



Strategies for recruiting, training, and retaining educators for adolescent pregnancy prevention programs: Insights from organization leaders and educators

Balca Alaybek*, Gordon P. Olsen, Shayri M. Kansagra, Katie Hogan, Stephen E. Stratman, Lauren R. Honess-Morreale, Sarah Kriz

The MITRE Corporation



ARTICLE INFO

Keywords:

Pregnancy prevention
Underserved youth
Educators
Human resources management
Community-based organizations

ABSTRACT

This paper provides insights into how 17 community-based organizations (CBOs) recruited, trained, and retained educators in pregnancy prevention program implementations for underserved adolescents in different areas of the United States. The paper also highlights problems and potential solutions associated with these practices. The study adopted a qualitative descriptive framework. We conducted 41 interviews with leaders and educators of CBOs and conducted qualitative content analysis of the interview data integrating deductive and inductive coding approaches. We found that a commonly emphasized recruitment and selection challenge was finding qualified candidates for short-term project-based employment. Interviewees highlighted limitations of curriculum training in preparing novice educators for program implementation and shared their strategies to overcome these limitations. Post-onboarding professional development opportunities were available for long-term educators, but not for short-term project-based educators. Educators reported receiving sufficient support from their organizations and coworkers to perform their jobs and maintain their well-being. Although none of the educators desired to leave their roles, they shared potential reasons for turnover, such as project-based employment and a desire to explore different career paths. We align the study findings with best practices proposed in the adolescent health education and human resources literatures and present a set of recommendations. Researchers interested in adolescent pregnancy prevention program implementation and organizations that plan to implement programs can benefit from the findings and recommendations presented in this article.

Educators play a crucial role in the effective delivery of adolescent pregnancy prevention programs. Approaches to educator recruitment and selection, pre-service training and ongoing development, and support and retention can influence educators' performance and, thus, pregnancy program implementation effectiveness (e.g., [11,21,24]). Educator recruitment, training, and retention practices have been examined mainly in the context of school-based program implementations (e.g., [28,29]), because schools have been the primary setting for the delivery of adolescent pregnancy prevention programs [3,25]. Recently, however, adolescent pregnancy prevention interventions are increasingly being implemented by community-based organizations (CBOs, e.g., [1,4,26]). CBOs have different operational environments than schools and face unique challenges to pregnancy prevention program preparedness and effectiveness [11]. Educators who deliver health programs in CBO settings do not need to be licensed K-12 teachers. Therefore, it is important to examine the processes of CBO leaders who oversee the recruitment and selection, training and development, and support

and retention of educators. It is also important to examine how the educators themselves perceive these processes to identify a set of best practices for the field.

The U.S. Health and Human Services Office of the Assistant Secretary for Health funded the authors' organization to evaluate whether CBOs could implement previously proven effective adolescent pregnancy prevention programs with fidelity and similar results in high-risk populations and underserved geographical regions. The current paper focuses on the findings of one of the studies that was designed as a part of the broader program evaluation. The purpose of the current paper is threefold. First, we explore strategies employed by CBOs for educator recruitment and selection, training and professional development, and support and retention. Second, we document problems that CBOs commonly encounter and present a set of potential solutions. Third, we integrate the current findings with prior research from the adolescent health education literature and the broader human resources management literature to present recommendations for future research and practice.

* Corresponding author at: 7515 Colshire Drive, McLean, VA 22102, USA.
E-mail address: balaybek@mitre.org (B. Alaybek).

<http://dx.doi.org/10.1016/j.dialog.2022.100052>

Received 5 April 2022; Received in revised form 4 September 2022; Accepted 25 September 2022

Available online 29 September 2022

2772-6533/© 2022 The MITRE Corporation. Published by Elsevier Inc. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

1. Methods

1.1. Participants and CBOs

The participants for this study were 23 educators and 21 leaders (who oversaw educator selection, development, and retention) from 17 implementing organizations that were included in the adolescent pregnancy prevention program evaluation. The authors' organization awarded contracts to six CBOs through an open competitive process based on demonstrated potential to complete an evidence-based adolescent pregnancy prevention program. The CBOs implemented the programs in various settings (e.g., their own facilities, referred to as "community" here; churches; schools) within their communities. Moreover, some CBOs subcontracted partner CBOs (e.g., group homes), a Christian school, and churches where the programs would be conducted, and where local staff would provide logistical support and trained educators (Fig. 1). Overall, the contracted CBOs and their partner organizations delivered the programs in 12 U.S. states and 18 cities. Although all organizations initially planned to deliver the programs in-person, the COVID-19 pandemic necessitated a shift to virtual or hybrid modes of delivery for most organizations. Table 1 provides a summary of the program implementation setting, geographic area, and program delivery mode of the six contracted CBOs.

To ensure that the replicated programs were delivered by qualified educators, the authors' organization required the educators to have:

- Appropriate training and resources regarding trauma-informed approaches,
- Appropriate training and expertise to implement the proposed program in an age-appropriate and culturally and linguistically appropriate manner,
- Experience in implementing a pregnancy prevention program or other health education program for adolescents in the populations,
- A bachelor's degree from an accredited institution of higher education or 3 or more years of experience as an educator in the field of pregnancy prevention or sexually transmitted infection prevention.

Table 2 presents the demographics of the educators who participated in the study. The educational backgrounds of educators included social work, health sciences (e.g., public health and nursing), education sciences (e.g., school counseling, community-engaged education), and other areas such as psychology, business, and interdisciplinary studies. Considering the possibility that some educators had more versus less experience in all four areas included in Table 2 (i.e., working with the organization, teaching adolescents, working with youth in sexual health field, and working with

Table 1

CBO program implementation setting, geographic area, and mode of delivery.

CBO	Program Implementation			Geographic Area		Mode of Delivery		
	Community	School	Church	Rural	Urban	In-Person	Virtual	Hybrid
CBO#1	X		X	X		X		
CBO#2	X	X	X	X	X	X	X	X
CBO#3	X	X			X	X	X	X
CBO#4		X			X		X	X
CBO#5	X				X		X	
CBO#6	X		X	X		X		

Note. CBO = Community-based organization; CBO # 1 subcontracted a community-based partner; CBO # 2 subcontracted five community-based partners, one Christian school partner, and four church partners.

