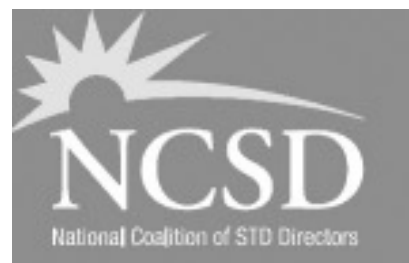


Preventing HIV, STD, Unintended and Teen Pregnancy in Schools: State Profiles

May 2006



Society of State Directors of Health,
Physical Education and Recreation



From 2003–2005, 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 (NCSDD), and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER) coordinated Regional Stakeholders Meetings for 24 state teams to strengthen collaboration between state departments of education and health. The goal of these meetings was to encourage interagency efforts to support and improve HIV, STD, unintended and teen pregnancy prevention in schools.

This report shares the lessons learned by several state teams that participated in the Regional Stakeholders Meetings. While it often takes years to see outcomes from public health efforts, the experience and process of these participants offers valuable information for others in the field.

Background

The Regional Stakeholders Meeting (RSM) is a capacity-building process that brings state departments of education and health together to strengthen collaboration to support and improve HIV, STD, unintended and teen pregnancy prevention in schools. The Regional Stakeholders Collaborative — consisting of representatives from AMCHP, NASTAD, NCSDD and SSDHPER — designed the RSMs to promote collaboration between state agencies. The ultimate, long-term goal of these meetings is to integrate HIV, STD, unintended and teen pregnancy prevention programs and instruction in schools. However, it is important to note that integration means different things to different people and different fields. The Regional Stakeholders Collaborative (RSC) defines integration as those activities that bridge gaps across disciplines and promote consistent messages, resulting in stronger health policies and programs to advance the health and well being of youth.

The 24 states that have participated in the RSM process are: Arkansas, California, Colorado, Connecticut, Indiana, Kansas, Louisiana, Maine, Michigan, Minnesota, Mississippi, Missouri, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Oklahoma, Pennsylvania, Rhode Island, Virginia and Washington.

RSM Process

The RSM is a two-day meeting of state teams of health and education agency staff working on HIV, STD, unintended and teen pregnancy prevention programs in schools and allows 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.

State teams vary based on state need and structure, but team representatives often include:

- 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 the two-day process, teams create state-specific action plans for enhancing collaboration among their programs.

Technical assistance is provided during and after the meetings and is tailored to each team using the resources and expertise of the Regional Stakeholders Collaborative (RSC). Six to eight weeks after the meeting, the individual teams hold conference calls to discuss progress on the action plan and assess technical assistance needs. From the calls, the RSC identifies common needs and develops conference calls to address those issues. Those calls usually take place three to six months after the meeting, and provide dialogue around challenges and solutions, as well as access to technical experts. Also during this time period, the RSC provides information and facilitation to state teams, offers small grants for additional technical assistance, and guides teams in developing longer-term outcome or impact evaluation plans.

The RSC partners also help to maintain communication among team members. A listserv helps to facilitate the ongoing exchange of information and feedback. Participants are asked to complete written evaluations of RSM content and team progress, and project-relevant materials and resources are posted to the RSC websites.

Outcomes

RSMs help to strengthen communication and collaboration between state departments of education and health. The teams develop a unified vision among state agencies working to improve the health of adolescents and create state action plans to work towards that vision. The state teams report numerous positive outcomes from the meetings, including better interagency communication, increased parent and community support for youth access, and greater data-sharing among agencies.

Lessons Learned: Definition

“Lessons learned” are experiences that are captured and shared to promote effective work and avoid repeating problems.

RSM State Profiles

From 2003–2005, the Regional Stakeholders Collaborative conducted RSM with teams from Colorado, Maine, Michigan, Missouri and New Mexico. The teams were charged with creating, implementing and evaluating state action plans. The following are lessons learned by these state teams.

Colorado

Project Overview

In 2003, Colorado was awarded a cooperative agreement from the Centers for Disease Control and Prevention (CDC) to address the health needs of school-aged youth through schools. Through this initiative, key players working on school health, including HIV, STD, unintended and teen pregnancy, were identified. An interagency agreement was developed to

create a collaborative structure between the internal teams of the Colorado Department of Education and the Colorado Department of Public Health and Environment. Through this agreement, Colorado developed the Interagency School Health Team (ISHT) and under this team, the Sexual Risk Prevention (SRP) committee was formed.

