Sexual Health at Emory University

Community Partner: Emory University
Office of Health Promotion

Group Members: Danielle Gilliard, Erin Hawes, Laura Kissock, Leslie Munoz, Carissa Ruf

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Executive Summary

In fall of 2013, the Office of Health Promotion (OHP) suspected that the current lack of on-campus comprehensive sexual health education was affecting undergraduates’ sexual health awareness, sexual health knowledge, and sex behaviors. Accordingly, OHP recruited this needs assessment team (consisting of five Rollins School of Public Health Master of Public Health students) to evaluate the sexual health needs of Emory undergraduate students.

The purpose of this community needs assessment was to identify gaps in sexual health education for Emory University first and second year students on Emory’s Atlanta campus. OHP’s overarching goal is to increase the accessibility and efficacy of OHP’s current and future sexual health education programming.

In order to reach this goal, a mixed methods approach, which is the integration of multiple methods of data collection (i.e. key informant interviews, focus group interviews, and survey data collection) to gather information, was used to identify perceived sexual health knowledge, attitudes, and beliefs, and sexual health education needs among Emory undergraduates.

The data analysis of the key informant interviews, primary data collection, focus groups, and windshield survey have revealed three common themes regarding the current state of sexual health education at Emory. These themes include: accessibility of sexual health information and services offered at Emory, the quality and content of sexual health information, and the preferred sources and forums for getting sexual health education.

The following recommendations are based on the triangulated data from key informant interviews, focus groups, primary data collection, windshield surveys, and literature review. Each recommendation contains specific suggestions that were pulled from the data and categorized into Short Term Suggestions and Long Term Suggestions. For the purpose of this executive report, only one short term suggestion is listed below for each of the three common themes. Long Term Suggestions can be found in the Recommendations section of this report.

Need: Collaboration
Recommendation 1: Collaborate and create partnerships to distribute sexual health information

OHP should make meaningful and sustainable connections with Emory University stakeholders that have an interest in sexual health. Although the majority of these collaborations already exist, strengthening bonds between these organizations for the common goal of positive sexual health education is strongly encouraged.

Short Term Suggestion
Sexual Health Advocacy Group (SHAG): A sustainable plan needs to be implemented for SHAG in order for the program to live on with undergraduate ebb and flow in interest and motivation. OHP should maintain a steady advisory role and continue to create space for the organization to grow and maintain an executive board.
**Need: Source of Sexual Health Education on Campus**
Recommendation 2: Provide consistent messaging surrounding sexual health topics

In order for consistent messaging to be successful, there needs to be one entity that guides the sexual health messaging at Emory. OHP should serve as the central location and source of consistent sexual health messages that are both up to date and relevant to students.

**Short Term Suggestion**
Include an accessible list of resources: OHP holds a comprehensive list of sexual health-related resources that should be posted to the OHP Emory website in a user-accessible manner. This includes checking links for accuracy, creating a clean layout, and increasing ease of navigation to the sexual health page.

**Need: Marketing around where services/sexual health education is available to students**
Recommendation 3: Provide marketing that promotes current services and sexual health education sources

Students are unaware of the services offered and the location of offices, and have low self-efficacy when it comes to actively pursuing help. Therefore, it is necessary to provide current information to students on sexual health programs at Emory through salient marketing channels.

**Short Term Suggestion**
Emory Website & Email

**Need: Bring the fun back to sexual health education**
Recommendation 4: Offer engaging information about relevant sexual health topics

Our findings show that students are over-programmed and therefore education has to cater to their direct needs. The sexual health education here must be both engaging and relevant.

**Short Term Suggestion**
Emory Wheel: Emory Spread Eagle was a column in the Emory Wheel that used to report on college-specific sex issues such as “Sexile-ing Roommates” and “Great Handjobs: Unicorns of the Carnal World (The Emory Wheel, 2010)”
Purpose of Community Needs Assessment

Emory’s Office of Health Promotion (OHP) suspects that the current lack of on-campus comprehensive sexual health education is affecting undergraduates’ sexual health awareness, sexual health knowledge, and sex behaviors. Accordingly, OHP recruited this Needs Assessment team to evaluate the sexual health needs of Emory undergraduate students. The purpose of this community needs assessment was to identify gaps in sexual health education for Emory University first and second year students on Emory’s Atlanta campus. The Office of Health Promotion’s overarching goal is to increase the accessibility and efficacy of OHP’s current and future sexual health education programming. In order to reach this goal, a mixed methods approach, which is the integration of multiple methods of data collection (i.e. key informant interviews, focus group interviews, and survey data collection) to gather information, was used to identify perceived sexual health knowledge, attitudes, and beliefs, and sexual health education needs among Emory undergraduates.

Needs Assessment Aims:

**Aim 1:** Evaluate Emory undergraduate first and second year students’ current source of sexual health education on Emory’s Atlanta campus.

**Aim 2:** Assess Emory undergraduate first and second year students’ preferred method of delivery of sexual health education on Emory’s Atlanta campus.

**Aim 3:** Identify Emory undergraduate first and second year students’ perceptions of sex and sexual health education.

**Aim 4:** Identify Emory undergraduate first and second year students’ perceived barriers and facilitating factors relating to sexual health knowledge, beliefs, attitudes and utilization of sexual health education and services.

**Aim 5:** Assess the Office of Health Promotion’s role in delivering sexual health education on Emory’s Atlanta campus.

**Aim 6:** Develop recommendations for future sexual health education programming on Emory’s Atlanta campus.
Definition of Community

The priority population of this needs assessment is comprised of first- and second-year undergraduate students on Emory’s Atlanta campus. When clarifying the goals of this needs assessment, our primary OHP contact, Director Heather Zesiger, highlighted the gaps in accurate and comprehensive sexual health knowledge for this particular group of college students, due to the wide variety of sexual health education (or lack thereof) they received prior to coming to Emory (H. Zesiger, personal communication, September 16, 2013). Additionally, to account for the scope and time frame of this project, and to maximize OHP’s capacity to reach the students who live on the campus where OHP is located, only first- and second-year students on the Atlanta campus will be included in this needs assessment.
**Literature Review**

**Definitions**

According to the World Health Organization (WHO), sexual health has four main components: sex, sexuality, sexual rights, and sexual health. Sex in this context is defined as the biological characteristics of a human, usually male or female. Sexuality is influenced by biological, historical, and numerous environmental factors and encompasses sexual orientation, gender identity, behaviors, values, roles, desires, and relationships. Sexual rights are the rights to the realization of sexuality and sexual health including equality, non-discrimination, privacy, right to marry and dissolve marriage with mutual consent, and freedom of expression. Sexual health is defined as:

“…a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2013)

The WHO definitions of sexuality and sexual health will be used in this Community Needs Assessment to determine to what extent Emory needs to provide sexual health services and resources to students.

The Sexuality Information and Education Council of the United States (SIECUS) published *Guidelines for Sexuality Education*, a curriculum for kindergarten through 12th grade that explicitly outlines behaviors of a sexually healthy adult. These include self-appreciation and affirmation, information seeking and informed decisions, inclusion of sexual development as part of human development, respect of others, development of positive and meaningful relationships, identification of interpersonal skills and values, personal responsibility, communication, self-expression, and enjoyment of sexuality (SIECUS, 2004). SIECUS maintains that education on sexuality is a lifelong process that includes education and formation of attitudes, beliefs, and values on the topics of identity, relationships, and intimacy. It also defines key concepts of sexual health and sexuality that students should have learned by the time they graduate from high school. The key concepts include: human development, relationships, personal skills, sexual behavior, sexual health, and society and culture (SIECUS, 2004). All six of these concepts play integral roles in creating a sexually healthy adult.
Sexual Health Education

Sexual Health Education in the US

SIECUS identifies that sexual health and sexuality concepts must be taught throughout the lifespan, and outlines curriculum guidelines to do so. However, Emory students come from a variety of districts, states, and countries that all have varied approaches to sexual health education. In the US, as of March 2013, only 33 states and the District of Columbia (DC) require instruction on HIV/AIDS. Sex education is required in public schools in only 22 states and the District of Columbia (DC). Furthermore, only 19 states require sex education (if provided) to be medically, factually, and technically accurate (Guttmacher Institute, 2013). Therefore, some students may come from an area that receives little to no sex education in school. When students are required to receive sex education, it may range from abstinence-only to comprehensive sex education.

A study conducted in 2011 evaluated abstinence education in states based on teen pregnancy rates, demonstrating the ineffectiveness of abstinence-only education. Figure 1 displays teen pregnancy rates for each state based on the “level” of abstinence education. The higher the level, the more emphasis the state laws place on abstinence. Level 0 indicates states with laws that did not mention abstinence (no abstinence provision) in regards to sexual health education. Level 1 covers abstinence as part of comprehensive sex and/or HIV/STD education including medically accurate information. Level 2 emphasizes abstinence if sex and/or HIV/STD education is taught, but does not prohibit discussing contraception. Level 3 stresses abstinence-only as a fundamental teaching standard if HIV/STD education is taught (Stanger-Hall & Hall, 2011).

![Figure 1. Teen Pregnancy rates based on abstinence education level (Stanger-Hall & Hall, 2011)](image-url)
Additionally, even when it is offered, parents may opt their child out of comprehensive sex education. Parental involvement in sex education is present in 37 states and DC. Three states require parental consent before instruction is received and 35 states and DC allow parents to opt-out for their children (NCSL, 2013). In effect, sexual health education in the United States is inconsistent at best. For an overview of the policies that affect sexual health education in each state, please see the table in Appendix A. This table displays the SIECUS “A Portrait of Sexuality Education and Abstinence-Only-Until-Marriage Programs In The States (Fiscal Year 2011 Edition) (SIECUS, 2011)” for each state in 2011.

**Sexual Health Education in Georgia**

Examining the sexual health education in Georgia provides a political and geographical context for Emory University. In Georgia, sex education and HIV education are mandated, but are not required to be medically accurate, age appropriate, or culturally appropriate and unbiased. Parents are given notice and the chance to opt-out of this education if desired. Additionally, when sex education is offered, covering contraception is optional, and abstinence is stressed. The law requires an inclusion of information on the importance of sex only within marriage, as well as the negative outcomes of sex. Sex education is not required to include sexual orientation, life skills for avoiding coercion, healthy decision-making, or family communication (Guttmacher Institute, 2013).

**Sexual Health Education at Emory**

According to the 2011 National College Health Assessment at Emory, 40% of students received information on pregnancy prevention from Emory, 57% received information on STD/I prevention from Emory, and 65% received information on sexual and relationship violence prevention from Emory. Furthermore, only 35% of students have received information on relationship difficulties from Emory while 41% reported being interested in receiving information on this topic.

Knowledge of resources offered through Office of Health Promotion was similarly low. Only 41% of students knew confidential HIV testing was available, though 43% knew that sexual health consultation was available. Just over 50% knew about the free condom distribution, and 51% knew about sexual and relationship violence prevention and education. (ACHA, 2011)

These statistics imply a lack of knowledge about sexual health education resources at Emory, and thus a need for sexual health information to be promoted and perhaps displays a need for greater capacity building at the university around this topic.
The Scope of the Problem

Sexual Health Risk on Campus

Sexual Practices

College is a time of “emerging adulthood” with students in a transition period where they are at an increased risk of negative outcomes relating to sexual health (Lechner, Garcia, Frerich, Lust & Eisenberg, 2012). Indeed, there has been recent media buzz on the “hook-up” culture at colleges (Taylor, 2013). It is not without reason that college sex life is under scrutiny. According to a national study in 2010, by the end of their first semester 60% of female college students reported hookups involving oral, vaginal, or anal sex (Fielder & Carey, 2010). Alcohol use with a median of 3 drinks preceded 65% of hookups (Fielder & Carey, 2010).

Emory University undergraduate students are not exempt from this culture and the risk that comes with it. At Emory, 67.1% of National College Health Assessment respondents in 2011 had at least one sexual partner in the past 12 months. Among those that reported they were sexually active, 67.7% reported one partner, 13.4% reported two partners, 15.8% reported 3-5 partners and 3.2% reported six or more partners in the past 12 months (ACHA, 2011). In addition, 11.5% of students reported that in the last 12 months they had unprotected sex as a consequence of drinking (ACHA, 2011).

Risk behaviors are not just kept to the number of partners and instances of “drunk sex.” Many students at Emory do not use a barrier method of protection for STIs. For sexual activity and the use of barrier-method protection in the last 30 days, 41.4% of sexually active students engaged in oral sex, but only 1.3% always used protection for this act; 44.6% engaged in vaginal intercourse, and only 16.6% always used protection; 4.1% engaged in anal intercourse, and 0% always used protection. (ACHA, 2011)

Contraception is used more frequently, but still has clear risks that need to be addressed: only 85.6% of Emory students reported the use of contraception during the last time they engaged in vaginal intercourse. Of those who used contraception at last intercourse, 59.2% used male condoms as birth control method, 57.4% used birth control pills, and the third leading method of birth control was withdrawal at 21.2%. Notably, 1.3% of respondents experienced unintentional pregnancy, and 2.1% experienced intentional pregnancy. Of sexually transmitted infections in the last 12 months, the highest rate was genital warts/HPV at 2%, and the lowest was HIV and pelvic inflammatory disease, each at 0.2%. (ACHA, 2011)
Sexual Violence

There are also clear implications at Emory for sexual violence prevention, as 5.8% of Emory respondents reported sexual touching without consent, 0.9% reported sexual penetration attempt without consent, and 1.3% reported sexual penetration without consent. Both positive sex education and relationship violence prevention are implicated due to the 6.7% of Emory students who reported an emotionally abusive intimate relationship, and the 1.4% who reported a sexually abusive intimate relationship. These statistics support the need to provide a large scope and variety of sexual health resources on campus. (ACHA, 2011)

Relationships

It is not just sex practices that indicate risk at Emory. Of the top 10 academic impediments, relationship difficulties held the 10th position at 8.8% (compared to the national respondents at 9.8%). On that note, 27.9% of Emory students indicated intimate relationships were “traumatic” or “very difficult to handle” over the last 12 months, the second highest cause of distress after academics (44.9%). (ACHA, 2011)

Access to Information

To compound these problems, studies also found that 18-28 year olds do not know where to find accurate information for their sexual health questions (Von Sadovszky, Kovar, Brown & Armbruster, 2006). When teens turn to online sources for sexual health information, it is often inaccurate, especially for complex or controversial topics. In a recent study, of 177 sexual health web sites examined, 46% of those addressing contraception and 35% of those addressing abortion contained inaccurate information (Buhi, Daley, Oberne, Smith, Schneider, & Fuhrmann, 2010). In 2009, it was found that when teens look to their universities to fill the gap in education, only 52.2% of college students reported receiving information from their college on HIV and STIs and less than 40% received information on pregnancy (Lechner et al., 2012).

Responsibility to Provide Sexual Health Resources

Lechner et al. (2012) addresses the question of what the responsibility is of colleges to address the aforementioned gaps in sex education. Their study found that students believe it is the college’s responsibility to provide resources for the students, and the students’ responsibility to access these resources. Students at 4 year schools also felt that physical resources like condoms, STI, and pregnancy tests should be available on campus – and that the financial burden the college puts students in is a key reason colleges are responsible for helping students access sexual health resources (Lechner et al., 2012).

Trojan Condoms and Sperling’s BestPlaces conduct an annual ranking of the Bowl Championship Series American universities on their sexual health resources. The top three universities in 2011 were Columbia University, University of Illinois, and Princeton University.
These schools have sexual health characteristics such as: numerous sexual health student groups supported by faculty, peer education programs that provide information, events and workshops year-round, and independent sexual health facilities for medical students. There are 13 categories that schools are ranked on which include: student opinion of health center, hours of operation, allowing drop-ins, separate sexual health awareness programs for students, free contraceptive availability, free condom availability, HIV testing on-site (cost considered), STI testing on-site (cost considered), anonymous advice available for students, lecture or outreach program for sexual health issues, student peer groups, availability of sexual assault programs and resources, and website usability and functionality (“Trojan Sexual Health Report Card,” 2011).

A 2012 study sought to expand scientifically upon the Trojan Condoms rankings. This study determined six important components to comprehensive college sexual health resources: characteristics of campus health services (e.g. convenience), condom programs, sexual health information, communication about resources, sexual violence resources, and gay/lesbian/bisexual student resources. The presence of these resources reciprocally influences the sexual health climate of the campus (Eisenberg, Lechner, Frerich, Lust, & Garcia, 2012).

The lack of comprehensive sexual health education in junior high and high schools in the United States leaves much of the work to be done in US colleges. As Lechner et al. (2012) discuss, students at universities expect to have sexual health information and resources available to them. There are clear implications when sexual health programming is absent on campus, as shown by a number of the Emory sexual health statistics. It is therefore essential to determine what the undergraduate perspective is on sexual health at Emory University. This community needs assessment will provide an understanding of what the perceived needs are, and will help to determine the most effective ways to fill these gaps in education and best practices to improve health behaviors.
Background and History

In an effort to address the health needs of Emory University students in a holistic way, Emory University Student Health and Counseling Services (EUSHCS) is comprised of three main components: Student Health Services (SHS), Counseling and Psychological Services (CAPS), and the Office of Health Promotion (OHP) (See Figure 2).

![Figure 2](https://example.com/figure2.png)

**Figure 2.** Offices of Emory University Student Health and Counseling Services

*Adapted from the website of Emory University OHP, 2013*

Student Health Services provides primary care; physical exams; women’s health services; HIV and STI testing; prescription medication; allergy services and immunizations; and travelers’ health services (Emory University SHS, 2013). Addressing the mental well-being of students, CAPS provides free psychiatric services to all enrolled students as well as to domestic partners and spouses enrolled in Emory’s Aetna Student Health Insurance Plan (Emory University SHS, 2013). Services provided by CAPS include “diagnostic evaluations, crisis management, medication evaluations, long-term management of psychiatric medications…[and] referrals and recommendations to [off-campus] mental health providers” (Emory University SHS, 2013). As the final component of the EUSHCS health triad, OHP is involved in engaging students in creating a healthier campus environment, and providing students with knowledge, skills, resources, and advocacy in times of crisis (Emory University OHP, 2013).

While the collaboration of these three offices is relevant to Emory students’ physical and mental health, this community needs assessment team is working primarily with OHP to assess sexual health knowledge, attitudes, behaviors, and unmet needs of undergraduate students.
The Office of Health Promotion began at Emory in 1991 as the department of Health Education in Student Health Services, and from its modest beginnings with a single staff person, OHP has grown to accommodate diverse programs, with numerous staff and student intern participants (Emory University OHP, 2013). Student input and a “population health” approach are integral to the programs and services that OHP designs and implements, with OHP striving to “engage students throughout campus to merge their interests with efforts to protect and enhance the wellbeing of [the] community at Emory” (Emory University OHP, 2013).

The Office of Health Promotion leverages student support and interest to carry out programs that impact different facets of campus health. To address sexual assault prevention and response, OHP runs the Respect Program, the Alliance for Sexual Assault Prevention (ASAP) and the Sexual Assault Peer Advocates (SAPA). Highlighting the importance of student involvement, the student-led Healthy Campus Initiative (HCI) supports a learning environment that allows students to flourish, defined by the HCI as “being in a positive mental state where there’s growth, enthusiasm, and resilience” (Emory University OHP HCI, 2013). Other OHP-affiliated programs, such as ASAP, accommodate the participation of many students, both within leadership positions and by attracting students through ASAP-sponsored events. ASAP’s executive board is comprised of 13 undergraduate students, a graduate student advisor, and a faculty advisor. Additionally, ASAP’s general body meetings typically attract three to ten students, while ASAP’s largest event of the fall, Take Back the Night, typically attracts over 300 students each year. Programs such as ASAP leverage additional student body support and involvement by collaborating with Emory University’s Interfraternity and Intersorority Councils, including presidents of 7 sororities and 14 fraternities (L. Regenbaum, personal communication, November 28, 2013).

In addition to valuing student leadership and improving the health of Emory’s student body, OHP also encourages student endeavors that engage their peers in health-related information in creative ways. One such program, Project Unspoken, is a film created by current OHP Residence Life and Housing (RHD) Fellow, Caleb Peng, asking female and male Emory students to reflect upon and articulate the personal strategies they employ on a daily basis to avoid rape, sexual assault, and harassment (Emory University OHP, 2013). As an additional resource for sexual violence recovery, OHP staff provides confidential consultations to address sexual assault and relationship violence, healthy sleep habits, and substance abuse. Finally, student and staff OHP researchers track student health trends with the National College Health Assessment (ACHA-NCHA II) every three years (Emory University OHP, 2013). Overall, student involvement in the creation, implementation, and evaluation of health-related programs and health communications indelibly shapes the work and success of Emory University’s Office of Health Promotion.
Community Profile

History

Emory University began as Emory College in the small town of Oxford, GA. Founded by the Methodist Episcopal Church, Emory College was named after John Emory, an American Methodist bishop who envisioned an American education that would “mold the character as well as the mind” (Emory University, 2013; Hauk, 2010). Reflecting the value that Emory College placed on the importance of religion and individual academic pursuits, the College’s guiding axiom, “the wise heart seeks knowledge,” was adapted from a biblical verse (Hauk, 2010). Emory College had begun to prosper by the end of the 19th century and plans for expansion aligned with goals of the Methodist Church to establish a university in the South (Emory University, 2013). This expansion was made possible by a substantial donation from Asa Candler, the founder of the Coca-Cola Company.

Forming a partnership with Emory that continues to impact the University today, Asa Candler donated one million dollars to Emory College in 1915, as well as the land in Atlanta where Emory’s main campus currently resides (Emory University, 2013). The success of the Coca-Cola Company contributed to the fortunes of the Candler, Woodruff, Goizueta, and other families whose generous donations have sustained Emory University and allowed for continued growth (Emory University, 2013). Today, Emory University is one of the top private universities in the U.S., currently ranked 20th in the nation by U.S. News and World Report (U.S. News and World Report Best Colleges, 2014 ed.), and is home to nine schools and colleges. Graduate schools of Emory University, all highly ranked, include the Goizueta Business School, School of Law, School of Medicine, Nell Hodgson Woodruff School of Nursing and the Rollins School of Public Health (Emory University, 2013).

Geography, Business, and Commerce

Atlanta is situated in the northwest part of Georgia (See Figure 3), and more specifically within Fulton and DeKalb counties (See Figure 4). Emory University resides in DeKalb County (See Figure 5), which is home to approximately 700,000 people, with residents speaking over 64 languages, and representing Asian, Hispanic, European, and African cultures. As a result, DeKalb County is one of Georgia’s largest and most culturally diverse counties (DeKalb County, 2010).
While situated within the Druid Hills community, Emory University is surrounded by the neighborhoods of Decatur, Little Five Points, Midtown, and Virginia Highlands (See Figure 6).

Emory University’s location in Atlanta, GA enables students, faculty, and staff to take part in the myriad attractions and vibrant urban life that the city is home to. Key historical sites and entertainment attractions include Centennial Olympic Park (the site of the 1996 Olympic Games), the CNN Center, the Fox Theater, the Georgia Aquarium, the High Museum, the Martin Luther King Jr. District, Piedmont Park, Turner Field (home to the Atlanta Braves baseball team), and the World of Coca-Cola. The headquarters for the American Cancer Society, the Carter Center, and the Centers for Disease Control and Prevention are all located in Atlanta, solidifying the city’s important role in improving and protecting health at national and global levels.
Demographics

The most recent demographic information available for Emory indicates that as of the fall of 2012, a total of 14,236 students are enrolled, about half of whom are undergraduates (n=7,656). While first- and second-year Emory undergraduate students on the Atlanta campus are our primary population of interest, the following demographic information is specific to undergraduate students of Emory College, Emory University’s main campus. Sixty percent of students receive financial aid, and the proportion of female and male students are 56.05% and 43.95%, respectively. With regards to the racial and ethnic distribution of students, the majority of students identify as white (40.9%), Asian or Other Pacific Islander (23.4%), and Black/African American (9.3%). Considerably smaller proportions of students identify as multi-racial or do not identify with the specified race categories (7.5%), American Indian or Alaskan Native (0.2%). Additionally, approximately 12.8% of the student body is comprised of international students. (Emory University, 2012)

Social

A wide variety of active and engaged student organizations, cultural events on campus, and a commitment to healthy and sustainable living contribute to a vibrant social environment on Emory’s Atlanta campus. A snapshot of some of the many student organizations on campus reveal that student life encourages academic excellence, celebrates cultural and religious diversity, values artistic expression, and advocates for political engagement and community service through programs such as the Emory Academic Bowl, Alpha Epsilon Delta, TEDxEmory, the Arab Cultural Association, the Asian Student Organization, the Black Student Alliance, the China-Tibet Initiative, Dooley Noted A-Capella, the Emory Symphony Orchestra, Amnesty International, Feminists in Action, the Catholic Student Union, Chabad at Emory, the Muslim Student Association, Jump Start, and Volunteer Emory, among many others. In addition to student organizations, Emory University is also home to 18 successful varsity sports teams, which compete in NCAA Division III. (Emory University, 2013).

