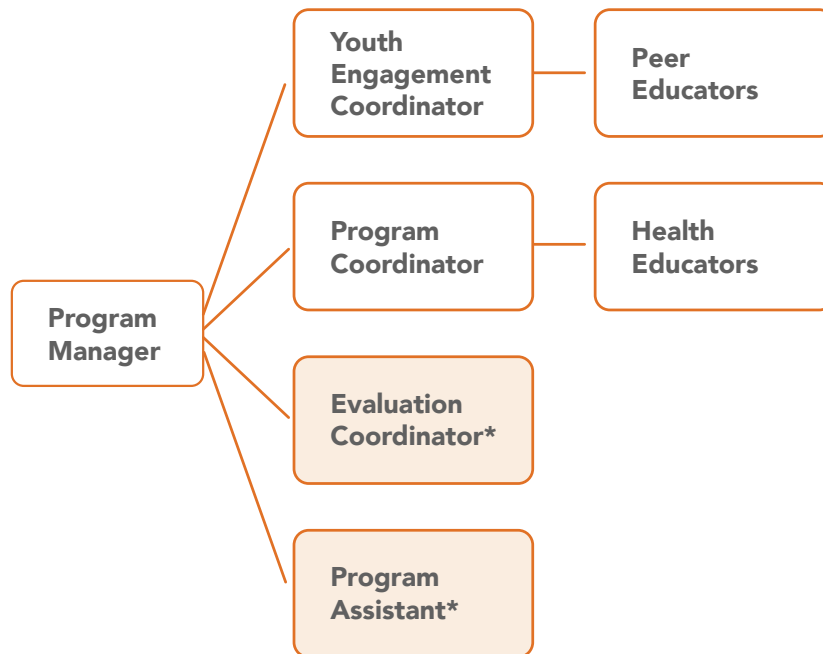
TASK 2: FORMING THE PROJECT TEAM

Implementing Re:MIX requires a well-trained project team with varied skills. Additionally, due to the multidimensional components of Re:MIX, which include supporting peer educators in a co-facilitation model, it is important to have staff with diverse competencies ranging from strong project management to workforce development and coaching.

STAFF MODEL

While one staff member may play multiple roles (e.g., a project coordinator may also serve as a curriculum facilitator), it is essential that all of the roles and responsibilities described herein are filled in some capacity.

Figure 3. Staff Model Recommendation



** These positions are not essential to the core elements of implementation. While it is beneficial to evaluate the program, in lieu of dedicated evaluation staff, the program and youth engagement coordinators can conduct a simple evaluation of the program implementation for the purposes of continuous quality improvement. Additionally, the program assistant role can be integrated within other positions.*

The **program manager** should have the ability to:

- Manage the project, including establishing and monitoring the work plan and budget
- Supervise staff, including hiring and onboarding new staff, leading team meetings, providing supportive supervision, and coordinating and delivering training
- Report and coordinate within the implementing organization's policies and programs
- Establish and maintain relationships with outside partners and stakeholders (e.g., teen sexual health clinics, schools, and recruitment sites) for long-term success
- Manage and maintain partnership agreements and contracts, as necessary
- Conduct assessments and/or evaluations or liaise with an evaluator to conduct assessments and/or evaluations
- Manage or delegate administrative tasks

The **program coordinator** should have the ability to:

- Support project management tasks and operational efficiencies to ensure adherence to the work plan and achievement of deliverables
- Manage and maintain a detailed implementation calendar across all sites
- Maintain and sustain relationships with key implementation partners
- Supervise or support supervision of part-time staff, such as health educators, a program assistant, and an evaluation coordinator

The **youth engagement coordinator** should have the ability to:

- Supervise and support peer educators; may also supervise and support health educators
- Establish and maintain relationships with key outside partners relevant to the PD&LP
- Create, promote, and monitor best practices for youth engagement and success in classroom and peer educator components

Peer educators should have the ability to:

- Prepare for and facilitate the Re:MIX curriculum with fidelity
- Coordinate logistics associated with delivering the curriculum
- Provide feedback on successes, challenges, and plans for improvement—through formal and informal methods
- Comply with evaluation protocols, as needed

Health educators should have the ability to:

- Prepare for and facilitate the Re:MIX curriculum with fidelity
- Coordinate logistics associated with delivering the curriculum
- Provide feedback on successes, challenges, and plans for improvement—through formal and informal methods
- Train and coach peer educators on adolescent SRH information for classroom facilitation
- Comply with evaluation protocols, as needed

Once you have determined the scale of programming and the level of evaluation activities you wish to implement, some adaptations to these roles might include:

- Combining the Program Manager and Program Coordinator roles into one primary project leadership role
- Engaging interns to serve in the program assistant or evaluation roles
- Hiring substitute peer educators and/or health educators

Peer and Health Educator Job Descriptions, which include qualifications, in [Appendix D](#)

HIRING AND SUPPORT SYSTEMS FOR PEER AND HEALTH EDUCATORS

Consider the following as you determine your infrastructure and norms for peer and health educator work.

Places to work. Consider the space you can provide for peer and health educators to work in an office setting and determine what they can complete remotely. When gathering the educators for work sessions where they will be practicing activities and sessions from the curriculum (demonstration activities), ensure that the space provided is private and can be set up similarly to a classroom so the experience prepares the educators for being in a classroom.

Individual versus group work. Peer educators will normally work on PD&LP projects together, but will sometimes work independently. Health educators and peer educators benefit from both individual and group work. It is necessary to determine your approach to individual and group work based on the individual tasks, your educator's work styles and preferences, and what you can feasibly manage at any given time.

Supervision and support. Educators' abilities to work independently may vary greatly depending on their capacity and level of professionalism. While many PD&LP activities can be completed independently and remotely, classroom preparation and demonstrations tend to be most successful when completed in a group setting, with support from the program coordinator and/or youth engagement coordinator to ensure time is used effectively. We recommend checking in regularly with team members to ensure that the level of supervision and support provided enables them to do their best work. An additional discussion of the support peer educators may require is included in Section 3.

RECRUITING PEER EDUCATORS

To have a peer-education program, you must have peer educators. An intentional recruitment plan and timeline are essential to ensuring you have a fully staffed cohort ready at least three weeks before classroom implementation begins, which will allow time for adequate and thorough training of facilitators. Assuming the program will follow a school year schedule, recruitment of peer educators should begin in the late spring (May–June) for hiring in the summer (July–August) prior to the upcoming school year. A general rule is to allow yourself at least one full month for recruitment, though it may take two or three months to recruit, screen, and hire peer educators.

It is critical to tap into community networks to reach the target population for peer educators. Create a robust contact list of agencies, community organizations, and individuals who may be able to connect you with recruits. This list will serve as a living and growing database to utilize for recruitment efforts, including identifying opportunities for recruitment presentations, postings, and referrals.

In order to reach the target population, we recommend recruiting through staff who can communicate to their networks about our ideal candidates, among community partners who understand the program and can provide referrals, and by posting job announcements where the target population accesses services and information. Some examples of where we have successfully recruited include high schools, higher education institutions, young parent events and resource fairs, technical schools, and adolescent health clinics.

Peer Educator Recruitment Flyer in [Appendix E](#)

HIRING AND ONBOARDING BEST PRACTICES

A note on hiring young parents: we encourage you to consider diverse interpretations of the term “young parent.” While it requires additional sensitivity and thought, candidates who have given their children up for adoption or have other less conventional experiences of pregnancy and/or parenting can add richness and diversity to your program.

Develop job descriptions appropriate for your organization and community. Ensure any language you use is transparent and accessible for the population you are seeking to hire.

Application process. Depending on the application process for your organization, you may consider adaptations that would make your processes more youth-friendly. For example, if your organization utilizes an online application portal, consider checking with your human resources department to ensure that the portal is accessible on mobile devices for applicants who may not have access to a desktop or laptop computer.

Interview process. Peer educator interviews are a key opportunity to identify not only if the individual candidate is a good fit for the program, but to assess the dynamics of how the educators work together. Group dynamics have proven to be a critical factor in the success of each cohort and the program as a whole. If hiring peer and health educators concurrently, consider a group interview process, which can yield insight into how the educator team members might work together.

Onboarding and orientation. Once you have selected your peer educator cohort, you will need to prepare for their onboarding and orientation. The first orientation should begin with an overview of the entire Re:MIX curriculum and peer educator PD&LP. This should also include a thorough review of key expectations and policies for peer educators. This is typically completed the first day. This orientation will set the tone and should ideally include program leadership attendance. Finally, the Re:MIX facilitators training is a huge component of the educator onboarding process.

Peer Educator Program Handbook in [Appendix F](#)

Pretraining and program assessments. In order to determine baseline knowledge and training needs, peer educators should complete a pre-assessment of their knowledge and skills in SRH, facilitation, and the key competencies in PD&LP. Pre-assessments are discussed further in Section 6: Evaluating Re:MIX.

MANAGING EDUCATORS' TIME

The complexity of the Re:MIX program (if you are layering the PD&LP with classroom implementation of the curriculum) requires thoughtfulness in regard to the time peer and health educators need to spend preparing for their respective roles. EngenderHealth utilized and refined the following framework for managing educators' time over the course of several years of implementation.

Consider that the number of hours dedicated to each of these categories of work will depend on the number of hours your program can afford to employ each educator and your program staff as well as the number of classroom sessions each educator will implement. The suggestions below are based upon a part-time workweek with an average of 15–20 hours coupled with full-time support from program staff.

Classroom implementation hours (variable). The number of hours per week educators spend in the classroom will depend on your implementation schedule and the size of your team. We recommend each 55-minute implementation session with an additional 30 minutes before and after (for a total of 1 hour and 55 minutes for each session) to allow the educators to arrive and prepare prior to the session and clean up and debrief following the session. Depending on your chosen strategy for evaluation and continuous quality improvement, the 30 minutes following the session can also be used to complete a fidelity log or for reflection on the session. See Section 6 for additional information on program evaluation. You will also want to factor in any travel time.

Educator office hours (four to six hours per week). Peer educators and health educators will require office hours. The level of structure required for these work sessions will depend on the strength of your team, your youth engagement and program coordinators' management styles, and the team's learning and work styles. The youth engagement coordinator should supervise peer educator office hours; the program manager, program coordinator, or youth engagement coordinator can supervise health educator office hours—depending on your chosen staffing model. Peer educators will use this time to complete independent work in preparation for classroom implementation as well as PD&LP activities, including administrative tasks like supervision meetings and completing timesheets. Health educators will use this time for administrative tasks and anything else your team chooses to assign.

Educator work sessions (four to six hours per week). You should ideally plan at least one longer work session per week for the entire educator team to attend. This time is dedicated to preparing for the delivery of the Re:MIX curriculum in the classroom and is supervised by the program coordinator. The level of structure required for these work sessions will depend on the strength of your team, your coordinators' management styles, and the team's learning and work styles. Work sessions are an ideal place to empower health educators to lead and model planning processes and for your entire education team to create norms for planning, accountability, and teamwork. An example work session might include the following: educators review the upcoming lesson(s), prepare any flip charts or other activity setup required, and work with their co-facilitator to ensure that the plan for co-facilitation is clear. A portion of these work sessions should include a practice demonstration of the session by the peer educator and health educator. If time does not allow for a full demonstration, educators can practice individual activities. As time allows, a portion of the work session can focus on content reviews (such as a refresher on the types of birth control methods available or the symptoms of STIs discussed in the curriculum), wherein educators can practice answering difficult participant questions or values-based questions and where you can reinforce key concepts necessary for effective facilitation (such as classroom management strategies).

Educator team meetings (one to three hours per week). Held weekly, these meetings serve as a time for the educator team to gather with the full program staff. The team may need to discuss logistical items, such as changes to the implementation schedule or upcoming holidays and vacations, as well as items related to effective implementation, such as how classroom implementation is going or how to incorporate feedback from classroom observations completed by program staff. This is also a time to bring in guest speakers or review content and/or key concepts not covered during work session time. At EngenderHealth, we found it useful to alternate the focus of these meetings, with one week focusing on classroom implementation and the following week focusing on professional development (the PD&LP). This structure also allowed for facilitation and responsibility for meeting planning to rotate between the program coordinator and youth engagement coordinator, and freed the health educator from attendance on weeks with a PD&LP focus.

WORKING WITH PARENTING YOUTH: ADDITIONAL CONSIDERATIONS

The intentional choice to work with young parents who may face a range of social, emotional, and economic challenges necessitates flexibility, understanding, and patience at a level beyond what a typical workplace is willing and/or able to provide. Ensuring program staff have a deep empathy for the challenges peer educators face as well as the time and space to accommodate their needs appropriately is critical to working successfully with this population.

The PD&LP component aims to provide young parents with the professional development skills necessary to enable them to identify and reach their professional goals through a series of trainings focused on strengthening communication, accountability, personal motivation, and leadership—in addition to their core role as facilitators of the Re:MIX curriculum.

Additionally, the nature of receiving and delivering Re:MIX content may trigger complex feelings for peer educators related to their experiences as young parents. Abuse, addiction, adoption, discrimination, homelessness, parental rights, postpartum depression, and other experiences may manifest directly or indirectly during their time in the program. Peer educators may require emotional support, assistance connecting to community resources, and schedule flexibility to accommodate childcare and other responsibilities.

It is important to provide peer educators with safe spaces to discuss, reflect, and work through these feelings and challenges as they emerge, and to also determine boundaries for where your support ends and that of a community partner begins.

We created and maintained a reference list of local community resources for peer educators. You may also wish to consider hiring a social worker or counselor, or partnering with counseling agency, if you anticipate that your peer educators will need ongoing access to social services. Recommended resources for working with parenting youth include:

- Working with Pregnant and Parenting Teens ^{xxiv}
- Strategies for Working with Young Parents ^{xxv}



TASK 3: ESTABLISHING COMMUNITY PARTNERS

Throughout the Re:MIX program, youth are repeatedly directed to the youth-friendly resources guide and given referrals based on questions from sessions and the notecard knowledge box. With Re:MIX's emphasis on improving access to community SRH services, establishing relationships with local resources is an important preparation task. Before implementing Re:MIX, you will need to establish linkages with community resources that can serve youth participants and peer educators. This will also inform development of a youth-friendly services resource guide that participants will use throughout implementation. Refer to the Youth-Friendly Healthcare Linkages subsection of Section 3 for detailed information on how to adapt and complete this process.

PARTNERSHIP MODEL

In order to obtain buy-in for any program, it is essential to develop and sustain strong relationships with implementation sites. In the case of Re:MIX and many teen pregnancy prevention programs, those implementation sites are schools. The following recommendations and strategies for developing and maintaining those partnerships are based on the EngenderHealth's experience implementing Re:MIX from 2015–2019. While the following makes express reference to schools, the same principles apply to any community-based implementation site.

THE INITIAL MEETING: GETTING YOUR PROGRAM INTO SCHOOLS

When reaching out to schools about your program, having a shared contact can make it easier to establish a connection. Prior to the first meeting, research what the school already provides in regard to SRH education and determine how your program will fill gaps or needs. Research the demographic makeup of the school and the school's culture and values and consider how your program can best fit into this environment. Take inventory of all your program has to offer and prepare to highlight the learning activities that seem most aligned with the school's needs and culture.

During the initial meeting, identify how your relationship can be the mutually beneficial for all parties. Make it clear that you can add value to the school by offering a current SRH program with trained health facilitators, free of cost. At the same time, be clear about what you need in return, including coordination support from the school, access to students, classroom space, and time for implementation and evaluation.

CREATING A PARTNERSHIP: MAKING IT WORK FOR EVERYONE

Once the school is interested in creating a partnership, discuss and document a clear plan for how you will work together. Prepare a memorandum of understanding (MOU) to provide context and language detailing the people involved, exchange of services, timelines, and mutuality of the agreement. Establishing a strong MOU and open communication with the school at the onset can mitigate ambiguity and confusion during implementation. Revisit the MOU with the school annually to outline any changes in roles and to update the agreement to best meet everyone's evolving needs.

Sample Memorandum of Understanding in [Appendix G](#)

COMMUNICATION: SPEAKING THE SAME LANGUAGE

Create a communications plan and include it in the MOU. Recognize that schools have many competing priorities, including addressing student needs and facilitating standardized testing. A strong plan can mitigate potential conflicts between school needs and program needs. Ensure the plan details the frequency of contact between school and program staff, establishes multiple check-in meetings during the semester, and outlines a protocol for handling crises and last minute changes.

Designate a point of contact for each party to serve as a primary liaison. This liaison is typically the person most involved in program implementation and/or with the capacity to fulfill the agreed duties established in the MOU. For the program, this is typically the program coordinator; for the school, this is typically a school social worker or counselor.

Make the Re:MIX program liaison available for questions—this helps build rapport and reduces the chances of unexpected or last minute changes. Regularly connecting with the school liaison, especially in advance of each new implementation cycle, gives both parties a chance to address concerns and make necessary changes.

It is helpful to conduct an initial orientation with everyone directly involved in the school (including administration, social workers or other staff, and teachers) to explain the program, who will be involved, and how the program is mutually beneficial. This orientation establishes clear expectations.

Finally, learn to recognize the school's priorities and proactively seek to understand and work within the school schedule.

School Scheduling Tool in [Appendix H](#)

TASK 4: RECRUIT YOUTH PARTICIPANTS

Recruiting youth for Re:MIX is an essential preparatory step. In the original Austin study, EngenderHealth recruited youth through a partnership with local charter schools to attend Re:MIX sessions as part of their school day schedule (typically during health or college readiness classes). The majority of youth in the study were African American or Latinx and lived in zip codes with the highest teen pregnancy rates in Travis County. School liaisons worked with their staff to determine ideal grade levels to focus on in their campuses, based on need and availability.

Your organization may have existing youth groups, may partner with another community organization that works with youth groups, or may decide to adapt Re:MIX to work in out-of-school settings. In all cases, the following items should be in place before participant recruitment can begin:

- A fact sheet or flyer summarizing key information about the program, including start date and location, is useful for sharing with prospective participants and their parents and/or caregivers.
- If Re:MIX is delivered outside of a school, providing a modest incentive (e.g., snacks, t-shirts, and/or gift cards) may help ensure attendance. You may want to require that participants maintain a minimum attendance record to receive the incentive (e.g., attendance of at least 80% of the program). If your team chooses to use incentives, include a description of them in your program announcements.
- Depending on the policies of your organization and any collaborating organization(s) and/or your research protocols, you may need to obtain consent from youth and/or their parents for participation in the program.
- Due to the sensitive nature of the material covered, we recommend hosting an information session with parents and caregivers of participating youth to discuss Re:MIX's goals, highlight key components of the curriculum, and allow for open questions and a discussion of any concerns.

Parent Frequently Asked Questions in [Appendix I](#)

TASK 5: GATHER MATERIALS AND OTHER RESOURCES

Allow for sufficient time to purchase and gather materials before implementing the program.

EQUIPMENT AND SUPPLIES

- A list of the materials required to facilitate the Re:MIX curriculum is included in the Re:MIX curriculum companion.
- A list of materials required to facilitate Re:MIX sessions and a tool for tracking status of materials is included in a Re:MIX Facilitation Kit.
- A list of materials required for the Re:MIX facilitator training and the PD&LP is included in the companion guide.

Re:MIX Facilitation Kit List in [Appendix J](#)

You should also account for general workplace tools and software needed for project staff, such as:

- Computers
- Internet access
- Project management software
- Meeting and communication tools (GoToMeeting, Microsoft Suite, Skype, Zoom, etc.)
- Design tools (Adobe, Canva, Google, etc.)
- Training and professional development budget
- Cash or budget for reimbursements for mileage, mobile phones, and other staff expenditures
- Printing costs
- Evaluation tools and service costs (data management tools, survey platforms, transcription, etc.)
- Additional incentives for team members (e.g., welcome, appreciation, birthday, and exit gifts)

SPACE

- Delivering the Re:MIX curriculum requires a private, comfortable meeting room with chairs, tables, and wall space on which to hang flipcharts and posters.
- Delivering the facilitator training requires comfortable meeting rooms with chairs, tables, and wall space on which to hang flipcharts and posters. We suggest leveraging the spaces where you will facilitate Re:MIX or designing spaces that resemble those spaces for this training.
- Facilitating the PD&LP requires office or community space for meetings, trainings, and special projects.

TASK 6: DEVELOP A WORK PLAN AND TIMELINE

Re:MIX has many moving parts, so it is important to develop a work plan that identifies tasks, resources needed, timelines, staff responsible, and indicators of completion. The work plan will also help with planning, reporting, and staff supervision.

TASK 7: DEVELOP A REALISTIC BUDGET

It is difficult to advise on a total budget amount needed to implement Re:MIX. Location, staff salaries, leveraging of other funds, collaborating agreements with other organizations, the extent to which your project team implements the PD&LP, the extent of evaluation activities, and the number of youth you intend to serve are a few of the variables that will affect the budget.

Table 5. Budget Considerations

<p>At a <i>minimum</i>, implementing organizations should include the following line items in a Re:MIX budget:</p> <ul style="list-style-type: none">• Staff hours and corresponding salaries• Fringe benefits• Re:MIX facilitation kit supplies• Incentives (for participants and peer educators)• Mileage to and from workshop venues• Technology equipment for staff (cell phones, tablets, laptops, etc.)• Supplies for the facilitator training• Basic operating expenses (internet, phone, printing and photocopying, etc.)• Indirect costs, as required by your organization	<p>Other line items to consider including in your budget, depending on your organization's circumstances, include:</p> <ul style="list-style-type: none">• Consultant fees (curriculum trainers, evaluators, facilitators, etc.)• Honoraria for partnering organizations• Facility rental for delivering the training, implementing programs, convening special events, etc.
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TASK 8: ASSESS STAFF CAPACITY AND PROVIDE TRAINING AND TECHNICAL ASSISTANCE

Several tools in this manual can help you assess staff capacity:

- The formative assessment questions, included in Task 1
- The roles and responsibilities of core Re:MIX staff, included in Task 2
- Re:MIX facilitator competencies, included in Section 4: Implementing the Curriculum

More information about preparing and delivering the Re:MIX curriculum is included in the companion guide, the Re:MIX Training of Facilitators Guide.

SKILLS AND EXPERTISE FOR RE:MIX STAFF

Implementing Re:MIX requires a spectrum of knowledge and previous experience to support participant success. Consider the diversity of skills and expertise on your team around in the following areas:

- SRH education
- Positive youth development and engagement
- Working with parenting youth
- Workforce development and coaching
- Inclusive approaches with youth
- Monitoring and evaluation

Based on information gleaned during formative and hiring assessments of staff, leadership can determine whether any additional training is necessary for project team members to support outcomes and expectations.

TRAINING OF FACILITATORS

All peer and health educators should participate in the facilitator training. However, we strongly recommend that other program staff also participate in training activities to ensure all team members have the same baseline knowledge of the program model, adolescent SRH, and the curriculum. This supports and enhances fidelity and quality measures, and increases capacity of staff to support the educators, as needed.

