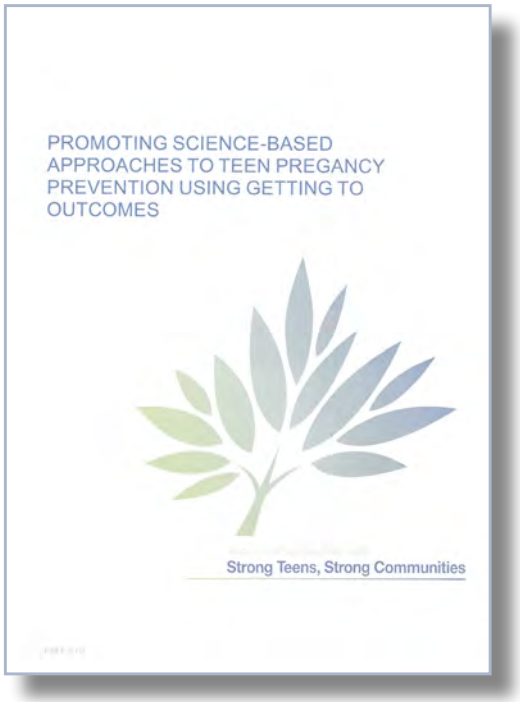


MAKING EVIDENCE-BASED SEXUAL HEALTH EDUCATION WORK IN SCHOOLS (MESHEWS)

A COMPANION TO THE "PROMOTING SCIENCE-BASED APPROACHES TO TEEN PREGNANCY PREVENTION GETTING TO OUTCOMES (PSBA-GTO)" MANUAL



Healthy Teen Network

Suggested citation:
Sedivy, V., Rolleri, L., and Lesesne, C. (2017). *Making Evidence-Based Sexual Health Education Work in Schools: A Companion to the Promoting Science-Based Approaches to Teen Pregnancy Prevention Using the Getting to Outcomes (PSBA-GTO Manual) (MESHEWS)*. Baltimore, MD: Healthy Teen Network.

Healthy Teen Network
1501 St. Paul Street
Suite 124
Baltimore, MD 21202
410.685.0410
HealthyTeenNetwork.org

ACKNOWLEDGEMENTS

Making Evidence-Based Sexual Health Education Work in Schools: A Companion to the Promoting Science-Based Approaches to Teen Pregnancy Prevention Using the Getting to Outcomes (PSBA-GTO) Manual (MESHEWS) is the product of a collaborative effort between the Centers for Disease Control and Prevention (CDC) Division of Adolescent and School Health (DASH), the CDC Division of Reproductive Health (DRH), and Healthy Teen Network. The authors of the PSBA-GTO manual and *Getting To Outcomes (GTO)* provided the primary inspiration for the framework of MESHEWS. Cathy Lesesne, the primary author of PSBA-GTO, provided substantial support for the conceptual development of MESHEWS, and also content review. Abe Wandersman, one of the original authors of GTO, assisted with conceptual development and provided comments on a draft of MESHEWS. Several staff members within CDC and Healthy Teen Network provided comments that helped shape MESHEWS: they include Pete Hunt, Winifred King, Adriane King, and Terry Parker from CDC-DASH; Alison Spitz, Duane House, and Trish Mueller from CDC-DRH; and Mila Garrido, Alexandra Eisler, and Deborah Chilcoat from Healthy Teen Network. Kelly Connelly of Healthy Teen Network provided the graphic design for MESHEWS.

The following individuals served as members of an expert panel convened by DASH to provide assistance with conceptual development of this guide. Many of these members also provided comments on a draft of the MESHEWS.

- Lisa Barrios, CDC DASH
- Rebekah Saul Butler, The Grove Foundation
- Karin Coyle, ETR Associates
- Matt Chinman, RAND Corporation
- Nora Gelperin, ANSWER
- Duane House, CDC DRH
- Cathy Lesesne, ICF Macro
- Lori Rolleri, independent consultant
- Allison Roper, Office of Adolescent Health (OAH)
- Danene Sorace, The Grove Foundation
- Julie Taylor, ETR

The MESHEWS was also shaped by input from several individuals working directly in or with education agencies who served as members of a working group convened by Healthy Teen Network. They include:

- Aaron Bryan, South Carolina Department of Education
- Felicia Ceaser-White, Houston Independent School District
- Brenda Christopher-Muench, Orange County Public Schools
- Jill Farris, Teenwise Minnesota
- Consuela Greene, Massachusetts Alliance on Teen Pregnancy
- Barb Iversen, Arizona Department of Education
- LaJuana Johnson, CARDEA
- Timothy Kordic, Los Angeles Unified School District
- Jen May, Pennsylvania Center for Adolescent Health
- Alexia McCain, Baltimore City Public Schools
- Chris Rollison, South Carolina Campaign to Prevent Teen Pregnancy

Table of Contents

INTRODUCTION

Background

In recent years, there has been a growing, collaborative effort in the fields of education and public health to improve both health and academic outcomes for young people through school-based programs. One such area that is receiving increased attention is sexual health. Many education professionals have long recognized that sexual risk behaviors can affect academic outcomes, and have provided (or sought to provide) sexual health education for their students as a response. Parents overwhelmingly support these efforts[1], and many states have policies and standards in place that recommend and sometimes even require schools to provide sexual health education.

At the same time, there has been an increased emphasis in the fields of education and public health on "data-driven" decision-making. For education agencies, this means using data to make decisions about the type of education to provide, in order to ensure that resources and time are spent in ways that maximize chances of positive outcomes. Fortunately, there is an increasing availability of data to enable education agencies to select programs and practices with evidence of effectiveness. In particular, the federal government has developed registries of evidence-based programs addressing sexual health, many of which can be used in school settings.[2]

Funding for sexual health education with evidence of effectiveness also increased dramatically at the federal level in recent years. For example, the Office of Adolescent Health has supported programs in nearly every state promoting the use of evidence-based programs (EBPs).[3] The Division of Adolescent and School Health within the Centers for Disease Control and Prevention (CDC-DASH) has promoted the use of EBPs as part of Exemplary Sexual Health Education (ESHE), which is described as a systematic, evidence-informed approach to sexual health education that is consistent with scientific research on effective sexual health education.[4]

But some education agencies find it challenging to implement EBPs in school settings, in the face of time constraints and the need to ensure the content fits within their standards and policies. Even if an education agency selects an EBP, we often hear that they are not able to ensure that they are implemented fully. This reduces the chances that these programs will realize their intended outcomes. In response to these challenges, some have developed their own programs, using resources such as the Health Education Curriculum Analysis Tool (HECAT) to help ensure that the program reflects the characteristics of effective programs. Others have selected lesson plans and/or full curricula that have not been fully evaluated but are evidence-informed.

Why was MESHEWS developed?

Recognizing the dilemma faced by education agencies that want to implement the most effective programs but face multiple challenges doing so, CDC-DASH sought to develop guidance to help education agencies work through these challenges.

To determine the shape this guidance should take, CDC-DASH sought the advice of those working directly in or with local and state education agencies by convening a working group to discuss what is needed to ensure

[1] See the Getting (and Keeping) Others On Board section of this guide (tip sheet) for references regarding parent support
[2] See Step 3, Resources of this guide for examples of federal registries
[3] An Evidence-Based Program (EBP) is a program that has been (i) proven effective on the basis of rigorous scientific research and evaluation, and (ii) identified through a systematic independent review.
[4] Funding Opportunity Announcement (FOA) PS-13-1308: Promoting Adolescent Health Through School-Based HIV/STD Prevention+s and School-Based Surveillance. www.grants.gov.

successful implementation of evidence-based or evidence-informed sexual health education programs (EBP or EIP). Although there were many tasks discussed, some emerged as particularly prominent. They were:

- Assessing district and school readiness to implement EBP or EIP;
- Obtaining support from decision-makers;
- Aligning efforts with school priorities;
- Using data to learn where to prioritize efforts;
- Designing clear goals;
- Having a controversy management plan in place;
- Making sure programs "fit" with students, parents, and the community;
- Ensuring there is adequate capacity to implement EBP or EIP;
- Addressing educators' comfort, confidence and competence to implement EBP or EIP; and
- Having a plan for sustaining implementation.

The group also indicated that education agencies would benefit from guidance in the form of a systematic process to help them accomplish these tasks. But what should this systematic process look like? To answer this question, CDC sought the advice of experts in the field who have worked with education agencies to implement sexual health education programs. These experts suggested that guidance should align with an established implementation framework. They also reinforced the idea that guidance should be provided in the form of a simple, step-by-step systematic process geared specifically toward the needs of education agencies.

To develop this guidance, CDC selected an established framework known as Getting to Outcomes, or GTO. This framework was chosen because:

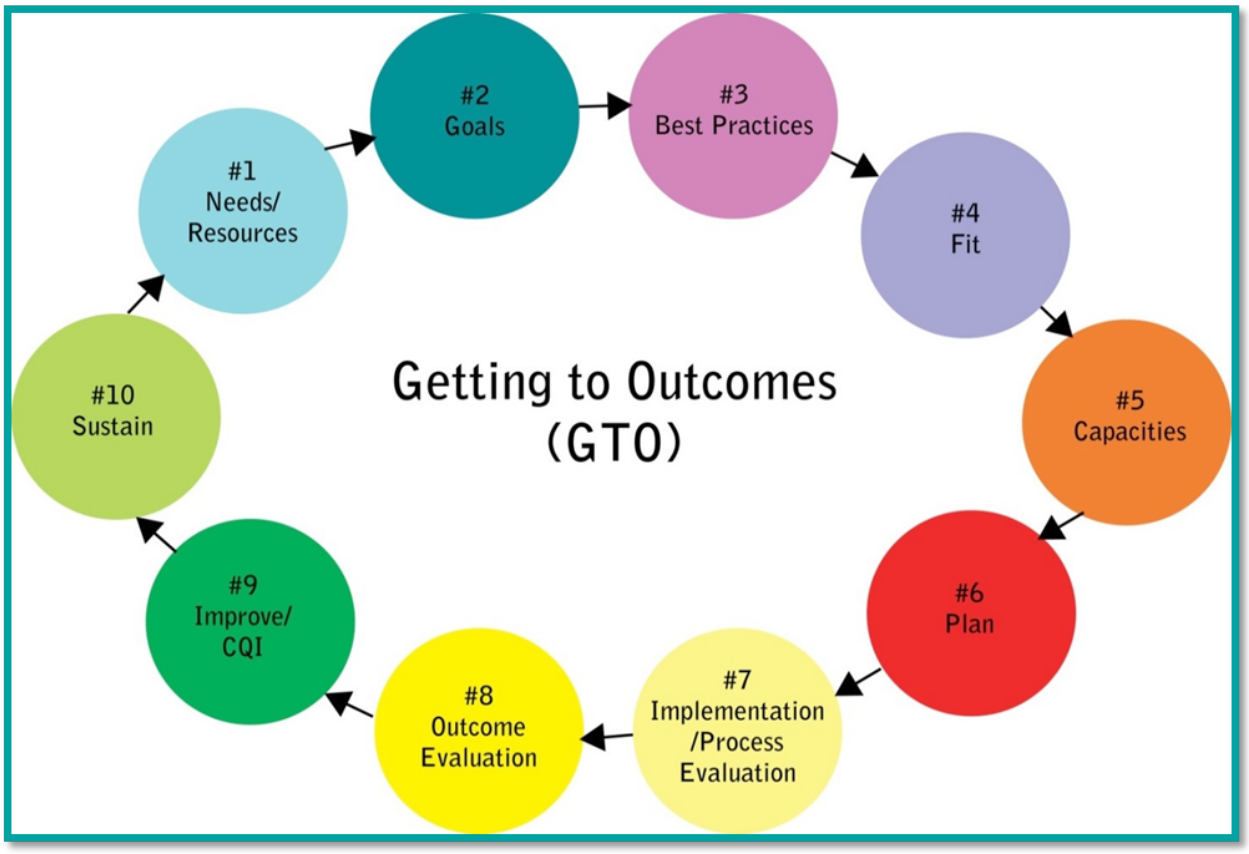
- It provides practical guidance for achieving all of the tasks listed by the working group as being essential to successful program implementation;
- It provides a simple, step-by-step systematic process for using data to select, implement, evaluate and sustain programs;
- It suggests a community process for making decisions, which is compatible with the systems used by schools; and
- It has helped education agencies use data-driven decision making to achieve results in other areas, including STEM,[5] Core Standards, 21st Century Skills, as well as general health education.[6]

Another important reason for choosing GTO is that CDC has adapted GTO specifically for implementing programs that focus on the prevention of sexually transmitted infection (STI), HIV and pregnancy. The process is known as *Promoting Science-Based Approaches to Teen Pregnancy Prevention Using Getting To Outcomes (PSBA-GTO)*.[7] This process is outlined in a manual[8], which includes guidance, tools and resources. CDC-DASH elected to use PSBA-GTO as a starting point for MESHEWS.

PSBA-GTO uses the GTO process represented in the diagram below. Note that the graphic is circular in shape rather than linear. This shape is intentional: it shows that the framework can be entered at any step, and that the process is never fully complete, due to the need to ensure that efforts keep pace with changing practices, goals, and needs.

[5]STEM: Science, Technology, Engineering and Mathematics.
[6]Hamm, D. & Wandersman, A. Data-Driven Decision Making and Evidence Based Programs in Schools: Expanding the Vision, Improving the Practice in M. Weist, N.Lever, C. Bradshaw, and J. Owens. Handbook of School Mental Health, 2nd Edition (in press). New York: Springer.
[7]Lesesne, Catherine A., Lewis, Kelly, Fisher, Deborah, House, L. Duane, Mueller, Trisha, Fuller, Taleria R., Brittain, Anna, & Wandersman, Abraham. Promoting Science-based Approaches to Teen Pregnancy Prevention Using Getting To Outcomes for Teen Pregnancy Prevention (PSBA-GTO). 2016. Centers for Disease Control and Prevention, Atlanta, GA
[8]The Promoting Science-Based Approaches to Teen Pregnancy Prevention Using Getting To Outcomes (PSBA-GTO) manual is available online: http://www.cdc.gov/teenpregnancy/practitioner-tools-resources/psba-gto-guide/index.html

GTO Framework

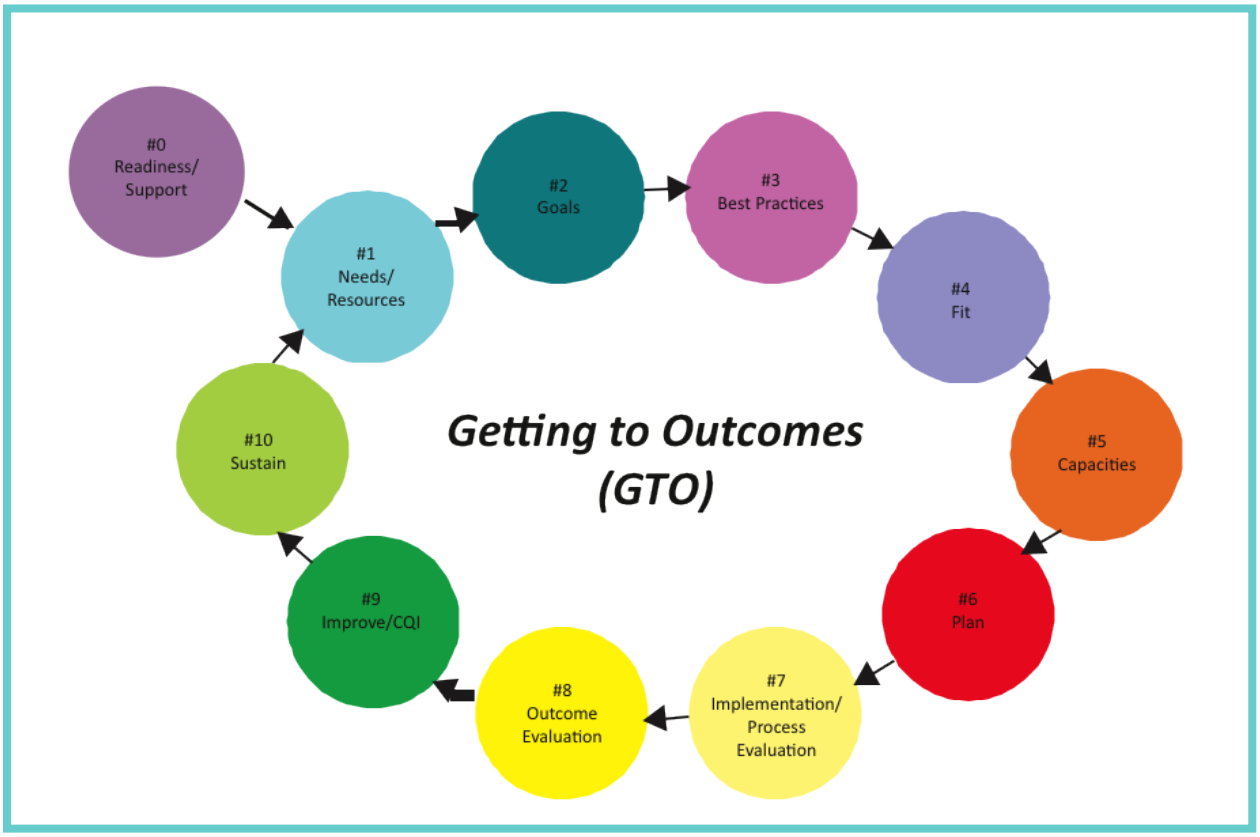


Making Evidence-Based Sexual Health Education Work in Schools (MESHEWS) is a companion to the PSBA-GTO manual, building on the PSBA-GTO process to reflect the unique needs of education agencies. In particular, it adds and tailors guidance related to the following tasks:

- Using data to select schools with students at disproportionate risk of teen pregnancy and STI/HIV for program implementation;
- Assessing district and school readiness and capacity to implement sexuality education programs;
- Using evidence to select and adapt curricula or other programmatic strategies that best match student needs and school capacity;
- Aligning programs with school priorities, policies, laws, and standards;
- Engaging stakeholders with the unique needs of the school system in mind; and
- Developing a realistic plan to measure success in light of potential capacity constraints.

MESHEWS embeds this guidance within the PSBA-GTO framework, but also expands upon the framework to include more information about assessing readiness and engaging stakeholders. This additional guidance is represented as “Step 0” (Readiness/Support) as illustrated in the diagram below.

MESHEWS framework



Why does MESHEWS talk about "programs" rather than "curricula?"

MESHEWS uses the term "programs" because it is a broader term, which encompasses interventions, programs, curricula, and strategies recognized as best practices. The use of this term also reflects the fact that education agencies may provide sexual health education that goes beyond the content of a specific intervention or program. For example, a school district may elect to implement an evidence-based STI/HIV/ teen pregnancy curriculum (e.g., *Reducing the Risk*) followed by a healthy relationship curriculum and a school-wide drug abuse prevention campaign.

Who should use MESHEWS?

MESHEWS is intended to serve district-level professionals, although much of the information will be applicable for schools that want to use this process themselves. Because it is a companion to the PSBA-GTO manual, it is helpful to be familiar with PSBA-GTO. Further guidance, training and/or technical assistance in using PSBA-GTO along with MESHEWS is available from Healthy Teen Network.

How can I work through the MESHEWS and the PSBA-GTO manual at the same time?

We recommend that you pace yourself to avoid becoming overwhelmed. A suggested process for working through the documents is below:

1. Read the *Introduction* and *Getting Started* sections of the PSBA-GTO manual.
2. Skim through the table of contents of the PSBA-GTO manual for an overview of the content.
3. Skim through the MESHEWS for an overview of the content.
4. Read the *Getting Started with PSBA-GTO* and *Getting (and Keeping) Others on Board* sections of the MESHEWS.
5. Read the steps of PSBA-GTO one at a time, stopping after each step to read the corresponding section of MESHEWS.
6. Begin working through the MESHEWS, starting at the point that is most relevant to your needs. (See below for more information about this recommendation.)

Our district already has approved curricula in place. Do I need to start at the beginning?

Not necessarily. As the diagram depicting GTO indicates, PSBA-GTO is designed to be entered at any step. For example, if your district has already assessed readiness and needs of students, has set clear goals, and has adopted programs/curricula that match those goals, but wishes to review the fit of those programs with your community, you can enter this process at Step 4 (Fit). Districts that have completed this early work who are simply looking for assistance with planning for implementation can begin at Step 5 (Capacity) or Step 6 (Implementation). In short, using PSBA-GTO and MESHEWS simultaneously presents a systematic way to organize your work, some of which may have already been done within your district. You can use this process to document those efforts for future reference.

How does the MESHEWS relate to other resources recommended for curricula review, such as the Health Education Curriculum Analysis Tool (HECAT)?

You can use MESHEWS regardless of whether or not you choose to use the HECAT. The HECAT focuses on guiding users through a process of reviewing curricula and assessing the extent to which curricula meet National Health Education Standards (NHES), and MESHEWS highlights HECAT as a resource pertinent to Steps 4 (Fit) and 5 (Capacity). But MESHEWS includes additional activities that need to take place before and after curricula review, and provides a systematic process for completing these activities which is useful no matter the method of curricula review used.

OVERVIEW OF PSBA-GTO TASKS

Getting started with PSBA-GTO

Key questions to be answered in this section

1. What are some current or recent successes, or lessons learned, related to selecting and implementing sexual health education programs on which we can build?

2. What are any potential roadblocks that might impact successful implementation of sexual health education programs?

3. Does the state or district have limits or requirements that could affect the implementation of sexual health education programs?

4. Does there appear to be sufficient interest and support for implementing a program to address sexual health education within the district?

Tasks for this section

- □ Set up a district-level work group.
- □ Assess recent and current efforts to implement sexual health education programs.
- □ Identify laws, policies, and standards related to sexual health education.
- □ Learn views of key decision-makers and gatekeepers.

Is our district ready to undergo this process?

Before you get started with PSBA-GTO, you need to know whether the conditions are favorable within your school district to undergo this process. Assessing your district's readiness can help you uncover potential roadblocks to future programming, as well as help your group record past successes and lessons learned. It will also help your group learn whether or not there are any mandates or requirements that would affect the ability to implement sexual health education programs. By taking the time to assess readiness now, you will save time in the long run and maximize the chances that your efforts will be successful.

How can we assess our readiness to begin?

The *Getting Started* section of the PSBA-GTO manual (page ???) recommends that organizations examine their organizational capacity and establish a work group before they embark upon the PSBA-GTO process. Take a moment to review that section of the manual now.

Below, we provide a tailored approach that school districts can use to work through this section. The four major tasks that comprise this section are also summarized on the previous page.

Task 1: Set up a district-level work group.

Setting up a work group prior to beginning Step 1 (Needs and Resources) is essential for enabling your district to assess readiness for the PSBA-GTO process. The establishment of a work group now also has practical benefits. By distributing tasks across group members, the planning process will benefit from multiple perspectives and will be more efficient. The process of setting up a work group will also involve engaging stakeholders, who can help you build support for your efforts from the outset.

Who should be in a work group? Because this group will initially focus on supporting the process at the district level, it should include about 6 to 12 members who can represent the interests of the district as a whole. Members can include school-level staff, as long as they agree to serve with the interests of the district in mind. (In Step 3 (Best Practices), we recommend expanding the work group to include key school-level staff at each school that may be implementing a program, and in Step 5 (Capacity), school implementation teams will be established to plan and deliver the program.)

It will be helpful to ensure the group represents diverse district roles, and is also manageable in size. In particular, you will want to include at least one group member familiar with the curriculum approval process and/or policies related to implementation of sexual health education programs. Other potential qualities we suggest you look for in work group members include an interest in student health, access to information, an ability to interpret data, and/or the ability to talk convincingly about the need for sexuality education. Find group members who care about the issue of student sexual health, as they will be committed to the work, advocate internally and externally and serve as champions among their peers. Although the group can benefit from multiple perspectives, be careful to select individuals who can work cooperatively with a group and can find common ground with others about sexual health.

The district HIV education coordinator is likely to lead this effort. Other possible group members may include:

- Student Health Advisory Committee (SHAC) members
- School Improvement Team Leads and/or members
- Dropout Prevention Coordinator
- HIV review panel members

- Curriculum coordinator
- Data manager
- Principals/teachers
- School nurse
- School guidance counselor/social worker
- Pregnant and parenting teen staff representative
- Student assistance program representative
- School enforcement officer
- School resource officer
- Parent liaison
- Parents
- Students
- Faith-based community members
- Health Department staff
- Local college or university representatives

For more information on setting up a work group and establishing a School Health Advisory Committee (if none currently exist within your district), see the Resources at the end of this section.

What if I can't find enough people to serve on my team?

Don't give up! As you learn about existing efforts to prevent HIV/STI/teen pregnancy in your district, you may uncover potential allies. After you collect basic data on sexual risk behaviors, birth rates, and STI rates in your community in Step 1, use that information to talk with others at the district level who may be more interested in helping when they learn the scope of the problem.

