

# ***AMP!***



## **AN ARTS-BASED MULTI-INTERVENTION PEER EDUCATION PROGRAM**

### **A FEASIBILITY EVALUATION OF EXPANSION INTO ATLANTA, GEORGIA**

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During the Spring 2013 academic semester, undergraduate students enrolled in a theater class at Emory University and formed a theater collective known as the Emory Sex Ed Squad. This intensive course explored the history, theories and strategies behind activism-oriented sexual health education through theater. Students designed an original piece of activist theater aimed at empowering and educating Atlanta-area high school students regarding sexual health. This report was produced to evaluate and describe the effect of the program on the undergraduate performers.

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- David Gere

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## Executive Summary

*AMP!* is an Arts-based, Multiple intervention, Peer education program started in the UCLA Art and Global Health Center in 2010. The program's goal is to provide sexual health and HIV prevention education using artistic expression. After successes between UCLA and the Los Angeles Unified School District, program staff piloted expansion of the *AMP!* program into North Carolina and Georgia. An evaluation was conducted in Atlanta, Georgia by Emory University to examine the feasibility of expansion and impact on undergraduate students participating in the program. The following questions guided the evaluation:

- What is the feasibility of expanding *AMP!* into Atlanta, Georgia, namely Emory University?
- How does participation in *AMP!* impact sexual health knowledge among undergraduate students?
- How does participation in *AMP!* impact advocacy skills of undergraduate students?

To answer these questions, undergraduate students enrolled in a theater course as part of membership in *AMP!* completed mixed methods surveys at the beginning of the course and again at the end. Additionally, students participated in focus groups at both timepoints. Finally, an in-depth interview was conducted with the undergraduate course instructor. Findings were triangulated in order to provide recommendations.

After triangulating the data of the undergraduates and the course instructors across the three data collection methods several themes emerged to answer the evaluation questions. The course was not only effective in positively impacting the sexual health knowledge and advocacy skills of the undergraduate students enrolled in the course, but participating in the Emory Sex Ed Squad had profound personal meaning for them as well. They learned factual information about modes of HIV transmission, its prevalence among at risk populations (particularly adolescents), and ways to combat stigma towards those living with HIV/AIDS. Additionally, students became more comfortable acting as agents of change in their own communities and proactive in addressing sexuality related health issues among their peers, because of their participation in the course.

The success of this program did not come without challenges. Of note, were the barriers to implementation of the program in Atlanta, GA. The undergraduates and the course instructor conveyed a need for support from the Emory community to increase the perceived value of the course among administrators at the university. They specifically conveyed a need for more administrative support to handle logistical needs of the program to allow for a greater focus on the performance development and educational components of the course. Furthermore, they needed more time for rehearsal, performance

development, and to learn about more sexuality related issues. Finally, they expressed a need for more community engagement and the addition of community partners to facilitate access to the program's target population. Such an effort would allow more performance opportunities and motivate the students in the course by fulfilling their primary purpose for enrolling.

Based on data derived from the college student surveys, focus groups, and key informant interviews, the recommendations for the AMP! program in Atlanta are as follows:

- Maintain and grow *AMP! in Atlanta*
- Continue to strengthen relationships with community partners
- Incorporate a planning period into the program timeline
- Fund local staff to coordinate planning and implementation of the program in Atlanta
- Extend the SexEd Squad course to two semesters
- Expand focus to other sexual health topics
- Address socio-contextual determinants of sexual health in the course

This evaluation verifies that the program can achieve its goals of raising awareness about HIV/AIDS, changing attitudes, and increasing HIV/AIDS knowledge, particularly among undergraduate students. It also has the ability to improve the advocacy skills of students enrolled in the course by showing them a unique arts-based approach to sexual health education and promotion. Ultimately, the findings suggest that theater-based education is not only an effective way to convey relevant sexual health education to high school students, but it has a strong positive influence on undergraduates involved in the development of the intervention as well.

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**BACKGROUND**

## Literature Review

### *Sexual and Adolescent Health*

HIV/AIDS continues to be a public health priority in the United States (US Department of Health and Human Services [HHS], 2012). Adolescents and emerging adults are particularly at risk, with nearly 40% of all new HIV infections occurring among 13-29 year olds and nearly half of all new STDs occurring among 15-24 year olds. (Centers for Disease Control & Prevention [CDC], 2012). Southern US states are particularly hard hit. Georgia in particular has the sixth highest rate of HIV infections in the nation (Georgia Department of Public Health [GDPH], 2013). Of those living with HIV in Georgia, nearly two-thirds live in the metropolitan Atlanta area. Intervening via sexual health education is a public health priority in order to curb the incidence of HIV in this population.

Health disparities by race and ethnicity are also of concern when discussing sexual health, HIV, and STI infection. Prevalence of HIV, chlamydia, gonorrhea, and syphilis is higher among blacks and African Americans than whites, correlating with other differences in health status. (CDC, 2012)

### *Theater for Social Change*

The Theater of the Oppressed is an arts-based community engagement framework created by Brazilian thespian Augusto Boal in the 1960s based on the principles of educator and liberation theologian, Paulo Freire (Sujnani & Johnson, 2011). Boal, like Freire, posited that communities cannot be liberated by interveners but must liberate themselves (Boal, 1967). By combining pre-scripted scenes with audience-participant improvisation, Boal created a structure for using theater as a medium for community engagement and empowerment (Cohen-Cruz, 2010).

Peer and near-peer delivered interventions in high-risk urban communities such as these have been proven effective (Briggs, 2012). Conversely, health messages delivered to adolescents through either impersonal mass media or resource-intensive interpersonal interactions are not only more often the norm, they are far less effective in reducing risk behaviors. Multiple programs attempt to deliver peer-delivered, performing arts-based education to adolescents, but a limited number of these programs have been formally evaluated for effectiveness (Glik, 2002). Participation in arts-based programs has, however, been shown to increase health behaviors such as condom use, as well as self-confidence and social skills, which has important implications for the performers (Daykin, 2008).

## **AMP! Atlanta**

### *Program Description*

AMP! is an Arts-Based, Multi-Intervention, Peer Education Program which uses the principles of Theater of the Oppressed to educate young people about sexual health and empower them to become sexual health advocates through art.

AMP! incorporates successful elements of evidence-based interventions, such as presenting information at multiple time-points, and prompts discussion with students. AMP! also seeks to improve sexual health outcomes for both the undergraduate student performers and the high school audience. It also aims to improve advocacy skills of the performers, improving their ability to act as resources in their peer groups and communities and speak out about the importance of sexual health topics and education. The connection between the undergraduate and high school student levels of the program is detailed in the logic model (Appendix A), and the individual components are discussed below.

### **History of the Program**

AMP!, an Arts-based, Multiple intervention, Peer education program, is an initiative that started in the UCLA Art and Global Health Center in 2010. It began through a collaboration with South African arts activist Pieter-Dirk Uys, in which UCLA undergraduates participated in a 2-day workshop focused on creating a performance piece concerning teen sexuality. They became the AMP! Sex Squad, and in 2011, the undergraduate students developed a sexual education theatrical performance that was staged in several Los Angeles high schools.

Art as a means of health education is at the core of AMP!'s mission, and represents a novel approach to health communication. The UCLA Art and Global Health center explains it thus:

*The project is arts-based because artists are expert communicators who can inspire and mobilize youth. There are multiple interventions in order to have a lasting impact. And finally, peer educators are employed so that teens can learn from someone who can easily relate to the situations they are presented with on a daily basis.*  
- UCLA Arts & Global Health Center (<http://aghcdev.arts.ucla.edu/?q=amp>)

Following the success of their first two years, during which the high school participants reported changes in attitudes toward people living with HIV and increased HIV testing behavior, the UCLA Arts and Global Health Center sought to expand AMP! to the southeast United States: Chapel Hill, North Carolina, and Atlanta, Georgia. Given the unique contexts of each of the proposed expansion sites, this evaluation specifically addresses the pilot expansion into Atlanta, Georgia.

## Undergraduate Course Activities

Undergraduate students were enrolled in a course entitled *Performing Sexual Health: Emory Sex Ed Squad*. The purpose of the course was to “explore the history, theories and strategies behind activist sexual-health education theater as it has been used both locally and globally” (Brown, 2013). In addition to undergraduate learning through the Emory Sex Ed Squad course, members of the Sex Ed Squad executed interventions in the community, specifically prioritizing high school students. Table 3 summarizes the high school, or adolescent, components of the program.

