

**Strengthening  
State Health and Education Agency  
Partnerships to Improve  
HIV, STD, Unintended and Teen  
Pregnancy Prevention in Schools**

**July 2005 Regional Stakeholders  
Meeting**

**METHODOLOGY & SUMMARY REPORT**

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# **July 2005 Regional Stakeholders Meeting**

## **METHODOLOGY & SUMMARY REPORT**

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# Introduction

In July 2005, the Association of Maternal and Child Health Programs (AMCHP), National Alliance of State and Territorial AIDS Directors (NASTAD), National Coalition of STD Directors (NCSD), and The Society of State Directors of Health, Physical Education and Recreation (SSDHPER) collaborated to offer a regional meeting with the goal of strengthening communication and collaboration between State Departments of Education and Health to support and improve HIV, STD, unintended and teen pregnancy prevention in schools.

With this overall goal in mind, a two-day meeting was designed to bring together state teams of health and education agency staff working on HIV, STD, unintended and teen pregnancy prevention programs in schools to allow them to:

- Articulate a shared vision for HIV, STD, unintended and teen pregnancy prevention programs in schools;
- Describe the assets of each program within their state;
- Identify challenges associated with achieving the shared vision; and,
- Name collaborative strategies for overcoming these challenges.

States represented at the meeting included: Mississippi, Nebraska, New Hampshire, and Rhode Island. State teams varied based on state need and structure, but state teams representatives included:

- State HIV and/or health education directors in education agencies;

- State HIV/AIDS Directors in health agencies;
- State STD Directors in health agencies;
- State adolescent health coordinators in health agencies; and

As the final step in this two-day process, state teams created a state-specific action plan for enhancing collaboration among their programs. During the meeting, the national partners made a commitment to the participating state teams to engage them in a structured follow-up and evaluation process to support the implementation of state action plans.

These meetings replicated the approach used by the national partners in July 2003 and January 2005 for four Regional Stakeholder Meetings with a total of 20 state teams of health and education agency staff working on HIV, STD, unintended and teen pregnancy prevention. The success of those earlier efforts suggested the need to expand this process to include additional state teams and led to convening the July 2005 meeting. The July 2003 and January 2005 Regional Stakeholder Meetings are described in reports available at the national partners' websites.<sup>1</sup>

The July 2003, January 2005, and July 2005 Regional Stakeholder Meetings were supported by cooperative agreements and supplemental funding from the Centers for Disease Control and Prevention (CDC), Division of Adolescent and School Health (DASH). The sponsoring organizations worked

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<sup>1</sup> See The National Organizations on page 8 for a listing of national partners' websites.

closely with CDC/DASH Project Officers throughout the process to develop the goals, objectives, and meeting materials.

## **Purpose of Report**

While the ultimate, long-term outcome of these meetings will be the “integration” of HIV, STD, unintended and teen pregnancy prevention programs and instruction in schools, it is important to note that “integration” means different things to different people and different fields. As such, this report documents the process of engaging state teams in meaningful dialogue with their peers around examples to improve the environments and processes that pose challenges to integrating HIV, STD, unintended and teen pregnancy prevention in schools. For purposes of this report, integration activities are those that encourage and support the blending of interrelated health issues by bridging gaps across disciplines and promoting consistent messages; thereby strengthening health promotion policies and programs in order to advance the health and well being of youth.

This report provides:

- A summary of the processes used to plan and implement the Regional Stakeholders Meetings;
- The proceedings of the meeting; and,
- A sample of the experiences shared by state participants to collaborate and coordinate efforts to provide integrated HIV, STD, unintended and teen pregnancy prevention in schools.

The challenges and successes presented here are only a sample of

those shared, and may or may not apply to all programs, agencies, and circumstances.

## **Process and Proceedings**

The agenda for the Regional Stakeholders Meetings was developed jointly by AMCHP, NASTAD, NCSD, and SSDHPER in collaboration with CDC/DASH. A public health consultant contracted through AMCHP advised the organizations on agenda development and facilitated the two-day meeting. Break-out sessions and state planning discussions were facilitated or attended by national organization staff as needed.

## **Setting the Stage**

The two-day regional meetings began with an overview of national HIV, STD, and pregnancy statistics, and trends for school-age youth. Information on common risk and protective factors was also presented, setting the stage for a discussion on integrating and coordinating efforts to prevent HIV, STD, and unintended and teen pregnancy prevention in schools. The overview was presented by CDC/DASH to provide national guidance on an integrated approach to HIV, STD, unintended and teen pregnancy prevention in schools.