What will a district-level work group need to do? The group should determine who will be responsible for:

- **Leading the group.** This includes overseeing the process as well as scheduling meetings, facilitating meetings, securing meeting space, sending out reminders and developing meeting agendas. The leader should be familiar with the PSBA-GTO process and commit to working with the group throughout the process.

- **Gathering needs assessment data.**[9] Some groups may want to divide data gathering activities by task. For example, one person may complete all data gathering related to state and local policies and standards. Other groups may want to put someone in charge of gathering information from archival data sources, and someone else in charge of making phone calls, sending emails, conducting interviews, etc. There is no one "right" way to assign these roles. Leverage your group members' access and familiarity with the data that needs to be collected.

- **Reviewing the program (e.g., curriculum) and aligning it to health education standards.** Although the whole group will likely review programs, one group member needs to be responsible for ensuring that the program activities are accurately mapped to state and national health education standards and existing curricular frameworks used by the district.

- **Developing talking points and a plan to build support.** Ideally, the group will include someone experienced in curriculum approval procedures who can help assess support and opposition to program implementation, and create a plan to build support for this work, including the development of talking points.

- **Serving as a liaison to school leadership and/or community members.** Duties of this role might include developing a communications plan and/or sharing information with the school superintendent and board.

- **Working directly with schools**. It may be beneficial to have someone on the group who can assist with planning and establishing school implementation teams, and who can meet with these teams to review the results of the program. This may be the same person who serves as a liaison to school leadership.

[9] See Step 1 of this guide for more information about identifying or collecting needs and resources data.

- **Managing shared resources.** Duties for this role might include obtaining, sharing, and storing curricula and related materials.

- **Managing data used to assess the program's effectiveness.** This often includes compiling program evaluation results and report writing. Your group may not need to include those members who will analyze data and report on results at this point, but someone on the group should be responsible for bringing these individuals into the group as needed.

Once you have your district-level work group in place, record their names, the roles they play in the district, and the role(s) they will play on the work group on the **Work Group Worksheet (Tool 0.1)** at the end of this section. This information will help with the planning process and serve as a record of your decision-making process for future reference**.**

Task 2: Assess recent and current efforts to implement HIV/STI/teen pregnancy prevention programs.

By taking the time to learn more about what your district is currently doing, or has recently done, to provide sexual health education, you will uncover potential allies as well as issues that could affect future plans. You will also gather information that will help you build on past successes and avoid duplication of effort.

What do we need to know? Your efforts to gather information in this area should focus on what types of sexual health programs have been implemented recently in the district, specific student groups who have received these programs, whether or not programs have been well received, and any evaluation findings. You may be able to gather some of this information from existing reports, but will likely need to collect information from key district and school-level staff as well.

The **Recent and Current Efforts Worksheet (Tool 0.2)** found at the end of this section includes specific questions you may want to ask and offers a place to record your findings. After you collect this information, your group can discuss the following data summary questions found on the worksheet:

1. *What are some current or recent successes, or lessons learned, related to selecting and implementing sexual health education programs on which we can build?*
2. *What are any potential roadblocks that might impact successful implementation of sexual health education programs?*

Task 3: Identify laws, policies, and standards related to sexual health education.

Education agencies vary widely with respect to the laws, policies and standards they have in place regarding sexual health education. Some states and districts have extensive policies in place, while others may have very few or less formalized practices. In any case, district administrators should be able to help your group find this information. See the Resources at the end of this section for more information about how to find national, state, and local policies and standards.

Knowing what your state and local laws, policies and standards say about sexual health education will also help you later on in the PSBA-GTO process. Learning this information will help your district select a program that fulfills requirements, and will also help your group determine how a program will fit with other state and local health education requirements. Your group will also use this information to document your actions and decisions through this process and how they fit with current limits and requirements, helping you to sustain support for program selection and implementation.

What is the difference between laws, policy and standards?

A **law** is a rule or order that is created, prescribed and enforced by a governing body (e.g. State Board of Education). Statues, codes, regulations and administrative orders are similar to laws. An example of a New York State law is Commissioner's Regulation 135.3 (2004) which states that HIV instruction is a required part of health instruction in grades K-6, in grades 7 or 8, and during grades 9 through 12.

A **policy** is a law, regulation, procedure, administrative action, incentive, or voluntary practice of governments and other institutions.

Standards are a set of guidelines or characteristics for ensuring quality for a particular activity (e.g., sexuality education) and/or its outcomes. Standards are typically established by consensus and approved by a recognized body. The National Health Education Standards (http://www.cdc.gov/healthyyouth/sher/standards/) published by the American Cancer Society (2007) is an example. States have Health Education Standards and they should be available on the state's Department of Education website.

What do we need to know? Although you will want to document any and all laws, policies, and standards related to sexual health education, at this stage you will want to focus on any state or local requirements or restrictions on:

- The selection of programs
- The overall content of programs
- The content of programs for specific grade levels (e.g. middle school versus high school)
- Parental notification/consent
- The types of questions that can be asked of students during evaluation of programs
- Requirements for teacher training (if any)

When conducting your state and local reviews, use the list of questions on the **Laws, Policies and Standards Worksheet (Tool 0.3),** found at the end of this section, to focus your search for information. In summarizing the information you collect, your group can discuss the following data summary question found on the worksheet:

1. *Does the state or district have limits or requirements that could affect the implementation of sexual health education programs?*

Task 4: Learn views of key decision-makers and gatekeepers.

During Task 4, you will consider the views of key decision-makers and gatekeepers about specific curricula, programs and/or strategies. But prior to this point, districts may want to conduct informal, preliminary interviews with key decision-makers to gain an understanding of their support for the idea in general. If this basic level of support for sexual health education does not exist, it will be important to address concerns and build support before proceeding further.

Who should be interviewed at this stage? Typically, you will want to interview members of school health advisory committees, school improvement teams, and/or school boards, as well as individuals such as the superintendent and other district-level staff you may already have considered for your work group.

What if decision-makers don't believe that sexual health education is needed in your district?

Gather data about the scope of problems related to students' sexual health (e.g., teen pregnancy and sexually transmitted infections) and how they relate to academic outcomes (see Step 1) and share the data with them. Also see the tip sheet in the *Getting (and Keeping) Others on Board* section of this guide for sample statistics about the links between sexual behavior and academic achievement.

During these meetings, you will want to learn the answers to the following questions:

- To what extent do decision-makers believe that problems related to sexual health (e.g., sexually transmitted infections, HIV, pregnancy, etc.) are prevalent in your district?
- To what extent do decision-makers believe that the problems mentioned above relate to academic outcomes?
- To what extent do decision-makers believe that the problems mentioned above should be addressed in schools?
- How likely are decision-makers to support implementation of programs providing medically-accurate information about HIV/STI/teen pregnancy, including complete information about contraceptives and condoms?
- What concerns do decision-makers have about implementing sexual health education programming?
- What information would be most valuable to decision-makers to address these concerns?[10]

Once you have completed these interviews, you can record your findings on the **Views of Decision-Makers Worksheet (Tool 0.4)** found at the end of this section and discuss with your group the following data summary question found on the worksheet:

1. *Does there appear to be sufficient interest and support for implementing a sexual health education program within the district?*

Putting it all together – assessing your readiness to begin

Does your group believe it is has sufficient support to move forward? If so, great! But before you take on Step 1, your group should review your responses to the data summary questions and decide whether or not it makes sense to proceed with the PSBA-GTO process at this time. If your group has concerns about having enough support, look through the *Getting (and Keeping) Others on Board* section of this guide for more guidance about shoring up support for your efforts and determine next steps you might take. If there are concerns about laws, policies, or standards that could affect your ability to implement effective programs, there are resources you can consult for guidance about addressing laws and policies in your district or state. One such resource is the WISE (Working to Institutionalize Sexuality Education) toolkit (Phase 1) listed at the end of this section.

Tools – Getting Started Section

- Tool 0.1: Work Group Worksheet
- Tool 0.2: Recent and Current Efforts Worksheet
- Tool 0.3: Laws, Policies, and Standards Worksheet
- Tool 0.4: Views of Decision-Makers Worksheet

[10] For examples of types of information decision-makers may want, see the Getting (and Keeping) Others on Board section of this document.

Resources – Getting Started Section

Setting up a Work Group / School Health Advisory Committee (SHAC)

Centers for Disease Control and Prevention (CDC): *Forming a School Health Team.*

Federal and National Sources of Information Related to Sexuality Education Policies

Advocates for Youth. *Ensuring Comprehensive Sexuality Education for All Young People*: Policy map provides state specific information about sexuality education policy as well as statistics related to adolescent reproductive health outcomes.

Answer. *Sexuality Education Policy by State*: Webpage provides information about state policies and standards related to sexuality education.

Centers for Disease Control and Prevention (CDC). *School Health Policies and Practices Study (SHPPS)*: National survey periodically conducted to assess school health policies and practices at the state, district, school, and classroom levels.

Guttmacher Institute. *State Center*: Webpage provides state specific policy information on adolescent health, contraceptive use, pregnancy, abortion, Title X funding and other reproductive health topics.

National Association of State Boards of Education (NASBE). *State School Healthy Policy Database*: Provides laws and policies on school health topics to supplement information contained in CDC's School Health Policies and Practices Study (SHPPS).

Sexuality Information and Education Council of the United States (SIECUS). *SIECUS State Profiles*: Provides profiles on sexuality education programs.

National Sources of Information of Health Education Standards and Guidelines Related to HIV/STI/Teen Pregnancy Prevention

American Cancer Society: *National Health Education Standards: Achieving Excellence (2nd edition, 2007)*.

Future of Sex Education: *National Sexuality Education Standards Core Content and Skills, K-12, 2012*.

Sexuality Information and Education Council of the United States: *Guidelines for Comprehensive Sexuality Education (3rd Edition) – Kindergarten through 12th Grade, 2004*.

Note: State health education standards can also be accessed via a direct web search using the terms "(state name) health education standards."

Guidance for Addressing Laws, Policies, and Standards

The Grove Foundation: *Working to Institutionalize Sexuality Education (WISE) toolkit, 2012*.

Tool 0.1: Work Group Worksheet

Group Member Name	Contact Information	Position	Work Group Role

Other important information about your work group

Tool 0.2: Recent and Current Efforts Worksheet	
Month/Year data was obtained:	
Assessment Question	**What did you find out?**
1. Which schools in your district are offering sexual health programs as part of the current curriculum?	
2. What are the titles of the programs implemented by schools in your LEA within the past 3 years?	
3. Has the district adopted any programs that are implemented district-wide? What are they?	
4. Have any of these programs been aligned with local, state or national standards? If so, which programs?	
5. Were these programs delivered in their entirety, or were some lessons eliminated? Which lessons were eliminated and why?	
6. In which grades and subjects were/are these programs taught?	
7. Have student outcomes been evaluated in any formal way? What were the outcomes?	
8. What do teachers think about implementing these programs?	
9. What do students think about these programs?	
10. How have these programs been received by parents?	

Tool 0.2: Recent and Current Efforts Worksheet

Other important information about recent and current efforts

Data Summary Questions

1. What are some current or recent successes, or lessons learned, related to selecting and implementing sexual health education programs on which we can build?

2. What are any potential roadblocks that might impact successful implementation of sexual health education programs?

Tool 0.3: Laws, Policies and Standards Worksheet	
Month/year data was obtained:	
Assessment Question	**What did you find out? (Include names of relevant documents)**
Policies	
1. Does your state or LEA have policies, laws or regulations related to sexual health education? State ___Yes ___No LEA ___Yes ___No	State
	Local Education Agency (LEA)
2. Are there new laws or policies currently being considered at the local or state level? If so, how might these new policies affect what you want to accomplish in your district or state?	State
	LEA
3. Are there standards available to guide you in developing, selecting or adapting a sexual health education program? What are they called?	State
	LEA
4. Do you have a copy of these standards? If not, how will you obtain a copy?	State
	LEA

Laws, Policies and Standards Worksheet	
Month/year data was obtained:	
Assessment Question	**What did you find out? (Include names of relevant documents)**
5. Are standards or suggested curriculum frameworks recommended or required? How are they monitored?	State
	LEA
6. What is the scope and sequence for sexual health education programs?	State
	LEA
7. Are grade levels for sexual health education specified? Which ones?	State
	LEA
8. Are number of classroom hours specified? How many?	State
	LEA

Laws, Policies and Standards Worksheet	
Month/year data was obtained:	
Assessment Question	**What did you find out? (Include names of relevant documents)**
9. Is teacher training for sexual health education required? What type?	State
	LEA
10. Are there specific topics that must be covered? What are they?	State
	LEA
11. Are there specific topics that should NOT be covered? List.	State
	LEA
12. Is a condom demonstration permissible? If not, what level of condom education is acceptable?	State
	LEA

Laws, Policies and Standards Worksheet	
Month/year data was obtained:	
Assessment Question	**What did you find out? (Include names of relevant documents)**
13. Is a process for curriculum/program selection and approval specified?	State
	LEA
14. Is there a list of programs/curricula from which you must choose?	State
	LEA
15. Are education agencies required to have an advisory group to help in the selection and approval of curricula?	State
	LEA
16. Is parental consent required for sexual health education? Are parents able to opt out, or opt out of single lessons? If so, how is this handled?	State
	LEA

Laws, Policies and Standards Worksheet	
Month/year data was obtained:	
Assessment Question	**What did you find out? (Include names of relevant documents)**
17. Are there new laws or policies currently being considered at the local or state level? If so, how might these new policies affect what you want to accomplish in your district or state?	State
	LEA
14. Are there standards available to guide you in developing, selecting or adapting a sexual health education program? What are they called?	State
	LEA
15. Do you have a copy of these standards? If not, how will you obtain a copy?	State
	LEA
16. Are standards or suggested curriculum frameworks recommended or required? How are they monitored?	State
	LEA

Laws, Policies and Standards Worksheet

Other important information about laws, policies and standards

Data Summary Question

1. Does the state or district have limits or requirements that affect what we can teach students about sexual health? What are they?

Tools 0.4: Views of Decision-Makers Worksheet	
Month/year data was obtained:	
Assessment Question	**What did you find out?**
1. Who are the key decision-makers and gatekeepers related to health education at the district level?	
2. To what extent do decision-makers believe that sexual health problems like HIV, STI, teen pregnancy, etc. problems in the district?	
3. To what extent do decision-makers believe that the problems mentioned above relate to academic outcomes?	
4. To what extent do decision-makers believe that sexual health should be addressed in schools?	
5. How likely are decision-makers to support implementation of programs providing medically-accurate information about HIV/STI/teen pregnancy, including complete information about contraceptives and condoms?	
6. What concerns do decision-makers have about implementing sexual health programming?	
7. What information would be most valuable to decision-makers to address these concerns?	
Other important information about the views of decision-makers	

Tools 0.4: Views of Decision-Makers Worksheet

Data Summary Question

1. Does there appear to be sufficient interest in implementing a program(s) to address sexual health within the district?

Getting (and Keeping) Others on Board

Key questions to be answered in this section

1. How can we maximize the chances of school board approval?
2. How can we build support for implementation at the school level?
3. What can we do to help prevent and manage controversy, and the fear of controversy?

Where does this fit into the PSBA-GTO process?

It depends on the conditions within your district. Read through this section of the guide before getting started, but use it as a reference throughout the process as needed.

Getting (and Keeping) Others on Board

Successful implementation of any program requires the support of a variety of stakeholders. In addition to the support of the school board, you will need the support of school administrators and educators in the schools where implementation will occur. You will also want to build community support for your work by responding effectively to inquiries and minimizing controversy related to the program.

Success in getting and maintaining support from these stakeholders depends on careful planning. PSBA-GTO provides the foundation for this planning by taking you through a systematic process for selecting and implementing evidence-based or evidence-informed sexual health programs and helping you document the process along the way. Keeping track of your group's efforts and decisions helps you prepare for inquiries from all types of stakeholders and can increase the sustainability of your efforts during staff and leadership changes.

This section builds on the PSBA-GTO planning process by providing additional guidance tailored for education agencies seeking to build and sustain support at the level of the school board, individual schools, and the surrounding community before, during, and after implementation.

Question 1: How can we maximize the chances of school board approval?

While not every district requires school board approval for programs addressing sexual health, all districts will want to determine requirements in this area and be prepared if the need for school board discussions arises. The approach you take to securing school board approval will depend on the size of your district, the preferences of your board members, and the protocols for obtaining school board approval. Any approach will be more successful if you know the process that is in place for approving curricula, and gather data in advance that might be needed to make your case. Your approach will also be more successful if your group makes careful choices about **what** is presented, **who** makes the presentation, and **how** the information is presented.

WHAT should be presented?

To answer the question about WHAT to present, you will need to refer to the information you collected in your interviews with decision-makers (*Getting Started* section) about the specific types of information they would like to have in order to feel comfortable approving a program aimed at reducing sexual risk behaviors. Typically, decision-makers will want to know:

- The scope of the problem in the district (e.g., HIV, STIs, teen pregnancy, etc.)
- The academic and health reasons why the schools should address these issues
- How these issues should best be addressed (by using a systematic process for identifying, selecting and implementing a program(s))
- The content of proposed program(s) for which approval is sought
- How controversy can be minimized when addressing these issues

Keep in mind that while you may not be able to provide this information now, you will be able to do so after working through the first step of PSBA-GTO, along with the corresponding sections in MESHEWS.

What specific information can you present, and HOW should the information be presented?

Once you know more about what the school board needs to consider the request, you will be able to determine the way your group shares that information with them. Typically, presentations are more successful if they include:

- Visual aids representing key data points – charts, graphs, other icons representing the need for HIV/STI/teen pregnancy education, including charts showing dropout and graduation rates and number of youth affected, if possible
- Personal stories from parents/guardians and family members about how pregnancy, STIs, HIV, and sexual behaviors have impacted their families, particularly their educational attainment
- Testimonials from students and school staff about why they think HIV/STI/teen pregnancy education benefits the student body
- Handouts describing the PSBA-GTO process and its benefits for assuring the quality of the programming
- Handouts or electronic presentations on EBIs and how they benefit the district's educational efforts

Get on the agenda.

To save time and possible challenges, review your school board's agenda for the year and align it with your plans to engage them for approval. Some districts, particularly large ones, tend to set their agendas well in advance. The sooner you can reserve time on the agenda the better you can plan your approach.

See the **Tip Sheet (Tool 0.5)** found at the end of this section for more guidance on what to present and ways to present the information. This tip sheet also includes references to resources you can use to educate decision-makers.

Avoid information overload! Be strategic about the information you choose to present, as it is easy to include too much information and overwhelm your listeners. Some districts have had success by scheduling several meetings with the school board to break up information and allow time for discussion. Regardless of the amount of time you will have to make your case, it will be helpful to translate the information into talking points and visual displays so that the information is more easily relayed and understood.

WHO should make the presentation?

Selecting the right people to speak to your school board is critical. From your interviews with decision-makers, you may be able to determine whether there are particular individuals or organizations that are viewed as particularly credible sources of information or opinion. It will also be helpful to select individuals who are comfortable presenting to a group and feel able to respond carefully and calmly to questions they might receive. Those who speak to the board should be accompanied by a member of your work group, if they are not members themselves. Consider including youth in your presentation; hearing from those who can directly benefit from a program may make the case more compelling.

Question 2: How can we build support for sexual health education at the school level?

Successful implementation of any program is dependent upon the support of school-level administrators and educators who will ultimately be responsible for carrying out the work. Regardless of the approach you take to work with schools, your efforts are more likely to succeed if your group starts by ensuring that **schools are aware of your efforts, support this work,** and are **invited to participate** in the process as much as possible.

How do we build awareness of our efforts among school-level staff? The strategies you use to build awareness of your efforts with schools will depend on the number of schools with which you plan to work. If possible, it is ideal to meet in person with school-level staff such as principals, counselors, resource officers, classroom teachers, nurses, and/or school-level curriculum coordinators, and explain your efforts. You may want to give a presentation (similar to the one you will provide to your school board) to help staff understand the need for this work and address concerns. If you are working with a large number of schools, your group may need to send electronic information and updates, a letter, or other means of communication rather than meet in person.

Regardless of the way in which you communicate your initial efforts, your group will want to schedule regular updates to keep schools informed. Key times for these updates can include Step 4 (Fit), when a "short list" of programs is being considered, Step 6 (Capacity), when planning begins and selection is finalized, and Step 9 (CQI), when the results of implementation are discussed.

How can we build support by involving schools in the PSBA-GTO process? Throughout MESHEWS, we identify ways your group can involve schools in the process, prior to the point at which they will be involved through direct implementation. As you read through MESHEWS, you will see that schools can be brought on board as you get started, and can directly contribute to the process as early as Step 1 (Needs and Resources), when you gather and collect information about the needs of students across the district and/or in specific schools. Ideally, you would meet in person with school-level staff as you begin that step. Although you may not be able to meet with every school that will ultimately be involved, your group can choose to invite a smaller subset of schools to participate in the process at this stage.

There are also opportunities to help schools take ownership of the process by expanding your work group in Step 3 (Goal) to include school-level staff, and involving school-level stakeholders such as teachers and parents in Step 4 (Fit) as you assess the extent to which programs fit the needs of your district. During this phase you will also guide schools to establish school implementation teams which will oversee and ultimately implement the selected program(s). Whether or not school representatives join your group in the early stages is up to you, but proactive efforts to seek input all along the way will be beneficial.

A crucial point at which school-level staff can be involved in your efforts is during the school board approval process. By inviting school-level administrators or staff to take part in a presentation, they will become more invested in this work, and will help you make a stronger case for your efforts among the school board at the same time. Even if school-level staff do not make a direct presentation, they can be asked to sign a letter of support for your efforts, which can be shared with the school board.

Question 3: What can we do to help prevent and manage controversy?

Keep in mind that sexual health education programs are not always controversial! Many national and local parent surveys indicate that the vast majority of parents and other community members support these programs. (See the tip sheet at the end of this section for examples.) The fear of controversy among some district and school-level decision makers is very real, however, and must be addressed.

Preventing and managing the fear of controversy starts with careful planning. By using this process for selecting and implementing a program, your group will have already taken strong preventative measures against controversy by being systematic, thoughtful and transparent. These measures include:

- Involving a wide range of stakeholders (especially parents, students and implementers) throughout the process, and particularly in the early stages of selection
- Clearly outlining goals and outcomes, including educational outcomes
- Choosing programs based on evidence of their effectiveness
- Carefully examining the fit of a program within the school and surrounding community
- Clearly explaining why it is important to implement sexual health education
- Monitoring program implementation
- Planning ways to assess the program's effectiveness
- Documenting your efforts along the way to provide a clear record of decisions made
- Making the entire process clear, transparent, and open to review

Get on the agenda.

To save time and possible challenges, review your school board's agenda for the year and align it with your plans to engage them for approval. Some districts, particularly large ones, tend to set their agendas well in advance. The sooner you can reserve time on the agenda the better you can plan your approach.

Your group can also prepare for controversy by anticipating when conflict might arise and planning ways to respond. Looking over the PSBA-GTO framework and your timeline for seeking school board approval will give you a good idea about when others might contact staff and faculty with concerns. Potential touch points where controversy might arise include:

- Any time your work group presents information to the school board about sexual health education
- When the district notifies school administrators about plans to implement sexual health education
- When parental notification letters are sent to parents and guardians about plans to implement sexual health programming
- Following lessons that contain explicit information about sex and sexual health

Your group can develop a **controversy management plan** outlining what should be done (and by whom) when questions arise. In particular, your group may want to consider the following:

1. What should an educator do if he or she is contacted about the program by a parent? A journalist? A faith leader?
2. What should an administrator do if he or she is contacted about the program by a parent? A journalist? A faith leader?
3. What will be shared with the media and by whom?
4. What will the role of individual schools be in managing controversy if it occurs?
5. Who should respond to inquiries from groups or organizations outside of the school district?

For more information on controversy management, see the resources section at the end of this section.

Tools – Getting (and Keeping) Others on Board Section

- Tool 0.5: Tip Sheet for Addressing Questions and Concerns

Resources - Getting (and Keeping) Others on Board Section

Advocates for Youth: *Curriculum Controversy: Lessons from the Field*

ETR: *Preventing and Responding to Controversy in Sexuality Education*

Office of the Assistant Secretary for Planning an Evaluation: *Involving Schools in Teen Pregnancy Prevention*

The Grove Foundation: *Working to Institutionalize Sexuality Education (WISE) toolkit, 2012*

The National Campaign to Prevent Teen and Unplanned Pregnancy:

- *With One Voice 2012: Adults and Teens Sound Off About Teen Pregnancy*
- *Top 10 Tips for Approaching and Working with Schools*

University of Texas Health Science Center: *Choosing and Maintaining Programs for Sex Education in Schools: The CHAMPSS Model*

Tool 0.5: Tips for Addressing Questions and Concerns

Does our district really need to be concerned about sexual health?

