

**Improving and Sustaining *AMP!* NC, an Arts-Based, Multiple-Intervention, Peer-Education Sexual
Health and HIV/STI Prevention Program for Teens in the Chapel Hill/Carrboro Community**

Capstone Team

Liz Chen

Alexis Dennis

MaryBeth Grewe

Kathryn Stein

Sable Watson

Capstone Partner Organization

UCLA Art and Global Health Center

Capstone Preceptors

Alexandra Lightfoot, EdD

Arianna Taboada, MSPH, MSW

Capstone Faculty Adviser

Carol Golin, MD

Honor Code: “We have neither given nor received unauthorized aid on this assignment.”

Abstract

Background: Adolescents between the ages of 13 and 24 account for over one-quarter of new HIV infections in the United States (U.S.), with approximately 24% of new HIV infections in North Carolina (NC) occurring among youth in this age group. There exists a need to provide effective sexual health education for high school and undergraduate youth in NC, as studies conducted across the globe have found sexual health education to improve safe sexual behaviors among youth under the age of 25.

Methods: The Capstone team partnered with the UCLA Art and Global Health Center (UCLA AGHC) and the *AMP!* NC pilot site to refine and promote sustainability of the undergraduate near-peer educator component of *AMP!*, a theater-based sexual health education and HIV prevention program for adolescents. The Capstone team employed a variety of methods and skills to complete five deliverables, which included literature search; curriculum design and instruction; qualitative analysis; manuscript development and preparation; and cognitive interviewing. **Results:** The Capstone team produced five deliverables: 1) an HIV training facilitator's guide with accompanying materials to train *AMP!*'s undergraduate performers in HIV basics; 2) report from cognitive interviews, which provides suggestions for adaptation of a questionnaire designed to evaluate program impact on undergraduate student participants; 3) qualitative data analysis on written data from undergraduate student *AMP!* participants and a manuscript summarizing these findings; 4) a research brief highlighting the main evaluation findings from 2012-2013; and 5) a funder's package that includes potential funding opportunities, the aforementioned research brief, program summary pages, and photos and testimonials from *AMP!* participants. **Discussion:** The deliverables produced increased the sustainability of *AMP!* NC, and increased the feasibility of implementing *AMP!* as a standardized intervention in other sites across the U.S. These deliverables may help to increase youth activism around prevention of HIV and other STIs.

Acknowledgements

We would like to thank everyone who graciously offered their guidance and support throughout this project: Arianna Taboada, Elisabeth Nails, David Gere, Bobby Gordon, Marcia Argolo, and the entire UCLA Art & Global Health Center team; Alexandra Lightfoot of UNC's Center for Health Promotion and Disease Prevention; Carol Golin, Megan Landfried, Christine Agnew-Brune, and Melissa Cox in the Department of Health Behavior at the UNC Gillings School of Global Public Health; the 2012-2013 UCLA Art and Global Health Center Capstone team; Kashif Powell and Deb Royals-Mizerk of the Department of Communication Studies at UNC; Sarah Donnell and Amy Burtaine of Interactive Theater Carolina; the UNC Sex-Ed Squad; our project partners at Emory University; participating high schools; and Catherine Grodensky at the UNC Center for AIDS Research Social and Behavioral Sciences Core. Without their insight, creativity, and generous assistance this project would not have been possible.

Acronyms and Public Health Terms

Acronym	Term
<i>AMP!</i>	Arts-based, Multiple-intervention, Peer-education Sexual Health and HIV/STI prevention program
CDC	Centers for Disease Control and Prevention
LAUSD	Los Angeles Unified School District
LEA	Local education agency
MPH	Master of Public Health
NC	North Carolina
STIs	Sexually transmitted infections
UCLA AGHC	University of California Los Angeles Art and Global Health Center
UNC	University of North Carolina at Chapel Hill
UNC-CH SPH	University of North Carolina at Chapel Hill Gillings School of Global Public Health
U.S.	United States of America

Table of Contents

Introduction.....	6
Background.....	8
HIV in North Carolina.....	8
Peer Education Models for HIV Prevention.....	9
Additional HIV Prevention Models.....	10
Education models for HIV prevention among college-aged youth.....	10
Policy and Climate.....	11
Rationale for Capstone Project.....	11
Methods.....	12
Getting Acquainted with the Capstone Partner Organization and its Stakeholders.....	12
How we Approached Creating our Deliverables.....	13
Creating Deliverable 1: Adapted HIV Training Workshop Materials.....	13
Creating Deliverable 2: Cognitive Interview Guide.....	15
Creating Deliverable 3: Manuscript.....	16
Creating Deliverable 4: Research Brief.....	17
Results.....	18
Discussion.....	20
Implications of Capstone Team Work.....	20
Limitations.....	21
Communication.....	21
Familiarity with qualitative data.....	22
Clear definition of goals.....	22
Protocol for HIV 101 training satisfaction survey.....	23
Recommended Next Steps and Considerations for Sustainability.....	23
Impact of the Experience on Capstone Team Members.....	24
Conclusion.....	25
References.....	26
Appendices.....	29
Appendix A: Logic Model.....	29
Appendix B: Deliverable Tables.....	30

Introduction

During the 2013-2014 academic year, five Master of Public Health (MPH) candidates in the Department of Health Behavior at the University of North Carolina at Chapel Hill's Gillings School of Global Public Health (UNC-CH SPH) completed a Capstone project in collaboration with the UCLA Art and Global Health Center (UCLA AGHC) to implement the Arts-based, Multiple-intervention, Peer-education Sexual Health and HIV/sexually transmitted infection (STI) prevention program (*AMP!*). The Capstone project was a service learning opportunity guided by preceptors from the Los Angeles and North Carolina (NC) sites of *AMP!* and evaluated by the Capstone course teaching team and a department faculty advisor. This project was a graduation requirement completed in lieu of writing a master's thesis.

The UCLA AGHC was founded in 2006 and creates public health interventions that “celebrate life, buttressed by principles of human rights and social justice” (UCLA Art & Global Health Center [UCLA AGHC], 2013). Guided by principles that include believing in the creative process as a catalyst for change and education as action, UCLA AGHC programs challenge individuals and communities to think critically about intimacy and tolerance within the context of a society that is “wrought with widespread disease and distrust” (UCLA AGHC, 2013). In 2011, UCLA AGHC partnered with the Los Angeles Unified School District (LAUSD) to develop *AMP!* to educate teens about sexual health and HIV prevention. The intervention consisted of three components: (1) a live performance delivered by undergraduate student performers using a near-peer model; (2) in-class presentations in which HIV-positive individuals discussed their experiences with high school students; and (3) a condom skills workshop facilitated by undergraduate students for high school students. *AMP!* was designed to increase high school student participants' level of HIV/AIDS knowledge, inform high school students about high-risk behaviors associated with HIV transmission, reduce stigma towards people living with HIV/AIDS, and increase HIV/AIDS testing among young people. *AMP! NC* is a theater-based HIV prevention program that was adapted from *AMP!* to be delivered in NC in response to the high rates of HIV among NC youth. While much of the intervention is targeted toward high school students, it also has the potential

to be a transformative experience for the undergraduate students involved in the program as near-peer educators.

