

Innovative Solutions for HIV, STD, and Teen Pregnancy Prevention: The National Stakeholders Collaborative



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Session Overview

- *Make a Date (~10:00am)*
- National Stakeholders Collaborative (NSC)
- Rationale for collaboration and program integration around HIV, STD, and unintended pregnancy prevention among school aged youth
- National Stakeholders Meetings (NSM) and collaboration at the state level
- California Model: ASHWG
- ASHWG model applied at the local level: Southern California Sexual Health Collaborative

Who We Are – National Stakeholders Collaborative (NSC)

- Four national membership organizations:
Association of Maternal & Child Health Programs
National Alliance of State & Territorial AIDS Directors
National Coalition of STD Directors
Society of State Directors of Health, Physical Education & Recreation
- Operate under Memorandum of Agreement
- Supported by Cooperative Agreements with the Centers for Disease Control & Prevention, Division of Adolescent and School Health (CDC/DASH)

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NSC Mission

The NSC develops state-level, inter-agency partnerships to improve adolescent reproductive and sexual health programs through shared visions and joint strategies. These dynamic partnerships, involving departments of health and education officials, create and implement effective programs and policies to prevent HIV/AIDS, other sexually transmitted diseases (STDs), and unintended pregnancies among school-aged youth.



Sexual Health & Youth: Facts

- More new HIV infections have occurred among youth 13–29 years old than among any other age group. ¹
- Nearly half of new STD infections occur in young people ages 15-24, although they represent only one-fourth of the sexually active population. ² One in four teenage girls has an STD. ³
- In 2007, the U.S. teen birth rate increased for the second year in a row, after having risen for the first time in 15 years in 2006. Teen moms gave birth to more than 445,000 babies in 2007. ⁴
- In 2007, twenty-two percent of 12th grade students in U.S. high schools have had four or more sex partners, and 46 percent of sexually active 12th grade students did not use a condom the last time they had sex. ⁵

Sources:

- 1 http://www.kff.org/womenshealth/upload/3040_04.pdf
- 2 http://www.kff.org/womenshealth/upload/3040_04.pdf
- 3 <http://www.cdc.gov/stdconference/2008/medial/release-11march2008.pdf>
- 4 http://www.cdc.gov/nchs/data/nvsr/nvsr57/nvsr57_12.pdf
- 5 <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5704a1.htm>

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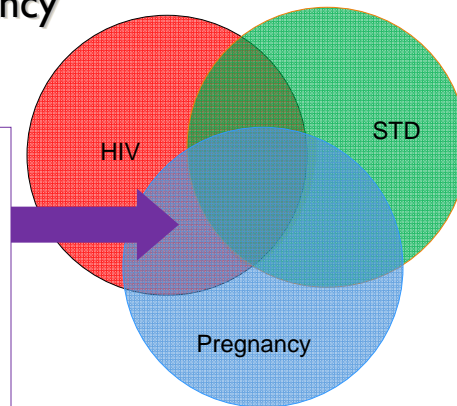
Risk and Protective Factors for HIV, STD, and Teen Pregnancy