**Table 2: AMP! High School Intervention Components**

<b>Intervention</b>	<b>Description</b>	<b>Objective</b>
<b>Educational Performance</b>	An educational theatrical piece was developed and performed by Emory undergraduate students, about HIV/STI transmission, safer sex, and intimate partner communication.	Educate high school students about sexual health in a humorous, memorable, and effective way; empower undergraduate students to communicate about sexual health
<b>HIV Positive Panel Discussion</b>	HIV positive community members shared their experiences living with HIV, including engaging high school students in discussion around sexual health.	Reduce stigma of HIV by exposing high school students to people who are living with HIV by personalizing experiences.
<b>Forum Theater Workshop</b>	Undergraduates led a forum theater workshop on safe sex negotiation, including condom use and consent to sexual activity. Skits developed by undergraduates incorporated high school students as actors within scenes.	Model sexual health communication and give high school students the opportunity to practice through role-play. Empower undergraduates to communicate about sex and learn negotiation techniques.

At the undergraduate student, or emerging adult, level, students enrolled in the Emory Sex Ed Squad course learned about sexual health through both in-class exercises and via theatrical performances. This was a 4 unit course dual-listed in the Emory University Anthropology and Global Health, Culture, and Society departments. Eight students enrolled in the course and represented several states, and most had prior experience working in theater or on other projects with the course instructor, Ken Hornbeck. Two community partners were also involved as volunteer performers. Students convened during the week of January 2-11 for a pre-course workshop, and met subsequently from 1-4PM every Friday. Additional evening sessions were held during the performance and workshop development period. The components of the course are delineated in Table 2.

**Table 3: AMP! College Course Components**

<b>Activity</b>	<b>Student Instructions from Syllabus</b>	<b>Objective</b>
<b>Participation</b>	Because you are a part of a performance collective, you must attend all sessions and performances. Your presence will help the group grapple with the difficult and complex issues, and inform how we as a collective should respond.	Participation was an integral part of the intervention experience among college students. Reactions to participation were assessed as part of the evaluation both at group and individual levels.
<b>Readings</b>	For each reading, please come to class with an open-ended question prompted by a specific passage. Questions will be used in class, and then turned in.	The course was grounded in pedagogical and theoretical principles in health education, community engagement, and theatrical practice.
<b>Journals</b>	Each student will journal about their experiences as a part of the collective, exploring both the art-making and art-sharing processes.	Individual thoughts and reactions regarding participation in the program were evaluated.
<b>Performance</b>	Students will be expected to develop, memorize, and rehearse performance pieces outside of class as needed.	Performance was an expected part of the course. The extent of performance was evaluated at the group and individual levels.
<b>Theater/Art Facilitation</b>	Each student will be trained in leading forum theatre events where high school students act out condom negotiation scenes and try out different strategies. Students will also lead high school students in creating their own art pieces about sexual health.	Leadership and education through theater are important components of AMP! The extent to which students felt prepared for facilitation was evaluated.

**Spring 2013 Program Activities**

The implementation phase of AMP! in Atlanta last from January through May 2013. The original goal of the program was to implement the three interventions (performance, HIV positive speaker, and workshops) in one school and involve a second, demographically similar school to serve as a control. The interventions would be delivered during a 9<sup>th</sup> grade health course.

A community contact identified the Health, Science, and Nutrition Small School of Booker T. Washington High School as the interventions school. The majority of students at Washington High School are African American. Students in the Health, Science, and Nutrition program can choose to focus in therapeutic services, physical medicine, or

culinary arts. The guidance counselor for this program was initially identified as the gatekeeper and contact to the school, but this contact's employment status changed unexpectedly, which made entry into the school more challenging.

In addition, Atlanta Public Schools have experienced political and accreditation challenges in recent years. A cheating scandal which implicated teachers and administrators in falsifying standardized test scores was uncovered in 2009, and the school system is still working through the associated challenges. Thus, school administrators and staff may be focused on becoming more academically robust than on strengthening their health education programs.

Instead, the Emory Sex Ed Squad performed for high school students at the DeKalb School of the Arts, facilitated by an undergraduate student's connections with the school. The initial performance, the HIV positive speaker, and the workshops were all implemented at this site during an after-school program and with the cooperation of the student Gay Straight Alliance.

The Sex Ed Squad also performed mixed age groups at Jerusalem House, an Atlanta-based organization that serves low-income individuals and families affected by HIV/AIDS.

### **Program Stakeholders**

Atlanta is an optimal site for implementation of the *AMP!* intervention because of its disproportionate rates of HIV infection among adolescents in this area. Given the vastly different social and political landscape of Georgia compared to Los Angeles, evaluation of this pilot expansion also tested the feasibility of implementing an arts-based intervention in a conservative sociopolitical environment.

The success of *AMP!* requires the coordination of multiple stakeholders and community partners. The partners needed for effective execution are:

- A college or university from which to recruit members of a Sex Ed Squad
- A community-based organization with existing community relationships
- A school or school system amenable to receiving the intervention
- A university-based team to conduct the research and evaluation of the program.

To accomplish this, multiple stakeholders and community partners were involved in the execution of *AMP!* Atlanta. Within each organization, several key staff members were instrumental in the implementation of the program and conduct of its evaluation. Table 1 summarizes the partners with a stake in the evaluation of this pilot.

**Table 1: Summary of Stakeholders**

Organization	Stake in Evaluation
<b>UCLA Art and Global Health Center</b>	As the originators of the program, the UCLA Art and Global Health Center will use the results of the evaluation to examine effectiveness of the program on participation of college students, high school students, and high school teachers, which will influence future funding and implementation at additional sites.
<b>Emory University</b>	Results of the evaluation will be used to determine the effectiveness and value of the “Performing Sexual Health: Emory Sex-Ed Squad” undergraduate course. Additionally, the Rollins School of Public Health will use research and evaluation components of AMP! Atlanta to meet student educational requirements.
<b>SisterLove</b>	Already active in HIV-related work with communities in Atlanta, SisterLove’s involvement with the project is closely related to their organizational purpose and builds upon their partnerships with schools in Atlanta.
<b>Atlanta Public Schools</b>	Atlanta Public Schools (APS) will use the results of the evaluation to determine the effectiveness, appropriateness, and feasibility of incorporating AMP! into their sex education curriculum as a way of improving sexual health education among their students.

***UCLA Art and Global Health Center***

Chief among individual stakeholders is the Executive Director of the UCLA Art and Global Health Center, Dr. David Gere, who oversaw all aspects of the program across all locations, with a particular eye toward the feasibility of expansion.

Arianna Taboada, Project Coordinator, managed operations of *AMP!* in all three locations, with particular emphasis at UNC, and served as a resource throughout the evaluation.

Bobby Gordon, Director of Special Programs, led the creative execution of the program, including co-instructing the Emory undergraduate course. He also provided creative direction for the Sex Ed Squads in UCLA and UNC. His unique perspective as the only staff member intimately involved at all three sites provided insight throughout the evaluation.

***Emory University***

As the implementation university in Georgia, Emory was involved at the programmatic, undergraduate, and graduate levels. Undergraduates involved in the *Performing Sexual Health* course comprised the Emory Sex Ed Squad and implemented *AMP!* interventions in the metropolitan Atlanta area.

Ken Hornbeck is one of the instructors of the course and has experience using theater-based methods for peer education. He engages regularly and intensively with the undergraduate students in the Sex-Ed Squad. This evaluation will be used to make course improvements.

Graduate students attending Rollins School of Public Health, Raphael Coleman, Yesenia Merino, and Erin Stratton, conducted the evaluation of *AMP!* in Atlanta. Dr. Dawn Comeau served as Principal Investigator for the Atlanta *AMP!* evaluation protocol.

### ***SisterLove***

Already active in HIV-related work with communities in Atlanta, SisterLove served as community partners to facilitate the implementation of *AMP!* in Atlanta. Shanebrae Price, HIV Prevention and Outreach Specialist and Advocacy Coordinator, was a member of the Emory Sex-Ed Squad and worked to engage staff at Atlanta Public Schools to implement *AMP!* in high school classrooms.

### ***Atlanta Public Schools***

Given the needs of Atlanta Public Schools (APS) students, including the rates of HIV and STIs in this population (CDC, 2011), they were targeted for implementation. While no *AMP!* interventions were conducted at APS during this evaluation, its students continue to be a priority population. Lessons learned from this evaluation will guide future engagement efforts.

