Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators

Sara C. Flowers

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PERCEPTIONS OF FIDELITY AND ADAPTATION IN EVIDENCE-INFORMED INTERVENTIONS BY WOMEN OF COLOR SEXUALITY HEALTH EDUCATORS

by

SARA C. FLOWERS

A dissertation submitted to the Graduate Faculty in Public Health in partial fulfillment of the requirements for the Doctor of Public Health Degree, The City University of New York

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Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color

Sexuality Health Educators

by

Sara C. Flowers

This manuscript has been read and accepted for the Graduate Faculty in Public Health in satisfaction of the dissertation requirement for the degree of Doctor of Public Health.

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ABSTRACT

Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators

by

Sara C. Flowers

Sponsor: Nicholas Grosskopf, EdD, MCHES

Sexuality health educators (SHEs) adapt interventions to the participants’ needs in the dissemination and implementation of comprehensive sexuality education (CSE) programming. However, there is a lack of understanding of how, why and when SHEs make such adaptations. Success or failure of the transfer of prevention technology to practitioners occurs by determining community capacities and preparedness to adopt/adapt high-impact interventions to effectively manage implementation. Experts argue for evidence-informed interventions (EII), as opposed to evidence-based interventions (EBI), as the best way to incorporate research in applied settings. EBIs are solely guided by recommendations from current evidence, whereas EIIIs recognize and incorporate the practitioner’s judgment and professional expertise in the context of program implementation.

This exploratory study used qualitative methods, purposive sampling and an inductive approach. Semi-structured focus groups explored perceptions of adaptation and fidelity with women of color (WOC) SHEs currently implementing CSE behavioral interventions with young women of color (YWOC). Five focus groups were facilitated in total (one face-to-face, four virtually, via Google Hangouts); \( n = 24 \), with an average of five participants per focus group. Focus groups were audio and video (online only) recorded, transcribed, and analyzed. The research team coded transcripts using Dedoose Qualitative Research Software, and conducted analysis using Grounded Theory methodology.
Three dominant themes and sixteen related sub-themes were identified using a number of analytic approaches, including: simultaneous coding, values coding, calculating frequency, comparing and contrasting emerging themes, language comparison and language analysis (i.e. metaphors, analogies, similes), research team memos, and noting participants’ non-verbal cues. The dominant themes identified include: Professional Expertise, Socio-Cultural Understanding, and Situational Awareness. Key sub-themes included Curriculum Adaptation; Training; Approach; Interaction with Agency and Funding Staff; Pop Culture and Social Media; Themes Addressing Race, Culture, Colorism, and Related Biases; Trauma; Race/Ethnicity; Geographic Location; Community; and Group. An in-depth examination of the themes, sub-themes, related trends and similarities is discussed, along with implications for future research, policy and practice. Study findings demonstrate true intersectionality in the approach, methodology, and scope WOC SHEs use to implement and adapt CSE curricula. Furthermore, current monitoring and evaluation practices that prioritize high fidelity should be re-assessed and updated to reflect the lessons learned during implementation practice.
DEDICATION

This dissertation is dedicated to my paternal grandmother, Sara Gwendolyn Fields Holmes, M.S., whose own research, unbeknown to me, centered Black people and sexuality education in the 1940s. In honor of her legacy, I will spend the remainder of my career advocating the importance of education, equity, and empowerment to my own daughter and young people I teach.

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It takes a village to write a dissertation.

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CHAPTER I: INTRODUCTION

Introduction

Sexuality education programs are developed in an attempt to help young people understand the ways in which their bodies change and develop during adolescence, and equip the intended audience with the knowledge and skills they need to make healthy decisions about sex and sexuality. Program developers and funding agencies target and tailor sexuality education program goals and objectives to particular public health issues (i.e. teen pregnancy, STIs, HIV/AIDS) and intended populations (i.e. youth of color, young men who have sex with men, Hispanic/Latino youth, etc.). However, there is a gap in the research-to-practice pathway, where program developers may not be adequately informed or best-positioned to address the rapidly evolving needs of program participants, specifically around complex issues that they face with their partners, families, and communities.

In an effort to provide a description of the forces driving this research, this chapter will provide the historical context of sexuality education in the US, and introduce the matrix of issues contributing to the complex question of how best to offer comprehensive sexuality education to young people in the United States, including social, biological, developmental factors. It will present ways in which federal, state and local policies impact the development, dissemination, implementation, and evaluation of sexuality education initiatives, and provide background information on federally funded sexuality education behavior change interventions, including fidelity and adaptation of those programs. This chapter will discuss sexual health disparities experienced by young women of color (YWOC) and explore ways in which women of color
sexuality health educators (WOC SHEs) may circumvent those inequities via fidelity and adaptation. Finally, this chapter will discuss the purpose of the study, rationale, aims of the study, the potential significance of the study, and the study’s limitation and delimitations.

Background

Teenaged sexual activity increases with age. Approximately 61% of 18-year olds and 71% of 19-year-olds are sexually active (compared with 15% of 15 year olds).(1) Despite these documented trends, society’s view of adolescent sexuality has been influenced by historical events and social and political trends in the United States.(2–4) As a result, teen sexuality, pregnancy and parenthood remain positioned as a social ill to be addressed.(5) It follows that adolescent sexuality education programs were created in an effort to respond to the “problem” of teen sex.(6) The resulting government-established teen sexuality policies are mired in politics and privilege. Concurrently, American neo-liberal policies – which perpetuate the negative trend of victim-blaming in public health and public policy – play a critical role in shaping (and funding) sexuality education curricula.(7,8)

Today, sexuality education in the US takes one of two paths: abstinence-only education (AOE) and comprehensive sexuality education (CSE). AOE claims that refraining from sexual activity is the most effective way to prevent unintended pregnancy and STI transmission, and ignores or diminishes contraceptive effectiveness.(9) In contrast, CSE programs emphasize abstinence and promote the use of condoms or other forms of contraception to prevent STIs or pregnancy.(10,11) Among professional SHEs, it is widely understood that a truly comprehensive sex-positive approach offers benefits beyond reducing rates of unintended pregnancy and STI
transmission; it has the potential to increase self-efficacy, interpersonal connectivity, and decrease suicidal ideation.(12,13)

The social ecological framework suggests that multilevel influences (social, political, economic, organizational, etc.) interact with behavior to affect health, and attempts to move away from previous health promotion trends that blame the victim.(14,15) The recognition that forces greater than or outside of an individual’s control could impact health outcomes is critical in the development and implementation of sexuality education curricula. This holds true for CSE as multi-level, complex, and nuanced components are the key to reframing sexuality education so it goes beyond the traditional lenses of risk-reduction epidemiology and health behavior models to promoting sex-positive, self-affirming knowledge transfer and skills development for young people.(16)

Despite recommendations from experts to incorporate a broader, more holistic approach to sexuality education, federally funded behavior change initiatives continue to prioritize delayed sexual activity and decreasing pregnancy and sexually transmitted infection (STI) rates as primary indicators of success in sexuality behavior change initiatives.(17,18) Various stakeholders are involved in the implementation of effective behavioral interventions on the community level, and often adapt those interventions in order to best serve the needs of their intended audience. Experts recognize that program adaptations occur regularly, however the driving forces behind these adaptations are unclear. Few professionals are as uniquely positioned to offer insight on multiple levels of program implementation and adaptation as the WOC SHEs who act as practitioners on the ground.
Sexual Health among Youth in the US

Compared to a smaller cohort of their younger peers (15% of 15 year olds), approximately 61% of 18-year olds and 71% of 19-year-olds are sexually active. (1) Teenaged sexual activity increases with age – a developmentally appropriate trend. It is important to distinguish between teens who are sexually active and those who engage in risky sexual behaviors (i.e. sex with multiple partners, and without condoms or contraception). (19–22) It is incorrect to label teen sex as risky because most sexually active teens use contraception, have one partner, and do so voluntarily. (1)

In the United States, youth disproportionately experience negative sexual health outcomes. Compared to their peers in other developed nations, adolescents in the United States are at elevated risk for unintended pregnancy and STIs. (1,23) Youth ages 15-24 make up just one-fourth of the sexually active population but account for half of all new STI cases each year, while 6% of all young women ages 15-19 experience pregnancy. (1,24) Youth who identify as lesbian, gay, bisexual, transgender or questioning (LGBTQ) are significantly more likely to attempt suicide compared to their heterosexually-identified peers because they often face rejection from family members as well as experience homophobia in society. (12)

To date, risk-reduction frameworks blamed the discrepancies in youth sexual health on the flux of developing adolescent decision-making skills and drastic physical, social, and hormonal changes that are taking place. (13,25) It is important to avoid a blame-the-victim response to the disparities seen in youth sexual health; LGBTQ youth, youth of color, and other young people who experience disparate sexual health outcomes are not at fault. Leading sexuality education organizations concur that in order for sexuality education to be truly
comprehensive, it should be inclusive of all pupils, regardless of their gender identity/expression, or sexual orientation, and incorporate lessons that address consent, sexual assault, trauma, intimate partner violence, and healthy relationships, as these issues are directly related to sexual and reproductive health and development. (26) Unfortunately, these components are not universally included in CSE in the US, and drastic differences in sexual health outcomes for American youth persist compared to other developed nations. (13) Next, we will explore the ways in which the risk-focused context through which sexuality is addressed in the United States may be a more likely culprit for the discrepancies we see.

**Young Women of Color**

YWOC, particularly African American/Black and Latina/Hispanic women between the ages of 13-24 years, are among those most vulnerable to unintended pregnancy and STIs. (27–31) African American women age 15-34 years experience negative sexual and reproductive health outcomes, including death, at rates disparate to their peers. (32) Myriad complex factors contribute to increased vulnerability to unintended pregnancy and pregnancy complications, STIs and HIV for YWOC including: living in communities that experience a higher prevalence of HIV than other communities; socioeconomic factors such as poverty, financial dependence on male partners, lower self-esteem, and experience with dating violence; and lack of access to culturally appropriate, youth-friendly reproductive and sexual health care and services. (27,32) At the end of 2010, 82% of adolescent young women living with HIV in the United States were YWOC, despite the fact that together, they represent only about 30% of US women these ages. (27)
Sexuality Education in the United States

Sexuality education in the United States can be categorized as CSE or AOE. CSE programs emphasize abstinence and promote the use of condoms or other forms of contraception to prevent STIs or pregnancy.(10,11) AOE claims that refraining from sexual activity is the most effective way to prevent unintended pregnancy and STI transmission, and ignores or diminishes contraceptive effectiveness.(9) Notwithstanding, research has consistently shown AOE to be ineffective, but continued to garner substantial federal support. (5,33,34) In order to be eligible, programs must meet A through H criteria (Table 5. A-H Criteria).(5,33,34) The ineffectiveness of AOE is reviewed in-depth elsewhere in the literature.(5,9–11,33,34)

Federally Funded Sexuality Education Behavior Change Interventions

Over the past two decades, federal funding streams have supported a plethora of initiatives aiming to help reduce teen pregnancy, sexually transmitted infection (STI) transmission (including a focus on HIV prevention), and other associated sexual risk behaviors.(35,36)

History

In 1999, CDC launched Diffusion of Effective Behavioral Interventions (DEBI) with specific focus paid to providing programming for particularly vulnerable populations, among them heterosexual YWOC.(30) DEBI, the largest evidence-based HIV/AIDS prevention initiative in the United States, aimed to enhance the capacity to implement effective interventions at the state and local levels in order to reduce the spread of HIV and STIs and to promote healthy behaviors. (30) DEBI strived to meet those goals by disseminating evidence-based behavior change interventions to health departments and community-based organizations across the
In 2011, CDC revamped the DEBI initiative, renaming it High-Impact HIV/AIDS Prevention Project (HIP), which implements scientifically proven, cost-effective, and scalable interventions with intended audiences in areas of need. To date, HIP is credited with preventing over 350,000 HIV infections.

Another federal agency, the US Department of Health and Human Services (HHS), has conducted a periodic review of teen pregnancy prevention literature since 2009. This effort sought to identify those behavior change intervention programs whose monitoring and evaluation methodology boasts the strongest evidence of effectiveness. Often these federal programs prioritize fidelity as a proxy for program effectiveness. However, using fidelity to program curricula as a measurement of program effectiveness raises the question: what exactly is being evaluated? Does centering fidelity in program evaluation measure students’ acquisition of knowledge and skills, or facilitators’ adherence to curricula as written? It is important to look for ways to evaluate program impact and outcomes, not just their proxy.

While navigating complexities of program monitoring and evaluation, federal agencies are also tasked with ensuring that government endorsed, gold standard CSE programs meet the needs of the diverse intended audiences it aims to serve. However, despite recommendations from experts to incorporate a broader, more holistic approach to sexuality education, federally funded behavior change initiatives continue to prioritize delayed sexual activity and decreasing pregnancy and sexually transmitted infection (STI) rates as primary indicators of success in sexuality behavior change initiatives. In the conversation about fidelity and adaptation of CSE programming, it is important to consider the ways in which program content must evolve with and meet the needs of the intended audience in a truly comprehensive way, while moving...
away from one-dimensional, risk-framework focused lens. Specific recommendations to this end are described later in this paper.

**Efficacy and Effectiveness**

It is important to briefly note the distinction between efficacy and effectiveness: effectiveness suggests that the interventions help people make real changes under pragmatic conditions, whereas efficacy (also known as explanatory) suggests that the program framework works to change outcomes in a best-case scenario or under laboratory-like conditions, but may be hindered by real life obstacles. While a more detailed description of the ways in which federal programs determine effectiveness is outlined in the next section, it is important to note that in many cases, randomized controlled trials (RCTs) are often used as a gold standard. The efficacy versus effectiveness distinction is particularly relevant due to the focus of this inquiry, wherein the lived experiences of the SHEs and YWOC participants potentially shape the adaptations made to curricula as written.

**Behavior Change Intervention Evaluation Criteria**

CDC and HHS established criteria for behavior change intervention programs to be deemed effective. Under CDC, interventions were: (a) science-based; (b) tested using a randomized controlled trial; (c) effects of which were both positive and statistically significant; and (4) had no negative effects for relevant outcomes. To be eligible for replication under the HHS umbrella, evidence-based teen pregnancy prevention programs must: (i) choose from a range of systematically identified evidence-based models; (ii) replicate them; (iii) use performance data to ensure fidelity to those program models; and (iv) conduct rigorous evaluations. Currently, 84 evidence-based behavior interventions (EBIs) have been evaluated
as efficacious in significantly reducing the risk of HIV in intended populations.(35) Concurrently, HHS lists 37 programs that meet the review criteria for evidence of effectiveness.(40)

However, a closer review of these review protocol suggests that the focal point centered more on strength of research methodology (as evidenced by objectives articulated within) than on strength and value of sexuality education pedagogy and curriculum content.(24) Process monitoring and evaluation data show that adaptations to curricula often occurs outside of those outlined in federal guidelines, rendering those guidelines necessary but insufficient.(30,37,42)

**Fidelity and Adaptation**

In the field of behavior change intervention research, experts agree that prevention program effectiveness depends on *implementation fidelity* – the degree to which programs are implemented as intended by the program developers.(43–45) In the literature, the term *replication* suggests fidelity to the original program, while terms such as *community-based* and *culturally sensitive* suggest that changes have been made.(46) The dominant perspective that programming is not originally intended to be community-based or culturally sensitive is a larger social and reproductive justice issue. This research attempts to recognize this trend, and help the field take a small step toward recognizing the expertise that exists in the WOC SHEs who make adaptations and implement the community-based, culturally sensitive behavior change programs on the ground.

Compared to prescription drugs or surgical procedures, behavior change interventions are incredibly complex.(45) Numerous mediating and moderating variables can have an effect on and interact with program outcomes.(10,21,47) Due to the inherent complexity, it can be challenging to (a) determine which combination of components controls the effectiveness, and
(b) ensure that the effect remains constant when programs are replicated. Concurrently, CBOs and other service agencies that implement behavior change interventions often have a long history of serving the community, and understanding the needs of the intended audience. (48) It is important to recognize that these agencies often implement these tailored programs with little to no capacity to conduct the rigorous monitoring and evaluation procedures in order to be considered a federally endorsed gold standard intervention.

*Adaptation* refers to changes made to an intervention in terms of the ways that it is implemented. (49,50) According to Rogers, changes are an inherent component of the implementation process. (49,50) In an effort to reduce STI transmission and unintended teen pregnancy among adolescents, particularly those most vulnerable to inequitable health outcomes, federal agencies such as HHS, the Office of Adolescent Health (OAH), and the US Centers for Disease Control and Prevention (CDC) instruct service agencies and CBOs to implement evidence-based behavior intervention programs exactly as they are written. (36,49,51) Often, program developers provide a rationale for using a particular theory or approach, but just as often, specifics about how varying cultural contexts could shift the potential effectiveness of that approach may not be articulated. (46)

Nevertheless, research shows that adaptation occurs regularly, often goes unreported, and is usually a response to context specific to the agency and its mission, funding, and intended population. (37,46,49) Though adaptation is commonplace, it happens without strong, clear, or realistic guidelines in place to allow for agency-led tailoring and adaptation that ensures continuity of program effectiveness. In an effort to recognize the ways in which both intra-individual and socio-cultural factors affect behavior change, experts have called for a clearer
understanding of implementation practice, including driving forces for program adaptation, associated risks and benefits, and a more grounded approach to program development, monitoring and evaluation. (46)

SHEs who implement the programs and often determine when and how to adapt innovations to the needs of their intended audience are uniquely positioned to educate the field about driving forces behind adaptations happening on the ground. With professional expertise and a shared socio-cultural understanding, WOC SHEs concurrently consider issues related to the political and fiscal climate of the agency, the developmental and socio-cultural needs of the program participants, and the program learning objectives, and can help further the field of behavior change interventions by shedding light on the nuances of this process.

**Women of Color Sexuality Health Educators**

Pillars of effective CSE include recognizing and anticipating the diverse needs of the program’s intended audience. It follows that critical components of program development and implementation are considering the unique needs of YWOC. And while YWOC is a broad term, with the group being inherently diverse with regard to religious beliefs, age, SES, immigration status, language of origin, geographic location, and ethnicity, for example, individuals who identify as YWOC may share characteristics, qualities, and lived experiences influenced by social constructs of gender, race, and other expectations set by the dominant culture. Concurrently, it is important to consider ways in which gender may impact delivery and receipt of CSE for YWOC. For example, it could be important to recognize ways in which poverty,
access to health care, gender roles influenced by cultural norms, or threat of violence could shape the way a YWOC interprets and responds to knowledge and skills taught in a CSE workshop.(52)

Therefore, exploring adaptation with SHEs who implement programming that is intended for YWOC has potential to bolster the ways in which those programs can remain efficacious while adaptation takes place on-the-ground. In an effort to best serve YWOC, WOC SHEs – who often have shared cultural understanding – are frequently hired and trained to implement these programs.(53) WOC SHEs are uniquely positioned to provide detailed background about the contextual forces that influence program adaptations.

According to Advocates for Youth, “cultural competence acknowledges and responds to the unique worldviews of different people and communities…[and] acknowledges the social inequities…” faced by a particular group of people.(54) The term, ‘cultural congruence,’ goes one step further in an effort to connect with clientele. Culturally congruent services are tailored to fit the values, beliefs, traditions, practices and lifestyle of the intended audience.(55) As such, when WOC SHEs lead CSE programs intended to serve YWOC, pillars of cultural competence and cultural congruence are inextricably built into program implementation through the likelihood of shared experiential lenses of gender and culture, particularly if CSE programs are not originally (or well) written with YWOC as the intended audience.

**Public Health Problem**

In much of the current discourse, CSE is framed as a way to prevent negative outcomes of sexual activity and behavior. However, in an effort to provide youth with the best sexuality education, CSE should be positive, and employ a comprehensive, holistic approach to sexuality
education by incorporating the knowledge of what works, why it works, and with which audiences.(56,57) Behavioral health intervention experts recognize that in the dissemination and implementation of CSE programming, SHEs adapt interventions to the needs of their primary audience.(58) However, in the field, there is a lack of clear understanding of how, why, and when facilitators decide to make adaptations to the curricula as written.

WOC SHEs possess a breadth and depth of practical knowledge that could further contextualize and inform the best ways to bridge research-to-practice. When implementing CSE, an experienced SHE will have to make a judgment regarding what is applicable to her particular case, what is relevant or not, how the different interventions implied by the evidence could be integrated and what relative weight should be assigned to each of them in the understanding and treatment of the participants.(59) Moreover, her understanding of what the participant is telling her may shift not only from session to session, but also from one moment to the next within the session. Since the focus must be on the participant, her intervention will shift accordingly.(57)

Qualitative data collection and analysis offers the field of behavior change science a real opportunity to find common ground and practicality in program implementation. So much process data around behavior change interventions goes uncollected – specifically that which concerns fidelity and adaptations that take place on-the-ground in real time. This research attempts to document those trends by convening practitioners to inquire about driving forces behind program implementation, fidelity, and adaptation. Hopefully, findings from this inquiry will play a role in reframing the way that the field of behavior change science approaches CSE so that the processes, outcomes, and impacts are recognized as holistically intertwined with the intended audience and key stakeholders.
In particular, this research seeks to identify, acknowledge, strengthen, and legitimize program ownership by key community-level stakeholders (namely, WOC SHEs); capture and contextualize narrative around program delivery and implementation methodology as it relates to ways in which WOC SHEs understand perceived and actual needs of program participants; and turn-key/recycle stakeholder perceptions of relevant happenings on-the-ground (beyond the scope of incidence and prevalence of disease and effectiveness and efficacy studies) into knowledge that could advance the field as it relates to the ways in which behavior change interventions are implemented, evaluated, and assessed.

**Purpose of the Study**

The purpose of this study is to generate theoretically informed, research-driven, applied recommendations in hopes of strengthening the research-to-practice feedback loop around CSE implementation, adaptation and evaluation. Focus group discussions will inquire about the following topics in the context of fidelity and adaptation of CSE program implementation:

1) Socio-Cultural Understanding
   a. Personal (shared) experiences related to:
      i) Ethnicity
      ii) Language
      iii) Socio-Economic Status
      iv) Gender Identity
      v) Sexual Orientation
      vi) Immigration Status
      vii) Age

2) Professional Expertise
   a. Facilitation experience related to:
      i) Training
      ii) Programmatic goals and learning objectives
      iii) Interaction with agency/funding staff, etc.

3) Situational Awareness
   a. Emotional intelligence
b. Multi-level perception skills as they relate to interacting dynamics of surrounding community, group, and individuals

**Aims of the Study**

In order to ensure that CSE program outcomes prioritizing young people are realized, researchers need a better understanding of the driving forces behind CSE program adaptation that is taking place during workshops. Specific research aims for this study were:

**Aim 1**: Explore WOC SHEs’ perspectives of contextual factors that drive adaptations to the ways that evidence-informed sexual health education curricula is implemented in a community-based organization (CBO) setting; and

**Aim 2**: Identify possible implications of WOC SHEs’ adaptations on program development, training, monitoring and evaluation

*Sub-Aim 1*: Identify possible benefits of adaptation as it relates to program monitoring/process evaluation (that is not required by funders or other stakeholders) in order to uncover new data and/or recycle data into strengthening future program implementation

*Sub-Aim 2*: Identify possible disadvantages to the tailoring of curricula that occurs as a result of adaptation

**Rationale**

Behavioral health intervention experts recognize that in the dissemination and implementation of CSE programming, SHEs adapt interventions to the needs of their primary audience.(58) However, in the field, there is a lack of clear understanding of how, why, and when facilitators decide to make adaptations to the curricula as written. WOC SHEs possess a breadth and depth of practical knowledge that could further contextualize and inform the best ways to bridge research-to-practice. This qualitative research attempts to document those trends by convening practitioners to inquire about driving forces behind program implementation, fidelity, and adaptation.
Specifically, this study has potential to bridge the gap between research and practice as it relates to benefits of adaptation by experts on the ground, and may provide helpful insights in refining the current program monitoring and evaluation processes. Lastly, based on their (extensive) experience implementing CSE programs, WOC SHEs may offer suggestions on how to improve content, skills-building activities, and diverse teaching methodologies.

Hopefully, findings from this inquiry will play a role in reframing the way that the field of behavior change science approaches CSE so that the processes, outcomes, and impacts are recognized as holistically intertwined with the intended audience and key stakeholders.

**Significance of the Study**

Curriculum adaptation is a well-accepted practice in behavior-change science. However, fidelity and adaptation are often positioned as contrary terms, where fidelity is positive and associated with good program outcomes and adaptation is presumed to be a lesser-than version of the original. In recognition of the interwoven relationship between fidelity and adaptation, there is an emerging proposition that suggests that they don’t oppose one another, but work in tandem, balancing the program goals with the needs of the intended audience.

While program adaptation is commonplace, few studies have examined the role of facilitator-led adaptation of EBPs. This phenomenon explores the ways in which the professionals themselves contextualize the driving forces behind adaptations taking place on the ground. Much of the research examining EBP adaptation looks at drug prevention or teen intimate partner violence prevention programs; driving forces behind CSE program adaptation warrants additional study.
This study is innovative in three ways: (1) by centering WOC SHEs, it builds on the emerging field of inquiries that examine facilitator-led adaptation; (2) it focuses on CSE specifically; and (3) it uses in-person and virtual (online) focus group discussions that took place in real time (as opposed to typed chats) to contextualize the inquiry.

In particular, this study attempted to document research-to-practice trends by convening practitioners to inquire about driving forces behind program implementation, fidelity, and adaptation. Hopefully, findings from this inquiry will play a role in reframing the way that the field of behavior change science approaches CSE so that the processes, outcomes, and impacts are recognized as holistically intertwined with major stakeholders and the intended audience. In particular, this research seeks to identify, acknowledge, strengthen, and legitimize program ownership by key community-level stakeholders (namely, WOC SHEs); capture and contextualize narrative around program delivery and implementation methodology as it relates to ways in which WOC SHEs understand perceived and actual needs of program participants; and incorporate stakeholder perceptions of relevant happenings on-the-ground (beyond the scope of incidence and prevalence of disease and effectiveness and efficacy studies) into knowledge that could advance the field as it relates to the ways in which behavior change interventions are implemented, evaluated, and assessed.

Specifically, this research has the potential to further inform the growing conversation in the field of sexuality education as it relates to fidelity, adaptation, and program monitoring and evaluation. By providing additional context for the forces that drive program adaptation, findings from this study may lend additional support to the notion that adaptations are not automatic deviations from the original program goals as written. In particular, the ways in which
evaluators prioritize process evaluation could change, especially if an assessment of valence, defined as the potential positive, negative, or neutral impact that adaptations have on program outcomes, was regularly incorporated. Positive valence in impact and outcome evaluation of program adaptation could shift the field’s view of fidelity and adaptation so that they are viewed as processes that work in tandem with one another instead of as opposing forces.(60,61,64,65)

**Assumptions, Limitations & Delimitations**

Delimitations for this study included age, self-reported gender identity, self-identified race/ethnicity, baseline professional experience working as a sexuality health educator with YWOC, and employment with a community-based non-profit organization. Participants were deemed eligible if they were at least 18 years old, identified as Black/African-American or Latina women, had implemented a minimum of two full units/cycles of CSE with YWOC in the past three years, and had been employed by a community-based non-profit organization.

The qualitative nature of the proposed research technically renders any findings as not generalizable to the population-at-large.(66) However, it is possible that findings from this research could inform future public health practice by helping shape a more clear understanding of the contributing factors that influence program adaptation by WOC SHEs. Degrees of transferability, or the notion that with “…an adequate number of homogenous groups with randomly selected participants, study results may be transferable to the population(s) from which the groups were drawn,” suggests that focus group data may be externally valid for those like individuals or groups.(66,67) As a result, it is possible that this research could prove informative for WOC SHEs implementing CSE with youth of color. In addition, providing findings from this
research has potential to provide context and inform larger conversations around policy and practice as they relate to CSE implementation, fidelity and adaptation.

**Definitions of Abbreviations and Acronyms**

For the purposes of this study, the following abbreviations and acronyms are used throughout this manuscript and are defined as follows:

- **AOE** or **Abstinence-only Education**
- **AASECT** or **American Association of Sexuality Educators, Counselors and Therapists**
- **CBO** or **Community Based Organization**
- **CSE** or **Comprehensive Sexuality Education**
- **DEBI** or **Diffusion of Effective Behavior Intervention**
- **FoSE** or **Future of Sex Education**
- **HIV** or **Human Immunodeficiency Virus**
- **LGBTQ** or **Lesbian, Gay, Bisexual, Transgender and Queer/Questioning** (individuals)
- **SHE** or **Sexuality Health Educator**
- **SIECUS** or **Sexuality Information Education Council of the United States**
- **WOC** or **Women of Color**
- **YWOC** or **Young Women of Color**

**Conclusion**

Chapter I introduced readers to the study by providing a brief overview of: sexual health outcomes for youth in the US, including rationale for focusing on WOC SHEs who implement programs with YWOC; a brief history of federally funded sexuality education behavior change interventions in the US; a description of trends and knowledge of fidelity and adaptation of those
programs; and the rationale, significance, and delimitations of the study, along with a list of abbreviations and acronyms used throughout the manuscript. Chapter II will provide readers with an in-depth literature review and the theoretical basis for the study.
CHAPTER II: REVIEW OF THE LITERATURE

Introduction

This chapter provides the reader with a review of the literature and includes: an Overview of Adolescence and Sexuality Education in the US; Variations in Content of CSE Curricula in the US; Differences in Delivery of Sexuality Education Interventions; more in-depth examination of WOC SHEs as the population of interest; and background on the Conceptual Framework that drives the research, including Black Feminist Thought, Theory of Gender and Power, and Social Constructivist Theory.

