

## ***AMP it up! Program Evaluation Report***

*By Karin Hilton*

### **Background**

The importance of sexual health education programs that emphasize the prevention of HIV and sexually transmitted infections (STIs) among young people in Los Angeles County cannot be overemphasized. Los Angeles County (LAC) alone comprises about 5.3% of all reported AIDS cases in the United States.<sup>1</sup> As of 2009, over 44,450 persons were reported to be living with HIV in LAC.<sup>1</sup> Although young people (ages 13-24) make up a relatively small proportion of those living with HIV in LAC, the proportion of new AIDS diagnoses among young people is increasing.<sup>1</sup> Proportions of new infections among young people ages 13-24 increased from 3.8% in 1995 to 6.5% in 2007.<sup>1</sup> In fact, the majority of these infections occurred among people aged 20-24, indicating the importance for early prevention interventions among high school students.<sup>1</sup> As a result of disproportional rates of infection among young people in LAC, the Los Angeles HIV Prevention Planning Committee has identified youth, ages 13-24 as a priority population for targeted HIV prevention messages and interventions.<sup>1</sup> Additionally, the Planning Committee also identified Men who have Sex with Men (MSM) and heterosexual women in South LA – Service Planning Area 6 (SPA 6) as priority populations due to high prevalence in these populations.<sup>1</sup>

The need for sexual health education among young people in Los Angeles County is made clear by the extremely high rates of gonorrhea and Chlamydia.<sup>2</sup> Young people, 15-24 years, account for 63% of all Chlamydia infections and 48% of all gonorrhea infections in LA County.<sup>2</sup> Again SPA 6 - South LA is also disproportionately impacted by Chlamydia and gonorrhea, having the highest incidence (new infections) rates in the county, greatly exceeding the rates of any other SPA.<sup>2</sup> Incidence rate of Chlamydia infections in SPA 6 is 984 cases/100,000 people in the populations (to provide some perspective, SPA 4-Metro has the second highest incidence rate: 469 cases/100,000 people in the population).<sup>2</sup> Similarly, Gonorrhea rates reflect 217 cases/100,000 people in the population (SPA 4 – Metro has the second highest rate: 155/100,000 people in the population).<sup>2</sup> Women share an especially high burden of Chlamydia infections in South LA, comprising over 70% (n=10,330) of the cases each year; and young women, ages 15-19, account for 38.5% (n=2,790) of these infections.<sup>2</sup>

### **Program Introduction**

In response to the disproportionately high rates of STIs and HIV in LA County, especially among youth, women, and MSM; the Art and Global Health Center at UCLA has developed an Arts-based, Multiple-intervention, Peer-education program (*AMP*), *AMP it up!*. *AMP it up!* was carried out in 11 high schools throughout South and East Los Angeles between January and March, 2011. The *AMP it up!* program promotes HIV prevention and sexual health education, while tackling issues such as pregnancy, abortion, STI testing, homophobia and bullying among high school students in Los Angeles. The program consists of three distinct interventions: an arts-based educational performance led by undergraduate student members of the UCLA *Sex Squad*, sexual education workshops in high school Health and biology classrooms conducted by undergraduate peer educators in the UCLA *AIDS Ambassadors program*, and a

class lecture by an HIV positive speaker from *Positively Speaking*, a community based organization.

The UCLA *Sex Squad*, a group of UCLA undergraduates students who serve as peer health educators, created an educational production that inspires sexual health related behavior change and safer sex education. The *Sex Squad* employs the Theory of Critical Pedagogy at two levels; first the peer educators develop *critical inquiry* through a process of creating the educational performance.<sup>3</sup> *Sex Squad* members draw from personal experiences and are empowered by developing accurate knowledge about sexual health to develop the performance.<sup>3</sup> The performance in turn, increases the *critical consciousness* of high school students (the second level of impact), by helping students recognize connections between individual challenges and placing them in the context of a larger social structure. Critical Pedagogy suggests that developing *critical consciousness* is vital to helping students take action.<sup>3</sup> Additionally, the *Sex Squad* production is guided by components of Malcolm Gladwell's Tipping Point Theory to create clear and succinct “sticky messages” about sexual health through artistic performances.<sup>4</sup>

The classroom based peer health education component of the *AMP it up!* program presented by undergraduates from the UCLA *AIDS Ambassadors* delivers HIV prevention and safer-sex education presentations, including a condom demonstration and roll play activities in health and biology classes at participating high schools. The *AIDS Ambassadors* is rooted in the Health Belief Model—a behavior change theory—which asserts that individuals will engage in behavior change when they have gained awareness and develop the self-efficacy to carry out behavior change.<sup>5</sup>