Table 2

Educator demographics.

Employment Status	Highest Degree of Education*		
Full-Time Direct	7	Doctoral	2
Full-Time Contractor	3	Master's	11
Part-Time Direct	12	Bachelor's	11
Part-Time Contractor	1	Associate	2
Years of Experience by Experience and Organization Type: Mean (Range)*			
	CBO (N = 18)	School (N = 2)	Church (N = 6)
Working with the organization	3.3 (0,13)	5.5 (5, 6)	6.5 (0,10)
Teaching adolescents	6.8 (2, 15)	18.0 (10, 26)	9.0 (5, 15)
Working with youth in sexual health field	4.7 (0.75, 13)	10.0 (7, 13)	4.3 (0, 7)
Working with the specific youth population	6.1 (0, 15)	7.5 (5, 10)	12 (5, 20)

Note. In line with the employment status classifications of the Internal Revenue Service, a full-time employee is one who works at least for 30 hours per week, whereas a part-time employee is one who works up to 30 hours. A direct employee is one who has an ongoing arrangement with their employer for work and employment, and who might have contractual benefits like insurance, vacation time, or a retirement plan, whereas a contractor is one who provides services to an employer for a specific job or project, typically with limited time and benefits. In the CBOs that participated in this study, contracted employees were employed by their organizations for the duration of the pregnancy program implementation and could potentially work with the organization for multiple consecutive contracts. Of the educators who worked in a part-time capacity, 6 had second jobs, and 7 of the remaining educators had additional roles within their organizations.

* N = 26, including three leaders who also served as educators.

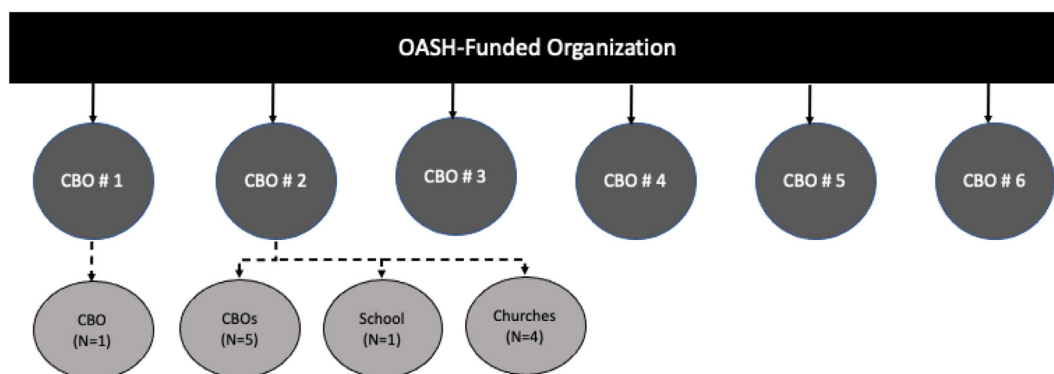


Fig. 1. Organizational structure. Note. OASH = The U.S. Health and Human Services Office of the Assistant Secretary for Health; CBO = Community-Based Organization; School = Christian school. Dark grey circles represent CBOs contracted by the authors' organization, funded by OASH to evaluate whether CBOs could implement previously proven effective adolescent pregnancy prevention programs with fidelity and similar results in high-risk populations and underserved geographical regions. Light grey circles local partners.

the specific youth population), within each type of organization, we examined the number of educators with above versus below the respective mean years of experience. In CBOs, there were six educators whose experience was above the mean versus two educators whose experience was below the mean in all areas (in the subsequent sections, we refer to these educators as experienced versus novice educators, respectively). In the Christian school, one educator's experience was above the mean, whereas the other educator's experience was below the mean across different areas—whom we also categorized as experienced versus novice educators. In the churches, none of the educators had experience above or below the mean across all areas. However, there were two educators with above the mean level of experience in working with the organization and specific youth population (versus one educator below the mean in these areas) and there was only one educator with above the mean level of experience in teaching adolescents and working with youth in sexual health field. We did not categorize the church educators as experienced versus novice because there were no educators who fell in above or below the mean category in all four areas.

The leaders of contracted CBOs were the top management (e.g., CEO, managing director) of their respective organizations; they typically held a graduate degree (e.g., Master of Arts; Ph.D.) in a relevant field. The positions of leaders of subcontracted partners varied across organization types. In subcontracted CBOs, leaders included CEOs, executive directors, and project managers. In subcontracted churches, leaders included program managers and pastors. In the one Christian school, the leader was the school principal.

1.2. Study procedures

This study adopted a qualitative descriptive framework [8,19,30]. We conducted 41 semi-structured interviews with 21 leaders (three of whom also served as educators) and 23 educators (one or two educators per organization) between March 2020 and January 2021. We interviewed one or two leaders and educators from all six contracted CBOs and their subcontracted partners, depending on the number of individuals who involved in the program implementation. Prior to being interviewed, leaders completed a questionnaire that included open-ended questions about their respective organizations' approach to educator recruitment, training, and retention. Additionally, educators completed a form that included questions about employment status, experience, educational background, and professional training. All of the 23 educator interviews and 15 of the 18 leader interviews were conducted with one individual at a time, and two individuals were present in three leader interviews. Educator interviews were all conducted after the completion of program implementation to at least one group of youth.

The leader and educator interview questions were kept parallel to the extent possible, allowing leaders to elaborate on organizational practices and educators to share their personal experiences and thoughts about those practices (see Appendix A, Leader Interview Guide and Appendix B, Educator Interview Guide). Interview durations ranged from 25 to 90 min, including time to review confidentiality statements and participant consent agreements. All interviews were audio recorded and manually transcribed for data coding and analysis.

1.3. Coding and analysis

We performed qualitative content analysis using both deductive and inductive approaches [19]. Interview transcript coding was carried out by three independent coders, following confirmation of suitable intercoder agreement over a test set comprising approximately 10% of the interview transcripts. The average value for Cohen's kappa (κ) [10]; which we used as the intercoder agreement index) achieved over our 10% test sample was 0.88—substantially higher than the 0.61 threshold generally adopted as representative of good coding agreement [22].