The SRP committee serves as the steering committee for the RSM process. The group meets prior to every monthly ISHT meeting to continue collaboration activities between the state health and education agencies.

Project Goals

The Colorado team worked to:

- Articulate a shared vision for HIV, STD, unintended and teen pregnancy prevention programs for school-aged youth.
- Identify challenges to achieving the shared vision.
- Describe collaborative strategies for overcoming these challenges.
- Create an action plan for enhancing collaboration among programs.

Team Members

Colorado Department of Education

- Co-Director, Coordinated School Health Program
- Director, Prevention Initiatives
- Senior Consultant, Safe & Drug Free Schools
- Coordinator, HIV/STD/Teen Pregnancy
- Consultant, HIV/STD/Teen Pregnancy

Colorado Department of Public Health and Environment

- Co-Director, Coordinated School Health Program
- Director, Interagency Prevention Systems
- Program Manager, HIV/AIDS/STD Section
- Program Director, Adolescent Health
- Director, Child, Adolescent and School Health Section
- Director, Abstinence Education Program
- Consultant, Family Planning Program
- Consultant, Maternal Child Health Program

Accomplishments

To meet their goal, the Colorado team developed:

- A vision for the team
- An action plan that prioritized strategies to address their challenges

Lessons Learned

Colorado team members reported several lessons learned:

- Keep an open mind.
- Look at team composition and involve all key stakeholders.
- Strengthen interagency collaboration and come to common ground before including external partners.
- When team members move on, begin one-on-one relationships with new team members that come aboard. Arrange a face-to-face visit to gain their support and show your enthusiasm for the process.
- Allow your team ample meeting time. The process moves at a slow pace in the beginning and is emotionally draining.
- Meet with the meeting facilitator as a planning committee to ensure that everyone is on the same page.
- Share with facilitators the work done at the Regional Stakeholders Meeting and what path the team is taking.
- Agree, as a team, to stick with the action plan and strategies

to seek solutions. When the team gets stuck, go back to the future vision where the team agreed on how to address barriers.

What Worked

Team members convened a meeting within two weeks of their return from the RSM to garner support from key decision-makers at the state health agency. This meeting also included the director of the Interagency Prevention Systems (IPS) and Interagency Leadership Council. The responsibility of the IPS program is to implement an interagency approach to the delivery of state and federally funded prevention and early intervention programs. The IPS is also designing a single web-based reporting and evaluation system for multiple state agencies that fund prevention and intervention services. The Leadership Council consists of representatives from various state agencies and statewide organizations, and was created through state legislation to promote coordinated planning, implementation and evaluation of quality prevention and early intervention services for children, youth and families. During the meeting, the team presented the action plan they developed at the RSM and shared their experience. The plan included work with external partners. After discussion with key players at the state health agency, they narrowed their focus to interagency partners. The key decision-makers supported the team's efforts and joined the team.

A second success that the team reported was a team-building exercise specifically designed for their group. They participated in team-building exercises that were a part of a larger group but their team, more than others, dealt with issues that are politically and emotionally charged. The team felt that they needed a structured process to help them cope with the external and internal pressures and the political ramifications of working in reproductive and sexual health. The RSM process gave the team the opportunity to have a structured process to define their challenges, seek solutions and build bridges between agencies.

Finally, the Colorado team reported that the action plan template they received during their RSM was helpful when revising their state plan. The team uses the template at their steering committee meetings in order to track progress on their plan and outline next steps.

What Didn't Work

Colorado team members experienced difficulty with scheduling follow-up meetings and setbacks due to staff turnover. When attempting to schedule a state meeting to replicate the RSM, they had trouble finding a date that would work for the team. This caused a seven-month delay and made it difficult to keep momentum for the process. Also during this time period, one of the original team members moved on to another position and a second member left the team due to reorganization of the section.

Changes for the Future

The team will meet with future facilitators and share the strategic plan they developed. The team will share the timeline, objectives and completed activities. The team will be clear regarding next steps and team ownership of the plan.

