

Attachment D-2

**Indicators for School Health Programs: HIV Prevention, Local Education Agencies
(FY2008-FY2010)**

**Indicators for School Health Programs:
HIV Prevention
Local Education Agencies**

**Fiscal Year: March 1, 2008 – February 28, 2009
Division of Adolescent and School Health**

**Funding Opportunity Number: CDC-RFA-DP08-801:
Improving Health and Education Outcomes of Young People**

Instructions

This set of indicators describes the performance in seven areas of your HIV prevention project: (1) project planning; (2) policy; (3) curricula and instruction; (4) assessment of student performance; (5) external collaboration; (6) reducing disparities among populations of youth at disproportionate risk for HIV transmission; and (7) other information and activities.

A glossary of terms is included at the end of the *Indicators*.

Activities to be reported are those for which **any amount** of DASH funds were used, or in which staff time to develop, implement, or evaluate activities was funded in any amount by DASH. These questions apply only to priority health risk behaviors addressed in Funding Opportunity Announcement DP08-801. Do not include HIV prevention activities funded through supplements to DP08-801.

Please answer each question carefully and accurately. **Not all items or activities may reflect the emphasis of your HIV Prevention Project for the current fiscal year, and therefore you may report that you have not performed activities in those areas by entering zeros. Additionally, you may not currently collect information about some activities. If so, please leave the answer blank.** Please be sure to include materials for those items requesting attachments.

Public reporting burden of this collection of information is estimated to average 7.2 hours per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS-D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0672).

*For further questions or assistance with completing this report
please contact your CDC project officer.*

Person completing the Indicators:

Name: _____

Title: _____

State: _____ Phone: _____

Email: _____



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**



I. PROJECT PLANNING

1. How many schools do you have in your district? _____ TOTAL
2. During FY 2008, did your HIV prevention project identify or maintain an HIV point of contact in selected schools?
 - YES
 - NO → Skip to 3

If YES, provide total:

A. Number of schools with an identified HIV point of contact _____

3. In FY 2008, which of the following planning and evaluation activities did your project carry out?

	YES	NO
A. Conduct or review Program Inventory	<input type="radio"/>	<input type="radio"/>
B. Develop or revise a five-year strategic plan	<input type="radio"/>	<input type="radio"/>
C. Conduct formative evaluation	<input type="radio"/>	<input type="radio"/>
D. Create or revise a logic model	<input type="radio"/>	<input type="radio"/>
E. Write SMART objectives	<input type="radio"/>	<input type="radio"/>
F. Conduct process evaluation	<input type="radio"/>	<input type="radio"/>
G. Conduct outcome evaluation	<input type="radio"/>	<input type="radio"/>
H. Develop success stories	<input type="radio"/>	<input type="radio"/>
I. Other	<input type="radio"/>	<input type="radio"/>
Please specify _____		

4. In FY 2008, did you integrate your HIV prevention activities into any of the following school health program components?

	YES	NO
A. Counseling/psychological/social services	<input type="radio"/>	<input type="radio"/>
B. Health education	<input type="radio"/>	<input type="radio"/>
C. Health services	<input type="radio"/>	<input type="radio"/>
D. Healthy school environment/policy	<input type="radio"/>	<input type="radio"/>
E. Nutrition services	<input type="radio"/>	<input type="radio"/>
F. Parent/community involvement	<input type="radio"/>	<input type="radio"/>
G. Physical education	<input type="radio"/>	<input type="radio"/>
H. Staff health promotion	<input type="radio"/>	<input type="radio"/>

Please continue on the next page →

II. POLICY

5. During FY 2008, did your HIV prevention project **DEVELOP** (or revise or assist in developing) model policies, policy guidance, or other policy materials for school staff on the following topics?

Policy topic (Choose one for each policy topic)	YES	NO—we have such policies but did not develop (or revise or assist in developing) them during FY 2008	NO—we do not have such policies
A. HIV prevention education for students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Infection control/universal precautions for all school staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Maintaining confidentiality of HIV-infected students and staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Professional development requirements for teachers of HIV prevention education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Confidential counseling for HIV-infected students	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Procedures to protect HIV-infected students and staff from discrimination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
G. Attendance of students with HIV infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
H. Other model policies, policy guidance, or other policy materials	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. During FY 2008, did your HIV prevention project **DISTRIBUTE** to school staff established or model policies, policy guidance, or other policy materials on the following topics? (Choose one for each topic.)

