AMP! 2012 – Research Study Report
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Introduction

AMP! Is an **A**rts-based, **M**ultiple intervention, **P**eer health education program led by the Art | Global Health Center at UCLA, now in its fourth year. As the program expands and matures, new insights and perspectives are gained. This year, many lessons were learned from a small-scale pilot study of the *AMP!* program. The study was designed to implement and compare survey results from two *AMP!* intervention arms: *AMP! Live* and *AMP! Virtual, additionally,* a control-arm was also used. The study included six comparable high schools in the Los Angeles Unified School District (LAUSD). Two schools were randomly assigned to each of the intervention groups, as well as the control group. Each school completed both a pre- and post-survey.

- The *AMP! Live* intervention was composed of three components, as follows: (1) a live performance created by the *UCLA Sex Squad*; (2) one class session led by two trained HIV-positive speakers from the *Positively Speaking* program; and (3) a sexual health education workshop and condom demonstration led by the *UCLA AIDS Ambassadors* .

- The *AMP! Virtual* intervention included three different components: (1) students viewed and discussed a short video: "*When the Situation Gets Slippery*; Episode 1: Condoms," which is a compilation of monologues and skits created in 2010 by the UCLA *Sex Squad* to educate students about condom use and HIV; (2) teachers were given a Teachers' Guide to accompany the "*When the Situation Gets Slippery,*" and asked to complete the *Condom Lines* activity; and (3) students were shown 3-5 short biographical videos created by the *Through Positive Eyes* project, portraying men and women living with HIV in LA county, and completed a work sheet created to help students reflect on one of the videos.

- The control-group schools received no intervention, but completed the pre- and post-surveys.

At the time this report was written, pre- and post-survey results had not be analyzed; however, it is expected that the *AMP! Live* will yield the most impact as compared with *AMP! Virtual* and the control groups. The following report is based upon qualitative research and observations made during the performances, classrooms, focus group discussions (FGD) with students, and coordination efforts with teachers. Quantitative data collected is not yet reflected in this report.

Lessons Learned – *AMP! Live* Intervention:

Sex Squad

The *Sex Squad* performance is a 40-minute live stage performance created and led by UCLA students for high school students in Los Angeles. The power of the *Sex Squad* performance arises from a combination of original performance art, "near-peer" modeling, and entrusting high school students with truthful dialog about sexuality, HIV/AIDS stigma and sexual health decision-making. The performance is utilized as a supplement to the LAUSD Health curriculum that enables students to synthesize information learned in the classroom with performance art and real-life scenarios. Students and teachers have responded very positively to the performance. One student explained:

> *"I think what I liked most about the program was that they made the people [Sex Squad performers] feel comfortable, cause not a lot of people feel comfortable saying things…they feel all conscious, like they gets nervous or scared when they speak about sex. And actually hearing [the Sex Squad], like it made me feel more comfortable like talking about it and like knowing more about it…"*

Several other students expressed similar ideas:

> *"They kind of made it interactive where we kind of had to get into it a little bit, like you know bang out, like with the fluids."*
>
> *"It's just a program that like really knows how to talk to people, like especially young people, because they act mature in like one thing, like you get me, like the way they speak, but like they know how to get our attention."*
>
> *"Number seven. It wasn't like health class where it's like all boring, you just have to read from a book or watch a PowerPoint, you know. It was ... You were more involved…"*

The high school students understood that they were being trusted with knowledge and choices in the *Sex Squad* performance. When presented with this information and options regarding sexual health, HIV, body image, and drug use through peer modeling, they are empowered with an opportunity for making informed personal decisions.

Program Content: *Alcohol and Drug Use* – The role of alcohol and drug use in relation to sexual health and risks were incorporated for the first time this year. Several *Sex Squad* members developed short monologues about drug and alcohol use in relation to sexual health. The stories were important in highlighting the realities of social pressures, one student in the FGD; one student explained, *"I could relate to like the parties and stuff…where like they offer you alcohol and then like you don't realize what*

you're doing...." When probed about the message or ideas that they took away from the performance about alcohol and drug use another student explained:

> *"Well I don't know if ... I don't think that I got ideas from [the performance] but I know that my mom always tells me to get…if I'm going to get a drink to always get it on my own, to like don't let nobody give it to me."*

The *Sex Squad* presented their stories as factual and honest; nevertheless, high school students processed the stories by normalizing the use of alcohol and drugs, but were unable to identify factors that could prevent risks associated with the use or abuse of substances.

Though it is important to begin to discuss the social and psychological pressures of drinking and drug use, especially as it relates to sexual practices and risks, this year did not include strong messages (or visual/performance-based representations) that would allow students synthesize ways to engage in safer drinking, drug use, or sexual practices.

Recommendations: In future productions it will be important to work with UCLA students to help them highlight their understandings of the social and psychological pressures associated with of drug use and abuse, especially easing social anxieties, escapism, and loss of control. Encourage *Sex Squad* members to consider how these peer pressures persist for both college and high school students, and identify ways to avoid risks associated with drinking and drug use—if students opt to use substances.

In the event that National Institute on Drug Abuse (NIDA) funding is attained for the development of this program it will be crucial to developing content in future productions related to substance use/abuse.

Program Content: *Sexuality* – The *Sex Squad* production has greatly expanded and improved the exploration and incorporation of issues related to sexuality over the four years of the *AMP!* program. This year three courageous *Sex Squad* members shared their coming out stories in the stage production. Their courage and vulnerability is admirable and powerful.

