

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

July 2003 Regional Stakeholders Meeting
Methodology & Summary Report
September 2004



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This collaborative project and meeting report were produced with joint support to the cosponsoring organizations from the Center for Disease Control and Prevention, Division of Adolescent and School Health.

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Introduction

In July 2003, the Association of Maternal and Child Health Programs (AMCHP), the National Alliance of State and Territorial AIDS Directors (NASTAD), the National Coalition of STD Directors (NCSD), and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER) collaborated to offer two regional meetings with the goal of strengthening communication and collaboration between state departments of education and health to support and 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 Arkansas, California, Connecticut, Indiana, Kansas,

Louisiana, Nevada, North Carolina, Pennsylvania, Virginia and Washington. State teams varied based on state need and structure, but team 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.

As the final step in this two-day process, 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.

Both 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.

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 to address the challenges to integrating HIV, STD and teen pregnancy prevention in schools. For purposes of this report, integration activities are those that bridge gaps across disciplines and promote consistent messages, thereby strengthening health policies and programs 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 coordinate efforts to integrate 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.

Process and Proceedings

The agenda for the Regional Stakeholders Meetings was developed jointly by AMCHP, NASTAD, NCSO and SSDHPER in collaboration with CDC-DASH. A public health development specialist contracted through NASTAD advised the organizations on agenda development and facilitated the two-day meetings. 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 then 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

Participants then discussed some of their successes and lessons learned in dealing with the challenges identified in the previous discussion. Appendices C.1-C.7 summarize a selection of these strategies. 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 state ideas and strategies to provide integrated HIV, STD and pregnancy prevention programs and instruction for school-age youth in communities and schools.

National Partners

To provide state teams with a snapshot of the support and resources available to them at the national level, AMCHP, NASTAD, NCSO, 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 partners 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. 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 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 NASTAD's contractor, the sponsoring organizations established a nine-month technical assistance and evaluation plan for state teams participating in the July 2003 Regional Stakeholders meetings. Strategies included:

Immediate Post-Meeting Evaluation

An evaluation form was provided for participants to provide immediate feedback on the regional meeting they attended.

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.)

Themed Technical Assistance Conference Calls

At approximately six months out, the sponsoring national organizations organized topic-specific conference calls to allow state teams to talk with a topic expert and other teams planning similar activities.

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 and forum of program ideas, technical assistance information and resources for participating teams. A standard technical assistance tracking form was developed to allow each organization to track requests from teams or their members. (See Appendix F.1 and F.2 for sample Technical Assistance Tracking Form and Matrix.)

Nine-Month Final Evaluation Survey

Approximately nine months out, the sponsoring national organizations conducted 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 preventing HIV, STDs and teen pregnancy prevention in schools. Based on the follow-up conference calls and ongoing technical assistance with 11 state teams, five months after the Regional Stakeholders Meetings, eight of 11 states demonstrated continued motivation to collaborate on this issue. About half of these eight state teams have gone beyond the scope of their initial action plan to identify additional ways to collaborate. State teams are reporting the following results from the Regional Stakeholders experience:

- ◆ Jointly applying for supplemental funding through an existing CDC-DASH grant to bring together all the people, agencies and organizations in the state working on adolescent health.
- ◆ Inviting the state adolescent health coordinator to a meeting of regional STD managers in the state, resulting in increased numbers of school-based health centers participating in STD screening.
- ◆ Consolidating their team with the existing HIV counseling, testing and referral workgroup in their state, resulting in an effort to develop a state-wide strategic plan on adolescent health that involves all key state stakeholders.

- ◆ Meeting quarterly with the heads of their agencies.
- ◆ Collaborating on HIV, STD and teen pregnancy prevention needs assessment with GED students.