After interview coding was completed, we summarized coded qualitative statements by category for each interview.¹ We then grouped the summaries by boundary conditions (e.g., interviewee type, organization type, geographic region) to identify patterns of similarities and differences across interviewee responses.

2. Results

Overall, leaders and educators from the same organizations typically had similar responses regarding CBOs processes for, challenges around, and solutions for educator recruitment and selection, training and development, and support and retention. Therefore, in the subsequent sections, we use the word “organizations” to represent both educators and leaders except when the opinions of the two sources differed or when our questions were specific to respondent category (e.g., questions asking if educators intended to leave their job or organization).

2.1. Recruitment and selection strategies

Organizations determined the desired educator characteristics as a first step in the recruitment process. Organizations commonly required that educator candidates be able to facilitate conversations with youth about sexual health and relationships, and to demonstrate integrity, adaptability, a strong desire to serve the community, and a firm belief in the benefit of the program. In addition, most CBOs preferred candidates who were from the specific high-priority youth population being served. The Christian school targeted teachers who had a social work background, student counseling experience, and established rapport with the students who would participate in the program.

The recruitment and selection methods varied by organization type. CBOs recruited candidates using a multipronged approach, via social media platforms, local job boards, professional contacts, internal recruitment from existing interns or volunteers, and referrals from existing employees. For selection, CBOs used methods ranging from a single informal phone call to multi-stage interviews to a multi-week probation period. They typically gauged candidates' integrity and dependability via conversations with references and used scenario-based interview questions to gauge candidates' judgment and decision-making skills. To assess teaching ability some CBOs had the candidates present a mock lesson or presentation.² Some CBOs assessed candidates' suitability by their career goals and critical thinking skills through their essays. The Christian school internally recruited from its existing teachers for the educator role, whereas the churches directly targeted a few long-standing, trusted members of their congregations.

While leaders believed that the organizations' recruitment and selection methods typically provided them with the opportunity to properly gauge the fit between the candidates and the educator job, many educators reported that they would have preferred having more insight about their roles prior to accepting the job offer.

2.2. Problems and solutions for recruitment and selection

We found two main problems with recruitment and selection efforts (see Table 3 for representative quotes). First, recruiting qualified candidates for short-term, project-based employment was a challenge for the organizations—particularly in rural areas. In rural areas, there were fewer qualified candidates and most qualified candidates were likely to have full-time jobs and could not commit to a program implementation during work hours.

¹ The coding scheme including the names and descriptions of categories is available upon request from the corresponding author.

² CBOs who hired new educators for the adolescent pregnancy prevention program evaluation did so during the COVID-19 pandemic. As a result, interviews were conducted online, without mock lessons.

Table 3
Representative quotes for problems and solutions for recruitment and selection.

Problems	Solutions	Representative Quotes
Short-term and project-based nature of the job opening (particularly in rural areas)	Boosting recruitment efforts via word-of-mouth and networks	“I’ve also done a lot of word-of-mouth, talking to people I know employers who work with educators or educators themselves. I’m talking to everybody that I know to see who may know people who have the qualifications.”
	Recruiting former or retired teachers	“It sometimes takes months to find a qualified educator. And we often pull them mainly from ex-teachers are retired teachers. We find difficulties more so in our very rural communities.”
	Sharing educators across partner organizations	“We and [other partner] have worked together on other projects in the past so we know each other pretty well and we lend each other resources. I help them finding kids and groups they can work with and they help us with some of the facilitators because they have a good pool of facilitators over there. So that’s where we got [the educator] from.”
Educator attributes required by the contract	Willingness of the church leaders to serve as educators	“I think the biggest challenge that we’ve come across is finding people that meet the qualifications specified in the contract... Oftentimes our partners believe they have the experience and that they’re the right person for the job. And we trust them and believe the same thing. They don’t meet the qualifications on paper for one reason or the other.”
		“I actually stepped in as a educator now. I’m serving as a educator as well. Obviously, I’m full-time. And then, we have another individual who is a member of our [church].”

This challenge was exacerbated by the safety regulations associated with the COVID-19 pandemic, which required organizations to recruit educators in a few weeks so that they could conduct more implementations with smaller groups of youth (to ensure social distancing in in-person settings or provide sufficient attention to each youth in virtual settings). Some leaders reported that one way to address this challenge could be to lower the hiring criteria and invest in training, but this was not applicable due to the educator requirements discussed in the “Participants” section of this paper. Accordingly, organizations increased recruitment efforts via word-of-mouth or social and business networks, which were found to be the most effective strategies for recruitment in general. One organization in a rural area targeted former (or retired) teachers who had experience working with youth and could be quickly trained on the curriculum. Moreover, some organizations within a partnership network collaborated by allowing the educators they hired and trained to deliver programs for their partners.

Second, the educator requirements posed challenges for churches, rendering some of the proposed educator candidates unqualified for the role. Consequently, leaders of most churches stepped in to serve as educators themselves.

2.3. Training and development strategies

Training and development typically included three components: *Onboarding* that familiarized educators with organizations' culture, people, and policies; *pre-implementation trainings* that clarified the program content, youth's needs, and educator responsibilities to prepare educators for the program implementation; and *professional development activities* that included ongoing training and developmental opportunities.

Onboarding durations ranged from two days to four weeks, depending on how soon the educators were required to perform tasks. CBOs utilized a semi-structured onboarding process, some hosting retreats and having educators cross-train to prepare them to take on different roles, as needed. The Christian school used a fully structured onboarding process, which was more formal compared to the CBOs and churches. Churches had unstructured onboarding activities through which they answered educators' program-related questions via informal conversations.

As pre-implementation trainings, the authors' organization required all educators to receive program curriculum training and trauma-informed approach training. Educators were trained for one-to-two days by the developers of the respective pregnancy prevention program that they would teach.³ Although the curriculum trainings were planned to be held in person, due to the COVID-19 pandemic, most trainings took place virtually. In addition to the curriculum training, novice educators, who did not have prior pregnancy prevention program implementation, received guidance and training from leaders and experienced educators, who had implemented other evidence-based adolescent pregnancy prevention programs and received additional trainings in the areas of adolescent development and sexual health, cultural appropriateness, and trauma-informed approach prior to the current program evaluation. The duration of pre-implementation trainings (including training from curriculum developers and the organization) varied from two days to four weeks across organizations, with a few organizations conducting a pilot program implementation, further preparing the educators for curriculum delivery.