One of the *Sex Squad* members shared her experience with having a loosely defined/undefined sexuality. Her experience is incredibly important addition, especially for many high school students who are questioning or who do not want to label their sexual desires or feelings. One high school student explained the significance her story held for him;

> *" I can't really talk about my sexual orientation cause people are just like 'What?!' Or like they're just trying to change my perspective. Like…how that girl said she doesn't like people for their orientation but for their personality. That's how I am too. [inaudible] "Well that means you're bisexual." I'm like "No, it doesn't mean anything. I don't like ... I don't want to label myself under society. And I was like I*

was like in shock to see somebody else like that, so I'm like "Oh!" I was like "Wow!"

All three stories included this year stories opened an opportunity to explore the wide spectrum of sexuality and sexual identities. Furthermore these contribute to an important conversations that address the challenges, joys, ambiguities, isolation and fears experienced many lesbian, gay, bisexual, queer and questioning (LGBTQQ) young people.

Recommendation: With the incorporation of various sexual identities, the performance must also include prevention/safer sex information pertaining to various sexual practices that goes beyond condom use, and penile/vaginal penetration to ensure that safer sex messages are congruent with the broad framing of sexuality in the production.

Program Content: ***Synthesizing sexuality and gender identity through movement and visual cues*** – Last year many students brought up the issues of LGBT suicide, sexuality, and sexual health in the FGDs. In these discussions the high school students also provided critiques, describing the complex layers of dance distracted from the content of LGBT suicide and bullying. This year, the three students who shared their coming out stories were simple and candid; however, very few students in FGDs brought up the issues of sexuality without probing from the interviewer.

In contrast, this year several high school students in the FGDs recalled a poem, which was written with a rhythmic cadence and performed with strong-abrupt movements by a young woman expressing her frustrations with conflicting messages of body image, and sexuality. Speaking about this poem, one student said, *"I remember that girl was dancing ... while she was doing her poem, I remember some of that. I don't know what the poem was about, but I remember it. She was dancing."* A second student in the group responded, *"The poem was about like how girls are viewed in today's society."*

It is possible that students were less affected by the content related to sexuality this year because the content addressing sexuality shifted from a focus on suicide, bullying and coming out, to focusing on coming out and sexual identity. It is also possible; however, that the inclusion of visually complex dance/movement, utilized last year in the *It Get's Better* performance, may have actually encouraged students to recall, synthesize this ideas brought forth---opening up space to engage in discussions of challenging and sometimes uncomfortable topics.

Recommendation: In future productions utilizing more complex visual representations in association with storytelling may stimulate and engage students in more critical thought, especially as it relates to difficult and complex questions of identity in the context of sexual health.

Dual Intervention – A powerful aspect of the *Sex Squad* performance is that there are two interventions occurring simultaneously: one intervention is taking place among the high schools students who are witnessing the *Sex Squad* performance, and a second

indirect intervention is occurring among the UCLA students involved in creating the *Sex Squad* performance.

To cultivate and create the *Sex Squad* performance, *Sex Squad* members engage in a process that allows them to develop knowledge of sexual health, body image, HIV prevention and stigma, sexual identity, and sexual risk taking. Through this process they are also challenged to be introspective and engage in critical thinking—identifying their own fears, assumptions, and the stigma they carry. They drawing upon their experiences of taking risks, the positive outcomes, and the difficult lessons learned to construct a candid and honest dialogue. The *Sex Squad* members develop a critical understanding of the complexities of sexual health, and become role models to high schools students, but also to their direct peers. As a result both the high school students and *Sex Squad* members are presented with an opportunity to think beyond their personal experiences—to practice empathy and reduce stigma—to consider what it takes to prevent HIV and improve one's sexual health, body image and further explore a healthy understanding of sexuality.

Some public health professionals critique peer health education programs, suggesting that peer health educators may gain more from the intervention than the intervention's targets. This critique should be noted as some scenes in this year's production, specifically the scene addressing alcohol or drugs and sexuality, arguably focused more on the personal experiences of the *Sex Squad* members without modeling ways for high school students to reduce their own risks. This was not the case for many themes in the production. In FGDs; however, several other themes such as, body image, sexuality, and masturbation, strongly resonated with the high school students, which instilled invaluable opportunities for both high schools students and UCLA students to engage in a process of synthesis and reflection.

Recommendation: To ensure that the *Sex Squad* production continues to result in a dual intervention that is mutually beneficial for both high school and UCLA students, it is vital that the introspective work of the *Sex Squad* members be nurtured to translate into aiding the high school students with their processes of discernment and addressing needs related to sexual health, Sexually Transmitted Infections (STIs), body image, stigma reduction, as well as drug use.

Identifying Program Objectives – The *Sex Squad* performance was full of topics and content that provided opportunities for students to make choices and better cope with peer pressures. Students responded well to the array of topics, without feeling overwhelmed; one student explained, *"It didn't feel like people was cramming information into you so you have to learn, it was more like I wanted to learn."* It is imperative that goals and objectives are developed and assessed to ensure that content is not excluded; or if content is excluded, it is done so with awareness and intentional decision-making. It is important to allow the *Sex Squad* to engage in an organic, creative process to develop the performance; yet it is of equal importance that the needs of the audience are also considered in their process. Several students in the

FGDs, expressed interest in learning, *"more information about the other STDs that you can attract from having sex and not just HIV and AIDS, cause they're not the only two things that you can get from having sex."*

Another student explained:

"I don't remember them really saying like a lot of risks of having sex besides like you can get Aids…. I think like they should explore that, cause just telling people to have safe sex doesn't mean they're going to do it. But like if you tell someone like 'Oh yeah you'll get like some venereal diseases,' it might stop you."