Intertwined with student engagement and activism, Emory demonstrates its commitment to environmental sustainability and health awareness through programs such as a weekly Farmer’s Market, an Educational Food Garden at Cox Hall, a Sustainable Food Fair, and health-centered events such as National Collegiate Alcohol Awareness Week, Take Back the Night, and World AIDS Day (Emory University, 2013).

Political Environment

In response to incidents of sexual assault, rape, and relationship violence at Emory, Emory has established policies clearly stating that sexual misconduct by anyone, including acquaintances and strangers is not tolerated (Emory University, Policies and Procedures, 2007). More
specifically, consent to participate in sexual activity, the acts that constitute sexual misconduct, and how Emory University’s Office of Student Conduct responds to reported incidents of sexual misconduct are clearly communicated through university policies (Emory University, Policies and Procedures, 2007). While this level of clarity is aligned with the severity of the physical and mental health implications for individuals who have suffered sexual assault and/or rape, Emory University’s policies do not offer an equally nuanced definition of the broader concept of sexual health.

Adapted from the WHO, OHP currently offers the most robust definition of sexual health at Emory University, defined on their website as “a state of physical, emotional, mental, and social well-being in relation to sexuality… [including] a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence” (Emory University OHP, 2013). The Office of Health Promotion also emphasizes the importance of comprehensive definitions of sexuality and sexual rights, as these concepts are integral to understanding and improving sexual health (Emory University OHP, 2013). According to OHP, sexuality “encompasses sex, gender identities, and roles, sexual orientation, eroticism, pleasure, intimacy, and reproduction” (Emory University OHP, 2013), and sexual rights involve protecting “all people’s rights to fulfill and express their sexuality and enjoy sexual health, with due regard for the rights of others and within a framework of protection against discrimination” (Emory University OHP, 2013).

While the provisions within Emory’s current policies address the importance of sexual relationships free from coercion and violence, the broader definitions of sexual health, sexuality, and sexual rights espoused by OHP reflect the value this office places on providing information and resources that do not pass judgment, and are inclusive of all gender and sexual identities. The initial meeting between OHP Director, Heather Zesiger, and this needs assessment team solidified OHP’s focus on sex-positive and inclusive information and programming that enable students to enjoy safe, informed, consensual sexual relationships that contribute to their sexual health (H. Zesiger, personal communication, September 16, 2013).

Community Health Care System

Emory University’s provision of healthcare services includes required health insurance for all enrolled students, a requirement initiated in 2006 (Emory University SHS, 2013). While students can choose insurance plans outside of Emory, an Emory Aetna Student Health Insurance Plan is available, and provides three tiers of coverage for providers within the Emory Healthcare System, Preferred Care at Aetna PPO providers, and Out-of-Network care (Emory University SHS, 2013).

While the Plan requires annual premiums of $2,744, students, their spouses, and qualified domestic partners covered through the Aetna Plan receive free medical care at Emory SHS, as
well as 90% coverage of medical expenses incurred for inpatient and outpatient care at Emory Healthcare facilities (Emory University SHS, 2013). Enrollment for the Emory Aetna Student Health Insurance Plan has increased from 4,800 students in 2009-10 to 6,500 students in 2011-12, with significant numbers of patients seen at Emory University Student Health and Counseling Services (EUSHCS) (19,380 in 2010-2011). Throughout this transition, EUSHCS has continued to provide high-quality care to its patients, as indicated by “high levels of patient satisfaction in [the] Spring 2012 EUSHCS Primary Care Patient Satisfaction Survey” (Emory University SHS Annual Report, 2012). For students requiring specialized care, SHS and CAPS offer referrals to healthcare providers both at Emory Hospital, located directly next to Emory’s main campus, and other providers throughout Atlanta (Emory University SHS, 2013).

Community Social Services and Community Assets

For students seeking sexual health information and services external to SHS, OHP, and CAPS, a variety of on-campus and off-campus resources are available to students. Some of the most proximal resources include the Center for Women (CFW) at Emory, offering programs and events “related to women, gender, and sexuality” (Emory Center for Women, 2013), and the Second Year at Emory Program, a program for all second-year Emory students living on-campus, which is “designed to meet the unique needs of sophomore students as they continue their journey through Emory” (Second Year at Emory, 2013).

On-Campus Assets

Center for Women (CFW)

The CFW is located on the 3rd floor of Cox Hall on Emory’s main campus, and is open during regular business hours Monday through Friday. The wealth of resources related to sexual health that the CFW provides include the following:

Center for Women Library

The CFW has procured and made readily available to students a wide array of books, periodicals, magazines and newsletters from “over a 100 local, state, national, and international organizations” (Emory University CFW Library, 2013). To maximize accessibility to and visibility of the Library, Emory students, faculty and staff can search all available works on the CFW’s extensive online database, reserve them, and pick them up at the CFW (Emory University CFW Library, 2013).

In addition to literature addressing feminist theory and action, works of fiction, sources for academic research, and pleasure reading, the library also includes an extensive health section. A brief review by one team member revealed that the literature offered at the CFW library focusing on sexual health includes books and academic articles from established feminist authors,
universities, physicians, the American Psychological Association, and the Centers for Disease Control and Prevention, among others. Topics covered include improving sexual health at various life stages; securing high-quality women’s medical care within sexist healthcare systems and societies; guidance for HIV-positive women regarding medical care and personal well-being; prevention and response guides for sexual harassment and assault; partner communication and women’s sexual fulfillment; body politics; sex addiction; and guides for both prescription and herbal medications, etc. This diverse collection of literature on various women’s health issues includes perspectives that are sensitive and often tailored to the needs of people of varying racial, ethnic, cultural, and religious backgrounds, as well as gender and sexual identities (Emory University CFW Library, 2013)

**Annual Mary Morgan Lecture**

Since its inception in 1993, the CFW has facilitated an annual lecture on women and health in honor of Dr. Mary Lynn Morgan, an esteemed alumnus of Emory University’s previous School of Dentistry and the second woman elected to the Emory Board of Trustees. Lecturers include distinguished female champions of women’s health, including leading advocates, nonprofit leaders, academics, clinicians, and others. Dr. Valerie Montgomery Rice, incoming President of the Morehouse School of Medicine delivered this year’s Mary Morgan Lecture, entitled: “Women’s Health at the Intersection: Race, Social Position, and Class” on December 5, 2013 in the Woodruff Library.

**Center for Women Online Magazine, Women’s News and Narratives**

*Women’s News and Narratives*, the bi-annual online magazine published by the CFW includes articles written by current Emory students, faculty and staff. The latest publication (Spring 2013) includes articles such as a message form CFW Director, Dona Yarbrough, Ph.D. celebrating the men whose support is integral to the success of the CFW center, and encouraging other men to join the dialogue and not be dissuaded by the Center’s name (Emory University Center for Women, 2013). Additional articles in the Spring 2013 publication highlight male involvement in the Center for Women, including a look at Osay Imarhiagbe’s work designing the majority of CFW’s promotional materials, and the support of Steve Everett, Emory’s Director of the Center for Faculty Development and Excellence, a composer, and a professor of music at Emory (Emory University Center for Women, 2013).

**Second Year at Emory (SYE)**

SYE is a program designed to support sophomore students at Emory by providing programs that develop students’ intrapersonal and interpersonal competencies as they progress throughout their second year of college. As a part of SYE, the Student Health and Counseling Services staff members have previously offered programs in the residence hall, such as I <heart> My Vagina and Healthy Relationships, which provide students with information on female sexuality and what it means to be in a healthy relationship (Emory University SYE, 2013).
Off-campus Assets

Off-campus organizations that provide comprehensive healthcare, inclusive of gender- and sexual-identities are the Feminists Women Health Center, Planned Parenthood, and the Health Initiative. More specifically, these organizations are all within 6.5 miles of campus (Google Maps, 2013), and offer services such as birth control, STI/HIV testing, comprehensive GYN and wellness services, trans* health and LGBTQ services, connections to LGBTQ-friendly healthcare providers, and sensitivity training for other healthcare providers (Feminist Women’s Health Center, 2013; The Health Initiative, 2013; Planned Parenthood Federation of America, 2013).
Windshield Survey

Purpose

Windshield surveys involve direct observation of an environment in which a population of interest interacts so as to inform researchers about a given phenomenon. The purpose of this windshield survey was to gain a student perspective on what sexual health resources are available on Emory’s Atlanta campus. In particular, the windshield survey was used to assess where students are currently accessing sexual health resources and in what environments sexual health education programming could take place to better reach students.

Methods

The CNA team identified several on-campus locations where health services and education are currently offered to Emory students, as well as places frequented by Emory undergraduate students that could be utilized for sexual health education and programming (See Table 1). Locations included in the windshield survey consist of the following: Student Health and Counseling Services, the Dobbs University Center (DUC), Cox Hall, the Woodruff Residential Center, online Emory sexual health resources, and Wonderful Wednesday. Each team member was assigned a location and conducted a windshield survey of that location by themselves during a time when students typically use the space, if applicable.

<table>
<thead>
<tr>
<th>Location</th>
<th>Figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Health and Counseling Services</td>
<td>7,8,9,10,11,12,13,14</td>
</tr>
<tr>
<td>DUC/Cox Hall</td>
<td>15,16,17,18,19,20,21,22,23,24</td>
</tr>
<tr>
<td>Woodruff Residential Center</td>
<td>25,26,27</td>
</tr>
<tr>
<td>Wonderful Wednesday</td>
<td>28,29</td>
</tr>
<tr>
<td>Online Emory Resources</td>
<td>30,31,32,33,34</td>
</tr>
</tbody>
</table>

Table 1. Windshield survey locations and figures

Findings

Student Health and Counseling Services

Emory University’s Student Health and Counseling Services are comprised of three main components, advertised on their website as: Student Health Services, Counseling and Psychological Services (CAPS), and Office of Health Promotion (OHP). In an effort to assess
Emory students’ access to sexual health information, one team member completed windshield surveys for these three locations on October 1, 2013 between 3-5pm.

All three offices are located within close proximity to one another on Clifton Road, within a ten-minute walk from Emory’s undergraduate campus. The Office of Health Promotion and Student Health Services are located on the 1st and 2nd floors of the 1525 Clifton Road building (See Figure 7), while the Student Counseling Center is housed in Suite 235 at 1462 Clifton Road. The windshield surveys began in OHP, and were followed by Student Health Services and the Student Counseling Center.

![Figure 7. OHP and Student Health Services](image)

While OHP is not explicitly advertised outside the 1525 Clifton Road building, the office is easy to find upon entering the building. Walking through the front entrance, one’s attention is drawn to a bulletin board displaying advice and online resources for different aspects of Student Health and Counseling Services’ and OHP’s guiding slogan, “Be Well Excel” (See Figure 8). The “Shag Well Excel” portion of the bulletin board is more specific to students’ sexual health, and advertises that students can request condoms, lubrication, and other sexual health supplies on OHP’s website (See Figure 9).

![Figure 8. OHP Bulletin Board](image) ![Figure 9. Close-up on OHP Bulletin Board](image)

OHP has an administrative assistant that sits at the desk directly inside OHP who is readily available to assist students with questions or requests for sexual health materials. While large quantities of condoms and lubrication must be ordered online, smaller quantities of these materials are also stored in a cabinet next to the desk and are provided to students who request them in person (See Figure 10). When asked if sexual health-related pamphlets are available to students from this office the administrative assistant mentioned that students have stopped requesting them, and that many students seek out sexual health information online. From the
team member’s own observations, the bulletin board outside OHP caters to this student preference, as students are directed to Emory’s various student health online resources.

![Image](image-url)

**Figure 10.** Condoms Available by Request at OHP

Student Health Services, located upstairs from OHP, is advertised with signs on the stairwell. These signs also provide information about different services Student Health Services offers, including nutritional counseling, drug and alcohol-related services, sexual assault and relationship violence consultations, and mental health services for students.

When entering Student Health Services, there is a large waiting room, with 15-20 spacious, padded chairs. There were approximately five students in the waiting room at the time of the survey, so to protect students’ privacy no photographs were taken. One advantage of the set-up of Student Health Services is that the waiting area and the desk where students check in and checkout are partially separated, providing discretion to students requesting sexual health information or materials from the receptionists.

When asked about sexual health informational pamphlets and materials such as condoms and lubrication, the receptionist facilitating student check-in directed the team member to the receptionists at the far end of the desk who assist students with checking out. These receptionists directed the team member to a bowl of condoms behind the desk that students could request access to. Additionally, they provided the team member with an informational slip (See Figure 11), which indicates that students can take up to five condoms from the bowl and request additional condoms from OHP. Because the team member did not have an appointment with a health professional at Student Health Services, it is difficult to determine what sexual health information, materials, or referrals students are provided with during appointments.
The final part of the windshield survey was completed at the Student Counseling Center. While a sign on Clifton Road adequately draws attention to the center’s location, the door closest to this sign leads to a side entrance of Woodruff Health Sciences Library, which is a potential source of confusion for students. The entrance for the center is more readily visible for students traveling from the undergraduate campus as there is a sign directly outside of the main entrance to the Woodruff Health Sciences Library. Once students are inside the building they follow the marked stairwell up to the center (See Figure 12) and enter a small waiting room (See Figure 13) with a receptionist who checks them in and directs them to the correct services. To protect patient privacy, all photographs were taken with the receptionist’s permission after student appointments for the day were completed and all students had left the center.

When asked about sexual health information available to students visiting the center, the receptionist directed the team member to the bulletin board next to the entrance, and a bookshelf to the right of the receptionist’s desk with informational pamphlets. The majority of pamphlets and flyers offered focused on depression, anxiety, post-traumatic stress disorder, drug and alcohol addiction, and other mental health concerns. However, sexual health-related materials include a U.S. Food and Drug Administration pamphlet about medications used to treat HIV/AIDS and how to talk to one’s doctor about these medications (see Figure 14). Additionally, a poster by the entrance to the center entitled, “Want Sex? Get Consent,” provided business-card-sized information sheets with phone resources for people who have been sexually assaulted (See Figure 14). The team member inquired about the availability of condoms and lubrication with the receptionist, who replied that the Center offered neither.
Overall, this windshield survey indicated that the availability of sexual health information and materials varies between the three main offices of the Emory’s Student Health and Counseling Services; however the ease of accessibility of products such as condoms and lubrication appears to correspond with the roles of the three offices.

**DUC and Cox Hall**

The DUC, Cox Dining Hall, and the area between the two locations were surveyed by a CNA team member on September 26th between 4-5pm. The DUC is located near the Medical School and the Cox Dining Hall. The center’s mission is as follows: “provide a welcoming and inclusive self-directed learning laboratory outside of the classroom that complements the academic experience by providing programs and services that represent the core values of our community; human development, integrity, collaboration, and community” (“About,” 2013). There are multiple entrances to the DUC on two of the five different levels of the building. While the DUC is home to a variety of student services, the windshield survey focuses on the hub of student life and interaction, which is the 2nd level.

The 2nd level was chosen for our windshield survey due to the fact that the 2nd level houses a large majority of student organizational offices, lounge areas, and information services. The 2nd level is split into two wings. The east wing consists of an open student commons area for about 150 students in the front and back, Dunkin’ Donuts restaurant, a ticket and information desk, and other student services. About 40-50 students populated the west wing at this time. Observing the entire east wing no sexual health or sexual health educational services or materials were visible. At the information desk sat two student workers (See Figure 15).
The CNA team member asked the students where she could find any sexual health information. The students directed the team member to the right of the desk where there were condoms and OHP information. Hidden behind a pillar, next to an AEP and Fire Extinguisher, was a box of condoms attached to the wall (See Figures 16 and 17).

To the right of the condoms was a wall of fact sheets and flyers about various student services—OHP’s flyers were included. The OHP flyer described the office’s mission and services, brief descriptions of programs, and a list of staff and their specialty descriptions. Across from the condom box is a walkway and an open area for students to sit, lounge, and study (See Figures 18 and 19). Because this area was hidden from plain sight from one direction yet open to other students’ vantage points once positioned in front of the condom box, a team member questioned the information desk students. When asked whether students know where the condom box is, one student worker replied that she was not sure but that the condom box was frequently used by
some students. Unsure of how many condoms actually fit in the box, the student worker believed that they have to refill the condom box every 1-2 weeks and had personally had to refill the box at least 3 times since school began.

Both students said they had never been asked about where the condoms were located nor had they ever heard of any of their other staff members at the front desk being asked about the location of the condom box. She said that word of mouth is how students find out about the condoms. When asked whether there were any more locations on campus where students could get condoms in this way she said there weren’t any. She said that there used to be an organization, a few years ago, by the name of SHAG, Emory University’s Sexual Health Awareness Group, who used to provide condoms throughout campus and during Wonderful Wednesdays; however, she believed the group no longer exists and no other organization or group provides comparable services. When asked about students’ privacy using the condom box she wasn’t sure that students had any. Both student workers said that throughout the year students hear about the condoms and either grab some or laugh about it.

There is one entryway leading from the west wing into the east wing. The 2nd level’s east wing is home to offices of sorority and fraternity life, religious life, LGBT, game rooms, lounge areas, and other student services. While many of the offices had only a few students in them, most of the offices were open to observe. The Office of Sorority and Fraternity Life had SafeSpace stickers throughout their office. There were also posters lining the hallways between these offices. Some of these posters included events on sexual health topics (See Figures 20-22).
After leaving the DUC, the team member approached large pillars with campus information posted all over them; the pillar was located in between Cox dining hall and the DUC. Only one poster had information about sexual health; it was an LGBT flyer.

Cox dining hall is located next door to the DUC. There were about roughly 50-60 students conversing and eating within the dining hall. There was no wall of posters/flyers that could possibly have been a source of sexual health information. However, in a corner behind the cashier’s register for the dining hall’s convenience store were two brands of condoms available.
for purchasing (See Figures 23 and 24). The condoms were hidden behind the cashier’s chair and the cashier actually had to be asked to see behind her to view the condoms. When asked if students had ever bought condoms from her, the cashier replied that students had never purchased condoms from her; however, if they did want to purchase condoms they would definitely need the cashier to reach them for purchase.

Figure 23. Cox Hall Convenience Store

Figure 24. Condoms Available for Purchase

**Woodruff Residential Center**

A CNA team member conducted a windshield survey of the Woodruff Residential Center on October 4, 2013 between 8-8:30pm. The Woodruff Residential Center is one of three housing options available only to second-year students on Emory’s Atlanta campus. Woodruff is located at 1495 Clifton Road which makes it the dormitory farthest from the center of campus. However, it is located across the street from both the Student Counseling Center and the building housing the Office of Health Promotion and Student Health Services. In addition to the students, there are two distinct programs that are run out of Woodruff: academic advising in-residence and the Second Year at Emory (SYE) Program. Staff members for both programs live and work in offices located on the 3rd floor (entry level) of the building.

SYE is a program designed to support sophomore students at Emory by providing programs that develop students’ intrapersonal and interpersonal competencies as they progress throughout their second year of college. As a part of SYE, the Student Health and Counseling Services staff members have previously offered programs in the residence hall, such as I <heart> My Vagina and Healthy Relationships, which provide students with information on female sexuality and what it means to be in a healthy relationship. The SYE director, academic adviser in-residence, as well as each residential adviser has a bulletin board or wall space where information relative to programming themes is rotated throughout the academic calendar. Currently there are very few bulletin boards that are being utilized throughout the dorm (See Figure 25). Those that are in use do not address topics related to sexual health, with the exception of a few Respect Program
flyers and the number for Student Health Services (See Figure 26). While there are approved posting areas throughout the dorm, all flyers have to be approved before they can be put up for display.

![Figure 25. Woodruff Bulletin Board](image)

![Figure 26. Flyer with SHS’s Number](image)

The building can only be accessed via proxy cards activated for staff members working in Woodruff and residents of the dormitory. This six level dormitory houses several common areas, study rooms, a gym, and a late night dining facility, the WREC room, in addition to the typical dorm amenities. During the WREC room’s hours of operation (6 pm-1 am Sunday through Thursday) students can typically be found in the dining area hanging out with friends or watching television on the big screen TV. During the time of this survey there were 17 students eating meals at the tables or watching TV. With an entire wall of the dining room being glass, the layout of the WREC room does not lend itself to posting flyers or other messaging. There is one small board away from tables and the TV that is not currently in use. Students entering the dining area from the inside of the dorm have to pass through a small hallway, however, that has a frequently updated information board on one side and a student run information kiosk on the other (See Figure 27). At this time there were students inside the information kiosk and the adjoining room and so pictures could not be taken, but the services that they provided were strictly in terms of residence hall issues (i.e. helping students locked out of their room).

![Figure 27. Entrance to Woodruff Leading to WREC Room](image)
Wonderful Wednesday

A CNA team member conducted a windshield survey of Wonderful Wednesday on September 25, 2013 between 12-12:45pm. Wonderful Wednesday is a weekly celebration typically held in Asbury Circle that aims to “foster a sense of community through the promotion and demonstration of the diverse activities students at Emory are engaged in” (“Wonderful Wednesday”, 2013). It was drizzling rain on this particular Wednesday, but the event was simply moved from its regular location on Asbury Circle to under the overhang behind the DUC. The windshield survey focused on what student groups were represented and what topics they were tabling about as well as how many students were attending and engaged.

This Wonderful Wednesday was rather well attended in spite of the weather. There were about 100 students present. This was a heavily promoted Wonderful Wednesday as it was part of the programming for Swoop’s Week, a week-long celebration to commemorate homecoming. It is named for the school mascot and intended to promote school athletics and spirit.

There were approximately 30 tables, mainly consisting of student groups (See Figure 28). Free food and other giveaways were at almost every table. Different programs were being promoted, ranging from Sorority fundraisers to the Emory Alumni Association programs. One of the student groups, Feminists in Action, was raising awareness about sexual violence prevention (See Figure 29). Many of the tables gave away different items along with their information in order to increase student engagement. Aside from the tabling activities there was also a DJ and students in costumes dancing to the music.
Online Emory Sexual Health Resources

Sexual Health Education
One of the CNA team members conducted this online windshield survey by attempting to search for information regarding sexual health as undergraduate students might also look online for such information. The aim was to find information on general sexual health resources or programs at Emory. The survey began with a search for “Emory University” on Google, which lead to the Emory University’s main webpage. From this page “sexual health” was searched for within Emory’s website. Relevant to the search objective, the first page of search results included a request form for sexual health supplies, the office of health promotion main page, and the sexual assault awareness month page. The second page did not include any relevant information.

The request form for sexual health supplies appears to be specifically for events, groups, organizations, clubs, teams, or Greek life (See Figure 30 in Appendix B). Items students can request include male latex condoms (first 100 per semester free and 9 cents for each additional), flavored male latex condoms (first 100 per semester free and 10 cents for each additional), dental dams (first 10 per semester free and 52 cents for each additional), female condoms (85 cents each), Male non-latex condoms (first 10 per semester free and 40 cents for each additional), and lubricant pillows (first 50 per semester free and 20 cents for each additional) (“Request Sexual Health Supplies,” 2013).

The sexual assault awareness month web page brings up a subsection of the OHP webpage and includes blurbs describing a sexual assault prevention action workshop, sexual assault peer advocates (SAPA) training, a SAPA workshop, a SAPA fundraiser, speakers, and RespectCon (a conference on sexual assault prevention). These all have April dates next to them, some stating 2013, indicating they have not been updated recently (as the windshield survey was conducted in October 2013). There is also an e-mail link to the RESPECT program’s coordinator, Lauren Bernstein.
The health promotion home page (See Figure 31 in Appendix B) has a tab on the top left for “healthy sexuality.” This includes a list of factors defining key aspects of healthy sexuality such as “A sexually healthy adult will...be comfortable with their body, communicate well with family, peers, and romantic partners, have access to information and resources to protect and enhance their own sexual health...” (“Healthy Sexuality,” 2013). The next left-side navigation tab (See Figure 32 in Appendix B) on this page directs users to the request for sexual health supplies described previously. The third tab, “Defining Sexual Health,” defines sexual health, sexuality, and sexual rights as adapted from the World Health Organization definition. At the bottom under “Communication” there is a section that mentions OHP’s desire to provide skills to “SexWellExcel.”

