

Preventing HIV, STD and Teen Pregnancy in Schools

Strengthening State Health and Education Agency Partnerships

January 2005 Regional Stakeholders Meeting
Methodology & Summary Report

June 2005



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



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January 2005 Regional Stakeholders Meetings Methodology and Summary Report

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Introduction

In January 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 two regional meetings with the goal of strengthening collaboration between state departments of education and health to improve HIV, STD 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 and teen pregnancy prevention programs in schools to allow them to:

- Articulate a shared vision for HIV, STD and 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 two meetings included: Colorado, Maine, Michigan, Minnesota, Missouri, New Jersey, New Mexico, North Dakota and Oklahoma. 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
- State abstinence education coordinators in health agencies.

Purpose of Report

While the ultimate, long-term outcome of these meetings will be the “integration” of HIV, STD 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 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.

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 organization 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 for two Regional Stakeholder Meetings with eleven state teams of health and education agency staff working on HIV, STD and teen pregnancy prevention. The success of that earlier effort suggested the need to expand this process to include additional state teams and led to convening the January 2005 meetings. The July 2003 Regional Stakeholder Meetings are described in the following two reports available at the [national partners' websites](#):

- *Preventing HIV, STD, and Teen Pregnancy in Schools: Strengthening State and Health Education Agency Partnerships*, September 2004
- *Preventing HIV, STD, and Teen Pregnancy in Schools: Connecting Strategies – Evaluation of a National Collaboration*, October 2004

The July 2003 and the January 2005 Regional Stakeholder Meetings were supported by cooperative agreements and supplemental funding from the CDC Division of Adolescent and School Health (DASH). The sponsoring organizations worked closely with CDC–DASH Project Officers throughout the process to develop the goals, objectives and meeting materials.

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 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.

¹ See “The National Organizations” on page 7 for a listing of national partners’ websites.

Process and Proceedings

The agenda for the Regional Stakeholders Meeting 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 prevention efforts in schools. CDC-DASH provided a national overview on an integrated approach to HIV, STD and teen pregnancy prevention in schools.

Creating a Shared Vision

Next, participants were asked to discuss, within state teams, their vision for HIV, STD 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 groups, participants brainstormed “vision” statements, which were written on post-it notes and grouped with like statements from other teams to create overall vision statements for each regional meeting. (See Appendix A: Shared Vision.)

Identifying our Assets

Prior to the regional meetings, all registered participants received an introductory letter outlining the kinds of information and discussions that would take place at the regional meetings. Participants were asked to come prepared to talk about:

1. The primary audience(s) for their agency or division’s HIV, STD or teen pregnancy prevention efforts;
2. The settings in which their agency or division provides HIV, STD or teen pregnancy prevention efforts;
3. The types of services or programs their agency or division provides on these issues, in particular any capacity-building initiatives;
4. Their agency or division mission statement; and
5. Performance measures their agency or division tracks related to HIV, STDs or teen pregnancy.

In state teams, participants had the opportunity to informally share this information with their colleagues to give each team a snapshot of the resources each team member brought to the table.

Defining our Challenges

To paint a realistic picture of state-based efforts to prevent HIV, STD and teen pregnancy through school programs and instruction, participants were asked to define their challenges to collaboration. In small groups of mixed team members, participants brainstormed challenges using the same process as the vision statement component. (See Appendix B: Common Challenges.)

Seeking Solutions

Facilitated breakout discussions 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 audiotaped and later transcribed and analyzed to identify suggested strategies for addressing collaboration challenges.

Appendix C.1-C.8 summarizes a selection of the strategies state participants reported using to address some of the common challenges identified. Not all of the strategies are appropriate for all states working toward integrating HIV, STD 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 prevention programs for school-age youth in communities and schools.

Learning from Experience

Four participants from the July 2003 Regional Stakeholder Meetings conducted a panel discussion to share their experiences with state health and education agency collaboration on HIV, STD and teen pregnancy prevention in schools. Panelists represented four different state teams and included both state health and education agency staff. This panel discussion was included in the agenda in direct response to suggestions offered by participants during evaluation of the July 2003 meetings.

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 their action plans, including:

- Offering general technical assistance via phone and e-mail;
- Facilitating linkages among 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.).