### ***Future Partners***

This evaluation may be used by other potential community partners who may be interested in collaborating with *AMP!* Funders may use the results of the evaluation to determine whether their funding resulted in a successful program, and may influence their decision to fund *AMP!* or other arts-based programs in the future. Additionally, the Georgia Campaign for Adolescent Pregnancy Prevention (GCAPP) has statewide goals of implementing comprehensive sex education programs in schools, and a future partnership with *AMP!* and the UCLA Art and Global Health Center are a possibility.

### ***Evaluation Questions***

An evaluation was conducted in Atlanta, Georgia by Emory University to examine the feasibility of expansion and impact on undergraduate students participating in the program. The following questions guided the evaluation:

- **What is the feasibility of establishing a sustainable presence for *AMP!* in Atlanta, Georgia, namely Emory University?**
- **How does participation in *AMP!* impact sexual health knowledge among undergraduate students?**
- **How does participation in *AMP!* impact the advocacy skills of undergraduate students?**

# **METHODOLOGICAL APPROACH**

## Methodology

Because this evaluation is focused on the experiences and outcomes of undergraduate members of the Emory Sex Ed Squad, the students comprise the sample for most of the data collection. Focus groups and mixed-methods surveys were conducted at the beginning of the semester in January and near the end of the course in April. In addition, the key informant interview was conducted with Ken Hornbeck, the instructor of the course, to explore his perceptions of the program and the role of art-based activism in its development. Initial instruments were submitted for approval with the Emory University Institutional Review Board. Table 4 summarizes the components of this evaluation.

**Table 4: AMP! Atlanta Evaluation Components**

Activity	Description	Objective
<b>Focus Groups</b>	Evaluator-led group discussions were conducted to collect normative beliefs and group opinions from undergraduate participants	Conducted at the beginning and end of the course, findings from the focus group were used to measure group changes over times
<b>Mixed Methods Surveys</b>	Self-administered surveys were used to collect information about individual experiences of undergraduate participants	Administered at the beginning and end of the course, findings from the surveys were used to measure individual changes over time
<b>Key Informant Interview</b>	An evaluator-led in-depth interview was conducted with the course instructor to explore their perspectives of the program	Purposively selected individual with a key role in the execution of the expansion of the interview was interviewed to obtain his perspective of the implementation of the program

### *Mixed Methods Surveys*

#### **RECRUITMENT**

All undergraduate students enrolled in the Performing Sexual Health: Emory Sex-Ed Squad course were asked to complete a mixed-methods survey comprised of both closed-ended and open-ended questions pertaining to their attitudes, beliefs, and behaviors about sexual health.

#### **PROCEDURE**

Prior to the data collection, participants provided written informed consent. Both surveys were administered at Emory University during the students' regularly scheduled class time. Participants completed a paper-based pre-test survey during the first week of the class,

following a focus group (01/08/2013). The pre-test analysis was developed by members of the AMP! research team prior to the involvement of the Emory evaluation team. The post-test was modified based on results of the pre-test and discussions with the AMP! research team to ensure that their needs and questions for the evaluation were being met. It was administered following the second focus group (04/19/2013). The post-test was administered using SurveyMonkey, an online survey tool. Participants were asked to bring a computer to class and complete the survey online by the end of the day, which provided more anonymity and reduced participant burden.

### **MEASUREMENT**

On the pre-test survey, all questions were open-ended, and sample questions included, “Do you know your HIV status currently?”, “Do your friends ask you questions about sex, or sexual health?”, and “How good are you at thinking clearly when you’re turned on? Comment on your response.”

The post-test instrument was modified to increase clarity and eliminate double-barreled questions. Questions such as “Do you know your HIV status currently?” were split into a closed-ended question followed by an open-ended opportunity to expand upon it. Core questions remained the same in order to facilitate comparison. Demographic questions were added to the post-test to provide a basic description of the sample. In order to quantitatively assess students’ perceptions of their own advocacy skills, four items from the Social Justice Advocacy Scale, which has been validated in Georgia, were added to the survey. Sample questions on a scale of 1-7, with 1 indicating not at all true and 7 indicating completely true, included “This course challenged me to bring awareness to the public regarding issues that affect the sexual health of me and my peers,” and “This course encouraged the use of creative means to bring attention to community problems and social injustices” (Dean, 2009). See Appendices C and D for the full pre-test and post-test instruments respectively.

### **DATA ANALYSIS**

Due to the unique nature of the pre-test, data was entered into Microsoft Excel 2010 and analyzed by hand. Questions with binary answers were calculated to generate basic descriptive statistics, and students’ responses to the open-ended questions were summarized, then illustrated with quotes.

Pre- and post-test results were compared to measure individual changes in sexual health knowledge, attitudes, and behaviors. Due to the small sample size, descriptive statistics were used. Descriptive statistics were also used for the items from the Social Justice Advocacy Scale, since a score can’t be calculated without the entire instrument.

## **RATIONALE & LIMITATIONS**

A mixed-methods survey was used to capture basic information regarding the students' HIV knowledge and perceived advocacy skills. Closed-ended questions provide concrete numerical data about their sexual behavior, while open-ended follow-up questions allow the students to provide in-depth responses anonymously and without the social pressure inherent in a focus group discussion. The small sample size is a limitation with regard to statistical analyses. In addition, particular care was taken to preserve confidentiality with qualitative responses by removing names and other identifiers from the data and findings. Also, modification of the instrument from baseline to follow-up limited the ability to measure individual change over time.

## **Focus Groups**

### **RECRUITMENT & SAMPLING**

All undergraduate students enrolled in the Performing Sexual Health: Emory Sex-Ed Squad were invited to participate in focus groups to discuss their involvement in the implementation of *AMP!* Atlanta. These participants were included because they were able to describe their experience with developing the intervention in the context of a socially conservative Southern state, as they are current students in the Atlanta area. Furthermore, their input provided insight into how participation in the program affected the undergraduates, a level of the *AMP!* intervention that has not yet been evaluated.

### **PROCEDURE**

Prior to the data collection, participants provided written informed consent. Both focus groups were conducted at Emory University during the students' regularly scheduled class time. Two focus groups were planned as a part of the *AMP!* evaluation plan. Focus groups were digitally audio-recorded and transcribed verbatim for qualitative analysis.

Focus group 1: Undergraduate members of the Emory Sex-Ed Squad participated in a focus group before being exposed to the planned activities included in the curriculum. The focus group discussion lasted for approximately 45 minutes and was facilitated by a member of the evaluation team who was trained in qualitative research methods. The discussion guide for the first focus group was provided by staff from the UCLA Art and Global Health Center.

Focus group 2: The second focus group was conducted in April, after the Sex-Ed Squad had the opportunity to perform and was nearing the end of the semester. The focus group discussion lasted for approximately one hour and was conducted by another member of the evaluation team who was trained in qualitative research methods. Another evaluation team member was present to serve as a note taker. The second discussion guide was modified

from the first discussion guide to include retrospective questions about students' experiences during the course.

Organizational partners were involved in reviewing and revising the second focus group instrument, to insure their needs and questions for the evaluation are being met.

### ***MEASUREMENT***

Sample questions from the discussion guide for the first focus group included, "What are the content areas that you feel most comfortable talking about with your peers and with high school students?" and "How would you describe your knowledge about sexual health issues?"

The discussion guide for the second focus group was similar, but included questions that asked students about their experiences over the course of the semester. Sample questions included "How has your comfort level with discussing sexual health changed?" and "What do you consider the biggest lesson from participating in the Emory Sex-Ed Squad?" See Appendices B and C for the pre-course and post-course discussion guides, respectively.

### ***DATA ANALYSIS***

Focus group discussion data were analyzed in NVivo 9 (QSR International, 2012). Thematic analysis was used to identify consistent themes throughout the focus groups and key informant interviews. Thematic analysis is a relatively flexible research tool and can provide a detailed account of synthesized data. Initial coding was done by hand, followed by the development of a codebook by the two team members who did not facilitate the initial focus group discussion. The same two team members coded the interviews independently, then convened to discuss discrepancies and came to an agreement.

### ***RATIONALE & LIMITATIONS***

Focus group discussions will provide deeper insight into the effectiveness of the program at the undergraduate level, which is especially important given that the program is relatively new and has never been evaluated at the undergraduate level. Though there are several benefits to using qualitative methodology, the results of the evaluation may not be generalizable to other groups involved in the larger program. The results will be useful for the future implementation of the program in Atlanta. Focus group discussions are an efficient way to gain the insights of a variety of similar students, but not all participants will participate equally (Kitzinger, 1995). To mitigate this, individual mixed-methods surveys will also be administered.