A. **HIV prevention education** for students. (Choose one.)

- YES
- NO → Skip to 6B

IF YES, provide the total:

1. Number of schools reached directly _____
2. Number of hits on web site _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

Please continue on the next page →

B. Infection control/universal precautions for all school staff. (Choose one.)

- YES
- NO → Skip to 6C

IF YES, provide the total:

1. Number of schools reached directly _____
2. Number of hits on web site _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

C. Maintaining confidentiality of HIV-infected students and staff. (Choose one.)

- YES
- NO → Skip to 6D

IF YES, provide the total:

1. Number of schools reached directly _____
2. Number of hits on web site _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

D. Professional development requirements for teachers of HIV prevention education. (Choose one.)

- YES
- NO → Skip to 6E

IF YES, provide the total:

1. Number of schools reached directly _____
2. Number of hits on web site _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

E. Confidential counseling for HIV-infected students. (Choose one.)

- YES
- NO → Skip to 6F

IF YES, provide the total:

1. Number of districts reached directly _____
2. Number of hits on web site _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

Please continue on the next page →

F. **Procedures to protect** HIV-infected students and staff from **discrimination**. (Choose one.)

- YES
- NO → Skip to 6G

IF YES, provide the total:

1. Number of districts reached directly _____
2. Number of hits on web site _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

G. **Attendance** of students with HIV infection. (Choose one.)

- YES
- NO → Skip to 6H

IF YES, provide the total:

1. Number of districts reached directly _____
2. Number of hits on web site _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

H. **Other** established or model policies, policy standards, or other policy materials related to HIV prevention. (Choose one.)

- YES
- NO → Skip to 7

IF YES,

1. Specify policy topic _____
2. Number of districts reached directly _____
3. Number of hits on web site _____
4. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

7. During FY 2008, did your HIV prevention project provide **PROFESSIONAL DEVELOPMENT** (not to include presentations) to school staff that included information on established or model policies, policy guidance, or other policy materials?

- YES
- NO → Skip to 8

Please continue on the next page →

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

If YES, provide the total:

- A. Number of professional development events focusing only on HIV policy _____
- B. Number of participants in professional development events focusing only on HIV policy _____
- C. Number of professional development events focusing only on HIV policy for which you conducted follow-up support _____
- D. Number of professional development events that combined HIV policy with other topic(s) (include only professional development in which activities or a portion of the event focused specifically on HIV policy) _____
- E. Number of participants in professional development events that combined HIV policy with other topics _____
- F. Number of professional development events that combined HIV policy with other topic(s) for which you conducted follow-up support _____
- G. Number of schools reached directly _____
- H. Number of external agency partners reached directly _____

8. During FY 2008, did your HIV prevention project provide **TECHNICAL ASSISTANCE** to school staff on established or model policies, policy guidance, or other policy materials?

- YES
- NO → Skip to 9

If YES, provide the total:

- A. Number of schools reached directly _____
- B. Number of external agency partners reached directly _____

9. If you directly reached external agency partners, to what **types of external agency partners** did you **DISTRIBUTE**, provide **PROFESSIONAL DEVELOPMENT** on, or provide **TECHNICAL ASSISTANCE** on established or model policies, policy guidance, or other policy materials? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners
- CDC-sponsored community planning group (CPG) for HIV prevention
- Faith-based organizations
- Health care providers/physicians
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- State-level health agencies/departments of health
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type _____

Please continue on the next page →

III. CURRICULA & INSTRUCTION

10. During FY 2008, did your HIV prevention project **DEVELOP** (or revise or assist in developing) any of the following on HIV prevention for school staff: exemplary curricula, health education standards, frameworks, instructional strategies, or other guidance?

- YES
- NO—we have such materials **but did not develop them** during FY 2008.
- NO—we **do not have** such materials.

11. During FY 2008, did your HIV prevention project **DISTRIBUTE** to school staff any of the following on HIV prevention: exemplary curricula, health education standards, frameworks, instructional strategies, or other guidance? (Choose one.)

- YES
- NO → Skip to 12

If YES, provide the total:

- A. Number of schools reached directly _____
- B. Number of external agency partners reached directly _____
- C. Number of hits on web site _____
- D. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

12. During FY 2008, did your HIV prevention project provide **PROFESSIONAL DEVELOPMENT** (not to include presentations) to school staff on exemplary HIV curricula or instruction? (e.g., training on selected curricula; the importance of scientifically accurate information; characteristics of effective HIV prevention programs; effective instructional strategies; or aligning HIV prevention programs to meet health education standards.)

- YES
- NO → Skip to 13

Please continue on the next page →

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

If YES, provide the total:

- A. Number of professional development events focusing only on HIV curricula or instruction _____
- B. Number of participants in professional development events focusing only on HIV curricula or instruction _____
- C. Number of professional development events focusing only on HIV curricula or instruction for which you conducted follow-up support _____
- D. Number of professional development events that combined HIV curricula or instruction with other topic(s) (include only professional development in which activities or a portion of the event focused specifically on exemplary HIV curricula or instruction) _____
- E. Number of participants in professional development events that combined HIV curricula or instruction with other topics _____
- F. Number of professional development events that combined HIV curricula or instruction with other topic(s) for which you conducted follow-up support _____
- G. Number of schools reached directly _____
- H. Number of external agency partners reached directly _____

13. During FY 2008, did your HIV prevention project conduct **PROFESSIONAL DEVELOPMENT** (not to include presentations) to school staff on **any specific HIV prevention education curricula and/or programs to deliver to youth**? (Do not include textbook titles or programs on general instructional strategies.)