Team participants were encouraged to coordinate their requests for technical assistance and resources from the sponsoring national organizations by:

- Directing 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);
- Contacting their sponsoring organization at any time for general requests and guidance and to determine what member training opportunities are available; and
- Participating in follow-up evaluation opportunities to help the national organizations determine what additional resources are needed to establish successful collaborations on HIV, STD 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 HIV, STD and teen pregnancy prevention efforts. Each state completed a worksheet to identify challenges and the possible action steps to move toward integration. (See Appendix D for sample Action Planning Worksheet.)

Follow-Up & Evaluation

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

Immediate Post-Meeting Evaluation

An evaluation form provided immediate participant feedback about the meeting they attended. Evaluations for both meetings were very favorable. Participants reported a mean score of 4.3 on a scale of 5 = very satisfied to 1 = not at all satisfied with the meeting (n=39).

Team Conference Calls

One to two months out, 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 regional meetings and determine additional technical assistance needs. (See Appendix E.1 and E.2 for Call Facilitator's Guide and Action Item Matrix completed during follow up calls.)

Technical Assistance Plan & Matrix

Based on requests at the meetings and on follow-up calls, the sponsoring national organizations formulated a plan for providing an online database/forum of program ideas, technical assistance information and resources for participating teams. Each

organization tracked technical assistance requests from teams or their members related to the action plans that were established at the regional meetings. See Appendix F for a listing of state team technical assistance needs.

Technical Assistance Document

At approximately five months out, the sponsoring national organizations developed a technical assistance document distributed to state teams describing resources for adolescent health data, interagency collaboration, legislative updates and other policy resources. In addition, the national partners created and distributed a PowerPoint slide presentation on strengthening collaboration between state health and education agencies. Lastly, a Sharing Forum is being established for state teams to exchange other collaboration resources.

Themed Technical Assistance Conference Calls

At approximately six months out, the sponsoring national organizations began scheduling technical assistance conference calls on selected topics. The first call will focus on clarifying federal guidelines for both abstinence-only and comprehensive sexuality education. Other conference calls topics are planned for the near future.

Final Evaluation Survey

Approximately nine months out, the sponsoring national organizations will conduct a final survey with individual team members to determine team progress to implement action plans outlined at the meetings, satisfaction with the process, additional technical assistance needs and the intent to continue collaborations.

State Outcomes

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

Based on the follow-up conference calls and ongoing technical assistance with nine state teams, six months after the Regional Stakeholders Meetings, states demonstrated continued motivation to collaborate on this issue. Among the accomplishments of state teams are:

- Organizing a state meeting with an expanded group of stakeholders to replicate the process used during the regional stakeholders meetings
- Creating a resource grid organizing information about programs and agencies that was used to identify service gaps
- Gathering survey examples from other states in preparation for conducting a statewide parent survey about teen sexuality education in schools
- Building support for collaboration by doing presentations about their state team's plans at numerous meetings and conferences

- Developing procedures for disease control investigators to access students in the school setting to follow up on STD cases
- Exploring options to institute a program to educate parents on talking with their children about reproductive health issues

State team participants saw the Regional Stakeholders Meeting as an opportunity to:

- Learn more about other agencies and programs with a focus on collaboration
- Identify common needs and strategies across stakeholders
- Focus on the issues for two full days as opposed to a couple of scattered hours
- Consider which other stakeholders need to be brought into the process back home
- Network with other states who provided resources, ideas, and encouragement to move forward with collaborative activities

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

Conclusion

The nine state teams participating in the Regional Stakeholders Meeting engaged in insightful, resourceful and creative dialogue that may inspire other states to explore opportunities to strengthen state level collaboration to support the integration of HIV, STD 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 nonprofit 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 (NCSD), 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. NCSD 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 represents state public health leaders responsible for family health programs such as newborn screening, WIC, family planning, and adolescent health programs. AMCHP membership also includes academics, advocates, community-based health professionals and families.