OTHER TRAINING AND TECHNICAL ASSISTANCE

While group training (such as the facilitator training) is a standard way of building capacity for SRH educators and leadership to deliver a program, other forms of technical assistance also support this goal. Program implementers should determine the methods they will use to build the capacity of the team and create an infrastructure for this capacity building in advance of implementation. These might include:

- Regular one-on-one supportive supervision sessions
- Group meetings to discuss successes and challenges
- Videotapes of a Re:MIX demonstrations or live sessions (highlighting facilitation successes and areas for improvement)
- Practice sessions of curriculum facilitation that provide educators with feedback opportunities
- Customized mini-trainings on topics with which the team is struggling



TASK 9: ADVOCATE FOR RE:MIX

Implementing an SRH education program can elicit resistance from staff, other community organizations, and the public—for a multitude of reasons. Individuals and organizations may have concerns about teaching teens about contraception and sexual decision-making, hold values that are inconsistent with SRH education, be misinformed about the program’s goals, or have other apprehensions.

There are several ways to minimize controversy and advocate for the implementation of Re:MIX with fidelity. For example, consider creating a frequently asked questions (FAQ) handout, delivering a program orientation for your staff, and/or facilitating an informative workshop for parents and other concerned community members.

RE:MIX VIDEOS

EngenderHealth created several Re:MIX videos that can help illustrate the concepts, experiences, and outcomes possible. This includes an overview of the program and an FAQ video as well as digital stories, story shares, and other videos focused on and developed in partnership with previous peer educators. Visit our YouTube channel <https://bit.ly/3dB1paL> for a playlist with all of the videos.

TASK 10: PLAN FOR EVALUATION

Any team implementing Re:MIX should plan and conduct a process evaluation, at minimum. A process evaluation will help your team determine how well you are implementing Re:MIX. In addition, process evaluation data will help in determining: (1) why your team was able, or not able, to achieve desired outcomes; (2) how you can improve implementation in the future; (3) how satisfied youth were with the program; (4) what potential opportunities for staff training and technical assistance there are; and (5) what results you can report. Determine the scope and objectives of the process evaluation before program implementation and train all staff and youth participants involved with implementation on how and when to use process evaluation instruments.

Depending on your capacity, resources, and the time available, you may also want to conduct an outcome evaluation. An outcome evaluation requires significantly more expertise, funding, planning, and time.

More information about conducting process and outcome evaluations is included in Section 6: Evaluation Re:MIX.

IMPLEMENTING RE:MIX

This section provides guidance on the components, highlights best practices, and details the tools needed to implement Re:MIX, including the curriculum, the PD&LP, and the youth-friendly healthcare linkages.



SECTION 4

IMPLEMENTING COMPONENT 1: THE RE:MIX CURRICULUM

RE:MIX CURRICULUM CONTENT OUTLINE

The Re:MIX curriculum comprises 10 sessions, grouped into four units.

Unit 1: Exploring Gender and Values introduces the storytelling thread and explains the lens of gender, which influences SRH decision-making, choices, attitudes, and behaviors. Unit 1 includes two sessions:

- **Session 1: Introducing Re:MIX** introduces the curriculum, sets expectations and agreements for group interactions, and introduces the lens of gender and the role of storytelling. Participants have the opportunity to consider their goals and aspirations for the future and where having a child fits into their life plans.
- **Session 2: Getting the Gender Message** helps participants become more aware of gender norms, in particular those found in media and popular culture. The group works together to question and redefine gender norms in ways that build equitable relationships and promote health and well-being.

Unit 2: Relationships, Communication, and Consent explores the characteristics of healthy and unhealthy relationships and connects these to SRH by building communication skills and awareness of how to request and give consent. Unit 2 includes three sessions:

- **Session 3: Understanding Relationships** helps youth identify the characteristics of healthy and unhealthy relationships, while building skills and expectations that will enable them to pursue relationships that are equitable, enjoyable, and healthy.
- **Session 4: That's What I'm Talking About!** builds assertive communication skills and applies them to delivering an effective refusal—to any unwanted situation, including sexual activity.
- **Session 5: Consent and Setting Limits** applies refusal skills to the concept of consent—requesting it, and giving it, and hearing and respecting it—and helps participants articulate their sexual limits and communicate them effectively.

Unit 3: The ABCs of Prevention introduces the basics of puberty, anatomy, and STIs. It explores the options for preventing pregnancy and STIs, including abstinence, birth control, and condoms (the ABCs), and takes participants through a health clinic and a decision-making process. Unit 3 includes three sessions:

- **Session 6: Becoming an Adult** provides a basic review of puberty and anatomy and allows youth to explore their reasons behind choosing to have or not to have sex.
- **Session 7: Condoms and Birth Control** covers abstinence, birth control, and condoms (the ABCs).
- **Session 8: The Final Stage** applies the assertive communication skills learned in Session 4 to negotiating condom use and helping participants make decisions based on their personal choices.

Unit 4: Planning for the Future returns to the goal-setting themes of the Session 1, as youth consider their current and future lives while exploring how an early, unplanned pregnancy could affect those goals. Unit 4 includes two sessions:

- **Session 9: A Baby Today** explores concrete costs and life changes affected by having a baby—especially at a young age.
- **Session 10: Commitment to the Future** includes writing a letter to a parent or guardian as a reflection exercise, practicing using health clinic services, visualizing the life they want now and in the future, and making commitments to achieve their goals, honoring the time spent together during Re:MIX.

RE:MIX PARTICIPANT HANDBOOK

This handbook is a collection of all of the handouts from the Re:MIX session activities. Facilitators have copies of these handouts integrated directly into the curriculum guide. Distribute the handbooks to curriculum participants at the first session but retain them onsite after each session (we discourage participants from taking them home where they might be lost or forgotten). If they cannot be stored onsite, facilitators should arrange for a secure process to transport handbooks back and forth between sessions. In the last session, participants can take their handbooks with them to use for future reference and planning. *The Participant Handbook is located in the Re:MIX curriculum appendices in both English and Spanish.*

RE:MIX ACTIVITY FORMAT

The curriculum comprises 10 sessions divided across four overarching units. Each session includes a series of activities. Each session also has the following components:

- A session overview, which provides a summary of the session and its activities
- A session timetable, which lists time allotments for each activity within the session
- An activity summary section, which lists the steps and time assumptions for activities
- Learning objectives, which detail what participants will gain from participating in the session
- A developmental assets list, which links these assets to the session's activities
- Required materials lists, which details what equipment and supplies are needed (e.g., paper, pens, flipchart paper, smartphones) to facilitate the session
- Advance preparation steps, which describe the key actions required prior to facilitating the session
- An activity procedure, which provides step-by-step instructions for facilitating the activity
- Key messages, which are statements given to participants to summarize the main takeaways from the session
- A transition statement offers facilitators a way to transition from one activity to the next. It also serves as a reminder to ask participants to write down key words, ideas, and messages they took away from the previous activity on their Re:MIX Playlist. The transition statement also provides a brief overview of what is coming up and serves as a reminder of how the activities build on each other to increase knowledge, skills, awareness, and intentions in preventing unplanned pregnancies and STIs.

THE RE:MIX CODE

The Re:MIX Code (“The Code”) is the core philosophy that links the curriculum goals and pedagogical theories to the developmental assets and learning outcomes. Using the tenets of the MIX (maximize, imagine, explore) as a guide, The Code emphasizes seven key messages (italicized herein). At the end of each session, youth are invited to recite (or rap) these brief yet powerful messages that resonate with their personal lives and make the curriculum content come alive. By the end of the program, participants will have The Code as a reference for living their daily lives and planning for their futures.

Maximize Strengths

My strengths are valuable.

I have something unique to contribute.

Re:MIX encourages youth to identify their strengths and what makes them unique. We normalize the idea of being unique, so that youth can accept and embrace their personal interests and talents as invaluable for their development. We invite youth not only to recognize their strengths, but also to share their interests with their peers, their partners, and various caring adults in their lives. When youth feel that others view them as a resource, they are more likely to feel valued, appreciated, and supported. The curriculum activities are designed for youth to see that the ability to make healthy and productive decisions exists within them. The discussions and activities simply draw on their inherent strengths and interests, so that youth feel willing and interested in sharing parts of themselves with others.

Imagine a Healthy Future

I am creating the life I want.

I have people I can count on for support.

Re:MIX encourages youth to be forward-thinking and to imagine the possibilities for their lives. If youth have a positive view of their potentials, they are more likely to invest in setting goals and making the best possible decisions. The curriculum activities are designed to be realistic and to consider the range of social contexts in which youth live, work, and play. Yet, the discussions still include the importance of youth feeling personally responsible and accountable for pursuing equitable relationships; accessing resources, SRH services, and support systems; and making safe, healthy, and productive decisions.

Explore Identities

I am the boss of me.

I have a story worth telling.

I treat others the way they want to be treated.

Re:MIX encourages youth to accept themselves and others. Given the dynamic nature of gender and sexual identity, the curriculum is designed to create an inviting space for youth to safely explore the experiences that led to how they see themselves. The stories and lives of youth take center stage in this curriculum and we support youth in identifying who they want to be now and in the future—emphasizing that it is normal and acceptable for their gender and sexual identities (and all the other ways they may see themselves) to grow and evolve over time.

THE “KEEP IT” MESSAGES

The “keep it” messages are the foundational group agreements that Re:MIX facilitators need to establish with the students. These agreements help create a safe space where everyone feels comfortable exploring and discussing the sensitive topics that Re:MIX covers. They also encourage shared responsibility and can be a useful tool in classroom management. Introduce the “keep it” messages to students in the first session.

- **Keep it focused.** We have many topics to cover in these 10 sessions; let’s agree to stay engaged and focus the discussion around the day’s topics.
- **Keep it fun.** We are going to be talking about and sharing a lot of serious information, which is important—but it is also important to laugh and have fun together.
- **Keep it respectful.** We need you to treat each other and us with respect. In turn, we will treat you with the same respect.
- **Keep it real.** We will all learn more if we say what we really think and feel about the topics we are discussing. Being respectful helps everyone keep it real, too.
- **Keep it here.** We want participants to share their new knowledge and insights with their friends and family, but private or personal stories shared in the group should stay here in the room. (For example, do not gossip about what someone says about a former partner during our discussion.)

NOTECARD KNOWLEDGE BOX

The notecard knowledge box is a small box where students can ask questions anonymously during or after Re:MIX sessions. Make the box and notecards available at every session. Youth should be available pick up a blank notecard, write their question, and drop it in the box. In addition to providing anonymity, this is also a good way for youth to ask questions that are unrelated to the current topic. Facilitators should take time during each session to answer questions and follow-up in future sessions, as necessary. Depending on the space used for the sessions, it will be important to determine where you will keep the box before, during, and after sessions.

RE:MIX FACILITATION KIT

In order to keep curriculum materials organized and readily available, the Austin project team developed a Re:MIX Facilitation Kit. The kit contains all of the materials needed to implement the entire curriculum (e.g., handouts, worksheets, posters, markers, tape, and birth control kits and sample contraceptives—including condoms) and keeps them in one place to help avoid losing or damaging supplies. This container should house only Re:MIX materials and should be easily portable and accessible for workshop sessions. For example, you may want to purchase an inexpensive wheeled suitcase, backpack, or plastic storage box in which to store the kit. Facilitators should ensure that kits are consistently organized and in good condition. Routine maintenance includes replacing damaged or worn materials, restocking materials that have run low, updating informational handouts, and keeping handouts organized in labeled folders or binders. While the kits simplify the preparations required for each session, facilitators must still review each session in advance and ensure that the necessary materials are in the kit. Not having the necessary materials during the session can make facilitation more challenging, create classroom management issues, and compromise implementation fidelity.

Re:MIX Facilitation Kit List in **Appendix J**

RE:MIX TRAINING OF FACILITATORS

All the aforementioned curriculum implementation pieces are comprehensively detailed in the Re:MIX Training of Facilitators Guide. Re:MIX's facilitator training is a robust 40+ hour program used to onboard peer and health educator teams and to provide refresher trainings throughout the course of implementation. While there will be a diverse set of knowledge and experiences on the educator team, the training program is designed around the primary assumption that peer educators are starting with limited knowledge of the Re:MIX program and health educators may bring general facilitation experience. Additionally, the facilitator training is structured to progress through content at a manageable pace and to give educators opportunities to apply and reinforce learning for increased comprehension and skill building.

TRAINING GOALS

- Build the capacity of peer and health educators with the skills, knowledge, and confidence they need to deliver SRH education effectively to young people.
- Foster the skills, knowledge, attitudes, and confidence that peer and health educators need to deliver the Re:MIX curriculum effectively to young people.
- Establish a strong team of peer educators, health educators, and staff through bonding, practice, and engagement.

LEARNING OBJECTIVES

The facilitator training is an intensive training focused on refreshing and expanding SRH knowledge, exploring and applying approaches for working with young people, and modeling and practicing concepts of co-facilitation and teamwork. Each module's learning objectives are listed in the companion Training of Facilitators Guide.

TRAINING STRUCTURE

The facilitator training is divided into five sections, each covering a specific set of interrelated topics. At the beginning of each section is an overview of the modules, learning objectives, and time and materials needed—including all training plans and handouts.

- Section 1: Welcome and Introduction to Re:MIX
- Section 2: Introduction to Adolescent SRH
- Section 3: Facilitation and Inclusive Strategies
- Section 4: Fidelity, Quality, and Reporting
- Section 5: Deeper Dives and Refreshers

Additional deeper dives and refresher trainings that supplement the core trainings can be scheduled throughout the program year, based on ongoing needs of the team. These additional trainings can serve as valuable opportunities to reinforce training content as facilitators gain more hands-on and contextual experience.

The facilitator training can also be tailored to most effectively reach learners by:

- Providing ongoing opportunities to share knowledge and experience with trainers in order to adapt the length of training modules
- Scheduling refresher trainings for team members who can benefit from revisiting certain content
- Enlisting health educators with specific technical expertise and experience to lead portions of the training
- Providing the same content in virtual or prerecorded formats

For a full list of all training content and materials, including helpful tips and tools for implementing the training program, please refer to the Training of Facilitators Guide.

SUPPORTING THE CO-FACILITATION MODEL

The Re:MIX model pairs one peer educator with one health educator to teach the curriculum together. Anyone supervising the educators should have an evidence-informed understanding of co-facilitation models through previous experience and a review of the latest research. This section provides tips and considerations for supporting facilitators as individuals and implementing a meaningful co-facilitation model within Re:MIX.

REVIEW THE TRAINING OF FACILITATORS MODULE ON CO-FACILITATION

Use the Training of Facilitators Guide to familiarize yourself with recommended strategies and approaches for co-facilitation. You can enhance this learning with co-facilitation practices you may already be using.

CREATE INCLUSIVE, EQUITABLE RELATIONSHIPS

Consider how age and cultural differences may create initial barriers to collaboration. Anticipate and mitigate power imbalances as soon as possible. Reviewing roles in the beginning should clearly establish shared and individualized expectations. We do not recommend a structure where health educators supervise or formally mentor peer educators, as we have found that it sets and reinforces power struggles instead of promoting collaboration and shared expertise. Each educator brings a unique set of knowledge and experiences to the team.

CONSIDERATIONS FOR PAIRING FACILITATORS

Project staff and supervisors should collaborate to determine optimal pairings. It is important to consider skill levels, personalities, availability, and diversity. Observe how educators work together during onboarding and facilitators training activities to anticipate successes and challenges in group dynamics. After assigning pairings, provide opportunities for teams to plan and practice together and to build a shared vision and plan for their classrooms.

PRACTICE, PRACTICE, PRACTICE!

Co-facilitators should *regularly* demo parts or complete sessions together before implementing with participants. This is a cornerstone of the facilitator training and program leadership should ensure there are intentional

WORKING THROUGH CHALLENGES

Co-facilitation requires practice, collaboration, and openness to feedback. This can cause challenges in working through differences in personalities and teaching styles. It is important to proactively create processes for co-facilitators to openly discuss and problem-solve difficulties as they begin to work together. It is equally important to openly acknowledge and address imbalances in power and status. The Re:MIX model empowers educators to learn communication and collaboration skills, to reinforce the importance and value of accountability, and to create solutions together. However, it is important to provide support and mediation (as needed) and to use meetings and refresher trainings to reinforce workshop facilitation strategies, teamwork skills, and communication protocols.

ADDRESSING TRANSITIONS

Changes in educator staffing outside of the planned hiring periods can leave the team vulnerable to low morale, produce scheduling issues, and create challenges related to adjusting to new team dynamics. Departing educators should be encouraged to close out thoughtfully with their co-facilitators. If that is not possible, project staff should give the remaining facilitator space to manage emotions and logistics involving the departure. When new hires join existing teams, educators will have to learn how best to work together quickly. This may be a good time to involve a third educator temporarily until things settle.

THREE'S COMPANY

There may be times when including a third educator in a classroom is beneficial for training or programming needs, for example, to support unexpected staff transitions. If a third facilitator will be present, it is critical to ensure their role is clear to them and their co-facilitators.

FACILITATOR KEY COMPETENCIES

High-performing Re:MIX facilitators should be able to demonstrate mastery of the key content and the facilitator skills described herein. In addition, they need to have a professional set of values and beliefs and a comfort level that is consistent with Re:MIX.

To support Re:MIX's co-facilitation model, it is important to have reasonable expectations for the competency levels for peer educators versus health educators, who will each bring differing levels of skill and experience with youth facilitation and SRH education. The facilitator training is a robust course designed to respond to the significant learning curve anticipated for peer educators in developing facilitation skills and delivering medically accurate information.

The list of Re:MIX facilitator competencies has several uses. Implementing organizations can use it to develop job descriptions, job interview questions, training and technical assistance activities, and performance evaluation indicators.

CONTENT

A high-performing Re:MIX facilitator is able to:

1. Explain the Re:MIX logic model.
2. Explain the importance of facilitating the Re:MIX curriculum with fidelity.
3. Present the Re:MIX code with clarity.
4. Explain gender, gender norms, sexual orientation, and gender equality.
5. Discuss how healthy, equitable gender norms contribute to positive SRH outcomes.
6. Explain the characteristics of healthy and unhealthy adolescent relationships.
7. Explain basic skill strategies related to assertive communication and refusal.
8. Explain sexual consent, including how to give it and how to accept it.
9. Explain the benefits of sexual abstinence.
10. Use medically accurate names for body parts, STIs, and contraceptives.
11. Explain basic reproductive anatomy and physiology, including how a pregnancy occurs.
12. Explain the life changes and consequences of teen pregnancy and teen parenthood.
13. Explain basic facts about contraceptive methods (including condoms), how they work, and how they can be accessed.
14. Explain how STIs (including HIV) are transmitted, common signs and symptoms of STIs, how STIs are prevented, and where one can obtain testing and treatment.
15. Describe youth-friendly services.
16. Refer participants to community youth services.
17. Explain mandatory reporting laws specific to the target location.

FACILITATION SKILLS

A high-performing Re:MIX facilitator is able to:

1. Establish and maintain a safe and comfortable learning environment, inclusive of everyone.
2. Work cooperatively with a co-facilitator (or co-facilitators) to plan, implement, provide feedback on, and continuously improve their efforts.
3. Lead large-group discussions.
4. Give clear activity instructions.
5. Facilitate role-plays.
6. Manage small-group work.
7. Demonstrate proper use of a condom and other contraceptives.
8. Share compelling stories of personal experiences with curriculum content.
9. Manage classroom issues (e.g., acting out, disclosure of sensitive information, emotional reactions, and nervous laughter).
10. Coordinate logistics associated with the effective implementation of Re:MIX.

PROFESSIONAL VALUES, BELIEFS, AND COMFORT

A high-performing Re:MIX facilitator:

1. Believes that all teens have the right to medically accurate, current information about human sexuality and SRH.
2. Believes that teens should have access to quality, affordable, confidential SRH services.
3. Believes that teens are sexual beings and have a right to enjoy their sexuality.
4. Believes that any kind of sexual activity must be consensual and free of coercion.
5. Believes that teens have the right to enjoy safe, healthy relationships that are free from physical violence and emotional abuse.
6. Believes that teens in consensual sexual relationships can and should take responsibility for protecting themselves from pregnancies and STIs.
7. Believes in gender equality.

8. Is comfortable handling contraceptives, including condoms, for demonstration purposes.
9. Is comfortable facilitating discussions related to teen sexual behavior with adolescents.
10. Is respectful of all teens—regardless of their race, ethnicity, immigration status, sex, sexual orientation, socioeconomic status, religion, parenting status, ability, etc.
11. Is enthusiastic about working with teens and parenting youth.

CO-FACILITATION

The Re:MIX curriculum requires two facilitators—one peer educator who is a parenting youth and one health educator who has experience in youth SRH education—to work together to facilitate curriculum activities. Tips for developing and maintaining successful co-facilitation relationships include:

- **Get to know each other.** Facilitators should spend time getting to know one another’s personality, sense of humor, interests, etc. This familiarity will help in creating an authentic, friendly, and respectful relationship dynamic during curriculum facilitation.
- **Discuss what feels supportive and not supportive.** Like in any relationship, it is important to know what we can do or say that can help the other person feel supported. It is equally important to know the things that others do or say that we find unsupportive. Facilitators should spend time reflecting on prior facilitation experiences and sharing their needs with one another. Each facilitator should do their best to accommodate their co-facilitator’s requests. Some questions to think about:
 - When is it okay for your co-facilitator to interrupt?
 - How would you like your co-facilitator to assist you during a given activity (e.g., record notes on flipchart paper and distribute worksheets)?
 - Would you like your co-facilitator to give you time warnings?
 - Is there any specific type of feedback you would like your co-facilitator to give you?
 - How would you like to handle the need for breaks or moments when you need to leave the workshop room?
- **Meet to plan session facilitation.** Facilitators should spend time before facilitating a session to review the session plan together, discuss instructional design, clarify information or instructions, and discuss what to do in case a challenge arises. This is also an opportunity to agree on how to divide the session and associated preparation tasks (i.e., who will prepare and facilitate what pieces).
- **Practice.** New Re:MIX facilitators should practice delivering each session activity; for experienced Re:MIX facilitators, discussing the activities aloud with each other should suffice. This will help each facilitator become better acquainted with each other’s style, pacing, and requests for support.
- **Play to each other’s strengths and give one another space to grow.** As facilitators become acquainted, they may find that each gravitates toward, or is especially good at, facilitating certain kinds of activities. Playing to each other’s strengths is generally a good idea and is satisfying all around. However, it is also important for facilitators to encourage each other to step out of their comfort zones in order to grow and become even better facilitators. If one co-facilitator is particularly good at facilitating a certain activity, they can serve as a mentor in supporting the other in mastering that activity.
- **Debrief after the session.** Facilitators should spend 30 minutes after each session debriefing. Questions to consider during these debriefs include: what went well, what did not go well, and what can we do differently next time? Facilitators should ask each other for feedback, after agreeing upon a protocol for giving and receiving feedback. Facilitators should also use this time to acknowledge each other’s efforts and celebrate successes!

IMPLEMENTING COMPONENT 2: THE PEER EDUCATOR PD&LP

INTRODUCTION

Re:MIX peer educators are cohorts of four or five young mothers and fathers between the ages of 18–24. They apply to facilitate the Re:MIX SRH curriculum to middle and high school students for a full school year (e.g., August through May). In addition to facilitating the Re:MIX classroom curricula, peer educators participate in professional development activities and projects to grow their professional skills. This is the peer educator PD&LP.