The final component of *AMP it up!* is *Positively Speaking*, a community-partner organization that brings in HIV positive speakers to participating classrooms to share their personal stories of contracting and living with HIV. *Positively Speaking* draws from a component of the Health Belief Model that suggests modeling plays a key role in influencing behavior change. In this case, modeling is used to suggest the significance of safer sex in preventing further transmission of HIV.<sup>5</sup>

## **Methods**

The Art and Global Health Center conducted a small-scale qualitative evaluation of the *AMP it up!* program in Winter 2011. To accomplish this, the *AMP it up!* program director employed a graduate student in public health to conduct qualitative interviews with several key informants to assess the strengths, challenges and limitations of the program. Key informants were identified and selected by *AMP it up!* staff based on their central involvement within the program. Key informants included: high school health teachers, UCLA *Sex Squad* student performers, and a UCLA student health educator. A scripted questionnaire was created and tailored to each key informant based on his or her role in the program. Interviews were recorded on a digital recorder and transcribed for qualitative content analysis.

Additionally, two undergraduate student volunteers conducted focus groups with high school students from one of the program’s participating high schools. Undergraduate volunteers were given a script with from to conduct the focus group, and given permission to diverge from

prepared questions based upon each group's needs. The focus groups were recorded with a digital audio recorder and transcribed for content analysis.

## **Results**

Two focus groups comprised of high school students and five individual key informant interviews were conducted between February and April 2011. Key informant interviews included two student members of the UCLA *Sex Squad*, two Health teachers at King Drew Magnet High School in South Los Angeles, and one peer health educator from the *AIDS Ambassadors*. Interviews and focus groups were transcribed and analyzed for trends in data and unique programmatic strengths and challenges. Several patterns were observed in data and important insights into the strengths, challenges, and areas for improvement to the program were identified and are highlighted in the following three sections of this report.

### **Program Strengths**

1) *Working with LAUSD* - Teachers face many administrative and social challenges in presenting accurate and comprehensive sexual health education in public high schools.<sup>6</sup> A major strength of *AMP it up!* is the relationship between *AMP it up!* staff and the Los Angeles Unified School District (LAUSD). This relationship assures teachers that all three intervention components are compliant with the school based sexual health education regulations. One teacher interviewed highlighted the significance of this relationship, saying:

*I like the fact that they [AMP it up!/Art and Global Health Center] work with Tim, from the Health Education Program [LAUSD]. They work hand-in-hand, so [AMP it up!] is endorsed by the District...When you bring guest speakers [to the classroom] you are always unsure whether it's going to be okay with the district. I feel good about bringing you guys in, because it's strongly endorsed.*<sup>7</sup>

Working with the district is vital to gain access to schools and is crucial to gain buy-in from high school teachers for the full implementation of the program. This is especially important as *AMP it up!* covers a vast array of topics, many of which, including condom use, sexual orientation, and abortion are highly contentious in school based health education programs; thus, approval from the administration is a major strength to the standing of the program.<sup>8</sup>

2) *Art As a Medium for Education and Transformation* – A unique aspect of the *AMP it up!* program is the use of performance art to educate and produce change. In particular, the *Sex Squad* performance harnesses the squad members' honest and raw experiences with sexual health, HIV/STI testing, pregnancy, sex and virginity, and in turn transforms these experiences into art through monologues, poetry, skits, dance, and music. The messages presented are complex, but the material is presented in a dynamic way that allows students to retain important tools for prevention, such as the five fluids of HIV transmission. One teacher explained, "*Some of my students were singing the song a couple days later in class that they created up on the stage. So you know something resonated there with them...If you can get a performance in there that the kids are still thinking about a couple days later, it hit the mark!*"<sup>9</sup> Another teacher added, "*And they got it, because they were able to rattle off the five ways of contracting HIV, because it was hammered over and over again, and by the end they had it in their brains.*"<sup>7</sup> This unique

approach to sex education is also transformative for the undergraduate students involved in creating the performances. One of the *Sex Squad* member described his experience:

*Sex Squad has been probably been the most meaningful thing I have done at UCLA...And the way that Sex Squad uses art [and] performance to try and make a difference...As an artist and a performer, I have learned to appreciate art in a different way, and see the power that art has and that it can have on people's lives. It can have a bigger impact than I ever imagined.<sup>10</sup>*

3) *Multi-Level Interventions* – The *AMP it up!* program works on many levels to impact high school students to minimize sexual risk taking. An outcome resulting from this multidimensional approach is that simultaneous sexual health education intervention is occurring among the peer educators—both the *AIDS Ambassadors* and *Sex Squad* performance team. Members of these groups are learning about HIV and sexual health through the process of becoming health educators and role models to high school students, and learning from each other. One student illuminated his experience explaining:

*HIV. That is something I totally learned about...I am still learning about sexual health, and HIV, and STIs...Because I did not know—I was just as in the dark as I feel like some of those high school kids. I didn't know, I was scared. I didn't know, I was like, 'Am I going to get HIV? This person's negative. I don't know—does [HIV] just start? Does it just start somewhere? You know what I mean? 'How does it start? Two people are just having sex, and then oops! There's HIV?' You know, now, just knowing how it's transmitted, the fluids of transmission—things that we teach, that are engrained in the Sex Squad members now. I am just more comfortable, and I am by no means an expert—I should be more of an expert than I am. But I just know so much more about it than I did, and I am more comfortable than I was. HIV was the one that we talked about a lot. Coming in, I would say I was pretty ignorant, I mean I knew to use a condom and that was the way to protect yourself, but the details about what's going on and how it transitions from HIV to AIDS, and how that affects your body; those are the things that I learned. But I feel like we could go way more in depth. Cause like, even right now, I am kind of dancing around, 'Yeah, how it turns into AIDS. And then it affects your body and your immune system.'<sup>10</sup>*

As this student suggests, more in depth training for peer health educators would improve the ability of the peer educators to better address student questions with more informed responses. Moreover, since college students are not subject to the limitations of high school based sex education programs, a more complex curriculum that explores concepts such as, condom negotiation, risk assessment, and risk reduction practices could be utilized to improve decision making and critical thinking around prevention messages.<sup>11, 12</sup> The need for a more complex analysis among peer educators became clear in an interview with one of the *Sex Squad* members, who explained:

*...condom negotiation, I think that that is actually something we should work on more—is our own personal issues with that. Because for me, I mean I know we talk about it, but then I think about my real life experiences and I am like, when you are hooking up with*

*someone, and you have been hooking up with someone...and like oral sex [comes up], are you really going to stop and be like, 'Have you been tested?' ...This is not realistic...I do not want to get an STD, but if I am caught up in the moment, and I really like this guy I don't want to offend him...That's what I want to work on—what are realistic ways that we can impart to people so that they will take our advice? And they are not just like, 'I know—use a condom...'*<sup>13</sup>

Providing a more structured and complex analysis of sexual risk taking will have additional benefits that go beyond the peer educators themselves—all three peer educators interviewed discussed the fact that their roles as peer educators extends beyond high school classrooms. Each mentioned situations in which their peers at UCLA have turned to them with sexual health questions because of their involvement with *AMP it up!* One of the *Sex Squad* members described her unexpected role as a peer educator for her peers at UCLA:

*“The Sex Squad gives us the safest, I would say, the safest place in the United States where kids can come together and talk about these things, but still there are still kids in our group who are not comfortable talking about what they have been through. That's what strikes me...there is one guy who told me he has an STD. There is one girls who's freaking out because she is pregnant; but they come to me because I've just poured my heart out...”* Later on in the interview she added, *“I had two of my friends come to me and tell me that they have gotten abortions...these girls that no one would ever have any idea...There are two people on Sex Squad who have STDs that won't even share with the group, but who have shared it with me.”*<sup>13</sup>

Although some public health professionals have critiqued peer health education program models citing that peer health educators are gaining more from the intervention than the direct targets; however, the peer educators involved with *AMP it up!* are in prime positions to serve fellow college students as indirect targets, with prevention messaging and referral information.<sup>14, 15</sup>

4) *Peer education*- Another theme that arose in every key informant interview was the importance of the peer education model. Teachers, students, the *AIDS Ambassadors*, and *Sex Squad* members all identified the importance of the proximity in age between the peer high school students.

*Teacher: It's just a more comfortable topic for the kids [high school students] to handle with someone who is only a few years older than them speaking about those topics, like condoms and sex and HIV. It allows them a little bit more freedom with the kids and I think the kids respond to that, definitely.*<sup>9</sup>

*High school Student: This is why I love you guys, because you guys aren't afraid to speak your mind. I just ignore them [teachers] ...most teachers are old, so they're going based on what happened in the past—they haven't had sex for a while. They aren't in it, but you guys can relate to us because you're young.*<sup>16</sup>

*AIDS Ambassador: “girls have come to me, at the side and asked, ‘what if like this \_\_\_ happened?’ ...it's a wonderful thing that they feel comfortable enough with us to open up*

*like that, which I think it's something that's really individual to college students. I don't think that's something that this little girl would open up to someone who is middle aged, or even over 25.*"<sup>17</sup>

*Sex Squad: "I think the biggest strength is how we address these issues...Not like I am teaching you, or talking down to you. Just that, we're here, we're young, we're relatable 'cause we're close to their age and we have our own stories."*<sup>10</sup>

The peer education model cannot be understated. Peer education is clearly understood by all of the key informants to be essential to the reach and effectiveness of this program.

5) *Beyond Sex-Ed: Human Sexuality, Homophobia and Suicide Prevention* - In light of the five suicides that were highlighted by national media in the fall of 2010 (many of which occurred following continued bullying and harassment in school based settings) the *Sex Squad's* concerted and ground-breaking efforts to incorporate and critique the role of homophobia in schools and its role in the formation of sexual identity during adolescence is very significant.<sup>18</sup> In this way, *AMP it up!* goes significantly beyond the average sex education program.