Recommendations: The *Sex Squad* performance works as a dual intervention targeting high school students and UCLA students, it is crucial to identify two sets of goals and objectives: one set for the *Sex Squad*, and a second set of learning objectives for the high school students. Finding ways to meet the needs and bridge the concerns of both groups, while ensuring that the content reflect the possibilities and constraints of the performance is the primary challenge of the director and creators.

Positively Speaking

I had the opportunity to observe in a classroom at one of the *AMP! Live* intervention high schools when two speakers from *Positively Speaking* came to speak as part of the *AMP!* intervention.

***Positively Speaking* Impacts:**

One of the most significant aspects of including the *Positively Speaking* into *AMP!* is that the speakers from the *Positively Speaking* make HIV "real" for many students. Several students reflected similar sentiments to this student 's experience with the speakers coming to his classroom; "You really couldn't tell that they had HIV and AIDS until they told us. And you can't really judge someone or say they have a disease off their appearances cause you never know…." The speakers' real life stories and presence in the classroom lend a face to HIV, and often dispel preconceptions of what it means to have HIV. The interpersonal interaction between students and people who are HIV positive is critical in reducing stigma of people with HIV.

Positively Speaking engages students. Students were listening intently, are beginning to synthesize the personal stories they heard the messages of HIV transmission and prevention. In a FGD at one of the *AMP! Live* schools, one young woman described her experience hearing the speakers:

"I actually have never met someone that had AIDS or HIV and it impacted me in many ways, and it was actually really inspiring because they opened up to us and we didn't even know them and they just wanted us to be more aware, and it actually made me

like think twice before I do something. Like it actually helped me a lot like to think more about the future, like before I make a mistake in the present. Like it actually like opened up my eyes."

The speaker's stories appeared to allow students to synthesize the information and engage in an internal/personal risk assessments based on the speakers experiences, which is an incredibly powerful tool for prevention

Positively Speaking speakers told their stories while concurrently weaving in messages about HIV transmission, prevention and testing. The speakers reiterated the fluids and modes of transmission, and reinforced the fact that HIV infections are often asymptomatic. The reminded students that getting a test is the only way to confirm someone has HIV, and encouraged students to get tested with their partners. A students reflected this message in the FGD, when describing what he learned from the speakers, *"Don't trust no one if they say: 'don't use a condom' or 'we can stop.' ... Before you stop using condoms or something, go with them and get tested so you can see and know for yourself."*

***Positively Speaking* Challenges:**

Fidelity vs. Stigma Reduction – In public health the concept of fidelity – the extent to which a program is delivered consistently, is very important to ensure that the results of a study or evaluation of a given program can be reproduced. For this reason, it is important that the goals, objectives and survey measurements/indicators accurately measure the impact of the activities being done. The impact and benefits of the *Positively Speaking* program lies in the ability for students to meet someone who has HIV, and in that meeting, the ability to reduce stigma toward people living with HIV. While the speakers and their stories are not consistent between classrooms or even class periods; it is important to ensure that the study has measures that reflect the power of this component of the program.

Unintentional Fear-based Approach to Prevention? – One of the speakers brought bottles of the medications that she takes, which likely totaled over 30 bottles, lining them up one by one in front of the class. Students in the focus group discussions (FGD) at Hollywood High, Carson High and South Gate High school, all had the same speaker in their classes, all 5 FGDs from these schools expressed that they felt fearful of contracting HIV because of the speaker who brought in all the medications. One students explained:

> *"I, at some point, I did feel uncomfortable when one of the guest speakers was pulling out the her the medication that she has to take. It was really unbearable to see for me, because it was so much medication it was just pretty disturbing, because of all the pain that she has to go through, taking the medication…"*

Another student explained his experience,*"…And then all the pills. It kind of like ... like scared you to not—like I said earlier—like it scares you to not want to like do stuff, because you never know."* Several other students described that they were "shocked".

It is important to show and talk about the realities of HIV and the consequences; yet, lining up the medication appeared to be perceived as a scare-tactic. Several studies have shown scare tactics to be ineffective in getting tested of preventing infections or eliciting empathy. The major impact of *Positively Speaking* is humanizing HIV and removing the stigma for people living with HIV and AIDS. It is this impact that will encourage students to engage in safer sexual practices and HIV testing, not instilling fear of disease or consequences.

AIDS Ambassadors

The *AIDS Ambassadors* are a group of UCLA students who have been trained to lead a class presentation that teach high school students about HIV and condom use. The AIDS Ambassadors employ a near-peer-based model to deliver information to students in an interactive lecture format.

***AIDS Ambassadors* Highlights:**

Condom Relay – This activity gives students the opportunity to practice the proper steps of using a condom. The *AIDS Ambassadors* teach the students 6 steps for using a condom. One health educator holds up posters with each step written out. The second health educator demonstrates each step using her middle and pointer finger as a shaft. The class is then divided up in to two groups, each student is given a condom and one by one they practice each step—calling out each step as they go. It is done as a race to meet time constraints.

This activity worked very well. Students were engaged in both learning and having fun. There was some nervous laughter and moments of awkwardness, but a major strength of this activity is that no one was made to feel embarrassed by being singled out. The repetition of each student in the class having to do the same activity appeared to normalize condoms and reinforce the 6 steps of putting on a condom.

The students in the FGD responded positively to the activity. The students described the experience as "weird" and "awkward", but "fun." One explained, *"Well, they made us put, like they made us try putting on a condom on someone's finger, and it was like a race across the room…It was awkward but it was fun, I guess."* The focus group participants were able to list all the steps together, and helped to correct each other when the steps were out of order.

