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Pilot Evaluation of OneWorld's Education Sessions on Sexually Transmitted Infections for Adolescents and Young Adults in the South Omaha Community

Mariela Bahena
University of Nebraska Medical Center

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PILOT EVALUATION OF ONEWORLD'S EDUCATION SESSIONS ON SEXUALLY
TRANSMITTED INFECTIONS FOR ADOLESCENTS AND YOUNG ADULTS IN THE
SOUTH OMAHA COMMUNITY

Mariela Bahena, BA, MPHc

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TABLE OF CONTENTS

Abstract
Introduction
Methods
Results
Discussion
Strengths, Limitations, and Recommendations
Conclusion
References
Service Learning/Capstone Experience Reflection
Acknowledgements
Appendices

Abstract

Background. Rates for sexually transmitted infections (STIs) in Douglas County, specifically gonorrhea and chlamydia, are among the highest in the nation. Adolescents and young adults between the ages of 15 and 24 are one of the most at-risk groups for acquiring either STI. Though not fatal itself, gonorrhea and chlamydia can lead to serious complications and physical discomfort in both males and females. Evidence-based and age-appropriate sexual health education has been proven to reduce the risk of STIs. Studies have shown that comprehensive education programs with a focus beyond abstinence are effective in promoting safe sex practices.

Aim. This project is a pilot evaluation aimed at identifying the impact on self-efficacy skills and knowledge related to sexual health and use of services of Omaha adolescents and young adults between the ages of 15 and 24 attending OneWorld's supplemental sexual health education sessions on STIs.

Methods. A mixed methods approach which combined a survey and focus groups were used to collect data. The brief survey collected general demographic data and information on levels of comfort with discussing sexual health. Additionally, two focus groups with a total of 21 participants between the ages of 13 and 19 were conducted in OneWorld's STI educational session. The qualitative data collected were transcribed and coded for common themes. Survey data were analyzed with the use of SPSS to summarize the socio-demographic makeup of the focus group participants. As part of the evaluation, a logic model was created to visualize the resources used, the activities performed, the current outputs of the workshop, and the expected outcomes for the short, intermediate, and long term. Additionally, a brief SWOT analysis was

done to facilitate the process of clearly identifying both internal and external factors that impact the workshop the most.

Results. Of the 21 participants, about two-thirds were female (76.2%). Almost all self-identified as Hispanic/Latino (95.2%) with the majority being of Mexican, Mexican American, or Chicano/a origin. 90.5% of participants indicated that they often or always agreed to be confident in identifying sources and information for a sexual health concern. Additionally, the following main themes were identified from the focus group component: Information, Barriers, Strengths, and Recommendations.

Impact of the project. The pilot evaluation was created as an initial step for further evaluation of the supplemental sexual health education workshops given by OneWorld. Results will also allow its educators to either modify their work based on these initial results or use the pilot evaluation to create a more comprehensive evaluation plan.

Introduction

OneWorld is one of Omaha's federally qualified health centers with a commitment to providing care to underserved communities. It is OneWorld's mission to provide health care access through a range of services to anyone regardless of income, insurance coverage, immigration status, race, sex, religion, national origin, disability, sexual orientation or gender identity. They provide care that is culturally sensitive and linguistically appropriate.

As part of that mission, OneWorld has become one of nine partners and grantees of the Adolescent Health Project. Launched in 2015 by the Women's Fund of Omaha and other community stakeholders, the Adolescent Health Project aims to increase knowledge in sexual health and improve health outcomes related to STIs and unintended pregnancies, especially for at-risk youth.

The Women's Fund of Omaha provides grants to organizations wanting to increase free STI testing and treatment as well as condom distribution. As a result, grant recipients have been able to extend their hours for STI testing to include evenings and weekends. Additionally, between 2014 and 2016, grantees doubled the number of STI tests completed at their sites (Women's Fund of Omaha, 2018). Partners of this project also work to increase communication with adolescents through community outreach and education.

Through this partnership, OneWorld is able to offer supplemental sexual health education workshops throughout the year for high school adolescents and young adults between the ages of 15 and 24 as well as separate but similar workshops for adults 25 and older in the community. OneWorld provides a monthly three-part workshop series that covers STIs, contraception, and intimate partner violence (IPV). Every month, each session of the workshop is offered at three

different times and guests are free to attend the sessions that work best with their schedules. The workshop is made up of a total of three sessions, one per topic, for a total of six hours. Attendees are encouraged to bring their peers along with them and to complete all three sessions. At the end of the workshop, the adolescent group is given a free t-shirt and a \$25 Target gift card.