Statistics revealing high rates of HIV among youth in NC highlight the importance and relevance of HIV prevention programs targeting this population. *AMP!* has the potential to fulfill a demonstrated need in NC for continued improvement and dissemination of comprehensive HIV prevention and sex education programs. Thus, *AMP!* NC was first piloted in NC in the 2012-2013 academic year. In this pilot year, program staff worked with the 2012-2013 *AMP!* NC Capstone team to design and conduct a comprehensive evaluation, which demonstrated positive results for high school and undergraduate student participants including increased knowledge about HIV and safer sex and more confidence to discuss safer sex with peers (Taboada, Lightfoot, Taggart, & Tran, 2013). Data related to changes that the undergraduate students experienced, however, were limited. The 2013-2014 Capstone project built upon work done in the pilot year of *AMP!* NC, specifically seeking to measure and improve the undergraduate student experience.

We, the 2013-2014 Capstone team, produced the following deliverables in order to strengthen the *AMP!* NC program, build sustainability, and provide tools to evaluate the *AMP!* NC undergraduate experience: 1) An HIV training facilitator's guide with accompanying materials, used to train *AMP!* NC's undergraduate performers in basic information about HIV; 2) A report with suggestions for adapting the evaluation instrument used to assess the program's effect on undergraduate student participants, written based on cognitive interviews conducted by our Capstone team; 3) A manuscript summarizing findings from qualitative data collected from former undergraduate student *AMP!* participants; 4) A research brief highlighting the main evaluation findings from 2012-2013; and 5) A funder's package that includes potential funding opportunities, a summary of *AMP!* NC, and photos and testimonials from *AMP!* NC participants.

This Capstone project improved the potential for further *AMP!* NC dissemination by adapting and standardizing a facilitator's guide for the HIV training for undergraduate student peer educators that can be used in additional settings. In addition, our Capstone team helped build sustainability for the program

by creating deliverables that shared evaluation findings and can be used to help secure funding in the future. Due to limited existing research investigating the effect of peer education programs on the peer educators themselves, conducting cognitive interviews to improve the evaluation tool to measure undergraduate student experience and analyzing qualitative data from past undergraduate student participants will contribute to knowledge about peer educator, theater-based, service learning, and course-based HIV prevention programs targeting undergraduate populations. It will also increase understanding about the effect of peer education programs, such as *AMP! NC*, on the peer educator. The logic model (Appendix A) provides additional detail related to project inputs, activities, outputs, outcomes, and impact.

This Capstone Summary Report provides details of this collaboration and the resulting completed project deliverables. We first describe the burden of HIV/AIDS among NC youth and present our rationale for addressing this issue through *AMP! NC*. A detailed description of our project deliverables and the methods used to complete them are then described. We also include lessons learned from our Capstone experience. The report culminates with a discussion of the impact of our work on UCLA AGHC and the field of adolescent sexual health as well as recommendations for sustainability.

Background

HIV in North Carolina

Approximately 1.2 million adults and adolescents in the United States (U.S.) are currently living with HIV, and in 2011 alone, an estimated 50,007 adults and adolescents were diagnosed with HIV (Centers for Disease Control and Prevention [CDC], 2012a; CDC, 2013a). The U.S. South has one of the highest burdens of HIV/AIDS in the country. When compared with other regions, the South has experienced the greatest proportional increases in HIV/AIDS rates each year since 1990 and has the highest estimated number of adults and adolescents living with an HIV diagnosis in the U.S. (Whetton, 2006; CDC, 2013b). Of the 45 states reporting new HIV diagnoses to the CDC, NC ranked 12th highest in 2011 (NC Department of Health and Human Services [NC DHHS], 2012).

Though the majority of individuals newly diagnosed with HIV in NC are adults, in 2011, 6% of all newly diagnosed cases were among youth between the ages of 13 and 19 (NC DHHS, 2012). Further, 27% of total cases diagnosed occurred in young adults between the ages of 20 and 24 (NC DHHS, 2012). In 2011, the prevalence of HIV was 7.2% and the prevalence of AIDS was 2% among young adults living in NC between the ages of 13 and 24 (NC DHHS, 2012).

The NC DHHS (2012) reported that adolescents between the ages of 13 and 19 have higher +behavioral and biological risks for acquiring HIV when compared to other age groups and estimated that more than half of adolescents infected with HIV are unaware of their status. These statistics highlight the need for activities and programs aimed at both educating youth and young adults about HIV and providing them with the skills necessary to prevent HIV acquisition. Peer education is one model for HIV prevention among youth.

Peer Education Models for HIV Prevention

While numerous studies cite the positive impact of peer education programs on the youth who participate in them (e.g., Mahat, Scoloveno, De Leon, & Frenkel, 2008; Bulduk & Ergodan, 2012; Denison et al., 2012), there are few studies examining the impact of peer educator interventions on the peer educators themselves. The few studies that have investigated these outcomes, however, have shown promising results. For example, one study demonstrated that under the peer education model, peer educators show general improvements in interpersonal skills, abilities to present information, confidence, independence and maturity (Phelps, Mellanby, Crichton, & Tripp, 1996). Additionally, studies have found increases in peer educators' knowledge of sexual health (Center for Supportive Schools, n.d.; Pearlman, Camberg, Wallace, Symons, & Finison, 2002) and their roles as agents of change in HIV prevention (Pearlman, et al., 2002). These effects were strengthened the longer a youth served as a peer educator (Pearlman et al., 2002). Additional positive effects on peer educators have included increased knowledge about sexual health, higher self-efficacy for resisting engagement in potentially unsafe behaviors, improved decision-making, and increased likelihood to talk with family members and peers about topics related to sexual health (Center for Supportive Schools, n.d.). Despite these noteworthy

findings, more extensive research needs to be conducted to examine effects of programs on peer educators.

One component shared by several interventions was the active participation of peer educators not only as facilitators, but also as intellectual and artistic contributors to curricula design. For instance, in a study led by Thato and Penrose (2013), peer leaders contributed their thoughts on module content, acted in videos that were shown as part of the intervention, and designed t-shirts and handbags with messages about the importance of safe sex. In another study, peer educators contributed to the design of the course, taught, and facilitated interactive activities such as role plays, group discussions, and opportunities to build skills in communication and condom use (O'Grady, Wilson, & Harman, 2009). All of these studies have shown how peer educators can be involved in intervention development, which can in turn be used as a framework for future endeavors in peer education interventions.

Additional HIV Prevention Models

In addition to peer educator models of HIV prevention, literature on alternative models for HIV prevention among college-aged youth and theatre-based interventions are relevant to this Capstone project given that it focuses on the effect of *AMP! NC* on undergraduate students.

Education models for HIV prevention among college-aged youth. The mode of delivery for HIV prevention interventions for undergraduate students has evolved over the last two decades. While the majority of the interventions remain theory-centered (Basen-Engquist, 1994; Yep, 2002; Chernoff & Davison, 2005; Kiene & Barta, 2006; Moore, Werch, & Bian, 2012), some studies have transitioned from evaluating single-setting workshop interventions to semester-long courses. Basen-Engquist (1994) conducted a study to test the effectiveness of an HIV prevention workshop for college students. This and other single-setting workshop interventions showed increased frequency of condom use in addition to increased self-efficacy among students in the intervention group (McLean, 1994; DiClemente et al., 2004). Additional HIV interventions in college classroom settings measured the effectiveness of interdisciplinary, semester-long courses such as Arizona State University's course HIV/AIDS: Science, Behavior, and Society (Strauss, Corless, Luckey, van der Horst, & Dennis, 1992; Marsiglia et al., 2013).