This activity allows high schools students a tactile and auditory learning experience. The activity is important in helping familiarize the students with condoms, especially for

students who have never touched a condom. This activity should continue to be utilized in future programs.

Health-educators – The health educators were enthusiastic and engaging. One of the students in the UCLA *Sex Squad* was also a health educator for *AIDS Ambassadors* , and this overlap created consistency that was helpful in tying together the links between the ideas presented in the *Sex Squad* performance and the in-class health education workshop. In a FGD high schools students were asked if they could relate to the health educators, and while most students expressed a general ambivalence towards the speakers, they enjoyed the activities. If future partnerships are maintained with the *AIDS Ambassadors* program, it will be important to develop the health educators' presentation skills by finding ways to actively engage students.

AIDS Ambassadors Challenges:

What is HIV and AIDS? – The distinction between HIV and AIDS was not made clear in the *AIDS Ambassadors* presentation. HIV and AIDS were discussed as though they followed a linear timeline. The health educators asked, "Do you know the difference between HIV and AIDS?" The High-school students did not know. The health educators briefly discussed the immune system, and stated that having AIDS means that you have a low functioning immune system that can be caused by HIV. One health educator said, "AIDS, is worse…" The other interrupted and explained, "You get HIV and then it takes a long-time to get AIDS." In the second class I observed one of the health educator explained the difference by saying, "You can have HIV for like 20 years with no symptoms, and then you get a flu and you can get AIDS."

Recommendation: This is complicated concept and can be very hard to simplify, thus it should not be over simplified to the point where the information is inaccurate or minimize the experience of people who have AIDS diagnoses. The *AIDS Ambassadors* must spend some time to establish a clearer explanation of this distinction in the curriculum.

Fluids, Routs, Modes, and Prevention of Transmission – The *AIDS Ambassadors* curriculum attempted to create a numerical pattern:

- *6 steps to using on a condom correctly*
- *5 Fluids of transmission: 1) Blood; 2) semen; 3) pre-cum; 4) vaginal fluid; 5) breast milk*
- *4 routes of transmission: 1) tip of the penis, 2) vagina, 3) anus, 4) open-wounds (leaving out mouth)*
- *3 modes of transmission: 1) Sex: oral-, anal-, and vaginal-sex; 2) Blood-to-blood: sharing needles and open wounds; 3) Mother-to-child*
- *2 mechanisms of prevention: 1) condoms and 2) abstinence*

In following this numeric pattern the health educators present inconsistent information about the spread of HIV through oral sex. The 4 Routes of transmission excluded the mouth, but in the 3 modes of transmission included oral sex. As a result, in both of the classes observed the high schools students raised questions about the possibility of contracting HIV orally, and subsequently the health educators spent a lot of time discussing this topic. This was challenging for the students to understand.

Recommendation: For consistency and accuracy this numerical pattern should be abandoned. Students should be told that there 5 routes of transmission—including the mouth. Oral sex should continue to be discussed as a mode of transmission. Health educators should emphasize that the HIV virus is not present in saliva, so kissing is very safe.

The components of the presentation were presented in a short lecture and the content was dry. Many students were disengaged. This component of the *AIDS Ambassadors* presentation was not mentioned in the FGDs at all when asking what they remembered about the *AIDS Ambassadors* presentation. Furthermore, the teacher was sitting in the back of the room whispering to me and explaining that she covers all of that material in her class, and was concerned about having to undo inconsistencies or inaccuracies. Given this concern it may be more beneficial to spend time doing the condom relays, and developing role-plays further develop communication skills focused around sexual health challenging topics, like condom negotiation, dating, testing and sexual practices.

Role-Plays/Condom Negotiation – In observing two class sessions of the *AIDS Ambassadors'* presentations, there was only time to do one role-play at the end of each class. There was not time for students to create an impactful scenario, and the health educators provided very little guidance. The high school students were reluctant to participate. As a result the role-plays did not explore realistic options for condom negotiation, and there was no time left to discuss the activity or more plausible scenarios.

Recommendation: This activity requires more structure, and/or preparation to provide students with more direction on how to create a role-play and how to generate more realistic scenarios. In future programs, consider asking members of the *Sex Squad* to draw from their knowledge of safer-sexual practices and theater experiences to aid in developing role-play scenarios.

By involving the *Sex Squad* in such activities in the classroom would allow for an opportunity to expand on and synthesize complex ideas that are introduced in the *Sex Squad* performance. Also, consider breaking students up into small groups to create a short "class performance" or "mini high school *Sex Squad* performance" at the end of the class period.

Virtual Intervention

Implementation of *AMP! Virtual* Program

The *AMP! Virtual* intervention was introduced for the first time this year. This Virtual program was hypothesized to provide an intermediate level intervention that would be more sustainable in reaching additional high school audiences. Implementing *AMP! Virtual* meant that two different *AMP!* interventions were occurring simultaneously. In the *AMP! Virtual* intervention, the teacher showed their students: "*When the Situation Gets Slippery" a video made by the UCLA Sex Squad in 2010,* in place of the *Sex Squad* live performance. Additionally, high school Health teachers led an activity called, "Condom Lines" in lieu of the *AIDS Ambassadors* ; and a series of videos made by the Through Positive Eyes project were shown in the place of HIV-positive speakers from *Positively Speaking*.

