Empowering young people to make healthy decisions.
Why We Exist

Peer Health Exchange’s mission is to empower young people with the knowledge, skills, and resources they need to make healthy decisions.

In 1999, a New Haven public high school teacher approached a group of Yale undergrads about teaching workshops to help young people make healthy decisions. He saw a unique opportunity for college students, as “near-peers,” to fill a critical gap left by budget cuts to health education. Without it, young people were left unprepared to deal with the health risks they faced. Peer Health Exchange was founded in 2003 to fill this need in schools across the country. This need continues to persist.

Every day, young people are faced with difficult choices, and many make decisions that could put their health and futures at risk. According to the U.S. Centers for Disease Control and Prevention (CDC):

A single decision can have lasting effects and come at a great cost to young people and society as a whole.

Young people, especially those in low-income communities, still do not get consistent support as they make their own health decisions.

Health systems offer significant services, but there is a disconnect. They often don’t meet young people where they are, and many young people lack the knowledge and skills to access them. Additionally, there continues to be inconsistent investment in health education across schools and districts.

Effective health education is a key element in young people’s futures—increasing health outcomes and graduation rates, lowering overall health costs, and most importantly, helping to achieve health equity for young people.

Over the next five years, Peer Health Exchange will deliver our stronger program to young people across the country. Our results will help demonstrate the value of health education, bringing together the health and education systems to achieve better outcomes for young people.
Our future builds on 10 years of experience and is driven by rigorous impact data.

Since our founding, PHE has trained 8,500 college volunteers to teach health to over 115,000 young people. In 2011, we slowed our growth to focus on how we could do more than fill a gap by innovating on the PHE program to deepen our impact. We tested a new skills-based curriculum. We piloted ways to help young people seek help and use health centers. We tried implementing PHE with younger students, with older students, and over the course of two years. We partnered with the American Institutes for Research on an external evaluation of 4,000 students, comparing students who received the PHE program to those who did not.

What we learned during those five years is directly driving our future strategy:

1. PHE’s internal and external evaluation findings underscore our important and unique role in sexual health, equipping young people with critical skills and connecting them to health centers where they can access effective contraception that prevents pregnancy.

2. PHE helps connect students with health resources. As found in an exploratory study, supported by years of pilot programming, students visit health clinics while they are in the PHE program and continue to do so a year later.

3. Our rigorous program evaluation confirms that our shift to a skills-based curriculum yields stronger help-seeking behaviors in young people that stick.

PHE students had a stronger ability to refuse sex than comparison students immediately after the program and after one-year follow-up.

<table>
<thead>
<tr>
<th>Percent of student confidence in ability to refuse sex</th>
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<tbody>
<tr>
<td>25%</td>
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<td>83% Comparison</td>
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In year one, 69% of PHE students visited a health center, versus 46% of the comparison group. At year one follow-up, those PHE students continued to visit health centers as a help-seeking behavior.

<table>
<thead>
<tr>
<th>Percent of student that made a visit to a health center</th>
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<tbody>
<tr>
<td>20%</td>
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<td>46% Comparison</td>
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PHE students continued to have more conversations about their health than the comparison group.

<table>
<thead>
<tr>
<th>Percent of students communicating about health</th>
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<tr>
<td>10%</td>
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<tr>
<td>29% Comparison</td>
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I learned to listen to my partner and respect her decision.

I learned I can go at any time to the health clinic to receive help and/or advice.

When you are acting differently you should see an adult. An adult that you trust.
2016-2021 Strategic Priorities

We will bring a stronger PHE program to more young people, and partner to build a better model for health education.

1. Deliver and grow our stronger PHE program
   We learned a lot about what works within our program and know where it can add the most value. We need to build on the best of what works and bring it to more young people.
   - 25,000 young people/year
     Increase reach by 67% by FY21
   - 1 new city
     Grow while strengthening all sites
   - $450/student
     Maintain high efficiency and low cost per student

2. Partner to build a more integrated model for health education
   Partner for greater impact
   We will partner with education and health players to have more impact on every young person.
   Partner for increased funding
   We will build new funding sources as both the health and education systems invest in health education.
   Ultimately seeking partnerships that increase impact and generate revenue

3. Build capacity to fuel and sustain impact
   We will invest in our infrastructure—talent, operations, and financial capacity—to sustain growth and position PHE for future impact.
Deliver and grow our stronger PHE program.

We know much better today what works in the PHE model. As a result, over the next five years we will bring our improved PHE model to significantly more young people. We will continue to refine it as we grow.

The following program elements improve results for young people:

**Skills-Based Curriculum**
We developed a new skills-based curriculum and have seen the positive results when we equip young people with not just the knowledge but also the essential skills to make a decision, advocate for themselves, and access resources to carry out a decision.

