



Emory University

An evaluation of the Emory Sex-Ed Troupe

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Executive Summary

Introduction. AMP! is an arts-based, multi-intervention, peer-education program that trains undergraduate students in sexual health education through theater for high school students ages 13-19 years. After successful implementation in Los Angeles and University of North Carolina-Chapel Hill, the program came to Emory University in 2013 as part of the *Emory Sex-Ed Troupe*, an undergraduate course in the theater department. The program recruited a graduate student-led evaluation team consisting of three Master of Public Health (MPH) students from Rollins School of Public Health to conduct an evaluation of the Emory University AMP! program activities.

Due to challenges in implementing sexual health education in Georgia public schools, the program reframed their efforts from performances to high school students to performances for peer undergraduate students. The purpose of this evaluation was to (1) assess the experiences of the Emory Sex-Ed Troupe performers and (2) to evaluate their effectiveness as sexual health peer educators. This evaluation was driven by two evaluation questions:

1. How does the participation in AMP! impact sexual health knowledge and attitudes among Emory undergraduate students enrolled in the Sex-Ed Troupe course?
2. To what extent does the Emory Sex-Ed troupe performance create change in the sexual health knowledge and attitudes of peer college students?

Methods. The evaluation team utilized a mixed-methods approach, a systematic process incorporating both qualitative and quantitative research methods. Qualitative methods (in-depth interviews and a focus group discussion) were used to address the first evaluation question to contextualize the experiences of the performers. Quantitative methods (a pre- and post-test survey) were used to assess audience members' sexual health knowledge and attitudes.

Results. The evaluation team found that students were generally positive about their experiences in the course. While they were disappointed that they were not able to perform for high school students, they stated that the performance could be easily adapted for a college audience. Focus group data found that students were satisfied overall with the performance but were disappointed in the audience turnout and wanted to discuss additional topics and venues for spreading the message of sexual health education. Survey data collected from audience members show an overall increase in sexual health knowledge and attitudes after viewing the performance. These findings suggest that the Emory Sex-Ed Troupe performers do create positive change in the attitudes and knowledge of their peers and are therefore effective sexual health peer educators.

Recommendations. Based on these findings, the following recommendations have been developed for the AMP! program at Emory University: maintain program fidelity, address course transparency and students' expectations, and adapt the program to college-age populations. Since the results and research find a strong increase of knowledge both among the *Emory Sex-Ed Troupe* performers as well as the student audience members, the AMP! program could and should be adapted to address the sexual health gap within college-age populations.



Program Introduction

Background

AMP!, an arts-based, multiple-intervention, peer-education program, is an initiative implemented by the University of California, Los Angeles (UCLA) Art & Global Health Center (AGHC). Founded in 2006 to create a network of artists working in public health, the AGHC's guiding principles are the power of a global network of artists, the creative process as a catalyst for change, de-centered sites of artistic encounter (portable sites in diverse locations to reach many populations), and education as action to educate and empower youth to confront the HIV/AIDS epidemic. The mission of the *AMP!* program is to create art as a means of health education:

“The project is arts-based because artists are expert communicators who can inspire and mobilize youth. [The] multiple interventions...have a lasting impact...[and] peer educators are employed so that teens can learn from someone who can easily relate to the situations they are presented with...” (UCLA Arts & Global Health Center, 2013).

The *AMP!* curriculum at its core is a HIV/AIDS sex education theatre program taught to undergraduate students who then translate the content and develop performances geared towards high school students ages 13-19 years. The program incorporates principles of Theatre of the Oppressed in a multi-layer peer educational approach using movement, audio, and visual modalities in an interactive setting (UCLA Art & Global Health Center, 2013). Theatre of the Oppressed is a participatory theatre model established in 1972 by Brazilian director Augusto Boal (The Brecht Forum, 2014). The model combines critical pedagogy with interactive performance practice to create a learning community that empowers participants, generating critical understanding and promoting transformation (Howard, 2004).

The *AMP!* curriculum was piloted in 2010 following a collaboration between UCLA undergraduates and South African activist Pieter-Dirk Uys. The program was presented to seven high schools and youth community centers in South and East Los Angeles in 2011 before premiering in Georgia at Emory University in 2013 and Kennesaw State University in 2014. The program is now looking to spread nation- and world-wide with recent implementations in Chapel Hill, North Carolina; Beijing, China; and parts of Brazil. The rest of this evaluation will focus on the program at Emory University in Atlanta, Georgia.



Evaluation Purpose

The *AMP!* program is intended and designed for high school populations; however, due to challenges with scheduling and implementing the program within Atlanta Public Schools (APS) (see limitations section), the initial evaluation of the performances for the high school population was reframed for Emory University undergraduate students with consensus from the evaluation team and key stakeholders. The purpose of this evaluation is *to assess the experiences of the Emory Sex-Ed Troupe performers and to evaluate their effectiveness as peer educators.*

A mixed methods approach was used to meet this evaluation purpose. Mixed methods is the integration of multiple methods of data collection (i.e. in depth interviews, an informal focus group, and survey data collection) to gather both qualitative and quantitative information, and was used specifically to assess perceived sexual health knowledge and attitudes of undergraduate educational performers and their Emory undergraduate audience.

Literature Review

Sexual Health Education in the United States

The Sexuality Information and Education Council of the United States (SIECUS) identifies that sexual health and sexuality concepts must be taught throughout the lifespan and outlines curriculum guidelines to do so. However, Emory students come from a variety of counties, states, and countries that have varied approaches to sexual health education.

As of March, 2013, only 33 states in the United States as well as the District of Columbia (DC) require instruction on HIV/AIDS in high schools. Sex education is required in public schools in 22 states and DC. Additionally, 19 states require sex education (if provided) to be medically, factually, and technically accurate (Gutmacher Institute, 2013). Therefore, some students may come from an area that receives little to no sex education in school. When students are required to receive sex education, it may range from abstinence-only to comprehensive sex education.

Even when sexual health education is offered, parents may opt their child out of comprehensive sex education. Parental involvement in sex education is present in 37 states in the United States and DC. Three states require parental consent before students receive instruction, and 35 states and DC allow parents to opt out for their children (NCSL, 2013), leading to inconsistencies in sexual health education across all young adults. An extensive literature on the need among high school populations is included in Appendix F, as high school students are *AMP!*'s initial target population. However, this evaluation focuses on college age individuals, who come from a variety of states and backgrounds that may or may not have included comprehensive sex education¹.

¹ Adapted from Gilliard, Hawes, Kissock, Munoz, Ruf, 2013



Need Among Emory Students

Emory University undergraduates are not exempt from a need for sexual health education. According to the 2011 National College Health Assessment at Emory, only 40% of students received information on pregnancy prevention from Emory; 57% received information on sexually transmitted diseases/infections (STD/I) prevention from Emory; and 65% received information on sexual and relationship violence prevention from Emory (ACHA, 2011).

Undergraduate students are in a transition period of their lives with crucial decisions related to their personal sexual health and safety. The 2011 National College Health Assessment among Emory students reports that 67.1% of students had at least one sexual partner in the 12 months prior to the survey. Among these students, 67.7% reported one partner, 13.4% reported two partners, 15.8% reported 3-5 partners, and 3.2% reported six or more partners (ACHA, 2011). Additionally, 11.5% of students reported that they had unprotected sex as a consequence of drinking in the 12 months prior to the survey (ACHA, 2011).

Issues around contraception were also addressed in the survey with 85.6% of Emory students reporting the use of contraception during the last time they engaged in vaginal intercourse. Of those who used contraception during last intercourse, 59.2% used male condoms as contraception, 57.4% used birth control pills, and withdrawal was the third leading method of contraception at 21.2%. Notably, 1.3% of respondents experienced unintentional pregnancy, and 2.1% experienced intentional pregnancy. Of sexually transmitted infections in the 12 months prior to the survey, the highest rate was genital warts/HPV at 2%, and the lowest rate was HIV and pelvic inflammatory disease, each at 0.2% (ACHA, 2011).

In 2009, research found that when students look to their universities to fill the gap in sexual health education, only 52.2% of college students received information on HIV and STIs, and less than 40% received information on pregnancy (Lechner, et al., 2012). These statistics imply a lack of knowledge surrounding sexual health at Emory and represent a need for sexual health information to be made available to undergraduate students.

Theater and dramatic arts has the potential to be incorporated into effective school based HIV prevention programming due to its long history as a means to educate, foster social change, and influence the beliefs and behaviors of target populations (Glik et al., 2002). Singhal and Rogers (1999), define entertainment-education, or performing arts education, as the process of purposely designing and implementing a media message to entertain and to increase audience members' knowledge about an educational issue, create favorable attitudes, and change behaviors (Singhal & Rogers, 1999). Although there is a lack of research on the effectiveness of youth performing arts interventions in changing sex behaviors, these interventions continue to be popular in schools because of the continued threat of HIV and other STDs to youth populations, the pursuit for more engaging forms of health education, and a growing interest in entertainment-education as a means to change knowledge, attitudes, and behaviors (Glik et al., 2002).



Program Description

Filling the Gap: AMP! Activities

The *AMP!* program seeks to fill the comprehensive sex education gap. The program has three main components: a sex education performance, a HIV-positive speaker panel, and a forum theatre workshop (Figure 1). These components are designed to be implemented over the course of three weeks with the same cohort of students to provide comprehensive sexual health education, including issues of HIV stigma, transmission, safe sex practices, STIs, and relationship communication/condom negotiation.

Figure 1. Program Components

Week	Activity	Key Player
<i>Week 1</i>	Sex Education Performance	Sex Squad
<i>Week 2</i>	HIV-Positive Speaker Panel	HIV-Positive Speaker(s)
<i>Week 3</i>	Forum Theatre Workshop	Sex Squad

The following is a description of the activities as designed by UCLA Art & Global Health Center. Through this model, the *AMP!* program strives to educate both the undergraduates implementing the program and the students receiving it on the topic of sexual health and works to empower them to become sexual health advocates through the creative arts. These program components were adapted for Georgia and are detailed under the “Activities in Georgia” section.

Sex Education Performance

The sex education performance is developed and performed by a university undergraduate “Sex Squad” that consists of university students who are interested in learning sexual health advocacy in the form of performance art. The Sex Squad meets over the course of a semester to learn how to become sexual health advocates by going through a workshops and/or courses covering team-building activities, HIV/STI knowledge, safe sex, and condom negotiation. The students also develop personal stories and performance activities on these sensitive topics that are geared towards teaching their younger peers in high school.

The performance piece itself is executed after the unique development of their performance content through improvisation techniques and course dialogue. Content is developed and designed to be performed in a high school environment. This performance is the first part of a three-week program for the high school students. During the first week undergraduates perform a 30-minute set of skits and scenarios and then facilitate an ‘in-character’ question and answer (Q&A) discussion with the high school students.

HIV-Positive Speaker Panel

During the second week of the program for high-school students, the HIV-Positive Speaker Panel asks a HIV-positive individual, usually through a local non-profit organization, to attend a



classroom discussion (with the same cohort of students from the sex education performance) to tell their story. In particular, this person dispels myths and covers the types of stigma they experience as a HIV-positive individual. He or she also facilitates a Q&A session.

Forum Theatre Workshop

The Forum Theatre Workshop is implemented in the third week with the same cohort and is facilitated by the Sex Squad. The workshop includes improvisation-based games and scenarios with the students, during which students engage with the Sex Squad and each other in practicing communication and condom negotiation skills.

Expected Effects

AMP! aims to address the beliefs and attitudes of students to strengthen the cultural climate around sexual health and reduce students' risky sexual behaviors. In the short term, the *AMP!* program aims to increase knowledge of healthy and protective sex behaviors, such as consistent and correct condom use. *AMP!* also aims to assess attitudes about healthy sex behaviors so that students have the self-efficacy to communicate sexual health needs and develop and foster healthy relationships. In the long-term, the program strives to eliminate stigma about sexual health, including sexual identity, and to ultimately change the cultural climate surrounding sex and sexual health. The overview of the entire program is shown in figure 2.



Figure 2. AMP! High School Intervention Components²

Intervention	Description	Objectives	Expected Results
Sex Education Performance	Educational theatrical piece developed by Emory undergraduate students on the topics of HIV/STI transmission, safe sex, sexuality, and intimate partner communication	By the end of the performance, students will feel more confident about communicating about sex and sexual health and result in a reduction of stigma	<p>Short Term: Increase...</p> <ul style="list-style-type: none"> • ...self-efficacy to openly discuss sex & sexual health • ...knowledge & positive attitudes about safe sex and sexuality • ...dissemination of sexual health information <p>Intermediate: Increase...</p> <ul style="list-style-type: none"> • ...self-efficacy & desire to be tested • ...HIV/STI testing • ... consistency of safe-sex behavior <p>Long Term: Increase...</p> <ul style="list-style-type: none"> • ...interpersonal skills and communication about sexual health
HIV-Positive Speaker Panel	HIV-positive community member(s) share his or her experience living with HIV. The panel engages students in discussion around HIV	By the end of the panel discussion, students will feel more confident discussing HIV. Students will develop more positive perceptions and attitudes towards people living with HIV	<p>Short Term: Increase...</p> <ul style="list-style-type: none"> • ...knowledge about HIV • ...positive attitudes of safe sex • ...self-efficacy to discuss HIV • ...exposure to HIV-positive community members <p>Intermediate: Increase...</p> <ul style="list-style-type: none"> • ...retention of sexual health knowledge • ...positive attitudes toward HIV-positive people <p>Long Term: Eliminate...</p> <ul style="list-style-type: none"> • ...stigma and discrimination of persons living with HIV • ...risky behaviors of students that lead to HIV infection
Forum Theatre Workshop	Undergraduates lead a forum theater workshop on safe sex negotiation, including condom use and consent to sexual activity. Skits developed by undergraduates incorporate students as actors within scenes	By the end of the workshop, students will know how to discuss condom use and consent to sexual activity.	<p>Short Term: Increase...</p> <ul style="list-style-type: none"> • ...self-efficacy to discuss condoms and consent • ...knowledge of how to effectively communicate about condoms • ...sexual health advocacy <p>Long Term</p> <ul style="list-style-type: none"> • Sustain healthy sexual relationships based on communication • Increase understanding of sexual education through the arts • Increase individual and group empowerment advocacy

² Adapted from AMP!: A Feasibility of Expansion into Atlanta, GA (Coleman, Merino, and Stratton, 2013)



Activities in Georgia

The *AMP!* program debuted in Georgia at Emory University in 2013 through a combined Health and Theatre course entitled *Theater for Community Health: The Emory Sex-Ed Troupe*, taught and directed by Ken Hornbeck. As part of their course competencies, enrolled undergraduate students were expected to form a Sex Squad, which the Emory students elected to rename to the Emory Sex-Ed Troupe. This evaluation was conducted during the Spring 2014 semester. The purpose of the course is to examine the history, theories, and local and global strategies behind activist sexual-health education theatre. Additionally, students are expected to design and execute a sex education performance art intervention within the Atlanta community, specifically high schools. The course competencies are shown in figure 3.

The Emory Sex-Ed Troupe was convened in collaboration between Bobby Gordon and Ken Hornbeck. Bobby Gordon is the Director of Special Programs at the AGHC, who provided leadership and guidance during the students' weeklong workshop intensive at the start of the semester. Ken Hornbeck is a theatre professor at Emory University who specializes in theatre for social change and is the director of the Emory Sex-Ed Troupe.

Currently, there is no direct funding for the program, which creates limitations for props, travel, and the ability to do outreach to create and maintain relationships within APS. An asset to the program within the Atlanta community is SisterLove, which began as a group of volunteer women in 1989 committed to educating, promoting, and advocating for accurate and comprehensive sexual health education throughout Atlanta (SisterLove, Inc., 2009). With a focus on AIDS prevention, self-help, and safe-sex practices, SisterLove's mission aligns with those of the UCLA Arts and Global Health Center and Emory University in providing a strong community foundation and resources for implementation of the *AMP!* program. Additionally, SisterLove provides volunteers to speak as part of the HIV-Positive Speaker.

Stage of Development

The implementation phase of the Atlanta-based *AMP!* program ran during academic spring semesters from January 2013 through April 2014. The original goal of the program was to implement the three interventions (sex education performance, HIV-positive speaker panel, and forum theatre workshop) in a high school and involve a second, demographically similar high school to serve as a comparison site.