In these states and others, the state team participants are crediting the Regional Stakeholders Meeting experience as:

- ◆ The impetus for collaborating and seeking additional funding to implement a meeting;
- ◆ The opportunity to connect with other states who encouraged them to move forward with collaborative activities;
- ◆ The motivation for state health and education agency staff to make connections by sitting down for two full days as opposed to a couple of scattered hours and think about who else they needed to be collaborating with; and
- ◆ The opportunity to identify common needs and strategies.

The final evaluation survey will be summarized in subsequent reports in 2004.

Conclusion

The 11 state teams that participated in the Regional Stakeholders Meetings engaged in insightful, resourceful and creative dialogue that may inspire other states to explore opportunities to strengthen state-level integration of HIV, STD and teen pregnancy prevention in schools. The national organizations continue to work with these state teams to expand the foundation of knowledge and strategies that might be employed to build collaborative efforts. This follow-up work with state teams will be documented in a future report.

About 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 11 states participating in July 2003 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Shared Vision: Comprehensive Federal, State and Community Leadership and Approach

- A federal office/program that is supported by legislation to provide guidance and balanced funding to support comprehensive sexuality education and prevention programs for youth.
- More flexible funding to states to promote collaboration, coordination and integration.
- A commitment between the U.S. Department of Education and the U.S. Department of Health and Human Services to promote collaboration, coordination, and integration of prevention programs for youth.
- Mandated coordination/integration of HIV, STD and teen pregnancy prevention education and instruction in schools.

Shared Vision: State and Local Buy-In and Collaboration

- State-wide interagency collaboration between all agencies working to improve adolescent health, education and social outcomes.
- State-wide strategic plan for coordinating and integrating HIV, STD and pregnancy prevention efforts and instruction for school-age youth that is followed by all levels, from state-level policy makers down to local program planners.
- State and local governments that commit funding and other resources to support collaboration, coordination and integration of HIV, STD and teen pregnancy prevention in schools.
- Statewide core curriculum that supports comprehensive prevention programs for youth that are age and developmentally appropriate and culturally sensitive.

Shared Vision: Well-Informed Youth, Families and Communities

- Collaboration of community leaders to provide consistent and comprehensive prevention messages.
- K-12 school-based prevention and health education instruction that emphasizes youth asset and skill building.
- Parent involvement/education to build community support and ownership of

prevention programs for youth.

- Youth involvement in program and policy development, implementation and evaluation.
- Medically accurate, research-based and consistent information and messages provided in media, services and programs targeting school-age youth.

Shared Vision: Increased and Comprehensive Access to Services and Programs

- Dynamic health providers and educators knowledgeable of adolescent health and development needs.
- Health providers and educators supported by a network of educational and assistance opportunities such as electronic networks and local and regional training opportunities.
- Services and programs that offer seamless science-based systems of primary and secondary prevention for school-age youth.
- Increased and routine school-based HIV and STD testing and treatment that is 100 percent access for all youth.

Shared Vision: Positive Media Messages

- Healthier and balanced media messages that promote more than “sex” and “sin” in advertising.
- More media exposure for prevention messages.

Shared Vision: Improved and Comprehensive Data and Surveillance Systems

- Outcome measures and data collection strategies that assess the range of outcomes necessary to prevent HIV, STD and pregnancy among youth, including abstinence from sexual intercourse and condom use if sexually active.
- Data sharing among programs and agencies to facilitate program and policy development based on a comprehensive view of adolescent health status in the state.
- State-wide collaboration to establish common outcomes, develop common data collection strategies to measure outcomes and share data.
- Consistent state-wide evaluation tools to ensure comparison between programs and outcomes.
- Comprehensive sexual risk information incorporated into state-level YRBS surveys.

Appendix B: Common Challenges

Common challenges to state-level collaboration for HIV, STD and teen pregnancy prevention in schools as cited by 11 states participating in July 2003 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

External Policy Drivers

- Federal funding guidelines and reporting requirements are categorical, have limitations on use of funds and do not mandate collaboration.
- Available funding drives policy: un-funded issues/programs are not policy priorities.
- Funded mandates are sometimes interpreted and implemented differently across agencies/programs.
- Legislation does not support the comprehensive and diverse needs of target populations.