Future Directions

The team will convene monthly planning meetings to address their strategies and continue to work on their action plan. The team also plans to hold a third facilitated retreat to produce a logic model for their work and identify common ground and shared language for their programs. The team will also use the retreat to work on a plan for cultural responsiveness.

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Maine

Project Overview

After the RSM, the Maine team's overarching focus was on strengthening collaboration and communication across agencies through an integrated strategic plan for HIV, STD, unintended and teen pregnancy prevention. The team also aimed to respond to pressure from conservative Special Projects of Regional and National Significance (SPRANS) grantees in the state.

Project Goals

The Maine team worked to:

- Promote comprehensive sexuality messages so that SPRANS grantees do not replace existing curricula with abstinence-only programs.
- Recruit a public health prevention specialist from CDC to lead the strategic planning process.

Team Members

The team includes staff members from:

- Maine Department of Education
- Maine Department of Health
- Family Planning Associates of Maine

Accomplishments

The team accomplished a number of goals. The state has:

- Stopped taking federal abstinence education funding, instead supporting a comprehensive approach in all strategies for HIV, STD, unintended and teen pregnancy prevention.
- Stopped the use of the abstinence-only curriculum in Maine's public school programs.
- Planned a conference for school administrators for May 2006.

Lessons Learned

Members from the state team noted the importance of seeking press coverage, attending local events and being prepared to respond to the media quickly. The Maine team also re-

ported that one should work closely with non-governmental partners, including local advocates.

What Worked

The team found that it is critical to provide a clear rationale for supporting comprehensive approaches to sex education, both at the state and local levels. Communicating with local advocates is essential. The team also found that it was helpful when individual team members took the lead to advance objectives without adding unnecessary meetings. This required the trust of other team members. Finally, the team reported that a key to success was gaining the support of leaders in the departments of education and health.

What Didn't Work

The Maine team reported that trying to add more activities into team members' already-full schedules did not work.

Future Direction

The team is focusing on a May 2006 conference for school administrators, "Leading the Way on Controversial Issues." Unfortunately, the team was unable to secure a public health prevention specialist from CDC, but they plan to reapply.

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Michigan

Project Overview

After the RSM, the Michigan team, called the State Advisors on Adolescent Sexual Health (SAASH), aimed to establish regular meetings with representatives from HIV, STD and adolescent health programs within the state departments of public health and education.

Project Goals

The Michigan team set the following goals for their project:

- Hold periodic meetings.
- Identify past and current joint projects.
- Plan a white paper on the state of the state with respect to youth risks for HIV, STD and unintended pregnancies.

Team Members

Consultants

- Administrative Staff
- Consultant for White Paper

Michigan Department of Education

- HIV/STD Education Consultant

Michigan Department of Health

- HIV Manager
- STD Manager
- Adolescent Health Coordinator

Accomplishments

The Michigan team:

- Met periodically since participating in the RSM.

- Developed a spreadsheet of past and present activities.
- Secured consultants to help with the development of a white paper.
- Began to identify data by school districts.
- Implemented a collaborative state-wide conference, “Moving Forward Together.”
- Assisted with the revision of a model high school HIV/STD education curriculum.

Lessons Learned

Team members reported that it is important to select a few objectives to narrow the team’s scope and focus. They also indicated that periodic meetings are a measure of success. Bringing on consultants for short-term projects was very beneficial to the process. They also found that a key to successful collaboration is recognizing that all team members have overlapping but different objectives, funding streams and directives.

What Worked

Team members reported they met periodically and identified current and present collaborations. They recognized that only two or three members might be needed for particular projects, and acknowledged the need for support staff to help with projects on an ad hoc basis. The team received additional funding support from the RSC to secure consultants.

What Didn’t Work

The team felt that doing the work without some additional financial support was a problem.

Future Direction

The Michigan team plans to continue meeting in order to finalize their white paper, gather data by school districts and conduct a survey of districts to determine if districts with higher morbidity have more robust STD/HIV prevention education.

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Missouri

Project Overview

After the RSM, the Missouri STD/HIV, unintended and teen pregnancy (SHUTP) team continued to meet to increase communication, develop an action plan, and integrate its efforts with two other advisory groups — the Missouri Council for Adolescent and School Health (CASH) and an HIV/STD prevention education for youth workgroup of the state HIV community planning group.