Using a few simple, yet highly impactful lines that normalize gay relationships and a powerful performance piece, titled, "*It Gets Better*," drawing from the Trevor Project's video blog campaign to reduce rates of suicide among LGBT youth, the *Sex Squad* is able to open up a critical dialog regarding homophobia and violence among high school students in a matter of an hour.<sup>18</sup> One of the *Sex Squad* members spoke about his experience and the reactions in the audience:

*There was a show at King Drew, where my first line ['The first time I got tested for HIV I made my boyfriend get tested with me.'], where I kind of reveal that I am a homosexual – they [high school students] were kind of like...I guess I would say a negative reaction. They were like, 'oh!' [shock/dismay]. And I was standing next to Kayla—the whole Sex Squad felt that—and Kayla held my hand. But then later on, it's just like a few pieces later that I say that line [I know it gets better because I am not scared to hold my boyfriend's hand in public']. In the same show, there was applause, which was a very interesting dynamic or change.*<sup>10</sup>

The audience's reactions highlighted the shift, from judgment to a form of acceptance; following the discussion of the severe consequences of the homophobia and bullying. The performance was transformative for the audience. When asked about his personal experience presenting the show in high schools, the same *Sex Squad* member referenced the show at King Drew again saying: "*Being in the schools was amazing too...and seeing audiences change, like King Drew, you know? Right in front of you; one perspective shifting to another. It has been...so, I don't want to say—it's been so life changing!*" [Laughs].<sup>10</sup> In discussing his role in the show, being the one *Sex Squad* member who speaks openly about being gay, he seemed to identify his role both as positive role modeling and personal empowerment, stating:

*"The most valuable thing I give is, I guess, just my experience. Just being gay!...Yeah, 'cause there are gay kids out there—in the closet, right? I know, 'cause I was one of*

*them. I guess to see someone that is comfortable with it now. 'Cause I remember when I wasn't comfortable with it—I think that is the most valuable thing I can give in the show.'*<sup>10</sup>

Incorporating issues of homophobia as they pertain to the development of sexuality and sexual identity is often neglected or censored in high school sex education programs. The inclusion of these topics truly sets *AMP it up!* apart.<sup>8</sup> If possible, future performances should important lesbian identity and sexuality, as lesbians were not reflected in the performance and although they share some similarities with gay men, they are distinctly different.<sup>8, 10</sup> Additional topics that could be addressed are bisexuality and/or the development of gender identity, specifically, transgender identity.<sup>8</sup>

### **Program Challenges and Areas for Improvement or Expansion**

*1) Setting Boundaries and Providing Training for Peer Educators* – All of the peer educators, *Sex Squad* and *AIDS Ambassadors* discussed in their respective interviews the need for more training on how to handle challenging situations and questions that arise during one-on-one interactions with students following presentations.<sup>10, 13, 17</sup>

Interview data also suggested that the boundaries and roles as peer educators (not counselors) was not made clear before going to the high schools. Both of the *Sex Squad* members interviewed discussed two incidents following a performance where they felt ill-prepared to address the high school students concerns. In at least one incident in which a high school student revealed having suicidal thoughts, the *Sex Squad* member later learned that California law mandates that they report this information to school authorities for referral to a counselor.<sup>10, 13</sup> At that time, the peer educators had not been made aware of this responsibility, and the *Sex Squad* member interviewed explained that another member of the *Sex Squad* initially attempted to counsel the student, despite the fact that it was beyond the capacity and role of a peer educator.<sup>14</sup>

Both *Sex Squad* members explained that a counselor at the campus LGBT resource was brought in following the aforementioned situation to provide further training on the legal obligations of reporting.<sup>10, 13</sup> The training helped to clarify their responsibilities and limitations; however, conflict over establishing boundaries persisted:

*I know that a lot of the students really need the help...I wish that there was some way that we could follow-up with the people that we've talked to. I think that we also need to sit down next year and talk about what's appropriate and what's not appropriate, instead of learning along the way.*<sup>13</sup>

*We had a girl tell us that she wants to kill herself—that she was contemplating suicide. That kind of situation, it's very sticky. All of a sudden, it's our legal obligation to get them help and it's no longer in our hands. I don't know if it is necessarily what kids are going to come to us with, but how to handle it no matter they come to you with. Knowing that this is as far as your support can go. This is what we are trained to do, this is what we are not trained to do. This is where we can refer them to get help, but we are not allowed to give certain help. People gave phone numbers sometimes and email*

*addresses—and just really setting the boundaries of what we cannot and what we can be doing...<sup>13</sup>*

This *Sex Squad* member accurately points out that it is not *what* the high school students discuss, rather *how* the situation is handled.<sup>14</sup> Unfortunately, suicidal thoughts, rape and sexual abuse are not isolated incidents among high school students.<sup>8</sup> Challenging situations and questions will continue to arise; in part because the *AMP it up!* peer educators have the courage to present high school students with truths about very serious matters, but with this comes incredible responsibility and the need for continued training.