Adolescence and Sexuality Education in the US

Adolescence is “the period in human growth and development that occurs [between 10 and 25 years of age] after childhood and before adulthood.”(25,68) While puberty, a key biomarker of adolescence, is universal, other characteristics of the period have evolved over the past hundred years, including marriage at a later age, urbanization, global communication, and changing sexual attitudes and behaviors.(68) During adolescence, key developmental experiences occur rapidly and concurrently in the areas of physical, cognitive, emotional and social development. The central theme that unifies these changes is skills development for adulthood, which occurs in part by testing boundaries and asserting independence.(25,68)

Among all of the changes taking place during adolescence, sexual maturation is one of the most complex, as it incorporates physical, psychosocial, emotional and cognitive development.(1,25,68) While sexual development during adolescence is physiologically normative, society’s view of adolescent sexuality in the United States has been influenced by historical events and social and political trends.(2–4) As a result, teen sexuality, pregnancy and
parenthood remain positioned as a social ill to be addressed. (5) Adolescent sexuality education programs were created in an effort to respond to the “problem” of teen sex. (6) The resulting government-established teen sexuality policies are mired in politics and privilege. Concurrently, neo-liberal policies – which perpetuate the negative trend of victim-blaming in public health and public policy – play a critical role in shaping (and funding) sexuality education curricula in the US. (7,8) Examples of this trend can be seen in legislation that served to restrict [adolescent] sexuality under the guise of public health: first, with President Reagan’s Adolescent Family Life Act of 1981 (the beginning of the AOE movement); followed by President Clinton’s welfare “reform” under the Personal Responsibility and Work Opportunity Reconciliation Act in 1996. (7,14,15) Such policies have undermined the ways in which government supports individual achievement by removing infrastructure and focusing on individuals making “bad” choices with little regard for the ways in which opportunities or lack thereof are imposed by said policies in the first place. (7) In comparison, other nations’ adolescent sexuality policies offer clear evidence of the strength of a social ecological framework (or systems approach), as evidenced by this:

…Developed countries with lower rates of adolescent pregnancy have achieved them by having a consistent policy of [comprehensive] sex education and contraception for adolescents, an accessible and affordable health care delivery system, and a relatively equitable distribution of income and opportunities. (3)

Abstinence-Only Education

Abstinence-only education claims that refraining from sexual activity is the most effective way to prevent unintended pregnancy and STI transmission, and ignores or diminishes contraceptive effectiveness. (9) However, the term, abstinence is not universally defined; some
define abstinence in terms of behavior including “postponing sex” or “never had vaginal sex,” while others define abstinence morally, using terms such as “virgin,” “chaste,” “making a commitment” and “being responsible.”(9) Other definitions were framed in morality, so that not having sex was the responsible behavior sought by young person who possessed strong family values and exhibited high levels of self-control.(6,9) This subjective positioning creates a good (enough) versus bad dyad and whitewashes society’s complex existing context.

Comprehensive Sexuality Education

CSE programs emphasize abstinence and promote the use of condoms or other forms of contraception to prevent STIs or pregnancy.(10,11) It is also important to consider the workings of CSE from a systems perspective. The social ecological framework suggests that multilevel influences (social, political, economic, organizational, etc.) interact with behavior to affect health, and attempts to move away from previous health promotion trends that blame the victim.(14,15) The recognition that forces greater than or outside of an individual’s control could impact health outcomes is critical in the development and implementation of sexuality education curricula.

Organizations dedicated to the advancement of comprehensive sexuality education

Guttmacher Institute, the Sexuality Information and Education Council of the United States (SIECUS), Advocates for Youth, and Answer (formally The New Jersey Network for Family Life Education) lead the field of sexuality education in research, policy and practice.(69–72) These agencies agree that CSE best equips young people with the attitudes, knowledge and skills they need.(69,70,72,73)

In 2007, Advocates for Youth, SIECUS, and Answer convened a partnership that sought to promote CSE in US public schools. The Future of Sex Education Project (FoSE) was born of
this collaboration. FoSE strives “…to create a national dialogue about the future of sex education and to promote the institutionalization of CSE in public schools.” (18) FoSE is described in more depth later in this chapter.

**Theoretical Basis of Sexuality Education**

A critical component of effective sexuality education is a sound theoretical basis. (15, 21, 74, 75) Social Learning Theory, Social Cognitive Theory, and the Theory of Reasoned Action are those most often referenced where decision-making about sex and sexual behavior is concerned. (21, 76, 77) However, a review of the literature did not find evidence of theory in the Adolescent Family Life Act or Temporary Assistance for Needy Families, driving forces for AOE. (34) Arguing that abstinence is theoretically the best way to prevent negative outcomes is flawed because few people remain abstinent in practice. (9) A monumental study of the effects of AOE found that both AOE and CSE measure similar mediating factors (relevant knowledge, awareness of risk, values & attitudes, self-efficacy) and outcome behaviors (initiation of sex, # of partners), but AOE does so without any mention of theoretical basis. (5) Bay-Cheng contends that the “…drive reduction theory of adolescent sexuality provides the rationale for a fear-based, crisis-intervention approach.” (6) However, teen sex is not a crisis. AOE makes a cause/correlation error, wherein teen sex is the origin of large-scale societal problems (e.g. poverty, low educational attainment, etc.) and eliminating teen sex would materially reduce these issues’ prevalence. (78) Public health initiatives should focus on improving health outcomes and reducing health risks, not moral ones. (7) AOE advocates refuse to separate subjective moral risks from health risks, therefore labeling all teen sex as risky.
Approaches to Evaluating CSE curricula in the US

The components of CSE curricula and the ways in which each they are developed, implemented, and evaluated vary greatly, creating problems in measurement and comparison. Shared components often include theoretical basis, interactive learning activities, educator training, dosage, and evaluation (Table 6. Characteristics of [existing] comprehensive sexuality education programs). The efficacy of these components are measured in one of three ways: via direct effect, indirect-effect (single or multiple mediator relationships) or moderator relationships.(79) Examining the types of measurement and issues related to each provides insight into what a more optimal design might look like, and lends support for the research conducted here.

**Direct Effect**

Direct effect presumes a direct impact on the outcome due to program participation. However, the direct effect does not allow researchers to distinguish between program components that were successful, had a neutral affect, or were detrimental.(79) Therefore, evaluation of direct effect alone is insufficient.

**Mediating Factors and Indirect Effects**

The law of indirect effect highlights the importance of mediating factors because program participation changes knowledge, skills and attitudes, which, when adopted, change behavior.(78–80) Baseline participant characteristics vary, which makes it difficult to measure the efficacy within a program. However, pre-post evaluation attempts to do so. When comparing multiple programs, there are different baselines and different components, which makes it exponentially more difficult to make an *apples-to-apples* comparison.
This literature review identified the following individual characteristics as potential mediators in CSE: relevant knowledge; awareness of risk; values & attitudes; self-efficacy; and intentions. While the literature concurs that mediating variables are the key to changing behavior, there is dissonance around how to effect that change. In comparison, AOE attempts to affect mediators by moralizing sexuality and sexual behavior, and diminishing the value of modern contraceptives.

*Moderator Variables*

Like mediating factors, moderator variables also have measurement issues due to variance in baselines and components. Moderator variables may include dosage (length/duration), educator training, age of participants, SES of participants, virgin-status, and parental involvement in programming (beyond giving consent for child’s participation), and program fidelity.

Moderating variables deserve thoughtful consideration & thorough examination in three key areas: the role that they play, how well they are incorporated during the program planning and development phase, and the ways in which they are assessed and evaluated. For example, programs must define dosage, and plan accordingly to provide a sufficient amount. Dosage (aka program intensity) can be measured in quantity and quality of contact hours, via session length, number of sessions, spacing of sessions, and total program duration. Educators must be trained prior to program implementation, which requires a train-the-trainer component in program planning. In order to yield positive results, staff needs to be thoughtfully selected, well trained, and well supervised. In addition to poor or no training, staff effectiveness can be further limited by high turnover rates, low morale, and lack of buy-in. Participant demographics
must be carefully considered during program planning to ensure that content and delivery are developmentally and socio-culturally appropriate. Tailoring prevention programs well involves deep structure modifications that are sensitive to cultural factors that influence participants’ development and receptiveness to the intervention, particularly where sex and sexuality are concerned. (47)

Program fidelity is said to moderate program effectiveness when curricula are not implemented as written. (65) Fidelity is assessed using five core criteria: (1) adherence – how closely facilitators deliver the program and its activities as written and in accordance with goals and objectives; (2) quality of delivery – how likely the methods used to deliver the programs are to impact program goals and objectives; (3) dosage; (4) participant engagement or interactivity; and (5) adaptation – the extent to which a program has been modified. (65) It follows that regular and well-organized assessment of fidelity will help understand the role it plays in moderating program effects. (65) However, quantitative evaluation of fidelity is insufficient. Qualitative analysis of both proactive and reactive fidelity and adaptation practices will provide researchers, evaluators and practitioners alike with a more robust understanding of the adaptations being made, and the ways in which those adaptations align with or deviate from the original program goals and objectives.

**Impact Measures**

Impact measures are critical to program assessment, however, due to a number of factors, impact measures are not consistently measured across programs. Many CSE programs attempt to measure intervention impacts in a few ways. Data triangulation comes into play as a way to strengthen the program’s validity. Quantitative impact measures allow researchers to explain
behavior change through numbers, such as through measurement of initiation of sex (by age), frequency of sex, number of sexual partners, condom use (binary measure), contraceptive use in general, composite measures of sexual risk-taking, and linkages to youth-friendly health care.(11,21,74,75,81) However, most of these data are collected via self-report, which is vulnerable to reporting bias. To strengthen the quantitative data, some programs collect biomarker data (i.e. STI and pregnancy screening), eliminating the possibility of social pressure influencing participant reports. However, using biomarkers to evaluate program effectiveness may raise other potential challenges, including financial and physical barriers to clinical staff and equipment, and obtaining consent for minors to receive medical testing, to name a few.

Qualitative impact measures strive to provide more in-depth context of program outcomes and related impact, and often do so in conjunction with quantitative evaluation measures. Focus groups, key-informant interviews, and participant observation are some ways in which qualitative impact can be measured.(82,83) Another option is to utilize the Qualitative Impact Assessment Protocol (QUIP), which helps organizations to understand the impact their program is having on their intended audience, and use the information they learn to further tailor the program if need be.(83) Qualitative impact assessment processes involve iterative processes wherein broad lines of inquiry lead to specific questions and themes as determined by the focus group participant and/or key informant responses. It is noteworthy that while impact assessment provides worthwhile information to researchers and practitioners alike, neither qualitative nor quantitative impact evaluation is currently included in the U.S. DHHS, OAH’s Evaluation and Performance Measure criteria.(81)
Differences in delivery of sexuality education interventions

Under the umbrella of CSE, programs vary in many ways including dosage, intended audience demographics (age, race/ethnicity, gender-identity), facilitator training, host venue (schools or CBOs), etc. Additionally, people’s ideas and feelings about sex, particularly as it relates to young people, dictates the ‘who, what, where, when, and how’ of sexuality education delivery. Furthermore, decisions about sexuality education delivery are often not made by public health professionals.

Geography

Sexuality education interventions vary greatly by geographic region. In the US, AOE prevalence often parallels strong conservative leanings and fundamental religious affiliations, confirming that personal beliefs, neither science nor public health best practice, drive sexuality education. Geography is complex because of our tiered government, where federal, state and local government effect funding and implementation differently, despite laws and regulations implemented by one or the other.

Schools

Schools are the ideal location in which to delivery sexuality education because that’s where young people are concentrated. However, the decision-makers in education are (generally) not public health professionals, and are not evaluated on promoting positive sexual development and preventing negative sexual health outcomes. 93% of public high schools teach some type of sex education. However, the type of sexuality education taught is subject to the decision-making power of a select group of parents and administrators whose personal agendas may be inconsistent with the optimal sex-positive approach. For example, FoSE offers a gold standard
definition of CSE, along with a clear implementation guide, but there is little evidence that this has been widely adopted. FoSE defines optimal CSE as:

A planned, sequential K-12 curriculum that is part of a comprehensive school health education approach which addresses age-appropriate physical, mental, emotional and social dimensions of human sexuality. The curriculum should be designed to motivate and assist students to maintain and improve their sexual health, prevent disease and reduce sexual health-related risk behaviors. It should allow students to develop and demonstrate developmentally appropriate sexual health-related knowledge, attitudes, skills, and practices. The comprehensive sexuality education curriculum should include a variety of topics including anatomy, physiology, families, personal safety, healthy relationships, pregnancy and birth, sexually transmitted diseases including HIV, contraceptives, sexual orientation, pregnancy options, media literacy and more. It should be medically accurate. Qualified, trained teachers should provide sexuality education.(85)

Despite clear recommendations from experts, many departments of education have not implemented CSE curricula in their public school agenda (Table 7. General Requirements: Sex and HIV Education).(86) Two of the five largest school districts in the country, representing 24% of total students for those districts, rely on abstinence-only education to teach sexual health and HIV prevention to their students:

<table>
<thead>
<tr>
<th>Rank (2011)</th>
<th>District</th>
<th>State</th>
<th>Enrollment (2011-2012)</th>
<th>Comprehensive Sex Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>New York City</td>
<td>NY</td>
<td>1,041,437</td>
<td>Yes, parent opt-out</td>
</tr>
<tr>
<td>2</td>
<td>Los Angeles Unified</td>
<td>CA</td>
<td>662,140</td>
<td>Yes, see CA Comprehensive Sexual Health and HIV/AIDS Prevention Education Act (Ed Code section 51938)</td>
</tr>
<tr>
<td>3</td>
<td>Chicago</td>
<td>IL</td>
<td>409,530</td>
<td>Yes (as of 2016), parent opt-out</td>
</tr>
<tr>
<td>4</td>
<td>Miami-Dade</td>
<td>FL</td>
<td>350,227</td>
<td>No</td>
</tr>
<tr>
<td>5</td>
<td>Clark County</td>
<td>NV</td>
<td>321,655</td>
<td>No</td>
</tr>
</tbody>
</table>
Sexuality Health Educator Training

Leading agencies in the field of sexuality education concur that teacher training is a key component in administering effective sex education for young people. Among the pillars of teacher training in sexuality education is the recognition that adults who teach CSE are positioned at a critical crossroads where youth acquisition of knowledge and skills intersects with gatekeepers of accurate, developmentally appropriate sexual health information. Unfortunately, the literature that describes the formal training SHEs receive in any detail is sparse.

When training of trainers is mentioned in literature, it is rarely discussed in depth. In much of the literature assessing CSE, training of trainers is framed as a yes/no dyad, lacking a clear description of what the training itself consisted of in terms of dosage, engagement with the material or expert teachers, or classroom management techniques, to name a few. When teacher training is outlined in more detail, it has focused on a few core components: (1) familiarizing SHEs with the content being taught; (2) helping SHEs recognize their personal values around CSE and the ways in which those values could impact lessons they teach, and increase their comfort level addressing sexuality with youth; and (3) providing data and theory to support the CSE methods being proposed and implemented.

FoSE is one initiative whose efforts are attempting to shift the field and discuss SHE training in more depth. In addition to developing well-articulated guidelines around core content and skills requirements for national standards in sexuality education, FoSE also developed a set of seven teacher preparation standards to guide those professionals most likely to
be teaching sexuality education in middle schools and high schools.(94) National Teacher

Preparation Standards for Sexuality Education are outlined below(94):

**Standard 1: Professional Disposition**
Teacher candidates demonstrate comfort with, commitment to and self-efficacy in teaching sexuality education.

**Standard 2: Diversity and Equity**
Teacher candidates show respect for individual, family and cultural characteristics and experiences that may influence student learning about sexuality.

**Standard 3: Content Knowledge**
Teacher candidates have accurate and current knowledge of the biological, emotional, social and legal aspects of human sexuality.

**Standard 4: Legal and Professional Ethics**
Teacher candidates make decisions based on applicable federal, state and local laws, regulations and policies, as well as professional ethics.

**Standard 5: Planning**
Teacher candidates plan age- and developmentally appropriate sexuality education that is aligned with standards, policies and laws and reflects the diversity of the community.

**Standard 6: Implementation**
Teacher candidates use a variety of effective strategies to teach sexuality education.

**Standard 7: Assessment**
Teacher candidates implement effective strategies to assess student knowledge, attitudes and skills in order to improve sexuality education instruction.

Another leader in the field of sexuality education, the American Association of Sexuality Educators, Counselors and Therapists (AASECT) offers professional certification in a number of core areas, including AASECT Certified Sexuality Educator.(95) According to their website, AASECT Certified Sexuality Educators are professionals who teach and train young people or adults on a range of sexual and reproductive health topics and issues, as well as develop curricula, contribute to research and literature, and support clients in a one-on-one setting, and an eligible candidate must possess an academic undergraduate or graduate degree from an accredited institution of higher education, have completed 1,000 hours of professional work as a SHE,
demonstrated knowledge in core areas of sexuality education, and completed training in sexuality education implementation, attitudes and values, and fieldwork with supervision by an approved professional. (96)

Chapter IV will provide a more in-depth background around training that WOC SHE study participants received, and summarize the ways in which the participants found their particular training to be useful or lacking.

**Community Based Organizations**

In an effort to bolster the response to youth sexuality education needs, community based organizations (CBOs) have developed sexuality education programs outside of school parameters. (97) However, CBOs may be affected by subjective feelings or regional politics, and may often rely on donors for funding. Like schools, a CBO’s mission and execution may not automatically incorporate public health expertise or objectives. Lastly, personal values and professional expertise (or lack thereof) of CBO staff, who facilitate programs, may also shape which programs are implemented, and how. All of these components may influence sexuality education delivery.

**A Sex-Positive Approach in Comprehensive Sexuality Education**

Though research shows that adolescent sexual experiences are developmentally normative, adolescent sexuality has been historically addressed within risk-reduction frameworks in the United States. (13)

AOE has been unsuccessful in helping to develop sexually healthy adolescents. (5,11) In an effort to recognize the complex factors that are integrated within adolescent sexuality, leading adolescent sexual health researchers and practitioners including Advocates for Youth and the
Sexuality Information Education Council of the United States (SEICUS), and The Guttmacher Institute are working to re-conceptualize sexual behavior among youth using the sex-positive framework, which acknowledges the positive components of adolescent sexuality, such as pleasure, intimacy, competence, well-being, consent, positive health outcomes, agency and sexual minority experiences.\(^{(1,13,18–22)}\) A truly comprehensive sex-positive approach offers benefits beyond reducing rates of unintended pregnancy and STI transmission; it has the potential to increase self-efficacy, interpersonal connectivity, and decrease suicidal ideation.\(^{(12,13)}\)

**Evidence-Based versus Evidence-Informed Interventions**

Behavioral health intervention experts recognize that in the dissemination and implementation of comprehensive sexuality education (CSE) programming, sexuality health educators (SHEs) adapt interventions to the needs of their primary audience.\(^{(58)}\) However, in the field, there is a lack of clear understanding of how, why, and when WOC SHEs decide to make adaptations to the curricula as written.

The literature on evidence-based and evidence-informed behavior change interventions, such as CSE, and fidelity to those interventions as written, has identified issues in implementation.\(^{(30)}\) Success or failure of the transfer of prevention technology to practitioners working in multiple levels of practice (i.e. state and local departments of health, community based organizations) occurs in three areas: (1) perceptions in community settings of a top-down style of dissemination and the way in which that impacts community buy-in; (2) the extent to which organizations perceive that their local innovations are being embraced or eliminated; and (3) determining community capacities and preparedness to adopt/adapt high-impact interventions.
to effectively manage implementation. While all of these are critical to effectively engaging stakeholders in CSE program implementation, the last serves as the basis of inquiry for the research described here.

Nevo and Slonim-Nevo argue for evidence-informed practice (EIP), as opposed to evidence-based practice (EBP), as the most appropriate, comprehensive and efficacious way to incorporate empirical research in applied settings. EBP, which originated from the medical profession, is defined as “…the conscientious, explicitly and judicious use of current evidence in making decisions about care of individual patients.” EIP differs from EBP because EIP explicitly recognizes and incorporates the value and importance of the practitioner’s judgment and professional expertise in the context of program implementation.

It follows that when implementing CSE, an experienced SHE will have to make a judgment regarding what is applicable to her particular case, what is relevant or not, how the different interventions implied by the evidence could be integrated and what relative weight should be assigned to each of them in the understanding and treatment of the participants. Moreover, her understanding of what the participant is telling her may shift not only from session to session, but also from one moment to the next within the session. Since the focus must be on the participant, her intervention will shift accordingly.

Various stakeholders are involved in the implementation of effective behavioral interventions on the community level. However, few are as uniquely positioned to offer insight on multiple levels of program implementation and adaptation as the WOC SHEs who act as practitioners on the ground. Qualitative research previously conducted with WOC SHEs suggests that as a group, they possess a unique and much-valued skill set, but that pre-service training
varies from none at all to comprehensive training as a student teacher. Study findings suggest that, across the board, WOC SHEs would benefit from additional, on-going, formalized pre-service training. In order to better address challenges related to program adaptation and efficacy, it is important to understand the contextual factors that contribute to and/or drive program adaptation. WOC SHEs are uniquely positioned to provide insight and offer clarity on the complex matrix of factors that influence program adaptation – especially if they possess personal characteristics that mirror their intended audience in some way.

**Women of Color Sexuality Health Educators**

In recognition of the importance of including the voices and experiences of people of color in research, this research attempts to contribute to the field by centering the professional expertise, socio-cultural experience, and situational understanding of WOC SHEs in relationship to the CSE programs they implement with youth of color. Inherent in this inquiry is the recognition and prioritization of WOC SHEs’ cultural sensitivity to and understanding of their intended audience, and the ways in which the CSE curricula as written may or may not resonate with the intended audience or their lived experiences. Lastly, WOC SHEs’ complex understanding of cultural and ethnic community pillars may position them to better support their intended audience. For example, an educator who was raised in the same community or one similar may better connect with youth from that area or who are living within a particular socio-cultural framework due to their inherent and lived understanding of the community and its particular norms and expectations.

There are numerous reasons to center WOC in this research. First, there is a well-documented history that acknowledges the importance of positioning people of color as cultural
sensitivity, content and context experts in research and practice involving fellow people of color. (58,99–101) The interrelated systems of racism-related oppression of people of color in the United States, including institutional racism, personally mediated racism, and internalized racism, all contribute to the ways in which WOC and YWOC experience sexual and reproductive health disparities. (32) Historical trauma, defined as “collective and compounding emotional and psychic wounding over the lifespan and across generations,” further contributes to this dynamic for communities of color in the US. (102,103) For example, the ways in which WOC have been sexually objectified and depicted as hypersexual is evident throughout history to present day, and there is evidence of the ways in which WOC and YWOC have internalized those messages and stereotypes, potentially altering risk behaviors for STIs and HIV. (32,104,105) Racist concepts of hypersexualized black women have been reinforced for centuries by the notion that women of African descent are “animal-like, savage, and highly sexual beings,” lending historical justification to their inhumane treatment, including rape and enslavement. (104,105) The legacy of sexual, interpersonal and community violence experienced by WOC may be indirectly related to the disparate amounts of trauma they experience today. (32)

In the media, images that cast women of color as hypersexual abound: see Jezebel, historically depicted with lighter skin complexion, long hair, and uncontrollable sex drive; or more present-day idols such as Tina Turner, Diana Ross, Serena Williams or Beyoncé, each of whom possesses some combination of big hair (where wild, frizzy, uncontrollable = hypersexual (105)), athletic build, self-assuredness and a body/physique that is presumed both highly sexual and public domain. (104) There is a clear connection between those stereotypes, the lived experiences of the study participants (WOC SHEs), and the ways in which the youth of
color they teach may internalize, combat, or navigate those externally imposed assumptions into their sexual health development and education. (32) By centering WOC SHEs in this study, there is an opportunity to better understand if and how they incorporate coping strategies to combat these stereotypes into program adaptations, and to integrate those lessons into CSE curricula and facilitator trainings in the future.

**Conceptual Framework**

Using an inductive approach, this research will attempt to generate theoretically informed, research-driven, applied recommendations in hopes of strengthening the research-to-practice feedback loop around CSE implementation, adaptation and evaluation. A conceptual framework developed using the existing theories and model informs this research. Those theories are outlined below:

**Black Feminist Thought**

Patricia Hill Collins contends that Black/African-American women in the United States have been historically and systematically excluded from or marginalized within academic settings. (100) As a result, Hill Collins asserts that Black/African-American women are uniquely positioned to generate knowledge and contribute to their designated field based on three characteristics:

1) **Black women’s self-definition and self-valuation**: Self-definition and self-valuation are critical constructs within Black Feminist Thought because both actions reject externally defined, oppressive stereotypes intrinsically related to one’s lived experience as a Black woman, and instead construct internally defined, positive images of Black womanhood.
a. *Self-definition* “…involves challenging the political knowledge-validation process that has resulted in externally-defined, stereotypical images of African-American womanhood.”(100)

b. *Self-valuation* emphasizes the importance of replacing externally-derived images and definitions of self with those that mirror authentic Black female imagery.(100)

2) *The Interlocking Nature of Oppression:*

*The interlocking nature of race, gender and class oppression*, a cornerstone of Black Feminist Thought, recognizes that the lived experience of Black women in the US is complex, inextricable, interwoven and multifaceted.(100) By understanding that one is at the same time Black and a woman, as well as understanding the system of oppression under which that duality exists does not allow for a divide-and-conquer approach.(100) Instead, this construct explicitly recognizes that women of color learn to navigate the world in which they live as just that: women of color. It follows that women of color develop a keen understanding of how best to navigate the world through this unique lens.

3) *The importance of African-American women’s culture:*

Culture is composed of the symbols and values that create the ideological frame of reference through which people attempt to deal with the circumstances in which they find themselves. Culture is not composed of static, discrete traits moved from one locale to another. It is constantly changing and transformed, as new forms are created out of old ones. Thus culture does not arise out of nothing: it is created and modified by materials conditions.(100)

Therefore, culture, as defined by Mullings in Hill Collins, continuously integrates and actively responds to the complex components of one’s identity and experience, incorporating self-definition, self-valuation, and the lived intersection of oppression of race, gender and class.
Others agree that “…learning and meaning about sexuality are transmitted through cultural contexts that, for African American [and Latina] adolescent women, are embedded in a unique gender and racial experience.”(106) The shared, inter-locking, historical experiences of oppression, self-definition and self-valuation, and cultural understanding identified and described by Hill Collins uniquely positions WOC SHEs to combine their personal experiences as women of color living in the US with their professional knowledge and expertise in sexuality education to build a meaningful, relevant, experience-based rapport with YWOC program participants.(100)

This study attempts to expand Hill Collins’ theory to include women who identify as Latina/Hispanic, and suggests that the pillars of Black Feminist Thought inform the proposed research by supporting the notion that women of color sexuality health educators bring a foundation of knowledge specific to their personal socio-cultural experiences and understanding. Furthermore, this study will explore whether SHEs’ inherent, experiential knowledge contributes to the ways in which they make decisions around program adaptation.

Theory of Gender and Power

The relationship between gender and power imbalances in society, heightened HIV risk, and sexual inequality is well documented.(30,62,99,107,108) Because WOC may experience these imbalances similarly, the baseline of shared experiences may inform the level of both knowledge and skills transfer in behavior change interventions between WOC facilitators and YWOC participants.(107,109) For example, there may be ways in which WOC SHEs, who have practiced navigating social, economic, cultural, gendered and race-based inequities, merge that intrinsic knowledge with their professional expertise as sexuality health education program
facilitators. As a result, SHEs may incorporate those skills into the lessons they facilitate to help YWOC participants develop coping skills, or by offering empathy, support or to suggest practical solutions based on lessons learned. Consequently, knowledge and skills acquired by YWOC participants in CSE programs facilitated by WOC SHEs may include socio-cultural topics specific to the lived experiences of women of color that are not explicitly articulated in CSE curricula.

**Social Constructivist Theory**

Social Constructivist Theory recognizes ways in which communal and individual experiences and socio-cultural systems contribute to learning. Social Constructivism posits that learners construct knowledge in the framework of their individual experiences, lived environment, and socio-cultural understanding, and inherently recognizes the reciprocal and intertwined relationship between an individual learner and their socio-cultural environment. Social Constructivist Theory informs the proposed research by recognizing that program participants contribute to the development and acquisition of knowledge in CSE workshops, and that interactive learning is a key method to developing new knowledge, skills and abilities. Furthermore, in stressing the importance of human dialogue, interaction, negotiation, and collaboration in the process of learning and knowledge development, social constructivist theory fundamentals align with key elements of learning through focus groups, the main method of inquiry for this qualitative study.

Three pillars of social constructivist theory are (a) the importance of the sociocultural context of learning; (b) the role of social activity, including instruction, in development; and (c) the contributions of the active learner to her or his own development.
description of the guiding principles is available in Table 8. Social Constructivistic Teaching Practices and Principles.(113)

With regard to implementing CSE with YWOC, learning about sexuality, gender norms, and relationships, for example, is often framed by participants’ social environment, culture, religion, gender identity and sexual orientation. This research recognizes that WOC SHEs who share socio-cultural characteristics with their participants, have a mutual understanding of ways in which those socio-cultural experiences may influence learners’ acquisition of knowledge, skills and abilities. Furthermore, WOC SHEs use their mutual understanding of these socio-cultural experiences to provide relevant examples, adapting curricula (if needed) to ensure that lessons and discussions are culturally competent, and in turn, strengthen the learning that is taking place during a CSE workshop. Another key component of social constructivist theory recognizes the value of the learner’s voice in the learning process. Well-trained, culturally competent SHEs understand how to listen and incorporate the learner into the lesson in a way that bolsters and enriches the learning process, while ensuring learning goals and objectives articulated by the curriculum are still met.