Adolescents who have completed the workshop are also invited to attend a free movie screening with snacks at the end of each month. Additionally, adolescents who recruit three to four individuals are given an additional \$25 Target gift card.

The workshop sessions are typically held on a weeknight after school hours, usually at 6 PM or on Saturday mornings at 10 AM. Students who are unable to drive or get a ride, are picked up by one of the workshop educators. Sessions are done in training rooms inside OneWorld's South Omaha Quick Sick Clinic or Women's Health Clinic. Prior to starting the sessions, students are welcomed by the educators, they sign-in and are able to grab some snacks or a beverage which are provided for free. The session then begins once all the participants are present. One of the following topics is discussed that week: STIs, contraception, or IPV. If the topic covered in the previous week was not finished, the educators wrap up that section before beginning the new one. Sessions are done as informal presentations with the use of a PowerPoint and demonstration devices such as a variety of birth control options, condoms and a collection of the STI GIANTmicrobes plush stuffed toys. Students are given comprehensive information about the aforementioned topics, immediate access and information to condoms, dental dams, and lubricants, as well as information about the testing process for STIs and where they can go for those services and services for birth control.

Sessions typically last for two hours and students are encouraged to ask questions throughout. Once the session is done, students are provided with dinner. During the workshop month and

upon completion of all three sessions, students are able to keep in touch with OneWorld educators through a social media group called Omaha Teen Generation, often referred to as OmahaTG or TG. They are all encouraged to message the Omaha TG Twitter or Facebook account about any concerns or questions they may have. Omaha TG is also a group of teen peer educators who are part of OneWorld's Teen and Young Adult Health Center and the Adolescent Health Project. They reach out to other teens and invite them to attend the workshops and to become familiar with OneWorld and other community resources on sexual health.

Currently, the workshops are being offered without the use of assessments and long-term follow-up to evaluate the impact on self-efficacy skills and knowledge related to sexual health and the use of services of the workshop participants. Self-efficacy is defined as an individual's belief in their own ability to carry out an action (CDC, 2017). An evaluation is essential in collecting feedback from the participants to understand how the workshops are benefiting its attendees and promoting good sexual health.

This project aims to run a pilot evaluation that will begin to identify the workshop's impact. As part of the evaluation, a logic model was created to visualize the resources used, the activities performed, the current outputs of the workshop, and the expected outcomes for the short, intermediate, and long term.

Logic Model

Inputs	Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
Knowledgeable staff on sexual health education topics Funds Safe & Comfortable Environment Informative program curriculum and learning materials Food	Lectures STI testing Dinner	Number of adolescents served Numbers of sessions	Participants are more knowledgeable about safe sex Participants are more knowledgeable about where to get services related to sexual health Participants feel more comfortable with discussing sexual health topics	Practicing healthy sex behaviors Avoidance of risky sexual behavior	Prevention of unintended pregnancies Prevention of STI or HIV infection

The working definition of sexual health by the World Health Organization (WHO) is “a state of physical, emotional, mental and social well-being in relation to sexuality.” Good sexual health is also approached in a positive and respectful way and is free of any coercion (WHO, 2002).

Sexual health encompasses topics ranging from STIs, pregnancy, gender roles, sexual dysfunction, violence, and contraceptive use.

A healthy view on sexuality and adequate knowledge on sexual health is key in practicing healthy sexual behavior. To the contrary, risky sexual behavior can lead to a host of health problems. Such problems include STIs, HIV infection, and unintended pregnancies (Breuner & Mattson, 2016). STIs in Nebraska, specifically in Douglas County, have been a major health concern as rates of chlamydia and gonorrhea have remained high. Gonorrhea and chlamydia are two common and curable STIs. They can affect anybody, regardless of biological sex, and if left undiagnosed and untreated, it can lead to serious health problems. In females, gonorrhea and chlamydia can cause, among other complications, pelvic inflammatory disease which can lead to infertility. Males with gonorrhea or chlamydia may experience urethral infections and testicular or scrotal pain. In rare cases, males may also develop epididymitis (CDC, 2014a; CDC, 2014b)

Rates for chlamydia and gonorrhea in Douglas County have been on the rise and at higher levels than state and national rates since 1993. In 2016, rates of chlamydia in Douglas County was at its highest at 662.2 per 100,000 compared to 432.3 in Nebraska and 497.3 at the national level (Douglas County Health Department, 2018). Similarly, rates of gonorrhea in 2016 for Douglas County were 253.3 per 100,000. Once again, a rate much higher than state (113.7 per 100,000) and national (145.8 per 100,000) ones (Douglas County Health Department, 2018).