In their study, Marsiglia et al. (2013) and student participants reported an increase in post-test HIV knowledge, perceived susceptibility to HIV among females, and a reduction of risky sexual attitudes among sexually active students. Overall, the literature demonstrates that HIV prevention efforts through education can lead to improved protective behaviors.

Policy and Climate

In the U.S., thirty-three states require HIV education (Guttmacher Institute, 2013) including the three states in which *AMP!* is currently being implemented: California, Georgia, and North Carolina. However, local education agencies (LEAs) have not been held accountable for implementing the comprehensive sexual health education that the Healthy Youth Act of 2009 mandates for middle and high school students in NC because the Department of Public Instruction has been focused on core content areas such as English, math, and science (Department of Public Instruction, 2009). In addition, NC is more religiously and politically conservative than Los Angeles, CA, where the original implementation of *AMP!* took place (Association of Religion Data Archives, 2010). This may introduce future challenges in implementation in NC.

Rationale for Capstone Project

Statistics showing the high rates of HIV among youth in NC emphasize the importance and relevance of HIV prevention programs targeting this population. Studies have found that sexual health education improves safe sexual behaviors among youth under the age of 25 (Kirby, Laris, & Rolleri, 2007). However, research related to peer education HIV interventions among undergraduate students in the U.S. is limited. In addition, there is little research available investigating the effect of peer education programs on peer educators themselves. Thus, there is a need for continued improvement and dissemination of comprehensive HIV prevention and sex education programs within NC as well as further research on effects of such programs on peer educators, a role which *AMP!* NC has the potential to fill.

AMP! NC was first piloted in NC in the 2012-2013 academic year. In this pilot year, program staff conducted a comprehensive evaluation, which demonstrated positive results for high school and undergraduate student participants including increased knowledge about HIV and safer sex and more

confidence to discuss safer sex with peers (Taboada, Lightfoot, Taggart, & Tran, 2013). The 2013-2014 Capstone project builds upon work done in the pilot year of *AMP! NC* by contributing to the evidence base for theater-based peer educator interventions and improving program sustainability. By testing an evaluation tool to measure undergraduate student experience through cognitive interviewing and analyzing qualitative data from undergraduate student participants, this Capstone project will help contribute to knowledge about peer educator, theater-based, service learning, and course-based HIV prevention programs targeting undergraduate populations. It will also increase understanding about the impact of peer education programs such as *AMP! NC* on the peer educator.

This Capstone project will improve the ability of *AMP! NC* to be further disseminated by adapting and standardizing a facilitator's guide for the HIV training for undergraduate student peer educators that can be used in additional settings. In addition, Capstone deliverables related to sharing findings and seeking funding will help build sustainability for the program. As such, this Capstone project seeks to contribute to the knowledge base of peer education, theater-based interventions among undergraduate students as well as build program sustainability, allowing *AMP! NC* to further reach undergraduate and high school students in North Carolina.

Methods

Our Capstone team employed different methods for creating each deliverable because each was unique in terms of the processes and action steps required for successful completion. In this section, we discuss our approach to engaging project stakeholders, dividing up responsibilities among our Capstone team, and creating each deliverable. Over the course of the year, Capstone team members used and acquired skills in intervention adaptation, workshop facilitation, survey design and refinement, qualitative research, and program results dissemination.

Getting Acquainted with the Capstone Partner Organization and its Stakeholders

We met in person with the previous year's (2012-2013) Capstone team to learn about their deliverables and to solicit their advice about best practices for functioning as a group and engaging with our partner organization. The 2012-2013 Capstone team also shared their deliverables with us through an

online folder. Additionally, we met with our preceptors Alexandra Lightfoot, Arianna Taboada, and Elisabeth Nails to discuss expectations for the 2013-2014 year. Due to the geographic distance between our preceptors, Ms. Taboada and Ms. Nails, and us, most of our communication with them took place via phone and videoconference. A formal, in-person orientation to UCLA AGHC was not feasible. Therefore, we became familiar with our partner organization by reading materials such as the 2013 *AMP!* NC Final Evaluation Report, which discusses how *AMP!* was implemented in NC and provides information about UCLA AGHC's history.

How we Approached Creating our Deliverables

At the beginning of the academic year, our team decided collectively on “project managers” to supervise the progress of each deliverable. Each individual project manager's specific tasks included: formulating a plan for how the deliverable would be created (e.g., laying out specific action steps and setting internal deadlines), engaging with all of the mentors to gain their input, keeping our team on track in regards to tasks and deadlines, and submitting the final product for grading. While each deliverable had a designated project manager, all Capstone members contributed to the design and development of the final products.

Creating Deliverable 1: Adapted HIV Training Workshop Materials

The HIV training for undergraduate students developed by the 2012-2013 Capstone team was highly informative, but according to preceptors and previous instructors, there was too much information for the amount of time facilitators had to deliver the training; and without clear instructions, the training was even more difficult to implement. Further, the HIV trainings taught across *AMP!* sites were not standardized, making it difficult to ascertain if *AMP!* is delivered with fidelity. Thus, we adapted *AMP!*'s existing HIV training materials to improve the learning experience of *AMP!* undergraduate participants and move towards standardizing *AMP!* across program sites. Throughout the process of creating this deliverable we utilized a variety of skills such as: curriculum design, training facilitation, designing participatory and age-appropriate activities, adapting a previous training, and survey design.

We began our process of adapting *AMP!*'s current HIV training materials by consulting multiple stakeholders, including Bobby Gordon from UCLA AGHC, UNC undergraduate course instructors, and our preceptors. Mr. Gordon helped us better understand how HIV trainings were administered at other *AMP!* sites, and we spoke with preceptors and course instructors from the current and previous year to determine how to revise the training in order to easily integrate it into the structure of the 2013-2014 class. These discussions informed many of our decisions regarding the content and length of the training. Next, we reviewed the content and satisfaction surveys from the training conducted by the 2012-2013 Capstone team and reviewed examples of sex education and HIV training curricula to determine the layout and key components (e.g. objectives, key points, activities) of our curriculum and facilitator's guide. As a team, we discussed the examples that we found and planned how to successfully adapt materials from the previous year. Based on feedback about the density of the training received from our preceptors and the previous year's instructor, we decided to change the training from a single three-hour training delivered in one session to an approximately five hour training broken into five distinct modules that are delivered over five sessions. Based on the high quality of content in the previous year's training, we decided to convert the topics included in that training (i.e. HIV transmission and progression; prevention, testing, and treatment; HIV stigma; the sociocultural and historical context of HIV/AIDS) into four modules, and we added an introductory module as a result of our research on facilitator guides and curriculum development.

Each Capstone team member chose a module to develop, which involved updating teaching materials from the previous year, writing a section in the facilitator's guide on how to deliver that module, and updating the satisfaction questionnaire for the module. In writing our sections of the facilitator's guide, we each consulted academic and grey literature to create activities and discussion prompts. After we finished our respective sections, we exchanged modules with another Capstone team member for peer review, and then we updated the section based on our reviewer's feedback. We submitted our first draft of the facilitator's guide and HIV training materials to the teaching team, faculty advisor, and preceptors, who each provided their feedback, and we used their feedback to revise all materials.

In spring of 2014, we delivered the HIV training to the UNC Sex-Ed Squad, the group of undergraduate students who take part in *AMP!* and teach high school students about HIV and sexual health through theater performances. After each module, we administered the revised satisfaction questionnaire either through Qualtrics (an online survey tool) or on paper. When survey non-response was high for the first modules, we sought permission from the instructor to prompt the students to complete the satisfaction questionnaires in a timely manner.