The 2013 Emory Sex-Ed Troupe performed at the DeKalb School of the Arts for a small cohort of high school students. The 2014 Emory Sex-Ed Troupe initially planned to conduct the entire intervention in collaboration with South Atlanta High School with freshmen students; however, due to scheduling challenges and entering APS, the Emory Sex-Ed Troupe redirected their focus to deliver the sex education performance piece to their undergraduate peers at Emory University in order to maintain the performance competency as part of the curriculum. In this format, the



group was only able to conduct the performance, and did not include the HIV-positive speaker panel or forum theatre workshop on Emory University's campus.

Figure 3. Theater for Community Health: The Emory Sex-Ed Troupe Course Components²

Activity	Student Instructions from Syllabus	Objective
Participation	Because you are part of a performance collective, you must attend all sessions and performances. Your presence will help the group grapple with difficult and complex issues and inform how we should respond	Participation is an integral part of the intervention among college students. Reactions to participation in the course were assessed in the evaluation at individual and group levels
Readings	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
Journals	Each student will journal about experiences as a part of the collective, exploring both the art-making and art-sharing processes	Individual thoughts and reactions regarding participation in the course were evaluated
Performance	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
Theater/Art Facilitation	Each student will be trained to lead forum theatre events where high school students act out condom negotiation scenes and navigate different strategies. Students will also lead high school students in creation of art pieces about sexual health	Leadership and education through theater are important components of <i>AMP!</i> The extent to which students felt prepared for facilitation was evaluated



Key Stakeholders

The AGHC developed and implemented the *AMP!* program to connect undergraduate and high school students with evidence-based, medically accurate sexual health information and community resources. AGHC had a successful run of the program at various locations in Los Angeles and North Carolina and wanted to deliver this success to another area of need. Therefore, through partnerships with Emory, AGHC worked to bring the program to Atlanta.

In order to best deliver these resources to students, partnerships were formed between educational institutions, community organizations, and key community stakeholders. Each stakeholder benefited from the information in the evaluation, which is described further in this section. The partners needed for effective implementation included:

- A college or university to serve as the base for undergraduate recruitment and home to the *Sex Ed Troupe* course
- Local support through a facilitator to communicate and schedule performances between the undergraduate students and community
- A population of students in need of comprehensive sexual health education
- A community-based organization with existing relationships within Atlanta and a background in youth-oriented sexual health education

Within each institution or organization, several staff members were instrumental in the implementation of the program as well as the evaluation process. Figure 4 summarizes the partner organizations, institutions, and key stakeholders that benefited from the evaluation.



Figure 4: Summary of Stakeholders

Organization	Key members	How will they benefit from the evaluation?
UCLA Arts and Global Health Center	David Gere, Executive Director Bobby Gordon, Director of Special Programs	<ul style="list-style-type: none"> Examine the effectiveness of undergraduate recruitment and the content of the curriculum in shaping behavior change and reducing stigma Assess the feasibility of implementing the program in a predominantly conservative environment Compare results across their US locations
Emory University	Ken Hornbeck, Director, Issues Troupe Student Performers	<ul style="list-style-type: none"> Assess the value of the course by analyzing the number of students enrolled, the educational content and requirements, and the students' attitudes, knowledge, and self-efficacy to act as sexual health advocates The evaluation will provide valuable information regarding student knowledge around sexual health as well as peer norms and beliefs
SisterLove	Shanebrae I. Price, HIV Prevention and Outreach Specialist	<ul style="list-style-type: none"> Expand their efforts and mission to educate on HIV awareness and sexual health for all women, including adolescents
Emory Undergraduate Students	-	<ul style="list-style-type: none"> Their insights, opinions, and knowledge change will help in improving the course and performances to better address the needs among their peer population

UCLA Arts and Global Health Center

Guided by principles of global advocacy through the arts, creativity as a catalyst for change, reception of health information in both urban and rural areas, and the empowerment of communities around education (UCLA Arts & Global Health Center, 2013), the UCLA Arts and Global Health Center is a driving force in educating and pushing for acceptance and advocacy for various public health areas, including HIV/AIDS and sexual health. Through the development of *AMP!*, the facilitators hope to create and foster a comprehensive HIV and STI prevention model for use across the world.



Key Members

David Gere is the Executive Director, and Bobby Gordon is the Director of Special Programs. Together with the Center staff, Gere and Gordon helped to shape *AMP!* into the program it is today. Their efforts are at the forefront of expansion and research into the effectiveness of the program and its impact on reducing stigma and increasing HIV and STI awareness.

Interest in the Evaluation

Initial results from the program at UCLA show that it helps to increase compassion toward people living with HIV/AIDS, increase self-efficacy in prevention advocacy, increase knowledge on where to get tested in the community, and reduce stigma. It was so successful that the facilitators were able to expand the program to additional high schools in Los Angeles. Because of these results, the program also expanded to North Carolina and Georgia.

In order to create a comprehensive, arts-based curriculum on HIV and STI prevention, the evaluation of the program through Emory University will provide valuable data, feedback, and insights about important, relevant health topics to the population. Also, the evaluation will show the effectiveness of adapting the curriculum to a college audience.

Finally, the facilitators are interested in collecting information on interest in the undergraduate course at Emory University. Interviews and focus groups with undergraduate students enrolled in the course will provide valuable data for UCLA Arts and Global Health Center to better understand how the program appeals and recruits talented, motivated performers.

Emory University

Emory University's mission is "to create, preserve, teach, and apply knowledge in the service of humanity" (Emory University, 2014). The university has close ties with many community organizations, stakeholders, and alumni worldwide and is well respected throughout the South. The university is home to the undergraduate course *Theatre for Community Health: The Emory Sex-Ed Troupe*, which is focused on educating both undergraduate and high school students on HIV and STI prevention methods through the arts.

Key Members

Ken Hornbeck is the teacher and facilitator for the undergraduate course as well as Director of the Issues Troupe program out of the Office of Multicultural Programs & Services. The course enrolls students who act as the performers and key channel for message communication.

Interest in the Evaluation

Based on data and research provided on the program's website, the *AMP!* program is an evidence-based program that has produced positive results for high school students. Emory University will be able to assess the impact that the course presentations have on the sexual health knowledge among the undergraduate population.



Emory will use the results from the evaluation to assess the value of the undergraduate course based on number of students enrolled, educational content of the material being presented, and the enrolled students' increased knowledge and self-efficacy to act as sexual health advocates from the experience they received in this course. This data will also help the university recruit interested students into the *AMP!* program.

The university is also interested in strengthening community relationships with educational institutions and organizations with similar interests in seeing students grow through education and empowerment. They will use the evaluation to assess the feasibility of realizing the full potential of the program in making these connections and expanding the mission of Emory University throughout Atlanta.

SisterLove

SisterLove began as a group of volunteer women in 1989 committed to educating, promoting, and advocating for accurate and comprehensive sexual health education throughout Atlanta (SisterLove, Inc, 2009). With a focus on AIDS prevention, self-help, and safe-sex practices, SisterLove's mission aligns with those of UCLA Arts and Global Health Center and Emory University in providing a strong community foundation and resources for implementation of the *AMP!* program.

Key members

Shanebrae I. Price is the HIV Prevention and Outreach Specialist/Advocacy Coordinator. She is trained and certified in all Centers for Disease Control and Prevention (CDC) HIV prevention interventions and has helped to implement various educational programs throughout Atlanta. Price was a member of the *Emory Sex-Ed Troupe* and plays an important role in outreach to the public schools in implementing the *AMP!* curriculum.

Interest in the Evaluation

SisterLove is rooted in the Atlanta community and continues to expand its outreach efforts to include both men and women in order to prevent HIV and STI's and promote safe sexual health practices. As a community organization advocating for the *AMP!* program, SisterLove will use the evaluation to assess the feasibility of expanding the program into the public school system.

SisterLove will also use the evaluation in better understanding the needs of both faculty and administration within Atlanta Public Schools and undergraduate and high school students. The evaluation's recommendations will help in addressing the challenges, and it will also provide a detailed look into the interests and preferences of adolescents and young adults around the topic of HIV and STI prevention, education, and advocacy.



Emory Undergraduate Students

The need for comprehensive sexual health education among the college-age population is detailed in the literature review. Emory undergraduate students come from diverse backgrounds with various degrees of sexual health education.

Interest in the Evaluation

As the main population receiving the sex education performance, the Emory undergraduate students will benefit from the evaluation through providing key insights, opinions, and data on knowledge change to better adapt the program for future college audiences. The information resulting from the evaluation project will provide students with a better understanding of any gaps or missing information on sexual health.

Evaluation Questions

1. *How does the participation in AMP! impact sexual health knowledge and attitudes among Emory undergraduate students (enrolled in the course)?*

Ken Hornbeck (the director of Emory Sex Squad and professor of the course) recruits motivated undergraduate students into its *Theatre for Community Health: The Emory Sex-Ed Troupe* special topic course who are interested in creating social change via performing arts. The facilitators of *AMP!* and Emory University want to know the impact that the course has on increasing undergraduate knowledge and attitudes on sexual health topics (HIV, STI, safe sex) and in self-efficacy to promote sexual health education. Qualitative data from key informant interviews and focus groups will assess the knowledge, attitudes, and self-efficacy of these students.

2. *To what extent does the Emory Sex-Ed Troupe performance create change in the attitudes and knowledge of peer college students?*

The stakeholders are looking to quantify to what extent there is a positive change in knowledge and attitudes about HIV stigma and safe sex among high school students who receive the intervention in Atlanta. The facilitators of *AMP!* and Emory University want to know how effective the undergraduate course is in addressing the sexual health need, as well as what areas high school students feel they need additional information and resources. Quantitative data from surveys delivered before and after the performance to the undergraduate population will assess knowledge, attitudes, beliefs, and self-efficacy regarding sexual health.



Methods

In-Depth Interviews

Purpose

The purpose of the in-depth interviews was to contextualize the *Emory Sex-Ed Troupe* members' opinions and attitudes about the educational performances, knowledge and skills acquired during their course, and sexual health. The information obtained from the in-depth interviews was used to answer the primary evaluation question and to inform our final recommendations regarding the *AMP!* program.

Sample

The in-depth interviews were selected by non-probability sampling. A total of ten students enrolled in the Theater for Community Health course were approached for interviews based on their interest in becoming members of the *Sex-Ed Troupe*, their potential opinions about sexual health education for high school students, and their own knowledge of sexual health.

Recruitment

The evaluation team met with the Sex-Ed Troupe during their class time to introduce the purpose of the in-depth interviews. The evaluation team members obtained the email addresses of students who were interested in participating in the in-depth interviews to provide their perspectives. An agenda was distributed to students to provide their availabilities to participate in the interviews. After the meeting, e-mails were also sent to other students who expressed interest in participating in the interviews but were unable to provide their availabilities during initial recruitment. Once the times were confirmed, appointments were distributed through Outlook calendar, and a schedule was made to provide the evaluation team with a timeline of interviews.

Data Collection

In-depth interviews were conducted in person at an accessible and private location chosen by the participants. At the beginning of each interview, the interviewer read a statement to the participant regarding the voluntary nature of their participation in the interview. Interviewers also obtained verbal consent before proceeding with the interview. During the consent process, the interviewer informed the participant that all responses would be kept confidential and participants gave permission to participate in the project and to have their interviews recorded.

Two members from the evaluation team conducted each interview. One interviewer acted as the primary interviewer while the other team member managed the audio recording if consent was given, took notes and provided support to the primary interviewer by probing or clarifying questions during and at the conclusion of the interview. Following each interview, the two team members briefly discussed the interview, making note of important information from the interview, key concepts, and recommendations for improvements to the interview guide, and any



information that the audio recording could not capture (i.e. non-verbal cues).

The interview guide was developed by the evaluation team to gain an understanding of how the students' perceive their participation in *AMP!* impacts their personal sexual health knowledge and attitudes. The interview guide was revised as necessary before each interview to incorporate changes or learned knowledge from a previous interview. In some instances, the questions were adapted during the interview to capture the specific knowledge and experience of the participant. The interview guide included the following domains: the participant's expectations of the upcoming educational performance, their understanding and knowledge of sexual health, and key concepts and techniques learned from their respective coursework. The In-Depth Interview Guide can be found in Appendix D.

Focus Group

Purpose

The purpose of the focus group was to characterize the Emory undergraduate *Sex-Ed Troupe* performers' perceptions of their performance for their peer Emory undergraduate students. The data obtained from the focus groups helped to answer the primary evaluation question. The focus group discussion contributed to this evaluation by utilizing group interaction, which explored and clarified participants' views in ways that would be less accessible in a one on one interview (Kitzinger, 1995). Additionally, focus group discussions were used to complement the in-depth interview findings because the group discussion allowed participants to share and reflect on their expectations and their perceived outcomes of the performance as a collective. The group dynamic of this collective dialogue allowed the performers to openly discuss with one another their feelings as a team about their challenges and successes after the performance. The focus group consisted of the Emory undergrad *Sex-Ed Troupe* members who were part of the first of two performances (on April 11, 2014).

Sample

Focus group participants were selected based on their participation in the educational performance for the Emory University undergraduate students. One focus group was conducted with 10 participants, which included each of the performers post-performance.

Recruitment

Members from the Evaluation team sent emails to performers asking if they were available for a focus group discussion following the April 11th performance to discuss their perspective on the outcomes of the performance. A team member who had a pre-established relationship with the student performers was responsible for contacting participants and scheduling the focus group discussion.



Data Collection

The focus group data were able to build upon and further contextualize the expected outcomes that were expressed in the interviews before the *Sex-Ed Troupe* performance in comparison to focus group participants' perceived outcomes post-performance. Data were collected via focus group interviews at Harland Cinema in the Dobbs University Center on Emory University's main campus that comfortably facilitated the discussion group and evaluation team members.

At the beginning of the focus group, the moderator assured the group of the voluntary nature of their participation and obtained consent for audio recording of the interview. The moderator also stressed that responses were confidential. All evaluation team members participated in facilitating the focus group. One team member acted as the moderator while the other group members managed the audio recording and took handwritten notes. The Focus Group Guide can be found in Appendix E.

Qualitative Data Analysis

Due to time constraints and the necessity for a quick turn-around, the traditional method of verbatim transcription and coding were substituted with an abbreviated sequential method of data analysis. Literature supports a sequential method in place of verbatim transcription, subsequent coding, and analysis which includes rigorous note taking, content analysis, and thematic review; however, for the purpose of the data analysis the evaluation team was able to complete an abbreviated form of this sequential method which included (1) audio-taping of interview and concurrent note-taking, (2) listening to the audio recordings and amending field notes and observations, (3) transcribing and coding one interview and (4) a thematic analysis (Halcomb & Davidson, 2006). This method of data analysis was used in both the in-depth interviews and focus group data analysis; however, the focus group discussion was not transcribed, thus, detailed field notes were coded instead. A description of the abbreviated data analysis plan for the focus group and the interview guides are described below.

In-depth Interview Data Analysis

As interviews took place, the voice recordings and detailed notes were reviewed by the Evaluation team to ensure inter-reader reliability as the data was coded. Subsequently, team members individually listened to the audiotapes and consulted the typed notes to ensure appropriate reflection of what occurred during the interview. Team members amended these notes until they provided a quality representation of the interview.

The evaluation team members identified common themes then compared the themes across interviews. Together the Evaluation team came to a consensus on defining codes and developed a code book; including both deductive and inductive codes. The team used this thematic analysis method to ensure that the codes were consistent and that there was an agreement among the team about relevant themes.



Focus Group Data Analysis

During the post-performance focus group discussion, the note taker was responsible for managing the audio recorder and taking detailed field notes. These notes served the purpose of tracking the evaluation team members' impressions of interactions between participants. Immediately following the focus group discussion, the note taker and the interviewer reviewed the field notes and expanded them using their own comments and perceptions. Major concepts and issues raised by participants were documented and highlighted during this stage of data analysis. These notes were typed and shared for all team members to view.

Subsequently, team members individually listened to the audiotapes and consulted the typed notes to ensure appropriate reflection of what occurred during the interview. Team members amended these notes until they provided a quality representation of the interview. Subsequently, three assessment team members identified common themes; then, compared the themes across interviews. The team used this secondary analysis method to ensure that the codes were consistent and that there was an agreement among the team about relevant themes.