The PD&LP complements and enhances peer educators' abilities to facilitate Re:MIX in the classroom and strengthens other meaningful professional and workplace skills. In order to ensure the PD&LP truly benefits young parents, program leadership must provide emotional support, assistance connecting to community resources, and schedule flexibility to accommodate childcare and other responsibilities.

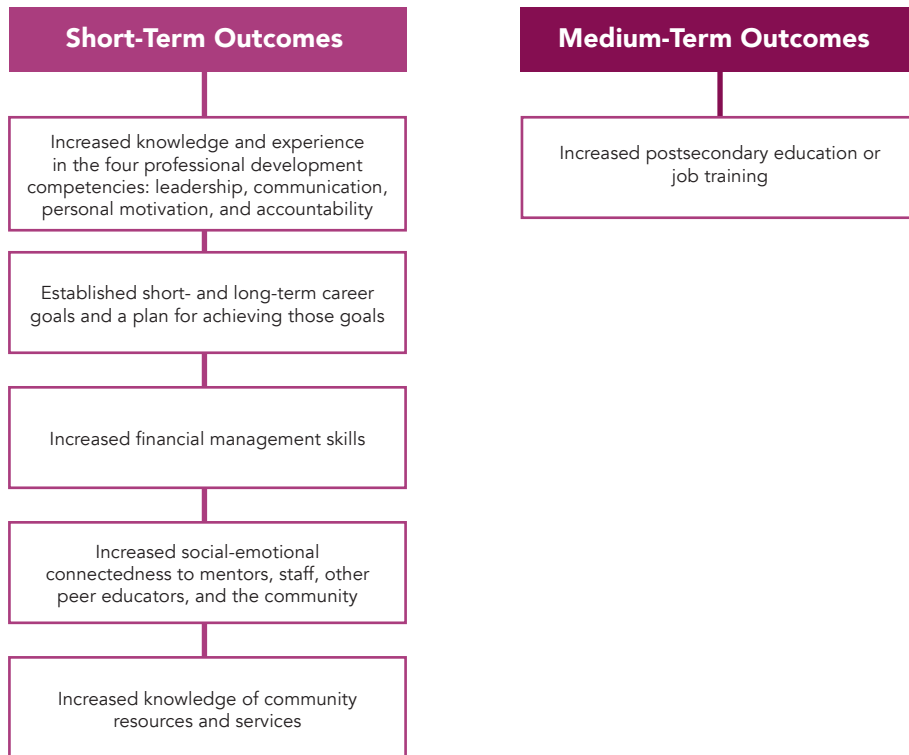
This section outlines the program model and framework for the PD&LP. Refer to the companion Professional Development and Leadership Guide for comprehensive details of the major components, timelines, and plans for implementing the program.



INTENDED OUTCOMES

The PD&LP focuses on improvements in learning, application, and behavior change related to the four core competencies that serve as pillars to this guide (see Figure 4). EngenderHealth drafted these outcomes with an initial stakeholder group before piloting the Re:MIX program (which includes the PD&LP), and then further refined the outcomes with the support of evaluation partners after the pilot year. The stakeholder group represented diverse perspectives of employers, youth, young parents, and other youth development program leaders.

Figure 4. Intended Outcomes



The PD&LP has demonstrated success. Re:MIX peer educators have made significant personal and professional achievements upon completion of the program. They have attended or completed college and workforce programs, established long-lasting mentorships with professionals in their fields of interest, and found jobs aligned with their career goals. They have also benefited from improved communications with friends and families, have become experts at advocating for themselves and their peers, and have been asked to speak at regional and national speaking conferences and to help facilitate trainings.



“I have gained a lot of confidence in myself. I have learned to appreciate my own story and life more than I did before I started this program.”

Former RE:MIX Peer Educator

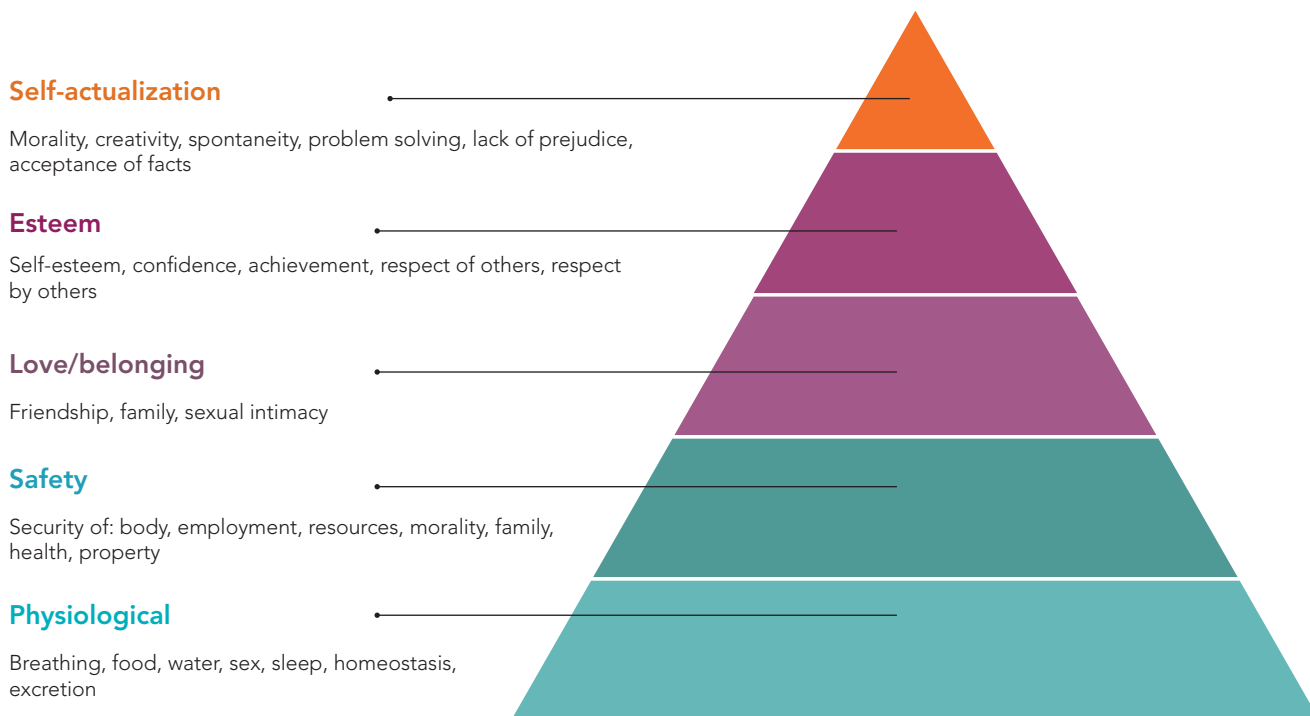
RE:MIX PD&LP PARTICIPANT BACKGROUND

Peer educators apply to Re:MIX to facilitate the SRH curriculum to middle and high school students for a full school year. In addition to facilitating the curriculum in classrooms, peer educators participate in the PD&LP activities and projects to continue to grow their professional skills. In late spring, they formally exit our program and seek other job placements, education opportunities, or other training programs to enhance their knowledge and career development.

IMPORTANT CONSIDERATIONS AND ASSUMPTIONS

In working with young parents and vulnerable youth, it is important to respect their lived experiences and to use a strengths-based approach that honors the assets they bring to programs and communities. However, it is also critical to remember that the basic needs of a person must first be met to attain success in health, social, and economical wellness.^{xxvi} If some of our basic needs (physiological and safety, for example) are not being met, it is much more difficult to receive benefits from activities related to higher levels of development.

Figure 5. Maslow's Hierarchy of Needs



We have experienced these challenges in working with peer educators experiencing issues such as abuse, chronic illness, homelessness, postpartum depression, and the lack of a family support system. We have also experienced challenges in the literacy levels of youth, which required further training and support beyond the original program scope. We believe in providing as many opportunities as possible for youth who want to participate, but it is critical to draw boundaries around what the program is and is not. For example, it was important to determine how many low-, mid-, and high-need youth we could engage in each cohort to ensure quality program delivery. While the PD&LP is designed to be flexible and to empower and connect youth to resources, it is also important to acknowledge that it is not designed to be an academic, counseling, or a social services program.

In our model, peer educators apply and interview to participate in the program. If you will be working with young parents or vulnerable youth, we suggest using the hiring process to establish basic expectations that will ensure a successful program, such as the following:

- Their basic needs are already met (clothing, food, housing, etc.).
- They have an existing basic support system (family members, friends, etc.).
- They want to attain postsecondary education and/or job training.
- They have reliable transportation to and from activities.
- They have basic literacy and computer skills.

We recognize that youth come from a variety of backgrounds and have different experiences and needs. However, we recommend you consider your organization's own assumptions, expectations, and capacity. You should assess these issues during the recruitment, hiring, and retention processes.

THE RE:MIX PEER EDUCATOR AND PARTICIPANT CODE

The Code was designed and enhanced by past peer educator cohorts to help outline the expectations for our young leaders; the health educators abide by it, too. We recommend adapting this code or designing your own with the youth you work with as you get started.

Introduce and discuss The Code in detail during program orientation. Program leaders can encourage and empower youth to adapt The Code during this time, if desired. All facilitators should sign off on The Code to demonstrate their understanding of and commitment to the program. Visually display The Code in a poster, handout, and/or digital media to serve as an ongoing reference and reminder during program implementation.

Use The Code as a tool for redirection, to reinforce the competencies, to celebrate successes, and to work through challenging situations that may arise. Implementers may consider creating additional incentives for going above and beyond The Code or consequences for breaking it.

THE CODE

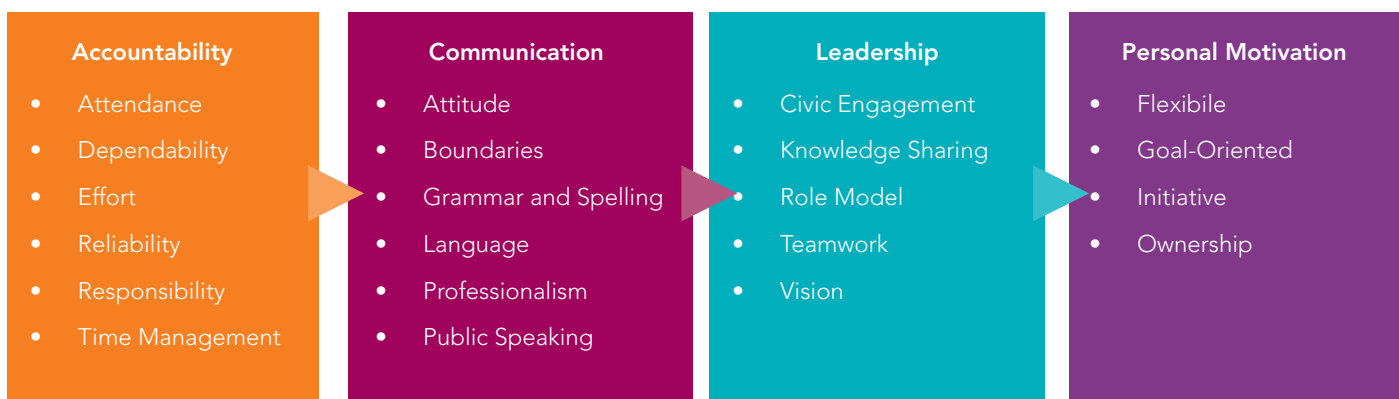
BE...

- Prepared
- Proactive
- Professional
- Present and Focused
- On Time
- Respectful
- Responsive
- Open and Flexible
- Your Best Self
- A Role Model



THE FOUR COMPETENCIES

This program focuses on four key competency domains and corresponding sub-competencies, which we have found support a set of critical hard and soft skills needed to be successful in postsecondary education and workforce and career development. We selected these competencies using various methods of data collection, research, and refinement during program design and piloting phases.



When the PD&LP is used in conjunction with the full Re:MIX program, peer educators receive a richer experience. The PD&LP incorporates a blend of activities designed to teach, practice, and reinforce proficiencies and skills in the four core competency areas. Herein we detail each competency's value in the program as well as the participant's lives.

ACCOUNTABILITY

Establishing and cultivating a sense of accountability is crucial to developing and growing responsible attitudes and behaviors. This competency is challenging for people of all ages, which is why understanding the importance and implications of being accountable to yourself and to others is critical at a young age. In the professional world, accountability shows responsibility for one's role and expectations, supports productive and high functioning teamwork, and promotes trust and integrity.

The PD&LP hinges on the accountability of program participants in order for them to receive the full benefit of the program. We do this by having participant complete such activities as:

- Developing and then demonstrating progress towards goals
- Understanding and adhering to their roles on teams
- Completing and reflecting on pre-, mid- and end-of-year surveys for continuous improvement and growth
- Learning how to provide, receive, and respond to feedback on expectations, projects, and teamwork within peer groups

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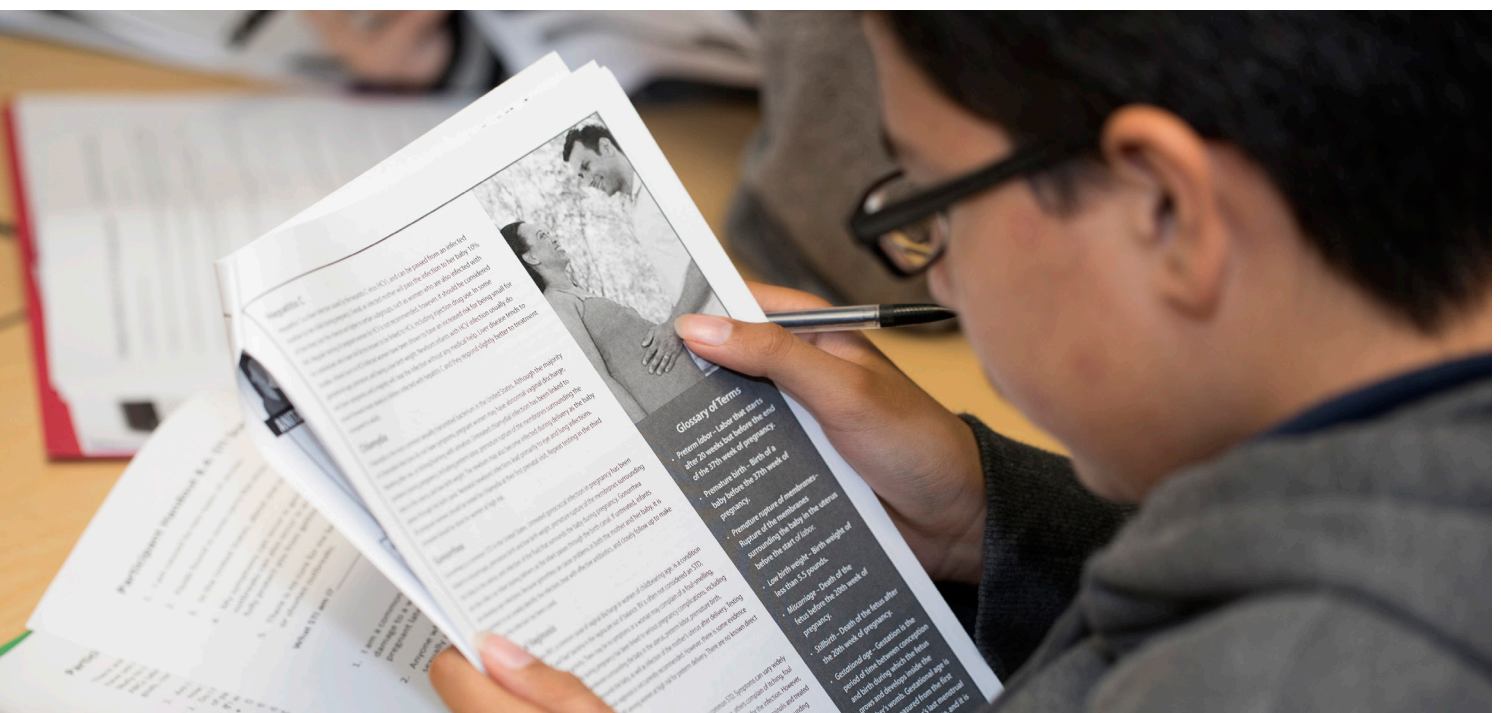
“I have grown in realizing what I am capable of and that I can track progress without validation from others.”

Former RE:MIX Peer Educator

“

“It's okay to be wrong just if you are willing to own up to it and grow. Admitting when you are wrong is hard sometimes but necessary especially in relationships (intimate, family, and professional etc.).”

Former RE:MIX Peer Educator



COMMUNICATION

Communication is complex, nuanced, and multifaceted. Verbal and nonverbal communication skills are critical to successful personal and professional relationships. It is important that communication and feedback among team members remain honest, appropriate, respectful, and direct.

The PD&LP specifically focuses on certain areas of communication that benefit youth preparing for attending postsecondary education and entering the workforce. We do this through activities such as:

- Strengthening in-person and written professional communications, including through participation in meetings, e-mail communications, and reflective and technical writing skills
- Learning and applying storytelling, journaling, and networking skills
- Modeling and practicing personal and professional boundaries
- Learning how to provide, receive, and respond to feedback from peers and employers on expectations, performance, and teamwork
- Presenting information and skills learned from workshops or conferences, or presenting accomplishments from special projects

“

“Communication is human connection, it’s how we build community with each other to create change. With communication of great minds, that change is usually great.”

Former RE:MIX Peer Educator

“

“When you work on a craft daily the craft will become great, that’s how I view communication as a craft that I try to perfect daily.”

Former RE:MIX Peer Educator

“

“Expressing yourself can be hard but necessary! Note to self: What you want, need, and desire is important and worth being heard!”

Former RE:MIX Peer Educator

“

“Being honest just sets the tone for how the relationship will go. I’m honest with you and I always expect the same. You always want to start the conversation with being open. I try my best not to leave it up to just one person to be the communicator because it is a two-way street.”

Former RE:MIX Peer Educator

LEADERSHIP

Leadership is demonstrated in many ways and through various roles. Building youth leadership skills are especially critical in empowering the next generation to lead in their communities and beyond. The PD&LP provides and demonstrates various aspects of youth leadership through:

- Examining characteristics and roles of leaders
- Analyzing personal and group leadership styles and how they affect group success
- Encouraging youth to learn, plan, and lead teambuilding activities
- Modeling professionalism in the program and community
- Demonstrating respect for all people inside and outside of the group
- Helping youth to identify opportunities to “stand up” and “stand back,” and to determine when each strategy will serve them best

“

Leadership for me is not walking ahead and taking the lead. It’s grabbing their hand and saying ‘Let’s do this together.’”

Former RE:MIX Peer Educator

“

The most important lesson I’ve learned is working with the different personalities... how to co-facilitate, do trainings and meetings together, and be a team.”

Former RE:MIX Peer Educator

PERSONAL MOTIVATION

For the personal motivation competency, we empower participants with skills related to discipline, critical thinking, initiative, and leadership to help them identify and achieve their personal and professional goals. The PD&LP teaches young people to leverage and enhance the motivation that already exists within them. Some formal and informal activities include:

- Setting and tracking goals
- Identifying and leveraging opportunities to take initiative for special roles and projects
- Taking advantage of opportunities to network and attend/present at events in the community
- Preparing plans and strategies to manage transitions and changes in their personal and professional lives

“

At the end of the day, it’s me. It’s me waking up. It’s me going to sleep. And I refuse to not be the best I can be in between.”

Former RE:MIX Peer Educator

“

If I am going through a difficult time, I always motivate myself by saying you will get through this and you are strong and can take it. Being defeated or failing at something is a part of life we all go through it (nobody is perfect), take those things and use them as a stepping stone.”

Former RE:MIX Peer Educator

IMPLEMENTING COMPONENT 3: YOUTH- FRIENDLY HEALTHCARE LINKAGES

EngenderHealth created a resource guide of community services to supplement the Re:MIX curriculum and educate and support youth with their SRH decision-making. The guide aimed to provide youth with the tools and resources they need to feel confident in making decisions about accessing services that are best for their health. By connecting the curriculum directly to health resources, the guide empowers youth to visit community-based providers and to ensure they receive medically accurate information with each visit. Re:MIX trains the health and peer educators to use this guide in the classroom and to refer youth to services.

Recognizing each community has different needs and resources, the following process outlines how to create a youth-friendly healthcare services guide in your community. The objective is to offer a vetted, comprehensive system that connects participating youth and parenting peer educators with community resources and services. This resource guide will strengthen your teen pregnancy prevention program by addressing the comprehensive needs of youth outside of the classroom.

Remember: the best way to make your guide as youth-friendly as possible is to incorporate youth in the process to gather authentic feedback and information regarding potential community resources.



PROCESS FOR IDENTIFYING A YOUTH-FRIENDLY SERVICE PROVIDER

STEP 1: UNDERSTAND THE RATIONALE AND PROCESS

In order to provide youth with a quality service guide, you will need to confirm each resource provides accurate information and supports informed, voluntary choice. Remember, the goal is to increase awareness of the local health resources available to youth in your community.

STEP 2: RESEARCH ORGANIZATIONS PROVIDING YOUTH SERVICES

Researching existing organizations in your community is the first step in the process of identifying youth-friendly services. In order to generate a comprehensive list, research the types of resources and services that youth may need to navigate the challenges of adolescence. While Re:MIX focuses primarily on adolescent SRH, youth may need other types of assistance. Therefore, consider including resources offering other healthcare services, mental health support, substance abuse programming, education, housing services, as well as LGBTQ support. Reduce the list to a manageable number by focusing on resources that currently work with the target age group and population and that have demonstrated a youth-friendly presence in the community.

STEP 3: FOLLOW KEY CRITERIA FOR YOUTH-FRIENDLINESS

Identify local organizations and resources that deliver medically accurate, age-appropriate services to youth and that regularly work with your target population. These resources will demonstrate their expertise and reputation by respecting the right to access healthcare and information. It is also important to take note of organizations that provide and track quality health service referrals for youth.

The core components for the resource selection process are similar to those in the Centers for Disease Control and Prevention's *Project Connect Implementation Guide*.^{xxvi}

- Youth need services that assure confidentiality and protect their rights as clients. For example, a youth-friendly resource should offer a safe space where youth can feel respected and comfortable sharing information and asking questions.
- A resource also needs to be available and accessible to youth, for example, by having appointment hours after school or on weekends and being accessible via public transportation or easily walkable.
- The resource should offer free or low-cost services to youth so that price is not a barrier.
- A youth-friendly resource must train employees to work with adolescents and diverse populations. Specifically, providers should exhibit a positive, non-shaming attitude towards youth.

STEP 4: UTILIZE A TOOL AND PROCESS TO VET SERVICES

We recommend enquiring with each organization directly, rather than relying on information from external sources (e.g., brochures, websites, or word-of-mouth). Call each of the organizations, stating that you are creating a resource guide for youth in your community. Ask service providers the following questions as part of the vetting process:

- What would make an organization youth-friendly to you? What characteristics would you look for in a service?
- What trainings do employees complete to support working with youth?
- What skill sets do you feel someone should have when discussing sensitive topics with adolescents?
- When are your services for youth available? Before school, after school, on weekends?

- Does your organization create a warm and respectful environment where youth can be themselves and feel comfortable asking questions?
- How do you ensure youth understand that the information they share with you remains confidential?
- Does your organization provide age-appropriate information for adolescents?