Creating Deliverable 2: Cognitive Interview Guide

We conducted cognitive interviews to assess a survey instrument designed to measure *AMP!*'s effectiveness. This instrument, developed by Dr. Norweeta Millburn at UCLA for the Los Angeles Unified School District (LAUSD) *AMP!* pilot test from 2011-2012, measured knowledge of and attitudes towards HIV/AIDS and history of behaviors, such as sex and substance use. In preparation, we first attended a cognitive interview training with Catherine Grodensky, Core Manager of the Social and Behavioral Sciences Core of the UNC Center for AIDS Research (CFAR). Under Ms. Grodensky's guidance, team members revised the previous *AMP!* instrument and developed a comprehensive cognitive interview guide. Our preceptors requested that this updated instrument include items to measure stigma, therefore we adapted ten questions from the Visser HIV-related stigma scale (Visser, Kershaw, Makin, & Forsyth, 2008). We chose this scale because it best encapsulated the aspects of stigma that we were interested in measuring and used language that a younger audience could comprehend. After soliciting feedback from Ms. Grodensky, preceptors, teaching team members, and our faculty adviser, we submitted all relevant materials to the Institutional Review Board (IRB) at the Office of Human Research Ethics at UNC for approval. We received formal approval at the end of February 2014.

In early March 2014, we recruited five participants from a pool of 24 students, all of whom were enrolled in either the 2013 or 2014 Communication Studies course, "Performing Sexual Health: UNC Sex-Ed Squad" (listed as COMM 390 in university records). Participants were offered a \$20 Visa gift card as an incentive for participating. We then conducted five cognitive interviews, each lasting between 30 and 60 minutes. Two Capstone team members were present at each cognitive interview, with one

member conducting the interview and another taking notes. Using those notes, we summarized the findings of the interviews in a nine-page report, along with recommendations for adapting the instrument further. In completing this deliverable, we learned the theory and methods behind cognitive interviews, how to conduct a cognitive interview, how to analyze data from cognitive interviews, and various ways to present findings. We utilized our qualitative interviewing skills as well as the survey design experience we gained from Deliverable 1.

Creating Deliverable 3: Manuscript

Undergraduate student performers who participated in *AMP!* wrote reflection papers in the spring of 2013. We analyzed these reflection papers to draft a manuscript describing the impact of *AMP!* on undergraduate performers. First, we read all 30 of the essays that the ten undergraduates had written about their experiences during the course. Each student wrote three essays: one at the beginning of the course, another mid-semester, and then the final essay at the end of the course. We wrote narrative summaries of the essays to track student experiences throughout the semester and took notes on key themes that we noticed as we read the student essays. Using the narrative summaries, we then created a codebook and coded the essays. We created two matrices: one that described student transformations during the course and another that discussed how various aspects of the course impacted the students. We then created summary documents for each participant to compare individuals' transformations with their experiences throughout the course. Capstone team members and preceptors offered input at various points throughout the semester on all of the qualitative analytic products and draft manuscripts. We completed the first draft in December 2013. From January to April of 2014, we engaged in an iterative process of soliciting feedback from our preceptors and mentors and revising the manuscript. We prepared the final manuscript for submission to the journal *Sex Education: Sexuality, Society and Learning*.

The process of carrying out this deliverable was an excellent way to refine and extend the qualitative analysis skills we gained throughout our MPH program. We gained skills in Atlas.ti, learned various analytical and presentation techniques, and experienced the process of collaborating with multiple stakeholders to prepare a manuscript for publication.

Creating Deliverable 4: Research Brief

To create the research brief we first talked to Ms. Nails, who served as the preceptor for this particular deliverable, to understand UCLA AGHC's vision regarding the intended audience, aesthetic design, and content. Ms. Nails volunteered to serve as the preceptor for this deliverable because her role on the UCLA research team has focused on disseminating *AMP!*'s findings to different stakeholders and potential funders. Each member of our Capstone team was assigned a section of the 2013 *AMP!* NC Final Evaluation Report, and we condensed each section to no more than a few hundred words. We then compiled all of the condensed sections into a single Microsoft Word document and added graphics and color for aesthetic appeal.

We submitted the first draft of the research brief to the teaching team and Ms. Nails, who each provided feedback. Based on their recommendations, we revised the brief, paying particular attention to its appearance and word choice, as we were encouraged to make the brief more engaging for prospective funders who may not have a background in health-related research. We replaced some of the text with infographics, simplified the language, and used text and color enhancements to make each section of the brief distinctive. As a team, we utilized our skills in synthesizing information, interpreting quantitative and qualitative data, and graphic design to translate and disseminate research findings and present basic project information to a variety of stakeholders.

Creating Deliverable 5: Funder's Package

Our first step in creating the funder's package was clarifying goals and desired content of this deliverable with Ms. Nails, Ms. Taboada, and Dr. Lightfoot. We held several conference calls with one or all of the preceptors to ensure that our Capstone team was creating a package that would be useful to the UCLA AGHC team and attractive to potential funders. During this discussion phase, the preceptors and Capstone team members realized that some components that we had originally planned to include in the package, such as photos of the 2014 Sex-Ed Squad performances, would not be available by the end of the academic year. Thus, we adapted the deliverable slightly to gather and incorporate photos and student testimonials that were collected during the previous year. We communicated with Mr. Powell and

arranged to collect and compile these 2014 student testimonials earlier in the semester than originally scheduled so as to share them to our preceptors as part of this deliverable. We finished the first draft of the funder's package in March of 2014 and submitted it to the teaching team, faculty advisor, and preceptors for review. With their feedback, we revised the deliverable and submitted the final version in April of 2014.

Throughout our work on this deliverable, we built upon the skills we had learned through Deliverable 4, such as clarifying and negotiating deliverable expectations, and extended them by improving our communication skills with stakeholders. Additionally, we learned about the goals and priorities of potential funders and improved our abilities to apply this knowledge when researching funding opportunities.

Results

By completing the five deliverables described above, our Capstone team increased the *AMP!* program's capacity to deliver HIV training to undergraduates, refined *AMP!*'s evaluation tools, and synthesized information about *AMP!*'s past findings to present to funders, other researchers, and broader audiences.

At the beginning of the fall 2013 semester, our Capstone team created a four-page research brief on *AMP!* to report the key findings listed in the 92-page *AMP!* NC Final Evaluation Report, published in August 2013. The research brief highlighted *AMP!*'s impact on high school students' knowledge, attitudes, and awareness surrounding HIV/AIDS, their likelihood of condom use, and degree of partner communication. The research brief reported focus group results that revealed that undergraduate student participants experienced an increase in HIV/AIDS knowledge and their self-efficacy to discuss sensitive topics, like stigma, with their peers. Additionally, the research brief included a list of recommendations for future research and implementation. This research brief was later included in the funder's package created as our fifth deliverable. The funder's package also included photos and testimonials from undergraduate program participants in addition to a three-page summary document that described the program in a simple, accessible manner.

Next, Capstone team members developed a comprehensive facilitator's guide for the *AMP!* undergraduate HIV training consisting of five distinct modules. The 77-page guide included an agenda, key points, and reinforcement activities for each module. To accompany the guide, our team also developed an 84-slide PowerPoint presentation and adapted a four-part satisfaction survey to be completed by undergraduate students at the end of each training session. The overall results from the undergraduate surveys were positive. Suggestions from participants included providing print materials for the undergraduates to disseminate to the high school students and providing time for the undergraduate students to practice facilitating question and answer sessions.

