

**Strengthening State Health and State
Education Agency Partnerships to
Prevent HIV, STD & Teen Pregnancy
in School-Age Youth:
The National Stakeholders
Collaborative**

**American Public Health Association
135th Annual Meeting & Exposition
Washington, DC
November 5, 2007**

Presentation Overview

- **Discuss the rationale for SEA and SHA collaboration**
- **Explain the National Stakeholders Collaborative**
- **Describe the National Stakeholder Meetings (NSMs)**
- **Review evaluation findings of NSMs**
- **Share accomplishments from state team collaboration**

Three Epidemics Among Youth

- **Persons aged 13-24 accounted for 13 percent of HIV cases reported from the beginning of the epidemic through 2002 in 30 states with confidential HIV reporting. In 2003, there were over 5,000 estimated AIDS cases among youth ages 13-19.**
- **Each year there are approximately 15 million new STD cases in the United States -- approximately 25 percent of these are among teenagers.**
- **Each year there are over 800,000 teenage pregnancies.**

<http://www.cdc.gov/HealthyYouth/sexualbehaviors/index.htm>

Why Integrate HIV, STD and Unintended Teen Pregnancy Prevention?

- Promotes sharing of knowledge among health and education agencies
- Provides consistent messages to young people
- Reduces programmatic gaps
- Improves efficiency of approach
- Increases potential effectiveness
- Elevates importance of the issue

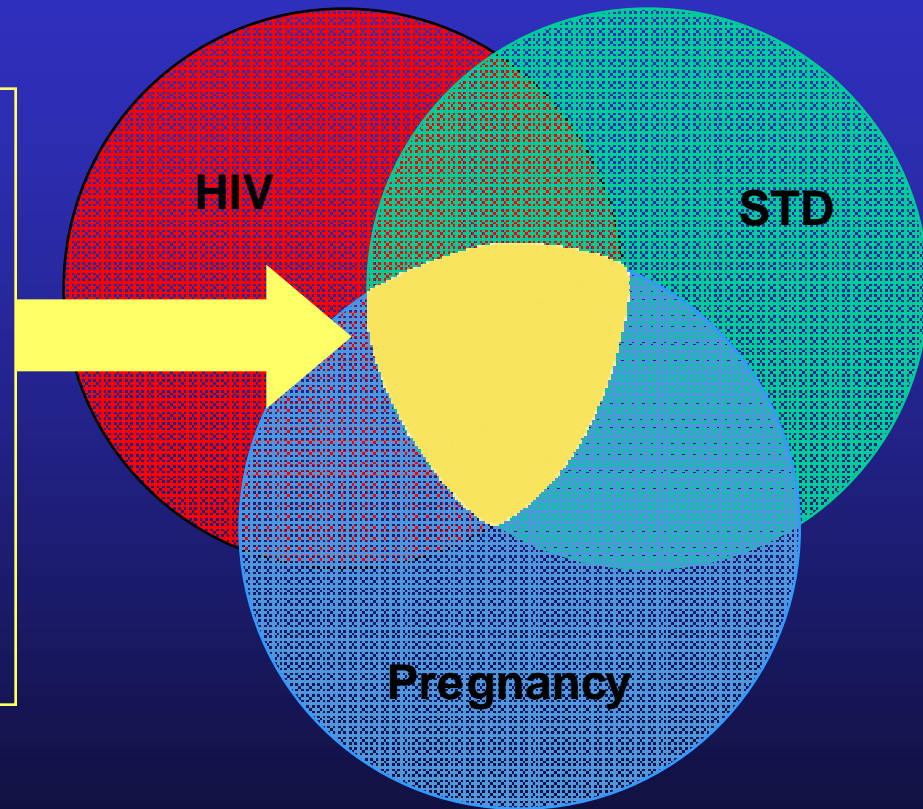
Risk and Protective Factors for HIV, STDs, and Unintended Teen Pregnancy