Risk Factors

- Unprotected vaginal sex

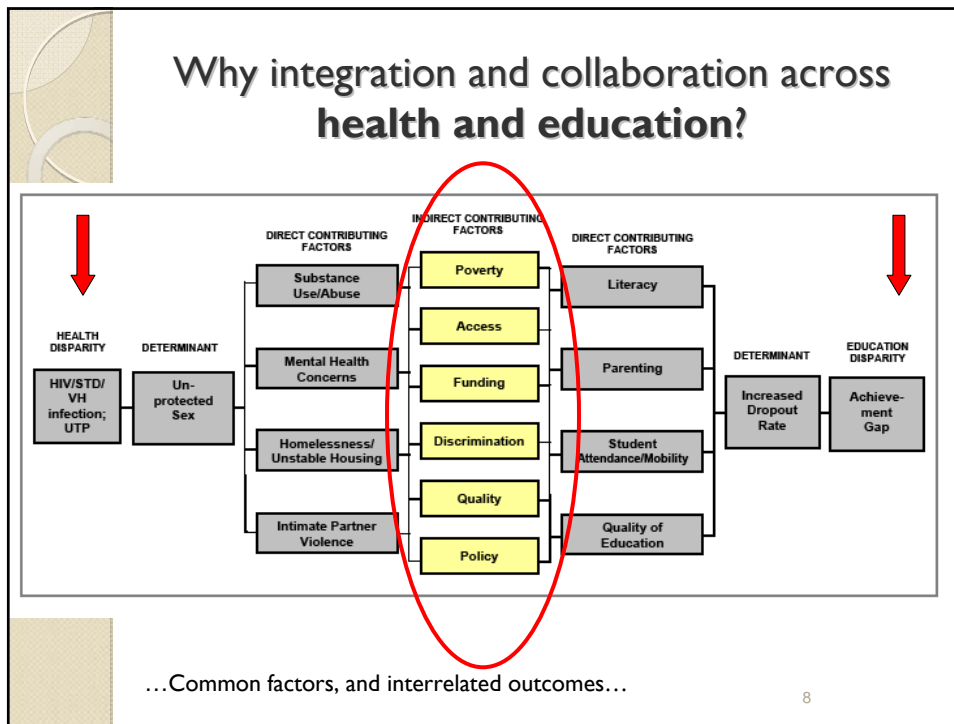
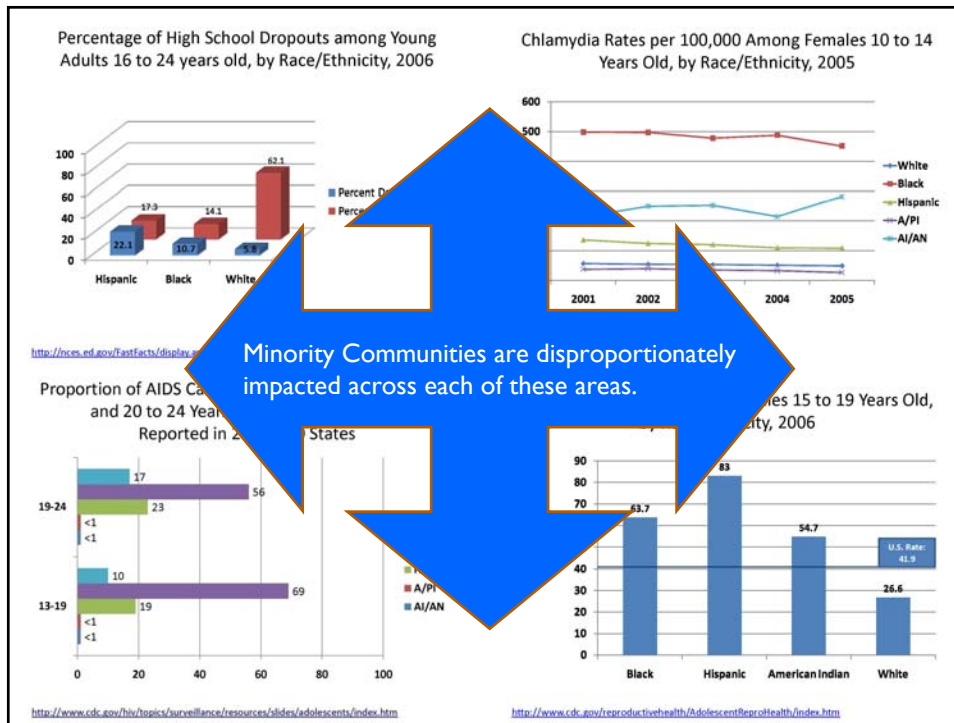
Protective Factors

- Sexual abstinence
- Consistent and correct condom* use
- Abstinence from alcohol and other drugs

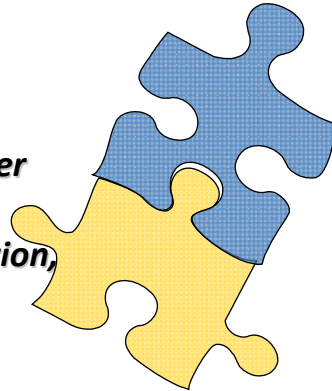


* Both male and female condoms

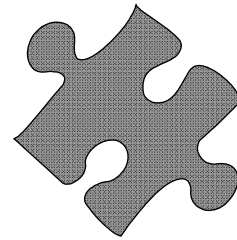
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Whether addressing broader issues (i.e. poverty, access, policy, funding, discrimination, quality, etc.)

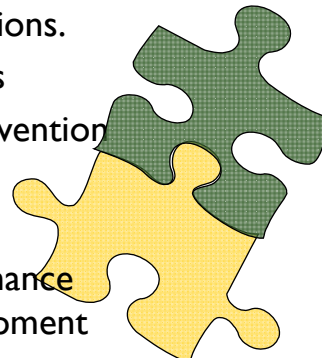


or local issues, such as which sex education curriculum will be taught in a particular school district...



- Education institutions are essential venues for reaching youth at risk for negative health outcomes.
- Health agencies can provide important support to education institutions.
 - ◆ Data collection and analysis
 - ◆ Knowledge of effective prevention strategies

Both agencies partner to enhance program and policy development

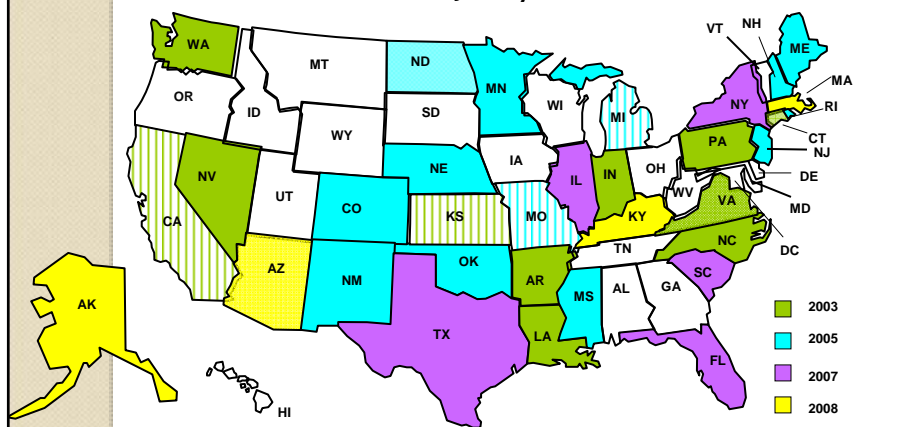


The Value of Collaboration and Integration Across HIV, STD and Teen Pregnancy Prevention