Our Capstone team then conducted cognitive interviews with *AMP!* participants and found that the adapted evaluation instrument with the new stigma indicators needed to be revised to better suit the intended participants. In fact, two important suggestions that emerged from these interviews were for UCLA AGHC team members to decide whether the target population of this survey instrument will be participating undergraduate students or participating high school students, and whether it will be administered via paper or computer. Additionally, cognitive interview participants provided feedback and suggestions including altering or clarifying of the wording of questions; adding answer choices; building in additional skip patterns for times when questions are not applicable to a respondent; and improving the instrument's recognition of a diversity of gender identities. These proposed revisions were summarized in a nine-page report to present to members of the UCLA AGHC research team in addition to the UNC preceptors.

With regards to better understanding the *AMP!* experience of undergraduate participants, our Capstone team also finalized a manuscript titled "“I learned to accept every part of myself”: a qualitative analysis of the effects of a theater-based HIV prevention and sexual health education intervention on undergraduate student performers,” which will be submitted to the journal *Sex Education: Sexuality, Society and Learning*. The 7,139-word manuscript presented the results of our qualitative analysis of reflective essays undergraduate *AMP!* participants wrote throughout the course. The main findings from the qualitative analysis yielded five distinct categories of transformative experiences common to the

AMP! undergraduate students including: increased knowledge about HIV and sexual health, changes in attitude and communication about sex, artistic growth, emotional growth, and clarification of career goals and future plans. Our Capstone team plans to see the manuscript submission through, even beyond the academic year.

All in all, our team completed five deliverables that will each contribute significantly to the successful implementation of the *AMP!* program in subsequent years. The impact of our Capstone team's work is described in the section that follows.

Discussion

Implications of Capstone Team Work

UCLA AGHC will benefit in several ways from the work that our Capstone team has produced. In developing materials to disseminate to potential funders and researchers and refining evaluation instruments to measure *AMP!*'s effects, our team helped to increase sustainability and feasibility to implement a standardized intervention. In addition, by enhancing the HIV training curriculum for undergraduate students and thereby providing tools to better understand HIV from both a biological and social perspective, our Capstone team's work will help to increase youth activism around prevention of HIV (and possibly other STIs). Finally, our efforts helped clarify work that may be carried out by future students or UCLA AGHC team members by providing recommendations of ways to expand upon the work completed this year. Following is a brief discussion of the ways in which our Capstone team's work will help standardize the *AMP!* program, improve UCLA AGHC's understanding of *AMP!*, and assist in building the evidence base for *AMP!* and communicating this evidence to various audiences, including potential funders.

First, our Capstone team's work will help standardize the HIV curriculum delivered to undergraduate students. The Facilitator's Guide, which was created in an effort to standardize HIV training across multiple *AMP!* sites, includes lesson plans for five sessions about different topic areas related to HIV/AIDS. With these components, the undergraduate training can be more easily implemented with fidelity across *AMP!* program sites and the program's effect may be more accurately evaluated than

it was previously. Furthermore, the use of this product will lead to improved knowledge, attitudes, and skills related to HIV and STI prevention among undergraduate students participating in *AMP!*. It may also lead to increased youth activism around prevention of HIV and other STIs, as it included lessons focusing on history and activism related to HIV/AIDS.

Next, our Capstone team's work also assists UCLA AGHC in better understanding the effects of the *AMP!* intervention. The manuscript, for example, provides UCLA AGHC with a fuller understanding of the *AMP!* program's strengths and weaknesses as well as recommendations for improvement. In addition, the results of the cognitive interviews used to test the program's current evaluation questionnaire provide UCLA AGHC with recommendations for refining the instrument in future years. This will contribute to UCLA AGHC's ability to effectively evaluate the effect of *AMP!* on undergraduate and high school participants, which will provide them with a better understanding of *AMP!*'s effects.

In addition, our Capstone team's work this year will assist in generating more recognition for UCLA AGHC's programs among the academic and public health community as well as potential funders. First, the manuscript contributes to the 'scientific basis' that can help *AMP!* be more competitive when applying to larger government grants in the future. It also provides members of the academic and public health communities with examples of ways to use interactive theater and peer education techniques to engage youth around issues related to HIV and sexual health. The evaluation survey recommendations outlined in the cognitive interview report will improve UCLA AGHC's ability to effectively evaluate the program and accurately communicate outcomes with funders and the academic community. In addition, UCLA AGHC can use the research brief and funder's package to communicate with various audiences about *AMP!* and the outcomes it has achieved. These deliverables may be especially suited for funders and may assist UCLA AGHC in securing additional funding from diverse sources. This could lead to greater sustainability for the organization and its programs, particularly the program in NC.

Limitations

Communication. While there were specific limitations associated with each deliverable, one common theme that could have improved all products is earlier, more frequent, and more strategic

communication between Capstone team members, preceptors, and UCLA AGHC staff about expectations and goals for the various deliverables. For example, due to unforeseen circumstances related to the hiring of the undergraduate course instructor, our Capstone team had limited time to communicate with the course instructor about training needs before delivering the trainings to students. More communication with Mr. Powell, the course instructor, both during the planning and writing phases of the facilitator's guide as well as prior to the first session would have assisted our Capstone team in better meeting training needs and expectations.

An additional strategy that would have improved the report on findings related to the adapted evaluation instrument is more frequent discussion with preceptors and UCLA AGHC staff about the organization's vision, priorities, and goals for the questionnaire, including the relative importance of comparability between this evaluation metric and other state-wide evaluation tools vs. measuring constructs being addressed in the *AMP!* program directly. It also would have been helpful to develop procedures for communicating survey-related questions or concerns with preceptors and UCLA AGHC staff members. Furthermore, identification of all parties that desired the ability to give feedback early on during the process of creating the research brief would have assisted our Capstone team in developing a product that had maximum utility for all stakeholders.

Familiarity with qualitative data. One Capstone team member led the analysis of the qualitative data and the drafting of the manuscript during the fall semester. This process would have been improved if all participating members had been familiar with the data before they entered into the editing process, as this may have provided them with additional insight when contributing to the development of the manuscript.

Clear definition of goals. Defining both research aims of the qualitative analysis of undergraduate participant reflection essays among preceptors and our Capstone team from the beginning of the analysis process may have improved the process of writing the manuscript as well as the end product because all members would have comprehended the focus of the analysis from the start. In addition, specific and early conversations with preceptors and UCLA AGHC staff prior to and throughout

the process of creating the research brief would have assisted our Capstone team in developing a better understanding of the expectations for this product. When working on the funder's packet, the Capstone team members, with guidance from mentors, applied experience they had gained while creating the research brief and worked with preceptors and the teaching team to define goals early on and throughout the process of creating this deliverable. For example, during early stages of creating the funder's packet we were able to view printed materials from UCLA AGHC which was helpful in creating a product that was consistent in language and style with UCLA AGHC's current and desired materials.

Protocol for HIV 101 training satisfaction survey. One strategy that would have improved the HIV 101 Undergraduate Student Training would have been the development of a protocol for collecting student feedback on the satisfaction surveys, such as printing out surveys for students to complete during class time and designating procedures for recording answers. This step would have prevented a delay in receiving feedback from undergraduate students and would have ensured a higher survey completion rate.

Recommended Next Steps and Considerations for Sustainability

There is ample room for the deliverables created this year to be built upon in future years, and as such, we are able to offer several recommendations for the *AMP!* research team. These deliverable-specific recommendations are located in the Appendix B.