Data for Douglas County also shows that 15 to 24-year-olds are the age group with some of the highest number of cases for both STIs. This same data also indicates a significant disparity by race and ethnicity. Currently, rates for both chlamydia and gonorrhea are highest for non-Hispanic Blacks. Data from 2017 show a rate of 1,955.6 per 100,000 for chlamydia and 1,168.3 for gonorrhea (Douglas County Health Department, 2018). Chlamydia rates are second highest for Hispanics at 702.9 and gonorrhea rates are second highest for racial groups listed as other non-Hispanics (208.8) followed by Hispanics (167.0).

The American Academy of Pediatrics (AAP) endorses sexual health education that is evidence-based and developmentally appropriate. The AAP recommends this information be given over time and through different sources such as from parents, schools, pediatricians, and other professionals. The AAP defines sexuality education as the “teaching about human sexuality, including intimate relationships, human sexual anatomy, sexual reproduction, STIs, sexual activity, sexual orientation, gender identity, abstinence, contraception, and reproductive rights and responsibilities” (Breuner & Mattson, 2016). It is imperative that children and adolescents receive this education as it is proven to reduce risks of unintended pregnancy, HIV infection, and STIs (Breuner & Mattson, 2016).

The life course theory is a useful framework when addressing sexual health or sexual health education. The life course theory recognizes that health outcomes are not just a result of individuals and their own choices but a result of the interactions between life stages, the family generations before us, the community and physical environment around us, and the historical time we live in (Health Resources & Services Administration [HRSA], n.d.).

Considering the high rates of STIs in Douglas County and the important role that accurate sexual health education plays in reducing these numbers, the proposed project aims to do a pilot evaluation of the impact on self-efficacy skills and knowledge related to sexual health and use of services of Omaha adolescents and young adults attending OneWorld’s supplemental sexual health education session on STIs specifically.

Results may introduce valuable feedback that can strengthen OneWorld’s curriculum in their STI education sessions. The pilot evaluation will give OneWorld the option to expand and further the evaluation to the rest of the workshop which covers topics like contraception and IPV.

Methods

Study Design

The pilot evaluation was conducted using a mixed methods approach which was composed of a brief survey and a focus group questionnaire matrix. Two evaluation sessions were conducted for the young adult and adolescent group. Participants were recruited as they attended the STI education component of the workshop which took place at OneWorld facilities. At the beginning of the session, prospective participants were informed about the evaluation which was to be done at its conclusion. At the end of the session, they were given more thorough information which included a survey component followed by the focus group discussion. Prospective participants were additionally given an information sheet on the evaluation which consisted of everything that was shared verbally. 100% of the workshop attendees gave verbal consent and agreed to stay and participate. Surveys were handed out at this point and collected as they were completed. Once all surveys were collected, the moderator began the focus group discussion. All discussions were recorded with the permission of the participants. Focus group participants were given a \$10 gift card after completion of the survey and focus group discussion.

Study Site

OneWorld offers its workshops in the training rooms that are made available in the South Omaha Quick Sick Clinic or Women's Health Clinic. The attendees who agreed to participate in the pilot evaluation remained after the STI session had concluded. Surveys and focus groups were done in the same training rooms.

Sample

Any adolescent or young adult between the ages of 15 and 24 who were attending OneWorld's sexual health education series on STIs were recruited for this study.

A convenience sampling was done with anyone that fell within the specified age range and who attended this particular session. The sample size for the first focus group was 16. The second focus group consisted of five participants.

Research Questions

A brief survey and a semi-structured questionnaire matrix were developed in order to obtain participant feedback. The survey asked basic demographic questions pulled from the CDC's Behavioral Risk Factor Surveillance System (BRFSS) and comfort levels discussing sexual health topics in the form of a Likert scale (Burgess et al., 2005). The focus group questionnaire matrix asked about the following: sources of information and services known to the participants, barriers and facilitators to information and services, and recommendations for the workshop. These questions were used in a previous adolescent sexual health focus group study (Adolescent Sexual Health Focus Group Study, 2009).