## *Key Informant Interview*

### **RECRUITMENT & SAMPLING**

One purposively sampled key informant was invited to participate in an in-depth interview. He provided verbal informed consent and was asked to discuss his involvement with the program and detail the successes and challenges of the program in the Atlanta area. The instructor of the Performing Sexual Health course, Ken Hornbeck, was invited to participate because of his involvement in the development and delivery of the undergraduate curriculum, as well as his history with theater-based advocacy.

### **PROCEDURE**

Prior to the data collection, the course instructor provided verbal informed consent. The in-depth interview was conducted at Emory University before the regularly scheduled class time. The interview was digitally audio-recorded and transcribed verbatim for qualitative analysis.

The interview lasted for approximately 45 minutes and was conducted by a member of the evaluation team who was trained in qualitative research methods.

### **MEASUREMENT**

The key informant interview guide was developed by a member of the evaluation team, with input from the organizational partners at UNC and UCLA. Sample questions included “How do you think participation in AMP! influences the undergraduates’ HIV knowledge?” and “What are some of the challenges that have come up in your work with AMP?” See Appendix F for the full instrument.

### **DATA ANALYSIS**

As with focus groups, in-depth interviews were transcribed verbatim and thematically coded by two evaluation team members who using NVivo 9.

### **RATIONALE & LIMITATIONS**

A major limitation of the key informant methodology is the inclusion of only one key informant due to time constraints. However, he did provide rich information on the experience of instructing the course and a unique arts-based perspective to teaching advocacy through theater. The key informant interview provided rich, descriptive data by asking open-ended questions. The interviewer was able to probe for depth of response, obtaining information about topics that was not directly observable or objectively asked during a closed-ended quantitative interview. The qualitative data also allowed for the exploration of context in attempts to answer the evaluation questions.

### *Triangulation*

After the mixed-methods surveys, focus groups, key informant interview were completed, evaluation team members convened to discuss themes that occurred across data collection methods. Themes are summarized in Tables 5-7 in the Findings section.

# FINDINGS

## Findings

The findings of the evaluation are presented in three domains, based on the evaluation goals: feasibility, sexual health knowledge, and advocacy skills. These domains are summarized below and illustrated by quotes and data from the focus groups, mixed methods surveys, and key informant interview.

### *Feasibility*

#### **Q1: What is the feasibility of expanding AMP! into Atlanta, Georgia, namely Emory University?**

Analysis of the data from the focus groups and the key informant (KI) interviews indicated that participating in the Emory Sex Ed Squad was a valuable experience for the undergraduates. However, there were several challenges to implementing the intervention in Atlanta, based on contextual factors and logistical limitations. Four themes emerged from analyses of the discussions with the course instructor and undergraduate students: administrative support, community engagement, time, and more performances.

**Table 5: Feasibility of Program Implementation**

<b>Theme</b>	<b>KI Interview</b>	<b>Focus Group</b>
<b>Administrative Support</b>	When we've needed materials, Bobby said, "Let me know when you need any materials," and they were here within week	It just didn't feel like the like community was behind us as much as I had hoped or like the administration
<b>Community Engagement</b>	I think in many ways Emory's considered as not a part of the community. Emory's considered an ivory tower	We could make more connections with the high schools and see what they can accept from us
<b>Time</b>	I would love to see this program be a year long, because you need a full semester just to prepare the show	There was just never enough time, never enough time to rehearse
<b>Performances</b>	One of the things that determines the piece improving is it being in front of an audience and its hard to know what's working and what's not working when we don't	Yeah my least favorite part was that we didn't get to perform enough really

### **Administrative Support**

The *AMP!* program is spread across three sites with organizational partners at UCLA and UNC. Despite this potential geographic barrier, the program staff members at other sites were able to provide some of the needed administrative support for implementation of the intervention in Atlanta as described by the course instructor (Table 5). However, both the course instructor and undergraduate students expressed a need for more local administrative support, particularly from Emory. They conveyed a need for more support from the Emory community, particularly senior administration to increase visibility of the program and to raise awareness of the value of maintaining the initiative in Atlanta. Additionally, both the course instructor and undergraduate students articulated a need for full time administrative support to assist with the logistical needs of running a theater production.

### **Community Engagement**

One of the major goals of *AMP!* is to implement a theater based sexual health education program for high school students, which requires the development of community partnerships to gain access into target schools. The original goal of the program was to implement in a public school in Atlanta, but could not gain access this semester. The course instructor and undergraduate students discussed challenges with community engagement and suggestions for improving their ability to reach the target population of the intervention. For instance, the responses of the audiences at Jerusalem House and the DeKalb School of the Arts were distinct, reflecting their particular needs. Both the students and the key informant observed that performing for young people and their parents in the same space at Jerusalem House likely affected their ability to engage and ask questions in a safe space. In addition, students at the DeKalb School of the Arts pointed out some opportunities to better reach LGBT students, which the undergraduate students found helpful.

One method to increase community engagement suggested by the course instructor is to utilize partnerships that Emory University has with local public schools through the Center for Science Education and Office of Community Partnerships. One challenge with this recommendation is the perception of Emory as a monolithic and separate institution in the community, as described by the course instructor (Table 5). The undergraduate students suggested that they could personally take the initiative to develop connections with target schools while being conscious of what they were allowed to include in their intervention based on the needs and constraints of those schools during the early development of their theater performances (Table 5).

## Time

The course instructor and the undergraduates felt that they needed more time to adequately develop the performances, learn the necessary information and skills to be peer advocates, and to rehearse the performance component of the intervention. The course instructor suggested that the course needed to be a year-long to provide enough time for performance development and rehearsal (Table 5). The students expressed a need for more time to develop connections among the Sex Ed Squad and address more HIV/AIDS and sexuality related topics (Table 5). The connections would provide the comfort and candidness needed for the development of an effective improve theatrical piece for the intervention. Furthermore, the students suggested that learning about more sexuality related topics, particularly about contextual factors, would make their performance more relevant to their audience and more effective overall.

## Performances

Finally, the course instructor and undergraduate students expressed a need for more performances. It is important to know if the performances are effective in conveying their intended messages to the target audiences, therefore it is necessary to receive constant feedback and allow flexibility for altering the performance content throughout the developmental process. Furthermore, one of the goals of the course was to allow for the undergraduates to perform in the high schools. The students expressed that it was challenging to gain access to the high schools, which was slightly frustrating and impacted their motivation throughout the course (Table 5). Therefore, having more performances would help with meeting the program and course goals and ensure that the developmental process was iterative to facilitate the delivery of a relevant and effective intervention.

## *Sexual Health Knowledge*

### **Q2: How does participation in AMP! impact sexual health knowledge among undergraduate students?**

Sexual health knowledge among undergraduate students emerged in the mixed-methods survey, focus groups, and key informant interview. The key informant spoke to the level of knowledge observe among the students, as well as his perceptions of the way HIV knowledge has changed. During the focus groups, students spoke extensively about their experiences with sexual health education and how their own knowledge and experiences motivated them to participate in the Sex Ed Squad. Finally, survey responses addressed students' perceived level of sexual health knowledge. Findings are summarized in Table 6.

## General Sexual Health Knowledge

Table 6: Sexual Health Knowledge

Theme	KI Interview	Focus Groups	Surveys
<b>Knowledge</b>	I think that they have broadened their understanding and knowledge about human sexuality. I think that they have a thirst for it.	I wish that we actually learned more things in terms of factual information about HIV and AIDS and Sexual health... we couldn't do that because we were focused on rehearsing. (post-FG)	Students' self-reported sexual health knowledge was "above average" at the end of the program (mean=6.125 out of 7) (post-test)
<b>Sex Education</b>	Uniformly they have said that they all received really poor sex education in their high schools and would like to be a part of seeing that change.	I mean for me like the only sex ed we got was like when you're in 5th grade and they're like, "Ok, girls go in here and guys go in here and like, this is puberty." (pre-FG)	I had sex ed in high school, but most of my information comes from things that other people mention that prompt me to look it up online. (post-test)
<b>HIV/AIDS</b>	Since so much of that was removed from schools during their growing up time, there was really nothing. So, just really understanding what HIV does to the body is not part of what they had to learn.	And particularly with HIV and the speaker's bureau... it was just like "man I've been talking totally wrong about this; I've been thinking about this the wrong way. (post-FG)	Before this class I didn't think that I would need to/wasn't interested in the least in getting an HIV test. Now I really want to get tested just to know my status and go through the experience. (pos-test)

Sexual health knowledge manifested in a variety of ways: understanding of human sexuality, understand of the biological causes and processes behind HIV and STIs, and self-perceived general sexual health knowledge. For instance, the key informant felt that students not only learned more about sexual health, but that they were motivated to learn more:

Well they had varying amounts of knowledge about stuff, but when you start realizing that there's this whole world that you hadn't really thought much about or you had thought about it but hadn't learned that much about it, you start, you hunger for more. This last week, we sort of did a recap or a redo about STDs/STIs and they really get into it and they really want to know more.