## **Creating a Shared Vision**

Next, participants were asked to discuss, within state teams, their vision for HIV, STD, unintended and teen pregnancy prevention, specifically in school programs and classroom instruction. Participants were

encouraged to think “out of the box” and put challenges aside. In state-team groups, participants brainstormed “vision” statements, which were written on post-it notes, then grouped with like statements from other teams to create overall vision statements for regional meeting. Collectively, the four participating states cited a number of “vision” statements and related characteristics for HIV, STD, unintended and teen pregnancy prevention in schools. (See Appendix A: Shared Vision).

## ***Defining our Challenges***

To paint a realistic picture of state based efforts to prevent HIV, STD, unintended and teen pregnancy through school programs and instruction, participants were asked to define their challenges to collaboration and coordination at the state level. In small groups of mixed state team members, participants brainstormed challenges using the same process as the vision statement component.

Collectively, the four participating states cited a number of common challenges to state-level collaboration for HIV, STD, unintended and teen pregnancy prevention in schools (See Appendix B: Common Challenges).

## ***Seeking Solutions***

Facilitated breakout discussions of mixed state team members provided an opportunity for participants to share ideas, successes and lessons learned in dealing with the challenges identified in the prior session. These discussions were audio taped and later transcribed

and analyzed to identify suggested strategies for addressing collaboration challenges.

Appendix C.1-C.4 summarizes a selection of the strategies state participants reported using to address some of the common challenges identified. Not all of the strategies shared are appropriate for all states working toward integrating HIV, STD, unintended and teen pregnancy prevention in schools, nor are they presented as prescriptions or guidance from the sponsoring national organizations or funders. These are presented to demonstrate the range of ideas and strategies state participants are engaging in to improve collaboration at the state level to provide coordinated and integrated HIV, STD, unintended and teen pregnancy prevention programs and instruction for school-age youth in communities and schools.

## ***Learning from Experience***

Three participants from prior Regional Stakeholder Meetings conducted a panel discussion to share their experiences with state health and education agency collaboration on HIV, STD, unintended and teen pregnancy prevention in schools. Panelists represented three different state teams and included both state health and education agency staff.

## ***Working with National Partners***

To provide state teams with a snapshot of the support and resources available to them at the national level, AMCHP, NASTAD, NCSD, and SSDHPER

presented the wide variety of ways that they could assist state teams, and their members specifically, in planning and implementing the action plans they were going to develop, including:

- General technical assistance opportunities available from the national organization partners via phone and email;
- Facilitating linkages between participants and other local, state, and national resources;
- Providing on-going continuing education opportunities at their respective annual meetings; and,
- Assessing respective member issues, best practices, and resources through existing communication channels (such as conference calls, listservs, etc.).

State team participants were encouraged to request technical assistance and resources in a coordinated manner to streamline technical assistance provided by the sponsoring national organizations. As such, participants were encouraged to:

- Direct topic specific information and technical assistance requests to the national organizations through the appropriate team member (i.e. requests for HIV data be made through the HIV Director to NASTAD);
- Contact their sponsoring organization at any time for general requests and guidance, and to determine what member training opportunities are available; and,
- Participate in follow-up evaluation opportunities to help the national

organizations determine what additional resources/trainings are needed to establish successful collaborations on HIV, STD, unintended and teen pregnancy prevention education.

## ***Planning for Action***

The meeting culminated in a discussion within state teams about the shared vision and their team's challenges for integrating and coordinating HIV, STD, unintended and teen pregnancy prevention efforts in their state. Each state completed a worksheet to identify their state's challenges and the possible action steps to move toward integration and coordination. (See Appendix D: Sample Action Planning Worksheet)

## ***Follow-Up & Evaluation***

The role of AMCHP, NASTAD, NCSD, and SSDHPER in promoting state-level collaboration on HIV, STD, unintended and teen pregnancy prevention in schools has expanded beyond the implementation of the Regional Stakeholders Meetings. With guidance from CDC/DASH and project contractors, the sponsoring organizations established a nine-month technical assistance and evaluation plan for state teams participating in the July 2005 Regional Stakeholders meetings. Strategies included:

- *Immediate Post-Meeting Evaluation*  
A meeting evaluation form provided immediate participant feedback about the RSM. Evaluations were very favorable. Participants reported a mean score of 4.6 on a scale of 5 =

very satisfied to 1 = not at all satisfied with the meeting (n=15).

