

## **CAS-Carrera**

### **Overview**

The CAS-Carrera Program is an intensive, multi-year after-school program for high-risk high school students. It runs year-round, five to six days each week and serves teens until they complete high school. Its goal is to motivate youth to strive for a productive future and avoid behaviors that could hinder achieving their goals.

Through a youth development approach, the CAS-Carrera Program addresses the underlying factors associated with teenage pregnancy and childbearing, such as poverty, school failure, unemployment, and inadequate health care. The program seeks to improve access to health care (including reproductive health services), reduce sexual activity rates, increase contraceptive use, and reduce pregnancy. It has seven components, including employment and academic assistance, family life and sexuality education, performing arts experience, sports training, and mental and physical health care.

An experimental evaluation of the CAS-Carrera Program conducted in New York City between 1997 and 2000 primarily showed positive outcomes for females. At the end of the third year of Carrera, girls in the program demonstrated a reduced likelihood of having sex and becoming pregnant, increased likelihood of having used a condom and a hormonal contraceptive method at last sexual intercourse, and greater access to health care compared to the control group. Boys in the program were more likely to have received certain health care services, but were less likely to report using a condom and a hormonal contraceptive method at last intercourse than were males in a control group.

The cost of the program in New York City sites was \$4,000 per teen per year, or an average of \$16 a day per teen. These costs included staffing, medical and dental care, stipends, and wages for teens to work in part-time or full-time jobs. These program costs are likely to be higher in New York City than they would be in other areas of the United States. The program has been funded privately through foundations and donors. In New York City, the Robin Hood Foundation provides principal support.

The program is being replicated in urban, suburban, and rural areas around the country, including Nebraska, Florida, New York State, and Baltimore, MD.

### **Insights After the Fact**

#### Key Challenges

It can be challenging to find a setting to accommodate the CAS-Carrera Program because it is comprehensive and long-term.

The program is more expensive than typical after-school programs. However, the evaluations have found that it is effective with certain populations and is money well spent.

In order to successfully operate such a comprehensive program, it is important to hire staff with stamina and a strong commitment to helping teens. The program requires very intensive oversight and collaboration between service providers. This is not something many program are used to, but it needs to be built in during the early planning stages.

In suburban and rural communities, transportation can be a challenge.

#### Lessons Learned

It is more important to be "kind" than to be "right" when working with teens.

Spending time on planning activities, such as community organizing, parent orientation, hiring and training staff, and completing consent forms before the program begins will pay off in the long run.

Make the most of the evaluation. Hiring independent researchers is valuable. Using the results to improve the program on an ongoing basis is key to making it as effective as possible. For example, the Carrera program evaluation showed that older teens had already developed patterns of risky behaviors, so the program readjusted its focus to younger teens instead.

It is important to provide “maintenance training, “that is, monthly training for teachers and staff in the seven program components.

Source: Michael Carrera, Ed.D.

## **Program Description**

The CAS-Carrera Program uses a youth development approach to reduce risk factors associated with teen pregnancy. Staff members establish confidential relationships with participants and provide ongoing mentorship and counseling. Numerous activities and services are available to participants year round.

### Population Served

The evaluated CAS-Carrera Program served low-income, high-risk boys and girls, aged 13-15. (Note: the program is currently starting with youth aged 11-12; this profile is based only on the programs evaluated with older teens.) Students were not eligible to participate if they were enrolled in any other structured after-school program, were pregnant, or were already parents. The majority of participants (60 percent) were African American; 39 percent were Hispanic. Only one in three participants (35 percent) lived in a two-parent family, and the majority of teens (61 percent) lived with an unemployed adult and/or received entitlement benefits.

### Setting

The CAS-Carrera Program is an after-school and summer program hosted by youth agencies such as Boys and Girls Clubs. Services are provided in community centers.

### Goals

The program seeks to help youth develop goals and to motivate them to pursue a productive future. To that end, the program tries to reduce sexual activity, increase contraceptive use, reduce teen pregnancy, and increase access to health care.

### Type of Intervention

This intensive program takes a “holistic” approach to addressing underlying factors associated with teen pregnancy and childbearing. It addresses economic disadvantage, low academic performance, limited job opportunities, and inadequate health care. The program encourages teens to focus on the future in order to motivate them to delay sex and to use contraception. The program offers seven components, including mentoring and ongoing counseling, health care, academic assistance, career counseling, crisis intervention, and access to performing arts and sports activities. The CAS-Carrera Program involves parents and other adults in various activities.

## **Main Messages**

The program encourages teens to think about and plan for their futures. One part of that message is that they should abstain from sex or use contraception consistently.

### Implementation/Logistics

*Length of program:* The evaluated intervention took place over three years. During the school year, program activities were scheduled after school each day for approximately three hours. During the summer, the program provided employment, academic assistance, and sex education for approximately three hours a day. During the period studied, teens participated an average of 16 hours a month. Absenteeism was usually caused by family responsibilities, transportation issues, employment obligations, and educational and extracurricular activities. Almost half of the teens (48 percent) were involved in all program components. To

supplement program hours, community organizers made an average of two contacts per month with participants and their families.