**Deeper Relationships between College Volunteers and High School Students**
We are building on the strength of our near-peer model by rolling out strategies in which the same volunteer can teach the same young people multiple times, enabled in part by a technology-enhanced curriculum.

**Health Center Partnerships**
Many young people don’t know a health center exists in their school or community, or may face other barriers to accessing care. We are extending our curriculum to include health center tours in order to make that critical link for young people.

**Increasing Volunteer Diversity and College Persistence**
To increase the relatability of our volunteers, we will prioritize diversifying our volunteer corps to better represent the communities we work in. We will also explore whether participation in PHE can improve college volunteers’ own health behaviors and college persistence, particularly for our volunteers who share the backgrounds of the young people in our partner schools.

To position us for growth, we need to keep pace with the changing needs of our school partners. We are testing a more responsive, scalable program.

Some strategies we are testing include:

- **Focused Health Curricula**: We will pilot shortened and/or focused versions of our full curriculum to meet a district-identified need and to complement existing health education initiatives.

- **Teachers Teaching PHE Workshops**: We will test training teachers from our partner schools to deliver our workshops as a stand-alone or supplement.
In each city, we will match our growth strategy to the available funding opportunities, access to school partners, and the health and education landscape.

Over the next five years, we project to grow our program reach by 67% overall. We will do this by growing in existing city sites where the funding and partnership opportunities exist and by expanding to new cities.

**Why We Would Grow**

Reach more young people and expand our impact, recognizing there is still a significant unmet need that we could help meet.

Pursue partnerships for both impact and revenue, and evaluate new city growth with these partnerships at the core of our expansion decisions.

**How We Would Grow**

Pursue growth in existing cities where we can sustain it through a strong, local base of financial support.

Ensure existing cities are strong programmatically and financially and are maximizing their own sustainable growth potential.

Set and achieve critical pre-launch milestones for one new city.

**Pre-Launch Milestones**

- Ensure significant portion of startup budget is secured in advance
- At least one source of earned revenue in place prior to launch
- Local board chair and founding members in place
- Strong program partnership with schools and district reflecting community demand
- Local staff leadership hired in advance of program year
Partner to build a more integrated model for health education.

We will partner with others to increase our impact with young people and develop new funding sources to sustain PHE and school-based health education in the long-term. We have begun to see interest from key education and health partners who recognize the unique role PHE plays for young people.

We will identify partners who:

- Share our commitment to reaching young people living in low-income communities
- Enhance the outcomes we seek to achieve on program impact and funding
- Represent the needs of other stakeholders in the broader landscape
- Reflect a partnership cost that yields a clear return, both on impact and sustainability
- Commit to limiting risk as we learn, such as by starting our partnership with a pilot

Potential Partnership Opportunities

**Impact partnerships**
Partner with experts to provide additional training for our volunteers or resources for students.

*For example, PHE is partnering with UCSF’s Bixby Center for Global Reproductive Health to provide long-acting reversible contraceptive (LARC) training for school-based health center (SBHC) staff and PHE volunteers.*

Test new technology or curriculum elements designed to deepen our impact.

*For example, PHE is testing a gaming platform created by Yale School of Medicine as a potential addition to our workshops.*

**Earned revenue partnerships**
Source a portion of our local budgets from paying school partners who may invest in PHE as part of their health education or Social Emotional Learning (SEL) strategies.

*High schools in the majority of PHE cities have begun to fund a portion of program costs.*

Partner with hospitals and health-care payers to provide our program as part of their community investment or preventative care strategy.

*For example, PHE is partnering with Stanford Children’s Health to test the effect of PHE sending young people to their nearby health center.*

**Partnerships that increase impact and generate revenue**
Pursue new partnerships based on PHE’s overall reach in the community and on the potential return on investment from PHE connecting young people to hospitals and health centers.

*For example, PHE is partnering with Stanford Children’s Health to test the effect of PHE sending young people to their nearby health center.*
3 Build capacity to fuel and sustain impact.

We will build on existing capabilities and create new ones.

**Existing Strengths**
- Program management (recruiting, selecting, and training volunteers to deliver our core program)
- Driving innovation by developing and evaluating efficient, rigorous pilots (rapid iteration)
- Growing our philanthropic base of support nationally and in specific local markets

**Emerging Strengths**
- Developing and managing earned revenue partnerships with health and school payers, both locally and nationally
- Building relationships with key influencers (local, state, and national)
- Managing public fund requirements (e.g., school contracts)
- Deploying and supporting technology in classrooms at scale
- Ensuring that every member of the PHE team has the knowledge, training, and self-awareness to address the effects of power and privilege in our work to deliver on our equity core value
- Strengthening our philanthropic base in all of our local markets to align with growth plans

We will build our cash reserve to 5 months to position us for future strength.

