ABSTRACT

SIX RIVERS PLANNED PARENTHOOD’S SPARE CHANGE PEER EDUCATION
AND TEEN THEATRE TROUPE: AUDIENCE AND PROGRAM PARTICIPANT
OUTCOMES, FALL 2006 – SPRING 2011

Kate Jamison-Alward

This is a mixed methods, retrospective program evaluation of the Spare Change Peer
Education and Teen Theatre Troupe (Spare Change) for the academic school years
between 2006/2007 – 2010/2011. Spare Change is a sexual health education program that
has been run by Six Rivers Planned Parenthood in Eureka, California since 1995. The
quantitative component of this study describes the behavioral intentions reported by past
Humboldt County youth audiences after they received Spare Change performances and
classroom presentations. The qualitative component of this study explores the impacts of
the program on the lives of Spare Change program alumni.
ACKNOWLEDGEMENTS

Thank you to my team of advisors and mentors, both the constant and the unexpected. To Amy Bruce, I could not have done this without you. Thank you for your dedication of time and energy to this project. You are my model for caring, insightful, and effective leadership. To Larry Dugger, your expertise and caring assistance came at exactly the right time. To Beth Chaton, for your many years of guidance, wisdom, resources and friendship. To Katie Mills, my surprise helper, you provided me with a stream of solid answers and a jump-start of hope. To Jen Maguire, you helped me stay light-hearted and level-headed. To Michael Yellow Bird, for feeding the flames of my intellectual interests. Thank you Angela Rich and Kendra Lewis for your help in a pinch.

Thank you to so many for the emotional support. To my wonderful, loving MSW cohort. In particular to Susie Dickens, for listening to my rants and working side by side. To my wise, sassy and incredibly patient parents, Fred Jamison and Mary Alward. I hope you know that I know how lucky I am. To Danielle Moulia, you kept me sane. Let’s please continue living our lives in parallel, it makes for good counseling. To my love Steven Dugger, your patience, wisdom, and delicious food sustained me in this process.

Thank you Debbie Hartridge, this study was your idea! Thank you to the former and current staff of Six Rivers Planned Parenthood, you have helped me grow. To the Spare Change alumni I interviewed, for your honesty, passion, and trust. Finally, to the current Spare Change youth. Keep that fire in your heart, you are making a difference.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ABSTRACT</td>
<td>ii</td>
</tr>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>iii</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vii</td>
</tr>
<tr>
<td>LIST OF FIGURES</td>
<td>viii</td>
</tr>
<tr>
<td>LIST OF APPENDICES</td>
<td>ix</td>
</tr>
<tr>
<td>CHAPTER 1: PROJECT OVERVIEW</td>
<td>1</td>
</tr>
<tr>
<td>Introduction</td>
<td>1</td>
</tr>
<tr>
<td>Disclosure of Researcher Relationship to Program</td>
<td>2</td>
</tr>
<tr>
<td>Purpose Statement</td>
<td>3</td>
</tr>
<tr>
<td>Research Questions</td>
<td>3</td>
</tr>
<tr>
<td>Research Approaches</td>
<td>4</td>
</tr>
<tr>
<td>Anticipated Outcomes</td>
<td>5</td>
</tr>
<tr>
<td>Rationale/Significance</td>
<td>5</td>
</tr>
<tr>
<td>CHAPTER 2: LITERATURE REVIEW</td>
<td>11</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>11</td>
</tr>
<tr>
<td>Conceptual Framework</td>
<td>13</td>
</tr>
<tr>
<td>Resiliency Theory</td>
<td>14</td>
</tr>
<tr>
<td>Youth Development</td>
<td>14</td>
</tr>
<tr>
<td>Risk and Protective Behaviors</td>
<td>15</td>
</tr>
</tbody>
</table>
Risk and Protective Factors.................................................................17
Purpose/Rationale..................................................................................19
Curriculum-Based Comprehensive Sexuality Health Education............20
Educational Theater..............................................................................22
Youth Development & Service Learning..............................................27
Peer-Programming: Peer Helping & Peer Education..........................30
Multi-Component Programs Similar to Spare Change..........................41
Context and Program Effectiveness....................................................45
Prior Evaluation of Spare Change.........................................................45
Summary...............................................................................................46

CHAPTER 3: METHODS.........................................................................47

Introduction to Mixed Method Design .................................................47
Quantitative Component.......................................................................48
Sample.................................................................................................48
Design.................................................................................................49
Data Collection ....................................................................................50
Analysis/Synthesis of Data.................................................................51
Ethical Considerations.........................................................................56
Qualitative Component.........................................................................57
Sample.................................................................................................57
Design.................................................................................................58
Data Collection .................................................................61
Analysis/Synthesis of Data...............................................63
Ethical Considerations......................................................64

RESULTS.................................................................................67
  Quantitative Results.........................................................67
  Performances.................................................................67
  Presentations.................................................................69
  Comparison of Outcomes to Existing Frameworks..........73

Qualitative Results...........................................................76
  Participant Outcomes: Impacts on Life Components........76
  Comparison of Outcomes to Existing Frameworks...........108

Summary............................................................................117

DISCUSSION AND CONCLUSION.............................................118
  Discussion.......................................................................118
  Limitations......................................................................141
  Conclusion......................................................................145
  Recommendations........................................................150

REFERENCES.......................................................................151

APPENDICES.......................................................................159
# LIST OF TABLES

<table>
<thead>
<tr>
<th>Tables</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Table 1. Percentages of Performance Audience Members Surveyed</td>
<td>49</td>
</tr>
<tr>
<td>Table 2. Performance Data Included in Data Set</td>
<td>52</td>
</tr>
<tr>
<td>Table 3. Presentation Data Included in Data Set</td>
<td>52</td>
</tr>
<tr>
<td>Table 4. “Do None of These” or “None of These” Response Variance Calculations</td>
<td>54</td>
</tr>
<tr>
<td>Table 7. Presentation Survey Data, 2006/2007 - 2010/2011</td>
<td>70</td>
</tr>
<tr>
<td>Table 8. Presentation Survey Percentages, 2006/2007 - 2010/2011</td>
<td>70</td>
</tr>
<tr>
<td>Table 9. 7th Grade Lesson Plan Presentation Survey Data, 2006/2007 - 2010/2011</td>
<td>72</td>
</tr>
<tr>
<td>Table 10. 7th Grade Lesson Plan Presentation Survey Percentages</td>
<td>72</td>
</tr>
<tr>
<td>Table 11. Spare Change Program Impacts on Lives of 10 Alumni</td>
<td>78</td>
</tr>
<tr>
<td>Table 12. Comparison of Participant Outcomes to Kirby &amp; Search Institute</td>
<td>112</td>
</tr>
<tr>
<td>Table 13. Comparison of Spare Change with Similar Programs</td>
<td>163</td>
</tr>
</tbody>
</table>
LIST OF FIGURES

<table>
<thead>
<tr>
<th>Figures</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Figure 1. Chart of Total High School Performance Survey Results</td>
<td>69</td>
</tr>
<tr>
<td>Figure 2. Chart of Total Middle School Presentation Survey Results</td>
<td>71</td>
</tr>
<tr>
<td>Figure 3. Chart of 7th Grade Lesson Plan Presentation Survey Results</td>
<td>73</td>
</tr>
</tbody>
</table>
# LIST OF APPENDICES

<table>
<thead>
<tr>
<th>Appendices</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appendix A. Detailed Program Description – The Spare Change Year</td>
<td>159</td>
</tr>
<tr>
<td>Appendix B. California Comprehensive Sexual Health Education Law</td>
<td>161</td>
</tr>
<tr>
<td>Appendix C. Comparison of Spare Change with Similar Programs</td>
<td>163</td>
</tr>
<tr>
<td>Appendix D. Memorandum of Understanding – Quantitative Component</td>
<td>168</td>
</tr>
<tr>
<td>Appendix E. Survey Templates from 2006-2011 – Quantitative Component</td>
<td>171</td>
</tr>
<tr>
<td>Appendix F. Consent Form – Qualitative Component</td>
<td>175</td>
</tr>
<tr>
<td>Appendix G. Risk Management Statement – Qualitative</td>
<td>177</td>
</tr>
<tr>
<td>Appendix H. Interview Question Guide – Qualitative</td>
<td>178</td>
</tr>
<tr>
<td>Appendix I. Spare Change Presentation Lesson Plans</td>
<td>179</td>
</tr>
</tbody>
</table>
CHAPTER 1: PROJECT OVERVIEW

Introduction

This study is a mixed method program evaluation of the Spare Change Peer Education and Teen Theatre Troupe (Spare Change) for the period of the 2006/2007 – 2010/2011 academic school years. Spare Change is a sexual health education/ pregnancy and sexually transmitted disease (STI) prevention program run by Six Rivers Planned Parenthood (SRPP) in Eureka, California. This study will explore the impact that Spare Change performances and classroom presentations had on past Humboldt County youth audiences and on Spare Change members.

The Spare Change program consists of 15-20 adolescent participants from high schools across Humboldt County, guided by a Program Coordinator and Assistant. Over the course of a school year, the teens receive between 40-50 hours of formal training in sexual health topics. Youth members write, edit, choreograph, and perform original skits and deliver classroom presentations on sexual health topics in middle and high schools across the county, and have performed some years in Washington D.C., and Sacramento, California. Spare Change performances and presentations are usually scheduled to supplement SRPP’s Comprehensive Sexuality Health Education classroom programming and are held in the spring of the academic year. See Appendix A for a detailed program description.
Disclosure of Researcher Relationship to Program

As a researcher, my personal relationship to the Spare Change program necessitates a full disclosure. During my junior and senior year in high school (2003-2005), I was a teen member of the Spare Change program. I moved away from the area and had very little contact with the program and/or any current members from 2005 – 2009. Beginning in 2009, I volunteered 1-2 times per year with the program to assist minimally (often cooking meals) with the initial camp and mid-year retreats. In Fall 2009 and Fall 2010, I was hired by the Humboldt County Office of Education to provide grant application writing support for TAPESTRY, the former countywide sexual health collaborative funded through a California Office of Family Planning Community Challenge Grant (CCG), of which Spare Change was a part. In 2011, CCG funding was cut on the state level and TAPESTRY was dissolved (See Appendix A). In January 2011, I was hired by SRPP Education Department to assist with the research and writing of a grant application to fund a program in Del Norte County. From August 2013 – June 2014, I have been an Masters of Social Work intern for SRPP, assisting with comprehensive sexual health education (CSHE) teaching and with coordination of the Spare Change program, among other duties.

This program evaluation covers the years 2006 – 2011 because these are the same years when I was not involved at all or minimally involved with the program. I felt this was the only time period that would be appropriate for me to evaluate due to my personal connections to the program. Due to the use of mixed-methods in this study, an interesting
polarity in regards to my value as a researcher arises. In a quantitative paradigm, my personal history with the program disqualifies me as an “objective researcher” and compromises the validity and reliability of the research (Rubin & Babbie, 2011). However, in a qualitative paradigm, my prolonged engagement with the program benefits the trustworthiness/credibility and dependability of the research (Guest, 2012; Padgett, 1998). See Methods for how both quantitative and qualitative components of the study were intentionally designed to limit potential researcher bias. See Discussion for more on my role as researcher.

Purpose Statement

The purpose of this study is to explore the impact that the Spare Change program had on Humboldt County youth audience members and youth participants, focusing primarily but not exclusively on the program’s impact on prevention of unintended pregnancy and STI. The results of the analysis will inform further evaluations of the program.

Research Questions

From Fall 2006 to Spring 2011, what was the impact of:

1. Spare Change performances and presentations on youth audience members' reported behavioral intentions?

2. Participation in the Spare Change program on youth members’ lives?
The study uses both a quantitative and a qualitative approach in order to analyze the program’s impacts on two different target audiences, 1.) the general youth population of Humboldt County, and 2.) on members of Spare Change. During Fall 2006- Spring 2011, the general youth population received around 1 to 3 hours of Spare Change programming per academic year in the form of performances and presentations in classrooms. Program impacts on general youth population audiences are addressed in the quantitative component of this study, which includes a descriptive analysis of secondary data (4000-5000 post- performance/presentation student surveys). Each member of Spare Change received between 150 – 450 hours of programming per academic year, depending upon the youth’s individual capacities for involvement in the program. Members participated a mean average of 258 hours per year over the 5-year period. Program impacts on former Spare Change members (Alumni) are addressed in the qualitative component, which includes an analysis of data from interviews with participating Alumni.

This study measures indicators of youth sexual behaviors, rather than measuring youth sexual behaviors directly due to multiple barriers (See Limitations). These indicators are sexual health *risk factors* (e.g. lack of communication about sex with family) and *protective factors* (e.g. greater intention to use condoms) (Kirby, 2007). This study also utilizes the Search Institute’s *40 Developmental Assets for Adolescents* (2006) to analyze the impacts of the SC program beyond unintended pregnancy and STI
prevention. See Conceptual Framework for a definition and description of these indicators of youth behavior and success.

Anticipated Outcomes

**Quantitative Component**

I anticipated that the data from audience members of Spare Change performances and presentations would show some increase in youths’ protective factors (e.g. “Greater intention to use condoms”) (Kirby, 2007, p.60) and other intentions to perform sexual health protection behaviors (e.g. Going to a clinic to get tested for STIs).

**Qualitative Component**

I anticipated that the Spare Change program would have generally positive impacts on program participants. I anticipated that former Spare Change members would report increases in their sexual health protective factors and decreases in their risk factors.

Rationale/Significance

**Need for Education and Prevention**

The societal costs (human and monetary) of teen unintended pregnancy and sexually transmitted diseases (STI) are very high. U.S. teens are at greater risk for unintended pregnancy and STI than are adults, and U.S. teens have higher rates of
pregnancy, birth, and STIs than teens in comparable developed countries (Santelli, Sandfort, & Orr, 2008; Weinstock et al., 2004). While 50% of U.S. teens have had sex and 33% are currently sexually active, 40% of those sexually active teens did not use a condom the last time they had sex, 77% did not use any hormonal birth control method, and 13% used no method at all to prevent pregnancy (Centers for Disease Control and Prevention, 2012). The last time they had sex, 22% of sexually active teens were under the influence of drugs and alcohol (Centers for Disease Control and Prevention, 2012, p. 28). Teens in the U.S. and Europe have similar levels of sexual activity, but European teens are more likely than U.S. teens to use contraceptives in general, and more likely to use more effective methods of contraception (Santelli et al., 2008).

Teen pregnancy and birth are social issues of concern because: nearly 80% of U.S. teen pregnancies are unintended (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012); 60% of pregnancies among 15-19 year olds in 2010 ended in birth (26% end in abortion) (Kost & Henshaw, 2014); and teens that give birth to unplanned babies often lack the same financial, mental, family, and resource preparation that older mothers who have planned their babies often have (The National Campaign to Prevent Teen and Unplanned Pregnancy, 2012). This is not to say that teen mothers are inherently inferior to older mothers, or that having children young is morally wrong; it is just that the path of teen mothers in this country is often much more difficult than for adult mothers. Teenage parenting can result in children who have more challenges and barriers in their lives (Hoffman, 2006; Maynard, 1997).
Young people aged 15-24 account for one-fourth of the sexually active population, but one-half of all new STI cases (Weinstock et al., 2004). Some STIs can lead to death if not treated, including the Human Immunodeficiency Virus (HIV), syphilis, hepatitis B and C. Some can lead to infertility, ectopic pregnancy, and cancer. All STIs can lead to long-term emotional suffering and stress. Though chlamydia, gonorrhea, syphilis and trichomoniasis can be cured if a person knows they are infected (gets tested), viral STIs like HIV, hepatitis B and C, human papilloma virus (HPV), and genital herpes are not curable. Only two of these viruses currently have vaccines, and only for some of their strains (HPV and Hepatitis B). Only 13% of U.S. high school students have been tested for HIV (Centers for Disease Control and Prevention, 2012).

Humboldt County teen sexual health data is comparable to but diverges somewhat from state and national trends. In 2011-2012, only 62.9% of Humboldt County 14-17 year olds had not yet had sex compared to 81.7% for California (Lucile Packard Foundation for Children’s Health, 2014c). In 2012 (most recent year available), Humboldt County’s teen birth rate was 23.7 births per 1,000 (compared to 25.7 for California). Though Humboldt County’s teen birth rate has experienced a decline since the mid 1990s similar to national and state trends, Humboldt’s rate has decreased far less than California’s as a whole. During the years of this study, Humboldt’s rate varied from a high of 29.2 in 2006 to a low of 22.3 in 2011, with one exception to the trend of declining rates occurring in 2010 (Lucile Packard Foundation for Children’s Health, 2014a). Abortion rates for Humboldt County teens could not be found in order to ascertain Humboldt County teen pregnancy rates. However, as national and state pregnancy and birth rates have been
falling simultaneously, one can estimate that Humboldt County teen pregnancy rate has also fallen. In 2012, Humboldt County’s rates of chlamydia (519.6 per 100,000) and gonorrhea (31.7 per 100,000) for youth ages 10-19 were lower than state average (772.6 for chlamydia and 95.8 for gonorrhea). Humboldt’s youth chlamydia rates dropped from 2006, when they were higher than state average, to 2012. Humboldt’s gonorrhea rates varied but remained below state average from 2000 to 2012 (Lucile Packard Foundation for Children’s Health, 2014b).

Across the U.S., schools, non-profit organizations, parents, churches, and communities are addressing teens’ risk through a wide variety of education and prevention work. Sex education in schools has gained support since the 1980s when widespread public concerns about HIV/AIDS and adolescent pregnancy first arose (Guttmacher Institute, 2013). The impacts of the last 40 years’ nationwide concerted education and prevention efforts has become obvious: by 2010, pregnancy rates and birth rates had both dropped by around 50% since 1990 (Kost & Henshaw, 2014; The National Campaign to Prevent Teen and Unplanned Pregnancy, 2013b). The use of contraceptives during first sex by females (15-19 years) increased from 48% in 1982 to 78% in 2006-2010 (Martinez, Abma, Mosher, & Dawson, 2011). Slightly larger percentages of all teens are delaying sex, as well as using condoms and other forms of birth control when they do have sex (Kirby, 2007, p. 11).
Need for Evaluation

The Spare Change program (SC) is a unique, multi-component model of pregnancy and STI prevention. There are multi-component programs similar to SC being utilized in the U.S., but few have been evaluated and none are exactly like SC. The program’s educational content was utilized by 13 different schools in rural Humboldt County between 2006-2011, reaching an estimated 16,200 middle school and high school students (See Methods, Quantitative Component, Sample for calculations based on numbers of surveys). Between 2,500 – 3,500 adolescents per year received some program content; 15-20 high school students (SC members) received intensive and long-term training, while the remaining middle school and high school students received between 1-3 hours of classroom presentation and/or theater performance educational content. From these groups, between 250-350 teens per year (Numbers based on member “Contact Log” records) received individual, personalized education and referrals from their SC member peers which many times include referrals to SRPP and other health clinics for reproductive healthcare and testing. Despite this wide reach, the program has been evaluated by an outside researcher only once (Dye, 1998), and the conclusions of this evaluation are limited and dated. SC is being used as a model for a new program in Mendocino County. Examining the effectiveness of prevention programs is critical to ensuring that they are accomplishing their important goals of teen pregnancy and STI prevention. Evaluation will help Planned Parenthood to improve the educational services currently being provided.
The SC program builds on a curriculum-based comprehensive sexual health education (CSHE) program, and mixes program models of youth development, service learning, peer helping, peer education, and educational theater. It focuses on developing both sexual protective factors (e.g. “intention to use condoms”) and non-sexual protective factors (e.g. “greater internal locus of control”) that reduce teen sexual risk-taking behaviors. This model of prevention is not common. No programs exactly like SC were included in Kirby’s survey of over 115 rigorously evaluated studies (2007). Overall, the evidence of effectiveness for the multiple models that comprise SC is promising but varied and unclear. As a prevention program model that combines multiple potentially effective models, the SC program is in great need of its own evaluation.
Comprehensive Sexual Health Education (CSHE)

Nationwide, organizations and institutions hold differing definitions of Comprehensive Sexual Health Education (CSHE). However, CSHE is always contrasted to Abstinence-Only education in that CSHE always teaches about options for reducing risk of pregnancy and STI beyond abstaining from sexual intercourse. Almost all definitions state that CSHE: 1. Teaches about abstinence as the best method for avoiding unintended pregnancy and STIs, 2. Teach that condoms and contraception can help reduce risk of pregnancy and STIs including HIV (Advocates for Youth, 2001; Burlingame, 2003; California Department of Education, 2013). Some definitions also include that CSHE teach communication skills and help young people explore their own values, goals, and options (Burlingame, 2003) and the teaching of all options for unwanted pregnancy including abortion (Advocates for Youth, 2001). Other definitions state that CSHE is also: K-12 education, addresses sexual development, interpersonal relationships, affection, intimacy, body image, and gender roles (Florida’s Adolescent Sexual Health Committee, 2007). CSHE may also be called “abstinence-based”, “abstinence-plus,” and sometimes also “abstinence-centered” education (Florida’s Adolescent Sexual Health Committee, 2007; Advocates for Youth, 2001). This study will define comprehensive sexual health education (CSHE) minimally as: sexual health
education that provides up-to-date, medically accurate facts about sexuality and health, comprehensive information on sexually transmitted infections (STIs), all FDA approved contraception methods, and legally available options for pregnant youth.

Peer

Inaccurate use of the term “peer” has caused confusion and variance in studies of peer programming and programs that attempt to harness the social power of “peers” (McDonald, Grove, & Youth Advisory Forum Members, 2001). A “true peer” is a person considered to be a member of any particular group, both by themselves and other group members (Gore, 1999). A “near peer” may be a few years older (Wiist, 1991). For the purposes of this study, I will refer to SC members as “peer educators” and “peer helpers” even when they are engaging with middle school students during their presentations or younger siblings. The majority of SC member work – performances and peer-helping – is with their “true peers” in the high school age range.

LGBTQIA

The acronym means “Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual.” This is not the only acronym used for this population. At this time in social/political discourse, LGBTQIA is one of the most inclusive ways to refer to all people who do not identify as heterosexual and/or cisgender.
Both the quantitative and qualitative analyses of this study will utilize the evaluation framework of Dr. Douglas Kirby and The National Campaign to Prevent Teen and Unplanned Pregnancy. This framework was used to assess the effects of teen pregnancy and STI prevention programs across the U.S. (Kirby, 2007). Program effectiveness of pregnancy and STI prevention is operationalized and measured through indicators drawn from resiliency theory. These indicators are sexual health risk behaviors, risk factors and protective factors.

The 40 Developmental Assets for Adolescents developed by the Search Institute (2006) will also be used in the analysis of both quantitative and qualitative components. Developmental Assets are similar to protective factors in that they focus on the strengths of youth and also have their origins in resiliency theory. However, the Developmental Asset framework focuses on general youth thriving (a.k.a. succeeding or flourishing), rather than simply prevention of harm. This framework provides a paradigmatically different way of looking at the impacts of a sexual health education program.

The framework of risk and protective factors has become widely used by large-scale research bodies, including the National Longitudinal Study of Adolescent Health (Carolina Population Center, University of North Carolina at Chapel Hill, 2013), and the California Healthy Kids Survey (WestED & California Department of Education, 2013). Developmental Assets (Search Institute, 2006) are used in schools and organizations
across the U.S. (Schoolwires, 2012; United Way QC, 2012; YMCA of Silicon Valley, 2012), including one health educational theatre program (Kaiser Permanente, 2014).

Resiliency Theory

Resiliency is a pattern of behavior, not an outcome (Bernat & Resnick, 2006); it is a behavioral “process in which individuals show positive outcomes, despite adversity” (Masten, 1994). Resiliency theory was first applied to the development of young people in the late 1960s (Garmezy, 1971; Rutter, 1979; Sameroff & Chandler, 1975). It is exemplified by the 1955 long-term study of a cohort of children in Kauai in which one third of children followed through adolescence and adulthood were able to avoid the negative outcomes (teen pregnancy, delinquency, mental health problems) of their peers despite having similar environments (Werner, Bierman, & French, 1971).

Youth Development

Youth Development, often called Positive Youth Development, is the philosophy that guides Spare Change. The philosophy of Youth Development “regards young people as inherently capable, with an emphasis on deliberately cultivating their talents and skills.” Youth Development is “resilience in action” (Benard & Slade, 2009). Resiliency research has found that a focus on capacity building in youth (protective factors) should be paired with the more traditional focus on prevention and treatment of problem behaviors (risk factors). Youth Development is based on a strengths approach (capacity building), with its origins in ecological systems theory; an emphasis on the individual’s
relationships with their context and environment (Lerner, Almerigi, Theokas, & Lerner, 2005). It promotes thriving rather than simply the absence of problems, which is a more traditional prevention-only focus (Lerner, von Eye, Lerner, Lewin-Bizan, & Bowers, 2010; Williams & Francois, 2012). The 40 Developmental Assets for Adolescents are thus the perfect compliment to Youth Development oriented programs, as they measure thriving (Search Institute, 2014).

**Risk and Protective Behaviors**

Using resiliency theory, pregnancy and STI prevention programs focus on teen sexual behaviors and the factors that influence them. Certain behaviors are *risk behaviors* (e.g. unprotected intercourse), while others are *protective behaviors* (e.g. correct, consistent condom use during intercourse). Programs seek to reduce risk behaviors and increase protective ones. Protective behaviors that are proven to reduce teen pregnancy (P) and sexually transmitted infections (STI) include:

- abstaining from sex, including both delaying initiation and returning to abstinence (P & STI);
- reducing the frequency of sex among sexually active teens (P & STI);
- increasing the correct and consistent use of contraception among sexually active teens (P & STI only with condom use);
- reducing the number of sexual partners (STI);
- reducing the occurrence of concurrent partners (STI);
- increasing the period of time between sexual partners (STI);
- increasing testing for and treatment of STIs (STI);
- being vaccinated against STIs for which vaccines are available (STI); and,
- being circumcised for boys (STI).

(Kirby, 2007, p. 39-44).
Some behaviors are not chosen, as in the case of sexual coercion, assault, rape, and circumcision in U.S. teens. However, most are indeed choices made by individual teens based upon their context and history. Education and prevention programs seek to change several behaviors at once in order to avoid “risk compensation,” in which sexually active teens who decrease their risk in one manner (e.g. using condoms correctly) may then feel safe increasing their risk in another (e.g. increasing frequency of sex) (Kirby, 2007, p.44). The phenomena of risk compensation understandably lends support to fears of educating youth about contraception, however overwhelming evidence shows that the dangers of risk compensation is outweighed by the benefits of comprehensive education (Kirby, 2007, p. 44).

Programs usually choose a combination of behaviors, as it is nearly impossible to focus on all of them at once. Most pregnancy prevention programs focus on abstinence (delaying initiation of sex, returning to abstinence, and avoiding unwanted, unintended, and unprotected sex) and correct, consistent use of effective contraception. Most STI prevention programs focus on abstinence and use of condoms, some focus on testing, treatment and vaccination, while very few focus on decreasing the number of sexual partners. Almost none mention avoiding concurrent sexual partners (and people who have them), increasing time between partners, and male circumcision (Kirby, 2007, p.44). Programs choose which behaviors to target based on their particular demographic of youth and the communities’ or organizations’ values around teenage sexuality. However, actual, in-the-moment behaviors of teens that put them at risk for unintended pregnancy
and STI are not readily changeable by sexual health programs (Kirby, 2007, p.70), so programs seek to influence behaviors by changing the factors that contribute to them.

**Risk and Protective Factors**

Elements or experiences that influence the likelihood of risk behaviors are called *risk factors* and *protective factors*. Risk factors encourage behavior that can result in pregnancy or STI or discourage behavior that could prevent them. Protective factors discourage behaviors that could lead to pregnancy or STI or encourage behavior that can prevent them (Kirby, 2007, p. 53). If risk factors in a teen’s life decrease or protective factors increase, the teen will be less likely to have sex, more likely to use condoms and other contraception, and less likely to become pregnant, cause a pregnancy, or contract an STI. Increased confidence in negotiating safer sex with a partner (communicating with partners) is just one example of a protective factor, as it has been shown to greatly increase safer sex practices (Rosenthal, Moore, & Flynn, 1991). Effects of both risk and protective factors are cumulative (Masten, 2001).

Many factors are measurable (family income, school performance, engagement in other risk-taking behavior, etc.), but are not readily changeable by education and prevention programs. Factors influencing behaviors come from individual teens, friends and peers, romantic partners, families, schools, faith communities and their larger community and environment. Effective education and prevention programs focus on factors that have a significant causal impact on one or more types of sexual behavior (over 500 to choose from) and can be changed markedly by parents or other people or
organizations (Kirby, 2007, p. 53). After summarizing results of 450 U.S. studies and identifying over 500 factors with impacts on sexual behavior, Kirby found that no single factor causes any single teen sexual behavior; there is no “magic bullet.” Few programs can modify more than a few risk or protective factors at a time (Kirby, p. 54-71).

Research has explored whether a risk or protective factor actually causes a behavior or is simply correlated with it. Results demonstrate that it can be difficult to prove definitive causality (Kirby, 2007, p. 53). However, some factors have been shown to have a more close causal effect than others, but they are nearly impossible or very difficult for a sexual health program to change (e.g. the risk factor of a teen’s own mother’s early age at first sex). Kirby found that risk and protective factors can be grouped into four dominant areas, which include:

- individual biological factors (e.g. physical maturity, gender);
- disadvantage, disorganization, and dysfunction in the lives and environments of teens (e.g. substance abuse or violence in family, level of parental education);
- sexual values, attitudes, norms, and modeled behavior (individual, family, peers, romantic partners); and,
- connection to adults and organizations that discourage sex, unprotected sex, or early childbearing.

(Kirby, p. 68).

The risk and protective factors that can be most easily changed by teen pregnancy and STI prevention programs are the sexual ones, which include sexual knowledge, values, perception of peer norms, motivation, and self-efficacy (confidence in their skills) of teens, their partners, or their peers (Kirby, 2007, p. 70). Other factors can be
influenced by prevention programs with intensive youth development programs or other special services. Just a few examples of these special services include:

- intensive counseling programs for emotionally distressed teens that reduce stress, depression, or risk of suicide;
- intensive service learning, entrepreneurship, and/or arts and creative expression programs that increase performance in and connectedness to school and have other positive effects;
- mentoring programs that increase attachment to parents, other adults and school, and decrease alcohol and other drug use; and,
- comprehensive community-based programs that address multiple risk and protective factors.