Data Analysis

Focus group sessions were recorded with the permission of the participants. They were then transcribed and coded for common themes. Coding was done by hand and by looking at the frequency with which concepts now identified as themes and subthemes were mentioned by the participants. Some sections of the transcriptions were also translated from Spanish to English.

The survey portion of the evaluation was put into the Statistical Package for the Social Sciences (SPSS) for general descriptive statistics of the sample. Frequencies were collected for the Likert scale questions and formatted onto a table to display the answers given.

Results

Sociodemographic characteristics of the participants

Across the two focus groups conducted, a total of 21 individuals agreed to participate. The mean age of the participants was 15.9 with a standard deviation of 1.4. About two-thirds of the participants were female (76.2%). The survey distinguished sex from gender by using two separate questions. All participants indicated that their gender identity matched their sex assigned at birth. The majority of participants identified as Hispanic/Latino (95.2%) of which 78.9% were of Mexican origin.

Table 1. Socio-demographic characteristics (N=21)

Variable	%
Sex	
Male	23.8
Female	76.2
Hispanic/Latino	
Yes	95.2
No	4.8
Nationality (N=19)	
Mexican, Mexican American, Chicano/a	78.9
Another Hispanic, Latino/a, or Spanish Origin	15.8
Don't know/Not sure	5.3
Race	
White	21.1
American Indian or Alaska Native	10.5
Other	21.1
Don't know/Not sure	47.4
Education	
Elementary (Grades 1-8)	9.5

Some high school (Grades 9-11)	61.9
High school graduate (Grade 12 or GED)	23.8
Some college or technical school (1-3 years)	4.8

Comfort Questions

Along with the demographic questions, the survey also included five questions in the form of a Likert scale. Participants were asked to state whether they always, often, sometimes, rarely, or never agree with five statements concerning how they felt about talking about sexual issues with their parents and peers, birth control and condom use with their parents, and how confident they were in identifying services or information sources for a potential health concern related to their sexual health.

Overall, participants were more likely to always or often agree that they felt comfortable with discussing sexual health issues with their peers (61.9%) than their parents (19.1%). When asked if they felt it would be embarrassing to discuss birth control or condom use with a parent, responses were generally in the “somewhat agree” category (28.6% for birth control and 38.1% for condom use). However, 23.8% indicated that they never agreed with either of these statements. Lastly, 90.5% of participants indicated they always or often agree that they felt confident in their ability to know where to go for services or information in the event that they had a concern related to their sexual health.

Table 2. Likert Scale Comfort Questions (N=21)

	I feel comfortable talking to my peers about sexual issues	I feel comfortable talking to my parents about sexual issues	Talking about birth control with my parents would be embarrassing	Talking about condom use with my parents would be embarrassing	If I had a concern related to sexual health, I am confident I'd know where to go for services/information
Never agree	4.8%	9.5%	23.8%	23.8%	4.8%
Rarely agree	9.5%	33.3%	14.3%	9.5%	0%
Sometimes agree	23.8%	38.1%	28.6%	38.1%	4.8%
Often agree	28.6%	4.8%	28.6%	19%	23.8%
Always agree	33.3%	14.3%	4.8%	9.5%	66.7%

Focus Groups

The results from the focus group section of the pilot evaluation are divided into four main themes: Information, Barriers, Strengths, and Recommendations.

Information

Participants were given the opportunity to share the most relevant or important piece of information on sexual health for them or their peers to know. Across both focus groups, participants mentioned “protection” as one of the most relevant topics for them.

Literally, use protection because you could prevent so many things. And you could die from all those nasty things when having sex. So yeah, it encourages me to use protection no matter what.

It's important to clarify here that despite the participant's use of words like "die" or "nasty," the information on STIs during the workshop is not presented in a way that's stigmatizing or induces fear among attendees.

Protection was brought up in the context of preventing unintended pregnancies and having knowledge about STIs and birth control options.

Also, like preventing pregnancy cause we are young and obviously we don't have the capacity to take care of another human being if we can't take care of ourselves yet.