Appendix A: Shared Vision

Shared vision statements, and characteristics of such, as cited by nine states participating in January 2005 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Accessible, Quality Programs and Services for Youth

- Access to family planning, HIV and STD services
- Accessible, integrated reproductive health services
- Accessible, teen friendly testing and treatment
- Access to confidential sexual health services
- Universal access to condoms and contraception
- Youth-friendly, accessible health care
- Reach high risk youth in and out of schools
- Tailored programs for high-risk youth
- Plan for reaching all youth
- Sexual health services in schools
- Access to students, e.g., disease investigators
- Comprehensive school programs for all youth
- Comprehensive sexuality education recommended or required
- Annual comprehensive sexual health exam
- Better school nurse/student ratio
- Community based youth programs
- NJ parent school

Mandated Comprehensive Quality Health Education

- Mandated school health
- Mandated health education in schools
- Mandated, standardized, instructional unit
- Year-long health course in middle school and high school
- Universal implementation of sex education
- Schools require sex education
- Education includes honest information and critical thinking
- Comprehensive school health curriculum
- Standard, scientific, comprehensive, culturally specific education
- HIV/STI/UP embedded within mandated health education standards
- Increased school compliance with standards

Families, Schools, Government and Community Collaboration

- Trust among state agencies, communities and schools
- On-going agency collaboration and coordination
- Integrated community partnerships
- Integrated community programs
- State health and education agency collaboration and strategic planning

- Effective state program partnerships
- Strong collaborations at state level
- Strong agency and community collaboration
- Inter-system community collaboration
- Standardize linkages
- Collaborative data warehousing

Supportive Public, Funding, Policies and Legislation

- School, community, faith-based, youth and families involved
- Support from decision makers and community leaders
- Mobilized parents for effective comprehensive approaches
- Clear, consistent, comprehensive messages
- Funding based on science not politics
- Constituency building
- Community awareness
- Public awareness and media
- Positive media messages
- Required local school policy

Proactive Youth Partnerships

- Youth involvement in program development
- Effective partnerships with youth
- Youth involved in planning and programs
- Peer educators utilized
- Teen prevention education programs in high schools

Evaluation Drives Programs

- Evidence-based evaluation
- Coordinated monitoring and evaluation
- Research-based curricula
- Research-based youth driven programs

Strong Effective Programs, Educators, and Providers

- Well-trained youth workers
- More trained health education teachers
- Effective, appropriate programs
- Better prepared health educators
- Accountability of education program implementation
- Best practices utilized

Improved Adolescent Health Outcomes

- Better parent-child sexuality communication
- Adults talk effectively about HIV/STD/UP prevention skills
- Improved adolescent health outcomes

Appendix B: Common Challenges

Common challenges to state-level collaboration for HIV, STD and teen pregnancy prevention in schools as cited by nine states participating in January 2005 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Collaboration is not a Priority

- Infrequent communication among stakeholders
- Not understanding other agencies and programs
- Single individuals with too much control
- It's easier to work on your own
- Belief that money equals collaboration
- Cost or effort of collaboration
- Lack of collaborative champion
- No true community involvement

Competing Priorities and Perspectives

- Changing and competing priorities
- Changing priorities
- Competing priorities
- Paradigm of competition
- Philosophical and turf issues
- Debate on role of schools regarding sex education
- Family vs. government
- Different base of advocates
- No common plan for or with young people
- No unified vision and plan
- Lack of common vision
- Different goals, vision and definitions
- Different focus and goals
- Limited proactive planning
- No common language
- Favoring religion over science
- Some parents are barriers
- No united voice
- Different world views
- Best programs are most expensive
- Time money resources

Distrust among Agencies and Communities

- Historical environment of mistrust
- No trust and poor past history
- Distrust of government public health and education

Organizational Silos

- Organizational and structural differences
- Lack of programmatic flexibility
- Resources tied to different outcomes
- Different base of advocates
- Federal constraints
- Silo mentality

Contentious Political Climate

- Legislative vision and political climate
- Federal legislation such as No Child Left Behind (NCLB)
- Health education and NCLB
- Federal definition of abstinence-only education
- Excessive focus on academic test scores
- Fear and lack of knowledge and understanding
- Fear of visibility
- Local control
- Local community denial and lack of buy-in
- Denial
- Politics overrides public health
- Morality drives sexual health policy
- Lack of supporting data

Cultural Views about Teen Sexuality

- Cultural norms preventing discussion of sexuality
- No cultural consensus regarding sexuality
- Adolescent health defined negatively
- Controversial sensitive issues
- Some parents are barriers
- We don't hear from everyone
- Mixed media messages

Poor Evaluation and Planning

- Lack of quality assurance for program implementation
- Disconnect of health and education evaluation
- Limited ability to collect accurate data
- Accurate information on best practices
- Won't borrow exemplary practices
- No celebration of progress
- Doing vs. planning mentality