Survey

Purpose

The purpose of the survey instrument was to collect data on the sexual health knowledge of Emory undergraduate students before and following the sex education performance activity. The pre-survey and post-surveys allowed the evaluation team to gain comparable information from the students who observed the performance from the *Emory Sex-Ed Troupe*.

As stated previously, the purpose of this evaluation is to not only assess the experiences of the Sex-Ed Troupe performers but to also evaluate the Sex-Ed Troupe's effectiveness as peer educators. Thus the surveys serve to assess how the Sex-Ed Troupe's educational performance affected their peer audience's sexual health knowledge and attitudes. Audience members were instructed to withhold their name or any other identifiable information on the survey so that confidentiality could be upheld.

Data collected was used to answer the secondary evaluation question and to inform the results and recommendations offered to *AMP!*.

Sample and Recruitment

The survey was designed to target undergraduate students. Thus our sample was composed of Emory undergraduate students who were recruited by the Emory Sex-Ed Troupe to attend their performance. The Emory Sex-Ed Troupe publicized the performances using flyers posted on campus, through email listservs, utilized snow-ball sampling, and incentive-driven approach (some audience members received extra-credit for attending the performance). Recruitment for

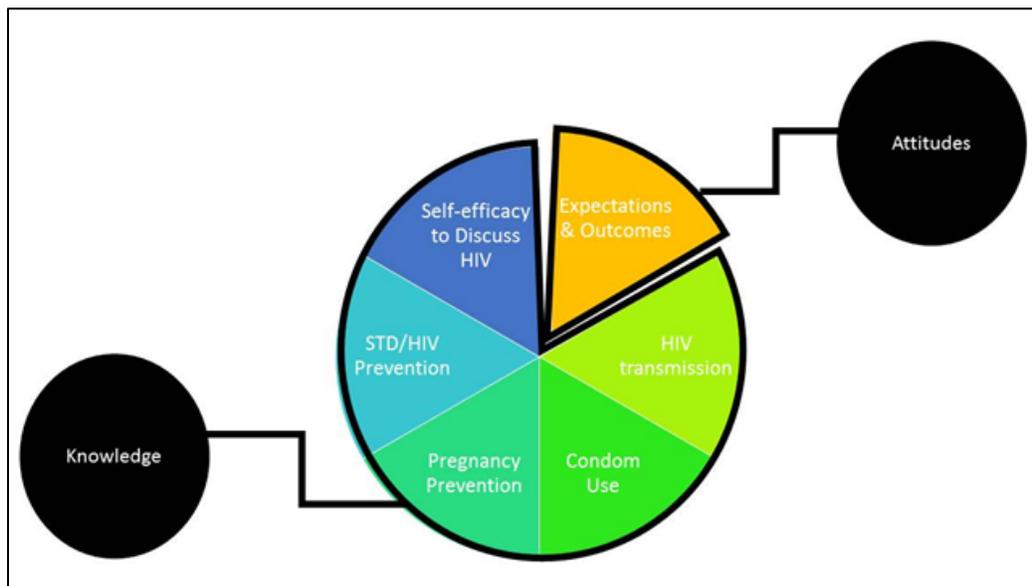


the performance occurred approximately four weeks prior to the April 11th and the April 18th performances. All students who attended the performances, even those who arrived late, were eligible for the surveys. Those who arrived late only participated in the post-survey; therefore a slightly greater number of post-survey responses were collected than pre-survey responses.

Data Collection

The survey instrument was developed by focusing on our secondary evaluation question and primary evaluation aims. The survey items were adapted from previously developed measures of other *AMP!* programs and informed by in-depth interview data and observations of a dress-rehearsal performance to ensure that the surveys included information the performance provided. Figure 5 describes the different factors we evaluated using the Sex-Ed Troupe performance pre-test and post-test with knowledge and attitudes being the primary survey domains. The following components were included in the survey: HIV transmission knowledge, condom use knowledge, pregnancy prevention knowledge, STD/STI/HIV prevention, self-efficacy to discuss HIV, and overall performance expectations and outcomes of audience members. Survey items included multiple choice questions and open ended questions. The pre-test and post-test surveys can be found in Appendices A and B, respectively.

Figure 5. Pre-test and Post-test Evaluated Factors



Quantitative Data Collection and Analysis

All completed survey items were included in data analysis. Survey participants entered their responses directly on the paper survey. The evaluation team collected the data and analyzed pre-test and post-test data from the two performance dates separately. The data were entered into SPSS v20.0, data management software, and analyzed. The data was analyzed cumulatively and



then by each stratified group to determine differences between pre-test and post-test as well as performance date. Descriptive statistics were used to analyze data. Recoding and the creation of new variables were completed when necessary to best analyze and report findings. Open ended responses were analyzed through content analysis; salient themes were quantified and ranked in order of frequency. Findings were summarized and presented using charts, tables, and graphs created in Excel 2013.

Results

In-Depth Interview Results

Introduction

An in-depth interview was conducted with each enrolled Emory Sex-Ed Troupe student from March 3rd to March 21st, totaling 10 interviews. The interviews ranged from 20 – 45 minutes in length and included three domains that address the first evaluation question “How does participation in *AMP!* impact sexual health knowledge and attitudes among Emory undergraduate students?” These domains include (1) performance expectations, (2) sexual health knowledge, and (3) attitudes about the course. Five themes emerged from these interviews, providing insight into what students’ **course expectations** were and if these were met within the **course structure**, the **group dynamics** between classmates and the professor, their change in **knowledge**, their learning experience through the **theatre process**, and their personal outlook on applying sexual health knowledge through **advocacy**.

Course Expectations & Structure

Students reported that a primary appeal of this course was that students would be able to engage in a form of learning that is different than their typical college experience of lectures, PowerPoints, and reading articles. One student expressed a lack of receiving specific, research-based knowledge, and expressed that they expected to read more statistics-based articles, stating, “I like newspaper articles, scientific articles, research that’s going on currently, how to cure AIDS...It was a global health class, so I thought it would fall under that umbrella.”

However, the majority of the students stated that they enjoyed the type of discussion and experience-based learning that was facilitated and that the course met the expectations they had initially. Students also said they joined the course because it was worth a lot of credits, and many had friends who referred them to this course. A number of students stated taking this course was a good decision and experience for growth. A student reported, “I like everything about [the theatre process], even the bad parts. In one week our piece just went down the drain. Coming back the next week we stayed on topic and the piece became great. Seeing something fall apart and bring it back to be something beautiful was really powerful.”



When asked about course structure, time commitment and scheduling came up as a major concern for students. The week-long intensive nearly scared many of them off, but they later reported it as being a positive experience. Students stated they would like to see the course broken up a bit more throughout the week as information tends to cement better when it is revisited more than once a week, but also stated they understood the theatre need for three hour blocks of time. One student said, "... for me a course that's held multiple days during the week really kind of cements information rather than a 3 hour block."

Students were commonly overcommitted in other school activities and involved in multiple organizations and programs that made it so they could not meet or work outside of class, even for the final presentation. This factor limited potential outreach to high school students, and inhibited flexibility in providing a performance during a more ideal time for college students. A few students indicated frustration towards members of the class that did not prioritize the final performance over other activities. Students reported that they were disappointed about not going into high schools, but understood the difficulties surrounding this. They reported feeling optimistic about the change of audience, and most saw a definitive need in the Emory student population for this information.

Table 1. Overview of Course Expectations & Structure

Theme	Key Ideas	Sample Quotes
Course Expectations & Structure	Initial reasons for joining the Class <ul style="list-style-type: none"> Engaging with high school students Some students were averse to joining because of the week-long intensive A lot of credits Wanted to learn about how sex education was presented in the US [international student] Friend referrals to the course Ken's positive reputation Interested in combination of sex-ed and theatre 	"I think that there's a big gap...between students knowing proper sexual health and getting it to them and I wanted to help with that, especially high school students"
	Course Structure <ul style="list-style-type: none"> Challenge with it being only held once a week Engaging dialogue Lack of scientific-based articles for readings Discussion-based style of learning effective Time Commitment Frustration with lack of other students prioritizing the presentation 	" I kinda like how class doesn't have a set 'it has to go to this place' because I think it should be more about what the students want to learn. Ken is very knowledgeable and has a lot of resources and can [cater to] the student's interests for the semester."
	Change in expectations (HS to College) <ul style="list-style-type: none"> Initial disappointment Believes will translate to college students and is important for Emory students Uncertainty about audience turnout 	"High school would have a huge audience and it would be disappointing to see only a few people out there."



Group Dynamics

Students reported being surprised at how close they became with one another and the bonding that occurred during the course, particularly within the week-long intensive. Students reported experiencing their own personal development and observing distinct changes in classmates. The group dynamics that facilitated this kind of growth and development included: being able to discuss openly and in a safe space, personal stories and disclosure of personal details, and authenticity of the material and the professor. Students were encouraged to ask questions and to voice their beliefs and opinions, and used their shared experiences to develop content for the performances, allowing for a feeling of personal investment and care for the project – that many students reported as being integral to making the data and things they were learning about more “real” to them.

However, there were a few conflicting views, as some reported a challenge with group decisions being too inclusive. A student stated that with every single person’s voice being important it was challenging to get much done. At the same time, others reported feeling like they were not being heard at all, and felt excluded from the group, causing discomfort and frustration. Also, while many students reported feeling safe and enjoying the personal stories and disclosure, feeling it added authenticity to the project, some expressed discomfort with high the level of disclosure in these classes, from both the professor and other students.

Table 2. Overview of Group Dynamics

Theme	Key Ideas	Sample Quotes
Group Dynamics	Course Facilitation <ul style="list-style-type: none"> Authenticity of the professor Safe Space Encouragement to ask questions Described as a “sex therapy class” 	“I tell my friends ‘I’m going to my sex therapy class.’ for so many years you’re just scarred about sex and Ken is like “let’s talk about [it].”
	Group Voice <ul style="list-style-type: none"> Working towards a common goal Ability to have conflicting views and still be ‘civilized’; agree to disagree Group bonding 	“I feel like, even though it was scary, the first week made me realize how quickly you can bond with people and how we’re trying to work towards the same goals. Immediately after the first day or two I was like I’m glad I took this class and it’s going to be awesome”
	Troupe Challenges <ul style="list-style-type: none"> Having every voice be valid (can delay progress) Not having voice heard can feel isolating and cause discomfort Capturing authenticity of all experiences Overcoming comfort barriers (in speaking about sex) Differential priorities (this class over other commitments) 	“...[it’s] hard to have 10 voices and allow everyone to show experiences, hard to capture authenticity of all experiences” “I thought we’d [do the performances] whenever we’re told and clear out our schedule and just do that and that’s not possible apparently cause not everyone’s schedule is as flexible as mine, and I had to come to terms with that I guess.”



Knowledge

All students reported having a change in knowledge from this experience. The change ranged from learning basics about HIV transmission to having a whole new outlook on life. Students reported feeling they have more knowledge about sex overall, and feeling more confident being able to provide information to friends about practical information such as using dental dams, condoms, and dispelling HIV myths.

Overwhelmingly, students reported having the HIV positive speaker come in and talk to them during their week-long intensive was useful. One student stated that just simply seeing HIV embodied in someone who was successful and otherwise healthy eliminated misconceptions they had about the disease and the people that have them. They noted that having more speakers would be a useful learning tool.

Students discussed a desire for more information on topics such as LGBT bullying, teen pregnancy and emphasis on STIs. In particular, more information on STIs that directly affect the population they ended up performing to (Emory college students) would have been useful.

When asked if they could define or describe *AMP!* or UCLA Art and Global Health Center, not a single student was able to answer what *AMP!* is, and most students peripherally knew of the UCLA Art and Global Health Center because of their introduction to Bobby (Robert Gordon Director of Special Programs for the UCLA Art and Global Health Center).



Table 3. Overview of Knowledge

Theme	Key Ideas	Sample Quotes
Knowledge	Increased Knowledge <ul style="list-style-type: none"> • HIV transmission • Stigma • STI/STDs • Condom negotiation • Dental dams • Social perceptions • Felt they knew everything, but found they could always learn more • Ingrained knowledge 	<p>“For me learning how to take something from a book standpoint and make it so that it’s so part of my knowledge that I don’t even know I know it. Now it’s just like part of me”</p>
	Facilitators of Knowledge <ul style="list-style-type: none"> • SisterLove speaker very impactful • Desire for more speakers on other topics • Learning through performing • Learning through authenticity and real-life experiences 	<p>“I came in with a ...textbook example [of what HIV is]. Talked day and night about T-cells and statistics. And...seeing it embodied in someone who’s not lonely, who’s not unsuccessful, who’s in fact the reverse...familial oriented, happy, productive, active in society; it just eliminated a lot of the misconceptions that I had about what this person looked like.”</p>
	New Topics <ul style="list-style-type: none"> • Do not know what AMP is • More STI information • Teenage pregnancy • Articles and statistics 	<p>“Perhaps giving more way to the other STI’s would be of importance, a lot of lesserly significant diseases that affect a lot of people on the college campuses don’t necessarily get talked about too much in this course, you know, chlamydia...herpes, things like that...that are less significant but still very prevalent among people of my age.”</p>

Advocacy

Advocacy in the context of this evaluation refers to the students experiences in sharing this information with others as a result of being in this course. This includes whether students believe they will share this information in the future, how confident they feel speaking about these topics, and their perceptions of how this information is received by different audiences.

Due to the students increased knowledge about the subjects, their confidence to speak about sexual health information greatly increased. Students reported they feel more comfortable than before they took the course in talking to friends about these issues – especially in talking about statistical facts. Some students reported gaining skills to initiate and successfully maneuver conversations on this sensitive topic. One student quantified this point, stating, “I would say I’m



100 times more comfortable, ‘cause Ken has taught us a lot of skills.” They frequently used the word “empowered” to describe how they feel about their ability to apply both their existing knowledge and new understanding of sexual health and sexuality. Many students reported being able to use this information in their future professions, while others did not think they would but found it helpful for personal reasons.

As mentioned previously, the students reported that that although the college audience was different, their college peers still needed this information and would be receptive to theatre as a means to receive it. A student stated, “I’m sure there are Emory students here who may know even less than the high school students we would have performed to.” There was some discomfort in the change of audience for some students, particularly as the people viewing them were peers and it was not what they had initially signed up for. These were people that the students see every day, instead of a one-time ordeal.

Table 4. Overview of Advocacy

Theme	Key Ideas	Sample Quotes
Advocacy	Future Use <ul style="list-style-type: none"> • Greater confidence/comfort speaking about sexual health • Future careers (Doctor, pediatrician, EMT, health educator) • Friends • Family (especially younger siblings) • Personal health • Skills to apply knowledge 	“The information helps me look at the world differently. When there is stigma I try to correct it and say there shouldn’t be this kind of thinking about HIV and AIDS.”
	Performance <ul style="list-style-type: none"> • Still applicable • Disappointment in change • Discomfort in performing for peers • Adaptability • Social perceptions 	(On performing to college students) “It’s still just as applicable... it’s kind of one of those performances where you’ve already succeeded when you made them show up”

Theatre Process

Students reported enjoying the intensive because of all of the creativity and improvisation (improv) games. Many students reported that would have liked to have more improv throughout the course in order to maintain fluidity in developing performance content. Students reported understanding why setting all of the scenes in the first week was useful, but they felt better scenes could be produced as they went on. Students stated that they missed the freedom and creativity that comes with practicing improv when they started rehearsing the performance.



The intensive week was universally mentioned in the interviews, and almost all reported being overwhelmed by it; the same students also all stated they found it to be useful for building a strong community with the other students, developing connections with others, and engaging fully in the theatre process. Still others noted that the intensive was their favorite part. Other parts of the theatre process that students reported as useful were the lack of judgment in the environment, the active learning and engagement, and the depth of knowledge from this type of learning process. Some students reported being uncomfortable with the process, while others stated that it was this discomfort that brought about the greatest change for them.