- *Team Conference Calls*  
Four to seven months after the RSM, the sponsoring national organizations convened conference calls with each state team using a standard set of follow-up questions to assess progress of state teams on the action items they developed at the RSM and to determine additional technical assistance needs. See Appendix E.1 and E.2 for the Call Facilitator's Guide and Action Item Matrix.
- *Technical Assistance Plan & Matrix*  
In response to technical assistance needs identified at the RSM and on follow-up calls, the sponsoring national organizations facilitated resource sharing among state teams. For example, a sample integrated data report developed by one state was distributed to other state teams who had expressed interest in developing such a report. The national organizations also brokered direct contact among state teams for peer-to-peer assistance. See Appendix F. for a listing of state team technical assistance needs.
- *Themed Technical Assistance Conference Calls*  
At approximately eight months after the RSM, the sponsoring national organizations hosted a technical assistance conference call for states to share strategies for strengthening collaboration. Featured speakers included team members from two states that participated in the January 2005 RSM who reported on strategies for collaboration, lessons

learned, and current collaborative projects in their state.

- *Technical Assistance Document*  
The national organizations are compiling additional technical assistance (TA) resources to be emailed to individual states in response to their state-specific TA needs. A TA document will also be developed and distributed to all states and will address topics such as adolescent health data, interagency collaboration, legislative updates, and other policy resources.
- *Nine-Month Final Evaluation Survey*  
At approximately nine months out, the sponsoring national organizations will conduct an on-line survey with individual team members to assess team progress in implementing action plans developed at the RSM, satisfaction with the process, additional technical assistance needs, and intent to continue collaborations.

## **State Outcomes**

At the writing of this report, progress and evaluation measures are still being collected for this event. Initial feedback and outcomes indicate that RSM is a promising and efficient strategy for strengthening health and education agency collaboration to improve adolescent health outcomes, including HIV, STD, unintended and teen pregnancy prevention in schools.

Based on follow-up conference calls and ongoing technical assistance with four state teams after the RSM, states demonstrate continued motivation to collaborate on HIV, STD, unintended and teen pregnancy prevention efforts

for school-age youth. Among the accomplishments of state teams are:

- Organizing a state meeting with an expanded group of stakeholders to replicate the process used during the RSM
- Inviting state department of education staff to participate in a meeting to develop program recommendations based on results of a state department of health survey
- Participating in joint state department of education and health planning meetings to learn more about each agencies respective events and projects, reduce duplication and effort, and enhance partnership opportunities.

Based on responses to the post-meeting evaluation, participants saw the RSM as an opportunity to:

- Expand collaborative efforts to include additional stakeholders
- Identify strategies to address barriers to collaboration

- Create a state action plan on how to proceed
- Meet new colleagues from within their agency and state
- Learn new ideas for collaboration from other states

Findings of the follow-up evaluation and lessons learned throughout the nine-month technical assistance phase will be summarized in subsequent reports.

## Conclusion

The four state teams participating in the RSM engaged in insightful, resourceful, and creative dialogue that may inspire other states to explore and expand opportunities to strengthen state level collaboration to support the integration of HIV, STD, unintended and teen pregnancy prevention in schools. The national sponsoring organizations continue to work with these state teams to expand the foundation of knowledge and strategies that might be employed to build collaborative efforts around integration. This follow-up work with state teams will be documented in a future report.

# The National Organizations

## **The Society of State Directors of Health, Physical Education and Recreation**

<http://www.thesociety.org/>

(703) 390-4597

Established in 1926, the Society of State Directors of Health, Physical Education and Recreation is a professional association whose members supervise and coordinate programs in health, physical education, and related fields within state departments of education. Associate members are those who are interested in the goals and programs of the Society who do not work within a state education agency. The Society is dedicated to providing leadership in facilitating and promoting initiatives to achieve health and education goals and objectives.