Limited Access to Services

- Fragmented healthcare system
- Frontier areas have large travel distances
- Rural vs. urban needs
- Health insurance limits
- Few trained providers
- Customer service

Appendix C.1: Collaboration is Not a Priority

Strategies and ideas cited by nine states participating in January 2005 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Find a champion

Participants emphasized the importance of finding an internal agency champion to advocate for collaboration. This person plays a critical role in convening initial stakeholder meetings, recruiting others to the process, and helping agencies recognize the potential benefits of collaboration. Without a champion, participants felt that collaboration is unlikely to be prioritized relative to the other day-to-day demands on agency staff. They noted that although the champion does not necessarily have to be a top decision-maker within the agency, they must be a person of influence and have the full support of their agency's leadership.

“Find a champion, that’s got to be the first step. You really need to find someone that takes the lead because if nobody takes it on and makes it their priority you’re never going to go anywhere.”

Although a champion can be essential for initiating collaboration, participants recommended quickly establishing shared responsibility for maintaining the collaborative. If one person has sole responsibility for leading the collaboration and they fatigue or change jobs, the collaboration may collapse in the absence of shared leadership. Participants also suggested creating memorandums of understanding between agencies to help establish collaborative arrangements more permanently.

Convene stakeholder meetings

Participants consistently said that collaboration starts with, and is sustained by, regular meetings between staff from state departments of health and education. Staff from other agencies may also be involved in these meetings depending on the scope of the collaborative effort. In some states, these are informal monthly gatherings of staff at a restaurant, a coffee shop, or some other non-work setting. For others, meetings are more formalized as an interagency council or committee with defined membership. Either way, participants said that the purpose of these meetings is to build trust, share information and explore collaborative opportunities.

“We have an interagency school health team that meets together. But there’s no magic pill, there isn’t a timeline for trust. It just has to come naturally and there are certain little steps you can take along the way.”

When diverse points of view present challenges to working together, participants recommended convening one or more stakeholder meetings for the express purpose of sharing and better understanding stakeholder opinions. These meetings help build trust and reduce

misconceptions, and can be a useful prelude to future meetings focused on collaborative opportunities. Several states reported that they have arranged meetings to explore different perspectives on abstinence-only and abstinence-plus approaches to HIV, STD and teen pregnancy prevention programs for youth. Most states have found these meetings to be useful. Participants recommend that those considering such meetings should:

- Utilize the services of a skilled facilitator
- Have the meeting hosted by a “neutral” entity
- Convene the meeting at a retreat-type facility in a relaxed setting
- Invite stakeholders who understand and will honor the meeting’s purpose
- Establish guidelines to ensure the confidentiality of issues discussed
- Train participants in methods for consensus and other group-process techniques
- Identify a clear action plan for what will happen after the meeting

“They all learned from each other’s perspectives. The abstinence people were saying ‘whoa, we didn’t know that’ and the comprehensive health education people were saying ‘oh, we didn’t know that’ and so it was a really bridging experience.”

Define collaboration

Some state participants suggested that the principles of true collaboration are not well understood by all stakeholders. They underscored the importance of trust in building effective partnerships. In their view, shared expectations for how decisions are made and how resources are used must be established for trust to exist. Confusion about these issues may lead to frustration with the collaborative process.

“Real collaboration requires a willingness to give things up and address that territorial stuff. It’s a willingness to share resources, power, and control and that’s really hard to do. But it is amazing what you can get done if you can.”

Other participants stressed the importance of balancing management of the collaborative process with the accomplishment of tangible outcomes. They felt that defining and successfully completing joint projects provides an important reminder of the value of collaboration and can serve as an antidote to the frustrations that may be experienced in the collaborative process.

“To collaborate I think you have to get to know people and trust that your needs aren’t going to get lost in the bigger picture.”

Appendix C.2: Competing Priorities and Perspectives

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

Find common ground

Participants acknowledged that program and agency staff, community members, and other stakeholders often have different philosophies about HIV, STD and teen pregnancy prevention. Because those differences can make it difficult to work together, participants strongly recommended finding a common language that unifies stakeholders to initially bridge differences. For example, the phrase “adolescent health” can subsume a range of discrete program areas and may provide a common goal regardless of programmatic philosophy. Although differences among stakeholders may still need to be reconciled, participants felt that establishing a common language plays an important role in initiating collaborative efforts. Some participants felt it important to establish common ground across programs within an agency before attempting to build collaborative relationships across agencies.