Students expressed an increase in their knowledge of sexual health, but indicated that they wanted to know more. The time constraints of the course limited the amount of time students could spend exploring the biological and contextual mechanisms of HIV and STI infection.

On the post-test, however, students reported that they had an “Above Average” level of sexual health knowledge.

### **Sex Education**

Many of the undergraduate students discussed their experiences with sex education in high school. They reported varying levels of comprehensiveness—some received none, while others learned about STIs and others received abstinence-focused education. Analysis of the key informant interview, focus groups, and surveys indicated that sexual health knowledge was an important motivator for enrollment in the course. Relatedly, many indicated they would have liked to have more information and discussion regarding other aspects to sexual health, such as exploring sexuality, intimate partner violence, and creating and maintaining healthy romantic relationships. Taking a historical perspective of these findings suggests that these students went through their adolescent education during an era of conservative sexual education federal policies. As a result, these emerging adults are likely representative of a generation or more of young people who either received no or abstinence-focused sexual health education and thus are in need of more basic and intensive education efforts to regain the strides of pre-abstinence-based legislation.

### **HIV/AIDS**

The key informant noted that on a broader scale, young people receive far fewer HIV/AIDS messages now than a decade or two ago when he first began teaching HIV/AIDS through theater. As such, he noted that participants knew surprisingly little about HIV transmission and disease course. This is juxtaposed with baseline survey responses from undergraduate students who felt they had an above average amount of HIV/AIDS and other sexual health knowledge. This suggests that while participants may have known a lot about HIV/AIDS and sexual health relative to their peers, the overall knowledge base at a broader population level may be declining over time as HIV prevention programs fade away in popularity.

Additionally, many participants indicated that they got tested for HIV while participating in the Emory Sex Ed Squad. While for some it was in response to increased perceived risk and susceptibility to infection, others indicated that they would like to get tested just to have the experience. While not explicitly measured through this evaluation, this desire to obtain

HIV-related experiences may point to both decreased stigma around HIV and to increased awareness of the psychosocial stress inherent in getting tested.

### *Advocacy Skills*

#### **Q3: How does participation in AMP! impact advocacy skills of undergraduate students?**

The key informant said he couldn't speak directly to students' advocacy skills since "you can be a sexual health advocate just sitting in a dorm room." However, he did note however that he noted at least one participant was less tolerant of sexual judgment and another was generally quite willing to talk about her own sexual health, though couldn't speak to change over time. Undergraduate students, however, did express an increase in advocacy skills.

**Table 7: Advocacy Skills**

<b>Theme</b>	<b>Focus Group</b>	<b>Survey</b>
<b>Creativity as social justice</b>	Art can be used as a venue to educate people.	This class really exposed me to a new and amazing way to address issues of sexual health.
<b>Social perspectives of sexual health</b>	Sexual education in the south... that's like a structural issue and I feel like we didn't even discuss it.	The course wanted to amplify social issues surrounding sexual health issues, but it sort of didn't hit the mark.
<b>Self advocacy</b>	I did feel like I was really open during the whole process which was very scary for me.	Sex Ed Squad has really helped me feel comfortable to bring these issues up in a sexual setting and otherwise.
<b>Peer advocacy</b>	[Sex] shouldn't be something that's so stigmatized... When you are free and comfortable talking about it... that is so much more helpful.	My friends have approached me with more questions after taking this class because they know that I have new knowledge about it.

#### **Self-Advocacy**

Advocacy in this evaluation took on two general forms – self-advocacy and peer advocacy. Self-advocacy, the ability of an individual to express and defend their own sexual health beliefs, was operationalized as intimate partner communication, including condom negotiation, and actively espousing on behalf of one's own sexual health. At baseline,

participants indicated a wide range of intimate partner discussion, ranging from little to extensive discussion. On one end, one of the participants indicated that, “Honestly, not much [discussion prior to a sexual experience], which I know is terrible.” Conversely, another participant indicated that she had an incredibly open relationship with her main partner, indicating they discussed, “Anything. We’ve been going for two years.” Within the spectrum of discussion, most participants indicated that most conversations revolved around the following main topics:

- Expectations about intercourse (including boundary setting)
- Sexual history (including infections, number of sexual partners, etc.)
- Protection (including condoms, hormonal contraception, etc.)

Whether they chose to or not, participants indicated that they were quite capable of speaking up for their own sexual health, scoring themselves as an average 6.05/7 on a 7-point Likert scale.

While initially quite high, participants still showed an increase through participation in the course to an average rate of 6.38/7 at follow-up.

Once participant indicated:

Sex Ed Squad has really helped me feel comfortable to bring these issues up in a sexual setting and otherwise. I feel like I am now completely responsible for my own health and have a much better understanding of that.

### **Peer Advocacy**

Peer advocacy was operationalized as willingness to discuss sexual health with peers. At baseline, undergraduate students indicated that they were concerned most about discussing sexual health with high school students. Some also indicated that talking with peers about their own sexual health relationships was another source of anxiety. That notwithstanding, 60% of participants indicated that they talked with peers about sexual health some or all of the time.

At follow-up, participants indicated rather high levels of peer advocacy skills, with an average score of 6.4/7 across all peer advocacy measures. One participant stated, “I am so much more comfortable with talking to my peers about protecting themselves during sex, different methods of protection, going to get tested, knowing where to get tested, speaking up for what they want,…” Another stated he was much more outspoken as a result of *AMP!* and that his friends were much more likely to talk to him.

## **Advocacy Education**

Increases in both self and peer advocacy were linked with participant perceptions of creativity as social justice, which participants rated an average of 6.6/7 across all follow-up measures. In particular, students found the use of theater as an educational medium a particularly empowering method of communication. They indicated that this level of interaction with the audience was powerful not just for the audience, but also for them. One participant found participation in *AMP!* an ideal combination of academic learning and extracurricular involvement, allowing him to combine health education and theatrical expression. Another commented that theater “can be so powerful if you like in a correct way in a way that’s like culturally and like community specific.” Participants specifically recalled on class activity that showed them how differing their social views were, but they were all in the Sex Ed Squad for the same reason. They felt this experience drew them closer together as a group.

Conversely, participants also indicated that they would have liked more instruction and education regarding the social determinants of sexual health. One participant saw that the class intended to draw out those social issues, but felt the curriculum missed the mark. Another student felt this was a rather large gap in the course content, as their work was directly impacted by the social context. One participant felt, “a more relevant perspective would have been looking at it from an Atlanta framework... Downsizing [sexual health education] enough so that it is manageable but it’s all the information that we need at least for this context would have been great.” Given the importance of social context in theater as social change, students felt social context was a salient yet unmet educational need.

## **Personal Significance**

In addition to assessing changes in knowledge and advocacy skills as a result of participation, students were asked to comment on the personal significance of participating in *AMP!*. Joining the Sex Ed Squad meant many different things for participants. From capitalizing on an opportunity for a new experience to personal growth to working in the community, participants had high expectations for participation. One participant indicated that it was an opportunity to be “audacious, honest and inspiring.” Another indicated that being a member of the Sex Ed Squad meant “being a voice that is not often heard and a catalyst for change.”

When the key informant was asked if he had seen any changes in participants as a result of the course, he indicated, “They’re wilder than they were in the beginning,” suggesting that participants were more biased toward action as a result of participation. This was confirmed by students through both focus group and individual survey responses, with one student indicating that participation in the course “signified being a part of something revolutionary.” The transformative experience was not only felt among students, but was

seen by the key informant as well. He felt students had “broadened their understanding and knowledge about human sexuality” and felt they thirsted for additional knowledge.

As he stated:

It’s kind of like when you start learning about something that you had, well they had varying amounts of knowledge about stuff but, um, when you start realizing that there’s this whole world that you hadn’t really thought much about or you had thought about it but hadn’t learned that much about it and you start, kind of like you hunger for more.

For members of the Emory Sex Ed Squad, participation signified an activation of not only an interest in sexual health education and advocacy, but also using theater as a medium for social change.