(Kirby, p. 69).

However, programs such as these must have certain important characteristics or they may not be effective (Kirby, Laris, Afriye, & Gallucci, 2003). The following literature review will examine multiple program models that contribute to the Spare Change program.

Purpose/Rationale

The Spare Change (SC) program utilizes several different sex education models. It has been found that there are a limited number of programs that are proven to delay sexual activity, improve contraceptive use among sexually active teens and/or prevent teen pregnancy, but that many programs are promising and just need more research (Dreweke, 2007). The 115 studies of prevention programs reviewed for their effectiveness in impacting teen sexual health behavior found in Kirby’s *Emerging Answers* (2007) are grouped in three major categories: those that focus primarily on
sexual risk and protective factors, those that focus primarily on nonsexual risk and protective factors, and those that focus on both. SC fits best into the third category, but shares similar components to evaluated programs in each of these categories. Some components of SC, such as educational theater, peer helping, and peer education, are not directly addressed in Kirby’s evaluation.

This review examines the following models that contribute to SC and how they have been theorized and evaluated in their ability to contribute to the prevention of teen pregnancy and STIs: a curriculum-based comprehensive sexuality health education, educational theater, youth development and service learning, peer-helping, and peer education.

Curriculum-based Comprehensive Sexual Health Education

Comprehensive Sexual Health Education (CSHE) is an important component of the Spare Change program (SC) despite the fact that SC performances and presentations do not use a specific curriculum. SC has been informed and guided by CSHE curriculum in multiple ways. First, newly written scripts by youth members of SC must go through a formal review process in which they are examined for their compliance with California State CSHE requirements. If not in compliance, revisions are required before the content can be performed in school settings. Second, SC presentations and performances in schools build upon SRPP’s CSHE curriculum-based classroom education (See Appendix A, Full Program Description), as they are almost always scheduled as a follow-up to a five to 10-day course of CSHE. The CSHE course has been presented by SRPP’s adult
Health Educators and uses two curriculums, *Reducing the Risk* (Barth, 2004) and *Focus on Kids* (University of Maryland Department of Pediatrics, 2005). In this way, SC performances and presentations reinforce and add to the content learned throughout the week by students. School theatre performances do not follow a curriculum but instead are created by the youth themselves yearly and reviewed by the Humboldt County Office of Education. However Spare Change classroom presentations follow (with adaptations) the *Teen Outreach Project: Reaching Out* video curriculum, published by SRPP in 2002/2003 and funded by Humboldt County Office of Education and a California Office of Family Planning Community Challenge Grant (See Appendix I for Spare Change presentation lesson plans). The difficulties of separating out the impacts of CSHE and Spare Change performances and presentations is discussed in Project Limitations.

**Evaluation.** The efficacy of CSHE in preventing teen unintended pregnancy and STI has a strong evidence base. As curriculum-based programs are the most prevalent and widely studied type of sexual health education program, they comprise about half of the studies reviewed by Kirby (2007, p. 139). A majority of CSHE programs reviewed by Kirby in 2007 were found to be effective and none had a negative effect of hastening the initiation of sex or increasing the frequency of sex. “Two-thirds of the 48 comprehensive programs that supported both abstinence and the use of condoms and contraceptives for sexually active teens had positive behavioral effects” (Kirby, p. 16). Some CSHE programs were tested and proven effective in different cultural settings (Kirby). In addition, the positive impacts of CSHE programs also include benefits to decision-
making capabilities and confidence in adolescents (Dreweke, 2007). In general, CSHE increases protective factors and decreases risk factors:

“Virtually all of the comprehensive programs also had a positive impact on one or more factors affecting behavior. In particular, they improved factors such as knowledge about risks and consequences of pregnancy and STI; values and attitudes about having sex and using condoms or contraception; perception of peer norms about sex and contraception; confidence in the ability to say ‘no’ to unwanted sex, to insist on using condoms or contraception, or to actually use condoms or contraception; intention to avoid sex or use contraception; and communication with parents or other adults about these topics. In part by improving these factors, the programs changed behavior in desired directions” (Kirby, p. 16).

Educational Theater

Educational theater is used for a variety of health promotion and prevention purposes, and programs differ in the age of the actors (e.g. youth/peer vs. adult), their levels of interactivity with the audience, the number of performers (single performer vs. troupe), and sites of delivery (e.g. classrooms or auditoriums) (Lenz, 2012). Educational theater is a core component of Spare Change (SC), as the SC youth write and perform original, educational skits on sexual health topics for large audiences of their peers at schools and for their peers and adults at community events. Rationale for educational theater include: theater hits learning modalities like repetition, rhythm, visualization and physical movement that traditional educational presentations do not (Stevens, Foote, & Wu, 2008); and educational theater is motivational instead of prescriptive in that it shows rather than preaches (Stevens et al., 2008). Educational theatre can be traditional (didactic) or have varying degrees of interactivity. Actors can be either professionals adult or young adult actors, or youth student actors who are not professionals. When
actors are drawn from the youth population that is being targeted, educational theatre crosses over with peer education models.

*Interactive/participatory educational theater.* Interactive/participatory forms are becoming more popular; two programs similar to SC use interactive forms of theatre (See Multi-Component Programs Similar to SC). “Experiential education,” of which interactive educational theater is a part, has a strong theoretical base (Dewey, 1938; Kolb, 1984). Experiential education is a philosophy where “educators purposefully engage with learners in direct experience and focused reflection in order to increase knowledge, develop skills, clarify values, and develop people’s capacity to contribute to their communities” (Association for Experiential Education, 2013). Theatre of the Oppressed is perhaps the most interactive theater model, where audience members (called “spectactors”) witness a scene (usually of an act of oppression) and then join the actors on stage, replay the scene with original solutions to the problems presented – then hopefully putting these practiced solutions/reactions into action in real life (Boal, 1985). The offshoots of Theatre of the Oppressed (participatory and interactive theatre) are gaining popularity in prevention work with young people addressing issues that include a power imbalance, including college campus sexual assault and rape (Christensen, 2013; Mitchell & Freitag, 2011), adolescent dating violence (Belknap, Haglund, Felzer, Pruszynski, & Schneider, 2013), homophobic bullying (Gale, 2011), and cyberbullying (Lenz, 2012).

*Evaluation of interactive/participatory programs.* Ponzetti et. al (2009) found little statistically significant quantitative support for participatory theater’s effectiveness at adolescent sexuality education, but did find qualitative support, leading them to
suggest that qualitative methods may be more appropriate for evaluation of interactive educational theatre. A review of studies on interactive school-based drama interventions in health promotion found that eight out of nine reported some positive changes concerning knowledge and attitudes related to health behavior, however it stated a need for more well-designed studies with consistent, valid, and reliable forms of measurement (Joronen, Rankin, & Astedt-Kurki, 2008). The STAR LO program (Lieberman & Berlin, 2005) uses young-adult professional actors in a classroom setting to play the roles of middle school-aged adolescents in order to convey a message about setting sexual limits, abstinence, and communication with parents. The actors remain in character (portraying youth) and interact with middle school student audiences. Evaluation shows that STAR LO increases knowledge, attitudes, and intentions that may prevent future sexual risk behavior (Lieberman, Berlin, Palen, & Ashley, 2012).

*Didactic/traditional educational theater.* Other educational theatre programs use adult actors and require little physical audience participation (more traditional theater form), such as Kaiser Permanente’s Educational Theater Programs (ETP), begun in the early 1980s (Kaiser Permanente, 2014). By 2006, Kaiser’s ETPs had become one of the largest children’s educational theater programs in the U.S. focusing on health topics like poor self-esteem, obesity, diabetes, sexually transmitted diseases, drug abuse, suicide, bullying. Kaiser Permanente’s performances are strengths-based; productions are based on Developmental Assets (Search Institute, 2014). Most of Kaiser’s performances use adult, professional actors, however the Ohio ETP partnership with the Cleveland Metropolitan School District has a troupe of high school youth that serve as performers
and peer health Student Ambassadors (Kaiser Permanente Educational Theatre Program, 2014). However, Kaiser’s partnership with Oregon Children’s Theatre provides a more interactive version of Kaiser’s ETP; the most recent production, *The Pressure Point!*, was an interactive game-show format performance that allowed selected 4th-6th graders to act as contestants choosing between possible reactions to various scenarios, then exploring their consequences and gaining tools for healthy decision making (Oregon Children’s Theatre, 2014).

_Evaluation of didactic/traditional programs._ Evaluation results from Kaiser’s ETPs on healthful eating and active living found significant gains in knowledge for 3rd and 4th grade students, and suggested that theater programs be included in elementary school health curricula (Cheadle et al., 2012). The Safe Dates program shows evidence for long-term effects. Safe Dates includes a curriculum of 10, 45-minute sessions and a theatre production on dating violence performed at middle and high school by students in a high school theatre class (peer education component), reported significantly less physical, serious physical, and sexual dating violence perpetration and victimization four years after the program (Foshee et al., 2004). However, long-term impacts of the curriculum vs. the theatre component are impossible to separate.

Grabowski’s (2013) qualitative evaluation found five effects of professional theatre used for promotion of healthy lifestyles (food and exercise) with children in Denmark. First, children’s capacities for participation (related to age and developmental level) and actual participation varied, ranging from token to genuine participation (Simovska, 2004, 2007). Children’s participation was generally low during the
performance, but increased when interviewed about the participation. Higher participation (sense of engagement) increased the amount of knowledge children acquired from the performance, as well as how they incorporated the knowledge into their identity. Second, health knowledge acquisition is increased when information is made relevant through links to everyday life, such as conversations with parents, teachers, and incorporation into curriculum. Third, acquisition of health information and children’s health identities are closely related. Fourth, coherent information and environments increase knowledge acquisition. Fifth, health promotion efforts must be careful to avoid reinforcing negative health identities, as some children who had an identity of being “unhealthy” related only to the “unhealthy” character (portrayed as “evil”) in the performance and did not see the information about health as relevant to their identity. “If initiatives like Rumlerikkerne are perceived as detached and meaningless in terms of health and everyday life, the children will be entertained and nothing more” (Grabowski, 2013).

*Planned Parenthood educational theater programs.* Other Planned Parenthood affiliates across the U.S. also use an educational theater model. Planned Parenthood of Middle and East Tennessee runs the Nashville-based PG-13 Players (PG stands for Peer Guidance) program in which 10-15 students from high schools across the region do advocacy and education through theatre. In the summer, these youth receive intensive training in sexual health issues, and create thought-provoking, open-ended skits that encourage the audience to ask the characters questions, engage in sexuality issues, and explore the decision-making process. Though the PG-13 Players are no longer allowed to
perform in Tennessee schools, they lead a Youth Competency Training with youth-serving professionals which impacts youth of the community by equipping professionals with insight and skills (Bradner, 2014). In the past, PG-13 Player skits have addressed topics like LGBTQIA identities, bullying, sexual decision making, intimate partner violence, and healthy relationships. In addition to educational theatre, the PG-13 Players have a peer helping component, completing around 250 one-to-one educational peer contacts per year (Planned Parenthood of Middle and East Tennessee, Inc., 2014b; The Community Foundation of Middle Tennessee, 2014). The PG-13 Players program has not been formally evaluated. Planned Parenthood of Southwest and Central Florida runs SOURCE Productions, an educational touring theatre and video production company based in Sarasota, Florida and made up of youth and adults (14-30 years). Volunteer actors receive extensive training in theatre, film acting, life skills, and sexuality education and tour statewide and nationally (Planned Parenthood of Southwest and Central Florida, 2014; Source Productions, 2014).

Youth Development & Service Learning Programs

Introduced in Conceptual Framework as a philosophy, youth development is also an approach that is increasingly used by youth-serving programs of many kinds, not just prevention programs. Youth development approaches have become popular and accepted within the mainstream; the Peace Corps (Peace Corps, 2013) and the US Federal government Family and Youth Services Bureau (U.S. Department of Health and Human Services, 2013) promote the approach. In the sexual health realm, the organization
Advocates for Youth base their core values of “Rights, Respect, Responsibilities” on principles of youth development (Advocates for Youth, 2008a). Advocates for Youth states that, “young people are their own best spokespersons and representatives and that they have a right to a voice in the programs and policies that affect their sexual health and well-being” (Norman, 1999).

The elements of Spare Change similar to Kirby’s categorizations of youth development/service learning programs are that Spare Change (SC) members participate in structured reflection activities. Once every few weeks, SC members are asked to reflect in private journals on their experiences being trained, participating in group activities, teaching, or performing. SC Coordinators lead the group in debriefing after most performances and teachings to come up with a “plus/delta” – aspects that went well, and aspects that need change.

Youth development programs address teen risk behaviors in general, including sexual behaviors, by addressing non-sexual factors such as involvement with adults, attachment to school, educational goals, and community employment opportunities. This make sense as many types of risky behavior are related to each other (Kirby, 2007, p.18). For example, improvements in teenage girls’ performance in school, their plans for the future, their connections to family, school and faith communities all reduce pregnancy and birthrates (Alan Guttmacher Institute, 1994; Kirby, Lepore, & Ryan, 2005).

Evaluation. Kirby (2007) categorizes 10 evaluated programs under “Youth Development.” Of these programs, the service learning programs he reviewed are most
similar to SC. Kirby’s conclusions about the effectiveness of youth development/service
learning programs include:

- Service learning that combines community service with reflection upon the
  experience reduces teen pregnancy during the academic year in which the students
  complete the service and is effective without addressing sexuality directly.
- Other youth development programs have produced consistent encouraging results but
  there are too few studies with too many study limitations to reach strong conclusions.
- It is unclear why some youth development programs reduce teen pregnancy and
  others with similar characteristics do not.

(Kirby, p. 164).

Planned Parenthood youth development/service learning programs. The Teen
Outreach (TOP) program (teen pregnancy and school failure prevention), used across the
U.S., is a youth development and service learning program that was found to reduce
pregnancy and school failure rates by 30-50% (Allen, Philliber, Herrling, & Kuperminc,
1997). TOP is school-based, but links youth to volunteer service in communities. In
classrooms, group discussions guided by curriculum address volunteer experiences and a
range of developmentally-related topics. TOP is used by six Planned Parenthood
Affiliates that are part of the Northwest Coalition for Adolescent Health (Planned
Parenthood of the Great Northwest, 2014b). Unlike SC, only 15% of the written
curriculum for TOP is on the topic of sexuality, and this is often excluded at the
discretion of individual sites (Allen & Philliber, 2001). Like SC, TOP places students in a
helper role, and works from an empowerment perspective by increasing students’ sense
of autonomy within connectedness to peers, facilitators and other adults (Allen, Philliber,
Peer Programming: Peer-Helping and Peer-Education

Peer helping and peer education are both versions of peer programming in which professionals, such as educators, health care providers, and youth development specialists, attempt to impact a target population by using the potential power of its peers. Versions of peer programming differ in the intended roles of peers and their style of working (Milburn, 1995) and in the dynamic of the peer relationship, including emotional support (e.g. peer helping, counseling, mediation, befriending, and listening) or educational support (e.g. peer education, tutoring, advice giving, advocacy, mentoring) (Cowie & Wallace, 2000). All peer programming requires that the youth peer supporter be skilled in communication, be able to actively listen, feels empathy for others, adopts a problem-solving approach to another’s difficulty, and be willing to take a supportive role (Cowie & Wallace, 2000).

Psychosocial theories of human behavior, including social support (Sarason, Levine, Basham, & Sarason, 1983), experiential learning (Kolb, 1984), social learning theory (Bandura, 1997), and social comparison (Festinger, 1954; Wood, 1989), provide the rationale for the concept of “peer power” that underlies peer programming education and prevention models (Solomon, 2004). In addition, the helper-therapy principle (Riessman, 1965) states that peer programming is beneficial to the peer helper/educator, increasing protective factors and decreasing risk factors for the helper (Post, 2008; Salzer & Shear, 2002).
Evaluation. Peer programming can have statistically significant effects on attitudes, norms, knowledge, behaviors, health and achievement outcomes if programs are well designed, properly implemented, appropriately run, and regularly evaluated (Advocates for Youth, 2008b; Cowie & Wallace, 2000). Though the labels of peer helping and peer education are sometimes used interchangeably, these terms require clarification as the Spare Change program involves a peer education and peer helping distinct from each other.

Peer helping. This model of peer programming provides youth with emotional support. Peer helping programs are ones in which youth are “recruited, trained, and supervised to systematically reach out to their peers…”; they are unique in that “help is provided formally and informally by ‘lay’ people who primarily are youth” (Varenhorst, 2004). Training youth to be peer helpers includes teaching them how to ask open-ended questions to help build relationships, how to deal respectfully with people in authority, how to welcome strangers and rejected peers into groups, active listening and mediation skills, how to help another make a decision without giving advice, and how and when to refer a peer to professional help (Varenhorst, 2004).

During Spare Change (SC) camp and throughout the fall of the SC year, new and returning members participate in skill-building activities and/or receive formal training in active listening, effective communication, emotional recognition and communication, empathy, critical consciousness of social issues, and how to support others in crises, including but not limited to suicide prevention, sexual assault and rape, and dating violence. Throughout the year, SC members are encouraged to fill out contact logs,
records that document any one-on-one support or resources SC members provide to peers. There is no quota for contact logs, though coordinators remind and encourage members to document at regular intervals. The peer helping component is given a lesser emphasis in SC training than the peer education and educational theatre components. See Discussion for more on the SC peer-helping component.

Peer helping interventions are rationalized by the high level of power peers hold relative to adults during adolescence in influencing the development, socialization, and decision-making of youth (Brown, 2004; Steinberg & Monahan, 2007). Benson (1995) found that less than half of U.S. youth experience parents and adults as social resources (e.g. having frequent, in-depth conversations or access to people for advice or guidance), and only 30% of youth surveyed by the Search Institute felt that their schools provided a positive atmosphere where they were cared about as individual people. In building developmental assets, peer influence was found to be more powerful than the family during adolescence (Benson, 1999).

*Evaluation.* Benson found that students who engage in pro-social projects and programs to help others on a weekly basis are less likely than non-helpers to engage in risky behaviors such as substance use, attempted suicide, school absenteeism, sexual activity (Benson, Scales, & Roehlkepartain, 1999).

**Peer education.** This model of peer programming provides youth with educational support. Peer education is the “teaching or sharing of health information, values and behaviors by members of similar age or status” (Milburn, 1995). Peer education “usually involves the sharing of ideas and resource about sensitive life issues by individuals who
have ‘credibility’ within the peer group, and who are perceived to have understanding of, and empathy for, the concerns of that group” (Cowie & Wallace, 2000). SC members are in the same age range as their audience members, though often a few years older than their classroom participants (“near-peers”). Members attend the same high schools that host SC theatre performances, though not all the schools that receive performances have a current SC member attending their school. SC members also provide sexual health related resources and referrals through one-on-one contacts with peers.

The peer education approach has predominantly been used in health promotion. In the 1990s, support for peer-led sexual health programs grew rapidly, and peer education models were applied to the prevention of HIV (Perry & Sieving, 1993), tobacco use (Telch, Miller, Killen, Cooke, & Maccoby, 1990), and alcohol and other drug use (Klee & Reid, 1995).

The peer education model is drawn from multiple theoretical bases. Turner and Shepherd (1999) argued that, “rather than the practical application of theory, peer education rests on lay principles and assumptions… a method in search of a theory” (p. 235). They found that the theories that have been most often used to support the Peer Education model in the literature include: social learning theory, which includes the concepts of modeling, self-efficacy and empowerment (Klein, Sondag, & Drolet, 1994), role theory (Sarbin, 1976; Sarbin & Allen, 1968), differential association theory (E. H. Sutherland & Cressy, 1960), subculture theory (Cohen, 1955), and communications of innovation theory (Rogers & Shoemaker, 1971). Each of these theories apply to most, but not all, of the rationale given for using a Peer Education model. These rationale include:
- It [Peer Education] is more cost-effective than other models and easier to implement.
- Peers are a credible source of information.
- It is empowering for those involved.
- It utilizes an already established means of sharing information and advice.
- Peers are more successful than professionals in passing on information because people identify with their peers; teens say they like peer leaders better.
- Peer educators act as positive role models; they create new norms within themselves.
- Peer education is beneficial to those involved in providing it.
- Education presented by peers may be acceptable when other education is not and conventional treatment systems may carry stigma.
- It can be used to educate those who are hard to reach through conventional methods and conventional treatment systems may be inaccessible.
- Peers can reinforce learning through ongoing contact.

(Turner & Shepherd, 1999; Philliber, 1999)

Philliber and the National Campaign to Prevent Teen Pregnancy (1999) address some of the challenges of using peer education:

- It may be more difficult to maintain the quality of the intervention.
- Logistics may be problematic.
- Peer leaders may be more expensive than adult leaders.
- If peers themselves are high-risk, they may be unstable workers or convey undesirable messages.
- The sustainability of peer programs is especially challenging.
- Confidentiality must be carefully considered.

_Evaluation._ The evidence for efficacy of peer education on peers, despite the popularity of the model worldwide, is varied. This may be due in part to the methodological weakness of most studies, including a lack of control group or assessment of actual behavior (Strange, Forrest, & Oakley, 2002), failure to show how outcomes derive from theoretical constructs, high attrition rates, and the artificial inflation of the study’s power (Green, 2001). Diverse findings and inconclusive findings are also likely due to the diversity of peer education models, and the numerous, complex
factors that contribute to student’s retention and use of material learned in a classroom. These factors include, but are not limited to, classroom organization and the selection, quality and quantity of training, natural abilities, and commitment levels of peer educators themselves (Ebreo, Feist-Price, Siewe, & Zimmerman, 2002; Ozer, Weinstein, Maslach, & Siegel, 1997; Tolli, 2012), and the level of control actually relegated to peer educators (Lester, Donnelly, & Weston, 1997). Most evaluations focus on short-term impact only (Milburn-Backett & Wilson, 2000). Many of existing evaluations are on use of peer education at the university level, rather than with adolescents (Fennell, 1993). Green (2001) stated a need for more effectiveness evidence, and more qualitative research on the influence of contextual factors and the peer educational process itself.

Some statistically rigorous evaluations affirm the effectiveness of the peer education model in the U.S. (Fennell, 1993; St. Lawrence et al., 1995). A review of 24 evaluations of peer-led HIV/AIDS risk reduction programs in low- and middle- income countries found that peer-education had solid success in effecting positive change in knowledge and condom use and some success in changing attitudes and norms, but effects on other risky sexual behaviors and STI rates are unclear (Eleanor Maticka-Tyndale & Barnett, 2010). Other evaluations show that peer-education programs increase knowledge, self-efficacy, and behavioral intentions without measuring actual sexual behaviors (Shulkin et al., 1991; Siegel, Aten, Roghmann, & Enaharo, 1998).

Peer-led vs. adult-led programs. Some studies have compared adolescent peer-led to adult-led programs. Mellanby, Newcombe, Rees, & Tripp (2001) reviewed studies from 1960s to 1999 and found that: 1) peer-led school-based health education programs
were at least as, or more, effective than adult-led ones, 2) peers were more effective in establishing conservative norms and attitudes related to sexual behavior than adults, but that adults were more effective in imparting factual information. Mellanby et al. (2001) concluded that both adult-led and peer-led models have a place in sex education but it must be determined which aspects each group leads, and thus far there is little data on the outcomes of combining adult-led and peer-led approaches. Some programs have been found to be flawed in that they simply didn’t provide enough training to enable peer educators to provide the same level of factual information as trained adults (Walker & Avis, 1999). Other studies spoke to the difficulty that some adults have in accepting and allowing peer-led programs due to concerns about information accuracy (Lester et al., 1997), and fear that young people may talk about topics such as sex in ways that adults may disapprove of (Milburn-Backett & Wilson, 2000).

Peer educator qualities. The effectiveness of peer-led prevention programs is affected by the characteristics and qualities of peer educators themselves. Qualities such as warmth, attractiveness, credibility, expertise, and perceived similarity to the target population have been theorized as central to peer educators effectiveness (Bandura, 1986, 1992; Petty & Cacioppo, 1981). Programs should train youth from varying social groups who already hold strong social capital and status within these groups, thereby utilizing existing social networks to disseminate knowledge and change peer norms (Larkey et al., 1999; Phillips, Linney, & Pack, 2008; Turner & Shepherd, 1999).

That youths’ perception of peer educators is central to effectiveness has been confirmed by Ozer et al. (1997), who found that students had greater improvements in
knowledge and attitudes about HIV/AIDS when they held higher positive regard for peer educators. Students reported more positive regard for highly individuated and less shy peer educators, and students who expressed positive regard for peer educators were more likely to report communication self-efficacy (feeling confident talking to peers about sex and AIDS-related topics) and an AIDS-preventative peer norm (sex does not make someone more popular) (p. 316). However, beyond mere perception, peer educators’ levels of individuation impacted their style of relaying content to students; more individuated peer educators personalized the curriculum content and used eye contact, while shyer peer educator read directly from the curriculum guide and gave a less entertaining delivery (p.318). In this study, ethnicity and perceived similarity had no impact on students’ perceptions of peer educators. Classes perceived by students as being more organized were also associated with positive improvement in AIDS-protective knowledge and attitudes (Ozer et al., 1997).

In studies of adult-led programs, students perceptions of ethnic, racial, and/or cultural similarity to providers of health information is known to have an impact on learning (Stevenson & Davis, 1994). Peer education can reinforce gender inequities and other forms of discrimination if anti-oppression education is not built into peer education training (Campbell, 2004).

**Effects on peer educators.** The positive effects of peer education on the youth educators themselves has much more certain evidence (Karp, Eastern Health and Social Services Board & Newitt, 1995; Strange et al., 2002). A randomized, controlled trial of peer-led sex education in British secondary schools found that peer educators reported
positive changes in sexual knowledge, changes toward more “liberal attitudes,” increased confidence in communication and interaction in groups, and they believed the program would have positive impacts on their confidence in relationships and on their sexual behavior. Increased “liberal attitudes” included seeing homosexual behavior and having sex at first acquaintance as more morally acceptable, but no change to attitudes about sex before marriage, using contraception, and abortion occurred (Strange et al., 2002). Peer educators are known to develop many skills including ones applicable to future jobs (National 4-H Council, 1999), communication and teamwork skills (Ghaleb, 2007), advanced organizational skills (Gasa, 2002). Peer educators are more likely to use condoms and services (National Hemophilia Foundation, 1994) and report a decreased frequency of high-risk behavior (Maticka-Tyndale, 2006; Svenson, Burke, & Johnson, 2007). Overall, it has been shown that the benefit to peer educators themselves is usually great (Sriranganathan et al., 2012).

Peer educator selection. Selection is a critical, delicate and complex process. Milburn (1995) poses a question about whether the manner of peer selection, via self-selection, teachers, program leaders, peers themselves, or through systematic measurement of social capital (Larkey et al., 1999), leads to a different outcomes for peer-led programs. Peer education’s impact on the peer educators themselves is mediated by the existing protective and risk factors experienced by the youth who are selected and trained as peer educators. Ebuehi et al. (2002) evaluated the impact of a substance abuse prevention peer education program on the educators themselves. Students were selected as peer educators by teachers and through their tendency to prefer novel, varied, and
exciting activities (based on their scores on the Sensation Seeking Scale). Students selected as peer educators were known to have higher levels of risk than their peers at baseline in personality, attitudinal, and behavioral variables, as well as in their networks of friends. This higher risk included the peer educators reporting higher frequency of unwanted sex due to alcohol use (Ebreo et al., 2002, p. 418). After one day of training, and 16 weeks of teaching the Reducing the Risk curriculum to their peers, the peer educators reported no behavioral impacts except for one negative impact of engaging more frequently in unwanted sex due to alcohol use. However, peer educators did report several positive process-oriented impacts (being interested in the class, participating in class discussions more, having fewer absences). The short length of the peer educator training (6 hours) seems likely to have played a role in the program’s lack of behavioral impact on peer educators, and on peer educator’s inconsistent classroom performance including frequent absences, lack of enthusiasm, divergence from the lesson agenda (Ebreo et al., 2002, p. 420).

Main (2002) reflects on Ebero’s evaluation as demonstrating the need to focus first on purpose, by determining if the intent of the program is to primarily impact peers, peer educators, or both groups. The “critical process” of peer selection should follow this decision (Main, 2002). The choice to actively engage “at-risk” youth as peer educators makes sense according to the helper-therapy principle (Riessman, 1965), however it has been found that a peer education program’s intent of impacting peer educators (e.g. Spare Change group members) must be balanced with the program’s intent of impacting peers (e.g. Humboldt County youth population). Erbeo et al. (2002) note that “at-risk” youth
may struggle to work well with teachers in a classroom situation, may have low school attendance, and that, “educators are effective role models to the extent that their classmates believe that they ‘do as they say’” (p.420).

It seems clear that evaluation of peer programming effectiveness is quite complex, with many influencing factors, including: the structure, duration, and setting of the program; peers’ perceptions of and relationships with peer educators; and the social, behavioral, educational, and personal qualities of peer educators themselves.

*Planned Parenthood peer education programs.* Sexual health peer education programs are run by various Planned Parenthood Affiliates throughout the U.S. For example, Planned Parenthood of the Great Northwest’s (PPGNW) Youth in the Know (YITK) peer education and mentoring program provided 6-week training and peer mentor certification to 53 youth in Idaho in 2010 (Planned Parenthood of the Great Northwest, 2012). Planned Parenthood of Middle and East Tennessee’s Your Information (FYI) peer education program provides 40 hours of training per semester to 10-15 Knoxville youth, covering all aspects of human sexuality including decision-making, leadership, communication. The FYI peer educators then disseminate the information to peers, resulting in over 6,000 educational contacts since 2008. FYI peer educators participate in at least one advocacy event per month, and create a photography exhibit displayed in downtown Knoxville of photos that “creatively express choices in their [peer educators] lives” (Bradner, 2014; Planned Parenthood of Middle and East Tennessee, Inc., 2014a). The FYI peer education has not been evaluated.
Multi-Component Programs Similar to Spare Change

**Corner Theatre Troupe.** The Corner Theatre Troupe is a peer education and prevention program that uses theatre to teach prevention and refusal skills. The health education topics include substance abuse, depression, HIV/STIs, and dating violence. This group is run by the Corner Health Center, a comprehensive adolescent health center in Ypsilanti, Michigan. The Corner Theatre Troupe is the closest related program in the U.S. to Spare Change in its main components (peer education, educational theater) and its outreach structure (engaging schools and community groups.) Differences exist in the structure of performances, the engagement and input of group members, and the breadth of prevention topics addressed in the outreach component. See Appendix C. for a detailed comparison of Corner Theatre with Spare Change.

