



## Vuela for Health: SOMOS Program Evaluation, December 2024

Helping Latinas embrace happiness, health, power, and bodily autonomy

*The program evaluation was conducted by faculty at the Colorado School of Public Health & College of Nursing. This report highlights the successes, challenges, and potential for sustainability of the SOMOS program's expansion implementation by Vuela for Health in Pueblo, Adams, and Arapahoe counties.*



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## EXECUTIVE SUMMARY

The SOMOS program, designed by ReproCollab in 2019 and expanded by Vuela for Health in 2023, aims to empower Latina youth and their caregivers in Pueblo, Adams, and Arapahoe counties in Colorado by improving communication around sexual health, consent, and boundaries. Developed to address disparities in communication and sexual/ reproductive health within Latine families, the program emphasizes culturally responsive education.

Faculty at the Colorado School of Public Health (CSPH) conducted an evaluation of SOMOS to assess changes in knowledge, attitudes, and communication skills among participants. Feedback was additionally obtained from SOMOS facilitators to assess areas for improvement and successes. A robust mixed methods evaluation entailed comprehensive data collection methods with validated assessment tools, with iterative refinements made to enhance accuracy and relevance, and focus groups.

Findings from this evaluation demonstrate that SOMOS positively influenced participants' understanding of critical topics such as sexual and reproductive health, consent, and autonomy, while fostering more confident and empowered communication within Latine families. The involvement of community partners and designers was crucial in broadening its reach and impact. Future recommendations include expanding demographic and linguistic reach, improving facilitator training, and refining evaluation methods to continue addressing gaps in sexual health education for the Latine population. The insights gained from this evaluation will guide the future growth and adaptation of SOMOS to serve other communities across Colorado effectively.



# INTRODUCTION

## BACKGROUND

Latinos are a growing population in the US, with Colorado being among the 10<sup>th</sup> most populated Latino/Hispanic groups. Pueblo and Adams counties in Colorado have significant Latine populations; Latinos make up over 40% of their residents, nearly double the state’s percentage of 21.9%.<sup>1</sup> Despite progress in reproductive health access and policies, such as increased availability of contraceptives, disparities among Latinas persist in these underserved communities persist. As examples shown in Table 1, teen birth rate among Latinas in Adams and Pueblo counties is almost double than for White counterparts.<sup>2</sup> Likewise, newly diagnosed Chlamydia cases are also significantly higher in these highly Latine-populated areas.<sup>3</sup> Effective communication with parents and caregivers can play an essential role in supporting youth with decisions related to sexual and reproductive health. However, some youth may feel reluctant or unable to discuss these issues with their caregiver<sup>4</sup>. These disparities highlight the urgent need for culturally responsive and community-based programs to improve communication, sexual health knowledge, and empowerment among Latino families.

**Table 1. Disparities in reproductive health among Latinos in Colorado**

|   | <i>Metric</i> | <i>Race/Ethnicity</i> | <i>Adams County</i> | <i>Pueblo County</i> | <i>Colorado</i> |
|---|---------------|-----------------------|---------------------|----------------------|-----------------|
| <i>Birth rate per 1,000 youth 15-19 y.o.</i>                |               | Latine                | 24                  | 28                   | N/A             |
|   |               | White                 | 10                  | 16                   | N/A             |
| <i>Chlamydia rate per 100,000 residents</i>                 |               | Overall               | 558.5               | 575.4                | 460.2           |
| <i>% High School Students who could ask adults for help</i> |               | Latine                | 81.2%               | 81.5%                | 82.2%           |
|   |               | White                 | 89.2%               | 76.9%                | 87.6%           |

## PROGRAM OVERVIEW

Following a human-centered design approach, SOMOS was created to empower middle- and high-school youth and their caregivers to build skills for open, supportive conversations about boundaries, sexual health, and consent. The overarching goal of the SOMOS program is to help Latina youth embrace happiness, health, power, and bodily autonomy. Insights from the program’s initial phase<sup>5</sup> revealed:

- Self and autonomy: many Latinas felt uncomfortable communicating their needs.
- BIG WHAT, little how: strong desire for a better future, but the path to achieving it is less clear.
- The generational effect: Caregivers who have experienced racism, poverty, or violence face challenges in supporting youth.
- Desire for more connection: youth desire more connection and support than they receive.

<sup>1</sup>America Counts Staff. Colorado: 2020 Census. Census.gov. July 17, 2023. <https://www.census.gov/library/stories/state-by-state/colorado-population-change-between-census-decade.html>.

<sup>2</sup> Teen Births. County Health Rankings & Roadmaps. 2024. <https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/sexual-activity/teen-births?year=2024>.

<sup>3</sup> Sexually Transmitted Infections. County Health Rankings & Roadmaps. 2024. <https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/sexual-activity/sexually-transmitted-infections?year=2024&state=08&tab=1>

<sup>4</sup> Healthy Kids Colorado Survey 2022

<sup>5</sup> Caring for Colorado Foundation & The Colorado Health Foundation, 2020

## PROJECT AIM

The overall goal of this project was to enhance the delivery of this community-driven initiative, creating safe spaces for youth and trusted adults to engage in meaningful dialogue, and evaluate the impact of SOMOS pilot implementation in a community setting through a promotora-led model with youth and their trusted adults (caregivers, parents, and family members ). The long-term goal is for SOMOS to continue growing and reaching Latina youth and their families across the state, addressing gaps in culturally responsive health education.

This report highlights the implementation and participants’ outcomes of the program's delivery by Vuela for Health in Pueblo, Adams, and Arapahoe Counties. This evaluation explores the program’s impact and its potential to serve as a model for culturally responsive sexual health education across Colorado.

## PARTNERS

**Vuela for Health** is a well-established community-based organization serving the Latine population in Metro Denver through the delivery of health promotion evidence-based programs by promotoras (trusted community health workers). In 2023, Vuela for Health obtained funding from the SOMOS sponsor **Caring for Colorado** to enhance and deliver the program to Pueblo, Adams, and Arapahoe counties using their promotora approach.

Partnering with Vuela for Health, faculty at the **University of Colorado School of Public Health and College of Nursing** (Latino Research and Policy Center) evaluated the impact of the pilot implementation of SOMOS in reaching key objectives of increasing knowledge and changing attitudes on healthy sexual decision-making and empowered communication skills. SOMOS enhancement to align with the community’s needs was facilitated through the collaboration with **original program designers**. The list of all collaborators is shown in Table 2.

**Table 2. SOMOS Program Collaborators**

| <i>Role</i>           | <b>Organization</b>                      | <b>Members</b>   |
|-----------------------|--|--|
| <i>Implementation</i> | <b>Vuela for Health</b>                  | Diana Pineda, CEO, Community Lead<br>Tracy Pineda, Data Manager<br>Angelica Nevarez, Coordinator<br>Ivana Bejaran, Program Director<br>Promotoras/Facilitators   |
| <i>Evaluation</i>     | <b>Colorado Schools of Public Health</b> | Claudia Amura, Ph.D., MPH, Academic PI/Evaluator<br>Carrie Leon, student RA (June-Sept 2024)<br>Samantha Lopez, BS PRA (Jan-June 2024)<br>Noemy Sanchez, student RA (May- Dec 2023)<br>Patti Valverde, Ph.D., LRPC Interim Director (May-Dec 2023) |
| <i>Funding</i>        | <b>Caring for Colorado ReproCollab</b>   | Juana Rosa Caverro<br>Melody Morshed   |
| <i>Support</i>        |  | Mirna Castro, Designer/Facilitator (2023-Jan 2024)<br>Original Design Fellows -Advisers  |

## PROGRAM IMPLEMENTATION

The SOMOS program implementation entailed an iterative process (figure 1) during 2023 and 2024 for program and delivery enhancement. During Spring 2023, the pre-implementation phase included: 1) Curriculum review, 2) Discussions with Design Fellows, facilitators and former participants; 3) Logistics (recruitment, settings, logistics), and 4) Training of facilitators.

The SOMOS program was then implemented across five cohorts in Pueblo, Adams, and Arapahoe counties from fall 2023 to spring 2024, serving multiple audiences (Figure 2). Caregivers/ parents participated in cohorts 1-4, while youth participated in cohorts 1, 3, and 4. College students participated in cohort 5. Evaluation accompanied all these phases (see below).