# **RECOMMENDATIONS & CONCLUSIONS**

## Recommendations & Conclusion

This pilot implementation of AMP! in the Atlanta metropolitan area provided much insight into the contextual considerations of providing sexual health education in socio-politically conservative settings such as the US South and laying the groundwork for a sustainable program in the area. As such, there are several lessons to be learned from this evaluation. To follow are recommendations as a result of findings as well as considerations for the program in the future.

### *Recommendations*

Based on data derived from the college student surveys, focus groups, and key informant interviews, our recommendations for the AMP! program in Atlanta are as follows:

#### **1. Maintain and grow AMP! in Atlanta**

The evaluation team recommends that AMP! expand on the groundwork established in the Spring 2013 semester by continuing the program in future years. The students and the key informant noted that the program's accomplishments and challenges were appropriate for an inaugural year, and that they valued starting something to address a need in the Atlanta community.

In terms of personal value, the undergraduate members of the Emory Sex-Ed Squad reported that participation in the program was rewarding on both a social and academic level. Participants described an increased ability to talk about sexual health among their peers and in their own lives. They also valued the experience of using theater as a method of health promotion and social advocacy.

#### **2. Continue to strengthen relationships with community partners**

AMP! Atlanta could continue to work with other organizations, such as SisterLove, and establish connections with other organizations with similar goals, such as the Georgia Campaign for Adolescent Pregnancy Prevention. Based upon key informant interview data, AMP! should also explore existing relationships between Emory University and Atlanta Public Schools, such as through the Emory Office of University and Community Partnerships and the Rollins School of Public Health's Classroom to Community course. These relationships could help provide access to high schools and develop mutual trust between program staff and participants and stakeholders in Atlanta Public Schools.

Students also expressed a desire to engage with members of the population the program is intended to reach in order to create a culturally relevant program. Since the students come from diverse backgrounds and may have different experiences than the population served,

direct engagement with the intended population for the intervention is an important to the sustainability and acceptability of the program. For instance, pilot testing with a high school audience to assess acceptability and cultural relevance could be beneficial. Other methods of incorporating community members (e.g. former students, school staff, parents) into the development and implementation of AMP! could increase support among the population being served

### **3. Incorporate a planning period into the program timeline**

Based on key informant interview data, building a 6-month planning period into the program would facilitate the implementation process. This time would be used to build community connections, engage schools with the program, schedule intervention sessions, and comply with Institutional Review Board standards for research.

### **4. Fund local staff to coordinate planning and implementation**

Due to the complexity of the AMP! program, the evaluation team recommends that a staff member be funded at partial effort to facilitate the community outreach, planning, and implementation processes. The key informant indicated that the AMP!-funded staff in Atlanta are limited by time and other responsibilities, so a local staff member could be a valuable resource if proper funding can be obtained.

### **5. Extend course to two semesters**

Both students and key informants suggested that the limited time to learn about HIV and STIs, develop and modify performances, and gain insight into the populations of interest. As the program grows, splitting the course into two semesters would be beneficial, assuming proper funding for staff can be obtained. During the focus group, students suggested focusing the first semester on sexual health knowledge, the theatrical rationale behind the program (e.g Theater of the Oppressed), and the development of facilitation skills. In the absence of funding to staff the program for another semester, it may also be possible to engage other departments at Emory in the creation of an undergraduate sexual health or social justice advocacy course. If sufficient student interest could be generated, such a course could act as a pre-requisite to participation in the Emory Sex Ed Squad.

The second semester would focus on the development and rehearsal of the performances and workshops. The students also expressed a desire to revisit the content of their performances and allow it to evolve throughout the semester.

### **6. Expand focus to other sexual health topics**

Although the mission of AMP! Atlanta is based upon HIV prevention, the program would benefit by fully addressing other topics related to sexual health, such as sexually

transmitted infections, consent, and LGBTQ issues. The students, in particular, expressed an interest in expanding the conversation to these concerns. In addition, the population being served faces a disproportionate burden of other STIs, such as chlamydia and gonorrhea, which may require a different approach than HIV.

### **7. Address socio-contextual determinants of sexual health**

AMP! could incorporate the social and structural determinants of HIV infection and sexual health into their outreach and course content in the future. Focus group and key informant data suggest that Atlanta-specific information be included in the development of the intervention. For instance, sensitive handling of racial disparities in HIV infection is important. Similarly, performing for audiences such as Jerusalem House or the DeKalb School of the Arts might benefit from tailored messages that address the impact of socioeconomic status and sexual orientation on health, respectively.

### **8. Build evaluation into the program from the beginning**

In order to effectively and ethically build evidence determining the efficacy of AMP!, the evaluation team recommends that AMP! continues to incorporate evaluation into the program planning and implementation processes. Evaluation provides valuable evidence of the program's strengths, successes, and opportunities for growth, and allocating funds to evaluation activities enables more comprehensive feedback. In addition, deliverables such as an evaluation report provide data-driven evidence for future funding of the project and demonstrate the strength of the program to potential community partners, stakeholders, and gatekeepers.

The AMP! team has done a commendable job making evaluation a priority in Atlanta. Going forward, it will be important to include community partners and gatekeepers—particularly at the high school or audience level—in the evaluation process, and to tailor the evaluation questions and methods to the population being served. Sensitive topics such as sexual health require particular care, and even items on questionnaires can be controversial. Involving community members is an important element in ethical evaluation.

## ***Conclusion***

As with all evaluations, this was not without its limitations. Time constraints prohibited a more in-depth evaluation of participants' experiences as well as a more throughout review of the implementation process. However, this was mitigated via regular communication between stakeholders and evaluators. Moreover, given the experimental nature of a pilot implementation, continual discussion and planning helped to create a methodologically rigorous evaluation that appropriately evaluated implementation. This did, however, not include an evaluation at the high school level as one of the prominent challenges to

implementation was the political and regulatory environment around Atlanta Public Schools. This does however support the recommendation to devote additional program hours to Atlanta-based staff. Finally, modification of instruments from baseline to follow-up in an effort to more precisely measure outcomes somewhat decreased the ability to draw longitudinal conclusions. Limitations notwithstanding, we are confident that this evaluation can lay the groundwork for the continued presence and development of *AMP!* in Atlanta.

# REFERENCES

## References

- Berlin C, Hornbeck K. Theatre-Based Techniques for Youth Peer Education: A Training Manual. United Nations Population Fund and Youth Peer Education Network. (Y-Peer) New York. 2005.
- Boal A. Theater of the Oppressed. New York: Theater Communications Group. 1985.
- Boneh G, Jaganath D. "Performance as a Component of HIV/AIDS Education: Process and Collaboration for Empowerment and Discussion." American Journal of Public Health. January 2011.
- Briggs M, Grella L, Burton TA, Yarmuth M, Taylor T. Understanding and Engaging Key Influencers of Youth in High-Risk Urban Communities A Review of the Literature. Social Marketing Quarterly. 2012; 18:203-20.
- Brown P, Hornbeck K, Gordon B. Syllabus for Anthropology 385: Performing Sexual Health: Emory Sex-Ed Squad. (Available from the Emory University Anthropology Department, 207 Anthropology Building, 1557 Dickey Drive, Atlanta, Georgia 30322); 2013.
- Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2011. Atlanta: U.S. Department of Health and Human Services; 2012.
- Cohen-Cruz J. Engaging Performance: Theatre as call and response. Routledge. August 2010.
- Crosby R, DiClemente R, Salazar L. Research Methods in Health Promotion. San Francisco: Jossey-Bass; 2006.
- Daykin N, Orme J, Evans D, Salmon D, McEachran M, Brain S. The Impact of Participation in Performing Arts on Adolescent Health and Behaviour A Systematic Review of the Literature. Journal of Health Psychology. 2008; 13:251-64.
- Dean JK. Quantifying social justice advocacy competency: Development of the social justice advocacy scale. Counseling and psychological services dissertations; 2009. Available at [http://digitalarchive.gsu.edu/cps\\_diss/40/](http://digitalarchive.gsu.edu/cps_diss/40/).
- Georgia Department of Public Health. Fact Sheet: HIV/AIDS Surveillance. Available at [http://health.state.ga.us/pdfs/publications/factsheets/HIV\\_AIDS\\_Surveillance.pdf](http://health.state.ga.us/pdfs/publications/factsheets/HIV_AIDS_Surveillance.pdf). Accessed 02 Feb 2013.
- Glik D, Nowak G, Valente T, Sapsis K, Martin C. Youth performing arts entertainment-education for HIV/AIDS prevention and health promotion: Practice and research. Journal of Health Communication. 2002; 7:39-57.
- Hennink M, Hutter I, Bailey A. Qualitative Research Methods. London; 2011.
- Kitzinger J. Qualitative research. Introducing focus groups. BMJ: British medical journal. 1995; 311:299.
- Miles MB, Huberman AM. Qualitative Data Analysis. Thousand Oaks; 1994.