- Provide data estimating the number or percentage of students in the district who became pregnant or contracted an STI last year. For example:
    - "We know that 13% of teens in our state[11] have had sex by age 15. That means that approximately [number] students in our 9th grade classes have had sex."
    - "In our district, an estimated [number] students gave birth last year."
- Compare rates in your district to other districts or the state as a whole.[12] If your rates are higher, there is a compelling argument not to fall further behind. If your rates are lower, there is an argument to keep rates low and try to do even better.
- Share any data you are able to obtain about sexual behavior, knowledge, and attitudes of students in your district. (See Step 1 of MESHEWS for advice on gathering these data.)

Should schools be in the business of addressing sexual health?

- Make the connection between HIV/STI/teen pregnancy and academic outcomes. For example:
    - Only about 50 percent of teen mothers receive a high school diploma or GED by the age of 22, compared with 89 percent of women who do not have a child during their teen years. One in three teen mothers do not receive a high school diploma or GED at all.13
    - 33% of female dropouts and almost 20% of male dropouts said that becoming a parent was a major factor in their decision to leave school.14
    - "Nearly half of young women (and one in three young men) who drop out of school say becoming a parent influenced their decision to leave school.15 That would mean that in our district last year, potentially [number] students left school for this reason."
    - There is evidence to show that not being sexually active, having fewer partners, and condom use is associated with higher academic achievement.16
- Provide examples of how other schools and communities (particularly communities similar to yours) are effectively addressing HIV/STI/ teen pregnancy.[17]

---

[11] State-level data on adolescent sexual behavior can be obtained from the YRBSS. See: http://www.cdc.gov/healthyyouth/data/yrbs/results.htm

[12] See http://www.hhs.gov/ash/oah/adolescent-health-topics/reproductive-health for comparison data.

[13] Perper, Kate, Kristen Peterson, and Jennifer Manlove. 2012. Diploma Attainment among Teen Mothers. Washington DC: Child Trends. http://www.childtrends.org/files/child_trends-2010_01_22_FS_diplomaattainment.pdf.

[14] Bridgeland, John M., John J. Dilulio Jr., and Laren Burke Morison. March 2006. The Silent Epidemic: Perspectives of High School Dropouts. Seattle: The Bill and Melinda Gates Foundation. http://www.ignitelearning.com/pdf/TheSilentEpidemic3-06FINAL.pdf.

[15] Bridgeland, John M., John J. Dilulio Jr., and Laren Burke Morison. March 2006. The Silent Epidemic: Perspectives of High School Dropouts. Seattle: The Bill and Melinda Gates Foundation. http://www.ignitelearning.com/pdf/TheSilentEpidemic3-06FINAL.pdf.

[16] Centers for Disease Control and Prevention. http://www.cdc.gov/healthyyouth/health_and_academics/pdf/sexual_risk_behaviors.pdf

[17] The National Campaign to Prevent Teen and Unplanned Pregnancy. http://www.thenationalcampaign.org/resources/pdf/teen-preg-hs-dropout.pdf

- Show how your efforts fit with school priorities, policies, and curriculum requirements. Refer to school improvement plans and show how the program(s) you are considering can link with them by improving academic outcomes and lowering dropout rates

- Share other benefits to addressing HIV/STI/teen pregnancy. They can include:
  - Empowering students to make informed choices about their relationships and bodies
  - Promoting healthier relationships among students by promoting mutual respect and safety
  - Preparing students for futures where they can build their families and plan their careers

We have tried this in the past and it didn't work.

- Summarize your findings about recent and existing efforts, sharing both successes and challenges.

- Share details about any recent changes in your district (e.g. risk level of students, policy changes) that could indicate a more supportive environment for programs.

- Discuss how using PSBA-GTO can enable your district to make smarter choices about program selection, implementation, and evaluation to increase the likelihood of successful implementation and maximum impact.

Parents in our community may not support sexual health education programs in schools.

- Share national level data demonstrating that the vast majority of parents support sexual health education. For example: In a 2014 national study, "over 90% of parents reported that they believe it is important to have sex education in both middle and high school."[18]

- Share or obtain local data on parent support through conducting a parent survey. (You may be able to find existing data, or "piggyback'" this kind of a survey onto other surveys to save time and resources.)

- Outline plans to notify parents about the program(s) and obtain their consent.

- Have a group of parents review the program(s) and share their views.

- Conduct an open-school night to orient parents to the program, answer questions and address concerns. Invite school administrators as well.

- Provide information about the program(s) online and invite parents to provide comments electronically.

Why should we choose an evidence-based program (EBP) over other strategies or approaches?

- Share the criteria your group used to define an evidence-based intervention. (Refer to Step 3 of MESHEWS for more details.)

- Share the results of the original research on the proposed EBI(s). A summary of this information is available from the OAH website (http://www.hhs.gov/ash/oah/oah-initiatives/tpp/programs.html). Additional information is sometimes available from the program developer. Also share any data on replications of the proposed programs, if available.

[18] Planned Parenthood (2014). Parents and Teens Talk about Sexuality: A National Survey. https://www.plannedparenthood.org/files/2914/1322/5667/NationalPoll_09-14_V2_1.pdf

- Explain the benefits of using a developed program (e.g. no additional work to develop lesson plans, more consistency across educators).

Our district is not allowed to provide all the content in (NAME OF PROGRAM).

- Share what you have learned about existing laws, policies, and/or standards and how they relate to the program under consideration. If none exist, this is also helpful to share!
- Review adaptation guidance or discuss potential adaptations with the program developer to determine if the program can be adapted to meet district requirements.

Do we have the resources to support implementation?

- Share the data you collect in Step 5 to provide estimates of costs and other resources needed to implement the program(s) under consideration, and outline the plan for ensuring implementation support.

Addressing these issues is just going to bring controversy to the school.

- Explain that many evidence-based programs emphasize abstinence as the safest choice for young people.
- Explain that some youth-development oriented programs can meet health goals without mentioning sexual health directly.[19]
- Refer to the section of this tip sheet discussing parent support, restating the fact that there is overwhelming support for sexual health education.

19 See Step 3 of PSBA-GTO for more guidance about finding programs of this nature.

STEP 1:
NEEDS AND RESOURCES

Key questions to be answered in Step 1

1. How prevalent are teen pregnancy, STI, and HIV in our district and/or selected schools?

2. Which schools and/or student populations appear to be at disproportionate risk for teen pregnancy, STI, and HIV?

3. What sexual risk behaviors are prevalent among our students?

4. What risk and protective factors related to sexual risk behavior are prevalent among our students?

5. What community resources are already addressing these issues for our students? Where are the gaps in programs or services for our students?

6. What does our assessment suggest about which schools and grades to prioritize?

Step 1 Tasks

- ☐ Establish a work group.
- ☐ Determine data needed.
- ☐ Gather existing data.
- ☐ Collect new data.
- ☐ Assess community resources.
- ☐ Interpret and analyze the data.
- ☐ Use the data to finalize priority needs.

What is the purpose of Step 1?

Step 1 aims to get your group organized and focused on understanding how teen pregnancy and sexually transmitted infections (including HIV) are affecting your students. It complements the data you gathered about assessing your district's readiness for this work by focusing on the needs of students in your district. This first step will take you through a systematic process for collecting and interpreting data about teen pregnancy and STI in your schools, and for prioritizing needs. Step 1 is the foundation for the other nine steps that comprise the PSBA-GTO process.

What benefits does Step 1 have for school districts? Completing a needs and resources assessment will help you build a case for implementing sexual health education program(s). This step does not have to take a lot of time or resources. MESHEWS is designed to save time by pointing out school-based sources of information that can help you see what information you already have about the needs of the youth in your district and what information you might want to gather. Taking the time to work through this step now will save you time in the long run, help you answer questions that may come your way, and help you avoid potential controversy.

How can school districts approach Step 1?

PSBA-GTO describes seven major tasks associated with conducting a needs and resources assessment. These tasks are outlined in the box to the right. Each task is highlighted below and tailored guidance and tools are provided to help districts complete these tasks.

At this point, we recommend that you read through Step 1 in the PSBA-GTO manual before proceeding further with MESHEWS. Also, print out copies of the tools associated with Step 1. You will need to refer to these tools as you work through this step.

Task 1: Establish a work group.

In the *Getting Started* section of MESHEWS, we discussed setting up a work group and provided tips on who it should include and the tasks they will need to complete. As discussed in that section, districts should establish a work group prior to embarking on Step 1. In this step, you will need the efforts of multiple group members to gather data about the needs and resources in your district related to the prevention of HIV, STI, and other sexual health related problems.

Task 2: Determine data needed.

What do districts need to know? Overall, the purpose of collecting assessment data is to determine the needs of your students with regard to sexual behaviors, and outcomes of those behaviors such as pregnancy and STI including HIV, and the resources that exist to address those needs. Although there is virtually no limit to the data you can find or collect, you can run the risk of "data overload" if you collect too much information. When thinking about data, it is useful to ask, "Why do I need to know this information?" And "Do I need this information in addition to what I already know or plan to collect?"

PSBA-GTO describes the types of data that organizations may want to gather or collect. They are:

1. Youth demographics
2. Incidence and prevalence of HIV/STI/teen births
3. Common sexual risk-taking behaviors

4. Important risk and protective factors (also known as "determinants") influencing the above sexual behaviors
5. Existing programs, services, and resources that address HIV/STI/teen pregnancy
6. Potential collaborations or partners to support your efforts

Below, we provide guidance for gathering and collecting this data using the **Data Catalog Tool** which can be used to record the source of the data; whether the data is already in existence or needs to be collected; the person responsible for collecting the data; and the date by which it is due. You can complete this tool as you work through the remainder of this step, once you have learned more about potential sources of data.

Tasks 3 and 4: Gather and collect data.

After you determine the types of data you need, your group will then determine whether the data can be obtained by gathering existing data (e.g., district reports, state websites, school level records, etc.) or by collecting new data specific to your district. The PSBA-GTO manual discusses these two data gathering approaches as distinct, while recognizing you might want to do some of both strategies. District work groups may find it helpful to approach these tasks at the same time, assigning different data gathering/collection tasks to different group members. The district work groups should aim to complete these activities in less than three months—a prolonged needs and resources assessment process can bog down groups, delay progress, and lead to discouragement.

What types of data can districts typically gather from existing data sources and which data will likely need to be collected? Table 1.1 below lists the type of assessment data districts typically need to collect and possible sources for these data. (After Table 1.1, each data type is discussed more fully.) Your district may also want to reach out to local youth-serving organizations for needs assessment data they may have collected for their own efforts.

The PSBA-GTO manual discusses practical ways to obtain new data (e.g., focus groups, interviews, surveys, etc.) on page 1-19. Obtaining new data does not have to be intimidating or time consuming. Sometimes, interviews with key informants can provide you with all of the data you need to get started. Keep in mind that every type of data gathering comes with strengths and weaknesses. The PSBA-GTO manual provides some examples of these pros and cons on page 1-19.

How can we keep track of the data we gather and collect? Your group can use any method it desires to keep track of the data you gather and collect. Some organizations choose to keep data in an electronic folder and others choose a paper binder. MESHEWS also provides some optional worksheets your group can use to document some of the data you collect about youth. Use the method that is most useful for your group, keeping in mind that you will want to refer back to this information throughout the process so it will be helpful if the data is well-organized and summarized.

Table 1.1: Data Useful to Districts

Data Type	Where to document?	Potential data sources
1. Youth demographics	Tools 1.1 and 1.2 (optional)	Available from district records. Greatschools.org also has demographic data for every school district.
2. Incidence and prevalence of HIV/STI/teen birth	Tools 1.1 and 1.2 (optional)	National and state data on teen births, STI and HIV are available on the internet. Local data (by county or zip code) may be available from State or County Departments of Education or Health. Keep in mind that not all STIs are required to be reported.
3. Common sexual risk-taking behaviors	Tool 1.3 (optional)	YRBS data may be available for your area (see Resources section). Specific data about your students can be obtained from surveys or interviews with youth, parents and/or school district staff.
4. Important risk and protective factors (also known as "determinants") influencing the above sexual behaviors	Tool 1.3 (optional)	YRBS data may be available for your area (see Resources section). Education-related risk and protective factors are available from district records. Specific data about your students can be obtained from surveys or interviews with youth, parents and/or school district staff.
5. Existing programs, services, and resources that address HIV/STI/teen pregnancy	Recent and Current Efforts Worksheet in *Getting Started* section of this guide AND Resource Assessment Tool	Information on local efforts beyond school walls can come from interviews with Health Education and/or Curriculum Coordinators, school principals, counselors, nurses, and state or local HIV, STI and pregnancy prevention advocacy or service organizations. Check to see if a community resource guide exists for your community (these guides are often published by the County or non-profit organizations such as United Way).
6. Potential collaborations or partners to support your efforts	Resource Assessment Tool	Same as above.

Youth Demographics

Collecting data on the demographics of students in your district serves several purposes. Data on students' primary language, race and ethnicity, and age can help shape the program that is ultimately selected, as programs are often designed to appeal to a particular subpopulation of youth. Data on economic status and academic achievement can help determine areas of relatively high and low risk of HIV/STI and teen pregnancy within your district. A list of demographic information that districts will typically want to collect is provided in the first section of **Tool 1.1**. To keep a record of your findings, you can use this worksheet or another of your own choosing.

Incidence and prevalence of HIV/STIs and teen births

Collecting this data will help you determine where the needs are greatest within your district so you can identify priority schools. The data you collect will also help you decide whether to focus mainly on STI/HIV prevention, pregnancy prevention, or both.

Where possible, it is ideal to collect data at the school level or local geographic area, the district level, and the state level. Comparing school-level data with district or statewide data helps you learn more about areas of highest need. Showing how pregnancy or STI rates are increasing over a fixed period of time (i.e., incidence) in a particular area compared to another area may also provide a compelling argument for the need for HIV/STI/teen pregnancy prevention education. Seeing which age, racial/ethnic, and socio-economic groups are most affected in your district, or in particularly affected schools, is also an important facet to examine. Try to obtain data that is as current as possible. In some cases you will have to settle for data that is a few years old. If your group finds it useful to do so, you can record your findings on the second section of **Tool 1.1**.

Four Behaviors Linked to Teen Pregnancy/STI/HIV Prevention

1. Delayed initiation of sex (abstinence)
2. Reduced frequency of sex (or return to abstinence)
3. Consistent contraceptive use
4. Consistent condom use

When examining data, your group will want to explore differences in sexual health outcomes across different ethnic groups and ages as well as by education risk factors such as school achievement and attendance. To help you with this effort, we have provided a series of tables in **Worksheet 1.2** that allow your group to record any data you are able to obtain in these areas. This optional worksheet is intended to provide your group with ideas about the kinds of information that could be useful to collect.

Common sexual risk-taking behaviors and risk and protective factors (determinants)

In order to reduce teen pregnancy and STI, we need to understand what sexual behaviors youth are engaging in and why they are engaging in them. While multiple studies exist documenting the risk and protective factors (also known as determinants) associated with adolescent sexual risk taking behavior, it will be rare to find studies specific to your student population. Learning more about the knowledge, attitudes and behavior of students in your district will help you select programs that stand the best chance of being successful.

Where do I start? The tip sheet in PSBA-GTO Step 1 (*Getting Started section*) provides a list of five sexual behaviors that are linked to pregnancy and STI as well as a list of 11 risk and protective factors associated with those behaviors that are commonly addressed by EBIs. For your reference, we have included them here as well (see next page).

You can use these lists as a guide to determine what data to gather about students in your district. These behaviors and determinants are also listed on **Tool 1.3**, which can be used to record findings if your group finds it helpful to do so.

11 Determinants Typically Addressed by EBIs

1. Knowledge of sexual issues, HIV, other STIs, pregnancy and methods of prevention
2. Perception of HIV risk
3. Personal values about sex and abstinence
4. Attitudes toward condoms
5. Perception of peer norms and behaviors about sex
6. Individual ability to refuse sex and use condoms
7. Intent to abstain from sex, restrict it, or limit number of partners
8. Communication with parents or other adults about sex, condoms, and contraception
9. Individual ability to avoid HIV/STI risk and risk behaviors
10. Avoidance of places and situations that might lead to sex
11. Intent to use a condom

How can I obtain these data?

1. **Use existing sources.** In some cases, you will be able to use data from Youth Risk Behavior Surveys (YRBS) conducted in your state and/or city, or state-based health surveillance reports. While the data may not be specific to your district, it will still be useful, particularly if your district lacks the capacity to collect data on sexual knowledge, attitudes and behavior. Some districts collect their own data on health and health risk behaviors through district-wide student surveys. If available, use this data. Some districts also have dedicated departments for health promotion that have data from various evaluations which may be useful for your purposes.

2. **Speak to school district staff who work with youth or parents.** Individuals such as school nurses, health education teachers, and counselors often have a good picture of knowledge, attitudes and behaviors among their students. Speaking with parents also provides useful information and may have the added benefit of building community buy-in for your efforts.

3. **Speak to the students themselves.** The PSBA-GTO manual provides information on conducting focus groups with youth including draft questions and other tools, which can provide rich information about risk and protective factors among your students (see page 7-16). Keep in mind that you will likely need to obtain parent and/or IRB[20] approval to speak to students.

4. **Conduct a survey of students.** The PSBA-GTO manual provides a bank of questions (see page 1-19) that can be used to assess sexual behaviors and determinants, along with a sample parent consent form for data collection. While collecting data in this way can be challenging for school districts, nothing can replace the value of having data directly from the students in your district. It may be possible, with the help of outside evaluators at your local college or university, to collect some new data if your existing data sources are limited.

Existing Programs, Services, and Resources, and Potential Collaborations

In the Getting Started section of MESHEWS, your group explored recent and current efforts made by the district to address teen pregnancy and STI/HIV. At this point, your group should broaden its assessment to examine what other local organizations may be doing to address these issues. In doing so, you will learn more about how your efforts can complement or build upon, rather than duplicate, other work. The information you gather can also be used to identify potential collaborations with other organizations. As we discuss in the next task, you can use the **Resource Assessment Tool** (found in PSBA-GTO) for documenting this information.

Task 5: Assess community resources.

As indicated in the PSBA-GTO manual, other community organizations may be able to provide valuable resources to help education agencies carry out this work. These resources may be tangible (e.g., trained educators, equipment or materials) or intangible (e.g., technical assistance or training). When assessing community resources, be sure to search for organizations that cater to special populations such as LGBTQ serving organizations, reproductive health clinics, immigrant or racial/ethnic service organizations, youth development organizations, faith-based organizations, and dropout prevention or GED programs. Many of these organizations may also offer programs for students in your district, including sexual health education.

Consult with your work group to determine possible resources, and use the Resource Assessment Tool (found in PSBA-GTO) to summarize your findings. Your group will want to refer to this tool later on in Step 5 (Capacity), when you consider the additional resources, beyond programming, that these organizations might be able to provide.

[20] Institutional Review Board (IRB) is a body of people that reviews research designs to ensure that they are consistent with ethical standards. Check with your district's legal officer for more information.

Task 6: Interpret and analyze the data.

How do I use the data to help focus our efforts? So far, you have collected information about the teen pregnancy, STI and HIV situation within your district with an aim to understand the sexual behaviors contributing to these problems and the risk and protective factors that influence these behaviors. It is now time to convene your work group to examine the data to answer some important data summary questions.

The PSBA-GTO manual provides guidance on how to review, interpret and analyze your assessment data (page 1-22). The worksheets and tools provided in this step also include questions that will help you summarize the data you collect and determine whether or not you need additional information. Ultimately, after a thorough assessment, your district should be able to answer clearly and confidently the questions below (also listed in the introduction to this step).

Task 7: Use the data to finalize priority needs.

Given all that your work group has learned through the assessment process laid out in Step 1, have some themes emerged? Of the needs that have surfaced, which have the greatest priority? Use the Priority Needs Filter (found in PSBA-GTO) to help you identify the greatest needs. This analysis will be helpful as you move into Step 2 (Goal) where you develop clear program goals and objectives for your program that are based on what you have learned from the needs and resources assessment of your district or prioritized schools.

Tools for Step 1

- Tool 1.1: Student Demographics and Sexual/Reproductive Health Outcomes
- Tool 1.2: Sexual/Reproductive Health Outcomes by Student Demographics
- Tool 1.3: Common Sexual Risk-taking Behaviors and Determinants of Those Behaviors

Resources - Step 1

Advocates for Youth: Provides fact sheets on multiple topics such as adolescent sexual behavior, teen pregnancy prevention, contraceptive use and parent-child communication.

Annie E Casey Foundation: *Kids Count:* Provides child well-being measures for the 50 largest U.S. cities and contains more than 100 indicators of child and youth well-being. The CLIKS database can generate different types of reports, such as profiles of a state or region, graphs, maps, rankings and raw data.

National Campaign to Prevent Teen Pregnancy: Provides data, fact sheets, reports, and many other types of information.

Census Data: Allows you to search for population information according to zip code or state. There is also a search function on the home page through which you can retrieve information based on the key words or phrases you type in, such as "teen birth rates." Search responses include links to more detailed sources of information. www.census.gov

Centers for Disease Control and Prevention (CDC): *HIV/AIDS Surveillance*: Provides HIV/AIDS surveillance data broken down by different populations and geographic regions.

Centers for Disease Control and Prevention (CDC): *Sexually Transmitted Disease Surveillance*: Provides Sexually Transmitted Disease surveillance data broken down by different populations and geographic regions.

Child Trends: Provides facts at a glance, research briefs and full reports as well as other resources. Data bank provides information on the latest national trends and research for more than 100 key indicators of child and youth well-being, including reproductive health, sexual activity and childbearing.

Guttmacher Institute: Provides fact sheets on reproductive health topics, state policy briefs, slide shows, reports, journals and other resources.

National Survey on Family Growth (NSFG): Gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health.

National Vital Statistics System (NVSS): Provides data on births, deaths, marriages, divorces and fetal deaths.

Office of Adolescent Health: *Adolescent Reproductive Health Facts by State*: Provides data on teen births, pregnancies, abortion, and sexual behaviors for all 50 States and the District of Columbia.

The Henry J. Kaiser Family Foundations: *State Health Facts Online*: Provides state-level data on demographics, health and health policy. Topics include youth and HIV/STIs.

Note: Some of the websites listed above provide data for large districts, but others may only provide data for your state as a whole. You may also want to look at local sources of data which may not be as easy to find on the internet. Suggestions for organizations to contact to obtain local data include:

- **State Pregnancy Prevention Coalition (names vary by state)**
- **State, County or City Department of Health (depending on the State, County or City, the appropriate office to call may be titled Adolescent Health, Maternal and Child Health, STI and HIV Surveillance or something similar)**
- **State or County Office of Minority Health**
- **State or Local Education Agency**
- **School District**
- **Local HIV Planning Board**
- **Local Foundations (e.g., United Way)**
- **Local Community-Based Organizations (e.g., Planned Parenthood, Boys and Girls Club, etc.)**
- **Local Universities (e.g., schools of education, public health, social work, etc.)**

Tool 1.1: Student Demographics and Sexual/Reproductive Health Outcomes					
Student Data	**State Level**		**District Level**		**Areas with higher needs (zip codes or schools)**
	Data	**Source/Year obtained**	**Data**	**Source/ Year obtained**	
Student Demographics					
1. Race and ethnicity					
2. Percentage of students who qualify for free/reduced lunch					
3. Percentage of students whose primary language is not English					
4. Average attendance rates					
5. Graduation rates					
6. Dropout rates					
7. Percentage of students who make Adequate Yearly Progress (AYP) or similar data					
Student Sexual/Reproductive Health Outcomes					
1. Birth rates for GIRLS younger than 15 years					
2. Birth rates for GIRLS 15 – 19 years					
3. Chlamydia[21] rate for GIRLS younger than 19 years					

[21] Not all sexually transmitted infections (STIs) are reportable. Chlamydia is being used here as a proxy for STIs.

Tool 1.1: Student Demographics and Sexual/Reproductive Health Outcomes					
Student Data	**State Level**		**District Level**		**Areas with higher needs (zip codes or schools)**
	Data	**Source/Year obtained**	**Data**	**Source/ Year obtained**	
4. Chlamydia rate for BOYS younger than 19 years					
5. HIV[22] rate for GIRLS (indicate age range available)					
6. HIV rate for BOYS (indicate age range available)					

Other important information you discovered during your assessment about students

Data Summary Questions

1. How prevalent are HIV/STI and teen births in our district?
2. How does our district compare to the state with regards to education-related risk and protective factors?
3. Which locations appear to have higher needs than the district as a whole?

[22] Not all states require HIV reporting.

Tool 1.2
Sexual/Reproductive Health Outcomes by Student Demographics

Tool 1.2 is comprised of five data tables. These tables include:

Table 1.A: Student Health Outcomes by Race and Ethnicity
Table 1.B: Student Health Outcomes by Age (<15 years and ≥ 15 years)
Table 1.C: Student Health Outcomes by Family Income[23]
Table 1.D: Student Health Outcomes by Annual Yearly Progress (AYP)
Table 1.E: Student Health Outcomes by Attendance

The tables can be modified to best fit the needs of your district. For example, when completing Table 1.E, your district's current methods of defining truancy/low attendance will help you to determine the best way to assign students into high/low attendance groups.