## **National Alliance of State and Territorial AIDS Directors**

<http://www.NASTAD.org/>

(202) 434-8090

Founded in 1992, NASTAD is a non-profit national association of state health department HIV/AIDS program directors who have programmatic responsibility for administering HIV/AIDS health care, prevention, education, and supportive services programs funded by state and federal governments. NASTAD is dedicated to reducing the incidence of HIV infection in the United States and territories, providing comprehensive, compassionate, and quality care to all persons living with HIV/AIDS, and

the development of responsible and compassionate public policies.

## **National Coalition of STD Directors**

<http://www.ncsddc.org/>

(202) 842-4660

The National Coalition of STD Directors (NCSDD), established in 1997, represents the 65 directors of public health sexually transmitted disease prevention programs in states, large cities / counties and territories of the United States. NCSDD provides dynamic leadership that strengthens STD Programs by advocating for effective policies, strategies, and sufficient resources and by increasing awareness of their medical and social impact.

## **Association of Maternal and Child Health Programs**

<http://www.AMCHP.org>

202-775-0436

AMCHP is a national nonprofit organization representing state public health agency leaders responsible for administering state and territorial MCH/family health programs, including the Title V MCH Block Grant, as well as a range of other related programs such as WIC, family planning, and adolescent health programs. AMCHP membership includes directors for maternal and child health (MCH) and children with special health care needs (CSHCN), as well as state adolescent health coordinators. AMCHP membership also includes academics, advocates, community-based health professionals and families interested in family health programs and issues.

# Appendix A: Shared Vision

Shared vision statements, and characteristics of such, as cited by four states participating in July 2005 Regional Stakeholders Meeting to strengthen communication and collaboration between State Departments of Education and Health to support and improve HIV, STD, unintended and teen pregnancy prevention in schools.

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## Shared Mission and Vision

- Shared mission and vision
- Centralized message
- One program established
- Collaborative stakeholders
- Effective state agency collaboration

## Effective Community Engagement

- Informed and affirming communities
- Community awareness
- Integration under youth development model
- Youth engagement and leadership
- Teens seeking sexuality knowledge

## Well-Trained Community

- Well-trained community
- Well-trained professionals

## Appendix B: Common Challenges

Common challenges to state-level collaboration for HIV, STD, unintended and teen pregnancy prevention in schools as cited by four states participating in July 2005 Regional Stakeholders Meeting to strengthen communication and collaboration between State Departments of Education and Health to support and improve HIV, STD, unintended and teen pregnancy prevention in schools.

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## Silo Mentality

- Well-trained teachers (2x)
- Professional development system

## Comprehensive School and Non-School Programs

- Coordinated comprehensive sexual health
- Standard sexual health education curriculum
- Abstinence based K-16 education
- Non-school prevention programs for 16-20 year olds

## Access to Health Care

- School based health centers in all districts
- School-based health clinics

## Exemplary Policies

- Policy development
- Enforced implementation of policies and laws
- Exemplary school policies

## Adequate Equitable Resources

- Adequate educational resources
- Ample and long range funding
- Data and evidence-based programs
- Technological support system
- Global identify

- Vertical integration
- Compartmentalized programs
- Lack of knowledge of potential partners
- Lack of a national model for collaboration
- Collaborative models lacking among federal partners

## Absence of Political Direction

- Lack of effective and unified policies

- Differing priorities and importance
- Bureaucratic red tape
- Data collection overloaded and underutilized

#### **Asynchronous Leadership**

- Personalities
- Internal and external turf wars
- Competing visions and missions
- Staff turn-over

#### **Apathy and Denial**

- No call for action
- Lack of media attention
- Lack of education and awareness

#### **Societal Discord**

- Mixed messages
- Differing mindsets
- Community opposition
- Sensitivity, bias, and prejudice
- Passionate differences
- Engaging other stakeholders

#### **Logistics**

- Large number of school districts
- Geographic distance
- Poor knowledge and use of interactive technology

## Appendix C.1: Silo Mentality

Strategies and ideas cited by four states participating in July 2005 Regional Stakeholders Meetings to strengthen communication and collaboration between state education and health agencies to support and improve HIV, STD, unintended and teen pregnancy prevention in schools.

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### Know Your Counterparts

Several participants reported meeting counterparts from their state for the first time at the RSM. Others reported they and their colleagues were not fully knowledgeable about all the different programs within their own agency or within their partner education or health agency in their state.

