

Preventing HIV, STD and Teen Pregnancy in Schools

Connecting Strategies: Evaluation of a National Collaboration

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This report is the second in a series.

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Introduction

In July 2003, the Association of Maternal and Child Health Programs (AMCHP); the National Alliance of State and Territorial AIDS Directors (NASTAD); the National Coalition of STD Directors (NCSD); and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER) collaborated to offer two regional stakeholder meetings with the goal of strengthening collaboration between state health agencies and state education agencies to support and improve HIV, STD and teen pregnancy prevention in schools.

The regional stakeholder meetings were held in New Orleans and Las Vegas. Eleven states were represented: Arkansas, California, Connecticut, Indiana, Kansas, Louisiana, Nevada, North Carolina, Pennsylvania, Virginia and Washington. The national partners provided follow-up technical assistance to these states

in the months after the meetings to support their efforts to strengthen collaboration. The methodology of those meetings and supporting materials are outlined in a report entitled *“Preventing HIV, STDs and Teen Pregnancy in Schools: Strengthening State Health and Education Agency Partnerships,”* available from the collaborating national organizations.

This report presents the findings from an evaluation of the national partners’ efforts to strengthen state collaborations. It includes a description of participants’ satisfaction with the meetings and technical assistance, additional technical assistance needs, the extent of actions taken by states to improve collaboration, the results of those efforts, and factors that facilitated and hindered state team collaboration.

Methods

A web-based survey was conducted in March 2004 (see Appendix A for survey). The survey included a mixture of 26 multiple choice, scaled and open-ended questions. The survey link was sent to the 50 meeting participants from the 11 states; other meeting attendees, such as representatives from CDC and other national organizations, did not receive the survey. Three follow-up emails were sent to non-respondents to encourage their participation.

To expand on findings from the web-based survey, telephone interviews were conducted with seven state team members in June – July 2004 to identify factors that facilitated and hindered efforts to strengthen collaboration. A structured interview guide was used (see Appendix B for interview guide).

As with all evaluation methods, there are limitations to these data. Some meeting participants did not complete the web survey and, therefore, these findings may not represent the opinions of all meeting participants nor do they necessarily represent the opinions of all stakeholders from a given state. Similarly, information gathered during the telephone interviews only reflects the opinions of these respondents and cannot be generalized to all state teams engaged in collaborative efforts.

However, the use of multiple data collection methods (a quantitative survey and qualitative interviews) strengthens the reliability of this evaluation and provides useful information for planning future efforts to improve state collaboration on HIV, STD and teen pregnancy prevention in schools.

Respondents

Web Survey

A total of 78 percent of participants from the July 2003 meetings completed the survey (n=50) and, of those, 59 percent attended the New Orleans meeting (n=39). The survey was completed by representatives from each of the 11 states (Table 1). Two-thirds of respondents (67) were from a state health agency (n=39). Eight states had at least one respondent from both a state health agency and a state education agency. Two respondents were not from a health or education agency; one represented a Regional Prevention Center and the other an Area Health Education Center.

Telephone Interviews

Seven telephone interviews were conducted in two states. Interview respondents were selected based on their response to a web-survey question about the extent of their teams' success in improving collaboration. Four respondents were selected because they reported success in improving collaboration and three respondents were selected because they reported not being successful.

Table 1: Number of Respondents by State and Agency

State	Health	Education	Total¹
<i>Arkansas</i>	3	1	4
<i>California</i>	2	1	3
<i>Connecticut</i>	2	2	4
<i>Indiana</i>	3	1	4
<i>Kansas</i>	2	1	3
<i>Louisiana</i>	2	1	3
<i>Nevada</i>	2	1	3
<i>North Carolina</i>	2	3	5
<i>Pennsylvania</i>	3	0	3
<i>Virginia</i>	3	0	3
<i>Washington</i>	2	0	2
Total	26	11	37

¹ Kansas and Nevada each had one participant listed as “other” that is not included in this table.

Web Survey Findings

Satisfaction

The vast majority of respondents were pleased with the national partners' efforts to help improve state collaboration. A total of 28 percent of respondents reported that they were very satisfied with the national partners' efforts, 61 percent were satisfied, and 6 percent were not satisfied; an additional 5 percent did not express an opinion (n=36).

Similarly, opinions of the regional meetings were very favorable. A total of 28 percent of respondents reported the meeting was very helpful to their team's efforts to improve collaboration in their state, 67 percent felt that the meeting was helpful, and five percent reported that the meeting was not helpful (n=39).