Table 1.A: Student Health Outcomes by Race and Ethnicity

Student Health Outcomes	**White, Non-Latino**		**Black, Non-Latino**		**Latino**		**Asian**		**Other**	
	State	LEA	State	LEA	State	LEA	State	LEA	State	LEA
1. Birth rates for GIRLS younger than 15 years										
2. Birth rates for GIRLS 15 – 19 years										
3. Chlamydia rate for GIRLS younger than 19 years										
4. Chlamydia rate for BOYS younger than 19 years										
5. HIV rate for GIRLS younger than 19 years										
6. HIV rate for BOYS younger than 19 years										
Data Source/Year:										

Table 1.B: Student Health Outcomes by Age				
Student Health Outcomes	**< 15 years**		**≥ 15 years**	
	State	LEA	State	LEA
1. Birth rates for GIRLS				
2. Chlamydia[1] rate for GIRLS				
3. Chlamydia rate for BOYS				
4. HIV[1] rate for GIRLS				
5. HIV rate for BOYS				
Data Source/Year:				

Table 1.C: Student Health Outcomes by Family Income				
Student Health Outcomes	**Eligible Free/ Reduce Lunch**		**Not Eligible**	
	State	LEA	State	LEA
1. Birth rates for GIRLS younger than 15 years				
2. Birth rates for GIRLS 15 – 19 years				
3. Chlamydia rate for GIRLS younger than 19 years				
4. Chlamydia rate for BOYS younger than 19 years				
5. HIV rate for GIRLS				
6. HIV rate for BOYS				
Data Source/Year:				

Table 1.D: Student Health Outcomes by AY Progress				
Student Health Outcomes	**Meet AYP**		**Do NOT Meet AYP**	
	State	LEA	State	LEA
1. Birth rates for GIRLS younger than 15 years				
2. Birth rates for GIRLS 15 – 19 years				
3. Chlamydia rate for GIRLS younger than 19 years				
4. Chlamydia rate for BOYS younger than 19 years				
5. HIV rate for GIRLS				
6. HIV rate for BOYS				
Data Source/Year:				

Table 1.E: Student Health Outcomes by Attendance				
Student Health Outcomes	**< 30 days**		**≥ 30 days**	
	State	LEA	State	LEA
1. Birth rates for GIRLS younger than 15 years				
2. Birth rates for GIRLS 15 – 19 years				
3. Chlamydia rate for GIRLS younger than 19 years				
4. Chlamydia rate for BOYS younger than 19 years				
5. HIV rate for GIRLS				
6. HIV rate for BOYS				
Data Source/Year:				

Tool 1.3: Students' Sexual Behavior and Determinants Influencing those Behaviors		
Sexual Behavior	***Data Source***	***What did you find out?***
Percent who have had sexual intercourse, by age or grade level		
Percent who had sexual intercourse with at least one person in the last 3 months		
Percent who used contraception (other than condoms) at last sexual intercourse		
Percent who used condoms at last sexual intercourse		
Percent who have had sexual intercourse with more than 4 people during their lifetime		
Determinant	***Data Source***	***What did you find out?***
Knowledge of sexual issues, HIV, other STIs, pregnancy		
Perception of HIV/STI risk		
Personal values about sex, pregnancy and abstinence		
Attitudes toward condoms		
Perception of peer norms and sexual behavior		

Tool 1.3: Students' Sexual Behavior and Determinants Influencing those Behaviors

Determinant	*Data Source*	*What did you find out?*
Individual ability to refuse sex		
Individual ability to use condoms		
Communication with parents or other adults about sex, condoms, and contraception		
Avoidance of places and situations that might lead to sex		
Intent to abstain from sex or to restrict it or limit number of partners		
Intent to use a condom		

Other important information about students' sexual behaviors and determinants

Data Summary Questions

1. What sexual behaviors are prevalent among our students?

2. What risk and protective factors are prevalent among our students?

STEP 2:
GOALS AND OUTCOMES

Key questions to be answered in Step 2

1. What is our overall health goal?
2. Which behaviors affect the health goal?
3. What are the contributing factors to (determinants of) these behaviors?
4. Specifically, what outcomes should we aim to achieve?

Step 2 Tasks

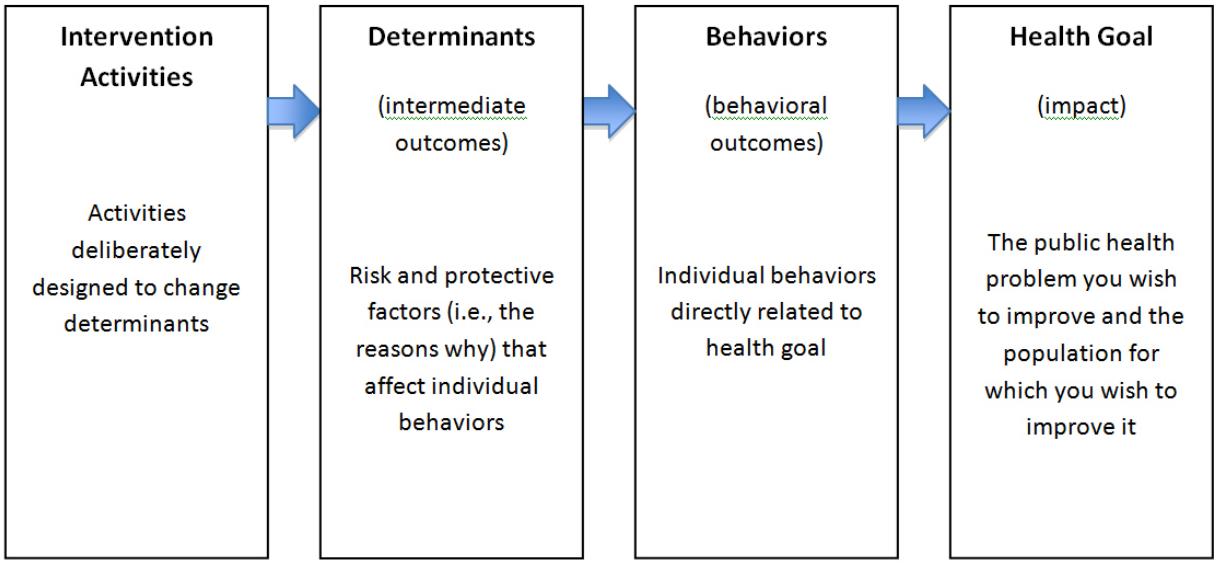
- □ Select a health goal.
- □ Identify behaviors affecting the goal.
- □ Select determinants.
- □ Develop desired outcome statements.

What is the purpose of Step 2?

Step 2 guides users in developing a health goal, identifying the adolescent sexual behaviors directly related to that health goal, and selecting risk and protective factors (also known as determinants) that influence those behaviors and are amenable to change with a program or curriculum-based intervention. Step 2 also helps users develop outcome statements that will set the stage for program selection and outcome evaluation later in the process. The assessment data you obtained in Step 1 will be critical in completing Step 2. Take a moment to review Step 2 in the PSBA-GTO manual before moving ahead.

An important piece of Step 2 is learning how to document your work in a Behavior-Determinant-Intervention (BDI) logic model.[23] The BDI logic model lays out a theory of change by showing what individual behaviors, and what determinants of those behaviors, need to be changed to reach a health goal. The BDI logic model then links intervention activities (e.g., curricula) that are strategically chosen to change determinants and behaviors. You can find a diagram of the BDI logic model in the PSBA-GTO manual (page 2-8) and several examples of completed BDI logic models. For reference, we have also included a basic version below in Figure 2.1.

Figure 2.1: Visual Representation of a BDI Logic Model



What are the benefits of Step 2 for school districts? Working through Step 2 will provide your school district with powerful communication tools to be used for demonstrating transparency and for showing funders and other stakeholders that you have undergone a thorough and logical process to select one or more programs. By developing a BDI logic model, your district will have a clear "road map," showing the pathway between the goals and objectives your district wants to achieve and the intervention(s) it has chosen. The model can also be very useful for showing how your final effort will reach desired outcomes, including academic outcomes, as you will see below. Having this communication tool is a key asset to sustainability as it can be used to strengthen grant proposals in seeking funding.

Can we use another type of logic model? It is not essential that your district replicate the format of the BDI logic model, but you should aim to capture the same information with any alternate logic model you use.

---

23 The BDI logic model was developed by Dr. Doug Kirby of ETR Associates. See pages 2-5 to 2.7 of the PSBA-GTO manual for more information.

How can school districts approach Step 2?

PSBA-GTO outlines four major tasks associated with setting program goals and outcomes. These tasks are listed to the right and are fully described in the PSBA-GTO manual. This step focuses on the special considerations districts need to make when they are working through each of these tasks and creating a logic model. Read Step 2 of the PSBA-GTO manual before moving ahead, and print out the **SMART Desired Outcomes Tool** (found in PSBA-GTO) for reference as you work through this step.

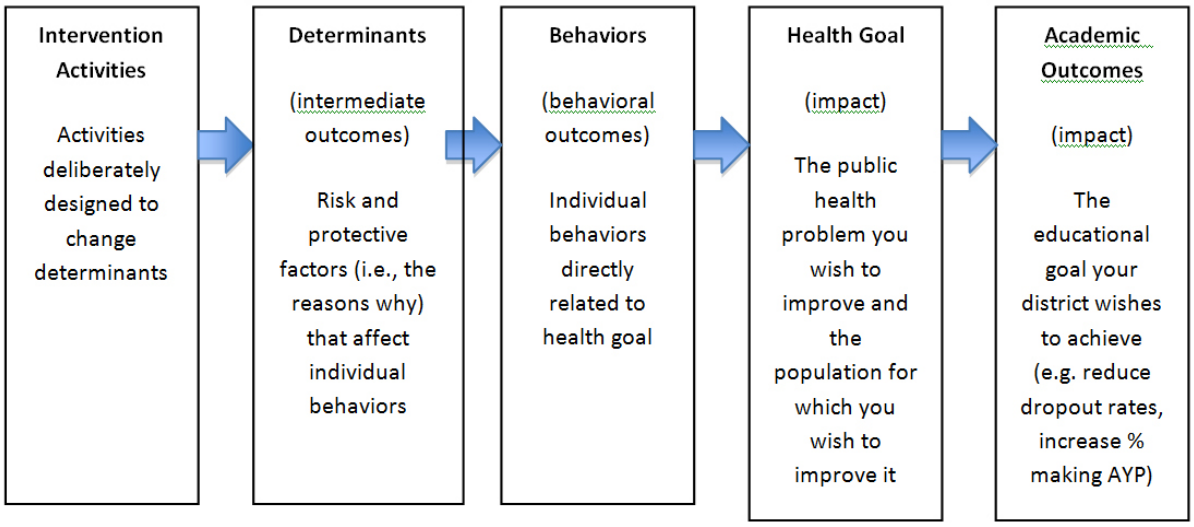
Task 1: Select a health goal.

PSBA-GTO provides guidance on how to develop a health goal along with some examples of possible health goals (page 2-9). Goals are usually based on the public health problem that you want to improve (e.g., teen pregnancy, STIs, HIV) and the particular population with whom you want to improve that problem.

How do we determine the health goal? Should we focus on teen pregnancy, STIs, HIV or all of the above? Districts have unique factors to consider when determining the public health problem on which to focus. This decision may seem like it depends only on the preferences of the school board, state and local standards and district priorities, but setting health goals should be data-driven to effectively guide your work. You will have obtained the information by working through Step 1, and your findings should be reflected in your goals and logic model.

For districts, focusing on a public health goal can be challenging because the main goals of schools are academic rather than health-oriented. However, there are strong connections between healthy students and academic achievement, attendance, and connectedness to school.[24] Districts can show this connection by building an extra layer into the BDI logic model that links health goals to academic goals so the connection is clearly made and both goals are reflected. This would be shown in a BDI logic model as follows in Figure 2.2:

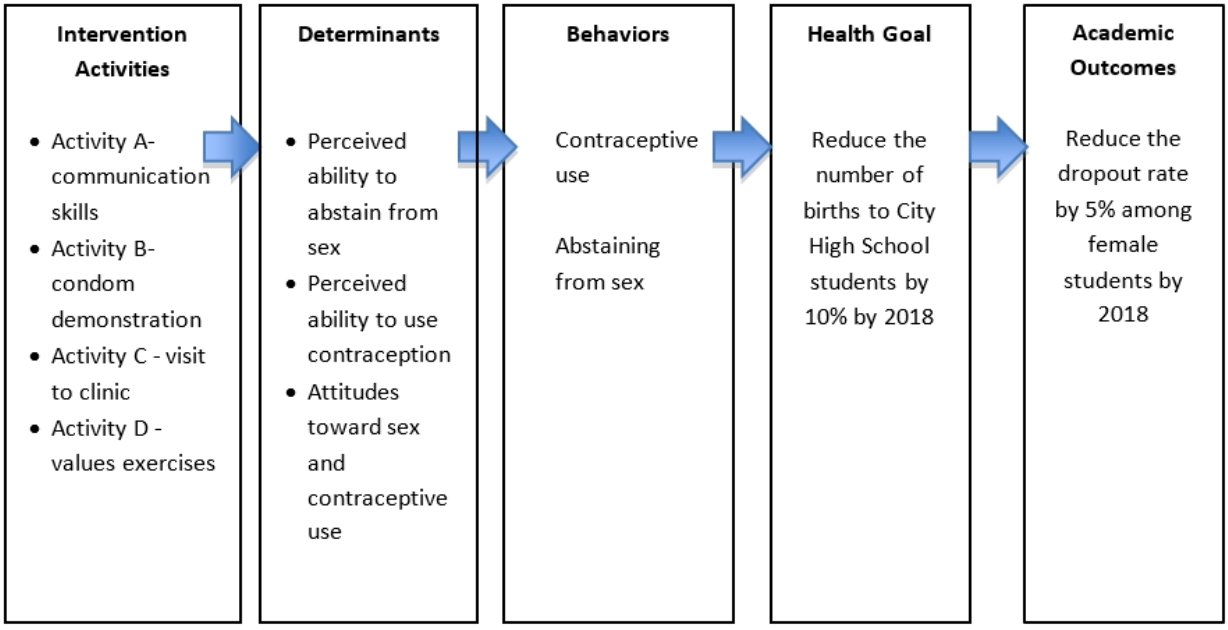
Figure 2.2: Linking Sexuality Education to Academic Outcomes



24 See the tip sheet in the Getting (and Keeping) Others on Board section of this guide for references to these links.

A sample model could look like the one shown in Figure 2.3 below:

Figure 2.3: Linking Sexuality Education to Academic Outcomes–Partial Logic Model



By including a goal that matches district priorities, your group will be able to demonstrate more clearly to stakeholders that addressing sexual risk behaviors will lead to improvements in academic outcomes.

Do we need to measure our success in terms of both health and academic goals, or is it enough to demonstrate changes in knowledge and attitudes? The level at which you will measure success is up to you. While changes in health outcomes and/or behaviors are the most convincing measures of success, it may not always be feasible to assess changes at this level. Your decision will likely be based on the information required by decision makers and your district's capacity for evaluation. Keep in mind that it is possible to choose multiple levels of measurement; for example, districts may choose to measure outcomes at a higher level (e.g., birth rates) while schools may want to measure outcomes related to knowledge and attitudes.

Regardless of the ultimate goals you set, your district may decide to measure outcomes at several points along the pathway to these goals. The BDI logic model helps you determine possible points at which you could measure progress by showing the connections between your proposed activities and the ultimate goal(s) that your district aims to achieve. Later in this step, we discuss some other factors to consider when deciding which outcomes to measure. For now, the important thing is to focus on the ultimate aim of your efforts, rather than the level at which you will measure success.

Task 2: Identify behaviors affecting the goal.

The PSBA-GTO manual provides a set of four behaviors directly related to pregnancy and STI/HIV (page 2-9). For your reference, they are:

1. Delayed initiation of sex (abstinence)
2. Reduced frequency of sex (or return to abstinence)
3. Consistent contraceptive use
4. Consistent condom use

Although there are other behaviors that may come to mind when thinking about the risk of unprotected sex, such as substance abuse or communication with a partner, the behavior column of your logic model should only include behaviors that directly link to HIV/STI or pregnancy. (Other less directly-linked behaviors such as alcohol and drug use can be incorporated in the next task, when your group selects determinants.)

Your group can use the guidance in the PSBA-GTO manual (page 2-10) about choosing two or three of the behaviors directly linked to your health goal, which suggests that you select behaviors by using the data you collected in Step 1 about behaviors prevalent among your students. Your group will also want to consult state and local policies and standards (data collected in the "Getting (and Keeping) Others on Board" section) which may dictate the sexual behaviors on which your district can and cannot focus. For example, if your state or district has a strict abstinence-only education policy, you may need to focus exclusively on delaying sexual activity. If policies permit (or require) it, you may add a focus on increasing condom and other contraceptive use among sexually active students.

When transferring your selected behaviors into a logic model, it is important to be sure that they are written clearly. The PSBA-GTO manual provides several examples of clearly-stated behaviors in sample logic models located throughout Step 2. In writing your own behaviors, be sure that they would be interpreted the same way by two different people. For example, if you list "reduce unprotected sex" as a behavior, you might get two different interpretations of this phrase from two different colleagues. One colleague might say that this means "reducing the number of episodes of sex where a condom is not used" while another might interpret the statement as "reducing the number of episodes of sex in which oral contraception is not used." Both interpretations are reasonable, but you will want to avoid ambiguity. State exactly what you mean by each behavior you include, and check your work by asking several members of your group how they would interpret the language that has been chosen.

Task 3: Select determinants.

PSBA-GTO provides a tip sheet on page 2-11 listing determinants commonly associated with adolescent sexual risk behavior that are most easily changed by prevention programs. As PSBA-GTO states, important determinants should have also surfaced during your assessment in Step 1. K**eep in mind that each behavior should have its own set of determinants.** It is likely that a determinant will repeat itself as one determinant may affect multiple sexual behaviors.

Remember that **determinant** is another term for a factor (risk or protective) influencing a behavior.

What about the "intervention activities" column? You will finish your logic model by completing the planned intervention activities column after considering your programmatic options in Steps 3-5 in PSBA-GTO (Best Practices, Fit, and Capacity)—so there is no need to complete this column yet.

Task 4: Develop desired outcome statements.

What are outcome statements? Desired outcome statements are simply statements that match the outcomes you aim to achieve and are now visually depicted in your logic model. Desired outcome statements are the changes in knowledge, skills, attitudes and/or behaviors you want to see occur in your students after the program is implemented. Desired outcome statements will help you describe the purpose of your effort and guide your work group in making decisions about program selection. Developing these statements will also help with decisions about evaluation later on in the process.

What should desired outcome statements look like for school districts? Since school districts are typically concerned with showing change in knowledge and skills, it is important to be sure that outcome statements are related to these changes. Your district may also wish to develop outcome statements related to changes in sexual behaviors and health goals. Demonstrating changes in these areas will likely require a moderate to high level of evaluation expertise. These changes typically take longer to produce and are more time and resource-intensive to collect. However, these are also the changes we want to know we are making successfully. Therefore, as programs in a district are implemented, districts may wish to measure changes in sexual behaviors and health goals so they can determine whether such large-scale efforts are achieving desired outcomes.

As the PSBA-GTO manual indicates, outcome statements should be written so that they are SMART (specific, measurable, attainable, realistic, and time-based). You will find guidance and examples for creating SMART objectives in Step 2 of the manual (pages 2-12 to 2-14), and by consulting the Resources section at the end of this step. Use the **SMART Desired Outcomes Tool** (found in PSBA-GTO) to help you develop and record your outcome statements.

What other resources can districts consult when writing desired outcome statements?
Your group may want to consult the scope and sequence that has been developed for health education and/or sexuality education, if your district has one.[25] *The Health Education Curriculum Analysis Tool (HECAT)* offers guidance (found in Appendix 4) for developing a scope and sequence if your group wishes to do so.

Districts may also want to consult the Healthy Behavior Outcomes listed in the HECAT for help in determining the content around which your desired outcome statements can be framed. Many of these objectives are likely to be relevant to districts implementing HIV/STI/teen pregnancy prevention education curricula and could be helpful when developing your desired outcome statements.

In reviewing these resources it is important to keep in mind that resources such as the HECAT are meant to provide guidance rather than exact language for your outcome statements. Your group will need to write your desired outcome statements in a way that is linked directly to your own goals, behaviors and determinants.

After working through this step, your group should have a clear idea of its goals and desired outcomes. By taking the time to document your work through the BDI logic model, you will have a clear record of the group's decisions and a powerful tool for building support for your efforts. You are now ready to move on to Step 3: Best Practices!

25A scope and sequence is an outline of topics to be covered at various grade levels, showing what students should know and do at the end of each grade or grade group. They are intended to be aligned to standards.

Resources - Step 2

Developing Goals and Outcomes

Centers for Disease Control and Prevention. *Health Education Curriculum Analysis Tool (HECAT), 2007*.

ETR: *Reducing Adolescent Sexual Risk:* A theoretical guide for developing and adapting curriculum-based programs. Kirby, D., Coyle, K., Alton, F., Rolleri, L., & Robin, L. (2011).
http://pub.etr.org/upfiles/reducing_adolescent_sexual_risk.pdf

Developing SMART Objectives

Centers for Disease Control and Prevention: *Writing SMART objectives: Evaluation Briefs, 2009*.

STEP 3:
BEST PRACTICES

Key questions to be answered in Step 3

1. Which programs address the determinants we need to address in our district?

2. Which programs address the behaviors we need to address in our district?

3. Which programs are most likely to help our district achieve our goals related to HIV/STI/ teen pregnancy?

Step 3 Tasks

- □ Review key characteristics of EBIs.

- □ Identify programs that have evidence of effectiveness in changing the behaviors you want to change.

- □ Narrow your list.

What is the purpose of Step 3?

During Step 3 you will explore programs that can help you accomplish the goals and outcomes you developed in Step 2. This step shows you how to identify sexual health programs (EBP or EIP) and also suggests ways to examine other programs you may be considering, to determine whether or not they are consistent with the characteristics of effective programs. PSBA-GTO focuses on interventions/programs while recommending that districts also explore strategies which could enhance the effectiveness of any program ultimately chosen.

Definitions

Intervention/Program: An organized effort designed to produce change: can include education and services among other strategies.

Evidence-Informed Program (EIP): A program that has been developed using established health behavior change theories, research literature on adolescent sexual health behavior, and characteristics of effective programs.

EBI: Evidence-Based Intervention (EBI): a program that has been (i) proven effective on the basis of rigorous scientific research and evaluation, and (ii) identified through a systematic independent review.

What are the benefits of Step 3 for school districts? Working through Step 3 enables your district to identify programs that have the greatest potential of achieving your desired outcomes. These programs are usually evidence-based programs (EBP) or evidenced-informed programs (EIP). As we point out in the Getting (and Keeping) Others on Board section, selecting an EBP or EIP offers multiple advantages over using other programs. **EBPs and EIPs maximize the likelihood of achieving results.** Because they are a reliable way of achieving results, they also make good use of existing resources. EBPs and EIPs can provide:

- A consistent way of meeting sexual health education standards
- A "seal of approval" (for EBPs) from governmental organizations that are experts in adolescent sexual and reproductive health
- A packaged program or curriculum that is presented in an easy-to-use format
- Guidance on how to adapt the program to the needs of your students (in some cases)
- Teacher training for many programs

Finding EBPs

Two frequently-used and well-regarded registries of EBPs are the lists compiled by the Office of Adolescent Health, and the Diffusion of Evidence-Based Interventions (DEBI) registry focused on HIV prevention. Links to both registries can be found in the Resources section at the end of this step, as well as in the manual.

What if my district has a sexual health education program already in use?
Some districts may have already selected sexual health education program or may be required (for various reasons) to choose a program from a local, state or national list. The PSBA-GTO manual provides guidance on how to work through Step 3 when an organization already has a program in mind for implementation (pages 3-13 to 3-15).

PSBA-GTO can be started at any time!

GTO is a cyclical process, not a linear one. It can be entered at any step to enhance your current practices.

If a program or curriculum is already in place, and your group wants to change that program or curriculum, you should work through the Getting (and Keeping) Others on Board section to determine ways to approach your stakeholders about making a change. As part of that effort, you will also want to assess the curriculum using the Tool to Assess the Characteristics of Effective Programs described in the manual on page 3-10 and discussed later in this step. If the curriculum currently in use does not meet many of the characteristics of effective programs, this strengthens your case for making a change. The Health Education Curriculum Analysis Tool (HECAT) developed by the Centers for Disease Control and Prevention can also be used to assess an existing program. A link to this resource can be found at the end of this step.