Other participants reinforced these comments with answers like "*I said how to protect yourself,*" "*STDs, diseases that you can get,*" and "*birth control options.*"

OneWorld and schools were the sources most frequently identified as a source of information on sex, HIV, STIs, and pregnancy.

Well, since you're in high school and stuff, if you go to school you can ask the nurse. The teachers that teach human growth.

School and these type of programs.

Other sources that were only mentioned once were "*on the internet,*" "*from your healthcare providers,*" and "*-even our parents, you know. If they've heard of these things, they can tell us too.*"

When asked where young people go for birth control, OneWorld was once again mentioned by the participants along with pharmacies. One individual named Charles Drew. The most frequently identified sources for condoms were pharmacies and clinics. Stores and libraries were only mentioned once. Lastly, OneWorld, Charles Drew, Nebraska AIDS Project, and Douglas County Health Department were listed as locations for STI testing.

Barriers

Three main barriers for accessing services and information were consistently described by the teens which were transportation, embarrassment or not being comfortable and, fear of parents finding out.

And I think also, a lot of people have a problem with transportation because many of the people are in between those ages of 15 to like 24 and the younger ones, they don't have cars, they don't have a way to get there, maybe they're afraid that their parents are gonna find out. So, I think more places, having it be more confidential like here at OneWorld, I think that would give kids assurance that their parents wouldn't find out and it'd make it more likely for them to go and maybe providing transportation.

Well if you don't have like insurance or transportation to take you.

Transportation.

It's also a matter of not being comfortable.

You don't feel comfortable talking to that person because you don't know that person so it could be hard for you to open up, I guess.

I guess, also like you said not being confident or being embarrassed if you do end up having something.

Anyone that you know seeing you come in.

Or maybe you're afraid that your parents are gonna find out if you go to your doctor.

Other barriers less commonly discussed were mistrust and uncertainty of birth control devices and denial over the possibility of having contracted an STI or a positive result on an STI test.

I think it would be scary and you might not trust it. That's how I would feel like "oh, is it really gonna work?" [in reference to the use of birth control]

I was gonna say, being in denial about it-the situation. [in reference to the possibility of having contracted an STI or a positive result on an STI test]

Strengths

Oppositely, participants were able to identify some strengths of the workshop itself. The subtheme of trust was identified here as it was frequently mentioned across all focus groups.

I like how they just open up even though they don't know you.

They always remind you how you can trust them. Message them.

I feel comfortable talking to them.

I like how you can ask them anything and your question will most likely be answered and they wouldn't judge you.

Workshop attendees also felt that the educators were well-informed on the topics they taught. Educators were trusted to answer any questions and to provide accurate information on sexual health.

It's really good because you have lots of questions and they can answer them, they've gone through similar situations. They have the experience to be able to talk to us about these things.

I like how they inform us really good. You know like in school, I haven't taken human growth over there but my friends say it's not good. Yeah, they say it's bad.

Finally, some of the other strengths of the workshop which were identified by the participants had to do with its content.

They demonstrate [how contraceptives are used].

They offer you contraceptives here and it's free.

The food.

Recommendations

As part of the workshop evaluation, teens were asked to offer their thoughts on what can be done to overcome the barriers they've previously mentioned and how the workshop can be improved. There were few modifications that were suggested. The following sentiments were shared by the participants.

I'd like to have it every day. Like yeah, I just wanna know more. Yep, if I could come every day, I would.

I guess less sitting and less listening and like doing like more-

Have its own building. Cause like, I got lost, I went to that one and then I went to this one.

Of the 16 participants from Focus Group 1, seven indicated they had trouble finding the workshop room. Location was never discussed in Focus Group 2.

I feel like, if you have more people it feels more comfortable. Instead of having like a smaller group. I mean, I'm not asking like 15 people, right. I guess, eight would be a decent number.

Yeah, eight people.

This comment was shared in Focus Group 2 where there were only five participants present.

Two main recommendations were given often by the participants when they shared their ideas for improving access to information and services for sexual health. The first one is promoting the workshop itself and the information it provides, especially in school settings. They felt the workshop could be highlighted “*in school,*” “*assemblies*” and “*-in human growth [class].*”

They should visit schools and talk to schools about this because I don't think there's-well maybe, maybe there's people that come and talk to students about these things.

Well especially, you know how they have like for 5th, 6th, 7th and 8th graders, so instead of just having you know the human growth teacher, have like someone from the clinic go.