It describes the necessity of consensual sex and clear communication – knowing what other want need, like, or dislike. A link is provided for more information on how to talk to a partner about what you do and do not want. The link leads to a sexual inventory checklist detailing discussion points such as body boundaries, use of terms, safer sex behaviors, sexual responses, physical and/or sexual activities, non-physical sexual activities, birth control and reproductive choices, and relationship models and choices. The fourth tab is “Safer Sex Supplies.” It includes the definition of Safer Sex and the definitions and uses of Male Condoms, Female Condoms, and Dental Dams. It also defines lubricant, emergency contraception, and masturbation, as well as providing tips for staying safe. The last item is STI testing. It states STI testing is available at “Student Health Services and various off-campus locations” but does not provide links for further information (“Safer Sex,” 2013).

The last tab is “Additional Resources.” This includes a list of Emory resources and off-campus resources. Women’s health as a subset of Student Health Services is listed first with a link to a description of tests such as pap smears, breast concerns, sexually transmitted infection (STI) screening and treatment, screening for depression/anxiety, and eating disorder consultations. Looking at STI screening and treatment specifically on the Women’s Health website, there is only information about the fact that STI testing is available and that costs, follow-up, and tests needed will be disclosed during an appointment. There is a line requesting students to schedule an appointment via a provided contact number and email address -- presumably for Women’s Health. There is no link to the Patient Portal (the online scheduling system for Emory Student Health Services). There is a link to Emory’s Contraceptive Program listing available brands of oral contraceptive pills. The information for this page was last updated October 2010 and there is no mention of Intrauterine Devices (IUDs). It does, however, have information on prices of oral contraception with or without Emory’s Aetna Student Insurance plan. There is contact information, and an additional website for the Respect Program (addresses Sexual Assault Prevention and Response).
Off-campus resources that are listed include the Feminist Women’s Health Center (with a website link, phone number, and address) which offers services such as abortion care, trauma survivors, trans health, gynecological and wellness services, birth control, STI testing, and community education. Planned Parenthood has an address, phone number, walk-in hours, and a “sliding scale available” (presumably a cost reference) (“Additional Resources,” 2013). These services include birth control, HIV testing, LGBT services, men and women’s health care, STI testing and treatment, pregnancy testing, and emergency contraception. Finally, the Health Initiative website is posted as “Georgia’s Voice for LGBTQ Health.”

**Sexual Health Services**

In an attempt to find specific information about clinical sexual health services the team member searched Google for “Emory Student Health Services.” The main page comes up, and after looking around for something specific on sexual health to no avail, the team member links to the “Services” tab. The “Services” tab brings up a left navigation to relevant pages such as, “Confidential HIV and STI Testing,” “Women’s Health,” and “Health Topics A-Z.” (“Services,” 2013). Confidential HIV and STI testing is available by making an appointment by calling a number or requesting an appointment online (See Figure 33 in Appendix B). It seems to indicate that the patients test results are part of your medical record at Emory. There is no mention of the price, or where one can get free HIV or STI testing off-campus.

Women’s Health is for gynecological care, family planning services, and women’s health education. It mentions that several contraceptive methods are available at a reduced rate to students. There is information about yearly female examinations with or without pap tests in which appointments can include? sexually transmitted disease testing, birth control options, and pre-conception counseling, among other topics. There is a section specifically for STI screening and treatment that states there is full confidential screening and the cost of testing will be discussed during the meeting. Gynecological or breast concerns, abnormal pap and colposcopy, screening for depression and anxiety, and eating disorders are also covered. The $15-$50 no show fee is mentioned frequently, but no specific information about the costs or full coverage of other services.

Under “Health Topics A-Z”: colposcopy, hormonal contraception, genital warts, oral contraception, sexual health and warts verrucae were identified as pertinent to this search. Each topic has a PDF that identifies correlated information. For ‘colposcopies,’ a definition is given with instructions for the procedure and then a link to further information. ‘Genital Warts’ includes a definition, treatment, and prevention tips, and warts verrucae has information about HPV and treatment. ‘Hormonal Contraception’ is a 6 page PDF written by Shirley Banks (the previous sexual health educator at Emory) that includes an overview, information on how they work, advantages and disadvantages, and a description of the different types of hormonal
contraception available (See Figure 34 in Appendix B). ‘Oral Contraceptive’ consisted of an information sheet with instructions and tips about using the pill. ‘Sexual Health’ consisted of sexual health FAQs outlining the services that are available, STI testing at EUSHS, methods of contraception EUSHS provides, whether parents can find out about visits to EUSHS, and free condoms through EUSHS. This page is outdated – it states it was last updated December 2010. It does not cover whether Emory offers IUDs, refers students to Shirley Banks (the previous sexual health educator) for questions about sex and for coming into organizations and speaking about sex – describing resources the university no longer has.

The page has a lot of text and is not very inviting for student readership. Information is not available without extensive scrolling. Additionally, there is no mention of HIV, no follow-up with their call to actions, no individual resources for individual concerns (like joining a group or getting condoms for oneself), no school sexual health educator, and no sexual education classes.
Data Collection Methodologies

Key Informant Interview Methodology

Purpose

The purpose of the key informant interviews was to gather input from various stakeholders around campus that have a unique perspective of the available sexual health education and the attitudes surrounding sexual health at Emory. These stakeholders include staff members, faculty, and students with an expert knowledge of a specific slice of the Emory community.

Sample

The key informants were selected through recommendation from Heather Zesiger at the Office of Health Promotion, in addition to a few others based on their role with selected student populations. A total of eight to ten students, faculty, and staff were identified and were approached for key informant interviews based on both their knowledge of particular campus services or student engagement and their potential insight into student needs for sexual health education programming. A total of 6 key informants were interviewed for this CNA; 5 provided permission to use their names and titles in this report:

- Lauren Bernstein, Office of Health Promotion
- Michael Shutt, Director, Office of LGBT Life,
- Danielle Steele, Associate Director, Office of LGBT Life
- Emily Dixon, student engaged with OHP with sexual health interest
- Taylor Werkema, Peer Health Partner (Emory Undergraduate), Health 100
- Representative, Second Year at Emory (SYE)

Recruitment

Emails were sent to potential participants asking if they had time to set up a meeting and provide their perspectives. Team members who had connections to any of the key informants were responsible for contacting those persons and arranging interviews with them. Carissa Ruf was responsible for contacting a representative from OHP and one of the students engaged with the sexual health student group. Leslie Munoz was responsible for contacting the Second Year at Emory Fellow and one of the Peer Health Partners for the Health 100 courses. Erin Hawes was responsible for contacting the director and assistant director of LGBT Life at Emory. At the end of each meeting, a snowball sampling method was used by asking each participant if there was anyone else they think our team should contact. A sample email is included in Appendix C.
Data Collection

Data was collected via face-to-face interviews at a location chosen by the informant. At the beginning of each interview, the interviewer assured the informant of the voluntary nature of their participation and obtained consent for audio recording the interview. The interviewer also stressed that responses will be kept confidential and asked for permission to use the informant’s name and title when reporting results. Only one respondent did not consent to let us use their name and title when reporting results, but consented to have the interview audio-recorded, and is included in this report. Two group members attended each interview, one acting as the primary interviewer and asking questions and the other group member managing the audio recording if consent was given, taking handwritten notes, and providing support by assisting with probing or clarifying questions at the end of the interview. In all interviews consent was given to record the interview. Due to time constraints, in two interviews it was not possible to have two group members present. In those cases, the interviewer took notes and the interview recording was later transcribed or used to take more detailed notes. Following each interview, the two group members briefly discussed the interview, making note of important information that arose during the interview, how it went in general, if the interview guide needed to be revised in any way for future interviews, as well as any other details that the audio recording could not capture.

The interview guide was developed by the CNA team to address the stated purpose. The guide was revised as necessary before each interview in order to incorporate changes or added knowledge from the experience of previous interviews. In some instances, the questions were also tailored during an interview in order to capture the specific knowledge and experience of the informant. For instance, three additional questions were added to the interview guide to specifically address the teaching component of the peer health partner’s experience facilitating a Health 100 course. Topics incorporated into the interview guide include: the informant’s title and role in their organization; their understanding of sexual health; their understanding of current sexual health programming available to students; gaps they have identified in the available programming; and their perception of student interest in how to receive sexual health education. Additionally, key informants were asked to identify people who could serve as other potential contacts relative to our project. The Interview Guide can be found in Appendix D.

Data Analysis

All interviewees were asked if their interviews could be voice recorded, though if anyone had declined then detailed notes on the interview would have served as a stand in for the recording. One interview was transcribed for data analysis, while detailed notes were taken and reviewed for the other five interviews for data analysis purposes. As interviews took place, the voice recordings, detailed notes, and the single transcript were reviewed by two group members to ensure inter-reader reliability as the data was coded. Together the two group members coded the interview data, came to a consensus on naming codes where there was a difference in labeling, and developed a code book and coding diagrams, including both deductive and inductive codes.
The themes that emerged from the grouped codes and the data relative to them helped to guide what recommendations our group provided to the Office of Health Promotion at the end of this assessment.

Focus Group Interview Methodology

Purpose

The purpose of the focus group interviews was to obtain information from our target population in order to characterize their feelings and perceptions of sexual health and sexual health education on Emory University’s Atlanta campus. The focus group interviews contributed to this needs assessment by utilizing group interaction, which explored and clarified participants’ views in ways that would be less accessible in a one on one interview (Kitzinger, 1995). The group dynamic of this collective dialogue allowed participants to explore the issues of importance to them in their own words, generate their own questions, and pursue their own priorities in regards to sexual health and sexual health education on Emory’s campus.

These focus groups consisted of student leaders representing culturally diverse student groups on Emory’s Atlanta campus. Insight into these groups’ beliefs surrounding issues of sexual health were important and led to interesting and crucial information for this needs assessment. The focus group interview questions addressed the following domains: general sexual health knowledge; self-efficacy discussing sexual health and seeking sexual health services; accessibility to sexual health education and services on campus; specific sexual health needs and barriers to education/service for individual groups; and recommendations for effective and culturally sensitive sexual health programming for individual groups.

Sample

Focus group participants were identified through Emory’s Office of Student Leadership and Service website. Prospective focus group participants were selected based on their leadership roles within their respective cultural campus group. Contact information was obtained either from their group’s website page or from an office supervisor/director. Culturally diverse groups were defined as a student organization representing a religious sect, racial group, sexual identity, and/or social group (e.g. Emory Pride, Black Star Magazine, etc.). Below is a table that lists all of the student organizations that were used in our sampling (Table 2). A total of two focus groups were conducted.
Student Organizations Recruited for Focus Groups

<table>
<thead>
<tr>
<th>Organization</th>
<th>Sigma Nu</th>
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<tbody>
<tr>
<td>Crossroads Coordinators</td>
<td>Sigma Phi Epsilon</td>
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<tr>
<td>Black Student Alliance</td>
<td>Zeta Beta Tau</td>
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<tr>
<td>Latino Student Organization</td>
<td>Intersorority</td>
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<tr>
<td>Students in Alliance for Asian American</td>
<td>Alpha Delta Pi</td>
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<tr>
<td>Concerns</td>
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<tr>
<td>Emory Pride</td>
<td>Delta Delta Delta</td>
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<tr>
<td>LGBTQ</td>
<td>Delta Phi Epsilon</td>
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<tr>
<td>Muslim Student Association</td>
<td>Gamma Phi Beta</td>
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<tr>
<td>Hindu Students Council</td>
<td>Kappa Alpha Theta</td>
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<tr>
<td>Student Athlete Advisory Council</td>
<td>Kappa Kappa Gamma</td>
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<tr>
<td>Interfraternity Council</td>
<td>Sigma Delta Tau</td>
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<tr>
<td>Alpha Epsilon Pi</td>
<td>Multicultural Greek Council</td>
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<tr>
<td>Alpha Tau Omega</td>
<td>Delta Phi Lambda</td>
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<tr>
<td>Beta Theta Pi</td>
<td>Lambda Theta Alpha</td>
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<tr>
<td>Chi Phi</td>
<td>Xi Kappa</td>
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<tr>
<td>Kappa Alpha</td>
<td>Coordinator of International Student Life</td>
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<tr>
<td>Kappa Sigma</td>
<td>Emory Buddhist Club</td>
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<td>Pi Kappa Alpha</td>
<td>Intervarsity</td>
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<tr>
<td>Sigma Alpha Epsilon</td>
<td>Emory Hindu Students Association</td>
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<tr>
<td>Sigma Chi</td>
<td>Hillel Emory</td>
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</table>

Table 2. Student Groups Contacted for Focus Group Participation

Focus groups aimed to include six to eight participants representing a mix of the different groups. However, focus groups consisted of three people for each focus group session. Many of the students who participated in the focus groups occupied leadership positions and/or participated in multiple organizations; therefore more than six student organizations were represented by these six focus group participants as presented in Table 3. During these focus group sessions, participants created a space that was comfortable for them to share important and sensitive information by verbally agreeing to the Focus Group Confidentiality Agreement as a means to protect confidentiality during the focus group discussion. A copy of this agreement can be found in Appendix E.

<table>
<thead>
<tr>
<th>Organizations Represented</th>
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<tbody>
<tr>
<td>Urban Health Initiative</td>
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<td>GlobeMed</td>
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<td>Pipeline</td>
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<tr>
<td>Emory Pride</td>
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<tr>
<td>Black Star Magazine</td>
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<tr>
<td>Emory Student Ambassadors</td>
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<tr>
<td>Emory Peer Health Partners</td>
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<tr>
<td>Sophomore Advisor</td>
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<tr>
<td>Indian Cultural Exchange</td>
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</table>

Table 3. Student Groups Represented by Focus Group Participants
Recruitment

Members from the CNA team sent emails to potential participants asking if they were available for a focus group about their perspectives on sexual health. Team members who had previous or pre-established connections to any of these student groups (via work, volunteer experience, etc.) were responsible for contacting participants from those groups and scheduling focus groups interviews with them. We followed this recruitment method under the assumption that these participants would be more responsive via email to a name they recognized. A sample email can be found in Appendix F.

Data Collection

This needs assessment used focus groups as a complementary qualitative data collection method. This parallel mixed-methods approach to our Community Needs Assessment provided a sense of confirmation of the quantitative data through the enhancement of validity and confidence in our findings (Kitzinger, 1995).

Data was collected via focus group (FG) interviews at a designated location (i.e. conference room at the Rollins School of Public Health) that comfortably facilitated the discussion group of and CNA team members. At the beginning of each interview, the moderator assured the group of the voluntary nature of their participation and obtained consent for audio recording of the interview. The moderator also stressed that responses were confidential. At least two assessment team members attended each focus group, one acting as the moderator and asking the questions and the other group members managing the audio recording and taking handwritten notes. Following each FG, the two group members briefly discussed the interview, the quality of the interview, changes that may need to be made to the structure of questions, and any other details that the audio recording could not capture.

The focus group guide was developed by the CNA team to address the sexual health needs of undergraduate students from the perspectives of some student leaders on campus. Additionally, the guide was revised, when necessary, before each focus group interview in order to incorporate changes or added knowledge from the experience of the previous focus group discussion. The questions were tailored during the focus groups in order to capture the specific ideas, opinions, and experiences of the group. Specific topics incorporated into the focus group guide included: each participant’s group representation; their understanding of sexual health; their understanding of current sexual health programming available to undergraduate students; gaps they have identified; and their ideas about sexual health education program planning and implementation. The Focus Group Guide can be found in Appendix G.
Data Analysis

Each focus group interview was voice recorded; however, instead of verbatim transcription, other methods, such as written field notes and memos in addition to listening to the audio recordings, were used for data analysis. This method of data analysis, as it pertains to the focus group interviews, was a preferable method of analysis due to time constraints and resource limitations. Literature supports the following methods in place of verbatim transcription, subsequent coding, and analysis: (1) audio-taping of interview and concurrent note taking, (2) reflective journalizing immediately after an interview, (2) listening to the audiotape and amending field notes and observations, (3) content analysis, (4) secondary content analysis, and (5) thematic review (Halcomb & Davidson, 2006).

During the interviews, the note-taker was responsible for managing the audio-recorder and taking detailed field notes. These notes served the purpose of tracking the CNA team member’s impressions of interactions between participants. Immediately following the interview, the note taker and the moderator reviewed the field notes and expanded them using their own comments and perceptions. Major concepts and issues raised by participants were documented and highlighted during this stage of data analysis. These notes were typed and shared for all team members to view. Subsequently, team members individually listened to the audiotapes and consulted the typed notes to ensure appropriate reflection of what occurred during the interview. Team members amended these notes until they provided a quality representation of the interview. Subsequently, two assessment team members identified common themes; then, compared the themes across interviews. Another team member reviewed the preliminary content analysis. The team used this secondary analysis method to ensure that the codes were consistent and that there was an agreement among the team about relevant themes. Resulting themes from these focus group interviews helped to prioritize needs and guide recommendations for the Office of Health Promotion.

Primary Data Collection Methodology

Purpose

The purpose for data collection was to gather input from the student population about their perceived sexual health education needs and awareness of current sexual health education programs. The quantitative data collection was complemented by both the key informant interviews and the focus groups. This survey targeted a sample of first and second year students. The survey items were informed by analyzing information harnessed during the qualitative stages of our assessment. The survey also assessed in what forum students would prefer to receive their sexual health education and how they perceive resource and educational accessibility.
The primary method of the quantitative data collection was a self-report survey completed online. The survey collected information about what sexual health education needs students perceive they have, as well as knowledge, attitudes and beliefs related to sexual health practices.

**Sample**

The survey focused on reaching first and second year students and aimed to be a representative sample of those students. Freshman and sophomores were identified in the key informant interviews as populations most in need of sexual health education programming during qualitative data collection. We used this insight to target these populations, but we did not exclude surveys that were filled out by other students. The survey intended to gather a broad picture of what sexual health education needs exist based on student perceptions.

**Recruitment**

The survey primarily aimed at capturing a representative sample of Emory undergraduates living on campus. Our goal was to get 150 respondents; 163 students completed the full survey online. Our CNA team had access to these student populations through contacts at Second Year at Emory (SYE) and Health 100, a required course for all freshmen. Using the SYE listserv, an email was sent out to about 1200 sophomores. Ten sections of Health 100 were selected to receive emails, reaching about 200 freshmen. Emails were sent to the SYE listserv on October 17, 2013 following the students’ return from Fall Break. To reach the freshman, 5 Health 100 sections were sent an email on October 20, 2013 and the last 5 sections were sent an email on October 25, 2013. The email provided information regarding our project, requested the participation of each student, explained why their input is important, and included a link to the online survey. We offered an incentive to complete the survey of a chance to win a $10 gift card to a coffee shop. A sample email is including in Appendix H.

**Data Collection**

The survey instrument was developed by the CNA team in order to assess the feelings and perceptions of Emory undergraduate living on campus around the topics of sexual health and sexual health education and services at Emory. Questions were both modified from survey items found in our literature review and developed to answer specific questions raised by the Office of Health Promotion. Topics incorporated into the survey included: demographic information, accessibility and knowledge of sexual health resources and services on campus, sexual health education needs; preferred methods of receiving sexual health resources; and attitudes and beliefs about sexual health practices. Survey items included multiple choice questions, fill in the blank, and open ended questions. The survey was pilot tested both with a class of graduate MPH students and with focus group participants. The survey items can be found in Appendix I.
Plan for Data Management and Analysis

Due to the similarities in the content of the survey and the population of interest, this data management and analysis plan was adapted from the 2011 CNA conducted by Byrd, Hurd, Robateau, and Whitehead.

The data collected with Survey Gizmo was exported to and analyzed with the data management software, SPSS v19.0, with which all team members are familiar. The survey data was analyzed as a whole and then broken down to examine response differences between salient groups. Descriptive statistics and inferential statistics were performed to analyze data. Recoding and the creation of new variables were completed as appropriate and based upon survey findings. Only complete surveys were analyzed, therefore there was no missing data. Team members will review responses to open-ended questions to decide upon and sort by common themes.

Finally, findings from the data analysis will be summarized, triangulated with findings from the literature review, windshield surveys, key informant interviews, and focus groups, and used to inform team members’ recommendations to the Office of Health Promotion.
Data Analyses and Findings

Key Informant Interviews

Introduction

A total of 6 key informant interviews were conducted from September 23rd to October 9th, each interview ranging from 25 to 45 minutes in length. The key informants included four Emory University staff members representing the Office of Health Promotion, Student Health & Counseling Services, and LGBT Life, as well as two student leaders, one who serves as a Health 100 Peer Health Partner (PHP) and one who is currently working with OHP to start an Emory student group around the topic of sexual health. From these interviews, specific themes have emerged that provide insight as to (1) where students are currently receiving their education regarding sexual health, (2) what barriers and facilitating factors exist on Emory’s campus that may impact how sexual health education is provided to Emory undergraduates, and (3) what the role of OHP should be in delivering sexual health education on Emory’s campus.

Current Sources of Sexual Health Education

Despite the fact that Emory University requires all undergraduate students on the Atlanta campus to take a general health education course, the current Health 100 curriculum does not incorporate any topics on sexual health. While the majority of our key informants were aware of this fact, one informant, an Emory graduate, was confident that the required health course had to have touched on sexual health because of the subject’s importance, despite her inability to remember its inclusion from her own experience having taken a former variation of the current Health 100 curriculum. Regardless of its possible inclusion in the required health course, when asked where students are currently receiving their education surrounding sexual health this same informant responded, “They are not getting it from Emory…maybe friends or gynecologists.” This sentiment was shared by all key informants as no one could definitely say where students go for information on sexual health, thus highlighting a gap in health education on Emory’s campus.

With the creation of the Respect program, a program run out of the Office of Health Promotion dedicated solely to sexual assault and relationship violence prevention and response, Emory University does address one dimension of sexual health education. The high visibility of this program on campus is evident by the fact that it was mentioned in every interview. The lack of more sex positive programming and education at Emory, however, has clearly influenced how some define sexual health education. In one interview, the informant stated, “I think [undergraduates] need information on safe sex and what is safe sex…there is a lot of talk about consent…and there is a strong emphasis on that I think but I think there could be more done with
that,” in response to being asked to describe the sexual health education needs of Emory undergraduates. The coordinator of the Respect Program even stated upon reflection of the current state of sexual education at Emory that “It is uncommon for sexual health education to include pleasure and values without including sexual assault prevention, but a few places (Emory included) have the sexual assault prevention component only.” The student groups that address sexual assault prevention, such as SAPA, were also named as potential sources of education and training for students around the topic of sexual health. Based on the key informant interviews, it is unclear if students are seeking out sexual health education, where they are receiving that information, and how comprehensive that information is.

**Barriers to Providing Sexual Health Education**

Throughout the interviews a number of barriers to providing sexual health education at Emory emerged. The informants identified the following as challenges to creating sexual health education programs at Emory: the stigma associated with sex on campus, a lack of resources, a lack of sexual health messaging, a lack of accessibility to priority populations, and the accessibility of Student Health Services. Though only explicitly named by a few people, informants often alluded to the stigma surrounding sex on campus. Both the director and assistant director of LGBT Life shared that students at Emory are less vocal about their sexual experiences here compared to students from their previous institutions. The assistant director of LGBT Life, for instance, compared Emory to the last institution she worked at stating, “I knew a lot more about students in a healthier way. Students don’t talk about [sex] as much in the space here.” In addition, the Peer Health Partner pointed out that the lack of sexual health education within any of the health courses at Emory reflects a fear of discussing sexual health from an administrative standpoint as well.

All of the staff members expressed the fact that they felt most offices at Emory were overextended in terms of the work they were expected to do with the amount of resources they have. The same is true for the Office of Health Promotion, as the coordinator of the RESPECT program mentioned that if OHP had additional funding for another staff member they would hire someone on as a sexual health educator. Even with the prospect of collaboration between offices to help address this issue, the time it takes to make progress on a project keeps immediate programming from rolling out within a desirable timeframe. One clear example of this can be seen with OHP’s and LGBT Life’s collaborative efforts to create messaging around the topic of HIV/AIDS for Emory undergraduates. In describing barriers to sexual health education on campus, the direction of LGBT Life emphasized the issues posed by the staffs’ workload by saying, “So to even try to get us to a place where we can have that consistent messaging it is going to take a long time because of the number of things that we are all trying to do. And so you know we have been talking for two years about developing a message and it hasn’t happened. So that’s a problem.” The fact that the key informants call for Emory to have a comprehensive sexual education program that is both sex positive and inclusive highlights the need to create
consistent messaging around sexual health on Emory’s campus, as it will help support collaboration around sexual health education at Emory in the future.