Training for the peer educators involved with *AMP it up!* is necessary, and should be considered a priority. A training curriculum should be developed before the next program cycle that helps peer educators recognize the limitations of their roles, and aids them in establishing boundaries for the high school students. This training must outline various situations that are required by law to be reported to the authorities. Ideally, peer educators should be provided with the skills and resources to defer questions they cannot answer to someone who can address the issue, and they should be trained to offer referrals in place of providing counseling (for which they are not qualified). Furthermore, a key *AMP it up!* staff member must be identified, who can be contacted and respond immediately when challenging situations that extend beyond the peer educators capacity arise, and peer educators must be clear to turn to that person for support.

2) *Structure: Coordination of three interventions* – Although data collected clearly reflected a significant value for each of the three components of the program; key informants articulated a distinct disconnect and general lack of understanding regarding each of the three components. This dissonance may be problematic for several reasons. First, the overall cohesiveness and focus of the program may not be clear if it is not understood by key actors. Second, this disconnect reflects a lack of accountability between groups and to *AMP it up!*, which can lead to unintended gaps or redundancies in content, and in turn create confusion or even contradictory information being presented. Increased accountability between each intervention is required to ensure that program content is being delivered as intended.

The lack of coordination was most apparent from the interview with the representative from the *AIDS Ambassadors* who was almost completely unaware of what *AMP it up!* does or how the *AIDS Ambassadors* component fits into the intervention in relation to the other two components. She described her relationship with *AMP it up!* in this way:

*I am very involved with the AIDS Ambassadors, and I can tell you everything about AIDS Ambassadors. And I can give you like kind of an overview of what other people do, but I don't understand what like the other groups are doing when they go to these schools...we just don't have a comprehensive understanding of what the program as a whole is trying to do. We kind of are given our individual curriculum and their hopes for us, and then we fill that role. It's like we're part of a whole, but we don't understand the whole.<sup>17</sup>*

This divide will need to be addressed, particularly if a large-scale evaluation of *AMP it up!* is conducted. Due to the lack of communication or oversight of the program's content, the result

may be significant problems with the study's internal validity, or even the program's fidelity and integrity.<sup>19</sup>

Another important disassociation is that the representative from *AIDS Ambassadors* was completely unaware of the *Positively Speaking* component of the *AMP it up!* program. As a result the relationship with *AIDS Ambassadors* should be examined further for future programs. Coordination and oversight needs to be improved. If coordination efforts are irreconcilable as the program stands, and funding permits; hiring a staff person to develop a specific *AMP it up!* sexual health education curriculum and creating team of classroom based peer educators is recommended to improve the program's fidelity and integrity.<sup>19</sup>

The *Sex Squad* and *AIDS Ambassadors* both deal with serious issues through a generally lighthearted tone and high-energy presentation style. Conversely, the speakers from *Positively Speaking*, employ a much more sobering tone, which is necessary, as speakers impart real life examples of contracting HIV. The inclusion of these stories are essential in both contextualizing the real life consequences for the students and also in achieving the goal and objectives of the *AMP it up!* program. The focus groups with high school students; however, revealed significant fears about having sex after hearing the *Positively Speaking* speakers. The following are examples of students' reaction to the speakers.

*"I started getting scared when she took out all her pills. The speaker had been drawing out pills out for about 5 minutes."*<sup>16</sup>

Another student explained, *"She said that some people spread the virus on purpose. For example, today, the woman's husband knowingly infected her so that she would have to stay with him forever."*<sup>16</sup>

In spite of the fears this student expressed a great deal of empathy and connection with the speakers, stating, *"I wouldn't want it to happen, but if it did, I would go to his funeral. It was touching. I thought it was sad that his father committed suicide when he found out he had HIV."*<sup>16</sup>

In light of the fact that many students expressed fear of sex following the speaker's presentation in the classroom, it is advisable to discuss the extent of the content, and the language used as these fears may overwrite safer sex messaging provided in the other two components. In addition, because the speakers rotate and as a result the stories and content shared is not consistent from class to class, it may be difficult to measure the effect of this component in a large-scale study.<sup>19</sup>

3) *Inclusion of STD/STIs Information* - This year the program began to expand from a focus on HIV transmission and prevention to include topics such as STIs and reproductive choices, namely, abortion. The expansion of the program to include these areas is very important, especially given the very high rate of gonorrhea and Chlamydia in the target population.<sup>2</sup> This shift to incorporate STIs occurred midway through the creation of the performance in the winter of 2010; however, there was no training for the *Sex Squad* performers or the *AIDS Ambassadors* to learn about STIs.<sup>10, 13, 17</sup> One *Sex Squad* member commented on the tension that occurred as a result of this shift in program messaging, but seemed to suggest that it did not come with much forethought or adequate training for the *Sex Squad* to be able to satisfactorily address these topics,