Lack of Common State Plan/Vision

- Differing agency missions.
- Fragmented bureaucratic structure.
- Competing and/or non-compatible priorities for state programs.

Communication and Collaboration

- State programs/agencies are unfamiliar with similar state and local-level programs.
- There is a lack of opportunity for agencies to come together, and collaboration is not mandated by funding streams, therefore collaboration is not a priority.
- Differing language, jargon and definitions are used across agencies.
- The “right” people are not always at the table for program and policy development.
- Organizational structure of agencies hinders collaboration among agencies.
- Lack of commitment from decision makers to collaborate and coordinate.

Workforce and Resource Development

- Low retention for positions managing and coordinating some of the programs.
- Increasing and changing staff roles as funding and resources are cut or redistributed.
- Lack of health providers and educators trained in the diverse health and developmental needs of adolescents and strategies for coordinating HIV, STD and teen pregnancy prevention in schools.

Parent and Community Support for Youth Access to Programs and Services

- Competing program and curriculum priorities prevent focus on HIV, STD and teen pregnancy prevention.
- Lack of community involvement to create comprehensive system of prevention education and services for youth.
- There is stigma, discrimination and denial around some of the issues that fosters apathy and cynicism about the need for comprehensive programs and services.

Data and Surveillance

- Lack of appropriate and comparable data, and in some cases the use of data out of context.
- Fragmented data systems result in a lack of communication about available data and lack of coordination to establish common outcomes across state agencies.
- State generated sexual behavior data is not always available.
- Program evaluation to track progress and effectiveness is not implemented consistently or at all for many programs, therefore missing the opportunity to build a body of research-based literature and resources for prevention programs for youth.

Differing Philosophies

- There is baggage and bias about the issues and approaches to prevention, such as the misconception that abstinence is not part of comprehensive prevention approaches, that abstinence-only programs are not appropriate for some audiences, or that risk reduction is not a part of abstinence-only programs.
- Programs and policies are sometimes developed solely on value-based opinions that are not supported by science, evidence, research or promising practice.
- Different backgrounds of health providers and educators have different results and biases for prevention programs for youth, such as medical treatment models vs. prevention models.

Appendix C.1: State Strategies to Address External Policy Drivers

Strategies and ideas cited by 11 states participating in July 2003 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Establish Key Community Partnerships

Participants reported collaborating with community and advocacy groups that influence policy decisions. These partnerships are helping states to:

- Build coalitions among diverse stakeholder groups;
- Cultivate grass-roots support for HIV, STD and teen pregnancy prevention in schools; and
- Communicate needs and successes with a unified voice to policymakers and decision-makers.

“Because of the coalition-building process we went through, at this past legislative session we could sit down with people that would normally be our adversaries and have a decent conversation about a bill and see if there was any way we could bridge gaps.”

Understand Funding Mandates

Participants recommended learning how other states have successfully collaborated within similar programs and funding streams to help initiate collaboration in their state. Recognizing the importance of understanding how state laws and policies are interpreted and implemented, some recommended working with state program administrators and federal project officers to get a better understanding of their limitations and flexibility for collaboration with other programs to meet common activities, reporting requirements and performance measures. Participants also recommended ensuring that programs and materials in schools and other educational settings are aligned with existing state standards.

Seek Additional Funding Sources

Some state participants expressed concern that because of limitations in categorical programs, gaps existed between the services provided and populations served by

some programs. In these cases, state participants shared the urgency to identify alternative venues and resources for providing HIV, STD and teen pregnancy prevention services for school-age youth to reach a broader audience and include additional partners. Some cited collaborating with community-based organizations to reach youth in non-school venues as a promising strategy to provide a wider range of possibilities and flexibility for reaching school-age youth. Others reported partnering with the juvenile justice system to train teachers, guards and others working in detention centers with high-risk youth.