Beyond onboarding and pre-implementation trainings, educators who were full-time or part-time direct employees typically had the option to pursue professional development through conferences, workshops, and continuing education, but budgets and options varied greatly across organizations.

2.4. Problems and solutions for training and development

Table 4 summarizes problems and solutions associated with training and development and presents the representative quotes. The pre-implementation trainings had some limitations, potentially impeding educator effectiveness. Specifically, experienced educators (who were able to reflect on their experiences across different program implementations) and many program leaders indicated that the curriculum training may not have been sufficient to prepare novice educators to meet the cultural, social, and emotional needs of and successfully engage with participating youth. In addition, the trauma-informed approach trainings provided prior to the current program evaluation were in pre-recorded video format, whereas educators emphasized a desire for in-person or interactive training

³ The pregnancy prevention programs included Power Through Choices, Lover Notes Evidence-Based Program Model, Love Notes Version 3.0 Evidence-Based Program Model Sexual Risk Avoidance Adaptation, Making Proud Choices, and Health Improvement Project for Teens. More information on the focus, duration, timing, and structure of these programs can be found in Authors [under second review] or are available upon request from the corresponding author. Our organization required all educators to receive curriculum training prior to implementing programs because none of the educators were familiar with their respective curriculum or had received curriculum training, although they met all the other requirements listed in the Participants and CBOs section. The organizations or curriculum developers did not use any pre- and post-training tests to measure educators' learning from the trainings. Youth learning of the curriculum content could be taught of an indicator of educator effectiveness, and accordingly outcomes of the educator curriculum training. Examining this outcome is beyond the scope of this paper but more information on the educator-related predictors of youth learning is available in Authors [under review] or can be requested from the corresponding author.

Table 4
Representative quotes for problems and solutions for training and development.

Problems	Solutions	Representative Quotes
Limitations of pre-implementation trainings	Leaders and senior educators training junior educators Pilot program implementations with youth participants	“It’s definitely working through some of the questions and examples and using, thinking more about the population we’re working with. I think when we did the training, it was more focused on what had previously been done. Because it’s a new population that the programs being done with, we should have just framed it more around that population.” When we did [curriculum training], that had to be done virtually, so we did, they did a lot of adaptation and one of the things that was missing was the feedback from the teach-back so we’re actually going to use that checklists and educators are going to do a dress rehearsal of the entire eight-hour intervention going through everything.”
Lack of preparedness for virtual and hybrid forms of delivery	Expanding pre-implementation trainings to include virtual and hybrid delivery components*	“I think the thing that I was totally unprepared for was the pandemic. Just being very transparent. I think that was probably the biggest thing. This was also our very first thing having to be fully in a virtual space. So definitely was not fully prepared with what that would look like.” “I would say just in the time that we’re living in, I don’t know how long we’re going to have to continue with virtual classes or sessions, but I would say a training on how to actually do the webinars... We’ll do a disservice to the students if we’re not reaching out to them and interacting with them even if it’s through camera.”
Limited budget for professional development	Bringing training providers to the organization’s facilities Having educators share the knowledge gained from professional development activities with other members of the organization	“When it comes to the partner [organizations], I would say they have nominal dollars associated with professional development.” “What I typically like to do is take a team. And we’ll be able to hit each breakout and each topic, to get the most information possible. I have the best notetakers [to share the notes with other staff].”

* This was a feedback provided by educators for future trainings.

on this topic. As a result, educators who had previous program implementation experience and who completed additional trainings (described in the previous section) felt more prepared to implement the program with fidelity and handle difficult situations than did those without previous program implementation experience and additional training. As a solution, leaders and experienced educators provided novice educators with guidance through teach-back and role play sessions.

Moreover, a collaborative solution was applied in some organizations, such that novice and experienced educators co-facilitated the program

implementation sessions (discussed in more detail in the Support and Retention Strategies section). Another collaborative solution was applied across organizations, such that educators briefed their colleagues and leaders on their program implementation experience after each program session and received feedback and suggestions on how to handle difficult situations and improve their teaching.

An unprecedented challenge, which created a need for novel trainings and process adaptations, was the shift from in-person to virtual mode of delivery due the COVID-19 pandemic. All stakeholders reported being unprepared for this change and expressed a need for future pre-implementation training and professional development activities to include topics on program delivery and youth engagement within virtual and hybrid settings.

Finally, a frequently mentioned problem to professional development was limited budget, which was sometimes dependent on the stability and availability of program-specific funding. As a solution, some organizations brought the training providers into their own facilities for continuing education and workshops, which allowed a greater number of educators (and other employees) to benefit from the training. In other cases, educators who attended professional development training events agreed to share what they learned with other staff.

2.5. Support and retention strategies

To ensure that educators felt supported and chose to stay with the organizations, leaders provided educators with both job-related support to help them succeed in their roles and social-emotional support to boost their morale and well-being. Most CBOs offered educators feedback on lesson execution as a form of job-related support. In addition, educators typically co-facilitated sessions with another trained individual and many of them reported that doing so was essential to their success. In co-facilitated sessions, it was common for one educator to focus on delivering the curriculum content, while the other educator (or assistant) handled administrative tasks (e.g., taking attendance) and youth needs (e.g., responding to questions in chat during virtual sessions). Co-facilitation also allowed educators to provide feedback to one another and brainstorm ideas for improving student engagement and learning. Moreover, CBOs had staff with expertise in handling traumatic or difficult events to assist educators. In churches, parents and guardians served as a support mechanism, providing feedback and suggestions on the learning experience. Some churches received assistance from volunteer church members for logistical tasks such as setting up rooms and handing out materials.

Although most CBO leaders mentioned that their organizations paid relatively higher salaries compared to what other CBOs pay their educators implementing similar programs, compensation was brought up as a reason to stay with the organization only by a few educators. In addition to acknowledging the support provided by organizations, educators indicated that they were motivated to stay with their respective organizations (either in a educator or a different role) mainly because of a strong fit with the mission of the organization and the adolescent pregnancy prevention program. Moreover, educators of churches reported feeling a spiritual calling to keep serving their community through the program implementation.