**Evaluation.** Since 2008, the Corner Theatre Troupe has contracted with an external evaluator at the University of Michigan through the Center for Applied Research and Evaluation (CARE). In 2010, the Substance Abuse and Mental Health Service Administration (SAMHSA) National Registry for Evidence-Based Programs and Practices (NREPP) included it in the NREPP listings as a model program of substance abuse intervention (Institute for the Study of Children, Families and Communities, 2011).

Unpublished analyses of the most recent pre- and post-test data show that Corner Theatre has positive impacts on Troupe members and audience members. In 2013, all six Beginning Level Troupe members and all four Performance Level Troupe members demonstrated improvement in knowledge about social issues, in communication/resistance skills, and/or in personal risk-taking behavior. In addition, five
Beginning level members and three Performance level members talked with a parent or guardian about substance use and/or HIV/STIs. Analysis of 2013 data from 309 participants who saw a Corner Theatre performance on HIV and substance abuse (238 of the 309 also attended the Corner Theatre Reality Workshop on HIV) shows statistically significant improvement in eight out of nine HIV protective factors; 85% of participants increased knowledge of HIV, and 60% increased safer sex communication and resistance skills. Pre- and post-tests did not ask about intended sexual behaviors of audience members. 86% of participants agreed or somewhat agreed that Theatre Troupe performance and workshop were “a good way to learn about this topic” and 89% agreed or somewhat agreed that they would use the skills and information gained from the workshop (Crider, 2013).

**Teen Council.** The Teen Council Program run by Planned Parenthood of the Great Northwest (PPGNW) is also similar to Spare Change. PPGNW has eight active Teen Council programs in Western Washington, Alaska, and Idaho. Through the Peer Education Institute, which certifies, prepares, and supports others in implementing the Teen Council program, PPGNW has expanded the program to eight partner Planned Parenthoods in Washington, Montana, Oregon, Utah, Minnesota, Massachusetts, and Indiana. Each Teen Council has up to 20 members, and youth volunteer an average of 100 hours per member annually (Planned Parenthood of the Great Northwest, 2012). Teen Council trains youth as peer educators who act as resources to peers (peer-helping), attend weekly meetings, and give presentations in schools that include educational theater, co-facilitate some family programs, and are involved in marketing, fund raising,
and public affairs. The guiding principles of the Teen Council are “high warmth, high structure, and high expectation” (Planned Parenthood Teen Council - Peer Sex Education That Works, 2012). Teen Council’s educational theater is interactive; youth present scenes on refusing sex, bullying, sexual consent and dating violence, then invite audience members to join them on stage and act out ideas of how to address these topics (Planned Parenthood of the Great Northwest, 2014a). The demographics of 2012-2013 Teen Councils were: 82% female; over 33% were seniors in high school; 14-18 years-old, with an average age of 16.5 years; 62% Caucasian; 78% heterosexual; 74% lived in two parent households; 74% received free or reduced-price lunch at school; 67% had mothers who graduated from high school and 71% had mothers who attended some college (Philliber Research Associates, 2013). See Appendix C for a detailed comparison of Teen Council with Spare Change.

**Evaluation.** A two-year preliminary study of Teen Council’s impact on members shows promising results (Philliber Research Associates, 2012; 2013), and a Randomized Control Study is currently underway (Sutherland, 2014). Results show impacts on knowledge, behavior, attitudes and beliefs. By the end of 2013, Teen Council member’s reproductive health knowledge scores increased from 61% to 73% correct. Teen Council members reported that: less than a fifth (15%) used alcohol and/or drugs before last sexual intercourse, virtually all sexually active members used some form of pregnancy prevention the last time they had sex and used protection most or every time they had intercourse over the past year (an increase since pre-test), 78% had been to a doctor or clinic for birth control, an exam, or STI check, 43% had been tested for HIV and other
STIs since being with their current partner while only 24% (up from 10% in 2011-12) of their partners had, and no unintended pregnancies occurred (two males caused a pregnancy while in Teen Council in 2011-12). In both years studied, youth made statistically significant gains on multiple established psychological scales including Self Esteem, Confidence in Peer Education, Perceptions of Relationship with Parent(s), and Comfort with Own Sexuality (which measures refusal skills and self-awareness of values, feelings and reactions relating to sexual activity. When contrasted to comparable CDC data, Philliber Research Associates (2012; 2013) conclude that sexually active Teen Council members are much more likely than their national peers to be using the most effective contraceptive methods, and are thus at much lower risk for unintended teen pregnancy and STI.

2012-13 data shows that Teen Council also impacts others outside the group. Parents of Teen Council members experienced slight improvements in comfort talking with their children about how to communicate with a sexual partner and in their beliefs that their children listen to them, hear them, and try to understand what it must be like to be a parent. Friends learned about sexuality and/or sexual health from Teen Council members, 75% reported that their friends had helped them access sexual health services or resources. Friends also reported they are more likely to use protection, more comfortable talking to friends about sexual health and to their partners about sex. Audience members reported learning something new about where to go for sexual health services, and almost all answered correctly on topic-specific questions after Teen Council presentations. (Philliber Research Associates, 2013).
Context and Program Effectiveness

Contrary to the popular logic of evidence-based programs, not all proven successful programs are effective in all contexts. A program that was successful in urban New York may be ineffective at preventing teen pregnancy in rural Kansas due to socioeconomic and cultural differences. Only a few programs reviewed by Kirby have been proven effective in multiple contexts (Kirby, 2007). “The conditions under which a program works best may be as important as determining whether a program works at all” (Allen & Philliber, 2001, p.1).

Prior Evaluation of Spare Change

A 1997-98 evaluation of SRPP’s school-based sex education and teen theater performances used three focus groups following a Spare Change performance that included nine skits (Dye, 1998). The focus groups were held with youth in 7th/8th grade and youth in 9th-12th grade at one continuation school, and with adult members of the Humboldt County Domestic Violence Coordination Committee. The evaluation found support for the popularity and acceptance of the teen theater presentations as a means of teaching the community about healthy sexuality. Though this evaluation does not provide numerical data on a wide scale of effect, it was able to investigate viewers’ reflections on memorable and concerning content, emotional impact, age-appropriateness of skits, and gather general impressions and recommendations. The 1997-98 evaluation took a qualitative approach to examining Spare Change performances, while this study will use
a quantitative approach for looking at the same aspect of Spare Change. The 1997-98 study did not examine effects of the program on program participants themselves (Dye, 1998).

Summary

Resiliency theory and its offspring, sexual health risk behavior risk and protective factors (Kirby, 2007) and the 40 Developmental Assets (Search Institute, 2014) provide the evaluation framework for this evaluation of Spare Change (SC). There are a diversity of sexual health education and pregnancy/STI prevention models, but most of the evaluated and proven effective models are curriculum-based, which is not the primary model of SC. However, CSHE is relevant to SC as SC supplements an adult-led curriculum-based CSHE program. SC’s other components, those of educational theater, youth development/service learning, peer helping, and peer education, all have strong theoretical bases and promising but incomplete evidence of effectiveness. Evaluations of programs similar to SC that show positive program impact lend credibility to the conclusion that SC is likely to be impactful on youth unintended pregnancy and STI prevention and perhaps other aspects of youth health as well. One evaluation of Spare Change from 1997-1998 showed positive results, but was not extensive nor rigorous enough to provide much data and is now outdated.
CHAPTER 3: METHODS

Introduction to Mixed-Method Design

The research design is mixed-method, following the precedent of other health research and evaluations (Strange, Forrest, Oakley, & RIPPLE Team, 2001) and suggestions for future evaluation design (Sriranganathan et al., 2012). This design provides complimentary insight on the impacts of the Spare Change program (SC). Qualitative methods are concerned with meaning, while quantitative are concerned with causation. This evaluation is intended to provide some preliminary data related to causation (e.g. the SC program’s impact on Humboldt County teen unintended pregnancy and STI rates via the program’s impact on youth intended sexual behaviors), but also to explore the personal and contextual impacts of SC (e.g. group members’ resiliency). SC has two different target populations: one small and experiencing intense, long-term programming; the other large and experiencing short, once-a-year programming. Qualitative methods seemed appropriate for capturing the depth and complexity of the program’s impact of the small population, while quantitative methods are better suited to the large numbers and controlled variables of the historical survey analysis.

The quantitative component of this study consists of a description of the behavioral intention data from 4,015 historical surveys of SC audience members of performances and classroom presentations. Multiple behavioral intentions reported by audience members are also protective factors identified by Kirby (2007). The qualitative
component consists of the analysis of 10 interviews with former SC members, and comparison of the findings to Kirby’s (2007) identified risk and protective factors for teen unintended pregnancy and STI as well as the Search Institute’s *40 Developmental Assets for Adolescents* (2006).

Quantitative Component

Sample

4,015 former youth who lived in Humboldt County and received SC programming at their schools in the form of presentations and performances between 2006/2007 and 2010/2011. The sample size of the quantitative component of this study (4015 surveys) exceeds the Kirby’s requirement of a larger sample size for validity (Kirby 2007, p.91). Audience members for performances were high-school students, while audience members for classroom presentations were middle-school students.

The number of youth who viewed a SC performance between 2006-2011 was much larger than the number of youth who responded to surveys; it is estimated that around 16,200 Humboldt County middle school and high school students received SC programming. This estimate is based on: the average number of surveys collected for each year and the total proportion of surveys collected to audience members present for the eight groupings of surveys for which total audience member numbers were available (See Table 1 below). Total audience member numbers were not recorded for the remaining performance surveys. Due to the more controlled atmosphere of classroom SC
presentations, it is likely that the number of presentation surveys collected approximates the number of students in the classroom, though attendance sheets for each classroom where a SC presentation was held are not available to give precise figures on total numbers of presentation audience members.

Table 1. Percentages of Performance Audience Members Surveyed

<table>
<thead>
<tr>
<th>School Year</th>
<th>School #</th>
<th>Total # of Audience Members</th>
<th># of surveys collected</th>
<th>Percent of total audience members surveyed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/2008</td>
<td>2</td>
<td>300</td>
<td>55</td>
<td>18%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>3</td>
<td>171</td>
<td>51</td>
<td>30%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>1</td>
<td>300</td>
<td>198</td>
<td>66%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>4</td>
<td>100</td>
<td>14</td>
<td>14%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>11</td>
<td>45</td>
<td>15</td>
<td>33%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>13</td>
<td>150</td>
<td>11</td>
<td>7%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>6</td>
<td>100</td>
<td>10</td>
<td>10%</td>
</tr>
<tr>
<td>2010/2011</td>
<td>10</td>
<td>40</td>
<td>23</td>
<td>58%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1,206</td>
<td>377</td>
<td>31%</td>
</tr>
</tbody>
</table>

Design

The analysis is descriptive, encompassing a 5-year span of time. I did not create, modify, or administer any of the surveys. Due to the historical nature of the surveys, there was no control group for the historical surveys to be analyzed; surveys represent post-tests, with no pre-tests administered for comparison. Only survey data on behavioral intent was analyzed, excluding available survey data on knowledge gain, specific performances, and on the effectiveness of specific presenters/performers. Behavioral intent questions that appeared on only a few surveys (e.g. “Get tested for HIV” and “Stop bullying”) were also excluded from the study data set. There a significant amount of
complexity and variance in the data to be analyzed, discussed in Analysis/Synthesis of Data.

**Behavioral Intent Questions.** The questions included on the surveys whose responses are analyzed in this study are listed below. In this section, questions included on surveys are italicized. The following eight questions are constant throughout Performance surveys analyzed:

*After seeing this performance, are you more likely to:*

- Use protection (condom)
- Talk to your partner/future partner about sexual issues
- Use birth control when sexually active
- Go to the clinic or go to a clinic that offers birth control and STD/STI testing
- Wait to have sex
- Get tested for STDs
- Talk to your parents about sexual issues
- Do none of these (Absent from surveys from 7 schools in 2007/2008)

The following four questions are constant throughout Presentation surveys analyzed:

*After this presentation, I am more likely to:*

- Educate my peers about what I've learned
- Decide and set limits ahead of time
- Say no to pressure
- Communicate my values more clearly
- None of these

The following two questions are included only on surveys with 7th grade students who predominantly received the “Gender Role Stereotypes” Presentation:

*After this presentation, I am more likely to:*

- Seek healthy relationships
- Be more aware of gender-role stereotypes

**Data Collection.**
The surveys were administered by two different former Spare Change Coordinators following Spare Change presentations and performances. I had no role in the survey design or implementation. Surveys were completed by students who were 9th-12th grade audience members of Spare Change performances following performances and 7th and 8th grade recipients of Spare Change classroom presentations following the teaching. Survey data collected from students by SRPP was part of SRPP's Memorandum of Understanding with each participating school (See Appendix D).

**Analysis/Synthesis of Data**

I analyzed most of the behavioral intent data found on 4,015 of the Spare Change Performance and Presentation surveys collected during the 2006/2007 – 2010/2011 school years.

**Data Cleaning.** Before I began analysis, I organized around 5000-6000 surveys stored at SRPP. During the data cleaning stage, I organized surveys into their corresponding years and corresponding schools, excluding years before 2006 and after 2011. I found that many groupings of surveys were already tallied, as some descriptive results of particular years and particular schools had been included sporadically in past grant reports for SRPP. Due to time constrictions on the project, I did not re-calculate already tallied survey groupings unless I was found it to be needed for accuracy (See Data Variance). I also found electronic records of tallied survey data on the Six Rivers Planned Parenthood Network Drive, and then compared this to the existing hardcopies. I
did not find hardcopies for every electronic record, nor did I find an electronic record for all hardcopies (See Limitations).

Data Set. The study data set uses data from both electronic and hardcopy sources. See Table 2 and Table 3 below.

**Table 2. Performance Data Included in Data Set**

<table>
<thead>
<tr>
<th>School Year</th>
<th>Total # of Performances</th>
<th># of Performances Included in Study</th>
<th># of Included Survey Complete Hardcopies Found</th>
<th># of Included Survey Electronic Files Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/2007</td>
<td>24</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>2007/2008</td>
<td>12</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2008/2009</td>
<td>13</td>
<td>9</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>2009/2010</td>
<td>17</td>
<td>12</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>2010/2011</td>
<td>18</td>
<td>12</td>
<td>12</td>
<td>12</td>
</tr>
</tbody>
</table>

**Table 3. Presentation Data Included in Data Set**

<table>
<thead>
<tr>
<th>School Year</th>
<th>Total # of Presentations</th>
<th># of Presentations included in Study</th>
<th># of Included Survey Complete Hardcopies Found</th>
<th># of Included Survey Electronic Files Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006/2007</td>
<td>13</td>
<td>11</td>
<td>0</td>
<td>11</td>
</tr>
<tr>
<td>2007/2008</td>
<td>15</td>
<td>14</td>
<td>12</td>
<td>14</td>
</tr>
<tr>
<td>2008/2009</td>
<td>11</td>
<td>9</td>
<td>5</td>
<td>9</td>
</tr>
<tr>
<td>2009/2010</td>
<td>10</td>
<td>9</td>
<td>9</td>
<td>9</td>
</tr>
<tr>
<td>2010/2011</td>
<td>7</td>
<td>5</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

Presentation Data Set. Only data from presentations held in public schools for 7th and 8th grade students on the topics of Gender Role Stereotypes (usually done with 7th grade) and Healthy Relationships (usually done with 8th grade) were included in this data set. Presentations at community events, for audiences older than 8th grade such as high school or college students, and on other topics (such as “Homophobia”) were all excluded from the data set. See Appendix I for Spare Change presentation lesson plans.
Performance Data Set. Only data from performances held in public schools for 9th-12th grade students were included. These audiences were predominantly adolescents (9th-12th grade students) with a few teachers and administrators. Due to the absence of identifying data on the surveys, there was no way to separate out the responses from teachers vs. students. Community performances, shows at Humboldt State University, fundraiser shows, and performances held outside of Humboldt County were all excluded from the data set. No data from performances during the 2006-2007 year is included in the results.

Data Variability and Complexity. Even after narrowing down the data to be analyzed, there was still a significant amount of complexity and variability in the surveys to be analyzed. Many of these points of variability had to do with the “do none of these” or “none of these” responses on both performance and presentation surveys. In Results, attention is drawn to the “Do none of these” and “none of these” responses being of compromised reliability for multiple reasons listed below. The following section will list these different points of variability and how they were methodologically addressed.

Variability Between Performance and Presentation Surveys:

- There were different behavioral intent questions for presentation surveys and performance surveys. Performances and presentations were analyzed separately.

- No responses and the response “Do none of these” or “none of these” were combined on electronic tallied data for both performances and presentations into one category named “none of these/left it blank.” As this response does not differentiate between a blank survey and a response that denies impact of the program on their behavioral intentions, it was necessary to find all available hardcopies and re-calculate to split the response apart. This was not possible for
all data included in the data set due to lacking some hardcopies. After re-
calculation of existing hardcopies, the “none of these/left it blank” response
remained for all presentation data from 2006/2007, 2 presentations in 2007/2008,

- Many of the surveys that had a “Do none of these” or “none of these” response
were surveys where all or many of the other behavioral intent responses were also
marked. For example, a survey might have “Do none of these” marked in addition
to “Talk to parents” and “Use protection.” Logically, if the respondent intends to
talk to parents or use protection, this necessarily rules out the response “do none
of these.” This was a problem for almost all of the survey groupings. The optimal
way to address this problem upon discovering it would have been to re-tally all
survey responses myself, disregarding previous tallied records. However, this was
not an option due to the time limits of the project. Instead, I estimated the
proportion of the “do none of these” responses. I looked at five survey groupings
(those from large schools for multiple study years) in order to determine the
proportion of “single-mark” to “all-response” “do none of these” responses. On
average, about half the “do none of these responses” were single-mark, and half
were part of an all or multiple response survey. See Table 4 below.

- When comparing a few of the electronic tallied records against their hardcopies, I
found that for surveys where all available responses were marked including “do
none of these” or “none of these,” the affirmative responses had been included in
the tallies while the “do none of these” or “none of these” responses had not. This
was not the case for all survey groupings. Again, the optimal path upon
discovering this fact would have been to re-tally all survey responses myself. This
was not an option due to time limits. Instead, I compromised and went through all
hardcopies available to re-calculate “Do none of these” response tally to include
the “do none of these” responses from those surveys with all available responses
marked. This provided a more accurate view of the data for which there are
hardcopies. The same could not be done for data using only electronic records.

Table 4. “Do None of These” or “None of These" Response Variance Calculations

<table>
<thead>
<tr>
<th>Year</th>
<th>School #</th>
<th># of surveys with single mark on “do none of these”</th>
<th># of surveys with all or multiple responses checked, including “do none of these”</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/2008</td>
<td>3</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>2008/2009</td>
<td>1</td>
<td>27</td>
<td>10</td>
</tr>
<tr>
<td>2009/2010</td>
<td>1</td>
<td>10</td>
<td>18</td>
</tr>
<tr>
<td>2010/2011</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2010/2011</td>
<td>1</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>58</td>
<td></td>
<td>54</td>
</tr>
<tr>
<td>Percentage</td>
<td>52%</td>
<td></td>
<td>48%</td>
</tr>
</tbody>
</table>
Variability in Performance Data:

- The behavioral intent response “Go to the clinic” (2007/2008 performance survey) changed to “Go to a clinic that offers birth control and STD/STI testing” (2008/2009 – 2010/2011 performance surveys). Due to the nature of Spare Change performances, I assumed that these questions would be interpreted similarly, and therefore analyzed them as the same response.

- Electronic and hardcopy data was missing for most of 2006/2007. Electronic data from seven performances was found, but did not include either of the responses “do none of these” or “left it blank/no response.” This year was excluded entirely from the performance data set.

- Seven of the 2007/2008 Performance Survey groupings did not have the behavioral intent response of “do none of these” as an option, but instead had “Get tested for HIV.” 2007/2008 had two different performance survey templates being used for different performances. See Appendix E for Survey Templates. The 7 surveys were included in the data set to be analyzed despite this omission, but attention was drawn to the “Do none of these” response as problematic for multiple reasons in the result tables and charts.

Variability in Presentation Data:

- Two different Spare Change presentations were given and evaluated each year. 7th grade students predominantly received the “Gender Role Stereotypes” presentation, while 8th grade students predominantly received the “Healthy Relationships” presentation (See Appendix # for Lesson Plans). Grade level is included as a part of presentation analysis in tables.

- 7th grade (Gender Role Stereotype presentation) surveys included two behavioral intent questions that were not included on 8th grade presentation (Healthy Relationships) surveys. These two behavioral intent responses were analyzed entirely separately from the other

Descriptive Analysis. Survey results were first compiled in a Microsoft Excel spreadsheet. After adding both hardcopy and electronic data to this spreadsheet, a separate, normalized data set spreadsheet was created. From this normalized data set,
pivot tables were created including data from each study year. Microsoft Excel charts compiling data from all study years were created from the pivot tables.

**Ethical Considerations**

The surveys were anonymous; they contain no individual identifying data, thus posing little risk of harming survey respondents. Only one year of presentation surveys collected any demographic data on gender and ethnicity, and most survey respondents did not fill this information out. However, because there is survey data from some very small schools alongside the year that it was collected, I chose to obscure the names of each school and assign each school a random number to further protect anonymity. Survey data collected from student audience members by SRPP was part of SRPP’s Memorandum of Understanding with each participating school (See Appendix D). All survey respondents (under the age of 18 at the time of Spare Change performances and presentations, though no longer minors at present) received permission from their legal guardians to participate in SRPP educational programming, which included participating in evaluation. Parental and legal guardian consent for minor's participation in survey was through an "opt-out" permission form, in alignment with California Education Code 51938 & 51939. This means that no survey data was taken from students who did not receive parental permission.
Qualitative Component

Sample

Ten former teen members of the Spare Change group (SC alumni) from 2006/2007-2010/2011 (two per year from each year of the five year period). Due to the small and public nature of the group, very limited demographic information can be provided to maintain confidentiality and anonymity of SC alumni. For example, information about gender would compromise the confidentiality of any male participants due to the limited number of males in the group each year. Demographic questions were not asked of participants, though some demographic information was shared during the interviews. Demographics of the ten interview participants include:

- majority identified as their gender as female, which is reflective of SC group membership;
- majority were Caucasian, which is also reflective of SC group membership;
- between the age range of 19-27 years old;
- 4 were currently attending college at the time of the interview;
- 4-6 were currently employed at the time of the interview;
- 6 participated in the SC program for 1 year;
- 4 participated in the program for 2-3 years;
- participants were drawn from 5 different high schools; and,
- 5 lived in single parent households as youth.

Participant Risk Factors for Unintended Pregnancy and STI. Information on participant’s risk factors for unintended pregnancy and STI during their youth was not elicited. However, many participants shared information about their backgrounds and childhoods. This information was compared to Kirby’s risk factors (2007, p. 55-61) to
gain a better understanding of the program’s impacts. In this section, risk factors will be italicized.

Based on the limited background information shared by participants during the course of the interviews, I estimate that six out of ten participants had two or more risk factors for unintended pregnancy and STI present in their lives at the time of joining Spare Change. Four of these had between two to three present, while two had between six to nine. Risk factors reported by participants included:

- **family disruption** (p. 55) (single parent households) – 5 participants
- **household substance abuse** (p. 55) – 3 participants
- **being behind in school or having problems in school** (p. 58) – 3 participants
- **older romantic partner** (p. 58) – 2 participants
- **physical abuse & maltreatment** (p. 56) – 1 participant
- **a history of prior sexual coercion or abuse** (p. 61) – 1 participant
- **older sibling early sexual behavior** (p. 56) – 1 participant
- **physical fighting** (p. 59) – 1 participant
- **alcohol use** (p. 59) – 1 participant
- **drug use** (p. 59) – 1 participant
- **same-sex attraction or sexual behavior** – 1 participant

The risk factors of peers’ **alcohol use, drug use, and deviant behavior** (p. 57) was likely but only implied by three participants, and **sexually active peers** (p. 57) was likely, but only implied by two participants. It is quite likely that more risk factors were present in the lives of participants than were shared during the course of conversation about the impacts of the program (See Limitations).

**Design**
Ten semi-structured, open-ended interviews were held in the winter of 2013 to the spring of 2014. Two members from each year were included as participants, therefore evenly representing the five-year span of the program being evaluated. Participants were chosen randomly. An interview guide was used to explore the individual and environmental effects of the program on former members. Analysis was both inductive and deductive. Thematic Analysis was used to inductively analyze the data, and the resulting themes are the Participant Outcomes. In the deductive analysis, these outcomes were then compared to teen unintended pregnancy and STI risk and protective factors as detailed in the work of Douglas Kirby (2007) and to the 40 Developmental Assets for Adolescents (Search Institute, 2014).

Qualitative studies commonly used six strategies for enhancing and evaluating their trustworthiness/credibility (the parallel of quantitative validity) and dependability (parallel of quantitative reliability). These measures of trustworthiness are different than quantitative studies (Rubin & Babbie, 2011, p. 451). These strategies include:

- prolonged engagement,
- triangulation,
- peer debriefing and support (aka. external review),
- negative case analysis,
- member checking, and
- auditing.

(Guest, 2012, p.83; Padgett, 1998).

The qualitative component of this study includes 4 out of 6 of these measures, excluding triangulation and member checking for 9 out of 10 participants (see Limitations).
**Prolonged Engagement.** As a former member of Spare Change and a current assistant to the group, my engagement with the program is certainly prolonged. I know the program from multiple perspectives - member, coordinator, grant-writer, and now researcher. I am familiar with its complexities. When I disclosed my history with Spare Change to interview participants, in particular my past membership as a teen, it seemed to me that interview participants’ levels of trust increased. This higher level of trust hopefully allowed participants to open up more in the interviews than they may have done with a fully external researcher. However, I had not had a personal relationship with most of the former Spare Change members who were interview participants so they did not have pre-existing trust of me on an individual level. There are a few participants interviewed whom I know through my personal life, but none of them well.

**Peer debriefing and support.** I engaged in peer debriefing and support in the form of my mandatory Masters Project Implementation class with Dr. Michael Yellow Bird during the Spring of 2014. In this setting, and in conversations with cohort members and committee members outside of class, I exchanged alternative perspectives on data collection, worked through problems, and discussed the meaning of data as it was collected. This enabled me to spot and correct for biases and other problems in data collection and interpretation (Rubin & Babbie, 2011, p. 452).

**Negative case analysis.** In the process of analysis, I searched for disconfirming evidence and deviant cases of my interpretations and paid special attention to deviant themes. For example, I noted, acknowledged, and closely explored one interview participant’s responses that did not fit the themes and codes of all other interviews. Guest
(2012), states: “Searching for and reporting negative and deviant cases mitigates the tendency to highlight only those data that support a given argument and also helps ensure a more exhaustive analysis and consideration of alternate explanations” (p.95).

**Member checking.** I sent or showed interview participants my interpretations from the coding of their interview in order to ensure that they recognized and found meaning in the way that I summarized and categorized their responses. The intent was to explore disagreements in interpretation with them, and adjust my interpretations so that they rang true for the participants’ reality. However, only one participant out of ten responded to my request for member checking. That participant said my interpretations were correct (See Limitations).

**Auditing.** I kept a log of my decisions, thoughts and feelings throughout the process, as well as having a copy of the transcripts in a locked cabinet at my home. The intent of this log was to allow an impartial and qualitatively adept investigator such as my Committee chair, Dr. Michael Yellow Bird, to scrutinize my work if it was viewed as necessary by my committee. This process would be done in a way that minimizes breeches of participant confidentiality.

**Data Collection**

The recruitment of participants and conduct of the interview was as follows:

1. SC alumni names from each school year were written on small slips of paper with the year of participation included. Each year’s groupings of names were kept separate from each other in envelopes. I mixed up these slips of paper in each envelope, then
drew two names randomly. The names correlated with the two members from that year to be contacted first.

2. I attempted to contact these SC alumni via phone or email, first by using the contact info provided by SRPP and Director of Education Amy Bruce to myself as an SRPP Intern, then through information found on public resources/widely used social networking websites (e.g. Facebook). If I could not find up-to-date contact info and make contact with the individual within three days, I removed the individual’s name from grouping for that year and repeated the randomized selection process. I began to attempt contact with two alumni from the 2006/2007 school year, and the proceeded chronologically making sure to give potential participants adequate time to respond before moving on to a different contact. If a SC alumni contacted me over three days after I had left a message and moved on, I included them in the interviews for that year. Due to the fact that some SC alumni participated in multiple years of the program (3 years maximum), I simply removed names of individuals (when I drew them) with whom I had already conducted an interview. I repeated the process until I drew someone not yet interviewed.

3. When I contacted a SC alumnus, either through sending emails, leaving phone messages or having phone conversations, I introduced myself as a current Intern of SRPP and a researcher doing a study of the program. I first ascertained their interest in voluntary participation in my research. I then emailed them copies of the Consent Letter (Appendix F), Risk Management Statements (Appendix G), and Interview
Question Guide (Appendix H) to review on their own time if they wished. Interviews were scheduled as soon as possible to their initial statement of interest.

4. Semi-structured interviews were conducted in-person, via phone or via video-chat through Google Video Chat or Skype. They ranged between the shortest, at 45 minutes, to the longest, at 1 hour and 45 minutes. Audio recordings and transcripts of these recordings comprise the data analyzed.

