**Results**

**Numerical Data**

The numerical data accumulated is comprised of archival data from the ASTDR program from the years 2017 to 2020. In 2017, there were 30 participants in the ASTDR program and 6 of these participants contracted STDs. In 2018, there were 26 participants and 11 of these participants contracted STDs. In 2019, there were 22 participants in the program and 11 of these participants contracted STDs. In 2020, there were 17 participants in the ASTDR program and 12 of these participants contracted STDs.

**Interviews**

The participants reported a neutral to slightly positive experience with ASTDR. Participants described a good feeling about being around other individuals within their same cohort and feeling less isolated from society within the group as a benefit. When questioned on what would be helpful in the program, group members said that having more open discussion sexuality topics would be beneficial. In addition, many expressed they did not feel that the group was a safe environment to be candid and that they would be embarrassed to share about their personal sexual experiences. It was also reported that if they felt confusion about safe sex practices discussed in the group, they were not comfortable asking the group leader for clarification. A few of the group participants reported a lack of accessibility. For example, participants said they had hearing issues and missed much of what the group was talking about. Participants shared that they wished other topics had been addressed. When questioned on what sexual topics participants would like to know more about, the responses included: learning how to be comfortable talking with a health care provider about their sexuality, communication and sexuality, and disability and sexuality. They stated that these were not covered in the group workshop.

**Conclusions**

**Numerical Data**

Each year, the number of participants in the group decreased, from 30 in 2017 down to 17 in 2020. In addition, the number of STDs contracted by participants increased from 2017 to 2020, from 6 in 2017 to 12 in 2020. Therefore, the rate of STDS among participants increased each of the four years the program was offered. In 2017, 20% of participants contracted STDS; the rate climbed to 42% in 2018, 50% in 2019, and finally increased to 71% in 2020.

**Interviews**

Participants gained a benefit from the group being around members of their own demographic. The participants would appreciate a more open and accepting learning environment in the workshop. Some did not gain important knowledge on safe sex practices due to accessibility issues, and the group leader was not aware of this to be able to accommodate these issues. Participants would like to feel the group experience is more collaborative and would like to give input on sexual issues that are important to them. Participants were uncomfortable addressing important sexual issues within the group and did experience a safe and trusting group environment.

**Implications**

**Numerical Data**

The archival data implies that the ASTDR program has not been effective in lowering the rate of STDs among group participants, as the rate increased each year the program took place. Furthermore, the numbers imply that participants are not increasing their knowledge of safe sex practices as evidenced by the rate of STDs. In addition, we see that the number of participants decreased each year, which implies that the program has become less effective over time in reaching the target demographic of older adults in the Hampton Roads service area. This implies a need for different marketing strategies to reach participants.

**Interviews**

The interviews referenced a lack of an open and trusting group environment. This implies a need for adequate sensitivity training for the group leader concerning working with this demographic. Also, based off the interviews, there are sexual topics that this cohort is interested in learning more about that are not being considered. Other than that, accessibility issues were reported, and this will likely be a continuing trend for this demographic as they tend to struggle with health issues due to aging. The interviews suggest an apparent lack of connection between the topics addressed in the program and the personal experiences of group members.

**Recommendations**

It is recommended that the program ask participants to fill out a health survey to find out if there is a potential disability that could impair an individual’s learning experience. Then, the program can use this knowledge to ensure that all participants are accommodated to be able to gain the most knowledge on safe sex practices.

Research suggests that many older adults are interested in learning more about the social aspects of sexuality and aging including dating. To increase interest in the group workshop ASTDR could incorporate a time for socializing in the group focus and end with an advertised group potluck party. Stakeholders could implement various advertising techniques to engage potential interest and should be sure the group is accessible to all older adults. In addition, group members could be polled for aspects on sexuality they are interested in learning more about so that they feel it is a collaborative effort and there may be areas needed to address that group leaders were previously unaware of.

It is recommended that the ASTDR program implement a training seminar with group leaders on agism and be sure they confront their own biases and any issues of avoidance and discomfort when it comes to older adults and sexuality. This would help to prioritize a safe and trusting environment where the participants feel they can be candid and make progress towards learning about safe sex practices.

**Goals and Objectives**

**Goal**

Create an open and trusting learning environment that is collaborative between participants and the group leader,

**Objective 1**

Implement an education session for group leaders with a focus on checking personal biases towards older adults and sexuality and include sensitivity training towards this demographic.

**Objective 2**

Ensure open discussion time in each session for participants to ask any questions or discuss issues that may arise.

**Objective 3**

Survey the group participants in each workshop to find out what issues of sexuality relate to them most.