Conclusion

Comprehensive sexuality education in the US varies greatly in numerous ways – by geographic location, delivery methodology, trainer training, and program dosage. A more in-depth examination of the gold standard CSE programs promoted by the federal government, along with ways that those programs have been implemented and adapted by professional sexuality health educators has the potential to bolster the ways that we monitor and evaluate program impact and outcomes in the future.
By centering women of color sexuality health educators, fidelity and adaptation in comprehensive sexuality education, and youth of color, this research attempts to contribute to the body of literature in a few ways. First, it recognizes a need for a formal, research-driven recognition of the ways in which professional expertise, socio-cultural understanding, and situational awareness may contribute to the ways in which WOC SHEs adapt curricula as written and implement it on the ground. Secondly, it seeks to fill gaps in the curricula itself, by asking the very professionals responsible for implementing the lessons with the intended audience about what topics and areas need improvement, and why. Lastly, it acknowledges the importance of context in sexuality education in the areas of curriculum development, facilitator training, fidelity and adaptation, and monitoring and evaluation.
CHAPTER III: METHODS

Introduction

This chapter will describe the methodology used to conduct this study, including descriptions of the study design and approach, study participants, research instrumentation, participant recruitment procedures, data collection processes, and the data analysis plan.

This study employed an inductive approach, and looked for patterns, trends, and themes in the focus group data to attempt to generate an explanatory theory of sexuality education implementation and practice that is informed by Black Feminist Thought, the Theory of Gender and Power, Social Constructivist Theory, and the three-prong conceptual framework (described in detail in chapter 2) of socio-cultural understanding, professional expertise, and situational awareness. All measures and methods for this study were approved by the City University of New York (CUNY) Institutional Review Board (IRB) (see Appendix 5. Institutional Review Board Approval Letters).

Description and Rationale of Study Design & Approach

Focus groups are used to study ideas in a group context. They facilitate access to data via group dynamics and interactions that could not be generated from interviews with individuals or participant observation. Specifically, the social nature of focus groups offers a unique opportunity to learn from interactions between study participants. This dynamic increases the depth of a particular inquiry, and providing an organic forum in which agreement, consensus, and divergence can be explored and probed in ways that are not possible in individual interviews or surveys, for example. Depending on their research goals, some inquiries may prioritize mixing participants with different characteristics to generate different types of
conversations or topics. For the purposes of this study, focus groups were intentionally curated in terms of size, purpose, and similar characteristics of participants, and were convened to understand their collective feelings about fidelity and adaptation when implementing CSE with youth of color. (116, 117) When considering the most appropriate research design this study, a formative, descriptive approach was determined to be most appropriate because the inquiry was exploratory in nature, and sought to generate hypotheses or theory, and build on a current body of knowledge. (117) Focus groups were deemed more appropriate than observation or key informant interviews because this inquiry prioritized the benefits of small group discussion and the opportunity to build consensus in order to gain a deeper understanding of fidelity and adaptation of CSE programming by practitioners on the ground. (116, 117)

WOC SHEs are a relatively small group in the field of behavior change science, and their makeup lends well to the focus group approach given the sensitive topic of the inquiry, such as the ways in which one’s personal characteristics (i.e. race/ethnicity, sexual orientation, gender identity/expression) intersection with and potentially influence her professional approach as a sex educator. Focus groups are also less expensive and less time consuming than individual in-depth interviews might be, so addressed two logistical concerns that arose during the development phase of the study design. (116). In this case, a raffle prize for focus group participants was less expensive than individual cash incentives, and holding and scheduling numerous 2-hour individual in-depth interviews would have been more time consuming than convening focus groups of multiple participants.
Description of Participant Recruitment Procedures

This study recruited participants using a nonprobability, purposive expert sampling approach, which involves recruiting individuals who have a particular expertise, such as WOC SHEs.(118) IRB approved recruitment (email, phone, and verbal, and social media outlets) scripts were used to recruit participants through personal and professional networks.

Specific social media outlets included Facebook and Twitter. An independent social media consultant was hired to promote the opportunity to participate in the project via Twitter. This consultant used IRB approved recruitment language and images to drive traffic to the eligibility survey housed at www.sexedstudy.org. Traffic was tracked using Google Uniform Resource Locator (URL) Shortener, which was created for this study’s site on October 7, 2015. Google URL Shortener tracked 128 clicks to the eligibility survey between October 2015 and January 2016. On Twitter, at least 34 unique followers engaged in discussion and/or retweeted the survey link, including Advocates for Youth (13.2k followers), CUNY Public Health (1,510 followers), The Center for Sex Education (5,696 followers), Scenarios USA (2,374 followers), El Paso County Teen Pregnancy Prevention Coalition (209 followers), Eyes Open Iowa (373 followers), The UnSlut Project (21k followers), Woodhull Foundation (3,675 followers) and independent Twitter users with followers ranging in number from 73 to 5,630.

Recruitment scripts directed potential participants to an online eligibility-screening questionnaire (Appendix 1. Eligibility and Demographic Questionnaire)
Figure 1. Online Tracking Statistics -- Eligibility Survey -- Total Clicks

Figure 2. Online Tracking Statistics -- Eligibility Survey -- Website of Origin

Figure 3. Online Tracking Statistics -- Eligibility Survey -- User Location
Participant Screening & Eligibility Criteria

Focus groups typically include 5-10 participants, but may include up to 12 depending on topic, logistics or participant availability. This study collected and analyzed data from five semi-structured focus groups, with an average of 5 participants per group until saturation was achieved \((n=24)\). Homogeneity is a common practice of focus group composition, but may be prioritized or deprioritized based on the particular study’s line of inquiry. In order to ensure adequate homogeneity for this study, which prioritized grouping participants with like characteristics, WOC SHEs completed a brief online screening questionnaire prior to focus group participation (see Appendix 1. Eligibility Questionnaire). The purpose of this screener was to determine participant eligibility and collect background information about participants’ training, individual socio-cultural understanding and identity, and work experience as it related to the inquiry. This data allowed the researcher to assign participants to focus groups based on individual characteristics including age, length of time working the field, educational background/training, experience, race/ethnicity, immigration status, language of origin, and socio-economic status. Individuals who met the inclusion criteria were invited to participate using Doodle, an online scheduling tool, and availability was confirmed via phone calls and emails. Overwhelmingly, participant availability determined focus group involvement after eligibility criteria were met.

Potential participants self-selected to complete the Eligibility Questionnaire. Eligible study participants met the following inclusion criteria: they (a) identified as a woman and was over 18 years of age; (b) identified as a person of color; (c) have implemented a minimum of two full units of CSE with YWOC in New York City in the past three years; and (d) were employed by a community-based non-profit organization [when implementing the CSE program].
Including participants who self-identify as a person of color may help cultivate culturally sensitive research approaches and foster the development of culture-based contextual understanding during program facilitation. Including participants who have facilitated a minimum of two full units of CSE within the past three years sets a minimum baseline for overall experience, current experience, and the level of expertise of participants in the study.

Individuals were deemed ineligible if they: (a) reported being 17 years old or younger, (b) identified as a Male or a Transgender Female to Male, or (c) identified as white race/ethnicity. In addition to meeting the eligibility criteria outlined above, potential participants also had to either be able to meet in-person in midtown Manhattan, NY, or participate virtually, which requires basic knowledge of how to use Google and Google Hangouts online platforms, and technological infrastructure (internet connected computer, tablet or smart phone; headphones/speakers; microphone; and camera). Lastly, participants had to speak and understand English fluently, as focus groups were not conducted in any other languages.

**Study Instrumentation**

*Description and Development of Eligibility Questionnaire*

The Eligibility Questionnaire was developed to capture the demographic data of potential participants. Specific areas of interest included age, race/ethnicity, gender identity/expression, sexual orientation, and questions pertaining to potential participants’ work as sexuality health educators, including age and race/ethnicity of their intended audience, training type and institution, years’ experience, highest level of education completed, and venues where CSE programs had been implemented.

The Eligibility Questionnaire was administered online via polldaddy.com using the URL, www.sexedstudy.org. Potential participants were driven to the website via recruitment that took
place online (Twitter, Facebook, LinkedIn), email blasts, etc. CUNY IRB approved recruitment via both personal and professional networks.

**Description and Development of Focus Group Protocol, Moderator/Note-Taker Script**

The PI developed the Focus Group Protocol and Moderator/Note-Taker Script (see Appendix 4. Moderator/Note-Take Script and Protocol). The Moderator/Note-Taker Script was developed in order to provide clear guidelines for the moderator to follow during focus group facilitation. It describes the process and sequence by which the focus group should be administered and facilitated, including time allocation, consent to participate, and group norms and expectations. The script provides the note-taker with clear background and impetus for conducting the study. The script also introduces the study, describes its purpose along with the goals of the focus group discussion, sets ground rules and expectations for the focus group discussion, explains confidentiality, and concludes the group with a statement of appreciation and a reminder to keep the conversation confidential.

The Focus Group Protocol is loosely outlined in three categories that align with the conceptual framework (see Figure 11. Conceptual Framework) and is structured using open-ended questions that guided the focus group discussion, but allowed for participants to shift focus or direction to topics they deemed important if they so chose. The Focus Group Protocol was developed using the pillars of the conceptual framework as a guide of the course of inquiry. In addition, the research team was aware that question order and approach have the potential to influence group conversation dynamics in a focus group setting. Therefore, focus group questions were outlined so that the discussion topic was introduced, helping set the tone of the conversation, and potentially building some camaraderie between participants who otherwise were strangers.
Focus Group Protocol was drawn from the study’s conceptual framework and were grouped into the following themes: Generic/Introductory Questions, Socio-Cultural Understanding, Professional Expertise, and Situational Awareness. Each theme asked 2-5 questions, and each question had up to five follow-up questions, prompts, or probes depending on the area of inquiry.

Focus group questions are intended to be open-ended, and moderator inquiry may vary slightly from the questions as written in order to respond to the conversations taking place with and between study participants.(119) During the development phase, this study’s focus group protocol was reviewed and revised based on feedback from a small cohort of expert sexuality health educators who have familiarity with the areas of inquiry that were being prioritized. Face validity was achieved based on group’s agreement that the instrument measures what it was intended to measure.(120) In addition, the final question of each focus group asked participants if there is anything that should have been asked that wasn’t, and then provided time and space for participants to respond to that inquiry if so inclined. Participants agreed that the questions and prompts were thorough and aligned with the study as it was originally described to them.

**Data Collection Procedures**

This study has two aims: (1) to explore WOC SHEs’ perspectives of contextual factors that drive adaptations to the ways that evidence-informed sexual health education curricula is implemented in a community-based organization (CBO) setting; and (2) to identify possible implications of WOC SHEs’ adaptations on program development, training, monitoring and evaluation, including possible benefits of program adaptation, as well as possible disadvantages that may occur as a result of adaptations made. Study participants were recruited, screened, deemed eligible, and invited to participate in focus group discussions in order to better
understand the context surrounding the points of inquiry outlined above. This study facilitated focus groups in two ways: in-person and online (virtually).

**Facilitator Processes**

The PI facilitated all five focus groups using the Focus Group Protocol and Moderator/Note-Taker Script. As focus groups progressed, the facilitator amended the questions slightly, based on previous focus group discussions and participant engagement. The PI also took memos and referred to them in the iterative process. The process and content of the memos are described in more depth later in this manuscript.

**Note-Taker Processes**

An experienced and IRB-approved note-taker took notes for each of this study’s focus groups. The note-taker is an expert qualitative researcher, identifies as a WOC, and also works as a SHE. In preparation for focus group facilitation, the note-taker reviewed the Moderator/Note-Taker Script and Focus Group Protocol in-depth to become familiar with the focus group procedures, process, topic structure, and general order of the focus group discussion. The note-taker and PI established pseudonyms for each participant prior to the start of each focus group, and they were used to identify participants in the notes. In addition to taking detailed notes of the participant discussions, the note-taker was instructed to pay attention to visual cues such as nodding, head shaking, smiling, etc., which could indicate agreement or disagreement with topics being discussed. At the conclusion of each focus group, the note-taker edited the notes for basic grammar and spelling, and submitted them to the PI. Notes were stored on the secure server at the Urban Health Lab at York College, CUNY.
Memo Processes

The PI kept analytical memos to document focus group happenings and processes, and referred to those memos to reflect on the previous focus groups and incorporate relevant lessons and themes into upcoming discussions. The memos also provided a record of patterns and emerging themes to be explored in more depth. At the conclusion of each focus group, the PI wrote memos to document group dynamics and trends that might otherwise be overlooked, missed, or forgotten. The content and data that resulted from this study’s memos are discussed in more depth in chapter IV.

Focus Group Methods

Five focus groups, consisting of an average of five participants each, were conducted. One took place in-person (at the CUNY Graduate Center, located in Midtown Manhattan) and four took place online, via Google Hangouts. Each focus group lasted approximately two hours (including 30 minutes to sign the consent form (Appendix 2. Internet Based Informed Consent Script), receive background information about the study and understand focus group instructions (Appendix 3. Consent to Participate in the WOC SHE Sex Ed Study), and complete the follow-up questionnaire (Appendix 1. Eligibility Questionnaire), and was digitally audio-recorded. Each in-person participant was provided refreshments and a round-trip NYC MTA Metro Card in exchange for their time and expertise. All focus group participants (in-person and virtual) were entered into a raffle to win 1 of 3 $100 Amazon.com gift cards.

In-Person Focus Groups

In this study, one focus group took place in-person with 8 participants. The in-person focus group met in a private room at The Graduate Center, CUNY, in New York, NY. Participants identified as women (n=8), Black/African-American (n=5), Latin/Hispanic (n=3),
and Asian (n=1). One person identified as both Latin/Hispanic and Black/African-American. Three participants identified as heterosexual, three identified as queer, one identified as bisexual, and one identified as homosexual. Two individuals worked 3-5 years as a SHE; three individuals worked 6-10 years as a SHE; two had 11-15 years’ experience; and one person had over 16 years’ experience as a SHE. Their availability to participate depended upon being located in NYC (primarily) and being available to meet at the same time as other participants. The PI moderated group with the assistance of an experienced note taker. The focus group discussion was digitally audio recorded and later transcribed verbatim by Transcript Divas, Inc. Digital recordings allow researchers to verify the notes taken during the data collection and ensure that no data is lost during the note taking process. Each in-person focus group participant received refreshments and one round-trip NYC Metro Transit Authority (MTA) Metro Card, and was entered into a raffle to win one of three Amazon.com gift cards valued at $100 each.

**Virtual Focus Groups**

Due to having collected a national sample of eligible focus group participants, this study expanded to include a virtual platform so that participants outside of New York City may participate. Scheduling focus groups had proven challenging, so offering potential eligible participants the opportunity to participate virtually allowed for more flexibility for participants and increased the likelihood of being not just willing, but able to participate. By the conclusion of the study, four out of five focus groups were virtual – they took place online using the web platform, Google Hangouts.(121)

Holding focus groups online allowed eligible individuals to participate regardless of geographic location. Google Hangouts allows virtual focus group participants to see and hear one another in a private audio-video online chat room while participating from different geographic
locations, simulating an in-person interaction (as opposed to just typed "chat"). Participants who participate virtually are doing so because they are not located in NYC, and therefore do not need to be reimbursed for travel costs within NYC limits; virtual focus group participants were entered to win a $100 Amazon.com gift card in exchange for their time/expertise.

Each virtual focus group was digitally audio and video recorded. Transcript Divas, Inc. transcribed all five audio recordings. All recordings and transcriptions were securely stored, and only IRB-approved WOCSHE research team members had access to the video or audio data.

The PI and study team put procedures in place to protect participants’ confidentiality including providing anonymous log in information and suggesting that participants use headphones and participate from a private location to limit non-participants from overhearing focus group discussions. Privacy was maintained by creating anonymous Google Mail (GMail) logins for each virtual focus group participant. Upon confirming participation eligibility, date and time availability, and consenting to participate, each participant was emailed the anonymous login name and associated password (i.e. WOCSHE_1@gmail.com), and were required to use the anonymous email address to participate in the focus group. Personal email addresses were not permitted to protect participant privacy. Use of anonymous GMail addresses protected the privacy of the virtual focus group participants by ensuring that given names and personal email addresses were not made available to others by virtue of participating online.

The focus group invitation was restricted to select participants, and no other individuals were able to join the conversation. It is important to note that the research team could not control participants' environment while the group is in progress, so there is a small risk that participants' friends, family members, or co-workers/colleagues could see or overhear the discussion.
The PI moderated all focus groups with the assistance of an experienced note taker. Focus group discussions were digitally audio recorded and later transcribed verbatim. Digital recordings allowed researchers to verify the notes taken during the data collection and ensured that no data is lost during the note taking process.

Each virtual focus group participant was entered into a raffle to win one of three Amazon.com gift cards. Refreshments and NYC MTA Metro Cards were not appropriate incentives due to virtual participation, as participants were located nationwide.

Data Analysis Plan

Descriptive Statistics

This study collected demographic data from potential participants during the administration of the Eligibility Questionnaire. Focus group participants completed an identical demographic survey prior to focus group participation. Descriptive statistics were calculated using frequency (n) and percentage (%). Results are described in narrative and graphs in Chapter IV.

Grounded Theory Analysis

Focus group discussions were audio recorded and later transcribed verbatim using Transcript Divas, Inc., an independent, CUNY IRB-approved, transcription firm. A note taker was present for all data collection to record non-verbal cues from participants, and helped link participant non-verbal cues to verbal contributions using pseudonyms.

Data collected from each focus group was analyzed using the Grounded Theory method. (122) Grounded Theory, a key analytic method in social science research that prioritizes the intersection of theory rooted in observation of the phenomena of interest – WOC SHEs
facilitating CSE, in this case – is the most appropriate approach for this research because it is both iterative and emergent in nature.

In this inquiry, the research team employed *simultaneous coding* and *values coding*. Simultaneous coding refers to the process of applying two or more codes to a single excerpt; it illustrates multiple happenings or events represented within the selected text.(123) Values coding assigns codes based on the participants’ own beliefs or worldview.(123) During the coding stage, the researcher read each line, sentence, and paragraph, then developed a codebook to identify topics as articulated by SHEs, and finally defined the codes in the codebook to clarify the ways in which they related to drivers behind program adaptation.(122) Throughout the analytics process, using values coding, simultaneous coding, the participants’ own descriptions, and with the help of the analytic software (described in more detail later), the PI developed a framework of relationships between a category and its subcategories. This approach enabled the research team to categorize themes with more precision, and craft a singular story line contextualizing adaptations made to CSE programming based on the previously identified themes.(116)

Codes that emerged most frequently or are assessed as most significant through these coding processes helped identify potentially dominant themes. Based on recurrent and emergent themes as outlined during the *within-study* memo taking process, focus group questions were slightly revised in order to explore emergent topics in successive focus group discussions. Through the memo writing process, the researcher sorted, categorized, defined, compared, and contrasted the coded data, and noted any potential gaps.(122,124) Using the emergent categories identified earlier in the Grounded Theory process, the researcher attempted to fill out the properties of those categories in successive focus groups through a theoretical sampling process.(122)
**Theoretical Saturation**

Theoretical saturation, a key component of Grounded Theory, is determined to be achieved at the point when data collection ceases to collect new information about said category (distinct from repeated themes emerging).(122,125) In this study, saturation was primarily determined when no new information or themes emerged from the coding process. Of the 69 codes applied across all five transcripts in this study’s analysis, 56 codes were developed and applied during analysis of the first three focus groups. Research conducted by Guest et al concluded that saturation can occur in studies with homogenous samples wherein the majority of themes are identified at an early stage.(126,127)

**Interrater Reliability**

The research team consisted of the PI, who conducted all focus groups, data analysis and writing, an experienced note-taker, and a senior undergraduate research assistant (RA), who served as interrater. The PI generated all codes organically from the transcribed focus group discussions. While the conceptual framework served as a loose guide, the data themselves drove the application and development of the codes.

The RA was introduced to qualitative research practices and focus groups through assigned reading. Concepts were then applied during training meetings, and Dedoose analysis software was introduced. Training consisted of watching a collection of training videos, reading the codebook, reviewing coding descriptions and applications with the PI, and applying coding to transcripts. The RA coded a full transcript independently, and then reviewed the coding applications with the PI to ensure consistency and clarity of code applications.

This study’s interrater reliability (IRR) was established (Pooled kappa = .65). Pooled kappa is used due to its ability to summarize rater agreement across many codes.(128,129)
Dedoose visual indicators use the following criteria for interpreting kappa values: <.50 = poor agreement, .51-.64 = fair agreement, .65-.80 = good agreement, and >.80 = excellent agreement, and other experts concur with the range described here.(128–130)

To assess this study’s interrater reliability (IRR) during the analysis phase, the PI created an Interrater Reliability Test in the Dedoose Training Center.(129) The IRR test was comprised of 33 excerpts that were randomly selected from across all five media (transcripts), along with 19 affiliated codes. The test determines IRR by comparing the way that the PI and the undergraduate research assistant applied codes to the randomly selected excerpts. IRR was established (Pooled kappa = .65).

**Dedoose**

This study analyzed focus group transcripts using Dedoose Mac-Based Qualitative Research Software.(129) Dedoose is a web-based platform that allows users to establish a secure account, upload data, and code data online. Dedoose offers user training via 11 sequential 10-12 minute video tutorials, and provides technical and analytic phone and web-based support (via searchable blog posts, email correspondence, and an interactive online user guide).(129) To complete data analysis for this study, Dedoose’s most useful core features included the ability to import, excerpt, code, and tag transcription data; filter and analyze coded data, and analysis visualization via system-generated word cloud, data export, and The Dedoose Training Center, through which the research team tested for interrater reliability. Dedoose allows multiple users to code transcription data concurrently; users can code blindly if need be; coded data can be organized according to media, codes applied, and/or by user. For this study, user account access was determined and managed by the PI.
Dedoose password protects and encrypts all project data, and reinforces data security via nightly back-ups and through The Dedoose Security Center. The Dedoose Security Center allows the PI to administer each project and allow or restrict research team members’ access to data depending on their role. Dedoose does not disclose or share data, and deletes all project data two years after the expiration of all user logins, unless requested sooner by the PI.(129)

**Memos**

Reflective or analytic memos are notes of the data analysis process that are taken during and after data collection.(131,132) Qualitative memo writing plays a key role in diminishing threats to validity when using an inductive approach to content analysis.(131) Memos may serve more than one purpose. *Within-study* memo taking may summarize findings that can shape future inquiries (in this case, helping the PI hone in on areas of importance from one focus group to the next); they may document the PI’s reflections on focus group facilitation and dynamics; and they may serve as additional documentation and interpretation of raw focus group data during the collection phase.(131,132) *Across-study* memo taking takes place during the coding phase of data analysis, and links similarly coded data so that they can be analyzed as a group.(131) The PI reflected on focus group events by recording them in memos. Analysis of this study’s memos unearthed the following themes: Participant Dynamics, PI Role and Responsibility, and Emerging Themes and Areas of Interest.

**Participant Dynamics**

Overall, participant dynamics were professional, respectful, and enthusiastic. During Focus Group 2, the PI invited participants to respond to one another rather than just the facilitator, and that reminder helped set the conversational tone. From that point forward, that
invitation was issued at the start of every successive focus group, and it helped generate
groupthink and build consensus.

Across the board, participants expressed gratitude for being included in the conversation,
passion for the topic, and excitement about being able to connect with fellow WOC SHEs.
Participants in all 4 virtual focus groups inquired about how they could stay connected to one
another. At each inquiry, the PI reiterated the inability to share contact information due to the
need to respect participants’ privacy, but suggested participants could join the Women of Color
Sexual Health Network (WOCSHN) as a way to network with one another independently of this
study.

In contrast to the virtual focus group dynamics, the group dynamics of Focus Group 1,
the only in-person focus group of this study, were challenging. The first observation was that
eight was too many people to include in one discussion for this particular line of inquiry and
protocol. The large number of participants restricted the natural flow of conversation as well as
the number of people who could share their experiences in the 2-hour time frame. Two
participants were outliers in their age and experience. Their dynamic seemed to play off of one
another, and it stifled others’ from chiming in. This particular duo worked together, had trouble
staying on topic, and ending up leading the entire discussion off course more than once. During
Focus Group 1, the PI was focused on being as unobtrusive as possible, and did not interject or
redirect as much as she could have. The next section will describe how the PI addressed this
issue in future focus groups.

**PI Role and Responsibility**

Most of the notes from the first focus group are tips and reminders about how the PI
could improve facilitation and navigate similar challenges should they emerge in future groups.
A particular time management suggestion was to eliminate the icebreaker questions to conserve time. Another suggestion was to add the following disclaimers to the introduction in order to redirect folks whose contributions veer off topic: “This topic brings out a lot of passion in people who do this work. And because this is a very deliberate inquiry, so if we are getting off track, I will interrupt the conversation to help redirect” and “I may interrupt and help refocus the conversation occasionally due to our limited time and the need to cover a lot of ground/many topics.”

Transitioning from in-person to virtual focus groups shifted the logistics positively, but scheduling issues were challenging throughout the data collection phase. Throughout, the PI struggled with how to balance respecting privacy and over-burdening potential participants against calling and emailing with reminders about upcoming focus groups often. The lesson learned was that more frequent and well-timed reminders yielded more participants, and the majority of the time, the participants appreciated the reminders and were willing to lend their time and expertise to the study if their schedules allowed.

Throughout memos for all focus groups, the PI expresses concern about over-burdening participants with calls and reminders during the recruitment phase, and respecting their time during the focus group facilitation. To help reduce their burden, the PI asked each potential participant if they would like to continue to receive reminders and invitations to future focus groups (until the person participated), and all but one responded affirmatively.

**Emerging Themes and Areas of Interest**

As themes emerged during focus group discussions, the research team noted them, probed them with participants, and added them to notes for future inquiry if participants expressed collective agreement. The following themes were consistently raised across focus
groups as critical to this study’s inquiry: truly comprehensive sexuality education has a 360-degree lens; SHEs are building out curricula that are incomplete (i.e. missing critical topics such as consent, trauma, LGBTQ inclusivity); the importance of addressing issues as they occur in the field (do not wait for the topic to be addressed in the curriculum if youth are talking about it); the importance of understanding youth’s relationship to social media, slang, popular culture; the significance of race; pleasure; and diversity in student learning styles.

**Limitations**

As previously mentioned, it is important to note that the research team could not control participants' environment while the group is in progress, so there is a small risk that participants' friends, family members or co-workers/colleagues could see or overhear the discussion. Focus groups require a minimum of 3-4 people to run; the research team faced obstacles in scheduling mutually convenient times for a minimum of 3-4 people due to obligations related to working full-time or multiple jobs, family and personal responsibilities, commute, and geographic location (even within New York City).

Another important limitation to note is that Dedoose does not support linking individual descriptors to focus group data. While the unit of analysis for focus groups are generally accepted to be the groups themselves as opposed to the individual group members, it would have been useful to be able to analyze the data to look for similarities and differences between individuals and the codes applied to their responses.

**Protection of Human Research Study Participants, Data Security, & Confidentiality**

CUNY IRB approved this research with human subjects (See Appendices 8-10. CUNY IRB Approval Letters).
Upon concluding each focus group, all audio and video data was uploaded to the secure server at the Urban Health Lab at York College, CUNY. Focus groups were audio-recorded using Sony Digital Flash Voice Recorders (SY-ICD-PX333). Focus group audio recordings were professionally transcribed by Transcript Divas (www.transcriptdivas.com), a New York City based transcription company that has transcribed other CUNY IRB-approved data. Digital audio files were then saved to the secure server at the Urban Health Lab at York College, CUNY, and uploaded via secure server to Transcript Divas and transcribed for analysis using Dedoose software. Transcribed data was stored under password protection. Transcript Divas, Inc. has previously been IRB-approved for research conducted by CUNY. All data were kept confidential, and per the confidentiality agreement, files will be permanently deleted from Transcript Divas secure server upon completion of the transcription job, or at the request of the PI (See Appendix 7. Transcript Divas, Inc. Transcription Confidentiality Agreement). Stored transcribed data was password protected.

Use of a professional transcription service expedited the transcription process and allowed the research team to access data sooner for analysis and identification of themes and areas in need of more in-depth inquiry, supporting the iterative nature of inductive research. Speedier transcription also sped the research process overall, reducing time and money expenditures.

To protect participants’ confidentiality, each participant was asked to choose a pseudonym upon arrival at the meeting room or the Google Hangout virtual chat, and was addressed by that pseudonym during the focus group. For those participants who participated in-person, each person wore a nametag bearing the pseudonym, along with a different sticker on it (i.e. gold star, blue circle). That sticker identified the participant to the note-taker. On all
documents and field notes, participants were identified using the sticker shape/color descriptor. Field notes were stored in a private and locked filing cabinet. For the purpose of this study, all findings will be presented using participant PI-assigned pseudonyms (discussed in Chapter IV).

**Conclusion**

This chapter discussed the methodology used for the study. It reviewed the study design and approach, outlined participant recruitment and screening procedures, and described the study instrumentation. Data collection methods and the data analysis plan were also discussed. Next, Chapter IV will offer an in-depth review of the study’s findings and results, organized by emergent themes.
CHAPTER IV: RESULTS & FINDINGS

Introduction

This chapter will provide a description of the study’s descriptive and analytic process and subsequent results and findings. It will review basic demographic data, outline the dominant themes and sub-themes that emerged from focus group discussions, and provide summaries and excerpts of discussions had by focus group participants. Three dominant themes and sixteen sub-themes were identified using frequency. An in-depth examination of the themes, sub-themes, related trends and similarities is discussed. The PI assigned pseudonyms to all participants to ensure anonymity and protect confidentiality.