Students even included themselves in the intentions to promote these efforts.

To spread the word and tell other friends to tell other friends about this.

Like, give them the phone number of those that can help them. Where they can go. To tell them.

They also shared their concern over others not being aware of the workshop or the TG group.

People don't know about this cause like yesterday my human growth teacher said something about like “if you wanna get contraceptives at 14, your parents have to sign it.” And then like, I told him about the TG and he said “oh, whatever.”

Yeah like, not a lot of people know about it so like a lot of people don't-

Lastly, participants expressed an interest in including parents and even their own parents to get involved and attend similar workshops.

Like, talking to parents. Like saying it's OK to talk to their children about it so their parents tell them...

Like if this was offered, a class where like the adults was offered more and they knew about it then maybe they would be a bit more open-minded and talk to their kids.

Yeah, maybe invite like our parents over here so they know what we talk about so yeah so then like she says, they're OK.

Discussion

Results from the pilot evaluation, although preliminary, provide a useful and educational insight from which to create a more robust evaluation plan. This initial evaluation serves as a template for long-term and more precise evaluation of the series as a whole, including the remaining sessions on IPV and contraceptives.

Naturally, the main source of information or go-to for condoms, contraceptives and STI testing for the workshop attendees was OneWorld. Though it is important for them to know all the resources available to them in our community, OneWorld is likely to be in close proximity to their schools or their homes. OneWorld also offers patient transportation services to those within certain areas and for a selection of locations. Transportation was a challenge that many participants identified. Promoting these services in the workshops may help alleviate this problem for some. Another concern associated with location was the workshop room and the

confusion over where it was located. The workshops switch between the training rooms inside the South Omaha Quick Sick Clinic and the Women's Health Clinic. It is recommended that if possible, the workshops be done in only one of these clinics to avoid confusion for the participants.

Another concern mentioned by the participants was fear of parents finding out about their kid's use of services related to sexual health. No one expressed personal fear with their own parents or shared a personal experience with a situation of that nature. It was mentioned as a common barrier for their peers. It is important to point out that on this topic, about 57% of the participants indicated being sometimes, often or always in agreement with being personally comfortable discussing sexual issues with their parents. On the Likert scale questions, however, students indicated that they felt more comfortable discussing sexual issues with their peers than with their parents. Additionally, about a third of participants felt it was embarrassing to discuss things like birth control and condom use with their parents. Still, students felt that by including their parents or inviting parents to attend a workshop similar to theirs, it would help the parents communicate with their children more about sexual health. OneWorld's sexual health outreach team does actually provide these workshops to adults in the community, but they currently do not target the parents of the participants. It is recommended that they begin these efforts by approaching parents when they are dropping off their children to the workshop and if they've received permission from the child to do so.

OneWorld's sexual health outreach team is also currently involved with Omaha Public Schools (OPS) in their efforts to increase communication with adolescents about sexual health. The team does this in part with the help of Omaha TG whose members help promote the work of

OneWorld. However, workshop educators may want to increase their involvement with OPS and consequently their work’s visibility. Some participants suggested doing large assemblies at schools that promote Omaha TG, the sexual health education workshops, and the Omaha TG annual dance to students and teachers alike.

The participants expressed their appreciation for the workshop educators. Participants felt they could talk to the educators openly and ask questions without judgement. Some expressed a desire for more workshops and felt that at times the workshop felt rushed. Other suggestions for the workshops included having a more interactive format and having an average of eight participants in order to feel more comfortable during the workshop. Future evaluation can help better determine whether more workshops are necessary and if there is a group size that feels more comfortable for participants. Additionally, future evaluation can help determine whether participants and their comfort with getting services and talking with a clinician is impacted by taking the gonorrhea and chlamydia test that is offered after the last workshop session.

From the preliminary findings, a SWOT analysis tool was used to clearly present the STI session’s strengths, weaknesses, opportunities, and threats. Future improvements can use this information as a baseline.