2.6. Problems and solutions for support and retention

Based on both educator and leader reports, educators were satisfied by the support they received from their leaders and colleagues. We found one problem for educator well-being and three potential problems for retention (see Table 5 for representative quotes). Leaders reported the potential to experience burnout as a major challenge to educator well-being. Specifically, physical and emotional exhaustion were common side effects of busy work schedules (especially of those educators who had second jobs) and relating to the difficult life experiences of some of the youth. To prevent burnout, leaders emphasized self-care and built strong interpersonal relationships (as perceived by both leaders and educators) with and among educators. Yet, some educators pointed out a lack of sufficient opportunities for social connections among each other and other staff, which was exacerbated

Table 5
Representative quotes for problems and solutions for support and retention.

Problems	Solutions	Representative Quotes
Potential for educators to experience burnout	Emphasizing self-care Building strong interpersonal relationships among organizations' members	"It could be stressful because right now, you know, dealing with just these kids having STDs. Whatever research you're in, it could become stressful, overwhelming, tiresome, sometimes you have to take a break if you've been in it. I feel anything that you've been in too long can be overwhelming or tiresome, can drain you, the energy and stuff. So it depends on how you feel your health or anything, but I could see as to why taking a break or just leaving completely, stress. Nowadays we have heavy stress, stress in everything, stress working in [second job] sometimes." "We treat our systems very holistic. It's very different. We don't have this hierarchy where you're an employee." "She came in knowing that, you know, she might only be on board with us for six months and then, you know, we told her in December we could keep her on for another six months and now, unfortunately, we have not been able to secure additional funding and so she is sadly leaving us at the end of July. So really, nonprofits are really up against funding opportunities and project endings."
Lack of funds for ongoing programming	Cross-training educators Sharing educators across partner organizations	"When people are cross trained, you can just send something to your funder and say, look, so-and-so is out on the leave. This person is also trained. Can they fill in until they come back? And so it really builds community not only within ourselves, but also with our funders who a lot of them know each other, too. So I think that's huge." "From what I've seen in just this field in general is that frankly it doesn't really pay well." "Sometimes they may have like a certain job that is their dream job or their ideal super exciting job. And it's just it's the right time for them to move on."
Educators' need to have jobs with higher pay rates Educators' desire to pursue different career paths		

during the COVID-19 pandemic. These educators indicated they would have preferred more structured, formal bonding activities especially for newcomer socialization. Some organizations held events such as retreats to create an opportunity for the employees to bond. In addition, although some educators indicated they would have preferred more bonding opportunities, all educators reported that the camaraderie among the program implementation staff and educators was one of the most positive aspects of the job.

None of the educators were actively looking for other jobs at the time of the interviews. The three potential problems for retention, based on leaders' and educators' past experiences in the field, were: (1) lack of funds for ongoing programming for most contract-based and some part-time educators, (2) educators' desire to pursue different career paths, and (3) educators' need to have jobs with higher pay rates. Two potential solutions to the first problem were (1) cross-training educators so that they can take on

different responsibilities during periods of lack of funding and (2) allowing trained educators implementing programs for partner organizations, while remaining employed by the hiring organization (also discussed in the Problems and Solutions for Recruitment and Selection section). Although there were no solutions that directly mapped on to the second and third problems, one organization reported requesting departing educators to provide referrals for replacements.

3. Discussion

This qualitative study examined strategies employed and challenges encountered by 17 CBOs when recruiting and selecting, training and developing, and supporting and retaining educators for adolescent pregnancy prevention program implementations. In this section we discuss how interviewee experiences and observations align with best practices proposed in the adolescent health education and human resources literatures, and provide recommendations for practice.

3.1. Recommendations for recruitment and selection

One challenge to recruitment reported by study stakeholders was the need to attract well-qualified educator candidates for short-term project-based employment. Evidence from the human resources management literature suggests that organizations facing similar challenges typically decide whether to "buy" (i.e., hire) versus "build" (i.e., train) versus "borrow" (i.e., contract) to fill the staffing need (e.g., [23]). This study identified another form of recruitment, "sharing," which was effectively used by some of the CBOs during the current program evaluation. Sharing, in this context, involves an educator who has been hired and trained by an organization providing program implementation services to an affiliate or partner organization during periods of insufficient local program funding. Such partnerships, which can be formed through coalitions (e.g., [9,14]), can introduce complexities (e.g., compensation and benefit decisions, logistics) but they also reduce time, effort, and money invested in recruitment and selection, while providing a sense of job security for educators.

Many educators reported that they would have preferred being better informed about their roles prior to accepting the job offer. Indeed, realistic job previews, which are "comprehensive profiles of both the positive and negative features of a job presented by the organization to prospective or new employees," are commonly preferred by job candidates and have been shown to reduce employee turnover [18], p. 484). Two aspects of the job that are particularly important to candidates are the immediate supervisor and the coworkers with whom the candidate will most often work [5]. Accordingly, organizations should endeavor to provide candidates with a realistic preview of the job by including current educators in the selection committee, thereby allowing candidates to meet and have conversations with current employees engaged in similar roles. This form of early exposure and socialization can be augmented by giving candidates the opportunity to observe existing educator teaching sessions as part of the selection process. Adopting strategies such as these during educator selection can help to establish rapport with candidates (cf. [13]) and direct the newcomer socialization process in a mutually beneficial direction.

3.2. Recommendations for training and professional development

The duration and structure of onboarding activities varied across organizations that participated in this program evaluation. Some educators pointed out a lack of sufficient opportunities for social connections among each other and other staff, which was exacerbated during the COVID-19 pandemic. Accordingly, educators suggested more structured, formal bonding activities for newcomer socialization. We draw from the perspective of the educators and recommend that organizations aim to build personal capital in four areas during their onboarding activities [2]: (1) human capital (i.e., linking knowledge and competencies of the newcomers to their roles and responsibilities), (2) psychological capital (i.e., creating confidence, optimism, hope, and resilience), (3) social capital

(i.e., forming interpersonal relationships), and (4) cultural capital (i.e., allowing the newcomers to share their cultural background with others). Building personal capital in these areas through newcomer socialization has been shown to improve outcomes such as employee performance and retention [2]. Applied to the context of adolescent pregnancy prevention program, educators with greater personal capital may more effectively deliver programs and willingly stay on the job.