Description of Results

Description of Sample

Demographic information is depicted in charts and tables following this section. Table 2 shows all individuals who participated in the study in one of the following three ways: (1) by completing the eligibility survey and becoming a potential participant (described as Overall Sample); (2) by meeting the eligibility criteria and participating in a focus group (Focus Group Participants); or (3) by meeting the eligibility criteria, but not participating in a focus group (Eligible Non-Participants). The following tables display demographic characteristics of members of each of these three cohorts. (See Table 2. Demographics, Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators, of (A) All Potential Participants (B) Focus Group Participants and (C) Eligible Non-Participants; Table 3. Demographics, Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by WOC SHEs, by Focus Group; and Table 4. CSE Implementation Experience, Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators, of All Potential Participants).
**Overall Sample**

Quantitative data for the overall sample \((n=100)\) is based on the eligibility questionnaire. Of all the individuals who completed the eligibility questionnaire, 34% were 31-40 years old \((n=34)\), 24% were 26-30 years old \((n=24)\); 55% identified as Black or African American \((n=55)\), 20% identified as Latin/Hispanic \((n=20)\); 95% of all people who completed the eligibility questionnaire identified as Female \((n=95)\); 51% identified as heterosexual \((n=51)\) while 19% identified as queer \((n=19)\) and 17% identified as bisexual \((n=17)\), and a combined 12% identified as pansexual, homosexual, and questioning/curious \((n=17)\).

Individuals who completed the eligibility questionnaire reported residence in 20 different states and Ontario, Canada. 50% of individuals report residence in the Tri-State Area (New York, New Jersey, Connecticut) \((n=50)\), and 50% report living elsewhere in North America \((n=50)\), including 42 people from 17 states (not including NY, NJ and CT) and two people from Toronto, Ontario, Canada. 22 (52%) of those individuals living outside the tri-state area hail from southern states including Alabama \((n=1)\), Florida \((n=1)\), Virginia \((n=1)\), Mississippi \((n=2)\), Washington, DC Metro Area \((n=7)\), North Carolina \((n=1)\), Texas \((n=5)\) and Georgia \((n=4)\). Other states represented include Pennsylvania \((n=9)\), Massachusetts \((n=1)\), Illinois \((n=2)\), Ohio \((n=2)\), Michigan \((n=1)\), Minnesota \((n=1)\), Missouri \((n=1)\) and Oregon \((n=2)\). For more information about work experience for all potential study participants, See Table 4. CSE Implementation Experience, Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators, of All Potential Participants.

**Eligible Non-Participants**

Of those individuals who completed the eligibility screener questionnaire, 50% were eligible to participate using the eligibility criteria outlined above, but 25 members of this cohort
elected not to participate in the study. Therefore, no consent form was signed and no additional data was collected from any person described as an eligible non-participant.

Of all individuals who met the eligibility criteria, only half \((n=24)\) actually participated, despite numerous invitations to participate via phone and email. Only one person requested to be removed from the study upon being contacted, and one person reported being unable to join a virtual focus group due to lack of technological capacity. Of the remaining eligible potential participants, scheduling was the biggest barrier to participation. Focus groups require a minimum of 3-4 people to run, and scheduling mutually convenient times for people who work full-time or multiple jobs, have families, commute, etc. was incredibly challenging. Additional demographic characteristics of eligible non-participants can be found in See Table 1. Demographics, Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators, of (A) All Potential Participants (B) Focus Group Participants and (C) Eligible Non-Participants.

**Focus Group Participants**

Quantitative data for the study participants \((n=24)\) is based on the demographic questionnaire completed upon consenting to participate. Of all the individuals who participated in focus groups \((n=24\), in-person and online combined\), 46% were 31-40 years old \((n=11)\), 33% were 26-30 years old \((n=8)\); 67% identified as Black or African American \((n=16)\), 25% identified as Latin/Hispanic \((n=6)\); 100% of all people who completed the eligibility questionnaire identified as female \((n=24)\); 50% identified as heterosexual \((n=12)\) while 33\% \((n=8)\) identified as queer and 13% identified as bisexual \((n=3)\), and a combined 12% identified as pansexual or homosexual \((n=3)\). (See Table 3. Demographics, Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by WOC SHEs, by Focus Group.)
Out of 24 participants, the majority ($n=16, \text{66\%}$) report residence in the Tri-State Area (New York, New Jersey, Connecticut). In addition, 8 participants (33\% combined) hailed from Pennsylvania, North Carolina, Mississippi, Georgia, Minnesota, Washington, DC, Oregon, and Georgia, respectively.

Facilitators report being trained in more than one way (total will equal more than 100\%). Out of 24 focus group participants, 15 (63\%) were originally trained to be facilitators. 50\% ($n=12$) report being trained to implement select CSE programs, and the remaining 13\% report no formal training ($n=3$). 54\% ($n=13$) of all focus group participants received training in graduate school courses ($n=13$), while 50\% ($n=12$) were trained in community based professional development workshops. Only 13\% report being trained by AASECT ($n=3$). Of the study’s 24 participants, 75\% implement CSE programs in CBOs ($n=18$), 71\% in After-School Programs ($n=17$), and 67\% in public schools ($n=16$). An overwhelming 50\% of focus group participants report implementing Other (locally developed or not federally endorsed) CSE programs ($n=12$).
Figure 4. Focus Group Participant Demographics -- Training Description

![Training Description Chart]

Figure 5. Focus Group Participant Demographics -- Type of Training

![Type of Training Chart]
Figure 6. Previously Facilitated Comprehensive Sexuality Education Programs

Previously Facilitated Comprehensive Sexuality Education Programs

Focus Group Participants

Which CSE programs have you facilitated from start to finish?

Figure 7. CSE Program Implementation Sites

CSE Program Implementation Sites

Focus Group Participants

Where have you implemented or facilitated comprehensive sexuality education?
Table 2. Demographics, Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators, of (A) All Potential Participants, (B) Focus Group Participants, and (C) Eligible Non-Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Overall (N = 100)</th>
<th>Focus Group Participants (N = 24)</th>
<th>Eligible Non-Participants (N = 25)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (% )</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 years and younger</td>
<td>1 (1)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>18-25 years old</td>
<td>12 (12)</td>
<td>2 (8)</td>
<td>3 (12)</td>
</tr>
<tr>
<td>26-30 years old</td>
<td>24 (24)</td>
<td>8 (33)</td>
<td>5 (20)</td>
</tr>
<tr>
<td>31-40 years old</td>
<td>34 (34)</td>
<td>11 (46)</td>
<td>5 (20)</td>
</tr>
<tr>
<td>41-50 years old</td>
<td>18 (18)</td>
<td>3 (13)</td>
<td>7 (28)</td>
</tr>
<tr>
<td>50 years and older</td>
<td>11 (11)</td>
<td>0 (0)</td>
<td>5 (20)</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>61 (55)</td>
<td>16 (67)</td>
<td>17 (68)</td>
</tr>
<tr>
<td>Latin/Hispanic</td>
<td>22 (20)</td>
<td>6 (25)</td>
<td>6 (24)</td>
</tr>
<tr>
<td>White (^2)</td>
<td>15 (14)</td>
<td>1 (4)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Asian</td>
<td>6 (5)</td>
<td>2 (8)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>2 (2)</td>
<td>2 (8)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Other</td>
<td>5 (5)</td>
<td>0 (0)</td>
<td>2 (8)</td>
</tr>
<tr>
<td>Gender Identity/Expression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>93 (94)</td>
<td>24 (100)</td>
<td>25 (100)</td>
</tr>
<tr>
<td>Male</td>
<td>6 (6)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Transgender Male to Female</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Transgender Female to Male</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Unreported</td>
<td>1 (-)</td>
<td>0 (-)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Sexual Orientation (^1)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual</td>
<td>50 (51)</td>
<td>12 (50)</td>
<td>17 (68)</td>
</tr>
<tr>
<td>Queer</td>
<td>19 (19)</td>
<td>8 (33)</td>
<td>2 (0)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>17 (17)</td>
<td>3 (13)</td>
<td>6 (24)</td>
</tr>
<tr>
<td>Pansexual</td>
<td>7 (7)</td>
<td>2 (8)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Homosexual</td>
<td>4 (4)</td>
<td>1 (4)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Questioning/Curious</td>
<td>2 (2)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Unreported</td>
<td>1 (1)</td>
<td>0 (0)</td>
<td>1 (4)</td>
</tr>
</tbody>
</table>

\(^1\) Equals more than 100% due to participants selecting more than one option

\(^2\) One participant also identified as Black/African-American, so exclusion criteria did not apply
## Highest Level of Education Completed

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Frequency</th>
<th>Median (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma or equivalent</td>
<td>3</td>
<td>5 (1)</td>
</tr>
<tr>
<td>Some college (1-3 years, AA degree, etc.)</td>
<td>10</td>
<td>18 (3)</td>
</tr>
<tr>
<td>Undergraduate Degree (BA/BS)</td>
<td>17</td>
<td>30 (6)</td>
</tr>
<tr>
<td>Graduate School (Master’s level degree earned)</td>
<td>23</td>
<td>40 (12)</td>
</tr>
<tr>
<td>Post Graduate Degree (PhD, MD, etc.)</td>
<td>4</td>
<td>7 (1)</td>
</tr>
<tr>
<td>Unreported</td>
<td>0</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>

## Employment as sex educator in last 3 months

<table>
<thead>
<tr>
<th>Employment Status</th>
<th>Frequency</th>
<th>Median (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full-Time Employee</td>
<td>29</td>
<td>43 (14)</td>
</tr>
<tr>
<td>Part-Time Employee</td>
<td>18</td>
<td>26 (8)</td>
</tr>
<tr>
<td>Contractor/Freelancer</td>
<td>18</td>
<td>9 (6)</td>
</tr>
<tr>
<td>Student</td>
<td>6</td>
<td>9 (6)</td>
</tr>
<tr>
<td>Unable to work</td>
<td>2</td>
<td>3 (1)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>2</td>
<td>3 (0)</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>1 (0)</td>
</tr>
<tr>
<td>Unreported</td>
<td>43</td>
<td>- (0)</td>
</tr>
</tbody>
</table>

## Annual Household Income

<table>
<thead>
<tr>
<th>Income Level</th>
<th>Frequency</th>
<th>Median (SD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than $75,000</td>
<td>7</td>
<td>12 (4)</td>
</tr>
<tr>
<td>$50,000-$75,000</td>
<td>18</td>
<td>32 (10)</td>
</tr>
<tr>
<td>$35,000-$50,000</td>
<td>12</td>
<td>21 (5)</td>
</tr>
<tr>
<td>$15,000-$35,000</td>
<td>11</td>
<td>19 (3)</td>
</tr>
<tr>
<td>Less than $15,000</td>
<td>5</td>
<td>9 (1)</td>
</tr>
<tr>
<td>Don’t Know/Not Sure</td>
<td>4</td>
<td>7 (0)</td>
</tr>
<tr>
<td>Unreported</td>
<td>43</td>
<td>- (2)</td>
</tr>
</tbody>
</table>
Table 3. Demographics, Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by WOC SHEs, by Focus Group

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>(1) In-Person Focus Group</th>
<th>(2) Online Focus Group</th>
<th>(3) Online Focus Group</th>
<th>(4) Online Focus Group</th>
<th>(5) Online Focus Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N = 8</td>
<td>N = 4</td>
<td>N = 3</td>
<td>N = 3</td>
<td>N = 6</td>
</tr>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
<td>n (%)</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17 years and younger</td>
<td>0 0 0 0 0 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-25 years old</td>
<td>1 13 1 25 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26-30 years old</td>
<td>3 38 3 75 0 0 1 33 1 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31-40 years old</td>
<td>2 25 0 0 2 67 2 67 5 83</td>
<td></td>
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</tr>
<tr>
<td>41-50 years old</td>
<td>2 25 0 0 1 33 0 0 0 0 0</td>
<td></td>
<td></td>
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</tr>
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<td>50 years and older</td>
<td>0 0 0 0 0 0 0 0 0 0 0</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Race/Ethnicity¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black or African American</td>
<td>4 50 2 50 3 100 1 33 6 100</td>
<td></td>
<td></td>
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</tr>
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<td>Latin/Hispanic</td>
<td>2 25 1 25 0 0 2 67 1 17</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>White²</td>
<td>0 0 0 0 0 0 0 0 1 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>1 12 1 25 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>2 25 0 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender Identity/Expression</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>8 100 4 100 3 100 3 100 6 100</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender Male to Female</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transgender Female to Male</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unreported</td>
<td>0 0 0 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Heterosexual</td>
<td>3 38 1 25 3 100 2 67 3 50</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Queer</td>
<td>3 38 2 50 0 0 0 0 0 3 50</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Bisexual</td>
<td>1 12 2 50 0 0 0 0 0 0</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Pansexual</td>
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<td></td>
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<td>Homosexual</td>
<td>1 12 0 0 0 0 0 0 0 0</td>
<td></td>
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<tr>
<td>Questioning/Curious</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Unreported</td>
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<td></td>
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</tr>
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<td>Highest Level of Education Completed</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>High School Diploma or equivalent</td>
<td>0 0 0 0 0 0 0 0 1 17</td>
<td></td>
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</table>

¹ Equals more than 100% due to participants selecting more than one option
² One participant also identified as Black/African-American, so exclusion criteria did not apply
<table>
<thead>
<tr>
<th>Education Level</th>
<th>0</th>
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<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
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<tbody>
<tr>
<td>Some college (1-3 years, AA degree, etc.)</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Undergraduate Degree (BA/BS)</td>
<td>38</td>
<td>1</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>67</td>
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<tr>
<td>Graduate School (Master’s level degree earned)</td>
<td>25</td>
<td>2</td>
<td>67</td>
<td>2</td>
<td>67</td>
<td>1</td>
<td>33</td>
</tr>
<tr>
<td>Post Graduate Degree (PhD, MD, etc.)</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Employment as sex educator in last 3 months¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full-Time Employee</td>
<td>7</td>
<td>33</td>
<td>1</td>
<td>33</td>
<td>1</td>
<td>25</td>
<td>4</td>
</tr>
<tr>
<td>Part-Time Employee</td>
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<td>25</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Contractor/Freelancer</td>
<td>1</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>33</td>
<td>0</td>
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<tr>
<td>Student</td>
<td>2</td>
<td>25</td>
<td>1</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<tr>
<td>Unable to work</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>0</td>
<td>1</td>
<td>25</td>
</tr>
<tr>
<td>Unemployed</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>Other</td>
<td>1</td>
<td>12</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>33</td>
<td>0</td>
</tr>
<tr>
<td>Employment as sex educator in last 3 months¹</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Household Income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>More than $75,000</td>
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<td>25</td>
<td>1</td>
<td>33</td>
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<td>0</td>
<td>1</td>
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<tr>
<td>$50,000-$75,000</td>
<td>3</td>
<td>38</td>
<td>1</td>
<td>33</td>
<td>2</td>
<td>67</td>
<td>0</td>
</tr>
<tr>
<td>$35,000-$50,000</td>
<td>1</td>
<td>12</td>
<td>1</td>
<td>33</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>$15,000-$35,000</td>
<td>2</td>
<td>25</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Less than $15,000</td>
<td>0</td>
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<td>0</td>
<td>1</td>
<td>33</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Don’t Know/Not Sure</td>
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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

¹Employment status data may not sum to the total due to rounding.
Table 4. CSE Implementation Experience, Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators, of All Potential Participants

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>All Potential Participants</th>
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<tbody>
<tr>
<td></td>
<td>n</td>
</tr>
<tr>
<td>CSE Programs Facilitated</td>
<td></td>
</tr>
<tr>
<td>¡Cuidate!</td>
<td>4</td>
</tr>
<tr>
<td>Be Proud! Be Responsible!</td>
<td>11</td>
</tr>
<tr>
<td>Becoming A Responsible Teen (BART)</td>
<td>8</td>
</tr>
<tr>
<td>Children’s Aid Society – Carrera Adolescent Pre</td>
<td>4</td>
</tr>
<tr>
<td>Draw the Line/Respect the Line</td>
<td>4</td>
</tr>
<tr>
<td>Focus</td>
<td>1</td>
</tr>
<tr>
<td>Get Real</td>
<td>2</td>
</tr>
<tr>
<td>Health Improvement Project for Teens (HIP Teens)</td>
<td>1</td>
</tr>
<tr>
<td>HealthSmart</td>
<td>4</td>
</tr>
<tr>
<td>Making Proud Choices</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>24</td>
</tr>
<tr>
<td>Reducing the Risk</td>
<td>10</td>
</tr>
<tr>
<td>Safer Choices</td>
<td>3</td>
</tr>
<tr>
<td>SiHLE</td>
<td>7</td>
</tr>
<tr>
<td>Sisters Saving Sisters</td>
<td>4</td>
</tr>
<tr>
<td>Teen Health Project</td>
<td>3</td>
</tr>
<tr>
<td>Sites†</td>
<td></td>
</tr>
<tr>
<td>After-School Programs</td>
<td>36</td>
</tr>
<tr>
<td>Community Based Organizations</td>
<td>40</td>
</tr>
<tr>
<td>Colleges/Universities</td>
<td>23</td>
</tr>
<tr>
<td>Houses of Worship</td>
<td>19</td>
</tr>
<tr>
<td>Private/Independent Schools</td>
<td>20</td>
</tr>
<tr>
<td>Public Schools</td>
<td>34</td>
</tr>
<tr>
<td>Religious Schools</td>
<td>8</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
</tr>
<tr>
<td>Years Worked as a SHE</td>
<td></td>
</tr>
<tr>
<td>1 year or less</td>
<td>12</td>
</tr>
<tr>
<td>2 years</td>
<td>8</td>
</tr>
<tr>
<td>3-5 years</td>
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<td>6-10 years</td>
<td>17</td>
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<td>11-15 years</td>
<td>14</td>
</tr>
<tr>
<td>16 or more years</td>
<td>12</td>
</tr>
</tbody>
</table>

† Equals more than 100% due to participants selecting more than one option.
Description of Findings

This study aims to: (1) explore WOC SHEs’ perspectives of contextual factors that drive adaptations to the ways that evidence-informed sexual health education curricula is implemented; and (2) identify possible implications of WOC SHEs’ adaptations on program development, training, monitoring and evaluation, including possible benefits of program adaptation, as well as possible disadvantages that may occur as a result of adaptations made. Study participants were recruited, screened, deemed eligible, and invited to participate in focus group discussions in order to better understand the context surrounding the points of inquiry outlined above.

WOC SHEs’ experiences with fidelity and adaptation are organized into three categories that align with the conceptual framework and theoretical underpinnings of this study. It is not unusual for qualitative research findings to align with the underlying theoretical constructs of the original inquiry. (123) The three pillars of the conceptual framework are socio-cultural understanding, professional expertise, and situational awareness. Socio-Cultural Understanding pertains to the shared personal characteristics and related experiences as they pertain to the WOC SHEs’ race and/or ethnicity, language of origin, socio-economic status, gender identity and expression, sexual orientation, immigration status, and age. Professional Expertise pertains to career experience as it relates to training, program goals and learning objectives, and interaction with agency and funding staff. Situational Awareness pertains to the WOC SHE’s own emotional intelligence, as well as her multi-level perception skills as they relate to interacting dynamics of the community, group and individuals they serve. Figure 8. WOC SHE Study: Dominant Themes Relationship Chart depicts the ways that the themes and sub-themes are organized. Figure 9. WOC SHE Study Dominant Code Descriptions describes the ways that each dominant theme and
sub-theme was defined in the codebook. For all code descriptions, see *Table 9. Code Descriptions*.

Qualitative memo analysis supported study findings. Initial findings suggested that the original line of inquiry was relatively on target as it related to contextual driving forces behind CSE curriculum adaptation. Through memo analysis, it became evident early in the data collection phase of the study that WOC SHEs do, in fact, make adaptations to CSE on-the-ground, and do so for numerous reasons.

Memos allowed the research team to note topics mentioned by participants during focus group discussions, probe them when raised, and explore whether or not the same themes resonated with future focus group participants. Key themes that emerged from memo analysis include Pop Culture and Social Media, Pleasure, and Themes Related to Race, Culture, Colorism and Related Biases. By noting the way that early focus group participants prioritized and emphasized the importance of these themes, the research team was able to probe future groups on like issues.
Figure 8. WOC SHE Study Dominant Themes Relationship Chart

- **Professional Expertise**
  - Setting
    - Schools
    - Graduate School
  - Training
    - Experiential & On-the-Job Training
    - Pleasure & Sex-Positive Sexuality Education
  - Approach
    - Interactions with Agency & Funding Staff
    - Pop Culture & Social Media
    - Themes Addressing Race, Culture, Colorism and Related Biases
  - Curriculum Adaptation
    - Race/Ethnicity
    - Geographic Location
    - Trauma
  - Socio-Cultural Understanding
    - Situational Awareness
      - Community
      - Group
<table>
<thead>
<tr>
<th>Themes &amp; Sub-Themes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Professional Expertise</strong></td>
<td>Related to experience and training as a sexuality health educator</td>
</tr>
<tr>
<td>a. Setting</td>
<td>Refers to the type of place where the program was implemented</td>
</tr>
<tr>
<td>i. Schools</td>
<td>CSE programming implemented in schools</td>
</tr>
<tr>
<td>b. Training</td>
<td>Refers to the one or more ways a WOC SHE learned how to implement programs (may be formal or informal)</td>
</tr>
<tr>
<td>i. Graduate School</td>
<td>Refers to training as a graduate student (master’s or doctoral level training/education)</td>
</tr>
<tr>
<td>ii. Experiential and On-the-Job Training</td>
<td>Refers to learning in action, while implementing CSE programming; learning from experience</td>
</tr>
<tr>
<td>c. Approach</td>
<td>Method of teaching or facilitating a CSE workshop or curriculum</td>
</tr>
<tr>
<td>i. Pleasure &amp; Sex-Positive Sexuality Education</td>
<td>Incorporates self-esteem, body-image and body-positivity, pleasure, and addressing sexuality through a positive lens</td>
</tr>
<tr>
<td>d. Interactions with Agency &amp; Funding Staff</td>
<td>Interactions with supervisors, colleagues and funding staff; interaction may have been supportive or unsupportive of adaptations to programs as written.</td>
</tr>
<tr>
<td>e. Curriculum Adaptation</td>
<td>Making changes to comprehensive sexuality education curricula – either formal or informal, with or without the approval from a supervisor or funding body.</td>
</tr>
<tr>
<td>i. Pop Culture &amp; Social Media</td>
<td>Refers to the ways in which pop culture and social media (Twitter, Facebook, Snapchat, Instagram, etc.) may be a part of learning in the workshop or connecting with the intended audience.</td>
</tr>
<tr>
<td>ii. Themes Addressing Race, Culture, Colorism and Related Biases</td>
<td>Discussions involving if/when/why/how WOC SHEs make adaptations to correct for or in consideration of issues pertaining to race, culture, colorism and related biases.</td>
</tr>
<tr>
<td>iii. Trauma</td>
<td>Defined as a deeply distressing personal experience; includes rape and sexual assault, where Rape is a type of sexual assault usually involving sexual intercourse or other forms of sexual penetration perpetrated against a person without that person’s consent. Sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape.</td>
</tr>
<tr>
<td>2. Socio-Cultural Understanding</td>
<td>Shared personal characteristics and related experiences as they pertain to the WOC SHE's race and/or ethnicity, language of origin, socio-economic status, gender identity and expression, sexual orientation, immigration status, and age</td>
</tr>
<tr>
<td>a. Race/Ethnicity</td>
<td>Refers to how the WOC SHE's race/ethnicity may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>b. Geographic Location</td>
<td>Refers to how the WOC SHE's geographic location (place) may influence the ways she implements a CSE workshop or interacts with the intended audience</td>
</tr>
<tr>
<td>3. Situational Awareness</td>
<td>WOC SHE’s own emotional intelligence, as well as her multi-level perception skills as they relate to interacting dynamics of the community, group and individuals they serve</td>
</tr>
<tr>
<td>a. Community</td>
<td>Refers to the neighborhood or greater area surrounding the place where workshops take place</td>
</tr>
<tr>
<td>b. Group</td>
<td>Refers to recognizing something happening with the intended audience as a group that is impacting the learning in the workshop</td>
</tr>
</tbody>
</table>
Findings

Study findings broadly aligned with the theoretical pillars of the conceptual framework, wherein Professional Experience, Socio-Cultural Understanding, and Situational Awareness were the dominant themes that emerged from focus group discussions as a result of the focus group protocol, which guided the inquiry and the resulting discussions. All 69 codes applied were generated by participants’ discussion; the PI used Values Coding methodology to assign meaning that was in some way related to the original inquiry. (123) Values Coding acknowledges the subjective vantage point of the analysis in relation to the inquiry – essentially through the lens of a sexuality health educator, documenting the experiences of fellow sexuality health educators. (123) It is not uncommon for a study’s analytic process and findings to reflect the underlying constructs, models and theories that initially drove the inquiry. (123)

“Simultaneous coding, which applies two or more codes within a single datum” (123) was used to identify interrelated themes that emerged, and identify patterns within those coded themes. Dominant themes were determined by frequency, similarity, correspondence, specificity, emotion, and extensiveness. Frequency is determined by how often a topic or theme is discussed across focus groups. (67,123) Similarity occurs when things happen the same way. (123) Correspondence is present when patterns take place in relation to other happenings. (123) Specificity alludes to the degree of detail provided during a discussion. (67) Emotion is assessed when participants expressed feelings of enthusiasm about a topic, such as excitement, rage or powerful conviction. (67) Extensiveness refers to the number of participants who mentioned a particular topic. (67) During data review, codes were occasionally moved around or reorganized, but they all related to the inquiry and overarching conceptual framework.
In Dedoose, codes are analyzed using ‘live’ charts, plots and tables.(129) The charts are automatically generated as data is entered and coded, and researchers can view the emerging trends and themes in the data throughout analysis in multiple ways: by media (individual focus group transcripts), user, code, and co-occurring codes. The Dedoose Code Application Chart is a frequency table that depicts how often a particular code is applied in each media transcript. The Dedoose Code Co-Occurrence Matrix is a more intricate table that depicts the ways in which multiple codes overlap in the data on horizontal and vertical axes, the intersection of which depicts saturation by color-coding the frequency with which codes have been applied.(129,136) The system color-codes each chart, where red indicates the highest frequency, shades of blue depict less frequent application, and gray indicates no code applied. During analysis, the user can access the excerpts that are associated with any code or code combination, for review, export, or further analysis.

Topics generated under Professional Experience were mentioned 339 times; topics under Socio-Cultural Understanding were discussed 149 times; and topics under Situational Awareness were discussed 98 times.

Under Professional Expertise, dominant sub-themes according to frequency (n) included Curriculum Adaptation (n = 146), Training (n = 107), Approach (n = 78) and Interaction with Agency and Funding Staff (n = 46). Under Curriculum Adaptation, key third-level sub-themes include Pop Culture and Social Media (n = 31), Themes Addressing Race, Culture, Colorism, and Related Biases (n = 43), and Trauma (n = 29). Under Socio-Cultural Understanding, dominant sub-themes according to frequency included Race/Ethnicity (n= 69) and Geographic Location (n = 28). Under Situational Awareness, dominant sub-themes included Community (n =
46) and Group (n= 46). It is important to note that frequency alone did not drive this inquiry’s data analysis process. Employing the simultaneous coding method helped the research team identify intersectionality of themes and layered trends, which in turn, drove the organization of themes and sub-themes. (123) Themes were named using values coding, and are indicative of terms that resonate with the participants, were used by the participants in the focus group discussions, and are familiar to and commonly used by professional sex educators. (123) Overall, these data outcomes suggest high priority areas in CSE content, adaptation and evaluation. More specific recommendations are provided later in this manuscript.
Figure 10. Code Frequency – Dominant Themes

Code Frequency

Dominant Themes
**Professional Expertise**

Professional Expertise refers to the ways in which setting influences professional expertise and shapes how a WOC SHE implements CSE (her approach) as well as the adaptations she makes to a given curriculum or activity, interactions she may have with colleagues and funders, and any formal or on-the-job training she might receive. Overall, sub-themes of Professional Expertise also demonstrate ways in which environmental and contextual factors can influence the ways in which WOC SHEs implement CSE programs.

**Setting**

The setting in which facilitators implement CSE curricula with their intended audience poses unique challenges that vary by site and institution. In this study, the CBO setting was originally prioritized in the eligibility criteria, however focus group discussions prioritized the school setting. Below, participants describe the ways in which the school setting has influenced the way that they implement CSE curricula with fidelity and adaptation. Setting varies by neighborhood, city/town, agency, and physical plant, to name a few. It can impact individual and group dynamics, and influence the ways in which WOC SHEs change/adapt curricula as a result. While study participants are experienced at implementing CSE in correctional institutions, schools, CBOs and faith organizations, schools are highlighted as a dominant theme in these findings. Documenting the institutional-level supports and challenges that impact CSE implementation could help school administrators, faculty, and departments of education to shift the ways that an institution’s cultural norms or structural barriers inhibit CSE program implementation.
Schools

Many WOC SHEs reported implementing CSE programs in a school setting and cite interactions with faculty and administrators as central building blocks upon which their ability to offer quality CSE to young people depends. In some cases, participants noted faculty and administration were neutral or supportive of their efforts and respected their professional expertise, as evidenced by the following quote:

Well, for me I’m in the unique and really lovely situation that I teach at a school that pretty much lets me go as comprehensive as I want, and so in teaching a sex-positive sex education program it benefits my students, but also the school is pretty in favor of it, which is nice. One of the first things I did when I showed up was I ordered condoms from the Department of Health and like 10,000 condoms showed up at the school and it was a little crazy, but the school was really happy that I did that.