Educate Policy Makers

While some states have limitations for how they interact with legislators and policy makers, state agency staff reported they can still be proactive with these important decision-makers by:

- Designating one person to respond to adolescent health inquiries and requests;
- Tailoring educational messages and materials to each person’s background and interests; and
- Using data and program successes to present clear examples of the need for coordinated HIV, STD and teen pregnancy prevention efforts to improve the health and educational outcomes of school-age youth.

Some states even cited success in inviting stakeholders to meet program clients or to visit programs in the field to illustrate how prevention services are meeting the needs of youth.

“The state superintendent of education always voted against school-based clinics. We invited him to visit a clinic and see what goes on. He made a 180 degree turn and is now one of our best advocates. Instead of waiting until there is a crisis, we invite stakeholders, legislators, policy makers and influential people to come throughout the year and see what we’re doing.”

Appendix C.2: State Team Strategies to Address Challenges with the Lack of a State Plan or Vision

Strategies and ideas cited by 11 states participating in July 2003 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Resource Mapping

Two states participating in the meeting had conducted resource mapping to inventory HIV, STD and teen pregnancy prevention opportunities for schools including:

- Existing programs and services;
- Goals and objectives of various programs and services;
- Target audiences;
- Where programs and services are delivered;
- Funding amount and sources for such programs;
- Legislation and other policies related to the program; and
- Providers specializing in adolescent health and development issues.

State team participants who started the resource mapping in their states said this process was helping them to identify gaps and commonalities among programs and available resources for a continuum of prevention programs and services for school-age youth.

“Our counseling, testing and referral workgroup got together the department of health and the department of education and did resource mapping within the state. It was really helpful for us to know what kind of things people were already doing and what kind of gaps existed, and we were able to identify gaps and priorities for our planning.”

Develop Shared Objectives

Some state participants reported they were looking toward Healthy People 2010’s Objectives for the Nation as a starting place for developing shared objectives with other agencies and programs. Other participants said they were considering encouraging their program managers to review all Requests for Applications (RFAs) from funding agencies to identify ways in which new programs could be aligned by establishing shared, or mutually supportive, objectives.

Create a State Strategic Plan

Some states participating in the meeting had already developed statewide strategic plans for adolescent health. Participants from those teams said their states benefited from having one unifying plan that now drives all program and policy development. They felt one of the key elements to strategic planning in their states had been to ensure broad representation and participation from state and local education and health agencies and others interested in adolescent health. By engaging a diverse group of interested professionals from the start, they felt they were better able to define the problem of HIV, STD and teen pregnancy in common terms and develop collaborative strategies to meet those needs.

“Our strategic planning process helped the education folks better understand that it’s important for kids to be healthy to learn, and the health folks understand that kids need to be educated in order to be healthy.”

Appendix C.3: State Team Strategies to Address Challenges with State-Level Communication and Collaboration

Strategies and ideas cited by 11 states participating in July 2003 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and pregnancy prevention for school-aged youth.

Get Acquainted with Other Programs and Agency Staff

Without exception, state participants said it was important to know other agency staff, who coordinated what program, and who to go to for more information. Many participants reported taking any opportunity to seek out and build relationships with staff within and across agencies through informal face-to-face conversations, phone calls and meetings to share program updates and ideas for collaboration. Some participants admitted never meeting their state agency colleagues until the Regional Stakeholders Meetings and expressed a desire to get to know them now that a connection had been made.

“The first thing I need to do when I go back is spend more time going over to his cubicle. We are on the same floor in the same building and we rarely talk! We need to talk about the work each of us is doing, how we can help each other, and how we can work together across our agencies.”

Clarify Definitions

Many state participants felt that the language used to describe adolescent health needs and strategies could either hinder or facilitate collaboration. The definitions and terms that are used among programs and agencies sometimes have different connotations. Even the age-range of “adolescence” can have different definitions across programs.