Onboarding period was brief for some educators, consisting of only a two-day curriculum training, which also included a trauma-informed approach component. Longer and more comprehensive training sequences have been shown to be effective in the context of school teachers tasked with adolescent sexuality education [21] and should be considered in the CBO adolescent pregnancy prevention context. Longer and more structured training processes also provide co-facilitators with an opportunity to become familiar with one another, which interviewees in our study suggested would improve overall educator effectiveness.

Moreover, most of our educator and leader interviewees suggested that future curriculum trainings should include components focused on tailoring content to the needs of specific youth sub-populations (e.g., LGBTQ + youth) and modes of delivery (i.e., in-person, virtual, or hybrid). Refining training components in this way can be informed by adolescent pregnancy prevention program research conducted in school-based settings (e.g., [16, 32]). In addition, as suggested by the interviewees, onboarding training and professional development activities should supplement curriculum trainings with trainings in behavior management and social-emotional learning, as well as live trainings in trauma-informed approaches.

An interesting finding, to which one of our leader interviewees referred as “the silver lining of Covid-19,” was that the conferences and workshops delivered online due to the pandemic eliminated travel costs and allowed a larger group of educators to access professional development activities. In the future, organizers of conferences and workshops might consider including virtual components to increase the impact and expand the audiences of developmental activities.

3.3. Recommendations for support and retention

All the educators interviewed in this study intended to stay in their roles and expressed gratitude for the support they received from their respective organizations and coworkers. The main challenge to educator retention was the lack of stable funding, making it difficult for organizations to hire employees for longer terms. One way to address this challenge is for organizations to create program implementation opportunities for their educators within partner organizations, as discussed in the Recommendations for Recruitment and Selection section. In addition, organizations can consider cross-training educators for other organizational skills and roles (e.g., program coordination, project management), which may offer a pathway to retain educators even during gaps in funding.

Finally, organizations intending to implement adolescent pregnancy prevention curricula should emphasize self-care and strong interpersonal relationships among all members of the organization to boost job satisfaction and well-being, which were among the common best practices in the current program evaluation. Organizations could draw from prior theory and empirical work on employee support and retention in the fields of public health education (e.g., [7,12,27,31]) and human resources management (e.g., [6,15,17,20]) that emphasize the importance of person-environment fit, a positive and psychologically safe work environment, ongoing coaching for task-related and social-emotional support, perceived decision autonomy, and work-life balance.

3.4. Limitations

Although the interviewees in the current study were representative of the CBOs and partner organizations that participated in the program

evaluation, they were sampled from a set of organizations who were selected for participation based on demonstrated potential to complete an evidence-based adolescent pregnancy prevention program. Therefore, organizations lacking such potential may face different challenges to educator recruitment, training, and retention. Moreover, participating organizations were required to adopt the minimum education and experience requirements for their educators and were also required to administer pre-implementation curriculum training to all hired educators (for details, see “Participants” section). Accordingly, our findings may not generalize to organizations with different educator selection and training requirements.

4. Conclusion

We conducted a qualitative descriptive study that examined CBOs strategies for recruiting and selecting, training and developing, and supporting and retaining educators who implement adolescent pregnancy prevention programs. In the recruitment and selection area, we found that organizations frequently had difficulty finding qualified candidates for short-term project-based employment. As regards training and development, the mandatory curriculum training was somewhat insufficient in preparing novice educators for program implementation and organizations needed to develop creative strategies to overcome these limitations. Moreover, post-onboarding professional development opportunities were available for long-term educators, but not for short-term project-based educators. As for support and retention, educators reported receiving sufficient support from their organizations and coworkers to perform their jobs and maintain their well-being. None of the educators desired to leave their roles, but some cited project-based employment and a desire to explore different career paths as potential reasons for turnover. We discussed how interviewee experiences and observations align with best practices proposed in the adolescent health education and human resources literatures. The recommendations presented in this article can guide future adolescent pregnancy prevention program implementation efforts.

Funding statement

This work was accomplished in support of Health and Human Services, Office of the Assistant Secretary for Health. This document was first produced for the U.S. Government under contract number HHSM-500-2012-00008I. The views and conclusions contained herein are solely those of the authors and do not necessarily represent the official views of the Office of Population Affairs, the Office of the Assistant Secretary for Health, or the U.S. Department of Health and Human Services, or any of the authors' host affiliations.

Notice

This (software/technical data) was produced for the U. S. Government under Contract Number 75FCMC18D0047, and is subject to Federal Acquisition Regulation Clause 52.227-14, Rights in Data-General.

No other use other than that granted to the U. S. Government, or to those acting on behalf of the U. S. Government under that Clause is authorized without the express written permission of The MITRE Corporation.

For further information, please contact The MITRE Corporation, Contracts Management Office, 7515 Colshire Drive, McLean, VA 22102-7539, (703) 983-6000.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

Balca Alaybek reports financial support was provided by Health and Human Services, Office of the Assistant Secretary for Health.

Acknowledgment

The authors thank Carol Ward, Julie A. Steinke, and Kristen M. Klein for their input on the study design and data collection instruments and Beth S. Linas and Christine Bader for providing feedback on an earlier version of the manuscript.

Appendix A. Leader Interview Guide

Educator Recruitment and Selection.

1. Your educators are [part-time/full-time contractors/employees]. Why does [organization] prefer to hire educators as [part-time/full-time contractors/employees] instead of [part-time/full-time contractors/employees]?
2. How do you find prospective educators?
3. How have these methods been working for you in terms of finding qualified educators?
4. When educators apply for positions, what kind of materials do they need to submit?
5. What are the qualifications that you require from a educator at the hiring stage?
6. How do you evaluate educators' qualifications?

Educator Training and Development.