SWOT Analysis Tool

Factors to Maintain	Factors to Address
<p><u>Strengths</u></p> <p>Well-informed and approachable team</p> <p>Location of OneWorld</p>	<p><u>Weaknesses</u></p> <p>Low level of awareness of the workshops</p> <p>Limited time to discuss every topic in depth</p>

Supply of condoms and lubricants Accessibility of (free) services	
<u>Opportunities</u> Engage and educate parents of the adolescent workshops Further collaborations with schools Promote fact-based websites	<u>Threats</u> Stigma and shame connected to STI testing Fear stemming from parents' reactions

Strengths, Limitations, and Recommendations

The pilot evaluation that was conducted has produced results from which to begin improvements for the workshop and develop an evaluation survey for future participants. Results have offered a glimpse into the strengths and barriers of the workshop format and accessibility to services and information. This will allow its educators to assess their work's impact in the long term and continue to improve their ongoing sexual health education efforts.

Another strength is the use of an evaluator with cultural and linguistic competencies with Spanish-speaking and Latino communities. This background allowed the evaluator to easily interact and understand the sample population and to provide a safe and comfortable atmosphere from which to conduct the focus groups.

There are some limitations present as well. Due to time constrictions, only the STI sessions from the workshops were evaluated. For future evaluations, it is recommended that all sections of the workshop, not just the STI sessions, be evaluated. In addition to STIs, unintended pregnancies

and IPV are important issues to address in our community. Additionally, there were only two focus group sessions conducted with greatly different sample sizes. If more time had been available, at least one or two more focus group sessions would have been conducted. This would have allowed for more data collection that could support or dismiss the themes mentioned above. Results from the pilot evaluation are also only able to assess the short-term impact of the STI education sessions.

Conclusion

Initial results suggest that workshop participants have a high level of self-efficacy as over 90% reported being confident in identifying sources and information for sexual health concern. Additionally, participants were able to identify multiple locations for services and information related to their sexual health and well-being. Long-term evaluation can help determine if this remains true in the future. Long-term evaluation data can also assess if the workshop has reached intermediate and long-term outcomes. These results can also be used to support policies in line with the workshop's work and help funders allocate resources towards similar efforts.

Again, long-term follow-up is important in determining whether the initial impacts that were identified have a lasting effect on the participants and their behaviors. A survey will, therefore, be constructed from the pilot evaluation focus group discussions. These discussions will be helpful in developing a survey that is well-structured and with simply written questions. The survey questions will address some of the subjects in the original questionnaire matrix and include new questions that address the themes that arose from the focus groups. It is recommended that follow-up surveys be done at least three months after the initial survey.

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Service Learning/Capstone Experience Reflection

My service learning work and capstone experience with OneWorld gave me the opportunity to combine two of my passions in public health: program evaluation and sexual health topics. I was able to lead my own project and experience all the hurdles and benefits that come with program evaluation work. One aspect of my project that was very important to me and different from any other work I have done inside the classroom, is that I was able to design as well as implement my proposal. I experienced first-hand the immediate and real results and impact of my proposal on the community and organization I worked with.

OneWorld, a federally qualified health center in Omaha served as my project organization. They provide a diverse range of health and social services to primarily underserved communities. They also provide medical care that is culturally and linguistically appropriate for Latino and Spanish-speaking patients. The operations of OneWorld go beyond what happens inside OneWorld itself. They not only work with a constant flow of patients but also with a diverse group of community partners. For my project specifically, these community partners are those in the adolescent health project. Each partner has their individual approach to improving sexual health in the community but shares that common goal.

As part of my service learning, I worked alongside OneWorld's sexual health outreach team to recruit participants for the workshops and consequently my focus groups. I was involved in setting up and breaking down the workshops and ensuring that all supplies were present throughout the workshops themselves. I attended meetings, reviewed, edited, and organized workshop materials, and drafted multiple evaluations and discussed these with my preceptor and chair. Though I did not lead the workshops myself, I was able to provide information on certain

topics and answer questions along with the sexual health outreach team. During some of the workshops where testing for gonorrhea and chlamydia was offered, I was part of the team that distributed and then later tested and prepared the samples to be sent out for analysis.

Through my attendance at OneWorld meetings and the workshops, I was able to observe my preceptor operate as the leader of sexual health outreach. The leadership style I observed was collaborative and considerate of everyone's input. The management style was mostly hands-off which fostered trust with other team members and allowed for individual creativity and approaches to problem-solving.