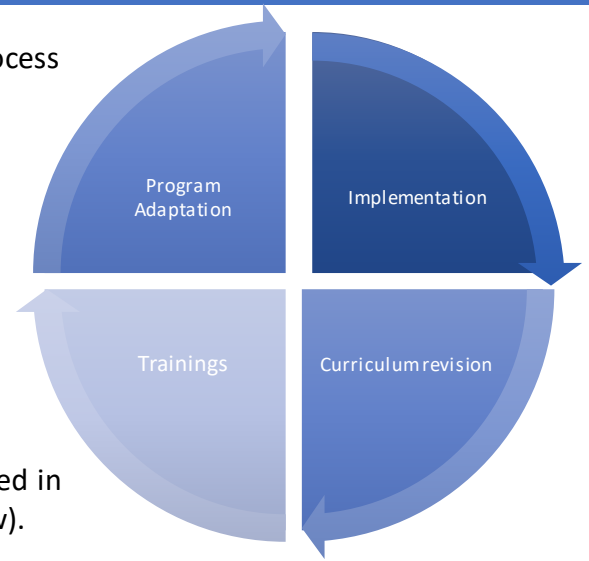
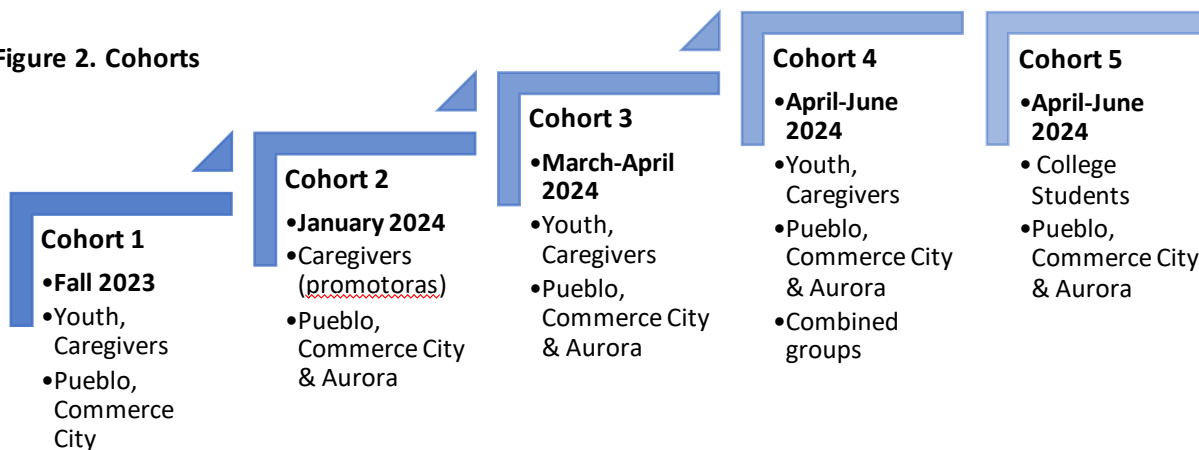


Figure 1. Iterative Phases

Figure 2. Cohorts




## SOMOS CURRICULUM

The SOMOS curriculum encompasses topics related to sexual and reproductive health, healthy relationships, and socio-emotional health. The original curriculum consisted of twelve sessions, including a reflection and closing celebration in the last two sessions. The sessions begin as one large group and then divide into smaller groups based on age (middle school, high school, and adult). Table 3 below shows the sessions and key concepts discussed each week by the age group, or audience.

**Table 3. SOMOS Original Curriculum**

| <i>Session</i>  | <b>Middle School</b>   | <b>High School</b>   | <b>Adults</b>   |
|---|--|--|---|
| <i>1. Introduction</i>  |  |  |   |
| <i>2. Communication "Hit Me Up ()"</i>                          | <ul style="list-style-type: none"> <li>• Effective Communication Skills</li> <li>• Factors Affecting Communication</li> <li>• Direct and Indirect Communication</li> <li>• Active Listening</li> <li>• Decision-Making and Action</li> </ul>   | <ul style="list-style-type: none"> <li>• Elements of Communication</li> <li>• Verbal/Nonverbal Communication</li> <li>• Effective Message Delivery</li> <li>• Best Practices of Effective Communication</li> <li>• Empathic Listening</li> </ul>   | <ul style="list-style-type: none"> <li>• Elements of Communication</li> <li>• Verbal and Nonverbal Communication</li> <li>• Direct vs. Indirect Communication</li> <li>• Best Practices of Effective Communication</li> <li>• Effective Directions</li> </ul>   |
| <i>3. Emotional Health "Inside Out"</i>                         | <ul style="list-style-type: none"> <li>• Understanding the multidimensional nature of adolescence</li> <li>• Importance of mental health and well-being</li> <li>• Identifying and normalizing changes</li> <li>• Seeking accurate information and resources</li> <li>• Recognizing early warning signs &amp; seeking help</li> </ul>                              | <ul style="list-style-type: none"> <li>• Understanding physical, emotional, social, and cognitive changes in adolescence</li> <li>• Importance of mental health</li> <li>• Identifying reliable sources of information</li> <li>• Recognizing and normalizing changes</li> <li>• Promoting positive body image and self-acceptance</li> </ul>              | <ul style="list-style-type: none"> <li>• Understanding the changes in adolescence</li> <li>• Role of hormones and the sexual response system</li> <li>• Identifying reliable sources of information</li> <li>• Recognizing and categorizing changes</li> <li>• Addressing myths/ promoting open conversations</li> </ul>                            |
| <i>4. Sexual and Reproductive Health "Flowers and the Bees"</i> | <ul style="list-style-type: none"> <li>• Understanding typical reproductive and sexual health development</li> <li>• Normalizing discussions about reproductive and sexual development</li> <li>• Awareness of variations in reproductive anatomy and gender identity</li> <li>• Awareness of local resources</li> <li>• Identifying circles of support</li> </ul> | <ul style="list-style-type: none"> <li>• Understanding typical reproductive and sexual health development</li> <li>• Normalizing discussions about typical development</li> <li>• Identifying trusted individuals for discussions</li> <li>• Learning about local resources</li> <li>• Recognizing and respecting diverse bodies and identities</li> </ul> | <ul style="list-style-type: none"> <li>• Developmental changes</li> <li>• Communication and support</li> <li>• Understanding reproductive and sexual Health</li> <li>• Local resources</li> <li>• Becoming askable adults</li> </ul>  |
| <i>5. Mechanics of Sex "Let's Talk About Sex"</i>               | <ul style="list-style-type: none"> <li>• Understanding types of sex</li> <li>• STIs risk reduction</li> <li>• Risks of sexting &amp; social media</li> <li>• Understanding how STIs happen</li> <li>• Encouraging open and honest conversations</li> </ul>   | <ul style="list-style-type: none"> <li>• Understanding different types of sex</li> <li>• Risk reduction for STIs and unintended pregnancies</li> <li>• The role of sexting and social media in health risks</li> <li>• Addressing myths and misconceptions about sex/STIs</li> <li>• Informed decision-making; reliable information seeking</li> </ul>     | <ul style="list-style-type: none"> <li>• Understanding the different types of sex</li> <li>• Risk reduction and honest conversations</li> <li>• Knowledge about STIs</li> <li>• Addressing myths and misconceptions about sex/STIs</li> <li>• Sexting and social media</li> </ul>   |
| <i>6. Contraception "Respect Yourself, Protect Yourself"</i>    | <ul style="list-style-type: none"> <li>• Understanding reproductive rights</li> <li>• Knowledge of various contraceptive methods</li> <li>• Awareness of organizations providing birth control methods</li> <li>• Understanding the menstrual cycle in relation to contraception</li> <li>• Exploring and selecting contraceptive option</li> </ul>                | <ul style="list-style-type: none"> <li>• Understanding reproductive rights and contraceptive methods</li> <li>• Choosing a contraceptive method</li> <li>• Knowledge of various contraceptive methods</li> <li>• Awareness of organizations providing birth control</li> <li>• Understanding the menstrual cycle in relation to contraception</li> </ul>   | <ul style="list-style-type: none"> <li>• Understanding contraceptive options</li> <li>• Awareness of organizations providing birth control methods</li> <li>• Recognizing the broader purposes of contraceptives</li> <li>• Conversations about the menstrual cycle</li> <li>• Developing communication skills as an adult</li> </ul>               |
| <i>7. Boundaries "Cuidate"</i>                                  | <ul style="list-style-type: none"> <li>• Definition of personal boundaries</li> <li>• Understanding personal space and seeking help</li> <li>• Recognition of comfort and discomfort zones</li> <li>• Importance of clear communication</li> <li>• Awareness of sexual assault and consent</li> </ul>  | <ul style="list-style-type: none"> <li>• Understanding boundaries</li> <li>• Defining personal boundaries</li> <li>• Recognizing personal space</li> <li>• Acknowledging comfort and discomfort zones</li> <li>• Importance of communication in setting boundaries</li> </ul>  | <ul style="list-style-type: none"> <li>• Understanding personal space, boundaries, privacy</li> <li>• Recognizing youths' comfort/ discomfort zones</li> <li>• Awareness of different types of boundaries</li> <li>• Encouraging open communication and respect for boundaries</li> <li>• Promoting safety and addressing sexual assault</li> </ul> |