Risk Factors

- Unprotected vaginal sex

Protective Factors

- Sexual abstinence
- Consistent and correct condom* use
- Abstinence from AOD**



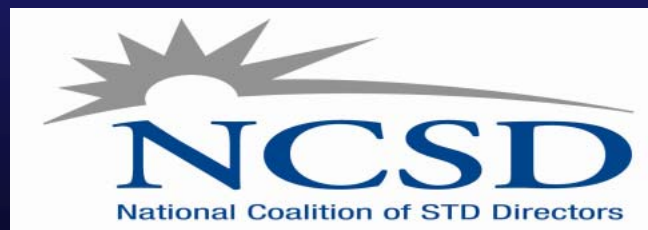
* Male and female condoms

** Alcohol and other drugs

CDC-DASH 2005

National Stakeholders Collaborative

- Association of Maternal and Child Health Programs
- National Alliance of State and Territorial AIDS Directors
- National Coalition of STD Directors
- Society of State Directors of Health, Physical Education & Recreation



National Stakeholders Collaborative



- **Based in Washington, DC**
- **Operate under Memorandum of Agreement**
- **Four Project Directors funded @ 100%**
- **Funded by the Centers for Disease Control and Prevention**

Model Collaboration

We're More than Meetings!

- **Regular communication**
- **Understand each other's organizational priorities**
- **“Pool” resources to accomplish tasks**
- **Commitment to work together**
- **Model collaboration between health and education**
- **Advocate for one another's programs**

National Stakeholders Meetings

Goal:

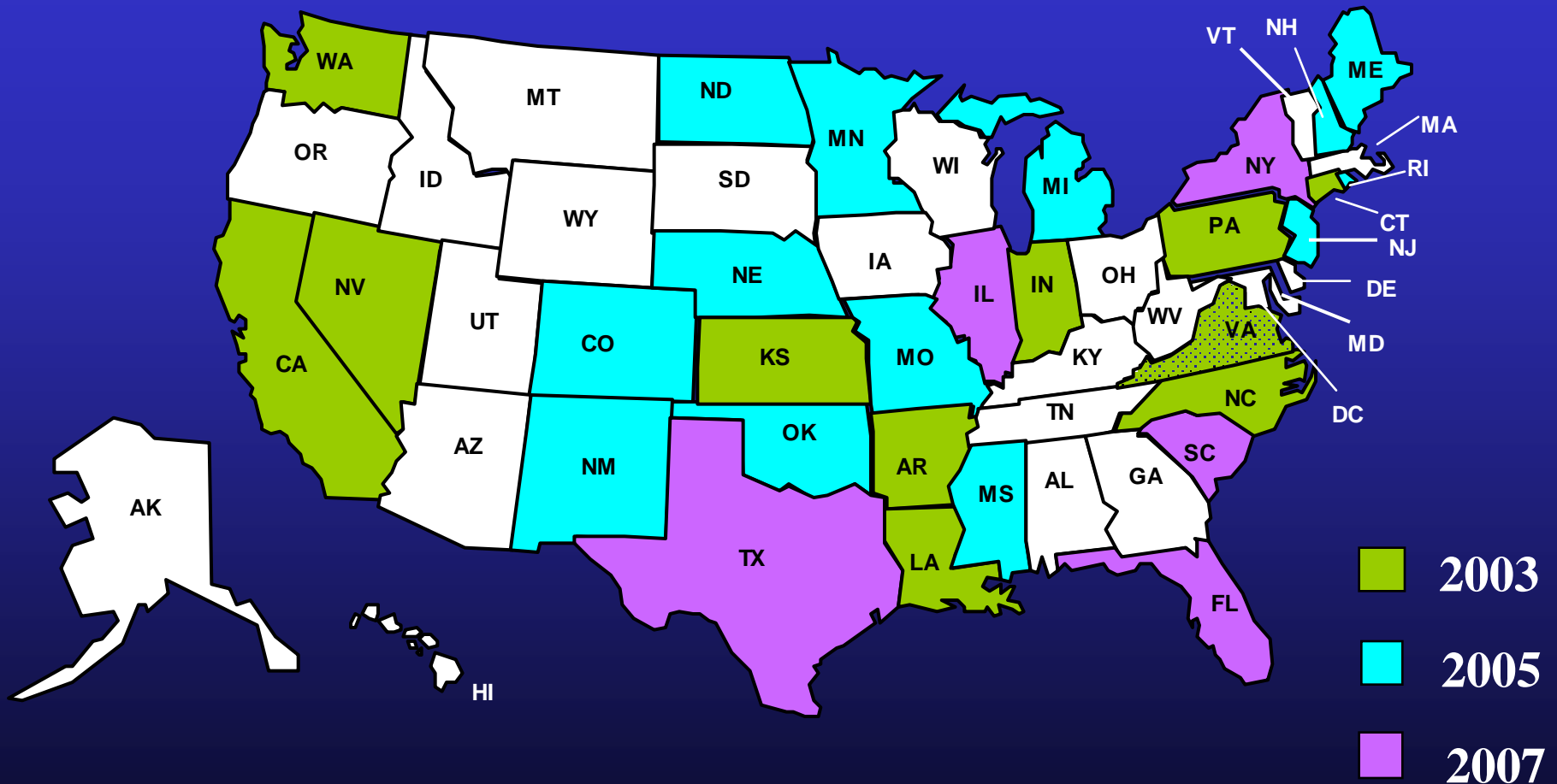
To strengthen communication and collaboration between SEAs and SHAs to support and improve HIV, STD, and unintended teen pregnancy prevention for school-age youth.