5. Before each interview, I asked whether the participant had reviewed the letter of consent. If they hadn’t, we read through it and I obtained verbal consent. Next, for all participants, I read through the Risk Management Statement (Appendix G), which addressed how to manage the multiple potential risks of the interview. I paused to obtain confirmation of understanding between each component. Finally, I confirmed consent before beginning each interview and provided interview participants with a hard-copy of the interview question guide (if in-person).

6. Participants were asked identical questions, each with a set of probes (see Interview Guide, Appendix H). As needed, I prompted participants to expand on their answers to any of the questions with, "Can you please tell me more about that," or a similar, open-ended prompt. See Appendix H for interview questions and corresponding probes.

Analysis/Synthesis of Data

Data was analyzed inductively and deductively at the same time, using the qualitative analysis software, Atlas.ti. Inductive analysis was guided by two qualitative
analysis frameworks. First, initial or “open coding” was done using Grounded Theory (Charmaz, 2006). These open codes were then recoded in the Atlas.ti software using Thematic Analysis (Guest, 2012). During the second level of coding, themes were identified, again guided by Thematic Analysis. Deductive analysis throughout was guided by Kirby’s (2007) teen unintended pregnancy and STI protective factors and the 40 Developmental Assets (Search Institute, 2006) in multiple ways: 1. through the structure of the interview questions asked of participants; 2. through the type of themes that I focused on (e.g. actions and changes as a result of the program); 3. through a comparison of my inductive findings to the pregnancy and STI risk and protective factors identified by Kirby (2007) and the Developmental Assets of the Search Institute (2014).

After identifying themes, I emailed encrypted data back to the interview participant for member checking in the form of interview transcripts with associated codes in the margins (they had been informed that this was going to occur). I explained to participants that I wanted their opinions and thoughts on the validity of my interpretations of what they had told me. I received a response from only one participant (See Limitations). I kept a log of my decisions, thoughts, and feelings about the process.

For this analysis, I will assume that any events, occurrences, or patterns referenced by participants actually occurred in their lives.

Ethical Considerations

There were multiple ethical angles to consider in designing and engaging the qualitative component of this study. The pool of Spare Change (SC) alumni from which
interview participants are drawn is relatively small (around 100 in total) and alumni are known publically and by SRPP. There was risk that a particular individual’s response could be identified in the final work. If participants were not certain of the confidentiality of their responses and their anonymity, they may have felt less comfortable speaking to the full range of their experience in the program, including traumatic life experiences, negative aspects or opinions of the program. To ensure anonymity and confidentiality, I included multiple extra design features. First, I assigned each participant a gender-neutral pseudonym (e.g. Sam). Gender neutrality is especially important due to the fact that there are usually less male SC members and giving a male pseudonym would allow a reader familiar with the program to narrow down the possibilities of who gave the response. I was the only person with access to the reference sheet to the pseudonyms, and pseudonyms were used in the transcripts as well. Second, I did not identify the year that the former SC member participated in the program, so each individual had a 5-year period from which they could possibly have been a participant, increasing anonymity (from 20 people to 100 possible people). Third, in use of full quotations or descriptions, I left out, changed or obscured any identifying details within any individual’s response that is not critical to the core value of their response. Participants were informed of all these measures to protect their identities before conducting the interview (See Risk Management Statement in Appendix G).

The interview process involved much more potential for emotionally intense responses than the historical surveys. The potential for emotionally-charged conversations was high for multiple reasons: the SC program educates and engages youth
on topics that are relatively taboo in our culture (e.g. sexuality in general, rape, STIs, dating violence), the interviews would probe a period of life in people’s lives (adolescence) that is often characterized by first sexual experiences and dramatic changes and growth; the youth were put in a position of being “peer helpers” which meant that they might be exposed to others’ trauma, even if they themselves did not experience trauma. I knew there was the possibility of triggering memories of past trauma. To manage the potential harm to participants from emotional stress caused by the interview, I read a series of statements before beginning each interview (See Risk Management Statement in Appendix G). These 10 statements, among other things, reiterated the voluntary nature of the interviews, and informed participants of the many options for managing emotional stress, including counselors and hotlines.
CHAPTER 4: RESULTS

Quantitative Results

A total of 4,015 surveys were analyzed. The following section is a description of the results. For this section, specific behavioral intentions, protective factors and Developmental Assets will all be italicized (e.g. Get tested for STDs).

Performances

Table 5, Table 6, and Figure 1 analyze data from 2007/2008 – 2010/2011. The school year 2006/2007 was excluded from the data set. The headings in Table 5, Table 6, and Figure 1 are abbreviated versions of the responses that students checked on the surveys. The full versions are:

- Use protection (condom)
- Talk to your partner/ future partner about sexual issues
- Use birth control when sexually active
- Wait to have sex
- Get tested for STDs
- Talk to your parents about sexual issues
- Do none of these
- No response

Note: Results for do none of these and no response are compromised in reliability due to project limitations. See Limitations, Quantitative Component.

<table>
<thead>
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<th>School #</th>
<th>Use Protection</th>
<th>Talk to partner</th>
<th>Use birth control</th>
<th>Go to clinic</th>
<th>Wait to have sex</th>
<th>Get tested for STDs</th>
<th>Talk to parents</th>
<th>Do none of these</th>
<th>No response</th>
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</table>


Note: Results for do none of these and no response are compromised in reliability due to project limitations. See Limitations, Quantitative Component.

<table>
<thead>
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<th>Use Protection</th>
<th>Talk to partner</th>
<th>Use birth control</th>
<th>Go to clinic</th>
<th>Wait to have sex</th>
<th>Get tested for STDs</th>
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</table>
Figure 1. Chart of Total High School Performance Survey Results

The table below includes data from 2007/2008 – 2010/2011. The headings in Table 7, Table 8, and Figure 2 are abbreviated versions of the responses that students checked on the surveys. The full versions are:

- *Educate my peers about what I've learned*
- *Decide and set limits ahead of time*
- *Say no to pressure*
- *Communicate my values more clearly*
- *None of these*

Note: Results for *do none of these* and *no response* are compromised in reliability due to project limitations. See Limitations, Quantitative Component.

Note: Results for none of these/left it blank, none of these, and no response are compromised in reliability due to project limitations. See Limitations, Quantitative Component.

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<th>Grade</th>
<th>Educate my peers</th>
<th>Decide and set limits</th>
<th>Say no to pressure</th>
<th>Communicate my values more clearly</th>
<th>None of these/ left it blank</th>
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Note: Results for none of these/left it blank, none of these, and no response are compromised in reliability due to project limitations. See Limitations, Quantitative Component.

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<th>Decide and set limits</th>
<th>Say no to pressure</th>
<th>Communicate my values more clearly</th>
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<td>7th &amp; 8th</td>
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<td>67%</td>
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</table>

Figure 2. Chart of Total Middle School Presentation Survey Results

<table>
<thead>
<tr>
<th></th>
<th>2006/2007 - 2010/2011</th>
<th>Responses</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Educate my peers about what I’ve learned</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Say no to pressure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Communicate my values more clearly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>none of these/ left it blank</td>
</tr>
<tr>
<td></td>
<td></td>
<td>none of these</td>
</tr>
<tr>
<td></td>
<td></td>
<td>no response</td>
</tr>
</tbody>
</table>

Note: Results for none of these/ left it blank, none of these, and no response are compromised in reliability due to project limitations. See Limitations, Quantitative Component.
Table 9. 7th Grade Lesson Plan Presentation Survey Data, 2006/2007 – 2010/2011

<table>
<thead>
<tr>
<th>School #</th>
<th>Grade</th>
<th>Seek healthy relationships</th>
<th>Be more aware of gender-role stereotypes</th>
<th>Total # Surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7th</td>
<td>215</td>
<td>229</td>
<td>331</td>
</tr>
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<td>18</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>7th &amp; 8th</td>
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<td>11</td>
<td>15</td>
</tr>
<tr>
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<td>141</td>
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<tr>
<td>Total</td>
<td></td>
<td>538</td>
<td>629</td>
<td>937</td>
</tr>
</tbody>
</table>

Table 10. 7th Grade Lesson Plan Presentation Survey Percentages, 2006/2007 – 2010/2011

<table>
<thead>
<tr>
<th>School #</th>
<th>Grade</th>
<th>Seek Healthy Relationships</th>
<th>Be more aware of gender-role stereotypes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7th</td>
<td>65%</td>
<td>69%</td>
</tr>
<tr>
<td>2</td>
<td>7th</td>
<td>56%</td>
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</tr>
<tr>
<td>3</td>
<td>7th</td>
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<td>81%</td>
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<tr>
<td>4</td>
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<td>7th &amp; 8th</td>
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<td>Total</td>
<td></td>
<td>57%</td>
<td>67%</td>
</tr>
</tbody>
</table>
Comparison of Outcomes to Existing Frameworks

Some of the behavioral intentions reported by high school (HS) and middle school (MS) audience members are known protective factors (Kirby, 2007, p. 55-61), others are intentions to gain protective factors, and a third group are intentions to perform protective behaviors. *Do none of these* and *None of these* behavioral intentions are excluded from this discussion, as they represent an absence of action in response to SC programming.

Protective factors (+f):
77% of HS students reported *Use protection (condom)*, which is analogous to (+) *Greater intention to use condoms* (p. 60).

Intention to gain protective factors (+f) and perform protective behaviors (+b):

- 58% of HS students reported *Talk to your partner/future partner about sexual issues*, which is an intention to gain (+f) *Discussing sexual risks with partner*, and (+f) *Discussing pregnancy and STI prevention with partner* (p. 61).

- 11% of HS students reported *Talk to your parents about sexual issues*, which is an intention to gain (+f) *Greater parent-child communication about sex and condoms or contraception, especially before teen initiates sex* (p. 56).

- 52% of HS students reported *Wait to have sex*, which is an intention to gain (+f) *Older age at first voluntary sex* (p. 61) and to perform (+b) *Abstaining from sex, including both delaying initiation and returning to abstinence* (p. 40).

- 59% of HS students reported *Use birth control when sexually active*, which is in an intention to perform (+b) *Increasing the correct and consistent use of contraception among sexually active teens* (p. 40).

- 55% of HS students reported *Get tested for STDs*, which is an intention to perform (+b) *Increasing testing for and treatment of STIs* (p. 43).

- *Use protection (condom)* is also an intention to perform (+b) *Increasing condom use* (p. 42).

The remaining behavioral intentions on surveys were not proven protective factors or protective behaviors for unintended pregnancy or STI. Most of the remaining behavioral intentions were included on Presentation surveys conducted with middle-school students. However, three of the remaining behavioral intentions appear to be associated with the 40 *Developmental Assets for Adolescents* (Search Institute, 2006).

Behavioral intentions associated with Developmental Assets (+DA):

- 39% of MS students reported *Educate my peers about what I’ve learned*, which is an intention to gain (+DA) *Youth as resources*. 
60% of MS students reported *Decide and set limits ahead of time*, which is an intention to gain (+DA) Planning and decision making.

72% of MS students reported *Say no to pressure*, which is an intention to gain (+DA) Resistance skills.

Behavioral intentions not associated with protective factors, behaviors, or Developmental Assets include:

- *Communicate my values clearly,*
- *Go to the clinic or Go to a clinic that offers birth control and STD/STI testing,*
- *Seek healthy relationships,* and
- *Be more aware of gender-role stereotypes.*
Qualitative Results

As the interview questions were not designed specifically to elicit questions about sexual behavior, very few participants spoke to their actual sexual behaviors. Only two participants spoke directly about their personal experiences with unintended pregnancy or STIs. One of these had experienced an unintended pregnancy after the program despite using birth control, while the other spoke to the impact of the program jokingly as, “so far I haven’t been pregnant or had an STD. So there’s that.” A result of very little data on participant’s specific sexual behaviors and their relation to the Spare Change program makes sense in regard to the structure of the interviews, but it will be discussed further in Limitations. In this section, participants’ quotations will be italicized.

Participant Outcomes: Impacts on Life Components

Spare Change alumni who participated in interviews experienced a wide range of outcomes from the program in the form of impacts on various components of their lives. Through inductive thematic analysis, I found 64 distinct, but often interrelated, impacts on participants’ lives.

Table of Impacts. Table 11 presents abbreviated descriptions of the qualities of various impacts of the program, and the quantities of participants who experienced these impacts. Table 11 is also intended to serve as a guide to the more in-depth descriptions of program impacts that follow. The structure of Table 11 is based off the structure of the interview question guide, which in turn is based off the structure of Kirby’s Risk and
Protective Factors table (Kirby, 2007, p. 55-61). However, Table 11 also contains a category that arose organically and inductively from the interviews – the “Spare Change Group.”

Impacts that were noted by a single person are only noted in the table when those impacts were discussed in the interview as being strongly related to the SC program and were deemed by the participant to have had a significant impact on their life (e.g. “Decreased physical fighting”). Other single-participant impacts are grouped together in the table under larger categories (e.g. “Developed specific values in SC”), but then described in more detail in the narrative following the table. Some of the terms used in Table 11 necessitate further description. They include:

- **Romantic and sexual partners.** Both concepts, romantic and sexual, are included in Table 11 even though Kirby uses only the term “romantic partner” and only “romantic partner” was used in the interview questions. Using both terms “romantic” and “sexual” in the analysis is important because, for at least one participant and likely many youth in general, the two concepts are not necessarily equal. A sexual partner is not necessarily a romantic one. If a youth is practicing abstinence, a romantic partner is not necessarily a sexual one.

- **Peers and Friends.** These two terms were split up in interview questions, but became intermingled and sometimes indistinguishable in interview responses. Participants’ friends as youth were also their peers. However, certainly not all peers were their friends. The “peer-helping” component of the program addresses both friends and peers. It seemed reasonable to combine the terms in Table 11.

- **Spare Change Group.** This term refers to the members and coordinators of the Spare Change program for each particular year and the group’s structure and rules.

**Table 11. Spare Change Program Impacts on Lives of 10 Alumni**
* Multiple participants discussed how their attitudes, values, and beliefs were not impacted because the program supported their existing attitudes, values, and beliefs.

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<th>Participant Responses</th>
<th>Specific Impact &amp; # of Participants Experiencing</th>
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</table>
Romantic and sexual partners. Four participants discussed how their own healthy relationships were influenced by the program. Healthy relationships were influenced through the active use of SC-acquired skills and “tools” (see Discussion) with partners (3 participants), and partners learning about intimacy and relationships from Spare Change performances (1).

“I think my smartness about things… my knowledge... whatever you want to call it… about these certain subjects helped [my partner] in a way because we had a healthy relationship sexually and emotionally. I could tell when things were
getting to be abusive and so we’d talk about it. So it kind of affected [them].” – Junior

Four participants reported increased comfort communicating with their romantic and/or sexual partner about their sexuality and the health of their relationship. “Spare Change definitely made me feel comfortable with communicating um my concerns about safety or about what I needed, um, asking questions I guess and not feeling uncomfortable about that.” – Leslie

Four discussed SC influencing their choice of future partners, making them more selective by being more aware of their own value and worth, boundaries, safety needs, and of what they “deserved” in a relationship. Two of these participants spoke of looking for partners who were friends, with whom they could create a deep level of understanding. One also generalized their values for a future romantic and sexual relationship to also applying to their values for future friendships (See Discussion, Deep Connecting Relationships).

“I feel like a lot of people are annoyed when you... when someone wants them to get tested for STDs before they are sexually active together and that is definitely something that I want in my future relationships. Um, so I think it could potentially um affect my romantic relationships, and I think it probably rules out a lot of people that I could potentially be with because they are not going to be accepting of my boundaries.” – Sawyer

Three participants discussed dating alumni or current SC members; two dated SC alumni while one dated a fellow SC member in the group. See Spare Change Group for discussion of dating members in the group. It seems that dating relationships between between SC members and alumni was beneficial in that youth shared training and knowledge: “[my partner] already had a lot of these tools in [their] pocket. So having us
“come together with those was awesome.” – Charlie. However, the development of intra-group romantic feelings and emotional bonding that is so beneficial to the group’s cohesion caused tension in the relationships of two participants. One instance of tension was due to breaking the SC program rule of avoiding romantic and sexual intimacy with current group members (See Spare Change Group). The other instance of tension was due to a participant’s partner feeling jealous of the relationship that the participant had with the SC group as a whole and with particular members:

“With romantic partners, it actually caused a huge strain with my [partner]. Partly because I had told [them] that I used to have a crush on one of the members... I think also because it was taking a lot of my time. And [they were] also a lot younger then, so I don’t think [they were] capable of looking at it as like, ‘this is a good thing for [my partner]. This is helping [them].’ [They were] just kind of you know the selfish aspect of like, ‘I want you all to myself.’” – Taylor

Three participants discussed that a break up with a romantic and/or sexual partner was directly influenced by SC. One ended due to the participant “opening their eyes” and thus developing a negative opinion of their partner’s likely future. The other breakup was influenced by learning about components of healthy and unhealthy relationships in SC:

“We learned about abusive relationships and I came to the really sad realization that I was in one. And that I was the abuser actually, rather than the abused...I realized that I was more emotionally and mentally abusive then [and] the person I was with was like emotionally and physically... But I just realized so much about my relationship that I actually broke up with the person and I was that much happier” – Anonymous

Family. A majority of participants (8) reported experiencing some level of family support and/or shared that their family was proud of them. These experiences of support included: parents (4 participants), siblings (3), and extended family (1) being proud; and
improving parents’ perceptions of their children through their child demonstrating positive qualities of productivity and commitment (2). “I think that it impacted my family in the way that it showed them that I was doing something on a regular basis and committed to it.” – Sandy. Additionally, two participants stated that SC helped to relieve parent anxiety about their child’s future:

“I think my parents have expressed in the past that they were kind of concerned about the path I was going down before I started in Spare Change. They haven’t told me too much about that but I can just assume it was probably, they were concerned cause I was smoking a lot of weed and hanging out with not so great people. So... I’m assuming that’s what they were referring to. So I’m sure it probably changed their relationships with me and made them a little bit more relaxed about what I was doing with my life” – Sawyer

Three participants said that SC improved their relationship and communication with parents, including helping one participant address an ongoing health issue and be more honest with their parent (1), and easing a parent’s nervous feelings about having the “birds and bees talk.” (1). “I think it opened up a lot of conversations between me and my mom and dad.” – Leslie.

However, some participants (4) experienced opposition by certain family members to SC in particular or Planned Parenthood in general. In three of these cases, family member opposition caused tension in relationships. One family member specifically disagreed with the program’s emphasis on LGBTQIA issues, another had had a negative past experience with Planned Parenthood, and a third had had a previous negative experience with SC and was then insulted by a comment made by another SC member in the participant’s year. “Um, so the entire time that I was in Spare Change up to today, [my family member] thinks that Planned Parenthood brainwashed me.” – Leslie
Two members watched their parents transform their perspectives on SC through seeing how the program positively impacted their child and others. One of these participants saw their parent who was previously in direct opposition to SC (Included in impact listed above) later turn around to support their child in the face of community hostility:

“And especially going to church on Sundays, a couple different times, they were definitely like asked, “You’re supporting this? You’re supporting your [child] being in this?” I remember [my parent] saying this:[They go], “NO. I’m not supporting THIS. I’m supporting my [child].” And then [my parent] would go on to say like what I was doing... It was a great educational tool. I was amazed at the transformation this had as far as our family goes... Um, but also, it kinda gave me this little bit of a confidence booster.” – Charlie

Three participants spoke of educating family members (parents and siblings) with knowledge gained in SC. One spoke of correcting their parent’s derogatory language in regards to LGBTQIA people and being thanked for it, another on taking on the parent’s role of doing “the sex talk” with their younger siblings, and the third of experiencing role-reversal with “the talk” by becoming their parent’s educator:

I found my [parent] asking me questions about STDs and things like that because [they are] dating... But its things like that you know, I’m sure that’s probably happened with other parents of people who were in Spare Change or parents who saw our performances and maybe have reached out to Planned Parenthood to figure this stuff out. Because its pertinent information for pretty much everybody.” – Sawyer

Three participants felt their family was not very engaged in SC. One case of family disconnection from the program was related to a family member’s opposition to the program, though the other two seemed to be unrelated to the program (See Discussion). When parent support was lacking, participants felt it:
“My family was really weird about it. I don’t even know why, they never really talk about it. But they only came to one of my performances. (laugh) The whole time... That really sucked. (laugh)... I mean my dad and I were already really divided at the time anyway, so it was kind of. But it was really sucky... It didn’t feel too good.” - Sandy

Peers & Friends. Seven participants talked about how the SC group helped them develop close relationships with peers outside their natural social circle. Participants connected the experience of emotional bonding with peers from diverse backgrounds to changes in their perspective, increased levels of self-awareness, empathy, and decreased judgment of others in general (See Skills and Sense of Self): “But having conversations with people who grew up in a different way than I did changed my perspective in a big way.” - Kai

Half of participants noted how SC helped to strengthen relationships with existing friends, and build relationships with peers, both inside and outside the SC group:

“But I think it also strengthened certain relationships with peers because they did know they could talk to me about those sort of things. And I’ve had a lot of friends, um or you know just peers, who have come to me with different issues because they knew I was in Spare Change.” – Taylor.

These participants experienced strong emotional bonding and made long-term friends in the group: “Well I mean it gave me this really close group of friends who I still talk to. Not all of them, but I still talk to some of them to this day.” - Sawyer

However, it is important to note that one participant was very clear about not having made long-term friends in the group due to experiencing group dynamics of cliques and personal social exclusion (See SC group): “It was always said throughout the
group.... All the people were like ‘We’re going to stay in touch. We’re going to be friends after this.’ I am not friends with any of them.” – Fred.

Three participants discussed how SC caused tension in their friendships because it created an ‘in’ group and ‘out’ group within their friend circle. One talked about how gaining a new circle of friends in SC influenced her in growing apart from a childhood friend, though the participant also saw this dynamic in high school as “inevitable.”

“I think that it also created kind of a weird clique, socially, outside of Spare Change. I think that because maybe a third of my friends were in Spare Change and the other two thirds weren’t and we were all friends. I think there was some, there was a division. And I think, you know, there was also, it created kind of a weird dynamic with people who had really wanted to be in Spare Change who either didn’t get in or who couldn’t audition because their boyfriend or girlfriend was already in Spare Change.” – Leslie

The peer-helping component of the Spare Change program played a role in all ten participants’ peer and friend relationships. Six of these participants discussed being approached by their peers, both friends and acquaintances, with problems and questions due to being a SC member. Six participants also described how the program impacted others perceptions of them; that they were and still are “seen as a resource” by others. Four participants directly connected their abilities to help peers to their increased skills at withholding judgment (See Skills).

“I just, yeah, wound up having a lot of different conversations with people about things that were happening at that time within their lives and stuff. Um, and I think that they felt comfortable asking me questions because I was a member of Spare Change. Um, and I felt comfortable giving them referrals.” – Leslie

The degree to which friends and peers engaged the participant as a peer-helper varied dramatically and seems to be related to two social factors. The first factor was the
degree of existing social closeness between participants and those engaging with them for their SC knowledge. Participants generally described the most intimate peer-helping engagement with close friends (e.g. a friend describing possible STI symptoms they were experiencing to a SC member), and more distant engagement with acquaintances and unknown peers (e.g. “opening up discussions” with SC members). See Discussion for a conceptualization of the varying degrees of peer and friend engagement.

“...I had this friend in high school and [they] told me that [they] had never been tested for an STD. And that was just like, ‘Oh no, you have to go to the clinic and get tested if you are going to have other sexual partners, it’s not fair to them.’... So we went and I went with [them]... That was great. I was comfortable with like, and [they] trusted me enough to let me take [them] to the clinic.”- Sawyer

“...strangers that I didn’t know from school would come up to me and ask me questions... you know, it mostly happened my 2nd year, cause I had been in the program for a while, and I’d wear my Spare Change shirt at school, and I’d become someone that like you can go and talk to.” – Kai

The second factor influencing the levels of peer-helping engagement appears to be the amount of “self-promotion” that a SC member did; that is, the amount that a participant publically “put themselves out there” as a SC member, beyond appearing on stage with the group during performances. One member described themselves as becoming well-known as a SC member at school due to writing event dates on classroom whiteboards and wearing their SC T-shirt around school (See Kai quote above). This was the same member who relayed a story about a peer (not a friend) reaching out to them for help and intervention during a mental health crisis. This story was unusual among the participants due to the social distance of the peer combined with the intensity of the engagement. On the other hand, the two participants who reported the least peer
engagement and program impact on their peer relationships were the same ones who felt that they did not actively seek to engage in the peer-helping component of the program:

“I feel like my friends, maybe my close friends would look to me for advice sometimes. But I wouldn’t try to really try to really do too much on that. I was actually probably the worst at that whole self-promoting thing... I didn’t even really know that was a component I guess.” - Sandy

“...in some respects I think... I was sort of taking a backseat in some respects... I don’t think I took up a very big role as far as like in the program... I think that to friends and peers and whatever, there was an understanding that maybe I could be a resource so I think I tried to give that vibe out without you know, just like saying, ‘hey you know, ask me about whatever.’ ... it didn’t happen that often really [peers approaching participant as resource], but I think that was an affect because it happened at least once.” - Zie

**SC Group.** The social dynamics with the Spare Change group played a significant role in the program’s impact on the participant. Categorized broadly, nine participants shared generally positive memories of the SC group experience, while only one shared a generally negative experience. However, most participants did not just have one group dynamic experience, but a complex mix of experiences. “You know, I’ve had my moments when I’ve been really angry at the group Spare Change – but I think that’s like any normal relationship. You are gonna have the good and the bad.” – Taylor.

Almost all participants (9) shared experiences of bonding emotionally with other group members and experiencing feelings of acceptance by the group. This sense of belonging was much stronger with some than others; two shared feelings of the group being “family” or “home” while others simply noted that the group was emotionally bonded.

“I really liked how connected we got to our group members. It was really... especially the camp before and then I felt like it was really good program for
Five participants shared experiences of a lack or break down in group bonding and/or a sense of social exclusion. Participants noted multiple ways that negative group dynamics and personal experiences were created: romantic and sexual relationships between members in the group (5 participants mentioned), cliques within the group that resulted from too many members being students at any one particular school (3), interpersonal “drama” between members (3), loss of members via removal or separation (3), an absence or non-reciprocation of expected emotional connection between members (2). On cliques in the group: “And they’ve all been friends with each other since kindergarten so they’re not going to really let you into their circle. And so I think that kinda transferred to the Spare Changers who were in the group too.” – Taylor. On “drama” in the group:

“We had two [members] that hated each other, who physically got in a fight like in a... I didn’t understand. It caused so much turmoil, so much unrest. And it seemed like as we tried to unify, we were getting divided. So even after parties had left and moved on, there was still this bit of division and unrest that we couldn’t heal. We needed another camp.” – Charlie.

Half of participants discussed the conflict and complexities that surrounded the SC Ground Rule of “No Swapping Fluids” (a.k.a. No sexual or romantic relationships with group members). Participants understood this rule as being valuable for maintenance of group unity, as intra-group romantic/sexual relationships have the potential to cause an exclusive social dynamic, and potentially extreme tension between members if they break up. However, participants brought up the difficulties that teenagers face maintaining
romantic and sexual boundaries in a program that intentionally creates sense of “safe, radical emotional openness” between members. Despite the rule and members understanding the value and purpose of it, relationships and break-ups within the group did occur.

“When 2 of those people decide to pursue a romantic relationship it completely shifts the dynamic, and I think that because there are already so many emotions and so many different um things that people are going through or um processes that they are dealing with, I think that that particular shift can be really damaging and really really uncomfortable for everyone. Um, no matter how positive or negative that romantic relationship is or end up being.” – Leslie

Six participants perceived a differential between their own commitment level of work and that of other Spare Change members. They felt that this was unfair and disappointing.

“But for me it was frustrating because I felt that there were people out there that wanted to be in Spare Change that didn’t get into it that would have been maybe more committed. I just felt like... I’d be like ‘where’s my partner for this part?’ Or ‘they can’t remember their lines.’ Or ‘they’re not really putting an effort in.’ It was just like their level of commitment.” – Sandy

Seven participants discussed the impact of the Spare Change Coordinator on themselves personally and on the group dynamics. Some of these participants had polarized experiences with coordinators (all positive or all negative) while some had mixed experiences; five members shared positive ones and five shared negative ones. The issues came up in regard to coordinators included: fairness and equal treatment of members (3 participants mentioned), the power dynamic between members and coordinators (4), and the mentor relationship (3).
In terms of fairness and equality, while one participant mentioned that they thought the coordinators “overall did a really good job being equal,” the others saw coordinators as “having favorites,” “lowering the standard,” and applying SC rules and expectations differentially. “I think she [the coordinator] was kind strict about that [substance use rule]. And so [another member] felt like judged, or that she was trying to overpower [them] or something.” - Dylan

Participants reflected mixed experiences of the power dynamic between the youth members (themselves included) and the adult coordinators. Two shared feelings of being respected by the coordinator. The program was like really supportive of, if you had an idea like, ‘hey we should do this’ or whatever, I don’t feel like I ever got shut down from anything.” – Zie. However, two participants noted the coordinators getting defensive when criticized by group members. One participant felt attacked by a coordinator when they brought up issues of same-sex sexual harassment in the group that was making them feel uncomfortable, excluded, and was breaking SC ground rules. The participant saw the behavior as inequitable enforcement of the SC ground rules. After the coordinator’s negative response, the participant felt that they were then purposefully excluded from the group in retaliation. The other participant shared less severe, but still troubling experiences: “I think the ability to just talk critically... for the group as a whole was lacking. It was... defensive when it came to criticizing the group or an activity we were doing.” – Taylor

Three members discussed the special mentor relationship that they had with the adult Coordinators. Two of these members mentioned calling the SC Coordinator years
after the program for support in a crisis, one mentioned their family seeing the
Coordinators as strong female role-models, and another brought up pieces of wisdom or
advice given to them by coordinators that help guide them in their current life.