An open-ended question at the end of the survey asked participants, "What else do you want to tell us?" Fifteen respondents from 10 states answered this question. Both education and health agency respondents offered praise for the national partners' efforts; none expressed dissatisfaction. The following quotes from two different states reflect these praises:

"I think the stakeholders' meeting was very valuable and the partners are great resources."
(state health agency representative)

"Thanks for providing this opportunity to collaborate. The conference provided a platform for us to plan and discuss our programs. I would like to see you have a follow-up meeting and have states bring samples of work to share such as plans and needs assessments, and have mini work sessions on these areas. That would be helpful to us."
(state education agency representative)

The national partners conducted three technical assistance conference calls with meeting participants between August 2003 and February 2004. Among survey respondents, 26 participated in a call to discuss progress on action items their team developed at the meetings. Of those, 11 percent found the call to be very helpful, 81 percent helpful and eight percent not helpful. A total of nine respondents participated in a needs assessment technical assistance conference call convened by the national partners. Of those, 78 percent found the call to be helpful and 22 percent not helpful. Lastly, eight respondents participated in an evaluation technical assistance conference call. Of those, 50 percent found the call to be helpful and 38 percent not helpful; an additional 12 percent did not have an opinion.

Future Technical Assistance

Over one-third (39 percent) of respondents anticipated that their state team will need additional technical assistance this year to improve collaboration in their state; one third (33 percent) did not know if they would need assistance (n=36). Eight states had at least one respondent reporting a need for assistance and, of those, six states were unanimous in their opinion that assistance was needed: Arkansas, California, Indiana, Louisiana, Pennsylvania and Washington. In contrast, respondents from Kansas, Nevada and North Carolina all felt that additional assistance was not needed.

Table 2: Number of Respondents Reporting Need for Further Technical Assistance, by State

	Yes	No
<i>Arkansas</i>	1	0
<i>California</i>	2	0
<i>Connecticut</i>	1	1
<i>Indiana</i>	1	0
<i>Kansas</i>	0	2
<i>Louisiana</i>	3	0
<i>Nevada</i>	0	3
<i>North Carolina</i>	0	3
<i>Pennsylvania</i>	3	0
<i>Virginia</i>	2	1
<i>Washington</i>	1	0
Total	14	10

Fourteen respondents from eight states listed their anticipated technical assistance needs. Among the needs identified were assistance with:

- ◆ Keeping stakeholders involved in the process
- ◆ Defining roles and responsibilities
- ◆ Reconciling differing philosophies across programs
- ◆ Identifying models for integration and collaboration
- ◆ Developing state plans and acquiring examples of state plans
- ◆ Securing financial support to implement plans
- ◆ Locating meeting facilitators and presenters
- ◆ Receiving continued phone consultation
- ◆ Creating a national listserv to share ideas
- ◆ Developing federal policies that support collaboration

In the open-ended question at the end of the survey, six respondents from five states expressed hope that the national partners would continue to provide technical assistance to support collaboration. The following quote reflects these wishes:

“It is extremely important for the national organizations to continue these training efforts. Follow-up technical assistance and accountability with a perceived neutral facilitator is helpful to the process. I appreciate the efforts of all who facilitated this process.”
(state education agency representative)

Strengthening Collaboration

Nearly all respondents (95 percent) reported that their state team had taken steps to improve collaboration between the state health and education agencies since attending the meeting (n=39). Although the two respondents that reported that no steps were taken to improve collaboration were from the same state, the other two respondents from this state reported that steps were taken to improve collaboration.

Overall, respondents felt that their state teams had been successful in improving collaboration since attending the

meeting. A total of 28 percent felt their state team had been very successful in improving collaboration, 49 percent felt that their team had been successful, 10 percent not successful, and three percent not at all successful; an additional 10 percent did not have an opinion (n=39). Although opinions sometimes varied across respondents within a given state, all respondents from three states reported that their state team had been successful in improving collaboration. In another state, all respondents reported that their state team had not been successful.

A series of retrospective pre- and post-test questions asked respondents to rate eight areas of collaboration in their state prior to the July 2003 meetings and in March 2004. These eight areas were identified by participants as important areas for improving collaboration. Mean scores were calculated for each time period for each collaborative area. The difference between these mean scores was calculated as a measure of the magnitude of change in each collaborative area; the larger the mean difference, the greater the improvement in collaboration. T-tests were calculated to determine which mean differences were statistically significant (Table 3).