“Sometimes we all want the same thing and it’s just understanding how to say it in a way that is attractive to someone who sees it differently or has an opposite opinion.”

Some participants recommended proactively learning more about the values and priorities underlying other stakeholders’ views by attending their meetings and by reviewing their websites and publications. They felt that this information can help a program articulate its goals in alignment with another groups’ priorities, thereby helping to establish common ground. One participant gave an example of how advocates for school-based health centers emphasized the relationship between student health and academic achievement to align with the priorities of stakeholders concerned about testing and student performance.

Conduct joint planning

Participants indicated that agency priorities can be further aligned through joint planning exercises. They suggested that initially this may involve just exchanging information about agency and program goals and objectives. With this information agencies can independently write their own grants with an awareness of what their partner agencies are doing to address HIV, STD and teen pregnancy.

“We actually sat down with a group of stakeholders and shared the grant that funds our entire program. It started the collaborative process and then the next time our grant is due it makes more sense to come together and think about all our priorities and what role our grant can play in what we all want to accomplish.”

Participants said that deeper collaboration may involve joint planning meetings and priority-setting exercises to determine together what each agency will do to address these issues. Those agreements would then be reflected in each agency’s grant application and in joint applications for funds for shared projects. Participants noted that joint planning can identify service gaps, conserve limited resources and create program synergy. As before, the use of a skilled facilitator to manage such planning tasks was recommended.

Appendix C.3: Distrust among Agencies and Communities

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

Reach out to stakeholders

Participants recommended proactively reaching out to program and agency staff as well as community stakeholders as a way to develop trust and foster collaborative relationships. It was suggested that individuals pay particular attention to making contact with groups that represent points of view different from their own to demonstrate openness to new perspectives and a willingness to work together. More than one participant stressed the importance of humility in this endeavor and a sincere willingness to build bridges across different perspectives.

“We’ve actively gone out to the community and reached out to others within our different agencies. You have to really go out there and put yourself forward. It takes time and energy but once you do that people begin to trust and respect you.”

Participants suggested that outreach to other agencies must not be limited to interaction among program-level staff. Some felt they already did a good job in reaching out to colleagues and desired stronger relationships among their agencies top leadership. One participant recounted how beneficial it was when the commissioners and boards of several state agencies started to meet regularly to discuss programs and policies in her state.

“We go to different conferences even if it represents a different point of view to show support and to show that we are open to all ideas and want to be inclusive in our approach to subjects that can be sensitive.”

Work at the grassroots level

Participants acknowledged that some communities may not fully trust state and local government agencies. Among the possible reasons participants cited for this distrust were past experiences with agencies taking a “top-down” approach to solving community problems, repeatedly assessing community needs without then engaging the community in addressing those needs, and funding cuts and reductions in services that left communities feeling marginalized.

“A lot of state programs have done multiple community needs assessments but never really followed through and involved the community on how best to address those issues.”

To engender greater trust between agencies and the communities they serve, participants recommended that agencies:

- Engage in grass-roots community organizing to help communities identify their salient needs and then collaborate with them to address those needs
- Conduct collaborative community assessments to gather planning information for multiple agencies to reduce the frequency of assessments conducted in communities
- Ensure follow through on addressing needs identified in community needs assessments
- Structure state requests for proposals to encourage collaboration among community based organizations to support local initiatives addressing priority needs

Appendix C.4: Organizational Silos

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

Develop collaborative organizational structures

Some participants felt that administrative barriers to collaboration exist across programs within their agency and across agencies within their state. HIV, STD and teen pregnancy prevention programs sometimes have separate directors and may be housed in different units or buildings of a state agency. According to participants, this arrangement can reinforce the separate nature of programs and hinder communication and collaboration across staff.

“Even within our own department we’re not all together. We have different managers and directors which leads directly to the silo issue. We are trying to develop infrastructure so the managers and directors communicate but it is a real challenge to do that.”

Some participants praised recent efforts to reorganize their state agencies to increase the physical proximity of and communication among program staff and leadership. In one state, separate disease specific units were merged into one communicable disease prevention section subdivided by function such as financial, planning and disease investigation. This participant felt that the new arrangement provided greater flexibility to work together and respond to emerging community needs.