With a shift to more earned revenue, we anticipate different cash timing (e.g., being paid on a reimbursement basis). At the same time, we need to align with the industry standard for an organization of our size, building to five months of reserve. This will enable us to shift attention to longer-term business model development and give us the flexibility to act quickly on new opportunities as they arise.

We will invest in a stronger revenue strategy.

To successfully raise more than $15M in impact capital and $33M in operating revenue over the next five years, we will invest in a number of strategies, including:

1. Front-load growth in revenue generating positions
2. Tie growth to fundraising performance and potential
3. Build a stronger base in a new site before launching
4. Diversify funding sources by growing earned revenue and expanding our base of supporters
To accomplish these goals, we will raise $15.6M in Impact Capital, grow our operating budget, and maintain a low cost per student.

We will grow our operating budget nearly 70% from the start of the plan to FY21 through growth of existing markets and expansion to new markets.

We will maintain efficiency, averaging $450 per student across the five years of the plan.

Our cost per student will remain almost flat, increasing slightly in the first year of the strategic plan due to program-related impact capital investments, and returning to greater efficiency by FY21, averaging $450 per student across the five years of the plan. Importantly, as our earned revenue increases, our philanthropic cost per student will decrease, making PHE an even more cost-efficient model to philanthropy.
We will achieve specific milestones while avoiding known risks.

**Deliver and Grow**

- Continue to increase impact on knowledge, skills, attitudes, intentions, and help-seeking behaviors
- Reach more young people each year, per local plans, growing to 25,000
- Maintain or improve efficiency as we innovate and scale
- Achieve new city launch milestones
- Increase diversity of volunteer corps and relatability of all PHE volunteers

**Partner**

- Secure new earned revenue partnerships each year
- Secure 10-20% of total budget through earned revenue by FY21
- Achieve high renewal/satisfaction rate among partners

**Build Capacity**

- Achieve consistently high staff engagement ratings
- Develop boards to support strategy
- Increase operating reserve to 5 months
- Consistently raise city budgets locally

**Risk**

- We may over- or under-invest in either our core program or new partnerships as we focus meaningful resources on both.

**Strategy**

- Set specific milestones for both priorities. Focus on growth and partnership opportunities that reinforce each other.

**Risk**

- We may lack the capabilities needed to pursue new partnerships, or fail to build capabilities effectively or quickly enough.

- We may not yet have the evidence we need to attract strong partners.

**Strategy**

- In the first year, invest in local and national capacity to pursue partnerships. Build out dedicated earned revenue capability.

- Focus first on partnerships based on our unique role and leverage impact to date.

**Risk**

- We may face challenges in raising enough philanthropic dollars to support our growth as we develop new revenue streams.

**Strategy**

- Build a larger, stronger revenue team for both philanthropy and new funding sources on both local and national teams.
Teenagers should be able to take care of themselves. They need places to go where they can get the right information. With the overload of information on the Internet and how fast rumors get spread in the hallways and the cafeteria, it’s hard to figure out what is true or false.

PHE gives us the information we need, and lets us know about free clinics where we can get whatever help we need, when we need it.

- A PHE Student

Without effective health education, many young people don’t know how to get help or answers. Where health resources do exist, young people often don’t know how to access them.

High School Students
Face serious questions about their health, like: How do I protect myself if I choose to have sex? Is it normal to feel so sad? Where do I go for support?

High Schools
Struggle to meet health education mandates and student needs due to staffing shortages, budget limitations, and a focus on testing requirements.

Health centers
Have resources at hand but young people don’t know about them. Health centers need partners to get young people in the door.

PHE empowers young people with critical knowledge and skills and builds help-seeking behavior. Young people build awareness of their own health, take more control over their decisions, and get help when they need it.

PHE trains college student volunteers to teach a skills-based curriculum about mental health, sexual health, and substances.

PHE partners with high schools to help meet their students’ needs.

PHE partners with health centers to ensure young people are informed about and equipped to access their resources. PHE students are more likely to use a health center.

Students in PHE learn critical health content and practice skills. Evidence shows that PHE increases students’ knowledge (e.g., what sexual consent means), skills (e.g., how to access contraceptives), and help-seeking behaviors (e.g., talking to an adult).

As a result, PHE students have the knowledge, skills, and resources they need to make healthy decisions. PHE is able to provide greater value to more students by bringing the health and education systems together to provide health education for young people.