“...And [the coordinator] just listened to me. Just listened to me talk. I was so
thankful that I had that person that I could call. And you know, the person who I
had worked with and been my mentor and still can call. And I know that she
would be there for me.” – Kai

The SC group seemed to serve as an “outlet” for many participants, but for three
participants it served as a major social and emotional support in high school (See
Discussion). For these three, the group helped them cope with negative aspects of life and
to stay in school:

“It was kind of almost like therapy to be able to go to this group every week, to be
around people who cared about me and be able to talk about what was bothering
me in a space where people were open and understanding and not judgmental.” –
Sawyer

On the other hand, the ability of the group to serve this role was negatively
impacted by cliques within the group. One participant, who had also had experiences of
social exclusion, claimed a position of almost complete separation from emotional
connection to the group: “I was pretty much in Spare Change just to represent the youth
that we were trying to really open their eyes.” - Fred

Community. Nearly all (9) participants reported connections to community
increasing in diverse ways, including: attending advocacy events like Humboldt Pride,
Arts Alive, the annual SRPP Roe v. Wade Anniversary Breakfast, Planned Parenthood
Capitol Day in Sacramento (4 participants mentioned); learning of community
organizations that they [the participants] would later volunteer and work for (3); developing relationships with the SRPP administration and other community members (2); traveling for SC shows across the county, and to other counties and to Washington D.C. (2); putting on community performances attended by school administrators, teachers, parents, and other adult community members (1); and meeting SC members from other years (1). "...it made me feel like I was connected to the community. I mean I really love this community." - Sandy

The majority (7) of participants recognized a “mixed bag of reactions” and support for the program. They discussed how SC carried a “good reputation,” but was also seen as “controversial” or “radical” in the general community, as well as in specific regional communities. The diversity of community opinions noted by participants speaks to the diversity of regional, school, and family communities of Humboldt County that are obscured by the generalized and vague term of “community” used in the interview questions:

“Yeah, it’s kind of like a land of dualities. There are people that are really supportive of it, and then you find a population that isn’t. It’s like, ok, we are in a bubble but there are diverse people everywhere, and you are going to have to deal with this as long as you are doing the work that you are doing. And you are going to have to make sure to be careful when you are talking about it.” – Kai

Half (5) of the participants shared the experience of feeling a strong sense of support from their community, evidenced by large turnout at community shows (2 participants mentioned), adult praise (2), and financial support of the program during fundraisers (1). Reflecting on a trip to Washington D.C. with the group, one participant shared gratitude for what they perceived as an uniquely high level of community support
for a Planned Parenthood education program in relation to other parts of the United States. Others felt their work was valued and respected by adults: “…the parents, the community, a lot of other people that were part of arts community programs recognized how, um, how strong we were as a group and how important the work that we were doing was.” – Dylan

Half (5) of alumni also spoke of specific moments of disapproval and “push back” from the community (not including family members).

“…there were times where I just kind of felt discouraged about the program. Like when we went to [community], and performed in front of [school name]. They are really really closed minded bunch. And at one point, one of the girls comes up on stage and goes ‘I’m pregnant.’ And we hear from the crowd, some guy goes, ‘Sllluuut.’ We had some negative feedback from that community.” – Fred

One participant spoke at length about their experience being the sole-representative of SC from their community, feeling community disapproval and hostility at school and church, defending themselves against misperceptions born of a lack of community familiarity and exposure to the work, both of SC (“an orgy,” “a sex-group”) and of Planned Parenthood (“only abortions”). The participant spoke of being “rebellious” by working to change hostile mindsets through “throwing facts here, there, and everywhere.” The participant felt empowered to confront hostile community perceptions and felt that they “changed quite a few minds and quite a few heads” thanks to having a supportive parent who had transformed their opinion of the program (See Family). In the words of a different participant reflecting on reactions from different communities within Humboldt County:
“I think I remember at some schools feeling like some people thought we were weird. Definitely like this is a little uncomfortable for them. But I mean that’s like kind of the whole point. That you are supposed to kind of step out of your comfort zone and get a little bit real with the facts.” – Sandy.

Behavior and Choices. A majority (8) of participants said SC impacted their behavior in some way, including general decision-making, use of language, physical fighting, substance use, and through behaving like a “role-model.” Two stated that the program had no impact on their choices and behavior. Three participants felt that the program impacted their behavior in some way, but not significantly or specifically, and two were unsure of the impact. One felt that the program was entirely transformative in terms of behavior: “When I was in Spare Change, I was completely different from how I was when I wasn’t in it. I was more cautious and aware of the choices I was making.” – Junior.

Three participants discussed how the information and training gained in the program allowed them to make “better,” “healthier,” “smarter,” and more “appropriate” choices and decisions, including helping one participant addressing an eating disorder. “…It gave me the information that I needed to make the decisions, the best decisions that I wanted to make.” – Leslie

Three participants discussed how they became more careful with their own language use. They learned and began to use socially appropriate, medically accurate, and LGBTQIA inclusive terms. Two participants discussed stepping in to call-out or correct peer and family members’ language to be more inclusive. One participant discussed refraining from saying things offhand in order to avoid offending and hurting
others: “So I think it sort of impressed on me like, sort of that there was an age for responsibility for my words.” - Zie

One participant discussed how SC helped them eliminate physical fighting that was getting them in trouble at school and home. They talked about how the program “kept them calm” by providing them an outlet from a hostile school environment, a support group of caring individuals, and a motivation for not getting suspended or expelled from school (See Education).

Three participants said SC helped them reconsider and reduce their existing substance use. One of these discussed the path they were on before SC as including smoking too much marijuana, and having that path altered by the program. Another discussed coming from a family with a history of alcoholism and how SC influenced their reduction of drinking:

“I felt like I had an obligation to not be this crazy partier and do all this stuff that everybody else was doing. And I’m trying to this day, if I do it I’m safe about. Because I know the ways to be safe about it. I had no idea, all the different kinds of effects of different things until I got in Spare Change…” – Junior

The “obligation” Junior spoke of was a concept discussed by half (5) of the alumni, that of behaving like a “role-model.” This was also referred to by participants as, “having the tools and not using them,” “walking the talk,” and, “practicing what you preach.” Participants noted that the sense of pressure due to being in the public light made them self-reflect and change their behavior: “You need to act like a role model because the onus is on you to carry those values out there” - Zie. However, conforming personal behavior and choices to the model of responsible behavior and choices that they
were promoting was discussed as being a challenge: “It’s easy to be a hypocrite. It’s easy to talk about something and sing about it and then not always practice it.” – Dylan. The realms of recognizing a need to “walk the talk” that participants discussed included responsible sexual practices and choices of partners, substance use, communication in relationships, recognizing healthy and unhealthy relationships, and language use. Behaving like a role-model is related to the sense of becoming more responsible and accountable. (See Sense of Self).

“…I can go in front of a middle school classroom and talk about healthy relationships and talk about the cycle of abuse and go into a group of my peers and talk about how to talk about and feel comfortable talking about condoms or talking about all of this stuff… I realized I wasn’t really doing that for myself, I was just talking about it.” – Kai

**Education (High School).** Though one participant saw high school and SC as unrelated to each other, the remaining nine saw Spare Change as impacting their high school careers in multiple ways.

Half (5) the participants discussed missing class for SC and prioritizing SC activities over attending classes. Missing some academic classes for SC performances and teachings is an unfortunate but inherent part of the program that is necessary in order for students to reach peers at other schools during school hours. The issue of class attendance had multiple impacts on participants. Two saw their absences as having negatively impacted their schoolwork and grades:

“If I was just going to school I probably would have put a little more heart into my work. I mean I got good grades in high school, but I pretty much scraped by with the bare minimum to get a good grade” – Sawyer.
One saw SC as more valuable and educational than school, while another participant saw it as simply “a good excuse to miss a day.” One participant discussed how the requirement that SC members miss some school (exactly how much school missed is up to participants and their parents) created a negative SC “reputation” with school staff, though negative attitudes could mitigated through constant and pre-emptive communication with most (but not all) teachers:

“... there was this whole attitude about Spare Changers in the office about being kind of flakey... It was kind of this constant thing. And that was a little frustrating, to be like ‘Hey, I’ve got to sign myself out again.’ Or my mom calls... They’d be like ‘Ooookay.’... kind of roll their eyes a little bit... I never got like penalized for anything, but it was just kind of an attitude about it.” - Kai

Half of participants (5) spoke of using SC to cope with a negative experience of school, and of having a stronger bond to SC than to school. Three of these participants, who all reported an existing dislike or apathy toward school in general and the general-education public school system in particular, spoke of the program as helping them “get through” school. “Spare Change helped because it was an outlet. It was a way of having actually something I enjoyed while in school. It was definitely the most enjoyable part of my high school career.” – Taylor. Two of these participants specifically mentioned that the SC program’s school attendance and GPA requirements kept them from dropping out of school (though one of these alumni did drop out due to outside factors unrelated to SC or school).

“... being with everyone else, talking about the struggles as well as just having that support base really pushed me to stay in school and I knew that if I was no longer there [school] that I could no longer participate [in Spare Change]. So it was kinda this, ‘oh well you gotta’ do this if you wanna’ do this.’ So it was a
good... um, tether in a sense for me. Which now looking back I really appreciate, and I really needed.” – Charlie

SC’s impact on participants’ feelings about and motivations in school are mixed. Two reported no impact on their feelings, and five reported a positive impact. In alumni who experienced a positive impact, one became more “excited” about school, another grew in their “belief in the power of people coming together with a vision,” another increased in motivation to do well in order to complete high school and start doing SC-related work.

Three reported feeling more negatively about school specifically due to their school administration’s choice to hold SC performances during lunch periods rather than class time, which they saw as an attempt to de-incentivize student attendance:

“I thought it was really confusing how some schools, including the school that I went to, wouldn’t let us do a performance for the whole academia. You know, you had to go on your lunch break to go watch Spare Change. And so that kind of like made me feel a certain way about public schools.” – Anonymous

Four alumni saw Spare Change supporting and positively impacting their academic work, specifically in English and writing, theatre, and in class discussions of sexual health topics. “…it got me involved in writing letters, and petitions and things like that. Which is a huge thing that I think that without Spare Change, I never would have thought about or pursued.” – Leslie.

One participant received academic credit for their participation in SC, which directly supported them getting through high school. “High school for a lot of teenagers is one of those experiences they can’t wait to get through... I got credit for it, so it probably helped me graduate early like I did.”- Fred
Future. Six alumni stated that they gained specific direction toward a career or college field of study through SC. One participant was not asked about their ideas about the future due to interviewer error. One said that the program had no impact on their ideas about the future. One participant said SC played a major role in their decision to go to college, and another that the program reaffirmed that desire for them.

“Ever since the first year that I went to camp, I remember being at camp and realizing, ‘oh my gosh, this is what I want to do with my life’... I want to educate people and I want to help people, or like provide people with information that should be readily available to them but isn’t.” – Sawyer

Two participants said that the program connected them to employment opportunities at another youth-serving, peer-education program. The participant who worked at this other organization valued SC for “opening doors” to work they found to be more valuable in many ways than SC. No quote is included for purposes of confidentiality.

Half (5) of alumni mentioned skills that they learned in SC being used in later employment (See Skills). One of these skills used in later employment by many was the skill of withholding judgment:

“...it came in handy when it came to talking to at-risk youth about critical thinking and making healthy choices that are their own choice. Not ‘you should do this’ or ‘this is the best option’ or ‘don’t have sex.’ It was, ‘Here is a bag of condoms. Make your own choices.’” – Fred

Four alumni mentioned learning content in Spare Change that gave them an advantage or contributed to their work in college courses, including information on the “alphabet” of human sexuality (LGBTQIA), psychology and human relations, and
human anatomy. One stated that they intend to incorporate specific Spare Change activities and content into their professional work. “I think that it has helped give me a leg up in like classrooms. We talk a lot about the same sort of issues. Um, and I actually have some experience learning about them and talking about them.” – Taylor.

Three alumni mentioned how having the community service hours, trainings, and experience on their job resumes, college and scholarship applications was beneficial to their future. “I talk about Spare Change in my interviews like all the time” – Kai.

Sense of Self. All participants developed in their sense of personal power through SC. A sense of personal power is closely related if not synonymous with the positive psychology concepts of self-efficacy, the belief that one can complete tasks and accomplish goals (Bandura, 1986; Conner & Norman, 2005), and internal locus of control, the belief that one can control one’s life (Rotter, 1954). Components included under the general term “personal power” that were impacted by the program included: gaining confidence (9 participants), feeling empowered (6), having the power to confront and resist negativity from others (2). “I think it helped me feel even more empowered about ‘I can do what I want to do in the future. I can make the decisions... I’m capable of doing whatever I want to do.’” – Taylor One participant, who shared experiences of previous community judgment for other social reasons, spoke of Spare Change as giving them as sense of “freedom” of choice and possibility for the future. “It kinda gave me this little bit of a confidence booster. I got to be in something that was in my circle of
Nearly all participants (9) reported that they program impacted their self-esteem in some way. Self Esteem is the “overall emotional evaluation of one’s own worth” (Hewitt, 2009). Aspects of “self-esteem” impacted by the SC program included: participants’ development of an identity (7 participants); feeling proud of themselves for being in Spare Change (5); accepting themselves for who they are (4); and expressing themselves (2). It is important to note that within the concept of identity, three participants noted that the program helped them recognize, accept, and communicate their sexual orientation and gender.

“And by being kind of forced out of my element a little bit, it really seemed to give me a little bit more of a confidence boost and to allow me to not care quite as much what people thought on a daily, not just when I was being defiant because I believed in something, but all the time.” – Charlie

Five participants spoke to feeling a sense of purpose in the work of Spare Change. “I felt like I was finally doing something. Like you know, gears were moving forward.” – Dylan. One participant saw their purpose as being a representative of youth attending Alternative Education who they saw as being at higher need for the information that SC gives than other youth populations. Despite serious frustrations with the group and leadership, the purpose and responsibility that this participant felt kept them in the group: “But I stuck it out... I wanted to represent the youth that we were trying to reach out to.” – Fred
Four participants discussed how they saw themselves as helping and empowering others (See Discussion for “Helper-Therapy” principle). “So it helped me realize that like with my voice, I could help people feel more empowered…” – Dylan.

Four participants faced fear and vulnerability in the program. This included concepts like “being forced out of my element”, “stepping out of a comfort zone”, and “getting called out on your shit,” but also in regards to social interactions, to sexual intimacy, and to mental health issues. “… it made me realize all the walls I had up and all the fears I had about a lot of things. Facing that.” - Dylan

Three participants discussed how they became more responsible and “held themselves accountable” in the program. This development was linked to behaving like a role-model (See Behavior). Aspects of the program that participants noted as helping them develop this responsibility were sexual behavior, script writing, memorization of lines, using I-statements to “own your feelings and values,” and being accountable for your use of language in the public sphere.

“Being able to take credit for the good things I did in that program. But also if I messed up a line, being like ‘yep, that was all on me cause I didn’t rehearse last night because I had homework, I’m sorry.’ … like taking responsibility for positive things and negative things alike.” – Kai

“…every time you go to Spare Change, every time you do a performance, or you write a new skit, or you’re thinking about rehearsal or anything like, you realize how important that responsibility is… and like how that is a part of you growing up as a human being and becoming in touch with your sexuality on a really real level.” – Dylan

Two participants discussed how they became more emotionally aware and “in-touch” with themselves in the program:
“I sort of like learned I was capable of certain things that... weren’t even really on my radar... just getting in touch with that emotional state that is like oftentimes, I wouldn’t really want to try to address that just because, you know, it came with the possibility of like judgment or emotional reactions.” – Zie

Attitudes, Values, & Beliefs. Six participants said that the Spare Change program did not really impact their attitudes, values and beliefs because the program just supported their existing stance. A few of these participants spoke of their understanding of things “growing” or “deepening.” Some participants were specific about which existing values, attitudes and beliefs the SC program supported, including the value of equality and respect for LGBTQIA people, the importance of education, and the value of equality and inclusivity. “I just pretty much all around agreed with the message that we were trying to put out there. To begin with.” – Fred.

However, six participants also mentioned some impact on their attitudes, values and beliefs – making it difficult to fully determine the impact of the program on this aspect. Participants spoke both generally and specifically. One participant spoke of developing their general beliefs while in the program. “I think I would have come into this sort of... my beliefs that I hold now... I think I would have come into those even if I wasn’t in the program, but I think it helped me to just realize at a young age.” – Sawyer. Another participant spoke of the program changing some general beliefs that they held prior to the program due to the program’s influence. “So me putting myself as part of that, it allowed me to kind of change and morph some of the beliefs and view points” – Charlie
Four participants spoke of specific values that developed through Spare Change. These included the value of commitment and emotional depth in sexual relationships, the value of hard work (“You get out what you put in”), a passion for social justice and feminism, the value and power in collaboration, and a perspective of moral relativism and self-determination in regards to abortion. And I don’t think that way anymore. I really think that there’s so much more to consider, and every person has their own decision and there’s no right or wrong answer. Its what’s right or best for you.” - Charlie

Five participants spoke of how SC helped them understand alternative perspectives, leading them to develop more self-awareness and perspective, as well as patience. “… Because everyone in the group has different opinions about different things... so it helps more...You learn how to cope with that and to process that and to question your own faith, essentially. And question your own beliefs.” – Taylor

Skills. Almost all participants (9) spoke of the program impacting interpersonal skills. Specific skills mentioned included: working as a group and specifically working creatively (3 participants mentioned); standing up for oneself (2); having patience with others (2); engaging non-violently and politely with people you dislike (1); learning to assess the appropriate amount of personal input in any given social situation (“stepping up and stepping back”) (1); and building “deep, connecting” relationships” (1). See Discussion. “I’m really socially awkward and so it kinda helped me not be as socially awkward I guess... I’m more of an open person than I was.” – Junior
Eight participants discussed how the program helped them increase empathy, which can be considered an interpersonal skill as well as a quality. Through SC participants said they built their capacity for empathy for others, and learned how to be more compassionate.

“Yeah it helped me understand people and their different personalities and the way that they think about things and understand things. And their experiences. Like sometimes we’d do some like really deep things and I never realized just how like much people have gone through and to have more compassion for people.” – Dylan

Eight participants noted an impact on their communication skills. Five noted increased communication skills in the realm of relationships, two with peers, and one with teachers. Five of the eight participants noted specific skills they gained, including: using personalized “I-statements” rather than blaming “you-statements” when expressing opinions, thoughts and emotions (3 participants); active listening (2); communication in conflict (2); decreasing emotional reactivity (a.k.a. setting aside one’s personal emotional reactions to what is being communicated (2); and asking for what you need (1).

“And I felt like our relationship succeeded and was successful because of our communication and how we made sure that we were always communicating properly. And no one was being judgmental. There was no ‘You doing this.’ It was all about ‘I’ and ‘me.’” – Charlie

Eight participants total spoke of gaining professional skills, used later in employment and higher education. Of these, six spoke of gaining skills that are specific and most commonly used in the helping-proessions. General professional skills gained or developed included: critical thinking skills (3); writing in various formats including formal letters, petitions, poetry, skits, and songs (3); organization and preparation (1);
time management and balancing commitments (1); memorization (1); interviewing (1); precision and accuracy with medical facts (1). Skills gained that are specific to the helping-proessions included: giving referrals and resources (6), using neutral (judgment-free) language (1), accompanying or doing a “warm hand-off” (2). One person gained all of the following skills related to crisis intervention: crisis response, risk assessment, following up, and recognizing secondary trauma and the need for self-care.

“Suicide prevention and response to sexual assault. Those are huge. Huge things that so many people just disregard and don’t realize how crucial it can be for someone... I can completely credit that to you know a lot of Spare Change and a lot of the Rape Crisis Center and the trainings that we did.” – Kai

Seven participants said that the program taught them how to withhold judgment, which can be considered both an interpersonal and communication skill. They used this skill in various domains, including in working with the SC group, future employment, romantic and sexual relationships, and crisis intervention. Some connected the skill directly to empathy and communicating with I-statements. Four of these participants spoke of withholding judgment in relation to peer-helping. They saw that they were able to help peers, be respected by peers and be seen as a resource because of their ability to withhold judgment of others’ experiences and questions. “…its definitely if nothing else given me skills to know how to talk to people in a way that is kind of neutral and not going to make someone feel uncomfortable or make them feel judged.” – Sawyer

Seven participants reported gaining skills in presenting themselves publically, and some particularly noted the skill of public speaking on sensitive topics. This grouping of skills includes: performance and theatre skills (3 participants); public speaking and
teaching skills (4); and use of politically correct language in public settings (3). “Public speaking. On really really touchy subjects.” – Junior

Five participants shared coping and resiliency skills that they had developed while in SC or learned from SC. These are actions and methods that helped and continue to help the participants cope with difficult times, mistakes, or challenges. Two participants developed “catch phrases” to repeat to themselves in difficult moments to help them face fear, anger or frustration. Leslie spoke of “channeling emotions” through SC skits and work, which prevented these emotions from “spilling out in negative ways in actual life.” Another participant developed specific anger-regulation skills:

“And sometimes to this day I’ll forget, and I’ll think back to certain exercises that we did at camp that I’ll try to do myself. Cause I really try to like... I have really bad anger issues. And so Spare Change definitely taught me different ways to deal with them. Cause, I don’t know, I just feel like anger is baggage that I have on me, and then I just have to... it taught me different ways to deal with it to this day.” - Junior

Only one participant specifically mentioned use of condoms and birth control as a personal skill that they learned from SC, though multiple mentioned knowledge of contraception (See Knowledge). The lack of participant responses about skills specific to prevention of unintended pregnancy and STI is likely due to limitations in the study design (See Limitations).

“I think that I know pretty well, a fair amount of the birth control stuff works. Again, its been a while since I’ve really brushed up on any of that stuff. But I mean, I know at the time there was a lot of demonstrations. This is how you do this. I mean, those kind of skills it definitely helped.” – Zie
**Knowledge.** All participants reported the SC program impacting their knowledge in some way. Eight participants referenced specific topics on which they had gained knowledge including: STIs (5 participants mentioned), healthy and unhealthy relationships (4), LGBTQIA identities & language (4), birth control (3), community resources (3), alcohol and other drugs (2), anatomy (2), rape/sexual assault response (2), pregnancy (1), abortion (1), pro-choice clergy (1), and suicide prevention (1). Six mentioned learning general sexual health knowledge, or “all of the information that Spare Change members present on and talk about.”

“It definitely affected me educationally. It was really cool when we went to camp. We learned so much... And we learned a lot about all the language, gender identity, orientations, abortions, people that are religious that support like abortion and homosexuality and everything...” - Dylan

Seven participants mentioned the resource binder, which is given to SC group members at the beginning of the SC year and then taken home to serve as a personal resource for creating skits and peer education and helping. Participants discussed the usefulness of this binder in times of crisis, for supporting and educating friends and peers, and how the binder’s value has continued to be helpful even after SC. “I still have my binder from Spare Change, with everything in it... I always look through it. Somebody will call me and they’ll be like ‘hey, I have this issue’ so I’ll go, I’ll refer to that.” – Junior

**Comparison of Outcomes to Existing Frameworks**

This section deductively analyzes the SC Alumni interview participant outcomes by comparing them to two well-known evaluative frameworks in Table 12. Kirby’s framework of risk and protective factors is commonly used for pregnancy and STI
prevention programs (2007), while the Search Institute’s *40 Developmental Assets for Adolescents* can be applied to more general Youth Development efforts and programs (2006). Within this section, risk and protective factors and Developmental Assets will be italicized.

This comparison is subjective. It is based upon my determination of similarity and difference between my inductive findings and existing evaluative frameworks. The data in Table 12 is not to be taken as fact, but instead as a conceptual look at how these inductive findings may compare to the framework used by more rigorous studies.

Table 12 uses risk and protective factors for unintended pregnancy and STI as outlined by Kirby (2007, p. 55-61). The SC program seems to have impacted risk and protective factors in the domains of peers, romantic partners and individuals. Within the individuals, SC program seems to have impacted the domains of: “Attachment To and Success in School”; “Attachment to Community”; “Problem or Risk-Taking Behavior”; “Cognitive and Personality Traits”; “Sexual Beliefs, Attitudes, and Skills”; and “Relationships with Romantic Partners and Previous Sexual Behavior.” A summary of the outcomes is as follows:

- 18 out of the 35 protective factors seem to be increased by SC (a positive impact on pregnancy and STI prevention).
- 3 protective factors seem to be decreased by SC (a negative impact on pregnancy and STI prevention).
- 6 out of the 33 risk factors seem to be decreased (a positive impact on pregnancy and STI prevention).
- 14 of the risk and protective factors that seem to be impacted by SC are categorized by Kirby as, “the most amenable to change directly by pregnancy and STI prevention programs.”
10 of the 24 risk and protective factors that seem to be impacted by SC are categorized by Kirby as, “difficult for most pregnancy and STI prevention programs to change unless they have special programs or capabilities.” (p. 55).

Table 12 also uses the 40 Teen Developmental Assets (Search Institute, 2006). A summary of the estimated Developmental Asset outcome for SC participants is as follows:

- 29 of the 40 Developmental Assets seems to be impacted by the SC program
- 28 Assets seem to be impacted positively by SC for many participants
- 6 Assets seem to be impacted negatively for some but not all participants
- 11 Assets do not seem to be impacted by the SC program.

Definition of Terms. Table 12 includes only the titles of each Developmental Asset. The following is a list of the definitions of each of the 29 Developmental Assets that were applied to participant outcomes:

- **Family support:** Family life provides high levels of love and support
- **Positive family communication:** Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
- **Other adult relationships:** Young person receives support from three or more nonparent adults.
- **Community values youth:** Young person perceives that adults in the community value youth.
- **Youth as resources:** Young people are given useful roles in the community.
- **Service to others:** Young person serves in the community one hour or more per week.
- **Adult role models:** Parent(s) and other adults model positive, responsible behavior.
- **Positive peer influence:** Young person’s best friends model responsible behavior.
- **Creative activities:** Young person spends three or more hours per week in lessons or practice in music.
- **Youth programs:** Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in the community.
- **Achievement Motivation:** Young person is motivated to do well in school
- **School Engagement:** Young person is actively engaged in learning.
- **Homework:** Young person reports doing at least one hour of homework every school day.
• **Bonding to school:** Young person cares about her or his school.
• **Caring:** Young person places high value on helping other people.
• **Equality and social justice:** Young person places high value on promoting equality and reducing hunger and poverty.
• **Integrity:** Young person acts on convictions and stands up for her or his beliefs.
• **Honesty:** Young person “tells the truth even when it is not easy.”
• **Responsibility:** Young person accepts and takes personal responsibility.
• **Restraint:** Young person believes it is important not to be sexually active or to use alcohol or other drugs.
• **Planning and decision making:** Young person knows how to plan ahead and make choices.
• **Interpersonal Competence:** Young person has empathy, sensitivity, and friendship skills.
• **Cultural Competence:** Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
• **Resistance skills:** Young person can resist negative peer pressure and dangerous situations.
• **Peaceful conflict resolution:** Young person seeks to resolve conflict nonviolently.
• **Personal power:** Young person feels he or she has control over “things that happen to me.”
• **Self-esteem:** Young person reports having a high self-esteem.
• **Sense of purpose:** Young person reports that “my life has a purpose.”
• **Positive view of personal future:** Young person is optimistic about her or his personal future.

(Search Institute, 2006)

*Cultural competence in this analysis is broadened to include competence with all forms of diversity, including in sexual orientation and gender as with the LGBTQIA population.*

*Rationale: With the experience of emotional bonding and acceptance, SC group members, who have specialized training in contraception and other prevention behaviors and knowledge, became close friend/peer group and exert strong peer influence.