Rate each organization based on the identified criteria and the answers to their questions.

STEP 5: ENGAGE YOUTH IN THE VETTING PROCESS

In addition to calling the organizations, utilize your peer educators in the vetting process. Having a youth-friendly guide that is created for youth and by youth can enhance its utility. Incorporating peer educators in the vetting process can help ensure that the information that service providers offer is authentic and accurate. The peer educators understand what makes a service youth-friendly because they are youth themselves; and, they can provide a better understanding of the kinds of services and experiences youth are exposed to in the community.

Provide each peer educator with a list of the community services and the youth-friendliness rating scale to measure their experiences. Ask the youth to visit and investigate the organizations by asking questions and recording their responses in the rating scale document. For an organization to be considered youth-friendly using our sample scale, it must receive a scores of "somewhat agree" or "strongly agree."

Youth-Friendliness Rating Scale in **Appendix K**

STEP 6: CREATE THE GUIDE

The next step is to use the information your team has gathered to create your guide. Consider including consistent information and thoughtfully organizing the guide to be user-friendly.

INFORMATION TO INCLUDE IN THE GUIDE

- Organization name
- Logo
- Type of services available
- Hours of availability
- Cost of services
- Contact information (such as daytime and after-hour phone numbers, email, and website)
- Directions to the organization (include public transportation routes)

HOW TO GROUP SERVICES

Group resources into categories. First, identify organizations that provide comprehensive services to youth in your community. Then, identify resources that provide specialized support in areas (such as other healthcare, mental health, substance abuse, education, and housing services or LGBTQ support) and group them by the types of services they provide.

STEP 7: TRAIN EDUCATORS ON THE GUIDE

Train peer and health educators to use the resource guide to increase awareness of available services and to refer youth to these community resources. Facilitators will refer to the resource guide throughout the curriculum. Arrange for peer and health educators to tour locations mentioned in the guide to enable them to refer youth confidently to the local organizations listed in the guide. You should also train facilitators to track classroom referrals for youth to healthcare services to support program revisions and reporting.

THE RE:MIX APP

EngenderHealth also developed a mobile app version of the Austin Youth-Friendly Services Guide that allowed Re:MIX participants to find providers and rate their experiences on their phones, thereby sharing their knowledge with other teens about the resources available and informing providers about areas for improvement in real-time. EngenderHealth developed the app in partnership with Youth Tech Health, peer educators, and local youth from the Re:MIX charter schools and other youth programs. Unfortunately the app is no longer in use. We highly encourage other programs to consider ways to create and maintain their guide in a digital format based on their own budget, technology resources and participant needs.



GUIDELINES FOR ADAPTATION

Building on our experience designing and implementing programs, EngenderHealth recognizes that many evidence-based programs can and should be adapted to be more suitable to the unique characteristics of youth from a multiplicity of backgrounds and localities. Understanding this need for flexibility, we designed Re:MIX to be modified to meet the needs of diverse youth populations while still maintaining fidelity. This section details strategies for identifying the needs of the target population; identifies different levels (green, yellow, and red light) of adaptations; and suggests ways to track adaptations.



This section covers the following topics to help you in assessing options and making adaptations:

- Collecting formative data
- Defining levels of adaptation
- Charting adaptations

SECTION 5

COLLECTING FORMATIVE DATA

It is unlikely that the youth you serve will be exactly like the youth served by our research study in Austin, Texas. Therefore, it will be necessary to research the context, beliefs, attitudes, behaviors, etc., of your target population and to use these data to inform adaptations. Examining your organization's and/or partnering organization's capacity should also inform adaptations. In addition to using formative data to inform adaptations, you can also use these data to justify adaptations to funders and other stakeholders.

DEFINING LEVELS OF ADAPTATION

Consistent with adaptation research conducted by the Center for Disease Control and Prevention's Division of Reproductive Health, this section presents three general types of curriculum adaptations.^{xx}

Note: *During and after the study period, EngenderHealth made adaptations of the curriculum to maintain relevancy and best practices, ensuring fidelity to the model.*

The second edition curriculum included in the final implementation package is the most relevant and inclusive. It includes important adaptations for the latest SRH information, inclusive language, solo facilitators, and bilingual settings.

The first edition of our curriculum was used during study implementation and is available upon request at: info@engenderhealth.org.

GREEN LIGHT ADAPTATIONS

Green light adaptations are safe changes—that is, they do not compromise the program's core components. Examples of green light adaptations are updating or customizing statistics or health information, customizing role-plays, and making activities more interactive. Such adaptations might include the following:

- **Modifying warm-up and introductory activities or icebreakers.** Icebreakers may be modified as long as the modification achieves the same learning objective.
- **Adding or substituting discussion questions.** Each discussion includes a list of specific questions to ask youth. These discussion questions can be rephrased (using language that is more comfortable for the facilitator or in a more relevant language for participants) or reordered to keep the discussion from being choppy or repetitive. You can add discussion questions, as long as the additions align with the topic of discussion.
- **Customizing role-play scenarios.** Role-plays are a crucial pedagogical approach to participants' acquisition and retention of new skills and are a required teaching method of Re:MIX. However, as long as the information and intended learning objectives in the role-play remain the same, the wording, setting, and names used may be changed to make them more relevant to the target youth population. Role plays have also been translated into Spanish and can be found in the Spanish adaptation materials in the Re:MIX curriculum appendices.
- **Updating SRH information.** SRH information (e.g., new contraceptive methods and new treatments for STIs), epidemiological data, available community resources, and laws related to adolescent SRH change frequently. Therefore, you should update this type of information regularly for Re:MIX to remain current and accurate.
- **Tailoring language to youth culture.** Re:MIX was designed primarily for African American and Latinx youth populations aged 13–17 living in urban areas. Programs targeting youth of other ethnicities, cultures, or settings should tailor language and activities, as appropriate. See our Spanish adaptation materials in the Re:MIX curriculum appendices.

YELLOW LIGHT ADAPTATIONS

Yellow light adaptations are changes that should be made with caution. We highly recommend consulting an expert in behavior change theory and curriculum development before making such changes. Examples of yellow light adaptations are adding activities to address additional determinants or changing the order of the sessions.

- **Changing the number and duration of sessions.** Re:MIX was originally implemented as a series of one-hour sessions delivered in sequence over 10 weeks. Meeting less frequently or meeting for shorter or longer sessions is possible, but the sequence of activities should remain the same. We also advise that no more than a week elapse between sessions.
- **Adding or changing the sequence of activities.** The sessions and activities in Re:MIX follow a deliberate order, allowing for each activity to build on previous ones in content, skill, and level of challenge. Changing the order of activities may decrease the participants' mastery of skills and information. If it is necessary to shift activities (e.g., to accommodate a time schedule), consult a curriculum or learning theory specialist who can advise about appropriate ways to adjust activities.
- **Adding activities to address additional risks and protective factors.** It is possible that your program may want to address additional health determinants besides those covered in Re:MIX. For example, the targeted youth may need basic information about puberty, reproductive anatomy, and physiology beyond the scope of Re:MIX. In addition, the prevalence of alcohol and drug use may have a major impact on the target youth's sexual decision-making behaviors, which might necessitate including additional efforts around these issues into the program. Although it is possible to add new activities to address other determinants, this should be done with caution. Trying to cover too many topics may make the program too long and may cause retention or implementation issues. Additionally, attempting to cover too many objectives may dilute positive outcomes. It is better to cover a limited number of strategically selected topics well than to try to cover too many topics in a superficial way.
- **Working with same-sex versus mixed-sex groups.** Re:MIX gives youth an opportunity to learn and work together around issues that impact personal relationships. For example, in Session 2 young people listen to each other discuss their own gendered experiences, develop empathy for each other's experiences, and learn how to better support their peers in resisting harmful gender norms. If your program is working with same-sex participants only, you will need to consider how to engage participants in thinking about how the other sex would think or feel about a particular topic.
- **Changing the peer educator and health educator facilitation team.** Re:MIX is designed to be co-facilitated by a professional health educator and a peer educator who is a young parent. Their different areas of expertise and experiences—particularly the stories of the peer educators—are critical to the program design. Removing this element will severely compromise the effectiveness of the program and is therefore not recommended. If a peer educator cannot physically facilitate, please use our peer educator story share videos which are located into the Re:MIX curriculum and available online at: <https://bit.ly/PE-StoryShares>

RED LIGHT ADAPTATIONS

Red light adaptations should be avoided, since they compromise or eliminate one or more of a program's core components. Examples of red light adaptations are shortening the program, removing condom activities, and replacing interactive activities with lectures. They might include the following:

- **Shortening the program by omitting activities or sessions.** The determinants addressed in Re:MIX are addressed by multiple activities throughout the curriculum. Some of the more complex determinants receive more time in the curriculum. Therefore, reducing the number of activities designed to affect each determinant may have a negative effect on behavioral outcomes and we do not recommend omitting any activities or sessions.
- **Reducing or eliminating discussions at the end of an activity.** Most Re:MIX activities conclude with a large-group discussion designed to summarize key messages, as well as to get youth to reflect, comment on, and personalize information. The discussions are an integral part of each activity. Reducing or eliminating these discussions will likely weaken the program's outcomes and the participants' acquisition of skills and knowledge.
- **Failing to repeat and reinforce key messages and The Re:MIX Code.** Re:MIX reinforces key messages about healthy sexual behaviors and attitudes through repetition. The repetition of key messages is based on several of the health behavior change theories that ground the Re:MIX program. Although the repetition of the messages may appear redundant, this repetition is strategic and important to maintain.

CHARTING ADAPTATIONS

The Re:MIX Adaptation Log will help you to think about, record, and assess the effectiveness of any adaptations to Re:MIX. Fidelity monitoring logs are designed to record changes made to each Re:MIX session, as well as potential compromises in the curriculum's core content and pedagogical and implementation components.

Re:MIX Adaptation Log in [Appendix L](#)



EVALUATING RE:MIX

A crucial part of implementing a program is an evaluation to ensure implementation fidelity and quality and to determine its effectiveness. This section details the evaluation processes and tools that EngenderHealth used to evaluate Re:MIX components.



SECTION 6

OVERVIEW OF EVALUATION TOOLS

To capture the most comprehensive information about the program, EngenderHealth used a combination of process and outcome evaluation tools, which gathered a myriad data from program implementers, participants, and staff. We recommend using (or adapting) these tools to determine program effectiveness and to support continuous quality improvement during the course of the program. The evaluation tools are categorized into tools for the Re:MIX classroom implementation and the PD&LP.

PROCESS EVALUATION TOOLS

These tools can be used and adapted to assess the effectiveness of Re:MIX implementation in your settings.

PROCESS EVALUATION TOOLS FOR RE:MIX CURRICULUM IMPLEMENTATION

- **Observation logs**, which observers use to report on fidelity to the curriculum and quality of implementation

Quality and Fidelity Observation Logs in [Appendix O and P](#)

- **Session debrief forms**, which peer and health educators use to assess the overall implementation of each session and to inform quality improvement plans

Session De-Brief Form in [Appendix N](#)

PROCESS EVALUATION TOOLS FOR PD&LP

- **360° surveys**, which peer educators use to rate themselves, their peers, and program staff in each core competency area (these surveys also provide the opportunity for peer educators to practice giving and receiving feedback). *More information and a template for these assessments can be found in the PD&LP Guide.*

By continuously reviewing participants' and facilitators' experiences with the curriculum, implementers can adjust materials, tools, and activities to improve later sessions. Process evaluation tools also capture impressions and struggles with implementation in the moment, which provides implementers with richer detail than if this information was gathered after implementation ended.

OUTCOME EVALUATION TOOLS

These tools are typically administered at the end of the program or after a training to determine if the program or training met achieved its intended goals.

PRE-, POST-, AND 12-MONTH POST-INTERVENTION SURVEYS

To support the randomized controlled trial, EngenderHealth used pre-, post-, and 12-month post-intervention surveys for both the intervention and control curriculum groups. Student surveys and interviews can demonstrate changes in knowledge, attitudes, or beliefs after participating in the Re:MIX program. The 12-month post-intervention follow-up survey helps determine if Re:MIX had a lasting impact on participants and if they retained the information learned during the program over an extended period of time.

Re:MIX Pre/Post Evaluation Survey in [Appendix M](#)

PRE- AND POSTTRAINING OF FACILITATORS SURVEY

Peer and health educators complete a survey before and after completing the facilitator training to assess SRH knowledge and facilitation skills. *Please reference the Re:MIX TOF for this survey.*

FOCUS GROUPS AND INTERVIEWS

Interviews and focus groups conducted with educators, school staff, and program staff provide more details about program implementation and classroom experiences. Implementers should design their own interview and focus group formats to meet their needs.

PRE-, MID-, AND POST-PROGRAM COMPETENCY ASSESSMENTS

Peer educators participating in the PD&LP complete these assessments, which serve as useful evaluation tools in analyzing knowledge and experience over the course of the program. Peer educators should complete preprogram assessments before any PD&LP activities occur, typically during hiring and onboarding. You can administer mid-year and post-program assessments based on your need to assess peer educators' growth over the course of the program and to inform program adjustments. *More information and a template for these assessments can be found in the PD&LP Guide.*

OTHER MONITORING AND EVALUATION TOOLS

PARTICIPANT CONSENT FORMS

Reflecting on the importance of privacy and confidentiality, EngenderHealth obtains written consent from all youth participants and peer educators. This is an important aspect of research studies and programs, especially when working with youth. Implementers should create their own consent form for Re:MIX participants based on their own context and needs. *A sample consent form for peer educators can be found in the PD&LP guide.*

CONTINUOUS QUALITY IMPROVEMENT TRACKING

EngenderHealth is committed to continuous quality improvement of services and programs and strives to ensure that:

- Delivery of the Re:MIX curriculum is presented in a fun, relevant, and easily understood way
- Delivery of the RE:MIX PD&LP activities are engaging and supportive for peer educators
- The overall quality of the program is continuously improving
- Services are appropriate for the community

EngenderHealth created a quality improvement plan to track processes, successes, and challenges. This allows the team to continually assess program quality, identify key areas for improvement, and make real-time adjustments throughout the project implementation period. Our quality improvement plan highlights the following key aspects of Re:MIX programming:

- Staffing
- Organizational change
- School recruitment and coordination
- Partnerships and contracts
- The Re:MIX curriculum
- Program implementation
- Peer educator training and materials
- Peer educator hiring process and management
- Facilitator training for health educators and peer educators
- Mentoring of peer educators
- Evaluation

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RE:MIX PROGRAM OVERVIEW

SUPPORTING YOUTH TO MAXIMIZE THEIR STRENGTHS, IMAGINE A HEALTHY FUTURE, AND EXPLORE THEIR IDENTITIES

RE:MIX IS A COMPREHENSIVE, INCLUSIVE HEALTH EDUCATION PROGRAM

That includes age-appropriate, medically accurate information on topics related to human development, healthy and gender equitable relationships, decision making, contraception, and infection prevention. Re:MIX aims to empower and educate adolescents (ages 13–17) and young parents (ages 18–24) with opportunities to learn and practice the crucial skills youth need to make responsible life decision. Designed with youth, for youth, Re:MIX emphasizes the stories of peer educators and encourages students to explore their values and imagine their futures.



Curriculum

This science-based, evidence-informed curriculum incorporates game-based tools, technology, and storytelling co-delivered by a professional health educator and a peer educator.

Peer Educator Professional Development and Leadership Program

Peer educators receive an extensive professional development program that includes mentoring and ongoing coaching, training, and skills practice in four core professional development domains.

Community Health Services Linkage

Youth and peer educators are connected to community health services that are welcoming to teens, including lesbian, gay, bisexual, transgender, and questioning youth (LGBTQ).



THE POWER OF PEER LEARNING

CURRICULUM SESSIONS

SESSION 1

Introducing Re:MIX

Introduces the curriculum and the storytelling approach.

SESSION 2

Getting the Gender Messages

Discusses, questions, and redefines gender norms collectively.

SESSION 3

Understanding Relationships

Builds participants' skills to identify healthy and unhealthy relationships.

SESSION 4

That's What I'm Talking About!

Explores strategies youth can use to communicate their wishes effectively and safely.

SESSION 5

Consent and Setting Limits

Defines individual sexual rights and responsibilities, while youth practice communicating consent.

SESSION 6

Becoming an Adult

Explains adolescent development and the reproductive process.

SESSION 7

Condoms and Birth Control

Teaches youth about accessible and effective contraceptive methods.

SESSION 8

The Final Stage

Discusses facts about sexually transmitted infections (STIs) and how to make positive and safe sexual health

SESSION 9

A Baby Today

Explains the financial implications of childrearing through games and storytelling.

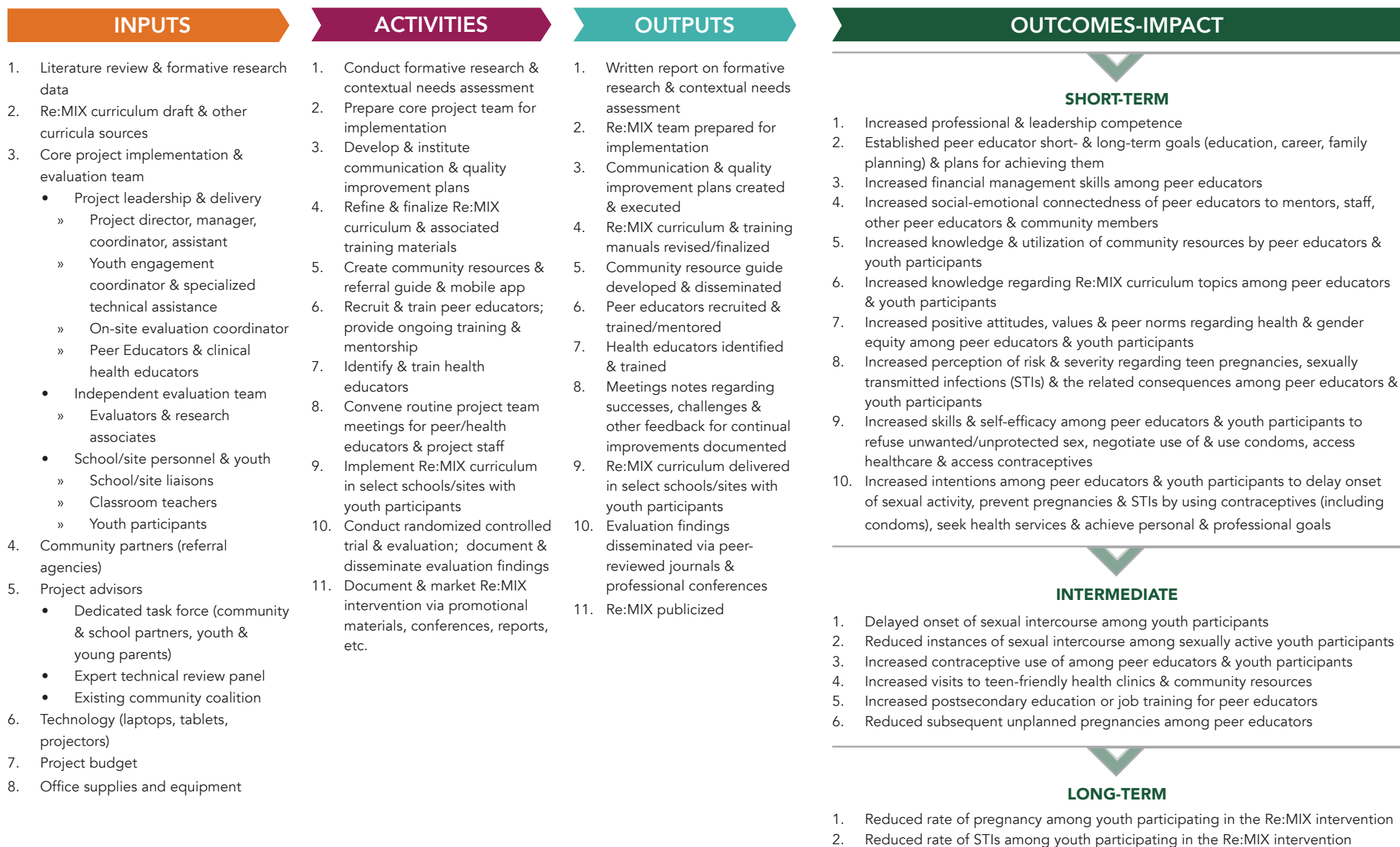
SESSION 10

Commitment to the Future

Encourages youth to envision their ideal future and identify personal goals that will empower them to lead a healthy life.

APPENDIX B

RE:MIX LOGIC MODEL



APPENDIX C

IMPLEMENTATION READINESS QUESTIONNAIRE

Instructions: As a team, review the questions below and determine whether your team is prepared or not prepared in regard to the task described in the question. If you are not prepared, discuss a plan for completing the preparation task, including a timeline. All of the tasks described below should be completed before Re:MIX activities are implemented.

Task	Yes/No	Plan for Completion	Timeline
Implementing Organization and Community			
1. Does your organization have the commitment of senior leadership? For example, has Re:MIX become part of your organization’s overall program portfolio and/or strategic plan? Has adequate funding been allotted? Can senior leadership speak about Re:MIX?			
2. Has your project team developed a protocol for dealing with resistance and/or controversy associated with implementing Re:MIX? For example, is there a written list of frequently asked questions and responses and has your organization designated staff who will respond to comments/inquiries?			
3. Has your team conducted a formative assessment of organizational capacity? (See Section 6 for information on conducting a formative assessment.)			

Task	Yes/No	Plan for Completion	Timeline
Staff and Staff Capacity			
4. Has your organization hired the appropriate number of staff with the required qualifications and competencies? (See Section 3 for a list of staff roles and responsibilities.)			
5. Does your project team have mastery of the content and facilitation skills needed to implement Re:MIX effectively? (See Section 3 for a list of facilitator roles and competencies.)			
6. Does the project team have the comfort and confidence to talk about sensitive matters such as gender, teen pregnancy, HIV and other sexually transmitted infections, sexual anatomy, and sexual decision-making?			
7. Have all members of the project team received formal training/ orientation in the implementation of Re:MIX?			
8. Have Re:MIX curriculum facilitators attended a Re:MIX facilitator training?			
9. Have facilitators practiced the delivery of the Re:MIX curriculum, so that they feel confident in delivering the curriculum to youth?			

Task	Yes/No	Plan for Completion	Timeline
Youth			
10. Has your team conducted a formative assessment of the youth it intends to serve? (See Section 3 for a list of guiding questions.)			
11. Does your team have a plan to recruit and maintain youth attendance? (See Section 3 for information on recruiting and hiring peer educators.)			
12. Does your organization require parental consent for youth to participate in Re:MIX? If so, have parental consent forms been collected?			
13. Will your organization use incentives for youth? If so, have these been budgeted for?			

Task	Yes/No	Plan for Completion	Timeline
Materials and Resources			
14. Has your team gathered and assembled materials for the Re:MIX facilitation kits? (See Appendix J for a list of materials needed for facilitation.)			
15. Has your team established relationships and linkages with community reproductive healthcare services?			
16. Has your team created a referral list with other community resources that may be helpful to youth?			
Planning and Administrative			
17. Has your team developed a realistic work plan?			
18. Has your team developed a realistic budget?			
Evaluation			
19. Has your team planned a process evaluation and developed related instruments?			
20. Have staff been trained to administer these instruments?			
21. Has your team established a system for quality assurance, fidelity monitoring, and supportive staff supervision?			