Similarly, within existing prevention programs, some health providers and educators may not agree on definitions of terms like “abstinence” or “sexual health.” State participants felt they needed to educate other program and agency staff on the terms and jargon that might be unique to their program to establish a shared language to enhance interagency communication, a prerequisite for collaborative action.

Leverage Leadership Support for Collaboration

Although many state participants indicated that there was a general lack of support for collaboration to integrate HIV, STD and pregnancy prevention in schools, they thought the following strategies for building leadership support may help them in their state efforts:

- Identify key leaders willing to carry the cause and promote collaboration to other agency and program leaders;
- Establish relationships with the staff who support and work with key leaders to help gain and sustain leadership support;
- Include broad partners, agencies and organizations so leaders are assured that priority populations and issues are being prevention represented in state efforts;
- Use planning councils, like HIV community planning groups, as a means to prioritize programs and strategies that necessitate collaboration;
- Identify credible and respected state, local and community leaders to foster awareness of the importance of integrating prevention messages and to build support at all levels for doing so; and
- Support state integration activities through collaboration and coordination at the federal level. For example, in federal program announcements from individual agencies include language that encourages and supports integration activities.

“You don’t always have to have the decision-maker at the table, as long as you have a passionate person willing to take your issue to the decision-makers.”

“Recently we had the local health department come to the local school board meeting and do presentations that focused primarily on sexuality, STDs and teen pregnancy. Before we went there was resistance and afterwards every single school board member was in support of our program.”

Appendix C.4: State Team Strategies to Address Challenges with Workforce and Resource Development

Strategies and ideas cited by 11 states participating in July 2003 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Provider Training

State participants said that some teachers and others who provide HIV, STD and teen pregnancy prevention education and school-based programs in their states may not have a background in adolescent health and development or they may not have access to the latest research and prevention strategies. Some states said they employed creative strategies to pool resources with other state and community entities to provide training to educators and health providers on the knowledge, skills and attitudes needed to deliver effective prevention services, programs and instruction. Examples of strategies that participants felt were useful in their states included:

- Collaborate with other agencies, organizations and schools to assess training and educational needs for teachers, providers and others;
- Encourage cross-training among agency staff to increase familiarity with each other's prevention strategies and programs;
- Provide payment for substitutes, so teachers can participate in training opportunities;
- Offer training programs during the summer months or provide internet-based training programs to accommodate teacher schedules;
- Provide opportunities for continuing education and support following trainings through list-serves, follow-up meetings, trainee matches with other providers for peer assistance, and other opportunities for trainees to network and share successes after participating in training programs; and
- Identify curricula, lesson plans, instructional activities and other educational materials to support trainees in conducting effective HIV, STD and teen pregnancy prevention in schools.

“We had the health director provide a presentation to the local board of education on the status of adolescent health in that community with an emphasis on HIV/AIDS and teen pregnancy. It was amazing once we got the school board on board how fast the ball rolled. We followed that with a presentation to the central office, then got all the principals from the middle and high schools to come to a meeting, then we did teacher education.”

Expanding Resources through Partnerships

Many state participants cited creative strategies that might help them to increase program resources such as:

- Approach the private sector to work with state and local health and education agencies;
- Enlist state juvenile justice to provide funding for prevention programs that lead to improved health, education and social outcomes for school-age youth;
- Explore funding possibilities through the Individuals with Disabilities Act (IDEA) to train special education teachers on human sexuality and prevention; and
- Partner with local universities and research institutions to establish internship or volunteer programs that bring additional staff resources to programs.