Given that this intervention had not previously been tested, this pilot study provided an invaluable opportunity to understand the feasibility and efficacy of introducing and using *AMP! Virtual* program materials into real-life Health Education courses in LAUSD. Based on FGDs the students responded well to the videos and activities. Students indicated that they could relate to the stories in the videos and found the content informative and fun. One student explained, *"When I like heard the title, 'When the Situation Get Slippery', everybody just like stayed quiet and like I just seen [sic] smiles on everybody's faces."* Another student said, *"you guys did give information, but like well for us to want to hear about it and want to learn about it..."* A third student recalled, *"They taught us how to put a condom on, in a funny way."*

Students and teacher feedback suggested that "*When the Situation Gets Slippery"* and *Through Positive Eyes* website can be valuable resources in supplementing the sexual health content covered in LAUSD health courses.

Note for Quantitative Analysis: Although the content of the AMP! Virtual is similar to the AMP! Live intervention it is not identical; this must be considered during the quantitative analysis stage of this study. Comparing variances in the results that are captured in the pre- and post-survey of the AMP! Live and Virtual intervention schools may be due to the variation in the intervention's content, rather than the mode of delivery (live or virtual).

Student Feedback: "*When the Situation Gets Slippery"* and Condom Lines – The teachers were asked to show "*When the Situation Gets Slippery"* and lead a discussion. The following class period lead the "Condom Lines" activity from the Teachers' Guide. In an FGD at one of the *Virtual* intervention school, students shared their experiences and ideas about the video and activities. One student described on his experience watching *'When the Situation Gets Slippery', saying:*

> *"I like the way that guy said that it's not wrong for you to have sex but even if you do do it, it's OK, but just use protection and always be safe. Like he wasn't putting sex down and saying you shouldn't have sex."*

Student Feedback *"Through Positive Eyes"*

In the FGDs students' watched 5 short biographical videos from the Through Positive Eyes – Los Angeles project. Students were able to describe the stories from the videos in great detail. One example of their attention to detail was highlighted by a two-student conversation during a FGD:

> **Student 1:** *"Just like this one lady—I forgot, Nancy?"*
> **Student 2:** *"Yeah."*
> **Student 1:** *"Like she got pregnant and she was four months pregnant and she was HIV positive from her husband and then the baby came out negative. And that was like…I thought the baby was going to come out HIV…But it didn't have HIV."*

The videos clearly made an impact on the students in spite of the fact that speakers did not come to the classroom. In the event that Speakers form *Positively Speaking* cannot go to a high school, this resource is able to elicit some similar experiences of bringing to life some of the realities of real people living with HIV. This resource should be promoted, made accessible, and utilized in high schools across the country.

The students also discussed the worksheet activity that accompanied the videos. One explained, "*It was good. It made us think more about the personal effect or how to look at their at the situation different, and like get more information."*

Teacher Feedback – *AMP! Virtual*

The teachers were grateful to have the video resources that had been approved by the LAUSD HIV/AIDS Prevention Unit. Both of the teachers participating in the *AMP! Virtual* program reported that the video prompted good class discussions. One teacher sent the following feedback in an email:

> *"The videos triggered so many questions and so much discussion that we digressed on several occasions into areas I thought were critical at the time - especially with my life skills students, some of whom had never taken health."*

The video and Teachers' Guide with discussion questions and activities appears to be a helpful resource for the teachers. Any inconsistency in implementation between the two schools reflects the efficacy of this program in a real-world setting.

Challenges and Lessons Learned: Virtual Programming and Teachers Guides – *AMP! Virtual* relied on teachers to implement each aspect of the program. The exact program components and final drafts of the Teachers' Guide that outlined instructions on how to lead the activities, which accompany "*When the Situation Gets Slippery*" and

"Through Positive Eyes" videos were not completed prior to Internal Review Board (IRB) submission, or the initiation of the study. This created delays in implementation of the pilot study, and resulted in unclear expectations for the participating teachers, which in turn, led to some inconsistencies in program delivery.

During the study, however, we had an opportunity to work with and gain expertise from Tim Kordic, Director of the LAUSD HIV/AIDS Prevention Unit to further develop the Teachers' Guides and outline specific components of the program. Additionally, through the pilot study we received the participating teachers provided feedback to aid in framing program activities, so that they can be most effective in the classroom settings.

"*When the Situation Gets Slippery*" Lessons Learned– In March we met with Tim Kordic to discuss programming. With his expertise, we determined that showing all three episodes from, "*When the Situation Gets Slippery*" and having follow-up discussions would be difficult for teachers to complete. Instead, we decided to ask teachers to show the first episode: "Condoms" and we told them they could show all three if they chose. One teacher had received the video and an earlier draft of the Teachers' Guide; with these materials she took initiative to show the entire video and led discussions with her classes before we gave further instructions. In this case, her classes received more programming than was required by the intervention, and may be reflected in the survey results from the other *Virtual* intervention school.

"Condom Lines" Lesions Learned – In FGDs students were asked to describe the Condom Lines Activity that was done in their classes. From the students' descriptions in the FG the actual Condom Lines activity that was outlined in the Teachers' Guide was not implemented. The students explained, *"She [the teacher] showed us condoms, but she didn't show how to put them on."* Several students confirmed this. The students also explained that the teacher reviewed the steps to put on a condom in front of the whole class, and showed students dental dams. After the demonstration she allowed the students to pass around the dental damn she used in the demo, but the condom was not passed around.

These examples of inconsistencies reveal that there may not be a high level of fidelity (the extent to which the program was delivered consistently); on the other hand, it does reflect feasibility and efficacy of the program in a classroom setting.