|  |   |   |  |
|--|---|---|--|
| 8. Consent "Tu Decides"                          | <ul style="list-style-type: none"> <li>• Understanding the concept of consent</li> <li>• Communication skills for expressing consent</li> <li>• Consequences of not operating with clear consent</li> <li>• Recognizing different reasons for not having sex</li> <li>• Awareness of factors that can affect consent</li> </ul> | <ul style="list-style-type: none"> <li>• Understanding consent</li> <li>• Consequences of not operating with clear consent</li> <li>• Nuances of consent in different situations</li> <li>• Building consent skills through role play</li> <li>• Importance of clear communication</li> </ul>                         | <ul style="list-style-type: none"> <li>• Understanding consent</li> <li>• Communication of consent with males and females</li> <li>• Consequences of not operating with clear consent</li> <li>• Age-specific understanding of consent</li> <li>• Importance of clear communication</li> </ul>                               |
| 9. Values, Voice, and Self-worth "Soy Yo"        | <ul style="list-style-type: none"> <li>• Understanding personal values</li> <li>• The influence of culture on values</li> <li>• Values clarification</li> <li>• Self-esteem and its importance</li> <li>• Self-knowledge and perception</li> </ul>  | <ul style="list-style-type: none"> <li>• Understanding self-autonomy</li> <li>• Harnessing the power of their voice</li> <li>• Exploring positive self-worth</li> <li>• Values clarification</li> <li>• Self-discovery and reflection</li> </ul>  | <ul style="list-style-type: none"> <li>• The influence of culture and beliefs</li> <li>• Clarification of values</li> <li>• Building self-esteem</li> <li>• Recognition of personal characteristics</li> <li>• Self-discovery and self-presentation</li> </ul>   |
| 10. Sexual and Gender Inclusivity "Love is Love" | <ul style="list-style-type: none"> <li>• Understanding key terms</li> <li>• Respectful communication</li> <li>• Influence of Latinx culture</li> <li>• Differentiating sexual orientation and gender identity</li> <li>• Identifying allies and practicing respectful communication</li> </ul>                                  | <ul style="list-style-type: none"> <li>• Physical, emotional, social, and cognitive changes in adolescence</li> <li>• Identifying one change in adolescence</li> <li>• Importance of mental health</li> <li>• Identifying medically accurate sources of information</li> <li>• Identifying myths vs. facts</li> </ul> | <ul style="list-style-type: none"> <li>• Definition of key terms</li> <li>• Respectful communication with all gender identities</li> <li>• Influence of Latinx culture on gender attitudes and expectations</li> <li>• Credible sources for gender identity</li> <li>• Allies and challenging cultural influences</li> </ul> |
| 11. Reflection "Quince"                          | <ul style="list-style-type: none"> <li>• Pathways for the future</li> <li>• Celebrating culture and accomplishments</li> <li>• Goal-setting and decision-making skills</li> <li>• Accessing local resources for support</li> <li>• Identifying trusted support systems</li> </ul>   | <ul style="list-style-type: none"> <li>• Potential for future goals</li> <li>• Identifying support systems</li> <li>• Awareness of different pathways</li> <li>• Celebration of culture and accomplishments</li> <li>• Goal-setting/decision-making skills</li> </ul>   | <ul style="list-style-type: none"> <li>• Recognizing youth potential</li> <li>• Identifying support systems</li> <li>• Awareness of different pathways</li> <li>• Celebration of culture and accomplishments</li> <li>• Goal-setting and decision-making skills</li> </ul>   |
| 12. Closing Celebration                          |   |   |  |



| Semana | TEMA   |
|--------|--|
| 1      | Introduction to SOMOS                          |
| 2      | HMU - Hit Me Up                                |
| 3      | Inside Out                                     |
| 4      | Flowers and the Bees                           |
| 5      | Let's talk about sex (My health and Sexuality) |
| 6      | Respect yourself, Protect yourself             |
| 7      | Cuidate  |
| 8      | Tú decides                                     |
| 9      | Soy Yo   |
| 10     | Amor es Amor                                   |
| 11     | Quince   |
| 12     | Closing Ceremony                               |

Figure 3. Participant's Handout indicating sessions



The SOMOS program underwent key updates to enhance its structure and delivery. The curriculum was consolidated into 10 streamlined sessions, evolving across cohorts to address emerging needs. Initially focused primarily on reproductive and sexual health, the curriculum expanded to emphasize empowerment and support for Latina youth and their caregivers. Active revisions were made throughout all cohorts, particularly in Winter 2024, to incorporate lessons learned and refine delivery methods for greater clarity and engagement (Table 5). Session content was reordered to address emotional topics and ensure comfort for participants. Trust-building activities were introduced to strengthen group dynamics, and cohorts were adjusted by combining adults with middle school students.

Reflecting Vuela’s commitment to continuous improvement and community-centered implementation, logistical challenges were also addressed to improve accessibility. Conflicting schedules between parents and high school students led to the exploration of alternative scheduling and delivery aligned with school periods, weather constraints, and vacations. Locations with three available classrooms were secured across sites. In addition, manuals and handouts were enhanced for culturally responsive delivery (Figures 4 & 5).

**Table 5. Program revisions**

|  |
|--|
| <i>Enhanced curriculum to present evidence-based practices to the audience</i>   |
| <i>Consolidated 12 sessions into 10.</i>   |
| <i>Modified introduction, Love is Love, and Quince sessions to make them more appropriate to audience</i>  |
| <i>Enhanced delivery of sensitive topics (e.g. sexual violence and trauma)</i>   |
| <i>Added ice-breakers (rompehielos), games, and incentives to encourage youth participation, fun, movement, interaction, and overall engagement and gaining trust among participants</i> |
| <i>Balancing delivery between encouraging versus forcing participation</i>   |
| <i>Addressed audience ages, dynamics, language, and communication style</i>  |
| <i>Work with partners on inclusion of LGBTQ+ Latine community members</i>  |
| <i>Incorporated handouts into the Participant Manual</i>   |
| <i>Developed “SOMOS in a box” with increased organization of Participant Manual and detailed instructions in Facilitator Guide</i>   |
| <i>Enhanced cultural components (e.g. bilingual PowerPoints)</i>   |
| <i>Shifted curriculum order to facilitate delivery, timing, and comfortability</i>   |

**Figure 4. SOMOS Session Training**

| SUGGESTED TIME STRUCTURE              |                        |            |
|---------------------------------------|------------------------|------------|
| Group: Family (45 MIN)                |                        |            |
| ITEM                                  | Page #/Slide #         | TIME (MIN) |
| Introduction & Presentation           |                        | 40         |
| Instruction to Group: MS/HS           |                        | 5          |
| Group: Middle School (90 MIN)         |                        |            |
| Introduction & Presentation           | Pg 4 / Slide 2         | 5          |
| Icebreaker                            | Pg 6 / Slide 4         | 5          |
| Icebreaker- A cup of water            | Pg 7-8 / Slide 6       | 10         |
| Consent                               | Pg 9-15 / Slide 7-16   | 20         |
| Communicating Consent                 | Pg 16-22 / Slide 17-27 | 20         |
| Consent: Video Pitch Perfect Q & A    | Pg 17 / Slide 18       |            |
| Consent in a relationship             | Pg 22-27 / Slide 28-31 | 10         |
| Activity 1: Consent in a relationship | Pg 25-27 / Slide 31    |            |
| Reflection and Report back            | Pg 28-31 / Slide 32-36 | 10         |
| Ice-Evaluation                        | Pg 32 / Slide 37       | 5          |
| Instruction to Group: Family          | Pg 33 / Slide 38       | 5          |
| Group: Family (15 MIN)                |                        |            |
| Introduction                          |                        | 10         |

| ICEBREAKER/ACTIVITIES AT-A-GLANCE     |   |
|---------------------------------------|---|
| Icebreaker: A Cup of Water            | <ul style="list-style-type: none"> <li>Materials:               <ul style="list-style-type: none"> <li>Plastic cups as props</li> </ul> </li> </ul>   |
| Activity 1: Consent in a relationship | <ul style="list-style-type: none"> <li>Materials:               <ul style="list-style-type: none"> <li>Activity 1- Worksheet, on Page 2 of Participant Workbook</li> <li>Pen/Pencil</li> <li>Laminated scenarios Consent in a relationship</li> </ul> </li> </ul> |
| Reflection: Report back               | <ul style="list-style-type: none"> <li>Materials:               <ul style="list-style-type: none"> <li>Flip-Chart Paper</li> <li>Markers</li> <li>Worksheet on Page 3 and 4 of Facilitator Workbook</li> </ul> </li> </ul>  |