- YES
- NO → Skip to 14

If YES, please provide the name of the curricula or programs:

- A. _____
- B. _____
- C. _____
- D. _____
- E. _____

14. During FY 2008, did your HIV prevention project provide **TECHNICAL ASSISTANCE** to school staff on HIV curricula or instruction? (e.g., help in reviewing, revising, developing, selecting, or implementing instructional materials for HIV prevention)

- YES
- NO → Skip to 15

If YES, provide the total:

- A. Number of schools reached directly _____
- B. Number of external agency partners reached directly _____

Please continue on the next page →

HIV PREVENTION, LOCAL EDUCATION AGENCIES

15. If you directly reached external agency partners, to what **types of external agency partners** did you **DISTRIBUTE**, provide **PROFESSIONAL DEVELOPMENT** on, or provide **TECHNICAL ASSISTANCE** on HIV curricula or instruction? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners
- CDC-sponsored community planning group (CPG) for HIV prevention
- Faith-based organizations
- Health care providers/physicians
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- State-level health agencies/departments of health
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type _____

16. During FY 2008, which of the following topics were emphasized by your HIV prevention project in curricula or instruction?

- | | YES | NO | |
|----|-----------------------|-----------------------|--|
| A. | <input type="radio"/> | <input type="radio"/> | Abstinence from sexual intercourse to prevent HIV transmission |
| B. | <input type="radio"/> | <input type="radio"/> | Abstinence from IV drug use to prevent HIV transmission |
| C. | <input type="radio"/> | <input type="radio"/> | Proper and consistent use of condoms among sexually active youth to reduce the risk of HIV transmission |
| D. | <input type="radio"/> | <input type="radio"/> | Influencing social norms to prevent HIV infection |
| E. | <input type="radio"/> | <input type="radio"/> | Reducing number of partners |
| F. | <input type="radio"/> | <input type="radio"/> | Developing individual and interpersonal skills to prevent HIV infection (e.g., goal setting, decision making, refusal, negotiation, communication, advocacy) |
| G. | <input type="radio"/> | <input type="radio"/> | The relationship between HIV prevention and other STD prevention or pregnancy prevention |
| H. | <input type="radio"/> | <input type="radio"/> | The relationship between HIV prevention and prevention of alcohol or other drug use |
| I. | <input type="radio"/> | <input type="radio"/> | How to implement universal precautions |

Please continue on the next page →

IV. ASSESSMENT OF STUDENT PERFORMANCE

17. In FY 2008, did your HIV prevention project **DEVELOP** (or revise or assist in developing) for school staff frameworks or guidance that focused on how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention?
- YES
 - NO—we have such materials **but did not develop them** this fiscal year.
 - NO—we **do not have** such materials.
18. In FY 2008, did your HIV prevention project **DISTRIBUTE** to school staff frameworks or guidance that focused on how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention? This does not include materials on how to conduct the Youth Risk Behavior Survey (YRBS) or the School Health Profiles (Profiles). (Choose one.)
- YES
 - NO
19. In FY 2008, did your HIV prevention project conduct **PROFESSIONAL DEVELOPMENT** (not to include presentations) to school staff that focused on how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention? This does not include training on how to conduct the Youth Risk Behavior Survey (YRBS) or the School Health Profiles (Profiles).
- YES
 - NO → Skip to 20

If YES, provide the total:

- A. Number of professional development events focusing on health education assessment, including HIV prevention (include only professional development in which activities or a portion of the event focused specifically on assessing student performance related to HIV prevention) _____
- B. Number of participants in professional development events focusing on health assessment including HIV prevention (include only professional development in which activities or a portion of the event focused specifically on assessing student performance related to HIV prevention) _____
- C. Number of professional development events focusing on health education assessment, including HIV prevention (include only professional development in which activities or a portion of the event focused specifically on assessing student performance related to HIV prevention) for which you conducted follow-up support? _____
- D. Number of professional development events focusing on health education assessment _____
- E. Number of participants from all professional development events focusing on health education assessment _____
- F. Number of professional development events focusing on health education assessment for which you conducted follow-up support? _____
- G. Number of schools reached directly _____
- H. Number of external agency partners reached directly _____

Please continue on the next page →

HIV PREVENTION, LOCAL EDUCATION AGENCIES

20. In FY 2008, did your HIV prevention project provide **TECHNICAL ASSISTANCE** to school staff that focused on how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention?

- YES
- NO → Skip to 21

If YES, provide the total:

- A. Number of schools reached directly _____
- B. Number of external agency partners reached directly _____

21. If you directly reached external agency partners, to what **types of external agency partners** did you **DISTRIBUTE** frameworks or guidance, provide **PROFESSIONAL DEVELOPMENT** on, or provide **TECHNICAL ASSISTANCE** on how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention? (Mark all that apply.)