*When we started, it was very much like this show is going to address HIV, but the show ended up addressing everything. It's very broad. We do address HIV, but we address other things like that STDs, or homosexuality, and sexual health in general. Loosing your virginity. So I feel like rather than learning, that first week we were with the AIDS Ambassadors we were covering HIV and AIDS and guest speakers and what not...it could be interesting to learn about other STDs.<sup>13</sup>*

Furthermore, one of the Health teachers strongly expressed the need to address more issues of STD/STIs in the *AMP it up!* curriculum, *suggesting,*

*I would like them to incorporate, and they do incorporate some knowledge about STIs, but in this community in South LA, we have the highest STI rates in LA by far! So I would like to see them incorporate more information about STIs, and specifically the ones that are affecting our community...Chlamydia. gonorrhea. Trichomoniasis. But we've had an outbreak of Chlamydia in the last couple years in LA. And I don't know why, but South LA compared to say, the North, any other part of the District; we by far have the highest numbers. So I think that, obviously, condoms are a great thing. They need to have that knowledge too. And I know you guys do incorporate some of that, but I would like to have a separate section just on, or component for STIs.<sup>7</sup>*

In the current structure of the program time is allotted for students to interact and ask question of the *Sex Squad* performers and *AIDS Ambassadors* following their respective performances and presentations, although all of peer educators from these groups who were interviewed expressed that they felt unprepared to address the high school students' questions about STDs.<sup>10, 13, 17</sup> One *Sex Squad* member described this challenge:

*With STIs and STDs I don't know very many specifics. We do talk about gonorrhea, well Sasha talks about gonorrhea. So I know a little about that. And question wise, I get questions about gonorrhea. People ask, 'cause after she says, 'gonorrhea,' and kids are like, 'Oh, what's gonorrhea? Gonorrhea, what is that.' I usually direct them to Sasha, although, I know a little bit from Sasha. But I don't really know much about other STDs or STIs. Other than, 'use a condom. Don't get 'em.'<sup>10</sup>*

It is unclear from the interviews how the students handled questions to which they did not know the answer, but it is vital to the integrity of the program that misinformation is not given to the students. In future programs it is necessary to include trainings on STIs to students.<sup>7, 8, 12</sup> In order to adequately address the issues of STIs in *AMP it up!*, the peer educators must receive training on distinctions between viral and bacterial STIs, the modes of STI transmission, the signs and symptoms, and invisibility of some STIs. If funding permits, development of a curriculum that could be used each year and incorporated in to the first few weeks of the *Sex Squad* classes in the fall would be highly beneficial. Although the peer education model is clearly effective and vital to the program and its success, were funding to permit, it would be valuable to have a point person on staff at each performance (and possibly in the classroom presentation) who could help to address the high school students' more technical questions.<sup>6</sup> Peer educators could defer to the staff person to in the event that they could not address the questions directly.

The interview with the student representing *AIDS Ambassadors* explained she believes there is a need to address STIs and contraceptives in their programming, and they are currently working on developing this curriculum.<sup>17</sup> This curriculum may be very beneficial to *AMP it up!*; nevertheless, it is advisable that the curriculum be thoroughly reviewed and training be provided prior including this curriculum into the *AMP it up!* program.

4) *Pregnancy and Reproductive Choices* – A powerful component of the *Sex Squad* performance was a student who discussed her struggle with her decision to have an abortion.<sup>13</sup> This introduced an important discussion of pregnancy and reproductive choices to the program. This brief mention of reproductive choice is essential as many young women are unaware of any reproductive health care choices, including how to access to birth control, let alone abortion services. Still, there is very little information or discussion of pregnancy or birth control addressed in the performance.<sup>20</sup> Given high rates of teen pregnancy and significant disparities in birth outcomes, particularly in African American and Latina populations in South LA, this discussion is imperative to expand.<sup>20</sup> The health teachers alluded to this gap in the curriculum, and specifically requested an expansion of the discussion regarding teen pregnancy:

*I would like to see, maybe a skit or some kind of a demonstration on what it's like to be a pregnant teenager going through that at school, and the responsibilities of motherhood as a teenager, and how it makes their lives that much tougher. I had one of my students come in last week, and I hadn't seen her in a couple years. She graduated in '09 and she just had a baby. And she was just telling me, 'You know, Mr. Zajc, I had no idea that this was that much work!' And she was getting two or three hours of sleep a night, and she looked like she was physically and mentally a wreck. I just think the students should know that this is no joke.*<sup>7</sup>

Addressing teen pregnancy (beyond preventing pregnancy) may be a challenge for the *Sex Squad* to take on in addition to all of the other content addressed in the performance. Undoubtedly, teen pregnancy and birth control is an important issue impacting high school students in significant ways and would likely make a considerable impact on the students' considerations around practicing safer sex, or in the event of a pregnancy would give them knowledge of the options available.<sup>12</sup> Training for *Sex Squad* members in the area reproductive health, contraception will also need to be provided if this topic is explored.