Table 5. Overview of Theatre Process

Theme	Key Ideas	Sample Quotes
Theatre Process	<p>Useful aspects of process</p> <ul style="list-style-type: none"> • Being open/letting your guard down • Creating an ensemble/community • Getting rid of limitations/no judgment • Engaging • Have to deepen knowledge to portray it well • Week-long intensive • Actively portraying “the statistics” • Whole different type of knowledge • Personal growth from discomfort 	<p>“No one wants to be lectured...I think theatre is a good way to integrate all of that. The pictures, the message, the laughter, the tears...All of it in one performance. I think it’s more entertaining and you learn more about it [in theatre] than in a class lecture for 2 hours.”</p>
	<p>Challenges of process</p> <ul style="list-style-type: none"> • Being flexible about improv-based scenes can be challenging for science-based students • Students without theatre background respond negatively to direction given • Did not realize how much work goes into acting • Theatre process can push students to an uncomfortable place 	<p>“Because the theatre component and the way Ken teaches the class, it kind of pushes you to a place that’s uncomfortable. Some people aren’t able to deal or work well in that uncomfortable space, but I’ve seen classmates and myself being able to be in that uncomfortable space and create things and force yourself to learn things...and everyone has to come to that point at some point in their career.”</p>



Focus Group Results

Introduction

The focus group was conducted on Friday, April 11 in the Harland Cinema of the Emory Campus Life Dobbs University Center (DUC) following the first of two Emory Sex-Ed Troupe performances. Ten participants were present, all of whom had taken part in the performance. Two participants left in the middle of the discussion due to other commitments; therefore, we completed the focus group with eight participants.

In order to protect the confidentiality of the participants, the evaluation team removed all names and identifying information from final materials and assigned pseudonyms for each participant. The focus group was 30 minutes in length and covered the following domains: (1) overall performance experience, (2) students' perceptions of the successes and challenges during the performance, and (3) students' attitudes and expectations for their second and final performance. Notable themes are also listed underneath each domain.

Overall Performance Experience

When asked how they thought the performance went, all participants of the focus group were generally satisfied with the outcome. As one participant stated, "...it felt successful. Seeing it from the very beginning to now it has come a long way. Even from last week to this week. It [went] so well, no awkward transitions or pauses" (Student 1). Other students echoed these sentiments by describing the performance as going "according to plan" (Student 2). It was summarized well when a student stated, "Transitions went well. Those were shaky two hours ago. Our end was amazing; we practiced that forever. It was just perfect. It was on beat and everything, [and] until last week, it was pretty insecure" (Student 3). While some students described the performance as "awkward" (Student 4), the group agreed that "What we're doing is so noteworthy and such an honorable cause" (Student 3) and "It's a good mix between real moments and reality and stories that apply to [the audience's] life" (Student 5).

Audience Perception. Many of the students discussed feelings of nervousness and anticipation before the performance, especially since many of them knew members of the audience. One student stated, "I got anxiety for [the performance]. I saw kids I [am a teaching assistant] for...and I thought I can't mess up" (Student 3). Many of the students agreed that knowing people in the audience made it more difficult; however, since the students were so comfortable and confident in their performance, they were excited to start. The same student stated, "I'm sitting next to kids I [am a teaching assistant] for and I'm going to hump when I get on the stage and get the awkwardness out so I said, 'Oh, here it goes'" (Student 3). Another student discussed the energy received from the audience when the student said, "I was really energized by the audience's reaction. They looked interested and engaged" (Student 6).



Additionally, since the students spent the semester crafting the performance as well as writing the dialogue, they were surprised to see which areas connected most with the audience, especially around laughing and humor. As one student said, "...when you hear the audience laugh is when you know you've succeeded" (Student 5). Everyone agreed; although, some of the scenes they feel did not connect as much as they thought: "...a lot of things that we laughed at, they didn't laugh at as much. Sometimes I wondered if they were actually enjoying this. Did we think it was more funny than it actually was?" (Student 2). Another student summarized the feelings of the group:

At first it was...kind of scary, but then throughout the course Ken has been preparing us for this. It's real, this comes from us, so it wasn't acting; [in] a sense it was just making sure people got the message. So in that manner I felt very confident even though I was nervous to perform for peers (Student 7).

Important Topics for the Audience. When asked about which health topics the students felt connected most with the audience, students agreed that the five ways that HIV is transmitted connected the most. One student said, "I think that...the five ways that HIV is transmitted [resonated] the most, because that's what the whole piece was about, and you just keep saying it and saying it" (Student 4). Using repetition and song, the students felt that the audience would likely walk away remembering that the most.

While the students agreed that the health topics were important for the audience to learn, they also wanted the audience to take away new insights on social norms. A student said, "I feel like everyone has something to learn from the show; the full biological parts, but the social aspect is what hits home for me" (Student 8). Another student echoed these sentiments: "I knew they were going [to] know the five ways [of transmission]. Educationally, there was the goal of getting certain facts across, but after today, the goal has been [to] be open and open-minded and willing to learn" (Student 9). Finally, another student added, "The conversation got really normalized – it can easily be translated, and they can go have a conversation with their friends, which is the most important thing" (Student 8).

Question and Answer. Since the question and answer (Q&A) session is crucial to the overall performance, many of the students spoke about the discussion that immediately followed the performance. One student said, "You saw the normalization of sex; we came out with a bang, but you could tell in the questioning part [that] they were kind of timid to ask and "can I say that" but they were open to talk about sex" (Student 8). They all felt that the Q&A is an important element of the performance. One student said, "I feel like the [Q&A] helped them a lot and solidified their knowledge" (Student L), and another said, "I felt like we sparked the dialogue for them to look at these questions on their own..." (Student 3). The students felt that the audience was allowed to address needs for themselves: "Kids were asking questions for [extra credit], but maybe [they were] exploring info for their own needs but masked" (Student 3).



Perceptions of successes and challenges

Audience Turnout. The students were disappointed in the size of the audience. “I was expecting a larger audience,” (Student 2) one student said. When asked how they thought the audience members heard about the show, answers included students needing extra credit for a course, knowing a member of the performance, and some just seeing the distributed promotional fliers and wanting to have a fun experience. One student stated, “I sat next to the girl I [am a teaching assistant] for...other classes came for extra credit, [and] one of her friends came just for fun” (Student 3).

During the discussion, the issue of how to get more people to attend the next performance came up within the group. Suggestions included increasing marketing to more people, reaching out to more personal friends, and expanding their reach of where they are performing. However, they also recognized that time is a big challenge for the audience: “I think it has something to do with placement and timing of the show. A lot of students are in class during this time. Potentially showing it at other times would be a more convenient way “(Student 3).

Sticky Messages. When asked what messages they thought were most successful, the students turned to normalization of talking about sex, protecting yourself, and advocacy. One student said, “I hope they feel more comfortable taking control of their sex life” (Student 1). Another stated, “When the time comes, they’ll have something to say to their friends. This is more experiential than a boring textbook” (Student 3). A big theme of the discussion was making sure students understood “that it’s okay to talk about sex” (Student 7). Additionally, the group discussed “the precautions [the audience members] have to take. The simple things that will protect [them] and [their] ding-a-ling” (Student 5). Finally, since the majority of the students feel comfortable and confident discussing sexual health, they hope that the students recognize that they have additional resources for information: “We kind of put ourselves out there as advocates...so even if we don’t have the answer we have the proper resources to give them and resources to help their friends” (Student 7).

Attitudes and expectations for future performances

Overall, the students agreed that they were excited for the next performance, specifically to try and get more audience members to attend and fixing any small issues they experienced during the first performance. In addition to getting more members of the audience, students were also worried that they were reaching the right audience: “I feel like the original way to do this was to present to high school students that are required to attend, but here it was voluntary, but I wonder are the people who we really want to reach out to the ones that are coming?” (Student 9).

Future Topics. While the students understand the need to discuss sexual health and normalizing the issue, they also discussed additional topics they would like to see included in future performances. One student said, “I would want to see more about the college dating scene and



hook-up culture in [Greek life], and it's something that's prevalent on campus" (Student 7). Another student mentioned the need to address "...consent, drinking, et cetera, but I feel like that would be a completely separate show in itself" (Student 1).

They also recognized that adding more material might make the performance too broad and come off as "judgmental" (Student 3): "I feel like *Issues Troupe* covers those pretty well...if we went in all those directions, it would seem like that group. Is it positive or negative or appropriate to discuss issues of consent and hook-up culture? Where could we stand on that issue?" (Student 3). In response, a student said, "I don't think we could address them fully because it's out of the realm of things, but it needs to be addressed because it's part of the issue" (Student 6). Another student concluded:

Even in the double standards thing, we didn't say anything we just showed it – bringing it to their attention...see it as an opportunity for them to objectively look at the situation. We're not trying to get anyone to bring any conclusions unless it's factual, but it's more about just talking about [the issue] (Student 7)

Future Outreach. Finally, students discussed expanding the show to additional community locations both at Emory and in the Atlanta area. The discussion revolved around brainstorming different ideas on how to best get the message out to both populations. One student said, "We should do this during Sex Week [at Emory]" (Student 1). Another responded, "I would say going to actual classes or being a guest speaker collectively" (Student 9). Other options mentioned were the "Middle of Asbury Circle on Wonderful Wednesday [at Emory]" (Student 5), "collective meetings of young people...[like] soccer teams or Girl Scouts" (Student 9) or taking it a larger scale by "translating on Broadway" (Student 3).



Survey Results

The evaluation team collected data at two *AMP!* performances on April 11th and April 18th, 2014. A total of 36 Emory undergraduate students were surveyed, with a total of 22 people attending the first performance and a total of 14 people attending the second performance. From the first performance, a total of 19 audience members completed the pre-test and 22 audience members completed the post-test. A total of 13 audience members completed the pre-test and 14 audience members completed the post-test from the second performance. There is variation across each performance's content due to improvisation of scripted lines in addition to the audience-led and -facilitated question and answer session that occurs after each performance. Despite these variations, based on the evaluation team's understanding of the program we felt that it was appropriate to treat *AMP!* as one overarching program. Thus, we analyzed all pre-test data together and all post-test data together.

Table 1 shows the demographic characteristics of audience members. Of the cumulative total of both performances, the majority of audience members were upperclassmen with 27.8% (n=10) reporting that they were Juniors and 22.2% (n=8) reporting they were Seniors. In regards to sex, females represented majority of the audience at 77.8% (n=28). There was an approximately equal representation of races/ethnicities in the audience, audience members 27.8% (10) reporting they were Asian, 27.8% (n=10) were Black, 25.0% (n=9) were White, and 19.4% (n=7) identified as "other" (i.e. Hispanic, Latino, Middle Eastern, Mixed, Native American/White).

Approximately 64.0% (n=23) audience members identified as health science majors (e.g. biology), 50.0% (n=2) heard about the performance from a health class, 19% (n=7) heard about the performance from a friend/a friend in the performance. Approximately, 75.0% (n=27) said that they had never been taught about HIV in school.



Table 6. Cumulative Audience Member Demographic Characteristics

Demographics	%	n
N=36		
Year in School		
Freshman	16.7	6
Sophomore	19.4	7
Junior	27.8	10
Senior	22.2	8
Other/Missing	13.9	5
Sex		
Female	77.8	28
Male	11.1	4
Other/Missing	11.1	4
Race		
Asian/Asian American/ Pacific Islander	27.8	10
Black/African American	27.8	10
White/Caucasian	25.0	9
Other*	19.4	7
Missing	11.1	4
Major		
Health Science	63.8	23
Non-health Science	36.2	13
Taught about HIV/AIDS in school		
Yes	8.3	3
No	75.0	27
I don't know	5.6	2
Other/Missing	11.1	4
How did you hear about this performance?		
Professor	13.8	5
A friend/performer	19.4	7
Global Health/Health class	50.0	16

*Other- Middle Eastern, Hispanic, Latino, Mixed race, etc.



Survey Components

As stated previously, the following components were included in the survey: HIV transmission knowledge, condom use knowledge, pregnancy prevention knowledge, STD/STI/HIV prevention, self-efficacy to discuss HIV, and overall performance expectations and outcomes of audience members.

Knowledge: HIV Transmission Behavior Knowledge

To assess HIV knowledge, an HIV transmission behavior knowledge question was used. Survey takers were asked “Which of the following behaviors can transmit HIV?” Four correct answers (i.e. unprotected vaginal sex, unprotected oral sex, unprotected anal sex, and sharing needles for body piercing) were listed among three incorrect answers (i.e. sharing a drinking glass, kissing, and mosquito bites). Figure 6 shows the results for the correct answers and Figure 7 shows the results for the incorrect answers both pre-test and post-test. As shown in both figures, the proportion of people who answered each question correctly increased from pre-test to post-test, suggesting a general trend of increased knowledge about HIV transmission behaviors.

While most audience members selected the correct answers pre-test, the increase in people selecting the correct answers show that the performance was effective at increasing knowledge in this area. One correct answer choice, unprotected oral sex, experienced the greatest increase in comparison to other correct answers, from 58.3% (n=21) to 88.9% (n=32). Figure 7 shows that fewer people selected incorrect answers for this question post-test/post-performance. For example, the percentage of people that selected mosquito bites as a method of transmitting HIV decreased by about half, from 16.7% (n=6) to 8.3% (n=3).

Figure 6. HIV Transmission Behavior Knowledge Pre-test, Post-test, Correct Answers N= 32

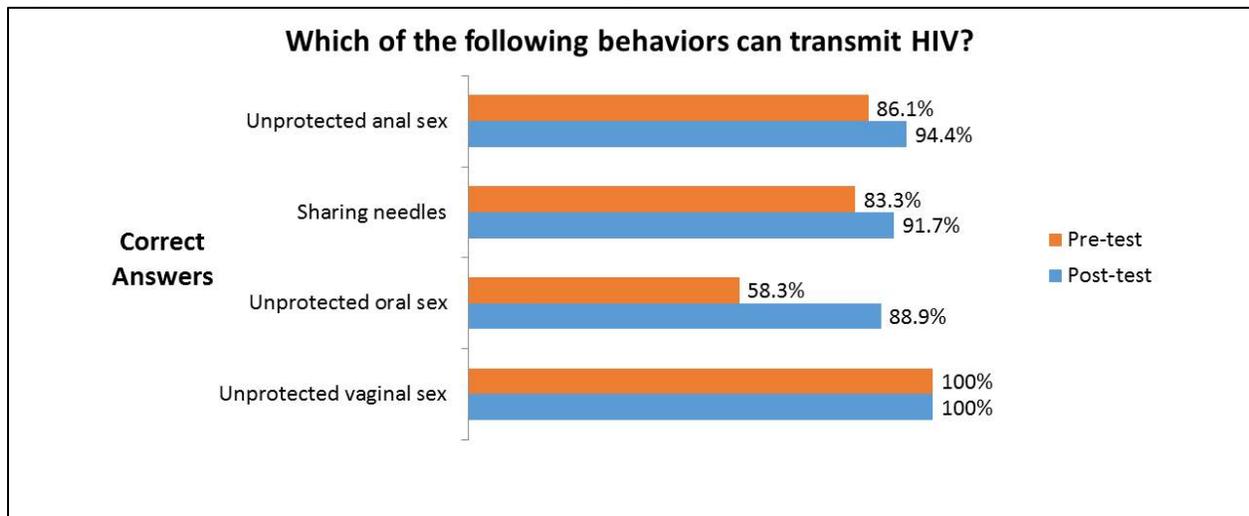
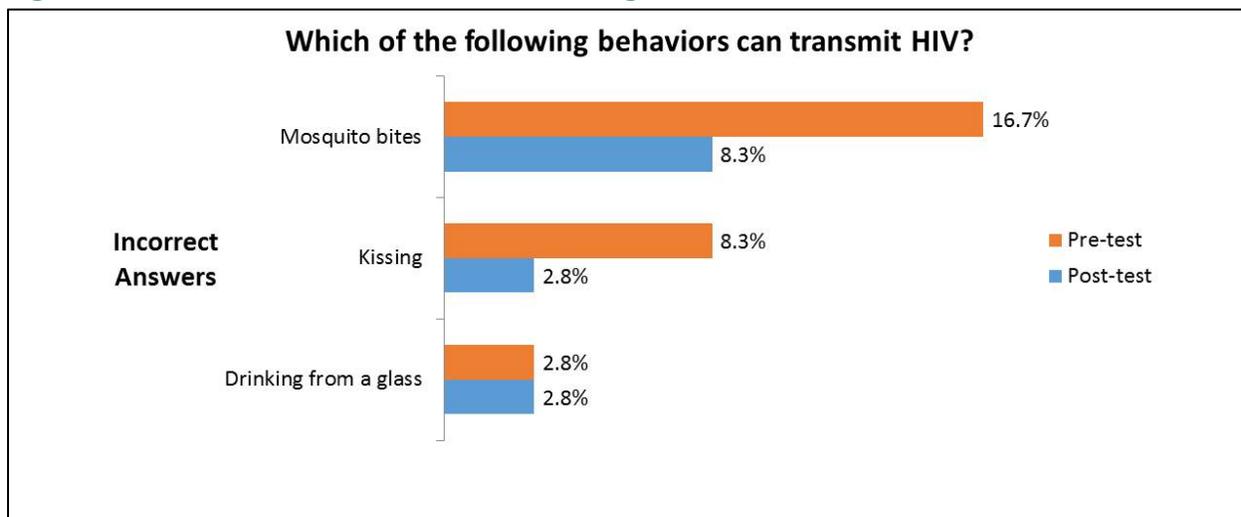


Figure 7. HIV Transmission Behavior Knowledge Pre-test, Post-test, Incorrect Answers N=32



Modes of HIV Transmission Knowledge

To further assess audience members’ knowledge of HIV transmission knowledge they were asked a question about the different modes of HIV transmission in regards to how confident they were that a statement was true or false. The statement was “HIV can be transmitted through...” and similar to the HIV transmission behavior question, survey takers were provided with a list of both correct and incorrect answers. Correct answers included breast milk, vaginal fluids, semen, pre-cum, and blood. Incorrect answers included touching and saliva. The answer choices were on a 5 point scale, between “I know it’s true” (1) and “I know it’s false” (5). “I think it’s true” was represented as a 2 on the scale, “I think it’s false” was represented as a 4 on the scale, and “I don’t know” served as the midpoint (3) of the scale. Survey takers who selected either a 1 or a 5 were confident in that their answer choice was definitely true or false. Survey takers who selected 3 were confident that they did not know the answer to the question, while survey takers who chose either 2 or 4 on the scale then they were not as confident about the answer choice being either definitely true or false, but they did “think” it could be true or false.

