Background
1. AMOS is a non-profit focused on improving the health, education and development of underserved communities in Nicaragua, and training others in global health skills and CBPA
2. CBPA builds equitably on community strengths and resources; addresses public health concerns relevant to the communities involved; and commits to sustainable processes and shared power
3. Comprehensive SRHE enables development of knowledge, attitudes, and skills that contribute to safe, healthy, positive relationships

Population
Adolescent refugees in the Cleveland Metropolitan School District who are part of the Refugee Response after school program

Learning Objectives
1. Develop understanding of global burden of disease
2. Gain concrete public health skills to apply to project design, community empowerment, and community-based participatory research approaches
3. Critique, deconstruct, unlearn and question by engaging in discussion about cultural humility, power and privilege, and ideas of global health equity

Deliverables
1. Full SRH teaching manual
2. Literature review, logic plan, stakeholder engagement plan, and program design
3. Periods for Peace website

Activities
1. Learning and applying public health skills to a variety of case studies and theoretical projects
2. Refining an SRH curriculum with an interprofessional team and identifying a target population
3. Conducting a literature review on the target population’s needs
4. Engaging in discussions around cultural humility and describing what that looks like in practice
5. Identifying and connecting with a community partner

Methods
1. Community partners with a relevant and strong mission were contacted
2. Literature review was conducted and program was designed based on findings
3. CBPA elements were integrated into the program
4. Stakeholders were identified and engagement plan was designed

Results
1. Refugee Response’s “Teen Response” program was identified as a willing and strong community partner
2. There is a need for SRHE among adolescent refugees in the US and CLE
3. CBPA-guided elements in context of PfP:
   • Integration into already existing and successful program
   • Community standards setting (shared values)
   • Reciprocity in research partnership
   • Opportunities for reflection during program
   • Opportunities for anonymous questions
   • Breakout groups with open exchange of ideas
   • Capacity-building activities for students

Lessons Learned
1. How to develop a culturally appropriate program
2. How to choose the right community partner
3. How to share decision-making power with communities
4. What reciprocity in public health partnerships looks like in practice

Public Health Implications
1. Attenuates risk of GBV, unintended pregnancies, unsafe abortions, and preventable maternal deaths
2. Addresses a research gap
3. Strengthening, supporting, and mobilizing communities and partnerships to improve health

Acronyms
CBPA: community based participatory approach
PfP: Periods for Peace
SRH: sexual and reproductive health
SRHE: sexual and reproductive health education

Acknowledgements
Thank you to my PfP co-founder, Geneva Magsino, and the AMOS team, Tara Clark, Rachael Kepley, Dr. Kusler, and Jessica Hinshaw.