Recommendations: The inconsistencies in program delivery implicate a need for any future research to clearly outline a detailed program, plan and timeline, and outline clear expectations of the teachers. Developing these materials prior to the start of the study will help to ensure that the teachers who agree to participate have a clear understanding of what they are agreeing to take on in participating. Furthermore, it allows researchers to procure all of the resources the teachers will need to implement the program. It is also crucial to outline these research plans prior to the pre-survey to ensure that what is being measured reflects the program being delivered. Finally,

establishing detailed plans increases the opportunity for program fidelity, and prevents opportunities for inconsistencies that can be reflected in the survey results.

Note: These inconsistencies should be considered in the data analysis stage, as they may have an impact on the results of the study.

Teacher Feedback: *Through Positive Eyes* Short-biographical Films

The *Virtual* intervention was originally designed to incorporate activities that utilized the *Through Positive Eyes* website. Through classroom observation and teacher feedback; however, it became apparent that internet-based activities were not feasible because many students do not have access to the Internet at home. Utilizing schools' computers was not a viable option, either, as there are between 35 – 43 students per class and teachers only have one or two computers in their classrooms. Moreover, the teachers explained that the school computer labs only had 30 computers, and it was difficult to reserve the room for each of their classes on a single day. The lack of Internet access required that the web-based *Through Positive Eyes* activities be reframed so that students who could not access to the Internet were not penalized. Instead of directing teachers and students to the website, both teachers in the *Virtual* schools were given a DVD with the 10 biographical videos of people living with HIV and AIDS in Los Angeles that could be found on the TPE website. Teachers showed the students 3-5 of the short films on DVD, and each student selected one of the stories about which to complete a worksheet that aims to encourage synthesis between the individual stories and HIV prevention and stigma reduction.

Recommendations: Continue to promote the *Through Positive Eyes* website and distribute DVDs of the short biographical films to teachers in LAUSD and beyond. Though it would be ideal for student to utilize the website to complete activities outlined in the teachers guide that will not always be possible. The compromise of showing 3-5 videos in class worked well as an alternative. Teachers and students responded well, and thus it is viable to us in a classroom setting.

T*hrough Positive Eyes* and *Positively Speaking* Overlap - The *AMP! Virtual* intervention was originally structured to use the *Through Positive Eyes* website accompanied by activities in the Teachers' Guide, in lieu of the *Positively Speaking* component in the *AMP! Live* intervention. Due to the unclear expectations/stipulations of participation in *AMP!,* one of the Virtual schools had speakers from *Positively Speaking* in addition to watching the *Through Positive Eyes* program. This incident of cross-contamination between interventions came to light from students reflecting on their experiences of watching the videos in the FGDs at one of the *Virtual* intervention schools, several students began to explain that they had a speaker in their class who was also in the video. This overlap in content is problematic because it will impact the results of the research study—preventing us from accurately measuring the effect of the *Through Positive Eyes* component of the virtual intervention.

Recommendations: For future research it is imperative that expectations have been clearly outlined for teachers to avoid the possibility of cross contamination. For this, or any other component being studied, we must coordinate better with *Positively Speaking* and ensure speakers are aware of the videos online.

Student's Response to Sexuality – The students first brought this issue to light by expressing an innocent confusion because one of the speakers from *Positively Speaking* talked about getting HIV from a girlfriend, whereas, in the video he discusses being positive and in a relationship with a man. This caused a great deal of confusion for the students:

> **Student 1:** *"But and he said that he was with a girl like after he got with the girl that was HIV po- HIV positive, and then when we watched the movie we seen that he ended up gay."*
> **Many students:** *"Gay."*
> **Student 2:** *"It was two different stories. The video had one story and when he came into our classroom there was another story."*
> **Student 3:** *"He told us like oh he had sex with a lot of girls and then we see the video and he was with a guy…"*
> **Interviewer:** *"How did you guys feel about that?"*
> [Low male voice: "Betrayed"?]
> **Student 2:** *"I was just like shocked..."*
> **Student 1:** *"Shocked."*
> **Student 3:** *"Pure shock."*
> **Student 2:** *"because he said something and then when we watched it, it was like..."*
> **Student 3:** *"He could have like probably been straight like that, and then turned gay or something."*
> **Student 1:** *"Maybe after the girls [inaudible] HIV…"*
> **Student 3:** "Yeah."
> **Interviewer:** *"Why do you think he would have not told the same story?"*
> **Student 4:** "*He didn't want us to know about his sexuality."*
> **Student 2:** *"He didn't want us to think..."*
> **Student 4:** *"I think he just told us that how he believed he got HIV. He never really told us his sexual orientation."*

This confusion was likely a miscommunication. It may be important to discuss this with the *Positively Speaking* program and individual speaker to diffuse any confusion in future speaking events. It is; however, unlikely that this will occur again in the future, because most teachers/classes will not have the time to bring in speakers and use the *Through Positive Eyes* videos.

Lessons learned: Timing – The *Virtual* intervention was implemented over a month after the *Live* intervention. The delay in implementing the *Virtual* intervention has the potential to impact the survey results.

Recommendation:
To avoid the possibility of discrepancies in the data that can arise as a result of historical/cultural events and/or student maturation, Live and Virtual interventions should be conducted at the same time. Intervention materials need to be given to teachers at the same or similar times as the live interventions

Control Schools

Lesson Learned:

We conducted a FGD at one of the control schools to gain insights from students about what they felt they were learning in Health class and how they would want to learn and/or structure the class differently. These responses have been included to provide support for the importance of the current structure of the *AMP! Live* program.