APPENDIX D

PEER AND HEALTH EDUCATOR JOB DESCRIPTIONS

PEER EDUCATOR JOB DESCRIPTION

JOB SUMMARY:

Located in Austin, TX, the peer educator facilitates the Re:MIX sexual health education curriculum in school and community settings alongside a professional health educator. The peer educator will lead a robust social media component and support continuous quality improvement efforts in the classroom. They will participate in their own professional development opportunities (including training, skills practice, and special projects) in order to support their ongoing professional and leadership development. Peer educators work 15 hours per week from approximately September to June, between the hours of 8:00 a.m. and 4:00 p.m., depending on school schedules.

REQUIREMENTS:

Must possess the following requirements with or without a reasonable accommodation.

- A high school diploma or GED is required. If the candidate does not have a diploma or GED, they must be enrolled in a program to complete.
- Reliable transportation a must—this position requires up to 75% travel to local school and community sites.
- Must be able to work occasional evenings and weekends.

ESSENTIAL SOFT SKILLS:

- Demonstrated interpersonal and teamwork skills.
- Ability to manage time and work productively.
- Strong verbal communication and presentation skills.
- Demonstrated comfort in talking to peers about sexuality and sexual health.

PREFERRED SKILLS, ABILITIES, AND FUNCTIONS:

- Basic proficiency with computers and technology.

Disclaimer

The above statements describe the general nature and level of work being performed by the person(s) assigned to this job. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. Employees can be asked to do other comparable duties as assigned.

HEALTH EDUCATOR JOB DESCRIPTION

JOB SUMMARY:

Located in Austin, TX, the health educator facilitates the Re:MIX sexual health education curriculum in school and community settings, oftentimes alongside a youth peer educator. The health educator supports linkages and referrals to community health services for students and peer educators, maintaining contacts and up-to-date information on available community health services. The health educator will support continuous program quality improvement efforts, as well as classroom learning and facilitator growth. They serve as the primary connection to our school partners while providing critical support to project staff in ongoing coaching and training activities.

REQUIREMENTS:

Must possess the following requirements with or without a reasonable accommodation.

- A high school diploma is required.
- Minimum of two years of experience leading curriculum-based programs in schools or community settings is required; experience in sexual health education a plus.
- Reliable transportation a must—this position requires up to 75% local travel.
- Must be able to work occasional evenings and weekends, up to 20%.

ESSENTIAL SOFT SKILLS:

- Demonstrated interpersonal and teamwork skills.
- Excellent organizational skills.
- Ability to manage time and work productively in an independent environment.
- Strong verbal communication and presentation skills.
- Demonstrated comfort in talking to youth about sexuality and sexual health.

PREFERRED SKILLS, ABILITIES, AND FUNCTIONS:

- Bachelor's degree in education, social work, public health, or related field.
- Experience in the areas of adolescent health, gender equality, and/or youth development.

Disclaimer

The above statements describe the general nature and level of work being performed by the person(s) assigned to this job. They are not to be construed as an exhaustive list of all responsibilities, duties, and skills required of personnel so classified. Employees can be asked to do other comparable duties as assigned.

APPENDIX E

PEER EDUCATOR RECRUITMENT FLYER

JOIN THE PROGRAM + TEACH YOUTH!

We are hiring young mothers and fathers to serve as peer educators.



TEACH

Teach the Re:MIX curriculum. Re:MIX is a comprehensive sexual health program aimed at preparing youth for healthy futures. Re:MIX pairs peers educators who are young parents with professional health educators, to co-qualificate this health curriculum at middle and high schools. *No previous experience or college degree is required; we will train you!*

LEARN

Learn how to build meaningful skills. Learn in collaboration with your peer educator cohort through trainings, special projects, community engagement and mentorship opportunities that will help you inside and outside of the classroom. You will participate in a professional development program and engage in the following training topics:

- Storytelling
- Presentation skills
- Digital literacy (social media, blogging, excel, etc).
- Resume and career development
- Team and relationship building
- Parenting skills and resources
- Personal health and family planning

EARN \$

Earn \$16/hour for 15 hours per week teaching and gaining valuable professional skills. We ask for a 40-week commitment. We will also help connect you to future roles, jobs, and opportunities aligned with your goals. Work in a fun and collaborative office that can offer flexible schedules and that values family.

APPLY

To apply, email: USPrograms@engenderhealth.org

For more information, visit www.engenderhealth.org/youth

PEER EDUCATOR PROGRAM HANDBOOK

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INTRODUCTION

Welcome to the RE:MIX program and congratulations on your new role as a peer educator! This guide includes information, expectations, and guidance about policies and procedures to help you be successful in the Re:MIX program. We hope that your participation in this program will be a positive, fun, and rewarding experience that will lead you to new and exciting life adventures.

WHO WE ARE

EngenderHealth works to improve the health and well-being of people in the poorest communities of the world. We do this by sharing our expertise in sexual and reproductive health and transforming the quality of healthcare. We promote gender equity, advocate for sound practices and policies, and inspire people to assert their rights to better, healthier lives. Working in partnership with local organizations, we adapt our work in response to local needs.

Re:MIX is a comprehensive sexual health program aimed at preparing youth for healthy futures by reducing unplanned pregnancies and sexually transmitted infections (STIs). Re:MIX pairs peer educators who are young parents with professional health educators to co-facilitate this health curriculum among a target population of youth aged 13–17. In addition to the curriculum, the intervention includes a professional development, leadership, and mentoring program for the peer educators and a community health services linkage system that connects youth and peer educators with community resources and services through an online mobile app.



Curriculum

This science-based, evidence-informed curriculum incorporates game-based tools, technology, and storytelling co-delivered by a professional health educator and a peer educator.

Peer Educator Professional Development and Leadership Program

Peer educators receive an extensive professional development program that includes mentoring and ongoing coaching, training, and skills practice in four core professional development domains.

Community Health Services Linkage

Youth and peer educators are connected to community health services that are welcoming to teens, including lesbian, gay, bisexual, transgender, and questioning youth (LGBTQ).

THE RE:MIX PEER AND HEALTH EDUCATOR CODE

Re:MIX's peer and health educator code—known as "The Code"—was designed by past peer and health educators to help outline the expectations and remind us what we're all about! These statements are the foundation of the program and are reflected throughout this manual.

THE RE:MIX PHILOSOPHY

EngenderHealth is dedicated to involving youth in the development, implementation, evaluation, and growth of the program. Our peer educators wear many hats: program participant, educator, role model, and partner. We value each of these roles and respect the responsibilities that you have in both your personal life and in this job. As part of our youth empowerment focus, we strive to incorporate youth input and ideas as a means of directing the structure and progress of the program. It is your program as much as it is ours.

YOUTH EMPOWERMENT

Re:MIX provides empowering opportunities for young people (both program participants and peer educators) to develop the knowledge, skills, confidence, and social responsibility needed to make healthy decisions.

POSITIVE YOUTH DEVELOPMENT

The aim of positive youth development is to engage youth in designing their own lives, so they think about, and invest in, their sense of self, purpose, potential, and future to enhance their interests, skills, and abilities (Lerner et al., 2005). Re:MIX celebrates the inherent strengths and interests of both youth participants and peer educators. Engaging youth in meaningful ways as program staff emphasizes their value as authors of, and experts on, their own lives. Similarly, inviting youth participants to engage in the curriculum discussions, activities, and exercises centers their personal agency and self-efficacy as they reflect on who they are and decide who they want to become.

DEVELOPMENTAL ASSETS

Re:MIX is explicitly rooted in the Search Institute's 2014 Developmental Assets Framework (Search Institute, 2014), drawing upon internal assets (i.e., empowerment, positive values, social competencies, and positive identity) and external assets (i.e., positive peer influence and relationships with caring and supportive adults) that foster positive youth development. Throughout the curriculum, the learning objectives are aligned to the appropriate developmental assets being fostered. Visit the Search Institute's website to learn more about all 40 developmental assets (<http://bit.ly/1mUZVGw>).

PEER EDUCATION

Peer education is an approach to health promotion in which young people are supported to promote health-enhancing change among their peers. Peer education is the teaching or sharing of information, values, and experiences with others who may share similar social backgrounds or life experiences, and who are close in age. Re:MIX peer educators deliver the Re:MIX curriculum to their peers in middle and high schools. We chose to use peer educators in the Re:MIX program because they can support young people in making health decisions about their own lives and developing positive group norms related to healthy sexuality. Research shows that youth who believe that their peers are practicing healthy decisions are likely to practice them, too.



KEY FEATURES OF THE RE:MIX CURRICULUM

Peer educators receive training on the Re:MIX curriculum, a comprehensive sexual health program to prepare youth for healthy futures by reducing unplanned pregnancies and STIs. Re:MIX pairs peer educators with professional health educators to co-facilitate the curriculum in local middle and high schools (13–16 year olds). As a peer educator, you will follow a curriculum with the following key features:

- **Fun/game-based/interactive:** Connecting to youth culture through current and culturally relevant experiential methodologies, such as theater and hip-hop techniques
- **Storytelling:** Using real stories from real peer educators to make the material accessible and compelling for youth
- **Trauma-conscious:** Fostering a safe, nonjudgmental, healing environment that allows exploration and support
- **Peer education:** Providing reliable, balanced information straight from a peer who has direct experience with teen parenting
- **Tech-driven:** Utilizing social media and other forms of technology to reinforce health messages

ABOUT PROGRAM EVALUATION

The Re:MIX program is designed and evaluated to test its effectiveness in reducing unplanned teen pregnancies and STIs. The evaluation consists of three parts: an outcome study, an evaluation of the peer educator experience, and a process evaluation. The outcome study involves a five-year rigorous randomized control trial design to test the impact of this new innovative program model. The peer educator evaluation will tell us about your experience as a peer educator, what you have learned during the program, and how the program has affected you and your life’s goals. The process evaluation will track program development and implementation, including through regular observations and fidelity and quality monitoring by you and staff. As part of all evaluation components, you will be asked to participate in surveys, interviews, and focus groups to share information about the process, impact, and experiences with the program, and to provide feedback to staff and one another as part of the process.

NOTES AND QUESTIONS:

THE PEER EDUCATOR ROLE AND EXPECTATIONS

ROLE OVERVIEW

As a peer educator, your role is important and valuable in the overall success of the program, including delivering the curriculum to youth participants. Your professional development and Re:MIX program responsibilities may evolve as your professional skills develop. Your primary responsibilities are detailed below.

PROGRAM ORIENTATION AND TRAINING

Because we value teamwork, group ownership, and quality sessions, peer educators are required to attend a program orientation and core curriculum training. There will be a program introductory orientation followed by a multiday core curriculum training, called the Training of Facilitators, prior to the curriculum delivery. Once a peer educator has completed the training program in its entirety, they will be certified as a Re:MIX facilitator.

Training is mandatory for all peer educators. All training dates and information are shared with advance notice so that peer educators can prepare accordingly.

Peer educators must immediately notify the program coordinator and program manager if scheduling conflicts arise for any mandatory activities. Peer educators should refer to their schedules for additional details on dates, times, and locations. Hours and times are subject to change, and program coordinators will communicate all changes with advance notice. Please refer to the absence/late policy for further guidelines.

Your preparations may include: clearing your calendar, arranging for transportation and childcare, and being present and ready to actively learn. Missing any part of training may result in your dismissal from the program. In the event of an emergency, notify the Re:MIX staff as soon as possible. You will need to provide written verification for your absence, including a hospital or doctor's note, if necessary.

Team meetings are held at the office. Team meetings are an integral part of a well-functioning program team and allow time and space for team-members to collaborate, openly discuss progress and challenges, and build support and problem solve with one another. Team meetings are scheduled in advance and are typically held every other Friday (unless otherwise notified). All peer educators are required to attend team meetings and to lead team building activities on their assigned lead day. EngenderHealth staff will attend and participate in these meetings, along with community representatives, in order to promote your professional development.

OFFICE HOURS

Each peer educator will participate in up to 15 hours of work each week. Office hours are held each week to supplement hours completed in the classroom for the total 15 hours of work per week.

FACILITATION TEAMS

Curriculum facilitation teams comprise one health educator and two peer educators, one who facilitates and one who assists. Facilitation teams are responsible for co-delivering the curriculum to youth in local middle and high schools. The health educator will support you by providing feedback on your performance, assisting in training activities, and helping you work through challenges in the classroom. Health educators are available for questions, practicing the curriculum, meeting program requirements, and other program-related activities.

You will receive contact information for all of our schools, partners, and EngenderHealth staff.

RE:MIX CLASSROOM WORKSHOPS

Facilitation teams will co-deliver the curriculum at their assigned prescheduled workshop location. Workshop locations include various local middle and high schools. You will receive detailed information on the school location, classroom assignments, and times two weeks prior to starting your scheduled workshop (when possible). Once the schedule is set, it is your responsibility to arrive to each session on time and prepared to do your best.

PROFESSIONAL DEVELOPMENT

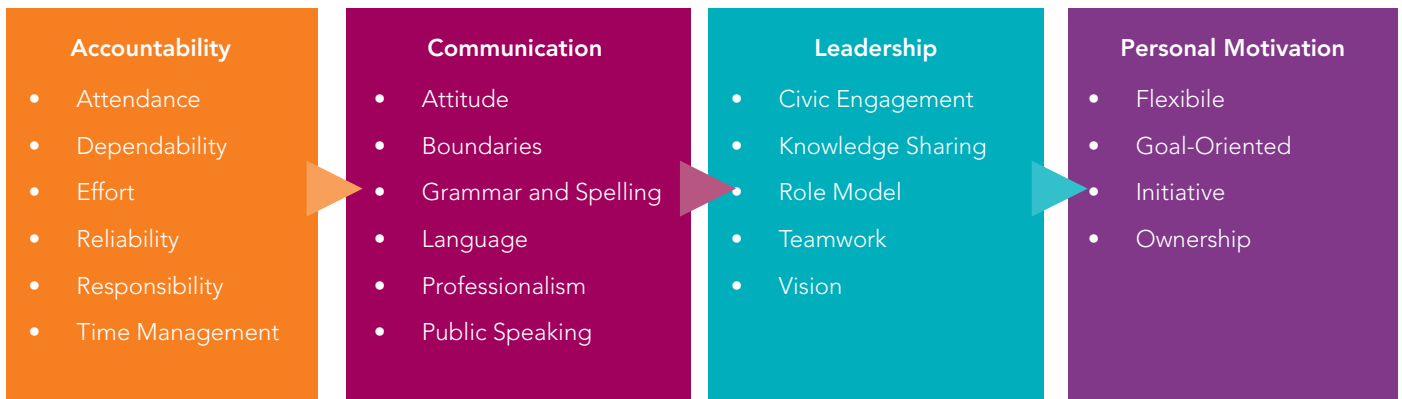
All peer educators participate in a series of professional development activities. These activities target the four professional development competencies that we identified as critical to a young adult's success in the professional workplace. This is an excellent opportunity for you to gain skills for personal and professional development by attending trainings, sessions, and community events over the course of the program. We hope that providing an array of professional development opportunities will promote growth, confidence, and effectiveness in Re:MIX classroom facilitation. Additionally, professional development activities will help you achieve your personal and professional goals.

OVERVIEW

- **Professional development training/workshops:** Attend professional development trainings, conferences, and other events and explore community resources.
- **Mentorship:** Participate with your mentor by attending mentor meetings.
- **Leadership:** Serve as a leader and ambassador for Re:MIX within the community.

CORE COMPETENCIES

The peer educator experience is built upon a foundation of exploring four key competencies and respective sub-competencies:



TRAININGS AND WORKSHOPS

Peer educators are expected and required to participate in all professional development activities and opportunities. Professional development activities are scheduled in advance and held every other Friday in the office (unless otherwise specified). In addition to these prescheduled trainings, additional opportunities will be provided regularly. Peer educators are also expected to seek additional professional development opportunities on their own.

MENTORSHIP

Each peer educator is assigned a mentor who will provide professional guidance to aid in the peer educator's professional development. The program coordinator will present a list of mentors and facilitate the mentor-mentee

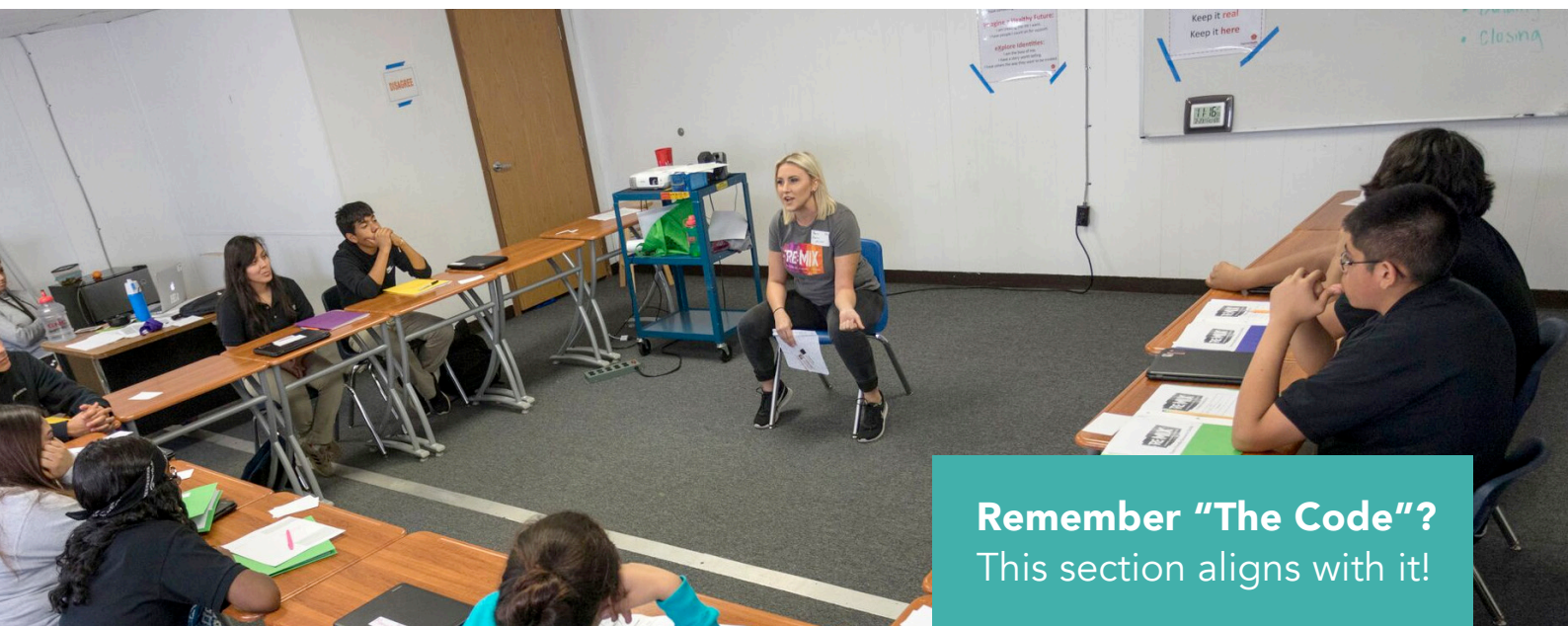
pairing. Primary benefits of partnering with a professional mentor include: resume building and modification, job shadowing, access to mentor’s personal and professional network, and an overall broadening of career exposure. Peer educators will complete quarterly mentoring activities. Peer educators will receive all activity criteria in advance, after pairing up with their mentor. Participation in the mentoring component is mandatory.

LEADERSHIP

Peer educators serve as leaders for their peers and ambassadors of Re:MIX within the community. Peer educators are seen as a credible source of information with the opportunity to empower their peers to make healthy decisions for their lives. As a peer educator, you can also bridge gaps that exist between young people and health services by providing information and referrals for healthcare services.

Peer educators are essential in their role as leaders for many reasons, including as they:

- Teach health information, especially sexual health information
- Teach youth strategies to stay safe and make healthy decisions
- Teach decision-making skills that youth can use to take care of themselves
- Provide resources that are available in the community



Remember “The Code”?
This section aligns with it!

PROFESSIONAL ETIQUETTE

Professional etiquette is the code of conduct for how you are expected to interact with and among your peers, supervisors, and partners in the community.

OVERVIEW

With proper professional etiquette, everyone involved is able to feel comfortable, and things can flow smoothly. As peer educators, you are professional public speakers and role models to your peers and representatives of EngenderHealth and RE:MIX. As such, you are expected to conduct yourself as a professional at all times.

During classroom sessions, it is common for difficult issues to surface, and it is not always clear how to handle them professionally. The Re:MIX team is here for you and will serve as your guides to assist you in your role as peer educators by providing training and ongoing support, constructive feedback and conflict management, coaching and mentoring, and ongoing leadership and professional development.

We will provide you with all the tools and resources you need to do your job well, including coordinating and scheduling all school sessions, community events, trainings, and team meetings.

REPRESENTING RE:MIX

While you are delivering sessions or attending Re:MIX-hosted events within the community, you are a representative of Re:MIX, and are therefore expected to present yourself professionally. Outside of work activities and on your personal time, you are no longer representing the program.

PHONE USAGE

Peer educators are valuable and play a significant role in behavior modeling. It is important that youth have your full attention. Put away your phones and silence your ringers during classroom sessions and other events. Texting and talking on the phone is not allowed during sessions unless there is an emergency.

PRESENTATION: ATTIRE

As a representative of RE:MIX, it is important that peer educators present themselves professionally—and that includes how you dress.

Always abide by the school district’s dress code when you are on school campuses. Note that the school’s dress codes may be stricter than EngenderHealth’s office dress code. You must adhere to the school dress code when you are in a school, whether or not you are facilitating a session, and always wear your Re:MIX shirt when you are facilitating a workshop.

Visible tattoos are acceptable; however, any explicit or offensive tattoos must be covered. You may not wear EngenderHealth or Re:MIX clothing or materials when you are not participating in official program-related activities.

NOTES AND QUESTIONS:

WHAT TO WEAR:

- Your Re:MIX shirt—provided by EngenderHealth (When your shirt is not available, wear solid color shirts or shirts with minimal text on the front)
- Long jeans or pants, non-ripped
- Shorts, dresses, skirts that fall at an appropriate length

WHAT NOT TO WEAR:

- Shirts with logos or writing that advertise other companies or products
- Hats, coats, or other oversized outerwear
- Any clothing that reveals your undergarments or midriff or is low-cut

STRENGTHS-BASED PROGRAM FACILITATION

Peer educators are ambassadors of EngenderHealth and are expected to uphold EngenderHealth values during all Re:MIX activities. Strengths-based approaches demonstrate the core values of EngenderHealth, which focuses on strengths of individuals and groups to promote a positive and empowering learning experience. A few key strengths-based goals are listed herein.

ACCURACY: DELIVER THE CURRICULUM WITH ACCURACY

Take all questions seriously and answer factually. Keep in mind you should always read written questions silently before saying them aloud to the class. You can also ask participants to write their question down, and let them know you will get an answer back to them in the next class. The more you become knowledgeable and comfortable with the curriculum, the more likely you will be able to handle challenging questions as they arise.