Reducing Duplication

State participants said that multiple programs often provide similar services and compete for the same funding sources. These participants cited strategies that had helped them to reduce redundancy and conserve resources in their states such as:

- Collaborate with other programs, agencies and advisory groups on common tasks such as needs assessments;
- Utilize graduate students, interns and staff from other agencies involved in health education to assist with designing needs assessment instruments, collecting and analyzing needs assessment data, and developing plans to respond to identified training needs;
- Develop and deliver joint trainings for health providers and educators to make a broad range of coordinated resources available to support their work in schools and communities; and
- Identify other tasks and efforts that agencies can collaborate on to reduce the burden on any one agency and increase the pool of staff and resources available to complete any project.

“We’ve worked collaboratively with the AETC and with other entities that provide training to do these mini-needs assessments and then to deliver those trainings. It’s got to be a joint training effort. I can’t just do it from the HIV perspective. I have to bring in the department of education component or the youth adolescent program so that we’re making those trainings beneficial to everyone.”

Appendix C.5: State Team Strategies to Address Challenges with Parent and Community Support for Youth Access to Programs and Services

Strategies and ideas cited by 11 states participating in July 2003 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Educate and Engage Parents

To engage parents and build their trust and support for HIV, STD and teen pregnancy prevention in schools, some state participants reported using the following strategies:

- Conducting community outreach to educate parents about adolescent sexuality;
- Offering opportunities for parents to learn skills to communicate with their children;
- Assisting parents in hosting gatherings with their friends in their home, featuring a health educator to conduct an educational session;
- Engaging parents that are involved with the schools to help develop and implement plans to broaden the scope of parental involvement;
- Organizing and training teams of teachers, parents and students to be liaisons between the school and the community and to engage other parents in school-based efforts to promote adolescent health in general and to prevent HIV, STD and teen pregnancy;
- Providing incentives for parents to participate in educational opportunities, such as low-cost or free child care;
- Conducting parent education sessions in the workplace and using newsletters, the internet and other communication channels to disseminate information to parents; and
- Using school-sponsored community events like clothes and food drives to build rapport and trust to facilitate support for collaboration on HIV, STD and teen pregnancy prevention in schools.

“You don’t always have to start with sexual and reproductive health issues. We used the clothes and food drives that the teachers, students and parents organize to get people to collaborate on something they can rally around to create familiarity.”

Build Coalitions of Diverse Stakeholders

State participants felt that building coalitions and relationships in communities to include all stakeholders with diverse points of view in the planning and implementation of HIV, STD and teen pregnancy prevention in schools was an important step in promoting collaboration in their states. They said such coalition-building meetings might help dispel myths and reduce polarization, thereby improving the climate for collaboration. State participants cited a number of strategies they utilized to build coalitions and diverse community support such as:

- Identify the wide range of providers and educators that serve adolescents such as representatives from family planning clinics; parent teacher associations; juvenile justice; foster care; churches; and health, education, and social service providers to participate in program and policy development;
- Use skilled facilitators to move coalitions through planning processes and discussions;
- Host meetings in neutral and easily accessible locations to facilitate participation by community and school-based providers and educators; and
- Encourage development of joint statements and policies that support collaboration and define common goals and definitions.

“One health educator came up with the idea of using the Tupperware party approach: A family hosts a parent education party in their home and they invite their friends and neighbors. We provide incentive gifts for the host family. A new family signs up to do another party at their house. It just keeps pyramiding and it has been absolutely phenomenal.”

Appendix C.6: State Team Strategies to Address Challenges with Data and Surveillance Systems

Strategies and ideas cited by 11 states participating in July 2003 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Collaborating on Data Collection

State participants cited the need for collaborative data collection strategies to reduce the burden of data collection on schools. Some reported the following collaborative strategies that might address this:

- Collaborate on survey design and collection across agencies;
- Collaborate with schools to add questions to the Youth Risk Behavioral Survey (YRBS) and other data collection efforts to ensure a better collective understanding of HIV, STD and pregnancy prevention needs of school-age youth;
- Involve end-users in the planning of data collection efforts to ensure that data will provide meaningful insights into adolescent health needs and to increase the likelihood that data will be used by program planners, policymakers and service providers; and
- Work closely with epidemiology and statistical analysis staff to identify the kinds of data that exist and additional data needed to guide program and policy development.