- Not Applicable – We did not reach external agency partners
- CDC-sponsored community planning group (CPG) for HIV prevention
- Faith-based organizations
- Health care providers/physicians
- Legislators/lawmakers
- Local- or county-level health agencies/departments of health
- National non-governmental organizations (NGOs) (including local affiliates)
- Parents/guardians/caregivers (including those reached through PTAs/PTOs)
- Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
- Social service agencies
- State-level health agencies/departments of health
- Universities/colleges/institutions of higher education
- Youth-serving organizations
- Other – Please specify type _____

Please continue on the next page →

V. EXTERNAL COLLABORATION

22. During FY 2008, did your HIV prevention project **COLLABORATE** with any external agency partners?

- YES
- NO → Skip to 23

If YES, choose YES or NO for each of the following external agency partners:

	YES	NO
A. Agencies serving primarily African-American youth	<input type="radio"/>	<input type="radio"/>
B. Agencies serving primarily Hispanic youth	<input type="radio"/>	<input type="radio"/>
C. Agencies serving primarily American Indian/Alaskan Native youth	<input type="radio"/>	<input type="radio"/>
D. Agencies serving primarily Asian/Pacific Islander youth	<input type="radio"/>	<input type="radio"/>
E. Agencies serving primarily sexual minority youth	<input type="radio"/>	<input type="radio"/>
F. AIDS service community organizations	<input type="radio"/>	<input type="radio"/>
G. Alcohol and drug rehabilitation facilities	<input type="radio"/>	<input type="radio"/>
H. CDC-funded local education agency HIV projects	<input type="radio"/>	<input type="radio"/>
I. Community organizations serving parents and families (this does not include internal school parent groups such as the PTA)	<input type="radio"/>	<input type="radio"/>
J. Education organizations (e.g., advocacy, service, professional, or membership associations)	<input type="radio"/>	<input type="radio"/>
K. Faith-based organizations	<input type="radio"/>	<input type="radio"/>
L. Health care providers/physicians	<input type="radio"/>	<input type="radio"/>
M. Health organizations (e.g., advocacy, service, professional, or membership associations)	<input type="radio"/>	<input type="radio"/>
N. Juvenile corrections facilities	<input type="radio"/>	<input type="radio"/>
O. Legislators/lawmakers	<input type="radio"/>	<input type="radio"/>
P. Local- or county-level health agencies/departments of health	<input type="radio"/>	<input type="radio"/>
Q. National non-governmental organizations (NGOs) (including local affiliates)	<input type="radio"/>	<input type="radio"/>
R. Organizations that focus exclusively on abstinence	<input type="radio"/>	<input type="radio"/>
S. Parents/guardians/caregivers (including those reached through PTAs/PTOs)	<input type="radio"/>	<input type="radio"/>
T. Professional associations/organizations (non-education)	<input type="radio"/>	<input type="radio"/>
U. Social service agencies	<input type="radio"/>	<input type="radio"/>
V. State-level health agencies/departments of health	<input type="radio"/>	<input type="radio"/>
W. State health coalitions or networks	<input type="radio"/>	<input type="radio"/>
X. Universities/colleges/institutions of higher education	<input type="radio"/>	<input type="radio"/>
Y. Youth (representing schools or communities)	<input type="radio"/>	<input type="radio"/>
Z. Youth-serving community organizations	<input type="radio"/>	<input type="radio"/>
AA. Other types of external agency partners not listed above Please specify _____	<input type="radio"/>	<input type="radio"/>

(If additional space is needed to list “other types of external agency partners not listed above,” please label them BB-EE.)

Please continue on the next page →

HIV PREVENTION, LOCAL EDUCATION AGENCIES

23. During FY 2008, which of the following descriptions best describes your local education agency's relationship with the **state** CDC-sponsored Community Planning Group (CPG) for HIV prevention? (Choose one.)
- No one from the LEA attends the meetings
 - An LEA staff member attends meetings to observe, but has no formal role
 - An LEA staff member attends and serves as a content expert or technical advisor, but does not have any voting privileges
 - An LEA staff member attends meetings and has voting privileges
 - Other
Please specify _____
24. During FY 2008, which of the following descriptions best describes your local education agency's relationship with the **local or regional** CDC-sponsored Community Planning Group (CPG) for HIV prevention? (Choose one.)
- No one from the LEA attends the meetings
 - An LEA staff member attends meetings to observe, but has no formal role
 - An LEA staff member attends and serves as a content expert or technical advisor, but does not have any voting privileges
 - An LEA staff member attends meetings and has voting privileges
 - There is no local or regional CPG in our area.
 - Other
Please specify _____