*“I’ve been with our program for two years and until recently I didn’t know that position within the abstinence program even existed and she’s right down the hall from where I work.”*

Throughout this discussion, however, participants stressed the importance of getting to know their colleagues and building trust and rapport as important first steps toward collaboration. To this end, some suggested that employee orientations include introductions to others within their agency with which they could collaborate. Others suggested proactively educating coworkers about one’s own programs and priorities.

*“There is a saying that charity begins at home and I’ve first got to educate my people in the Department of Education as to what I’m doing.”*

Several participants described how their participation in interagency teams in their state created a productive forum for meeting other staff and learning about their programs. One participant spoke of their involvement in a broad-based alliance that included representatives from school health, public health, nutrition, physical education, and health promotion that worked on policies. Another talked about convening a small interagency group focused on a specific task related to teen pregnancy prevention that eventually grew into a larger coalition.

*“As far as the silo mentality, I think you just have to pull people together and do a little sharing to get started. It can be that simple or if it needs a task orientation you can sponsor a conference or work on a project together.”*

### Build Agency Support

Participants considered agency leadership support to be helpful for those collaborative efforts that extend beyond the traditional boundaries of their agency or program. Some felt that leadership support makes it easier for staff to devote time to collaborative

efforts. To maintain that support, they emphasized the importance of clearly communicating the outcomes of collaboration to leadership, such as how collaboration improves the quality of education and services for young people. Participants also felt that leadership support can help garner buy-in from other stakeholders. One department of education employee explained how leadership support for a particular program would generate support from school superintendents statewide.

*“What will make it easier for me is to get my deputy superintendent aware so he will be able to give us some support with all the superintendents in my state. If he says ‘this is a good program’ that helps get buy-in from others.”*

However, agency leadership support was not always considered to be essential for collaboration to occur. Some participants felt that staff should take their own initiative in the absence of a formal directive to collaborate and recognized that they may need to work around personality conflicts among agency leaders.

*“Take your own initiative and meet with the people who get things done on the ground. I mean if my boss doesn’t like your boss that doesn’t matter as long as you and I can get along with each other.”*

### **Coordinate Data Collection**

Poorly coordinated data collection was one symptom of a silo mentality identified by participants. They suggested that agency staff discuss the types of data being collected, share data regularly, and streamline data collection procedures when possible. One participant described the burden experienced by schools responding to multiple, uncoordinated data requests from different state offices. To remedy this problem, a team was formed to consolidate data collection, develop clear indicators for health and educational achievement, and organize these data for presentation to the public.

### **Seek Federal Support**

Participants requested that federal funding agencies set clear expectations for interagency collaboration on HIV, STD, unintended and teen pregnancy prevention for youth. They felt that funding guidelines requesting collaborative solutions would send a clear signal to agency leadership that collaboration is valued which, in turn, could be a strong motivator for state agencies to work together. Participants felt that categorical funding did not promote collaboration and that grant applications with short deadlines did not provide sufficient time to develop true collaborative proposals.

*“Funding guidelines will help agency leadership recognize that collaboration is expected and that can help pave the way for staff to devote time to collaborative efforts.”*

## Appendix C.2: Agency and Political Leadership Support <sup>2</sup>

Strategies and ideas cited by four states participating in July 2005 Regional Stakeholders Meetings to strengthen communication and collaboration between state education and health agencies to support and improve HIV, STD, unintended and teen pregnancy prevention in schools.

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### Sell Your Ideas

Regardless of whether participants were discussing strategies to gain support from agency or political leadership, they emphasized the importance of selling the idea of collaborative HIV, STD, unintended and teen pregnancy prevention programs in terms that would resonate with current priorities. Some suggested that framing the issues in terms of the economic impact on society would be an effective approach to winning the support of elected officials.

*“One thing that struck me is the cost involved in STD treatment and sometimes that’s a hook that will really draw people in. When approaching state legislators you could be talking about billions of dollars and that will get their attention.”*

In light of No Child Left Behind legislation and increased attention on academic achievement, some participants emphasized the link between health and achievement when discussing HIV, STD, unintended and teen pregnancy prevention programs with agency and political leadership. Youth development was also seen as a compelling model for gaining leadership support. For example, discussing disease and unintended pregnancy in the larger context of a comprehensive approach to fully developing youth capacities may be more appealing to some leaders.