- Promotes sharing of knowledge among health and education agencies
- Provides consistent messages to young people
- Reduces programmatic gaps
- Uses resources effectively
- Increases potential effectiveness
- Elevates importance of the issue
- Addresses key issues around disparities

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National Stakeholders Meetings Participants As of January 2009



State Team Composition

Varies based on state need and structure but often includes:

- State HIV Coordinators and/or other health education staff within the state education agency (SEA)
- State HIV/AIDS directors or their staff within the state health agency (SHA)
- State STD directors or their staff (SHA)
- State adolescent health coordinators (SHA)
- State abstinence education coordinators (SHA)

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Taking NSM Teams' Collaborative Efforts to the "Next Level"

- January 2009: First-ever NSM - Reconvene
 - Designed from qualitative and quantitative needs assessment survey of 2003 & 2005 NSM teams
 - Teams from California, Kansas, Michigan, & Missouri participated
- 12 month follow-up TA process

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NSM & Reconvene Opportunities

- Communication and collaboration
- Networking
- Information and skills building support
- Action planning
- Capacity building that enables states to collaboratively:
 - secure funding
 - prepare and implement inter-agency strategic plans
 - engage youth
 - build, create, and share resources
 - revise and improve programs
 - develop and implement policies
 - integrate, assemble, and analyze data
 - design and deliver professional development, and
 - launch joint initiatives

Barriers to SEA and SHA Collaboration Identified During NSMs

- Lack of awareness across agencies
- Lack of communication
- Data are not shared across agencies or used for collaborative planning
- Funding
- Silo mentality
- Different prevention approaches can be hard to reconcile (e.g., abstinence-only and comprehensive)
- Collaboration is not an agency leadership priority
- Turf issues

Follow-up Support

- Individual Team Conference Calls
- Cross-state sharing calls
 - Opportunity for continued dialogue
- Support visits
- Webinars
- Mini-grants
- Peer-to-peer
- Web-based evaluation survey

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Evaluation Findings: 2003-2007

Conducted and analyzed by David Napp of Practical Applications of Public Health

- Developing trusting relationships *
- Prioritizing collaboration as a strategy to address HIV, STD, and pregnancy prevention*
- Sharing data across agencies and programs*
- Developing an SEA/SHA state plan to address HIV, STD, and pregnancy prevention*
- Reconciling different philosophies and values across agencies and programs, such as abstinence versus comprehensive sexuality education*
- Developing a unifying vision for how to address HIV, STD, and pregnancy prevention*
- Improving communication patterns across agencies and programs*

*statistically significant $p < 0.01$, two tailed test

Find Your Date (discussion time)!

*What current collaborative efforts are you involved in?
Share a bit about your experience.*

Are there any education or health partners you would like to connect with? Who? What are the potential benefits, barriers and/or next steps?

California Model: Adolescent Sexual Health Work Group (ASHWG)

The Group: state public health and education agencies, local health and education agency representatives, NGOs, and other adolescent health stakeholders

The Structure:

• Leadership Group • Steering Committee • Core Competencies Subcommittee • Data Integration Subcommittee

Priority Areas:

- 1) Data Use
- 2) Delivery of Effective Behavioral Interventions
- 3) Sexual Health Curricula - Culturally-Appropriate & Youth-Focused
- 4) Access to Sexual and Reproductive Health Services
- 5) Funding, Policy Recommendations, and Resources Supporting Collaborative Goals

ASHWG Successes

- 5- year strategic plan starting in 2005
- Integrated STD, HIV/AIDS, and Teen Birth tables
- *Core Competencies for Adolescent Sexual and Reproductive Health*
- Criteria for STD, HIV, and Teen Pregnancy prevention education standards
- Training
- Consultation

Local Efforts: Southern California Sexual Health Collaborative

- Modeled after ASHWG
- Goal 1: Connect Local and State Efforts
- Goal 2: Establish Broad Goals for Integration and Collaboration around Regional Issues
- First Activity: Data Roundtables



Current Challenges to Regional Collaboration

- Group structure (committees, leadership, etc)
- City and county governments variation
- No designated administrative staff or funding for this effort
- Prioritization
- Lack of investment from supervisors to work on broad issues



Value of regional collaborative efforts

- Bringing together a diverse group with common goals provides great opportunity to share experiences and leverage various resources and expertise
- Collaborative work can help with funding applications
- People realize the need to work together, but often lack a structure and process for moving forward



Questions? Comments?

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Acknowledgements

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