VI. REDUCING DISPARITIES AMONG POPULATIONS OF YOUTH AT DISPROPORTIONATE RISK FOR HIV TRANSMISSION

25. What kinds of data has your project reviewed to **identify youth at disproportionate risk** for HIV transmission?

	YES	NO
A. Youth Risk Behavior Survey (YRBS) data	<input type="radio"/>	<input type="radio"/>
B. HIV/AIDS incidence and prevalence data for youth	<input type="radio"/>	<input type="radio"/>
C. HIV/AIDS incidence and prevalence data for adults	<input type="radio"/>	<input type="radio"/>
D. STD incidence and prevalence data (excluding HIV/AIDS)	<input type="radio"/>	<input type="radio"/>
E. Pregnancy and live birth data for youth	<input type="radio"/>	<input type="radio"/>
F. Comprehensive HIV Prevention Plan	<input type="radio"/>	<input type="radio"/>
G. Other Please specify _____	<input type="radio"/>	<input type="radio"/>

Please continue on the next page →

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

26. Which populations of youth have you identified as being at disproportionate risk for HIV transmission (including identifying areas where youth are at disproportionate risk for HIV transmission, such as counties or zip codes)?
- A. _____
B. _____
C. _____
D. _____

(If your project did NOT identify populations of youth at disproportionate risk for HIV transmission, skip to 32.)

27. During FY 2008, what activities did your project conduct to increase the capacity of schools to reach the youth your project identified as being at disproportionate risk for HIV transmission? (Mark all that apply.)

- Partnering with agencies to deliver programs **within** school settings to youth at disproportionate risk for HIV transmission
- Partnering with agencies to deliver programs **outside** school settings to youth at disproportionate risk for HIV transmission
- Partnering with health agencies to provide health services in or out of school settings to youth at disproportionate risk for HIV transmission
- Promoting student organizations that reach youth at disproportionate risk for HIV transmission
- Providing programs and services that reach youth at disproportionate risk for HIV transmission
- Other
Please specify _____

28. For the activities conducted during FY 2008 to increase the capacity of schools to reach the youth your project identified as being at disproportionate risk for HIV transmission, what topics were included? (Mark all that apply.)

- Identifying strategies to increase involvement of youth at disproportionate risk for HIV transmission in programs and services
- Providing culturally or linguistically competent educational programs or services for youth at disproportionate risk for HIV transmission
- Understanding the HIV prevention needs of youth at disproportionate risk for HIV transmission
- Building the skill of school administrators, faculty, or staff to address youth at disproportionate risk for HIV transmission
- Reaching families of youth at disproportionate risk for HIV transmission
- Other
Please specify _____

Please continue on the next page →

HIV PREVENTION, LOCAL EDUCATION AGENCIES

29. During FY 2008, describe the **PROFESSIONAL DEVELOPMENT** (not to include presentations) to district or school staff that your HIV prevention project provided that focused on improving the quality of HIV prevention for youth your project identified as being at disproportionate risk for HIV transmission:
- A. Number of professional development events that focused on improving the quality of HIV prevention for youth at disproportionate risk for HIV transmission _____
 - B. Number of participants in professional development events that focused on improving the quality of HIV prevention for youth at disproportionate risk for HIV transmission _____
 - C. Number of professional development events that focused on improving the quality of HIV prevention for youth at disproportionate risk for HIV transmission for which you conducted follow-up support? _____
 - D. Number of schools reached directly _____
 - E. Number of external agency partners reached directly _____
30. During FY 2008, describe the **TECHNICAL ASSISTANCE** to district or school staff that your HIV prevention project provided to reach youth your project identified as being at disproportionate risk for HIV transmission:
- A. Number of schools reached directly _____
 - B. Number of external agency partners reached directly _____
31. If you directly reached external agency partners, to what **types of external agency partners** did you provide PROFESSIONAL DEVELOPMENT or TECHNICAL ASSISTANCE on improving the quality of HIV prevention for youth your project identified as being at disproportionate risk for HIV transmission? (Mark all that apply.)
- Not Applicable – We did not reach external agency partners
 - CDC-sponsored community planning group (CPG) for HIV prevention
 - Faith-based organizations
 - Health care providers/physicians
 - Legislators/lawmakers
 - Local- or county-level health agencies/departments of health
 - National non-governmental organizations (NGOs) (including local affiliates)
 - Parents/guardians/caregivers (including those reached through PTAs/PTOs)
 - Professional associations/organizations (e.g., NEA, AAHPERD, ASHA)
 - Social service agencies
 - State-level health agencies/departments of health
 - Universities/colleges/institutions of higher education
 - Youth-serving organizations
 - Other – Please specify type _____

Please continue on the next page →

VII. OTHER INFORMATION & ACTIVITIES

32. In FY 2008, did you conduct **INFORMATION SESSIONS** (not to include professional development) that focused on policy, curriculum, or student assessment related to HIV prevention?