Figure 8 shows the results for the correct answers and Figure 9 shows the results for the incorrect answers on the scale of 1 to 5. The mean was taken for each of these answer choices and reported in the figures. Lower mean scores indicate higher confidence that the statement is true, and higher mean scores indicate higher confidence that the statement is false. Figure 8 shows that the mean scores decreased from about 1.5-2.0 to 1.0 for the correct answer choices; this change from “I think it’s true” to “I know it’s true” shows that there was an increase in knowledge about the correct modes of HIV transmission post-test in comparison to pre-performance knowledge. For example, more people on average felt confident that they knew (“I know it’s true”) that breast milk could transmit HIV post-performance compared to the pre-test means. Similarly, Figure 9 shows an increase in knowledge because more people on average felt confident that they knew (“I know it’s false”) that incorrect answers (i.e. touching and saliva) could not transmit HIV



post-performance compared to the pre-test means. For example, Figure 9 shows that the mean scores increased from about 4.17 (SD=1.23) to 4.72 (SD=0.99) for saliva, which shows that more people felt confident that saliva was not a mode of HIV transmission. In sum, before the performance audience members already had knowledge about blood transmitting HIV, which experienced the lowest change in mean score, in comparison to the mean scores of breast milk, vaginal fluids, semen, and pre-cum, which experienced the greater changes in mean scores. At pre-test, audience members seemed to be the most confused about breast milk and pre-cum transmitting HIV. Touching did not seem to be a major misconception (most people were confident that the answer choice was false), but misconceptions about saliva's role in HIV transmission appear to be corrected by the performance.

Figure 8. Modes of HIV Transmission Knowledge, Correct Answers (N=36)

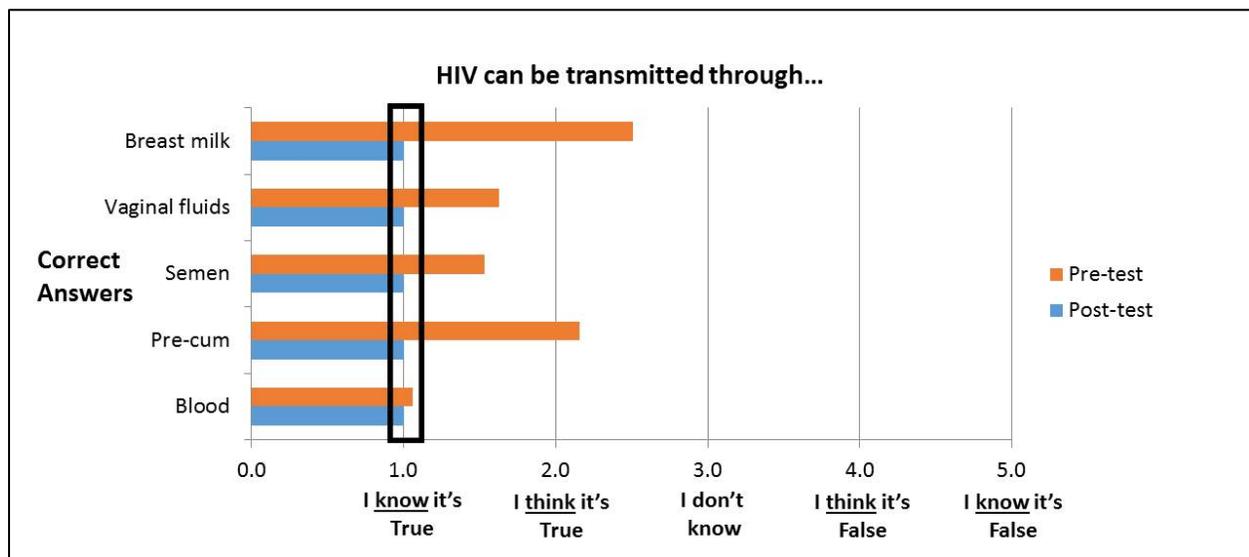
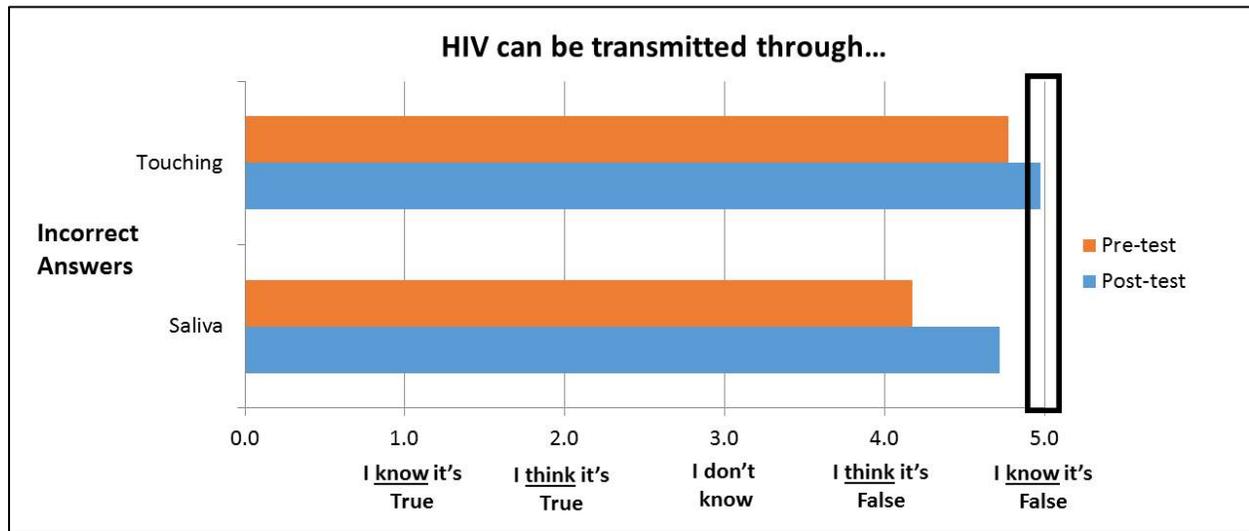
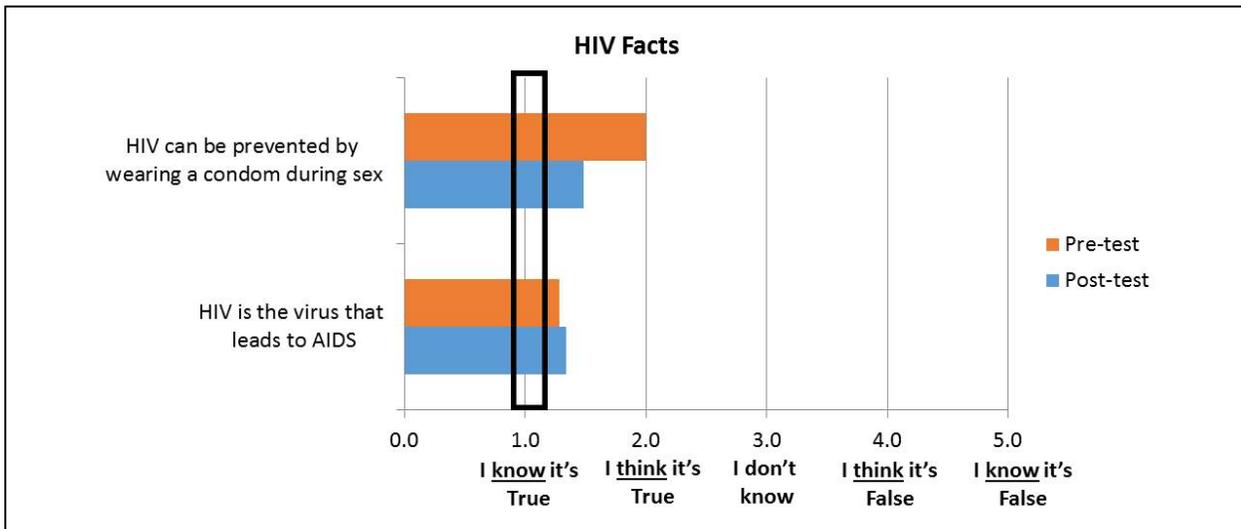


Figure 9. Modes of HIV Transmission Knowledge, Incorrect Answers (N=36)



This scale of mean scores was also used to determine audience members’ general HIV fact knowledge using two more statements, “HIV can be prevented by wearing a condom during sex” and “HIV is the virus that leads to AIDS.” Figure 10 shows the pre- and post- test knowledge mean scores. While audience members felt more confident that HIV can be prevented by wearing a condom during sex (“I know it’s true”) post-test (1.48, SD=1.0) compared to pre-test (2.0, SD=1.29), there was an increase in mean for HIV is the virus that leads to AIDS, which suggests that participants were less confident that this statement is true. Although this increase from (1.28, SD=0.46) to (1.34, SD=0.83) in the post-test was not an expected finding, the small change in the mean may not necessarily indicate a decrease in this knowledge area, but could be due to more post-test responses to this question (n=33) compared to the pre-test (n=31). It is possible that the audience members who only completed the post-tests arrived late and missed this specific information during the scene(s) that covered this information.

Figure 10. General HIV Fact Knowledge



Knowledge and Intentions: Protective Sex Behaviors

The survey assessed audience members knowledge of withdrawal as a form of birth control and intention to get tested for HIV at pre-test and post-test (seen in Table 2). Survey takers were given the choice of True, False, and I don't know in response to the following statements: "Withdrawal is an effective form of birth control" and "I am likely to get tested for HIV within the next 6 months". There was an increase in audience members that said that they were likely to get tested in the next six months post-test (16.7%, n= 6), compared to pre-test (5.6%, n=2). Similarly, there was an increase in audience members that said that withdrawal was not an effective form of birth control post-test (83.3%, n=30), compared to pre-test (80.6%, n=29). However, there was a very small increase in the number of people that said that withdrawal was an effective form of birth control post-test (5.6%, n=2) compared to pre-test (2.8%, n=1) this counterintuitive change could be attributed to the fact that there was greater number of people who took the post-test (n=33) compared to the pre-test (n=32).

Table 7. Protective Sex Behavior Knowledge N=36

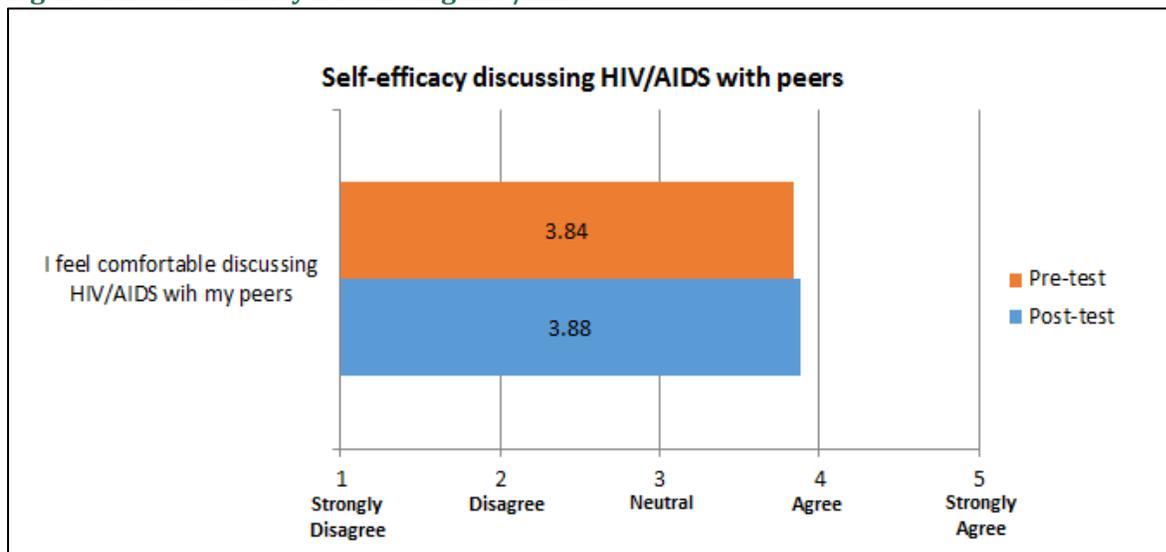
		Pre-test		Post-Test		
		n	%	n	%	
Withdrawal is an effective form of birth control	False	29	80.6	False	30	83.3
	True	1	2.8	True	2	5.6
	I don't know	2	5.6	I don't know	1	2.8
I am likely to get tested for HIV in the next 6 months	False	23	63.9	False	17	47.2
	True	2	5.6	True	6	16.7
	I don't know	6	16.7	I don't know	9	25.0

Note: 4 responses were missing at pre-test and 3 responses at post-test.

Self-efficacy Discussing HIV/AIDS

The survey assessed audience members' self-efficacy to discuss HIV with their peers by asking them how much they agreed with the statement "I feel comfortable discussing HIV/AIDS with my peers" on a 5 point scale from Strongly Disagree (1) to Strongly Agree (5), with a middle category indicating that they don't know (3). Figure 11 shows the mean scores for audience members pre-test and post-test. The figure shows that there was a small increase at post-test (3.88, SD=0.84) compared to pre-test (3.84, SD=0.95) in audience members' self-efficacy to discuss HIV/AIDS with their peers.