CULTURAL SENSITIVITY: EXERCISE AN AWARENESS OF CULTURAL DIFFERENCES

- Be respectful of all opinions, even if they are culturally, ethically, or politically different from your own.
- Be aware of your audience. Many of the youth you will work with will be physically, emotionally, and demographically different from you. **Examples of differences include:**

1. Language
2. Economic backgrounds
3. Learning, physical, or intellectual disabilities
4. Ethnic backgrounds and origins (another country/race, state or city)
5. Youth who may be teen parents
6. Youth who have experienced trauma or other challenging life experiences
7. Youth who identify as lesbian, gay, bisexual, transgender, and questioning (LGBTQ) or another identity that you are not familiar with
8. Other religious or social differences that are unfamiliar to you

BEHAVIOR/CLASSROOM MANAGEMENT: FOLLOW THE INSTITUTIONAL POLICIES (SCHOOL RULES) IN PLACE WHEREVER YOU ARE PRESENTING

- Do not embarrass participants by calling them out in front of their peers.
- Practice classroom management skills to keep the lesson going while still making participants feel safe and comfortable sharing in class.
- Consider developing a behavior modification plan with institution leadership, as needed.
- When a participant brings up a potentially inappropriate topic, intercept it with a friendly “Keep It Clean!” reminder. However, encourage participants to write their questions down if they think they might be too inappropriate to say aloud.
- Use your best judgment. You are the facilitator, and it is important that you act confidently in your best judgment. If you need support in making a judgement call, consult with program coordinators.
- When in doubt, don’t.
- If you think you said something unprofessional or hurtful to someone, talk to the health educator after class and then address it with the individual, if necessary.
- Recognize that students come from various backgrounds, each having different life experiences. It is important to be patient, kind, understanding, and validating when answering questions.

Examples of scenarios where behavior intervention may be necessary include:

- Youth who are unwilling or unable to participate
- Distractions that are unavoidable
- Teachers or leadership who are not cooperative or helpful

POLICIES AND PROCEDURES

EMPLOYMENT TERMS

EMPLOYEE AT WILL

Peer educators are program employees “at will,” which means that either the peer educator or EngenderHealth may terminate the relationship at any time, with or without notice, and for any reason.

TERM OF SERVICE

All peer educators will be employed for up to 15 hours per week for one full school year (nine-month term), unless otherwise stated. Peer educators will not be compensated for an incomplete term.

WORK SCHEDULE

Peer educators are hired as temporary, part-time employees for nine months, with a 15-hour weekly schedule. Schedules will vary week-to-week based on activities planned; however, peer educators will receive their weekly schedule at least two weeks in advance (as possible) in order to adequately plan. Activities include all peer educator responsibilities outlined previously. Additional activities will be assigned periodically. School-based workshops all take place during the day; whereas team meetings, trainings, mentor meetings, and other activities may occur in the evening or during the weekend.

TRACKING HOURS

Peer educators are required to track their weekly hours on a timesheet. You will submit your timesheet every Friday to the program coordinator and program manager. More details on timesheets will be provided, as needed.

PAYMENT SCHEDULE

Peer educators are paid for their program hours of completion, twice per month—on the 15th and the last day of each month. Peer educators can refer to the calendar for specific pay dates, as provided by the Re:MIX staff.

REIMBURSEMENTS

Each peer educator will receive a \$50 gas stipend on the first workday of each month for the duration of their program term.

COMMUNICATION POLICY

Since peer educators work within the community (not just in an office setting), it is important that we keep strict communication guidelines. Peer educators will be held responsible for maintaining frequent and professional communications. It is essential that you maintain frequent telephone (call or text) and/or email contact with your fellow peer educators, health educators, and the Re:MIX staff.

You are expected to return all phone calls or texts to Re:MIX staff, health educators, or other peer educators the same day (calls made in the evening should be returned no later than the following day). Likewise, all phone calls from you will be returned within the same timeframe.

Each peer educator will receive a detailed contact card. This card includes contact information for EngenderHealth staff, peer educators, and health educators. The card will be supplemented with contact information for designated middle and high schools, when workshop details are finalized. Peer educators will have access to the contact card in digital format as well.

SESSION COMMUNICATIONS PROTOCOL

Peer and health educators are responsible for communicating and planning their sessions no less than three days in advance. Agree on the meeting time, place, and transportation, if necessary.

More details on planning your sessions will be provided during the Training of Facilitators. Use the space below to take notes during that training!

NOTES AND QUESTIONS:

ADDITIONAL INFORMATION:

- If there is a change in your regular schedule, inform the program coordinator and program manager immediately and as far in advance as possible.
- If you know you are sick or unable to attend a session or program event, inform the program coordinator and program manager immediately, so we can help you find a solution.
- If an emergency occurs, call the program coordinator and/or program manager immediately—either during or after the emergency.
- If you do not call within two business days of missing a meeting or training, we will assume that you are leaving the program.
- If you miss a session without calling to notify program coordinator and program manager, you will have a conversation with the program coordinator and program manager and a written record placed in your file. If you miss a second session without notifying Re:MIX staff, you will be removed from the program.
- Each peer educator will receive a program contact card, which lists contact information for program contacts. This information will also be shared in a digital form during program orientation. If you cannot reach the program coordinator or program manager, try the next staff member listed on the contact card.

EMAIL COMMUNICATION

When communicating via email with EngenderHealth staff, health educators, peer educators, or others, we ask you to be respectful. Although you are communicating through typing, this is very different from texting. General etiquette:

- Check email regularly, and respond in a timely manner (usually within 24 hours)
- Greet the recipients
- Articulate yourself professionally
- Keep messages brief and to the point
- Use the spelling and grammar check feature
- Proofread for errors before sending
- Avoid usage of emoticons or acronyms

Use your best judgment:

If you are the slightest bit uncomfortable with a post, do not post it. Discuss it with Re:MIX staff.

You will receive an EngenderHealth email that can be accessed through Microsoft Outlook or <http://www.portal.office.com>. Your login will be your EngenderHealth email and password. You are required to check your email daily during the workweek, during regular business hours (Monday through Friday, 8 a.m. to 5 p.m.). **Please respond to emails the same day or within 24 hours.**

SOCIAL MEDIA

As a peer educator for RE:MIX, you represent the entire EngenderHealth organization and it is important to keep all of your social media interactions appropriate, clean, and accurate. You are responsible for what you write. The very nature of online activity means that your participation is not private. Furthermore, online posts are likely to remain on the internet permanently. Consider your content carefully.

DISCIPLINARY POLICY

Please refer back to the section entitled “Re:MIX Peer Educator Code,” which reiterates our expectations for peer educators. It is understood and expected that all peer educators will help each other adhere to this code through respectful communication before requesting or taking formal action.

EngenderHealth’s progressive discipline policy and procedures are designed to provide a structured corrective action process to improve and prevent a recurrence of undesirable behavior and performance issues. Outlined herein are the steps of this progressive discipline policy and procedure. The level of disciplinary intervention may also vary. Some of the factors that will affect disciplinary action include whether the offense is repeated despite coaching, counseling, or training; your work record; and the impact the conduct and performance issues have had on the program.

DISCIPLINARY PROCEDURE

Step 1: Counseling and Verbal Warning

Step 1 creates an opportunity for the program coordinator and/or program manager to schedule a meeting to address the existing performance, conduct, or attendance issue. The program coordinator and/or program manager will meet with the peer educator discuss the nature of the problem or the violation of any policies and procedures. The program coordinator and/or program manager will clearly describe the expectations and steps that the peer educator must take to improve performance or resolve the problem. Within three business days of this meeting, the program coordinator and/or program manager will prepare written documentation of the meeting. The peer educator will be asked to sign this document to demonstrate their understanding of the issues and the corrective actions required.

Step 2: Written Warning

We expect that the peer educator will promptly correct any performance, conduct, or attendance issues identified in Step 1. However, we recognize that this may not always occur. The Step 2 written warning involves formal documentation of the performance, conduct, or attendance issues and consequences.

The program coordinator and/or program manager (including potentially a higher-level manager or director) will meet with the peer educator to review additional incidents or information about the performance, conduct, or attendance issues as well as any prior relevant corrective action plans. During this meeting, they will also outline the consequences for the peer educator if their failure to meet performance or conduct expectations continues. Program management will issue a formal performance improvement plan, which will require the peer educator's immediate and sustained corrective action within three business days of this meeting. This performance improvement plan will serve as a warning that the peer educator may be subject to additional discipline up to and including program termination if immediate and sustained corrective action is not taken.

Step 3: Suspension and Final Written Warning

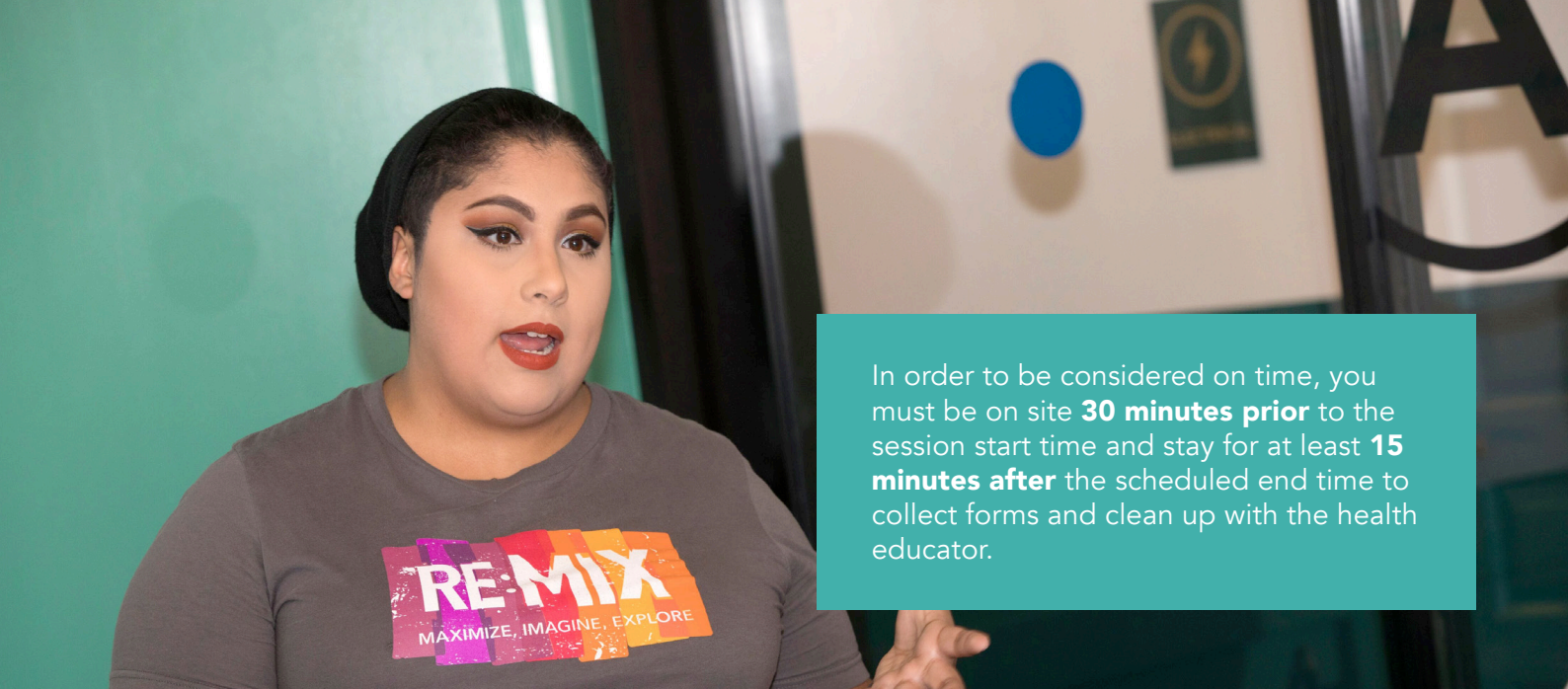
If issues persist following Steps 1 and 2, the peer educator may be suspended from the program. Suspensions that are recommended as part of the normal progression of this policy are subject to approval from the Program Director.

Additionally, there may be performance, conduct, or safety incidents that are so problematic and harmful that the most effective action may be to temporarily suspend the peer educator from the program. When immediate action is necessary to ensure the safety of the peer educator or others, the program coordinator and/or program manager may suspend the peer educator.

Step 4: Program Dismissal

The last and most serious step in the progressive discipline procedure is a recommendation to terminate the peer educator. The program coordinator and/or program manager will try to exercise the progressive nature of this procedure by first providing verbal warnings, written warnings, or suspensions before proceeding to a recommendation to terminate. However, EngenderHealth reserves the right to combine and skip steps depending on the circumstances of each situation and the nature of the offense. Furthermore, peer educators may be terminated without prior notice or disciplinary action.

NOTES AND QUESTIONS:



In order to be considered on time, you must be on site **30 minutes prior** to the session start time and stay for at least **15 minutes after** the scheduled end time to collect forms and clean up with the health educator.

ATTENDANCE POLICY

We believe that our best workshops result from our collaborative work culture and teamwork. When team members are absent or late, this detracts from our individual expertise and our ability to work together. If you know you cannot attend a program-related activity, you must provide at least three days' notice to the program coordinator and program manager prior to the event. Below are guidelines to help ensure that all peer educators are committed and contributing members of the team.

SESSION ATTENDANCE POLICY

All peer educators will receive session schedules and a comprehensive workshop plan during team meetings or by email at least two weeks prior to the session date, when possible. Once you are scheduled to facilitate a session, it is your responsibility to ensure you will be there.

If you need to miss a session, you are to find your own replacement and notify the program coordinator and program manager immediately of the change. If you cannot find a replacement, the program coordinator and program manager will assist you.

IF YOU CANNOT ATTEND A SESSION, FOLLOW THESE STEPS:

Step 1: Contact the Re:MIX staff as soon as you're aware of a conflict.

If you anticipate a scheduling conflict, notify the program coordinator and program manager as soon as possible by email or phone. Submit requests for time off at least two weeks prior to the date requested.

Step 2: Help find your replacement.

Call the other peer educators to find a replacement. Immediately notify the program coordinator and program manager by phone or email of any changes. Switching shifts in this manner is acceptable without prior permission, but you must consult with the program coordinator and program manager if you are unable to switch shifts.

Step 3: Follow up with the Re:MIX staff.

You must inform the program coordinator and program manager of all sessions you will be unable to complete, including those you have elected to switch with another peer educator. You will be held responsible

for any session absences without official notice to the program coordinator and program manager.

IF YOU WILL BE MORE THAN 10 MINUTES LATE:

- You will not receive credit for the full time of the session if you arrive more than 10 minutes late. You will be required to make up this time with other activities.
- After two late occurrences, the program coordinator and program manager will discuss solutions and a success plan with you, and record this plan in your file. This will include a plan of action and a plan for monitoring progress.
- Unsuccessful implementation of the success plan can result in further disciplinary action, including potentially program dismissal.

IF YOU DO NOT SHOW, BUT DO CALL PRIOR TO THE SESSION:

- The program coordinator and program manager or other EngenderHealth staff will discuss a success plan with you, and place the record on file.
- Unsuccessful implementation of the success plan can result in further disciplinary action, including potentially program dismissal.

IF YOU DO NOT SHOW AND DO NOT CALL PRIOR TO THE SESSION:

- The EngenderHealth management team will handle these situations on a case-by-case basis.
- This may result in dismissal from the program and termination of employment.

TEAM MEETING ATTENDANCE

There will be two team meetings each month and we expect you to attend them all. **Please arrive 15 minutes prior to all team meetings!** We understand that occasionally emergencies or other important events arise. For this reason, if you cannot attend a team meeting please inform the program coordinator and program manager immediately.

If you miss more than two team meetings during the employment term, you will be required to develop a plan of action with the program coordinator and program manager.

IF YOU MUST MISS A MEETING, TRAINING, OR EVENT:

As soon as possible before the meeting, call the program coordinator and program manager to inform them you will not attend. If you have to miss a professional development training or other event, call the program coordinator and program manager and any other necessary persons to inform them that you will not be there.

IF YOU DO NOT SHOW, BUT CALL WITHIN TWO BUSINESS DAYS OF THE MEETING:

- The program coordinator and program manager or other EngenderHealth staff will discuss a success plan with you, and place the record on file.
- Unsuccessful implementation of the success plan can result in further disciplinary action, including potentially program dismissal.

IF YOU DO NOT SHOW AND DO NOT CALL WITHIN TWO BUSINESS DAYS OF THE MEETING:

- The program coordinator and program manager or other EngenderHealth staff will discuss a success plan with you or possible dismissal from the program and termination of employment.

DRUG AND ALCOHOL POLICY

EngenderHealth is committed to providing employees with a safe, efficient, and productive work environment. Using or being under the influence of drugs or alcohol on the job may pose serious health and safety risks. EngenderHealth believes that all employees have a right to work in a drug-free and alcohol-free environment. Accordingly, employees may not use or be under the influence of drugs or alcohol while performing work for EngenderHealth. If we suspect that you are abusing our drug policy, we will terminate employment immediately. If you need help with an alcohol or drug-related issue, please contact the program coordinator and/or program manager for resources.

CONFIDENTIALITY

It is important to maintain the confidentiality of all peer educators and staff involved in Re:MIX. There will be times during team meetings, trainings, and presentations when your peers or youth participants may discuss personal information as a means of working through a problem or sharing personal stories. We request that everyone respects each other's privacy and keeps personal information confidential. We will also keep all information confidential, unless there is concern for retaliation, abuse, self-harm, or threats to others. We are required by Texas law to report any abuse, neglect, and forms of retaliation.

MANDATORY REPORTING

During the program, a young person may tell you in private or in the group that they have experienced some form of abuse or victimization. This may include current or past emotional, physical, or sexual abuse from a dating partner, parent, sibling, or other person.

In Texas, any person over the age of 18 is obligated to report any abuse, suspicion of abuse, or neglect of a child within 48 hours.

Under Texas law (Title 5, Ch. 261, Texas Family Code), every adult is mandated to report suspected abuse or neglect of a child within 48 hours to:

- **The Department of Family and Protective Services (DFPS).** DFPS has a toll-free, 24-hour family violence hotline: 1-800-252-5400. You can also report an issue online at www.txabusehotline.org.
- **Law enforcement.** For life-threatening or emergency situations, call your local law enforcement agency or 911 immediately and then submit a report to DFPS.



When working with students and dealing with sensitive topics, it is the duty of peer educators as well as health educators to report any **knowledge of physical abuse or neglect, or suspicions of abuse or neglect**, of persons under the age of 18 to the Department of Family and Protective Services (DFPS), law enforcement when there is an emergency situation, and to program and school staff.

Adults are also required to report sexual abuse and sexual assault. Consensual sexual contact between a minor who is aged 14, 15, or 16 with someone within three years of their age is not considered sexual abuse and is therefore not required to be reported under Texas law, unless it was nonconsensual or the partners were of the same sex.

HOW TO MAKE A REPORT

Please note that health educators will take the lead on reporting. The peer educator should notify the health educator if they suspect or have been told by a student that they are experiencing abuse or neglect. Re:MIX's process for reporting includes:

1. A student discloses information that merits a report.
2. Notify the student that you are required to make a report.*
3. Discuss the incident with the health educator.
4. The health educator reports the incident to the teacher and EngenderHealth staff (program coordinator and program manager).
5. The health educator completes an incident form and submits it to EngenderHealth staff.
6. EngenderHealth staff report the incident to the school liaison.
7. EngenderHealth staff work with the school to submit the report with the appropriate agency.

**EngenderHealth staff will provide you with language and support for this conversation.*

If in doubt, contact your health educator and/or EngenderHealth staff immediately and make a plan together. For more information on how to make a report, visit: <http://bit.ly/2hgXKqa>.

Physical abuse: Physical injury that results in substantial harm to the child or the genuine threat of substantial harm from physical injury to the child, including an injury that is at variance with the history or explanation given.

Neglect: Failure to provide a child with food, clothing, shelter and/or medical care; and/or leaving a child in a situation where the child is at risk of harm.

Sexual contact: Any touching of the anus, breast, or any part of the genitals of another person with intent to arouse or gratify the sexual desire of any person.

Sexual abuse: Any sexual contact with a child (any person who under the age of 17) by a person who is more than three years older; any sexual contact with a person aged 13 or younger .

Sexual assault: Any direct or third-party sexual contact or behavior that occurs without explicit consent of the recipient; any direct or third-party sexual contact or behavior that occurs with an individual whose ability to consent is impaired

APPENDIX G

SAMPLE MEMORANDUM OF UNDERSTANDING

This can be tailored to your specific environment by updating the light grey text.

MEMORANDUM OF UNDERSTANDING

[School or implementation site name] and [Implementing organization]

I. PURPOSE AND SCOPE:

[Implementing organization] and [school or implementation site name] share the goals of educating youth on the importance of healthy decision-making.

The purpose of this Memorandum of Understanding ("MOU") dated [insert date], is to confirm the mutual commitment of [implementing organization] and [school or implementation site name] to formally partner to implement the Re:MIX curriculum, train peer and health educators, and coordinate the implementation of Re:MIX and the completion of responsibilities as set forth in the Scope of Work ("SOW") summary below.

[School or implementation site name] will serve as a participating organization and support the implementation of Re:MIX with their students.

II. IMPLEMENTATION:

In order to achieve the above-described goals and purpose, the parties hereto agree as follows.

[Implementing organization] agrees to:

1. Provide a 10-hour, evidence-informed, science-based curriculum to students in intervention classrooms, to be delivered jointly by a peer health educator and adult health educator. The curriculum will comprise comprehensive sexual health education information, including content that addresses gender norms, healthy relationships, decision-making, and negotiation and communication skills as key determinants to reducing teen pregnancies and sexually transmitted infections.
2. Provide a resource guide jointly with any necessary referrals for participating students to youth-friendly health and social services.
3. Facilitate a teacher and staff information session prior to the start of each school year to provide program information, coordinate planning and logistics, and answer any questions or concerns.
4. Offer a parent information session prior to or near the start of each school year to share information on the program, increase parent awareness of the program, and answer any questions or concerns.

[School or implementation site name] agrees to:

1. Serve as an implementation site with [implementing organization] based on the following Program Implementation Plan:

[Outline timeline, number of youth to be served, and other pertinent details]

2. Approve the implementation of the Re:MIX curriculum and allow access to youth.
3. Work with [Implementing organization] to secure classroom settings conducive to student learning and participation where Re:MIX can be delivered in a safe and supportive environment.
4. Provide one class period three to four weeks prior to implementation where evaluation staff can distribute consent and opt-out forms to students and that is accessible for the return and collection of consent forms.

5. Provide access to student records to obtain demographic and attendance records on students according to Family Educational Rights and Privacy Act regulations.
6. Participate in regular planning and reporting meetings (in person, by phone, and in writing).
7. Coordinate with [implementing organization] staff to engage in quality assurance and program fidelity monitoring activities and to provide ongoing recommendations to project staff for quality improvements.
8. Allow [implementing organization] staff access to classrooms during implementation.
9. Allow [implementing organization] to provide incentives to students, teachers, and staff for participation.