How can school districts approach Step 3?

First things first: Expand your work group.

At this point, you have identified possible priority populations, and probably know which schools are likely to be involved in an initial effort to implement one or more sexual health programs. Now is the time to invite these school principals or other key staff (including teachers, if possible) to take part in the selection process that is being led by your district work group. Their insights will be crucial, because different schools are likely to require different programs to meet the needs of their students and they will know more about the school level fit and capacity issues that should be carefully considered in the process of narrowing down potential programs or strategies. You will need their help to review the best practices that will be feasible to implement. Involving them now will also substantially increase the likelihood that they will buy into the process.

Refer to the *Getting (and Keeping) Others on Board* section for help with bringing school-level staff into your work group. You will also want to update the **Work Group Worksheet (Tool 0.1)** you created in that section to include the new members.

Step 3 Tasks

There are three major tasks associated with Step 3 for your newly expanded group to work through. These tasks are outlined in beginning of this section and are explained in greater detail in the PSBA-GTO manual. Below, we provide special considerations for districts in relation to each of these tasks. Read through Step 3 of the PSBA-GTO manual before proceeding further. We also recommend printing the **Checklist for Programs Tool** (found in PSBA-GTO) for your reference as you work through this step.

Task 1: Review key characteristics of EBIs.

PSBA-GTO provides information to help users become familiar with the key characteristics of EBPs and EIPs (page 3-10). Learning more about the key characteristics of effective programs can have an added benefit for your district, as it can be shared with stakeholders to help them understand vital components of a particular program your district may be considering.

If your district is considering school-based programs or strategies that are not listed on a federal registry of evidence-based programs, your group should give particular attention to these characteristics, as they can be used to assess whether or not the program is consistent with the characteristics of effective programs. (Keep in mind that these non-evidence-based programs will not necessarily yield results in your district simply because they contain characteristics of effective programs.) *The Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC)* was developed expressly for this purpose, and is described in the PSBA-GTO manual on page 3-10. The aim is to select a program that includes as many of these characteristics as possible—EBPs already have these characteristics but other programs may not.

Task 2: Identify programs and strategies that have evidence of effectiveness in changing the behaviors you want to change.

Where do I find information about evidence-based interventions? Some states and districts prepare lists of EBPs from which you are required to choose. If this is not the case for your district or state, your group can consult the national registries/databases listed in the PSBA-GTO manual (pages 3-6 and 3-7) that provide information about different evidence-based interventions designed to reduce teen pregnancy and STI/HIV.

Task 3: Narrow your list.

How do we create a program "short list?" As you review program registries, you will find there are several dozen programs from which to choose. The **Checklist for Programs** (found in PSBA-GTO) is a good tool for districts to use for narrowing your list of potential programs. This checklist focuses on the match between your goals, behaviors and determinants established in Step 2 and the various programs you are considering. The checklist also includes space to document the match between programs you are considering and some basic characteristics of effective programs.

Remember that this is only a "first pass" in order to narrow down to some top contenders! Later on in Steps 4 and 5, you will conduct a more thorough assessment of how well these programs fit your situation and whether or not your district and/or schools have the capacity to implement the program(s) you have identified.

In addition to using criteria on this checklist, districts will want to pay particular attention to the setting for which the program is designed. Although it may be easiest to select one or more programs that have been specifically designed to be implemented in a school setting, keep in mind that some programs originally designed for community-based settings have been implemented successfully in schools by making minor adaptations. In Step 4, we will discuss some common adaptations made to programs so that they can be more easily implemented in a school setting. These issues will be fully considered in Steps 4 and 5 of MESHEWS.

A word of caution: When you are reviewing programs at this stage, it can be tempting to think about ways the program could be adapted so that it meets your initial criteria. We recommend that you review the discussion about fidelity and adaptation in Step 4 (Fit) of the manual (pages 4-7 to 4-10) before entertaining the idea of adaptations at this stage. As discussed in the manual, some adaptations to programs are permissible, but in order to achieve outcomes it is essential that curricula are implemented without making major cuts or revisions. As you work through the next steps, it will become clearer whether or not potential programs would require too many adaptations to be a viable candidate program.

Resources - Step 3

Characteristics of Effective Adolescent Pregnancy and STI Prevention Programs

Centers for Disease Control and Prevention: *The Health Education Curriculum Analysis Tool (HECAT), 2012*.

ETR: *Reducing Adolescent Sexual Risk: A Theoretical Guide for Developing and Adapting Curriculum-based Programs, 2011*.

Healthy Teen Network: *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs, 2007*.

Federal Registries of Evidence-Based Interventions

Centers for Disease Control and Prevention: Lists of evidence-based programs.

Centers for Disease Control and Prevention, Diffusion of Evidence-Based Interventions (DEBI): List of evidence-based HIV prevention programs.

Office of Adolescent Health: Evidence-based TPP Programs: List of Evidence-Based Teen Pregnancy Prevention Programs.

STEP 4:
FIT

Key questions to be answered in Step 4

1. Which of the programs on our short list are a good fit with our students?
2. Which of the programs on our short list are a good fit with our district and schools?
3. Which of the programs on our short list are a good fit with our stakeholders?
4. What adaptations might need to be made to improve the fit of these programs?

Step 4 Tasks

- □ Assess fit with potential participants.
- □ Assess fit with the organization.
- □ Assess fit with stakeholders.
- □ Consider adaptations that would improve fit.
- □ Narrow the field of possible programs.

What is the purpose of Step 4?

In Step 3, you narrowed your list of programs to consider based on your assessment data, health goals, learning objectives and the sexual behavior/experience of your student priority population. During Step 4, you will review the short list of programs you created in Step 3 in greater detail. You will assess how well the programs on your short list fit with the characteristics of your student priority population, your district and schools, and stakeholders' needs and values. Step 4 will also guide you in identifying adaptations you expect would be necessary in order to use a sexual health education program in your district/schools. It will also help you consider if these adaptations might compromise the effectiveness of your efforts.

What are the benefits of Step 4 for school districts? Working through Step 4 will increase your confidence that the programs you are reviewing are the best choices for your district, and provides you with evidence that you can share with your stakeholders and decision-makers. This will bolster your efforts to obtain school board and stakeholder approval of the program(s) you select.

How can school districts approach Step 4?

There are five major tasks associated with Step 4, listed in the box to the right. The district guidance for Step 4, described below, is designed to help address issues districts encounter when approaching this step, such as the need to fit within strict time constraints, and meet policy and standards requirements. Read through Step 4 of the PSBA-GTO manual before proceeding further, and print out a copy of the **Program Fit Assessment Tool** (found in PSBA-GTO) for your reference as you work through this step.

Ideally, it is best to obtain a copy of each program your group decides to review during this process. If this is not possible, you will need to rely on the information provided in the program registry and/or the information you can obtain by contacting other school districts or community partners who have implemented the program, the program developers, or publishers.

As you begin to work through this step, review the **Culturally Appropriate Programs Checklist** on page 4-18 and 4-19 of the PSBA-GTO manual to determine which questions you may want to ask as you assess fit with various groups. Other tools you can use to document the information you obtain through this step include the **Program Fit Assessment Tool** (found in PSBA-GTO), along with **Tool 4.1: Mapping an EBP to Policy and Standards** found in this document, at the end of this step.

Task 1: Assess fit with potential participants.

PSBA-GTO provides detailed guidance on assessing fit with potential participants on pages 4-10 and 4-11. In conducting this assessment, districts need to keep in mind that many programs conducted with one particular group of teens (e.g. Latinos or Native youth) are flexible enough to resonate with other groups of youth or mixed groups of youth (as is commonly the case in a classroom setting). Although this is often true, sometimes program or specific strategies were developed specifically for certain cultural or ethnic groups and may not be easily used with other students. This is the time to ensure you have really considered these aspects for each program or strategy you are considering. You may be able to find information about how programs have been replicated with different populations by contacting the program developer or publisher.

Keep in mind that fit should be considered separately for every school! School culture can vary widely, and what may fit one school may not fit another.

When considering fit with potential participants, examine the programs to determine whether they acknowledge the diversity of students with respect to several characteristics, including gender, culture, literacy level, and sexual orientation. Classrooms typically contain a wide variety of students with respect to these characteristics, and the program (s)

ultimately selected will need to address those differences. The Program Fit Assessment Tool (found in PSBA-GTO) includes space to record your findings about the extent to which the programs you are considering fit your students with respect to these characteristics.

Task 2: Assess fit with the organization.

PSBA-GTO recommends determining overall fit of a particular program with the organization by focusing on fit with the mission of the organization, board, staff, leadership, and setting. These aspects of fit are outlined in the middle section of the **Program Fit Assessment Tool** (found in PSBA-GTO). Below, we provide tailored guidance for school districts to use as they examine each of these aspects of fit with the organization.

Mission of the Organization

School districts can think of "mission" as the academic goals and priorities they have expressed. We provide guidance for identifying priorities in the Getting (and Keeping) Others on Board section. Once you have reviewed this information, you will want to review the academic goal(s) you identified Step 2. You can compare this information with the goals of the programs under consideration.

School districts will also want to make sure that the programs meet the laws, policies and standards to which the district must adhere. To do this, your group will need to map the programs you are considering to these laws, policies and standards. This can take some time, but by enlisting multiple group members to help you should be able to make the process go faster.

There are also resources available to help your group with this task. Some programs that are packaged for schools provide links between their programs and National Health Education Standards. Some organizations have also mapped some commonly-used programs to the *National Sexuality Education Standards*. Many states have also made efforts to map programs with their own state standards, and have published guidance for others to use when mapping programs to their own standards. See the Resources section of this step for more help with completing this task.

As you work through this task, you can use the **Tool 4.1: Mapping an EBP to Standards and Policy Requirements** found at the end of this step which provides a space to list health education policy and standards and program/curriculum characteristics that satisfy requirements. When the program falls short of a particular requirement, the tool also provides a space for your group to suggest adaptations that will bring the program closer to that requirement. If you would like to conduct a more comprehensive assessment of the program/curriculum, the Health Education Curriculum Analysis Tool (HECAT) provides additional guidance and questions for this purpose.

Fitting Programs into Health Education Standards

One core component of most EBPs (curricula) is that its sessions should be implemented sequentially and without interruption. In other words, the EBP should not be weaved into another curriculum. If you need to add additional sessions to an EBP to meet local or state standards, add it at the beginning or the end of the EBP. Doing so helps ensure that the EBP is delivered with maximum impact.

Board Support

Through your assessment of district readiness in the Getting Started section, you should have gained a general idea of whether the board is likely to support the program(s) under consideration. Depending on what you learned about the approval process, you may or may not choose to seek approval during this step. (See the Getting (and Keeping) Others on Board section for more help with this task.) If you will not be seeking board approval at this time, you can record your impressions about the likelihood that the board will support a particular program, making note that approval has not yet been obtained.

Staff and Leadership Support

Regardless of the support you receive from other groups, if the staff directly involved and/or responsible for implementation do not support a particular program, it is unlikely that it will be sustainable or even allowed in the first place. Your work group (which should now include representatives from the schools in which the program(s) are expected to be implemented) should invite key staff to attend a presentation of various programs/curricula. By conducting this presentation and addressing questions, you should gain an idea of whether they support implementing the activities described in the program.

When assessing staff support, it will be important to make clear that your district will ensure that those implementing the program will have the capacity to do so. Later on in Step 5 (Capacity), we discuss the various capacities that will be required at the school level, including time and resources as well as teacher training. Nevertheless, it will be helpful to note any particular concerns about capacity that arise as you discuss program implementation, as you will want to be sure to address those concerns in Steps 5 and 6 (Capacity and Implementation).

Context and Setting

In some cases, it will be straightforward to determine whether a program you are considering fits within a school setting, as some programs are packaged specifically for schools. In other cases, you will need to examine the program more closely to determine if it could be adapted to fit within your school setting. As discussed earlier in this step, many programs that were originally intended to be delivered in community-based settings have been adapted for use in school settings. You will examine potential adaptations later in Task 4.

Program Length

Assessing this aspect of fit involves reviewing the length of a particular program and determining whether it is feasible to implement a program of that length. To do this, you will need to consult with your District Curriculum Coordinator to learn the number of classes or instructional minutes available to implement a program. (Note this information for future reference.) Keep in mind that depending on the number of standards a program meets and its scope and sequence, you may find that it is possible to add to the number of instructional minutes available for program implementation. Typically, it is not recommended to adapt a program by reducing the length so it will be important to consider this carefully and keep an ideal goal of delivering the program in full.

Task 3: Assess fit with stakeholders.

The unique climate in which school districts operate means that they need to give extra emphasis to assessing fit with stakeholders at several stages of the PSBA-GTO process. The term “stakeholders” refers to groups such as parents, other youth-serving organizations, and community members rather than school board members and staff employed by the district. Students are also considered stakeholders; although potential fit with students is examined earlier, this step focuses on their readiness to accept activities within the programs under consideration.

The PSBA-GTO manual recommends assessing fit with stakeholders by examining the extent to which a particular program fits with stakeholders’ other programs, readiness for prevention intervention, and priorities and values. The manual provides guidance for assessing each of these aspects of fit with stakeholders along with a space to document your findings on the Program Fit Assessment Tool (found in PSBA-GTO).

By working through MESHEWS, your district has already completed some of this work. In the Getting Started section, your group will have already obtained some background information about district readiness, values

If any of the EBI(s) you are considering include a condom demonstration, you may want to model this activity in your presentations. Doing so often allays fears by demonstrating that this activity can be handled in a calm and professional manner.

Don't forget that students are also stakeholders! They should be consulted for their views about the curricula under consideration as well.

and priorities. Now that you have some specific programs in mind, you can review the information you collected, and determine what additional information you might need to assess stakeholder fit with regards to each program under consideration.

What more do we need to know about stakeholder fit at this stage? You should already have a general idea of your stakeholders' readiness to consider programs. Now, your group will want to share details of the program with community members, especially parents (and ideally, students) to learn whether they are in support of the types of activities that are included in the programs under consideration. As we discuss earlier in MESHEWS, being transparent in your efforts goes a long way toward securing support and preventing controversy later.

Often this is done by making presentations to these groups of stakeholders. These presentations are likely to be more successful if you make use of existing relationships between individual members of your work group and these groups whenever possible. For general information you might want to include in these presentations, see the Getting (and Keeping) Others on Board section.

Task 4: Consider adaptations that would improve fit.

Based on your findings about fit up to this point, your district may want to consider possible adaptations to improve the fit of a particular program with the potential participants, organization, or other stakeholders.

What are "green," "yellow," and "red" light adaptations? If you have EBPs on your short list, you are likely to discover that many of them may not be a "perfect" fit. This is to be expected. PSBA-GTO provides guidance (pages 4-6 to 4-8) on how to make adaptations in ways that do not compromise fidelity to the program's core components. The **Green-Yellow-Red Light Adaptation Guidance** provides general tips on the kinds of adaptations that are safe to make (green), the kind of adaptations that may require support from a curriculum or health behavior change expert (yellow), and the kind of adaptations that should be avoided (red). We recommend that your group review this guidance carefully and consult the program developer as needed.

There are also adaptation kits for selected programs that have specific guidance on how to make informed adaptations in ways which retain the core elements of the program (those parts of the program most associated with achieving the outcomes of the program). See the Resources section at the end this step for a list of available adaptation kits.

If the program you are considering does not have specific guidance, refer to the **General Adaptation Guidance** (found in PSBA-GTO) listed in the Resources section at the end of this step.

What are some common green light adaptations that school districts might consider? Some green light adaptations include:

- Dividing lessons so they fit in the typical 45-minute classroom period. This may require adding transitions at the beginning and end of each newly timed lesson.
- Adding time to the lesson for processing and discussion to accommodate a large class (e.g., 25 students) compared to smaller groups of youth (e.g., 8-10 youth) used in the original research study of the program.
- Adding homework assignments.
- Linking learning objectives in the program to learning objectives addressed earlier in the health education class.
- Changing names and other descriptive information in the program's cases studies, scenarios, and role-plays to make them better resonate with the youth culture in your schools.
- Updating information presented in the curriculum related to STI and pregnancy statistics, contraceptive methods, and STI vaccination, testing and treatment as these issues improve and change fairly frequently.
- Replacing old videos and other materials with newer ones that have been approved by the program developer.

Enter potential adaptations on the **Program Fit Assessment Tool** (found in PSBA-GTO) for each program you are considering. After you do so, it is important to revisit your policies and standards to record any additional standards you will meet as a result of your adaptations. It is also important to record any potential conflicts with standards raised by your proposed adaptations.

Task 5: Narrow the field of possible programs.

PSBA-GTO provides guidance for all organizations to use when approaching this task. Districts will need to pay particular attention to laws, policies and standards when working through this task. If an EBI is in violation of laws or policies and adapting it would compromise core components of the EBI, it will probably need to be eliminated from further consideration at this stage. If an EBI does not meet standards, it may be possible to add additional programming and/or evidence-informed strategies to meet standards. This should be done in consultation with the program developer, however, in order to make sure that the program's core components remain intact.

After your group meets to work through this task, you are ready to move on to Step 5: Capacity!

Tools - Step 4

- Tool 4.1: Mapping an EBI to Standards and Policy Requirements Tool

Resources - Step 4

Mapping Programs to Standards

ACT for Youth:

- *Presentation on mapping EBPs to New York State standards*
- *Links between 11 curricula and New York State health standards*
- *Guidance document for achieving standards*

Future of Sex Education: Examples of mapping curricula to national sexuality education standards.

The Grove Foundation: WISE (Working to Institutionalize Sexuality Education) toolkit, 2012.

Guidance on Program Adaptation

ETR Associates:

- *General Adaptation Guidance: A Guide to Adapting Evidence-based Sexual Health Curricula, 2012*.
- *Companion Resources: Resources to Help You Make Informed Adaptations, 2011*.
- *Reducing Adolescent Sexual Risk: A theoretical guide for developing and adapting curriculum-based programs, 2011*.

Healthy Teen Network: *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs, 2007*.

U.S. Department of Health and Human Services, Family and Youth Services Bureau: *Making Adaptations Tip Sheet, 2012*.

Available EBI Adaptation Kits

All4You! Adaptation Kit

Becoming a Responsible Teen Adaptation Kit

Draw the Line/Respect the Line Adaptation Kit

Reducing the Risk Adaption Kit

Safer Choices Adaptation Kit

Safer Sex intervention Adaptation Kit

SIHLE Adaptation Kit

Tool 4.1: Mapping a Program to Standards and Policy Requirements

Directions: Complete this tool for *each* program under consideration.

1. Enter important local and state health education standards and policy requirements to which your school district will need to respond in the left-hand column.

2. List EBI introduction information, sessions, learning activities/objectives, or other characteristics that satisfy the requirement in the middle column.

3. If you don't find sufficient material in the EBI to satisfy the requirement, suggest adaptations to the program that will satisfy the requirement. After you have completed this review, any adaptations you suggest should be examined against adaptation guidance for the specific curriculum (if available) or general adaptation guidance for sexual health EBIs.

Name of Program:		
Health Education Standard/ Policy Requirements	**Program Activities that Satisfy Requirement**	**Adaptation Ideas**

STEP 5:
CAPACITY

Key questions to be answered in Step 5

1. Do we have sufficient oversight and support at the school level to deliver a program effectively?

2. Can our district/schools financially support this program with the curriculum, supplies, staff time, classroom time, and training?

3. Do we have a sufficient number of educators who have the knowledge, attitudes, and skills required to implement the EBI we are considering?

Step 5 Tasks

- □ Determine the key capacities that are needed to implement the selected program(s).

- □ Assess whether your district/school has the capacity to implement selected program(s).

- □ Identify which capacities must be further developed.

- □ Narrow the choice of programs that can be realistically implemented.

What is the purpose of Step 5?

In Step 5, organizations determine if they have the resources needed for implementing the program(s) they prioritized in Step 4. These include human resources such as leadership and staff, class time, physical resources related to facilities and technology, and financial resources. Step 5 helps the district work with individual schools to determine the role each institution will play in providing the resources needed to ensure successful program implementation. This step provides sample questions to guide users through an assessment of each of these areas, which form part of the Capacity Assessment Tool that accompanies this step.

What are the benefits of Step 5 for school districts? Capacity assessment is an essential step in the planning process. It will show your group what it currently has to work with and what it might need to strengthen before finalizing program selection, launching one or more programs in classrooms, and evaluating outcomes. After completing Step 5, your group should be able to answer the three key questions listed below.

How can school districts approach Step 5?

PSBA-GTO describes four major tasks associated with conducting a capacity assessment. These tasks are listed in the box to the right. In this step, we provide guidance on how education agencies can assess each type of capacity. Read through Step 5 of the PSBA-GTO manual before proceeding further, and print out the **Capacity Assessment Tool** (found in PSBA-GTO) for reference as you work through this step. Keep in mind that you can modify this tool to best fit your needs.

Task 1: Determine the key capacities that are needed to implement the selected program(s).

First things First: Set up School Implementation Teams. By now, your work group has expanded to include representatives from the schools expected to implement the programs(s) you are considering. In Step 4, your group consulted additional staff at the school-level when you examined program fit. Now is the time to help schools establish implementation teams with which you can work to assess a school's capacity to implement a program and plan for implementation.

Who should be on the implementation team? In addition to a representative from your district-level work group and school-level administrators, the team should include at least two individuals who will implement the program at each school. Other possible members include anyone who would provide logistical support for program implementation such as administrative assistants, counselors, nurses, and/or social workers. If the district and/or school plans to use program educators from outside the school walls (such as external educators from a community-based organization), key staff from these agencies should be represented on the implementation team(s) as well.

Meet with your school implementation team(s) to determine key capacities needed. Review the capacity assessment tool as a team, focusing on just the section listing requirements in each of these areas:

1. Program educator capacity
2. Other program staff capacity
3. Board and leadership capacity
4. Technical capacity
5. Fiscal and other resource capacity
6. Collaboration and partnership capacity

The capacities you need in each of these areas will vary depending on the programs(s) you are considering, although many of the necessary capacities will apply across all programs. To make the process more manageable, consider reviewing one program at a time, knowing that much of the information you gather can be used for other programs you may be considering. List the requirements needed as best you can at this point, making note of areas where you need to gather more information. Guidance for gathering this information is provided in the remainder of this step.

Tasks 2 and 3: Assess whether your district and schools have the capacity to implement the selected program(s), and identify capacities that must be further developed/strengthened.

To accomplish these tasks, your district and school-level teams will need to refer to the Capacity Assessment Tool (found in PSBA-GTO) which provides space to document your findings about capacity in the six areas listed above. Below, we provide additional guidance tailored to education agencies for assessing capacity in each of these areas. Remember that your district-level group will need to work with the school implementation team(s) to determine the capacities needed at the level of the district as well as the schools.

Should capacities be assessed at the school level or district level? Some of the capacities we describe in this step can be achieved at the level of individual schools, while others will require support at the district level. The overall capacity assessment should take place within school implementation teams, working with the district-level work group as needed. The district-level work group will need to review the school-level capacity assessment to be sure that it is aware of any tasks the school may have presumed that the district would conduct.

As you read through the types of capacities described below, refer to Table 5.1 below for a list of tasks that could be accomplished by school and district-level work groups. Each of these tasks is explained in the remainder of this step.

Table 5.1: Capacity-related tasks to be accomplished by district-level groups and school implementation teams

Capacity area	School-level implementation team tasks	District-level work group tasks
Educators	1. Identify number of educators available 2. Determine subject(s) in which program best fits 3. Administer educator self-assessment (competencies survey) 4. Ensure educators' availability for training 5. Ensure new educators (who join after initial training) complete competency assessment and receive necessary training	1. Identify number of classroom sessions required 2. Identify number of educators needed per classroom 3. Design educator competencies survey 4. Review results of survey 5. Secure support for professional development needs of educators 6. Provide training (program and supplemental) 7. Design fact sheet for educators 8. Develop protocol for periodic re-assessment of educators and booster training
Other program staff	1. Identify other staff involved with program implementation (non-educators) 2. Assess capacities required of these individuals 3. Provide orientation to program and explain role	1. Provide guidance about other staff members likely to be involved 2. Provide guidance for assessing capacities required of these individuals
Board and leadership	1. Identify and resolve issues at school level 2. Assess communication between district and school-level work groups	1. Identify and resolving issues at district level 2. Assess communication between district and school-level work groups
Technical capacity	1. Identify current capacities and needs	1. Identify technical resources needed to implement program 2. Support securing resources as needed
Fiscal/other resources	1. Identify additional resources required	1. Identify resources required 2. Determine which resources will be provided by the district 3. Support schools to acquire additional resources as necessary
Collaboration/partnerships	1. Identify opportunities 2. Reach out to potential partners as appropriate	1. Identify opportunities 2. Support collaboration efforts as necessary 3. Reach out to potential partners as appropriate

Program Educator Capacity

In this section of the capacity assessment tool, your school implementation team will examine whether or not you have the appropriate number of educators needed to implement the program, and whether they have the knowledge and skills needed to facilitate effectively. Because schools will generally be delivering a program within a classroom, the number of educators refers to the number per classroom rather than the number overall. Some programs can be delivered by one educator in a classroom setting, but others require the use of two adult educators. Less commonly, a program might require one or more trained youth to facilitate the program. Check the requirements for the programs you are considering.