*“One thing that could be good is to approach this issue from the youth development philosophy, that is, the concept of looking at what teens offer rather than their detriments. I have found that it’s much easier to get folks on the bandwagon when you approach it that way.”*

Participants stressed the importance of establishing rapport with key leaders as part of a long term strategy to gain their support. It was felt that these relationships should be patiently cultivated to lay ground work for future opportunities to get their buy-in on a given issue.

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<sup>2</sup> For the purposes of this report, strategies related to the “Absence of Political Direction” and “Asynchronous Leadership” were combined.

## **Enable Community Advocates**

Participants acknowledged their limitations in advocating to elected officials given that they are state employees working on controversial issues. As an alternative to direct advocacy, many suggested working with community advocates outside of the state system. Numerous examples were offered of how education and health agency staff provided data and other information to community leaders to enable them to better advocate on their behalf. One participant spoke of how a prominent physician was instrumental in passing legislation to support a syringe exchange program to reduce HIV risk among injecting drug users. Another described how they provided advocacy training for an advisory group with which they worked.

*“You can create an avenue for community advocates to get trained. We just brought in an advocacy group to do some training with our consumers for the Community Planning Group so they can go out and do advocacy work with the state legislature.”*

## Appendix C.3: Community Support <sup>3</sup>

Strategies and ideas cited by four states participating in July 2005 Regional Stakeholders Meetings to strengthen communication and collaboration between state education and health agencies to support and improve HIV, STD, unintended and teen pregnancy prevention in schools.

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### Use Media Effectively

Participants acknowledged that state agencies may be cautious about eliciting media attention, especially given the sensitivity of issues related to youth and sexuality. Similar to their approach to engaging community advocates, participants suggested partnering with organizations outside of the state system to generate supportive media attention. One participant described how a community-based organization created a video about a young woman living with HIV. The video received so much positive media attention that the state agency was able to distribute copies to all the schools.

*“We have to be really careful of the political ramifications of media attention so we feed as much information as we can to our community advocates without it coming back to our agency.”*

Others suggested that focusing media stories on community assets may be a more acceptable way to introduce information about HIV, STD, unintended and teen pregnancy. One participant described how they used media coverage celebrating youth during a local cultural festival to introduce information about how STDs were affecting young people in this community.

*“We’re allowed to use the press if it focuses on community assets. For instance, we have a big Hispanic and Latino cultural celebration and the front story celebrates these youth but when you flip to the inside page the high STD rates in this population are also discussed.”*

### Build Trust

Participants felt that trust between state education and health agencies is prerequisite for effective HIV, STD, unintended and teen pregnancy prevention programs. To build that trust, participants suggested educating community members about the role of the state education and health agency and how staff ensures that health curricula are guided by national standards and evidence of effectiveness. Participants understood, however, that this would not necessarily appease all community members. It was also suggested that dialogue with parents and community leaders should initially focus on

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<sup>3</sup> For the purposes of this report, strategies related to “Apathy and Denial” and “Societal Discord” were combined.

the widely accepted goals of health and academic achievement so as to establish common ground for further discussion about specific approaches to health education.

*“You have to find the lowest common denominator among parents and community leaders. Usually it’s healthy, achieving children and you need to really harp on that so when you get down to the finer points of how you’ll approach this you have a common base. I think that sets a tone for respect.”*

Participants also suggested identifying community members who will speak to other community members in support of addressing HIV, STD, unintended and teen pregnancy prevention for youth. They felt the supportive voices of other parents, principals, and community leaders could be an important element of a productive dialogue between state agency staff and communities.

*“Support parents and principals that are willing to be spokespeople. Identify them as champions in the community, give them a voice, and see what they’re willing to do in terms of speaking to others.”*

## Appendix C.4: Logistics

Strategies and ideas cited by four states participating in July 2005 Regional Stakeholders Meetings to strengthen communication and collaboration between state education and health agencies to support and improve HIV, STD, unintended and teen pregnancy prevention in schools.

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### Use Technology

Discussions about logistics mostly focused on the time and distance challenges posed by working with stakeholders across a large state. Participants explained how stakeholders sometimes must travel several hours to attend meetings and how teachers, in particular, may have difficulty finding time to participate in such activities.

Participants reported using various forms of technology to mitigate these barriers to collaboration. Several participants described how they were able to conduct video conferencing using the existing technology infrastructure of cooperative extension and community college systems. As state agencies, they had easy, cost effective access to this system. Partnering with cooperative extension was seen to have the added benefit of building on existing relationships with stakeholders in rural communities.