7. You provided us with a list of onboarding trainings the educators received. Have all educators [both contractors and employees, if applicable] received all those trainings? Can you provide some information on these trainings?
 - a. How do you choose these trainings?
 - b. How do you assess the outcomes of these onboarding trainings and activities?
8. Which onboarding trainings and activities do you think are the most useful? Which ones are less useful?
9. Are there any differences in the onboarding trainings and activities for more experienced educators and less experienced ones? If yes, what are the differences?
10. How do you train your educators to meet the specific population of youth that you'll be serving for this project?
11. How about onboarding activities that would not fall under training, like bonding and socializing?
12. What developmental opportunities do exist for the educators beyond onboarding training?
 - a. How do you identify needed topics, can you provide examples?
 - b. How about career development plans? Does [organization] work with the educators to create career development plans?
 - c. Why might career development plans be important to educators?
13. How do you decide on activities such as attending conferences or supporting continuing education?
14. Taking into consideration the onboarding and professional development opportunities you shared, can you think of an instance when an educator left a session or class feeling like they encountered a situation for which they felt especially prepared for what happened in class?
 - a. What was the situation?
 - b. How did their training and professional development help to handle the situation?
15. How about any instances where an educator left a session or a class feeling like they encountered a situation for which they felt unprepared?

- a. What was the situation?
- b. What was the organization's response? What training or professional development opportunity would help the educator in that situation?

Educator Support and Retention.

16. In general, how long do educators work with your organization?
17. Why do you think they choose to stay with [organization]?
18. How do you support your educators on their jobs?
19. What are challenges that [organization] has faced in retaining educators?
 - a. Why might educators leave their role at [organization]?
 - b. Why might educators leave the field?

Appendix B. Educator Interview Guide

Educator Recruitment and Selection.

1. How did you find your educator job with [organization]?
2. What were the qualifications [organization] was looking for?
3. What made you want to apply for the job?
4. What was the job application process like?
5. Overall, what are your thoughts about the way you heard about the job and applied for it?
6. What happened after you applied for the job?
 - a. What information did they obtain from you during the interview(s)?
 - b. What do you think made you qualify for the position?
7. Overall, what are your thoughts about [organization]'s hiring process?

Educator Training and Development.

 8. [Organization] shared the list of trainings you received.
 - a. Which trainings occurred between the time you were hired and up until you started teaching?
 - b. Could you tell a bit about each of these trainings (e.g., duration, delivery)?
 - c. What did [organization] do to measure your learning?
 - d. How did the training prepare you for your educator role?
 9. Thinking back about the trainings you received, what training do you think was more or less helpful?
 10. What were other activities that would not fall under training, like team building/bonding or going over organizational policies that prepared you for the job?
 11. What are other professional development opportunities with [organization]?
 12. What topics were covered in the professional development activities?
 13. How did you or [organization] identify these activities and topics?
 14. How does [organization] support you to attend these activities?
 15. Do you have a career development plan in place?
 - a. If yes, how did you and [organization] develop the career plan? Why was it important to you?
 - b. If no, would you want to have one and why would it be important to you?

16. Taking into consideration the onboarding and professional development opportunities that you shared, can you describe an instance

when you felt especially prepared for what happened in a session or class?

a. What prepared you for that situation?

17. How about a time when you felt unprepared for what happened in a session or class?

a. What could have helped to prepare you to handle that situation?

Educator Support and Retention.

18. What is it about [organization] that makes you continue working with them?

19. What forms of support have you been receiving in your role as an educator?

20. How do you connect with other educators or colleagues? What kind of informal support networks do you have? How do these networks help you on the job?