**Table 6. SOMOS Session Sequence**

|                                  | Week 1 | Week 2     | Week 3     | Week 4         | Week 5         | Week 6                   | Week 7           | Week 8           | Week 9       | Week 10           | Week 11 | Week 12    |
|----------------------------------|--------|------------|------------|----------------|----------------|--------------------------|------------------|------------------|--------------|-------------------|---------|------------|
| <b>Original</b>                  | Intro  | Hit Me Up  | Inside Out | Flowers & Bees | Talk about sex | Respect protect Yourself | Cuidate          | Tu Decides       | I am Me      | Love is Love      | Quince  | Graduation |
| <b>1<sup>st</sup> Adaptation</b> | Intro  | Inside Out | Hit Me Up  | Cuidate        | Tu decides     | Flowers and Bees         | Respect Yourself | Talk About Sex   | Love is Love | Closing ny        | N/A     | N/A        |
| <b>2<sup>nd</sup> Adaptation</b> | Intro  | Hit Me Up  | Cuidate    | Tu Decides     | Inside Out     | Flowers and bees         | Protect yourself | Talk About Sex   | Love is Love | Closing ny        | N/A     | N/A        |
| <b>Current</b>                   | Intro  | Hit Me Up  | Cuidate    | Tu Decides     | Inside Out     | Flowers and Bees         | Talk about Sex   | Respect Yourself | Love is Love | Writing Own Story | Varies  | N/A        |

## FACILITATOR TRAININGS

The SOMOS program equips community leaders and facilitators with eight essential training modules to ensure effective program delivery and participant support. These include understanding their role as community leaders, developing key communication and problem-solving skills, and addressing equity and discrimination to promote equity. Facilitators are trained in motivational interviewing to help participants navigate values and conflicts, as well as trauma management strategies to address stress and foster self-regulation. Additional modules focus on facilitation techniques for group communication, maintaining professionalism through ethical practices and boundaries, and prioritizing self-care to sustain their well-being and effectiveness. Trainings evolved over time to ensure culturally responsive and impactful program implementation (see recommendations below).

## EVALUATION

To evaluate the SOMOS program, a mixed-methods research design was employed to comprehensively assess the program's implementation and impact on participants' knowledge, self-efficacy, and communication skills. The evaluation of the SOMOS program evolved over time, reflecting a commitment to continuous improvement and adaptation as the program expanded (Figure 2).

### Aims included:

- Evaluate the feasibility and acceptability of the SOMOS sexual health education program delivered by community health workers in a community setting.
- Evaluate the program impact on empowering Latine youth and key adults with knowledge, attitudes, and communication skills to encourage healthy sexual decision-making.

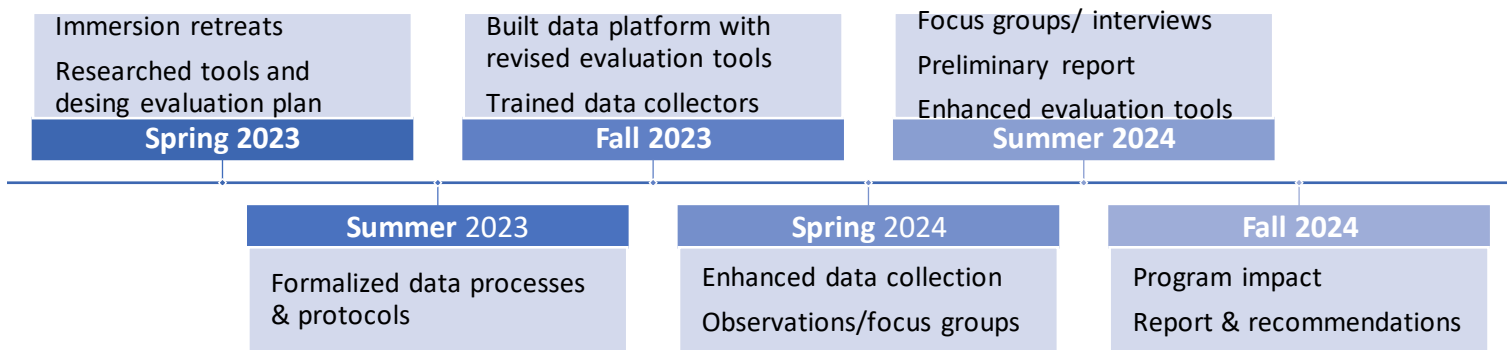
## METHODS

From Spring 2023, evaluation activities included developing a formal evaluation plan, reviewing prior curricula and evaluation portfolios, and researching evidence-based practices in sex education and youth mental health. Over time, iterative refinements were made to enhance data collection and analysis processes (Figure 5). The evaluation was designed to assess changes in knowledge, perceptions, and attitudes among participants. Key milestones included the creation of a data collection platform, training, revisions to evaluation to align with curricular changes, qualitative and quantitative data collection, culminating in the final evaluation in Fall 2024.

## THEORETICAL FRAMEWORK

- The evaluation was guided by the **Health Equity Framework** to ensure the program addressed disparities in sexual health education within Latino communities.
- The **Socioecological Model** informed an understanding of how individual, interpersonal, community, and societal factors influenced program outcomes.
- **Dissemination & Implementation Science Frameworks:** The PRISM and RE-AIM frameworks were used to evaluate program reach, effectiveness, adoption, implementation fidelity, and sustainability.

**Figure 5. SOMOS Program Evaluation Timeline and Activities**



## PARTICIPANTS & SETTING

- **Target Population:** Adolescents in middle and high school and their trusted adults (e.g., caregivers).
- The program was delivered in both rural and urban community settings across Colorado, specifically in areas with high Latino populations, such as Adams and Pueblo counties.
- Participants were recruited through community partnerships, local schools, and trusted community health workers (facilitators/promotoras) to ensure engagement from diverse linguistic and cultural backgrounds.

## QUANTITATIVE EVALUATION

- **Survey Administration:** Surveys were designed in a HIPPA compliant platform to be administered to youth and adults in both English and Spanish, with modifications to ensure clarity and cultural relevance. Paper surveys were collected both English and Spanish to ensure accessibility for all participants and entered into the unified HIPPA-compliant electronic data platform, especially designed for this purpose.
- **Measures:** Validated assessment tools were selected for each section of the program, ensuring a comprehensive evaluation of its impact. We used survey tools to measure the effectiveness of the program in enhancing participants' understanding and attitudes toward critical topics such as boundaries, consent, puberty, reproductive health, and LGBTQ+ issues. Questions included validated measures of socio-demographics, sexual health knowledge, self-efficacy, and communication skills related to difficult conversations, such as consent and boundaries (see table 4).
- **Data Analysis:** Descriptive statistics, chi-square tests ( $\chi^2$ ) for categorical data, paired t-tests for pre-post comparisons, and Generalized Linear Models (GLM) were used for evaluating program impact.

## QUALITATIVE EVALUATION

- **Observations and Documentation:** Program sessions were observed, and notes were taken to assess program fidelity, participant engagement, and areas for improvement.
- **Focus Groups and Interviews:** Semi-structured interviews were purposely designed and carried out in both English and Spanish, either in person or via Zoom, with youth participants, trusted adults, and facilitators to gain insights into their experiences with the program.
- **Analysis:** Audio recordings were transcribed and translated into English when necessary. Coding and thematic analysis was used to identify key themes by an expert team.