<table>
<thead>
<tr>
<th>SC Participant Outcome</th>
<th>Related Risk (-) &amp; Protective (+) Factors for Unintended Pregnancy &amp; STI</th>
<th>Related Teen Developmental Assets</th>
<th># of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ROMANTIC &amp; SEXUAL PARTNERS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Healthy relationship influenced by SC | Increased (+) Discussing sexual risks with partner  
Increased (+) Discussing pregnancy and STI with partner | | 4 |
| Increased comfort communicating with partner | Increased (+) Partner support for condom and contraceptive use | | 4 |
| Choice of future partners influenced by SC | Increased (+) Greater value of partner appreciation of condom use  
Decreased (-) More permissive attitudes toward premarital sex  
Decreased (-) Greater number of sexual partners | Increased Resistance skills | 4 |
<p>| Dated alumni or current SC members | Increased (+) Partner support for condom and contraceptive use | | 3 |
| Break-up with a partner influenced by SC | | | 2 |
| Recognized own relationship as unhealthy | | | 2 |
| SC caused tension in relationship | | | 2 |
| <strong>FAMILY</strong> | | | |
| Experienced family support &amp; pride for being in SC | Increased (+) High-quality family interactions, connectedness, satisfaction with relationships | Increased Family Support | 8 |
| Family opposition to SC or PP caused tension | Decreased (+) High-quality family interactions, connectedness, satisfaction with relationships | Decreased Family Support | 4 |
| Educated family | Increased (+) Greater parent-child | Increased Positive Family | 3 |</p>
<table>
<thead>
<tr>
<th>members on sexual health</th>
<th>communication about sex and condoms and contraceptive use</th>
<th>Communication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved relationship &amp; communication with parent</td>
<td>Increased (+) Greater parent-child communication about sex and condoms and contraceptive use</td>
<td>Increased Positive Family Communication Increased Honesty</td>
</tr>
<tr>
<td>Experienced lack of family involvement in SC</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>Parent negative perceptions of SC transformed</td>
<td>Increased (+) High-quality family interactions, connectedness, satisfaction with relationships</td>
<td>2</td>
</tr>
</tbody>
</table>

**PEERS & FRIENDS**

| Engaged in peer-helping | Increased Caring Increased Youth as resources | 10 |
| Bonded with diverse peers outside social circle | Increased Cultural competence Increased Interpersonal competence | 7 |
| Built & strengthened peer & friend relationships | Increased Interpersonal competence | 5 |
| Experienced tension in friendships caused by SC | | 3 |

**SPARE CHANGE GROUP**

<table>
<thead>
<tr>
<th>Experienced emotional bonding &amp; acceptance</th>
<th>*Increased (+) Positive peer norms or support for condom or contraceptive use</th>
<th>*Increased Positive peer influence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Frustrated by perceived differential in member input</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>Experienced a lack of bonding and/or exclusion</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Impacted by romantic/sexual relationships in group</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Had positive experiences with coordinators</td>
<td>Increased Adult role models Increased Other adult relationships</td>
<td>5</td>
</tr>
<tr>
<td>Had negative</td>
<td>Decreased Adult role models</td>
<td>5</td>
</tr>
<tr>
<td>experiences with coordinators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SC served as major emotional/social support in life</td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

**COMMUNITY**

| Increased connections to community | Increased Service to others | Increased Youth as resources | 9 |
| Experiencing community support for SC |  |  | 5 |
| Experiencing community hostility to SC |  |  | 5 |

**BEHAVIOR & CHOICES**

| Decreased substance use | Increased Resistance skills | Increased Restraint | 3 |
| Making better/healthier/smarter decisions |  |  | 3 |
| Being more careful with language | Increased Cultural Competence | Increased Equality and social justice | 3 |
| Decreased physical fighting | Decreased (-) Physical fighting |  | 1 |

**EDUCATION**

<p>| Increased positive feelings about school | Increased Bonding to school | Increased Achievement Motivation | 5 |
| Prioritizing SC activities over attending class | Decreased Bonding to school | Increased Youth programs | 5 |
| Coping with negative school experience via SC | Decreased (-) Being behind in school or having problems in school |  | 5 |
| Positively impacting specific academic work | Increased (+) Higher academic performance | Increased School engagement | 4 |
| Increased negative feelings about school | Decreased (-) connectedness to school | Decreased Bonding to school | 3 |
| Attending school &amp; keeping up GPA for SC | Increased (+) Greater connectedness to school | Increased Achievement Motivation | 2 |
| Negatively | Decreased (+) Higher academic | Decreased Homework | 2 |</p>
<table>
<thead>
<tr>
<th>impacting academic work</th>
<th>performance</th>
<th>Decreased School Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FUTURE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gained direction toward career or major</td>
<td>Increased (+) High educational aspirations and plans for the future Increased (+) Greater motivation to avoid pregnancy and STI</td>
<td>Increased Positive view of personal future Increased Sense of purpose 6</td>
</tr>
<tr>
<td>Used/uses SC knowledge in college academics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefitted resumes, applications &amp; interviews</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SENSE OF SELF</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased sense of personal power</td>
<td>Increased (+) Greater confidence in ability to demand condom use Increased (+) Greater internal locus of control</td>
<td>Increased Personal power Increased Integrity 10</td>
</tr>
<tr>
<td>Increased self-esteem</td>
<td>Increased Self-esteem 9</td>
<td></td>
</tr>
<tr>
<td>Perceived self as helping &amp; empowering others</td>
<td>Increased Sense of purpose Increased Caring 5</td>
<td></td>
</tr>
<tr>
<td>Faced fear and vulnerability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed responsibility/accountability</td>
<td>Increased Responsibility 3</td>
<td></td>
</tr>
<tr>
<td>Developed emotional awareness</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>ATTITUDES, VALUES &amp; BELIEFS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Existing attitudes, values &amp; beliefs supported by SC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed specific values in SC</td>
<td>Increased Equality and social justice Increased 4</td>
<td></td>
</tr>
<tr>
<td>Changed beliefs held prior to SC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developed general attitudes, values &amp; beliefs in SC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKILLS</td>
<td>Increased Interpersonal Competence</td>
<td>9</td>
</tr>
<tr>
<td>--------------------------------------------</td>
<td>------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Increased interpersonal/social skills</td>
<td>Increased Integrity</td>
<td></td>
</tr>
<tr>
<td>Increased communication skills</td>
<td>Increased Interpersonal Competence</td>
<td>8</td>
</tr>
<tr>
<td>Increased empathy</td>
<td>Increased Interpersonal Competence</td>
<td>8</td>
</tr>
<tr>
<td>Increased professional skills</td>
<td>Increased Planning and decision making</td>
<td>8</td>
</tr>
<tr>
<td>Increased public presentation skills</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Increased skills in withholding judgment</td>
<td>Increased Interpersonal Competence</td>
<td>7</td>
</tr>
<tr>
<td>Increased coping and resiliency skills</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Increased skills with use of contraception</td>
<td>Increased (+) Greater confidence in using condoms or other forms of contraception</td>
<td>1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KNOWLEDGE</th>
<th>Increased (+) Greater motivation to use condoms or other forms of contraception</th>
<th>8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased specific sexual health knowledge</td>
<td>Increased (+) Greater motivation to avoid pregnancy and STI</td>
<td></td>
</tr>
<tr>
<td>Used/uses SC binder resource for self and others</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Increased general sexual health knowledge</td>
<td>Increased (+) Greater motivation to use condoms or other forms of contraception</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Increased (+) Greater motivation to avoid pregnancy and STI</td>
<td></td>
</tr>
</tbody>
</table>
Summary

The Spare Change program has some impact on the general youth population, and a strong impact on the 18-20 youth members of the group every year. The quantitative results of this study show that the Spare Change program has a positive impact on Humboldt County middle school students intended behaviors; and a positive impact on one protective factor, multiple intentions to gain protective factors, and multiple intentions to perform protective behaviors for Humboldt County high school students. The qualitative results of this study show diverse and interconnected, mostly positive but some negative, programmatic impacts upon multiple life components at the time the participant was in the program and during the years after their participation.
CHAPTER 5: DISCUSSION AND CONCLUSION

Discussion

Quantitative

The four behavioral intentions surveyed that were not associated with protective factors or Developmental Assets may be related to protective factors for health risks and social problems not specifically addressed by this study, such as intimate partner violence (“Seek healthy relationships”) or discrimination and sexism (“Be more aware of gender-role stereotypes”). The remaining two included “communicate my values clearly” and “Go to the clinic” or “Go to a clinic that offers birth control and STD/STI testing.” It is possible any of these four behavioral intentions could be measurements within other resiliency theory-based frameworks.

Though the quantitative data included in this study is restricted in terms of its generalizability and reliability due to the numerous study limitations, it does provide both a jumping off point for future evaluation. The study Design and Limitations provide organizational lessons about how to improve and systematize data collection to enable more accurate future long-term studies. Further research on the existing Spare Change audience member data is needed, and/or future evaluations may want to use well-known evaluated frameworks to enable more concrete conclusions about the program’s external impact to be made.
Qualitative

*Developmental Assets & Key Strengths.* After finishing the inductive analysis, I found that the work of the Search Institute, including the *40 Developmental Assets for Adolescents* (Search Institute, 2006) provides a better framework for deductively analyzing the outcomes of the Spare Change program than do Kirby’s Risk and Protective Factors. This is because the impacts of the SC program on youth members go far beyond impacting protective factors and risk factors for unintended pregnancy and STI. The SC program supports youth members in thriving.

The Search Institute (2006, 2014) has studied the phenomenon of youth who thrive; in the language of Kirby’s work, this would mean studying the lives of youth who have many protective factors and very few risk factors. Youth who “thrive” rather than just “get by” have been found to have many of the *40 Developmental Assets for Adolescents*, and three Key Strengths (Scales, Roehlkepartain, & Benson, 2010). The Developmental Assets are compared to SC Alumni interview participant outcomes in table #. The Key Strengths are: 1. *Sparks* – deepest passions and interests; 2. *Voice* - confidence, skills, and opportunities to influence things that matter to them, and 3. *Relationships* to support their growth. These relationships are with caring adults (family members, teachers, mentors, grandparents, neighbors, etc.), and are positive, sustained and meaningful. Youth with all three of these strengths are on paths to success in school, work and life, yet only 7 percent of 15-year-olds studied experienced high levels of all three strengths, and more than one-third did not score high on any of these strengths. (Scales, et. al., 2010).
Further evaluations on the impact of the SC program on youth members could utilize the framework of the Three Key Strengths, as it is clear that the program has had an impact on participants *Sparks*, *Voice*, and *Relationships*. For multiple participants, it seems that the program helped them to find and develop their Sparks:

“Ever since the first year that I went to camp, I remember being at camp and realizing, ‘oh my gosh, this is what I want to do with my life.’ And obviously I knew I couldn’t be in Spare Change forever, but it made me realize that you know I want to work... I want to educate people and I want to help people, or like provide people with information that should be readily available to them but isn’t....It really helped me just realize that is it. Like this is my passion. This is what I want to do.” – Sawyer

“...it definitely helped me just see the value in that line of work and realize that no matter what, this is what I want... I want something to do with all of this. I want to be in like this kind of work when I get older and I don’t really care how, but I’m going to do it somehow.” – Kai

SC certainly developed participants’ *Voice*. All ten participants experienced an increase in personal power and skills, a majority experienced an increase of self-esteem (9) and perceived that they and/or the SC group had impacted the community positively:

“I thought that there was some real positive impacts that we had on the community.” – Fred.

“I feel like Spare Change made people want to open up and learn more and open up their minds a little bit, and open up to other people. It definitely... it sounds really really corny, but it sparks a smarter generation honestly. It plants a seed in the right people.” – Junior

Many of the SC participants experienced positive, sustained and meaningful relationships with adults that supported them in developing their *Sparks* and *Voice*. A majority (8) discussed how they experienced family support and pride and three saw improvements in their family relationships. Half of participants reported positive
experiences with coordinators, and of these five, three spoke of having mentor relationships with the SC coordinators: “I actually think that having a close relationship, a different relationship than what you have with most adults in your life at that time with the administrators of the group is really important and valuable.” – Taylor

Retrospective Interviews. The retrospective nature of the interviews may have been both beneficial and harmful to the study’s trustworthiness due to the lag time between experiencing the program and reflecting on its impacts. Participants experienced developmental growth between the time they were in the program (at 15-18 years of age) to the time when they were asked to reflect upon it in these interviews (18 – 26 years). For some, it seems that this time allowed them to reflect upon the program in new ways and give them perspective on themselves, the program, and its impact:

“It’s just hard because some of the complaints that I had at that age maybe wouldn’t be the same as what I have now... But for me it was frustrating because I felt that there were people out there that wanted to be in Spare Change that didn’t get into it that would have been maybe more committed... but now alternatively I think to myself and I’m like, no that’s... I would be auditioning the same way. I would be putting some people in there that would maybe really need the opportunity.” – Sandy

However, four participants, particularly ones who participated in 2006-2007 years mentioned that they had a hard time remembering aspects and specifics of the program: “Um, you know I can’t really remember, it was so long ago.” – Fred. For others who did not specifically report difficulty recalling the program, their memories of the program may have been distorted or emotionally selective due to the passage of time. “I think I
appreciate the experience more now after not being in it for a while. And I think I appreciate having the perspective I have on it now.” – Taylor

Deep Connecting Relationships. Four participants discussed how the non-sexual emotional bonding they experienced in the SC program helped them generalize this capability to other components of their life, seeing a similar “depth” of connection as possible with other people outside of the group. They felt more capable of creating “deep”, “real”, meaningful connections to others through communication and accepting emotional vulnerability after their experience in SC. One participant credited the improved relationship with their mother to this knowledge: “I think partly because I learned what kind of relationships are possible. Um, and how to have deep connecting relationships. And how to empathize and care about people.” – Taylor. Another applied this emotional knowledge to future romantic and sexual relationships:

“...it made me think about what a partner really is. Because I was bonding with these people on a really close friend level. Because I was learning what a friend is, what a really close friend is. It was a great like lesson for me (laugh)... It’s interesting how challenging that can be, you know? So that helped me be more aware of like what I deserved in a partner myself. To be more aware of who I’m choosing to be close with in that way, or inviting into that space.” – Dylan

SC camp was the space where much of this “depth” of relationship was created. Multiple participants referenced camp as the catalyst for their abilities of developing deep connective relationships:

“Its sort of like when you are out in the world, you have to take a step back and try to get back in that space [camp]. It definitely gave me a reference point for
you know, being just... a good person I guess. Trying to get back to that type of state.” – Zie.

“I think everybody should experience something similar to camp with Spare Change. I feel like if that happened, there would be so much less hatred in the world... Cause it just makes you discover who you are and who all these people around you are. Everybody has their own pain they’re dealing with. And that’s why there’s assholes in the world. Because nobody understands that. And I feel like if everyone had a Spare Change camp experience, we would all be so much more peaceful.” - Junior

When trying to apply emotional openness and deep connecting relationships outside of Spare Change, some participants noted difficulty due to others not sharing the same knowledge of their emotional capabilities.

“[My partner] was having a hard time wrapping [their] brain around the relationships that you create in Spare Change and the capacity to have those kind of relationships. Because we have a very open and honest relationship with each other, but I’m like... I’m certain that I’m the only person that [they] has a relationship like that with.” – Taylor

Outcomes for SC participants such as “learning how to have deep meaningful human relationships” appear that they could be protective factors for not just teen unintended pregnancy and STI, but also for other harmful phenomena such as relationship abuse, child abuse, employment loss, etc. “Learning how to have deep, connecting relationships” seems also to be a bit stronger than the Developmental Asset of Interpersonal Competence; certainly a person who has learned how to have deep, connecting relationships with others is at least competent if not talented in an interpersonal realm. This impact of the SC program, and of other Youth Development programs is in need of much more research in order to support not just the prevention of risk, but also the flourishing of youth through programs like SC.
Perceptions of Group Impact. Participants were asked about their perceptions of their personal and the group’s impact on the community. The specific personal impacts that participants shared are included in the impacts listed in prior sections of this analysis. Three participants said that they were unable to make any statements on their personal impact as they saw it as part of the group’s impact: “I mean I think Spare Change as a whole affects the community a lot more than me singularly as an individual.” – Taylor. Two participants said that it was very difficult to know exact impacts that they as a participant or the group had on others: “I can’t see every individuals uh.. what they took away from it. How it might have affected their decision making in the bedroom. It’s really hard to say how much impact we actually had.” – Fred.

Nine participants discussed that they perceived the group as having some positive impact on the community. Understandably, many of the reflections about group impact that participants made when they choice to do so were generalized and abstract. They saw the program as having a “positive impact”, “opening minds”, “waking people up”, and “inspiring” people.

However, five participants connected their perceptions of group impact directly to experiences of performances. Three of these participants mentioned that they knew they had had an impact because of seeing the audience surveys after performances. These are the same surveys analyzed in the quantitative component of this study, though the surveys that participants saw would have also included comments on the particular skits that impacted viewers.
“... having the instant feedback of like the comment cards or whatever, and just like getting to read people’s reactions. Or their comments or whatever was like really powerful... people did feel compelled, or would feel compelled to share their thoughts about a Spare Change show or event or whatever I think really speaks to like how affective... and I say affective with an ‘a’ - how affective it is.”

Two other participants connected their perception to a direct experience of seeing a transformation occur in the audiences from distraction and/or hostility towards the group to rapt attention, in Alternative Ed schools and more rural schools:

“You could see the faces change. That was always really interesting. Cause you’d walk in to these performances and just like when they started you’d hear people yelling at you, there’d be all these different things going on – especially at [particular] schools – and you’d walk out with a completely different mentality and environment. And both of those times really amazed me. – Charlie

The reluctance of a few participants to answer this question on larger program impact and the abstract responses of the other participants support the need for the current, and future, more rigorous quantitative evaluations. Quantitative methods would be more appropriate for providing data on a large scale about the impact of the program on the general youth population.

Gaining Tools in SC. Half of participants used the metaphor of “tools” SC knowledge, skills, and the SC program itself. Two participants spoke of “having tools and not using them” - one in regards to Spare Change members not applying knowledge gained in the program to their personal lives, and another in regards to a school “harming” students by choosing not to use the “tool” they were handed (Spare Change performances). The common use of this metaphor to describe the work and impact of the program is notable due to the fact that it was not elicited in any way from the interview
questions. The use of “tools” to describe SC provides insight into how participants and likely other alumni perceive the value of the program and its usefulness in their lives and beyond for the rest of the community. On using the “tools” in own life - “So being in that situation and being as scared as I was and really understanding... we really pulled back to the tools we had from being in Spare Change.” – Charlie. On giving the “tools” to others - “...it gave people the tools to actually start those uncomfortable conversations like with their kids, or their partners, or with their friends” – Dylan.

**Boundaries, Structure, & Safety.** The importance of transparent, consistent, equally-upheld rules in a group such as Spare Change was made clear through two participants reflections on their perceptions of the group rules being upheld inconsistently, and one particularly negative incident. In this negative experience shared, one participant felt like the groups’ rules were violated, and felt that when they attempted to assert themselves, they themselves were put on the defensive instead: “It was crossing a boundary and I didn’t think it was very fair that she attacked me like that... I was just bringing up a valid point.” – Fred. Though one incident of boundary-crossing of this sort certainly does not speak to the experience of the remaining nine participants interviewed, when combined with the data from two other participants who noted differential upholding of rules, the issue merits consideration. Speaking generally and from the perspective and training of a social worker, it is critical that in a group where a space of “radical emotional openness” is being created and encouraged that all youth feel safe, and that they see consequences for breaches of the groups’ emotional safety. That said,
the fact that 9 out of 10 participants experienced emotional bonding and a sense of acceptance in the group and half reported positive experiences with Coordinators demonstrates that this structure has certainly been maintained for the most part in the SC group.

It might be beneficial for the SC group leadership to adopt a similar guiding principle as that of Planned Parenthood of the Great Northwest’s Teen Council program: “high warmth, high structure, and high expectation” (Planned Parenthood Teen Council - Peer Sex Education That Works, 2012). This principle puts emphasis equally on all three components, and is a reminder that high warmth (emotional bonding) must always be paired with high structure (upholding rules). It seems also that it would be highly beneficial for all adults who supervise and support the SC program to receive more support and training in their youth-service work. Especially considering that many in the group have high levels of need for social and emotional support due to previous or existing risk factors in their lives, the SC group serves an almost clinical purpose for some (“therapy”) which suggests that future coordinators may benefit from gaining some or more clinical-type skills.

Group Cohesion Impacts Effectiveness. Two participants specifically noted that unity and social cohesion between group members related to the program’s effectiveness, assuming a positive effect due to unity: “We all were like really connected in strong ways and worked well together. So, I think we made a strong impact.” – Dylan. The other perceived a negative impact on group effectiveness due to disunity and turmoil within the
group: “I think we had a harder time affecting the community as a group because of that.” – Charlie. Further research on the role that intra-group dynamics play in the effectiveness that educational theater and peer education groups have on their external target audiences is needed.

Degrees of Peer-Helping Engagement. Peer-helping and Peer-education takes many different shapes and forms, but it was experience shared by all ten participants. It seemed as though, in general, participants reported more intimate peer-helping situations with people already their friends, and more distant peer-education type engagements with peers who were strangers or acquaintances.

In terms of peer-helping with strangers and acquaintances, engagement ranged from none to crisis interventions. One participant experienced no peer engagement in that they said they were not recognized as being a part of the group, while another participant experienced the highest degree of peer engagement reported in this study by being contacted by an acquaintance (not a friend) that was having a mental health crisis. All other participants had a mixture of experiences including recognition of being a SC member without interaction, post-performance praise or praise at school from peers, “opening up conversations and discussions” with peers about sexual health topics within and outside of classrooms, and having peers come up to participants to ask them specific questions about sexual health and resources.

In terms of peer-helping with friends, engagement ranged from having no specific SC-related engagement to crisis intervention. One participant was not approached by
friends for help in regards to SC related topics, while another participant (the same participant that was highest on the peer-engagement scale) discussed how a friend from high school called them later for a crisis intervention. All other participants had experiences ranging in the middle, including having friends who were supportive of them being in the program, but did not engage them for help; friends asking participants questions that they would not ask their parents and/or friends asking extremely personal questions about STIs, pregnancy, birth control options, etc.; a friend using one participant as conflict manager due to their known communication skills learned in SC; and a friend having another participant accompany them to the clinic to get tested for STIs.

The diversity of forms that peer-helping took in just ten participants’ experiences of a peer education program like SC demonstrates how much impact, in a myriad of ways (many of them un-quantifiable), that educated youth can have on their peers during and after Peer Education programs such as SC. However, the extreme range of engagement is curious considering that peer-helping is clearly integrated into the program through the programmatic use of Contact Logs. That one participant, “didn’t even really know that [peer helping] was a component...,” demonstrates a need for more emphasis and training on this component of the program for members, especially when seeing that the peer helper/educators responses have the potential to carry serious consequences for other youth (exemplified by the crisis intervention situations reported). In addition, the clinics associated with Planned Parenthood-run peer helping/education groups have a pool of potential clients in the peers of their groups’ members, evidenced by the multiple participant reports of giving peers information on birth control, testing, STIs, and the
clinic. One participant even discussed convincing a friend to go, and then accompanying that friend to the SRPP clinic. In regard to the SC program, it seems that the peer-helping component is ripe for further training and development.

Boundaries of Personal Power. One participant told two stories that both spoke to encountering a boundary to their role as a peer educator and helper. One story involved a family member, and the other a close friend. The participant realized that they had to balance their power as an educated peer-helper with the need to respect the self-determination and boundaries of others.

On realizing a friend was in an abusive relationship - "I’m supposed to be supportive of their relationship, and like be there as their friend, but like knowing that they were in the midst of the cycle [of abuse]... Honestly, even if that was happening it was rare that I would actually have a conversation about them because I was nervous that it might end my friendship with them... it was really difficult having that information and having that stand on this, but when really coming to it, this person was my best, close friend and I wasn’t about to try and rip our relationship by telling them, ‘Hey, you shouldn’t be with this person. They are treating you like shit.’" - Kai

On realizing limit to power in changing adult discriminatory language – “It was really difficult for me not to want to attack that, or to take everything personally, or be like ‘well this is why, and this is why, and this is an educational moment’ but I realized that, you know, I don’t have the power to try to educate a 45-year-old-man on why he shouldn’t say this.” - Kai

It seems that in the process of gaining a sense of purpose and personal power through programs like SC, youth also test and discover the limits of their influence. Further research into the dynamics and complexities of the experience of gaining personal power through Youth Development programs would be beneficial.
**Helper-Therapy.** When participants shared experiences of peer-helping, some also reflected on what being seen as a helper meant for their sense of self. While a few just said the experience of helping others or being seen as a resource was “cool” or “felt good,” one connected the experience to a growth in awareness of their own capacities in life: “But just having the awareness that I can do that when I... slow myself down and just like try to be aware that you can be that person.” – Zie. The participant who expressed this impact on their sense of self as transformative was understandably the participant who shared the most experiences and highest levels of engagement with peer-helping: Because I was in the program, I was able to help this one individual. And, uh you know, it was an amazing experience. And really, really life changing. – Kai

The helper-therapy principle (Riessman, 1965) is one that could be applied to this study had the interviews contained more specific questions about the dynamic between personal development and helping others. However, the concept of helper therapy is usually employed to individuals who are specifically seen as needing therapeutic intervention, whereas the SC group of youth may or may not be in need of such therapy in any particular year. The next section will discuss this dynamic of differing levels of therapeutic need within the group. Further research on the role of “helper-therapy” in peer education programs would be beneficial.

**Coping Through Skit Writing and Performances.**

“I think that there was a lot of issues that we were talking about that these people in the group had experienced and it gave them more of like an opportunity to be honest about it, and heal that, and work through that rather than just like shove it,
you know, and just like not want to face it. And um, so the skits that we did, the messages in the skits, definitely related to other people’s issues that they were experiencing on their own, and it gave them, they had to face it more and kinda deal with it on a real level. And me personally too.” – Dylan

Three participants discussed channeling emotions and processing experiences specifically through writing and/or performing skits. All three were participants with multiple risk factors in their lives at the time they joined SC. In line with “experiential learning,” performing skits on topics that were personal to the participants helped them to integrate the knowledge of that skit into their personal being.

One participant discussing performing a skit they co-wrote on rape –

“It just made me realize what women go through as far as learning how to be firm in that… just our selves, and our assertiveness.. and like, and just not being you know…. Learning how to be… I mean like rape obviously… people are overpowering you, you know? But there’s moments where you learn how to own your voice also. And that, doing that skit, really helped me to realize what it means to own your voice in that way.” – Anonymous

This aspect of coping and resiliency would not have occurred if the youth did not write their own skits. The performance of original youth-produced skits is unique to the Spare Change program. It is different from interactive theatre forms where professionally-written or at least adult-written skits/plays/scenarios are followed by youth peer educators interacting with audiences in relation to the scenario (like Corner Theatre). It is also different than incorporating improv into classroom lesson plans. Spare Change Theatre is a form that allows youth to process often very negative life experiences (risk factors) and transform them into tools for increasing their sense of personal power, self-esteem, and speaking to/ helping peers who are dealing with the same experiences. SC members transform their risk factors into Developmental Assets through the unique form of theatre
that the program employs. It is possible that with increased theater training, the impactfulness of these authentic, personal skits could be further amplified.

**Differing Levels of Social/Emotional Need: Higher-Risk Youth**

“I think Spare Change is like a sanctuary that people go to where they get... I think youth that don’t have a lot of support at home, they get all of that support there. So Spare Changes’ primary, I guess, purpose for them is support.” – Leslie

“I started therapy because I was starting my second semester of senior year and was like Ok, well Spare Change is about to stop soon. I need some kind of something. Some kind of outlet.” – Taylor

Youth who have many risk factors and fewer protective factors for unintended pregnancy and STI in their lives are not the sole targets of the SC program, as it is a broad prevention program aimed at communicating important messages to all youth in Humboldt County. Individual youth are not selected to be in the program based on the risk and protective factors present in their lives, but instead for their interest in the topics, in teaching and theatre, their ability to commit to the intensity of the workload. Individuals who have interest in the topics and want to commit to the group may or may not have one or more risk factors. However, multiple aspects contribute to creating group membership that is diverse in the levels of members’ risk for not just unintended pregnancy and STI but other negative health consequences (intimate partner violence, mental health disorders, behavioral disorders, etc.) as well.

First, after auditions and during member selection for the upcoming year, SC coordinators attempt to create a balance of diversity within the group (school, social group, gender, ethnicity, socioeconomic status, etc.) in order to represent the diversity of
the Humboldt County general youth population to maximize Peer Education’s power of “relateability.” As risk factors (e.g. family substance abuse or family disruption) and protective factors (e.g. high level of parental education) are sometimes, but certainly not always, associated with socioeconomic status, there is always a mix of different risk-levels among the members of the SC group. In line with the rationale of peer educator selection of “relatable” peers, one participant saw the representation of youth that may (but not necessarily) have multiple risk factors in the make-up of the SC group as incredibly important:

“... I felt like the continuation schools needed to be represented the most... More high risk kids, and why would they relate to kids that were from the regular schools rather than... people that they view as more of their peers. Rather than the kids that are going to go off to a university rather than uh possibly just the community college.” - Fred

Secondly, it is possible that students with interest in some of the topics that SC teaches about and performs on (e.g. teen pregnancy, dating violence and the cycle of abuse, substance abuse) are interested in these topics due to having personal or family experiences with them. See Coping Through Skit Writing and Performances. Three participants in this study spoke of writing and/or performing in skits on topics because they had personal relationships with the experiences:

“...the healthy relationships aspect, which was a big thing for me personally... two of my personal like solo skits and monologues were on healthy relationships and on communication and how anything can be worked out in a calm manner as long as its communicated properly. And I feel like I took a lot away from that myself. I loved being able to teach on that.” – Anonymous.

Another participant spoke of being powerful in their role and affecting the audience profoundly (bringing audience members to tears) because of their ability to relate
personally to the role of an abuser. This evidence suggests that youth who have risk factors for unintended pregnancy and STIs may self-select for auditioning for the program, due to the program’s ability to enable youth to “use their voice” to transform negative experiences (risk factors) into positive ones (protective factors and Developmental Assets).

The SC program’s ability to reach youth with multiple risk factors and fewer protective factors is unknown and unstudied. However, research on other broadly targeted prevention programs support the possibility that SC’s impact may even be greater for youth with multiple risk factors; “if broadly-targeted prevention program meet developmental needs not met elsewhere, they may have their greatest impact with high-risk youth” (Allen & Philliber, 2001; Allen et al., 1997). The qualitative findings of this SC study, though extremely limited due to the small sample size, provide some evidence to support Allen & Philliber’s (2001; 1997) assertion. The three participants who spoke of using the SC group for coping and meeting unmet social and emotional needs (as “therapy”), and the three that spoke of the group as “getting them through” and “keeping them in” school were all in the group of six participants who mentioned multiple risk factors in their lives as youth. Though the programmatic impact of helping a youth do better in a certain school subject is certainly beneficial, the programmatic impact of preventing a youth from dropping out of high school entirely seems (subjectively) to be more profound – certainly for the life of those higher-risk youth.

Yet, despite some beginnings of evidence for the SC program’s higher benefit to youth with multiple risk factors and fewer protective factors, when the group is made up
of youth with many protective factors and few risk factors (whether this is reality or simply perception), one member felt the program was not as effective. This member felt that due to the other participants’ being “privileged” and having “less experience” with the topics they were writing about, that other group members were more likely to create skit content that was “preachy” (didactic) and unrelatable to audiences with many risk factors. This participant felt that if the group had had a more equitable representation of Alternative Education students, the content of the skits would have “spoken” more to the audiences who “needed it the most” rather than alienating them, which was the effect that the participant perceived SC skits as sometimes having for “at-risk” youth:

“So it definitely made me a little bit more experienced about how people were going to react to the information we were giving them and how would be the best way to bring it to them so that they’re laughing and not saying, ‘Oh you’re just preaching at me and what I should do because you’ve lived an overly privileged life and have had, you know, two parents that were very loving and caring and always, you know, making it so you made the right decisions to begin with’ kind of thing... I’ve seen the impact of a lot of very traumatic childhoods. And you know, people aren’t a lot of rational decisions because they never had the example of caring parents that were respectful to one another and made the right decisions in front of them so... A lot of disenfranchised youth have watched their parents do drugs and beat their mom or you know whatever... they’ve experienced a lot, way too young. A lot of them have experienced more than some kids will, or some people will experience in their lifetime. So reaching them is no easy task... A lot of them are going to be taking, ‘who are you to tell me what I should do in my life?’ Or you know, so just giving them basic information is a challenge... And not turning them off to it by appearing to be preaching at them.”
- Fred

It seems likely that quite a few Spare Change members come from environments with many risk factors and fewer protective factors. Many SC members may also be experiencing situations that put them at risk for various negative health consequences,
including and also beyond unintended pregnancy and STI, at the time they are in the program. This may contribute to a sense of instability, as was the case for a few interview participants. However, for the program to function, it is important that the majority of members in SC feel stable enough to balance their academic work and SC responsibilities over an academic year. Every year, multiple students drop out of the program in the first few months due to the intensity of the program’s workload. Some who drop out note that they need to spend those six to eight hours per week working, financially supporting their family or themselves. Others struggle academically for various reasons, and the GPA requirement of participation becomes an issue or they feel that their schoolwork will suffer due to the requirements of missing school for SC performances. Other members who join and later drop out are involved in school sports and other extracurricular activities and later realize that they are not able to balance these competing activities and do not prioritize SC. All youth who remain in the program have competing obligations that make participating in SC a challenge and must learn to find a balance.