Morales AL. *Medicine Stories*. South End Press. Cambridge, MA. 1998.

NVivo 9. In. Melbourne, Australia: QSR International Pty Ltd; 2011.

Sajnani N, Johnson DR. *Opening Up Playback Theatre: Perspectives from Theatre of the Oppressed and Developmental Transformations*. Creative Alternatives. 2011.

Sherry S, Marlow A. *Getting the Lay of the Land On Health: A Guide for Using Interviews to Gather Information (Key Informant Interviews)*. In. Boston: The Access Project; 1999.

U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. *Healthy People 2020*. Washington, DC. Available at <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=22>. Accessed 02 Feb 2013.

Whetten-Goldstein K. *"You're the First One I've Told": New Faces of HIV in the South*. Rutgers University Press. Rutgers, NJ. 2002.

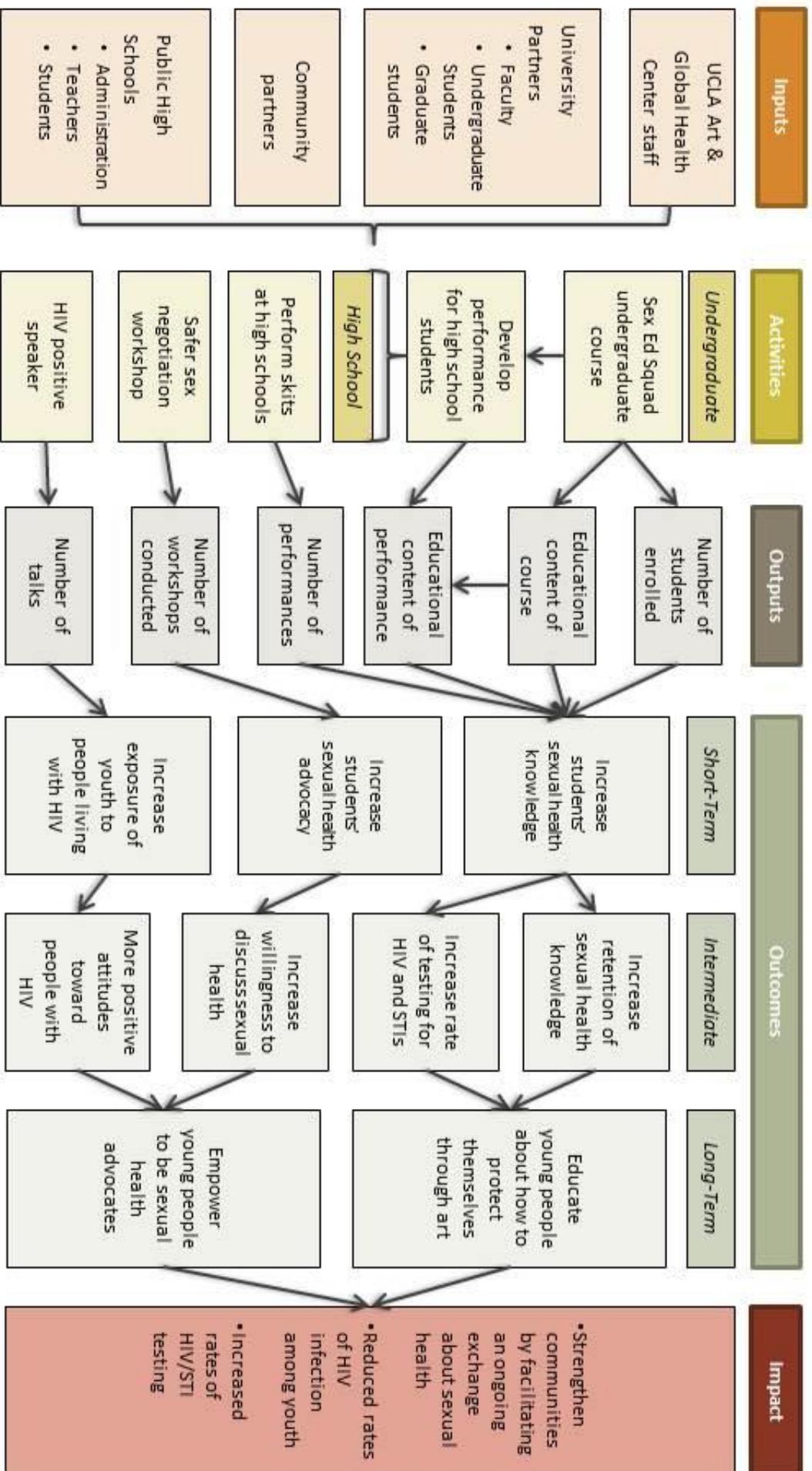
# APPENDICES

## Appendices

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A	<i>AMP!</i> Logic Model
B	Focus Group Pre-Course Discussion Guide
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F	Key Informant Interview Guide

# AMPi LOGIC MODEL



## Assumptions

- The performance created will be able to be implemented in its entirety
- The surrounding community will be supportive of arts-based health education
- The intervention can be carried out in the projected timeframe

## Contextual Considerations

- Differing sexual health education regulations
- Sensitive topic to broach in public schools
- Complex regulatory processes



## *Appendix B: Emory Undergraduate Sex Ed Squad Focus Group Pre-Course Discussion Guide*

### Introduction:

The goal of this focus group is to have an open and honest discussion about what brought you to the Sex-Ed Squad Program, what you'd like to gain from the program throughout the course of the quarter, and how you're thinking about sexual health and sexual health programming prior to engaging in the Sex-Ed Squad performance development process. Your participation in this activity is completely voluntary. Whether or not you choose to participate will not affect your grade in this class.

Has anyone here ever participated in a focus group? Let me tell you a little more about how it works. A focus group is a type of research in which a group of people (like you!) are asked about their perceptions and attitudes toward a program or idea. I'll ask several questions to facilitate our discussion, but you should feel free to interact and respond to each other too. Remember that there is no right or wrong answer, and it's ok to disagree or to have different opinions.

I'd like to ask you to keep confidential all information that you are about to hear from your peers in this group today. We will be using a recorder to make sure we hear and record all your responses. However, your responses will be used only for research purposes, and any transcripts of the recording will not include your name. All of your responses will be anonymous (i.e., no names will be recorded or linked to any of the responses to my questions) – we are interested in what the entire group has to say. Your responses may be shared with parents, teachers, and administrators, but they will not hear the recording and your name will not be connected with anything you say. Before we start, do you have any questions?

Ok, let's get started!

### Questions:

- 1) What were your reasons for wanting to join the Emory Sex-Ed Squad?
- 2) What are you excited about?
- 3) What are you nervous about?
- 4) What are the content areas that you feel most comfortable talking about with your peers and with high school students?
- 5) What are the content areas in which you feel that you could use additional information, support, etc.?
- 6) What are the sexual health areas that you feel uncomfortable or anxious talking about with your peers and/or high school students?
- 7) What would help you feel more comfortable with these content areas?

8) Thinking back to when you were a high school student, what are the things about sex that you wish you had been told?

9) How would you describe your knowledge about sexual health issues?

10) What have your previous experiences with health promotion programs like the Emory Sex-Ed Squad been?

11) What do you hope to gain by being a member of the Emory Sex-Ed Squad?

12) Are there any other things that you would like to mention or say about the questions you were asked or about the study in general?

This concludes our conversation. Thank you for your participation!

## *Appendix C: Emory Undergraduate Sex Ed Squad Focus Group Post-Course Discussion Guide*

Introduction:

The goal of this focus group is to have an open and honest discussion about your experiences with the Sex-Ed Squad Program. Your participation in this activity is completely voluntary. Whether or not you choose to participate will not affect your grade in this class.

Let me tell you a little more about what's going to happen. I'll ask several questions to facilitate our discussion, but you should feel free to interact and respond to each other, too. Remember that there is no right or wrong answer, and it's ok to disagree or to have different opinions.