“We used to be disease-specific but we merged as a section and now we’re divided by function rather than disease. Now we can shift resources without having to make a big deal of it. So far it’s been pretty successful.”

Transfer funds easily

Participants noted that collaboration may be hampered by cumbersome administrative procedures for transferring funds between agencies. The time and effort to process the paperwork as well as the indirect costs taken by each agency were considered onerous. They felt that flexible procedures for transferring monies enabled collaboration. One participant recalled how he was pleasantly surprised when he learned that funds could be transferred between departments electronically with a minimum of effort. Another participant told of having to find a way to expediently transfer funds when two state agencies experienced budget cuts and resource reallocation was necessary to sustain their programs.

“I think it is a really good thing for breaking down silos if fiscal entities are more flexible with the ability to transfer money.”

Appendix C.5: Contentious Political Climate

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

Utilize advocates

As government employees, participants recognized their limitations as advocates in the political arena for HIV, STD and teen pregnancy prevention in schools. They recommended proactively building partnerships with non-governmental entities and community members to advocate these issues on their behalf. Participants felt they can play an important role in supporting advocates by providing them with data as well as information about who the key decision-makers are, when important decisions are to be made, and how to access individuals and groups with decision-making authority. One participant proudly recalled how a diverse group of advocates rallied together to reinstate a health education program that the state legislature had planned to dismantle.

“I think one solution we’ve explored is finding those stakeholders that can present a message that we can’t possibly say to state department officials. Build those partnerships with other key stakeholders so they can be the advocates.”

“If we want to mitigate ideology ruling public health that’s not going to happen just because we want it to. We have to arm our allies in the community and support them every way we can because they’re the only ones that will get anywhere.”

Participants suggested that it may be useful for advocates to review how other states have composed their laws about HIV, STD, and teen pregnancy prevention education in schools. One participant reported that the Sexuality Education Council of the United States has a compendium of state sexual health laws.² In addition to using advocates for targeted efforts, participants suggested having parents, youth, people living with HIV and other respected individuals with a progressive view represented on key committees and advisory groups. They also suggested that individuals outside of the traditional HIV, STD and teen pregnancy arena may be particularly effective advocates because they can broaden the issue beyond these uniquely sensitive topics.

Stay under the radar

Participants suggested that keeping a low profile may sometimes be an appropriate strategy for avoiding political or philosophical battles about HIV, STD and teen pregnancy prevention for youth. They felt that not drawing attention to a program or publicly referring to it in a way that does not directly reveal its intent may make it easier to undertake certain endeavors. For example, one participant spoke of pregnancy prevention funding that was released under the more

ambiguous title of healthy youth, thereby avoiding the opposition it might otherwise have received.

“We gave grants to community organizations called healthy youth development but the real intent was pregnancy prevention. Flying it under the radar didn’t draw attention and turn it into a battle. So that was a very effective way for them to do what they wanted to do and not get targeted.”

Collect local data

Although participants recognized that some constituencies would not be swayed by data on teen risk, they felt these data can often play an important role in advocating the need for HIV, STD and teen pregnancy prevention programs. Several participants reported surveying parents to ascertain their preferences for what would be taught in school health education. These data frequently revealed strong support for comprehensive education and provided a useful counterbalance to highly vocal community members advocating for a restricted curriculum.

“We work with individual schools and one of the first steps they need to do is survey the community. These data often reflect that the community supports HIV, STD and teen pregnancy education and that helps in many respects as a first step.”

In addition to parent survey data, participants cited the use of disease surveillance data, YRBS, and other surveys of youth risk. Regardless of the data used, participants felt strongly that local data was a better advocacy tool than using national data, data from other states or estimates.

“We’ve done testing at our juvenile justice facilities for STDs and that information is changing the outlook of our legislature on these issues. When you have hard numbers from your own state, not estimates or data from another state, it makes them wake up.”

² This information can be found at www.siecus.org/policy/states/index.html

Appendix C.6: Cultural Views about Teen Sexuality

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

Work within the cultural context

Participants felt that HIV, STD and teen pregnancy prevention was often caught in a cultural conflict between societal messages that promoted sex and societal norms against discussing teen sexuality. They acknowledged that opinions about how to address sexuality education for teens varied across individuals, groups, communities and states. Given this context, participants' recommendations included both working within and altering prevailing cultural views.