The qualitative component of this study brought up specific questions for me regarding the on-going (not initial) diversity of the group. Questions include: Are the students who drop out of the program disproportionately higher-risk for teen unintended pregnancy and STI than those who remain? Are students who remain engaged in the program for the full year more socioeconomically privileged than students who drop out or have minimal engagement?

Discussion of the engagement, inclusion, and program impact on youth with multiple risk factors and fewer protective factors is one that needs to continue on both an
administrative and group member level if the program is to improve and become more impactful. Further consideration and discussion of the impacts of risk and protective factors during group selection, during training of youth members, and ongoing throughout the year might serve to counteract problematic dynamics that the only dissatisfied interview participant shared. The topic of how the Spare Change program impacts youth at higher risk for unintended pregnancy and STI, both as group members and audience members and classroom participants, needs to be further explored. The concerns voiced by one participant in regards to group membership inclusivity of alternative education students is part of a larger discussion, voiced by other participants as well, about SC group diversity.

**Group Selection, Diversity and Inclusivity.** Campbell (2004) states that peer education can reinforce discrimination unless anti-oppression education is not built into peer education training. Some discussions of power and privilege within the group already occur within trainings during camp. In selecting the new Spare Change members from the group of youth who have auditioned for the program, coordinators do attempt to create a group that represents the diversity of Humboldt County and the diversity of the school populations that SC skits and presentations are targeting. The logic is this: If the group appears to be drawn from only one socioeconomic or ethnic group, audience members will feel excluded and may disregard important health messages because they may feel that the Spare Change members don’t represent or speak to them. Additionally, more than physical appearance, a diverse Spare Change group creates diverse skits in
terms of topics, voice, style, and messages, which will enable Spare Change content to apply to more audience members. One participant appreciated the school and social-group diversity within the group:

“*What I really like about Spare Change is that beyond pulling different, um, youth from all of the different high schools, it also pulled within those high schools. It pulled teens from different groups within their own high school.*”–Leslie

Multiple participants discussed learning about LGBTQIA populations and issues through the program, and gaining new skills to create more inclusive environments. School diversity within the group and the consequences of the lack of that diversity was discussed in SC Group in relation to “cliques.”

Issues of racial, ethnic, and cultural inclusivity or discrimination were not brought up by any participant in the ten interviews studied. However, if a larger sample size of the SC alumni were studied, I believe the issue would likely arise. In terms of risk and protective factors, discussions of race and ethnicity are important as both “being African-American” and “being Hispanic” are risk factors for teen unintended pregnancy and STI (Kirby, 2007, p. 58) due to the complex interweaving of risk and protective factors with power, privilege, and discrimination in this society. The SC group is predominantly “White” every year, which more or less reflects the County’s demographics. Some years more, some years less. In 2012, Humboldt County demographics were: 84.5% “White”, 10.3% “Hispanic or Latino”, 6.2% “American Indian and Alaska Native”, 5.3% “Two or More Races”, 2.5% “Asian”, 1.3% “Black”, and 0.3% “Native Hawaiian and Other Pacific Islander” (U.S. Census Bureau, 2014). More research on the impact of racial,
cultural and ethnic diversity within peer education and educational theater programs in general is needed. I believe that more exploration on the dynamics of culture, race, and ethnicity within the SC program and work are also warranted, particularly with the rapidly changing demographics of the county (U.S. Census Bureau, 2014).

Continuously working for a more inclusive group, in many aspects, seems to have been and that it should continue to be an important goal for the SC program. Additional support, training and resources on topics of power, privilege, diversity and inclusivity would be beneficial for the groups’ coordinators and members.

**Engagement & Participation.** It seems that one of the major strengths of the intensive component of Spare Change (being a member) for decreasing risk factors and increasing protective ones is the level of participation and engagement they have with the educational content. “Children experience genuine participation when they are consulted and when they feel that they have a real impact on the planning, implementation and progress” (Grabowski, 2013, p.76). SC training sessions for the SC members in the Fall of each year include a high level of engagement, and increasing youth participation and engagement has always been a goal of the program. Spare Change teachings provided by the SC members to mostly middle-school youth audiences also include relatively high levels of participation, compared to more lecture-style teaching modalities.

A few SC performances for high school audiences include “talk-back” sessions following the skits, often using an activity called “Stand-Up” that relates the information presented in the skits to the personal lives of audience members. However, most
performances do not currently include an interactive, self-reflective component. Stevens et al. (2008) claim that all educational theater is motivational instead of prescriptive in that it shows rather than “preaches.” However, one participant used the same term to describe a slight frustration with SC skit content:

“I know some times and sort of towards the end I maybe got a little jaded about it and I felt like sometimes it could be a little more preachy then communicative. But, I think that also kind of just goes with the territory because, you know, there’s only x-amount of time to you know write the material.” – Zie

In line with the known strong impacts of participation and engagement on learning and knowledge integration, it seems the effectiveness of educational theater would be further increased through finding ways to encourage interaction with and participation of audience members. Further theater training, fewer skits to write, and more time to write them would also likely benefit the educational theater aspect of the program.

Limitations

The first and foremost limitation of this study is that it measures youth sexual risk factors rather than actual sexual behaviors, and risk and protective factors can highly influence youth sexual behavior, but do not cause it. Risk and protective factors were used instead of behaviors due to the content of the existing secondary data to be analyzed, and the inherent time and resource limitations of this study being completed in 10 months as a Masters Project, including concerns about Institutional Review Board approval.
Quantitative

There are many aspects of the design that greatly limit the generalizability of the data. The limitations of the quantitative component were influenced by factors of the SRPP organization moving buildings which created a disorganization of survey hardcopies; 2006-2011 records being kept by two different people; the separation (and lack of unification) of some survey hardcopies from their original school groupings for use in past grant report. The following will list the limitations of the quantitative component of this study:

- Spare Change performances are different every year. This is an inherent and important part of the program so that material does not seem redundant to youth who may see a Spare Change performance each year for four years of high school. However, lack of consistency in the programming, even a small amount, limits the reliability of the data gathered from audience members.

- Spare Change presentation lesson plans have been adapted slightly since 2006, and likely underwent minor adaptations according to context and need throughout the time period of 2006-2011. Lack of consistency in the programming, even a small amount, makes measuring impact difficult.

- Despite the fact that it is nearly impossible to measure adolescents actual sexual risk behavior, measuring intentions does not necessarily reflect actual behaviors; “adolescents’ sexual beliefs, attitudes, and even intentions are only moderately (not highly) related to their actual behavior” (Kirby, 2007, p. 96).

- As data is drawn only from post-tests and not from pre-tests, there was no baseline for comparison.

- Lack of a pre-test also means that the impacts of SC presentations and performances cannot be completely separated from the impacts of SRPP’s CSHE-curriculum based classroom education. The majority of audience members of SC performances also took part in a 3 day – 2 week session of CSHE before viewing
a performance, thus making it difficult to separate the results of the CSHE on their intended behaviors from the results of the SC performances and teachings.

- No surveys were done with a control group of students who did not see the SC performance/presentation.

- Almost no surveys gathered any information on demographics, excluding the possibility of statistical analysis and limiting the analysis to description.

- I could not find all the hardcopies nor all the electronic copies of survey results. Most, but not all, school groupings of survey data used in the data set have both a hardcopy and an electronic file on the SRPP Network Drive.

- Some survey respondents marked none of these along with all the rest of the protective factors, which makes one assume their answers were either not genuine, or not well thought out. I could not separate out all these responses, as some hardcopies missing.

- When available, the tallied results of previous SC Coordinators was used due to time limits. The data is limited in reliability in that I did not re-tally all hardcopy survey groupings by hand.

- Surveys with the responses of “do none of these” or “none of these” and surveys with the protective factors left completely blank were mixed together in tallied results as “none or these/ left blank.” For surveys for which I could find hardcopies, I was able to separate out these results, but not for all.

Qualitative

Limitations of the qualitative component of this study include:

- Questions about behavior were open-ended, so responses about sexual behavior in particular were general and sometimes vague (e.g. “I think it has helped me make smarter decisions” – Taylor).

- The questions did not directly follow the structure of Kirby’s risk and protective factors chart (CITE, p. 55-61), therefore the data on how the program impacted these exact risk and protective factors is incomplete.
Demographic and contextual data was not specifically elicited. It is quite likely that more risk factors were present in the lives of participants than were shared during the course of conversation about the impacts of the program.

Participants interpretation of interview questions varied, and due to the qualitative nature of the interview, I wanted participant’s responses to arise as organically as possible within the structure of guided questions, so often I did not re-direct their responses to my preconceived notions of how to interpret the questions. For example, one participant said they thought of “drugs and going out to parties” when I asked about their educational experience, because they said this behavior impacted school.

Triangulation was missing. Due to the limited time and scope of this study, and my desire to study two different aspects of the program (audience members and group members) rather than focusing on one in depth, I was unable to fulfill any of the 5 types of triangulation identified by Padgett (1998). First, none of my colleagues holding contrasting theoretical orientations were able to analyze my data. Second, I used only one qualitative method rather than multiple methods (ex. interviews and focus groups) to collect and analyze my data. Third, due to the Masters Project format, I was the sole observer of data collection and the sole coder during data analysis (as opposed to multiple observers and coders). Fourth, due to limits on time, I used only the one data source, that of interviews. Fifth, I was not able to collaborate with a team of researchers from fields outside social work. The absence of triangulation compromises the trustworthiness of qualitative research.

Member Checking was almost completely missing. An effort to obtain feedback from participants on how I had interpreted their interviews was made, but only one participant responded to my request, despite the fact that I had told participants about the need for member checking at the end of each interview and most affirmed that they would be pleased to give feedback. Busy lives intervened for all.

My inexperience as an interviewer could have limited the responses I gained due to a tendency I had for approximating, attempting to relate and make the interview participant feel comfortable and understood. In retrospect, I believe that my
interviewing skills might have been improved by maintaining a more neutral stance, as it might have allowed for further investigation into generalized or abstract concepts relayed by interview participants. For example: “Dylan: I don’t know if that makes sense. Kate: It does it does.” Upon later reflection, I would have liked to have explored some topics further by asking even more clarifying and probing questions.

Conclusion

Quantitative.

The Spare Change program had an impact on the intended sexual health related behaviors of Humboldt county youth who viewed a Spare Change performance or a Spare Change presentation in their classroom between fall 2006 and spring 2011. Spare Change performances had the greatest impact on high school aged audience members’ intentions to “use protection (condom)”; 77% of audience members who completed a survey from 2007/2008- 2010/2011 (2,077 students total) reported intending to use a condom. Audience members also reported intentions to use birth control when sexually active (59%), talk to their partners or future partners about sexual issues (58%), get tested for STIs (55%), wait to have sex (52%), go to the clinic or a clinic that offers birth control and STI testing (49%), and talk to their parents about sexual issues (11%). Spare Change presentations had the greatest impact on middle school aged audience members’ intentions to “say no to pressure”; 72% of audience members who completed a survey from 2006/2007 – 2010/2011 (1,938 students) reported an intention to resist pressure.
Classroom audience members also reported intentions to communicate their values more clearly (61%), decide and set limits ahead of time (60%), and educate their peers on what they had learned (39%).

Behavioral intentions surveyed were compared to risk and protective factors for teen unintended pregnancy and STI stated by Kirby (2007), and the 40 Developmental Assets for Adolescents developed by the Search Institute (2006). Of the behavioral intentions surveyed from 2006/2007 – 2010/2011, the intention of “Use protection (condom)” that has the highest audience member response rate for high school students (77%) was also the only proven protective factor for teen unintended pregnancy and STI (“use protection”) that was included on the surveys. Six other behavioral intentions reported by high school students are intentions to gain protective factors or to perform protective behaviors. Three behavioral intentions reported by middle school students are related to specific Developmental Assets. The remaining three behavioral intentions reported by middle school students and one reported by high school students are not protective factors or behaviors nor related to Developmental Assets but they may be related to protection from other health risks.

The descriptive analysis of the quantitative component of this study can only provide suggestions towards conclusions about the Spare Change programs’ effects on the actual sexual protective behaviors of Humboldt County youth. Limitations of the quantitative component constrain the generalizability and reliability of the data, including but not limited to: measurement of youth behavioral intentions rather than actual sexual behaviors; lack of researcher control over survey design and implementation;
inconsistencies and variability in the data; and lack of a baseline and control group. A more rigorous quantitative study is needed to determine the effects of the Spare Change program on general youth audiences.

Qualitative

The qualitative component of this work provides a unique depth of insight into the dynamics and experiences of a peer education group. Through an inductive process of thematic analysis, I found 64 separate (but often interrelated) impacts of the Spare Change program on the lives of ten Alumni from the 2006/2007 – 2010/2011 Spare Change years who participated in interviews. For all interview participants, Spare Change had some impact on the following components of their lives: family; peers and friends; the Spare Change group of which they were a part; community; sense of self; skills; and knowledge. For a majority of participants, the program had some impact on the following life components: romantic and sexual partners; behavior and choices; education (high school); future (higher education and work); and attitudes, values and beliefs. The most prevalent outcomes of the program included:

- Increased sense of personal power (all participants)
- Engagement in peer-helping (all participants)
- Emotional bonding and acceptance by the Spare Change group (9 participants)
- Increased self-esteem (9 participants)
- Increased interpersonal and social skills (9 participants)
- Family support and pride for being in the Spare Change program (8 participants)
- Increased communication skills (8 participants)
- Increased empathy (8 participants)
- Increased professional skills (8 participants)
- Increased specific sexual health knowledge (8 participants)
Through a deductive process of comparing participant outcomes to two existing evaluative frameworks, I found that some of the Spare Change Alumni participant outcomes are closely related to risk and protective factors for teen unintended pregnancy and STI (Kirby, 2007) and Developmental Assets for Adolescents (Search Institute, 2006). Based on this comparison, the Spare Change program seems likely to have a positive impact on teen unintended pregnancy and STI for the program participants, due to the following: 18 protective factors seem to have increased; 6 risk factors seem to have decreased; and 28 Developmental Assets seem to have increased. These findings are supportive of the Spare Change programs’ goals of preventing unintended pregnancy and STIs and of supporting the thriving of youth members. However, three protective factors and six Developmental Assets seem to have decreased for some members as a result of the program. These negative findings, though greatly outweighed by the positive findings, are contrary to programs’ goals.

Though the main intent of this study was to discover themes, a few other findings emerged from the analysis. These findings included: the Spare Change program’s impact on participants’ development of a capacity for deep, connecting relationships; participants’ use of the “tools” metaphor to explain the purpose and use of the Spare Change program; participants’ perceptions of the group as having a generally positive impact on the community; the wide variation in the degree of peer-helping engaged in by participants; and participants’ use of skit writing and performance for coping with difficult experiences. The retrospective nature of the interviews, and the programs’ ability to maintain boundaries and structure were also explored.
The results of the qualitative component of this study brought to light many other paths for research and investigation on the impacts of Youth Development, peer-based, and educational theatre programs. Areas for future research on Spare Change and programs similar to Spare Change include: use of the Key Strengths framework for evaluation of programs success at supporting youth thriving (Scales et al., 2010); individual and community health impacts of developing youths’ capacities for deep, connecting relationships; dynamics and complexities of youth experience in gaining personal power; the application of “helper-therapy” (Riessman, 1965) to peer-helping/peer-education programs’ impacts on peer-helpers/educators; engagement of youth with multiple risk factors and differing levels of need for social/emotional support within peer-education groups; group member selection in regards to diversity and inclusivity; and the impacts of varying levels of interactivity in educational theatre.

In conclusion, Spare Change is a promising, multi-component program that appears to have positive impacts on the prevention of teen unintended pregnancy and STI, as well as on adolescent thriving. The program has a generally positive impact on both of its target populations. More research is needed.

Recommendations

The Spare Change program needs a more empirically rigorous quantitative study in order to increase the base of evidence for this program’s effectiveness at unintended
pregnancy and STI prevention on youth in the general public. The current study has too many limitations to be able to provide more than suggestions of impact.

Future quantitative study of the Spare Change program should include the following:

- an external researcher with the time and funding to design, control, and carry out their own survey;
- demographic questions on the survey;
- a pre-test in addition to a post-test;
- survey questions that ask more directly about past, present and future intended sexual behaviors;
- a control group of students. This control group should be made up of students who did not receive Spare Change programming, but whom also represent the general population of the school and not simply the students whose families “opt-out” of school based comprehensive sexual health education (CSHE). This is important in order to avoid skewing the control group population to a more socially conservative group than the general school population. This control group could also be a demographically similar school to a school that receives similar CSHE without Spare Change programming.

Future qualitative studies of the Spare Change program could also include:

- more direct questions about sexual behaviors and experiences;
- member checking and triangulation;
- focus groups;
- long-term cohort studies of current SC members, into their futures as adults; and,
- interviews with parents, schools, friends, and romantic/sexual partners of SC members.
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APPENDICES

APPENDIX A. Detailed Program Description – The Spare Change Year

In the past, the Spare Change year has progressed as follows: Before the start of school, youth attend a 4-day camp that focuses on group bonding and foundational trainings in sexual health. Once school has started, meetings are held twice a week after school. One meeting per week is devoted to trainings from outside expert professionals on diverse topics including but not limited to: SRPP’s services, HIV, other sexually transmitted diseases, adoption, suicide prevention, LGBTQIA rights and issues, domestic violence and intimate partner/dating violence, and rape and sexual assault. These diverse trainings are intended to help youth serve not just as performers and classroom educators but peer helpers and referral sources as well. The other weekly meeting is devoted to group bonding and emotional support, script development and theater training.

Midway through the fall, youth’s newly written skits are reviewed by a board of volunteer education professionals at the Humboldt County Office of Education (HCOE) to ensure age-appropriateness and accuracy of content. A community review show in December is the first big Spare Change performance of the year. This show allows school administrators, health-care professionals, teachers, community members, parents, and other youth to evaluate and critique all the skits to be performed during the spring.
Coordinators and youth use this evaluation data for improvement and modification of skits prior to performance in schools.

Toward the end of the school-determined winter break, an mid-year retreat is held to support the group’s bonding and reconvene after more than a month’s absence.

Beginning in the spring academic year, Spare Change meetings at SRPP are held once per week and include rehearsals of performances and classroom presentations. On most Fridays for the remainder of the year, all or part of the group travels to high schools across Humboldt county to perform a selection of their skits, which are hand picked by school administrators to fit individual school’s culture and needs. On most Thursdays, small groups of 2-3 Spare Change members travel with the SRPP Health Educator to 7th and 8th grade classrooms to present primarily on the topics of healthy relationships or gender role stereotypes. For all these in-school activities, Spare Change members (under 18) must receive parental permission for missing school and must make up all missed work. Some years, the group takes a trip in the spring to perform in Sacramento or Washington D.C. at Planned Parenthood Federation of America events and rallies.

An end of year retreat serves as a time for transition and termination for the year, with graduating group members saying goodbye. The year concludes with a graduation ceremony where family and friends are invited to review the years’ accomplishments and students are presented with their volunteer hours and, budget allowing, a stipend.
APPENDIX B. California Comprehensive Sexual Health Education Law

In 2004, the California Comprehensive Sexual Health Education Law (SB 71) replaced previous contradictory statues on sex education with one comprehensive law. The need for SB 71 was supported by a 2003 American Civil Liberties Union sponsored study which found that 85% of CA public schools were out of compliance with CA laws on sexual health and HIV/AIDS education (Burlingame, 2003). The 2007 Sexual Health Education Accountability Act (AB 629) tightened the regulations on state funding for programs when it was found that the state was still funding medically inaccurate and proven ineffective abstinence-only programs through the Department of Public Health, directly conflicting with the mandates of the Dept of Education. CA public schools are required to teach HIV/AIDS prevention education at least once in middle school and once in high school. Schools are not mandated to provide sexual health education. However, if sexual health education is taught (in addition to HIV/AIDS prevention), a specific set of requirements detailed in CA Education Code Section 51933 apply. Sexual health education with all ages in California schools (beginning in kindergarten if the school district so desires) must

- be comprehensive (include info on condoms, contraception and abstinence);
- be age appropriate;
- be medically accurate and objective;
- be available to equally to English language learners;
- be appropriate and accessible to pupils with disabilities;
- encourage students to communicate with parents or guardians;
- teach respect for marriage and committed relationships;
- not teach or promote religious doctrine;
• not reflect or promote bias against any person on the basis of any category of non-discrimination; and,
• include an “opt out” policy, not an “opt in” policy, for parental permission.

Sexual health education in grades 7-12 must teach about

• abstinence;
• STI transmission, treatment, prevention, effectiveness and safety of all FDA approved methods of reducing STI risk;
• effectiveness and safety of all FDA approved contraception methods; and,
• California Safe Surrender law

Grade 12 education must also provide students will skills for making and implementing responsible decisions about sexuality (California Department of Education, 2013). CA public schools are not allowed to provide abstinence-only education. Additionally, “All comprehensive sexual health education and HIV instruction, including topics such as sexual development, dating, family, and protection from STIs and pregnancy, must encompass the experiences of gay, lesbian, and bisexual students as well as those of their heterosexual classmates” (California Department of Education, 2013).
APPENDIX C. Comparison of Spare Change with Similar Programs

Table 13. Comparison of Spare Change with Corner Theatre Troupe and Teen Council

<table>
<thead>
<tr>
<th>Member Component</th>
<th>Corner Theatre Troupe</th>
<th>Teen Council (TC)</th>
<th>Spare Change Peer Education and Theatre Troupe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>High-school and early college-aged youth (13-22 years)</td>
<td>Sophomore to Senior in high school</td>
<td>15-17 year olds</td>
</tr>
<tr>
<td>Recruitment Process</td>
<td>1. Advertising campaign including recruitment performances &amp; cafeteria promotion at schools utilizing school liaisons; 2. Auditions at schools in Winter with audition form (application); 3. Facilitator makes final decision. Factors considered include: commitment level; performance &amp; teamwork skills; interest in drama and teen health; leadership; attitude; and balance/diversity in group composition in age, gender, race, ethnicity, socio-economic status.</td>
<td>1. Current TC members help facilitators recruit new members during the school year; 2. Applicants complete written applications in Spring for the following school year; 3. TC members and facilitators review applications; 4. Current TC members &amp; facilitator interview applicants; 5. References for applicants are contacted; 6. TC members use a selection matrix to rank applicants. Factors considered include: applicant’s passion for the work, availability &amp; commitment, diversity they offer to the group (i.e. race, ethnicity, gender, SES, school, social group, grade, etc.); 7. Facilitator has final say &amp; reports selection back to the TC.</td>
<td>1. Auditions held at schools across county, applicants fill applications at the audition, coordinators decide on applicants to call-back; 2. Call-backs held at SRPP with current members present; 3. Current group members give input on selection, abstaining if they know applicant personally; 4. Coordinators make final decision. Factors considered include: individual applicant passion, availability, commitment level &amp; skills; and balance/diversity in group composition in gender, ethnicity, economic situation, region &amp; school.</td>
</tr>
<tr>
<td>Duration</td>
<td>2-4 years participation</td>
<td>1-3 years of participation (must be Sophomore – Senior in high school)</td>
<td>1-3 years participation (usually Sophomore – Senior in high school)</td>
</tr>
<tr>
<td>Meetings</td>
<td>2 hour meetings, 1x per week</td>
<td>2-2.5 hours per week in the evenings</td>
<td>2-2.5 hour meetings, 1-2x per week</td>
</tr>
<tr>
<td>Topics covered by trainings</td>
<td>The Corner Health Center, professional actor teaching theatre skills – guest artists teaching specialized theatre skills, mental health professionals, substance abuse agencies, and local professionals.</td>
<td>A majority of trainings are facilitated by the TC facilitator, who is a trained Planned Parenthood educator. Occasionally guest speakers come in from other agencies &amp; local non-profits to speak about specific topics like adoptions, religious perspectives, mental health, dating violence, HIV and AIDS, etc.</td>
<td>1. Planned Parenthood health clinic, rape crisis, adoption agency, public health department mental health, specialist mental health counselors, clergy members supportive of reproductive choice, local actor/teacher and/or physical theatre company students leading basic theatre skills trainings.</td>
</tr>
<tr>
<td>---</td>
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<td>---</td>
</tr>
<tr>
<td>Types of organizations leading trainings</td>
<td>Abstinence and decision making, answering questions and answering values questions, birth control methods, classroom management, communication, condoms, consent and sexual assault, diversity and identity, drugs and alcohol, environmental toxins and sexual health, gender, HIV and AIDS, intimate partner violence, lesson planning, media literacy, Planned Parenthood services, pregnancy options, relationships, religious perspectives, race, diversity and oppression, reproductive anatomy and physiology, sexual orientation, sexuality education, sexuality through the lifespan, STIs, teaching and learning.</td>
<td>1. All members receive the same trainings. Members perform &amp; teach as available; 2. Input on activities encouraged from all members; 3. members in 2nd &amp; 3rd years often take on leadership roles by teaching earlier in the year, mentoring first year members, and presenting to other audiences then their peers (such as PP board members, donors, etc.).</td>
<td>1. All members receive same trainings. Members perform &amp; teach as available; 2. Input on activities encouraged from all members; 3. members in 2nd &amp; 3rd years often take on leadership roles by teaching earlier in the ear, mentoring first year members, &amp; are asked by coordinators to do more public speaking on behalf of group.</td>
</tr>
<tr>
<td>Levels</td>
<td>1. Beginning – receive theatre training &amp; health education 2. Performance – perform &amp; serve as peer educators, help create lesson plans 3. Youth Education Leaders (YELS) – paid facilitators of Beginning activities.</td>
<td>1. All members receive the same trainings; 2. Each member is asked to teach at least one day/month; 3. Returning members often take on leadership roles by teaching earlier in the year, mentoring first year members, and presenting to other audiences then their peers (such as PP board members, donors, etc.).</td>
<td>---</td>
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</tbody>
</table>
**Payment &/or Stipend**

| 1. No stipend; 2. Members are considered PP volunteers and get the same benefits that volunteers do. | 1. Stipend at year-end, variable amount year to year, not expected by group members; 2. Members are considered SRPP volunteers. |

**Emotional support structures**

| 1. A 3-day, 2-night retreat begins each year for group bonding & building; 2. One-minute “check-in” at the beginning of each meeting; 3. Meetings end with a ritual determined by the group; 4. End-of-TC-year potluck celebration with friends and family usually potluck style. Awards are given to each member for their contributions. | 1. Begin or end meetings “check-in”; 2. Group building activities as needed; 3. “Retreats” include camp (multiple days & nights), mid-year (overnight) & final (day-long or overnight); 4. Referrals to outside professional support made as needed; 5. End-of-Spare Change-Year graduation celebration with friends and family. |

**Contract & Ground Rules**

| 1. Members create group agreements together at the retreat. Agreements are visible in their space throughout the year & members hold each other accountable; 2. Members sign a job description upon being accepted to TC outlining the expectations of membership. | 1. Members create Ground Rules as group; 2. Members sign contract as condition of membership; 3. Ground Rules are returned to as-needed throughout the year. |

**Self-reflection**

| 1. Journaling throughout the year ties the training topic to how members can use it as peer educators; 2. Midyear Feedback sessions held in Jan/Feb. TC members complete self-reflection & goal sheet, facilitators review individually with each member. | 1. Prompted written journal responses; 2. Written self-evaluations 3x per year. |
| **Script & Content Writing Process** | Theatre Instructor gathers member ideas then writes first draft. First draft is read aloud at meetings. Members verbally revise 1st, 2nd, and final draft at meetings. | 1. Not all TCs use theatre elements yet. In those that do, some work with the youth write scripts for scenes or create a group spoken word piece. This process if very informal and is navigated by each individual facilitator; 2. TC members often co-create classroom lesson plans with their facilitators; 3. New activity creation is more formalized & uses the Understanding by Design format. | 1. Members write skit 1st drafts individually or in groups; Coordinator revises drafts with & without members & sends to HCOE review; Coordinator makes required revisions after HCOE review & after Community Review; 2. Members revise structure of classroom lesson plans as necessary. |
| **Oversight & Review** | All plays are reviewed for factual accuracy by medical, mental health, substance use, and sexual assault professionals. | 1. Written feedback is given to members after each presentation; 2. Practice of & group feedback on theatre components, platform skills, and content are woven into most weekly meetings. | 1. Skit 2nd drafts reviewed by HCOE Review Board; skit final drafts reviewed at Community Review Performance. 2. Practice of & feedback on theatre & classroom skills included in many meetings/rehearsals, particularly in Spring. |
| **Assessment** | Pre- and post tests each year mid-year Positive Youth Development survey. | 1. Meeting lesson plans with built-in assessments; 2. TC members take formal midyear and end-of-year assessment and content test; 3. TC members provide facilitator with midyear & end-of-year formal feedback; 4. Youth complete survey at beginning & end of TC year for formal evaluation. | 1. Retreat facilitator & activity assessments; 2. End-of-year survey; 3. Facilitator evaluations. |
| **Outreach Component** | | | |
| **Format** | Day 1: Members perform a 10-15 minute play + in-character Q&A + Out-of-character Q&A. *members may perform 2-3 plays on the same topic during same day*  
*AND*  
Day 2: Coordinator(s) leads Reality workshops  
*AND*  
Day 3: Coordinator(s) leads Skill-building workshops with interactive activities | Members teach lessons that include interactive activities & often theatre components, such as skits, forum scenes, role plays, and spoken word. These lessons include interactive activities and often theatre components, such as skits, forum scenes, role plays, and spoken word. | Members perform 5-20, 2-5 minute skits  
*AND/OR*  
Members perform skits with “talk-back” discussion & interactive activities  
*AND/OR*  
Members present “Healthy Relationships” or “Gender Role Stereotypes” lesson plans with interactive activities |
<table>
<thead>
<tr>
<th><strong>Topics Covered by Performances</strong></th>
<th>2-4 plays each year to choose from; Substance abuse, HIV and substance abuse, dating violence, bullying, and depression.</th>
<th>Topics are determined by the community and vary from TC to TC. The most common topics TC presents on are: STIs, birth control, healthy relationships, consent, and dating violence.</th>
<th>20-50 skits each year to choose from; same topics covered in skits as covered by trainings for Spare Change members</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Locations</strong></td>
<td>High schools (traditional &amp; alternative), elementary &amp; middle schools, detention centers, neighborhood &amp; residential programs</td>
<td>Presentations (with theatre components) in high schools, middle schools, community organizations that serve youth, PP donor events, board meetings &amp; family programs including puberty workshops.</td>
<td>Performances: High schools (traditional &amp; alternative), community centers, SRPP Staff parties, PP advocacy events Presentations: Middle schools, youth social service organizations</td>
</tr>
<tr>
<td><strong>Assessment &amp; Evaluation</strong></td>
<td>Pre-survey before performance Post-survey after skill-building workshop</td>
<td>1. Pre &amp; Post surveys of parents of TC members; 2. Surveys of the five closest friends of each TC member; 3. Audience surveys after a presentation.</td>
<td>1. *Pre-survey before CSHE delivered by SRPP Health Educators, with Spare Change content at end of week.; 2. Post-survey after performance or presentation.</td>
</tr>
<tr>
<td><strong>Peer Helping</strong></td>
<td>Audience members are encouraged to engage with peer educators after the performance.</td>
<td>1. Informal one-on-one contacts where TC members provide information &amp; referrals on pregnancy options, birth control, STI testing &amp; distribute condoms with instructions; 2. Contacts tracked with paper log, soon via smartphone app.</td>
<td>1. Informal one-on-one contacts encouraged through communication/referral skills training &amp; tracked via paper contact log.</td>
</tr>
<tr>
<td><strong>Advocacy</strong></td>
<td>CT does not currently participate in any advocacy projects.</td>
<td>TC members lobby each year at Washington State capitol, speak at PP board and donor events.</td>
<td>SC members lobby each year at California State capitol, some years attend PP advocacy events in Washington D.C., attend local LGBTQIA Pride event.</td>
</tr>
</tbody>
</table>
Appendix D. Memorandum of Understanding Template

Memorandum of Understanding
Between Six Rivers Planned Parenthood and ___________ School District

☐ For Family Life/Sex Education Instruction at _____________________________ school site on the following dates and times: _____________________________

☐ For a Spare Change Presentation on the following date and time: _____________________________

*The optional Parent Preview Night is scheduled for _____________________________

This Memorandum of Understanding ("MOU") is made between Six Rivers Planned Parenthood and the school district named above. As used in this MOU, the parties understand that the term "instruction" includes whenever Six Rivers Planned Parenthood is brought in by the District to, for example, lecture, distribute information, show a videotape, set out, conduct an activity involving student participation or provide audio material in either a classroom or assembly. The Humboldt County Office of Education coordinates a community review of all material presented by the Spare Change Peer Education and Teen Theater Troupe.