Six of eight collaborative areas show a statistically significant improvement. These data suggest that the greatest improvements are in the area of establishing a state plan that addresses HIV, STD and teen pregnancy prevention; reconciling differing state health and education agency philosophies and values; and developing a unifying vision. Other areas of improvement include inter-agency communication, parent and community support, and sharing data. Survey items measuring interagency communication and sharing data were highly correlated ($r=0.8$, $p<.01$), suggesting that sharing data is an important aspect of communication.

No statistically significant improvement was seen in the role of federal and state funding or policies supporting collaboration between agencies. These survey items were highly correlated ($r=0.8$, $p<.01$), suggesting a relationship between funding and policy as they relate to collaboration.

Table 3: Mean Scores and Mean Differences for Collaborative Domains Before and Eight Months After Meetings

Collaborative Domain	Mean Score Before Meeting July 2003	Mean Score Eight Months After Meeting March 2004	Mean Difference²
1. The education agency and health agency in my state have a state plan that addresses HIV, STD and teen pregnancy prevention for school-age youth. (n=33)	2.58	2.21	0.37**
2. The education agency and health agency in my state have been able to reconcile differing philosophies and values (e.g., prevention and treatment or risk-reduction and abstinence) for HIV, STD and teen pregnancy prevention for school-age youth. (n=28)	2.50	2.14	0.36**
3. The education agency and health agency in my state have a unifying vision for HIV, STD and teen pregnancy prevention for school-age youth. (n=32)	2.31	1.97	0.34**
4. There is good communication between the education agency and health agency in my state regarding HIV, STD and teen pregnancy prevention for school-age youth. (n=35)	2.23	1.91	0.32***
5. Parents and community members in my state support youth access to programs and services for HIV, STD and teen pregnancy prevention for school-age youth. (n=26)	2.31	2.04	0.27*
6. The education agency and health agency in my state share data about HIV, STD and teen pregnancy prevention for school-age youth. (n=34)	1.91	1.76	0.15*
7. Federal and state policies support collaboration between the education agency and health agency in my state on HIV, STD and teen pregnancy prevention for school-age youth. (n=31)	2.43	2.37	0.06
8. Federal and state funding supports collaboration between the education agency and health agency in my state on HIV, STD and teen pregnancy prevention for school-age youth. (n=31)	2.58	2.55	0.03

¹ Notes: * p < .05, two-tailed test; ** p < .01, two-tailed test; *** p < .001, two-tailed test.

Telephone Interview Findings

Regardless of how interview respondents reported their success in improving agency collaboration on the web survey, all were able to identify both accomplishments and challenges their teams encountered. Their collective experiences have been summarized as five factors for stakeholders to consider when strengthening collaboration between state education and health agencies on HIV, STD and teen pregnancy prevention.

Secure the support of leadership and team members within each agency.

Leadership support was a frequently cited factor that affected state teams' success. Several respondents reported that their superiors supported the time and resources needed for state teams to meet. Given the importance of leadership support, it was suggested that the national partners ensure the buy-in of agency leadership prior to the meetings. State team members' commitment to continue the collaborative process was also seen as essential. In one case, the education agency member stopped working with their state team and repeated attempts to enlist a representative from this agency were unsuccessful. Inviting multiple representatives from each agency to attend the meetings might increase the likelihood of retaining the minimum complement of stakeholders necessary to proceed effectively.

Involve a broad range of stakeholders.

Several respondents described how their teams expanded their stakeholders to include representatives from state and non-state agencies and programs, such as child nutrition and school health, mental health and developmental services, child and family services, alcohol and drug abuse, juvenile justice, community health, family services, health education, and youth prevention. They felt that extending their reach beyond HIV, STD and teen pregnancy was necessary to develop a comprehensive, collaborative plan to address adolescent health. Similarly, one respondent suggested that the national partners expand the stakeholders involved nationally to include representatives from the Health Resources and Services Administration, AIDS Education and Training Centers, and other

federal programs involved in HIV, STD, teen pregnancy, alcohol, tobacco and substance abuse prevention.

Use a neutral meeting facilitator.

One state team used a facilitator that was not affiliated with either the education or health agency. Respondents from this state reported that the neutrality of the facilitator helped them mediate the process of developing collaborative plans, especially during the early stages of their work together. Interestingly, this facilitator was invited to attend the meeting by the state team and not by the national partners. Respondents said that her participation at the meeting provided important context for her role as facilitator. It may be useful to allow state teams the option of inviting a neutral facilitator to attend future meetings.