-Marisol, Focus Group 2

But more often, focus group discussion of program implementation in the school setting revolved around ways in which faculty and administration are unsupportive or directly inhibit their ability to implement quality, developmentally appropriate CSE with the intended youth audience. The excerpt below describes ways in which school administration blocks CSE program implementation:

Personally, I don't feel that the schools are adequately able to address a lot of the things that young people are dealing with. I get a lot from schools saying, "Hey, we really need you to come in to do an HIV presentation. There are students who have been caught sucking dick in the staircase, or who have been caught doing certain acts within the school." I remember going into a meeting with this particular principal. I was telling her that I thought it would be a good idea if we did the SIHLE intervention there. She was ok with it and I explained to her, week-by-week, some of the things that we would be talking about: HIV, AIDS, STDs, how to put on a condom and this, that and whatever. I had actually left the curriculum at the school because she wanted to take a look at it and see exactly what we were going to be teaching them.
I never heard back from her and I eventually found out from my contact at the school that she was uncomfortable with the condom demonstrations on the dildos that were in the curriculum. It is so frustrating, it is like, these kids are sucking real dicks, and we can't show them how to put on a condom on a fake penis? If you know that there is an issue within the school, I mean that was the whole reason why you contacted me in the first place, why wouldn't you just call me back and say, "Hey I really want you to teach these girls, but I don't really want you to use a penis, can you maybe use a banana, can you use this or can you use that?"

They know exactly what young people are doing. They know, but they don't want us to address it or hey don't know how to go about it. I don't know if it is because of their own personal issues or I don't know if maybe they are just scared of the students going back home and telling their parents some of the things that happened. It is like the schools know what is going on, but when they contact us, because they want us to be able to do something about it. It is just weird, it is just really weird and it is frustrating working with these schools.

- Talia, Focus Group 5

Training

Focus group discussions prioritized two types of training: formal graduate school education, and experiential and on-the-job training. A broader understanding of existing strengths and gaps in SHE training could help inform ways in which program developers and evaluators could improve train-the-trainer workshop content and increase learning opportunities for CSE facilitators.

Graduate School

In discussions about graduate school, many touted the benefits of receiving a formal higher education that allowed them to focus on sex and sexuality. Some cited making the decision to attend graduate school after working as a sexuality health educator, so in many cases, graduate school was not an entrée into work as a sexuality health educator, instead it was a
pathway to the next level of professional achievement in their previously established field of choice as evidenced by the following:

I kept asking these people, like how do you become a sex educator? What is the career path? What is the money? What is this? And a lot of people -- that I never really got a straight answer. So I joined the Peace Corps, because that made sense. And I did HIV/AIDS awareness while I was in the Peace Corps, which looked like it was Sex Ed, so I was teaching Sex Ed, created curriculums. I was also giving curriculums. But then when I came back to the States, I was like okay, so I’ve got to go to grad school if you want to teach.

- Elizabeth, Focus Group 1

Themes of race emerged in discussions about graduate school as well, during which WOC SHEs cited their interest in working with communities of color on issues related to sex and sexuality due to their recognition that white researchers were conducting research and/or implementing programs with people of color but lacked cultural congruence in the process. Furthermore, they believe that as people of color themselves, their socio-cultural understanding would help them to interpret findings and support the needs of their intended audience in a more culturally congruent manner:

When I went into the Masters program, I was trained on how to write curricula. That is what my Masters program was about. When I was in the PhD program, I learned how to incorporate, quantitative and qualitative data approaches, how to do research and things of that nature. It was a path to teach myself how to do all the things that white people in that field are really not getting right towards people of color.

-Belinda, Focus Group 5

[PI: Are there personal characteristics that you share with the students you teach that influence your work as a sexuality health educator?]

Yes, definitely race, absolutely race. I think that is still important. Just to share an example from a group that I worked with in my doctoral program, because I am a doctoral student... I was asked by my white professor to be part of an initiative where they were going into the local community here that is also all black. It was pretty much of course, "You are a black face, get in front of them. That would be great." I know I am
useful, because one of the first things during the focus groups that they talked about when we brought up sex was #teamlightskin/#teamdarkskin. Nobody knew what that meant but me. That is just a prime example of me knowing that and using that as my gateway in to be able to be more effective, or effectual if you will in my teaching. So, yes definitely my race.

- Tere, Focus Group 5

Experiential and On-the-Job Training

WOC SHE focus group discussions acknowledged the real gap that exists between theory and practice in CSE program facilitation. They collectively agreed that no train-the-trainer workshop prepares you for the complex realities of doing the work on-the-ground. Focus group participants have worked in jails, in low-resourced areas and agencies, managed domestic violence shelters, taught in overcrowded unsupervised classrooms, and more. For many WOC SHEs, professional expertise is shaped by lack of sufficient and in-depth formal training; concurrently, they describe ways in which on-the-job training is actually a meaningful part of their professional expertise. The excerpt below alludes to the complex and challenging group dynamics facilitators face in workshops, for which, formal training has not prepared them to manage:

I have been having such an issue with this lately because in jail I am not supposed to be alone with kids ever. Never. And they keep leaving me alone with these students. It is totally illegal. I am working on it directly with the jail itself. When I am in the classroom, it becomes a challenge for me just to teach classes, because I have to do all of the classroom management in a jail, where they don’t give a shit who I am. They are worried about their cases, they are worried about this guy who they don’t like.

-Jeanne, Focus Group 3
Study participants maintain that current training practices focus on disseminating content, not developing skills for complex classroom management and group dynamics. Below, a participant describes her experiences related to on-the-job training and facilitation skills:

[PI: How did the training you received prepare you for the realities of program implementation? What was similar or different than what you expected? How did you adapt?]

...There is only so much that schools and institutions can teach you, but I can say that schools definitely taught me how to do paperwork and logistic stuff, but in terms of actual facilitation it really depends audience by audience, so that’s something you’re just going to have to learn as you go through it.

- Adira, Focus Group 2

In many cases, WOC SHEs reported having little or no formal training; instead, they were often provided a handbook, were assigned to a group of young people, and they learned as they went along. Many participants talked specifically about classroom management, and the fact that they weren’t taught how to manage groups in a classroom or workshop setting in formal training, but continued to agree that it likely wouldn’t have been useful anyway – the group agreed that the only way to learn how to manage a classroom was by teaching young people in the classroom. They went on to say that their professional expertise was developed and honed through lessons learned teaching and facilitating workshops on-the-ground.

Interestingly, no one prioritized their graduate school education over the experiential learning they had; while they expressed a wish that they had been better prepared when they began their tenure teaching sexuality education, they all valued the lessons they learned in the field, and believed that those lessons could not have taken place in a workshop or training space:

I have been in spaces where like I am teaching in classroom, and there might be more than one teacher in the room and they are not helpful. They are not helping to defuse the
situation. You know, I might be in a space where, I am not getting the respect of the young people, because somebody has already thrown the dynamics of the room off, and the people are like on a free-for-all, and there is no one trying to bring them back. You have no authority, and the people with authority are sitting on the sidelines and not doing anything.

I think having to go through those dynamics, the training, just sometimes does not prepare you for that. You are not only dealing with young people, you might be dealing with faculty or staff. That is something that you are not getting. I can never remember a situation where I took a training and it spoke, not just about the difficult students in the room, but possibly not getting support from the staff in the room. Then there is the typical, like when there are too many kids in a classroom, and if you are being asked to do bilingual presentations. That is so difficult, and I think some of these elements don’t come up in some of the trainings. You are only going to know, by getting trained in the streets.  

-Veronique, Focus Group 4

Approach

Approach is defined as the method of teaching or facilitating a CSE workshop or curriculum employed by a WOC SHE. Approach falls under the Professional Expertise umbrella because themes represented here are a direct reflection of the teaching tactics used by WOC SHEs. In this case, Pleasure and Sex-Positive Sexuality Education emerged as a dominant sub-them in this area, indicating WOC SHEs’ prioritization of these in their teaching methodologies and adaptations, when needed.

Pleasure and Sex-Positive Sexuality Education

Overwhelmingly, WOC SHEs agree that sex-positivity and pleasure are central tenets of truly comprehensive sexuality education, and therefore sex-positive approaches should be incorporated throughout CSE curricula. The omission of pleasure from CSE curricula raises issues related to racism, sexism, and objectification and presumed hypersexuality of people of color, wherein white supremacist values dictate that black and brown sexual bodies should be externally regulated. WOC SHEs contend that this trend is evident in the ways that CSE
curricula that target youth of color frame sex and sexuality. Essentially, they note a distinct difference between curricula that police sexuality by framing sexuality negatively, as though there are only detrimental and life-ending outcomes that could result (i.e. unintended pregnancy, STIs, HIV/AIDS diagnosis). The conversation continued to make a distinction about the racial and socio-demographic differences between the intended audiences who receive these sex-negative, pleasure-free lessons. They contend that low-income people and people of color are more likely to receive sex education that prioritizes staunch and repeated warnings against negative health outcomes, whereas affluent, white peers are more likely to receive sex education that is positive, shame-free, and incorporates pleasure as a central principle. In response to these trends, WOC SHEs themselves are intentional about educating students of color about pleasure using shame-free, sex-positive approaches:

"Folks who are coming through that [Eurocentric] field, if they don't have any type of critical thinking around that and yet they are charged with the task of going in and teaching about those condoms, then they are perpetuating the same damage that has been done historically with our communities, especially if they don't have the ability to go and finesse, the ability to go in and include things like pleasure, include things like love, include the idea that you are not going to die if you get pregnant. It is not the absolute end of the world if you catch HIV. Not having people who can add that, is like no. They are going to get, "Sex is going to kill you and this is how you keep from dying." For me that is problematic, because not only in impairment of itself, it is problematic. It disproportionately affects our communities because most of the time they are done in our communities. You don't see this done in as many white high schools and middle schools as your see in poor urban predominantly black, but black and brown communities. It is a problem, it is a serious problem for me."

- Tere, Focus Group 5

Interaction with Agency and Funding Staff

Interaction with Agency and Funding Staff is described as interactions with supervisors, colleagues and funding staff, and may be categorized (by the participant) as supportive or unsupportive of SCE program implementation or adaptation. This theme falls under Professional
Expertise due to the professional relationships between WOC SHEs and their colleagues at the site where CSE programs are implemented.

Themes related to WOC SHEs’ interaction with agency staff and funding staff are divided into two distinct categories. Interaction with agency staff includes supervisors and colleagues on the program implementation side (the employing agency that provides the CSE program being implemented), as well as a subset which can include site partner staff such as school faculty or administration, or CBO staff who are present at the site but and are responsible for other youth engagement work but do not implement the CSE programs themselves. The culture of the umbrella agency or institution also plays a role in the ways that WOC SHEs interact with youth, colleagues, and the curriculum itself.

Themes that emerged around interactions with agency staff (supervisors and colleagues) took one of two paths, the first being a circumstance in which supervisors and colleagues recognized the ways in which WOC SHEs’ professional expertise around the actual and practical goals and learning objectives of the CSE programs they implement, and their situational awareness of the needs of the youth they serve, intersect, and supported (best case scenario) or turned a blind eye to (neutral scenario) adaptations happening in the workshop and on the ground. In both instances, context of both the environment and the supporting staff influences if and how WOC SHEs implement CSE with their intended audience:

'I'm fortunate in my tenure at the county to have had two managers who have been completely supportive of the way that I do engage and teach, and also supporting myself and my other team members to make modifications as we see fit to make the curriculum adaptable to the communities that we find ourselves in, or the places that we find ourselves in. when we're doing more formal training, or if we're training teachers or other agency staff we actually provide a supplemental document with different resources and information for them to be able to, to utilize with their clients or their patients.
Because we come in the door talking about you know, we walk across these various communities and intersections. And so this curriculum isn't necessarily written or built to fit all of those places that you're going to find yourself.

- Madison, Focus Group 3

Other supervisors are less flexible in the ways they permit WOC SHEs to make adaptations, and may require more formal processes to make program adaptations. In the following excerpt, one study participant discusses having to obtain permission from her supervisor to stop showing culturally incongruent videos affiliated with the EBI she was tasked with implementing and write an educational play tailored to the needs of her students in its place:

The videos that I have to play for this federally funded program called Sharp, oh my Gosh, they are all white. They are all white. It is like these video for kids in jail. I am like, "You know that the majority of people in corrections are people of color and most of them are black American kids." I am not playing the videos. I even had two different girls on two different occasions turn to me, "Miss J, I'm serious, this video offends me." I am like, "What? Oh my Gosh, that is like giving me instant anxiety." That is literally the last thing that I want to do. I have tried to adapt the videos into plays. I got permission from my grant manager to do that, but the literacy rate in corrections is not really high. Now I am going to be alienating more students because they don’t feel comfortable reading. The intersections of race and sexual orientation, or like the least visible people in the world, are the last thought of in curriculum. That is my challenge.

- Jeanne, Focus Group 3

The worst-case scenario WOC SHEs mentioned involve agency staff members who block their ability to deliver quality CSE to her intended audience. They described two ways staff block CSE at their site or school. In one instance, key decision-makers do not allow the program to take place at all. In other circumstances, site partner staff and faculty members hindered program activities citing concerns of backlash from families or supervising bodies (i.e. a board of education) about the content being taught to the intended audience. Lastly, issues with racism, sexism and harassment were also cited as barriers WOC SHEs face during program
implementation, and they discussed they ways those issues can shape their experience of support or lack thereof when working to implement CSE programming.

'One of you was talking about sexual harassment, so that happened almost on a daily basis, not just from the students, which you can easily say, "You know, this is really inappropriate. You are a student, please stop." But when it was coming from the principal, it was a little bit more difficult. There was this one principal, it was hard, because I wanted him to implement the programs, but I felt that if I had said something [to stop the harassment], then he would have been like, "Well then, you can’t teach sex ed anymore in my school." That was really hard.

-Lanisse, Focus Group 4

Curriculum Adaptation

Curriculum Adaptation is described as ways that WOC SHEs make changes to CSE curricula, either formally or informally, and with or without the approval of a supervisor or funder. Curriculum Adaptation is a code nested under Professional Expertise because WOC SHEs make adaptations to CSE curricula on-the-ground, using their experience and knowledge of the lessons’ goals and objection, and for a plethora of reasons related to the intended audience, supporting staff or the environment. In an attempt to resolve issues with content, they may bolster or enrich the curricula as written, or supplement a portion of the curricula that is outdated or otherwise inappropriate for the intended audience. Situational factors, such as happenings at the host institution, may also play a role in program adaptation. Finally, dosage plays a role wherein educators may be tasked with implementing a curriculum that prescribes more implementation hours than they have with the students they teach:

'Another reason why sometimes you have to switch the curriculum in a class is, I don’t know about you, but 36 lessons, like the Carrera model is 36 lessons, and they are hour long lessons. I never see the same class 36 times in a row. If I do, it might be over the course of a year to a year and a half. If it is testing season, well then, they are not going to be in my class, because they have got to get ready... If the agency feels as though the
test scores are not coming back the way they want, they will cut my program totally, which pisses me off. I am like, "It is one thing if they can't, you know, pass standardized testing. We know a whole lot of other problems if they don't know how to use a condom and how to avoid teen pregnancy. If she can't read it is one thing, if she can't read and she has got a baby, then she is really SOL [shit out of luck]."

-Marisa, Focus Group 5

Language, reading level and learning style are important to consider because basic learned skills may not be captured at evaluation due to a lower student reading comprehension level than expected – which suggests that written evaluation tests may inadvertently be testing reading comprehension rather than newly acquired CSE knowledge and skills. Some WOC SHEs described changing their curriculum to meet the diverse learning needs of their students. One assessed the learning objectives and evaluation methodology and reframed the questions for her students in a way that they would understand the inquiry and learn the correct answer. Lastly, study participants collectively expressed the importance of centering their students’ needs and interests over an externally imposed framework of priorities as outlined in a curriculum. The participants were clear that they did not disregard the curricula goals and learning objectives, but found a way to incorporate them into timely and relevant topics based on student needs. The excerpt below provides an example of how one participant responded to her student’s questions:

Somebody had a question about blowjobs. That is where we went. I also realized that if we don't talk about whatever is on your mind, we are not going to get to what I brought. Let us talk about blowjobs. What questions do you have about blowjobs? What are you looking at? Is this a video? Do you want to see if this is real? What is it? I think that is one thing I have learned how to do. I haven't always been good at it, but in recent years I have learned how to go with the flow. That is where the learning is. I center my students as the learners versus my content as the experience. I found that to be one of the most important themes to working with those hard to reach populations. That is my experience with making the adjustments in the actual classroom.

- Talia, Focus Group 5
Pop Culture and Social Media

Pop Culture and Social Media refers to the ways in which popular culture and social media outlets (such as Twitter, Facebook, Snapchat, Instagram, etc.) may be a part of learning in the workshop, or as a way to connect with the intended audience. Pop Culture and Social Media have been prioritized here as a key way in which WOC SHEs integrate the needs and interests of their intended audience with their knowledge of the CSE curriculum content. WOC SHE focus group participants initiated conversations about pop culture and social media when asked about specific adaptations they made, and through their description of how curricula are drastically outdated. Participants focused on using pop culture and social media as learning tools, and on ways that people of color are depicted publicly. Many study participants talked about helping youth analyze messaging in media and pop culture that are related to sex and sexuality, feminism, misogyny, and race and racism. They create lessons that examine many types of media, including lyrics of popular songs, news articles, and tweets. The group agreed that it is critical for them as educators to be able to connect happenings in media, pop culture through current technology (i.e. Twitter, dating apps, Snapchat) in order to meet their intended audience where they live – in the digital age. In the following excerpt, one participant describes the importance of understanding the lingo that the youth are using:

*We encourage the teachers to actually go on like urban dictionary. Because when you listen to a song or if you look at the lyrics of a song they have so many sexual innuendos that you would not know what these terms mean. Like for instance “truffle butter,” like who knew, and these are things that as a sexuality educator you have to really know. Because if a student is asking you a question about a position, or some sexual act, but you don't know what “eat the booty like groceries” means... this is stuff you have to understand.*

- Therese, Focus Group 3
Study participants also recognize that current CSE curricula are ill-equipped to keep pace with technology, citing how curricula they currently implement instruct facilitators to “put on a CD of hip hop music” or provide guidelines around internet safety that refer to MySpace.com. WOC SHEs understand that in order to provide culturally congruent sexuality education, they must be able to operate in and respond to the culture of technology in which their young people live and socialize:

*It is so outdated. It is like, when is the last time you heard somebody talk about a CD? A CD, what is that? They refer to music like, "Play a CD with some kind of hip hop music." I was like, "This is trash." It is kind of almost insulting to how quickly our young people are moving. A lot of it has to kind of be our own understanding. You know, working with some of my LGBTQ youth, I have had 16 year old boys like, "Oh Miss M, let me show you the newest DL dating app." I am like, "Wait a minute, aren’t you supposed to be like 18 to do that?" "Girl, I just lied." No curriculum out there is talking about dating apps, yet it is something that we know. It is not talking about Snapchat. It is not talking about my DMs popping, and that is what the music is playing. These kids have their DMs popping, but please show me your curriculum -- they have internet safety, but that is talking about MySpace. It is just extremely outdated and I don't believe that the curriculum that is out there currently that people want to use as evidence-based has developed fast enough to keep up with the changes in the sexual climate in the United States, thank you.*

- Marisa, Focus Group 5

Focus group discussions of media and pop culture were also connected to themes of race, racism, culture and sexism. The study participants discussed ways that women of color continue to be objectified and depicted as hypersexual, and went on to say that they make it a point to help the youth they teach to see these trends through a critical lens. Collectively, WOC SHEs agreed that many of the young people they serve have internalized ideas that are racist, sexist and victim blaming. By examining on these trends and connecting them to the CSE lessons they teach, they work to help young people recognize them and find ways to deconstruct them in their personal
lives. In the following excerpt, a study participant describes a lesson she created to help engage her students around these issues:

I tend to really find ways to engage them when we talk about sexuality, or images, or perceptions, and concepts, and ways that they're perceived and promoted in various avenues throughout the media. There is one component we do that I added to a lesson plan we had where I ask young folks to follow their favorite, pick one artist that they like, musical artist and it doesn't matter which, across whatever genre, but to follow them for a week [on Twitter]. And they have to pick out one good tweet and one bad tweet, and actually have to break it down and tell me what they enjoyed about it and then what was challenging for them around what they said. And this is to consider like the words that they use and the power of language, and how does that actually inform and educate, or misinform and miseducate. And then I want them at the end of that week we have to talk about has that impacted their like or dislike of this person? Like what did they learn about this person that through the course of the week that's impacted them as far as their perception? And then to think about what does that mean for what they say and how they promote themselves, or what they project out. And how does you know, how can that influence or inform people or misinform people? And then to consider what does that look like when we're talking about how young folks of color are discussed and talked about in relation to sexuality or sexual health, like why is there is misbelief or misconcept that young black folks, or young folks of color are engaging higher risk activities, or that they're more sexually active, or that they're more aggressive in the ways that they engage. So like all of these things that are out there, like how can you have these conversations, and sort of create space for critical thinking in the midst of being able to make decisions for themselves around their sexuality. So I think that's great that Therese uses that, that's something I try to do.

-Madison, Focus Group 3

Themes Related to Race, Culture, Colorism and Related Biases

Throughout the focus group discussions, study participants talked about how often they find the CSE curricula they are responsible for implementing with youth of color to be barebones, lacking depth, or devoid of complexity. Many participants found curricula components to be shaming, heteronormative, and devoid of sex-positivity. Furthermore, focus group participants agreed that current CSE curricula are often outdated, and are frequently culturally out of touch.
with the youth of color populations they are intended to serve. Some challenges address issues around race, ethnicity and geography, wherein the broad term, ‘youth of color’ is inappropriately applied to any cohort of young people who do not identify as white, regardless of numerous other differences that may exist. Curricula that are written to serve youth of color are limited in scope and perspective; reinforce broad stereotypes of people of color by ignoring the diversity across ethnicities while underpinning historical stereotypes of people of color and women of color as possessing an uncontrollable sexuality and as objects of desire. The following excerpt refers to the ways in which some EBIs reinforce these themes:

'I would add, since we are talking about evidence based curricula, I don't know if anybody ever used ¡Cuidate! out there, but it is a Spanish language evidence based curricula which was written by a Latin Americanist. I think it is really important to differentiate between having an outsider write a curriculum for a community of which they are not a part, of which they have no understanding within the borders of the continental US as to what life is like. Creating a curriculum for Latinos, which is completely erroneous, completely destroys really indigenous cultural practices and it mashes them up with like what people do in El Salvador, and what people do in Argentina and what people do in Chile. It [my reaction] is like ‘fuck you, we are not all the same.’ Even within that whiteness space, there is also this idea that, if you have the one black curriculum, or the one Latino curriculum, you have met the quota without even realizing that you are really reinforcing these really harsh, violent stereotypes that lead to our demise. When you are not a member of a community that is writing the curriculum for that community, that is what ends up happening. ¡Cuidate! is trash; you can quote me.

- Belinda, Focus Group 5

Furthermore, participants contend that stereotypes of black and brown female bodies have the potential to be reinforced in CSE workshops that prioritize risk reduction and reducing negative sexual health outcomes over sex-positive, shame-free, skills-building programs. The risk further increases when individuals who do not identify as people of color author CSE curricula and (inadvertently or purposefully) seek to mute or muffle the presumed hypersexuality
of black and brown youth. The assertion that black and brown bodies are to be policed and their presumably overt sexuality needs to be squashed, diminished or extinguished ‘for their own good’ is embodied in the framework of CSE programming via shaming, promoting abstinence, ignoring or omitting pleasure, and other negative framing of otherwise developmentally appropriate sexual maturity. These risks are in stark contrast to sex-positive programs that combat shaming around sexual activity, unintended pregnancy and STIs (in particular), and incorporate pleasure, consent, and LGBTQ inclusion as keystones of comprehensive sexuality education. In some instances, CSE curricula are perceived by WOC SHEs to perpetuate white supremacy as it relates to imposing guidelines on how youth of color use and govern their own bodies,(137) as evidenced by the following excerpt:

'I wanted to explicitly put it so that it's in your record. That is the reason I wanted to broaden it a little bit and talk about public health versus just white people, I think it is important to note that some of the most successful EBIs come from a black couple in public health who I love dearly, who are the loves of my program, who are phenomenal people, but they come from that lens that is very Eurocentric. That traditional, "we come to regulate the darkies and their sexual behavior" lens.

- Tere, Focus Group 5
Trauma

In this inquiry, Trauma is described as a deeply distressing personal experience. Trauma emerged as a nested sub-theme of Curriculum Adaptation and Professional Experience because WOC SHEs reported a dire need for trauma to be addressed in CSE workshops, and described ways in which they fill the void that exists in curricula by making adaptations and seeking out training opportunities and external resources to gain support and incorporate teaching and coping strategies.

The theme, Trauma, took two distinct paths during focus group discussions. One discussion trajectory addressed trauma related to sexual assault and rape. Overwhelmingly, participants agreed that the young people they teach do not understand the concepts behind consent, sexual assault, or rape. In workshop discussions, youth perpetuate a victim blaming approach. Concurrently, WOC SHEs talked about how often youth disclosed experiencing sexual, physical and psychological abuse. They went on to say that as sexuality health educators, they and their colleagues are often ill equipped (due to lack of training on these topics) to lend formal support. Their response is often to make time and space in the workshops for young people to talk about their experiences if they so choose. WOC SHEs do so whilst recognizing that addressing issues of consent and abuse deviate from the CSE curricula they are tasked with implementing:

*So, I’m very transparent with them. Life experiences, like I was raised around a lot of people that had HIV/AIDS and died from it. I know what it’s like to be molested. I know what it’s like to have your virginity taken from you. And most of the young girls we deal with, they’ve been molested by an uncle or an aunt or a cousin. So, with me relating to them, it’s better for them to be like, this is a breath of fresh air for them. Like okay, somebody understands that we can relate to.*

- Samira, Focus Group 1
The other discussion trajectory focused on the generational impact of historical trauma and the far-reaching impact it continues to have on youth of color. One WOC SHE cited working with youth who were coping with the trauma of living an occupied Middle Eastern nation. Other WOC SHEs demonstrated a connection between the historical trauma experienced by the youth they teach and the ways in which evidence-based interventions disregard or deprioritize those issues, effectively rendering less effective than they could be with the intended population.

Specifically, WOC SHEs mentioned that current CSE approach neglect to consider the ways in which a number of life-altering social issues impact the ways that youth make decisions about sexual activity and sexual health. Some of these issues include ways that youth navigate challenges related to homelessness, poverty, sex work, sex trafficking, physical and sexual abuse, and racial profiling, as evidenced in the following quote:

For me that is what shows up, when you go into the classroom with this evidence based curriculum. It is like, "I don't care about the fact that maybe you are having sex because your father got shot and that is the only way you have got self-care right now. Maybe you are having sex because that is the only way you are making money to pay your bills right now." I am not caring about all of that if I am just coming in with evidence based intervention, because my job is to just make sure that you have condoms and you are using less. I am not dealing with poverty. I am not dealing with racial profiling. I am not dealing with all the other shit that you have got, that is informing your sexual decisions. Not only is that part of the problem, but as women of color, I don't want to speak for everybody, but I will at least speak to me, change is why I go in the room. Change is what I am here for. I do care that you use condoms because I don't want you to get HIV, but at the same time, I am more concerned about the quality of your sex life. I want you to have a good sex life. I recognize that to be an inherent positive part of your whole development. When I educate you, it is so much more than just the evidence.

- Tere, Focus Group 5

**Socio-Cultural Understanding**
Socio-Cultural Understanding refers to personal characteristics that a WOC SHE may share with members of the intended audience. Black Feminist Thought, modified to be inclusive of all women of color, theoretically underpins Socio-Cultural Understanding. This theme recognizes the ways in which women of color integrate their understanding of the CSE content with her intersectionality of race/ethnicity or geographic location to implement CSE curricula or interact with the intended audience.

**Race/Ethnicity**

Shared membership in same racial or ethnic group as their intended audience positions WOC SHEs to understand cultural norms and taboos related to sex and sexuality. It follows that WOC SHEs are uniquely positioned to understand the goals and learning objectives as articulated by the curriculum authors, and concurrently possess the cultural knowledge around how best to revise, interpret, or adapt those lessons and learning objectives in a way that is culturally appropriate, but without losing or diluting the students’ acquisition of new knowledge or skills as intended by curriculum developers. In this case, culture is defined as “…a group’s individual and collective ways of thinking, believing, and knowing, which includes their shared experiences, consciousness, skills, values, forms of expression, social institutions, and behaviors,” and is inclusive of a vast range of cultural knowledge and expertise, rather than a singular or one-dimensional vantage point.(99) While this study certainly is not suggesting that sex educators who are not members of the same racial or ethnic group as the intended audience are incapable of teaching audiences whose race or ethnicity differs from their own, there is substantial evidence to suggest that a shared cultural understanding can positively contribute to an
educator’s ability to connect with the intended audience in a culturally sensitive way, as evidenced by the following excerpts:

'I don’t look Hispanic. I look like a white girl. That can sometimes be a hindrance, but for the most part I use it to my advantage, because kids talk. Sometimes it will be nasty, something about, me, and then when I speak to them in Spanish, then they get all shocked, and, "Oh she speaks Spanish." That can be kind of fun. Then also, communicating with my [students’] parents is really great. I have the ability to speak Spanish to them.
- Linda, Focus Group 4

'And in Caribbean populations it’s pretty much you’re either in or you’re out, and if you’re not in anything that you can say, especially regarding sexuality because it’s so taboo, is kind of seen as rejected. And so when I go in the first thing I have to say is - I have to lose my, I guess, American accent, so I have to put on - I have to kind of switch to adapt and put on my Haitian accent. I have to let them know that I was not born here. I have to disclose my religion, my religious status. I cannot disclose my sexual orientation because that would be rejected because of the religious portion of that community.
- Janis, Focus Group 2

**Geographic Location**

During focus group discussions, WOC SHEs identified two primary ways in which the geographic location where they implement CSE programming intersected with how they implement CSE programming. One way is via the political climate of the location. Participants nationwide discussed how the political atmosphere of the area in which they worked shaped which programs they implemented, and the ways that they taught CSE. Participants from three different areas in the US: Mississippi, New York City, and Portland, Oregon, all referred to how local legislation impacted CSE implementation. The following excerpt offers insight into ways that conservative political and religious beliefs in Mississippi restricted that participant to federally approved abstinence-plus programs such as “Draw the Line, Respect the Line,” despite
the fact that the state boasts one of the highest rates of teen pregnancy and STI infection in the country:

Like Mississippi we have the second highest teen birth rate. We have the highest percentage of you know, teenagers that have sex. But these people still are convinced that they need to teach abstinence only. So that's probably the most interesting thing, and then the laws. I mean it's just very conservative, it's very political, the work that we do.