**Table 7. Quantitative measurements**

|   | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post | Pre | Post |   |
|---|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|-----|------|---|
| <i>Demographics</i>                               | X   |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |   |
| <i>Self-Efficacy Scale</i>                        | X   |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      | X |
| <i>Self Esteem (Harter) z</i>                     | X   |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      | X |
| <i>Parent-Child Communication</i>                 |     |      | X   |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      | X |
| <i>Sexual Experience</i>                          |     |      |     |      |     |      |     |      |     |      |     |      |     |      | X   |      |     |      |     |      |   |
| <i>SOMOS Physical/Emotional Health</i>            |     |      |     |      |     |      |     | X    |     |      |     |      |     |      |     |      |     |      |     |      |   |
| <i>SOMOS Communication</i>                        |     |      | X   |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |   |
| <i>SOMOS Boundaries</i>                           |     |      |     |      | X   |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |   |
| <i>Sex Communication Self-Efficacy/Boundaries</i> |     |      |     |      |     |      | X   | X    |     |      |     |      |     |      |     |      |     |      |     |      |   |
| <i>SOMOS Consent</i>                              |     |      |     |      |     |      | X   | X    |     |      |     |      |     |      |     |      |     |      |     |      |   |
| <i>SOMOS Sex/Reproductive Health</i>              |     |      |     |      |     |      |     |      |     | X    | X   |      |     |      |     |      |     |      |     |      |   |
| <i>SOMOS Contraception</i>                        |     |      |     |      |     |      |     |      |     |      |     |      | X   | X    |     |      |     |      |     |      |   |
| <i>WHO Contraceptive Methods</i>                  |     |      |     |      |     |      |     |      |     |      |     |      | X   | X    |     |      |     |      |     |      |   |
| <i>WHO Knowledge of STI/STDs</i>                  |     |      |     |      |     |      |     |      |     |      |     |      |     |      | X   | X    |     |      |     |      |   |
| <i>SOMOS Gender &amp; Sexuality</i>               |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      | X   | X    |     |      |   |
| <i>SOMOS Autonomy &amp; Belonging</i>             |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      |     |      | X |

# RESULTS

## PARTICIPANTS

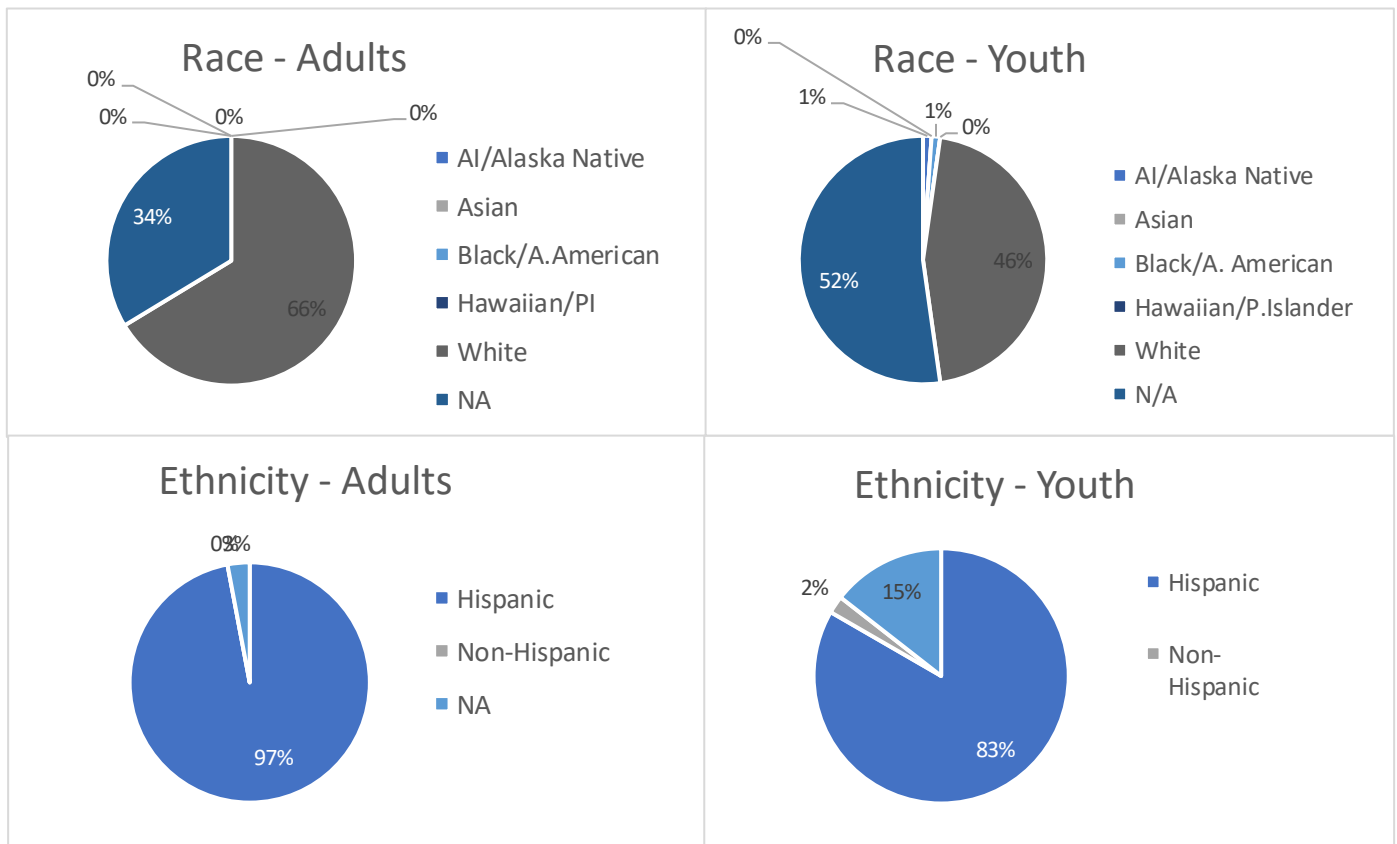
The SOMOS program engaged a total of 201 participants across multiple cohorts and locations, including Adams and Pueblo counties, with some sessions delivered in hybrid formats. The participants included 92 adults, 57 high school students, and 52 middle school students, reflecting the program's multigenerational and community-focused approach. As shown in table 8, graduation rates varied across groups and locations (with HS, bringing the program to the school setting gave the highest attendance rate).

**Table 8. Participation across cohorts**

| Cohort     | Location             | Total | Adults | Graduated | High school | Graduated | Middle school | Graduated |
|------------|----------------------|-------|--------|-----------|-------------|-----------|---------------|-----------|
| 1 - Fall   | Adams                | 34    | 14     | 64%       | 9           | 78%       | 11            | 55%       |
| 1 - Fall   | Pueblo               | 31    | 12     | 67%       | 11          | 36%       | 8             | 75%       |
| 2 - Winter | Hybrid               | 22    | 22     | 91%       | 0           | NA        | 0             | NA        |
| 3 - Spring | Pueblo               | 30    | 13     | 77%       | 7           | 71%       | 10            | 70%       |
| 3 - Spring | Adams – Aurora       | 35    | 16     | 69%       | 8           | 38%       | 11            | 73%       |
| 3 - Spring | Adams /Commerce City | 39    | 15     | 80%       | 12          | 58%       | 12            | 75%       |
| 4 - Summer | Pueblo               | 10    | 0      | NA        | 10          | 90%       | 0             | NA        |
|            | Totals               | 201   | 92     | 76%       | 57          | 61%       | 52            | 69%       |

The majority (66%) of adult participants identify as White, while the remaining 34% fall under the category of Not Available (NA), and 97% identified as Hispanics. Almost half of youth participants identify as White, and a lesser proportion (83%) identify as Hispanic (Figure 6).

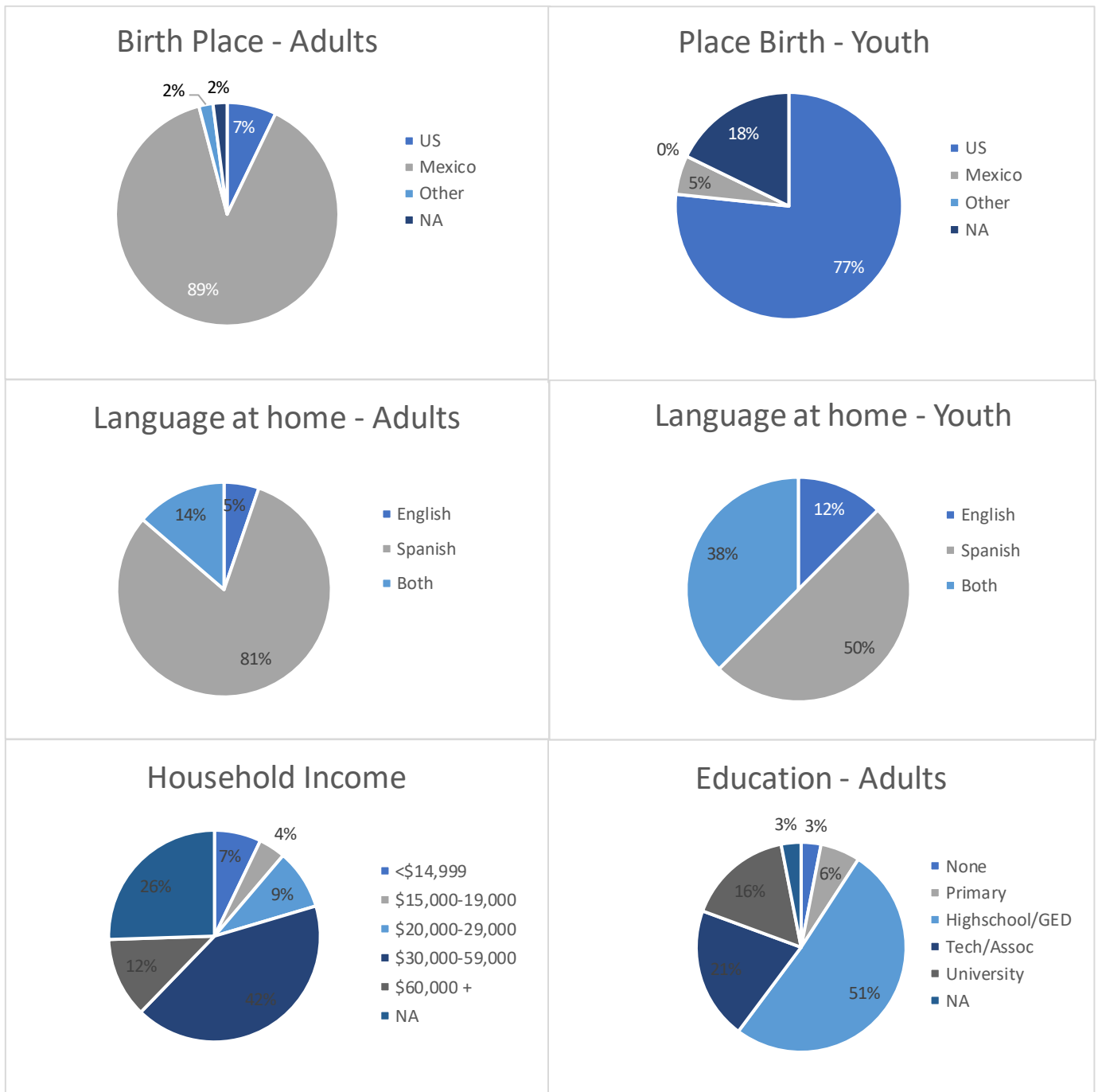
**Figure 6. SOMOS Participants Socio-demographic characteristics**