Another component of my service learning was helping organize, set up, and work the Omaha TG dance. The Omaha TG dance is a glow-in-the-dark party that promotes sexual health and teen health. It is an event that is offered to 14 through 19-year olds in the community. Entry is free as well as snacks and pop throughout the whole night. During the dance, gonorrhea and chlamydia tests are also offered. Those who chose to get tested receive a \$5 gift card. Condoms are made available with information on proper use and goody bags are handed out with information on community resources for sexual health services. The sexual health education workshops are also promoted during the night.

My work with OneWorld has reintroduced me to the type of work I used to do prior to starting my MPH program. Despite being a bit nervous to work in participant recruitment and conducting focus groups after not doing it for so long, I learned that I still have these abilities. Not only that, but I was better prepared given the trainings and education lessons I received while in school.

I was also reintroduced to my local community. Another portion of my service learning was to conduct the same evaluation but for adult groups. I was able to observe first-hand how OneWorld collaborated with other organizations, specifically, the Learning Community Center of South Omaha. The Learning Community Center is where OneWorld educators conduct their workshops for adults in the community. The center provides an excellent opportunity to talk with Latina moms in South Omaha about sexual health for themselves and their children because they already attend other classes at the center. Additionally, the center provides free daycare services which are extremely helpful for moms who are in need of those services. As part of OneWorld's collaboration with the Learning Community Center of South Omaha and my pilot evaluation, my survey and focus group questionnaire matrix needed to be approved beforehand by the center's director. I observed my committee preceptor lead this interaction to ensure that everything was in order by the time we began the focus group session. Through some collaboration work with different age groups and community leaders, I have learned that I am able to communicate the same message to a diversity of people. This is an essential skill to have in public health work and education efforts.

In closing, the service learning and capstone experience reaffirmed some existing skills but also pushed me to practice and improve skills that I was not confident in. My project got me back in touch with my community and allowed me to use my language and culture to build trust with the participants I worked with. In the process of designing and implementing the pilot evaluation, I was able to observe different leadership styles and experience the impact of collaboration.

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Appendices

SURVEY QUESTIONS

Demographic Question:

1. What is your age? _____

2. What was your sex at birth?

0 Male

1 Female

3. How do you describe your gender identity?

0 Male

1 Female

2 Trans Male/Trans Man

3 Trans Female/Trans Woman

4 Genderqueer/Gender NonConforming

5 Different Identity

4. Are you Hispanic, Latino/a, or Spanish origin?

0 Yes

1 No

5. If yes, are you...

0 Mexican, Mexican American, Chicano/a

1 Puerto Rican

2 Cuban

3 Another Hispanic, Latino/a, or Spanish origin

4 Don't know / Not sure

6. Which one of these groups would you say best represents your race?

0 White

1 Black or African American

2 American Indian or Alaska Native

3 Asian

4 Pacific Islander

5 Other

6 Don't know / Not sure

7. What is the highest grade or year of school you completed?

- 0 Never attended school or only attended kindergarten
- 1 Grades 1 through 8 (Elementary)
- 2 Grades 9 through 11 (Some high school)
- 3 Grade 12 or GED (High school graduate)
- 4 College 1 year to 3 years (Some college or technical school)
- 5 College 4 years or more (College graduate)

Comfort Questions:

	Never Agree 1	Rarely Agree 2	Sometimes Agree 3	Often Agree 4	Always Agree 5
8. I feel comfortable talking to my peers about sexual issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel comfortable talking to my parents about sexual issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Talking about birth control with my parents would be embarrassing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Talking about condom use with my parents would be embarrassing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. If I had a concern related to my sexual health, I am confident I'd know where to go for services and information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOCUS GROUP QUESTIONS

How important do you think it is to obtain information about sex, HIV, STIs and pregnancy?
Why?

Where do you and your friends get information about sex, HIV, STIs, and pregnancy?

What gets in the way of getting accurate information about sexual health?

What kind of information about sexual health do you think would be the most relevant for you and your friends to know?

Where do young people go for birth control?

Where do young people go for condoms?

Where do young people go for STI/HIV testing and treatment?

What might stop you and your friends from going to a doctor or health center for services related to sexual health?

What has your experience been when getting birth control, HIV or STI tests and treatment?

If you have not gotten tested before, how do you think the process looks like?

What might make it easier to get services?

What did you like about the workshops?

What didn't you like or what did you enjoy the least from the workshops?

What would you modify in the workshops, how would you make them better?

What can be done to improve adolescent sexual health information and care?