5) *Teacher's Needs* - The Health teachers interviewed were thrilled to have the *AMP it up!* program in their school. In fact, they expressed concern that funding for the program may be limited and questioned if it would prevent the program from returning next year. The primary suggestion from teachers (other than possible content modifications) is to ensure that teachers are prepared for *AMP it up!* and understand each intervention well before the program comes to the school. One teacher offered,

*Well, the first time they came in, the curriculum was sent to me a little bit too late. I didn't really have time to look at it. All [teachers] need is to make sure that their curriculum, their agenda, is sent to us within a week or two before you guys actually come in, so we know exactly what is going to happen in our classroom.*<sup>7</sup>

This is a valuable insight and a legitimate request, especially given the complexity of the program's content. Looking to the future of the program as it expands to both new schools and regions, in addition to the distribution of videos and supplemental curriculum being considered to expand the reach and coverage of the program, it is essential to consider the teacher feedback and needs.

## **Discussion**

The comprehensive structure and content covered by the *AMP it up!* program is remarkable. Key informant interviews and student focus groups revealed that the program is making a considerable impact on both the high school students and peer educators involved with the program. Challenges to the program have primarily resulted from a shift in the approach to the program's vision, from a singular focus on HIV to a comprehensive sexual health education model. Re-examining and revising the program's goals and objectives to reflect the expansion of the program to encompass a comprehensive approach to sexual health education will likely address many of the challenges, oversights and inconsistencies reflected in this report. Revision of goals and objectives will provide a clear direction for future programming and streamline future program cycles. With the revision of the goals and objectives, the curriculum should also be re-examined and more fully developed to ensure continuity and maximal impact.

Further research is necessary to determine the measurable outcomes/impacts of this multi-dimensional program. The creativity and use of several different types of learning modalities is likely increasing the effectiveness and impact on high school students. More rigorous research needs to be conducted to determine what aspects of the program are most influential. Each intervention component appears to reinforce the next by expanding the breadth and depth of sexual health decision-making. A challenge of measuring the effects of this program is that the content of the *Sex Squad* performance changes significantly. Each year members of the *Sex Squad* are encouraged to go through a creative process and harness raw experiences and emotions to create a personal performance. This process is incredibly important to the reliability of the program but also has made the content almost entirely dependent on the members interests and experiences, and thus inconsistent from one year to the next.<sup>19</sup> Devising a rubric inclusive of five to ten specific topics or facts that must be addressed within the performance could alleviate some of the challenges of generalizability of the programs results.<sup>19</sup>

The *AMP it up!* program is young, and with some fine tuning, as this program develops it will greatly improve in its reach and capacity to take a comprehensive approach to sexual health education. More quantitative research is necessary to understand the full impact of the program's messaging. It is clear from qualitative analysis and the results from the first year's preliminary data that the program is on the right track to reaching its intended targets. These findings should be shared among the public health professionals at conferences and in peer-reviewed journals. With the innovative convergence of art with health education, which is not widely utilized in HIV/STI prevention programs, *AMP it up!* could serve as a model health education program nationally, especially due to its successful implementation in one of the largest urban school districts in the country. *AMP it up!* is already changing lives, and thus fostering the growth and expansion of this program is strongly supported.

### **Key Recommendations:**

**Revise Program Goals and Objectives** - Update program goals and objectives to reflect broader scope of sexual health, to expand the current goals that reflect only a singular focus HIV. Revises curriculum accordingly.

**Develop Training for Peer Health Educators/*Sex Squad*** - Training for the peer educators involved with *AMP it up!* is required, and should be considered a priority. A training curriculum should help peer educators recognize the limitations of their roles and aid in establishing boundaries. This training should outline what situations legally need to be reported to authorities. Training should ideally provide peer educators with the skills and resources to defer questions, and train peer educators in offering referrals, in lieu of attempts to counsel. Key *AMP it up!* staff member must be identified to support peer educators in challenging situations.

**Increase the inclusion of Sexually Transmitted Infections, Teen Pregnancy, and Reproductive Choices into *AMP it up!* Curriculum** – *AMP it up!* is still growing. This year the decision to include STIs and reproductive choice was crucial. Expanding on these topics in both the performance and the classroom-based programs is vital. If funding permits, hire a public health professional to create a peer educators training curriculum.