Project Goals

The team aimed to:

- Build constituency and community awareness to support funding and advocacy for HIV, STD, unintended and teen pregnancy prevention.
- Continue ongoing interagency collaboration.
- Build effective youth partnerships.

- Collect data and evaluate outcomes to guide programs.
- Promote teen-friendly health services.
- Identify and promote effective prevention education programs and strategies.

Team Members

Missouri Department of Health and Senior Services

- Administrator, Section for Disease Control and Environmental Epidemiology (Co-chair)
- State Adolescent Health Coordinator (Co-chair)
- Chief, Bureau of HIV, STD and Hepatitis

Missouri Department of Elementary & Secondary Education

- HIV Education Coordinator
- Health and physical education consultant (retired)

Advisory Youth Education Work Group and CASH members also include:

- Missouri Chapter, American Academy of Pediatrics adolescent specialist members
- Mental health professionals
- Education professionals (guidance counselors, family & consumer sciences teachers, future business leaders)
- School health professionals
- Local public health officials
- Local school district staff
- Ryan White CARE Act Title IV program staff
- HIV prevention program staff
- State foster care program staff
- Family services staff
- Juvenile justice staff
- Representatives from other youth-serving and youth development organizations

Accomplishments

The Missouri team reported the following accomplishments:

- Conducted a presentation to CASH and received their endorsement.
- Continued expansion of HIV/STD prevention education for youth workgroup membership.
- Presented at several national, regional and state conferences.
- Conducted quarterly meetings of SHUTP team.
- Established ongoing CASH HIV/STD prevention education for youth workgroup.
- Established a youth health educator position in the state health department’s STD/HIV prevention program and recruited teens to serve on the interview team.
- Presented data on HIV, STD, unintended and teen pregnancy and the Youth Risk Behavior Surveillance (YRBS) to CASH.
- Added data on HIV, STD, unintended and teen pregnancy and YRBS to the state health and education websites and grant applications.
- Reviewed effective high school HIV, STD, unintended and teen pregnancy prevention curricula.

Lessons Learned

The Missouri team reported the following lessons learned:

- Assign a dedicated staff person as the coordinator to take the lead and keep the group moving forward.
- Focus on primary prevention and involve youth to reduce HIV, STD and unintended pregnancies.

- Ensure strategies and interventions are community-based and not just delivered through schools.

What Worked

The Missouri team reported that the initial RSM brought together national and state partners who had not previously collaborated. One key to success was an action plan with shared goals and action steps. It was important to monitor progress and accomplishments along the way.

The team reported a significant increase in communication among HIV, STD and adolescent health programs within the state health agency. Prior to the National Stakeholders Meeting, these programs did not work closely together.

Finally, by integrating the goals and action plan of the SHUTP Team with existing advisory councils and work groups, the team maximized limited resources and strengthened support and coordination of efforts.

What Didn't Work

The Missouri team faced the challenge of staff changes in both the education and health agencies and a lack of dedicated funding. The team also observed that the two agencies have different philosophies, priorities and strategies. Lastly, the team noted the need for more dedicated staff resources to further develop programs and build constituency support.

Changes for the Future

In the future, the Missouri team would clarify expectations and find examples of how other states have implemented best practices.

Future Direction

The team will continue its partnership with CASH and the HIV/STD prevention education for youth workgroup of the state HIV community planning group. A new youth health educator will be hired in the spring of 2006 to work with the existing partners to expand state, community and school strategies. The team plans to designate a lead coordinator who is responsible for efforts to integrate HIV, STD, unintended and teen pregnancy prevention programs.

The team will also work with community groups to develop prevention education opportunities, offer ongoing technical assistance to school-based prevention educators and recruit college students to serve as peer educators in high schools.

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New Mexico

Project Overview

After participating in the RSM, the New Mexico team worked to continue the partnership between the health and education agencies. They worked together to plan conferences, collaborate on policy development and share technical assistance.