-Therese, Focus Group 3

Another way that a WOC SHE’s geographic location can impact how she implements CSE programs is related to her personal connection to the neighborhood, community, or town in which she works. WOC SHEs who were born and raised and/or currently live in the communities in which they teach use their empirical knowledge of the area and its local color to find points of synergy with their intended audience and the material being taught in the workshop, as described here:

I am a direct reflection of the population I serve, so I definitely think that helps me when I am sort of taking a lot of the things happening in the community. I am an African American heterosexual young woman. I am from the ‘hood, I am from Ocean Hill Brownsville. I am able to use that to my advantage, I am able to be really professional. I am able to have fun with them. I am able to talk about ‘hood politics with them. I am able to kind of do it all, which I think is really helpful. Yes, I mean, I mean I basically use a lot of the experiences that I have been through when I was their age and I really talk about that.

-Talia, Focus Group 5

Situational Awareness

Situational Awareness refers to a WOC SHEs’ emotional intelligence and multi-level perception skills as they relate to interacting dynamics (or being aware of what’s happening with) of surrounding community, group, and individuals, along with the ways in which those happenings may affect/influence the learning taking place in the workshop. Social Constructivist
Theory drives Situational Awareness in this inquiry as a result of the ways that it acknowledges the complex environmental, interpersonal and intrapersonal dynamics that contribute to learning in CSE workshops. In each focus group, participants voiced strong concerns about the systems of racism, sexism, colorism (defined as “skin color stratification” of people of color)(104) and related injustices that are present in this country, and discussed the ways that they struggle with those systems personally and professionally. They also talked about the ways that students’ lives and health are steadily impacted by these systems as evidenced by discussions they have in the classrooms and workshops where they teach.(138) Lastly, participants discussed how the curricula they implement often overlook the harsh realities that these systems of injustice impose on the lives and health of the youth they serve.

**Group**

WOC SHEs agree that group dynamics and cultivating buy-in from the intended audience play a critical role in their ability to successfully implement CSE programming. In order to meet the needs and pique the interest of their intended audience, WOC SHEs are responsible for staying tuned in to the ways that the collective group engages with one another and the material presented in the workshop via the curriculum. Specific examples include adapting curricula to meet the youth where they are, rather than trying to force young people to engage in a way they don’t like or find uncomfortable. Changing activities in response to the way the group prefers to engage was collectively cited as likely to cultivate a culture of respect in the classroom or workshop, and yield more concrete knowledge and skills acquisition.

In more extreme cases, WOC SHEs utilized their in-depth knowledge of group characteristics to make more comprehensive adaptations to the curriculum, in consideration of
programs that were not culturally congruent, or were inconsiderate of diverse reading levels or learning styles. Some adaptations that WOC SHEs described making in order to meet the needs of the group include searching for more up-to-date and/or culturally congruent videos, writing an educational play tailored to the needs of students in place of reading scripted role plays, and addressing topics such as sexual harassment, flirting, and consent after observing youth interactions. The following quote describes a participant’s experience implementing an EBI that missed the mark for its intended audience due to lack of nuance and awareness of group differences:

’[When] I think about how the curriculum that I teach, the federally funded one, the initial study that they did to make the curriculum available to be federally funded, they did it in Arizona, and with a pretty small group of mostly Latino kids. Cause that's who live down there, and the program really focuses on alcohol. Up here in Minneapolis, Minnesota I got all black kids, and they're all smoking weed and doing pills. So the geographic location of where they did the study to co-sign for the curriculum at large does not connect with my students. They're just like we don't care about liquor, but then I have to play these videos of people drinking you know, at parties full of white people. So they're like these parties look lame, and you know, they're doing all other things. And so I'm not really prepared with the stuff that I need to even teach the class or it's also not really relevant to my kids. So that's a huge challenge. I don't know how to fix that. You know, right, cause they're trying to get something to relate to this larger group of people. So I understand that there is like multiple truths that exist or challenges, but my reality is my reality. And it's not working on the field, it's just not landing.

- Jeanne, Focus Group 3

**Community**

WOC SHEs know that youth of color, low-income youth, and LGBTQ youth experience sexual health disparities disproportionately higher than their white peers.(27,109,138) They also recognize that systems of injustice play a significant role in perpetuating these health disparities.(138) One way that participants attempt to dismantle the negative sexual health effects
of racist, sexist and classist systems in demonstrated by the activation of their own socio-cultural understanding in the professional sphere. Many participants explained that they purposely and explicitly sought out professional opportunities through which they could serve and educate youth and communities of color in their work as sexuality health educators. They described a sense of loyalty and commitment to working in their own communities to improve both process and outcomes of sexuality education – a topic they hold in high esteem – and for reasons that vary from individual interest, to seeing themselves in the youth they teach, to helping pay forward lessons they received, or wish they had.

In many instances, WOC SHEs are members of the communities they serve. In focus group discussions with one another, they voiced a double-sided awareness of how they served the needs of both the umbrella agency for which they implemented the curricula, and the youth and communities they served. This dual-role is complex in that WOC SHEs recognize and engage with their students using a cultural sensitivity that non-community members may lack, miss or ignore. In the following excerpt, a study participant gave an example of how the youth she teaches experience systemic racism and describes the ways that their experiences shape how they engage with one another, shifting the way she teaches about the intersection of bodily autonomy, healthy relationships, and community events when teaching CSE workshops:

"There was a police brutality case that had happened here locally. And the young people in the cohort really wanted to talk about how the criminal justice system really sort of impacted and defined their ways of being able to engage with each other. And how that even sort of impacted the ways that they engaged in relationships. Like the way that they sort of showed affection, or how they showed their ideas of femininity or of masculinity. And sort of like how it was all, how they felt like the engagement with the police or other law enforcement officials sort of dictated their behavior. And it was a really sort of a chilling conversation that we had. Cause it was sad and sort of disheartening to hear
young people talk about how they felt powerless when they were in the presence of police officers or law enforcement folks.

And that there were certain prescribed behaviors that they felt they had to engage in, or that were already sort of perceived about them. That really impacted how they could be with each other. You know, if they were with their partners in the mall and you know, someone saw them or security approached them, and if they were, you know, they didn't feel like they could hold hands. They didn't feel like they could know, sort of show concern or express concern or affection for their partner if something was happening because that could be perceived as something possibly challenging or you know, unsafe. And so to have that conversation was really hard to hear young people talk about just not being able to feel free enough to express themselves. And for their parents or the older adults who were present to hear that as well, and then they related their own experiences from you know, years previous when they talked about you know, it wasn't, they didn't feel safe like they could be in certain neighborhoods.

And sort of to sort of relate what that looked like, it was very challenging. Cause a young man had been assaulted by the police very violently, and a lot of the folks within the cohort knew this person. And so they wanted to be able to you know, figure how they could show their support and their solidarity. And so this conversation sort of happened, and then it segued into some other stuff. But I remember how that really sort of changed the, we sort of had that conversation led into sort of like setting boundaries and being able to establish safe space and those kinds of conversations.

- Madison, Focus Group 3

WOC SHEs’ own identities around race and ethnicity play a central role in the ways that they navigate their work – both in solidarity with and service to the people they teach, and as a self-identified woman of color who grapples with systems of sexism and racism in the spheres of her own personal and professional life. Intimate knowledge of each of these distinct yet interrelated roles results in a rich framework from which to provide sexuality education. With their understanding of community, WOC SHEs are able to navigate community norms and expectations sensitively, and find culturally appropriate and respectful ways to provide CSE to
youth without inadvertently stumbling over cultural hurdles that outsiders might be unaware of or misunderstand:

For me, I have been able to educate across groups, genders and you know ethnicity and race. The thing that I share most in common across all those groups is just being you know "a minority" and so connecting on being a person of color, being a Latina, being like a daughter of immigrants. That is a big piece for like when I am educating Spanish speaking immigrant women. Being a New Yorker is really big, like being a native New Yorker born and raised in Brooklyn and now living in the Bronx. That is a piece that I know I can connect with, with a lot of folks, a lot of the young people especially that I have worked with.

- Veronique, Focus Group 4

Lastly, study participants describe hitting a professional glass ceiling, wherein opportunities for growth, leadership, and earning power are diminished due to being positioned as workers on-the-ground whose potential for broader organizational leadership in the field is [externally or bureaucratically] capped at the grass roots level. At the same time that they aspire to leadership roles with greater decision-making power, broader reach and scope, and a higher pay check, they wonder who will serve their youth in the ways they need to be served if they don’t do it themselves, especially because they know, from both personal and professional experience, that most curricula as written do not explicitly meet their students’ needs:

I was very aware that it was beneficial that I represented the communities that I aimed to serve...Beneficial to me and my work and the program that hired me, that here was a person of color from the community, that can connect with the community to be able to get this work across because it is kind of like an automatic element of trust. Then, just for myself as a woman, a professional of color in the field, I felt just like, "Well this is as far as you can go professionally in this work because the folks at the top seem to be very disconnected from the communities but very much in wanting to keep that role of being at the top." As a professional of color in this work, I have am passionate about this work, because it affects my community, and people make money off our communities and their issues. I am passionate about the work. We should be so passionate to try and like work ourselves out of these jobs. Yet at the same time, I want to grow professionally. Can I get an opportunity to advance in this field? I felt that this field itself perpetuates the racism, even within, with the people that work on these issues and in these programs.
Conclusion

Chapter IV offered an in-depth examination of the dominant themes and sub-themes that emerged from the analysis of transcripts of five unique focus groups with WOC SHEs. Chapter V will outline a series of recommendations that have been extrapolated from the findings of this study, as well as describe the study’s limitations.
CHAPTER V: SUMMARY, DISCUSSION AND RECOMMENDATIONS

Introduction

This chapter will offer an expanded discussion of ways in which emergent focus group themes could potentially help bridge existing gaps in the research-to-practice pathway, inform practice as it relates to monitoring and evaluation of CSE programs, and shape policy recommendations. Study limitations and suggested for future areas of inquiry will also be discussed.

Summary of Study

This exploratory study used qualitative methods, purposive sampling and an inductive approach. Semi-structured focus groups explored perceptions of adaptation and fidelity with women of color (WOC) SHEs currently implementing CSE behavioral interventions with young women of color (YWOC). Five focus groups were facilitated in total (one face-to-face, four virtually, via Google Hangouts); \( n = 24 \), with an average of five participants per focus group. Focus groups were digitally recorded for audio and video (online only), transcribed, and analyzed. The research team coded transcripts using Dedoose Qualitative Research Software, and conducted analysis using Grounded Theory methodology.

Three dominant themes and sixteen related sub-themes were identified using simultaneous coding, values coding, frequency, similarity, correspondence, specificity, emotion, and extensiveness; they aligned with the underlying conceptual framework and driving theories, a common occurrence in qualitative research.(123) The dominant themes identified include: Professional Expertise (driven by Theory of Gender and Power), Socio-Cultural Understanding (driven by Black Feminist Thought), and Situational Awareness (driven by Social Constructivist...
Theory). Key sub-themes included Curriculum Adaptation; Training; Approach; Interaction with Agency and Funding Staff; Pop Culture and Social Media; Themes Addressing Race, Culture, Colorism, and Related Biases; Trauma; Race/Ethnicity; Geographic Location; Community; and Group. An in-depth examination of the themes, sub-themes, related trends and similarities is discussed, along with implications for future research, policy and practice. Study findings demonstrate true intersectionality in the approach, theoretical basis, methodology, and scope WOC SHEs use to implement and adapt CSE curricula. Furthermore, current monitoring and evaluation practices that prioritize high fidelity should be re-assessed and updated to reflect the lessons learned during implementation practice.

**Review of Study Purpose and Aims**

The purpose of this study was to explore the contextual factors that drive if, how, and why women of color sexuality health educators make adaptations to comprehensive sexuality education curricula on the ground and identify possible implications of WOC SHEs’ adaptations on program development, training, monitoring and evaluation. Study findings have the potential to generate theoretically informed, research-driven, applied recommendations in hopes of strengthening the research-to-practice feedback loop around CSE implementation, adaptation and evaluation. Five focus group discussions were conducted with a total of 24 WOC SHEs, and discussion inquiries were framed by the following topics as they related to fidelity and adaptation of CSE program implementation:

1) Socio-Cultural Understanding
   a. Personal (shared) experiences related to:
      i) Race/Ethnicity
      ii) Language
      iii) Socio-Economic Status
iv) Gender Identity
v) Sexual Orientation
vi) Immigration Status
vii) Age

2) Professional Expertise
   a. Facilitation experience related to:
      i) Training
      ii) Programmatic goals and learning objectives
      iii) Interaction with agency/funding staff, etc.

3) Situational Awareness
   a. Emotional intelligence
   b. Multi-level perception skills as they relate to interacting dynamics of surrounding community, group, and individuals

This study used the framework described above to address the following specific aims:

Aim 1: Explore WOC SHEs’ perspectives of contextual factors that drive adaptations to the ways that evidence-informed sexual health education curricula is implemented in a community-based organization (CBO) setting; and

Aim 2: Identify possible implications of WOC SHEs’ adaptations on program development, training, monitoring and evaluation

Sub-Aim 1: Identify possible benefits of adaptation as it relates to program monitoring/process evaluation (that is not required by funders or other stakeholders) in order to uncover new data and/or recycle data into strengthening future program implementation

Sub-Aim 2: Identify possible disadvantages to the tailoring of curricula that occurs as a result of adaptation

Review of Research Methods

This qualitative inquiry used focus groups to provoke groupthink and come to consensus about contextual forces that drive CSE program adaptation. This study centered WOC SHEs due to their unique lens on CSE curriculum fidelity and adaptation as it relates to YWOC, a group who experiences disparate rates of sexual and reproductive health outcomes compared to their peers.
This study recruited participants using a nonprobability, purposive expert sampling approach, which involves recruiting individuals who have a particular expertise, such as WOC SHEs.(118) The study was approved by CUNY IRB, and used recruitment scripts (email, phone, and verbal, and social media outlets) to recruit participants to an online eligibility survey via personal and professional networks. In addition to email blasts, specific social media outlets were prioritized, including Facebook and Twitter. An independent social media consultant was hired to manage recruitment via Twitter. This consultant used IRB approved recruitment language and images to drive traffic to the eligibility survey housed at www.sexedstudy.org, and Google URL Shortener tracked clicks to monitor its progress.

Once eligibility was established and consent was obtained, the research team contacted eligible potential participants to schedule focus groups. Five focus groups were facilitated in total; one took place in-person in New York City, and four took place online, via Google Hangouts. Each in-person participant was compensated for her time and expertise with refreshments and a round-trip NYC MTA Metro Card. All participants were entered into a raffle to win 1 of 3 Amazon.com gift cards ($100.00 value).

The research team consisted of the PI, who conducted all focus groups, data analysis and writing, an experienced note-taker, and a senior undergraduate research assistant, who served as interrater.

Each virtual focus group was digitally audio and video recorded. Transcript Divas, Inc. transcribed all five audio recordings. In addition to the transcripts and notes, the PI also kept analytical memos to document focus group happenings and processes, and incorporate relevant lessons and themes into upcoming discussions. All recordings and transcriptions were securely
stored, and only IRB-approved WOCSHE research team members had access to the video or audio data. The research team analyzed the data using Dedoose Mac-Based Qualitative Research Software.

At saturation, 24 eligible WOC SHEs had participated in five focus groups between November 2015 and April 2016. After analysis was complete, the PI created an Interrater Reliability Test in the Dedoose Training Center.(129) The IRR test was comprised of 33 excerpts that were randomly selected from across all five media (transcripts), along with 19 affiliated codes. The test determines IRR by comparing the way that the PI and the undergraduate research assistant applied codes to the randomly selected excerpts. IRR was established with good agreement (Pooled kappa = .65).

**Discussion**

Findings of this research indicate that WOC SHEs are intersectional and intentional in the ways that they implement and adapt CSE curriculum with their intended audience. Coding patterns emerged from group discussion and consensus, establishing themes and sub-themes that align with the original conceptual framework and underlying theoretical basis. To review, the conceptual framework is made up of three pillars: Professional Expertise (driven by the Theory of Gender and Power), Socio-Cultural Understanding (driven by Black Feminist Thought), and Situational Awareness (driven by Social Constructivist Theory), and in the field of qualitative research, noting a relationship between an inquiry’s framework and findings is common.(123)

The ways in which WOC SHEs report implementing and adapting CSE curricula speaks to their expertise in the field of sexuality education and behavior change science. Study discussions made it clear that both formal and experiential training meaningfully contributed to
ways in which WOC SHEs understand the overt and implied/unintended goals and objectives of federally approved CSE curricula. It is noteworthy that the value of education and training was not limited to that as a sex educator per se – multiple participants talked about ways in which their previous training, education, and experiences, either in health or in other fields, shaped the ways they engage with young people, curriculum content, and colleagues. Intersectionality is a theme woven throughout the findings of this study, confirming the need for this study, and highlighting the importance of recognizing and centering the unique talents that WOC SHEs lend to the field due to their combined training. Findings suggest that their distinctiveness is further enriched by their personal and professional experiences as well as their sense of the intended audience.

The specific ways that study participants discussed and prioritized curriculum adaptation, both content and methodology, is notable. Again, participants’ intersectionality is evident here, as they demonstrated the ways in which they integrated their Socio-Cultural Understanding with Situational Awareness and Social Constructivist practices. First, the group as a whole agreed that centering the youth audience’s needs was of utmost priority over all else. Every focus group discussion noted that no learning takes place without putting youth, including their interests and their priorities, first. Incorporating popular culture, social media, and technology into lessons are perfect examples of ways that WOC SHEs meet youth where they live – in the digital age.

This recognition of and respect for young people speaks to an embodiment of social constructivism and genuine youth-adult partnership in ways that are merely aspirational in most teaching dynamics. WOC SHEs respect and value young people. They want them to be healthy, safe and whole, in every way possible. They are concerned about their well being, not only in
their sexual and reproductive lives, but in every area. They expressed genuine concern for the ways that our country is failing young people of color—racial profiling, failing public schools, the prison industrial complex, systemic racism, poverty, intimate partner violence, and physical, sexual and emotional abuse, to name just a few. Furthermore, study findings suggest that participants use their own knowledge, skills, and understanding of challenges that persist on individual and community levels to help the youth they serve to navigate through and around similar challenges. Furthermore, WOC SHEs expressly try to undertake all of this using a positive lens. Repeatedly, study participants prioritized empowering youth through a shame-free, sex- and body-positive lens. They created workshops to help young people think critically about the ways they internalize and embody stereotypes about race and gender, interact with one another, and navigate imbalances of power in gender, race, and socioeconomics. They recognized gaps in the curricula, and worked to fill those gaps, addressing critical and timely topics by creating LGBTQ-inclusive curricula, and addressing consent, trauma, and pleasure.

As previously mentioned, FoSE and the National Sexuality Education Standards advocate for CSE to incorporate these components using developmentally appropriate for grades K-12.\(^{(26)}\) Specific topics and key indicators outlined within describe minimum, essential content and skills in the following areas: Anatomy and Physiology, Puberty and Adolescent Development (addresses ways that media can influence body image), Identity (including sexual orientation, gender identity and gender expression), Pregnancy and Reproduction, Sexually Transmitted Diseases and HIV, Healthy Relationships (with emphasis on use and impact of technology), and Personal Safety (includes topics related to consent and bullying).\(^{(26)}\)
Study findings align with the ways in which gender and power imbalances contribute to sexual health inequity. WOC SHEs confirmed that they utilize the skills they’ve developed navigating social, economic, cultural, gendered and race-based inequities in their own lives, and integrated them into the CSE learning activities when appropriate, bolstering the lessons in ways that would not be possible without their unique lens and expertise. They are personally invested in the communities they serve, and work to help their young people survive and thrive in those places and space.

It is important to note that study analysis did not reach saturation in themes related to disadvantages (Aim 2, Sub-Aim 2) that result from poorly made program adaptations. WOC SHE study participants briefly discussed the ways in which some program adaptations were not well received or well understood by their intended audience, and went on to describe ways in which they made additional and successive adaptations in attempt to meet the audience’s unmet learning needs. Specific recommendations around how to address the positive-to-negative spectrum of impact of program adaptations are discussed later in this manuscript.

There are multiple ways to help determine if saturation has been reached in qualitative research, memo analysis being one. In addition to probing the themes noted in memos with remaining focus groups, memos helped the research team recognize when new themes were no longer emerging in focus group discussions. This study reached saturation when the data was deemed both thick and rich, no new themes emerged from focus group discussions, and five focus groups had been completed(136,139). Based on the significance of these themes across the data, it is evident that they deserve additional serious consideration in future CSE program development and revision.
Limitations

This study’s qualitative nature technically renders any findings as not generalizable to the population-at-large.\(^\text{(66,67)}\) However, it is possible that findings from this research could inform future public health practice by helping shape a more clear understanding of the contributing factors that influence program adaptation by WOC SHEs. Degrees of transferability, or the notion that with “…an adequate number of homogenous groups with randomly selected participants, study results may be transferable to the population(s) from which the groups were drawn,” suggests that focus group data may be externally valid for those like individuals or groups.\(^\text{(66,67)}\) As a result, it is possible that this research could prove informative for other WOC SHEs whose role involves implementing CSE programs. In addition, providing this research has potential to provide context and inform larger conversations around policy and practice as they relate to CSE implementation, fidelity and adaptation.

It is the responsibility of the qualitative researcher to be wary of the ways in which their own personal and professional opinions could influence or bias the findings. It is important to disclose that two members of the research team, the PI and the note taker, both identify as women of color and both have professional experience as sexuality health educators. The research team worked diligently in an effort to remain objective and be open to multiple realities of implementing CSE curricula as a WOC SHE. In addition, the research team met regularly to discuss coding descriptions to determine if they agreed on the intentions of the excerpts being coded, as well as they ways codes were applied. In the case of discord, research team members discussed until a resolution was agreed upon.
The research team did not universally understand code descriptions for the parent theme, Situational Awareness, and sub-themes: Group, Community, when Inter-Rater Reliability (IRR) testing began. Discussions about how to clarify and redefine the codes took place and were agreed upon. Specifically, research team members selected a series of excerpts and coded them twice, first independently, then together, to determine shared understanding of code descriptions and application. When discrepancies arose, team members discussed the components of the transcript and the ways in which particular codes applied or not, until consensus was reached. However, the original lack of clarity around this coding description could impact the ways in which these particular codes were applied, and possibly effect the frequency with which these codes were applied.

Sub-Aim 2, which sought to identify possible disadvantages that occur as a result of curriculum adaptation, was not fully addressed in this study’s findings. This is a clear limitation because study findings as they are currently described may give the impression that curriculum adaptations only have a positive impact on the intended audience, a potentially misleading conclusion.

With regard to settings in which WOC SHEs implement CSE programs, Corrections were mentioned almost as frequently as schools, however not as extensively \((n=20)\). However, upon closer review of the transcription data, it appears that one participant discussed Corrections as a setting 65% of the times it was discussed, and overall, Corrections was only mentioned in 3 of 5 focus group discussions. While the concepts raised in the discussion are related to the overall group discussion about challenges WOC SHEs face when implementing CSE programs, this particular sub-theme lacked extensiveness; while the corrections setting was discussed often, it
was not addressed by many people. Lack of extensiveness for Corrections as a setting is a clear limitation in this particular study, however, given the well-documented disparities in incarceration rates experienced by youth of color, this area of inquiry could be explored in more depth in future research.

Limited budget for participant incentives is another study limitation. Despite submitting the funding application well before beginning participant recruitment, research-funding decisions were significantly delayed. Notification of funding was not received until six weeks after participants were recruited and focus group facilitation was complete. Had funding been guaranteed prior to initiating participant recruitment, participant incentives would have been more generous. Half of all eligible potential participants opted not to join the study. It is possible that the study sample would have yielded a higher number of participants had more substantial incentives been available and advertised during the recruitment phase of the study. It is important to note that the research team could not control participants' environment while the virtual focus group was in progress, so there is a small risk that participants' friends or family members could see or overhear the discussions that took place online, especially if participants opted not to use microphone-equipped headphones to participate.

Focus groups require a minimum of 3-4 people to run, and scheduling mutually convenient times for people who work full-time or multiple jobs, have families, commute, etc. was incredibly challenging. Allowing eligible individuals to participate virtually certainly eased this burden, but scheduling remained challenging due to navigating time of day. Despite repeated reminders, one eligible participant from the Pacific Standard Time (PST) zone missed her originally scheduled focus group because she did not pay attention to the fact that the schedule
took place using Eastern Standard Time (EST). Another eligible individual declined to participate because she did not have the technical capacity to join a virtual group and was located outside of New York City. Lastly, the focus groups were only conducted in English; not holding focus groups in other languages could have narrowed the communities of women of color who could participate.

Recommendations

Implications for Theory

Study findings demonstrate true intersectionality in the approach, methodology, and scope WOC SHEs use to implement and adapt CSE curricula. Many existing and federally-approved CSE programs are driven by leading behavior change theories, including but not limited to: Social Learning Theory, Social Inoculation Theory, Cognitive Behavior Theory, the Theories of Reasoned Action and Planned Behavior. While the value of these theoretical drivers has been proven time and again in the literature, it is possible that they are falling short in their service of marginalized youth. Findings from this study suggest that the field of behavior change science could benefit from an expansion upon the theoretical drivers underpinning CSE goals, objectives and learning activities. Study participants repeatedly grappled with the ways that current programs ignore or undervalue the complex contextual issues young people grapple with, as well as they ways in which those issues influence their sexual and reproductive health decision-making and behavior. By incorporating theories that address intersectionality, such as Gender and Power, Black Feminist Thought, and Social Constructivist Theory, recommendations derived from this inquiry attempt to acknowledge the complex societal issues that marginalized young people face today, and facilitate self-empowerment among and equip young people with
the knowledge and skills they need to circumvent and dismantle those broader challenges, as well as understand the ways in which said challenges can impact sexual and reproductive health. Furthermore, the formal integration of theory that addresses complex societal issues also has the potential to bolster educators’ understanding of the relationship between those issues and youth’s sexual health.

**Implications for Research and Practice**

**Implications for Future Research**

*Approach*

WOC SHE focus group participants agreed that the single prioritization of evidence-based practice in CSE program implementation, monitoring and evaluation is missing the mark. Study findings concur with previous recommendations that prioritizing evidence-informed practice(57) and practice-based evidence(140) will help program developers and practitioners alike to highlight, rather than mask, methods and strategies needed address the plethora complex issues that emerge during CSE workshops. In doing so, program developers could learn from program educators’ experiences and turnkey those valid, valuable lessons into formal practice-based evidence.

*Study Design*

(1) Diversify Theory: One important way to reshape future study design of CSE programs would be to diversify the theoretical drivers underpinning the studies. It makes sense for the underlying theory to reflect and address the complex factors that influence and intersect with sexual health and decision-making for young people. For example, each of the theories that formed the basis for this study (Black Feminist Thought, the Theory of Gender and Power, and
Social Constructivist Theory) possesses an intersectional quality or component. The findings from this inquiry reiterate the notion that quality and truly comprehensive sexuality education must recognize the complexity of the lives of the young people it aims to serve, and go beyond basic one-dimensional behavior change approaches to incorporate skills-based learning that both acknowledges and addresses the inextricable components that influence the ways in which a person navigates their sexual and reproductive health and development.

(2) Value Qualitative Inquiries: Historically, qualitative research has been framed as a method that bolsters quantitative approaches. While qualitative data collection is becoming more prominent in research, its lack of generalizability continues to limit the ways in which program developers prioritize its findings. This study demonstrates the value of understanding nuance in happenings on the ground. It highlights the ways in which the context surrounding fidelity and adaptation is critical knowledge that could not have been captured quantitatively, and highlights the ways in which qualitative data can lend depth and breadth to program development and evaluation.

(3) Employ Stratified Sampling: In order to gain more insight into the ways that study participants are similar or different, it could be valuable to stratify future qualitative inquiries centering WOC SHEs by personal characteristics. Some possible options to consider include stratifying by: (a) geographic location, which could provide a better understanding of the ways in which local and state level policies impact sexuality education curriculum selection and implementation; or (b) years’ experience, to understand if program adaptations differ based on how long a SHE has been teaching; or (c) type of training, to understand if program adaptations vary based institution or training method.
Hypothesis Testing

While hypothesis testing is not a part of qualitative research, it is possible that qualitative data could help shape hypotheses for quantitative studies. For example, in a future study exploring facilitator-led program adaptation, a study could compare the socio-cultural adaptations made by facilitators who share personal characteristics with their intended audience to adaptations made by facilitators who don’t share personal characteristics. In such a study, it would be important to consider the ways in which training, experience, setting and other factors confound, mediate or moderate the effects, if any. Findings could lend further support for evidence-informed interventions and bolster credibility of facilitator-led adaptation.

Monitoring and Evaluation

Findings from this study have the potential to inform the ways in which CSE programs are monitored and evaluated. Current monitoring and evaluation practices that prioritize high fidelity should be re-assessed and updated to reflect the lessons learned during implementation practice. Findings from this study suggest that fidelity to curricula as written is not the most accurate indicator of a student’s acquisition of knowledge or skills. Concurrently, reporting high fidelity to a funding agency is not necessarily indicative of strict adherence to the curriculum as written.