Each informant was asked to identify which student populations would most benefit from sexual health education, to which participants identified LGBT students, international students, Greek life participants, first and second year students, and student athletes. While it is easy however to identify most of these student groups, LGBT students posed a particular issue for providing sexual education to those who need it the most. Even for staff members at LGBT Life it is difficult to create programs reaching out to men who have sex with men who are closeted. The director of LGBT Life describes the issues with educating this priority population by saying, “[closeted gay men] want to have sex with other folks and so how do we educate and get information out to those folks because the fact of the matter is they are not gunna come in for help...because they will then be outed.” This particular issue points to a more widespread problem of determining the best way to present sexual health information to students so that they will get the information they need, while making them feel comfortable enough to seek out any necessary health services. The key informants felt that most students are not utilizing health services here on campus, with the Peer Health Partner sharing that, “two kids [that he taught in Health 100] knew where Student Health Services was and zero knew how to sign up for an appointment.” These findings suggest that we need a source of sexual education at Emory and more effective advertising to raise awareness of what sexual health services are available to Emory students on campus.

**Facilitating Factors to Providing Sexual Health Education**

There are also some factors named in the interviews that could serve to help in the promotion of sexual education at Emory. The two main facilitating factors mentioned by participants were student interest in sexual and reproductive health and program requirements already in place for particular student populations that could be altered to fit in components of sexual health education. The fact that one of our key informants is working with OHP and a small group of peers to create a student group dedicated to sexual health education is proof that there are students at Emory that want to address this gap in health programming. Unfortunately, when limited resources determine that only some programming around sexual health can take place it is easier to focus on the required sexual violence prevention aspects. In speaking of why it is easier to get clubs and offices to offer programming around sexual violence than sexual health, the coordinator of the Respect Program said:

“More people are interested in sexual health more than sexual violence prevention, but when it comes to motivating people to require programming...sexual violence is a much easier leverage because the severe health consequences and personal academic consequences as well as legal liability.”
Though highlighting why sexual health education programs are often replaced with sexual violence prevention programming, the informant still recognizes that students would prefer topics on positive sexual health.

In terms of how to reach more students, there is an added benefit if mandatory attendance at a program is required. In response to being asked which populations of students would most benefit from sexual education programming, one participant offered the suggestion that Emory use already existent organizational requirements to reach students where they are. He stated, “And with all three of those populations (our sororities, our fraternities, and our athletes) we have opportunities to sort of require them to do some things,” so as to suggest ways of accessing a higher number of students from priority populations. Since the student interest in sexual health may not lie within those priority populations, attention should be given to how sexual education can be implemented in voluntary and involuntary settings at Emory.

**Role of OHP in Delivering Sexual Health Education**

When considering how to best implement sexual health education at Emory there is the added question of who should be responsible for overseeing this implementation. Each key informant was asked to state what they believed the role of OHP should be in providing sexual health education at Emory. The overwhelming response received was that OHP should be the primary source for providing this type of education as they are tied to the same health service providers that students may seek out in relation to their sexual health. The Peer Health Partner said, “They are one of the main outlets spreading information,” thus pinpointing OHP as one of the main campus resources already engaged in providing students with valuable health information.

Another participant specifically mentioned that there are added benefits to having one source of sexual health messaging, namely providing staff, faculty, and students with a common language through which to engage dialogue around sexual health. A consistency of messaging around campus also reinforces that information that the students are receiving. As the director of LGBT Life stated, “OHP should have a primary role because…we need for our community to know what the messaging [around sexual health] needs to be and then how to be consistent with it because then consistent messaging can be used throughout the entire division.” Some participants also went on to name other parties on campus that should collaborate with OHP or that should work under OHP’s guidance to get campus organizations engaged in dialogue about sexual health. There is an expressed need for sexual health education for Emory undergraduates and all of the organizational voices represented throughout this data collection process agree that OHP should play a vital in facilitating the development of educational programming around sexual health at Emory.
Focus Group Results

Although over 60 student leaders were contacted for the focus group discussion, only 10 students expressed interest and enrolled in the focus group and four students did not participate after expressing interest. The needs assessment team conducted two focus groups consisting of three participants in each. A table representing the student organizations these student leaders represented can be found in Appendix J. The focus group discussion questions addressed the following domains: general sexual health knowledge; self-efficacy discussing sexual health and seeking sexual health services; accessibility to sexual health education and services on campus; specific sexual health needs and barriers to education/service for individual groups; and recommendations for effective and culturally sensitive sexual health programming for individual groups. Below is a discussion of students’ responses to each of these domains.

General Sexual Health Knowledge

To these students, sexual health is generally related to sexually transmitted infections (STIs), birth control, sexual assault, and protection. Students claimed to be more educated than their peers on topics of sexual health. Sexual health has a negative connotation. They believe that to Emory undergraduates, sex is all about “Did you do it?” rather than “How did you do it” meaning: “Are you having safe sex?” Students come from varying backgrounds in terms of sexual health education in high school and middle school; some students had very good comprehensive sexual health education and others had none. While most of these participants felt comfortable with their sexual health knowledge in some areas, such as contraceptives, they felt Emory students, themselves included, lacked knowledge about STIs and HIV. Students felt that, because Emory students are generally intelligent, they don’t seek to be educated about their personal sexual health or HIV/STI risk. Instead, they report that many students depend on a combination of myth and scientific knowledge, also known as “pseudoscience” to inform their sex behaviors and sexual health knowledge. A focus group participant used her roommate as an example of some students’ misinformation about important sexual health issues, such as HIV and STI transmission.

“My roommate is smart…but she believes that vitamin C prevents against HIV, public swimming pools can give you STIs…and making out with someone who is HIV positive can give you HIV.”

This quote shows an example of students’ perceived misinformation about sexual health.

In terms of sexual health educational programming, students cited one main source: Health 100. Although Health 100, a required freshman course, includes a sexual health component, students feel the sexual health information is limited due to time and curriculum guidelines. The sexual health component is not entirely focused on but briefly discussed in the context of respect for oneself and developing one’s personal moral code. Many students feel the Health 100 course and
sexual health education at Emory is lacking to the extent that despite taking the course they still feel a need to depend on prior sex education courses from middle and high school to address their current sexual health needs. “I don’t think [Health 100] is focused that much on [sexual] health… [Health 100 Peer Health Mentors] usually touch on it a little bit but they don’t have an entire unit on sexual health and I think that can be restructured a little bit especially for freshman being in a new environment with new people, more people, than what they may have experienced in high school…making sure they are informed about sexual health.”

One student described an alternative Emory offered to the Health 100 course one year; the sexual health education course was facilitated online. The student described the course as just as ineffective, if not more so, as the actual Health 100 course. Most students reported their lack of sexual health knowledge and awareness affects their confidence to openly talk about sexual health issues in their lives and on campus.

Students referenced their sexual experiences and the sexual experiences of their peers as sources of experiential education during their entire undergraduate career. Students believe that having certain personal negative sexual experiences and watching their friends go through similar negative experiences (e.g. unwanted pregnancy scares) are another primary source of sexual health education. These students feel that these negative experiences have helped them to develop stronger self-efficacy to make healthier sex behavioral decisions and stronger sexual health knowledge as juniors and seniors. The following quote describes students’ beliefs about Emory undergraduates’ evolution of sexual health knowledge within the context of their progressing maturity from freshmen to seniors. “I think [sexual health] is something that people learn more about over time instead of just right off the bat. I think [sexual health] has a lot to do with maturity and everyone’s personal progress and growth.”

**Self-efficacy**

*Discussing Sexual Health*

Focus group participants said that sexual health and sex is not discussed in depth on campus. When sex is discussed on campus, conversations are generally superficial. Sexual health issues, such as STI testing, haven’t typically been a focus of discussion. However, students discussed an Emory undergraduate’s recent HIV diagnosis and vigorous effort to raise awareness around the issue. Students believe that this individual has served as a cue to action for undergraduates to discuss safe sex, HIV infection, and the presence of HIV/STIs on campus. Still, students believe that although this individual has raised awareness around issues of HIV on campus they fear this individual’s singular experience may not affect students’ general perceived severity and susceptibility of HIV. Students generally feel they lack the necessary skills to talk about HIV and STI transmission and prevalence on campus. Some students feel that Emory should provide students with STI/HIV incidence reports so students will feel more prepared to have these sexual health discussions and make better sex behavior decisions based on their perceived risk. Other
students feel these incidence reports are unnecessary; they desire a more present form of STI/HIV education on campus in place of these reports. The following focus group discussion quotes express students’ expressed needs for sexual health education:

“We’re invincible…not worried…we don’t think about the long-term effects…[because] we don’t know the STI/HIV stats.”

“Students need real statistics on Emory to make it real.”

Seeking Sexual Health Services

Students claim because they lack the confidence and skills to discuss sexual health on campus they feel even less confident and comfortable seeking sexual health services on campus. Students believe that there must be sexual health services, such as counseling and condoms, on campus but they don’t know how to utilize these services or where to find them. They only know that these services exist, not because Emory advertises them but through word of mouth among the student body.

Accessibility to Sexual Health Education and Services On-Campus

Because students do not know where these sexual health services are on campus they feel services and education are inaccessible to students. One female student expressed that none of her male friends actually take advantage of free condoms on campus. She said she was not sure if it was because they did not know where to get free condoms on campus, she stated they go off campus and “they just buy them.”

Female students expressed concerns about the cost of pregnancy tests and the inaccessibility of CVS to buy pregnancy tests. Female students of one focus group described experiences of going to the CVS to purchase pregnancy tests and finding that the pregnancy tests were completely out of stock. Female students would like to take advantage of free pregnancy testing on campus with a guarantee that their parents would not find out. In terms of sexual health clinic services, many participants said they know the names of offices, such as the Office of Health Promotion (OHP), where they might receive free condoms or pregnancy tests but they didn’t feel comfortable actually locating the office in a sexual health emergency.

Sexual Health Needs and Barriers for Student Groups

Reiterated by several other participants, one focus group participant’s statement that “Emory administration does not believe sexual health affects everyone,” indicates that students seem to agree that Emory administration fails to see the importance of students’ sexual health. They all believed that Emory, as an institution, doesn’t see the importance of sexual health education for its students. Therefore, students believe this institutional climate of indifference surrounding sexual health issues directly affects students’ sexual health knowledge and indirectly affects their sex behaviors. Emory’s ineffective sexual health education perpetuates students’ lack of
knowledge, awareness, and thus their perceived threat of STIs, unwanted pregnancy, sexual assault, and their associated protective or risky behavior.

In addition to the barriers that the low value of sexual health education has had on Emory’s undergraduates, students believe the education that is provided largely excludes some populations. Students believe Health 100’s sexual health component is not inclusive of all gender and sexual identities and thus creates a barrier for these populations to receive sexual health education relevant to these populations. Student groups such as Emory Pride try to fill this education and health service gap by holding their own events, programs, and educational seminars. Emory Pride is an example of student organizations trying to fill these educational gaps/barriers. However, most students claimed that while the LGBT student organization has their own sexual health programming other student organizations they’re involved in do not discuss sexual health, which is concerning since students claim that “so many different groups know different things [about sexual health]”. Students expressed a need for sexual health education for sexually hyperactive groups, specifically freshmen, sororities, and fraternities. They described these groups as very sexually active but most lacking in sexual health knowledge and awareness. Students proposed self-esteem/female empowerment seminars for freshmen females and sororities and risky sex discussion groups for fraternities.

**Recommendations for Effective and Culturally Sensitive Sexual Health Programming**

Students expressed a desire for sexual health education to be comprehensive, accessible, and inclusive of all groups. They want Emory’s OHP to be the source of this education because of its credibility to students. When asked what they wanted this educational programming to look like students stated that while they strongly dislike the large lecture hall style delivery they would still appreciate a smaller classroom style delivery. Some students identified Health 100 as a place for this education to take place because it’s required for freshmen and a safe place for open discussions. However, a student who identified himself as a Health 100 student teacher for the course felt strongly that Health 100 was not the place for this type of education because of the strict curriculum guidelines, limited timeline for the course, and need for intensive sexual health training for teachers. The following quote shows this student’s feelings about incorporating sexual health in the Health 100 course: “I think organized wise I think we [Health 100 Peer Health Mentors] do a crappy job of [sexual health] in the academia side…I feel like in the academic setting there is a limit, not a limit, but there is kind of a short-fall Emory has.”

One focus group described a sexual health education programming model with a mix between mass communication methods, such as the *Emory Wheel*, residential advisor training, and a course on sexual health. They liked this rough model because of the diverse modes of education delivery with small group discussions, mass awareness-raising, and one-on-one intimate discussions for students to take advantage. Students felt that a mixed comprehensive sexual health programming was a strong model because they believed that an individualistic narrow approach would be least effective at delivering sexual health messages on a large scale, reaching...
diverse populations, and sustaining discussions about sexual health and sexual health service accessibility. While students don’t really know exactly how they want the sexual health education to be delivered they do know that it should be accessible, inclusive, and physically visible on campus.

**Primary Data Collection Results**

**Description of Sample**

The survey data was collected online between October 17 and October 28, 2013. A total of 216 people started the survey, with 163 participants submitting complete online surveys. When broken down by year at Emory, 14.1% (N=23) were freshmen, 62.6% (N=102) were sophomores, 6.1% (N=10) were juniors, 7.4% (N=12) were seniors and 9.8% (N=16) were graduate students (Figure 35). About 9.2% (N=15) of students identified as international students and 26.4% (N=43) were a member of a Greek organization. The majority (79.1%, N=129) of respondents live on campus. When broken down by race/ethnicity, just over half (50.9%, N=83) reported Caucasian. Other ethnicities reported were Asian/Asian American or Pacific Islander (28.8%, N=47) as seen in Figure 36. When reporting their gender, 75.5% (N=123) reported female, 23.3% (N=38) reported male, 1.2% (N=2) reported transgender, 0.6% (N=1) reported gender queer/gender fluid and 0.6% (N=1) preferred not to answer (See Figure 37).

![Figure 35. Year at Emory](image1)

![Figure 36. Respondents Race/Ethnicity](image2)

![Figure 37. Gender of Respondents](image3)
Awareness of Current Programs

Seven questions were used to assess the awareness and accessibility of current programs on campus. When asked if they had already received sexual health education on campus during their time at Emory, 26.4% (N=43) said that they had, but another 17.2% (N=28) said that they were unsure.

Another question asked students if STI and HIV testing was available on campus. 57.7% (N=94) of respondents were aware that STI testing was available and 49.1% (N= 80) of students were aware that HIV testing was available. Additionally another 41.1% (N=67) and 48.5% (N=79) were unsure if STI or HIV testing services, respectively, were available on campus. Students were also asked if free condoms were available on campus and where they were located. The majority of students (73.6%, N=120) were aware that free condoms are available on campus.

When asking where the resources of free testing and free condoms were located, the survey provided the opportunity for students to check a variety of responses. Some of these responses were “correct” in that they are actual locations where these services were offered, and some of these responses were “incorrect” in that they are locations that these services are not available. Responses were coded such that respondents got a point for each “correct” answer that was selected and each “incorrect” answer that was not selected. A response of “I Don’t Know” was coded as an incorrect answer for purposes of the scale. The choice of “Other” was not selected by any participants when asked where testing is available.

In this manner, a testing knowledge score and condom knowledge score were each calculated. Testing knowledge scores could range from 0-7 and assessed respondents’ knowledge of where on campus STI and HIV testing was available on campus, with higher scores indicating greater knowledge. Condom knowledge scores could range from 0-9 and assessed respondents’ knowledge of where on campus free condoms were located, with higher scores indicating greater knowledge.

Of all of the respondents, the mean testing knowledge score was 6.01 (SD=1.03) and the mean condom knowledge score was 6.07 (SD=1.59). Knowledge scores were also assessed by grouping participants into groups based upon if they reported not engaging in sexual activities, how they reported their gender, and if they were a member of Greek life. These results can be seen in Table 4. These scores were then compared to the total sample. A t-test was used to assess the statistical significance of the differences between the condom knowledge scores; the testing knowledge scores did not follow a normal distribution and a t-test was not appropriate. The group that reported their gender as male had a significantly lower condom knowledge score than the total group of respondents (t= -3.185, df=158, p=.002).
### Table 4. Knowledge Scores

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>SD</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>6.06</td>
<td>1.59</td>
<td>6.01</td>
<td>1.03</td>
</tr>
<tr>
<td><strong>Engagers</strong></td>
<td>6.07</td>
<td>1.49</td>
<td>6.22</td>
<td>0.94</td>
</tr>
<tr>
<td><strong>Non-Engagers</strong></td>
<td>6.05</td>
<td>1.76</td>
<td>5.66</td>
<td>1.07</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td>5.35</td>
<td>1.57</td>
<td>6.03</td>
<td>0.94</td>
</tr>
<tr>
<td><strong>Greeks</strong></td>
<td>6.02</td>
<td>1.44</td>
<td>6.26</td>
<td>0.86</td>
</tr>
</tbody>
</table>

The survey also collected data about where students currently access their sexual health information. The majority of students look to the internet every time (38.7%, N=63) or sometimes (52.8%, N=86). The services provided by Emory, such as the Office of Health Promotion, the Office of LGBT Life and the Center for Women, are not being utilized. Students report never using these services at least 60% of the time. See Figure 38 to see the breakdown of responses for each item.

![Current Sources of Sexual Health Info](image)

**Figure 38.** Current Sources of Sexual Health Information

### Perceived Needs

A series of questions was used to assess the campus climate and perception of sexual health on campus. These questions assessed feelings surrounding unprotected sex, STIs, HIV, unplanned pregnancy, offering STI and HIV testing, and learning about sexual health and safer sex. 61.3% (N=100) agree or strongly agree that unprotected sex is a problem on campus. 72.4% (N=118) agree or strongly agree that STIs are a problem on campus. Learning about sexual health is important for the majority of the respondents (88.3%, N=144). The rest of the campus climate variables can be studied in Figure 39.
The majority of respondents (69.9%, N=114) felt that barrier methods (female and male condoms, and dental dams) were available on campus, but just under half of respondents (47.9%, N=78) felt comfortable getting barrier methods on campus. In the last 30 days, only 14.7% (N=24) accessed the free condoms available on campus. Other services were also under-utilized. While the majority of respondents (67.5%, N=110) felt comfortable they could make an appointment about their sexual health needs, that number decreases to 51.6% (N=84) when asked if they could locate sexual health services in an emergency.

When it comes to learning about sexual health, respondents overwhelmingly indicated that learning about sexual health (88.3%, N=144) and safer sex (82.2%, N=134) was important to them. The survey asked students how they would want to receive sexual health education, the following forums were the most desirable for respondents: from a Sexual Health Educator (75.5%, N=123); from the Emory website (65.7%, N=107); and in an email (65.1%, N=106). The complete breakdown can be seen in Figure 40.
In terms of sexual health topics that respondents feel are important to learn more about, most of respondents (83.4%, N=136) rated learning about healthy relationships as very important. Other topics that were very important to respondents were birth control (58.3%, N=95) and STIs (50.9%, N=83). For respondents that reported not engaging in sexual activities, learning about abstinence was very important for 45.2% (N=28) of that population. Among those who do engage in sexual activities, the majority of respondents selected female orgasm (51.5%, N=52) and breast and cervical cancer (51.5%, N=52) as very important to learn about. Further breakdown of topic choices can be seen in Figure 41.

When asked about the importance of resources that could be available on campus, respondents selected the following topics as very important: free condoms (53.4%, N=87), STI testing (50.9%, N=83), pregnancy test kits (49.1%, N=80) and availability of STI testing prices (49.1%, N=80). Further breakdown of resources can be seen in Figure 42.

![Importance of Topics](image)

**Figure 41. Importance of Sexual Health Topics**
Figure 42. Importance of On-Campus Resources
Triangulation

The data analysis of the key informant interviews, primary data collection, focus groups, and windshield survey have revealed three common themes regarding the current state of sexual health education at Emory. These themes include: accessibility of sexual health information and services offered at Emory, the quality and content of sexual health information, and the preferred sources and forums for getting sexual health education.

For a triangulation matrix see Appendix K.

Accessibility of Sexual Health Information and Services

Since Emory has no formal sexual health curriculum, sexual health information has inconsistently been infused into campus life programming. The information that is provided to students, however, does not come from a single credible source. This became evident in the key informant interviews when participants specifically identified Lauren Bernstein as the Emory staff person who handles sexual violence issues, but then could not identify who or what office should be responsible for sexual health education programming at Emory. When considering what the role of OHP should be in providing sexual health education, one key informant relayed a time early in his Emory career when he had to figure out where to refer students who wanted sexual health information and resources. He stated:

“As [students] came in and said they wanted to do condom distribution from the outside or wanted to do sexual health programming from the outside I would always tell them to go through health promotion because I think that we needed for our community to know what the messaging needed to be and then how to be consistent with it because then consistent messaging can then be spread out through the entire division.”

This statement highlights the importance of having a university office that is charged with doing sexual health education and programming, as otherwise people do not know where to seek out information as a starting point and as a result may not actually get the information or services they require.

The notion that Emory currently does not have consistent messaging around sexual health information is also reflected in the fact that many students participating in our survey and focus groups reported that they did not know where to seek out sexual health information or even where to get sexual health services at Emory. Focus group participants believed that OHP’s remote location on Emory’s campus is only one of the perceived hindrances to students accessing health education and services. These students also expressed that OHP’s services are unknown to students because of OHP’s limited presence on campus in promoting their role in providing sexual health information and services. Even the administrators and Peer Health Partner reported that either they did not know if their students were utilizing Student Health and
Counseling Services or that their students did not know how to get an appointment with Student Health Services. Of those students who completed our survey, 41.1% were unsure if STI testing was available on campus and 48.5% were unsure if HIV testing was available on campus. Only 48.5% reported feeling confident that they could locate sexual health services in an emergency. Despite the fact that these services are offered on campus, the windshield survey revealed that HIV/STI testing is not advertised on the stairs leading to Student Health Services as is the case with several of their other health services and resources.

**Quality and Content of Sexual Health Information**

As the literature review made evident, there are a variety of topics that could potentially be included in a sexual health curriculum. Considering the current lack of resources at Emory to provide a comprehensive sexual health program, as pointed out by our key informant interviews, it is important to focus on the topics that Emory students express interest in in order to encourage their engagement with potential programming. Over 50% of the surveyed population of students reported wanting to learn about healthy relationships, birth control, and STIs. Furthermore, the majority of those who reported engaging in sexual activities also want to learn about female orgasm, while those who report not engaging in sexual activities include abstinence as a desired topic. The windshield survey of Emory’s online sexual health resources highlighted several webpages and downloadable information sheets about topics ranging from genital warts to hormonal contraceptives and safer sex supplies, but many of these pages were difficult to locate online. In some cases, the information was also outdated and provided inaccurate Emory contact information.

Across the data sources, providing information on STIs/STDs and healthy relationships were two large areas of focus. While the survey revealed STIs and HIV as a topic that students would like to have more information on, the focus group participants expressed interest in having Emory provide specific statistics on HIV and STI prevalence and incidence so that they would have a better sense of what their own risk is. The Director of LGBT Life also expressed that Emory students love facts and would respond well to fact sheets on risks associated with STIs and STDs. In regards to healthy relationships, 83.4% of survey respondents stated that learning about this topic was very important to them. Key informant interviews also supported this notion as several participants have students come to them for relationship advice or concerns because they are not able to effectively communicate and negotiate within their relationships.

Both the key informant interviews and focus group discussions mentioned the sexual assault prevention programming that is heavily advertised on campus and tied into Residence Life training sessions. A few of the flyers for the RESPECT Program were depicted in two of the locations surveyed for the windshield survey. One key informant summed up Emory’s take on sexual health programming by stating that “Emory is very reactionary—sexual violence over sexual health.” This person, as well as several others, went on to express their desire to see Emory take a more preventative approach to sexual health education. In addition to adding more
preventative messaging, students participating in the focus group believed that the sexual health education provided is not inclusive of all genders or sexual identities and thus creates a barrier to certain populations receiving relevant and important sexual health education. Three of the key informant interviews echoed this sentiment by expressing a desire to have a more sex positive campus where students feel safe seeking the information and services they need to stay healthy and safe.

While it is crucial that sexual health topics fit the needs of the Emory student population, it is also important to make the information and programming around sexual health engaging. The administrators that were interviewed felt strongly that students did not want to sit through another lecture or course requirement. While one of the focus group discussions centered largely on how to fit sexual health topics into the Health 100 curriculum, students were more critical about how their time was being ill-spent on required programming such as PACE that does not provide memorable information on the spectrum of Emory services. Instead, students suggest having engaging instructors or peer educators who can help students develop skills and the confidence to talk about the sexual health issues that are important to them.