The majority of adult participants (89%) were born in the United States, with 7% born in Mexico and 2% from other countries (Figure 7). Among youth participants, 77% were born in the United States, while 18% were born in Mexico, and 5% in other countries. A significant majority of adult participants (81%) reported speaking Spanish at home, with 14% indicating bilingual English and Spanish; only 5% used only English. Youth participants were more linguistically diverse, with 50% speaking Spanish at home, 38% using both English and Spanish, and 12% speaking only English. However, 32% of youth preferred English and 27% preferred Spanish.

Participants' household income distribution shows that 42% of households earn less than \$14,999 annually, with 26% fall into the \$15,000–\$29,000 range. Less than 20% report income over \$30,000.

**Figure 7. SOMOS Participant Socio-demographics**



Among adults, 51% had completed high school or obtained a GED, 21% had technical or associate-level education, and a smaller portion had completed university degrees (16%), demonstrating the need for accessible and adaptable program materials.

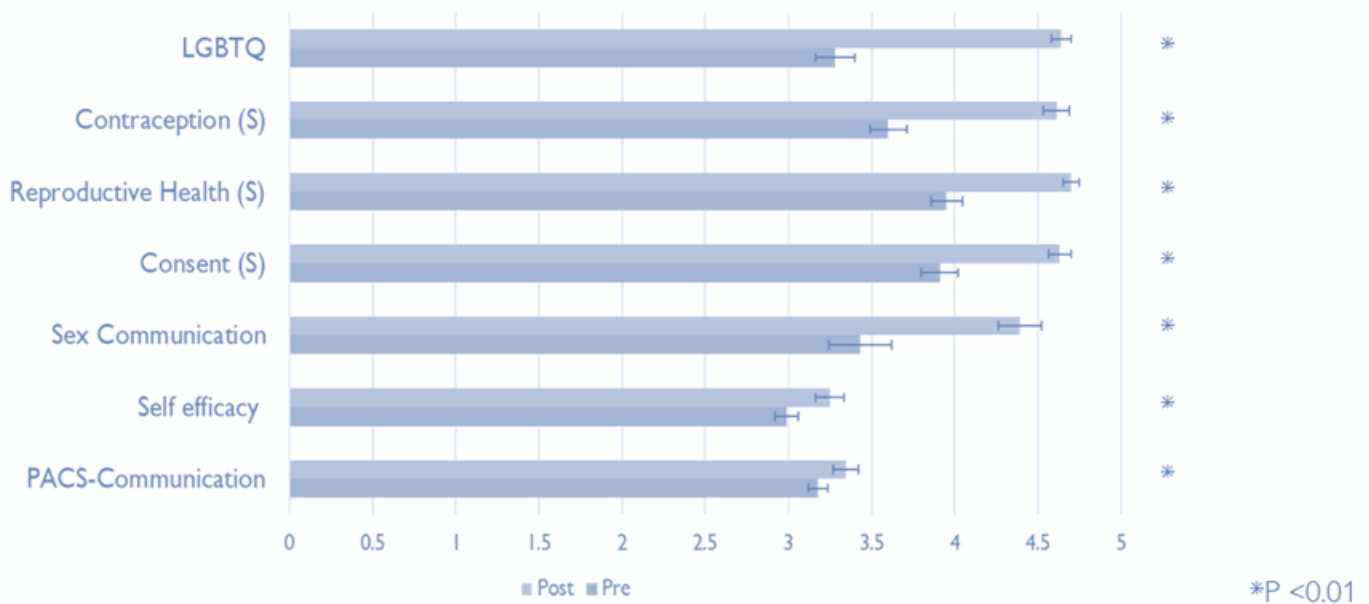
This demographic profile highlights the cultural, linguistic, and socioeconomic diversity of the SOMOS participants. These factors underscore the importance of bilingual resources, culturally relevant content, and sensitivity to socioeconomic challenges to maximize program impact and accessibility.

## SOMOS IMPACT IN KNOWLEDGE, EFFICACY, AND ATTITUDES

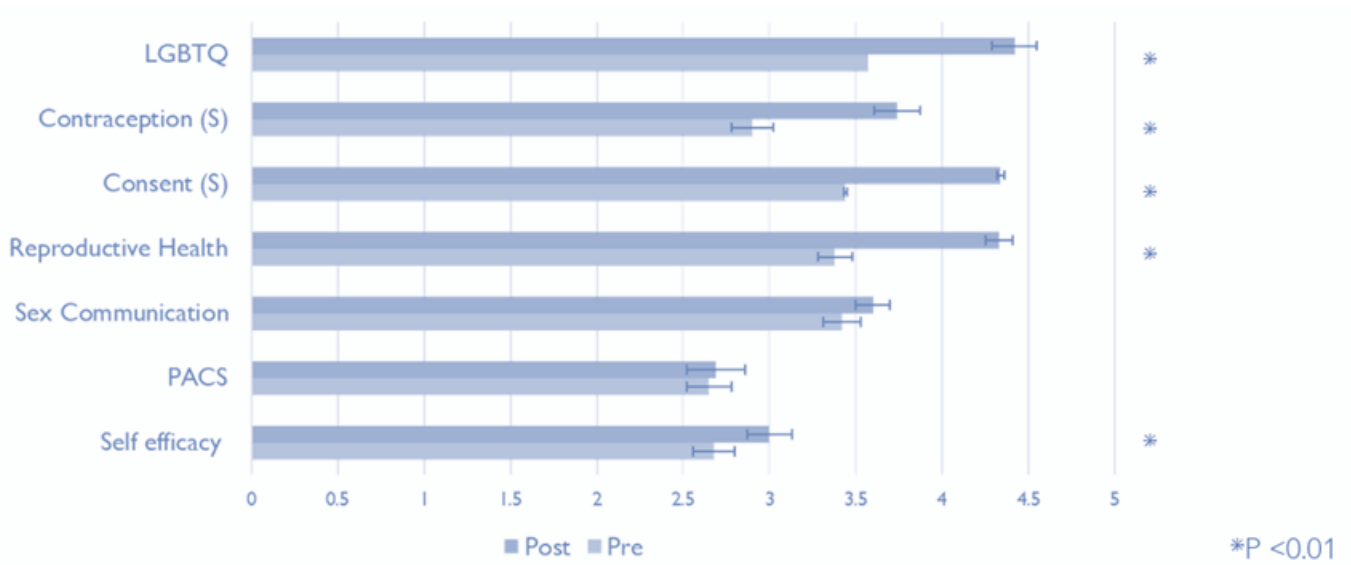
The evaluation of changes pre- and post-program across various topics in the SOMOS program, demonstrated notable improvements in participants' knowledge, attitudes, and communication skills.