Using their professional expertise of the curriculum’s goals and learning objectives, their socio-cultural understanding of their intended audience, and their situational awareness of the happenings in the community and with the group itself, WOC SHEs adapt the messages, lessons, activities and language in order for their intended audience to best comprehend and retain the knowledge and skills being taught. WOC SHEs possess a unique skillset and perspective around
program development, implementation and evaluation. However, many participants mentioned creating comprehensive, sex-positive, LGBTQ inclusive, culturally congruent sexuality education curricula that have been implemented and effective with the youth they serve, but describe being unable to demonstrate the program’s effectiveness due to the high costs associated with gold-standard RCT-style evaluation methodology. Lack of time, money, and professional support are cited as limitations in this regard.

Due to the iterative nature of this study, findings centered on a discussion of advantages to program adaptation. Future research on WOC SHEs’ perceptions of program fidelity should exclusively inquire about potential disadvantages to curriculum adaptations made on the ground, including probing about why those specific changes were made, how the facilitators knew they negatively impacted the intended audience, and a description of what the facilitators did in response in order to meet the intended audience’s previously unmet learning needs.

**Recommendations to Improve WOC SHE Study**

There are several ways this study could be improved. First, if possible, it would be ideal to secure funding prior to the participant recruitment phase in order to offer more substantial incentives for participation. It is possible that the 25% participation rate is partially due to the incentive that was offered.

This study’s format changed after recruitment occurred. During the original administration of the eligibility questionnaire, focus groups were slated to take place in-person in New York City. Perhaps more people would have participated if the original recruitment material had offered virtual focus groups instead.
Due to advances in technology, the advent of virtual focus groups is on the rise. It would be interesting to explore the ways in which virtual focus groups yield similar or disparate results compared to in-person focus groups. It would also be interesting to hold regional virtual focus groups where WOC SHEs from the same geographic area could discuss the ways in which their curriculum implementation and adaptations are influenced by location, and then compare the trends regionally and nationally.

With regard to demographic data, it would be worthwhile to differentiate the type of data collected. The current demographic survey collects data using categorical variables. For analysis purposed, it would be useful to revise a future demographic survey so that it captures numerical variables as well.

**Implications for Practice**

*Implications for Curriculum Development*

In terms of program development, it is important to remember that one size does not fit all youth of color. Again, culturally appropriate, tailored interventions, implemented by culturally congruent educators are a key component of developing and maintaining quality CSE programs for diverse communities. And the term diverse is not defined as ‘not white;’ communities of color are diverse in terms of race, religion, socio-economics, geographic location, and cultural beliefs and practices (to name a few) unto themselves.

With regard to content, focus group participants were clear: CSE should teach youth about consent and sexual assault. WOC SHEs report that youth disclose trauma and sexual assault regularly in CSE workshops, and agree that basic SHE training does not prepare them to respond appropriately. Issues around consent and sexual assault should be addressed from an
early age, and often. Youth should be trained to identify traumatic events, learn skills around self-advocacy, communication, and be encouraged to think about their vision of healthy and unhealthy relationships. SHEs should be trained to teach the lessons and skills related to trauma, and also learn how to respond sensitively and appropriately when a student discloses trauma or sexual assault. Lastly, CSE curricula should incorporate these lessons and provide training for facilitators.

**Implications for Site Partner, Agency and Funding Staff**

Site partner staff, including those running youth programs at CBOs, supervising wards in corrections facilities, or school staff (faculty and administrators), may be unfamiliar and/or uncomfortable with CSE best practices. They may struggle with their own views of sex and sexuality and their feelings about if, how, and when young people should be sexually active may complicate their ability to objectively support CSE programming provided by educators employed by colleague organizations. Site partner staff and faculty alike may also be concerned about the repercussions of real or potential backlash about offering CSE to students from families, their board of directors, or the board of education.

In response, site partner staff could participate in trainings to familiarize them with theoretical and practical data about CSE implementation and potential outcomes, and help equip them with language and skills to respond to community and advisory board concerns, should they arise. Training might also help site partner staff develop a new comfort level with the concepts presented during CSE programming, which could help them navigate their own discomfort, be it personal or professionally driven.
Focus group participant responses about implementing CSE curricula for youth in a corrections setting mirrored similar themes to those implementing programming in a school setting. Interactions with corrections officers (aka agency staff) are pivotal for WOC SHEs and the youth they serve. Focus group discussions highlighted that challenges with corrections officers are related to both the institution and the power dynamic between offices and their wards, and described how that dynamic holds the potential to hinder frank and critical discussions in the CSE workshop.

In sum, it seems that institutional structure, be it in schools or jail, impacts the quality of CSE delivery, and is a driver for adjustment and adaptation of CSE. Contextual factors trigger the need for curriculum adaptation, and generic curriculum cannot accommodate those needs without professionals using their expertise and situational awareness to detect those needs and make adaptations on-the-ground.

It follows that supervisors and funding staff are instrumental in providing support to practitioners when the question of curriculum adaptation is formally posed. After recruitment, hiring, and training their program practitioners, supervisors delegate responsibility and entrust WOC SHEs to implement, monitor and evaluate CSE programs effectively. During program implementation, WOC SHEs are responsible for educating their intended audience on the assigned topics no matter what. As a result, when WOC SHEs perceive that a lesson or workshop is not having the intended impact on their audience, they are tasked with finding a new or slightly different way to teach the same concept or skill. At the same time, supervisors should provide WOC SHEs with the authority to introduce relevant topics to clarify or enrich the
learning of the group as a whole, or bolster the overall goals and learning objectives of the program as intended.

72-hour waiting periods to respond to inquiries about how to maintain fidelity in workshops are unrealistic and undermine the professional expertise and authority of WOC SHEs. Curriculum fidelity is not the most precise way to measure knowledge and skills acquisition or behavior change. Evaluation and funding staff would receive more honest, accurate reports around practice-based approaches if they employed reality-based monitoring techniques that permitted practitioners to respond to and engage with program developers about the successes and challenges that they face on the ground. Together, practitioners, program developers, and evaluation staff could collaborate to develop a tailored approach to monitoring and evaluation. Lastly, supervisors should promote WOC SHEs to leadership positions. Part of the gap in research-to-practice is lack of connection between decision-makers and happenings on the ground and in the community. By promoting those practitioners who have implemented, monitored, and evaluated programming, agencies will be better positioned to recruit and train new talent using current methodology, respond to on-going challenges about happenings in the field, and anticipate future trends due to their professional experience and socio-cultural understanding.

Recommendations for Trainers of Trainers

One way to support the transition to a program model that prioritizes evidence-informed practice using practice-based evidence, trainers of trainers should prioritize supporting practitioners through training and professional development. WOC SHE study participants were clear about the complex plethora of issues they face during program implementation: youth
reports of physical and sexual abuse, homelessness, poverty, police brutality and racial profiling, to name a few. They were equally clear about their need for support to learn how to cope with those issues (personally), and provide appropriate guidance to their intended audience in response (professionally). Program developers and trainers of trainers can work together to create timely, issue-specific, skills-building professional development opportunities that will bolster practitioners’ ability to respond to these issues when they arise.

To develop trainings that practitioners would find both timely and useful, trainers should seek input from practitioners themselves. During the training development phase, trainers of trainers should consider ways they can respond to contextual variations that may arise, be they related to implementation site, geographic location, or specific needs of the intended audience. Again, by including WOC SHEs and their colleagues at the development phase, training outcomes are more likely to meet the needs of the practitioners they are intended to support. Lastly, professional development opportunities should be affordable (free or low-cost) for practitioners.

Implications for Policy

When program implementation context changes, program implementation tactics and strategies also must change. As a result, funding agencies’ strict adherence to fidelity of CSE curricula as written needs to shift to a more malleable approach. One possibility is to diversify the ways in which CSE programs are constructed and disseminated. Perhaps, instead of distributing pre-packaged, concrete CSE curricula, federal agencies and program developers could collaborate to make individual workshops available by topic, category, intended audience, dosage, etc. Then, WOC SHEs could use their professional expertise, socio-cultural
understanding of their intended audience, and situational awareness of the community and group where programming is being implemented to tailor the specifics of the program to the specific needs of the audience. Furthermore, such a piecemeal approach to CSE programming would allow WOC SHEs more authority and autonomy in the ways that they teach CSE, while concurrently allowing them the freedom to respond to shifts and changes that are out of their control, yet bound to happen while implementing programming in schools and CBOs.

**Conclusion**

Over the course of five unique focus group discussions, study participants disclosed a number of consistent overarching themes that are evident in their work as it relates to CSE program implementation, adaptation, and fidelity. They provided a clear description of the challenges they face when implementing CSE curricula, along with solutions they devise and implement in attempt to address said challenges.

WOC SHEs wear multiple hats as they: work to educate the youth they are tasked with serving in a way that is sex-positive, culturally appropriate, LGBTQ inclusive, and combats shaming; try to maintain the integrity of their work as sex educators and also operate according to guidelines set by supervisors and funding agencies; and navigate the organizational culture of the sites where they implement programming. The following quote captures the complexity of the work of one participant, wherein she juggles multiple roles, identities, and responsibilities:

‘One of the biggest problems I have is balancing the needs of funders versus what I actually think the kids need, or what participants need. In the perfect role I’d be teaching a curriculum that’s sex positive, that’s culturally inclusive and all of these wonderful things that’s kind of been proven to have great results when it comes to different types of learners.'
But as it is the agency that I work for and the grant that I have to implement these curriculums, because with the CDCs shift of test and treat education-based interventions are kind of really not seen as important anymore.

- Janis, Focus Group 2

WOC SHEs are an invaluable asset to the field of sexuality health education for a myriad of reasons. As a collective, they possess a unique intersectionality where socio-cultural understanding, professional expertise, and situational awareness meet in support of sex-positive, pleasure-centered, shame-free, LGBTQ inclusive sexuality education. Discussions by 24 WOC SHEs over five 2-2.5 hour focus group discussions provided insight into the priorities of these leaders in the field of sexuality education, as well as the challenges they face. Going forward, policy makers and program developers alike would be well-positioned to collaborate with and learn from WOC SHEs in an effort to move toward a model that prioritizes practice-informed evidence and evidence-informed interventions.
Table 5. A-H Criteria

**Federal Definition of Abstinence-Only Education***

An eligible abstinence education program is one that:

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<tbody>
<tr>
<td>A</td>
<td>has as its exclusive purpose, teaching the social, psychological, and health gains to be realized by abstaining from sexual activity;</td>
</tr>
<tr>
<td>B</td>
<td>teaches abstinence from sexual activity outside marriage as the expected standard for all school-age children;</td>
</tr>
<tr>
<td>C</td>
<td>teaches that abstinence from sexual activity is the only certain way to avoid out-of-wedlock pregnancy, sexually transmitted diseases, and other associated health problems;</td>
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<tr>
<td>D</td>
<td>teaches that a mutually faithful monogamous relationship in the context of marriage is the expected standard of human sexuality;</td>
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<tr>
<td>E</td>
<td>teaches that sexual activity outside the context of marriage is likely to have harmful psychological and physical effects;</td>
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<tr>
<td>F</td>
<td>teaches that bearing children out-of-wedlock is likely to have harmful consequences for the child, the child’s parents, and society;</td>
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<td>G</td>
<td>teaches young people how to reject sexual advances and how alcohol and drug use increase vulnerability to sexual advances; and</td>
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<tr>
<td>H</td>
<td>teaches the importance of attaining self-sufficiency before engaging in sexual activity.</td>
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*(141)*According to Section 510 of the 1996 Social Security Act
Figure 11. Conceptual Framework
### Table 6. Characteristics of [existing] comprehensive sexuality education programs

<table>
<thead>
<tr>
<th><strong>INPUTS</strong></th>
<th><strong>OUTCOMES MEASURED</strong></th>
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<tbody>
<tr>
<td><strong>Dosage</strong></td>
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<tr>
<td>0-6 hours</td>
<td>Sexual Behaviors</td>
</tr>
<tr>
<td>7-12 hours</td>
<td>Initiation of sex</td>
</tr>
<tr>
<td>13-24 hours</td>
<td>Frequency of sex</td>
</tr>
<tr>
<td>25-31 hours</td>
<td>Number of partners</td>
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<td>32-38 hours</td>
<td>Condom use</td>
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<td>mean length = 12 hours</td>
<td>General contraceptive use</td>
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<td></td>
<td>Composite measures of sexual risk taking</td>
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<tr>
<td><strong>Theoretical Basis</strong></td>
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<tr>
<td>Social learning theory</td>
<td>Virginity Status</td>
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<tr>
<td>Social Cognitive theory</td>
<td>(Complicated by participant age)</td>
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<tr>
<td>Theory of Gender &amp; Power</td>
<td></td>
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<tr>
<td><strong>Study design</strong></td>
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<tr>
<td>Experimental</td>
<td>Impact on cognitive factors</td>
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<tr>
<td>Quasi-experimental</td>
<td>Knowledge of sexual health issues</td>
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<td>Perceptions of risk</td>
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<td>Personal values</td>
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<td>Attitudes</td>
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<td>Self-efficacy re: safer sex negotiation &amp; refusal</td>
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<td>Intent to abstain, limit # of partners/sexual activity, or use condoms</td>
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<td>Communication with parents/other adults and partners</td>
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<td><strong>Setting</strong></td>
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<tr>
<td>Public Schools</td>
<td>Biomedical markers</td>
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<tr>
<td>Community Based Organizations</td>
<td>Pregnancy rates</td>
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<td>Other</td>
<td>Birth rates</td>
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<td></td>
<td>STI rates</td>
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<tr>
<td><strong>Parental Involvement</strong></td>
<td># of Participants (sample size)</td>
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<td>(10,11,21,22,75)</td>
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Table 7. General Requirements: Sex and HIV Education

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<tr>
<th>STATE</th>
<th>SEX EDUCATION MANDATED</th>
<th>HIV EDUCATION MANDATED</th>
<th>WHEN PROVIDED, SEX OR HIV EDUCATION MUST:</th>
<th>PARENTAL ROLE</th>
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<td>Be Medically Accurate</td>
<td>Be Age Appropriate</td>
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TOTAL: 43 22+DC 33+DC 3 26+DC 4 3 35+DC

* Sex education typically includes discussion of STIs.
† Sex education is not mandatory, but health education is required and it includes medically accurate information on abstinence.
‡ Sex education "shall not be medically inaccurate."
§ Localities may include topics such as contraception or STIs only with permission from the State Department of Education.
¶ Sex education is required if the pregnancy rate for 15-17 year women is at least 19.5 or higher.
¶ State also prohibits teachers from responding to students’ spontaneous questions in ways that conflict with the law’s requirements.
### Table 8. Social Constructivistic Teaching Practices and Principles (113)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
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<tbody>
<tr>
<td>1.</td>
<td><strong>Mind</strong></td>
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<td></td>
<td>The mind is located in the social interaction setting and emerges from acculturation into an establish community of practice.</td>
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<td>2.</td>
<td><strong>Authentic Problems</strong></td>
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<td></td>
<td>Learning environments should reflect real-world complexities. Allow students to explore specializations and solve real-world problems as they develop clearer interests and deeper knowledge and skills.</td>
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<td>3.</td>
<td><strong>Team Choice and Common Interests</strong></td>
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<td></td>
<td>Build not just on individual student prior knowledge, but on common interests and experiences. Make group learning activities relevant, meaningful, and both process and product oriented. Give students and student teams choice in learning activities. Foster student and group autonomy, initiative, leadership, and active learning.</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Social Dialogue and Elaboration</strong></td>
</tr>
<tr>
<td></td>
<td>Use activities with multiple solutions, novelty, uncertainty, and personal interest to promote student-student and student-teacher dialogue, idea sharing, and articulation of views. Seek student elaboration on and justification of their responses with discussion, interactive questioning, and group presentations.</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Group Processing and Reflection</strong></td>
</tr>
<tr>
<td></td>
<td>Encourage team as well as individual reflection and group processing experiences.</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Teacher Explanations, Support, and Demonstrations</strong></td>
</tr>
<tr>
<td></td>
<td>Demonstrate problem steps and provide hints, prompts, and cues for successful problem completion. Provide explanations, elaborations, and clarifications where requested.</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Multiple Viewpoints</strong></td>
</tr>
<tr>
<td></td>
<td>Foster explanations, examples, and multiple ways of understanding a problem or difficult material. Build in a broad community of audiences beyond the instructor.</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Collaboration and Negotiation</strong></td>
</tr>
<tr>
<td></td>
<td>Foster student collaboration and negotiation of meaning, consensus building, joint proposals, prosocial behaviors, conflict resolution, and general social interaction.</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Learning Communities</strong></td>
</tr>
<tr>
<td></td>
<td>Create a classroom ethos or atmosphere wherein there is joint responsibility for learning, students are experts and have learning ownership, meaning is negotiated, and participation structures are understood and ritualized. Technology and other resource explorations might be used to facilitate idea generation and knowledge building within this community of peers. Interdisciplinary problem-based learning and thematic instruction is incorporated wherever possible.</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Assessment</strong></td>
</tr>
<tr>
<td></td>
<td>Focus of assessment is on team as well as individual participation in socially organized practices and interactions. Educational standards are socially negotiated. Embed assessment in authentic, real-world tasks and problems with challenges and options. Focus on collaboration, group processing, teamwork, and sharing of findings. Assessment is continual, less formal, subjective, collaborative, and cumulative.</td>
</tr>
</tbody>
</table>
## Table 9. Code Descriptions

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Introductory</td>
<td>Participant Introductions</td>
</tr>
<tr>
<td><strong>PROFESSIONAL EXPERTISE</strong></td>
<td>Related to experience and training as a sexuality health educator</td>
</tr>
<tr>
<td>Micro Aggressions and Harassment</td>
<td>“Brief, everyday exchanges that send denigrating messages to certain individuals because of their group membership” (Sue, 2010). Microaggressions may include statements that repeat or affirm stereotypes about a minority group or demean it, that position dominant culture as normal and minority as ‘other’, that express disapproval of or discomfort with the minority group, that assume all minority group members are the same, that minimize the existence of discrimination against the minority group, seek to deny the perpetrator’s own bias, or minimize the conflict between the minority group and the dominant culture.</td>
</tr>
<tr>
<td>Harassment: aggressive pressure or intimidation</td>
<td></td>
</tr>
<tr>
<td>Colorism</td>
<td>Prejudice or discrimination against individuals with dark skin tone, typically among people of the same ethnic or racial group. Issues around skin color and shade that are perpetuated in communities of color; light skin vs. dark skin</td>
</tr>
<tr>
<td>Curriculum Adaptation</td>
<td>Making changes to comprehensive sexuality education curricula -- either formal or informal, with or without the approval from a supervisor or funding body.</td>
</tr>
<tr>
<td>Themes Addressing Race, Culture, Colorism and related biases</td>
<td>Discussions involving if/when/why/how WOC SHEs make adaptations to correct for or in consideration of issues pertaining to race, culture, colorism and related biases.</td>
</tr>
<tr>
<td>Drugs and Alcohol</td>
<td>Pertaining to drug and alcohol use</td>
</tr>
<tr>
<td>LGBT Inclusive and Combatting Heteronormativity</td>
<td>Lesbian, Gay, Bisexual, Transgender inclusive refers to working consciously to not assume that people who present in one gender are engaging in sexual activity with or attracted to any other particular gender -- same or other -- when teaching sexuality education.</td>
</tr>
<tr>
<td>Heteronormativity is the belief that people fall into distinct binary genders (man/woman), assumes heterosexuality and uses a lens that reinforces these ideals, ignoring or disregarding LGBT. Combatting Heteronormativity challenges this notion and seeks LGBT inclusivity instead.</td>
<td></td>
</tr>
<tr>
<td>Combatting Shame</td>
<td>Working to eliminate/reduce shame- and fear-based sexuality education, often working to separate sexual activity from low self worth, specifically around purity, virginity, STIs. Eliminating the notion that sex is dirty, people who have sex at an earlier age or outside of marriage are dirty/worth less, etc. Avoiding/eliminating ideas about virginity being equated to a piece of gum that's been chewed and needs to be spit out, a flower that's been crushed, a glass with dirty finger prints all over it, etc.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>Consent</td>
<td>(Giving) permission for something to happen or an agreement to do something; in sexuality education, (teaching) consent is often discussed in terms of helping students understand how to avoid perpetrating or being subjected to sexual assault, understanding and respecting other peoples' boundaries, seeking active/affirmative consent when engaging in sexual or intimate activities with others.</td>
</tr>
<tr>
<td>Contraception</td>
<td>Involving birth control methods (hormonal and barrier)</td>
</tr>
<tr>
<td>Gender-Based Learning</td>
<td>Same-gender education (i.e. girls only)</td>
</tr>
<tr>
<td>Healthy Relationships</td>
<td>Teaching about and learning about healthy relationships in sexuality education programs/workshops; this may include helping students think about relationships and define what &quot;healthy&quot; looks like to them, and how to navigate/negotiate those relationships.</td>
</tr>
<tr>
<td>Intersectionality</td>
<td>The interconnected nature of social categorizations such as race, class and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.</td>
</tr>
<tr>
<td>Abortion</td>
<td>Terminating a pregnancy</td>
</tr>
<tr>
<td>Pornography</td>
<td>Sexually explicit printed or visual material designed to stimulate erotic feelings</td>
</tr>
<tr>
<td>Sex and Disability</td>
<td>Actively incorporating and including people of all abilities in sex education; not assuming people of varying abilities aren't sexually active</td>
</tr>
<tr>
<td>Skills-Based Learning</td>
<td>Learning concrete skills as opposed to abstract concepts (i.e. practicing how to negotiate for safer sex or how to put a condom on, instead of just talking about doing those things).</td>
</tr>
<tr>
<td>Slang and Language</td>
<td>Ways in which WOC SHEs use slang/language to educate, relate to, or connect with their intended audience</td>
</tr>
<tr>
<td>Technology</td>
<td>Ways, in which WOC SHEs use technology to educate, relate to or connect with their intended audience.</td>
</tr>
<tr>
<td>Popular Culture and Social Media</td>
<td>Refers to the ways in which pop culture and social media (twitter, Facebook, Snapchat, Instagram, etc.) may be a part of learning in the workshop or connecting with the intended audience.</td>
</tr>
<tr>
<td>Time and Classroom Management</td>
<td>Pertaining to managing time and dynamics (interpersonal or pertaining to the physical plant) that are present in the classroom or workshop environment</td>
</tr>
<tr>
<td>Trauma</td>
<td>Defined as a deeply distressing personal experience</td>
</tr>
<tr>
<td>Rape and Sexual Assault</td>
<td>Rape is a type of sexual assault usually involving sexual intercourse or other forms of sexual penetration perpetrated against a person without that person's consent. Sexual assault is any type of sexual contact or behavior that occurs without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities as forced sexual intercourse, forcible sodomy, child molestation, incest, fondling, and attempted rape.</td>
</tr>
<tr>
<td>Outdated</td>
<td></td>
</tr>
<tr>
<td>Healthy Communication</td>
<td></td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>Program Evaluation</td>
<td>Program evaluation is a systematic method for collecting, analyzing, and using information to answer questions about projects, policies and programs, particularly about their effectiveness and efficiency.</td>
</tr>
<tr>
<td>Fidelity</td>
<td>Fidelity refers to the degree to which programs are implemented as intended (as written) by program developers.</td>
</tr>
<tr>
<td>Program Structure, Goals &amp; Learning Objectives</td>
<td>Pertaining to program structure (design), and goals and learning objectives of a program and its sessions</td>
</tr>
<tr>
<td>Setting</td>
<td>Refers to the type of place where the program was implemented</td>
</tr>
<tr>
<td>Community Based Organization</td>
<td></td>
</tr>
<tr>
<td>Corrections Settings</td>
<td></td>
</tr>
<tr>
<td>Faith Organization</td>
<td></td>
</tr>
<tr>
<td>Schools</td>
<td></td>
</tr>
<tr>
<td>Training</td>
<td>Refers to the one or more ways a WOC SHE learned how to implement programs (may be formal or informal)</td>
</tr>
<tr>
<td>CSE Curriculum Implementation</td>
<td>Refers to having been formally trained to implement comprehensive sex end curricula specifically</td>
</tr>
<tr>
<td>Conferences and Workshops</td>
<td>Refers to having attended professional conferences, workshops or meetings to learn how to implement CSE programs</td>
</tr>
<tr>
<td>Experiential and On-the-Job Training</td>
<td>Refers to learning in action, while implementing CSE programming; learning from experience</td>
</tr>
<tr>
<td>Government</td>
<td>Refers to having been trained by a government entity (city, state or federal) to implement CSE programs</td>
</tr>
<tr>
<td>Graduate School</td>
<td>Refers to training as a graduate student (masters or doctoral level training/education)</td>
</tr>
<tr>
<td>Non-Profit Organizations</td>
<td>Refers to having been trained via non-profit organization</td>
</tr>
<tr>
<td>Peer Educator</td>
<td>Refers to having been trained as a peer educator</td>
</tr>
<tr>
<td>Undergraduate Education</td>
<td>Refers to training at the undergraduate level (bachelors)</td>
</tr>
<tr>
<td>Approach</td>
<td>Method of teaching or facilitating a CSE workshop or curriculum</td>
</tr>
<tr>
<td>Active Consideration of Different Learning Styles</td>
<td>Refers to ways in which a facilitator proactively incorporates lessons and activities that will reach participants who best learn in a variety of ways (audio, visual, kinesthetic, role-play, etc.)</td>
</tr>
<tr>
<td>Cultivating Buy In</td>
<td>Refers to ways in which facilitators get participants to be interested and invested in the lessons and outcomes</td>
</tr>
<tr>
<td>Social Constructivist Theory</td>
<td>Social Constructivist Theory recognizes that program participants contribute to the development and acquisition of knowledge in comprehensive sexuality education workshops, and that interactive learning is a key method to developing new knowledge, skills and abilities. Three pillars of social constructivist theory are (a) the importance of the sociocultural context of learning; (b) the role of social activity, including instruction, in development; and (c) the contributions of the active learner to her or his own development.</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>Pleasure &amp; Sex-Positive Sexuality Education</td>
<td>Incorporates self-esteem, body-image and body-positivity, pleasure, and addressing sexuality through a positive lens</td>
</tr>
<tr>
<td>EBIs</td>
<td>Evidence-Based Interventions (EBIs) originated from the medical profession, and are defined as “...the conscientious, explicitly and judicious use of current evidence in making decisions about care...” Evidence-based teen pregnancy prevention programs must: (1) choose from a range of systematically identified evidence-based models; (2) replicate them; (3) use performance data to ensure fidelity to those program models; and (4) conduct rigorous evaluations.</td>
</tr>
<tr>
<td>Interaction with Agency and Funding Staff</td>
<td>Interactions with supervisors, colleagues and funding staff; interaction may have been supportive or unsupportive of adaptations to programs as written.</td>
</tr>
<tr>
<td>Interaction with Families</td>
<td>Interaction with parents/guardians and other family members of program participants</td>
</tr>
<tr>
<td>SITUATIONAL AWARENESS</td>
<td>Refers to emotional intelligence; multi-level perception skills as they relate to interacting dynamics (being aware of what's happening with) of surrounding community, group and individuals and ways in which those happenings may affect/influence the learning taking place in the workshop.</td>
</tr>
<tr>
<td>Community</td>
<td>Refers to the neighborhood or greater area surrounding the place where workshops take place</td>
</tr>
<tr>
<td>Emotional Intelligence</td>
<td>Emotional intelligence refers to the capacity to be aware of, control, and express one's emotions, and to handle interpersonal relationships judiciously and empathetically; re: CSE program facilitation, this skill may be used to interact with the intended audience based on their needs</td>
</tr>
<tr>
<td>Individuals</td>
<td>Refers to recognizing something that is happening with an individual who is part of the intended audience that is impacting the learning in the workshop</td>
</tr>
<tr>
<td>Group</td>
<td>Refers to recognizing something happening with the intended audience as a group that is impacting the learning in the workshop</td>
</tr>
<tr>
<td>SOCIO-CULTURAL UNDERSTANDING</td>
<td>Refers to personal characteristics that a WOC SHE may share with members of the intended audience</td>
</tr>
<tr>
<td>Family and Family Structure</td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>Refers to how the WOC SHE's age may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td>Refers to how the WOC SHE's race/ethnicity may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Gender Identity</td>
<td>Refers to how the WOC SHE's gender identity may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Geographic Location</td>
<td>Refers to how the WOC SHE's geographic location (place) may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Immigration Status</td>
<td>Refers to how the WOC SHE's immigration status may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Language</td>
<td>Refers to how the WOC SHE's language of origin or ability to speak more than one language may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Personal and Self-Care</td>
<td>Refers to how the WOC SHE's need for personal and self-care may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Religion</td>
<td>Refers to how the WOC SHE's religion may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>Refers to how the WOC SHE's sexual orientation may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Socio-Economic Status</td>
<td>Refers to how the WOC SHE's socio-economic status may influence the ways she implements a CSE workshop or interact with the intended audience</td>
</tr>
<tr>
<td>Great Quotes</td>
<td>Quotes worth remembering</td>
</tr>
</tbody>
</table>
Appendices

Appendix 1. Eligibility Questionnaire

Women of Color Sex Ed Study – Demographic Questionnaire

DIRECTIONS: Please check or write in the number/answer(s) as appropriate. Try to answer all questions as accurately as possible.

1. What is your current age? ______ years old

2. Where do you currently reside?

☐ Tri-State Area (NY, NJ, CT) (specify city/state)________________________________________________________

☐ Other (specify city/state)________________________________________________________

3. What is your current zip code? __________

4. Which of the following ethnic groups bests describes you?

White ☐ Black or African American ☐
Native Hawaiian or Other Pacific Islander ☐ Asian ☐
American Indian/Alaskan Native ☐ Latin/Hispanic ☐
Other ☐

5. How would you best describe your gender identity/gender expression?

Male ☐ Female ☐
Transgender Male to Female ☐ Transgender Female to Male ☐
Other (specify) __________________________________________

6. How would you best describe your sexual orientation?

Heterosexual ☐ Homosexual ☐ Queer ☐
Bisexual ☐ Questioning/Curious ☐ Pansexual ☐
Intersex ☐ Other (specify) __________________________________________

7. In your work as a sexuality health educator/facilitator, which of the following best describes the age and race/ethnicity of the young people you teach/taught?