Focus on behavioral risk and protective factors rather than health outcomes.

Several respondents reported that their collaborative efforts benefited by focusing on common underlying behavioral risk and protective factors rather than the more categorical health outcomes of HIV, STD or teen pregnancy. It was felt that this approach mitigated perceptions of turfism or competition, emphasized commonalities among agencies and programs, and facilitated efforts to reconcile differences across existing agency and program-specific strategic plans.

Model the collaboration you want to promote among others.

Respondents reported they appreciated the collaboration demonstrated by the national partners and felt it set an encouraging tone for collaboration at the state level. In particular, respondents mentioned that the follow-up calls, e-mails, technical assistance and mini-grants from the national partners demonstrated their continued collaboration as well as their commitment to the state team efforts. Similarly, some respondents felt that the inter-agency collaboration modeled by their state team would encourage the type of collaboration they were promoting among local programs.

Conclusion

The national partners have taken important steps to support states in strengthening state health and education agency collaboration on HIV, STD and teen pregnancy prevention in schools. State teams are very satisfied with the national partners' efforts to improve collaboration. The vast majority of state teams have taken steps to improve collaboration since the July 2003 meetings and feel that their efforts to improve collaboration have been successful. Many hope for continued future technical assistance from the national partners as they refine and implement their plans.

Six important areas of collaboration appear to have improved since the July 2003 meetings. Given respondents' praise for the national partners' efforts, it is very likely that the national partners made a significant contribution to improving collaboration in these six areas. It is important to note, however, that in the absence of a control or comparison group this evaluation cannot definitively prove that the national partners' efforts caused these changes. Nonetheless, the national partners should continue to support the state teams in strengthening agency collaboration through on-going technical assistance and sharing of resources.

Two important areas of collaboration appear to have not improved since the July 2003 meetings:

1. Federal and state policies; and
2. Federal and state funding.

The lack of improvement in these areas may be because they are less easily influenced by state team members. Additionally, the eight-month follow-up period for this survey may not have provided sufficient time to change funding and policies related to collaboration. Continued attention should be paid to working at the national and state level to create a funding and policy environment that supports collaboration on HIV, STD and teen pregnancy prevention in schools. The national partners should work with CDC and the states on these important facets of collaboration.

Five factors have been identified for stakeholders to consider when strengthening collaboration between education and health agencies on HIV, STD and teen pregnancy prevention. These findings indicate the need to secure agency leadership and team member support, involve a broad range of stakeholders, use a neutral meeting facilitator, focus on behavioral risk and protective factors, and model collaborative behavior. These recommendations should be supported during the planning and implementation of future regional meetings, as well as during the provision of follow-up technical assistance.

The national partners have successfully implemented a strategy for creating state teams to strengthen collaboration between state education and health agencies. The findings of this evaluation should be used to refine and expand this strategy in other states.

Appendix A: Web Survey Questions

Introduction

We are sending this survey to everyone who participated in the Regional Stakeholders' Meetings in July 2003. As you may recall, the goal of these meetings was to improve collaboration between State Education Agencies (SEA) and State Health Agencies (SHA) to improve HIV, STD and teen pregnancy prevention for school-aged youth.

We are conducting this survey to evaluate our efforts to improve collaboration between SEA and SHA. The survey should only take about 15 minutes to complete.

This survey is completely confidential. An independent consultant has been contracted to analyze the results and only he will see the raw data. Individual responses will not be reported in any form to us or to CDC. Only state-level and aggregate results will be included in any reports.

Please keep in mind that this survey is NOT about evaluating you or your state team. It is an effort to better understand our role in improving SEA and SHA collaboration. We appreciate your time and honesty in answering these questions.