III. CONTACTS:

The persons responsible for implementing the activities of this MOU for [implementing organization] shall be [name and title] and for [school or implementation site name] shall be [name and title]. They or their appointed representatives shall meet regularly by email, telephone, or in person (depending upon availability of resources) to coordinate activities hereunder.

IV. RELATIONSHIP OF THE PARTIES:

Nothing in this MOU creates an employee-employer or agency relationship of any kind, nor any joint venture, partnership, or other legal entity. No party hereto has authority to create any obligations, express or implied, on behalf of any other hereto.

V. COMMUNICATIONS AND TRADEMARKS:

The parties hereto may publicize this MOU and inform other interested parties of its purpose. [Implementing organization] and [school or implementation site name] shall mutually agree, prior to publication, to the form and content of publicity or communications materials. The parties shall give each other a reasonable amount of time to review and approve communications materials. No party to this MOU may reproduce or otherwise use any other party's trademarks without prior written permission from such party.

VI. CONFIDENTIALITY:

No party hereto shall disclose or publish any information identified as confidential by the party hereto furnishing it without the furnishing party's express written consent, unless (a) the disclosure is to the receiving party's attorneys or advisers; (b) the disclosure is required by law or judicial order or requested by a regulatory body; (c) such information was publicly available prior to its disclosure by the furnishing party or thereafter becomes publicly available, without any violation of this MOU by the receiving party; (d) the information was available to the receiving party on a nonconfidential basis prior to its disclosure by the furnishing party; or (e) the information becomes available to the receiving party from a person other than the furnishing party or its representatives and such person is not, to the best knowledge of the receiving party, subject to any legally binding obligation to keep such information confidential.

VII. TERM:

This MOU is effective from the date hereof until the anticipated end date of [date].

VIII. AGREEMENT:

This agreement—including any attachments, annexes, or exhibits—constitutes the entire understanding and agreement between the parties hereto and supersedes any and all prior or contemporaneous representations,

understandings, and agreements between [implementing organization] and [school or implementation site name] with respect to the subject matter hereof.

IX. DISPUTE RESOLUTION:

In the unlikely event that a dispute between [implementing organization] and [school or implementation site name] should arise, either party to this MOU may demand nonbinding mediation of any claim, dispute, or other matter in contest between the parties and arising under, out of, or related to this MOU. All demands for mediation shall be in writing. Both parties agree that a written demand by either party for such mediation must be provided in good faith and full participation in the mediation process is a condition precedent to the institution of civil proceedings by either party against the other concerning the contested matter, except in such cases in which a delay in initiating a civil action would prejudice either party. Mediation under this paragraph shall take place before a neutral third party, agreed to by the parties. In the event the parties cannot agree upon the neutral third party, each shall nominate a mediator, and the two mediators so nominated shall agree upon a neutral third party. The mediation shall proceed before the neutral third party under the rules agreed to by the parties. Each party will bear its own expenses of mediation. The cost of the neutral third party shall be borne equally by the parties. Failure of the mediator to resolve issues acceptable to all parties within 15 days of the mediation shall allow either party to pursue civil remedies. The initiation of mediation proceedings under this paragraph shall not relieve either party of its obligations under the agreement regarding matters not disputed. Agreements reached in mediation shall be enforceable as settlement agreements in any court having jurisdiction thereof.

X. GOVERNING LAW:

This MOU shall be governed by, and construed in accordance with, the laws of the state of [state].

XI. SEVERABILITY:

In the event that any one or more provisions of this MOU shall be or become invalid, illegal, or unenforceable in any respect, the validity, legality, or enforceability of the remaining provisions of this MOU shall not be affected.

XII. AMENDMENTS:

No amendment or waiver of any provision of this MOU shall in any event be effective unless in writing and signed by the parties hereto.

XIII. ASSIGNMENT:

No party hereto may assign or transfer any of its rights or obligations hereunder without the prior written consent of the other party.

XIV. SUPERCEDING EFFECT:

This agreement supersedes all prior agreements and understandings (whether written or oral) between the parties with respect to the subject matter hereof.

IN WITNESS WHEREOF, both parties have caused this MOU to be duly executed by their proper and duly authorized officers.

[Implementing organization]

[School or implementation site name]

Signature: _____

Signature: _____

Printed name: _____

Printed name: _____

Title: _____

Title: _____

Date: _____

Date: _____

APPENDIX H

SCHOOL SCHEDULING TOOL

This chart is a tool for mapping out implementation details and helping school sites think through potential disruptions in the normal schedule (such as testing dates, fire drills, and field trips).

CLASSES

Class period	Room #	Teacher	Day of week	Start time	End time

SCHOOL EVENTS

	Date/s	Period	Notes
Fire drill			
Assembly			
Picture day			
Field trip			
Testing			
Other			

RE:MIX ORIENTATIONS/MEETINGS

	Date & time	Location	Attending	Notes
Teacher orientation				
Parent orientation				
Teacher and Re:MIX facilitator meet-and-greet				
Midsemester meeting				
End-of-semester meeting				

PARENT FREQUENTLY ASKED QUESTIONS



What is Re:MIX?

Re:MIX is a comprehensive health curriculum and teen pregnancy prevention program, covering a broad range of topics related to sexual health and youth development. These topics include human development, relationships, decision-making, abstinence, contraception, disease prevention, future goal setting, and more. The program emphasizes abstinence as the most effective method for preventing unplanned teen pregnancies and the spread of sexually transmitted infections (STIs).

Why teach Re:MIX?

Research strongly links comprehensive health curricula, like Re:MIX, to promoting abstinence, decreasing sexual behavior, and adequately preparing young people to protect themselves when they do become sexually active. Our goal is that Re:MIX will help young people make healthy decisions to prevent unplanned pregnancies and STIs.

How many lessons are in the Re:MIX curriculum?

The curriculum is 10 lessons, divided into one-hour classroom sessions.

What does Re:MIX stand for?

The "MIX" in Re:MIX stands for "**maximize**," "**imagine**," and "**explore**." We encourage youth in the program to maximize their strengths, imagine a healthy future, and explore their identities.

Who is Re:MIX for?

Re:MIX was designed for middle school and high school students, ages 13–17 years old.

Who teaches Re:MIX?

The curriculum is co-facilitated by a team of one peer educator, who has experience as a young parent, and one clinic-based health educator.

Why use young parent peer educators to co-facilitate Re:MIX?

Parenting peer educators add relevance and firsthand knowledge to the program by sharing personal stories and lived-experiences from being a young parent. Our peer educators emphasize the challenges they faced becoming parents at a young age.

When do you teach Re:MIX?

We teach Re:MIX in a designated class and time determined by your school at the beginning of the semester.

What is the Re:MIX study?

EngenderHealth, a nonprofit organization, received funding from the US Department of Health and Human Services to develop and rigorously evaluate a new sexual health program. Our goal is to determine whether Re:MIX can improve health outcomes for teens in Austin, specifically if the program can help prevent unplanned teen pregnancies and STIs.

Why study our children?

Every year, teachers around the country select which curriculum to use for classes ranging from math to science to English. They may flip through a textbook or talk to fellow teachers about which curricula they thought were effective or “worked.” Sometimes, your child gets stuck taking a math program that does not make sense or reading a book that is beyond their reading level. With Re:MIX, we are implementing a new curriculum and we are tracking how and what students learn during the classes. We carefully track this information through anonymous surveys to understand if our curriculum works. At the end of the study, in 2020, we will have lots of information on which parts of our program are most effective and which parts need to be improved. This study will help teachers in the future around the country make smarter, more informed choices about which health curriculum to use.

How does the study work?

First, you need to give consent (or provide permission) to let your child participate in the Re:MIX study. Your child will receive an envelope with several forms for you and your child to sign and return to their classroom teacher. If you would like your child to participate in the program, please check “Yes” on the form provided. You will also receive a separate flyer clipped to the outside of the envelope. This flyer has more information on the program and a program opt-out form. If you do not want your child to participate in the program, please sign the program opt-out form and have your child return it to the classroom teacher.

If you consent for your child to participate in the study, your child and their class will be randomly assigned to either learn the Re:MIX curriculum or participate in a control class determined by your child’s school. Regardless of the class they are assigned to, all students enrolled in the study will take a:

1. **Pre-survey**, so we can evaluate what your child already knows about sexual health and relationships.
2. **Post-survey**, so we can see how much your child has learned at the end of the program.
3. **One-year post-survey**, so we can evaluate how much your child remembers a year after they finished the program.

We will compare the results of the Re:MIX class to the results of the control class to see which program had a stronger impact on the students. Your child’s individual results are not being judged or graded; only the program is being assessed. Your child may also have the opportunity to participate in a focus group to share their opinions on the program. The surveys will all be anonymous and confidential, and your child will receive \$10 for completing all three surveys.

What values does Re:MIX address?

Re:MIX emphasizes the value of acknowledging the unique backgrounds and opinions of young people. On the first day of class, we talk to students about their personal values and what matters to them and their families. We never question our students’ beliefs or values. When students ask questions, our facilitators are trained to answer factually, without injecting their own values or perspectives. Additionally, all of the information presented in the program has been reviewed to ensure that it is medically accurate, age-appropriate, and fact-based. Re:MIX is designed to encourage students to articulate their values and explore them over the 10 sessions.

If I would like more information regarding the program and study, who should I talk to?

For more information on the Re:MIX program or curriculum, please contact usprograms@engenderhealth.org.

APPENDIX J

RE:MIX FACILITATION KIT LIST

The following quantities, or amounts listed, are estimates based on quantities needed per group of 15-20 youth. Facilitators should adjust accordingly, based on classroom size. In addition to the pdf links provided below, printable posters and activities are available in the curriculum, as indicated in the table of contents and the 'sessions' column below.

Printable Posters						
Item	Amount (#)	Location (Eng)	Location (Spa)	Session(s)	Page (Eng)	Pg # (Spa)
Keep Its Poster	1			All	p. 33	
Re:MIX Code Poster	1			All	p. 44	p. 259
Gender Unicorn Poster	1	PDF Link	PDF Link	Session 2	p. 61	p. 261
Person with a Vagina Anatomy Poster	1			Session 6	p. 128	p. 269
Person with a Penis Anatomy Poster	1			Session 6	p. 129	p. 270

Activity Printables (for facilitator use, not for student use)			
Item	Amount(#)	Location	Session(s)
Two Signs: Agree and Disagree	1		Session 1 (p.35)
TimeLine Papers (Now (in HS), After HS, Mid 20's, Mid 30's)	1	Unit 1 PDF Link	Session 1 (p.45)
Media Samples	1		Session 2 (p.56)
Relationship Behavior Cards	1		Session 3 (p.71)
Two Signs: Healthy and Unhealthy	1	Unit 2 PDF Link	Session 3 (p.71)
Emoji Cards	1		Session 4 (p.84)
Condom Steps		Unit 3 PDF Links	Session 7 (p.143)
CDC Fact Sheets (HIV, chlamydia, herpes, syphilis, HPV, gonorrhea)	1		Session 8 (p.182)
Babies Cost What Cards	1	Unit 4 PDF Links	Session 9 (p.166)
Pretend \$20 Bill	1		Session 9 (p.169)
Attendance Form	1		All

Activity Props			
Item	Amount (#)	Cost (\$)*	Location
STI Giantmicrobe Plushie Set	1	\$20	Web Link
Sperm Giantmicrobe Plushie	1	\$10	Web Link
Ovum Giantmicrobe Plushie	1	\$10	Web Link
HIV Giantmicrobe Plushie	1	\$10	Web Link
Red Cards	1 per student	\$10	Web Link
Green Cards	2 per student	\$10	Web Link
Yarn Ball	1	\$10	Web Link
Note Card Knowledge Box	1	\$7	Web Link
Anatomy Puzzles**	1 per group of 4-5 students	\$15-20 per puzzle	Web Link
Birth Control Kit (see below)	1	\$150	Web Link

Birth Control Kit	Amount (1)	Amount (2)	<p>*Costs calculated are based on estimates determined in 2020. Actual costs will vary.</p> <p>**To purchase anatomy puzzles facilitators will need to submit the anatomy graphics included in the "posters" files.</p>
	<ul style="list-style-type: none"> • Patch • Pill • Implant • IUD • Ring • Plan B • Depo Vile 	<ul style="list-style-type: none"> • Receptive Condom • Insertive Condom 	

Additional Supplies	
Item	Amount (#)
Sharpies (36 ct.)	5
Flipchart	1
3x5 Index Cards	1
Heavy Duty Magnets (30 ct.)	12 sets of 2: 1 set of 6
Dry Erase Markers	5
Name Tents (100 ct.)	25
Scissors	1
Pens	25
Dry Erase Wipes	1
Small Whiteboards (6 pack)	9
Blue Painters Tape	1

APPENDIX K

YOUTH-FRIENDLINESS RATING SCALE

This can be tailored to your specific environment and used to create your teen-friendly resource guide.

Criteria	Rating Scale				
	Strongly Agree 5	Somewhat Agree 4	Somewhat Disagree 3	Strongly Disagree 2	No Info 1
Providing accessible location and hours to youth	5	4	3	2	1
Providing free or low-cost services	5	4	3	2	1
Creating a warm, open, respectful environment for youth to feel comfortable	5	4	3	2	1
Ensuring opportunities for private conversations	5	4	3	2	1
Providing information with age-appropriate language for adolescents to give informed consent for services	5	4	3	2	1
Offering comprehensive services, including a variety of services or service referrals	5	4	3	2	1
Encouraging youth to involve parents/guardians while respecting their privacy	5	4	3	2	1
Maintaining confidentiality	5	4	3	2	1
Title X clinic	5	4	3	2	1

APPENDIX L

RE:MIX ADAPTATION LOG

Activity	Description of Adaptation	Reason for Adaptation	Green Light	Yellow Light	Red Light	Outcome
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Unit 1: Exploring Gender and Values

Session 1: Introducing Re:MIX					Stop and reconsider	
Session 2: Getting the Gender Message					Stop and reconsider	

Unit 2: Relationships, Communication, and Consent

Session 3: Understanding Relationships					Stop and reconsider	
Session 4: That's What I'm Talking About!					Stop and reconsider	
Session 5: Consent and Setting Limits					Stop and reconsider	

Activity	Description of Adaptation	Reason for Adaptation	Green Light	Yellow Light	Red Light	Outcome
----------	---------------------------	-----------------------	-------------	--------------	-----------	---------

Unit 3: The ABCs of Prevention

Session 6: Becoming An Adult					Stop and reconsider	
Session 7: Condoms and Birth Control					Stop and reconsider	
Session 8: The Final Stage					Stop and reconsider	

Unit 4: Planning for the Future

Session 9: A Baby Today					Stop and reconsider	
Session 10: Commitment to the Future					Stop and reconsider	

APPENDIX M

RE:MIX PRE/POST PROGRAM EVALUATION SURVEY

Thank you for participating in this important study. This study will help us understand what things are like for youth today. We will keep all of your responses to the questions in this survey confidential.

Before beginning, please know that:

1. You may skip any questions that you do not wish to answer.
2. The answers you give will never be reported as yours. We will combine your responses with those of other youth.
3. Please be honest and select the answers that are most true for you.
4. Please fill in your full name on this page, but do **not** write your name anywhere else on this survey.
5. Please erase your response completely if you need to change an answer.

Today's **date**: _____

Your **participant identification number**, given to you by program staff: _____

Your full legal **first name**: _____

For example, if you go by Jenny but your full name is Jennifer, please write "Jennifer."

Your full legal **last name**: _____

If you have two last names, please write your full name, such as "Martinez-Garcia."

Section 1: You and Your Background

1. What is your birthdate (month, day, and year)?

2. What school do you attend?

3. Who is your teacher and what time is your class?

4. **(Baseline Only)** What grade are you in? (If you are currently between grades, please indicate which grade you will be in when you return to school.)

Please select only one

- | | |
|--|--|
| <input type="radio"/> 6 th | <input type="radio"/> 11 th |
| <input type="radio"/> 7 th | <input type="radio"/> 12 th |
| <input type="radio"/> 8 th | <input type="radio"/> Ungraded |
| <input type="radio"/> 9 th | <input type="radio"/> College/technical school |
| <input type="radio"/> 10 th | <input type="radio"/> Not currently in school |

5. Which of the following best describes you?

Please select only one

- Male
- Female
- Transgender
- Unknown
- Other

6. People differ in their sexual attraction to other people. Which best describes your feelings?

Please select only one

- Only attracted to females
- Mostly attracted to females
- Equally attracted to females and males
- Mostly attracted to males

7. **(Baseline Only)** Are you Hispanic or Latinx?

Please select only one

- Yes
- No

8. **(Baseline Only)** What is your race?

Please select only one

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

9. What language do you speak at home most of the time?

Please select only one

- English
- Spanish
- Other: _____

10. Are you currently dating someone? By that we mean, is there someone you think of as a girlfriend, boyfriend, or similar romantic partner?

Please select only one

- Yes
- No
- I do not know

11. In the past 12 months, have you received any information or learned about any of the following?

Please select one for each question

	Yes	No
a. Relationships, dating, or marriage	<input type="radio"/>	<input type="radio"/>
b. Abstinence from sex	<input type="radio"/>	<input type="radio"/>
c. Contraceptive methods, such as condoms, pills, etc.	<input type="radio"/>	<input type="radio"/>
d. Sexually transmitted diseases (STDs), also known as sexually transmitted infections (STIs)	<input type="radio"/>	<input type="radio"/>

If you answered "no" to questions 11a, 11b, 11c, and 11d, please skip to Section 2.

12. In the past 12 months, where did you receive information about relationships, abstinence, contraception, or STDs/STIs?

Select one or more

- School class
- Community center, after-school activity, or religious class
- Doctor, nurse, or clinic
- Friends
- Parents, other family members or relatives, or a group home
- Internet and social media
- Other

Section 2: Your Family (Baseline Only)

13. Who lives with you in your home? (This question is about who lives with you. If you live in two or more homes, please think about the home where you spend most of your time.)

Select one or more

- Your biological mother or adoptive mother
- Your biological father or adoptive father
- A stepmother
- A stepfather
- A foster mother
- A foster father
- Your parent's partner, boyfriend, or girlfriend
- Any grandparents
- Any aunts, uncles, or other relatives
- Any other people you are not related to

Now we have some questions about your **mother**, or the person you think of as your mother.

14. Did she graduate from high school?

Please select only one

- Yes
- No
- I do not know
- I do not have a mother or person I think of as a mother

15. Did she graduate from a four-year college?

Please select only one

- Yes
- No
- I do not know
- I do not have a mother or person I think of as a mother

16. Did she have a baby when she was a teenager?

Please select only one

- Yes
- No
- I do not know
- I do not have a mother or person I think of as a mother

Now please think about your **father**, or the person you think of as your father.

17. Did he graduate from high school?

Please select only one

- Yes
- No
- I do not know
- I do not have a father or person I think of as a father

18. Did he graduate from a four-year college?

Please select only one

- Yes
- No
- I do not know
- I do not have a father or person I think of as a father

19. Did your father have a baby when he was a teenager?

Please select only one

- Yes
- No
- I do not know
- I do not have a father or person I think of as a father

20. Did any of your sisters, brothers, or cousins have a baby when they were teenagers?

Please select only one

- Yes
- No
- I do not know
- I do not have a father or person I think of as a father

Section 3: Views and Perceptions

21. Please indicate how much these statements describe you.

Please select one for each question

	Not at all like me	A little like me	Somewhat like me	A lot like me	Exactly like me
a. If I set goals, I take action to achieve them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is important to me that I achieve my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I know how to achieve my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

22. Please indicate if you agree or disagree with the following statements about girls.

Please select one for each question

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I would be friends with a girl who is gay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It bothers me when a girl acts like a boy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is okay for a girl to sleep with a lot of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A girl wearing revealing clothing deserves to have negative comments made about her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Teenage girls who have boyfriends feel better about themselves than girls who do not have boyfriends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It more important for a girl to look good than it is for a boy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

23. Please indicate if you agree or disagree with the following statements about having sex at your age.

Please select one for each question

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. At my age, having sex would create problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. At my age, not having sex is important to staying safe and healthy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Having sex is a good thing for me at my age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. At my age, it is okay to have sex if you use a contraceptive, like a condom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. At my age, it is okay to have sex if you are dating the same person for a long time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. Please indicate if you agree or disagree with the following statements about what sex means to boys and girls your age and what should happen if a boy and girl have sex.

Please select one for each question

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. A girl can suggest using condoms, just like a boy can	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. If a girl and boy have sex, the girl should be more responsible for preventing pregnancy than the boy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. A girl needs to have sex with a boy to keep him from finding someone else.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. A boy should know more about sex than a girl.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Cheating is expected more from boys than from girls.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It is okay for a boy to expect a girl to have sex with him if they have been dating for a long time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions are about teen dating relationships. Please tell us what you think about teen dating relationships, even if you have not dated.

25. In a teen dating relationship, who should be responsible for...

Please select one for each question

	All You	Mostly You	You and Your Partner	Mostly Your Partner	All Your Partner
a. Deciding whether to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Using a contraceptive, like a condom or the pill?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Preventing pregnancy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

26. Being in healthy dating relationships as a teenager will help teens...

Please select one for each question

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Achieve their goals in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have healthy dating relationships as an adult.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. How confident are you that you could...

Please select one for each question

	Not At All Confident	Not Too Confident	Somewhat Confident	Pretty Confident	Very Confident
a. Say no to a date?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Break up with someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Tell your partner how you want to be treated?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Discuss/resolve a disagreement with your partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. In a teen dating relationship, who should be responsible for...

Please select one for each question

	Not at all like me	A little like me	Somewhat like me	A lot like me	Exactly like me
a. Ensuring you have a condom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Selecting a contraceptive method?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. How many of your friends your age think the following? (Your best guess is fine.)

Please select one for each question

	None	Some	Half	Most	All
a. Having sex is a good thing for them to do at their age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. They should wait until they are older to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. How many of your friends your age have had sex?

Please select only one

- None
- Some
- Half
- Most
- All

31. In general, how much pressure, if any, do you feel from your friends to have sex?

Please select

- No pressure
- A little pressure
- Some pressure
- A lot of pressure

32. Please indicate if you agree or disagree with the following statements about boys.

Please select one for each question

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I would be friends with a boy who is gay.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It bothers me when a boy acts like a girl.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is okay for boys to sleep with a lot of people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. In a healthy dating relationship, the boy gets his way most of the time.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. It is okay for boys to say and do whatever it takes to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. It is important for a boy to act like he has had sex, even if it is not true.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. It is embarrassing for a boy my age if he has never had sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next series of questions are about contraceptives, sex, pregnancy, and STDs/STIs.

33. Please indicate if you think the following statements about condoms are true or false.

Please select one for each question

	True	False	Don't Know
a. It is okay to use the same condom more than once.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Condoms have an expiration date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. When putting on a condom, it is important to leave a space at the tip.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. The person wearing a condom should pull out immediately after ejaculating.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Wearing two latex condoms will provide extra protection.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

34. Please indicate if you think the following statements are true or false.

Please select one for each question

	True	False	Don't Know
a. If condoms are used correctly and consistently, they can decrease the risk of contracting an STD/STI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. If oral contraceptives (birth control pills) are used correctly and consistently, they can decrease the risk of contracting an STD/STI.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Condoms are more effective at preventing pregnancy than oral contraceptives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Intrauterine devices (IUDs) are more effective at preventing pregnancy than condoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. Please indicate if you agree or disagree with the following statements.