In which class will the programs(s) best fit? To determine whether the program requirements for the number of educators match your capacity, you will also need to decide upon the specific classes in which you could implement the program. This decision will also depend on the fit between the program content and the class in which it could be delivered, and the competencies of educators teaching those classes. Keep in mind that the most capable and willing educators may be found across a wide range of subject areas such as health and physical education, science, family and consumer science, social studies and others.

What competencies do educators need? Although the specific competencies will vary according to the program(s) ultimately chosen, educators are likely to need some basic training in sexual health, as well as training in how to implement the program. They will also need training on procedures for assessing the quality of program implementation and student performance. Each of these areas is described below.

1. **Sexual Health Topics Training**: Evidence-based and evidence-informed sexual health education programs are developed not only to increase knowledge (e.g., names of contraceptive methods and how they work), but also to clarify values (e.g., when is it the right time to have sex), build skills (e.g., how to refuse sex), and change behavior (e.g., use a condom if choosing to have sex). Being responsible for these kinds of learning outcomes may be new (and possibly uncomfortable) for some teachers. Teaching sexual health requires a wide range of competencies beyond learning the content of the program. The areas in which your potential educators may require training will partly depend on the program being implemented.

   For example, if you are implementing a program that does not include a condom demonstration, it will be less important to emphasize this topic when training educators. But because nearly all programs include a discussion of sexual decision-making, it will be essential that educators are comfortable and feel capable of discussing this topic competently. Another topic that can be difficult for teachers to handle well is sexual identity and orientation, an issue that often arises during implementation. Ensuring teachers are ready to appropriately and sensitively address this topic is an important part of capacity to deliver any program.

   Many districts will choose to provide a training/refresher course to all educators to ensure that all have the basic knowledge and skills they need to implement the program. If you wish to gain an idea of educators' specific training needs in these areas, you can ask them to rate their comfort and perceived capability to teach various sexual health topics. We have provided a Tool 5.1: Educator Self- Assessment for this purpose at the end of this step. This tool can be administered by the school implementation teams, but the district-level group should review the results and plan for supplemental training accordingly.

   How do we use the results of this assessment? Tool 5.1: Educator Self- Assessment provided at the end of this step includes sample tables your district-level work group can use to summarize ratings. In reviewing

Getting Help with Training in Sexual Health Topics

Many national, state, and local organizations can help with training needs in these areas. See the resources section of this step for some suggestions.

the results, you will want to note the number of educators that rated their capability or comfort as "moderate," "low," or "unsure" in a particular area. If there are several educators needing support in this area, you will want to provide training to cover those competencies. If even one educator reports a "moderate," "low" or "unsure" rating, you will want to follow up with that individual to determine needs for support. Review each area before you determine training needs, as you may find that you need to help educators build their capacity across several areas.

In determining individual needs for support, you will also want to note the names of particular educators who rated their capability or comfort as "moderate," "low" or "unsure" in several (e.g., 5 or more) areas. These individuals might need to serve as co-educators rather than leaders during program implementation until they feel more capable and comfortable to deliver the program themselves.

If you wish to conduct a more in-depth assessment of competencies for sexual health educators, see the Core Competencies for Adolescent Sexual and Reproductive Health resource listed at the end of this step.

Consider becoming a trainer yourself!

Many training organizations offer a training-of- trainers (TOT), enabling your district to train in-house staff to conduct future trainings. This helps to minimize the cost of training in the long run.

2. **Program Training**: All educators, regardless of their comfort with the subject matter, should receive program-specific training that includes an opportunity to practice skill-building activities designed for youth, included in the selected programs. Most programs are intended to be clearly written for educators, but they invariably contain nuances that require additional explanation and practice to deliver the lessons with fidelity.

   To find sources of program training, you can contact state, local or national training agencies (a list of some commonly-used national training agencies can be found in the Resources section of this step) or the program publisher.

   When seeking training, keep in mind that there may be more than one source of training on a particular program and that the cost of training can vary considerably across different organizations. In addition, some organizations may be able to adapt a training to accommodate district limits on professional development by offering some content online to shorten the amount of in-person time required for training.

3. **Data Collection Training**: Although most educators have plenty of experience administering assessments, they may need additional training in administering surveys involving sensitive questions related to sexuality, and in documenting their implementation of the program. As the data collection process should be consistent across schools, the district-level work group should be responsible for creating training on data collection that can be used across all participating schools. The content of this training will need to be finalized after you develop your evaluation plan later on in the PSBA-GTO process. Delivery of this training will likely be accomplished by school implementation teams unless the district is able to gather educators from all participating schools into one location.

As part of your overall training efforts, it is helpful for the district-level work group to provide a summary sheet for educators with basic information related to program implementation. The fact sheet should be attached to the program. Trainers should provide a brief orientation to the fact sheet in person, and the fact sheet should also be available on the district website. Recommended content for the fact sheet is listed below.

- A brief description of any adaptations that were made to the program and the rationale for those adaptations
- Instructions on where to locate modified lesson plans, if necessary
- A description of implementation tracking procedures (see Step 7 (Process Evaluation) for more information)

- A description of student assessment procedures (see Step 8 (Outcome Evaluation) for more information)
- Guidance on how to address questions/concerns from the community (refer to your controversy management plan – see Getting (and Keeping) Others on Board section)
- Contact information for the person designated to manage questions about program implementation
- Plans for assessing challenges/successes with implementation (see Step 9 (CQI))

Who should ensure that training needs are met? The district and school implementation teams should work together to determine who will take responsibility for ensuring that training needs are met. The district-level group should develop and share a protocol for re-assessing training needs periodically (at least annually) and ensuring that new educators receive the training they need.

Other Program Staff Capacity

This section of the capacity assessment tool refers to the staff beyond those involved in direct implementation that schools might need to help with implementation. These could include staff at a nearby clinic or health resource center, a school nurse or counselor to whom students could be referred, or even a bus driver who transports students to a clinic as part of a field trip. Your school implementation teams will want to ensure that staff connected in any way with the program(s) you plan to deliver receive an orientation to the program and understand their roles. This can be accomplished by individual meetings or through an invitation to a school implementation team meeting.

Board and Leadership Capacity

This section of the capacity assessment tool focuses on support for the programs under consideration, the capacity of leaders to facilitate communication and decision-making, and their ability to manage controversy and conflict. To complete this section, your district-level work group can start by determining what information you have already collected. By reviewing the data you collected in the Getting Started section and Step 4, you will have a general idea of support for the program(s). Working with leaders to develop a controversy management plan (described in the Getting (and Keeping) Others on Board section) should help you determine capacities in this area. You may want to modify this tool to include an item assessing district and school-level support for educators' professional development needs for program implementation.

This section also offers the opportunity to examine how well the district work group and school implementation teams are functioning, and how well the teams are working together. If there are issues with meeting facilitation, communication, or decision-making, now is the time to develop a plan to increase capacity in these areas before moving ahead with implementation.

Technical Capacity

The technical capacity section of the tool refers to the ability to access and operate any equipment (e.g., DVD player, computer software) that might be needed to implement the program. If technology is needed to implement the program, be sure that these technology skills are reflected in the list of competencies for educators.

Fiscal and Other Resource Capacity

This section of the capacity assessment tool focuses on the specific costs of implementing the program, including the cost of the program/curriculum and related materials, staff training, equipment, and/or other resources required. In this section, you will want to note whether or not the district will be responsible for securing these resources, or whether these costs will be the responsibility of the school. The answer is likely to vary depending on the type of cost; for example, the district may cover the cost of the program/curriculum and staff training, while the school may cover the cost of equipment by using existing resources.

When assessing the costs of implementing a particular program, keep in mind that you may be able to secure some resources from other community-based organizations such as youth centers, health departments, and

clinics. There may also be ways to share the costs of implementing a particular program across the schools involved in the effort—staggering implementation timing in the schools and sharing resources across the schools can reduce overall costs. The district-level group should work with the school implementation teams to identify opportunities to leverage needed resources. Although some schools may have access to resources through existing relationships with outside organizations, it will be important that the district-level group is aware of these efforts to avoid duplication of effort and confusion about what is needed.

Collaboration and Partnership Capacity

Your district-level group has probably collected quite a lot of information by this point to help you complete this section. By working through the Getting Started section, you may have already identified potential partners and learned about what they have already done to support your efforts in the past. By examining the possibility of securing resources from outside organizations, you will have learned more about how these organizations can support your current efforts. In Step 4, you examined fit with stakeholders, and in doing so would have gained a general idea of potential roadblocks in collaborating with outside organizations.

Task 4: Narrow the choice of programs that can be realistically implemented.

During this step you have compared a few programs with one another and have considered your capacity to implement each program. Now is the time for you to weigh the pros and cons of the various programs you are considering. Your district-level work group should involve the school implementation teams to discuss your findings, and arrive at a final selection. When your teams have made a decision and secured approval to proceed, you are ready to move onto PSBA-GTO Step 6: Plan!

Tools - Step 5

- Sample Educator Self-Assessment

Resources - Step 5

Core Competencies for Adolescent Sexual and Reproductive Health

California Adolescent Health Collaborative:

- *Core Competencies for Adolescent Sexual and Reproductive Health*
- *Core Competencies for Adolescent Sexual and Reproductive Health Competency-Based Training Guide*

National Organizations that Provide Training on EBPs

Note: This is a list of some commonly used training providers. It is not meant to be exhaustive. Check with your state education agency to determine if other sources of training exist in your area.

ETR

Healthy Teen Network

National Organizations that Provide Training on Sexual Health Topics

Note: You may also be able to obtain training in various sexual health topics through local or state-based organizations, such as Health Departments, Planned Parenthood or teen pregnancy prevention coalitions.

Answer

Cardea

ETR

Healthy Teen Network

Tool 5.1
Educator Competency Assessment

Instructions

This tool is designed to help identify needs for professional development and or technical assistance among those who teach sexual health education. It asks educators to rate their own capability and comfort in some key areas representing competencies that educators need to be successful when delivering sexual health education. It is designed to give those coordinating professional development an indication of the areas of greatest need among educators.

The tool can be given to current educators to complete, or could be used to develop guiding questions when determining qualifications of future educators.

How to Use It: Start by adding, subtracting, or modifying items to meet the needs of your educators. Depending on the content of your sexual health education and/or the age groups involved, it is possible that not all items will be needed. When you have finalized the tool, distribute a copy to each potential educator or use these questions to guide an interview or professional development conversation. Educators should be assured that their responses will be treated confidentially.

Follow up on any area in which one or more educators express concerns about capability or comfort – or if they simply indicate they'd like a refresher. If you're working with a group of educators, identify the most commonly-cited competencies in which educators express a need for greater comfort or capability, and ensure that those topics are prioritized when planning professional development.

Educator Competency Assessment

School name:_____ Educator:_____ Date:_____

This survey is designed to determine how we can best support you to deliver sexual health education. Your responses are confidential. Please rate your capability and comfort level in the following areas:

Competency	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
1. Explain the menstrual cycle and sperm production, and relate these concepts to fertility.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
2. Define different types of sex, including oral, anal and vaginal sex and the body parts involved.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
3. Explain how different contraceptives work to prevent pregnancy.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
4. Describe and show the steps to proper condom use.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
5. Explain how sexually transmitted infections are transmitted.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
6. Explain how sexually transmitted infections affect the body.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
7. Describe how sexually transmitted infections are commonly treated.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
8. Explain the difference between biological sex and gender.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
9. Explain how gender norms affect sexual decision-making.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No

Competency	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
10. Explain and apply common terms to describe sexual orientation (e.g. gay, lesbian, bisexual, queer, and questioning)	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
11. Explain the characteristics of healthy adolescent relationships – both platonic and romantic.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
12. Use teaching strategies that take into account the fact that not all students have control over their sexual activity (ex. Coercion, abuse, etc.).	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
13. Facilitate role plays for sexual health topics.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
14. Correct students' use of slang terms while maintaining their willingness to contribute to discussions.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
15. Demonstrate best practices for responding to challenging student behavior (e.g. laughter, insults) when teaching about sexual health.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
16. Use teaching techniques that demonstrate acceptance of all students, regardless of sexual experience, situations, and choices.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
17. Demonstrate best practices regarding personal disclosures from educators when teaching about sexual health.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
18. Demonstrate best practices for responding to student questions about sexuality in a sensitive and respectful manner.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No

Competency	How would you rate your CAPABILITY to do this?	What is your COMFORT level in doing this?	Do you need a refresher in this area?
19. Teach in accordance with laws and policies that specify what can be said and done in the classroom, what cannot be said and done, and what must be said and done.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
20. Explain laws in your state related to sexual health, such as age of consent, statutory rape, access to reproductive health care, and purchase of contraceptives.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No
21. Recognize when a student needs to be referred to health care or social services and respond in accordance with laws and school/district policies.	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ High ❑ Moderate ❑ Low ❑ Unsure	❑ Yes ❑ No

22. Are there any other topics or skills in which you would like to receive professional development to support you in delivering sexual health education? Please list them below:

_____
_____
_____
_____
_____

23. Do you have any other comments about your capabilities or comfort with delivering sexual health education?

_____
_____
_____
_____
_____

Thank you for taking the time to complete this survey!

Please return it to (_____) by (DATE).

STEP 6:
PLAN

Key questions to be answered in Step 6

1. What program(s) will our district offer?
2. When will our schools implement this program(s)?
3. What are the various tasks associated with implementing this program(s) and who will be responsible for making sure they are completed?
4. What will our program implementation budget look like?

Step 6 Tasks

- □ Finalize your program selection.
- □ Complete the logic model you started in Step 2.
- □ Break down management tasks.
- □ List personnel, setting, and materials needed for sessions.
- □ Design recruitment and retention strategies.
- □ Itemize implementation components.
- □ Complete a program budget.
- □ Draft a final plan.

What is the purpose of Step 6?

Step 6 is a turning point in the PSBA-GTO process. Step 6 marks the transition from research and fact-finding to program selection and implementation. Over the last five steps, your teams answered many questions about your target population, district and school capacity, and program fit. You identified the adolescent sexual and reproductive health problems you want to address, developed program goals and drafted a large part of your program's logic model. Now you will make a final selection(s) of one or more programs that you will implement. You will find that the time you invested in doing these earlier critical analyses of the options will pay off in a big way as you begin to put the wheels of implementation in motion.

Steps 6, 7 and 8 Are Strongly Connected

You will need to read through Steps 7 and 8 before you can fully complete Step 6. We have noted the points in Step 6 in which you will need to look ahead.

What benefits does Step 6 have for schools and school districts? A written program implementation plan will act as a type of "road map" for successfully implementing your selected programs (s). Without a plan, it is easy for important tasks to be ignored, and in the process of ignoring these activities your team may implement the program incorrectly and not achieve your desired outcomes. Both district and school-level implementation teams will find that a well-written implementation plan provides several advantages. It allows your team to:

- Specify clear benchmarks to mark progress and accountability
- Clarify roles and responsibilities between the district and schools
- Ensure program implementation is consistent across schools
- Promote effective communication among all parties involved
- Provide guidance during times of faculty/staff turnover
- Document your process for communication purposes and future planning

How can school districts approach Step 6?

PSBA-GTO describes eight major tasks associated with developing an implementation plan. These tasks are listed in the box to the right. Read through Step 6 of the PSBA-GTO manual before proceeding further, and print out the **Work Plan Tool** (found in PSBA-GTO) and **The Program Budget Tool** (found in PSBA-GTO) for your reference as you work through this step. These tools should be completed by school implementation teams with support from the district-level work group. As with Step 5, your district and school-level implementation teams will need to work together to determine the role each team will play in completing each task.

Task 1: Finalize your program selection.

In steps 3-5, you created a short list of programs that appear to fit with the needs of your student priority population along with your district and local school capacity. At the end of Step 5, your district and school implementation teams reviewed your analyses and reached a decision about the program(s) with the best fit. Enter your chosen program(s) on the **Work Plan Tool.**

Task 2: Complete the logic model you started in Step 2.

Your district-level work group should refer to the PSBA-GTO manual (pages 6-5 to 6-6) for guidance on completing the intervention activities column of the logic model that was started in Step 2, now reflecting the program which was selected. We recommend that you list the main activities involved in the program and draw arrows to illustrate how these activities connect with the determinants you are addressing. Keep in mind that you will need a separate logic model for each program your district will be implementing.

Task 3: Break down management tasks.

Breaking down the tasks involved with effectively managing program implementation will help your teams assign appropriate roles and responsibilities and create a realistic timeline. Thinking about these tasks before actual implementation will also help your teams make sure important details are not missed. The PSBA-GTO manual (page 6-8) provides some general guidance on the types of issues to consider when identifying management tasks. Some additional management tasks districts will want to consider are listed below. Management tasks should be recorded under "Administrative" and "Policies & Procedures" sections of the Work Plan Tool (found in PSBA-GTO).

Who should complete the work plan tool? Similar to the process described in Step 5, the district and school-level teams should work together to complete the work plan tool. The responsibility for the work plan rests primarily with the school implementation teams, as they will be carrying out the work, but they should receive support from the district-level group as necessary.

1. **Training and Technical Assistance (T/TA).** As discussed in Step 5, at least one person in your district-level work group should coordinate training and technical assistance needed by educators to effectively facilitate your chosen program(s). To determine the types of T/TA that may be needed, use any information you collected about educators' needs during Step 5, and consult with school implementation teams as necessary.

   To plan for the delivery of training, you will need to consult the district professional development calendar to determine what events will be offered in the coming year. You may be able to work with your district's current professional development providers to modify the content of various trainings to meet your needs. For example, information about "how adolescent pregnancy and HIV is affecting students" might be integrated into a general training on "adolescent development" that has already been scheduled. Other community-based organizations may be able to offer training in topics related to implementing sexual health education programs as well. You may have already identified these organizations when you assessed capacity in Step 5.

   Coordinating T/TA also involves developing a plan for evaluating its effectiveness. This usually includes distributing a feedback form to assess participant satisfaction; increases in knowledge, skills and comfort; and need for additional training and/or TA. A **Sample Feedback Form (Tool 6.1)** can be found at the end of this step.

2. **Program Implementation.** Your district-level group should work with school implementation teams to assign at least one person to plan and oversee the actual implementation of the program(s). Questions to consider in identifying management tasks are listed below. See Task 6 for a more thorough consideration of all the steps involved with program implementation, and keep in mind that many program packages include an implementation guide you can use for planning.

   - When will program implementation begin?
   - How will teacher questions/concerns during implementation be handled?
   - Do we need to build extra days into the schedule in case of teacher absence/fire drills/snow days/ standardized testing, etc.?
   - Is our implementation plan consistent with recommendations from the program developer (about the number of sessions per week, length of each session, etc.)?
   - How will parental notification/consent be handled (if required)?
   - How will students be assessed? Who will develop testing instruments? Who will analyze data?
   - Is there a planned group debrief after implementation is complete? Who will facilitate this debrief? Who will participate? When will it occur?

3. **Program Evaluation.** To complete this section, you will need to look ahead to Steps 7 and 8 to develop process evaluation and outcome evaluation plans. At least one person on your district-level work group

should be assigned to managing evaluation tasks. Some preliminary questions to help you get a sense of the scope of your evaluation efforts are listed below.

- What kinds of outcomes do you want to measure? (e.g., changes in knowledge and skills, behavioral intention, and/or sexual behavior?)
- What kind of evaluation methods will you use (e.g., student exams, observation of skill practice, focus groups, interviews, etc.)?
- Which staff will be involved with the evaluation activities?
- Will you need to hire an outside consultant to support your evaluation activities?
- How much time do you expect staff to work on evaluation activities?
- What costs may be associated with your evaluation activities?

Expanding Your District- Level Work Group

Now is a good time to expand your district-level work group to include one or more members with expertise in evaluation, and/or secure technical assistance in this area, if necessary.

Task 4: List personnel, setting, and materials needed for sessions.

A Note about Using Outside Educators

If you plan to use outside educators for any portion of program implementation, be sure to note whether those outside educators will need to bring their own equipment and supplies, or whether they will have access to supplies through the school. At the same time, it will be helpful to determine whether wall space for posters or signs is required, and whether outside educators are free to use that space during and/or between sessions.

Check to see if your district has any criteria/policies related to the use of outside educators, such as background checks or the need to have a teacher present at all times.

In Steps 4 and 5 you determined the school personnel (or outside educators) and materials (e.g., curricula, photocopying, birth control kits, audio-visual equipment, etc.) you will need to implement the program. You also determined which schools and which classrooms will receive programming. Enter this information under "Tasks: Facilitation and Location and Materials" on the Work Plan Tool (found in PSBA-GTO).

Task 5: Design recruitment and retention strategies.

PSBA-GTO provides guidance to community-based organizations (CBOs) about how to recruit and retain youth to participate in a program (page 6-9). While schools are not in the same situation as CBOs, as students are required to attend school, retention of students can still be a problem in areas with high rates of absenteeism. And in some cases, ability to recruit participants may be affected by the need to notify and/or obtain permission from parents in order for students to participate in sexual health education program.

In the *Getting Started* section, your district work group assessed local and state policies regarding parental notification and consent. Review the information you documented. Generally, schools have four options related to parental notification:

1. No notification required (sexuality education is treated like any other subject).
2. Letter to parents notifying them of programming.
3. Letter to parents notifying them of programming with an option for parents to opt out of programming for their child (passive consent). A Sample Passive Consent Letter (Tool 6.2) is found at the end of this chapter.
4. Letter to parents notifying of them of programming with a tear off slip that must be signed and submitted back to the school in order for the child to participate (active consent). PSBA-GTO provides references related to obtaining consent on page 6-10..

In some cases, schools may want to invite parents to a workshop or orientation session related to sexual health and your proposed efforts to address this topic. This is a good opportunity to allow parents to review program materials. PSBA-GTO provides guidance on ways to get parents involved on page 6-9. In the case of schools, reaching out to parents via school and district web portals, the parent-teacher association (PTA), parent-teacher conferences, back to school nights, parent newsletters, and student extra-curricular events (e.g., school football game) may prove effective.

To maximize retention of participants, schedule program implementation as early in the school year as is possible. Some districts and schools report that absenteeism rates are much higher toward the end of the school year. If this is the case in your district/schools, it can drastically affect the amount of the program students receive.

Enter your recruitment and retention strategies under "Recruitment & Retention" on the Work Plan Tool (found in PSBA-GTO).

Task 6: Itemize implementation components.

With your BDI Logic Model and actual program materials close at hand, develop a list of all the tasks, activities and events that will occur during program implementation from start to finish. A sample list of implementation components is found below. However, keep in mind that this list is only an example. Each itemized list of implementation components will vary depending on the program you select, rules and procedures in your district, and other factors. Enter your list of tasks on the Work Plan Tool (found in PSBA-GTO).

Sample Itemized List of Implementation Components

1. Develop parent notification/consent forms (if required).
2. Send parent notification/consent forms to parents.
3. Collect parent notification/consent forms.
4. Schedule open school night presentation for parents on "talking to your children about sexuality."
5. Promote open school night presentation with parents.
6. Deliver presentation on open school night.
7. Implement program at (NAME OF SCHOOL) in (GRADE, SUBJECT) (HOW OFTEN), starting (DATE) and ending (DATE).
8. Plan a check-in with educators mid-way through program implementation.
9. Collect and review implementation tracking forms.
10. Schedule make-up days to allow for unforeseen conflicts (e.g., weather, assemblies, fire drills, etc.).
11. Develop student assessments.
12. Administer student assessments.
13. Analyze and present findings from student assessments.
14. Schedule teacher debrief meeting.
15. Facilitate teacher debrief meeting.

Task 7: Complete a program budget.

Refer to the **Program Budget Tool** (found in PSBA-GTO) to help formulate a budget. Common budget line items are listed below.

- Personnel (including fringe and overhead) (e.g., program educator, program manager, substitutes during teacher training, etc.)
- Travel (e.g., airfare, lodging, and per diem for training, etc.)
- Equipment (e.g., DVD player, tape recorder for focus groups, etc.)
- Supplies (e.g., copies of EBI, copy paper in various colors, flipchart paper, birth control kit, condoms, pamphlets, etc.)
- Other (e.g., software for data analysis, etc.)

Task 8: Draft a final plan.

The PSBA-GTO manual (pages 6-12 and 6-14) provides detailed guidance on the elements that should be included in the work plan, as well as how to complete the Work Plan Tool (found in PSBA-GTO).

If your school implementation teams now have a work plan in place (each school should have its own work plan), you can move on to Step 7, where implementation finally begins!