Student offered many critiques of their current Health class and the course structure:

This student's explanation was indicative of the group's experiences:

> *"We're just kind of repeating and taking notes and like doing more quick exercises, but I don't get the feeling that a lot of what we're learning is really like entering anyone's minds."*

Another student expanded on this idea, stating:

> *"I don't think it's necessarily that like we're not studying things that would be really important to learn. I think we're talking about things that would be really important, but that we don't really go into any depth as to how it actually applies to us, and how it could actually be like directly applicable to our lives."*

Students offered several ideas on ways in which they would want to learn in health class. One student suggested:

> *"…A lot of what we do is we watch movies and I kind of feel like it doesn't really ... They're kind of all/old tangentially relevant, bad movies from the 70s…. I think what we're doing right now [small group discussion] would be amazing in health class, because honestly like I learn the most when everybody can just openly speak with each other."*

Another explained the importance of having honest and supportive dialogue in classes:

> *"It would be really great if we could like make health class a safe space, because I don't at all feel comfortable, quite honestly. Like I don't ... Like I'm OK in there and everything, like I feel physically safe, but like I don't feel comfortable*

expressing my ideas, I don't feel comfortable expressing my thoughts. I definitely put on like a bit of bravado and like act all tough and everything. I know all you guys do it—I see you all! Don't even lie!"

Another student explained that he felt guest speakers were really helpful to learning about health. He described an assembly at the school on the risks of drinking and drug use as an example:

"We had one day when we went to the like gym thing and had…Seven speakers... who all had drug addictions, at different points and were at different stages of recovery… It went over really good, the assembly. Yeah, cause it actually showed like examples ... Like with the video thing like, it's good to have visual examples of stuff, but that was like an actual one that we actually learned from and were able to like listen to."

The feedback from student FGDs confirms the significance of a program like *AMP!* that works to engage students in dialogs about sexual health that capacitate students as they begin to make their own sexual health decisions. Given these students' responses, the *AMP!* program is clearly delivering the kinds of information that students want to learn about in the ways that they want to learn.

Control School Challenges:

One of the most significant challenges and lessons learned this year resulted from our work with a teacher who agreed to be a part of the study and was assigned to the control group. Early in the pilot study we became aware that this teacher had already brought in speakers from *Positively Speaking* and the UCLA *AIDS Ambassadors* to his classroom prior to the pre-survey. These are two of the primary components of the *AMP! Live* intervention that we intended to measure with this research study; thus, we had to exclude this school from the study. A new control school was found to replace the original control school. This incident exposed the need to be explicit about the parameters of participating in the *AMP!* program in future studies.

Recommendation: Contractual Agreement – There are a few measures that can be set in place to avoid this issue in the future:

1) It is imperative to provide a generalized timeline and outline of the study explaining the study design (i.e. intervention and control groups) and expectations of the teachers.

2) Each participating teacher should be presented with a contractual agreement describing what is required of him or her during the period of the study. In this agreement teachers at the control or *AMP! Virtual* schools should be asked to delay invitations to speakers from any components of the *AMP!* Live intervention until after post-testing. Each participating teacher should sign a contract with the Art and Global Health Center, which states that they have

read and understand the responsibilities to the study. It is advisable to consult with Tim Kordick to ensure any criterion stipulated is within the legality of LAUSD health education standards.

When the schools have been randomly assigned to an intervention or control group they should be again be provided with a detailed outline of the program components and timeline including dates to ensure they understand what is being asked of them, and are able to incorporate each component of the program (including consents and surveys) into their course schedule.

Participation Rates – The control schools consistently had the lowest participation rates in pilot study this year. Roughly 41% of students from the control schools completed consent forms where 71% of students at the *AMP!* Live schools completed consent forms.

Recommendation: It is necessary work with the teachers at the control schools to encourage students to participate, even though no intervention is taking place in the classroom. This will allow for greater statistical power and a more accurate representation of what students are gaining from health classes as they stand in LAUSD.

Implementation of the Research Study – Lesions Learned:

Development of research methods and implementation Plan –
The PI, study coordinator, and the Producer of the *Sex Squad* performance must develop a Research study Implementation Plan, including research methods, funding sources, and projected timeline prior to IRB submission.

This year, at the time of IRB submission there was a great deal of supporting documentation that had been developed for a large-scale study of *AMP!* (based on the application for funding from NIDA); however, many components of the large-scale study had not been established: therefore, not feasible in a small-scale pilot. As a result, no implementation plan or timeline had been developed for the pilot study, creating confusion among participating teachers because funding had not been secured. A study coordinator was not hired until after schools had been recruited and pre-surveys were in the midst of being distributed. It is imperative that research is methodologically rigorous to ensure that study results are consistent and reflect that which is intended to be measured. An implementation plan must be developed early to ensure validity of the data and assist in providing clear expectations for all parties involved in research, especially overburdened teachers. The implementations plan must include: a timeline for Internal Review Board (IRB) submission, methods for the recruitment of teachers/schools, expectations of participating teachers, plan for study design,

completed intervention/curriculum and plan for implementation, and data collection plan and timeline.

Timeline: A timeline was outlined in the IRB to guide the consent process and pre- and post-surveys distribution; still, the timeline was unrealistic and consequently, surveys were not distributed in the time expected.

Ideally consent forms should be distributed and collected to all participating schools within two weeks. In order to achieve statistical power a high level of participation is required. To improve participation rates the study coordinator may need to spend a day in each school making a short 3-5 minute pitch about the importance of bringing back signed consent forms for participation.