In addition to providing recommendations for future steps based on this year's work, we have several suggestions to improve the sustainability of the *AMP!* program across sites. First, a project manager for each site is vital to promote continuity and sustainability of the *AMP!* program. We recognize that this will be contingent on developing a funding plan incorporating these positions and subsequently securing the required funding. We recommend that the *AMP!* research team further explore the possibility of creating these positions, as each project manager could play an essential role in maintaining relationships with stakeholders, implementing future evaluations, developing institutional knowledge, and providing training and support to teachers and facilitators. Along with hiring a project manager, institutionalization of the undergraduate student course within a university department may help sustain the program. Identifying and securing local funding will be necessary to make these changes.

It is important that the project team identify the core components of the *AMP!* intervention. Currently, there is a significant amount of variation of implementation of *AMP!* between sites. While local adaptation is inevitable and necessary given the creative aspects of this intervention, agreeing upon core aspects of the program that are important to keep consistent across sites will allow the UCLA AGHC team to compare results from evaluations and build a stronger evidence-based program.

In addition, we recommend finding additional ways for all sites to be in regular communication, especially if there are student interns working with *AMP!*. This could take place through bi-weekly conference calls and communication among student interns and the UCLA AGHC team. An annual summit of national project staff could promote communication and further collaboration among the different sites.

Impact of the Experience on Capstone Team Members

We learned and grew in many ways through our experience working with the *AMP!* NC program. First, through our work on these five deliverables, we gained and improved upon many skills that will assist us in our future work as public health professionals. These include translating complex research documents into materials that are accessible to diverse audiences, adapting curricula and developing facilitator guides, qualitative analysis skills, manuscript writing and preparation skills, survey design, cognitive interviewing, graphic design, and creating marketing materials. We are thankful for the guidance that we received throughout this process and appreciate that we now carry with us tangible products that we will be able to share with future employers.

In addition, we learned a great deal about effective communication. For some of us, this was the first time we worked remotely, with supervisors and team members located in different areas of the country and world. We learned how to navigate the absence of physical project space and face-to-face conversations by employing other forms of communication, such as email and Skype. In addition, we learned various skills that are important when in a consultancy role, such as setting boundaries and clear expectations for scope and quality of work, seeking clarification, and defining our role. Through our work

within our own Capstone team, we improved our ability to facilitate meetings efficiently, delegate responsibilities, provide feedback, and communicate our needs and concerns.

This Capstone experience provided us with a unique opportunity to deepen our knowledge of HIV prevention and sexual health promotion approaches with young people and expanded our knowledge of theater-based interventions. We all learned and grew through our participation in this project. Some of us have a renewed or reinforced commitment to work in the fields of HIV and sexual health, and all of us gained a more comprehensive understanding of how we can incorporate the arts into our work in public health.

Conclusion

Overall, our Capstone project contributed to the growing knowledge and implementation of arts-based peer education interventions related to HIV prevention. Through the completion of a diverse set of deliverables, our Capstone team helped to ensure the sustainability of the *AMP!* NC project beyond this academic year and increased the program's capacity to evaluate the effect it has on undergraduate participants. By outlining recommendations for future work to be completed by master's-level students and program staff, we hope that the *AMP!* NC program will continue to thrive and work towards their intended long-term outcome measures of decreased rates of HIV and other STIs, in addition to decreased stigma towards those living with HIV, among NC high school and undergraduate students.

References

The Association of Religion Data Archives (ARDA). (2010). North Carolina state membership report.

Retrieved October 23, 2013, from

http://www.thearda.com/rcms2010/r/s/37/rcms2010_37_state_name_2010.asp.

Basen-Engquist, K. (1994). Evaluation of a theory-based HIV prevention intervention for college students. *AIDS Education and Prevention*, 6(5), 412-424.

Bulduk, S., & Erdogan, S. (2012). The effects of peer education on reduction of the HIV/sexually transmitted infection risk behaviors among Turkish university students. *Journal of the Association of Nurses in AIDS Care*, 23, 233-243.

Centers for Disease Control and Prevention [CDC]. (2012a). HIV in the United States: At a Glance.

Retrieved October 22, 2013, from <http://www.cdc.gov/hiv/statistics/basics/ata glance.html>.

Centers for Disease Control and Prevention [CDC] (2013a). Epidemiology of HIV Infection through 2011. Retrieved October 22, 2013, from <http://www.cdc.gov/hiv/library/slideSets/index.html>.

Centers for Disease Control and Prevention [CDC] (2013b). HIV and AIDS in the United States by Geographic Distribution. Retrieved October 22, 2013, from <http://www.cdc.gov/hiv/statistics/basics/geographicdistribution.html>.

Center for Supportive Schools (n.d.) *Our Results*. Retrieved April 22, 2014, from <http://www.princetonleadership.org/results>.

Chernoff, R., & Davison, G. (2005). An evaluation of a brief HIV/AIDS prevention intervention for college students using normative feedback and goal setting. *AIDS Education and Prevention*, 17(2), 91-104.

Denison, J. A., Tsui, S., Bratt, J., Torpey, K., Weaver, M. A., & Kabaso, M. (2012). Do peer educators make a difference? An evaluation of a youth-led HIV prevention model in Zambian schools. *Health Education Research*, 27, 237-247.

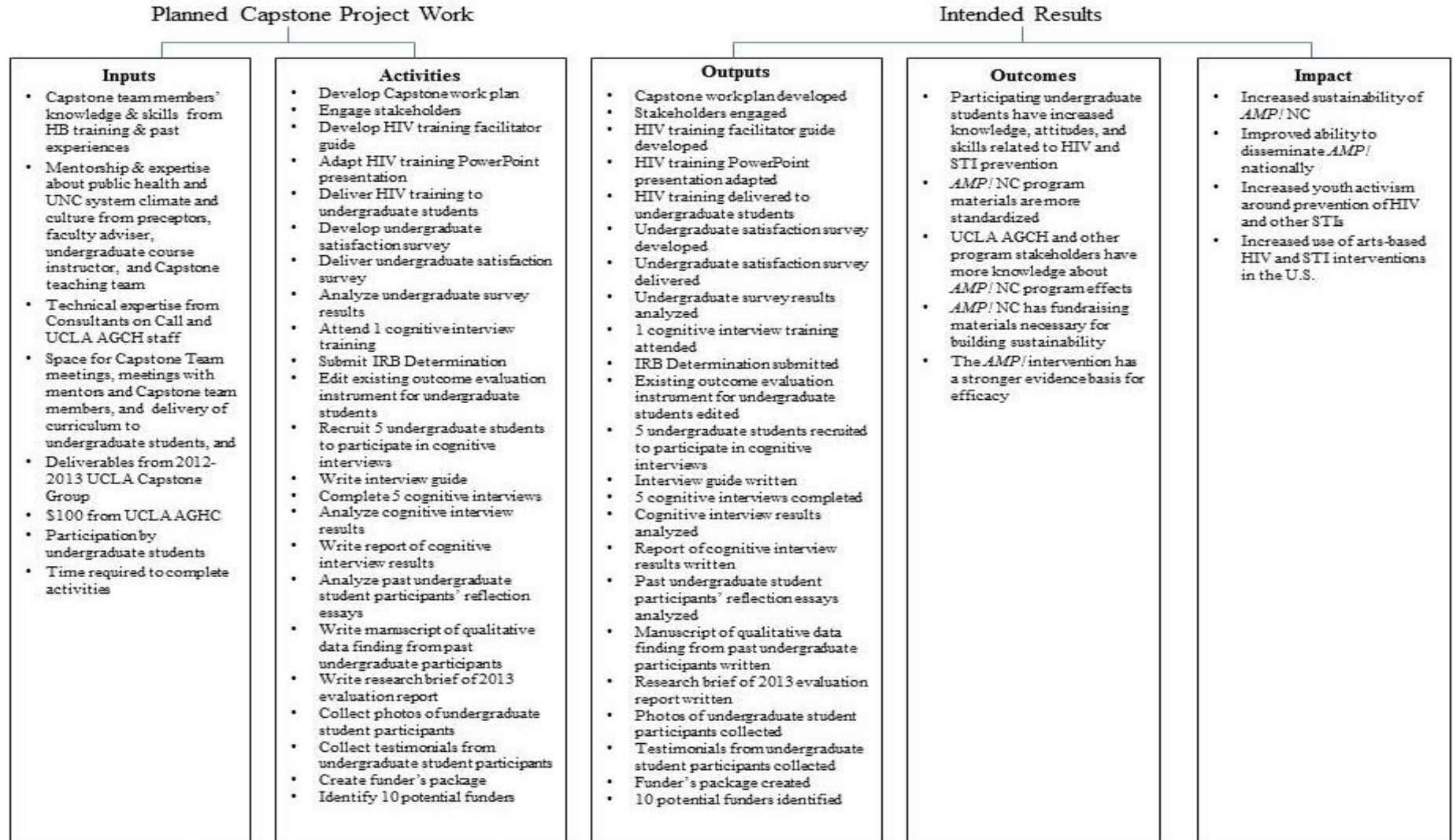
Department of Public Instruction. (n.d.) NC healthy schools: Reproductive health and safety education. Retrieved October 23, 2013, from <http://www.nchealthyschools.org/rhse>.