National Stakeholders Meetings

Objectives:

1. **Articulate a shared vision**
2. **Identify challenges to achieving the vision**
3. **Name collaborative strategies for overcoming challenges**
4. **Create a state-specific action plan for enhancing collaboration**
5. **Describe the role of the national partners**
6. **Identify health and education disparities**

NISM States Through April 2007



NSM Participant Quote

“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, and then we did teacher education.”

Follow Up Support

6 - 8 Weeks

- Individual Team Conference Calls
 - ✓ Action plan check-up
 - ✓ Technical assistance needs

4- 5 Months

- Individual Team Conference Calls
 - ✓ Action plan check-up
 - ✓ Technical assistance needs

Follow Up Support

6 - 9 Months

- **Cross-state sharing calls**
 - ✓ Dialogue around common challenges and solutions
 - ✓ Share successes
 - ✓ Technical assistance needs
- **Support visits**
- **Technical assistance mini-grants**

9 Months

- **Web-based evaluation survey**

Barriers to Collaboration

- **Staff are unfamiliar with other programs within and across agencies**
- **Communication does not regularly occur across programs and agencies**
- **Data are not shared across agencies or used for collaborative planning**

Barriers to Collaboration

- Different prevention approaches can be hard to reconcile (e.g., abstinence-only and comprehensive)
- Collaboration is not an agency leadership priority
- Distrust and turfism exists among agencies
- Silo mentality reinforces separate nature of programs

Strategies for Success

- **Convene stakeholder meetings**
- **Define collaboration**
- **Conduct joint planning**
- **Educate policy makers**
- **Collaborate on data collection**

NSM Participant Quote

“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.”

Evaluation of Progress: 2005 NSM

- **Web-based survey conducted 9 months after 2005 NSM**
- **Response rate 82% (N=38)**
- **Respondents from every state team**

Evaluation of Progress: 2005 NSM

- Retrospective pre and post test questions, for example:

“There is a good trusting relationship between the SEA and SHA in my state. .”

	Strongly Agree	Agree	Disagree	Strongly Disagree
Before the January 2005 NSM I would:	1	2	3	4
Now, in October 2005 I would:	1	2	3	4

Evaluation Findings: 2005 NSM

- Interagency trust **
- Collaboration priority **
- Sharing data **
- Organizational structures **
- Mutually supportive priorities and perspectives **
- Supportive political climate *
- Supportive cultural views *
- Trust between agencies and community
- Youth access to services

*→Seven of nine domains showed statistically significant improvement from pre to post * $p < .05$ ** $p < .01$*

State Success Stories

- **Created K-12 Guidelines for Sexual Health Information and Disease Prevention**
- **Formed *State Advisors on Adolescent Sexual Health (SAASH)* interagency work group and developed white paper on adolescent sexual health**
- **Institutionalized Adolescent Sexual Health Work Group (ASHWG)**
- **SEA and SHA worked together to collect data by school district**

State Success Stories

- Created a “map” of all relevant state initiatives around HIV/STD/TP to better coordinate
- Replicated NSM process at state-level
- Adopted a statewide strategic plan for adolescent sexual health
- Partnered with university to create a summary report including recommendations to move forward with future planning and coordination of funding
- Developed system for jointly evaluating bills during states legislative session related to adolescent health

Next Steps

- **January 2008, National Stakeholders Meeting in New Orleans...**

Alaska, Arizona, Kentucky, Massachusetts, Vermont

- **January 2009, National Stakeholders Meeting “reconvene” for teams previously participating in NSM**

NSM Participant Quote

“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.”

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Questions?

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