*Staffing requirements:* The seven activity and service components were staffed with a full-time coordinator and part-time employees and volunteers. For example, the academic component was taught by education experts and community volunteers, the performing arts were taught by professional actors, the mental health services were provided by social workers, and the medical and health services were staffed by physicians. A full-time community organizer maintained contact with participants and their parents, made home visits, followed up on absenteeism, and coordinated the activity schedule for each site.

*Components of intervention:* The CAS-Carrera Program intervention includes seven components: five activities and two services. The activity components include the following:

- Job Club provided employment assistance including resume development, help filling out job applications, and practice with job interview skills. Teens also had to open bank accounts. They received a stipend for attending the Job Club, and it was possible for teens 14 and older to obtain summer jobs and part-time work during the school year.
- Participants received daily academic assistance, including an individual academic performance assessment, tutoring and homework aid, help with preparation for PSATs and SATs, and assistance with college applications. The program provided one-on-one and small-group tutorials during the high school years and offered financial aid for college through a scholarship fund.
- An educator and/or reproductive health counselor provided weekly information sessions on sex and related topics based on the students' age and developmental level. Topics included anatomy and reproduction, contraception, HIV/AIDS, body image, relationships, and gender and family roles.
- Teens participated in various performing arts workshops to help build their self-confidence and talent.
- Individual sports included squash, tennis, golf, snowboarding, and swimming.

The service components included:

- Supervised mental health and counseling provided through weekly sessions with a social worker.
- Medical care provided off-site. Program staff scheduled medical appointments for program participants, including an annual comprehensive medical exam and dental services. Participants also received reproductive health care, including physical exams, STD testing, contraception, and counseling. Staff accompanied participants to medical visits.

## **Evaluation**

### Type

The evaluation of the CAS-Carrera Program used a random-assignment experimental design in which teens were randomly assigned to the program group (receiving all services) or to a control group (receiving only the regular youth program provided by the host agency).

### Size

Each of the six sites accommodated 100 participants – 50 in the Carrera Program and 50 in a control group. The 2000 evaluation was based on a total of 484 youth with three-year follow-up data and took place at the end of the third program year (242 youth in the CAS-Carrera Program and 242 youth in the control group).

## Components

*Instruments and frequency:* Each teen completed an initial "baseline interview." They were interviewed annually, and outcome data were measured at the end of the third program year. Data were collected from three sources: 1) annual self-report surveys; 2) annual tests of sexual knowledge; and 3) monthly attendance records.

*Outcomes measured:* Four primary outcomes were measured throughout the three-year period. These were: 1) receipt of certain designated health care services (termed "positive health care"); 2) whether teens ever had sexual intercourse; 3) if teens had used a condom and/or other hormonal contraception at the most recent sexual encounter; and 4) whether teens had become pregnant or caused a pregnancy. Measures of sexual experience, contraceptive use, and pregnancy were based on self-reports and were confirmed with medical records where possible. Five health care outcomes were self-reported:

- receiving medical care in a setting other than the emergency room;
- having a medical checkup in the last few years;
- receiving a social assessment (items associated with family and environmental factors) at that checkup;
- getting a Hepatitis B vaccination; and
- having a dental checkup in the last year.

Receiving four or more of these health care outcomes indicated "positive health care."

## Findings

The baseline interviews showed no differences between the CAS-Carrera Program participants and the control group members regarding health care, sexual intercourse, contraceptive use, and pregnancy. At the end of the program's third year, the evaluation revealed better outcomes for girls than for boys. Females in the CAS-Carrera Program were significantly less likely to have had sex than the control group females (54 percent vs. 66 percent) and were less likely to have become pregnant than females in the control group (10 percent vs. 22 percent). Females in the Carrera group were almost twice as likely to have used a condom and hormonal method at last intercourse than the control group participants (36 percent vs. 20 percent). Girls in the program also were more likely to have received positive health care than control group females (74 percent vs. 61 percent).

Male program participants were more likely to have received "positive health care" than males in the control group (64 percent vs. 45 percent). However, there were no significant differences between males in the two groups regarding sexual experience or whether they had caused a pregnancy. Boys in the program were significantly less likely than males in the control group to use a condom and a hormonal method at last intercourse (9 percent vs. 20 percent).

Program evaluators offer several explanations for why the program had significant results for the girls. As described previously, the CAS-Carrera approach is intensive and long-term. This likely delayed first intercourse and increased use of effective contraception among the girls. Evaluators also suggest possible reasons for the mixed effect on males. First, males who were sexually experienced before entering the program (38 percent) were less likely to attend the program regularly. As mentioned previously, CAS-Carrera Programs are now engaging youth earlier -- starting at 11-12 years old instead of 13-15. Second, the evaluators suggest that high-risk boys from inner-city New York may have strong social norms that encourage early intercourse and that conflict with messages in the CAS-Carrera Program.

## **Contact Information and Resources**

### Program Contact

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Carrera Adolescent Pregnancy Prevention website: <http://www.stopteenpregnancy.com>

Dr. Carrera's book, *Lessons for Lifeguards* (\$13), which highlights the philosophy and organizing principles of the program, is available through the Carrera website:  
<http://www.stopteenpregnancy.com>

Michael Carrera can be contacted directly for information about curricula and protocols for each of the seven program components. The Children's Aid Society also can help with fundraising, provide training, work with an evaluator, and conduct site visits.

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#### **Resources**

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