“Society has a lot of cognitive dissonance around sex.”

Several participants reported success in funding community based organizations (CBO) to conduct HIV, STD and teen pregnancy prevention programs for the communities they serve. It was felt that these organizations were uniquely positioned to understand local cultural norms about teen sexuality and to deliver culturally appropriate programs. One participant described funding a CBO to deliver a program for African American youth that combined sexuality education and musical entertainment. This approach was so successful it is being adapted for the Latino community. Others talked about the importance of working with ministers to deliver faith-based programs.

“We’ve got to be more humble. We finally realized we don’t know everything. The community knows what it wants and how they want it so we need to go ahead and build that trust with community based organizations.”

“It’s amazing how many ministers are involved in working for HIV prevention in the community. That’s been a tremendous asset in breaking down fear and denial and it’s created allies with political influence.”

In an effort to accommodate divergent local views on health education, one participant reported that schools offer both abstinence-based and abstinence-only classes and let students and their parents decide which they’ll attend. Another suggestion for adapting to local culture was to use curricula based on indigenous concepts, such as a teen pregnancy curriculum based on the Native American Circle of Life.

Increase comfort levels

Participants felt that some stakeholders' discomfort around these issues led them to incorrectly believe the goal of comprehensive sexu-

ality education was to promote teen sex. They felt the automatic associations some people make with the words “teens” and “sex” perpetuated misunderstanding about these programs' real intent. As a result, participants suggested proactively working to dispel myths about sexuality education and increase stakeholders' understanding and acceptance of HIV, STD and teen pregnancy prevention programs.

“We need to dispel some of these myths. If you say you’re in favor of comprehensive sex education then there is the myth that you’re in favor of teens having sex. We have to shift the paradigm of how people think and the associations they make with words like sexuality education.”

Although doctors, nurses and other health care providers often have the opportunity to discuss sexual risk behaviors with teens, participants felt that many providers are uncomfortable discussing these issues. Some participants reported efforts underway to train providers to discuss sexual health with teens. They felt that increasing provider's comfort level and skills in discussing these issues would be beneficial to teens and could also contribute to more accepting societal views about teen sexuality education.

“We are going to provide training in sexual assessment to primary care physicians around the state. I think that is really important because if we can get our medical people to start talking about sexual health then I think that translates to a lot of other people.”

Similarly, participants felt that some parents are not comfortable discussing these issues with their children. One participant described a curriculum that included homework for parents, thereby involving them in addressing these issues at home. Another participant described a program called Car Talk which distributed short audio cassettes educating parents how to talk with their children about sexuality. The tape included mock conversations with teens and ideas about how to respond to what they might say.

Appendix C.7: Poor Evaluation and Planning

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

Reframe evaluation as helpful

Although participants appreciated that evaluation can help plan, monitor, and improve HIV, STD and teen pregnancy prevention programs they felt that evaluation was often under-funded and that many stakeholders felt threatened by evaluation.

“One thing we’ve done is reframed how we present evaluation because I think a lot of stakeholders and community groups view evaluation as punitive.”

There were a variety of suggestions about ways to reduce apprehension about evaluation. One participant described how they included an evaluator on their program team so that staff felt greater ownership of the evaluation process and could more clearly see how evaluation supports program planning and implementation. Other participants described how their department provided evaluation technical assistance to their funded agencies, ensured that evaluation findings were used to plan new programs, and used evaluation results to leverage additional funds. Although no one strategy will likely mitigate all stakeholder fears about evaluation, these and other strategies combined may be helpful.

“Our evaluator is part of our team, not somebody judging us off in a corner, and that’s made a huge difference. The fear of evaluation is gone and by showing us how evaluation works toward planning she’s made it very, very user friendly.”

Some participant suggestions for increasing the utility of evaluation may also help reduce evaluation costs. For example, participants discussed the benefits of establishing a core set of data to be collected across multiple programs to reduce redundant reporting requirements, pooling resources to conduct community assessments that meet the data needs of multiple agencies and selecting a curriculum assessment tool that can be used by multiple stakeholders.