**Preferred Sexual Health Education Sources and Forums**

While focus group participants and key informants offered many suggestions as to who needs to be disseminating sexual health information to the students at Emory, the one underlying characteristic of the examples provided was that the source has to be credible. The suggestion that came up the most was hiring a sexual health educator for OHP; OHP staff in the key informant interviews even stated this was the ideal if the funding were available. Of the students who participated in our survey, 62.6% think that having a sexual health educator is very to somewhat important to have as a resource. An even higher number of respondents (75.5%) stated that receiving sexual health information from a sexual health educator would be desirable or very desirable. Aside from a sexual health educator, in ranking where they would like to receive sexual health information from, students also prioritized the Emory website, email, and cell phone applications. Looking at the resources that are already within reach on campus, key informants and focus group participants also suggested various forms of on-campus collaborative efforts that would help provide alternative forms of sexual health education.

Using peer led program structures, student organizations, and sexual health experts external to Emory were all proposed as forms of potential collaboration to provide credible and accessible sexual health information to Emory students. There was, however, contradiction across the focus group discussions where one group positively viewed the role of peer instructors, while the other group viewed them as less credible sources of information. Instead, the latter group highlighted the role student organizations, such as SHAG, can play in making OHP more accessible and interesting to the student body, suggesting that OHP collaborate more closely with SHAG and other student organizations. Key informants even suggested finding ways to incentivize student organization’s involvement with sexual health education initiatives and then went on to name...
specific student organization that, when combined, would provide access to the majority of the student body. While student leaders in the focus group said that they were not currently doing any such programming with their organizations, 55.8% of survey participants thought it would be desirable or very desirable to receive sex health information from a student organization meeting. Key informants and focus group participants also suggested bringing in a panel of doctors or sex experts to answer student’s questions. These individuals felt that having physicians in particular would be appealing to students as they would know that the information they were receiving comes from a legitimate source. Overall, the survey’s top listed resources that could be available from an education standpoint were online advice and workshops, followed by a sexual health educator and incorporation into courses. The variety of suggestions, particularly the contradicting ones, advocate for the fact that sexual health education at Emory needs to include diverse modes of delivery in order to be utilized effectively by more students.
Needs and Recommendations

The following recommendations are based on the triangulated data from key informant interviews, focus groups, primary data collection, windshield surveys, and literature review. A table of needs (Appendix L) was formed following the data triangulation, from which the Recommendations Table (Appendix M) was formed with the need priorities in mind, paying attention to the feasibility of the needs and recommendations and the importance of implementation. Emphasis is placed on expanding current sexual health resource availability and awareness, and engaging the campus in a sex positive movement.

Six initial recommendations were created based on the needs found from the triangulated data, and sent to OHP’s Director and project liaison, Heather Zesiger, for review. Following her comments and guidance towards obtaining targeted and specific recommendations, four of the six recommendations were made more comprehensive and developed into four primary recommendations that answer: **who** is responsible for sexual health at Emory, **what** topics the data identifies as most important, **where** Emory students would like to receive sexual health information, and **how** the information would be best received or could be most effective.

Each recommendation contains specific suggestions that were pulled from the data and categorized into Short Term Suggestions and Long Term Suggestions. **Short Term Suggestions** are generally high in feasibility due to lower resource requirements. **Long Term Suggestions** generally require more time and resources. The two recommendations that are not found in this section were considered to have lower importance than the primary four, and can be found in (Appendix N).

Accessibility of Sexual Health Information and Resources

**Need: Collaboration**

**Recommendation 1: Collaborate and create partnerships to distribute sexual health information**

Key informants identified collaboration as key to distributing health information. Additionally, according to focus groups, students would like to see OHP collaborate with an accessible and relatable student liaison, such as SHAG, to provide a variety of educational mediums. OHP should make the most of their partnerships, as fruitful collaborations can be challenging to create and maintain at Emory University. For example, it may be wasted time and effort to try and include sexual health segments in Health 100 as Health 100 administrators seem unwilling to do so according to both key informant and focus group data. Therefore, OHP should make meaningful and sustainable connections with Emory University stakeholders that have an interest in sexual health.
Suggestions for Implementation

Short Term

These short term suggestions are less resource intensive and thus more feasible. Although the majority of these collaborations already exist, strengthening bonds between these organizations for the common goal of positive sexual health education is strongly encouraged.

- **Sexual Health Advocacy Group (SHAG)**
  - The Sexual Health Advocacy Group on campus has reignited after a brief hiatus from campus due to a highly motivated and interested undergraduate student. OHP’s current role is to serve as an advisor and provide guidance when needed, but staying hands-off enough that it is the student’s work being done. While this is certainly a step in the right direction, a sustainable plan needs to be implemented for SHAG in order for the program to continue despite undergraduate ebb and flow in interest and motivation. OHP should maintain a steady advisory role and continue to create space for the organization to grow and maintain an executive board.

- **Office of LGBT Life**
  - The Emory University Office of LGBT Life has a strong connection with OHP, and should continue to maintain a relationship and include collaborative input on consistent messaging in order to create an LGBT-inclusive environment.

- **Campus Life**
  - A number of potential avenues for collaboration exist in Campus Life, some have already been developed such as orientation initiatives and programming for residence halls, but OHP and Campus Life should consider working to include a space for sexual health education in others programs (e.g. sophomore advisor training, and engaging with the Second Year at Emory Program). Campus Life is a clear partner to provide sexual health events for Residence Halls as well as potential Late Night Emory Events.

Long Term

Long term suggestions include collaborative partnerships that may take longer to develop and are more challenging to maintain due to various circumstances, including lack of previous connection and the necessity to make structural-level modifications in these organizations.

- **Student Leader Round Table**
  - The purpose of the collaboration is to learn how to integrate sexual health effectively into the student body. As 55.8% of survey respondents thought it would desirable or very desirable to receive sexual health information from a
student organization meeting, speaking with student leaders will allow OHP to target programs to specific organizations and groups of students, as well as make key leaders aware of sexual health services at Emory.

- **Greek Life**
  - The current sexual assault programming for Greek Life may set precedence for future OHP and Greek Life collaborations. OHP should consider including a sex positive aspect to current programming or creating an additional program that Greek Life participants are required to attend.

- **Athletic Groups**
  - Identified by a focus group student, athletic teams are where many intimate sexual health conversations take place. These teams, like Greek Life, have events that they are required to attend.

- **Center for Women**
  - Identified as an asset in the Community Profile, the Center for Women may be a connection worth pursuing.

- **Religious Life Organizations**
  - Other universities have collaborated with religious life leaders on campus, and this may be an interesting connection to make for students interested in learning about different religious views on sex (sexual health forum from religious perspective), abstinence, and HIV/STI testing (during Coming Out Week at another university, religious leaders promoted HIV and STI testing).

- **Clinicians/Health Care Providers**
  - Focus group students cited their positive experiences at Emory when they interacted with doctors and physicians through the Pipeline program they run for high school students. Students want information that is from a credible source and really value expert opinion in this area. This is a long-term recommendation because the clinician needs to be well versed in sexual health and may be external to the Emory network.

- **External “Sexperts”**
  - Experts in the field of positive sexuality, sexual health, and healthy relationships who are entertaining and well-suited for college environments are key. These sexperts may be best suited for SHAG lecture series or Sexual Health Week. These are low in feasibility due to being highly resource driven and external to the Emory network, but were mentioned in the focus groups.

- **Sexual Health Educator**
  - According to a key informant in LGBT life, making meaningful connections and creating space for marketing specific services is part of the daily job of staff at Emory. Therefore, a sexual health educator would be the most sustainable option for creating both the long and short term collaborations mentioned here.
Need: Source of Sexual Health Education on Campus

Recommendation 2: Provide consistent messaging surrounding sexual health topics

According to the LGBT Director, Michael Shutt, Emory as a whole is in dire need of consistent messaging surrounding sexual health. In order for consistent messaging to be successful, there needs to be one entity that guides the sexual health messaging at Emory. As discussed in the literature, students feel it is the responsibility of the school to provide resources for students (Lechner et al., 2012). Focus group students felt that OHP should be the primary source of sexual health information to ensure the information they are receiving is legitimate and credible. Lauren Bernstein, the Coordinator of the RESPECT program, also stated that “OHP is the natural home” for sexual health information. Thus, when a student, campus organization, or faculty member has a question or concern about sexual health, they should be able to find that information from OHP. OHP should serve as the central location and source of consistent sexual health messages that are both up to date and relevant to Emory students.

Suggestions for Implementation

Short Term

Short term recommendations include items that are either continuing projects or items that will need ongoing maintenance and attention. These are services that should be expanded and display a clear direction moving forward.

- Develop and update information on HIV/STI testing on campus including cost
  o This suggestion has taken place during the process of this CNA, but was included in order to maintain sustainability of this effort.
- Update website information and contacts
  o Continued maintenance and updating of the webpages are crucial, as this is statistically where most students find information.
- Include an accessible list of resources
  o OHP holds a comprehensive list of sexual health-related resources that should be posted to the OHP Emory website in a user-accessible manner. This includes checking links for accuracy, creating a clean layout, and increasing ease of navigation to the sexual health page.
- LGBTQ inclusive
  o As an overarching theme for all the messages that come out of OHP, and looking back at the ones that have been developed in the past, ensuring that all messages are LGBTQ inclusive is a task that falls within OHP’s purview.
Long Term

Long term suggestions include **developing information and key messages** on topics that were found to be important to students. These suggestions are self-explanatory as a list of topics that should be covered in a consistent messaging campaign, and thus include corresponding data from the CNA to support their inclusion in this list. The underlined items are the top three reported sexual health topics of interest.

- **Healthy Relationships & Intimacy**
  - In our primary data collection, 83.4% of respondents stated that learning about healthy relationships is very important to them. As cited in the literature review, 27.9% of students indicated intimate relationships were “traumatic” or “very difficult to handle” and are the second highest cause of distress at Emory (44.9%) (ACHA, 2011).

- **Birth Control & Unwanted Pregnancy**
  - In our primary data collection, the overwhelming majority (95.1%) of respondents wanted to learn about birth control, and unprotected sex was seen as a problem by 61.3% of students.

- **Breast & Cervical Cancer**
  - Breast and cervical cancer was indicated as a top concern by 85.9% of survey respondents.

- **Abstinence**
  - Of those who do not engage in sex, the majority (71.0%) responded they would like to receive information on abstinence

- **Female Orgasm**
  - Of those who did engage in sex, the majority (86.2%) responded they would like to receive information on the female orgasm

- **Emory Specific Statistics**
  - Focus groups indicated students would like Emory specific statistics so they can accurately assess their risk for issues like STI and HIV.

- **Sex Health and Safety**
  - Sex Health and Safety was seen as a priority sexual health topic by 82.2% of students

**Preferred Sources and Forums**

**Need: Marketing around where services/sexual health education is available to students**

**Recommendation 3: Provide marketing that promotes current services and sexual health education sources**

Students specifically reported that the accessibility of sexual health information
and services was a barrier to care. Less than half (48.5%) of survey respondents reported confidence in locating sexual health services in an emergency. Focus group participants also indicated that their peers “do not know how to make appointments at student health services.” According to the focus group discussions, OHP should be more present and visible on campus. Students believe that OHP’s remote location on Emory’s campus is only one of the perceived physical hindrances of students’ access to sexual health education and services. Students also believe that OHP’s services are unknown to students because of OHP’s limited presence on campus in promoting their role in sexual health on campus and the services they provide. To put it simply, we found that students are unaware of the services offered and the location of offices, and have low self-efficacy when it comes to actively pursuing help. Therefore, it is necessary to provide current information to students on sexual health programs at Emory through salient marketing channels. Marketing provides access to information on what and where services are, as well as access to the consistent sexual health messages that our recommendations suggest.

Suggestions for Implementation

Short Term

The short term recommendations indicate which forums are most manageable for OHP with the limited resources they have. Most people want to receive information from a sexual health educator, followed by the Emory website, and then in an email. Students want a safe space to ask their sexual health questions. Other possible avenues include student organizations or a course – which had mixed reviews in the data although this may be due to the stigma and privacy that surrounds the topic of sex at Emory University. The top three choices are underlined.

- **Emory Website**
  o Following sexual health educators, 75.5% of survey respondents reported an Emory Website as their most desired forum to receive sexual health information

- **Email**
  o Survey respondents reported that email was their third most desired forum to receive health information (65.0%).

- **Student Organizations**
  o Both survey respondents and focus group participants had mixed views on whether they preferred sexual health information to be in a student organization. Part of this may be due to the stigma surrounding sex at Emory – particularly the belief that sex is a ‘private’ issue and the belief that students have a difficult time talking about it. It was kept as a suggestion in order to (a) cater to those who felt it would be incredibly useful and has been useful in the past and (b) create a campus culture where it is acceptable to discuss sexual health issues (see Appendix N).
• **In a Course**
  o This had a dichotomous reaction similar to student organizations, and is included for the same reasons. Additionally, a course can provide an avenue for a consistent, potentially engaging, and well-informed speaker, which covers many of the other suggestions made.

• **Wonderful Wednesday Tabling**
  o According to the windshield survey, Wonderful Wednesday is a good place to give out pamphlets, prepared materials, or an incentive of some sort in the way of marketing materials. This would be useful for both OHP and SHAG in terms of distributing sexual health information.

• **Social Media**
  o As an extension of the Emory Website, social media was cited in focus groups (in terms of Facebook/Twitter) as a potential source for providing sexual health advice.

**Long Term**

• **Sexual Health Educator**
  o The top listed resources desired for sexual health information was a sexual health educator - 75.5% of respondents reported they would prefer to receive sexual health information from a sexual health educator. A sexual health educator in this context (forums) would be particularly useful in reference to putting on sexual health workshops, managing social media materials, creating e-mails, updating the website, or managing advice columns.

• **Annual report on Emory sexual health stats**
  o To address the issue of Emory specific statistics, an annual report is suggested as a necessary item. Although Emory does provide annual reports, the information is not readily found by students unless they go searching for it. Marketing an annual report is seen as long term because the logistics of what information is necessary to disseminate in terms of risk communication, and distributing for the correct mediums can be tricky.

• **Workshops**
  o The previous sexual health educator held a number of workshops (such as “I <Heart> My Vagina” and “Healthy Relationships”) that a few key informants mentioned. These workshops could be expanded upon or new ones could be created – particularly workshops relating to previous topic suggestions.

• **Pamphlets**
  o Fliers or pamphlets about STI signs and symptoms were mentioned as a potentially useful item for OHP, as well as pamphlets on contraceptives – which SHAG has access to through a connection with bedsider.org (a user-friendly and engaging website about birth control).
• HIV/STI stair ads in EUSHS
  o A windshield survey conducted at Student Health Services indicated that there is no ad displaying HIV or STI testing services, even though these services tend to be the most utilized (albeit not quite utilized enough according to our data).

Quality and Content

Need: Bring the fun back to sexual health education

Recommendation 4: Offer engaging information about relevant sexual health topics

Multiple key informants indicated that students are inundated with information and therefore are not motivated to readily engage – even in a topic like sex; “Students don’t want to sit through another lecture-be creative and make it interactive and fun”. Focus group discussions revealed students believe Emory’s current attempt at sexual health education is non-comprehensive, unengaging, and ineffective. A student stated “OHP should be more fun and sexy” as they have “legitimacy” on campus and could provide a unique health experience for students. Our findings show that students are over-programmed and therefore education has to cater to their direct needs. The sexual health education here must be both engaging and relevant. The following suggestions expand upon the “where” to offer suggestions on how to provide sexual health information in a way students believe they will best receive it. Naturally, a limitation is that there is no way to know exactly how effective each of these strategies are in practice at Emory, but these are poignant starting points and ideas to consider.

Suggestions for Implementation

Short Term

These suggestions are specific to a forum and offer ideas from students, other universities, and past events or programs held at Emory. These short term suggestions are either items that OHP has the current capacity to implement or have done in the past.

• Emory Website
  o A blog advice column –something to the effect of ‘Go Ask Alice’ from Columbia University – was cited as a possibility for student engagement.

• Emory Wheel
  o Emory Spread Eagle was a column in the Emory Wheel that used to report on college-specific sex issues such a “Sexile-ing Roommates” and “Great Handjobs: Unicorns of the Carnal World (The Emory Wheel, 2010)”

• Student Organizations
  o Sex Trivia
  o Film Screenings
- **Social Media**
  - Facebook: Emory Sex Secrets; Posts about sexual health topics or resources
  - Twitter: Have students tweet questions or answer previously e-mailed questions. Additionally, tweet sex facts – particularly during sexual health week.

- **Stall Seat Journal Article**
  - As OHP is already the editor of Stall Seat Journal articles for dorms, it would not be too far of a stretch to produce one on sexual health issues, and could perhaps include Emory specific statistics.

- **Sexual Health Week**
  - Sexual Health Week is an ideal time to implement many of these suggestions or programs, and is a focus of SHAG. This is a week that should be promoted in student organization leadership circles in order to create a creative and engaged health promotion environment surrounding sexual health topics.

- **Coming Out Week**
  - As cited under collaboration with religious organizations, Coming Out Week could have religious leaders promote HIV and STI testing and could be used to promote LGBT specific sexual health information – particularly around positive sexuality and sex safety.

**Long Term**

These suggestions are specific to a forum and offer ideas from students, other universities, and past events or programs held at Emory. These long term suggestions are items that require further resources and significant amounts of planning and collaboration to implement.

- **Lecture Series**
  - Should include entertaining speakers
  - Faculty like Dr. Edwards (Psychology of Love Professor)
  - Popular positive sexuality icons like Laci Green (YouTube vlogger)
  - SexEd Squad led by Ken Hornbeck
  - Panel of Doctors

- **Discussion Groups**
  - Similar in format to LGBT discussion groups surrounding various topics including sex, a discussion group could be formed around positive sexuality with a knowledgeable staff/faculty facilitator.

- **Sexual Health Educator**
  - This person would ideally promote, organize, host, and speak at some of these events. This person could also facilitate discussion groups.

- **Peer Education**
  - SHAG is a peer education group, and should emphasize OHP partnership for legitimacy
• Peer education is debatable, some find it very desirable while others believe it is not the place of a peer to give advice on sex topics

• Campus Events
  o Consent-centered musical
  o “Sex in the Dark” Event
    - Boston University and Indiana University both have put on this event, where students in a darkened auditorium – sometimes with glowing objects such as glow sticks – are encouraged to ask ‘sexperts’ their questions about sex.
  o AIDS Awareness Red Dinner Club
Limitations

This community needs assessment was largely limited by time constraints, our team’s inability to access the entire student body, and retention issues. In addition, the lack of defined spaces on campus associated with sexual health and our team’s inability to access all campus buildings became a limiting factor.

The survey was limited by the fact that we only had access to one class listserv and therefore received a disproportionate amount of students representing that part of the student population. While we did make those that lived on campus a priority population, more freshman inclusion would have been beneficial. The surveys were also predominately filled out by students who identified as female and our team did not have time to go out and recruit more male participants by the time enough surveys were completed to get a sense of the represented population demographics. While Emory University has a slightly larger reported population of females than males or other genders, the survey was skewed more significantly towards females than the enrollment data (75.5% vs 60% respectively). Additionally, a high number of students (38%) reported not engaging in sexual activity. While it is hard to know how representative that is of the Emory University population, it also makes it difficult to evaluate their sexual health education priorities. Because it is impossible to know how these students would choose to respond to questions regarding sexual health priorities and preferred methods of outreach, we stratified the responses to those questions based by whether or not the students reported engaging in sexual activities.

Prior to requesting key informant interviews, OHP had suggested a number of individuals that would be able to represent different priority populations among the Emory student body. Due to time constraints, we were not able to arrange interviews with all of the suggested informants and on two particular occasions, team member’s schedules made it so only one person could attend an interview. Since those two interviews did not have a note taker, the longer and richer interview was transcribed and a team member took notes on the audio of the second interview at a later date.

Recruitment was the primary limitation for the focus group discussions. Although the CNA team contacted more than 60 students to participate in focus group discussions, very few participants enrolled. Even when the CNA team was able to recruit enough participants, 5-6, for a full focus group, attendance was an issue. Participants who initially enrolled to participate in a focus group discussion reported scheduling conflicts and declined to participate at the last minute. Although recruitment was challenging, the focus groups we were able to conduct provided valuable information for this needs assessment.

The windshield survey is intended to reflect all of the spaces where sexual health education reaches Emory undergraduate students, however because there is no designated office or space
associated with that specifically, the entire Atlanta campus served as potential space to be utilized for those purposes. Due to the sheer number of spaces inhabited by undergraduates on campus, our team had to select those locations that we felt best represented where sexual health education and services are currently accessible to students and what environments were most frequented by freshman and sophomores living on campus. While one of our team members has access to the sophomore dormitory, the Woodruff Residential Center, we were not able to obtain access to any of the other freshman and sophomore dormitories. In addition, the day that the windshield survey was conducted on Wonderful Wednesday it rained, which called for the location of the event to be changed and may have affected student attendance and participation.
Lessons Learned

Conducting this needs assessment with OHP has been a valuable learning opportunity. In the process of translating the knowledge learned in the classroom to practicing newly-acquired skills in the real-world setting, this needs assessment team identified our group’s assets, recognized the importance of time management, identified strategies for effectively recruiting and retaining focus group participants, and responded to feedback from pilot testing data collection instruments.

Previously established relationships between needs assessment team member Carissa Ruf and OHP, and between team member Leslie Munoz the Second Year at Emory (SYE) Program (see Community Assets for more detail about SYE) helped to facilitate open communication with stakeholders and provided the needs assessment team with valuable insight. Carissa’s work with OHP prior to the start of the needs assessment process enabled her to have a nuanced understanding of OHP’s current student programming regarding sexual health, and what future programming through OHP may be feasible given the personnel and financial resources available. Additionally, Leslie’s position as a live-in advisor at Woodruff Residential Center as part of the Second Year at Emory Program and as the teaching assistant for the Health 100 classes also allowed the team to have a fuller comprehension of the sexual health programming first- and second-year students receive; some current gaps in student knowledge regarding sexual health; and strategies to approach undergraduate students for data collection in ways respectful to their time and scheduling constraints.

With regards to time management, varying academic and professional commitments of team members can complicate the creation of a group work plan. To ensure equal division of labor and to facilitate the completion of sections that need to be completed prior to subsequent sections, group members must be transparent about when they will realistically have work completed. Additionally, creating timelines for data collection with a GANTT chart establishes a firm foundation for successful data collection, and the ability to plan the assessment out completely from the very beginning proved useful. However, time restraints restrict the ability to reach out extensively to potential participants for key informant interviews, focus groups, and surveys, thereby affecting the scope of our data collection process.

When planning for focus groups, it is important to recognize that last-minute cancellations may occur, causing the final focus group size to be significantly smaller than anticipated. Recruiting early and through as many avenues as possible is crucial for adequate focus group size and the representation of a wide range of views within the focus groups.

In addition to setting aside adequate time to complete data collection, pilot testing data collection instruments, such as surveys is important for collecting high-quality data. During this needs assessment, the team pilot tested the survey instrument with both fellow classmates and
focus group participants. This feedback enabled the team to clarify ambiguous wording and streamline lengthy or extraneous questions to improve comprehension of survey items and encourage completion of the survey by respondents.
Conclusion

Guided by the purpose of identifying gaps in sexual health education for Emory University first- and second-year students on Emory’s Atlanta campus, the primary goal of this community needs assessment (CNA) with Emory University’s Office of Health Promotion (OHP) was to increase the accessibility and efficacy of OHP’s current and future sexual health education programming. In an effort to understand current sexual health knowledge sources and gaps within the provision of this knowledge at national and state levels, as well as within the Emory community, this CNA team conducted a literature review, windshield surveys of Emory University’s campus and online resources for students, 6 key informant interviews with Emory staff and students, 2 focus groups with undergraduate student leaders, and administered a survey to Emory undergraduate and graduate students, with a total of 163 complete responses received.