Adult participants showed significant growth in understanding and awareness of LGBTQ-related topics, as indicated by the increase in post-program scores. Scores improved substantially in contraception knowledge, reflecting the program's emphasis on providing accurate sexual health education (Figure 8). Adults also reported increased knowledge of reproductive health, showing a strong positive impact of the program's curriculum in this area. Awareness and understanding of consent also significantly improved, emphasizing the program's success in fostering informed and respectful decision-making. Post-program scores for sex communication were also notably higher, demonstrating enhanced participant confidence and skills in discussing sexual health topics. Adult participants' self-efficacy on their ability to apply learned skills increased slightly post-program. Finally, caregivers showed improvements in parent-adolescent communication (PACS) indicate the program's success in strengthening dialogue between youth and caregivers. The results for youth were very similar, with significant improvements across all evaluated topics, except for sex communication and PACS, which were not measured for this group (Figure 9). Pre-post changes were statistically significant at the  $p < 0.01$  level.

**Figure 8. Changes in knowledge, attitudes and beliefs among adults completing the SOMOS program.**

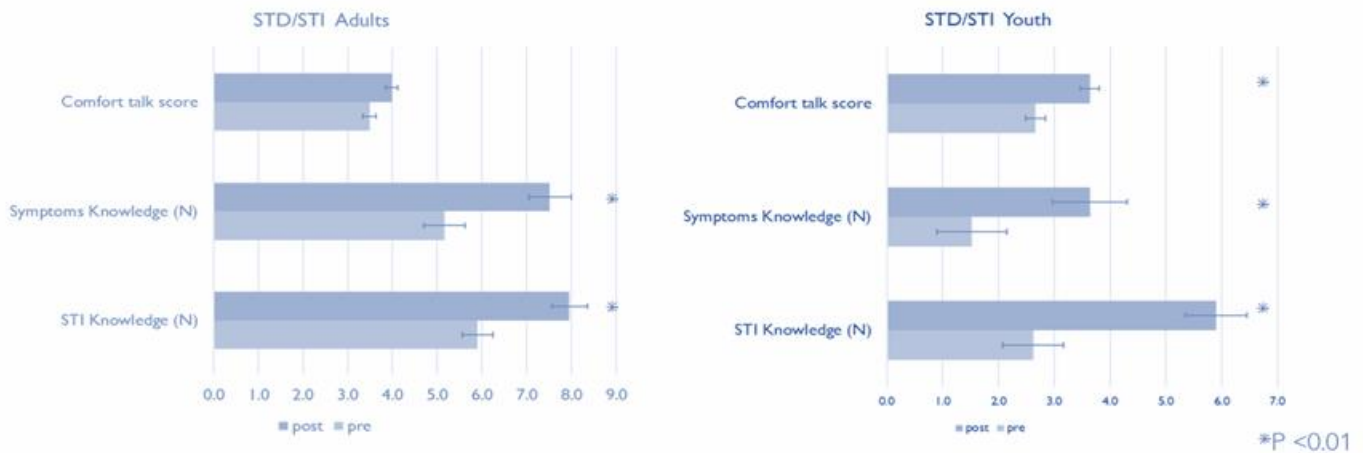


**Figure 9. Changes in knowledge, attitudes and beliefs among youth completing the SOMOS program.**



When using validated WHO tools, there were significant pre- to post-program improvements ( $p < 0.01$ ) for both adult and youth participants in comfort discussing STDs/STIs, symptoms knowledge, and overall STI knowledge. Adults demonstrated slightly higher comfort levels than youth, but both groups showed substantial gains in knowledge of symptoms and STIs (Figure 10). These findings highlight the program's effectiveness in enhancing sexual health literacy and fostering informed discussions among all participants.

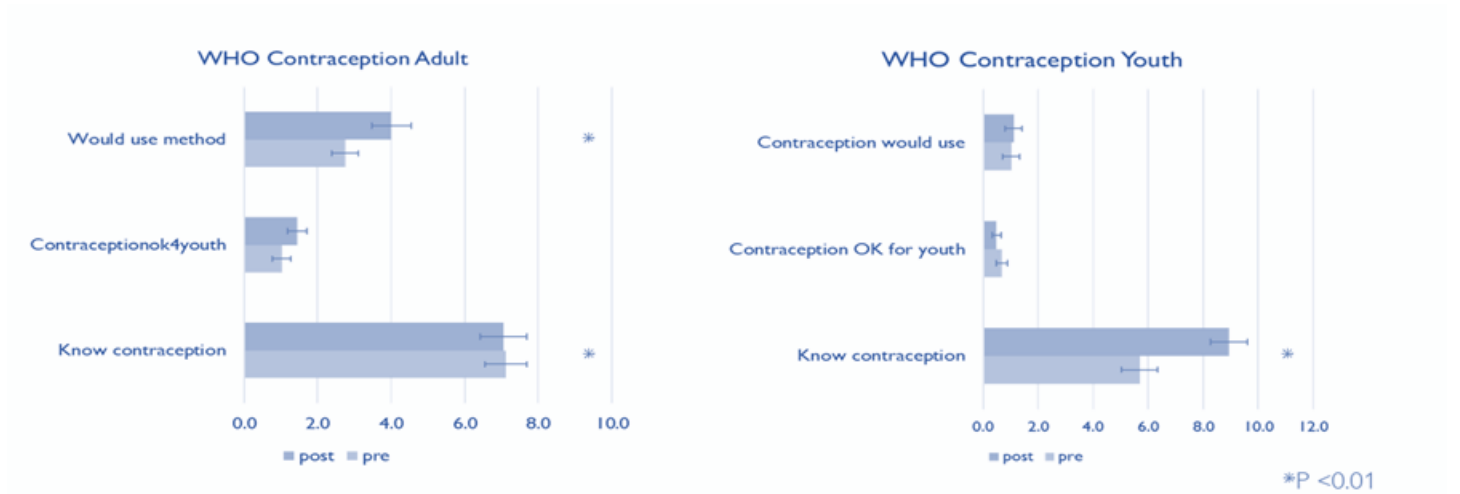
**Figure 10. Changes in STI knowledge and communication comfort among participants**



The use of validated tools also showed significant improvements ( $p < 0.01$ ) in contraceptive knowledge, attitudes, and intended use among both adults and youth participants in the SOMOS program. For adults, post-program scores reveal increased confidence in knowing contraceptive methods, a greater willingness to use contraception, and improved acceptance of contraception for youth. Similarly, youth participants demonstrated notable gains in their knowledge, acceptance of contraceptive use.



**Figure 11. Changes in contraception knowledge and perceptions among participants after program**



## PARTICIPANT INITIAL EXPECTATIONS

Upon enrolling in the program, participants expressed these expectations:

- *Topics/ practical skills:* All participants were curious about the program and content, especially on topics such as parenting and adolescence.
- *Communication and Support:* Caregivers anticipated addressing difficult topics and enhancing communication with their child, and gaining tools to provide emotional support to youth.
- *Personal growth:* Caregiver participants hoped to improve empathy and parenting skills that match the child/ youth’s developmental stage.

*"Comunicarme de la mejor manera con mi hija y aprender más como mujer"*

## PARTICIPANTS’ PERCEPTIONS

Focus groups and interviews were conducted with SOMOS program facilitators and participants, caregivers, middle school, and high school students from January to June 2024 to gather in-depth feedback on the program's implementation and impact. Facilitators provided insights into the effectiveness of the curriculum and their experiences in delivering the sessions. The comprehensive feedback gathered from all participants was crucial for identifying lessons learned and areas for improvement to ensure future success (Table 9). Themes included:



- 1. Positive Impact and Empowerment**
- 2. Creating a Safe, Transparent, and Engaging Environment**
- 3. Honoring Culture, Language, and Beliefs**
- 4. Trust in Evidence-based Curriculum and Facilitators**



**Table 9. Focus groups details.**

| Participants | N  | Session                        | Duration       | Format              | Location and Cohort                               |
|--------------|----|--------------------------------|----------------|---------------------|---|
| Facilitators | 5  | Focus group: 2                 | 1 hr 45 min    | Virtual             | Pueblo, Commerce City, Aurora; end of cohorts 1-2 |
| Adults       | 15 | Focus group: 2                 | 45 min - 2 hrs | In-person & Virtual | Multiple, cohorts 2 and 4                         |
| Youth        | 5  | Focus group: 1<br>Interview: 3 | 20 min - 1 hr  | Virtual             | Pueblo and Commerce City; cohort 4                |

## POSITIVE IMPACT AND EMPOWERMENT

Many participants and facilitators reported that SOMOS had a positive impact on them and in their relationships. One adult participant described how SOMOS empowers girls through fostering self-esteem and communication:

*"...they learn to value themselves more, to know their body more, which is the most important thing for a young girl or a woman to know - your body. As a participant, I saw that I was empowered, all the information empowered me ... I empowered myself to be able to maybe start a conversation with my daughter..." – Adult*

Participant’s confidence in setting boundaries in relationships increased:

*"...you set a boundary with certain people. I learned to do it more. It makes it easier for me, because at the beginning of classes we talked about that ... Now I look at it differently ... I'm also going to set a limit, even if I'm the bad guy in the story, or the ugly one in the story. I already feel more confident to do it..." - Adult*

Participants also reported that the information applies to other relationships, such as significant others and friends, and discussed better boundary setting, communication, and conflict resolution:

*"...What I have noticed most is communication between our family... We also apply them between my father and my brother. It was like we listen to each other more and understand each other more, and there are times when we get half-hearted*

*about what we do, but we always manage to resolve it with a talk..." - Youth*

An adult participant shared, with deep emotion, that SOMOS improved her daughter’s trust to talking:

*"... it has helped us a lot with communication ..., I think that if I had not gone to this class with her, she would never have opened to me and told me what happened in her childhood..." – Adult*

Another adult participant emphasized the impact of SOMOS educating and empowering women, and their crucial role in disseminating information within the community, particularly to men:

*"...that’s where the importance of educating women comes in, too, because many times it’s going to be difficult for men to bring it up, but not for women. ... the woman is given all this information, and she is the one who is going to pass the information on, either to the eldest son, or the husband, or to the friend, and the friend is going to pass it on to the husband. So then, it is very important to give that information to women so that we become empowered, and pass all the information..." - Adult*

## CREATING A SAFE, TRANSPARENT, AND ENGAGING ENVIRONMENT

Several participants described their experience in SOMOS as a “safe place”, reflecting the program’s success in fostering an environment supportive to discussions about sensitive or taboo topics. Several

participants acknowledged that discussing these topics outside of the program can be challenging, and appreciated the facilitators delivering information calmly, and frequently checked in to ensure the group's comfort with the discussion:

*"...I also liked it a lot; everyone has their opinion, and we all respected it at the same time, or if someone wanted to say something ... we also respected it, and it was a safe place between us girls..." - Youth*

Adult participants similarly appreciated having a "safe space" where everyone could share their experiences without fear of disrespect:

*"...Yes, it was a safe space for everyone, that we could share, whoever wanted to share an experience ... there was never a lack of respect from anyone, mockery, or anything ... she was always very respectful and kind, and sometimes the emotion or feeling won over us and she gave us space to express it, and the other classmates understood..." - Adult*

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#### HONORING CULTURE AND BELIEFS

Overall, youth and adult participants expressed that their SOMOS program experience was inclusive and respectful, with several expressing appreciation for the program's sensitivity to their cultural and linguistic needs:

*"...they were just really nice, they let me express myself, and my culture... like I'm Mexicana, so I speak Spanish a lot. I would speak Spanish in there, and we could speak Spanish, we could do whatever we want, say whatever..." - Youth*

*"... She was really cool, very open. I feel like she's very understanding, she really knew our generation only because she worked with high schoolers ... So, I feel like she really got along with kids our age in high school, so it was really nice having her as a teacher..." - Youth*

Youth also praised the facilitators for presenting information respectfully and without imposing

opinions. They also discussed the significance of addressing difficult and taboo topics which are not often discussed openly in Hispanic culture:

*"...so many people don't feel secure about who they are, right? ... Sexuality is sometimes a very difficult topic because many families, especially Hispanic or Mexican, come from religious traditions, and religious traditions sometimes cause a lot of conflict against sexuality..." - Youth*

This idea was also discussed among adult participants appreciating neutrality about contraception as a welcomed approach for religious community members:

*"...they explain it well, they give you methods, contraceptives to protect you ... They're not telling you- 'hey, you have to use this, and you have to use that'. They also tell you a little about the contraceptive method, of natural method ... So, for me it was kind of calmer..." - Adult*

Another adult participant highlighted the sense of community when discussing sensitive topics:

*"...the fact that there are people who speak Spanish in a group that creates a community. I love talking about these topics, which are sometimes taboo in families..." - Adult*

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#### TRUST IN EVIDENCE-BASED CURRICULUM AND FACILITATORS

Several participants discussed the importance of having clinical evidence on topics in the curriculum. Both youth and adults mentioned the challenges faced previously in discussing sensitive topics, and how the program provided new insights and fostered communication:

*"...for me talking about that of LGBT, I had a lot of problems because when we talked before, my parents, they looked at it as very bad or talked about it as very ugly... and when they taught these classes, I did know a lot about what they were talking about, but yes, I learned new things and I*

*felt better, because they were talking about those things also with the mothers..." - Youth*

*"...maybe you see the Internet, you talk from time to time, but it is not the same as going to a group where they break down the information, give you examples, give you experiences of others, and that greatly enriches the knowledge, right ...?" - Adult*

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#### BROADER FACILITATOR'S PERSPECTIVE

Meetings with facilitators who initially were participants themselves enhanced the themes described by participants.

Various facilitators discussed how transparency and communication around sensitive topics have improved over time in the program:

*"...I think that was the change, that in addition to the dynamics, it was just giving the information that this is going to be educational. That sentence made the change in how the participants took the information, and also added trigger warnings... the*

*notice itself changed how they took the information..." - Facilitator*

A few facilitators discussed the broader implications of SOMOS and its potential to positively influence the Latine community:

*"...I found each class to be super important, each topic, and I think it is very helpful in being able to help our community. I see that from the experience I have in this job dealing with the Hispanic community, we get very close to the reality of what our teenagers, our young women in that program can go through..." - Facilitator*

Several facilitators recognized the program's success in integrating evidence-based practices while striving to enhance the curriculum's connection with participants. They emphasized the importance of keeping certain interconnected core topics, such as consent, sexually transmitted diseases, and contraceptives, and noted participants' strong interests in the sessions about substance use, mental health, and gender identity.



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*"...they let me express myself, and my culture..."*

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## RECOMMENDATIONS

The results highlight the program's effectiveness in empowering participants: :

- ✓ Enhanced communication between caregivers and youth
- ✓ Effectively addressed cultural and religious sensitivities
- ✓ Increased knowledge and empowerment related to sexual health, communication, and boundaries

Recommendations for improvement and program expansion include:

1. Offer program materials in participants' preferred language

2. Expand curriculum to include information on topics such as mental health, LGBTQ+, STIs, substance use, and racism/discrimination
3. Increase recruitment, training and ongoing support for facilitators/promotoras (Table 10).
4. Prioritize strategies that maintain fidelity of program delivery
5. Simplify evaluation, yet emphasize the use of valid tools and consistency in data collection



**Table 10: Proposed Enhancement in SOMOS Facilitator Training**

| <i>Training Module</i>           | <i>Description</i>  |
|----------------------------------|---|
| <i>Role of Community Leader</i>  | Understanding responsibilities in guiding and supporting community participants   |
| <i>Facilitator Skills</i>        | Developing communication, problem-solving skills, managing crises, difficult conversations, and engaging audience (e.g. working effectively with youth) |
| <i>Equity</i>                    | Addressing systemic inequities, discrimination, prejudice and fostering inclusivity   |
| <i>Motivational Interviewing</i> | Supporting participants in exploring values and resolving conflicts   |
| <i>Trauma Management</i>         | Recognizing and managing stress, trauma responses, and promoting self-regulation  |
| <i>Specific topics</i>           | Providing accurate sexual health education and contraceptive information, mental health and substance use   |
| <i>Professionalism</i>           | Maintaining ethical practices, boundaries, and integrity in facilitation  |
| <i>Self-Care</i>                 | Prioritizing personal well-being to sustain effectiveness   |

## CONCLUSION

The SOMOS program demonstrated significant success in fostering stronger relationships, promoting open communication, and empowering participants with knowledge and skills to improve sexual and reproductive health outcomes. By strengthening communication and boundary-setting between youth and caregivers, SOMOS has enhanced trust and understanding in relationships. The program has also helped reduce stigma by encouraging open conversations about sexual and reproductive health, creating a safe space for dialogue.

SOMOS has effectively addressed health disparities in the Latine community by providing culturally relevant education and bridging gaps in access to healthcare and resources. The program’s focus on comprehensive preventive approaches—including communication, empowerment, and boundary-setting—extends beyond sexual health to promote overall well-being.

The recommendations outlined in this report aim to guide SOMOS’s future expansion, ensuring the program continues to meet the evolving needs of diverse communities. By influencing public health practice and policies targeting the Latine community, SOMOS can further its impact, empowering Latine youth, families, and communities and creating lasting change.