Tools - Step 6

- Tool 6.1: Sample Passive Consent Letter
- Tool 6.2: Sample Feedback Form for Training Participants

Tool 6.1

Sample Parent/Guardian Passive (Opt-Out) Consent Form

[MONTH, DAY, YEAR]

Dear Parent/Guardian:

This semester, your child will be offered a program titled [NAME OF PROGRAM] at [NAME OF SCHOOL)] as part of their health education class. [NAME OF PROGRAM] is an [NUMBER OF SESSIONS]-session curriculum designed to support young people [GOAL OF PROGRAM – e.g., PREVENT HIV INFECTION]. During the course of the curriculum, students will learn about [SAMPLE OF TOPICS – e.g., ABSTINENCE, CONDOM USE, HEALTHY RELATIONSHIPS, COMMUNICATION SKILLS, ETC.].

[NAME OF PROGRAM] is consistent with [NAME OF DISTRICT] and state health education policies and standards and has been approved by the superintendent and the Board of Education.

You are welcome to review the [NAME OF PROGRAM]. Please contact [NAME OF CONTACT PERSON AND CONTACT INFORMATION], who will set up a time for you to review it. The school will also be holding a curriculum overview meeting on (DATE AND TIME) to allow parents/guardians the opportunity to learn more about the [NAME OF PROGRAM] and review the curriculum.

IF THE PROGRAM INCLUDES HOMEWORK ASSIGNMENTS – EXAMPLE
[NAME OF PROGRAM] includes three take-home discussion assignments for students to complete with their parent, guardian, or other caregiver. The purpose of these assignments is to encourage communication about healthy sexuality and healthy relationships. We hope you will take 15–20 minutes to complete these assignments with your child. The take-home assignments are voluntary and will not be shared in class.

If you DO NOT want your child to participate in this program, please sign the form below and return it to school by [MONTH, DAY, YEAR]. If your child does not participate, this will not affect his/her grade in the course in any way. He/she will be given alternate assignments. If we do not receive this form, your child will participate in this program.

Sincerely,

[PRINCIPAL NAME]

I DO NOT WANT my child to participate in the [NAME OF EBI] program.

Child's name: _____

Parent / Guardian signature: _____

Date: _____

Healthy Teen Network
MAKING A DIFFERENCE IN THE LIVES OF TEENS AND YOUNG FAMILIES

Name of [PROGRAM]
City, State
Month Day, Year

Tool 6.2
Training of Educators (TOE) Evaluation Form

The purpose of this evaluation is to assess your satisfaction with today's training. Please rate your level of agreement with the statements below. We appreciate your honest responses.

1. **Name**: _____ **School:**_____

Fill in responses making dark marks:

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. I feel that today's training met my expectations.	☐	☐	☐	☐
2. I feel that today's training met my needs.	☐	☐	☐	☐
3. The pace was just right.	☐	☐	☐	☐
4. Information was presented in a good order for me to understand the concepts and skills.	☐	☐	☐	☐
5. I believe that today's training covered topics that are relevant to the work I do.	☐	☐	☐	☐

6. I would make the following suggestions for improving the training in the future:

Please rate your **level of confidence** in performing the tasks below **NOW** at the end of the training and **BEFORE** this training.	**NOW**				**BEFORE**			
	How confident do you feel to perform the task **NOW** at the end of the training?				Looking back, how confident are you that you could have performed the task **BEFORE** the training?			
Tasks	**Very Confident**	**Confident**	**Somewhat Confident**	**Not Confident**	**Very Confident**	**Confident**	**Somewhat Confident**	**Not Confident**
1. Describe [[PROGRAM NAME's] core components.	☐	☐	☐	☐	☐	☐	☐	☐
2. Describe why [PROGRAM NAME] is considered to be evidence-based/informed.	☐	☐	☐	☐	☐	☐	☐	☐
3. Articulate the value of using evidence-based/informed programs.	☐	☐	☐	☐	☐	☐	☐	☐
4. Explain the importance of implementing [NAME OF PROGRAM] with fidelity.	☐	☐	☐	☐	☐	☐	☐	☐
5. Describe the basic evaluation findings of [NAME OF PROGRAM].	☐	☐	☐	☐	☐	☐	☐	☐
6. Describe how to use the Green/Yellow/Red Light Adaptation Tool.	☐	☐	☐	☐	☐	☐	☐	☐
7. Determine whether a proposed adaptation to [NAME OF PROGRAM] would compromise core components of the program.	☐	☐	☐	☐	☐	☐	☐	☐
8. Facilitate a role play while implementing [NAME OF PROGRAM].	☐	☐	☐	☐	☐	☐	☐	☐
9. Lead a small group activity while implementing [NAME OF PROGRAM].	☐	☐	☐	☐	☐	☐	☐	☐
10. Conduct a short lecture while implementing [NAME OF PROGRAM].	☐	☐	☐	☐	☐	☐	☐	☐
11. Lead a large group discussion while implementing [NAME OF PROGRAM].	☐	☐	☐	☐	☐	☐	☐	☐
12. Respond to a challenging question while implementing [NAME OF PROGRAM].	☐	☐	☐	☐	☐	☐	☐	☐
13. Create a comfortable, enjoyable, safe, positive and constructive learning environment for all participants throughout the training.	☐	☐	☐	☐	☐	☐	☐	☐
14. Conduct a condom demonstration.	☐	☐	☐	☐	☐	☐	☐	☐
15. Identify the 12 steps to using a condom in the order they should be done.	☐	☐	☐	☐	☐	☐	☐	☐
16. Be able to give behaviorally-based feedback to trainees in a TOE.	☐	☐	☐	☐	☐	☐	☐	☐

Please rate your **level of confidence** in performing the tasks below **NOW** at the end of the training and **BEFORE** this training.	**NOW**				**BEFORE**			
	How confident do you feel to perform the task **NOW** at the end of the training?				Looking back, how confident are you that you could have performed the task **BEFORE** the training?			
Tasks	**Very Confident**	**Confident**	**Somewhat Confident**	**Not Confident**	**Very Confident**	**Confident**	**Somewhat Confident**	**Not Confident**
17. Present information in a manageable, comprehensible and easy to understand manner.	☐	☐	☐	☐	☐	☐	☐	☐
18. Provide clear instructions for tasks and activities.	☐	☐	☐	☐	☐	☐	☐	☐
19. Deliver information about sensitive or controversial material (e.g. correct use of condoms, sexual risky behaviors among teens).	☐	☐	☐	☐	☐	☐	☐	☐

STEP 7:
PROCESS EVALUATION

Key questions to be answered in Step 7

1. Did we reach the students we planned to reach (our priority population)?
2. How many sessions did students receive, on average, and how does this compare with what was planned?
3. How many of the sessions were delivered as written in the curriculum?
4. What changes were made to sessions (or lessons)?
5. What did the students and educators think of the program?
6. How closely did we follow our work plan? What changes did we make?
7. How well did our work group communicate the goals of the program and plans for implementation?

Step 7 Tasks

- □ Engage or assign personnel to perform the evaluations.
- □ Decide what to measure.
- □ Choose methods for obtaining data.
- □ Set the schedule and assign the responsible parties.
- □ Create the outcome evaluation.
- □ Implement the process evaluation.

What is the purpose of Step 7?

Step 7 focuses on monitoring and documenting the process of program implementation. Process evaluation will help you determine how well the program implementation plan has been put into action. Typically, process evaluation involves monitoring the following areas:

1. Participant demographics
2. Participant attendance
3. Fidelity to the selected program
4. Adherence to the work plan
5. Participant and staff perceptions
6. Clarity and appropriateness of communication among team members

Although you may not be able to monitor and document all of these areas for every implementation of a program, it is important to plan the best possible process evaluation given your resources. At a minimum, areas 1 - 4 listed above should be included in your process evaluation.

What are the benefits of Step 7 for school districts? Completing a process evaluation of your program implementation will provide your district with several benefits including:

- Learning what was actually implemented and what can be improved in the future
- Learning what works (and what doesn't work) with students
- Providing positive and constructive feedback to staff
- Demonstrating the capacity to implement the program in a classroom setting
- Demonstrating the transparency of your efforts with key stakeholders
- Satisfying funder requirements
- Understanding why you were able (or not able) to achieve your desired outcomes

How can school districts approach Step 7?

There are six major tasks associated with Step 7 listed on the previous page. In this step, we provide tailored guidance and documentation tools for your district and school implementation teams to use as you work through these tasks. Read through Step 7 of the PSBA-GTO manual before proceeding further and print out a copy of the **Process Evaluation Planner Tool** (found in PSBA-GTO) for your reference as you work through this step..

Task 1: Engage or assign personnel to perform the evaluations.

Identify an Evaluator. Determine who will compile information about program implementation from educators, analyze this information, and provide a report on the results. Some districts are able to carry out these tasks with in-house staff, while others will need to seek help from someone not on district staff. Although it is not always possible to fund outside staff to complete the work, staff from local community-based organizations or graduate students from a local university may be able to help your group establish a plan. It is important to note that many of these tasks can be done in-house with adequate quality so don't be discouraged from trying even if you lack resources to hire outside support.

Read ahead.

At this point, you may find it helpful to read through the remaining tasks in this step to learn more about the scope of work involved before identifying and assigning personnel.

Identify a Coordinator. Regardless of who will actually implement the process evaluation, your district will need to determine which member(s) of your work group will be responsible for overseeing it and making

sure it is completed according to plan. This group member should work directly with a member of the school implementation team(s) to make sure the process evaluation is clear and can be completed.

Task 2: Decide what to measure.

Review the Process Evaluation Questions & Tasks Tip Sheet. To determine what to measure in your process evaluation, your group should refer to the tip sheet titled **Process Evaluation Questions & Tasks** found in the PSBA-GTO manual (page 7-10). This tip sheet mirrors the questions on the **Process Evaluation Planner** (found in PSBA-GTO), a tool that helps document how you plan to collect information for your process evaluation.

Task 3: Choose methods for obtaining data.

The **Process Evaluation Questions & Tasks** tip sheet (found in PSBA-GTO) provides guidance about methods and tools that can be used to collect data. Our tailored guidance will cover each of the areas on the tip sheet as applied to school districts.

How can we easily track program participation?

- **Generate a list of participants.** This is often the same as a list of students in a particular class. Create a spreadsheet with the names of participants in the first column, with subsequent blank columns for each session. This spreadsheet can be used to record attendance at each session, and can also be used to record demographic information.
- **Check school attendance records.** Obtain a copy of attendance records from the school or classroom educators for each day that the program was delivered. This information can be used to show which students attended each session.
- **Verify dates.** Ensure that your information is accurate by verifying that the dates on which the program was supposed to be delivered are the same dates on which it was actually delivered. This can be done by verifying the dates with educators directly, or by checking fidelity monitoring forms.
- **Determine the average amount of the program received.** The first step is to determine the number of sessions each participant attended, and compare this to the number of sessions that were possible for him/her to attend. You can use this information to calculate a percentage of sessions attended by each individual. Then, by adding these numbers and dividing by the number of participants, you will obtain an average amount of the program received for the group as a whole. See Figure 7.1 below for an illustration:

Figure 7.1: An Example of Documenting Average Amount of Program Received

Participant	# sessions attended	# possible sessions	% sessions attended	Average % sessions attended
Tyler	8	10	80%	66.7%
Shanise	7	10	70%	
Jeffrey	5	10	50%	

How can we track fidelity to the program?

To track fidelity, you will need information about what was actually delivered so you can compare it to what was intended (or expected) to be delivered. This includes asking educators to document what was provided and record (or track) fidelity monitoring data. It can also include observations of educators. The PSBA-GTO manual provides specific guidance (page 7-13) on how to construct a fidelity monitoring form, and offers examples of fidelity monitoring forms. EBPs and any associated adaptation kits sometimes include samples of these forms as well.

What is fidelity?

Fidelity refers to the extent to which you adhere to the program's core components during implementation.

Core components are the essential parts of the program (content, teaching methods and implementation practices) that are believed to be responsible for the program's effectiveness.

Regardless of what you choose to collect on fidelity monitoring forms, keep in mind that this can be viewed as extra work in school settings. Because support from educators is essential if you are to obtain high-quality data, you will need to motivate them to use these forms and provide data. To obtain this support, follow the tips below.

- **Ensure the principal is aware of the proposed data collection efforts, and obtain approval.** The first step in motivating educators to collect data is to ensure that their supervisor is aware of the need for this information and understands what will be required of educators. In some cases, this can be as simple as talking with the school principal, but in other cases you will need to obtain approval from district-level officials or even the school board. The district is in a good position to help school implementation teams understand what is required and to actually facilitate approvals if they are needed.

- **Communicate the purpose of fidelity monitoring.** When training on fidelity monitoring, be clear about the purpose for collecting the information, and share specifics about how and when it will be used. Educators often feel more motivated to provide data when they know it will be used to document successes and challenges, and make future improvements to the program.

- **Share details with educators about how and when data will be reviewed.** Motivation to provide information will be enhanced when educators are invited to review overall findings and provide suggestions for improvement. Announce a specific date and time for review of the data with the educators, so that they are aware of the need to provide timely data. Be careful to share information in a way that does not critique individuals in a group setting—but also find a way to share individual feedback in non-judgmental ways so that educators can be supported to deliver programs with fidelity.

- **Provide incentives.** Some districts have had success collecting fidelity monitoring forms when they provide incentives for doing so. Examples of incentives include small gifts such as movie tickets or gift cards, or a friendly competition where those who provide data can enter their names into a drawing for a prize. Similarly, incentives can be offered for providing data by a designated deadline.

- **Make it easy for educators to provide data.**

    - **Keep the forms short and minimize need for writing.** Only ask for what you absolutely need from educators. A fidelity monitoring form can be as simple as asking an educator to check a box to indicate whether or not a particular session was delivered and whether or not any changes were made. When possible, avoid asking questions that require educators to provide extensive comments. Extra space can always be added to the form to allow for optional comments.

- **Make the forms easy to return.** Make sure educators know what should be done with the forms after they are completed. Providing a pre-addressed envelope for paper forms or an online form for fidelity monitoring will increase the likelihood of collecting information in a timely manner. If possible, use online formats to eliminate the need to keep track of paper documents.

- **Streamline procedures to make better use of process evaluation data.**

  - **Collect and analyze data frequently while the program is still being implemented.** If you wait until the end of a program cycle to collect data, you run the risk that educators will wait to record their observations until the information is due. This increases the chances that the information you receive will be inaccurate and incomplete, because it can be difficult to remember details of implementation once time has passed. By collecting and reviewing data as frequently as possible during implementation, you can also identify problems with data collection and implementation as they occur, allowing more opportunities to rectify the situation.

  - **Limit the data you collect to what you need and can process.** Make sure that the amount of information you collect matches your capacity to process the information. Entering and analyzing data can be time-consuming, particularly if a program is being implemented across multiple schools. Consider the number of educators from whom you will collect data, along with the number of sessions, and use this information to estimate the number of forms that will be generated. It may be perfectly fine to gather detailed fidelity data from a sample of educators if you do not have capacity to collect and analyze it from all educators. Be sure that you have allocated enough time to log this information in a timely manner.

  - **Change the questions you ask at each implementation cycle.** By varying the questions you ask, you can collect additional information without burdening educators (e.g., ask about student perception about a birth control activity in one cycle and the refusal skill role plays in another cycle). Pulling this information together over several implementation cycles will provide you with richer data to use for a process evaluation.

  - **Use technology to help with data collection and reporting whenever possible.** There are multiple web-based tools available for creating surveys which can be used to collect and summarize information provided by educators. These tools can speed up data collection as well as analysis, enabling your district to provide more timely feedback to educators and other stakeholders. See the Resources section of this step for examples of web-based tools. Use of scan forms is another possibility and may be more feasible if access to computers is limited.

How can we track personal perceptions of the program? Staff perceptions can be tracked using fidelity monitoring forms, a separate survey assessing perceptions of the program overall, debriefing sessions, or all of the above. See the Sample Project Insight Form (found in PSBA-GTO) for ideas about types of questions to include. Student perceptions can be tracked in the same way. For help designing possible questions to ask, see PSBA-GTO for a Sample Overall Satisfaction Survey (found in PSBA-GTO).

How can we measure how well we followed our district and school implementation work plans? This is a relatively straightforward process that involves assessing whether or not your teams carried out the tasks listed in the work plan you created in Step 6, and whether or not the tasks were completed by the scheduled date. Later on, when you work through Step 9 (CQI), you will assess whether your work plan was adequate to meet the needs of all members of the teams and determine how it might be revised.

Task 4: Set the schedule and assign actions to responsible parties.

Work together. In school districts, multiple individuals will need to work together to ensure that data is collected and used in a timely manner. The district work group member(s) responsible for data collection and management should work with the school implementation teams to set up a schedule and a set of procedures for data collection. Updates on data collection successes, challenges, and status should be part of regular implementation team meetings during program implementation.

Establish a set of procedures. These procedures should include clear directions on how forms are to be distributed and by whom, when they will be collected and by whom, and where they are to be stored for future reference. Be sure educators know who they can contact if they do not receive data collection forms. Also document what is to be done if data is not received in a timely manner from educators. It will be helpful to decide upon a feasible reminder system, and to determine who should be notified if educators do not provide data.

Task 5: Create the outcome evaluation plan.

The PSBA-GTO manual recommends that you work through Step 8 (Outcome Evaluation) at this point, so you can determine if your district will administer assessments to students prior to implementation. Step 8 provides guidance on creating assessments that will help you measure the impact of the programs). Ideally, these will be created now, so they can be administered before the program begins and again at its conclusion.

Task 6: Implement the process evaluation.

Once you have process and outcome evaluation plans in place, you are ready to begin implementing the program and following the schedule you have set out for data collection. It will be important for the members of the district work group involved in data collection to stay in close contact with the school implementation teams by checking in frequently as implementation begins.

Resources - Step 7

Centers for Disease Control and Prevention, Division of Adolescent and School Health

Survey Monkey: (web-based tool for data collection)

Zoomerang: (web-based tool for data collection)

STEP 8:
OUTCOME EVALUATION

Key question to be answered in Step 8

1. Was the program(s) successful in producing positive outcomes for youth?

Step 8 Tasks

- ☐ Decide what to measure.
- ☐ Compose the survey questions.
- ☐ Choose a design and collection method.
- ☐ Finalize the outcome evaluation instrument.
- ☐ Identify the sample and set the evaluation frequency.
- ☐ Conduct the outcome evaluation.
- ☐ Analyze the data and report the results.

What is the purpose of Step 8?

Step 8 helps users determine if their program efforts were successful in changing expected outcomes among youth. During Step 8, you will identify the tasks involved in designing an evaluation plan, design data collection instruments, and analyze and report findings.

What are the benefits of Step 8 for school districts? Outcome evaluation provides crucial information to help your group (and your decision-makers and/or funders) decide whether it is worth the time and effort to continue implementation of the program. This is particularly important in school settings, which must ensure that every minute with students is spent as wisely as possible.

Many organizations, including school districts, fear that they lack the capacity to conduct an outcome evaluation. This step is designed to allay those fears by describing a practical, realistic and systematic process for doing so. Keep in mind that by using MESHEWS to work through the PSBA-GTO process, your district will have already completed much of the planning needed to conduct a basic outcome evaluation.

Why should we evaluate an evidence-based program (EBP) that has already been evaluated and shown to be effective? Communities differ on many characteristics and there is no guarantee that the results achieved elsewhere will be achieved in your district. It is also very common to see EBPs implemented partially or delivered without fidelity—if this happens, the program may have a reduced effect or no effect at all. So, although you may be convinced that the program will work in your school(s), it will be important to know if positive changes actually occur. This information is important not only for justifying your efforts to decision-makers and/or funders, but more importantly for the students who you are trying to enable to make healthy sexual decisions.

How can school districts approach Step 8?

The seven major tasks associated with Step 8 are listed in the box to the right. In this step, we provide tailored guidance and documentation tools for your district to use as you work through these tasks. Read through Step 8 of the PSBA-GTO manual before proceeding further, and print out a copy of the **Outcome Evaluation Planner Tool** (found in PSBA-GTO) for your reference as you work through this step.

Who should be involved in working through Step 8? The district-level work group and school implementation teams will need to work together to ensure a successful outcome evaluation. Although the district may be responsible for reporting on the ultimate outcomes, it will need the help of school implementation teams to collect data. The data collected at the school level is more likely to be of higher quality when schools are involved in planning the outcome evaluation and have some decision-making power.

Task 1: Decide what to measure.

Your district-level work group has already conducted much of the work needed to make decisions about what to measure by developing desired outcome statements based on the logic model you created in Step 2. Remember that when developing these outcome statements, your group considered the following questions:

- What youth outcomes are reasonable to expect from implementing the selected program(s)?
- What evidence do we need to provide to decision-makers and funders to justify continued implementation of the program(s)?
- What youth outcomes are possible to measure?

How can we determine what outcomes are reasonable to expect to achieve?

- **Review the outcomes that were measured in the research on the selected program.**[26] It is reasonable to expect changes similar to those seen in the original evaluation, if you are implementing the program with fidelity and with a similar population, and can collect data over the same time periods measured in the original study. Keep in mind that even if a particular program did not show a change in a particular outcome (or did not measure a particular outcome), you may still want to measure that outcome with your students as you may get new or different results.

- **Match your expectations to the size of your effort.** As discussed in earlier sections, types of outcomes can range from changes in knowledge, attitudes, skills, and intentions to behavior. Behavior outcomes can also result in changes in birth, STI, or HIV rates. But if your district wants to consider measuring changes in these rates, seek the advice of an evaluator who can help determine whether the number of students who will receive the program is large enough to make an impact on sexual health outcomes or behaviors across your district or selected schools. If you plan to implement in just one school, for example, you are unlikely to see changes in pregnancy or STI rates across an entire district. But if you are able to get data that is specific to one school (by zip code, for example), you may be able to detect changes in rates at that school. If you are able to implement programs across a larger number of schools with higher-than-average rates of births and/or STIs, it is reasonable to expect to see changes in those rates over time across your district. It is important to note that these types of measurement strategies take a long time to assess—it may take more than a year to know if rates have changed (due to the delay in reporting and summarizing data) so consider this reality when deciding what to measure.

- **Match your outcomes to the type of evaluation you will conduct.** If you plan to measure behavior over time among a group of students, you will need to keep in mind that as students get older, the likelihood of engaging in sexual activity increases. This can create a false impression that the program failed to reduce sexual risk behaviors. You will therefore need to include a comparison group in your evaluation efforts. To do so, seek the help of an evaluation specialist.

- **Make sure your expectations are realistic regarding possible change in academic-related outcomes such as dropout or attendance rates.** District data about dropouts may be the place to start. For example, if you gather the number of dropouts last year by gender and assume that 25% of dropouts among female students were due to pregnancy, you can deduce the maximum number of female dropouts you could expect to prevent by implementing the program(s). Keep in mind that you will not want to use this number, however, because it is unlikely that any program can prevent every pregnancy from occurring or prevent every dropout related to pregnancy. Instead you may want to set a goal of reducing the dropout rate by a smaller amount, by 5% (among females) for example. Even then, you should only attempt to set this goal if you are implementing program(s) across an entire district, or at least among all schools in areas of higher risk of teen pregnancy.

How can we determine what evidence our decision-makers and funders need? In the *Getting (and Keeping) Others on Board* section of the MESHEWS, we suggest discussing with potential decision-makers the types of information they would find influential in determining whether to approve a particular program. Use this information to make decisions about what data to collect in order to justify continuing the program. After reading through this section, you may find that you need to hold follow up discussions with decision-makers to educate them about what outcomes are reasonable to expect and possible to measure.

How can I determine which outcomes will be possible to measure? Before you determine which outcomes will be possible to measure, remember that there is no need to choose just one measure of success. It is possible that a district might choose to measure success in terms of birth/HIV/STI rates while an individual school would measure success on the basis of changes in knowledge and attitudes, skills, or behaviors/behavioral intention.

26 Information about outcome evaluation is usually available from the program developer and may be included in the program materials.

Once you have desired outcomes in mind, consider what methods you might want or need to use to measure them. If you wish to measure changes in knowledge or attitudes among individual students, you will most likely need to administer written assessments (surveys) before and after the program is implemented. If you wish to measure changes in skills such as communication, you can also rate these skills during role plays. Measuring changes in behavior may require conducting assessments several months after the program is completed among your own participants and, ideally, a comparison group as well. As discussed earlier, if your district wants to measure changes in birth/HIV/STI rates, you may be able to do so by obtaining data from the health department without asking questions of students directly.

Measuring Behavior

Seek professional evaluation guidance if you want to measure behavior. An evaluator can help you make sure your research methods are appropriate.

Below are some additional questions to ask when determining which outcomes are possible to measure.