The windshield surveys targeted Emory University’s Office of Health Promotion, Student Health Services, Counseling and Psychological Services, the Dobbs University Center, Cox Hall, the Woodruff Residential Center, Wonderful Wednesday, and Emory’s online sexual health resources. Key informant interviews were conducted with five Emory staff members and one student leader from various offices and organizations at Emory University, including the Office of Health Promotion, the Office of LGBT Life, Second Year at Emory, and an undergraduate Peer Health Partner with the Health 100 Course. These key informant interviewees were selected and contacted because of their knowledge of particular campus services or student engagement related to sexual health, and were referred to the CNA team by OHP stakeholders and from other key informant interviewees. Both focus groups were held with student leaders who could speak to the sexual health needs and feasible programming options for their undergraduate student participants. Focus group participants represented a wide range of organizations, including the Urban Health Initiative, GlobeMed, Pipeline, Emory Pride, Black Star Magazine, Emory Student Ambassadors, Emory Peer Health Partners, a sophomore advisor, and the Indian Cultural Exchange.

Validated qualitative data analysis techniques identified in the literature were used to analyze the findings from the key informant interviews and focus groups. With participants’ consent, all interviews and focus groups were audio-recorded, with one team member conducting the interview/focus group, and at least one other team member taking rigorous notes. One interview was transcribed verbatim, and this transcription and all other sets of notes were reviewed by team members. Major themes and concepts were documented and a codebook was established. For the key informant interviews, the three major themes identified were: (1) where students are currently receiving their education regarding sexual health; (2) what barriers and facilitating factors exist on Emory’s campus that may impact how sexual health education is provided to Emory undergraduates; and (3) what the role of OHP should be in delivering sexual health education on Emory’s campus. For the focus groups, the five primary domains identified were: 1) general sexual health knowledge; 2) self-efficacy discussing sexual health and seeking sexual
health services; 3) accessibility to sexual health services on campus; 4) specific sexual health needs and barriers to education/service for individual groups; and 5) recommendations for effective and culturally sensitive sexual health programming for individual groups.

Information gleaned from the literature review and preliminary data from the key informant interviews and focus groups that had been conducted at the time informed the development of the survey instrument. An initial draft was pilot tested with the instructor, TA, and fellow classmates of the CNA course, and with focus group participants. The final version included 26 items related to students’ awareness of current sexual health programs, current knowledge, perceptions of needs, and behaviors regarding sexual health, and preferred content and avenues for sexual health information and programming. An online version of the survey was created using Survey Gizmo, and was administered to Emory undergraduates and graduate students on the Atlanta campus through various student email listservs. The 163 complete responses that were received were analyzed for frequencies, trends, and associations using the statistical data analysis software, SPSS.

The data gleaned from all data collection methods (literature review, windshield surveys, key informant interviews, focus groups, and the survey) was triangulated to summarize convergences, divergences, and silences among these sources. Overall, key informant and focus group participants felt that students are unsure of existing sexual health resources currently available on campus, and where to go to seek out sexual health information. These findings were supported by survey data, which indicated that 41.1% and 48.5% of students are unsure if STI and HIV testing are available on campus, respectively. With regards to interest in sexual health information, key informant and focus group participants express an interest in communicating Emory-specific STI and HIV prevalence and risk to students. Aligned with this finding, more than 50% of students are interested in receiving information about STIs, birth control, and healthy relationships. Preferred sexual health education sources and forums from the perspective of key informant and focus group participants include hiring a sexual health educator for OHP, and collaborating with student organizations to disseminate information. Students are interested in receiving engaging sexual health and healthy relationship information from credible and engaging online and on-campus sources, with 75.5% of students stating that receiving sexual health information from a sexual health educator would be desirable or very desirable.

This triangulation of the various data sources also allowed this needs assessment team to develop recommendations for OHP’s current and future sexual health programming. These recommendations include short- and long-term options under three primary areas regarding 1) accessibility of sexual health information and resources; 2) quality and content; and 3) preferred sources and forums of sexual health information. More specifically, these recommendations encourage OHP to collaborate and create partnerships to distribute sexual health information, provide consistent messaging surrounding sexual health topics, provide marketing that promotes current services and sexual health educations sources, and offer engaging information about culturally-tailored sexual health topics.
Through reflection on the CNA process, team members identified four primary lessons learned related to the importance of our group members’ assets, time management, pilot testing data collection instruments, and recruiting and retaining focus group participants. Additionally, team members identified several limitations that may have impacted the findings of this CNA, which include the time constraints inherent in conducting a CNA within one academic semester, including interviewing all recommended staff and student leaders knowledgeable about on-campus sexual health needs and programming, and reaching a broader sample of survey respondents. Identified limitations also include retention issues for focus group participants, which resulted in small focus group size, and lastly, a lack of defined spaces on Emory University’s Atlanta campus specific to sexual health. Selection of relevant windshield survey sites required creativity from the CNA team, and some spaces where sexual health information is disseminated or discussed may have been missed.

Through a PowerPoint presentation provided to OHP stakeholders on December 4, 2013 and this final report, this CNA team has summarized the findings of this CNA with our OHP partners. Overall, the mixed methods approach incorporating windshield surveys, key informant interviews, focus groups, and an online survey enabled this CNA team to gain a nuanced understanding of the sexual health needs of undergraduate students at Emory, and the existing expertise, resources, and dedication to providing comprehensive and accessible sexual health information of OHP and other on-campus organizations that can be leveraged to meet these needs.
References


American College Health Association (ACHA). American College Health Association-National College Health Assessment II: Institutional Data Report Fall 2011 Emory University. Hanover, MD: American College Health Association; 2011


### Appendix A – Sexual Health Education by State

Sexuality and HIV/STD Education Policies by State (SIECUS, 2011)

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<th>Sexuality Education Mandated</th>
<th>HIV/STD Education Mandated</th>
<th>If Taught, Then</th>
<th>Abortion Prohibited</th>
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<td>West Virginia</td>
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<td>Wisconsin</td>
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<tr>
<td>Wyoming</td>
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</tbody>
</table>

**Abortion Prohibited:** Policy states that information or referrals about abortion services may not be given to students or may only be addressed in the context of potential negative consequences.

**Marriage Promoted:** Policy states that heterosexual marriage must be promoted. Does not include all states that have an abstinence-only-until-marriage approach or include marriage as a covered topic.

**LGBTQ Biased:** Policy either states that the topic of homosexuality must not be promoted or addressed as a socially acceptable alternative to the heterosexual lifestyle or is discriminatory to lesbian, gay, bisexual, transgender and/or questioning individuals.
Appendix B – Windshield Survey Figures

Figure 30. OHP request form for sexual health supplies (“Request Sexual Health Supplies,” 2013)
Figure 31. OHP homepage. Healthy Sexuality tab circled ("Office of Health Promotion," 2013)
Healthy Sexuality

Are you sexually healthy?

The following behaviors, adapted from the Sexuality Information and Education Council of the United States’ Life Behaviors of a Sexually Healthy Adult demonstrate healthy sexuality (SIECUS, 2004, p. 16):

A sexually healthy adult will ...

- Be comfortable with their body.
- Know that human development includes sexual development, which may or may not include reproduction or sexual experience.
- Have access to information and resources to protect and enhance their own sexual health.
- Engage in sexual relationships that are consensual, non-exploitative, honest, pleasurable, and safe.
- Express their sexuality while respecting the rights of others.
- Interact with all genders in respectful and appropriate ways.
- Know the difference between life-enhancing sexual behaviors and those that are harmful to self and/or others.
- Communicate well with family, peers and romantic partners.
- Express their sexuality in ways that are in line with their values.
- Enjoy sexual feelings without necessarily acting on them.
- Be aware of the impact of family, cultural, media, and societal messages on thoughts, feelings, values, and behaviors related to sexuality.
- Accept one’s own sexual orientation and respect the sexual orientations of others.

**Figure 32.** Healthy Sexuality page (‘Healthy Sexuality,’ 2013)
Figure 33. Information on confidential HIV/STI testing (“Confidential HIV and STI Testing,” 2013)
Emory University Student Health Services

Sexual Health Resources FAQ

Q: What sexual health services are available at Emory University Student Health Services (EUSHS)?
A: EUSHS offers annual sexual health exams for men and women (including pap tests), testing and treatment for sexually transmitted infections, anonymous HIV antibody testing, contraceptives, emergency contraception, pregnancy testing, colposcopy (recommended for some women who have abnormal pap tests), and sexual health education.

Q: I just have some questions about sex. Is there someone I can talk to?
A: Yes! You can talk with our Sexual Health Educator, by phone or by appointment in person. She can be reached at 404-727-7312.

Q: Does EUSHS offer testing for sexually transmitted infections (STI’s)?
A: Yes! We offer confidential testing for HIV, plus confidential testing and treatment for all other STI’s, including syphilis, herpes, chlamydia, gonorrhea, genital warts/HPV, and others. There are fees for lab work and medications. Call 404-727-7551, option 1 to schedule confidential STI testing, or schedule online through Your Patient Portal.

Q: How can I get a routine annual gynecological exam or men’s health exam?
A: Call 404-727-7551, option 1. We allow plenty of time for these visits so you and your clinician can discuss your concerns fully. Our clinicians focus on reproductive and sexual health concerns of students, including giving extra “TLC” to women having a first pelvic exam.

Q: What methods of contraception can EUSHS provide?
A: We can prescribe birth control pills (oral contraceptives), NuvaRing®, Depo-Provera® (shot), and diaphragms. Contraceptive pills, rings, and injections can be purchased at EUSHS. Other prescription methods can be purchased at pharmacies. Condoms do not require a prescription and are available without charge at Student Health Services (see below).

Q: Does Student Health Services offer Emergency Contraception?
A: Yes. A prescription is needed for women aged 17 and younger, this can be arranged at Student Health, or it may be purchased at Student Health following your visit with the Health Care Provider. Women aged 18 and over do not need a prescription for Plan B.

Figure 34. Sexual Health PDF (“Sexual Health,” 2010)
Appendix C – Sample Recruitment Email for Key Informant Interview
Subject: Request to meet from a Rollins needs assessment group

Hello [informant],

We are a group of graduate students from Rollins School of Public Health at Emory University. We are working with Emory’s Office of Health Promotion in order to conduct a needs assessment surrounding the sexual health education needs of Emory’s undergraduate population.

You were referred to us by [name of reference] as a potential key informant. We believe that you can provide us valuable information that will assist us in this assessment. We are interested in hearing about your knowledge and experience with the Emory community and the undergraduate experience of sexual health education.

We would love to have two of our team members meet with you for about thirty minutes to an hour. Here are some times that would work for our team [insert 3 time options]. Please let us know if one of those times works, or if there are other days and times you are available.

Thank you for your time, and we look forward to hearing from you!

Best,

Danielle Gilliard
Erin Hawes
Laura Kissock
Leslie Munoz
Carissa Ruf
Appendix D – Key Informant Interview Guide

Introduction and Consent Statement

Good afternoon, my name is [NAME] and this is [NAME]. We attend Emory’s Rollins School of Public Health. We are currently taking a course in our Department called Community Needs Assessment. The goal of this class is for students to form an assessment team, collaborate and work with a community organization, and help them conduct a needs assessment of a particular issue or possible need in their community.

We are working with the Office of Health Promotion to assess the need for sexual health education and more accessible sexual health services for first and second year students. This interview is part of a Community Needs Assessment to learn more about the current availability and need for sexual health education and services for Emory University’s first and second years living on the main Atlanta campus. We want to hear from you about your experiences, opinions, attitudes, and perceptions of sexual education and services on Emory’s campus. You are the expert and we want to understand your opinions and ideas.

During this interview, I will be asking some questions about your opinions. My partner, [NAME], will take some notes to help us remember and keep track of what is said. May we record the session should we need to refer back to the information you share with us today?

This interview is completely voluntary and you may stop the interview at any time.

The information you share will be included in our needs assessment report, which will be shared with the Office of Health Promotion and our assessment class. Can we use your name and/or title in the report? If not, we can incorporate your input without identifying you.

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

Questions and Written Rationale

Introduction

The first set of questions is general, just to give me a sense of who you are and what your role is in the Emory community.

What is your official position title here at Emory University?
How long have you held this position?
Tell me about your role on Emory University’s campus.

*Follow up:* How is sexual health education or general sexual health related to your role on campus?
The rationale for this first set of questions is to understand the context of the informant within the Emory community. It also starts the interview off with some easy and straightforward questions that can ease the participant into the interview comfortably.

Knowledge

Okay, now we would like to turn to the current state of sexual health education on Emory’s Atlanta campus. But first, we would like you to begin by having you share the following:

What is your definition of sexual health?
   *Follow up:* Sexual health education?

   *This question is important to develop a basis for the conversation. Sexual health is talked about frequently during the interview and we want to make sure we both know what the other person means when discussing. Also, it provides a context for what the community might think when sexual health is mentioned.*

Describe the sexual health education needs for Emory undergraduates.
   *Follow up:* Which student populations would most benefit from sexual health education programming? Why?
   *Probe:* Freshmen? Sophomores? Minority students? International students? LGBTQ students?

What do you think the current state of sexual health education is on Emory’s campus?
   *Probes:* Classes taught? Available programs? Quality of programs?

   *The rationale for this question is to understand what base layer, if any, exists to build upon if designing programmatic sexual health education. It will also help inform how aware the community is of existing programs, and provide a space to understand where there might be room for collaborations.*

   *This question was included to see if the informant knows of any needs that they perceive should be addressed. The follow ups highlight specific populations that we are interested in learning more about their sexual health education needs.*

Where do students currently receive education surrounding sexual health?
   *Follow up:* What about sexual health services?
   *Follow up:* How accessible is this education/service(s)?
   *Follow up:* Can you describe how the accessibility might be different for different student populations?
*Probe:* Freshmen? Sophomores? Minority students? International students? LGBTQ students?

*There are many ways that students can learn about sexual health and we want to know what resources are being utilized. The follow ups also break down a potential gap between awareness of services and their utilization.*

What types of forums do you think students prefer to attend to receive sexual health education?

*Follow up:* Is there a difference in how students would want to receive sexual health programming?

*Probe:* Hall programming? Student sponsored events? Online? E-magazine?

*We want to understand where and when students are interested in learning and talking about sexual health.*

What role do you think the Office of Health Promotion should play in delivering sexual health education?

*Probe:* Sponsoring events? Advising student groups?

*We are interested in knowing if students want more direct interaction with OHP, or if they would rather receive programming through groups that they already identify with.*

What are the challenges to providing sexual health education on Emory’s Atlanta campus?


*The rationale for this question is to try to understand if there will be push back and from where in attempting to create and deliver sexual health programming. The follow-ups address areas of traditional barriers to comprehensive sexual health education.*

What is the easiest way to provide comprehensive sexual health education to undergraduate students?

*Probe:* Resources? Student engagement/interest? Collaborations or partnerships?

*This question addresses the large infrastructure that is available at Emory University. Many people might be interested in partnering with a sexual health program and it is important to identify all facilitating factors in order to maximize impact.*

What else would you like to add that you feel is important to know about this topic?
This question will allow the participant to reflect and add anything they may want that they have not been asked. Potentially these answers will give us new ideas for directions and questions for future interviews.

Before we conclude this interview, are there any individuals within the Emory community that you feel could provide us with further insight into the state of sexual health education and services on Emory’s main campus? If so, would you feel comfortable sharing those names with us so that we could potentially contact them for an interview?

Thank you for taking the time to share your knowledge and opinions with us. We appreciate your input!

**Specialized Questions for PHP Interview Guide**

What topics were you expecting to teach as a peer health partner for the Health 100 courses?

*Probes:* Sexual health related topics?

How would you feel facilitating discussions on topics of sexual health as a peer health educator?

What formats might be effective in engaging students in conversation about sexual health related topics?

*Probes:* Classroom environment? Casual setting?
Appendix E - Focus Group Confidentiality Agreement

Your identity will be known to other focus group participants and the researchers cannot guarantee that others in these groups will respect the confidentiality of the group. We will ask you to sign below to indicate that you will keep all comments made during the focus group confidential and not discuss what happened during the focus group outside the meeting.

- I agree to maintain confidentiality of information shared in this focus group.
- I agree to participate in the research study.

Initial____________________

Date ______________________
Appendix F – Sample Recruitment Email for Focus Group

Subject: ATTN: Public Health Focus Group Discussion with [student organization] Student Leaders

Hello [participant name],

We are a group of graduate students from Rollins School of Public Health at Emory University. We are working with Emory’s Office of Health Promotion in order to conduct a needs assessment surrounding the sexual health education needs of Emory’s undergraduate population. When we say sexual health education we mean expanding knowledge surrounding sexual/reproductive health, sexual orientation, abstinence, relationships, body image, sexually transmitted disease, unwanted pregnancy, and other topics through programming, outreach, etc. However, we really want to hear about your own definitions of sexual health and sexual health education.

You are being contacted because you might be able to provide a unique and fresh perspective on issues of sexual health and sexual health education on Emory’s campus. We are interested in hearing about your knowledge and undergraduate experience of sexual health education.

We would love to have two of our team members meet with you in a focus group style session for about forty five minutes to an hour. Here are some times that would work for our team [insert 3 time options]. Please let us know which time works best for your schedule.

Thank you for your time, and we look forward to hearing from you!

Best,
Danielle Gilliard
Erin Hawes
Laura Kissock
Leslie Munoz
Carissa Ruf
Appendix G – Focus Group Guide

Good afternoon, my name is [NAME] and this is [NAME]. We attend Emory’s Rollins School of Public Health. We are currently taking a course in our Department called Community Needs Assessment. The goal of this class is for students to form an Assessment team, collaborate and work with a community organization, and help them conduct a needs assessment of a particular issue or possible need in their community. Our Assessment team is assisting the Office of Health Promotion in assessing the need for sexual health education and more accessible sexual health services for first and second year students. This interview is part of a Community Needs Assessment to learn more about the current availability of or need for sexual health education and services for Emory University’s first and second years living on the main Atlanta campus. We want to hear from you about your experiences, opinions, attitudes, and perceptions of sexual education and services on Emory’s campus. You are the experts and we want to understand your opinions and ideas.

During this interview, I will be asking some questions about your opinions; I am going to record the discussion and my partners, [NAME], will take some notes to help us remember and keep track of what is said. Information shared in this focus group session should not be shared with anyone outside of the group. The confidentiality of anything they choose to say during the session cannot be guaranteed. No names will be used in the group discussion. If a name or any other personal information enters the discussion by accident, we will not include this information in the transcription.

This interview is completely voluntary and you may stop the interview at any time if you feel uncomfortable.

May we record the session and take notes of what is said? If I do use any of your words, your name will not be linked to them in the final Community Needs Assessment report.

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

Introduction

We would like to begin by getting to know you a little better. Tell us about the student organization you represent on campus and your role.

*The rationale for this first question is to understand the context of the groups within the Emory undergraduate community. It also starts the interview off with an easy and straightforward question that can ease the group into the discussion comfortably.*

Okay, now we would like to turn to the current state of sexual health education on Emory’s Atlanta campus.
But first:
What do you think sexual health means to Emory students?
  Sexual health education?
  Comprehensive sexual health education?

*This question is important to develop a basis for the conversation. Sexual health is talked about frequently during the interview and we want to make sure we both know what the each person means when discussing. Also, it provides a context for what different sects of the undergraduate community might think when sexual health is mentioned.*

What is the current state of sexual health education on Emory’s campus?
  Describe the kinds of education that takes place on campus.
  How much do you think student group members know about sexual health? Sexual health education?

*The rationale for this question is to understand what base layer, if any, exists to build upon if designing programmatic sexual health education. It will also help inform how aware the community is of existing programs, and provide a space to understand where there might be room for collaborations.*

What sexual health needs do you see in your organization or community on campus?
  How would your organization benefit from sexual health education programming?

*This question and probe are used to identify perceptions of the sexual health needs of the different organizations on campus.*

Describe how sexual health education is discussed within your organizations.
  Discuss a time when you dealt with sexual health issues within your organization.
    How was it discussed? What happened?
  Do your members feel comfortable talking about sexual health and sex?
    When was it comfortable? When was it uncomfortable?
  What makes it easy to talk about sexual health in your groups?
    What makes it difficult?
  What stigma exists among which sexual health and sex topics in your groups?

*This question was included to understand the current dialogue and self-efficacy to have dialogue surrounding sexual health within these groups.*

Where do your student members currently receive education surrounding sexual health?
  What about sexual health services?
  How accessible is this education/service(s) for your group?

*There are many ways that students can learn about sexual health and we want to know what resources are being utilized. We are also interested in the quality of information that these student groups are receiving. The follow ups also break down a potential gap between awareness of services and their utilization.*
What role should the Emory play in delivering sexual health education to your organization?
Collaboration? Sponsoring events? Advising?

*We are interested in knowing if students how they want to receive programming through their groups.*

What are the barriers to facilitating sexual health education within your organization?

*The follow-ups address areas of barriers to comprehensive sexual health education.*

How can we make it easier to educate students about sexual health?
Resources? Student engagement/interest? Collaborations?

*This question addresses the possible gaps that exist in sexual health education for each group.*

If you could design the best method sexual health education and provision of services, what would that look like?

*This question allows the participants to have an open dialogue with one another to think critically about their needs in sexual health education.*

**Conclusion**

What else would you like to add or expand upon that you feel is important to know about this topic?

*This question will allow the participant to reflect and add anything they may want that they have not been asked.*
Appendix H – Sample Recruitment Email for Primary Data Collection

Subject line: Help Us Help You! Participate today and enter to win a $10 Starbuck giftcard!

Dear Student,

We are a group of graduate students from Rollins School of Public Health at Emory University. We are working with Emory’s Office of Health Promotion in order to conduct a needs assessment surrounding the sexual health education needs of Emory’s undergraduate population.

Please take this brief survey to help provide us with valuable information about your experiences with sexual health education and services here at Emory.

Information that you provide here may be used in future programming around sexual health for undergraduates at Emory. Your participation in this survey is confidential and the answers you provide cannot be linked to you in any way.

Participating students will have the opportunity to enter for a chance to win a $10 giftcard to Starbucks at the end of the survey!

Please take the next 10-12 minutes to complete the following survey: <insert link to survey>

Thank you for your time!

Best,
Danielle Gilliard
Erin Hawes
Laura Kissock
Leslie Munoz
Carissa Ruf
Appendix I – Primary Data Collection Survey

We are going to begin by asking you several demographic questions. This information will be useful to provide Emory students with sexual health information and resources that are equally accessible to all students.

1. What year at Emory BEST describes you? (Please circle)
   - Freshman
   - Sophomore
   - Junior
   - Senior
   - Graduate Student

2. Are you an international student?
   - Yes
   - No

3. Are you a member of a fraternity or sorority?
   - Yes
   - No

4. Where do you live?
   - On campus
   - Off campus

5. What is your gender? (Please choose all that apply)
   - □ Female
   - □ Male
   - □ Transgender
   - □ Genderqueer/ Gender Fluid
   - □ Other (Please specify) _________________________
   - □ Prefer not to answer

6. What is your race/ethnicity? (Please choose all that apply)
   - □ Asian, Asian American, Pacific Islander
   - □ Black or African American
   - □ Caucasian
   - □ Latino, Hispanic
   - □ Multiracial
   - □ Native American
   - □ Other (Please specify) _________________________
   - □ Prefer not to answer

7. Have you received sexual health education on campus during your time at Emory?
   - □ Yes [skip to 7a]
   - □ No
   - □ I don’t know

   7a. Where and when did you receive sexual health education?
      (Please specify) _________________________

The following questions seek to address your knowledge of campus sexual health services and their accessibility.

8. Is testing for sexually transmitted infections (STIs) available on campus?
9. Is HIV testing available on campus?

   Yes       No       Don’t Know

10. To your knowledge, where can students go to receive STI and HIV testing? (Please check all that apply)

   □ Public Health Training Center
   □ Emory Student Health Services
   □ Office of Health Promotion (OHP)
   □ Student Counseling Center
   □ Women’s Center
   □ I don’t know
   □ Other (Please specify) ____________________________

11. Please tell us how likely you are to do the following:

<table>
<thead>
<tr>
<th>Very Likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely are you to use on-campus STI testing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How likely are you to use on-campus HIV testing?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

12. Are free condoms available on campus? (IF NO, SKIP to QUESTION 14)

   Yes       No       Don’t Know

13. Where do you believe Emory University offers free condoms? (Please check all that apply)

   □ Cox Hall
   □ Dobbs University Center (The DUC)
   □ Office of LGBT Life
   □ Office of Health Promotion (OHP)
   □ Emory Student Health Services
   □ Woodruff Library
   □ Emory Center for Women
   □ I don’t know
14. The following questions will address characteristics of the Emory community that impact sexual health. For the purposes of these questions, **unprotected sex means vaginal/oral/anal sex without any barriers against HIV/STIs.** **Barrier methods include female and male condoms, and dental dams.** Please state to what extent you agree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unprotected sex is a problem on campus.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People are uncomfortable talking about sex on campus.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STIs are NOT a problem on campus.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV infection is a concern on campus.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Unplanned pregnancy is NOT a problem on campus.</td>
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</tr>
<tr>
<td>There is stigma surrounding sexual orientation on campus.</td>
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</tbody>
</table>

15. The following questions will address your personal feelings on the value of sexual health education and services on campus. Please tell us to what extent you agree with each of the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Having access to sexual health education is important to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think it is important to offer on-campus STI testing.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think it is important to offer HIV testing on campus.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning about sexual health is NOT important to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Learning about safer sex is important to me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. The following questions will address issues of comfort and accessibility as it pertains to sexual health. **For the following questions, barrier methods include female and male condoms, and dental dams.** Please state to what extent you agree with the following statements:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel barrier methods are accessible on campus.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do NOT feel comfortable getting barrier methods on campus.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident that I know how to have protected sex.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident that I could talk to my sexual partner about using barrier methods.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I do NOT feel confident that I could locate sexual health services in an emergency.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I feel confident that I could make an appointment with a sexual health service office on campus.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
17. In the last 30 days, how many times have you gotten free condoms on campus?
   □ 0 [skip to 18]
   □ 1-2
   □ 3-5
   □ 6+

17a. Where did you get those free condoms?
   (Please specify) __________________

Hang in there! We’re half-way through! 😊

Now we are going to ask some questions about sexual activity. For the purposes of these questions sexual activity refers to engaging in oral, vaginal, or anal sex.