Figure 11. Self-efficacy Discussing HIV/AIDS



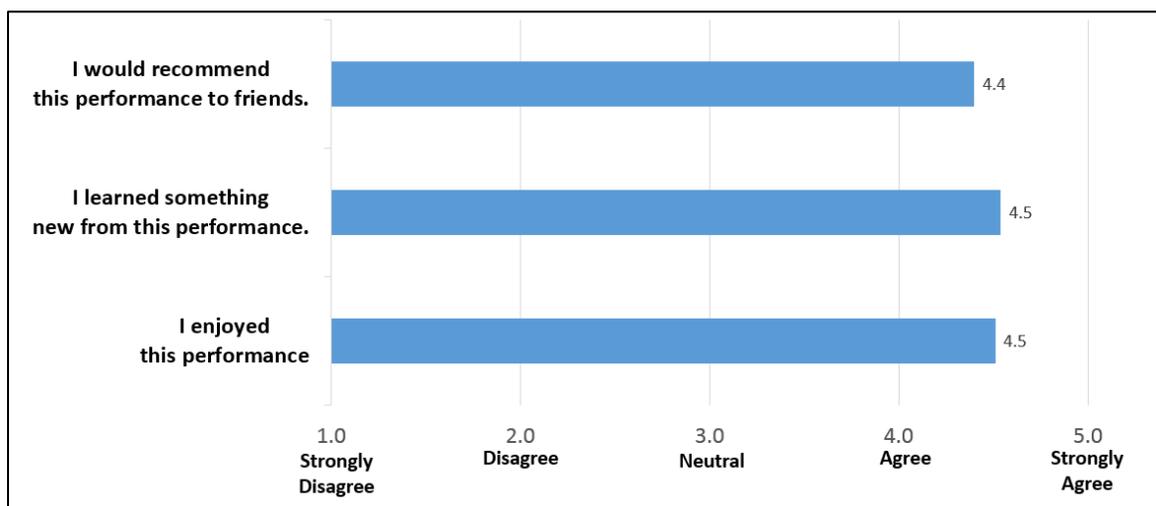
Attitudes: Expectations and Outcomes

Audience members were asked open ended questions about their expectations for the performance. Most participants (55.6%, n=20) said that they expected to learn information about sexual health and HIV/AIDS, approximately 31% (n=11) expected to be entertained, and about 17% (n=6) said that they expected to learn how to discuss HIV/AIDS and sexual health with others. A word chart illustrating their expectations can be found in Appendix G. The words and phrases most commonly used by audience members are larger in scale.

Audience members were also asked an open ended question about the three most important messages they learned from the performance. The top three most important messages audience members took away from the performance were HIV transmission (58.3%, n=21 mentioned it), correct use of condoms and other protective barrier methods (61.1%, n=21), and HIV testing/living with HIV (36.1%, n=13). A word chart illustrating responses to this question can be found in Appendix H. The words and phrases most commonly used by audience members are larger in scale.

On a 5 point scale, post-performance only, audience members were asked questions about the information from the performance, if they would recommend the performance, and if they enjoyed the performance. The response choices for this question ranged from Strongly Disagree (1) to Strongly Agree (5), with a Don't Know option (3). Figure 12 shows the mean scores of these outcome measures. The mean score for recommendations was 4.4 (SD=0.78), the mean score for learning something new was 4.54 (SD=0.66), and the mean score for enjoying the performance was 4.51 (SD=6.66). These high scores show that most audience members either agreed or strongly agreed that they learned something new, that they enjoyed the performance, and that they would recommend the performance to others.

Figure 12. Performance Expectations



Recommendations

The evaluation team analyzed both qualitative and quantitative data to develop three primary recommendations aimed to improve the effectiveness of the program in impacting student knowledge attitudes and beliefs among both student performers and their peer college students.

Maintain Program Fidelity

According to our results, the *AMP!* Sex Education Performance aspect of the program is an effective method of teaching students about HIV, STIs and other sexual health topics, both in class and through a performance. The program not only increased the knowledge, self-efficacy to engage in sexual health discussions, and advocacy among the student performers, but our data shows that the performances led to increased knowledge in HIV transmission, safe sex practices, and addressing myths.

The research also showed that there is a lack of information regarding UCLA Art & Global Health Center and *AMP!* as the overseeing organization and curriculum. When asked about whether they could identify these two groups, none of the students interviewed could correctly identify how they are involved in the Emory Sex-Ed Troupe course. While the students found the week-long intensive helpful in both crafting a message and building relationships, they also expressed interest in expanding the message and being able to tailor the messages.

For these reasons, we recommend that the *AMP!* program at Emory University incorporate more information regarding the overseeing organization, complete scheduling and planning for the course a year in advance to address issues of performances, and pilot test each performance.

Suggestions for implementing this recommendation:

1. **Schedule and plan at least a year in advance** to successfully meet the goals of the course. The connections with the performance sites in terms of time, space, and means of transportation need to be set in advance to have a smooth transition. Incorporate back-up or rain-out dates if necessary.
2. **Maintain the week-long intensive** because while the students stated that it's "exhausting and time consuming," they also mentioned that it is "completely worth it"
3. **Increase introduction to UCLA Arts & Global Health Center and *AMP!*** to provide the students with a better context of the overseeing organization's mission and goals
4. **Incorporate stock scenes** (core standards) to preserve performance fidelity across all implementation sites
5. **Pilot test** each performance with a sample audience of the main population to help solidify and tailor any messages that may not work in the performance as planned



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6. **Keep or even lengthen the question and answer sessions** as these allow students to not only increase their knowledge but become more comfortable in discussing sexual health
 7. **Bring in sexual health experts** to strengthen question and answer sessions

Address Course Transparency and Expectations

According to our results, the role of the performer's voice is crucial in providing an environment that allows each student in the course an opportunity to express him or herself positively and safely with support, guidance, and facilitation from classmates and the teacher. While the majority of students discussed how the current structure of the course allows them to use their own voice and backgrounds to develop personal stories and performances, our data also finds that students need for a clear understanding on what to expect from the course before it begins, otherwise the course content may be uncomfortable for some students.

We recommend that the *AMP!* program sets clear expectations ahead of the course to allow students to better assess whether it is the type of environment that will fit their personalities and personal views about sexual health education. Our qualitative data also suggests allowing the students more flexibility in adapting the performances to the information that they receiving throughout the semester-long course. The students expressed interest in expanding the amount of time for creative improvisation and fluidity to add to the course experience.

Suggestions for implementing this recommendation:

1. **Set clear expectations** in advance for the students to fully understand the environment and experience in which they are about to enroll
2. **Emphasize the importance of trust, honesty, and collaboration** as theater and relationship building within a group involves these characteristics that certain students may not be as comfortable expressing or experiencing
3. **Better describe the teaching methods** in the course description and syllabus in order to inform students of the nature of collaborative discourse and disclosure, the method of knowledge acquisition, and the demands of implementing a theatre performance.
4. **Note the amount of flexibility and time commitment** that is asked of the student performers, so they are prepared and able to adapt to the need of the course and performance, especially regarding performances outside the Emory community
5. **Establish a true consensus** among the participating students on any topics or performance outcomes that deviate from the syllabus to make sure that all voices are heard and respected within the course environment
6. **Incorporate additional opportunities for improvisation and fluidity** to not only strengthen the creative process but allow students to better tailor their performance based



on knowledge about new techniques or health information

Adapt the Program to College-age Populations

Based on the pre-test survey results the evaluation team concluded that there is a clear need for this type of programming at Emory University. The post-survey results indicated that this performance was an effective form of education for undergraduate students in the audience. The focus group concluded that the Sex-Ed Troupe students were satisfied with the results of their performance for peers, and therefore we recommend that this program could and should be adapted for college students at Emory University.

Suggestions for implementing this recommendation:

1. Consider **incorporating performances for college audiences** into the course objectives at Emory. If this does become a consideration, students reported that they would like to learn more about topics that are highly relevant to this population including **STIs** and **unintended pregnancy**.
2. In order to address administrative issues such as performance scheduling - found to be both a frustration and disappointment for undergraduate performers - an **on-the-ground-coordinator** or **university administrative assistant** should be considered to facilitate the program and manage the following:
 - Schedule student performances
 - Develop and maintain relationship with SisterLove and/or Atlanta Public Schools
 - Monitor and evaluate the program
 - Assist in maintaining fidelity of the program
 - Assist in expanding program to involve all three activity components
 - Serve as a personal check-in point of contact for students to address any questions or concerns about the course.

Conclusion

We believe this evaluation effectively met its primary goal by (1) providing an assessment of the experiences of the Emory Sex-Ed Troupe performers and by (2) evaluating the effectiveness of the Emory Sex-Ed Troupe as sexual health peer educators. The findings of our evaluation suggest that the Emory *AMP!* program effectively prepares and educates its Sex-Ed Troupe students to successfully educate their peers about sexual health through theater performance.



Limitations

We conducted in-depth interviews and the focus group with a small sample of individuals. Due to differing schedules, students' commitments to other activities or engagements, and time spent communicating; it was difficult to coordinate the schedules of all ten participants. While we were able to complete in-depth interviews and the focus group with all ten students in the course, the scheduling and communication led to loss of time that could have been spent better analyzing the data and preparing our documents for dissemination.

Since the program was required to switch focus to the college population midway through the evaluation, several of the in-depth interviews were conducted during the transition period. This may have led to differing answers regarding their attitudes and thoughts about the course; however, since many of the students discussed the ease of adapting the performance for the college population, it is unlikely that the switch from high school students to Emory undergraduate students affected the overall response about the course experience, advocating for sexual health through theater, and previous experiences in health education or performance.

Because of the quick transition from high school students to the college population, we were required to construct and distribute the survey instrument in a very short period of time. Unfortunately, we were not able to pilot the survey beforehand with a sample from the population that would be receiving the performance. We were able to gather feedback on the survey instruments from our professor and teaching assistant; however, we were unable to properly collect feedback, insights, and opinions from Emory undergraduate students to provide a more tailored and personalized survey. In regards to the primary data collection methodology, the survey size was small due to low attendance and thus these results cannot be made generalizable to the Emory undergraduate population. Additionally, survey response error could have occurred as we collected more post-test surveys than pre-test surveys (due to audience members arriving late). We also decided to combine the survey results from both performances even though each performance is unique in terms of content and audience demographics. Although the results were similar from both surveys, this process may have caused us to overlook minute differences between the performance outcomes.

One of our biggest limitations during this evaluation process occurred in qualitative methodology. There is a substantial probability that social desirability bias occurred during in-depth interviews and the focus group discussion. Participants might have felt obligated to participate in the interviews and the focus group because of our recruitment methods (recruitment in class) for the interviews. Although we were adamant about the voluntary nature of their participation in interviews, students may have felt their grade would be affected based on their participation (or lack thereof).



Lessons Learned

Conducting this evaluation for the *AMP!* program has been an invaluable learning opportunity. Being able to apply skills we learned in the classroom to this practical experience has allowed us to grow as evaluators. During this learning process we found that the following characteristics are essential to the completion of an effective and useful evaluation: (1) flexible & adaptable and (2) transparent & communicative.

1. **Flexibility & Adaptability.** We learned that being flexible means more than being responsive to changes in meeting times and data collection schedules. Flexibility in evaluation means being open and willing to adapt pre-established program evaluation plans to fit the needs of new and unexpected situations. While alarming and disappointing if a situation calls for the evaluation plan to be changed multiple times, in the end the changes to the plan will only make the evaluation stronger and more effective. Being amenable to unexpected changes and unforeseen obstacles with an evaluation plan will ultimately yield a better evaluation product in comparison to resisting necessary deviations and obstacles.
2. **Transparency & Communication.** Communication of evaluation goals and objective is just as important for an effective evaluation as flexibility. Program and evaluation goals and objectives need to be established prior to beginning the evaluation process. Communication and transparency from all key stakeholders and evaluators need to be continued throughout the entire evaluation process so that everyone is working within the framework of the same timeline, objectives, and goals of the evaluation. We learned that transparency and strong communication are especially important when the evaluation plan has to undergo multiple revisions due to unexpected changes in the program's structure and mission.

In conclusion, these lessons learned allowed us to take the most effective and productive approach when conducting this evaluation. Once we recognized the importance each of these lessons were to the success of our evaluation we were able to address changes and challenges appropriately and ultimately produce a valuable evaluation for the Emory *AMP!* program.



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Appendices

Appendix A: Pre-Test Survey

Sex-Ed Troupe Pre-Performance Survey

INSTRUCTIONS: Please take 5 minutes to fill out this short survey.

Demographic Questions

Instructions: We are going to begin by asking you several demographic questions.

1. What year at Emory BEST describes you? (Please circle)
Freshman Sophomore Junior Senior Graduate Student
2. What is your area of study or your major? _____
3. What is your sex? (Please choose all that apply)
 - Female
 - Male
 - Transgender
 - Other (Please specify) _____
 - Prefer not to answer
4. What is your race/ethnicity? (Please choose all that apply)
 - Asian, Asian American, Pacific Islander
 - Black or African American
 - Caucasian
 - Other (Please specify) _____
 - Prefer not to answer
5. How did you hear about this performance? _____
6. Which of the following behaviors can transmit HIV? (**Check all that apply**)
 - Unprotected vaginal sex
 - Sharing drinking glass
 - Unprotected oral intercourse
 - Sharing needles for body piercing
 - Unprotected anal sex
 - Kissing
 - Mosquito bites
7. Have you ever been taught about HIV or AIDS in school?
 Yes No I don't know
8. Please put the following steps of using a condom in order from first (1) to last (4).
 - ___ Open the condom
 - ___ Hold the condom while inserting the penis
 - ___ Roll the condom on the penis
 - ___ Pinch the tip of the condom



9. Please choose true, false, or I don't know for the following statements.

	True	False	I don't know
Withdrawal is an effective form of birth control	€	€	€
I am likely to get tested for HIV within the next 6 months	€	€	€

10. Please choose one answer choice for each of the following statements.

	<i>I think</i> that's true	<i>I know</i> that's true	<i>I think</i> that's false	<i>I know</i> that's false	I don't know
HIV is the virus that leads to AIDS	€	€	€	€	€
HIV can be transmitted through:	<i>I think</i> that's true	<i>I know</i> that's true	<i>I think</i> that's false	<i>I know</i> that's false	I don't know
... BLOOD	€	€	€	€	€
... PRE-CUM	€	€	€	€	€
... SEMEN	€	€	€	€	€
...VAGINAL FLUIDS	€	€	€	€	€
... BREAST MILK	€	€	€	€	€
... SALIVA	€	€	€	€	€
... TOUCHING	€	€	€	€	€
HIV can be prevented by wearing a condom during sex	€	€	€	€	€

11. Please state to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable discussing HIV/AIDS with my peers.	€	€	€	€	€
I speak up when I hear someone tell a myth about HIV/AIDS	€	€	€	€	€

12. What are two things that you expect to get out of this performance?

(1) _____

(2) _____



Appendix B: Post-Test Survey

Sex-Ed Troupe Post-Performance Survey

INSTRUCTIONS: Please take 5 minutes to fill out this short survey.