21. Could you share your career plans in terms of staying as an educator with [organization] for the near future?

22. Why might you choose to leave your role as an educator?

23. Why might you leave the adolescent sexual education field?

References

- Asheer S, Berger A, Meckstroth A, Kisker E, Keating B. Engaging pregnant and parenting teens: early challenges and lessons learned from the evaluation of adolescent pregnancy prevention approaches. *Implementing Evid Based Teen Pregnancy Prevent Programs Legis Pract.* 2014;54(3, Supplement):S84–91. <https://doi.org/10.1016/j.jadohealth.2013.11.019>.
- Bauer TN, Erdogan B. Delineating and reviewing the role of newcomer capital in organizational socialization. *Annu Rev Organ Psych Organ Behav.* 2014;1(1):439–57. <https://doi.org/10.1146/annurev-orgpsych-031413-091251>.
- Bennett SE, Assefi NP. School-based teenage pregnancy prevention programs: a systematic review of randomized controlled trials. *J Adolesc Health.* 2005;36(1):72–81. <https://doi.org/10.1016/j.jadohealth.2003.11.097>.
- Bhuiya N, House LD, Desmarais J, Fletcher E, Conlin M, Perez-McAdoo S, et al. Strategies to build readiness in community mobilization efforts for implementation in a multi-year teen pregnancy prevention initiative. *Implementing Commun Wide Teen Pregnancy Prevent Initiatives.* 2017;60(3, Supplement):S51–6. <https://doi.org/10.1016/j.jadohealth.2016.11.001>.
- Breaugh JA. The contribution of job analysis to recruitment. *The Wiley Blackwell handbook of the psychology of recruitment, selection and employee retention.* Ltd: John Wiley & Sons; 2017. p. 12–28. <https://doi.org/10.1002/9781118972472.ch2>.
- Brown KG, Sitzmann T. Training and employee development for improved performance. *APA handbook of industrial and organizational psychology, Vol 2: Selecting and developing members for the organization.* American Psychological Association; 2011. p. 469–503. <https://doi.org/10.1037/12170-016>.
- Burkhauser MA, Metz AJR. Using coaching to provide ongoing support and supervision to out-of-school time staff no. 200 9–06. *Implementing evidence-based practices in out-of-school time programs: The role of frontline staff;* 2009. p. 1–6 https://www.childtrends.org/wp-content/uploads/2009/02/Child_Trends-2009_02_11_RB_StaffCoaching1.pdf.
- Campbell JL, Quincy C, Osseman J, Pedersen OK. Coding in-depth semistructured interviews: problems of unitization and intercoder reliability and agreement. *Sociol Methods Res.* 2013;42(3):294–320. <https://doi.org/10.1177/0049124113500475>.
- Cassell C, Santelli J, Colley Gilbert B, Dalmat M, Mezzoff J, Schauer M. Mobilizing communities: an overview of the community coalition partnership programs for the prevention of teen pregnancy. *J Adolesc Health.* 2005;37(3):S3–S10. <https://doi.org/10.1016/j.jadohealth.2005.05.015>.
- Cohen J. A coefficient of agreement for nominal scales. *Educ Psychol Meas.* 1960;20(1):37–46. <https://doi.org/10.1177/001316446002000104>.
- Demby H, Gregory A, Broussard M, Dickherber J, Atkins S, Jenner LW. Implementation lessons: the importance of assessing organizational “fit” and external factors when implementing evidence-based teen pregnancy prevention programs. *Implementing Evid Based Teen Pregnancy Prevent Programs Legis Pract.* 2014;54(3):S37–44. <https://doi.org/10.1016/j.jadohealth.2013.12.022>.
- Dickin KL, Dollahite JS, Habicht J-P. Job satisfaction and retention of community nutrition educators: the importance of perceived value of the program, consultative supervision, and work relationships. *J Nutr Educ Behav.* 2010;42(5):337–44. <https://doi.org/10.1016/j.jneb.2009.08.008>.
- Dineen BR, Soltis SM. Recruitment: A review of research and emerging directions. *APA handbook of industrial and organizational psychology, vol 2: Selecting and developing members for the organization.* American Psychological Association; 2011. p. 43–66. <https://doi.org/10.1037/12170-002>.
- Duffy JL, Prince MS, Johnson EE, Alton FL, Flynn S, Faye AM, et al. Enhancing teen pregnancy prevention in local communities: capacity building using the interactive systems framework. *Am J Community Psychol.* 2012;50(3–4):370–85. <https://doi.org/10.1007/s10464-012-9531-9>.
- Edmondson AC, Lei Z. Psychological safety: the history, renaissance, and future of an interpersonal construct. *Annu Rev Organ Psych Organ Behav.* 2014;1(1):23–43. <https://doi.org/10.1146/annurev-orgpsych-031413-091305>.
- Eisenberg ME, Madsen N, Oliphant JA, Sieving RE, Resnick M. “Am I qualified? How do I know?” a qualitative study of sexuality educators’ training experiences. *Am J Health Educ.* 2010;41(6):337–44. <https://doi.org/10.1080/19325037.2010.10599162>.
- Grotto AR, Hyland PK, Caputo AW, Semedo C. Employee turnover and strategies for retention. *The Wiley Blackwell handbook of the psychology of recruitment, selection and employee retention.* Ltd: John Wiley & Sons; 2017. p. 443–72. <https://doi.org/10.1002/9781118972472.ch21>.
- Hedge JW, Borman WC, Ispas D. Personnel recruitment, selection, and turnover. *Handbook of human factors and ergonomics.* John Wiley & Sons, Ltd; 2012. p. 475–89.
- Hsieh H-F, Shannon SE. Three approaches to qualitative content analysis. *Qual Health Res.* 2005;15(9):1277–88. <https://doi.org/10.1177/1049732305276687>.
- Kurtessis JN, Eisenberger R, Ford MT, Buffardi LC, Stewart KA, Adis CS. Perceived organizational support: a meta-analytic evaluation of organizational support theory. *J Manag.* 2015;43(6):1854–84. <https://doi.org/10.1177/0149206315575554>.
- LaChausse RG, Clark KR, Chapple S. Beyond teacher training: the critical role of professional development in maintaining curriculum fidelity. *Implementing Evid Based Teen Pregnancy Prevent Programs Legis Pract.* 2014;54(3):S53–8. <https://doi.org/10.1016/j.jadohealth.2013.12.029>.
- Landis JR, Koch GG. The measurement of observer agreement for categorical data. *Biometrics.* 1977;33(1):159–74. <https://doi.org/10.2307/2529310>.
- Lauby S. *The recruiter’s handbook: A complete guide for sourcing, selecting, and engaging the best talent.* Society for Human Resources Management; 2018..
- Lesesne CA, Lewis KM, White CP, Green DC, Duffy JL, Wandersman A. Promoting science-based approaches to teen pregnancy prevention: proactively engaging the three systems of the interactive systems framework. *Am J Community Psychol.* 2008;41(3):379–92. <https://doi.org/10.1007/s10464-008-9175-y>.
- Leung H, Shek DTL, Leung E, Shek EYW. Development of contextually-relevant sexuality education: lessons from a comprehensive review of adolescent sexuality education across cultures. *Int J Environ Res Public Health.* 2019;16(4):1–24. <https://doi.org/10.3390/ijerph16040621>.
- Mueller T, Tevendale HD, Fuller TR, House LD, Romero LM, Brittain A, et al. Teen pregnancy prevention: implementation of a multicomponent, community-wide approach. *Implementing Commun Wide Teen Pregnancy Prevent Initiatives.* 2017;60(3, Supplement):S9–S17. <https://doi.org/10.1016/j.jadohealth.2016.11.002>.
- Mwaria M, Chen C, Coppola N, Maurice I, Phifer M. A culturally responsive approach to improving replication of a youth sexual health program. *Health Promot Pract.* 2016;17(6):781–92. <https://doi.org/10.1177/1524839916667382>.
- Peskin MF, Hernandez BF, Markham C, Johnson K, Tyrell S, Addy RC, et al. Sexual health education from the perspective of school staff: implications for adoption and implementation of effective programs in middle school. *J Appl Res Child Informing Policy Child Risk.* 2011.;2(2) [Article 9].
- Rhodes DL, Jozkowski KN, Hamm BJ, Ogletree RJ, Fogarty EC. Influence of professional preparation and class structure on HIV, STD, and pregnancy prevention education. *Health Educ J.* 2013;73(4):403–14. <https://doi.org/10.1177/0017896913486104>.
- Sandelowski M. Whatever happened to qualitative description? *Res Nurs Health.* 2000;23(4):334–40. [https://doi.org/10.1002/1098-240X\(200008\)23:4<334::AID-NUR9>3.0.CO;2-G](https://doi.org/10.1002/1098-240X(200008)23:4<334::AID-NUR9>3.0.CO;2-G).
- Vamos S, Zhou M. Using focus group research to assess health education needs of pre-service and in-service teachers. *Am J Health Educ.* 2009;40(4):196–206. <https://doi.org/10.1080/19325037.2009.10599094>.
- Jarpe-Ratner E. How can we make LGBTQ + -inclusive sex education programmes truly inclusive? A case study of Chicago Public Schools’ policy and curriculum. *Sex Educ.* 2019;20:283–99. <https://doi.org/10.1080/14681811.2019.1650335>.