- YES
- NO → Skip to 33

If yes:

A. How many information sessions did you conduct focused on policy, curriculum, or student assessment related to HIV prevention? _____

B. How many information sessions did you conduct on HIV prevention in the context of coordinated school health programs? _____

C. Please check all audiences for whom you conducted information sessions in FY 2008:

- District-level staff or administrators
- School-level staff or administrators
- District school board members or superintendent
- Staff or students at universities, colleges, or other institutions of higher education
- Community-based organization staff
- State health officer
- State or local health agency staff
- State education agency staff
- Legislators/lawmakers
- Parents/parent groups
- School-aged youth
- Other
- Please specify _____

33. In FY 2008, did you provide **PRE-SERVICE LEARNING** events that focused on policy, curriculum, or student assessment related to HIV prevention?

- YES
- NO → Skip to 34

If yes:

A. How many pre-service learning events did you provide focused on policy, curriculum, or student assessment related to HIV prevention? _____

Please continue on the next page →

34. Is there information that we asked for in this year's Indicators that you estimated or guessed at?

- YES
- NO → Skip to 35

A. What kind of information did you estimate or guess at? (Mark all that apply.)

- Distribution of print materials
- Distribution of materials on web sites, listservs, Internet mailing lists, or discussion boards
- Professional development events
- Follow-up support for professional development events
- Technical assistance
- Information sessions
- Pre-service learning events

B. On what topics did you estimate or guess at information? (Mark all that apply.)

- Project Planning
- Policies
- Curricula and instruction
- Assessment of student performance
- Reducing disparities among youth at disproportionate risk for HIV transmission

35. Is there information that we asked for in this year's Indicators that you did not collect at all?

- YES
- NO → Skip to 36

A. What kind of information did you not collect at all? (Mark all that apply.)

- Distribution of print materials
- Distribution of materials on web sites, listservs, Internet mailing lists, or discussion boards
- Professional development events
- Follow-up support for professional development events
- Technical assistance
- Information sessions
- Pre-service learning events

B. On what topics did you not collect information at all? (Mark all that apply.)

- Project Planning
- Policies
- Curricula and instruction
- Assessment of student performance
- Reducing disparities among youth at disproportionate risk for HIV transmission

Please continue on the next page →

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36. Please provide information about any additional activities not captured by the questions above. In particular, please report on any additional activities to improve HIV policies, curriculum, instruction, assessment, or collaborations and any activities for which you could not collect information on participants or recipients of materials.

39. Please provide any additional general comments or information in the space below.

THANK YOU FOR YOUR RESPONSES. PLEASE RETURN THE INDICATORS.

Glossary

Please refer to the following definitions when answering the questions:

ABSTINENCE – Voluntarily refraining from a specified behavior.

ASSESSMENT – Measuring the learning and performance of students or teachers. Different types of assessment instruments include achievement tests, minimum competency tests, developmental screening tests, aptitude tests, observation instruments, performance tasks, and authentic assessments.

COLLABORATE – Two or more partners actively engage in planning, implementing, and evaluating programs, practices, and policy activities with defined roles and responsibilities.

COORDINATED SCHOOL HEALTH PROGRAM (CSHP) – A coordinated school health program is a planned and organized set of courses, services, policies, and interventions designed to meet the health and safety needs of K-12 students. Schools promote optimal physical, emotional, social, and educational development of students by providing health education; physical education; health services; nutrition services; counseling, psychological and social services; and a healthy and safe environment; and by promoting parent/community involvement and staff wellness. A successful and well-coordinated school health program is characterized by administrators, teachers, and school board members who view health protection and promotion as an essential part of the school's mission; a school health council comprised of school, family, and community representatives to ensure a planning process for continuous improvement; a school health coordinator responsible for organizing and managing the school health program; and school staff who help plan and implement a full array of school health courses, services, policies, and interventions.

CULTURAL COMPETENCE – Knowledge and skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.

CURRICULUM – An educational plan incorporating a structured, developmentally appropriate series of intended learning outcomes and associated learning experiences for students; generally organized as a related combination or series of school-based materials, content, and events.

DISTRIBUTE – Putting exemplary materials in the hands of appropriate personnel. Distribution may occur in response to requests for materials or through proactive sharing of information.

EMPHASIZED – Curricula, instruction, and instructional activities are tailored to specific, primary HIV prevention topics and are primary messages in policy, professional development, or technical assistance by an HIV project. Do not include topics that are only mentioned in passing and are not primary messages of curricula, instruction, or instructional activities.

EXEMPLARY – An evaluated curriculum or program with evidence of effectiveness, or a curriculum or program that has used research-based or science-based strategies. An exemplary curriculum or program is: (1) developmentally and culturally appropriate; (2) medically and scientifically accurate; (3) consistent with scientifically researched evidence of effectiveness; and (4) built on a theoretic approach based on proven principles for prevention.

EXTERNAL AGENCY PARTNERS – Agencies, organizations, and groups outside your own agency with which you collaborate or associate to further the goals of your HIV project.