18. I typically engage in sexual activities with (please check all that apply):
   □ Men
   □ Women
   □ Transgender individuals
   □ Other (Please specify) __________________
   □ I don’t engage in sexual activities [skip to 20]
   □ Prefer not to answer

19. When engaging in sexual activities, what barrier methods do you use? (Check all that apply):
   □ Male condoms
   □ Female condoms
   □ Dental dams
   □ Other (Please specify) ________________
   □ I do not use barrier methods when engaging in sexual activity [skip to 19a]
   □ Prefer not to answer

19a. The following are reasons the affect people’s choice to use barrier methods when engaging in sexual activities. Please indicate how much each reason affects your personal choice:

<table>
<thead>
<tr>
<th>Reason</th>
<th>Major Effect</th>
<th>Moderate Effect</th>
<th>No Effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a loss of sensation.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They are uncomfortable.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They ruin the “moment.”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>They are too expensive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t know how to use them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My partner prefers that we don’t use them.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am in a monogamous relationship.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am actively trying to become pregnant.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
20. Please tell us how likely you are to do the following:

<table>
<thead>
<tr>
<th></th>
<th>Very Likely</th>
<th>Likely</th>
<th>Unlikely</th>
<th>Very Unlikely</th>
</tr>
</thead>
<tbody>
<tr>
<td>How likely are you to use on-campus STI testing if it were <strong>free</strong>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How likely are you to use on-campus HIV testing if it were <strong>free</strong>?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. The following are typical sources people use to receive information about sexual health. Please tell us how frequently you use the following sources for sexual health information:

<table>
<thead>
<tr>
<th>Source</th>
<th>Every time</th>
<th>Sometimes</th>
<th>Almost Never</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>The internet</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My friends</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>My family</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>My R.A.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My health care provider</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office of Health Promotion</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Office of LGBT Life</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Center for Women</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

22. Are there other sources you utilize to receive sexual health information? (Please specify) ____________________________

20. The following are ways in which sexual health information *could* be available on campus. Please rate how desirable it would be to receive sexual health information in the following formats:

<table>
<thead>
<tr>
<th>Format</th>
<th>Very Desirable</th>
<th>Desirable</th>
<th>Undesirable</th>
<th>Very Undesirable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emory’s website</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a course</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In a student organization meeting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>From a sexual health educator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In an email</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>On a cell phone app</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21. Are there other ways you would like to receive information on sexual health at Emory? (Please specify) _____________________________________________
22. The following are topics related to sexual health. Please tell us how important each of these topics are to you.

<table>
<thead>
<tr>
<th>Topic</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not very Important</th>
<th>Not Important at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abstinence</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Birth Control/Contraception</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Healthy Relationships</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STIs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wasted Sex/Drunk Hook-Ups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex Talk/ Sex Health and Safety</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female Orgasm (and anatomy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male Orgasm (and anatomy)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Erectile dysfunction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Premature Ejaculation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breast and Cervical Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prostate and Testicular Cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23. Are there any other sexual health topics you would like to learn more about at Emory? (Please specify) __________________________________________________________________________________________

24. The following are resources that may be or could be available on campus. Please tell how important each of these resources is to you:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not very Important</th>
<th>Not Important at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Condoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Free lubricant</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pregnancy Test Kit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI Testing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>STI Testing Prices</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Health Workshops (for an organization or club)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Well-being Courses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Health Educator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex advice on Emory’s website</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex advice in the school paper</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. Are there any other resources you would like to see available? (Please specify) __________________________________________________________________________________________
26. Please feel free to include additional information/comments in the space provided:

Thank you for taking our survey. Your opinion is very important to us.
## Appendix J – Table of Student Organizations

<table>
<thead>
<tr>
<th>Organizations Represented at Focus Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban Health Initiative</td>
</tr>
<tr>
<td>GlobeMed</td>
</tr>
<tr>
<td>Pipeline</td>
</tr>
<tr>
<td>Emory Pride</td>
</tr>
<tr>
<td>Black Star Magazine</td>
</tr>
<tr>
<td>Emory Student Ambassadors</td>
</tr>
<tr>
<td>Emory Peer Health Partners</td>
</tr>
<tr>
<td>Sophomore Advisor</td>
</tr>
<tr>
<td>Indian Cultural Exchange</td>
</tr>
</tbody>
</table>
### Appendix K – Triangulation Matrix

<table>
<thead>
<tr>
<th>Themes</th>
<th>Key Informant Interviews</th>
<th>Focus Groups</th>
<th>Primary Data Collection</th>
<th>Windshield Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accessibility of Sexual Health Information and Services</strong></td>
<td>Participants are aware of sexual violence prevention and response resources, but not sexual health education resources. &lt;br&gt; Participants call for consistent messaging around sexual health information. &lt;br&gt; Administrators report that they do not know if their students are utilizing Student Health and Counseling Services. &lt;br&gt; PHP reported that none of his HLTH 100 students knew how to schedule an appointment with Student Health Services.</td>
<td>Participants reported that they: &lt;br&gt; Did not know where to seek out sexual health information. &lt;br&gt; Did not know where to get sexual health services at Emory. &lt;br&gt; Believed that OHP’s remote location on Emory’s campus is one barrier to students accessing health education and services. &lt;br&gt; Believe OHP’s services are unknown to students due to their lack of on campus marketing.</td>
<td>41.1% of respondents were unsure if STI testing was available on campus and 48.5% were unsure if HIV testing was available on campus. &lt;br&gt; Only 48.5% of respondents reported feeling confident that they could locate sexual health services in an emergency.</td>
<td>HIV/STI testing is not advertised on the stairs leading to Student Health Services.</td>
</tr>
<tr>
<td><strong>Quality and Content of Sexual Health Information</strong></td>
<td>Participants acknowledge a current lack of resources for sexual health education at Emory. &lt;br&gt; Administrators feel that Emory students love facts and would respond well to fact sheets on risks associated with STIs and STDs. &lt;br&gt; Participants believe Emory focuses heavily on sexual assault awareness and prevention, but does not do enough prevention programming. &lt;br&gt; Participants call for a more sex positive campus. &lt;br&gt; Administrators felt that students did not want to sit through another lecture or course and instead want more engaging options that appeal to students.</td>
<td>Participants expressed interest in: &lt;br&gt; Emory specific statistics on HIV and STI prevalence and incidence. &lt;br&gt; Inclusive sexual health education. &lt;br&gt; A course with an engaging instructor who could help students develop the skills and confidence to talk about the sexual health issues that are important to them.</td>
<td>Over 50% of respondents reported wanting to learn about healthy relationships, birth control, and STIs. &lt;br&gt; The majority of those who reported engaging in sexual activities also want to learn about female orgasm, while those who report not engaging in sexual activities include abstinence as a desired topic. &lt;br&gt; 83.4% of respondents stated that learning about healthy relationships was very important.</td>
<td>Emory has online sexual health resources on topics ranging from STIs to hormonal contraceptives, but many of these resources were difficult to locate online and occasionally provided outdated information. &lt;br&gt; RESPECT Program flyers were located in two of the locations surveyed.</td>
</tr>
<tr>
<td>Themes</td>
<td>Key Informant Interviews</td>
<td>Focus Groups</td>
<td>Primary Data Collection</td>
<td>Windshield Survey</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>Preferred Sexual Health Education Sources and Forums</td>
<td>Participants felt that Emory needs to:</td>
<td></td>
<td>62.6% of respondents think that having a sexual health educator is a very to somewhat important resource and 75.5% stated that receiving sexual health information from a sexual health educator would be desirable or very desirable.</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Hire a sexual health educator for OHP.</td>
<td></td>
<td>Respondents reported that they would also like to receive sexual health information from the Emory website, email, and a cell phone application.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Increase collaborative efforts around sexual health programming and education.</td>
<td></td>
<td>55.8% of respondents thought it would be desirable or very desirable to receive sex health information from a student organization meeting.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Incentivize student organization involvement with sexual health initiatives.</td>
<td></td>
<td>Overall, the survey’s top listed resources that could be available were online advice and workshops, a sexual health educator, and incorporation into courses.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bring in external sources of sexual health authority.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meet students where they are with programs (i.e. dorms, student meetings, etc).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participants reported that they want:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Collaboration with credible sexual health sources (i.e. doctors, sex experts, etc.).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peer led sexual health classes, though this source was viewed as less credible.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Student organizations to collaborate with OHP to make sexual health information more accessible and interesting to the student body.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diverse modes of delivery around sexual health information.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix L – Needs Table and Ranking

<table>
<thead>
<tr>
<th>Need</th>
<th>Evidence/Data Source</th>
<th>Importance</th>
<th>Feasibility</th>
<th>Recommendations</th>
</tr>
</thead>
</table>
| **A. Sources of Sexual Health Education on Campus** | KII-1) give incentives (certification for individuals or clubs) 2) have info on what risk looks like: a fact sheets on risk associated with STI/IDs-rid of attitudes of invincibility; how to access services (what’s included/cost); c. stress confidentiality of testing 3) more on prevention 4) more info on sex positive/healthy relationships/personal ID 5) hire OHP sex educator  
FG-1) provide students with HIV/STI stats (prevalence/incidence of unwanted pregnancy/HIV/STIs on campus in an annual report as they want to know their risk) 2) classroom/forum to develop skills/confidence to talk about sticky issues: sex, STIs, pregnancy, etc 3) basic course on sex ed, STI, HIV 4) website/newsletter with educational stories 5) promote peer education (PHPs/RAs) 6) give student orgs an incentive to incorporate sexual health forums 7) include diverse modes of ed. delivery (mass communication, 1-on-1 TA, course option)  
WS- lack of ads for HIV/STI testing  
S- 1) Majority want to learn about healthy relationships, BC, and STIs. Majority of those who report engaging in sexual activities also want to learn about female orgasm, while those that report not engaging in sexual activities include abstinence as a desired topic. 2) Forums: online advice and workshops, meeting with sexual health educator, classes. ----to support KII 2a) 61.3% of respondents agree or SA that unprotected sex is a problem on campus; 72.4% believe that STIs are a prob on campus 2b) only 48.5% feel confident locating sexual health services in an emergency 3) 83.4% of respondents stated that learning about healthy relationships is very important to them 4) 75.5% of respondents stated that receiving sexual health info from a sex educator would be desirable. 62.6% think that having a sexual health educator is very or somewhat important to have as a resource. | 5 | 3 | 1. Include a safe space for students to discuss sexual health questions  
2. Provide consistent messaging surrounding sexual health topics |
| **B. Need marketing around services/sexual health education availability** | KII- 1) methods: Fb/twitter/fliers/digests/event marketing across campus 2) consistent messaging  
FG- need consistent info/continual reminders on the location of sexual health info –market through website/newsletter  
WS- out of date website/wrong contact for office  
S- most people want to receive info 1) from a sex health educator, 2)on the Emory website, 3) email, 4) cell phone app | 5 | 5 | 3. Provide marketing that promotes current services and sexual health education sources |
### Suggestions

**A. Sources of Sexual Health Education on Campus**

- a. In SHS put ads on stairs for HIV/STI testing
- b. Seminars on female orgasm, healthy relationships, and abstinence, LGBT health, 3rd gender awareness, sexual orientation confusion, what does risk look like, sex positive info, personal ID
- c. WW tabling
- d. Trivia
- e. Pamphlets-STI signs and symptoms
- f. Lecture series
- g. Hire sex educator
- h. Create cell phone app
- i. Sexual health course
- j. OHP twitter Q&A
- k. Online workshops
- l. Annual report on Emory sexual health stats
- m. Student organizations

### Table

<table>
<thead>
<tr>
<th>C. Bring the fun back to sexual health education</th>
<th>KII-no more lectures-be creative and make it fun/interactive FG-J)Not PACE 2) want engaging instructor or peer education (SHAG collaboration) WS- N/A S-N/A</th>
<th>4</th>
<th>5</th>
<th>4. Offer engaging information on positive sex including healthy relationships and intimacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>D. Collaboration</td>
<td>KII-J) share ideas/audience with other campus divisions 2) institutionalized aspects (student leader roundtable to get org buy in, SGA council, Greek life/student athlete reqs) 3) partner w/: RSPH, Greek life, SHAG, orientation, Hlth 100, SAs, emory issues troupe, healthy campus initiative, hltih 101 emag, FIA, religious life, LGBT life, SYE FG- 1) collaborate with legitimate resources (drs) to help deliver sexual health education messages (in classroom)-adds sense of legitimacy and credibility to info (not just peers bc they are less credible) 2) partner with SHAG to make OHP more accessible, interesting, and sexy WS-dorm programs like SYE as potential structures to get sex ed out to students S-(match KII findings) J) 55.8% thought it would be desirable or VD to receive sex health info from a student org meeting</td>
<td>5</td>
<td>3</td>
<td>5. Collaborate and create partnerships on distributing sexual health information 6. Hire a Sexual Health Educator</td>
</tr>
</tbody>
</table>
B. Need more marketing around where services/sexual health education is available to students (& who should market in terms of reliable sources)
   a. Update website info/contacts
   b. Add more info on the website
   c. Send out newsletters with info
   d. OHP fb or twitter
   e. Digests
   f. Campus event flyer
   g. Have specific message/language across schools/staff to talk about sex health

C. Bring the fun back to sexual health education
   a. Sex trivia in dorms
   b. Consent-centered musical
   c. “Sex in the dark” event
   d. Film screenings
   e. Sexual health week
   f. Coming out week with religious life promoting HIV testing
   g. AIDS awareness red dinner club, speakers
   h. Discussion groups like LGBT Office model
   i. Panel of Dr.’s/sex experts
   j. I <3 my vagina
   k. Engaging instructors

D. Collaboration
   a. Partner with: SYE, SHAG, SGA, Greek life, LGBT life, student athletes, orientation, Health 100, SAs, Emory issues troupe, healthy campus initiative, Health 101 E-magazine, FIA, religious life
   b. Compliment peer advocacy and education with more credible sources
<table>
<thead>
<tr>
<th>Feasibility</th>
<th>Importance</th>
<th>A. Sources of sexual health education on campus</th>
<th>B. Marketing around where services/sexual health education is available to students</th>
<th>C. Bring the fun back to sexual health education</th>
<th>D. Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>High</td>
<td>A. Sources of sexual health education on campus</td>
<td>B. Marketing around where services/sexual health education is available to students</td>
<td>C. Bring the fun back to sexual health education</td>
<td>D. Collaboration</td>
</tr>
<tr>
<td>Low</td>
<td>Low</td>
<td>D. Collaboration</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. Sources of sexual health education are needed on campus in preferred forums. The preliminary recommendations for this need are (1) Include a safe space for students to discuss sexual health questions (2) Provide consistent messaging surrounding sexual health topics.

B. Students need to know what services are available lead to the preliminary recommendation: Provide marketing that promotes current services and sexual health education sources.

C. Continuing the trend of ‘checking the box’ in sexual health will not produce the most effective gains. Students need to be engaged in learning – particularly on a sensitive topic such as this. This is stated as a preliminary recommendation: Offer engaging information on positive sex including healthy relationships and intimacy.

D. Collaboration is seen as high importance and low feasibility due to the fact that OHP has limited resources and staff available to create and maintain these relationships. Additionally, some Emory partners are more open to collaboration than others. Two preliminary recommendations that could address this are: (1) Collaborate and create partnerships on distributing sexual health information (2) Supply a consistent staff member to serve as an advisor for SHAG.
### Appendix M– Recommendation Table and Ranking

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Evidence/Data Source</th>
<th>Importance</th>
<th>Feasibility</th>
</tr>
</thead>
</table>
| **A. Provide consistent messaging surrounding sexual health topics** | ● Consistent sex ed messaging across the university  
● Consistent information/continual reminders on the location of sexual health information  
● 1.3% of respondents agree or strongly agree that unprotected sex is a problem on campus; 72.4% of respondents believe that STIs are a problem on campus  
● 41.1% were unsure if STI testing was available on campus and 48.5% were unsure about HIV testing availability  
● Information on unwanted pregnancy and HIV/STI: Students: “What’s my risk?”  
● 26.4% of students strongly agree that sexual health education is important to them  
● No college sex ed curriculum and no place at Emory where sex ed is currently infused into campus life/academia  
● Emory is very reactionary – sexual violence over sexual health  
● More info on sex positive/healthy relationships = empowerment  
● Website had out of date and inaccurate information | 4 sources | Medium  
● Time  
● Collaboration  
● Resources  
● No key contact |
| **B. Collaborate and create partnerships to distribute sexual health information** | ● HLTH 100 will not include a sexual health segment in their curriculum  
● Student leader roundtable to get group buy in to take back to their orgs  
● SGA student council  
● Greek life and student athletes have required events for membership  
● Collaborate with legitimate sources such as doctors to help deliver sexual health education messages in the classroom setting to add a sense of legitimacy and credibility to the information  
● SHAG, Not PACE  
● 55.8% of respondents thought it would be desirable or very desirable to receive sex health information from a student organization meeting. | 3 sources | Medium  
● Collaboration  
● Red tape  
● Time  
● No key contact |
| **C. Offer engaging information about relevant sexual health topics** | ● 83.4% of respondents stated learning about healthy relationships is very important  
● Students don’t want to sit through another lecture-be creative and make it interactive/fun  
● Make events more enticing-incentives. Certifications for individuals or clubs  
● Provide students with a class/forum to develop skills/confidence to talk about sticky sexual health issues that are important to them  
● Majority (> 50% very important) want to learn about healthy relationships, birth control, and STIs. Engagers want to learn about female orgasm, non-engagers include abstinence as a desired topic  
● NCHA data showed relationships were one of the highest sources of stress for Emory undergrads | 5 sources | Medium  
● Low resources |
**D. Provide marketing that promotes current services and sexual health education sources**

Only 48.5% feel confident locating sexual health services in an emergency
- Students don’t know how to make appointments
- 75.5% of respondents stated that receiving sexual health information from a sexual health educator would be desirable or very desirable. 62.6% think that having a sexual health educator is very or somewhat important to have as a resource.
- 55.8% thought it would desirable or very desirable to receive sexual health information from a student org meeting
- Privacy—students want options to ask their questions and get answers in a private and contained format so their peers don’t know: Online feels safer
- Don’t have a way of accessing all priority populations as of yet (Namely MSM who are closeted)
- Most people want to receive information from a sexual health educator, followed by on the Emory website, in an email and on a cell phone app
- The top listed resources that could be available (from an education standpoint) were online advice and workshops, followed by a sexual health educator and incorporation into courses

**E. A change in culture of administration and students**

- Student participation—when a sexual health educator was available she wasn’t really utilized and many events with sex don’t sell on campus due to stigma among students and administration.
- Students feel they are invincible
- Students believe it won’t happen to them
- Students believe Emory as an institution does not care about sexual health
- Sex is a private/stigmatized/awkward conversation
- Slightly over 40% reported that that talking about sex on campus was uncomfortable

**F. Hire a Sexual Health Educator**

- Sexual health educator needed to facilitate collaboration
- Previous sexual health educator still referred to in online sources
- OHP is “missing a member” and that, if funds were available, they would hire a sexual health educator
- The number one place students want to receive sexual health information is from a sexual health educator (75.5%) and 62.6% put it as a top priority as a resource
- Suggestion from focus groups to hire sexual health educator

**G. Replacing time ill-spent with sexual health information**

- Students have to participate in PACE but students/admin feel it is a waste of time and could be better spent
- Students are over programmed
- PACE is waste of time
<table>
<thead>
<tr>
<th>Feasibility</th>
<th>Importance</th>
<th>Sork’s Approach to Priority Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High</td>
<td></td>
</tr>
</tbody>
</table>
| High       | E. Provide consistent messaging surrounding sexual health topics  
            | F. Collaborate and create partnerships to distributing sexual health information  
            | G. Engaging information on positive sex including healthy relationships and intimacy  
            | H. Provide marketing that promotes current services and sexual health education sources  |
| Low        | I. A change in culture of administration and students  |
| Low        | J. Hire a Sexual Health Educator  |
|            | K. Replacing time ill-spent with sexual health information  |

A. The need *sources of sexual health education on campus*, was translated into two feasible recommendations that could provide for this need. Provide consistent messaging surrounding sexual health topics as one of the two will provide students access to the messages they are most interested in. It is mentioned in 4 CNA sources (focus groups, key informant interviews, primary data collection, and windshield survey) giving it a high score in importance, with only medium feasibility due to time constraints, innate difficulty of collaboration, limited resources, and no specific hired staff to act as a key contact for this project.

B. Collaborate and create partnerships to distribute sexual health information came from the clear need: *collaboration*. This recommendation was mentioned in 3 CNA sources (focus groups, key informant interviews, and primary data collection) and is considered medium feasibility because it requires further collaboration efforts, going through a lot of Emory guidelines and processes, takes time, and again there is no hired staff to act as a key contact.
C. Engaging information on positive sex including healthy relationships and intimacy was mentioned in 5 CNA sources (literature review, focus groups, key informant interviews, primary data collection, and windshield survey), with medium feasibility due to low resources to provide this type of education. It addresses the need to bring the fun back to sexual health education.

D. ‘Provide marketing that promotes current services and sexual health education sources’ is the second half of the need for sources of sexual health education on campus. It was cited in 3 CNA sources (focus groups, key informant interviews, and primary data collection). It is seen as high feasibility due to the fact that OHP does some marketing now, and SHS also has buy-in in this case to do marketing as well.

E. A change in culture of administration and students refers to the stigma and awkwardness that surround sex at Emory, which is referenced in 3 CNA sources (focus groups, key informant interviews, and primary data collection). Although it was mentioned frequently, it is seen as both low importance and low feasibility, primarily due to the large (and seemingly impossible) scope of this recommendation. It also covers the entire range of needs.

F. From the needs and triangulated data we found that a sexual health educator was mentioned in 4 CNA sources (focus groups, key informant interviews, primary data collection, and windshield survey), so this became its own recommendation as it fills multiple needs: sources of sexual health education on campus, bring the fun back to sexual health education, and collaboration. Due to budget restrictions/low resources, it is a high importance but low feasibility recommendation.

G. Replacing time ill-spent with sexual health information covers the need bring the fun back to sexual health education it is was referenced in the key informant interviews and focus groups, but is low feasibility because the “administration loves PACE.”
Appendix N – The Recommendation Process & the Lost Recommendations

Needs

- Sources of sexual health education on campus
- Marketing around where services/sexual health education is available to students
- Bring the fun back to sexual health education
- Collaboration
- Private and late night access to free condoms

Preliminary Recommendations

- Provide consistent messaging surrounding sexual health topics
- Collaborate and create partnerships to distributing sexual health information
- Engaging information on positive sex including healthy relationships and intimacy
- Provide marketing that promotes current services and sexual health education sources
- A change in culture of administration and students
- Hire a Sexual Health Educator
- Replacing time ill-spent with sexual health information

Core Recommendations

- Collaborate and create partnerships to distribute sexual health information
- Provide consistent messaging surrounding sexual health topics
- Provide marketing that promotes current services and sexual health education sources
- Offer engaging information about relevant sexual health topics
The seven preliminary recommendations found in the recommendation table and ranking (Appendix M) were reduced to six, as replacing time ill-spent with sexual health information was decidedly addressed in other recommendations. The other six recommendations were sent to OHP Director, Heather Zesiger, for input. Following her feedback, four primary recommendations were created. Wording was changed to encompass a greater breadth of data and to create more clear and partitioned recommendations that allow for specific suggestions to follow. The two least feasible recommendations including a change in culture of administration and students, and hire a sexual health educator were addressed within the four primary recommendations in the following way:

- A change in culture of administration and students was seen as highly challenging for any one organization to do, but should be at least partially addressed due to the other changes that we would expect to see with the implementation of these 4 recommendations.
- The Sexual Health Educator position was placed into a number of suggestions in the other recommendations.