*“One of the things we found helpful is to partner with the cooperative extension system because in the rural areas they have contact with the community and the technology for video conferencing is already in place.”*

Websites and internet distance learning strategies were also identified. One participant described their website for health teachers that included messages and information, a calendar of events and opportunities, and a forum in which teachers could share ideas and discuss school and health issues. The same state also reported successfully using distance learning to conduct professional development for teachers.

*“We’ve started doing our professional development for health teachers through distance learning. Now teachers don’t need to get out of class time for professional development; they can do it on their own time. I just had a teacher who lived far away participate in something she wouldn’t otherwise have been able to do.”*

# Appendix D: Sample Action Planning Worksheet

## Overview

This action planning worksheet is a self-guided activity that will help your state create an action plan for enhancing collaboration among its HIV/STD/Teen Pregnancy prevention education programs for youth. The worksheet is to be completed as a group activity with the other members of your state team. The worksheet is organized in four parts. It codifies the work you have accomplished during this meeting and outlines the work you agree to accomplish in the next six months. The four parts of the worksheet are: 1) Describing Our Shared Vision, 2) Assessing Our Challenges, 3) Prioritizing Our Actions, and 4) Planning Our Next Steps

## Part 1: Describing Our Shared Vision

### Instructions

1. Refer back to the Creating a Shared Vision session from yesterday.
2. Work together to write the core elements of your team's shared vision below.

## Part 2: Assessing Our Challenges

### Instructions

1. In the first column, list the challenges identified during yesterday’s “Defining our Challenges” session.
2. Discuss each challenge with the other members of your team and decide the extent to which your state is currently experiencing that challenge.
3. For those challenges that scored “Big” or “Somewhat”, work with the other members of your team to identify collaborative actions the team could take in the next six months to begin to overcome these challenges.<sup>4</sup>

Challenges In Accomplishing Our Shared Vision	To What Extent Is Your State Currently Experiencing These Challenges?	What Collaborative Actions Could Your Team Take In The Next Six Months To Begin To Overcome These Challenges?
	<input type="radio"/> A big challenge for us right now <input type="radio"/> Somewhat of a challenge for us right now <input type="radio"/> Not really a challenge for us right now	
	<input type="radio"/> A big challenge for us right now <input type="radio"/> Somewhat of a challenge for us right now <input type="radio"/> Not really a challenge for us right now	

<sup>4</sup> Six months is used as the timeframe for this activity to encourage the development of practical first steps for overcoming challenges and enhancing collaboration. However, it is hoped that state teams will continue to work together on these issues well beyond this initial action plan.

**Part 3: Prioritizing Our Actions**

Instructions

1. Work with the other members of your team to pick at least three of the collaborative action steps listed above; additional space is provided if your team wants to work on more than three priorities.
2. For each one, decide who will do what by when to accomplish that action step.
3. Lastly, list any technical assistance you might need from the national partners to help accomplish your action steps.

Priority Action Steps	Who Will Do What By When To Accomplish These Priority Action Steps?	What Technical Assistance Do You Need From The National Partners To Help Accomplish Your Action Steps?

## **Part 4: Planning Our Next Steps**

### Instructions

Work with the other members of your team to answer the questions below.

1. What additional stakeholders in your state do you need to involve in your efforts to enhance collaboration among HIV/STD/Teen Pregnancy prevention programs for youth? How will you get them involved?
2. When and where will your state team next meet? Who else will you invite to that meeting?
3. Who will facilitate meetings of your state team for the next six months?
4. What else will your team need to do to be successful?

# Appendix E.1: First Follow-up Conference Call Facilitator's Guide

## General Instructions:

### Prior to the call:

- The facilitator or note taker for the call should review the state team's action plans and create and enter action items into the **Action Item Matrix**.
- It may also be useful to have the State Action Plans in front of you so that you can refer to the specific technical assistance requests they made at that time.

### At the beginning of the call:

- Remind them about the NGOs interest and role in supporting their state efforts (i.e., so they don't see this as call as a "funder, contract monitoring" type thing).
- Emphasize that the NGOs are exploring the technical assistance needs and requests they cited at the meeting.
- Tell them the purpose of the call: to discuss their action plans, progress, successes, barriers, and determine how NGOs can help move them forward.