Pre- and Post-surveys should also be distributed at every participating school within a two-week window, so that bias related to historical events or maturation of students is limited. Pre-surveys should be distributed to students as soon as researchers have collected consent forms. Post-surveys should also be distributed to each school at a set interval, for example 1-3 months after the pre survey.
There were several challenges that prevented consistent implementation of the timeline outlined in the IRB for the pilot study this year.

1) There was not a study coordinator in place by the time consent forms were being distributed.
2) The consent forms and pre-surveys were distributed to the participating schools over a period form February – April.
3) Post-surveys were distributed at inconsistent intervals (between 4 -8 weeks), and were beginning to be distributed in April, before one of the control schools had completed the consent process.

Measuring the Programs Effects – To ensure that the study is accurately measuring the effects of the *AMP!* intervention as compared to the standard LAUSD curriculum, it is essential that both the intervention and control school classes receive the standard sexual health curriculum. At that point, it is possible that variance seen in the data may be attributed to the *AMP!* intervention, if they do not receive the standard sexual health curriculum in each intervention or control condition, variations between schools cannot be attributed to the intervention. An agreement must be established with the all of the participating teachers prior to implementation that they will cover that portion of the health course curriculum during the study period. It may be worth considering implementing *AMP!* during the UCLA spring Quarter to ensure that all the health teachers can meet this requirement during the study period. This may not be possible given the state-wide standardized testing schedule, but it is worth investigating.

This year at least one of our control schools (Cleveland High), and possibly other *AMP! Live* or *AMP! Virtual* interventions completed the post-survey prior to completing the standard LAUSD sexual health curriculum. This should be noted in data collections as it will impact data analysis, preventing us from comparing intervention schools' survey results to the controls school's results. Moreover, this will also be reflected in analyzing

changes between pre- and post-surveys, as the students have not yet learned about HIV, STIs or pregnancy prevention. This omission was discovered after distributing the post-surveys during a FGD with students at the control school.

Preparation and Study-Coordinator – In future evaluations of the *AMP!* Program, it is imperative to have a study coordinator working closely with the director and producer of the *Sex Squad* performance. The study coordinator should be hired at least two months prior to the implementation of the study. The study coordinator should be responsible for IRB submission, recruitment of teachers/schools, randomly assigning schools to intervention or control groups, outlining explicit expectations of teachers, and implementation of the overall study activities, including data collection.

Pre- and Post-Survey

Please see notes attached; Appendix 1.

Prior to the start of the program establish what you intend to measure, and why? What outcomes are you measuring? What impacts are you attempting to measure?

There are several questions about behaviors in the survey, and I question why these are being asked. Why is this important? It is very important to identify why.

Problematic Survey Questions:

- **Section 1. Question c:** Many students did not know what heterosexual meant. In the future use the term, "straight/heterosexual," and "homosexual/gay or lesbian," and "bisexual."
- **Section 1. Question g:** Why are we only asking about sexual intercourse? These questions are derived from other questionnaires; however, because *AMP!* explores a broader definition of sex than penile/vaginal penetration it is unclear why we are asking about sexual intercourse. Furthermore, the term sexual intercourse is not defined.
- **Section 2. Question a:** *"I have met someone who has HIV/AIDS."* One student approached me after completing the pre- survey to explain that he was not sure if he had met someone with HIV because to know that someone would have to disclose their status. He then proceeded to explain that he has probably met many people with HIV, but they had not told him that they have HIV, so he felt unsure about how to answer that question.
- **Section 2. Questions f and g:** I am not clear why this is being asked. This theme was not addressed in any of the components of the program.
- **Section 2 and 3.** What the difference is between the answer choices: *"a little true"* and *"somewhat true."* All of section 2 and 3 uses this scale, but without visual cues of 'always true" or "not at all true" the distinction is not clear. This will need to be made clear for analysis purposes. Next year consider a nominal scale.
- **Section 3. Questions a – d:** These questions ask about sexual practices, but several students were unclear how to answer these if they were not having sex, or did not have a partner. Perhaps instructions need to be provided for students to reassure them that the questions can be answered hypothetically.

Consent forms:
This year, one of our biggest logistical challenges was the consent form. The consent form, we quickly found is not viable for this study or the consent process we have initiated. The form was a four-page document; with parent signatures required on pages 3 and 4. Additionally, parents were required to print their own name and their child's name several times on two pages. There were multiple lines for researcher signatures and phone numbers and the "person obtaining consent". This caused a great deal confusion, so parents proceeded to sign their own names again and include their phone numbers. There was a place to check yes or no if the parent would agree (or not) to have their child's responses used for future research. Several teachers explained that many parents thought that meant there children would have to participate next year, or they checked "no", with the understanding that that would opt the student out of participation this year.

Recommendations:
Two possible solutions to the consent form challenges:

1) To reduce the burden on the teachers and improve the quality of data, it would be ideal to apply for and "opt-out" consent process with the IRB. This would involve a notice being sent home stating that UCLA Art and Global Health Center is conducting a short survey in the health classes. Parents would only return the forms if they do not feel comfortable with their child participating in research. Unfortunately, it is not likely that the IRB will allow an opt-out consent process because the students are minors.

2) A second option would be to send home a consent form for parents to sign; however, major alterations to the forms should be made to enhance usability.

1) All signatures and printed names should be limited to one side of one page.
2) Limit the explanation of consent to two sides of one page.
3) The parent/guardian print name and signature must only be required on one location on the form. It should be evident where the parent signature is required, without additional lines.
4) The student's name should be printed clearly on one side of the above the parents name.
5) If possible avoid a line/fill-in-the-blank for a student's name in the middle of a sentence.
6) Researcher/person obtaining consent should be filled out and signed prior to being copied.