**Improve Classroom Based Sex Education Programming** – Strengthen relationships with current program partners to increase accountability and strength of the program. *AIDS Ambassadors* and *Positively Speaking* contribute a very important role to the *AMP it up!* program. Peer educators and speakers in the classroom have an opportunity to engage with students to increase their knowledge of HIV and safer sexual practices, and to introduce high school students to HIV positive role models generating compassion and empathy. It is important that these groups are accountable to *AMP it up!* to maintain the strength and fidelity of the program to ensure the intervention is being delivered as intended.

**Continue to Address Human Sexuality, Homophobia, Bullying, and Suicide Prevention** – The way in which these areas are woven into the *Sex Squad* performance is powerful and remains effective in generating a response among students. By first normalizing gay relationships in the performance, and following by addressing bullying, fear and potential impacts through “It Gets Better” proves to be effective. This component should be fostered, as it truly makes *AMP it up!* stand apart from other sexual health education programs.

**Conduct a Large Scale Program Evaluation** – *AMP it up!* appears to be a very effective program. A large-scale rigorous public health program evaluation of the program should be conducted to identify deceptive and statistical data measuring the effect of the prevention messaging.

**Produce Publications and Poster Presentations in Public Health and Conferences** -Develop abstracts and poster presentations highlighting data collected from year one. *AMP it up!* is a unique prevention program and the model should be shared with vast audiences: the 2013 American Public Health Association Conference and the 2012 International AIDS Conference are two conferences to consider.

## References

- [1] HIV Epidemiology Program. (2009). *An Epidemiologic Profile of HIV and AIDS in Los Angeles County 2009*. Los Angeles: Los Angeles County Department of Public Health.
- [2] Sexually Transmitted Disease Program. (2009). *Sexually Transmitted Disease Morbidity Report. Volume 2: Service Planning Areas*. Los Angeles: Los Angeles County Department of Public Health.
- [3] Freire, P. (1970). *Pedagogy of the oppressed*. New York: The Seabury Press.
- [4] Gladwell, M. (2000). *The Tipping Point, How Little Things Can Make a Difference*. Little Brown & Co.
- [5] Rosenstock IM, S. V. (1988). Social Learning Theory and the Health Belief Model. *Health Education Quarterly* , 175–183.
- [6] Ott, M. A., et. al. (2011). Community-Level Successes and Challenges to Implementing Adolescent Sex Education Programs. *Matern Child Health J* , 169-177.
- [7] Zajc, J. (2011, March 31). Health Teacher, King Drew Magnet High School. (Hilton, K. Interviewer) Los Angeles, CA.
- [8] Hunter, J., & Baer, J. (2007). HIV Prevention and Care for Gay, Lesbian, Bisexual, and Transgender Youths: "Best Practices" from Existing Programs and Policies. In I. H. Meyer, & M. E. Northridge, *The Health of Sexual Minorities: Public Health Perspectives on Lesbian, Gay, Bisexual, and Transgender Populations* (pp. 653-692). New York: Springer.
- [9] Duval, C. (2011, March 31). Health Teacher, King Drew Magnet High School. (Hilton, K. Interviewer) Los Angeles, CA.
- [10] Ramos, K. (2011, March 28). UCLA Sex Squad member. (Hilton, K. Interviewer) Los Angeles, CA.
- [11] Los Angeles Unified School District. (2008, September 8). Complying with the California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (SB 71). *Los Angeles Unified School District Bulletin*. Los Angeles, CA: Los Angeles Unified School District.
- [12] Kaiser Family Foundation. (2003). *National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences*. The Henry J. Kaiser Family Foundation. Menlo Park: Kaiser Family Foundation.
- [13] Hellreich, S. (2011, April 7). Member, UCLA Sex Squad. (Hilton, K. Interviewer) Los Angeles, CA.
- [14] Irvin A. (2000). *Taking steps of courage: teaching adolescents about sexuality and gender in Nigeria and Cameroun*. International Women's Health Coalition.
- [15] Tavrow, P. (2010). Adolescent Reproductive Health. *Reproductive Health in Sub-Saharan Africa*. UCLA School of Public Health. Lecture:1/20/2010.
- [16] Student Focus Group. (2011). King Drew Magnet High School. (Cooper, R.; Stern, L. Interviewers) Los Angeles, CA.
- [17] Lowry, C. (2011, April 7). Member, UCLA AIDS Ambassadors.(Hilton, K. Interviewer) Los Angeles, CA.
- [18] The Trevor Project. (n.d.). Retrieved April 16, 2011, from <http://thetrevorproject.tumblr.com/>
- [19] Rossi, P, Lipsey, M, Freeman, H. *Evaluation: A Systematic Approach*. 7th Edition. Thousand Oaks, California: Sage Publications, Inc., 2004.
- [20] Nadeem E; et al. (2006). Knowledge about condoms among low-income pregnant Latina adolescents in relation to explicit maternal discussion of contraceptives. *Journal of Adolescent Health* , e9-15.