Background

1. In what type of agency do you currently work?
 - State Education Agency
 - State Health Agency
 - Other (please specify)
2. In what state do you currently work?
 - Arkansas
 - California
 - Connecticut
 - Indiana
 - Kansas
 - Louisiana
 - Nevada
 - North Carolina
 - Pennsylvania
 - Virginia
 - Washington
 - Other (please specify)

Collaborative Efforts

3. Has your team taken any steps to improve collaboration between the State Education Agency (SEA) and the State Health Agency (SHA) in your state since attending the Regional Stakeholders Meeting in July 2003?
 - Yes
 - No

4. What has prevented your state team from taking any steps to improve collaboration between the SEA and the SHA in your state?
5. What could the national partners (AMCHP, NASTAD, NCSD, and SSDHPER) do to help you and your team improve collaboration between the SEA and the SHA in your state?
6. How helpful was the Regional Stakeholders Meeting you attended in July 2003 in your team's efforts to improve collaboration between the SEA and SHA in your state? Would you say the meeting was:
 - Very helpful
 - Helpful
 - Not helpful
 - Not at all helpful
 - Don't know
7. Overall, how successful would you say your team has been in improving collaboration between the SEA and SHA in your state since the meeting? Would you say your team has been:
 - Very successful
 - Successful
 - Not successful
 - Not at all successful
 - Don't know

Barriers to Collaboration

The next series of questions asks about things that can support or hinder collaboration between the SEA and the SHA in your state. These questions are based on the barriers to collaboration that were identified at the Regional Stakeholders Meetings.

For each question, you will be asked to think back to what things were like in your state before the July 2003 Regional Stakeholders Meeting. Then you will be asked to think about how things are now in March 2004.

8. Unifying Vision

How much would you agree or disagree with the following statement? *The SEA and SHA in my state have a unifying vision for HIV, STD and teen pregnancy prevention for school-age youth.*

- Thinking back to before the Regional Stakeholders Meeting in July 2003 I would:
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know

Now, in March 2004, I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

9. State Plan

How much would you agree or disagree with the following statement? *The SEA and SHA in my state have a state plan that addresses HIV, STD and teen pregnancy prevention for school-age youth.*

Thinking back to before the Regional Stakeholders Meeting in July 2003 I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Now, in March 2004, I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

10. Communication

How much would you agree or disagree with the following statement? *There is good communication between the SEA and SHA in my state regarding HIV, STD and teen pregnancy prevention for school-age youth.*

Thinking back to before the Regional Stakeholders Meeting in July 2003 I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Now, in March 2004, I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

11. Data

How much would you agree or disagree with the following statement? *The SEA and SHA in my state share data about HIV, STD and teen pregnancy prevention for school-age youth.*

Thinking back to before the Regional Stakeholders Meeting in July 2003 I would:

- Strongly agree
- Agree

- Disagree
- Strongly disagree
- Don't know

Now, in March 2004, I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

12. Philosophies and Values

How much would you agree or disagree with the following statement? *The SEA and SHA in my state have been able to reconcile differing philosophies and values (e.g., prevention and treatment or risk-reduction and abstinence) for HIV, STD and teen pregnancy prevention for school-age youth.*

Thinking back to before the Regional Stakeholders Meeting in July 2003 I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Now, in March 2004, I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

13. Parent and Community Support

How much would you agree or disagree with the following statement? *Parents and community members in my state support youth access to programs and services for HIV, STD and teen pregnancy prevention for school-age youth.*

Thinking back to before the Regional Stakeholders Meeting in July 2003 I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Now, in March 2004, I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

14. Policies

How much would you agree or disagree with the following statement? *Federal and state policies support collabo-*

ration between the SEA and SHA in my state on HIV, STD and teen pregnancy prevention for school-age youth.

Thinking back to before the Regional Stakeholders Meeting in July 2003 I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Now, in March 2004, I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

15. Funding

How much would you agree or disagree with the following statement? *Federal and state funding supports collaboration between the SEA and SHA in my state on HIV, STD and teen pregnancy prevention for school-age youth.*

Thinking back to before the Regional Stakeholders Meeting in July 2003 I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Now, in March 2004, I would:

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Technical Assistance

You're almost done! Thanks for answering all those questions about collaboration.

After the July 2003 Regional Stakeholders Meeting, the national partners (AMCHP, NASTAD, NCSD, and SSDHPER) have made technical assistance available to state teams to help improve collaboration between SEA and SHA. The next few questions ask about your experiences (if any) with this technical assistance.

16. State Team Conference Call

Did you participate on a conference call between your state team and the national partners in August 2003/September 2003 to discuss progress on the action items your team developed at the Regional Stakeholders Meeting?

- Yes
- No

How helpful was the conference call to discuss progress on your team's action items?

- Very helpful
- Helpful
- Not helpful
- Not at all helpful
- Don't know

17. Needs Assessment Conference Call

Did you participate in the needs assessment technical assistance conference call on January 14, 2004?

- Yes
- No

How helpful was the needs assessment conference call?