- DiClemente, R. J., Wingood, G. M., Harrington, K. F., Lang, D. L., Davies, S. L., Hook III, E. W., Robillard, A. (2004). Efficacy of an HIV prevention intervention for African American adolescent girls: A randomized controlled trial. *The Journal of the American Medical Association*, 292(2), 171-179.
- Guttman Institute. (2013). *State policies in brief: Sex and HIV education*. New York, New York: Guttman Institute. Retrieved October 23, 2013, from https://www.guttman.org/statecenter/spibs/spib_SE.pdf.
- Kiene, S., & Barta, W. (2006). A brief individualized computer-delivered sexual risk reduction intervention increases HIV/AIDS preventive behavior. *Journal of Adolescent Health*, 39(3), 404-410.
- Kirby, D. B., Laris, B. A., & Roller, L. A. (2007). Sex and HIV education programs: Their impact on sexual behaviors of young people throughout the world. *Journal of Adolescent Health*, 40, 206-217.
- Mahat, G., Scoloveno, M. A., De Leon, T., & Frenkel, J. (2008). Preliminary evidence of an adolescent HIV/AIDS peer education program. *Journal of Pediatric Nursing*, 23, 358-363.
- Marsiglia, F., Jacobs, B., Mieri, T., Smith, S., Salamone, D., & Booth, J. (2013). Effects of an undergraduate HIV/AIDS course on students' HIV risk. *J HIV AIDS Soc Serv*, 12(2), 172-189.
- McLean, D.A. (1994). A model for HIV risk reduction and prevention among African American college students. *Journal of American College Health*, 42(5), 220-223.
- Moore, M., Werch, C., & Bian, H. (2012). Pilot of a computer-based brief multiple-health behavior intervention for college students. *Journal of American College Health*, 60(1), 74-80.
doi:10.1080/07448481.2011.574765
- North Carolina Department of Health and Human Services [NC DHHS]. (December 2012).
Epidemiologic profile for HIV/STD prevention & care planning.

- O'Grady, M. A., Wilson, K., & Harman, J. J. (2009). Preliminary findings from a brief, peer-led safer sex intervention for college students living in residence halls. *The Journal of Primary Prevention*, 30(6), 716-731.
- Pearlman, D. N., Camberg, L., Wallace, L. J., Symons, P., & Finison, L. (2002). Tapping youth as agents for change: Evaluation of a peer leadership HIV/AIDS intervention. *Journal of Adolescent Health*, 31, 31-39.
- Phelps, F.A., Mellanby, A.R., Crichton, N.J. and Tripp, J.H. (1996). Sex education: the effect of a peer programme on pupils (aged 13-14 years) and their peer leaders, *Health Education Journal*, 53 pp.127-139.
- Strauss, R. P., Corless, I. B., Luckey, J. W., van der Horst, C. M., & Dennis, B. H. (1992). Cognitive and attitudinal impacts of a university AIDS course: Interdisciplinary education as a public health intervention. *American Journal of Public Health*, 82(4), 569-572.
- Taboada, A., Lightfoot, A., Taggart, T., & Tran, T. (2013). Piloting an arts-based multiple- intervention peer-education approach to adolescent sexual health education and HIV prevention in North Carolina. Chapel Hill, NC: University of North Carolina at Chapel Hill.
- Thato, R. & Penrose, J. (2013) A brief, peer-led HIV prevention program for college students in Bangkok, Thailand. *Journal of Pediatric and Adolescent Gynecology*, 26(1), 58-65.
- UCLA Art & Global Health Center. (2013). *About*. Retrieved on October 22, 2013, from <http://artglobalhealth.org/about/>.
- Visser, M. J., Kershaw, T., Makin, J. D., & Forsyth, B. W. C. (2008). Development of parallel scales to measure HIV-related stigma. *AIDS and Behavior*, 12(5), 759-771.
- Whetten, K., & Reif, S. (2006). Overview: HIV/AIDS in the deep south region of the United States.
- Yep, G. A., Lovaas, K. E., & Pagonis, A. V. (2002). The case of “riding bareback” sexual practices and the paradoxes of identity in the era of AIDS. *Journal of Homosexuality*, 42(4), 1-14.

Appendices

Appendix A: Logic Model



UCLA AGHC = University of California Los Angeles Art & Global Health Center

Appendix B: Deliverable Tables

	Deliverable 1: Adapted HIV Training Workshop Materials
<i>Format:</i>	One 76 page PDF and one 84 slide MS PowerPoint presentation.
<i>Purposes:</i>	<p>To train UNC undergraduate performers in HIV prevention basics and the socio-historical context of HIV so that they will be well-prepared and knowledgeable educators and performers for high school students.</p> <p>To provide <i>AMP!</i> with a standardized facilitator's guide and supplemental materials for a training that can be delivered over several sessions.</p>
<i>Intended Audience(s):</i>	Facilitators teaching undergraduate students participating in NC-based Sex-Ed Squad.
<i>Activities:</i>	<ul style="list-style-type: none"> • Conducted review of 2012-2013 Capstone team's HIV training materials, facilitator guide, and evaluation findings. • Team representative met with 2012-2013 course instructor and 2013-2014 course instructor to receive feedback. • Developed quantitative and qualitative questions for "Satisfaction Survey" to be administered after each module. • Revised training manual (supplemental materials and facilitator's guide) to reflect student feedback and revised structure. • Submitted revised training manual to preceptors and faculty advisor for content-related feedback. • Scheduled all trainings for undergraduate students with course instructor • Conducted four training sessions with undergraduate students. • Compiled results from "Satisfaction Surveys" and discussed with key stakeholders.
<i>Recommendations:</i>	<p>The <i>AMP!</i> team should consider making the following modifications to the facilitator's guide:</p> <ul style="list-style-type: none"> • Add a module on gender and sexuality. • Split Module 5 into two different sessions - one related to the history of HIV and the other related to the history of HIV/AIDS activism – or clarify priorities for Module 5 and incorporate additional information into coursework and lectures. • Continue the discussion with partner institutions about the importance of fidelity, and come to a consensus with pilot sites as to what the "core elements" and "adaptable elements" of this training are. These core components should remain consistent throughout the HIV trainings at all <i>AMP!</i> programmatic sites, and any variations should be well documented so that the different sites can be compared in future evaluations. The curriculum was designed so that the objectives and key points are core elements and activities and discussions are modifiable/adaptable, however, it does not seem as if this intervention has been implemented this way. • Evaluate the curriculum's effectiveness in changing the knowledge,