1. Please choose one answer choice for each of the following statements.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I enjoyed this performance	€	€	€	€	€
I learned something new from this performance.	€	€	€	€	€
I would recommend this performance to friends	€	€	€	€	€

2. What are the three most important things you took away from today's performance?

(1) _____

(2) _____

(3) _____

3. Which of the following behaviors can transmit HIV? **(Check all that apply)**

- Unprotected vaginal sex
- Sharing drinking glass
- Unprotected oral intercourse
- Sharing needles for body piercing
- Unprotected anal sex
- Kissing
- Mosquito bites

4. Please put the following steps of using a condom in order from first (1) to last (4).

- ___ Open the condom
- ___ Hold the condom while inserting the penis
- ___ Roll the condom on the penis
- ___ Pinch the tip of the condom



5. Please choose true, false, or I don't know for the following statements.

	True	False	I don't know
Withdrawal is an effective form of birth control	€	€	€
I am likely to get tested for HIV within the next 6 months	€	€	€
The information in this presentation is useful for me	€	€	€

6. Please choose one answer choice for each of the following statements.

	I think that's true	I know that's true	I think that's false	I know that's false	I don't know
HIV is the virus that leads to AIDS	€	€	€	€	€
HIV can be transmitted through:	I think that's true	I know that's true	I think that's false	I know that's false	I don't know
... BLOOD	€	€	€	€	€
... PRE-CUM	€	€	€	€	€
... SEMEN	€	€	€	€	€
... VAGINAL FLUIDS	€	€	€	€	€
... BREAST MILK	€	€	€	€	€
... SALIVA	€	€	€	€	€
... TOUCHING	€	€	€	€	€
HIV can be prevented by wearing a condom during sex	€	€	€	€	€

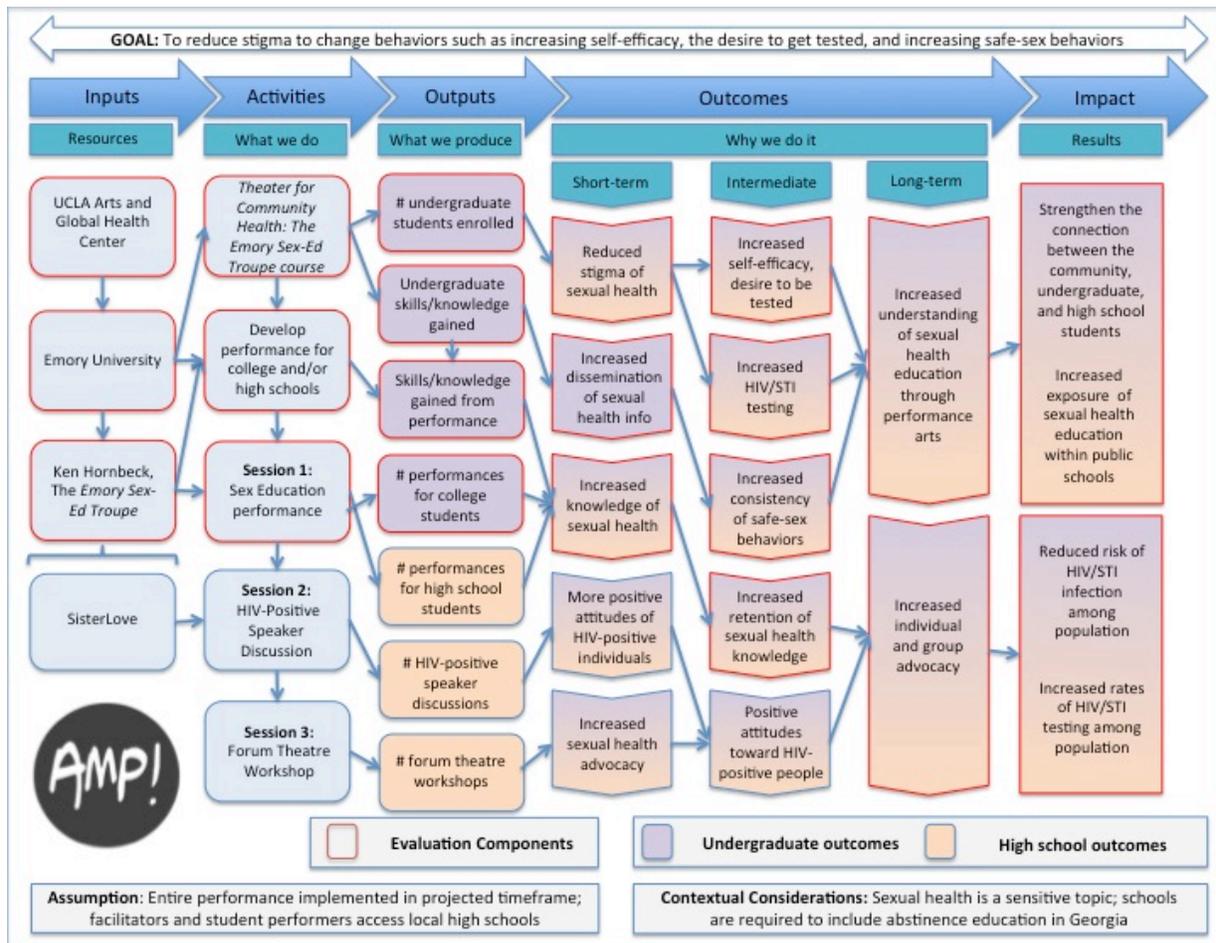
7. Please state to what extent you agree with the following statements:

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
I feel comfortable discussing HIV/AIDS with my peers.	€	€	€	€	€
I speak up when I hear someone tell a myth about HIV/AIDS	€	€	€	€	€

8. What would make this performance better?



Appendix C: Logic Model



Appendix D: In-Depth Interview Guide

Date: _____
Location: _____
Interviewer 1: _____
Interviewer 2: _____
Interviewee's name: _____
Title: _____

Consent to participate in the interview (Y/N) _____
Consent to being recorded (Y/N) _____
Anonymous (Y/N) _____
Person conducting informed consent discussion: _____

Script for consent to a verbal interview

Hello, I'm [first interviewer's name], and this is [second interviewer's name]. I will be asking questions, and [second interviewer] will be taking notes. First, I want to thank you for taking the time out of your schedule to help. This project is part of our Conduct of Evaluation course at the Rollins School of Public Health.

We are working with the UCLA Art and Global Health Center to assess the feasibility of implementing the *AMP!* curriculum into the public schools in Atlanta as well as the impact the program has on sexual health knowledge and attitudes. The information you provide will inform our recommendations to UCLA Arts and Global Health Center on improving the program at Emory and in Atlanta.

We do not anticipate that working with us will entail any risk. Your participation in this interview is entirely voluntary, and you can choose to stop or leave the interview at any point, refuse to answer a question, or withdraw any statements. Any questions so far?

The qualitative findings will be reported to our professor, Dr. Dawn Comeau, and to our partners at UCLA Arts and Global Health Center. The information will also be shared in our Conduct of Evaluation course final presentation and final report.

- May we include your name and title in our report, or would you prefer to remain anonymous?
- Would you mind if I record the interview? If you would rather we not record, we can simply take notes.

Though we may use quotes from you, we will not attach your name or other personally identifiable information to your quote. Now that we have your consent for the interview, do you have any questions about what we have just covered?



Sex Ed Troupe In-Depth Interview Guide

Background information

1. What is your current major at Emory?
 - a. How did you hear about the course?
 - b. What initially interested you in taking the course?
2. Can you describe any previous involvement in theatre or performance?
 - a. Have you been part of *Issues Troupe*?
 - b. Any Emory Theatre performances?
3. What about health education?
 - a. Any previous teaching situations?
 - b. Peer educator at Emory?

Now we're going to ask you questions about the knowledge learned in the course

4. Can you define or identify what *AMP!* is?
 - a. What the UCLA Arts & Global Health Center is?
5. Talk a little about the health topics are covered during the course.
 - a. Can you describe some information or health topics that were new to you?
 - i. HIV prevention/transmission, HIV stigma, living with HIV (PReP)
 - ii. STI, Condom negotiation
 - iii. LGBT issues
6. What topics or areas do you feel should be discussed or covered more in depth the class?
 - a. Can you describe any topics that may need less emphasis in the course?
7. How do you feel the information in the course has changed your knowledge or views about sexual health overall?
 - a. Why do you feel this knowledge is useful (or not)?
 - b. How comfortable are you talking about sexual health now as compared to the before taking the course?

Now we have a couple of questions on process you went through and how what you learned applies to your life.

8. Describe how you felt about the course structure and theatre learning process.
 - a. Was this theatre process a new experience for you?
 - b. How did the theatre process feel?
 - i. How did it help your hinder your learning?
 - c. What was your favorite part of this process?
 - i. What was your least favorite part of this process?



-
9. Kind of going off that, how is the material taught in the course and through the performances important to your own life?
- How can you take the lessons from this course and apply it to your own life?
 - To your career?
 - Within your peer group?
 - How is the material important to the lives of the students who you will perform for?
 - Do you have any examples of this that you have witnessed/been a part of?

Now we're going to ask you questions about the future educational performances.

10. How do you feel about the change from teaching to high school students to your fellow college students?
- Can you talk about your class discussion when you all made this decision?
 - How have things changed since then?
11. In what way do you believe the performances are an effective way to present information to this population?
- What do you believe are the strengths of the performance you have prepared?
 - What do you believe are things you can still improve upon in the performance you have prepared?
12. What are your thoughts on the upcoming educational performances?
- Tell me about how prepared do you feel to do these upcoming performances.
 - Any specific examples of moments where you knew you were ready to perform (or not)?
 - Can you describe any reservations? Any excitement or anticipation of how it may go?

Finally, we have some wrap-up questions.

13. What has surprised you most so far about the course?
14. If you could change something about either the course or the upcoming presentation, what would you change?
18. What are some other thoughts you'd like to share with us on this topic?

Thank you for taking the time to interview! We appreciate it, and your insight is incredibly valuable for our project.



Appendix E: Focus Group Guide

Consent script

Hello everyone! Congratulations on a great performance. As you know, my name is (NAME) and this is (NAME). We are doing an evaluation of the Emory Sex-Ed Troupe course for a project at Rollins School of Public Health. We want you to know that we are not associated with the Emory-Sex Ed Troupe course as instructors or teachers. We are external evaluators of the program and want to hear your honest thoughts about your experience and opinions about the performance today.

Anything shared within this group should not be shared with anyone outside of the group, including friends, family members, or professors. However, we cannot guarantee that information will stay within the group. We won't use any names during our discussion today. If a name happens to be mentioned accidentally, we'll remove the information from the notes and recording.

We also want to make sure you know that this interview is completely voluntary. You may stop the focus group at any time if you feel uncomfortable or decline to participate if you are not interested in providing any feedback about the performance. Since we are not affiliated with the Emory Sex-Ed Troupe course, your decision to not participate in this focus group will not affect your course grade (elaborate on this and make sure the group understands).

- Is it okay to record this discussion and take notes on it?

If I do use any of your words, your name will not be linked to them in the final Evaluation report.

- Do you have any questions before we start? [Start recorder if received consent]

Overall Performance Experience

1. How do you think the performance went today?
 - a. Was it how you expected it to go?
 - b. Can you talk about how you felt during the performance?
2. How was it performing to your peers/friends?

Success & Challenges

3. Can you talk about specific things you felt went well during today's performance?
4. At what moment did it feel like a successful performance?
5. What topics do you feel resonated most with the audience?



-
- a. Is that what you expected? Why or Why not?
 - 6. What could have worked better?
 - 7. What topics do you feel did not connect with the audience?
 - a. How could the performance be changed to better meet the needs of Emory students?
 - 8. What is missing from the current performance, if anything?

Future Performances

- 9. What will you change for your next performance?
- 10. How do you think everyone that showed up today heard about the event?
 - a. What are other ways you could reach more students?
- 11. Where else do you think a performance like this would be successful?
 - a. Other colleges?
 - b. In the community?
 - c. High schools?

Closing Questions

- 12. What do you hope the audience took away from the performance?
- 13. Our final question is: GO ENJOY YOUR WEEKEND 😊 YOU DESERVE IT!!

Thank you for participating in this focus group discussion!



Appendix F: High School Population Literature Review

Teens and young adults have the highest rates of sexually transmitted diseases (STDs) of any age group in the United States (CDC, 2010). According to the Centers for Disease Control and Prevention (CDC), approximately 18% of all new HIV diagnoses are among young adults aged 13-24 years of age. CDC estimates that while youth ages 15-24 constitute about 25% of the sexually active US population, they account for almost half of the 20 million new STD cases each year (CDC, 2012). For example, in 2011, youth, aged 15-24, had four times the reported chlamydia and gonorrhea rates of the total population, aged 10 to 65+ years. Sexual risk behaviors, such as unprotected sex, place these youths at high risk for HIV infection and other STDs (CDC, 2014). Among U.S. high school students surveyed in 2011, about 40% of students did not use a condom the last time they had sex (CDC, 2012). Additionally, nationwide, approximately 87.1% of students had never been tested for HIV. Furthermore, some youth populations, such as Blacks and young men who have sex with men are disproportionately affected by HIV and other STD infection (CDC MMWR, 2012). Stigma, discrimination, and irregular condom use contribute to higher risk for HIV infection among these groups.

Southern US states have higher HIV rates in comparison to the rest of the nation (CDC MMWR, 2012). Although there is limited information regarding many sexual behaviors of the Georgia adolescent population, Georgia's high ranked teen pregnancy (10th out of 50 states) and high overall HIV incidence rates show that there is a need for youth sexual health education (Kost & Henshaw, 2012; CDC, 2013). According to the CDC High School Youth Behavior Survey in Georgia, 12.4% of high school adolescents were never taught about AIDS or HIV infection in school (CDC, 2012).

Context

According to Georgia legislation, sex education and HIV education are mandated, but are not required to be medically accurate, age appropriate, or culturally appropriate and unbiased. Teachers are required to notify parents about the sex education curriculum. The parents are then given the opportunity to opt their children out of this education if desired. Additionally, when schools offer sex education, instruction on contraception is optional, and abstinence-focused instruction is stressed. Georgia law requires an inclusion of abstinence until marriage in addition to the possible negative outcomes of sex. Under this law, sex education is not required to include sexual orientation, life skills for avoiding coercion to have sex, healthy decision-making, or family communication (Guttmacher Institute, 2013).

A study conducted in 2011 demonstrated the ineffectiveness of abstinence-only and abstinence-stressed education in states based on their teen pregnancy rates. It found a positive correlation between increasing emphasis of abstinence-stressed education and teen pregnancy and birth rates. As previously mentioned Georgia, with an abstinence-stressed policy, has one of the highest pregnancy rates (Stanger-Hall & Hall, 2011). Additionally, a study on the trends in premarital sex in the United States between 1954 and 2003, found that by the age of 20, 77% of respondents had had sex, 75% had had pre-marital sex and 12% had sex after marriage (Finer, 2007). This study's results show that most people have premarital sex. Thus, there is a need for comprehensive sex education that provide skills and information people need to protect themselves from unintended pregnancy and sexually transmitted diseases upon sexual initiation, regardless of marital status.



Defining Sexual Health Education

The Sexuality Information and Education Council of the United States (SIECUS) published *Guidelines for Sexuality Education*, a curriculum for kindergarten through 12th grade that explicitly outlines behaviors of a sexually healthy adult. These include self-appreciation and affirmation, information seeking and informed decisions, inclusion of sexual development as part of human development, respect of others, development of positive and meaningful relationships, identification of interpersonal skills and values, personal responsibility, communication, self-expression, and enjoyment of sexuality (SIECUS, 2004).

The CDC also has recommendations for comprehensive sex education. The CDC recommends involving schools, because the school environment serves as a key setting in which students' behaviors and ideals are shaped. Schools are not only vital to preparing students academically and socially, they are also critical to encouraging youth to adopt healthy attitudes and behaviors (CDC, 2010). Previous research demonstrates that well-planned and implemented school-based HIV/STD prevention programs can significantly reduce sexual risk behaviors, such as unprotected sex, among students (CDC, 2010). CDC states that effective school-based HIV/STD prevention programs are inclined to be those that are delivered by trained instructors; are age appropriate; and incorporate skill-building lessons, support of healthy behaviors, and youth-serving organizations and health organizations (CDC, 2010). Youth asset-development programs, which teach youth problem solving skills and communication skills, have been linked to long-term reductions in sexual risk behaviors (CDC, 2010). Additionally, HIV/STD prevention programs should bring about attitudinal change and consequently influence individuals to examine their personal motivations and beliefs behind sexual behaviors (Asfar & Gill, 2004). The CDC cites several studies that have shown the effectiveness of comprehensive sex education in accomplishing many of these recommendations and thus effectively reducing risk reduction for teen pregnancy and STDs as well as delaying sexual behavior (Tortolero et al., 2010; Kirby, 2008; Kirby, 2007) Thus, programs should extend beyond information dissemination, by enhancing individuals' abilities to comprehend and conceptualize messages and by empowering individuals to make healthy decisions (Asfar & Gill, 2004).



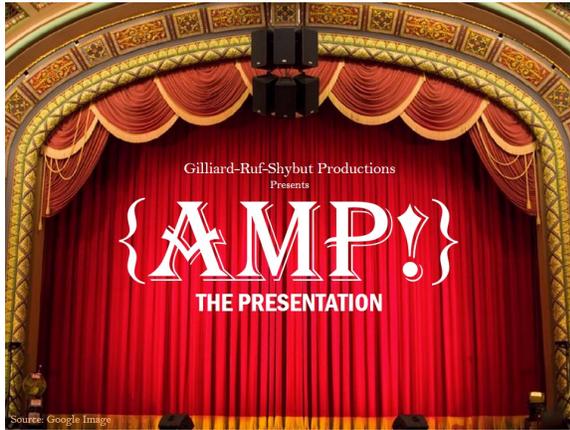
Appendix G: Audience Expectations



Appendix H: Audience Outcomes



Appendix I: Presentation Slides



ACKNOWLEDGEMENTS

Thank you

- Bobby Gordon
- Ken Hornbeck
- Emory Sex-Ed Troupe
- Dr. Comeau & Rebecca
- Conduct of Evaluation friends & colleagues
- *Frozen* film/soundtrack

OVERVIEW OF PROGRAM

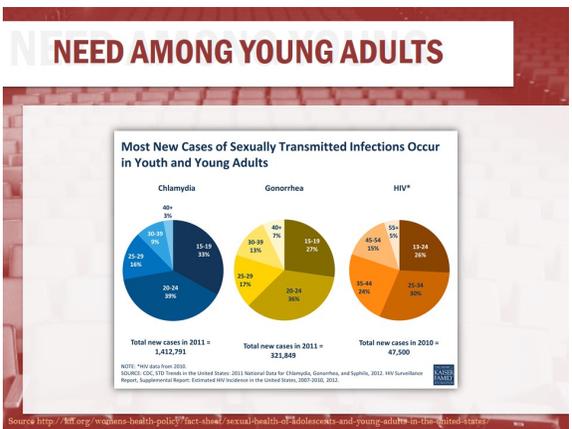
ART & GLOBAL HEALTH CENTER
UCLA

Arts-based, Multiple intervention, Peer education

- Principles of Theatre of the Oppressed
 - Social justice theatre model
- Three components
 1. Sex Squad Performance
 2. HIV+ Speaker Bureau
 3. Forum Theatre



Source: <http://artglobalhealth.org>



EMORY SEX-ED TROUPE



HIV/STI
Educational
Performance

HIV+ Speaker

Crafting a
Show: Improv,
"Textbook"

EVALUATION PURPOSE

To assess the **experiences** of the Emory Sex-Ed Troupe performers and to evaluate their **effectiveness** as peer educators.