- Very helpful
- Helpful
- Not helpful
- Not at all helpful
- Don't know

18. Evaluation Conference Call

Did you participate in the evaluation technical assistance conference call on February 11, 2004?

- Yes
- No

How helpful was the evaluation conference call?

- Very helpful
- Helpful
- Not helpful
- Not at all helpful
- Don't know

19. Technical Assistance Needs

Will your state team need technical assistance in 2004 to improve collaboration between the SEA and SHA in your state?

- Yes
- No

What type of technical assistance will your state team need? (please be as specific as possible)

Satisfaction

20. Overall, how satisfied are you with the national partners' efforts to help improve collaboration between the SEA and SHA in your state?

- Very satisfied
- Satisfied
- Not satisfied
- Not at all satisfied
- Don't know

21. What else do you want to tell us?

Thank you for taking the time to complete our survey.

Appendix B: Telephone Interview Guide

Introduction

Hello, my name is David Napp. You may remember me as the facilitator at the Regional Stakeholders Meeting you attended in July 2003. I also developed the web survey and did the data analysis for the national partners. Thanks for completing the survey.

I am now doing some follow-up interviews to gather more information about what has helped and hindered collaboration between state health agencies and state education agencies on HIV, STD and teen pregnancy prevention for school-aged youth. The national partners have asked me to do these interviews because they want to get honest feedback about successes and challenges state teams experience in trying to improve SEA and SHA collaboration.

The interview is completely confidential and will take about a half-hour. Nothing you say will be reported in a way that specifically identifies you, your agency, your state team or your state. I will take hand-written notes during the interview and I will be the only one to see those notes. Could we do the interview now? Do you have any questions before we get started? [Segue to one of the two interview guides below depending on the respondent]

More Successful

Lead-In: As the evaluator, I am the only one who saw individual responses on the web survey. I saw you reported you felt your team has been successful in improving collaboration between your state health agency and state education agency on HIV, STD and teen pregnancy prevention for school-aged youth. I'd like to learn more about that. Please be assured this is not an effort to evaluate you or your team but rather a way to learn how to help other teams working on collaboration.

Successes

1. What has your team done in the past year to improve collaboration?
2. In what ways do you feel your team has been successful? What is an example of a success your team has achieved?
3. To what do you attribute your team's success?
4. What factors have helped improve collaboration? (Probe: individual, organizational, external)
5. What role did the national partners play in your team's ability to improve collaboration? (Probe: RSMs, technical assistance calls, mini-grants)

Challenges

1. What challenges has your team encountered in

trying to improve collaboration? What is an example of a challenge your team has encountered in the past year?

2. How have you dealt with those challenges?
3. What else would have helped your team to address those challenges effectively?

Summary

1. What advice would you give other states trying to improve collaboration between their state health agencies and state education agencies on HIV, STD and teen pregnancy prevention for school-aged youth?
2. If you had to summarize all you have learned and experienced in working to improve collaboration, what would you say are the three most important things that paved the way for improved collaboration between state health agencies and state education agencies?

Less Successful

Lead-In: As the evaluator, I am the only one who saw individual responses on the web survey. I saw you reported you felt your team has not been successful in improving collaboration between your state health agency and state education agency on HIV, STD and teen pregnancy prevention for school-aged youth. I'd like to learn more about that. Please be assured this is not an effort to evaluate you or your team but rather a way to learn how to help other teams working on collaboration.

Challenges

1. What has your team tried to do in the past year to improve collaboration?
2. What makes you feel your team has not been successful?
3. What challenges has your team encountered? What is an example of a challenge your team has encountered in the past year?
4. How has your team tried to deal with those challenges?
5. What have been the biggest barriers to improving collaboration over the past year? (Probe: individual, organizational, external)
6. What would help your team to move forward and improve collaboration?

Successes

1. Has your team had any successes, however small?
2. What is an example of a success your team has achieved in the past year?
3. What made this success possible?
4. What would allow your team to have more

- successes like this?
5. What role did the national partners play in your team's efforts to improve collaboration? (Probe: RSMs, technical assistance calls, mini-grants)

Summary

1. What advice would you give to other states trying to improve collaboration between their state health agencies and state education agencies on HIV, STD and teen pregnancy prevention for school-aged youth?
2. If you had to summarize all you have learned and experienced in working to improve collaboration, what would you say are the three most important things that pave the way for improved collaboration between state health agencies and state education agencies?

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