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FISCAL YEAR (FY) – March 1, 2008 to February 28, 2009, the budget period for the cooperative agreement.

FOLLOW-UP SUPPORT – Assistance provided to enhance participants' abilities to use skills, tools and techniques learned through professional development offerings. Follow-up support leads to a more significant outcome than training alone by addressing challenges and sharing successes through a variety of media (e.g., e-mail, conference calls, webcasts, site visits).

FORMATIVE EVALUATION – Gathering information during the early stages of your project or program, with a focus on finding out whether your efforts are unfolding as planned, uncovering any obstacles or unexpected opportunities that may have emerged, and identifying adjustments and corrections to your program.

FRAMEWORK – An outline or plan that presents both the content (e.g., important concepts, skills, and generalizations) and the process for developing curricula, instruction, and assessment.

GUIDANCE – A set of strategies to apply frameworks to develop curricula, instruction, and assessment.

HEALTH EDUCATION – Includes planned sequential materials, instructions, and educational experiences delivered in the classroom setting that provide students with opportunities to acquire the knowledge and skills necessary for making health promoting decisions and achieving health literacy. Quality health education is based on sound theories of development and behavior change or empirically supportive practices that result in increased knowledge and positive behavior change.

HIV PREVENTION PROJECT – Any activities or personnel that are funded, in part or whole, through DASH cooperative agreement funds for the HIV prevention project. It is the work of contract and regional staff on DASH Funding Opportunity Announcement DP08-801, Priority #2.

INFORMATION SESSION – Workshop, presentation or other instructional activities delivered in a short period of time taking at least 30 minutes and no more than 3 hours that focuses on a specific public health, curricular or coordinated school health program topic. Information sessions are tailored to specific audiences such as school administration, faculty, education and health professionals, adolescents, parents, college students, legislators or community groups.

LINGUISTIC COMPETENCE – Knowledge and skills that allow individuals to increase their understanding and appreciation of verbal and non-verbal communication differences and similarities within, among, and between groups.

LOGIC MODEL – A logic model is a pictorial diagram that shows the relationship between your program components and activities and desired health outcomes. A logic model is a planning tool that might describe your entire program or a particular program objective or initiative.

MATERIALS – Resources approved by an HIV materials review committee, including written materials (e.g., curricula, training materials, and pamphlets); audio visual materials (e.g., motion pictures and video tapes); pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings); and electronic resources (e.g., web sites, PDF files, and PowerPoint files).

MODEL POLICY – Model policies provide a framework to assist school officials in developing their own state or local policies. They are written as statements of best practice which can be adapted to fit local circumstances. Model policies reflect state-of-the-art, scientifically reliable information on what constitutes effective school health programs and the expert opinions of many reviewers. Included in model policies are excerpts or references to actual national, state, and local policies; a purpose or goals; rationale; and definitions.

MODEL PROGRAM – A packaged, promising, evidence-based or science-based program that results in positive outcomes.

NUMBER OF DISTRICTS REACHED DIRECTLY – A district is reached directly when one or more district level staff receives materials, training, or assistance from personnel funded by your HIV prevention project. Each district reached is counted only once as being reached for a particular topic regardless of the number of district staff from that district are reached or the number of times district staff are reached.

NUMBER OF EXTERNAL AGENCY PARTNERS REACHED DIRECTLY – An external partner is reached directly when one or more external partner’s staff receives materials, training, or assistance from personnel funded by your HIV prevention project. Each external partner reached is counted only once as being reached for a particular topic regardless of the number of external partner staff from that external partner are reached or the number of times external partner staff are reached.

NUMBER OF REGIONAL SUPPORT UNITS REACHED DIRECTLY – A regional support unit is reached directly when one or more regional support unit staff receives materials, training, or assistance from personnel funded by your HIV prevention project. If you specifically fund a CBO or NGO to provide regional support, report their activities **ONLY** under regional support units and not under external agency partners. Each regional support unit reached is counted only once as being reached for a particular topic regardless of the number of regional support unit staff from that regional support unit are reached or the number of times regional support unit staff are reached.

NUMBER OF SCHOOLS REACHED DIRECTLY – A school is reached directly when one or more school staff receives materials, training, or assistance from personnel funded by your HIV prevention project. Each school reached is counted only once as being reached for a particular topic regardless of the number of school staff from that school are reached or the number of times school staff are reached.

OUTCOME EVALUATION – Evaluation undertaken to determine if the changes ascribed to a program (e.g., changes in systems, collaborations, policies, or knowledge, attitudes, or behavior among administrators, teachers, school staff, community members, or youth) are associated with program activities.

POLICY – Any mandate issued or policies adopted by school district boards of education, the state school board, state legislature, or other district or state agencies that affect the environment in school districts or throughout the state. These include policies developed by your state or those based on model policies developed elsewhere. Sample model policies are available in *Fit, Healthy, and Ready to Learn: A School Health Policy Guide* (March, 2000), developed by the National Association of State Boards of Education (NASBE). Sample polices can be viewed at NASBE’s web site: http://www.nasbe.org/healthy_schools/policy.htm.