Secure evaluation assistance

Participants were in agreement that it is useful to either have an evaluator on staff or to secure outside evaluation technical assistance. Some participants suggested collaborating with local universities and schools of public health to help meet their technical evaluation needs. Others liked the idea of pooling resources across programs or agencies to hire an evaluator that would then be shared across departments. Those participants who did have evaluation staff observed that they were often in high demand, suggesting that evaluation skills are highly valued by these agencies.

“If five programs all put 10 percent of their grants into evaluation then we could hire one evaluation person who we could share. That would help with evaluation and increase collaboration too.”

Appendix C.8: Limited Access to Services

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

Offer extended hours and outreach

Participants had a variety of suggestions for how to increase access to HIV, STD and teen pregnancy prevention services. They acknowledged that the reasons for poor access to these services, such as limited clinic hours, shortages of trained providers and long travel distances in rural areas, contributed to the problem of poor access to health care in general.

Participants suggested that state departments of health and education should require that their funded agencies provide extended service hours during the late afternoon, evening and weekend. They expressed frustration that clients would be forced to choose between working and getting services when clinics are only open during regular business hours. Some participants suggested that services should be offered in non-traditional outreach settings, such as HIV and STD testing in parks and on street corners, where young people are likely to congregate. These outreach efforts could also be used to let clients know about the availability of more comprehensive services at the clinic. Lastly, participants suggested establishing and expanding the use of school-based and school-linked health centers.

“Our governor just decided to create 35 more school-based health clinics so that’s going to double the number of youth that can access services and nobody will know if they’re going for a sports physical or contraception or something else.”

Focus on high need areas

Participants had different views about whether states’ efforts to increase access to services should focus more on rural or urban areas. One participant spoke of efforts to pull resources into a rural area to create a centralized location for services. It was hoped that this would increase service availability and reduce clients’ travel to multiple locations for different services. In contrast, another participant said they pulled money from rural areas into urban areas because, in light of funding cuts, they choose to focus services where health disparities and disease incidence was greatest. It is likely that the appropriateness of one strategy over the other will vary from state to state.

“They were working in one of the rural counties to pull in money so they could have one centralized place for services, like one-stop shopping.”

“We pulled money into the urban core and out of the rural areas. Because of funding cuts, when we look at health disparities and disease incidence, we had to target our money to where the diseases are.”

Appendix D: 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 and teen pregnancy prevention 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: Our Shared Vision

Instructions: Refer back to the Creating a Shared Vision session from yesterday. Write the core elements of your shared vision below.

Part 2: Assessing Our Challenges

Instructions

1. In the first column, list the challenges identified during yesterday’s “Identifying our Challenges” activity.
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.³

| 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="checkbox"/> A big challenge for us right now <input type="checkbox"/> Somewhat of a challenge for us right now <input type="checkbox"/> Not really a challenge for us right now | |
| | <input type="checkbox"/> A big challenge for us right now <input type="checkbox"/> Somewhat of a challenge for us right now <input type="checkbox"/> Not really a challenge for us right now | |

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? |
|-----------------------|---|--|
| | | |

³ 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 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 and 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 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 matrices 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 do 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)

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, 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

Instructions:

- This matrix is provided as any easy way of tracking discussion and taking notes during the state team follow-up calls.
- Complete one sheet for each action item
- 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.

| State | Target Completion Date | Status | Comments |
|--------------|------------------------|---|----------|
| Action item: | | <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

Accessing Data and Surveillance

- One-pager listing various national data sources available for adolescent health
- Forum through which states can share data collection strategies such as a facilitated conference call discussion or a web cast where select “model” states can present data collection strategies

Mapping Resources

- Identify level and source of abstinence and comprehensive sex education funding going to states

Understanding Legislation

- Information regarding searchable policy databases such as NASBE and NCSL
- Clear detailed information regarding federal A-H guidelines
- Information on what is going on in other states regarding policy climate and trends

Communicating and Collaborating

- Resources related to collaboration
- Sample MOUs, policies, and plans regarding function of collaboration
- Examples of state action plans related to HIV, STD, and teen pregnancy prevention integration

Developing Common Messages

- Evaluated and tested messages developed by national organizations which can be used at state/local levels.
- Information on message development and communication strategies

Preventing HIV, STD and Teen Pregnancy in Schools
Strengthening State Health and Education
Agency Partnerships

January 2005 Regional Stakeholders Meeting
Methodology & Summary Report

June 2005