	attitudes, and beliefs of the undergraduate students related to HIV/STIs. It is also important to evaluate the 5-session training in order to separate the impact of this training from the impact of the <i>AMP!</i> experience and to ensure that the objectives of the training are met.
--	---

	Deliverable 2: Report on Cognitive Interview Findings and Recommendations for Adapted Evaluation Instrument
<i>Format:</i>	A nine-page double-spaced written report with background, methods, results, and recommendation sections. The report was submitted as a Word document and as a PDF.
<i>Purpose:</i>	To summarize findings from cognitive interviews with undergraduate <i>AMP!</i> participants in order to provide recommendations to UCLA AGHC for refining the instrument in future years.
<i>Intended Audience(s):</i>	The <i>AMP!</i> research team
<i>Activities:</i>	<ul style="list-style-type: none"> • Adapted existing survey instrument and added stigma indicators. • Completed cognitive interview training with Catherine Grodensky, Director of the Center for AIDS Research (CFAR). • Submitted Institutional Review Board (IRB) application for cognitive interview process. • Recruited five cognitive interview participants among undergraduate <i>AMP!</i> participants. • Conducted five cognitive interviews with participants. • Drafted cognitive interview report and submitted for mentor feedback. • Finalized cognitive interview report with feedback from mentors. • Disseminated final report to UCLA AGHC research team on 4/16/14.
<i>Recommendations:</i>	<p>The <i>AMP!</i> research team should:</p> <ul style="list-style-type: none"> • Utilize the existing <i>AMP!</i> survey instrument to develop two separate instruments: one for high school students and one for undergraduate students. • Conduct cognitive interviews with these two separate student groups (high school students and undergraduate students) to further refine the revised instruments. In these interviews, information should be collected about additional topics that are age-specific and age-appropriate. • Refine the instrument and pilot test both paper-based and electronic modes of survey administration. Researchers should determine which method is preferable or whether students (high school and undergraduate) should be allowed to individually choose to complete the survey on paper or on a computer. • Use the survey to test the theoretical constructs that inform theater-based interventions to better understand causal pathways that lead to intervention effects. • Revisit the goals and objectives of the program with the project team,

	<p>including UNC researchers and UCLA ACGH staff, and confirm that the survey indeed captures the outcomes of interest.</p> <ul style="list-style-type: none"> • Review the language employed in the survey in order to ensure that gender-neutral language is used to the fullest extent possible and that questions are not hetero-centric • Create strategies for implementing the questionnaire with lower-literacy populations to contribute to <i>AMP!</i>'s ability to implement the questionnaire in geographically and socioeconomically diverse high schools across North Carolina in the future.
--	---

	Deliverable 3: Manuscript
<i>Format:</i>	A manuscript of approximately 7,139 words formatted to be submitted to the journal <i>Sex Education: Sexuality Society and Learning</i>
<i>Purpose:</i>	To summarize the impact of <i>AMP!</i> on undergraduate participants for program staff and academic community
<i>Intended Audience(s):</i>	<i>AMP!</i> course instructors, UNC Center for AIDS Research (CFAR), UCLA AGHC staff, and the academic community
<i>Activities:</i>	<ul style="list-style-type: none"> • Selected target journal for publication • Team member reviewed qualitative data • Team member created codebook • Team member coded data • Team member created analytical products, including matrices • Team member wrote first draft of manuscript • Manuscript draft reviewed by program staff and qualitative data experts • Capstone Team revised manuscript • Team member will submit manuscript to journal for publication
<i>Recommendations:</i>	<p>The <i>AMP!</i> research team should:</p> <ul style="list-style-type: none"> • Consider additional ways to disseminate the results of this data analysis to reach wider audiences. This could include creating a research brief, podcast, or sharing results via their website or social media. • Consider future research opportunities identified through this deliverable. This includes further exploring the process through which change occurs as a result of the intervention. • Use process evaluation to illuminate important pathways of change and identify the extent to which the intervention is implemented as intended. • Explore opportunities for participatory evaluation, involving community stakeholders and program participants in the research process.

	Deliverable 4: Research Brief
<i>Format:</i>	A four-page Microsoft Word document that includes images and summarizes findings from the 2013 <i>AMP!</i> NC Final Evaluation Report

<i>Purpose:</i>	To share findings in an accessible and visually appealing format with people from various fields and professional backgrounds
<i>Intended Audience(s):</i>	Potential funders and the academic community
<i>Activities:</i>	<ul style="list-style-type: none"> • Outlined research brief based on the 2013 <i>AMP! NC</i> Final Evaluation Report. Sections include: Executive Summary; Introduction; Research Methods; Key Findings; and Discussion & Recommendations • Sent research brief to mentors for feedback • Revised research brief based on feedback
<i>Recommendations:</i>	<p>The <i>AMP!</i> research team should:</p> <ul style="list-style-type: none"> • Update research brief as new findings emerge regarding <i>AMP!</i>'s effectiveness as an HIV intervention. • Disseminate the research brief to key stakeholders and all participants in <i>AMP!</i>. • Explore additional ways to disseminate the findings of the research brief to diverse audiences, such as creating a video or website that would make the findings more accessible to a non-research based audience.

	Deliverable 5: Funder's Package
<i>Format:</i>	A three-page summary document saved in Microsoft Word and PDF format; a collection of photos shared via a Dropbox folder; testimonials compiled in one Microsoft Word document; and ten potential funding sources added to an Excel file and sent Elisabeth Nails.
<i>Purpose:</i>	To create a toolkit for UCLA AGHC that will provide potential funders with basic information on <i>AMP! NC</i> , as well as photos, testimonials, and the research brief (Deliverable 4).
<i>Intended Audience(s):</i>	<i>AMP!</i> research team and potential funders
<i>Activities:</i>	<ul style="list-style-type: none"> • Obtained photo consent from students • Collected photos of participating undergraduate students • Collected undergraduate student testimonials for funders' package • Created summary sheet • Sent summary sheet to mentors for feedback • Revised summary sheet based on feedback • Submitted funder's package to UCLA AGHC staff and mentors • Identified 10 potential funders and submitted information to UCLA AGHC staff

<i>Recommendations:</i>	<p>The <i>AMP!</i> research team should:</p> <ul style="list-style-type: none"> • Explore additional avenues through which to share the contents of the funder's package, such as by creating a video, or communicating information via social media or the Internet to make the findings and student testimonials accessible to a diverse audience. • UCLA AGHC should disseminate the research brief to key stakeholders and all participants in <i>AMP!</i>
-------------------------	--