### Begin Action Item Discussion:

- Ask the teams to update you on each action item (go through each one).
- Based on their responses, code the "status" for each action item in the matrix.
- Use the **Action Item Discussion Guide** to prompt further discussion and detail.
- Take notes, as appropriate, in the "comments" section of the matrix.

### End of Call:

- "Please feel comfortable calling us, we truly want to help you move forward."
- "Would you mind if we shared some of your efforts with other states?"

### After the call:

After talking with all states, look across the matrixes to see if there are any common themes. Ask yourselves the following questions:

- In what areas are states having the greatest success?
- In what areas do states seem to be struggling?
- Are there any states struggling that might benefit from a discussion with another state that is succeeding (i.e., peer to peer TA).
- What type of help to states need?
- What might be the best mechanism for providing this assistance? (e.g., single-state phone TA, single-state site visit, multi-state phone TA, multi-state meeting)

# Appendix E.1 (continued): First Follow-up Conference Call Facilitator's Guide

## Instructions:

- These questions are provided as a guide for the call facilitator and note taker.
- After general introductions, the facilitator asks teams to give an update on each action item (go through each one).
- Based on their responses, the note taker codes the “status” for each action item in the matrix (completed with each action item prior to call).
- Facilitator uses the prompt questions below depending on the status of each action item.
- Note taker takes notes on discussion as appropriate in the “comments” section of the matrix.

## If status = **not attempted yet**, ask:

- What has made it difficult to implement this step?
- What are your plans for moving forward with this?
- What is your new target date for completion?
- What advice would you give to other states trying to do the same thing?
- What can the NGOs do to help right now?

## If status = **currently underway**, ask:

- What steps have you taken so far toward completing this action item?
- What success / difficulty have you experienced?
- What are your plans for moving forward with this?
- What is your new target date for completion?
- What advice would you give to other states trying to do the same thing?
- What can the NGOs do to help right now?

## If status = **completed**, ask:

- When did you complete this action item?
- What success / difficulty did you experience?
- What advice would you give to other states trying to do the same thing?
- What can the NGOs do to help right now?

## If status = **deleted**, ask:

- Why have you decided to omit this action item?
- How will this change affect other parts of your action plan?
- How will you deal with the implications of omitting this step?
- What advice would you give to other states trying to do the same thing?
- What can the NGOs do to help?

## Other questions to ask:

- Challenging to get together again?
- Identified other partners?

- Connected with other states?
- Would you have done that if we hadn't brought you together?

## Appendix E.2: Action Item Matrix

### ACTION ITEM MATRIX (Complete one sheet for each action item)

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**Instructions:**

- This matrix is provided as any easy way of tracking discussion and taking notes during the state team follow-up calls.
- Prior to the call, write in each action item into the first column.
- When facilitator asks teams to give updates on action items, code the “status” for each action item in the matrix.
- When facilitator prompts teams for more detail, take notes, as appropriate, in the “comments” section of the matrix.

<b>STATE:</b>	<b>Target Completion Date</b>	<b>Status</b>	<b>Comments</b>
<b>Action item:</b>		<input type="checkbox"/> Not attempted yet <input type="checkbox"/> Currently underway <input type="checkbox"/> Completed <input type="checkbox"/> Deleted	

# Appendix F: State Team Technical Assistance Needs

## **Collect Data and Surveillance**

State does not have PRAMS data

State needs examples of data collection and integration

## **Identify New Partners and Expand State Team**

- Identify and locate partners
- Bring new staff and leadership up to speed
- Identify partners and roles
- Replicate RSM meeting process at state level
- Partner with private organizations to avoid state red tape
- Create grid of current relationships

## **Increase and Improve Intra- and Inter-Agency Communication**

- Gain support from upper levels of administration
- Schedule management team meeting presentation at DOE/DCH
- Regularly attend other team members' team meetings
- Linking health and education work and goals
- Develop matrix of internal partners
- Reconvene team as a group to identify other stakeholders, clarify vision, decide what team can do for each other

## **Convene Summit or Other Meeting of Broader Partners**

- Hold meeting to expand partnerships
- Identify conferences to speak at

## **Identify Communication Resources**

- Identify resources to help parents talk with children
- Identify examples of model policies and practices on integration

## **Using Social Marketing**

- Use social marketing to promote this issue
- Social marketing training



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