Please select one for each question

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. Condoms should always be used when a person your age has sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is okay if you forget to use condoms sometimes.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Contraceptives have many negative side effects.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

36. Whether or not you have ever had sex, how confident are you that you could...

Please select one for each question

	Not At All Confident	Not Too Confident	Somewhat Confident	Pretty Confident	Very Confident
a. Talk to a partner about using condoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Say no to sex if your partner refuses to use a condom.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

37. Do you know where to go to obtain contraceptives for you or your partner?

Please select only one

- Yes, I definitely know where to go.
- Yes, I probably know where to go.
- No, I probably do not know where to go.
- No, I definitely do not know where to go.

38. Imagine you are alone with someone you like very much. How likely is it that you could...

Please select one for each question

	Not At All Likely	A Little Bit Likely	Somewhat Likely	Very Likely
a. Avoid having sex if you did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Stop the person if they wanted to touch your private parts and you did not want them to? (<i>Note: Private parts are the parts of the body covered by underwear or a bra.</i>)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

39. Sexual consent means that each person agrees to a sexual activity. Please indicate if you agree or disagree with the following statements about sexual consent.

Please select one for each question

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I feel confident that I could verbally give consent to someone I want to have sex with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I feel confident that I could request consent from someone I want to have sex with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

40. Please indicate if you agree or disagree with the following statements.

Please select one for each question

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. When you have children as a teen, you have to give up things you enjoy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Teens do not have enough money to care for a baby.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

41. If you became pregnant (or impregnated someone) right now, how would you feel?

Please select only one

- Very happy
- A little happy
- Neither happy nor upset
- A little upset
- Very upset

42. How likely is it that you will become pregnant (or impregnate someone) between now and age 20?

Please select only one

- Not at all likely
- A little likely
- Somewhat likely
- Very likely

Section 4: Intentions and Behaviors

The questions in this section are about sexual and reproductive health behaviors and services (including contraceptive counseling, gynecological exams, testing and/or treatment for STDs/STIs including HIV/AIDS, and other similar services).

Please be as honest as possible and remember everything you say is confidential. You may skip any questions you do not wish to answer.

43. In the past three months, have you visited a healthcare provider (clinic or doctor's office) for any sexual or reproductive health services?

Please select only one

- Yes
- No

44. Do you plan to visit a healthcare provider (clinic or doctor's office) for sexual or reproductive health services in the next 12 months?

Please select only one

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

45. Do you intend to have sexual intercourse in the next year, if you have the opportunity?

Please select only one

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

46. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?

Please select only one

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

47. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of the following?

- Oral contraception
- Injectable contraception ("the shot," e.g., Depo Provera)
- Contraceptive patch (e.g., Ortho Evra)
- Contraceptive ring (e.g., NuvaRing)
- An IUD (e.g., Mirena, Skyla, or Paragard)
- Contraceptive implant (e.g., Implanon or Nexplanon)

Please select only one

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

Note: For the following questions about touching someone's private parts or someone else touching your private parts, private parts are the parts of the body covered by underwear or a bra.

48. Have you ever touched someone's private parts?

Please select only one

- Yes
- No

49. Have you ever let someone touch your private parts?

Please select only one

- Yes
- No

50. Have you ever had oral sex? **Note:** Oral sex is a mouth-to-genitals sex.

Please select only one

- Yes
- No

Note: For the following questions about vaginal sex, vaginal sex involves a penis penetrating a vagina. Please do not report episodes of oral or anal sex in this section.

51. Have you ever had vaginal sex?

Please select only one

- Yes
- No → **Baseline:** Please skip questions 52 to 55, answer questions 56 and 57, and then you are done!
Post-Test: Please skip questions 52 to 55, answer questions 56 and 57, and go to Section 4 to finish the survey.

52. To the best of your knowledge, have you ever been pregnant or impregnated someone, even if no child was born?

Please select only one

- Yes
- No

53. In the past three months, have you had vaginal intercourse, even once?

Please select only one

- Yes
- No → **Skip to Question 56.**

54. In the past three months, have you had vaginal intercourse **without** a condom?

Please select only one

- Yes
- No

55. In the past three months, have you had vaginal intercourse without you or your partner using any of these contraceptive methods?

- Oral contraception
- Injectable contraception ("the shot," e.g., Depo Provera)
- Contraceptive patch (e.g., Ortho Evra)
- Contraceptive ring (e.g., NuvaRing)
- Intrauterine device (IUD) (e.g., Mirena, Skyla, or Paragard)
- Contraceptive implant (e.g., Implanon and Nexplanon)

Please select only one

- Yes
- No

56. Have you ever been tested for an STD/STI, like chlamydia, gonorrhea, HIV, syphilis, or trichomoniasis?

Please select only one

- Yes
- No

57. Have you ever been told by a doctor or nurse that you have an STD/STI?

Please select only one

- Yes
- No

Section 4: Feedback on Re:MIX (Post-Test Only)

The following questions are about your experiences in the Re:MIX program. Think about all of the sessions or classes of the program that you attended.

58. Overall, how would you rate the Re:MIX program as a whole?

Please select only one

- Excellent
- Very Good
- Good
- Fair
- Poor

59. Would you recommend Re:MIX to your friends?

Please select only one

- I definitely would.
- I probably would.
- I probably would not.
- I definitely would not.

60. How much do you feel you learned from the Re:MIX program?

Please select only one

- I learned a lot.
- I learned some.
- I learned a little.
- I did not learn anything.

61. Please indicate if you agree or disagree with the following statements about the **adult health educators** from your Re:MIX classes.

Please select one for each row

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I liked the adult health educators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt like I could trust the adult health educators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The adult health educators were able to get everyone to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

62. Please indicate if you agree or disagree with the following statements about the peer educators from your Re:MIX classes.

Please select one for each row

	Strongly Disagree	Disagree	Agree	Strongly Agree
a. I liked the peer educators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I felt like I could trust the peer educators.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The peer educators were able to get everyone to talk.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

63. How has being in Re:MIX has made you feel about having sexual intercourse in the next 12 months? Are you...

Please select only one

- Much more likely to have sexual intercourse than before Re:MIX?
- Somewhat more likely to have sexual intercourse than before Re:MIX?
- Equally likely to have sexual intercourse than before Re:MIX?
- Somewhat less likely to have sexual intercourse than before Re:MIX?
- Much less likely to have sexually intercourse than before Re:MIX?

Thank You!

Thank you for completing this survey. You are done. Remember, all of your answers are confidential.

RE:MIX EDUCATOR DEBRIEF FORM

This is a reflection form for educator teams to complete together after teaching each session.

Section 1: Session Information

1. You may skip any questions that you do not wish to answer.

2. Peer educator name:

3. Did any program staff observe this session? If yes, please share their name(s).

Yes

No

Observer name (if applicable):

4. For which class are you submitting this form?

5. Session number:

1

5

9

2

6

10

3

7

4

8

6. How many minutes did it take to teach this session? **Note:** Standard Re:MIX sessions last 55 minutes.

7. What was the date (month, day, year) you taught this session?

Section 2: Implementation

1. Did you omit any sections or significant material (e.g., content or games) during this session? If yes, which section(s) or material(s) and why?

2. Did you add any material(s) to this session? If yes, what did you add?

Section 3: Referrals

Note: For this section, a referral is defined as informing an individual student or subset of students within a class of a provider or resource in response to an identified or expressed need. Providing a list or examples of providers or resources to the class is not considered a referral for the purpose of this section.

1. Did you provide any referrals during this session?

- Yes
- No

2. Which category or categories of referral(s) did you provide during this session?

- Reproductive healthcare
- Mental health services
- Primary healthcare
- Educational services
- Vocational education/workforce development
- Intimate partner violence prevention and/or care
- Healthy relationships training

3. How many students did you provide referrals to during this session?

Section 4: Session Reflection

1. **Share three to five examples of successes from this session.** **Note:** Successes may include active student participation throughout the session or an activity that went particularly well.

2. **Share any challenges encountered during today's session.** **Note:** Challenges might include difficult classroom dynamics, such as a quiet class or a few overly talkative students.

3. **Share at least one example of a student, or a group of students, interacting with the session content, positively or negatively.** **Note:** This may include instances in which students were able to understand or had difficulty understanding session content.

Section 5: Incident Reporting

Please complete this section to report any concerning incident(s) occurring at a school (or other implementation site), including those involving students and school or site staff, or between Re:MIX staff members. For example, an incident might include a conflict that occurred in the classroom that was distracting to students or a situation in which a student was triggered by material presented during the session. As necessary, please complete the Incident Report Form within 48 hours of the incident(s), providing as much detailed information as possible so that program leadership may properly address and resolve the situation. Follow the protocol for mandatory reporting, including ensuring submission of a formal report to the appropriate agency, if this situation merits a mandated report.

1. Did you complete an incident report form?

- An incident report has been completed
- No incident report is required

APPENDIX O

RE:MIX QUALITY OBSERVATION LOG

Your Name: _____

Purpose of the Quality and Observation Log

The purpose of the Quality Observation Log is to measure the fidelity and quality of program delivery and implementation.

Directions

Please complete this log for each Re:MIX session after you observe the session. Please complete the form immediately after the session to minimize recall errors.

For each of the activities in the session, use the comment boxes throughout this form to indicate whether the facilitator completed the activity as described in the curriculum, whether there were any challenges to completing the activity, and whether the activity pacing was appropriate. Provide as much detail as possible, as all this information will help inform future program adaptations and contribute to the program evaluation.

Program Observation Form

Instructions

The questions in this form aim to assess the overall quality of the program session and delivery of the information. Use your best judgment and do not circle more than one response.

You should complete this form after observing the entire session, but you should read all of the questions prior to the session. It is also helpful to take notes during the session; for example, for Question 1, each time a facilitator gives explanations, place a checkmark next to the appropriate rating. Please use the guidelines below when completing the observation form and do not change the scoring provided; for example, do not circle multiple answers or give a score of 1.5 rather than a score of 1 or 2.

Observation and Assessment Form At-A-Glance

The list below provides quick guide to what you should watch for during presentations in order to score the session afterward.

Note: Black text denotes measures required by the US Department of Health and Human Services and gray text denotes measures that EngenderHealth added for this program.

1. Facilitators' explanation of activities
2. Facilitators' ability to keep track of time
3. Facilitators' pace of presentation
4. Facilitators' management of student participation
5. Facilitators' support and encouragement of students
6. Inclusiveness of facilitators' language and examples
7. Students' understanding of material
8. Students' participation in discussions and activities
9. Facilitators' working dynamic

10. Facilitator qualities:

- a. Program knowledge
- b. Enthusiasm
- c. Poise and confidence
- d. Rapport and communication with students
- e. Effectiveness of responses to questions and concerns
- f. Effectiveness of transitions from one activity to another
- g. Management of difficult comments and discussions

11. Overall session quality

Observer:	Facilitator names:
Observation date:	School:
Observation date:	Class:

The following questions focus on facilitator quality. Answer separately for the health educator and the peer educator.

1. In general, how clear were the facilitators' explanations of activities?

	Not clear		Somewhat clear		Very clear	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

- 1 - Few students (0–25%) understood instructions and could proceed without asking questions.
- 3 - About half (50%) of the group understood, while the other half of the group asked clarification questions.
- 5 - Most (75–100%) of the students began and completed the activity/discussion without hesitation or questions.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

2. To what extent did the facilitators keep track of time during the session and activities?

	Not on time		Some loss of time		Well on time	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

- 1- The facilitator did not have time to complete the material (particularly at the end of the session), regularly allowed discussions to drag on, and/or students seem bored or began discussing unrelated issues in small groups.
- 3 -The facilitator missed a few points and/or sometimes allowed discussions to drag on.
- 5 - The facilitator completed all session content, activities, and discussions in a timely manner (using the suggested time limitations in the program manual, if available).

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

3. To what extent did the presentation of materials seem rushed or hurried?

	Very rushed		Somewhat rushed		Not rushed	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

1 - The facilitator did not allow time for discussion, did not have time for examples, told students that they were in a hurry, and/or displayed body language suggesting stress or hurry.

3 - The facilitator omitted some discussions/activities and/or sometimes stated but did not explain material.

5 - The facilitator did not rush students or speech. The facilitator completed all the materials and appeared relaxed.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

4. How well did the facilitators manage students' participation?

	Poor		Average		Excellent	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

1 - The facilitator did not elicit participation from quiet students and/or manage dominant talkers. The group was loud and/or unfocused.

3 - The facilitator elicited some participation from quiet students but dominant talkers were the prominent voices. At times, the group was focused and at other times, it was loud and unfocused.

5 - The facilitator was able to draw out quiet students and/or manage dominant talkers. The group remained focused and on task.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

5. To what extent did facilitators support and encourage students?

	Not at all		Somewhat		A lot	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

1 – The facilitator was not actively involved with students, did not support the contributions or accomplishments of students, and/or rarely asked open-ended questions.

3 – The facilitator asked open-ended questions sometimes. The facilitator used subjective or evaluative language (e.g., “I like it” or “You are smart”).

5 – The facilitator was actively involved with students, frequently asked open-ended questions, and/or supported students’ contributions and accomplishments with specific and non-evaluative language (e.g., “I can tell that you put a lot of thought into your project”).

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

6. To what extent did the facilitators use language and examples that were inclusive of marginalized populations and identities (for example, LGBTQ+ populations, racial minorities, and young parents)?

	Not at all		Somewhat		A lot	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

1 – The facilitators’ language and examples all explicitly or implicitly assumed heterosexuality.

3 – The facilitators displayed some recognition of diverse identities and/or sometimes recognized inclusivity as an afterthought.

5 – The facilitators included diverse genders, sexualities, and racial and religious identities in their language and examples.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

The next two questions focus on students’ understanding of program content and participation in program activities.

7. To what extent did the students appear to understand the material?

Little understanding		Some understanding		Good understanding	
1	2	3	4	5	

Use your best judgment based on student conversations and feedback. For example: **1** - Less than 25% seemed to understand; **3** - About 50% seemed to understand; **5** - 75% or more seemed to understand.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

8. How actively did students participate in activities and discussions?

Little participation		Some participation		Active participation	
1	2	3	4	5	

Use your best judgment based on listening to the discussions and feedback. For example: **1** - Less than 25% participated; **3** - About 50% participated; **5** - 75% or more participated.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

9. To what extent did the health educator and the peer educator demonstrate a collaborative working relationship?

Not at all		Somewhat		Active participation	
1	2	3	4	5	

1 – The health educator and peer educator interacted minimally during the session.

3 – The health educator and peer educator involved each other in activities some of the time and/or displayed some collaboration.

5 – The health educator and the peer educator worked as a team throughout the session.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

10. Please rate the facilitators on the following qualities.

a. Program knowledge

	Poor		Average		Excellent	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

1 – The facilitator could not answer questions, mispronounced names, and/or read from the manual.

5 – The facilitator provided information beyond that which was included in the manual, seemed very familiar with the concepts, and/or answered questions with ease.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

b. Enthusiasm

	Poor		Average		Excellent	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

1 – The facilitator presented information in a dry and boring way, lacked a personal connection to material, and/or appeared burned out.

5 - The facilitator demonstrated the value of the program; engaged/excited students, and/or was outgoing.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

c. Poise and confidence

	Poor		Average		Excellent	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

- 1 – The facilitator appeared nervous or hurried and/or did not maintain eye contact with the students.
- 5 – The facilitator did not hesitate to address concerns, seemed well-organized, and/or appeared confident.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

d. Rapport and communication with students

	Poor		Average		Excellent	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

- 1 – The facilitator did not remember names or connect with students and/or acted distant or unfriendly.
- 5 – The facilitator engaged and excited students, was friendly, used students’ names when appropriate, and/or seemed to understand the community and its needs.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

e. Effectiveness of responses to questions and concerns

	Poor		Average		Excellent	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

- 1 – The facilitator engaged in power struggles with students, responded negatively to comments, provided inaccurate information, and/or failed to direct students elsewhere for further info.
- 5 – The facilitator answered fact questions with information and value questions with validation; if they did not know the answer, they were honest and directed students elsewhere for answers.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

f. Effectiveness of transitions from one activity to another

	Poor		Average		Excellent	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

1 – The facilitator did not use transitions or transitions were unclear and confusing.

5 - The facilitator used transitions to connect one activity to another and the transitions were smooth and clear.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

g. Management of difficult comments and discussions

	Poor		Average		Excellent	
Health Educator	1	2	3	4	5	
Peer Educator	1	2	3	4	5	

1 – The classroom climate was negative. The facilitator did not address biased or disrespectful comments.

3 - The facilitator moderated superficially. Some biased comments occurred and the facilitator did not effectively challenge biased attitudes.

5 - The classroom climate was inclusive, positive, respectful, and fun. There were few (if any) biased comments and if/when they occurred, the facilitator mediated appropriately.

General comments: Please provide any comments or feedback for this item here. If you rated the item as a **3 or lower**, please describe the reason for this rating and/or what could be improved.

SAMPLE FIDELITY OBSERVATION FORM

SESSION ONE: INTRODUCING RE:MIX

The purpose of this observation form is to measure the fidelity and quality of program implementation.

Health Educator Name: _____

Peer Educator Name: _____

Peer Educator Observer Name: _____

Date: _____ # of Participants: _____

PRE-SESSION CHECKLIST

If you would like to include more information, please do so in the general comments section at the end of the log.

- 1. Educators arrived on time (30 minutes before class): Yes No
- 2. All preparations complete (flip charts posted, notecards/box placed, etc.): Yes No

1.1 WELCOME AND INTRODUCTIONS

1.

Time Started: _____

Time Ended: _____

This activity was not taught. Skip to next activity.

1.2 WHERE DO YOU STAND?

Time Started: _____

Time Ended: _____

This activity was not taught. Skip to next activity.

2. Was each sub-activity completed?

- a. Introductions Yes No
- b. Re:MIX Overview Yes No
- c. Keep Its Yes No
- d. Q&A Yes No

- 1. Values Exercise Yes No
- 2. Group Discussion Yes No

3. Please select the option that best describes the pace of instruction for the activity overall.

- Slow
- Adequate
- Rushed

- Slow
- Adequate
- Rushed

4. If the activity (including any sub-activity) was not completed, please indicate why. Check all that apply.

- Ran out of time
- Students had a lot of questions
- Spent time catching up from previous lesson
- Technology problem
- Student behavior
- Outside disruption
- Other, please describe

- Ran out of time
- Students had a lot of questions
- Spent time catching up from previous lesson
- Technology problem
- Student behavior
- Outside disruption
- Other, please describe

5. Please elaborate on each item selected above.

6. Who led this activity?

- Only the health educator
- Mostly the health educator
- Leadership was evenly split
- Mostly the peer educator
- Only the peer educator

- Only the health educator
- Mostly the health educator
- Leadership was evenly split
- Mostly the peer educator
- Only the peer educator

7. Please provide any additional comments, concerns, or other information regarding this activity.

8. List any interesting questions or statements asked or made by students during this activity.

1.3 TELLING OUR STORIES

1.

Time Started: _____

Time Ended: _____

This activity was not taught. Skip to next activity.

1.4 BUILDING A STORYBOARD

Time Started: _____

Time Ended: _____

This activity was not taught. Skip to next activity.

2. Was each sub-activity completed?

a. Peer Educator Story Share Yes No

a. Timeline for the Future Yes No

3. Please select the option that best describes the pace of instruction for the activity overall.

- Slow
- Adequate
- Rushed

- Slow
- Adequate
- Rushed

4. If the activity (including any sub-activity) was not completed, please indicate why. Check all that apply.

- Ran out of time
- Students had a lot of questions
- Spent time catching up from previous lesson
- Technology problem
- Student behavior
- Outside disruption
- Other, please describe

- Ran out of time
- Students had a lot of questions
- Spent time catching up from previous lesson
- Technology problem
- Student behavior
- Outside disruption
- Other, please describe

5. Please elaborate on each item selected above.

6. Who led this activity?

- Only the health educator
- Mostly the health educator
- Leadership was evenly split
- Mostly the peer educator
- Only the peer educator

- Only the health educator
- Mostly the health educator
- Leadership was evenly split
- Mostly the peer educator
- Only the peer educator

7. Please provide any additional comments, concerns, or other information regarding this activity.

8. List any interesting questions or statements asked or made by students during this activity.

1.5 CLOSING MIX

1.

Time Started: _____

Time Ended: _____

This activity was not taught. Skip to next activity.

2. Was each sub-activity completed?

a. Peer Educator Story Yes No
Share

3. Please select the option that best describes the pace of instruction for the activity overall.

- Slow
- Adequate
- Rushed

4. If the activity (including any sub-activity) was not completed, please indicate why. Check all that apply.

- Ran out of time
- Students had a lot of questions
- Spent time catching up from previous lesson
- Technology problem
- Student behavior
- Outside disruption
- Other, please describe

5. Please elaborate on each item selected above.

6. Who led this activity?

- Only the health educator
- Mostly the health educator
- Leadership was evenly split
- Mostly the peer educator
- Only the peer educator

7. Please provide any additional comments, concerns, or other information regarding this activity.

8. List any interesting questions or statements asked or made by students during this activity.

POST-SESSION CHECKLIST

How did educators share teaching time and collaborate? Please check the box that applies. Elaborate in space below, if necessary.

- | | |
|---|--|
| <input type="checkbox"/> Health educator answered all student questions | <input type="checkbox"/> Smooth and clear transitions between speakers |
| <input type="checkbox"/> Health educator answered most student questions | <input type="checkbox"/> Somewhat smooth transitions between speakers |
| <input type="checkbox"/> Questions were answered evenly among educator team | <input type="checkbox"/> Adequate transitions between speakers |
| <input type="checkbox"/> Peer educator answered most student questions | <input type="checkbox"/> Somewhat unclear transitions between speakers |
| <input type="checkbox"/> Peer educator answered all student questions | <input type="checkbox"/> Choppy and confusing transitions between speakers |

To what extent did the facilitators use the physical space? Please check one box for each educator. Elaborate in space below, if necessary.

- | | |
|--|--|
| <input type="checkbox"/> Health educator circulated the classroom and made good use of space during the entire session | <input type="checkbox"/> Peer educator circulated the classroom and made good use of space during the entire session |
| <input type="checkbox"/> Health educator circulated the classroom during most of the session | <input type="checkbox"/> Peer educator circulated the classroom during most of the session |
| <input type="checkbox"/> Health educator was stationary for most of the session | <input type="checkbox"/> Peer educator was stationary for most of the session |
| <input type="checkbox"/> Health educator was seated or stationary during the entire session | <input type="checkbox"/> Peer educator was seated or stationary during the entire session |

How would you describe student behavior or classroom dynamics from this session? Check all that apply.

- The class actively listened and participated
- The class was quiet and difficult to engage
- There was little class participation
- There were a few overly talkative students
- The class was loud and difficult to manage
- Other, please describe:

Rate your agreement with the following statement: Overall, in this session, the educators employed a teaching style and facilitation tactics that successfully mitigated challenging student behaviors and classroom dynamics.

- Strongly agree
- Agree
- Disagree
- Strongly disagree

Please explain how the educators engaged students or handled any disruptive behavior, if necessary.



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