In order not to exclude clear data for these two items, they are briefly covered here.

**Change Culture of Administration and Students**

The “culture” at Emory that this recommendation refers to is the overarching sense of Emory-specific stigma around sex. Students and faculty stated that talking about sex is seen as ‘awkward’ and is a very ‘private’ issue here, and that people have great discomfort speaking about it – even in the context of health. To compound these issues, it is believed (particularly by the students) that the administration at Emory has a fear of general sexual health messages as well as any “positive sex” messages.

Focus group discussions revealed that students feel uncomfortable talking about sexual health, and the current sexual health education sources do little to foster students’ self-efficacy to talk about sex and sexual health issues. When discussing peer-facilitated class discussion in Health
100, a student noted about the experience, “Sex is strange to tackle because of level of discomfort of student participants.” Additionally, focus group participants believe that Emory University, as an institution, does not value students’ sexual health or their sexual health education. Students believe this institutional climate of indifference about sexual health issues directly affects their sexual health education. Students also feel that this indifference is what perpetuates ineffective sexual health education on campus.

Key informants stated that the university is not necessarily “afraid” of sexual health issues, but some administrators (and faculty) have concerns about sexual health being inclusive of everyone, and therefore opt not to cover it. One key informant noted that, ideally, the university would acknowledge and understand that there is a way to “talk about sex that’s inclusive of everyone.”

Ultimately, this recommendation could, in fact, be a long term outcome of successful implementation of the primary recommendations and suggestions.

**Hire a Sexual Health Educator**

As noted in the recommendations table, four CNA sources suggested that OHP hire a Sexual Health Educator Sexual. A sexual health educator position existed in the past at OHP, but the budget has since been reallocated and OHP is now short one staff member. Survey respondents cited that the number one place students want to receive sexual health information is from a sexual health educator (75.5% strongly agree or agree), and 62.6% put it as a top priority as a resource health educator needed to facilitate collaboration. As mentioned in many of the recommendations, a sexual health educator would be helpful in facilitating collaborations, heading the marketing campaigns and consistent messaging initiatives, and could help provide engaging and informative discussions and potentially mini-courses.

One item that is important to note is that the sexual health educator could serve as the primary advisor to SHAG, which would allow the student group to maintain its status on campus with the ebb and flow of student interest.

Additionally, a sexual health educator would be best accessed by the undergraduates if they were situated in a central location. Many students cited distance to OHP as a barrier to receiving care or reaching out for education.
Sexual Health at Emory University
Danielle Gilliard, Erin Hawes, Laura Kissock, Leslie Muñoz, Carissa Ruf

Acknowledgements
Emory University Office of Health Promotion and Heather Zesiger
Overview

- Literature Review
- OHP and the Emory Community
- Windshield Surveys
- Purpose of CNA
- Key Informant Interviews
- Focus Groups
- Primary Data Collection
- Data Triangulation
- Recommendations and Priorities
- Limitations
- Lessons Learned

Definition: World Health Organization

"...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled (WHO, 2006a)." (WHO, 2013)
Sexually Healthy Adults

- Self-appreciation and affirmation
- Information seeking
- Makes informed decisions
- Sexual development as part of human development
- Respect of others
- Development of positive and meaningful relationships
- Identification of interpersonal skills and values
- Personal responsibility
- Communication skills
- Self-expression
- Enjoyment of sexuality

The Sexuality Information and Education Council of the United States (SIECUS) High School Curriculum (SIECUS, 2011)

Sex Education in the United States

- **33** states and the District of Columbia (DC) *require* instruction on **HIV/AIDS**
- **22** states and DC *require* public schools to **teach** **sex education**
- **19** states require (if provided) sex education that is medically, factually, and technically accurate
- Georgia Sex Education and HIV education are mandated
Emory Statistics

- **Intimate Relationships** are a source of **Distress**
  - Following Academics, Intimate Relationships were ranked the highest source of distress
  - 27.9% of students indicated intimate relationships are “traumatic” or “very difficult to handle”

- Of the top 10 academic impediments, **relationship difficulties** held the 10th position at 8.8%

(ACHA, 2013)
Our Community Partner: Emory University Office of Health Promotion

Emory University Student Health and Counseling Services

- Student Health Services
- Counseling and Psychological Services
- Office of Health Promotion
  - Director
  - Associate Director
  - Alcohol and Other Substance Abuse Counselor
  - Health Education Specialists
  - Fellows and Student Interns
  - Administrative Support
Definition of Community

- Emory University undergraduates on main campus
  - Primarily first- and second-year students

Community Profile
Community Assets

**On-campus**

- Students Health Services and CAPS
- Office of LGBT Life
- Emory Center for Women
- Required undergraduate Health 100 course

**Off-campus**

- Feminist Women’s Health Center
- Planned Parenthood
- The Health Initiative

Windshield Surveys

- Counseling and Psychological Services (CAPS)
- The Dobbs University Center (DUC)
- Cox Hall
- The Woodruff Residential Center
- Online Emory Sexual Health Resources
- Wonderful Wednesday
CNA Purpose

Purpose
- Identify gaps in sexual health education for Emory University first and second year students on Emory’s Atlanta campus

Goal
- Increase the accessibility and efficacy of OHP’s current and future sexual health education programming
Theory

Mixed Methods
- Key Informant Interviews
- Focus Group Discussions
- Primary Survey Data Collection

Health Belief Model
- Perceived Benefits
- Perceived Threat
- Cues to Action

Social Cognitive Theory
- Self-Efficacy
- Outcome Expectations
- Facilitation

Needs Assessment Aims

- **Aim 1**: Evaluate Emory undergraduate first and second year students’ current source of sexual health education on Emory’s Atlanta campus.
- **Aim 2**: Identify Emory undergraduate first and second year students’ preferred delivery of sexual health education on Emory’s Atlanta campus.
- **Aim 3**: Identify Emory undergraduate first and second year students’ definitions of sex and sexual health education.
- **Aim 4**: Identify Emory undergraduate first and second year students’ perceived barriers and facilitating factors of sexual health knowledge, beliefs, attitudes and utilization of sexual health education and services.
- **Aim 5**: Assess the Office of Health Promotion’s role in effectively delivering sexual health education on Emory’s Atlanta campus.
- **Aim 6**: Develop recommendations for future sexual health education programming on Emory’s Atlanta campus.
Key Informant Interview: Methodology

- **Purpose**
  - Where is sexual education and programming already taking place?
  - How can it be improved upon to meet the needs of those student populations?

- **Sample Description**
  - N=6
  - Staff and a student leader with a knowledge of particular campus services or student engagement

- **Key data collection procedures**
  - Recruitment
  - Face-to-Face Interviews

- **Data analysis procedures**
  - Transcription and Note-taking
  - Developed Code Book
  - Developed Themes

Key Informant Interview: Results

*Where do students currently receive education surrounding sexual health?*

Not Emory!

“It is uncommon for sexual health education to include pleasure and values without including sexual assault prevention, but a few places (Emory included) have the sexual assault prevention component ONLY.”

– Coordinator of the RESPECT Program
Key Informant Interview: Results

**What barriers and facilitating factors may impact how sexual health education is provided to Emory undergraduates?**

**Barriers**
- Stigma
- Lack of Resources

**Facilitating Factors**
- Student Interest
- Organizational Requirements

“There are student led organizations and groups that are really trying to get across [sexual health]. I think it’s a hard thing to talk about. People don’t want to hear the choices they make now can affect their choices and future. It’s hard topic so that’s why people shy away from it. You can talk about fruits and vegetables but not about great sexual experiences."

—Peer Health Partner

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Key Informant Interview: Results

**What role should the Office of Health Promotion play in delivering sexual health education?**

“[OHP] should have a primary role because...we need for our community to know what the messaging [around sexual health] needs to be and then how to be consistent with it because then **consistent messaging** can be used throughout the entire division.”

—Director of LGBT Life at Emory
Focus Group

• Characterize feelings and perceptions of sexual health & sexual health education
• Explore issues of importance in their own words
• Generate their own questions
• Pursue their own priorities

Focus Group: Methodology

• Sample
  • Student leaders of culturally diverse organizations

• Recruitment
  • Emory’s Office of Student Leadership Service website

• Culturally diverse groups
  • Religious sect, racial group, sexual identity, and/or social group

<table>
<thead>
<tr>
<th>MORE Leaders</th>
<th>Sigma Nu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crossroads Coordinators</td>
<td>Sigma Phi Epsilon</td>
</tr>
<tr>
<td>Black Student Alliance</td>
<td>Zeta Beta Tau</td>
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<td>Latino Student Organization</td>
<td>Intersorority</td>
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<td>Students in Alliance for Asian American Concerns</td>
<td>Alpha Delta Pi</td>
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<td>Emory Pride</td>
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<td>LGBTQ</td>
<td>Delta Phi Epsilon</td>
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<td>Muslim Student Association</td>
<td>Gamma Phi Beta</td>
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<td>Hindu Students Council</td>
<td>Kappa Alpha Theta</td>
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<td>Student Athlete Advisory Council</td>
<td>Kappa Kappa Gamma</td>
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<td>Interfraternity Council</td>
<td>Sigma Delta Tau</td>
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<tr>
<td>Alpha Epsilon Pi</td>
<td>Multicultural Greek Council</td>
</tr>
<tr>
<td>Alpha Tau Omega</td>
<td>Delta Phi Lambda</td>
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<td>Beta Theta Pi</td>
<td>Lambda Theta Alpha</td>
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<tr>
<td>Chi Phi</td>
<td>Xi Kappa</td>
</tr>
<tr>
<td>Kappa Alpha</td>
<td>Coordinator of International Student Life</td>
</tr>
<tr>
<td>Kappa Sigma</td>
<td>Emory Buddhist Club</td>
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<td>Pi Kappa Alpha</td>
<td>Intervarsity</td>
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<td>Sigma Alpha Epsilon</td>
<td>Emory Hindu Students Association</td>
</tr>
<tr>
<td>Sigma Chi</td>
<td>Hillel Emory</td>
</tr>
</tbody>
</table>
Focus Group: Methodology

- Data Analysis
- Verbatim Transcription Alternative
  - Audio-record + Rigorous note-taking
  - Review notes
    - Document major themes & concepts
  - Reflective journaling & Memos
  - Coding & Analysis

Focus Group: Demographics

- 6 Students
- 2 Focus Groups
- 3 Students Each

<table>
<thead>
<tr>
<th>Organizations Represented</th>
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<tbody>
<tr>
<td>Urban Health Initiative</td>
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<tr>
<td>GlobeMed</td>
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<td>Pipeline</td>
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<td>Emory Pride</td>
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<td>Black Star Magazine</td>
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<td>Emory Student Ambassadors</td>
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<tr>
<td>Emory Peer Health Partners</td>
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<tr>
<td>Sophomore Advisor</td>
</tr>
<tr>
<td>Indian Cultural Exchange</td>
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</table>
# Focus Group: Demographics

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<td><strong>Gender</strong></td>
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<td>Male: 3</td>
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<tr>
<td>Female: 3</td>
</tr>
<tr>
<td><strong>Class/Year</strong></td>
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<tr>
<td>Sophomore: 1</td>
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<tr>
<td>Junior: 2</td>
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<tr>
<td>Senior: 3</td>
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<tr>
<td><strong>Fraternity/Sorority</strong></td>
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<td>2</td>
</tr>
<tr>
<td><strong>Residence</strong></td>
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<td>On campus: 3</td>
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<tr>
<td>Off-campus: 3</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
</tr>
<tr>
<td>Asian, Asian American, Pacific Islander: 3</td>
</tr>
<tr>
<td>Caucasian: 2</td>
</tr>
<tr>
<td>Black, African American: 1</td>
</tr>
<tr>
<td><strong>Have you received sexual health education on campus during your time at Emory?</strong></td>
</tr>
<tr>
<td>No: 3</td>
</tr>
<tr>
<td>Yes: 2</td>
</tr>
<tr>
<td>I don't know: 1</td>
</tr>
</tbody>
</table>

# Domains

- General sexual health knowledge
- Self-efficacy discussing sexual health and seeking sexual health services
- Accessibility to sexual health education and services on campus
- Specific sexual health needs and barriers to education/service for individual groups
- Recommendations for effective and culturally sensitive sexual health programming for individual groups
General Sexual Health Knowledge

- Students claimed to be more educated than their peers on topics of sexual health
- Dependent on prior education (high school & middle school)
- Comfortable with their sexual health knowledge in some areas
- Lack knowledge about STIs and HIV
- Pseudoscience

“My roommate is smart…but she believes that vitamin C prevents against HIV, public swimming pools can give you STIs…and making out with someone who is HIV positive can give you HIV.”

General Sexual Health Knowledge

- Health 100- inappropriate & ineffective space to talk about sex and sexual health
  - Limited by time & curriculum guidelines
- Sexual health education is experiential
- Negative sexual experiences help students to navigate the ins and outs of sex & sexual health
- Juniors & Seniors have stronger sexual health awareness

“I think we [Health 100 PHPs] do a crappy job of [sexual health] in the academia side…I feel like in the academic setting there is a limit, not a limit, but there is kind of a short-fall Emory has.”

“I think [sexual health] is something that people learn more about over time instead of just right off the bat. I think [sexual health] has a lot to do with maturity and everyone’s personal progress and growth.”
Self-Efficacy: Discussing Sexual Health

- Superficial discussions
- Lack skills to talk about HIV/STI transmission & prevalence on campus
- Emory should provide stats
- More STI/HIV education

“We’re invincible...not worried...we don’t think about the long-term effects... [because] we don’t know the STI/HIV stats.”

“Students need real statistics on Emory to make it real.”

Self-Efficacy: Seeking Sexual Health Services

- Students feel even less confident and comfortable seeking sexual health services on campus
  - “There must be services on campus, I just don’t know where to find them.”
- Word of Mouth vs. Marketing
Accessibility to Sexual Health Education & Services

- Condoms on campus
- Pregnancy tests
  - None on campus
  - CVS sold out
  - Fear parents will find out
- Emergency

Sexual Health Needs & Barriers for Student Groups

- Institutionalized indifference about student’s sexual health
- Reason behind ineffective sexual health education
- Perpetuates students’ lack of knowledge, awareness
- Health 100- not inclusive
- Office of LGBT Life provides good sexual health education
- Other student groups do NOT
- Freshman, sororities, fraternities
  - At risk groups

“Emory administration does not believe sexual health affects everyone”

“So many different groups know different things [about sexual health]”
Recommendations for Effective & Culturally Sensitive Sexual Health Programming

• Comprehensive
• Accessible
• Inclusive
• OHP should be the source - credibility
• Health 100
• Mixture of mass communication, residential advisor peer educators, and a course
• Small group discussions, mass awareness raising, & one-on-one intimate discussions

Primary Data Collection

• Purpose
  • Awareness of current programs
  • Perceived sexual health education needs
• Data collection procedure
  • Online survey
• Data analysis procedure
  • SPSS
Sample

- 163 complete responses
- 9.2% International students
- 26.4% Greek members
- 79.1% live on-campus
- 38% do not engage in sexual activities

Year at Emory

- Freshman: 14%
- Sophomore: 10%
- Junior: 7%
- Senior: 6%
- Graduate: 63%

Race/Ethnicity

- Asian/Asian American or Pacific Islander: 3%
- Black/African American: 8%
- Caucasian: 25%
- Latino/Hispanic: 10%
- Multiracial: 44%
- Native American: 2%
- Other: 2%
- Prefer not to answer: 6%

Gender

- Female: 74%
- Male: 23%
- Transgender: 1%
- Genderqueer: 1%
- Prefer not to answer: 1%
Awareness of Current Programs

- Condom knowledge (0-9)
  - Mean = 6.06; SD = 1.02
- Testing knowledge (0-7)
  - Mean = 6.01; SD = 1.59

Where do you believe Emory University offers free condoms?
- Cox Hall
- Dobbs University Center (The DUC)
- Office of LGBT Life
- Office of Health Promotion (OHP)
- Emory Student Health Services
- Woodruff Library
- Emory Center for Women
- I don’t know

To your knowledge, where can students go to receive STI and HIV testing?
- Public Health Training Center
- Emory Student Health Services
- Office of Health Promotion (OHP)
- Student Counseling Center
- Women’s Center
- I don’t know
- Other (Please specify) _______________
Awareness of Current Programs

**Mean Knowledge Scores**

<table>
<thead>
<tr>
<th></th>
<th>Average Score</th>
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</thead>
<tbody>
<tr>
<td><strong>Total population</strong></td>
<td></td>
</tr>
<tr>
<td>Engagers</td>
<td>6.07</td>
</tr>
<tr>
<td>Non-Engagers</td>
<td>6.05</td>
</tr>
<tr>
<td>Men</td>
<td>5.35</td>
</tr>
<tr>
<td>Greeks</td>
<td>6.02</td>
</tr>
</tbody>
</table>

**Current Sources of Sexual Health Info**

- **Internet**
- **Friends**
- **Family**
- **Health Care Pro**
- **OHP**
- **LGBT Life**
- **Center for Women**

Legend:
- Never
- Almost Never
- Sometimes
- Every Time
Current Behaviors and Perceptions

Free Condom Utilization (Past Month)

Barrier Methods on Campus

Current Behaviors and Perceptions

Campus Climate
Perception of Needs

Receiving Sexual Health Information

<table>
<thead>
<tr>
<th>Method</th>
<th>Number of People</th>
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<tbody>
<tr>
<td>Sex Educator</td>
<td>140</td>
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<tr>
<td>Entry Website</td>
<td>120</td>
</tr>
<tr>
<td>In an Email</td>
<td>100</td>
</tr>
<tr>
<td>Student Org</td>
<td>80</td>
</tr>
<tr>
<td>Cell Phone App</td>
<td>60</td>
</tr>
<tr>
<td>In a Course</td>
<td>40</td>
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</table>

Very/Desirable

Very/Undesirable

Perception of Needs

Importance of Resources

<table>
<thead>
<tr>
<th>Resource</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free Condoms</td>
<td>140</td>
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<tr>
<td>STI Testing</td>
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<tr>
<td>Pregnancy Test Kit</td>
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<td>STI Prices</td>
<td>80</td>
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<tr>
<td>Free Lubricant</td>
<td>60</td>
</tr>
<tr>
<td>Workshops</td>
<td>40</td>
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<tr>
<td>Website Advice</td>
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<tr>
<td>Courses</td>
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<tr>
<td>Educator Advice</td>
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<tr>
<td>School Paper Advice</td>
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</tr>
</tbody>
</table>

Somewhat Important

Very Important
Perception of Needs

Data Triangulation: Accessibility of Sexual Health Information and Resources

<table>
<thead>
<tr>
<th>Key Informants</th>
<th>Focus Groups</th>
<th>Primary Data Collection</th>
<th>Windshield Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Only aware of resources for sexual violence prevention and response</td>
<td>Participants reported: Don’t know where to find sexual health information or get sexual health services at Emory</td>
<td>41.1% of respondents were unsure if STI testing was available on campus and 48.5% were unsure if HIV testing was available on campus</td>
<td>HIV/STI testing not advertised on the stairs leading up to SHS</td>
</tr>
<tr>
<td>Call for consistent sexual health messaging</td>
<td>OHP is too remote</td>
<td>Only 48.5% feel confident locating sexual health services in an emergency</td>
<td></td>
</tr>
<tr>
<td>Unaware of students use of SHS or OHP</td>
<td>OHP’s services are unknown due to lack of marketing</td>
<td></td>
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</tbody>
</table>
Data Triangulation: Quality and Content of Sexual Health Information

<table>
<thead>
<tr>
<th>Key Informants</th>
<th>Focus Groups</th>
<th>Primary Data Collection</th>
<th>Windshield Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current lack of resources for sexual health education at Emory</td>
<td>Emory specific statistics on HIV/STI prevalence and incidence</td>
<td>Over 50% of participants want to learn about healthy relationships, birth control, and STIs</td>
<td>Emory has online sexual health resources on topics ranging from STIs→Contraceptives</td>
</tr>
<tr>
<td>Admin feel students would respond to factual information on risk</td>
<td>Inclusive sexual health information</td>
<td>83.4% reported that learning about healthy relationships was very important</td>
<td>RESPECT Program flyers located across campus</td>
</tr>
<tr>
<td>Emory focuses too heavily on sexual assault awareness and prevention</td>
<td>A course with engaging instructors who could help students develop the skills and confidence to talk about the sexual health issues that are important to them</td>
<td>Engagers want to learn about female orgasm, while those who aren’t want to discuss the topic of abstinence</td>
<td></td>
</tr>
<tr>
<td>Call for more sex positive campus</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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Data Triangulation: Preferred Sexual Health Education Sources and Forums

<table>
<thead>
<tr>
<th>Key Informants</th>
<th>Focus Groups</th>
<th>Primary Data Collection</th>
<th>Windshield Survey</th>
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<tbody>
<tr>
<td>Sexual Health Educator</td>
<td>Bring in external sources of sexual health authority</td>
<td>75.5% want information from a sexual health educator</td>
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<td>Inter-departmental collaboration</td>
<td>Peer Instruction vs No Peer Instruction</td>
<td>The Emory website, email, and cell phone apps were reported as desirable sources to receive sexual health information</td>
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<tr>
<td>Incentivize student organization involvement</td>
<td>Credibility</td>
<td></td>
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<td>Meet students where they are (i.e. dorms, student meetings)</td>
<td>Student Organizations partner with OHP</td>
<td>55.8% support getting sexual health information from student organization meetings</td>
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<td>Diverse modes of information distribution</td>
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Accessibility of Sexual Health Information and Resources

- Collaborate and create partnerships to distribute sexual health information
- Provide consistent messaging surrounding sexual health topics

Quality and Content

- Provide marketing that promotes current services and sexual health education sources

Preferred Sources and Forums

- Offer engaging information about culturally tailored sexual health topics

Recommendations and Suggestions
Collaborate and create partnerships to distribute sexual health information

Make meaningful and sustainable connections to provide sexual health information

**Short Term**
- Sexual Health Advocacy Group (SHAG)
- Office of LGBT Life
- Black Star Magazine

**Long Term**
- Student Government Association
- Greek Life
- Student Athletes
- Student Organizations
- Clinicians/Health Care Providers
- External Sexperts

Provide consistent messaging surrounding sexual health topics

**Short Term**
- Develop and update information on HIV/STI testing on campus including cost
- Update website information and contacts
- Add list of resources to the website
- LGBTQ inclusive

**Long Term**
- Develop information on:
  - Healthy Relationships
  - Birth Control
  - Breast & Cervical Cancer
  - Emory Specific Statistics
  - Sex Health and Safety
  - Female Orgasm
Provide marketing that promotes current services and sexual health education sources

Preferred Sources and Forums

Recommendations and Suggestions

Short Term
- Email
- Emory Website
- Student Organization
- In a Course
- Wonderful Wednesday Tabling

Long Term
- Sex Educator
- HIV/STI stair ads in EUSHS
- Annual report on Emory sexual health stats
- Student forums
Quality and Content
Recommendation and Suggestions

Offer **engaging information** about culturally tailored sexual health topics

**Short Term**
- ‘Go Ask Alice’ Column
- OHP Facebook or Twitter Digests
- Sex Trivia
- Film Screenings
- Sexual Health Week
- Coming Out Week

**Long Term**
- Lecture Series
- Sexual Health Educator
- Discussion Groups
- Peer Education
- Consent-centered musical
- ‘Sex in the Dark’ Event
- AIDS Awareness Red Dinner Club
- I <3 My Vagina

Students are over-programmed and therefore information must cater to their direct needs

The content should be **engaging** and **relevant**
Limitations

- Time Constraints/Scheduling Conflicts
- Access to Student Listservs
- Lack of Defined Sexual Health Spaces
- Focus Group Recruitment and Retention
- OHP does not operate in an vacuum

Lessons Learned

- Group Assets
- Time Constraints
- Pilot Testing
- Focus Groups
References

American College Health Association (ACHA). American College Health Association-National College Health Assessment II: Institutional Data Report Fall 2011 Emory University. Hanover, MD: American College Health Association; 2011


Questions?

Thank you!