Project Goals

The New Mexico team worked to:

- Mandate comprehensive sex education for seventh grade and above.
- Work with external partners to increase visibility of the issue.
- Implement the Health Education Curriculum Assessment Tool to evaluate health education curricula in New Mexico.
- Expand collaboration through Youth Intervention Prevention Education in Schools and Sexual Health and Risk Education Summit.

Team Members

Department of Health

- STD Medical Director
- Adolescent Health Coordinator
- HIV Prevention Program Manager

Department of Education

- HIV Administrator

Other partners

- Planned Parenthood representative
- Young Women United representative
- New Mexico Coalition for Comprehensive Sex Education

Accomplishments

As a result of the New Mexico team efforts, collaboration with the Department of Health Medical Review Committee, and advocacy by various community partners, the secretary of health decided to limit abstinence-only-until-marriage education to sixth grade and below and to provide comprehensive sex education to seventh grade and above. An external community partner, Young Women United — a coalition of young women — proposed a bill that supported the secretary's decision. This effort was indirectly supported by state government agencies during non-working hours. The legislation did not pass, but it may be reintroduced in the 2007 legislative session.

Polarized groups reached unanimous agreement that a curriculum assessment tool was useful and valuable. Through this agreement, the New Mexico team successfully implemented the tool to evaluate several health education curricula. The polarized groups came together at the Youth Intervention Prevention Education in Schools and Sexual Health and Risk Education Summit.

Lastly, the New Mexico team saw a need for a program to educate parents on how to talk with their children about reproductive health issues. The team identified the Plain Talk Model, sponsored by Public Private Ventures. Plain Talk is a neighborhood-based, family mobilization strategy designed to improve adolescent reproductive health. In 2005, the New

Mexico team put together a public-private partnership, leveraged funding and began implementing Plain Talk in the South Valley of Albuquerque.

Lessons Learned

The team applauded sustained communication efforts to keep everyone up-to-date. They also learned that it is important to know that efforts may feel like one step forward and two steps back.

What Worked

Constant communication and ongoing collaboration within and among state government agencies and community partners worked for the team.

What Didn't Work

Attempts to incorporate nationally recognized, developmentally appropriate comprehensive sex education standards into New Mexico's Public Education Department's standards and benchmarks were not fully realized, however, there was movement toward creating more comprehensive sex education in seventh through twelfth grades. New Mexico school boards have traditionally sought local autonomy.

Changes for the Future

The New Mexico team would add additional partners to support their efforts.

Future Direction

The team plans to continue working on their goals, and will invite other stakeholders to join the effort. They will continue building a state-specific curriculum assessment tool. The New Mexico team is currently attempting to recruit their Adolescent Pregnancy Prevention Coordinator.

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Conclusion

General Strategies for Success

- Ensure long-term commitment of partners.
- Engage all stakeholders.
- Seek the support of upper management.
- Hold regular meetings and allow for ample meeting time.
- Have a plan to move forward if a team member leaves the group.
- Engage in one-on-one relationships with new team members.
- Partner with the media and take advantage of press coverage.
- Be prepared to respond quickly to media attention.
- Recognize the need for additional help.
- Secure adequate funding to ensure the effort is sustainable.
- Have specific, measurable, achievable, realistic and timed (SMART) goals and objectives for the team.
- Partner with local advocates.

Public Health Implications

Opportunities such as the RSM can assist state agencies in collaborating on issues and identifying solutions. The Regional Stakeholders Collaborative process may impact the health of the youth by:

- Building or improving partnerships (including public-private partnerships).
- Creating strategies or promising approaches to prevent HIV/STD, unintended and teen pregnancy within states.
- Applying evidence or generating new evidence on effective programs.
- Improving health outcomes.
- Sharing knowledge among the public health and public education workforce.

Based on evaluation and feedback from participants around the country, the Regional Stakeholders Meetings catalyzed ongoing state-level efforts to strengthen collaboration between health and education agencies to improve HIV, STD, unintended and teen pregnancy prevention in schools.

This report was prepared by Danielle Sollers, AMCHP program associate, with the assistance of Lonnie Barraza, Laurie Bechhofer, Nancy Birkhimer, Laura Brown, Karen Connell, Brad Hall, Mark Miller, Linda Tamayo, Patti Van Tuinen and Karen White. For more information, contact AMCHP at (202) 775-0436.

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