EVALUATION & METHODOLOGY

EVALUATION QUESTIONS

1. How does the participation in AMP! impact sexual health knowledge and attitudes among Emory undergraduate students [enrolled in the course]?
2. To what extent does the Emory Sex-Ed Troupe performance create change in the attitudes, beliefs, and knowledge of peer college students?

METHODOLOGY

In-depth Interviews

- AMP! Performers
- 10 Emory undergraduate students

Focus Group

- AMP! Performers
- 1 FG post-performance

Performance Survey

- Audience members
- Pre-test/post-test

QUALITATIVE METHODS

Contextualize the experiences of the AMP! Sex-Ed Troupe performers

In-Depth Interviews

- Understand the students' experiences regarding Sex-Ed Troupe Course
 - Knowledge
 - Skills
 - Attitudes
- Individual evaluation

Focus Group Purpose

- Understand students' perception of their performance
- Utilized group dynamic to facilitate discussion
- Discuss successes and challenges of the performance
- Group evaluation



IN-DEPTH INTERVIEWS

- Convenience sampling from the course
- Interviews were scheduled via email
- 10 participants recruited
- Two team members conducted interviews
 - Note taker and interviewer

Domains

- Performance expectations
- Sexual health knowledge
- Attitudes about the course

Analysis

- Team members discussed themes post interview
- Transcribed an interview
- Identified salient themes from participant responses

FOCUS GROUP

- Convenience sampling
 - Post-performance
- 1 focus group
 - 10 participants recruited
 - Scheduled FG
- One moderator and two note takers

Domains

- Overall performance experience
- Successes & challenges
- Future performances

Analysis

- Team members discussed themes post interview
- Identified salient themes from participant responses

SURVEYS

Purpose

- Assess the sexual health knowledge of audience pre-/post- performance

Recruitment

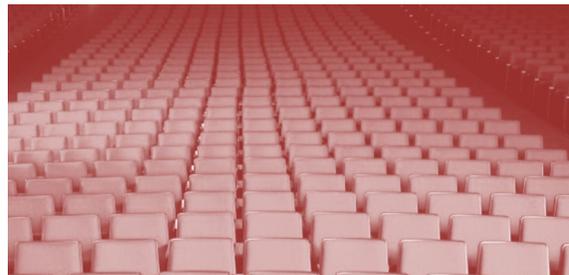
- Convenience sampling- self-referrals from flyers

Survey development

- Adapted previous AMP! Surveys
- In-depth interviews and observation of dress rehearsal performance

Data Analysis

- SPSS- descriptive analysis



QUESTION 1 RESULTS AND RECOMMENDATIONS

How does the participation in AMP! impact sexual health knowledge and attitudes among Emory undergraduate students [enrolled in the course]?

MAJOR THEMES

Group Dynamics	Advocacy	Knowledge	Course Expectations	Theatre Process
Bonding	Future use	Personal growth	Comfort level	Personal Stories
Group voice / decisions	Social perception	Covered topics	Appropriateness	Improv
Past education	Message promotion	Future topics	Course expectations	Active learning
			Performance expectations	Time commitment

GROUP DYNAMICS

1. **True consensus** should be maintained with the students to ensure that everyone is feeling included and heard, especially with such sensitive topics and situations.
2. **Personal check-ins** may be necessary in this course to accommodate any feelings or issues that come up and need to be addressed throughout the course.



"...knowing that every day when I show up to class it's a safe space where we can discuss whatever...without...any negative reaction...it's been really encouraging for me to discuss some of these things that I've had questions about and I know other people have had questions about and they've just been in a position where they just don't feel empowered enough to voice it."

ADVOCACY

- An **On-the-Ground-Coordinator** should be considered in order to provide the best transition from university to school. This person could also serve as the personal check-in advisor.
- Advanced planning** will be necessary in order to successfully meet the goals of this course.



"At first it was like kind of scary but then throughout the course ken has been preparing us for this. **It's real, this comes from us**, so it wasn't acting as a sense it was just making sure people got the message. So in that manner I felt very confident even though I was nervous to perform for peers."

KNOWLEDGE

- Increase introduction to UCLA Arts & Global Health Center and **AMP!**
- Students reported wanting to **learn more about STIs and include a focus on teen pregnancy**



"...if I'm ever in a situation, I have more knowledge about sex overall. If a friend of mine needs to know how to make a dental dam out of a condom, or a friend comes [with questions], I can **tell them the right thing**. Or to my babies one day. Just knowing what's the right information is very important."

COURSE EXPECTATIONS

- Setting **clear expectations** of the students: warning about the personal information and **disclosure** that may occur, the **teaching methods**, and particularly noting the **flexibility** needed in this course, and **time commitment** necessary to make this a successful course.
- Greater program fidelity** is needed to make this content more HIV-specific. It is missing some key aspects of **AMP!** program activities.



"I like **newspaper articles, scientific articles, research** that's going on currently, **how to cure AIDS**, Emory came up with one of the drugs, it would be awesome to read the article. It was a global health class, so I thought it would fall under that umbrella. I heard there was a book we were supposed to order. We haven't used it, maybe once, but there's no information given to me."

THEATRE PROCESS

- More improv and fluidity** in developing performance content was mentioned a few times.
- The week-long intensive** is "exhausting and time consuming" but "completely worth it."



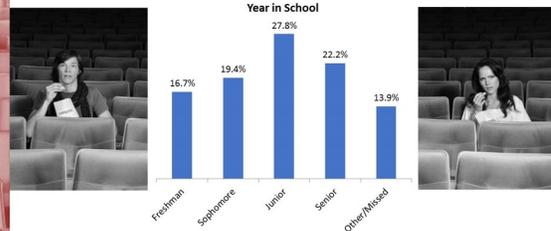
"The theatre component and the way Ken teaches the class, it kind of pushes you to a place that's uncomfortable. **Some people aren't able to deal or work well in that uncomfortable space**, but I've seen classmates and myself...[be able to be]...in that **uncomfortable space** and create things and force yourself to learn things...I think it's great, and everyone has to come to that **point at some point in their career**."



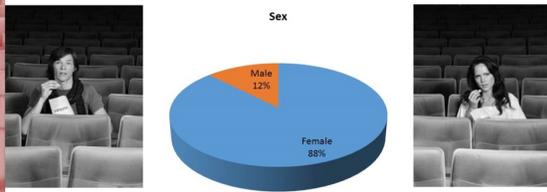
QUESTION 2 RESULTS AND RECOMMENDATIONS

To what extent does the Emory Sex-Ed Troupe performance create change in the attitudes, beliefs, and knowledge of peer college students?

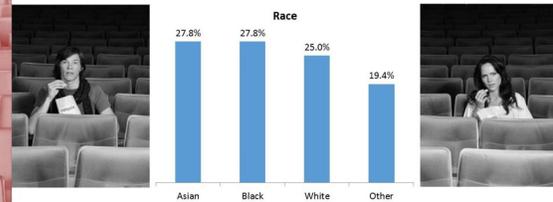
DEMOGRAPHICS



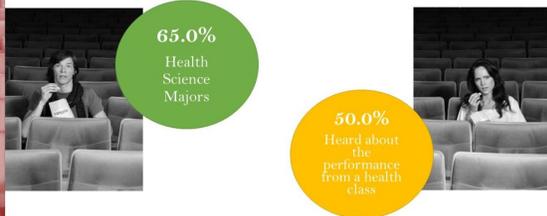
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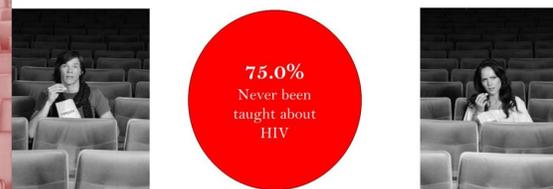
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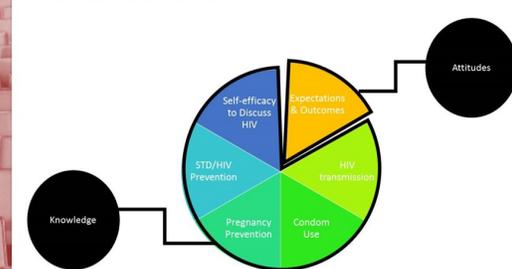


NO TWO AMP! PERFORMANCES ARE ALIKE

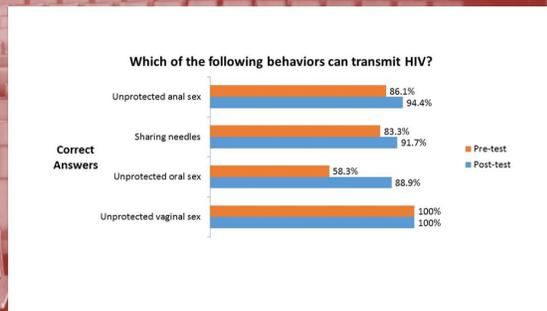
- Two performances
 - 1 week apart
- Performers build upon each performance to enhance future performances
- Question and Answer
 - Audience facilitates discussion
- Create differences across performances



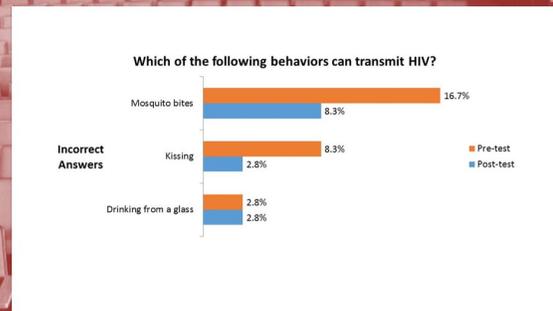
SURVEY COMPONENTS



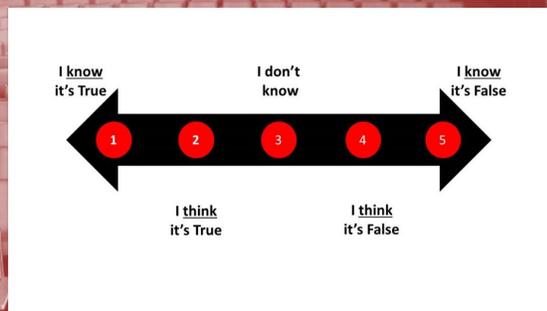
KNOWLEDGE: HIV TRANSMISSION BEHAVIOR



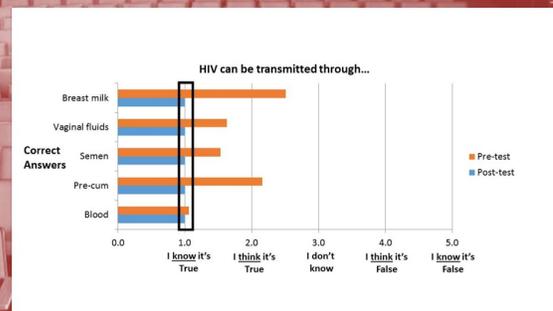
KNOWLEDGE: HIV TRANSMISSION BEHAVIOR



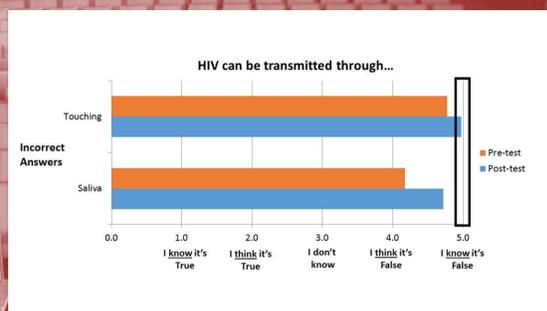
HIV KNOWLEDGE



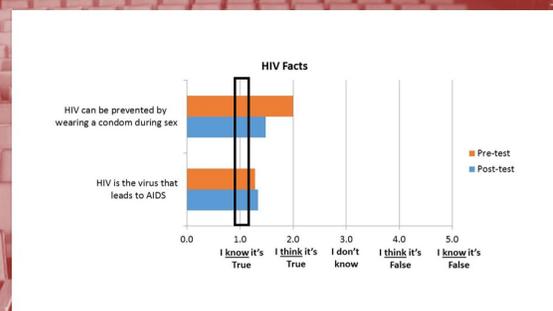
KNOWLEDGE: MODES OF TRANSMISSION



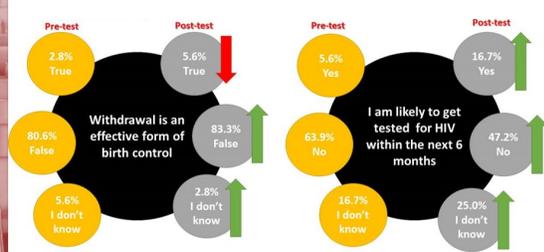
KNOWLEDGE: MODES OF TRANSMISSION



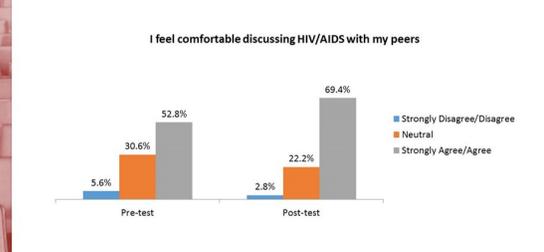
KNOWLEDGE: GENERAL HIV FACTS



KNOWLEDGE & INTENTIONS: PROTECTIVE SEX BEHAVIORS



DISCUSSING HIV/AIDS



AUDIENCE REACTION



AUDIENCE EXPECTATIONS



THREE MOST IMPORTANT MESSAGES



RECOMMENDATIONS

- Adaptability of the program to college students.
- Question and answer sessions are an essential component of the performance and should continue to be emphasized
- Pilot testing the performance with informed audience could help students solidify and tailor their key messages
- Sexual health experts are advantageous for comprehensive Q & A sessions
- Maintain stock scenes (core standards) to preserve performance fidelity



FUTURE DIRECTION(S)

1. An **On-the-Ground-Coordinator** should be considered in order to provide the best transition from school to university. This person could help monitor and evaluate the program, as well as maintain fidelity of the program. Additionally, this person could serve as a personal check-in person.
2. **Advanced planning** will be necessary in order to successfully meet the goals of this course. The connections with the schools in terms of the time, space, and means of transportation need to be set beforehand in order to have a smooth transition. Back-up or rain-out dates would be a plus.

LIMITATIONS

- Sex-Ed Troupe schedule
 - Time constraints around recruiting students
 - Numerous snow days caused a delay
 - Project time frame
- IDI's were conducted during a transition period
 - Collected information before students knew about switching to college population as well as after
- Did not have adequate time to pilot data instruments
- Small survey sample size
- Some survey response error

LESSONS LEARNED

- Flexibility & adapting is the name of the game
- Transparency & communication on all levels
- Staying firmly within our roles
 - External evaluators not marketers
- All voices, no matter what, deserve to be heard

FINAL THOUGHT

“ I like that we have freedom to use our personal stories and create them into scenes. This makes our scenes more authentic and helps us to get behind what we're doing to spread these messages.”

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QUESTIONS?

T.HANKS!