Adolescent Girls (Black/African, Latino race/ethnicity) ☐
Adolescent Girls (Other race/ethnicity) _________________________________________
Adolescent Boys (Black/African, Latino race/ethnicity) ☐
Adolescent Boys (Other race/ethnicity) _________________________________________

8. How long have you worked as a sexuality health educator?

☐ Less than 3 months ☐ 3-5 years ☐
☐ 3-12 months ☐ 6-10 years ☐
☐ 1 year ☐ 11-15 years ☐
☐ 2 years ☐ 16+ years ☐

9. In the past 3 years (since 2012), how many times have you facilitated a comprehensive sex education program from start to finish?

☐ None ☐ 3-5 cycles ☐
☐ 1 cycle ☐ 6-10 cycles ☐
☐ 2 cycles ☐ 11 or more cycles ☐

10. Which of the following best applies to you or your work as a sex educator in the last 3 months?

Full-Time Employee ☐ Student ☐ Unemployed ☐
Part-Time Employee ☐ Contractor/Freelancer ☐ Unable to work ☐
11. What is the highest grade or year of school you completed?
- Never attended school past kindergarten
- Grades 1-8 (Elementary/Middle)
- Grades 9-11 (Some high school)
- College 1-3 years (Some college—AA degree)
- College 4 years (College graduate—BA/BS)
- Graduate School (Master’s level degree earned)
- Post Graduate Degree earned (PhD, MD, etc.)

12. Which one of the statement below describes the way you were originally trained? (pick one)
- Never trained / No Formal Training
- I was trained to be a facilitator
- I was trained to implement select comprehensive sex education interventions

13. Where were you trained to be a sexuality health educator?
- Never trained / No Formal Training
- Undergraduate (college) courses
- Community-Based Professional Development
- Graduate School courses
- Local department of health
- Planned Parenthood, Answer, Advocates for Youth
- Peer Education Program
- An American Association of Sexuality Educators Counselors and Therapists (AASECT)
- Inwood House
- Other

14. Is your annual household income from all sources:
- Less than $15,000
- $15,000-$35,000
- $35,000-$50,000
- More than $75,000
- Don’t Know/Not Sure

15. Where have you implemented or facilitated comprehensive sexuality education? (Select all that apply).
- After-school programs
- Religious Schools
- College/Universities
- Community-Based Organizations
- Private/Independent Schools
- Houses of Worship
- Public Schools
- Specify which CBOs here:
- Other

16. Which comprehensive sexuality education programs have you facilitated from start to finish? (Select all that apply).
- Be Proud! Be Responsible!
- Becoming a Responsible Teen (BART)
- Draw the Line/Respect the Line
- Focus
- Safer Choices
- ¡Cuidate!
- Children’s Aid Society - Carrera Adolescent Pregnancy Prevention Prgm
- Get Real
- Health Improvement Project for Teens (HIP Teens)
- Making Proud Choices
- Reducing the Risk
- SIHLE
- Teen Health Project
- HealthSmart

17. Please provide your availability to participate in a 2-hour focus group at The Graduate Center, located at 365 5th Avenue (@ 34th Street) New York, NY (select all options that might work for your schedule):
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday
- Mornings (9am-12pm)
- Afternoons (12pm-5pm)
- Evenings (5-9pm)

18. Provide at least two (2) ways for a research team member to contact you to schedule your participation in a focus group:
- Primary phone:_______________________________________
- Backup phone:_______________________________________
- Is this a __ home number  ____ work number  __ cell number
- Email 1:_____________________________________________
- Email 2:_____________________________________________
- Facebook:___________________________________________
- Other:_______________________________________________

19. Do we need to be discreet when contacting you (e.g., we will not identify the purpose or name of the study)?
- Yes
- No
Appendix 2. Internet Based Informed Consent Script

THE CITY UNIVERSITY OF NEW YORK
York College
School of Health Sciences & Professional Programs
and
The Graduate Center at The CUNY School of Public Health
Doctor of Public Health (DPH) Program

INTERNET BASED INFORMED CONSENT SCRIPT

Title of Research Study: Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators (WOCsHE)

Principal Investigator: Sara C. Flowers, MPH
DrPH candidate, The Graduate Center

We are a group of researchers from the Collaborative Research Group on Health Policy & Promotion (CRG) + the Urban Health Lab. We’re affiliated with York College and the Graduate Center of The City University of New York. We are interested in talking to sexuality health educators about topics related to the contextual factors that contribute to and/or drive program adaptation for comprehensive sexuality education programs. This eligibility survey will take approximately 5 minutes to complete, and you must be at least 18 years old to complete it.

You are being asked to participate in this research study because you are a woman of color and a sexuality health educator who facilitates sex education programs with young women of color. The purpose of this research study is to learn more about reasons why sexuality health educators may make changes to ways that they implement comprehensive sex education programs. If you agree to participate, we will ask you to complete a 5-minute survey to determine your eligibility to participate and to learn more about your personal background. If you are determined eligible, you will be asked for your contact information so that we may contact you in the future about participating in a focus group lasting approximately 2 hours with other sexuality health educators.

It is possible that you may feel uncomfortable answering personal questions or questions about the contextual factors that contribute to and/or drive program adaptation for comprehensive sexuality education programs. If, while you are taking the survey, you begin to feel uncomfortable for any reason, you may stop your participation at any time. The data you provide will be kept securely under password protection/encryption on site at York College. Your participation in this research is voluntary. If you have any questions, you can contact the study’s Principal Investigator, Sara Flowers, at sflowers@gradcenter.cuny.edu. You can also contact the Collaborative Research Group +
the UrbanHealth Lab at 718-262-2447. If you have any questions about your rights as a research participant or if you would like to talk to someone other than the researchers, you can contact a CUNY Research Compliance Administrator at 646-664-8918.

Do you consent to participate in this online screener?
Yes ☐
No ☐
Appendix 3. Consent to Participate in the WOC SHE Sex Ed Study

THE CITY UNIVERSITY OF NEW YORK

York College
School of Health Sciences & Professional Programs

&

The Graduate Center
Doctor of Public Health Program

CONSENT TO PARTICPATE IN A RESEARCH PROJECT

**Project Title:** Perceptions of Fidelity and Adaptation in Evidence-Informed Interventions by Women of Color Sexuality Health Educators (WOC SHE)

**Principal Investigator:** Sara C. Flowers, DrPH (c), MPH
York College
94-20 Guy R. Brewer Blvd
Jamaica, NY 11451

**Site where study is to be conducted:** The Graduate Center of The City University of New York, 365 5th Avenue, New York, New York 10016, Room ________.

**Introduction/Purpose:** You are being asked to participate in this research study because you are a woman of color and a sexuality health educator who facilitates comprehensive sex education programs with young women of color. The purpose of this research study is to learn more about reasons why sexuality health educators may make changes to ways that they implement comprehensive sex education programs. The results of this study may inform ways in which comprehensive sexuality education is monitored and evaluated. Results will also be used in a dissertation by Sara C. Flowers, DrPH (c), MPH. In order for us to capture important information discussed today for later review, we will be audio recording the focus group conversation.

**Procedures:** Approximately 25 to 70 individuals are expected to participate in this study. Each participant will complete a short demographic survey and participate in a focus group with other participants. The time commitment of each participant is expected to be 2 hours (including the consent process, the demographic questionnaire and the focus group). Each session will take place at the CUNY Graduate Center in Room ________.

**Possible Discomforts and Risks:** Your participation in this study may involve some discomfort answering questions about the contextual factors that contributed to and/or drove program adaptation for comprehensive sexuality education programs that you facilitate. You may also feel some anxiety or stress when discussing personal characteristics that may influence the decisions or choices you made as a sexuality health educator. You may face risks related to disclosing information that could affect your standing with your employer (e.g. making a negative comment about a boss or co-worker that gets back to that person). As with any study, there is always a risk of breach of confidentiality with regard to data/information collected. However, the PI and the research team have designed the study using methods to enhance the security of data and this risk is very minimal.

**Benefits:** There are no direct benefits. However, participating in the study may increase general knowledge of reasons why sexuality health educators make adaptations or changes to the ways that they implement.
comprehensive sexuality education programs. You may also feel a sense of accomplishment by contributing your knowledge and expertise in order to help improve the ways that comprehensive sexuality education programs are monitored and evaluated.

**Voluntary Participation:** Your participation in this study is voluntary, and you may decide not to participate without prejudice, penalty, or loss of benefits to which you are otherwise entitled. Moreover, you have the right to not answer any questions or participate in any part of focus group should you choose to do so. You may also leave the focus group at any time. If you decide to leave the study, please contact the principal investigator Sara C. Flowers to inform her of your decision.

**Financial Considerations:** Participation in this study will involve an initial cost of travel to the Graduate Center. For your participation in this study you will receive a $5.50 MetroCard (round-trip) upon completion of the focus group, and be entered in a raffle to win one of three $100 gift cards to Amazon.com.

**Confidentiality:** The data obtained from you will be collected via written questionnaires, digital audio recordings and handwritten notes. The collected data will be accessible to the PI, the WOC SHE study team and CUNY IRB members and staff. The researcher will protect your confidentiality by coding and securely storing the data in either locked filing cabinets or on a password protected and encrypted computer on the York College campus. The research team will include the PI, her faculty advisor, and CITI certified graduate research assistants (RAs). RA responsibilities will include data transcription. While the confidentiality of the data collected will be upheld to the fullest extent possible by the PI and research team, individual participants (peers) in the focus group may not maintain confidentiality.

**Contact Questions/Persons:** If you have any questions about the research now or in the future, you should contact the Principal Investigator, Sara C. Flowers at sflowers@gradcenter.cuny.edu or the Collaborative Research Group + UrbanHealth Lab at 718.262.2447. If you have any questions concerning your rights as a participant in this study, you may contact CUNY HRPP Coordinator, Ms. Arita Winter, at arita.winter@cuny.edu.

**Statement of Consent:**

“I have read the above description of this research and I understand it. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that any future questions that I may have will also be answered by the principal investigator of the research study. I voluntary agree to participate in this study.

By signing this form I have not waived any of my legal rights to which I would otherwise be entitled.

I will be given a copy of this statement.”

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Appendix 4. Moderator/Note-Taker Script and Protocol

Women of Color Sexuality Health Educator Study

Moderator/Note-taker Script & Protocol

Note: All words in italics are spoken

The focus group session will include three distinct stages: (1) introduction; (2) questions and confirmation, and (3) wrap up.

Stage I: Introduction Script (10 minutes)  Time Started: __________

Introduction of moderator and note-taker:

Thank you for taking part in our focus group today. I am ________. Our note-taker today is __________________, whose task will be to capture your comments and share them with project staff. I may take a few notes, but they will largely be to help me to moderate the session, so do not worry if you don’t see me writing everything down—our note-taker will be doing that. In addition to reporting specific comments, we also will be looking for themes and key ideas. Therefore, we will be periodically asking our note-taker to summarize what she/he is capturing.

Describe purpose of the session:

The purpose of this focus group is to solicit your viewpoints as experienced sexuality health educators. Specifically, I am interested in understanding more about the ways you have made adaptations to sexuality health education curricula in a workshop setting, and your thinking and reasons behind your decisions to make those changes. We will be discussing your experience from three different perspectives: (1) the ways in which your identity as a woman of color has shaped your role as a SHE; (2) ways in which your professional expertise and knowledge of the field has shaped your role as a SHE; and (3) ways in which your situational awareness of happenings in the workshop and surrounding community, as well as your perceptions of group and individual dynamics have shaped your role as a SHE. The feedback we generate here today will inform my dissertation research, and any resulting presentations or publications, and will enhance knowledge of the
field from a practical perspective. As you know, the way that a sexuality education curriculum is written may differ from the way that it is implemented in workshops. Therefore, the information you provide about ways that adaptation to curricula implementation occurs in practical settings has the potential to impact the implementation of sexuality health education in the future.

Encourage participants to share their point of view even if it differs from what others have said:

As the moderator, I am looking to hear from each one of your individual, unique voices. I encourage everyone to share their point of view, even if it seems like others have already expressed similar thoughts/ideas, or if others do not share that point of view. The research team seeks a full range of perspectives, thus there is no need for us to come to consensus. I will not be upset by critical commentary, so please do not hold back even if you feel your comments might be discouraging.

Discuss confidentiality and encourage focus group participants not to share what others share with the group:

Many of the questions we ask will be personal in nature and involve sensitive information, and while we may capture some quotations, individual comments will not be attributed to you. In order to protect confidentiality, we ask that you not share with others who said what in the focus group today.

Set ground rules appropriate for your context:

All of the commentary generated today will be digitally recorded and later transcribed for analysis. We need to have the audio just in case we have a question about our notes and need to refer back when we are reporting our findings. Again, we will not share the audiotape and will not release the audio for public review. No specific quotations will be attributed to you.

Ask participants to introduce themselves to each other (using their self-generated pseudonyms—written on their name tags).
Stage II: Questions (75 minutes)    Time Started: ____________

Please see Focus Group Question Outline.

Stage III: Wrap Up (5 minutes)    Time Started: ____________

Review purpose, share reminders, and thank the participants:

As we noted, the purpose of this focus group is to solicit your viewpoints as experienced sexuality health educators about ways and reasons behind making adaptations to sexuality health education curricula in a workshop setting. We will send the feedback we generated here to the project research team to help them refine and finalize the results. Thank you very much for taking time to review the standards and participate in this focus group. It is important that your interests and concerns are represented as the knowledge about these important topics is generated. We appreciate your thoughtful participation!
Women of Color Sexuality Health Educator Study

I. Introduction

II. Description of the Purpose of the Session

III. Ground Rules

IV. Generic/Introductory Questions

QUESTION 1: Tell me how you became a sexuality health educator.

FOLLOW UP 1: What sort of programs have you facilitated? Describe the setting and the youth you served.

V. Socio-Cultural Understanding

QUESTION 1: What qualities or personal characteristics do you share with your program participants?

FOLLOW UP 1: What personal qualities do you share with your program participants, like gender, race/ethnicity, language, sexual orientation, socio-economic status, or immigration status?

What other personal qualities?

QUESTION 2: In what ways have your shared personal characteristics and experiences helped you in your role as a sexuality health education facilitator?

Prompt for: gender, race/ethnicity, language, sexual orientation, socio-economic status, or immigration status

BREAKDOWN:

• Can you think back to a time when your ethnicity helped you in your role as a sexuality health educator?
• Was there ever a time when your non-English language skills helped you in your role as sexuality health educator?
• What about you your socio-economic status (education level/income/neighborhood residence)? How has your SES helped you in your role as a sexuality health educator?
• How has your gender helped you in your role as a sexuality health educator?
• How as your age impacted your role as sexuality health educator?
• Tell me about a time when one (or more) of your personal characteristics “hurt” (i.e. negatively impacted) you/your work in your role as a sexuality health educator.
• Prompt for: gender, race/ethnicity, language, sexual orientation socio-economic status, or immigration status
VI. Professional Expertise

QUESTION 1: Describe the training you received in order to become a sexuality health educator.

FOLLOW UP: How did your training prepare you for the realities of program implementation? What was similar or different from what you expected? How did you adapt, or make changes to the workshop, based on those similarities/differences?

QUESTION 2: As professional sexuality health educators, how would you describe your knowledge and understanding of the program/workshop learning objectives? How does your understanding of those goals and learning objectives influence the ways you facilitate programming?

FOLLOW UP: Describe a time when you made a change to the way you implemented a program but made an effort to adhere to the learning objectives/program goals. How did you know you adhered to program goals/objectives?

FOLLOW UP: How did the participants’ knowledge of the material – either knowing more or less than you anticipated -- influence your decision to make a change, or an adaptation, to the curriculum as written?

Tell me about when you made an adaptation to the curriculum. Why did you make the change?

What were you thinking about the program or lesson’s goals/objectives?

QUESTION 3: Now let’s think about the agency/organization where you work to implement CSE programming. How has the agency influenced the way you have implemented CSE?

FOLLOW UP: What role did agency staff play in (influencing) your decision, if any? What about funding for the CSE program? How did funding (availability or lack thereof) influence the way you chose to implement the CSE program?

VII. Situational Awareness

QUESTION 1: Let’s talk about what’s happening in the room when you facilitate a CSE program. Describe a time when something that was happening in the workshop (i.e. the physical plant, going on with the participants, or even with you personally) that made you decide to change to the way that you facilitate a workshop (i.e. implement the material differently from the way it is written)?

FOLLOW UP: How did what was happening in the room influence your decision to make a change to the curriculum as written?
FOLLOW UP: Describe what happened in the room. I'd like to hear about both facts and feelings.

FOLLOW UP: What was the impact of the facts on you as SHE? What were your feelings about what was happening?

QUESTION 2: Describe a time when something that was going on with the participants themselves made you decide to change the way you implemented the curriculum? What happened?

FOLLOW UP: How did you know that something was going on with the participants? What specifically made you think you needed to make a change?

QUESTION 3: Tell me about a time when something happening in the community (i.e. school, surrounding neighborhood, city, or news/media) had an impact on how you chose to implement the curriculum? What happened?

QUESTION 4: Describe a situation when something happened in your personal or professional life made you decide to change the way you implement a CSE program.

QUESTION 5: What else are you aware of that hasn't already been discussed but is relevant to CSE program implementation and adaptation that would be a relevant addition to this research?

VIII. Wrap-Up
Approval Notice
Initial Application

07/31/2015

Sara Flowers,
The Graduate School & University Center

RE: IRB File #2015-0823
PERCEPTIONS OF FIDELITY AND ADAPTATION IN EVIDENCE-INFORMED INTERVENTIONS BY WOMEN OF COLOR SEXUALITY HEALTH EDUCATORS

Dear Sara Flowers,

Your Initial Application was reviewed and approved on 07/31/2015. You may begin this research.

Please note the following information about your approved research protocol:

Protocol Risk Determination: Minimal
Expedited Categories: 6, 7

Documents / Materials:

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Please remember to:

- Use the **IRB file number** 2015-0823 on all documents or correspondence with the IRB concerning your research protocol.

- Review and comply with CUNY Human Research Protection Program [policies and procedures](http://www.cuny.edu/research/compliance.html).

The IRB has the authority to ask additional questions, request further information, require additional revisions, and monitor the conduct of your research and the consent process.

If you have any questions, please contact:
Deborah Majerovitz
718/788-6340
majerovitz@york.cuny.edu
Approval Notice
Amendment

01/24/2016

Sara Flowers,
The Graduate School & University Center

RE: IRB File #2015-0823
PERCEPTIONS OF FIDELITY AND ADAPTATION IN EVIDENCE-INFORMED INTERVENTIONS BY WOMEN OF COLOR SEXUALITY HEALTH EDUCATORS

Dear Sara Flowers,

Your Amendment was reviewed and approved on 01/24/2016. You may implement the amendment.

Please note the following information about your approved research protocol:

Protocol Approval Period: 01/24/2016 - 07/29/2016
Approved Enrollment #: 70
Amendment Summary: Change 1) add option of holding virtual focus groups using Google Hangouts on Air platformJustification 1) Holding focus groups online will allow eligible individuals participate regardless of geographic location. The PI and study team will put the appropriate procedures in place to protect participants confidentiality including providing anonymous log in information and suggesting that participants use headphones and participate from a private location.Change 2) Add 2 undergraduate research assistantsJustification 2) Mr. Onwukanjo and Ms. Harrison are undergraduate research assistants who will be trained as note takers and to assist with data transcription and analysis if needed. Ms. Birnel is an experienced focus group facilitator and will conduct focus group interviews in the PI's absence in attempt to avoid validity issues and protect participants who may have professional relationships with the PI.Change 3) Online (virtual) focus groups will be audio and video recorded using the online platform, Google Hangouts on Air. All recordings and transcriptions will be private, and only WOCSHE research team members will have access to the video or audio data. Upon concluding the group, all data will be downloaded to the secure server at The Urban Health Lab at York College, and subsequently deleted from the
Google+ platform. The focus group invitation will be restricted to select participants, and no other individuals will be able to join the conversation. It is important to note that the research team cannot control participants' environment while the group is in progress, so there is a small risk that participants' friends or family members could see or overhear the discussion. Justification 3) Google Hangouts on Air saves audio/video recording of the online focus groups, but the PI will mark all broadcasts private prior to commencing the conversation, limiting participation to eligible individuals; upon completion, broadcasts will immediately be downloaded to the secure server at York College's Urban Health Lab, and subsequently deleted from the private online platform. Once videos are deleted, they can never be recovered by the Google Hangouts platform. Change 4) Focus group data will be audio recorded (in-person), audio/video recorded (virtual), and professionally transcribed for analysis by Transcript Divas (www.transcriptdivas.com), a New York City based transcription company that has transcribed other CUNY IRB-approved data. Digital files will be securely uploaded from the online secure server UrbanHealth Lab at York College to Transcript Divas' secure server, and all data will be kept confidential (see Transcript Divas Client Confidentiality Agreement, attached), and files will be permanently deleted from Transcript Divas secure server upon completion of the transcription job, or at the request of the PI. Transcribed data stored will be password protected. Transcript Divas has previously been IRB approved for research conducted by CUNY. Justification 4) Use of a professional transcription service will expedite the transcription process and allow the research team to access data sooner for analysis and identification of themes and areas in need of more in-depth inquiry. Speedier transcription will also speed the research process overall, reducing expenditures of time and money. Change 5) Amend the online eligibility and demographic questionnaire. Justification 5) Amended to allow potential participants to indicate their preference of participating in focus groups in-person or online.

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Please remember to:

- Use **the IRB file number** 2015-0823 on all documents or correspondence with the IRB concerning your research protocol.

- Review and comply with CUNY Human Research Protection Program [policies and procedures](http://www.cuny.edu/research/compliance.html).

The IRB has the authority to ask additional questions, request further information, require additional revisions, and monitor the conduct of your research and the consent process.

If you have any questions, please contact:
Deborah Majerovitz
718/788-6340
majerovitz@york.cuny.edu
Approval Notice
Continuing Review

06/16/2016

Sara Flowers,
The Graduate School & University Center

RE: IRB File #2015-0823
PERCEPTIONS OF FIDELITY AND ADAPTATION IN EVIDENCE-INFORMED INTERVENTIONS BY WOMEN OF COLOR SEXUALITY HEALTH EDUCATORS

Dear Sara Flowers,

Your Continuing Review was reviewed and approved on 06/16/2016. You may continue the research.

Please note the following information about your approved research protocol:

Protocol Approval Period: 06/16/2016 - 06/15/2017
Protocol Risk Determination: Minimal
Expeditied Category(ies):

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Please remember to:

- Use the IRB file number 2015-0823 on all documents or correspondence with the IRB concerning your research protocol.
- Review and comply with CUNY Human Research Protection Program policies and procedures.
The IRB has the authority to ask additional questions, request further information, require additional revisions, and monitor the conduct of your research and the consent process.

If you have any questions, please contact:
Deborah Majerovitz
718/788-6340
majerovitz@york.cuny.edu
Appendix 6. IRB Approved Recruitment Language and Images

Recruitment Text/Images (for use on websites, emails, flyers, etc.)

Are you a woman of color?
Do you facilitate sex ed programs for young women of color?
Participants needed for study on fidelity and adaptation in comprehensive sex ed programs at the Urban Health Lab @ York College/The Graduate Center/CUNY. You could win a $100 Amazon gift card. Visit www.sexedstudy.org to see if you’re eligible!

**TWITTER DEVIATIONS:**
SexEdStudy @ York College/The Graduate Center/CUNY.
Win $100 Amazon Gift Card. Visit www.sexedstudy.org

**Recruitment “Hooks”**
Teach Sex Ed? Tell us your story.
Sex Ed Matters
Share your experiences with fidelity and adaptation
Comprehensive Sex Education
Seeking Women of Color Sexuality Health Educators
Sex Ed Facilitators needed
Do you know Sex Ed? Share your knowledge at www.sexedstudy.org
#sexedstudy
Let’s talk about sex ed

Photo credit: ©iStockphoto.com
Photo credit: ©iStockphoto.com
THIS AGREEMENT (the "Agreement") is entered into on this date 03-07-2016 by and between Sara C. Flowers, MPH (the "Discloser" or the "Disclosing Party"), and Transcript Divas Inc. a company incorporated in Delaware State and whose registered office is at Suite 600, 1201 Orange Street, Wilmington, Delaware, 19801, USA (the “Recipient” or the “Receiving Party”).

The Receiving Party desires to provide transcription services to the Disclosing Party. During the provision of services the Disclosing Party may share certain information with the Receiving Party. Therefore, in consideration of the mutual promises and covenants contained in this Agreement the parties agree as follows:

1. Definition of Confidential Information.

(a) For purposes of this Agreement, “Confidential Information” means any data or information that is proprietary to the Disclosing Party and not generally known to the public, whether in tangible or intangible form, whenever and however disclosed, including, but not limited to: (i) information contained in audio and video recordings, (ii) transcriptions of audio and video recordings; and (iii) any other information that should reasonably be recognized as confidential information of the Disclosing Party.

(b) Notwithstanding anything in the foregoing to the contrary, Confidential Information shall not include information which: (i) was known by the Receiving Party prior to receiving the Confidential Information from the Disclosing Party; (ii) becomes rightfully known to the Receiving Party from a third-party source not known (after diligent inquiry) by the Receiving Party to be under an obligation to Disclosing Party to maintain confidentiality; (iii) is or becomes publicly available through no fault of or failure to act by the Receiving Party in breach of this Agreement; (iv) is required to be disclosed in a judicial or administrative proceeding, or is otherwise requested or required to be disclosed by law or regulation.

2. Disclosure of Confidential Information.
In accordance with seeking transcription services the Disclosing Party may disclose Confidential Information to the Receiving Party.

The Disclosing Party recognizes that data that could be used to identify a respondent should not be able to be disclosed from research information, unless a respondent has given specific consent for such disclosure. The Disclosing Party takes responsibility for inclusion of such direct identifiers such as respondents names, addresses, postcodes or telephone numbers in the recordings.

The Receiving Party will:
(a) limit disclosure of any Confidential Information to its officers, employees, or agents (collectively “Representatives”) who have a need to know such Confidential Information in order to provide the transcription services to which this Agreement relates, and only for that purpose;

(b) advise its Representatives of the very private and very confidential nature of the Confidential Information, unless otherwise instructed, seek to control personal identifiers, by implementing partial disclosure techniques in transcripts (e.g. “Joe Bloggs” partially disclosed as “Joe B.”, “43 Smith Street” partially disclosed as “43 Sxxxx Street”).

(d) Information and of the obligations set forth in this Agreement and require their Representatives to sign similar legally binding Confidentiality Agreements with the Receiving Party;

(e) shall keep all Confidential Information strictly confidential by using a high degree of care and security; and

(f) not disclose any Confidential Information received by it to any third parties (except as otherwise provided for herein).

3. Use of Confidential Information.

The Receiving Party agrees to use the Confidential Information solely in connection with the provision of transcription services and not for any purpose other than as authorized by this Agreement without the prior written consent of an authorized representative of the Disclosing Party. No other right or license, whether expressed or implied, in the Confidential Information is granted to the Receiving Party hereunder. Title to the Confidential Information will remain solely in the Disclosing Party. All use of Confidential Information by the Receiving Party shall be for the benefit of the Disclosing Party and any modifications and improvements thereof by the Receiving Party shall be the sole property of the Disclosing Party.
4. Return of Confidential Information.

Receiving Party shall return, delete or destroy all recordings embodying the Confidential Information provided including all transcripts and audio and video recordings, upon the earlier of (i) the completion or termination of the project between the parties being contemplated hereunder; (ii) the termination of this Agreement; or (iii) at such time as the Disclosing Party may so request.

5. Miscellaneous.

(a) This Agreement constitutes the entire understanding between the parties and supersedes any and all prior understandings and agreements, whether oral or written, between the parties, with respect to the subject matter hereof. This Agreement can only be modified by a written amendment signed by the party against whom enforcement of such modification is sought.

(b) The validity, construction and performance of this Agreement shall be governed and construed in accordance with the laws of Delaware (USA) applicable to contracts made and to be wholly performed within such state, without giving effect to any conflict of laws provisions thereof. The courts located in Delaware (USA) shall have sole and exclusive jurisdiction over any disputes arising under the terms of this Agreement.

(c) Dispute Resolution (Negotiation/Mediation/Arbitration). In the event of any controversy or claim arising out of or relating to this agreement, or the breach thereof, the parties hereto shall enter into negotiation with each other and, recognizing their mutual interests, attempt to reach a solution satisfactory to both parties. If they do not reach settlement within a period of 7 days, then either party may, by notice to the other party and an online based recognised mediator, demand mediation under the Mediation Rules of the International Centre for Dispute Resolution. If settlement is not reached within 7 days after service of a written demand for mediation, any unresolved controversy or claim arising out of or relating to this contract shall be settled by arbitration administered by the International Centre for Dispute Resolution in accordance with its International Arbitration Rules. The number of arbitrators shall be one, the place of arbitration shall be Ontario (Canada). The language(s) of the arbitration shall be English.

(d) Paragraph headings used in this Agreement are for reference only and shall not be used or relied upon in the interpretation of this Agreement.
IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the date first above written.

**Receiving Party**
By (Signature):
Printed Name: Andrew Dodson
Title: Director
Date:

**Disclosing Party**
By (Signature):

Printed Name: Title: Sara C. Flowers, MPH, Principal Investigator
Date: 03.07.2016
References


175


77. Kristen Underhill, Paul Montgomery, Don Operario. Sexual abstinence only programmes to prevent HIV infection in high income countries. BMJ. 2007;


90. Miami-Dade County Public Schools HIV/AIDS Education Program [Internet]. Available from: http://aidseducation.dadeschools.net/