A. Six Rivers Planned Parenthood agrees that:

Comprehensive Sexual Health Education (EC 5193)
1. Instruction and materials emphasize that abstinence from sexual intercourse is the only protection that is 100% effective against unwanted teenage pregnancy, sexually transmitted diseases and acquired immune deficiency syndrome (AIDS) when transmitted sexually.

2. Instruction and materials be age appropriate.

3. Present factual information is medically accurate and objective.

4. Instruction and materials are appropriate for use with pupils of all races, genders, sexual orientation, ethnic and cultural backgrounds, and with pupils with disabilities.

5. Instruction and materials encourage pupils to communicate with parents/guardians about sexuality.

6. Instruction and materials teach respect for marriage and committed relationships.

7. Commencing in 7th grade, instruction and materials teach that abstinence is the only certain way to prevent unintended pregnancy and STDs, and provide information about the value of abstinence while also providing medically accurate information on all other FDA-approved methods of preventing pregnancy and STDs.

8. Commencing in 7th grade, instruction and materials provide information about STDs including how they are and are not transmitted, the effectiveness and safety of all FDA-approved methods of reducing risk of contracting STDs and local resources for testing and medical care for STDs.

9. Commencing in 7th grade, instruction and materials provide information about the effectiveness and safety of all FDA-approved contraceptive methods in preventing pregnancy, including emergency contraception.

10. Commencing in 7th grade, instruction and materials provide skills for making and implementing responsible decisions about sexuality.

11. Commencing in 7th grade, instruction and materials provide information on the law on surrendering physical custody of a minor child 72 hours or younger, pursuant to Section 12257 of the Health and Safety Code and Section 271.5 of the Penal Code.

1/11/2013 1of3
12. Instruction and materials do not promote religious doctrine.

13. Instruction and materials do not reflect or promote bias against any person on the basis of sex, ethnic group, race, national origin, religion, color, mental or physical disability, ancestry, gender or sexual orientation.

**Required HIV/AIDS Prevention Education for all students in grades 7 to 12 (EC 51934)**

14. Instruction is aligned with Comprehensive Sexual Health Education (EC 51933) criteria.

15. Instruction accurately reflects the latest information and recommendations from the US Surgeon General, the CDC and the National Academy of Sciences.

16. Instruction is provided from instructors trained in the appropriate courses.

17. Instruction includes information on the manner in which HIV is and is not transmitted, including information on activities that present the highest risk of HIV infection.

18. Instruction includes discussion of methods to reduce the risk of HIV infection, emphasizing sexual abstinence, monogamy, avoidance of multiple sexual partners, and abstinence from intravenous drug use; and includes statistics based on latest medical information citing the success and failure rates of condoms and other contraceptives in preventing sexually transmitted HIV, and information on other methods that may reduce the risk of HIV transmission from intravenous drug use.

19. Instruction includes discussion of the public health issues associated with HIV/AIDS.

20. Instruction includes information on local resources for HIV testing and medical care.

21. Instruction includes development of refusal skills for overcoming peer pressure and using effective decision-making skills to avoid high-risk activities.

22. Instruction includes discussion about societal views on HIV/AIDS, including stereotypes and myths regarding persons with HIV/AIDS, and compassion for persons living with HIV/AIDS.

In addition, Six Rivers Planned Parenthood agrees to provide all instructional materials, including curriculum, videotapes, scripts, and handouts, to the District for parent/guardian review 15 days prior to the commencement of instruction through completion of instruction (or longer if requested).

**B. The District agrees to:**

1. **Provide Parent/Guardian Notification:**
   - At the beginning of the school year, or at the time of a student’s enrollment, the Superintendent or designee shall notify parents/guardians that Six Rivers Planned Parenthood will be brought into the District to provide instruction on Comprehensive Sexuality Education and HIV/AIDS prevention education and research on pupil health behaviors and risks planned for the coming year.
   - The notice shall include the following:
     - a.) Advise the parent or guardian that written and audiovisual educational materials used in comprehensive sexual health education and HIV/AIDS prevention are available to review.
     - b.) Advise the parent or guardian whether the comprehensive sexual health education and HIV/AIDS prevention education will be taught by district personnel or outside consultants.
     - c.) Informing the parent/guardian of the right to a copy of Ch 5.6 of the California Education Code.
     - d.) Advise the parent or guardian that the parent or guardian must request in writing that his or her child not receive comprehensive sexual health education or HIV/AIDS prevention education.

1/11/2013 2 of 3
2. All materials used for the above instruction, including curriculum, videotapes, scripts, and handouts, shall be available for inspection at the District office during regular office hours at least 15 days prior to the commencement of instruction through completion of instruction or longer if requested.

3. Anonymous, voluntary and confidential research and evaluation tools to measure pupils' health behaviors and risks, including tests, questionnaires, and surveys containing age-appropriate questions about the pupil's attitudes concerning or practices related to sex, may be administered to any pupil in grades 7 to 12, inclusive, if the parent or guardian is notified in writing that this test, questionnaire, or survey is to be administered and the pupil's parent or guardian is given the opportunity to review the test, questionnaire, or survey and to request in writing that his or her child not participate.

4. A pupil may not attend any class in comprehensive sexual health or HIV/AIDS prevention education, or participate in any anonymous, voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks, if the school has received a written request from the pupil's parent or guardian excusing the pupil from participation.

5. A student may not be subject to disciplinary action, academic penalty or other sanction if the student's parent/guardian declines to permit the student to receive the instruction, or to participate in anonymous, voluntary, and confidential test, questionnaire, or surveys on pupil health behaviors.

6. While comprehensive sexual health education, HIV/AIDS prevention education, or anonymous voluntary, and confidential test, questionnaire, or survey on pupil health behaviors and risks is being administered, an alternative educational activity shall be made available to pupils whose parents or guardians have requested that they do not receive the instruction or participate in the test, questionnaire or survey.

C. The following additional condition(s) apply:
1. Requirement(s) imposed pursuant to Education Code Section 42125.1: i.e. fingerprinting.
2. Other conditions or requirements:

D. The parties also agree that:
1. If, for any reason, the above conditions are not met, the instruction by Six Rivers Planned Parenthood will not be conducted.
2. If one party fails to perform any of its obligations hereunder, within the time and in the manner hereunder provided or otherwise violates any of the conditions of this MOU, the other party may terminate this MOU immediately by written statement of the reason(s) for such termination.
3. District may, in its sole discretion and at any time and for any reason, suspend all or any portion of the services to be provided by Six Rivers Planned Parenthood, or terminate this MOU.

<table>
<thead>
<tr>
<th>District Superintendent/designee</th>
<th>Date</th>
<th>Six Rivers Planned Parenthood</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Printed Name and Title</td>
<td></td>
<td>Printed Name and Title</td>
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</tbody>
</table>

How many students are currently enrolled in the classes we will be teaching?  

1/11/2013 3of 3
Appendix E. Survey Templates from 2006-2011

Performance Survey Templates used in 2007-2008
More Performance Survey Templates used in 2007/2008

**Six Rivers Planned Parenthood**

**SPARE CHANGE Theatre**

1. The performance covered topics important to me?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>I don't care</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>

COMMENTS:

2. I would recommend this performance to my friends and family:

☐ YES
☐ NO

Why or why not?

3. After seeing this performance, are you more likely to (check as many that apply):

| ☐ Use protection (condom) | ☑ Wait to have sex |
| ☐ Talk to your partner/future partners about sexual issues | ☑ Get tested for STD’s |
| ☐ Use birth control when sexually active | ☑ Talk to your parents about sexual issues |
| ☐ Go to the clinic | ☑ Do none of these |

4. What information made the most impact on you?

---

**Six Rivers Planned Parenthood**

**SPARE CHANGE Theatre**

1. The performance covered topics important to me?

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly disagree</td>
<td>Disagree</td>
<td>I don't care</td>
<td>Agree</td>
<td>Strongly agree</td>
</tr>
</tbody>
</table>

COMMENTS:

2. After seeing this performance, are you more likely to (check as many that apply):

| ☐ Use protection (condom) | ☐ Wait to have sex |
| ☐ Talk to your partner/future partners about sexual issues | ☐ Get tested for STD’s |
| ☐ Use birth control when sexually active | ☐ Talk to your parents about sexual issues |
| ☐ Go to the clinic | ☐ Do none of these |

3. What information made the most impact on you?

Six Rivers Planned Parenthood

SPARE CHANGE Theatre

Thank you for attending our performance!
This program is made possible by TAPESTRY. Funded (or funded in part) by CA Department of Public Health Office of Family Planning Grant #05-45276.
STD Community Interventions Program and local donors.

1. After seeing this performance, are you more likely to (check as many that apply):

- [ ] Use protection (condom)
- [ ] Wait to have sex
- [ ] Talk to your partner/ future partners about sexual issues
- [ ] Get tested for STD's
- [ ] Use birth control when sexually active
- [ ] Talk to your parents about sexual issues
- [ ] Go to a clinic that offers birth control and STD/STI testing
- [ ] Do none of these

2. The performance covered topics important to me? (please circle the response that best fits your opinion)


3. Overall which topics presented by the actors made the most impact on you?

Comments:

2. After seeing this performance, are you more likely to (check as many that apply):

- [ ] Use protection (condom)
- [ ] Wait to have sex
- [ ] Talk to your partner/ future partners about sexual issues
- [ ] Get tested for STD's
- [ ] Use birth control when sexually active
- [ ] Talk to your parents about sexual issues
- [ ] Go to a clinic that offers birth control and STD/STI testing
- [ ] Do none of these

3. Overall what information that was presented by the actors made the most impact on you?

Spare Change Student Survey
Six Rivers Planned Parenthood

School: [ ]__ Grade: [ ]__ Ethnicity: [ ]__ Sex: Male [ ] Female [ ]

1. The most important thing I learned today from the Spare Change educators was...

2. Check what you learned: (check all that apply)
   - How to recognize gender role stereotypes
   - How to have healthy relationships
   - How stereotypes can perpetuate discrimination
   - How to seek/ find resources
   - Nothing

3. How clear was the information presented by the peer educators? (circle one):
   - Not Clear (Say what?)
   - Sort of Clear (kind of got it)
   - Very Clear (Got it)

4. After this presentation I am more likely to: (check all that apply)
   - Educate my peers about what I’ve learned
   - Seek Healthy Relationships
   - Decide and set limits ahead of time
   - Be more aware of gender-role stereotypes
   - Say no to pressure
   - Communicate my values clearly
   - None of these

5. What can we do to make this presentation better?
Appendix F. Consent Form

Humboldt State University

Title of Study: Six Rivers Planned Parenthood’s Space Change Peer Education and Theatre Troupe: Effects on Audiences and Program Participants, Fall 2006 - Spring 2011

CONSENT TO ACT AS A RESEARCH SUBJECT

| Who is conducting research and why | Kate Jamieson-Alward, a current Masters of Social Work student in the Department of Social Work at Humboldt State University, is conducting research to examine the effects of the Space Change Peer Education and Teen Theatre Troupe on audience members and program participants during the 2006/2007 and 2010/2011 school years. Kate is also a former Space Change member from 2003-2005 and is currently working with the current Space Change group through her MSW internship at Six Rivers Planned Parenthood. The research is being done on the years in between Kate’s involvement with the Space Change group as part of her effort to minimize research bias. |
| Description of research | Kate is conducting interviews examining the effects of the Space Change program on the lives of former participants using a guide of open-ended questions. She will conduct 10-20 interviews in total, 2-4 for each year during a five year period of Space Change. Former Space Change members from 2006/2007 – 2010/2011 have been randomly selected for interviews. Participation is completely voluntary. Direct quotations from participants may be used in the final evaluation. Subjects of interviews were all members of the Space Change group during 2006/2007 – 2010/2011 school years, and some may have been in the program for multiple years. There will be no compensation for participation. |
| Location & time commitment | Former Space Change members who agree to participate can choose to do the interview with Kate in-person, on the phone, or online through a video-chat platform such as Google Hangout or Skype. Locations of interviews will be determined according to participant needs and comfort. Though locations will vary, interviews will not be conducted in spaces with any reasonable possibility of having the conversation overhead. Interviews will be audio recorded and then transcribed by Kate. Interviews will take 45 minutes – 1 hour with a break available at any time. If they go over an hour, participants may choose to end, continue at that time, or continue at a later time. |
| Confidentiality & what happens to data when research is over | Any information that is collected as part of this study that can be specifically identified with you will be strictly confidential and will be disclosed only with your written permission or if required by law. The results of the study will be published, but the names and identity of the subjects will be confidential. When research is over, data will be kept in a locked file at the office of Dr. Michael Yellow Bird and destroyed 3 years after publication. |
| Identification of risks and benefits | Potential Risks: The risks associated for former Space Change members who participate in the interviews may include: 1. discomfort and uncertainty how they will be treated during the interview; 2. fear and apprehension of potential discomfort that they may be forced to answer questions they don’t want to answer, or be required to continue an interview that they no longer felt comfortable participating in; 3. discomfort when asked questions with the potential to trigger painful, uncomfortable, or embarrassing memories or to cause negative self-reflection; 4. apprehension or fear that giving negative or unflattering responses will cause harm to the Space Change program in the future; 5. fear about the privacy of their responses (confidentiality) and the possibility of being identified (anonymity); 6. discomfort with or embarrassment about responses they gave after-the-fact and desire to eliminate those responses from the research data; 7. physical discomfort for sitting for 45-60 minutes during the interview. |

Risk Management: To address the interview risks the following statements will be made to each subject prior to beginning. A paper summarizing all of the statements to be made will be given to each participant for use if they wish. Kate will say: “To begin this interview, there are 7 important items that I want to read to you before we start. Each item is listed on the paper I have given you or emailed you. You can refer to them at any time as we go through the interview. Please tell me if what I have said to you is clear after I read each item.”

“(1) Throughout the interview, you will be given the utmost respect. You have control over how you want to be treated, what you say, and what is included in the interview. Please let me know if you feel uncomfortable about how I am treating you at any point in time. (2) Your participation is completely voluntary. You can choose to pass on any question, any part of a question, or multiple questions. You can withdraw at any time from the interview without penalty or criticism. All you have to do is let me know that you do not wish to participate anymore and I will end the interview. (3) If any question I ask or responses you make you feel uncomfortable,
bring up negative or painful memories for you, you do not have to answer. I will support you in any action you choose to help you relieve emotional stress. Here are some ideas if this situation arises: you could choose to move on to a new question, discontinue the interview entirely or start again at a later time, you could retract and change responses from the interview transcript, you could discuss the topic or memory further with myself, alumni, and support person in your life, a counselor, or by calling a hotline, or you could simply let me know you are uncomfortable or ignore it before continuing on. I am here to support whatever you choose and I can connect you to a few different national hotlines or Humboldt County counselors if you want that. (4) The responses you provide, whether you see them as negative, positive, or neutral, will inform Six Rivers Planned Parenthood on how to improve the Space Change program. Please do not feel reluctant or guilty if giving responses that you feel will reflect poorly upon the Space Change program or Planned Parenthood. The program is in need of a formal, objective evaluation. In order for my evaluation to be formal and objective, it must not be biased. I am looking for responses that are truthful for you and reflect your lived experience. (5) You have a right to expect privacy from me regarding your answers to this interview. Whatever you say is confidential. During research, audio recordings and transcripts will be kept in a locked cabinet at my home. After publication of the evaluation, data will be kept in a locked cabinet at the HUS office of Dr. Michael Yellow Bird and destroyed 3 years later. I will do all I can to protect your responses from being identified in the evaluation. That includes giving each participant a random, gender-neutral alternate name and keeping a guide to the pseudonymy locked up, not stating the year in which you participated in Space Change, and leaving out, changing or obscuring any details that could be used to identify you by someone you know. (6) When the interview is completed, I will transcribe it from the audio-recording. If you request it, I will provide you with the transcript and you can review your answers and withdraw any information you’ve said that you may be uncomfortable with. (7) The interview will last between 45 minutes to an hour long, which can be a long time to answer questions. If you feel like you need to take a break during this time, please let me know. We can resume when you are ready. If the interview goes over an hour, I will stop and ask you if you would like to break or resume later.”

Potential Benefits: Benefits for Space Change members participating in the interviews may include 1. feelings of continued connection or reconnection to an organization and program that they once supported through their membership in Space Change. This reconnection may, if they wish, result in their being included in Planned Parenthood newsletters, invitations to SRPP events and to current Space Change performances, or future alumni events; 2. possibility of having positive memories, self-reflection and feelings of accomplishment re-vitalized through the process of answering interview questions; 3. learning about the continuation and successes of a program in which they were intimately involved and supported; 4. the pleasure of contributing to an analysis that can be used to support program improvement and potentially spread positive regard for the Space Change program in the future.

Contact information
If you have any questions about this research you may contact Kate Jamison-Award, MSW student, at (510) 717-0886 or email at kja@humboldt.edu and/or Dr. Michael Yellow Bird, MSW, PhD, Humboldt State University Masters of Social Work Program Director at (707) 826-5466 or by email at mjb@humboldt.edu.

If you have any concerns with this study, contact the Chair of the Institutional Review Board for the Protection of Human Subjects, Dr. Rhea Williamson, at rwi@humboldt.edu or (707) 826 - 5169. If you have questions about your rights as a participant, report them to the Humboldt State University Dean of Research, Dr. Rhea Williamson, at rwi@humboldt.edu or (707) 826 - 5169.

Informed consent statement
This research has been explained to me by Kate Jamison-Award, MSW student at Humboldt State University. I understand that the investigator will answer any questions I have about this study. I also understand that my participation is voluntary and that I may stop at any time. I understand that the investigator may terminate my participation in the study at anytime. I understand that I will not receive any compensation for participating in this research.

I give my informed consent to participate in this study.

Printed name ____________________________

Signature ____________________________ Date ____________________________
Appendix G. Risk Management Statement

Risk Management Statement for Interview Participants

(1) Throughout the interview, you will be given the upmost respect. You have control over how you want to be treated, what you say, and what is included in the interview. Please let me know if you feel uncomfortable about how I am treating you at any point in time.

(2) Your participation is completely voluntary. You can choose to pass on any question, any part of a question, or multiple questions. You can withdraw at any time from the interview without penalty or criticism. All you have to do is let me know that you do not wish to participate anymore and I will end the interview.

(3) If any question I ask or responses you make you feel uncomfortable, bring up negative or painful memories for you, you do not have to answer. I will support you in any action you choose to help you relieve emotional stress. Here are some ideas if this situation arises: you could choose to move on to a new question, discontinue the interview entirely or start again at a later time, you could retract and change responses from the interview transcript, you could discuss the topic or memory further with myself, a support person in your life, a counselor, or by calling a hotline, or you could simply let me know you are uncomfortable or ignore it before continuing on. I am here to support whatever you choose and I can connect you to a few different national hotlines or Humboldt County counselors if you want that.

(4) The responses you provide, whether you see them as negative, positive, or neutral, will inform Six Rivers Planned Parenthood on how to improve the Spare Change program. Please do not feel reluctant or guilty if giving responses that you feel will reflect poorly upon the Spare Change program or Planned Parenthood. The program is in need of a formal, objective evaluation. In order for my evaluation to be formal and objective, it must not be biased. I am looking for responses that are truthful for you and reflect your lived experience.

(5) You have a right to expect privacy from me regarding your answers to this interview. Whatever you say is confidential. During research, audio recordings and transcripts will be kept in a locked cabinet at my home. After publication of the evaluation, data will be kept in a locked cabinet at the HSU office of Dr. Michael Yellow Bird and destroyed 3 years later. I will do all I can to protect your responses from being identified in the evaluation. That includes giving each participant a random, gender-neutral alternate name and keeping a guide to the pseudonyms locked up, not stating the year in which you participated in Spare Change, and leaving out, changing or obscuring any details that could be used to identify you by someone you know.

(6) When the interview is completed, I will transcribe it from the audio-recording. If you request it, I will provide you with the transcript and you can review your answers and withdraw any information you’ve said that you may be uncomfortable with.

(7) Finally, the interview will last between 45 minutes to an hour long, which can be a long time to answer questions. If you feel like you need to take a break during this time, please let me know. We can resume when you are ready. If the interview goes over an hour, I will stop and ask you if you would like to break or resume later.
Appendix H. Interview Question Guide

Interview Questions for former Spare Change members

1. Did participating in Spare Change affect you? If so, how?
   - in terms of your sense of self
   - in your choices & behavior
   - in your beliefs, attitudes & values
   - in your skills

2. Did it affect you educationally? If so, how?
   - in your feelings about school
   - in your choices & behavior in school
   - in your ideas about your future

3. Did it affect you socially? If so, how?
   - with family
   - with friends
   - with romantic partners
   - with peers, other than close friends
   - with the community

4. During your year(s) of participation, did it seem to you that you, as a Spare Change member (or “in your Spare Change role”), affected others?
   If so, how do you feel you affected others?
   - family
   - friends
   - romantic partners
   - peers, other than close friends
   - the community

5. During your year(s), did it seem to you that the Spare Change program as a whole affected others?
   If so, how do you feel it affected others?
   - family
   - friends
   - romantic partners
   - peers, other than close friends
   - the community
Appendix I. Spare Change Presentation Lesson Plans

8th Grade Lesson Plan from 2007/2008

Healthy Relationships
8th Grade

INTRO AND GROUND RULES: Self, program and lesson plan for the day and review ground rules.

PURPOSE: To talk about healthy and unhealthy relationships. To be able to notice warning signs of something not healthy and to create healthy relationships.

1 in 4 teens will experience violence or abuse in a dating relationship.
More than half of students that witness their parents being abusive to each other, become involved in an abusive relationship.

STAND UP:
Stand up if you are excited about going to High School...

Stand up if you play a sport...

Stand up if you have ever been in a fight with someone and made up...

Stand up if you know someone that you can trust with your life...

Stand up if you have ever felt pressured to do something you really didn’t want to do...

Stand up if you have ever said something you really regret...

Stand up if you have felt pressure to have a girlfriend or boyfriend...

Stand up if you have ever felt like no one really understands you...

TYPES OF ABUSE
Emotional, Physical, Sexual; Mention Date Rape...

SMALL GROUPS

RECOGNIZING THE CYCLE OF ABUSE
Tension building, Abuse, Honeymoon or making up

RELATIONSHIP BILL OF RIGHTS: In small groups introduce self and one person they trust and why. Then create a list of qualities of a healthy relationship. Post them and have 1 teen read them aloud to save time.

CLOSING: Important to live by our Bill of Rights. Thank you!

3 CORNERS

ANONYMOUS QUESTIONS AND EVALUATIONS
3. Comers Activity

1. Two people are in love and one partner knows they don’t want to have sex until they’re Older but the other partner keeps pushing them. They should:
   a. Keep saying "no"
   b. Give in
   c. Find a new partner

2. A person won’t let their partner go out on weekends unless they’re with them. The person:
   a. Is protecting them because they care about them
   b. Doesn’t trust them
   c. Is abusing them by doing this

3. If both people have been drinking/using drugs:
   a. You don’t need to get consent for sex
   b. They can’t prove if there was no consent
   c. You should always get consent

4. Having sexual intercourse usually:
   a. Makes a relationship stronger or closer
   b. Makes a relationship more complicated
   c. Has little effect on a relationship

5. Abstinence is:
   a. The best choice for most teens
   b. Not a realistic choice for teens
   c. Pushed on teens too much
Healthy Relationships
Blue Lake 8th Grade
March 7, 2008

1. **Intro:** What is *Spare Change?* / Who are you? (2 mins.)

2. **Cross the line / Stand up if** (3 mins.)
   - You ate breakfast today
   - You have ever fallen asleep in class
   - You know where to find resources for your sexual health
   - You ever feel guilty or hesitant to compliment yourself
   - You ever felt really bad about your body or self
   - Have known anyone in an abusive relationship
   - You know somebody who doesn’t realize their own beauty

3. **Abuse statistics:**
   - 1 in 4 teens will experience dating violence in their teen years.
   - More than half of students that witness their parents being abusive to each other become involved in an abusive relationship.
   - In 2001, women accounted for 85% of reported partner violence, men accounted for 15%.

4. **Types of abuse** brainstorm (5 mins.) out loud

5. **3 corners activity**

6. **Small Groups**
   - Cycle of Violence
   - Relationship Bill of Rights
   - Class presentation

7. **Anonymous Questions**

8. **Evaluations**
Breaking Gender Role Stereotyping and Discussing Ways to Address Bullying and Harassment

INTRO AND GROUND RULES: Intro self, program and lesson for the day and review ground rules.

PURPOSE: To discuss gender role stereotypes in relationships and talk about embracing diversity. Discuss bullying and how we can stop teasing.

Snow Ball: One stereotype about teenagers you have heard. All write on paper and then snowball into the middle and hand them back out. **What is a stereotype?** Ask students for definition.

EXPLAIN GENDER ROLE STEREOTYPES

Sex: Physiological makeup
Gender: how we identify, typically male or female
Gender Role stereotype: Expectations of how males or females will look, behave, what jobs they will have, what they will like, etc.

Brainstorm Stereotypes of Female and Male... switch male and female and ask if that can be true as well. Make 2 boxes put the stereotypes in the box and then on the outside put things people say that keep people in the box on one side and on the other things people do to keep people in the box.

STAND UP:

Stand up if you play a sport...
Stand up if you love to play video games...
Stand up if you have ever felt pressured to act tough when you were hurt...
Stand up if you have ever felt afraid to show that you were angry...
Stand up if you have ever been curious about what it would be like to be the opposite gender...
Stand up if you have ever felt pressured to look or dress a certain way...
Stand up if your best friend is not the same gender as you, i.e.: you are a girl and your best friend is a boy...
Stand up if you want to learn more about what it is like to be the opposite gender...

DEBRIEF STAND UP: How did it feel to do this activity? What can learn from doing this Stand up exercise? How does peer pressure play a part in this activity?

OPINION CARDS: In small groups, discuss the statements or questions on the cards. Be prepared to summarize what you talked about to the large group. Discuss what you think we could all do to help stop teasing and bullying.

CLOSURE: Ask how stereotypes can really hurt people and maybe lead to discrimination. Respecting diversity and not stereotyping people will help build healthy friendships. Read “For Every Girl, For Every Boy”. ANONYMOUS QUESTIONS AND EVALUATIONS
7th Grade Lesson Plan Brainstorm Prompts

**Stereotypes**

1. Where do these stereotypes come from?
2. How can they change people’s perception and perpetuate discrimination?
3. How might gender role stereotypes harm a relationship?
4. What have we seen happen as a result of gender-role stereotyping?
5. What are some common stereotypes about teenagers?
6. What are some common stereotypes about teenage relationships?
7. Why might it be important to discuss what we expect out of a relationship?