I'd like to ask you to keep confidential all information that you are about to hear from your peers in this group today. We will be using a recorder to make sure we hear and record all your responses. However, your responses will be used only for research purposes, and any transcripts of the recording will not include your name. All of your responses will be anonymous (i.e., no names will be recorded or linked to any of the responses to my questions) – we are interested in what the entire group has to say. Your responses may be shared with parents, teachers, and administrators, but they will not hear the recording and your name will not be connected with anything you say. Before we start, do you have any questions?

Ok, let's get started!

Questions:

- 1) What is your favorite part of your experience in the Emory Sex-Ed Squad?
- 1) What is your least favorite part of your experience in the Emory Sex-Ed Squad?
- 2) How has your comfort level with discussing sexual health changed?
- 3) What are some things you wish had been covered during the semester?
- 4) What do you consider the biggest lesson from participating in the Emory Sex-Ed Squad?
- 5) If you had it all to do over again, what would you do differently as part of your participation in the Emory Sex Ed Squad?
- 6) What advice would you give to another student interested in being a member of the Emory Sex-Ed Squad?
- 7) Are there any other things that you would like to mention or say about the questions you were asked or about the study in general?

This concludes our conversation. Thank you for your participation!

## *Appendix D: Emory Undergraduate Sex Ed Squad Pre-Test Survey*

### Instructions

Please take a few quiet minutes to provide answers to the following questions. Do not write your name on this form. Instead, when you've completed all of the questions, fold the form, place it in the attached envelope and seal it. You should return the envelope to the Sex-Ed Squad classroom tomorrow where it will be collected without being opened. Your responses will be transcribed by a third party so that your handwriting is not identifiable and then your responses will be shared anonymously with the Sex-Ed Squad program leaders in order to inform the training process throughout the semester.

Please do not write your name or provide any other identifying information on this survey. The answers you give will be kept private. Your name and identity will never be linked to your answers or reported to your teachers or classmates. Your answers will not affect your grade in this class. Answering the questions is voluntary, and you do not have to answer any question that makes you feel uncomfortable.

Thank you for your thoughtful responses. We appreciate your time and effort!

- 1) Have you ever been tested for HIV? STIs? Why or why not?
- 2) Do you know your HIV status currently?
- 3) What do you talk about with your partner before a sexual experience?
- 4) Have you ever had sex without a condom? If so, was it with a main partner or a casual partner?
- 5) In the last 3 months have you had sex? If so, was it with a main partner or a casual partner? Did you use a condom?
- 6) How would you rate your sexual health knowledge on a scale from 1-7 with 1 indicating very little knowledge and 7 indicating very extensive knowledge. Comment on your response.
- 7) Do your friends ask you questions about sex, or sexual health?
- 8) How good are you at thinking clearly when you're turned on? Comment on your response.
- 9) How would you rate your ability to speak up for yourself about your sexual health on a scale of 1-7 with 1 indicating very little ability and 7 indicating very high ability. Comment on your response.
- 10) What does joining this group mean to you?

## *Appendix E: Emory Undergraduate Sex Ed Squad Post-Test Survey*

### **Instructions**

Please take a few quiet minutes to provide answers to the following questions. Do not write your name on this form. Instead, when you've completed all of the questions, fold the form, place it in the attached envelope and seal it. You should return the envelope to the Sex-Ed Squad classroom tomorrow where it will be collected without being opened. Your responses will be transcribed by a third party so that your handwriting is not identifiable and then your responses will be shared anonymously with the Sex-Ed Squad program leaders in order to inform the training process throughout the semester.

Please do not write your name or provide any other identifying information on this survey. The answers you give will be kept private. Your name and identity will never be linked to your answers or reported to your teachers or classmates. Your answers will not affect your grade in this class. Answering the questions is voluntary, and you do not have to answer any question that makes you feel uncomfortable.

Thank you for your thoughtful responses. We appreciate your time and effort!

### **Survey Questions**

#### *Demographic Questions*

1. What is your Classification? (Please select one option)
  - First Year
  - Second Year
  - Third Year
  - Fourth Year
  - Fifth Year or Beyond
  
2. What ethnic group do you most identify with? (Please select all that apply)
  - African American, Black, African Descent
  - Asian, Asian American, or Pacific Islander
  - Hispanic or Latino(a)
  - Native American or American Indian
  - White/Caucasian or European

3. Gender (Please Select One)

Male

Female

*HIV/AIDS Knowledge*

4. Have you ever been tested for HIV? (Please explain your answer)

Yes

No

5. Do you know your HIV Status currently?

Yes

No

6. Are you sexually active?

Yes

No (Skip to question 15)

7. What did you talk about with your partner before your last sexual experience?

8. Have you ever had sex without a condom?

Yes

No

9. How likely is it that you will use a condom with a main partner on a scale of 1-7 with 1 indicating very unlikely and 7 indicating very likely? Please explain your answer.

10. How likely is it that you will use a condom with a casual partner on a scale of 1-7 with 1 indicating very unlikely and 7 indicating very likely? Please explain your answer.

11. Have you had sex in the last 3 months?

Yes

No (Skip to question 14)

12. How would you describe your this sexual encounter in the last 3 months? (Select One option)

Hookup with a consistent non-committed partner

- One night stand with a non-committed partner
  - Sex with a committed partner
13. Did you use a condom during this sexual encounter in the last 3 months?
- Yes
  - No
14. How confident are you in your ability to think clearly and practice safer sex by using a condom or other form of protection when you are turned-on on a scale from 1-7 with 1 indicating very low confidence and 7 indicating very high confidence. (Please explain your answer)
15. How would you rate your sexual health knowledge on a scale from 1-7 with 1 indicating very little knowledge and 7 indicating very extensive knowledge? (Please explain your answer)
16. On a scale from 1-7 with 1 indicating very unlikely and 7 indicating verly likely, how likely is that you and your friends talk about sex, or sexual health? (Please explain your answer)
17. How would you rate your ability to speak up for yourself about your sexual health on a scale of 1-7 with 1 indicating very little ability and 7 indicating very high ability. (Please explain your answer)
18. What does joining this group mean to you?

### *Social Justice Advocacy Skills*

On a scale of 1 – 7 with 1 indicating not at all true and 7 indicating totally true, please indicate the degree to which the following are true for you.

19. This course challenged me to bring awareness to the public regarding issues that affect the sexual health of me and my peers.
20. This course improved my ability to examine sexual health issues from a societal perspective
21. This course encouraged the use creative means to bring attention to community problems and social injustices.
22. This course emphasized the importance of effective listening skills to gain an understanding of community needs and goals related to sexual health.

## *Appendix F: AMP! Atlanta Key Informant Interview Guide*

### AMP! Key Informant Interview Guide

The interview will be done either in person or over the phone, depending on the KI's availability. If it's an in-person interview, both an interviewer and a note-taker will be present.

The goal of this interview is to talk about your experiences with AMP! and the Sex-Ed Squad. We're particularly interested in learning about the process of developing the performances and skits and working with the members of the Sex Ed Squad. This will help us complete our evaluation of AMP! at the undergraduate outcome level.

There are no right or wrong answers to any of the questions; we are just looking for your thoughts, opinions, and experiences. You don't have to answer any questions that you don't want to answer. We would like to record this interview for transcription and data analysis purposes. Since there are few key informants, we would like permission to cite you with quotations, but let us know if there are any statements you would prefer we don't include.

- Do you consent to take part of the interview?
- Do you consent to be audio recorded?

Great! Let's begin the interview.

### Key Informant Interview Questions

1. Can you tell me a little bit about your professional background?
2. How did you get involved with AMP?
  - a. What is your involvement now?
3. How does your previous theater experience connect to your experience with AMP?
4. Can you talk about what the process of developing the performance and the skits is like?
5. How would you describe the experience of teaching the Sex Ed Squad?
  - a. What kinds of changes have you noticed in the students?
  - b. What kinds of students are interested in being in the Sex Ed Squad?
6. Can you share some meaningful experiences you have had with AMP?
7. What kinds of responses have you observed from audiences who have seen the AMP performances?

- a. How do you think participation in AMP! influences the undergraduates' HIV knowledge?
  - b. How do you think participation in AMP! influences the undergraduates' ability to be sexual health advocates?
8. What are some of the challenges that have come up in your work with AMP?
  - a. What kinds of challenges have come up in creating the performances?
  - b. What kinds of challenges have come up with implementing it in high schools?
9. What do you think are the keys to developing strong relationships with community partners?
  - a. What kinds of things are helpful when working with universities?
  - b. What kinds of things are helpful when working with high schools?
10. What kinds of things would you like to see from AMP! in the future?