1. If you will need to administer surveys, are you able to obtain school board approval to do so? Do you need IRB approval as well?
2. Will the school board allow you to ask questions related to all of your desired outcomes (e.g., sexual risk behaviors)?
3. Will you be required to obtain active consent (permission letters) from parents in order to collect data from students?
4. Would program educators be willing and able to assess skills (e.g., communication skills) via role plays?
5. Can the district assist with data collection at the school level? In what ways?
6. Are you able to store data securely, to preserve student confidentiality?
7. Is the district able to collect data from other sources, such as local health departments or federally-sponsored surveys (e.g., YRBS)? What data is available?
8. Are you able to follow students over time, either through data you collect yourselves or through federally-sponsored surveys such as the Youth Risk Behavior Survey (YRBS)?
9. What resources are available to help with analysis of student data?

Table 8.1 below provides a summary of the pros and cons to measuring various outcomes.

Table 8.1: Pros and cons to measuring various outcomes

Outcomes to Measure	Pros	Cons
Knowledge and attitudes	• Easiest to measure • May not need to secure approval to assess students • Little effort required • Can also serve as student assessments	• Evidence may not be strong enough for decision-makers
Skills (e.g. communication)	• Assessment does not require written survey, eliminating need to seek approval • Can form part of student assessments	• May require evaluation expertise to develop objective ratings of skills • Evidence is not as strong as behavioral evidence
Behavior intentions	• Slightly stronger evidence of effectiveness than knowledge and attitudes • May be more relevant measure for younger students or those who are not sexually active	• Evidence is not as strong as behavioral evidence
Behavior	• Provides stronger evidence of effectiveness than knowledge, attitudes and intentions • May already be collected via federal or state-sponsored surveys	• May require school board approval • Requires more resources to support data collection • Need comparison group, or behavior will look worse over time due to aging of students
Birth/HIV/STI rates	• Ultimate outcome – provides strongest evidence of effectiveness	• May be difficult to demonstrate change – need to implement with large numbers • Available data may not be specific enough for your needs • Data may not be available for a long time after program delivery

Task 2: Compose the assessment (survey) questions.

If you have chosen to administer written assessments to students, you will need to next consider which questions you will ask. You may be able to draw on survey questions provided with program materials or contact the developer for questions used in original studies. When making this decision, consider the need to keep assessments as short as possible to fit within the time constraints of classrooms. To keep surveys short, develop an outline for a report now which shows the areas on which you want to report. This will help you eliminate questions from your assessment that are not necessary to include in a report. Involve school implementation teams in determining the final content of student assessments, so that educators can provide input on making these assessments responsive to everyone's needs.

Survey resources in PSBA-GTO

The PSBA-GTO manual includes tools, examples, and a bank of questions that can be used for surveys (see pages 1-19).

Task 3: Choose a design and collection method.

Keep data confidential!

Remember to put procedures in place to ensure that data is collected and stored in such a way as to preserve student confidentiality. Your evaluator and district's legal coordinator can help you determine how this is best done.

When choosing an approach to outcome evaluation and data collection methods, school districts will want to carefully consider the capacity of the district as a whole to process and analyze the data, as well as the capacities of individual schools to collect the data. Some ways to minimize time and effort are listed below.

- **Sampling students.** Consider collecting data from only a sample of students who participate in a program. Although individual educators may want all of their students to complete assessments before and after program implementation for their own purposes, the district may choose to analyze only a portion of data if capacity is limited.

- **Sampling classrooms.** If educators do not plan to use the data for student assessments, consider administering the survey with only a few randomly selected classrooms within a school. (You may need the advice of an evaluator who can help you ensure that those you select to survey are representative of the entire group receiving the program(s).)

- **Sampling schools.** In very large districts, it may be possible to sample schools that implement a program and compare those schools with those who use a standard health education curriculum. An evaluator can help you determine if the number of schools in your district is large enough to allow for this possibility. Note that this option requires implementation of a program with a large number of students (e.g., an entire grade level) to allow an impact to be detected.

- **Using school-friendly data collection techniques.** When collecting data from students, keep in mind that the data will be easier to process if the assessments are designed in a school-friendly format. Avoid written responses to questions, and use scan-ready forms in which students fill in "bubbles" for responses whenever possible. If students have access to computers, they can complete surveys electronically which minimizes effort in collecting and processing data.

Task 4: Finalize the outcome evaluation instrument, if relevant.

At this point, your district-level work group and school implementation team(s) should come to a consensus about the content of the instrument(s) if one is going to be used. If possible, test any written assessment you will use by administering it to a small group of students who are of similar age but not slated to receive the program to see if it is understandable, easy to use, and acceptable to the students. It will also be helpful to check in with educators after a pre-assessment has been administered to determine if any problems or questions emerged. Your district may also want to allow parents, School Health Advisory Committee (SHAC), and/or school board to review and approve the finalized survey. Make edits to the assessment or data collection process as needed.

Task 5: Identify the sample and set the evaluation frequency.

As discussed above, you may have determined that you wish to collect data from all students who will receive the program, or just a portion of these students. While finalizing that decision, you will also need to determine the number of times you will collect data from each student (or each student in your sample), which is the evaluation frequency. In a school context, it is perfectly fine to simply collect data right before and right after the program is implemented. Collecting data another time in three months or more after the program ends will provide information about the sustained effects of a program but requires extra coordination and more sophisticated analysis to interpret fully. The addition of a third, delayed data collection point strengthens the evaluation, but if it is not feasible, it may make the most sense to focus on a basic pre-test, post-test frequency.

Task 6: Conduct the outcome evaluation.

Although school districts will conduct outcome evaluation in much the same way as other organizations, they will need to plan even more carefully to ensure that outcome evaluation fits into tight classroom schedules. In particular, districts and schools need to:

- **Follow district policies regarding consent for students to complete the evaluation.** As discussed earlier, you may need to obtain consent for students to answer survey questions related to knowledge, attitudes, and/or behavior. Determine the extent to which this is needed, and whether the consent can be passive (i.e., parents/guardians return the consent form only if they do not want their child to participate) or needs to be active (all participants must return a permission form). Passive consent is preferable not only because it involves less effort, but because it usually means higher participation in assessments.

- **Determine how confidentiality will be preserved.** Obtain professional advice about labeling surveys so that they can be individually matched without using student names, and carefully document procedures for storing data securely. Be sure to specify who is able (and not able) to gain access to the data.

- **Determine who is allowed to collect data**. In some states, teachers are not permitted to administer pre and post assessments. Check your district's policies to determine whether this is the case in your district, and work with the school and district implementation teams to determine a solution if necessary. In some cases, it may be possible for a counselor or other school-level staff member to administer assessments.

- **Build in extra time for student assessments.** The most important consideration for districts and schools to make when conducting outcome evaluation is the time required to administer student assessments. Since most programs do not

Comparison Groups

Comparison groups for a school-based program usually include other classrooms within a school, or other schools in the district. Professional advice is required to establish an appropriate comparison group.

build in time for these assessments, school implementation teams will need to allocate time before and after the program is implemented to administer assessments. Administering assessments on the same day implementation begins or ends can interfere with the timing of activities, potentially compromising the ability of educators to implement the program with fidelity. Planning ahead can help fit these assessments in with the least disruption to planned activities.

- **Plan carefully if including a comparison group (optional).** Most schools will not include a comparison group unless they are helping with research on the program or have a lot of support from the district to do the extra work to identify and assess this group. If your design does include a comparison group, extra planning is needed to ensure that student assessments take place at roughly the same time for those receiving the program and those in the comparison group. This will help ensure that any differences between groups are due to participation in the program rather than other events or the aging of participants.

Task 7: Finalize the outcome evaluation instrument, if relevant.

At this point, your district-level work group and school implementation team(s) should come to a consensus about the content of the instrument(s) if one is going to be used. If possible, test any written assessment you will use by administering it to a small group of students who are of similar age but not slated to receive the program to see if it is understandable, easy to use, and acceptable to the students. It will also be helpful to check in with educators after a pre-assessment has been administered to determine if any problems or questions emerged. Your district may also want to allow parents, School Health Advisory Committee (SHAC), and/or school board to review and approve the finalized survey. Make edits to the assessment or data collection process as needed.

How can school districts make the best use of results?

- **Share findings with school implementation teams.** After analyzing the findings, share them with the school implementation team(s) before developing the report. Members of the team will likely have valuable insights that will help to interpret the results.

- **Customize evaluation results for appropriate audiences.** Keep in mind that you may need to modify reports depending on the audiences with whom you will share the findings, and the venues available to you for doing so. Develop a one-page summary of findings you can use for short presentations to various stakeholders. Possible audiences/venues include school board meetings, PTA meetings, School Health Advisory Committee meetings, or individual meetings with key district administrators.

- **Think about CQI.** Prior to presenting results, work through Step 9 (CQI) so you will be prepared to discuss changes which may need to be made to improve implementation or program outcomes.

STEP 9: CONTINUOUS QUALITY IMPROVEMENT (CQI)

Key questions to be answered in Step 9

1. What worked well in this cycle of program implementation?
2. What changes should we make for the next cycle of implementation?
3. Do the evaluation results suggest that we should continue using the program(s) we selected, or should we consider other programs?

Step 9 Tasks

- ☐ Decide who will be involved in CQI.
- ☐ Determine when CQI sessions will take place.
- ☐ Develop questions to ask during CQI sessions.
- ☐ Determine how CQI results will be shared.

What is the purpose of Step 9?

Step 9 guides your district and school-level teams in recognizing areas of your program implementation that were successful, as well as areas which might be strengthened. Specifically, during Step 9 your teams will:

- Systematically examine your program implementation results so you can make informed improvements during the next implementation cycle
- Determine what worked well during the program implementation, so you can be sure to repeat these successes in the future
- Document challenges so you will be prepared to overcome them in the future
- Document all of this information so it can be shared with funders and other stakeholders

What are the benefits of Step 9 for school districts? CQI helps districts determine what worked well, what didn't work well, and what needs to be changed. The CQI process provides tangible ways for those directly involved in program planning and delivery to share their perceptions of the program and suggestions for improvement. Seeing these suggestions translated into action often serves as a powerful way to motivate program educators to implement a program with quality and fidelity, a benefit that is particularly relevant in busy school settings.

How can school districts approach Step 9?

Take a moment now to read through Step 9 in the PSBA-GTO manual and print out a copy of the CQI Results Tool (found in PSBA-GTO). You will see that Step 9 is organized around the questions that need to be asked during a CQI review, rather than a specific set of tasks. This section focuses on an approach districts can take to ensure that CQI is conducted efficiently and effectively. Specifically, we will discuss:

- Who should be involved
- When CQI should take place
- What questions need to be asked
- How to share CQI results with stakeholders and decision-makers

How can we document our work during Step 9? Your district and school-level teams can use the **CQI results tool** when conducting a CQI review. You will also need to go back to your work plan (Step 6) and note when you plan to hold a CQI review and share results if you have not already done so.

Who needs to be involved in CQI? School districts will find that CQI is most successful when:

- It starts with a "big picture" discussion at the district level. The district-level work group should review data collected and prepare questions to ask during CQI meetings.

- It involves the entire school implementation team as well as members of your district-level work group. It may also be helpful to include an external evaluator or consultant, depending on the role one played in the process to date.

- It involves as many program educators as possible. This is especially true the first time CQI is conducted. In subsequent CQI reviews, you may be able to scale down the number of educators involved.

- Those directly involved with implementation have an opportunity to contribute to the CQI process before wider groups of stakeholders (such as parents and district-level decision-makers) are brought into the discussion. By doing so, you will minimize the potential of controversy by determining how you will share any information you uncover with the wider community.

When should school districts plan to conduct CQI? A CQI session will typically take place after a program has gone through one cycle of implementation. But, planning for CQI starts well before program implementation. School districts will find it useful to review the CQI Results Tool (found in PSBA-GTO) when planning process evaluation so that team members will be aware of what will be asked during a post-implementation CQI meeting. This awareness builds motivation for collecting the data, and focuses efforts on the types of data that are most pertinent to collect. It also helps demonstrate that the data collected will be directly used to make improvements to the program.

What should school districts emphasize during a CQI review? Although it is important to ask all of the questions on the **CQI Results Tool** (found in PSBA-GTO), school districts should also consider:

- Inquiring about educator comfort when assessing staff capacity. Sometimes educators report feeling comfortable discussing sensitive topics prior to implementation, but learn that they are less comfortable with the material once the program is underway (the reverse can be true as well – educators sometimes find that it was not as difficult as they imagined it to be!).

- Administering the **Educator Self-Assessment (Tool 5.1)** from Step 5 again to determine whether any additional training is needed.

- Inquiring about the placement of the program within a particular subject. For example, if the program was delivered as part of a health education course, your group should ask, "Was that the best subject in which to offer the program, or does the content fit better with another subject area?"

How can school districts share the CQI results? Before sharing CQI results, your district will need to:

- **Develop a plan for sharing the results of your efforts.** In the *Getting (and Keeping) Others on Board* section, we discuss the need to learn about what information decision-makers will need in order to continue to support the program(s), and at what point in time that information is needed. Use that information to develop a plan for sharing results with decision-makers.

- **Determine which proposed changes may need approval.** Investigate whether or not any changes you might want to make to the program as a result of the CQI process will require approval from decision-makers. This will be particularly important if you are considering making adaptations to the program, changing the program selection altogether, or changing the groups in which it is implemented.

- **Review the controversy management plan.** The plan that you developed in the Getting (and Keeping) Others on Board section should also help dictate how and when you share results with various groups of stakeholders, particularly parents. If your plan does not include that component, take time to add it now to help ensure that you continue to be transparent in your efforts.

At this point, your hard work in selecting, implementing, and evaluating program(s) should be paying off and you may be ready to start thinking about how to sustain your efforts. Although sustainability should be considered throughout the program planning process, you will dive more deeply into the subject when you are ready to tackle Step 10 (Sustainability).

STEP 10: SUSTAINABILITY

Key question to be answered in Step 10

1. How can we perpetuate our success in delivering the program(s)?

Step 10 Tasks

- ☐ Update data collected in Step 1.
- ☐ Watch for shifts in priorities and/or policy changes.
- ☐ Keep apprised of new programs.
- ☐ Stay aware of educators' needs.
- ☐ Become a trainer on the program(s) you offer.
- ☐ Offer booster trainings and/or technical assistance.
- ☐ Develop a project summary to orient those new to the project or new to the school.
- ☐ Review evaluation data.
- ☐ Support ongoing CQI.
- ☐ Ensure that your efforts stay on the radar.
- ☐ Maintain a presence on school health committee meetings, PTA meetings, and/or school board meetings.
- ☐ Keep apprised of changes in policies.
- ☐ Ensure that the program(s) are well integrated.

What is the purpose of Step 10?

Step 10 is aimed at helping your group maintain momentum for your efforts to implement a program(s) in the face of ever-changing priorities and challenges. As school districts well know, no matter how hard you work to initiate a program, maintaining it requires regular and systematic effort. Step 10 aims to make this effort easier by providing guidance on tangible ways to sustain the program from the outset.

What are the benefits of Step 10 for school districts? Addressing sustainability helps ensure that the hard work you have done to put one or more programs in place continues to pay off for future groups of students. Working through this step provides a way to ensure that the program(s) remain relevant in the face of changing priorities, and that they continue to be understood and supported by current and future decision-makers, as well as educators.

How can school districts approach Step 10?

Start by reading Step 10 in the PSBA-GTO manual. As with Step 9, Step 10 provides guidance rather than a specific step-by-step process for addressing sustainability. This guidance applies to school districts as well as community-based settings. The PSBA-GTO manual highlights research (page 10-9 to 10-11) which indicates that programs are more likely to be sustainable if they:

1. Continually align with participant needs
2. Remain compatible with implementing organizations
3. Contribute to positive, trusting relationships between key stakeholders
4. Realize success at achieving stated goals and objectives
5. Cultivate stakeholder ownership

Step 10 in the manual also provides strategies that all organizations can use to enhance program sustainability. To complement these strategies, we summarize below some key action steps that are particularly important for education agencies to pursue in their efforts to sustain program(s).

How can we document our work during Step 10? The PSBA-GTO manual provides a **Sustainability Review Tool** (found in PSBA-GTO) for documenting action steps your district and school implementation teams plan to take to help ensure your efforts are sustainable. These action steps can form part of your sustainability plan. The tool can be modified as you see fit. In the list below, we summarize some key steps that are particularly important for education agencies to focus on.

Key action steps for promoting program sustainability in education agencies:

- **Update data collected in Step 1.** At least every three years, review the needs and resources you assessed in Step 1 to be sure it has not changed since you last collected the information.

- **Watch for shifts in priorities and/or policy changes.** Check the district and state educational agency websites regularly to stay aware of new developments that could impact your efforts. You may also want to schedule annual interviews with key decision-makers to learn about developments that may not be reflected in formal statements to the public.

- **Keep apprised of new programs.** Check federal websites listing evidence-based programs to stay aware of new additions to the lists that may be an even better fit for your students. There are several national organizations (e.g., Health Teen Network, ETR, the National Campaign to Prevent Teen and Unplanned

Pregnancy, etc.) that share information about promising evidence-informed programs. If you do wish to select a new program, consider it thoroughly using Steps 3 through 5 of PSBA-GTO, to be sure the program matches your goals, needs and capacity.

- **Stay aware of educators' needs.** Ensure that educators remain comfortable delivering the program by administering **Tool 5.1: Educator Self-Assessment** described in Step 5 of this document at least annually, and to all new educators as they come on board.

- **Become a trainer on the program(s) you offer.** Two or more district-level staff should aim to attend training-of-trainers so that they can train future educators as the need arises. Having capacity in-house makes it easier and less costly to train future educators.

- **Offer booster trainings and/or technical assistance.** Use your CQI results to determine what sort of supplemental/booster training sessions or technical assistance might be needed to ensure educators continue to have the capacity they need to implement the program(s). Program training to new educators can also serve as booster trainings to current educators.

- **Develop a project summary to orient those new to the project or new to the school.** Education agencies commonly experience staff turnover, and program implementation can suffer if new staff and decision-makers are not made aware of your efforts to implement program(s) and the reasons behind those efforts. Create a short summary sheet containing this information and ensure each school implementation team has at least one copy. Update the summary annually with the most current evaluation data you have.

- **Review evaluation data.** Continue to conduct evaluation and review the results to be sure you are maintaining positive outcomes.

- **Support ongoing CQI.** Meet with school implementation teams after every program cycle, even after the program is up and running. In the meetings, be sure to discuss:

    1. Latest evaluation results
    2. Changes made to the program as a result of stakeholder feedback
    3. Changes in the school environment that could affect implementation (e.g., staff changes)
    4. Any changes in perceptions of the program
    5. Stories or anecdotes related to positive program outcomes for participants (these are useful in reports to decision-makers)
    6. Suggestions for improvement

- **Ensure that your efforts stay on the radar.** Maintain a focus on transparency by developing a plan to share results with key stakeholders such as school board members, district-level administrators, and parents, as discussed in the *Getting (and Keeping) Others on Board* section. Add reminders to share results into your overall work plan to help ensure the results are shared as outlined in your plan.

- **Maintain a presence on school health committee meetings, PTA meetings, and/or school board meetings.** These meetings are often the first place that concerns or issues regarding programs are raised. You may be able to address any questions on the spot, preventing concerns from growing larger.

- **Keep apprised of changes in policies.** At least annually, check for any changes in state or district-level policies that could affect the implementation of the program you have chosen, or policies that could open the door to implementing other programs.

- **Ensure that the EBI(s) are well integrated.** Examine data you collect as part of CQI about whether the program is "housed" in the right subject area. Although programs are most often successfully sustained

when they are part of health education classes, sometimes it is more sustainable to implement them in science, personal development, or other life-skills related subjects.

A closing note: Working through this step means revisiting work you have completed or planned to complete in previous steps. This is a key feature of PSBA-GTO. It is meant to be a cyclical, rather than a linear, process. Step 10 is therefore not the end of your efforts, but don't be disheartened! Reaching this point is a key milestone, and the process the next time around is likely to be much easier as a result of the work you have already done. You may not need to work through each step as thoroughly as you did the first time, as you may be able to draw on work you documented along the way. You can also take comfort from the fact that by working through this process, you have maximized the chances that your efforts will pay off in the form of positive impacts on your students, the very reason you chose to undergo this work.

Resources - Step 10

Office of Adolescent Health: Sustainability Webpage

Glossary

Activities are components of the selected curriculum that constitute implementation elements contributing to the desired outcomes. For example, a role play activity to practice communication skills.

Adaptation is the process of changing a evidence-based program to make it more suitable to a particular population or an organization's capacity without compromising or deleting the core components.

Behavior-Determinant-Intervention (BDI) logic model is a type of logic model that links a health goal, behaviors directly related to the health goal, determinants which influence those behaviors, and intervention activities designed to change those determinants.

Capacities are the resources (staff, skills, facilities, finances and other resources) an organization has to implement and sustain a program (see also cultural competence; fiscal, resource, and technical capacities; leadership capacity; partnership and collaboration capacities; staff and volunteer capacities).

Continuous quality improvement (CQI) is a systematic assessment using feedback from evaluation information about planning, implementation and outcomes to improve programs.

Core components are the essential elements of a program believed to make it effective that should be repeated or replicated to maintain program effectiveness.

Desired outcomes are those specific changes you expect as a result of your actions. These changes should reflect the changes in behaviors and determinants that you desire. Desired outcomes are also sometimes called objectives.

Determinants (of behavior) are risk and protective factors that affect whether individuals, groups or institutions engage in specific behaviors. Determinants have a causal influence on and upon behaviors.

Evidence-Based Program (EBP) is a program that has been (i) proven effective on the basis of rigorous scientific research and evaluation, and (ii) identified through a systematic independent review.

Fidelity describes the faithfulness with which a program is implemented. This includes implementing a program without removing parts of the program that are essential to the program's effectiveness (core components). This is also sometimes called compliance or adherence.

Fidelity monitoring systematically tracks how closely each intervention activity was implemented as laid out in your final work plan.

Fiscal, resource, and technical capacities encompass adequate funding and other resources needed to implement the program as planned (e.g., transportation, food, printed materials, and evaluation resources); technical capacities constitute the expertise needed to address all aspects of program planning, implementation, and evaluation; access to special materials needed to deliver the program; and, technology appropriate to the implementation of the program such as computers.

Fit expresses the overall compatibility between a program and the youth, organization and stakeholders, that is, the community served.

Health goal is the overarching, big-picture, desired outcome. Goals reflect the impact hoped for in the future, such as "reduce teen pregnancy rates in X county."

Institutional Review Board (IRB) is a group of people responsible for reviewing research procedures and

making sure they are ethical, legal and contain minimal risk to those involved in the research.

Instrument is the stand-alone survey or collection of questions (measures) that constitute an evaluation.

Intervention activities consist of specific activities conducted with an individual or group in order to change behaviors. These are the actual details of what you will do to deliver your programs that are often spelled out in a curriculum or BDI logic model.

Leadership capacity encompasses leaders who understand and support the program including board members, those within organizations and those in the community who support the program.

Logic model is a visual representation of the sequence of related events connecting the need for a planned program with the program's desired outcomes.

LGBTQ is an abbreviation used to describe the sexual identity of individuals who are Lesbian, Gay, Bisexual, Transgender, or Queer/Questioning.

Measures are individual questions or data items gathered on a survey designed to obtain information/data about the behavior and determinants being examined.

Needs and resources assessment is a systematic way to identify current conditions underlying the potential "need" for a program or intervention and to identify related community resources.

Outcome evaluation determines whether a program caused an improvement among its participants on specific areas of interest (e.g., reduction in sexual risk behaviors, fewer teen pregnancies, etc.) and by how much.

Partnership and collaboration capacities involve connections with other community partners who can help implement and support the program.

Priority population is the target group to be served by the program interventions that your group eventually plans to institute.

Process evaluation assesses the degree to which your program is implemented as planned. It includes monitoring the activities, who participated and how often, as well as the strengths and weaknesses (quality) of the implementation.

Protective factor is one whose presence is associated with increased protection from a disease or condition.

Risk factor is one whose presence is associated with an increased risk of a disease or condition.

Sexually Transmitted Diseases (STDs) and Sexually Transmitted Infections (STIs) (e.g., chlamydia, gonorrhea, HPV) are frequently transmitted between humans by means of sexual contact. Many programs and organizations use the term STD; for MESHEWS, we've chosen to use the more comprehensive term STI. You'll often find them used interchangeably.

SMART desired outcome statements articulate strong outcomes structured on five essential components. They are Specific, Measurable, Achievable, Realistic, and Time-bound.

Staff and volunteer capacities refer to staff with appropriate credentials, training, experience, and commitment to the program; trained and committed volunteers.

Stakeholders are the individuals and organizations invested in your program's delivery and results. Stakeholders include participants, their families, program staff and volunteers, funders, and community organizations.

Sustainability is the continuation of a program after initial funding has ended.

Tasks encompass all of the broader actions needed to prepare for and carry out a program which includes such things as preparation, training, and staff debriefings among others.

Work plan is the organized, formal documentation of components and tasks necessary to implement a program, broken down by resources, personnel, delivery dates, and accomplishments. The work plan specifies who will do what, when, where, and how.