“We need to have the program people talking with our data people to tell them what data they need and what it needs to look like. Right now it is just epidemiologists having a great time talking with other epidemiologists. A lot of them don’t see the programmatic implications or how to help people use it.”

Make Data Accessible

State participants cited that sharing data and making data easily accessible is also crucial to improving data and surveillance systems. State participants suggested the following strategies had helped make data accessible in their states:

- Post data reports, survey findings and other data products on agency websites for public access;
- Prompt the development of a shared database;
- Make data products, and make presentations on data, to community stakeholders including students, teachers, principals, school boards, parent teacher associations, local health departments and community-based organizations; and
- Provide technical assistance to school districts to help them track trends in health indicators to monitor outcome objectives which may help them more effectively identify successes and challenges in improving adolescent health.

“As a result of these agencies coming together for the the survey and developing this incredible database of information on kids, this group decided to get an endorsement for the development of a state adolescent health plan using the data as the driving force for creating this plan.”

Appendix C.7: State Team Strategies to Address Challenges with Differing Philosophies

Strategies and ideas cited by 11 states participating in July 2003 Regional Stakeholders Meetings to strengthen collaboration between state departments of education and health to improve HIV, STD and teen pregnancy prevention in schools.

Show Respect

State participants felt the simplest strategy for fostering collaboration was to be respectful of the philosophies, strategies and methods of other programs within their agency and across other agencies. Showing respect for different approaches was cited as their first step in understanding differing rationales and exploring opportunities to work together.

Using Common Objectives to Build Collaboration

As noted in previous challenges, using Healthy People 2010 as a foundation for collaborative activities has proved successful for some state teams. These objectives can provide a common ground for collaborative planning across programs that utilize different strategies for addressing HIV, STD and teen pregnancy prevention in schools.

“Even the folks from opposite ends of the spectrum can find common ground in the Healthy People 2010 objectives.”

Providing Forums for Exploring Diverse Philosophies

As noted in previous challenges, state participants emphasized the need for building coalitions and relationships in communities to include all stakeholders with diverse points of view in the planning and implementation of HIV, STD and teen pregnancy prevention in schools. Two states who had provided formal forums for professionals with diverse, even opposing, philosophies to come together and explore commonalities found this to be a critical step to fostering collaboration and to begin building trust and respect for each other.

“I would never believe that we could get those people talking at the same table civilly with one another. I had so many people come up to me afterwards and say I never really understood the people that are doing the abstinence message were really talking about the same risk behaviors that we’re talking about and they’re not those stereotypes of what people think.”

Seek Common Ground

State participants stated that all programs and services targeting youth ultimately share a common goal, to improve adolescent health, education and social outcomes. As such, participants felt that focusing on commonalities among programs had been an important step in reaching common goals. Examples they cited included:

- Look at the relationship between reducing teen pregnancy (a health agency priority) and decreasing school drop-out rates and increasing academic performance (education agency priorities) to provide a foundation for collaborative efforts to reduce teen pregnancy;
- Address common risk and protective factors in programs and policies; and
- Encourage the integration of health issues into other curriculum areas that build critical thinking skills and meet academic priorities such as language arts, math and science.

“We have lessons that relate to health issues as part of the language arts and math that use an infusion model where you infuse reading about health issues, then writing about what you’ve read, then talking about what you’ve read and written so that a health issue can be taught while meeting some of the schools’ standards for language arts and math.”

“We don’t talk about just STDs, we talk about ‘sexual reproductive health’ including HIV, unintended pregnancy and STDs. We’re starting to make some changes by redefining how we describe our problems, sort of focusing on our commonalities as opposed to differences.”

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/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 three 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 three parts of the worksheet are:

Part 1: Our Shared Vision

Part 2: Assessing Our Challenges

Part 3: Prioritizing Our Actions

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. ¹

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?

¹ 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.

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: First Follow-up Conference Call Facilitator's Guide

Action Item Matrix

(Complete one sheet for each action item)

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.

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.1: NGO Technical Assistance Tracking Form

Part 1: Information on State TA Needs & Expectations

Date of Request	
Request Made Via	E-mail Phone Mail Other
State Requesting TA	
Name of Person Requesting TA	
Affiliation	<input type="checkbox"/> SSDPHER <input type="checkbox"/> NCSD <input type="checkbox"/> NASTAD <input type="checkbox"/> AMCHP
Position/Role	
Contact Info	
TA Requested <input type="checkbox"/> Materials <input type="checkbox"/> Information on HIV, STD, TP Rates <input type="checkbox"/> Information on Resources <input type="checkbox"/> Letter of Support <input type="checkbox"/> NGO Review Document/Material <input type="checkbox"/> Meeting Facilitation <input type="checkbox"/> On-Site Consultation <input type="checkbox"/> Networking Contacts <input type="checkbox"/> Conference Call with NGO <input type="checkbox"/> Conference Call with States <input type="checkbox"/> Other	(Please describe fully)
Has request been discussed with other state team members?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you contacted your CDC project officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who at CDC was contacted by state team members? <input type="checkbox"/> SEA PO in DASH <input type="checkbox"/> SHA PO in DHAP <input type="checkbox"/> SHA PO in DSTD <input type="checkbox"/> SHA PO in MCHB	Contact information for CDC project officers:
Has your team tried to address the TA need? If yes, how?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the expected outcome once TA has been delivered?	

Part 2: NGO Action to Fulfill TA Request

<p>Who at CDC was contacted by NGOs? <input type="checkbox"/> AMCHP PO <input type="checkbox"/> NASTAD PO <input type="checkbox"/> NCSD PO <input type="checkbox"/> SSDPHER PO</p>	<p>Contact information for CDC project officers:</p>
<p>Other CDC personnel contacted: (for example, Tim Hack, Beth Patterson, Laura Kahn, etc.)</p>	<p>Please include all contact information:</p>
<p>Were any recommendations made to the state over the phone? (If yes, please indicate what)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What next steps must be taken by the NGOs to fulfill this TA request?</p>	
<p>What (if any) next steps must be taken by the state?</p>	
<p>What follow-up actions were taken by the NGOs?</p>	
<p>What follow-up actions were taken by the states?</p>	
<p>Other comments:</p>	

Appendix F.2: Sample NGO Matrix of State Technical Assistance Needs

General TA & Material Requests
Information on Best Practices
<input type="checkbox"/> abstinence
<input type="checkbox"/> adolescent sexual health
<input type="checkbox"/> by audience, topic, state (general list from meeting)
<input type="checkbox"/> fatherhood initiatives
Evaluation and needs assessment resources
<input type="checkbox"/> Abstinence education specifically
<input type="checkbox"/> Comprehensive sex ed specifically
How to open communication between persons of differing opinions/Ccnflict resolution
Age group definitions
Information on STD, HIV and UP rates per state, resources
NJ joint statement (from Linda Morse)
CSHP Program Staff Directory
Specific Requests Made of NGOs
Information on what are other states doing
Letters of support from NGOs and CDC to the Ssecretaries
NGOs put participants on NGO mailing lists
Notification of changes in state personnel
NGOs serve as reviewers for team documents/materials
NGOs encourage the teams to pull in other national partners (like family planning partners)
NGOs provide feedback on stakeholders to include
Regular communication (e.g. CDC/Thursday Report)
Website of Integration Resources
Listserv for state teams

Preventing HIV, STD and Teen Pregnancy in Schools

Strengthening State Health and
Education Agency Partnerships

September 2004