PRE-SERVICE LEARNING – Pre-service learning provides pre-professionals serving youth (e.g., educators, nurses, counselors) with an understanding of the central concepts, tools of inquiry, and structures of relevant disciplines.

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

PROCESS EVALUATION – Collecting and analyzing data to determine who, what, when, and where, and how much of program activities have been conducted. Process evaluation allows staff to assess how well the program has been implemented.

PROFESSIONAL DEVELOPMENT – The systematic process used to strengthen the professional knowledge, skills and attitudes of those who serve youth to improve the health, education, and well-being of youth. Professional development is consciously designed to actively engage learners and includes the planning, design, marketing, delivery, evaluation, and follow-up of professional development offerings (events, information sessions, and technical assistance).

PROFESSIONAL DEVELOPMENT EVENT – A set of skill-building processes and activities designed to assist targeted groups of participants in mastering specific learning objectives. Such events are delivered in an adequate time span (at least 3 hours) and may include curriculum and other training, workshops, conferences, and on-line or distance learning courses.

PROGRAM – A multi-faceted approach to decrease health risk behaviors that may include a combination of strategies such as one-on-one interventions, policy and climate changes, advocacy, peer interventions, mentoring programs, youth asset development, and outreach.

PROGRAM INVENTORY – A document that funded partners are required to fill out in the first and fifth year of the 801 Cooperative Agreement that provides a snapshot of what their program currently is doing or plans to do.

REGIONAL SUPPORT UNITS – A state-recognized agency or organization (e.g., universities, regional education support agencies, regional offices of education, regional training centers, teacher centers, county superintendent's offices, etc.) that provides professional development, technical assistance, and educational materials to school districts and schools within the state.

SCHOOL – A division of the public school system consisting of students in one or more grades or other identifiable groups organized to give instruction of a defined type. One school may share a building with another school or one school may be housed in several buildings. Each school usually has an identification number assigned by the state department of education for tracking purposes. Public schools include charter schools, magnet schools, vocational schools, and alternative schools.

SCHOOL DISTRICT – An education agency at the local level that exists primarily to operate public schools or to contract for public school services. Synonyms include local basic administrative unit, local education agency, parish, independent school districts, etc.

SERVING PRIMARILY – Agencies whose main focus is on providing services tailored to a specific, identifiable population (e.g., by race, sexual orientation, etc.) or increasing the ability of others to provide services to that population.

SEXUAL MINORITY YOUTH – Youth who identify as gay, lesbian, bisexual, transgender, or questioning; or youth who engage in same gender sexual activity.

SMART OBJECTIVES – Objectives are statements that describe program results to be achieved and how they will be achieved. **Specific** objectives include *who* will be targeted and *what* will be accomplished. **Measurable** objectives include *how much* change is expected, specifically enough that achievement of the objective can be measured through counting or documenting change. **Achievable** objectives can be realistically accomplished given your program’s existing resources and constraints. **Realistic** objectives address the scope of the health problem and propose reasonable programmatic steps. **Time-phased** objectives provide a timeline indicating when the objective will be met.

SOCIAL NORMS – Behavioral patterns that are typical of specific groups.

STANDARDS – An established set of written expectations that describe what a student should know (knowledge) and be able to do (skills) as a result of the instruction provided for a particular subject (content area). Standards provide a framework for curriculum development and selection, instruction, and assessment.

- **Health Education Standards** are written expectations for what students should know and be able to do by grades 2, 5, 8, and 12 to promote personal, family, and community health. An abbreviated version of the National Health Education Standards, Second Edition and Performance Indicators for specific grade level groupings can be found at <http://www.cdc.gov/healthyyouth/sher/standards>.

STRATEGIC PLAN – A program planning tool that provides a blueprint to strengthen program activities, address areas for improvement, and move the program forward to new accomplishments.

SUCCESS STORIES – A narrative highlighting the achievements and progress of a program or activity.

TECHNICAL ASSISTANCE – Tailored guidance to meet the specific needs of a site or sites through collaborative communication between a specialist and the site(s). Assistance takes into account site-specific circumstances and culture and can be provided through phone, mail, e-mail, Internet, or in-person meetings.

UNIVERSAL PRECAUTIONS – A set of precautions designed to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus (HBV), and other bloodborne pathogens when providing first aid or health care. Under universal precautions, blood and certain body fluids of all patients are considered potentially infectious for HIV, HBV, and other bloodborne pathogens.

YOUTH AT DISPROPORTIONATE RISK FOR HIV TRANSMISSION – Populations of youth for whom the incidence, prevalence, mortality, and burden of HIV and prevalence of risky sexual behaviors and IV drug use are greater than in a comparison population. Populations can be defined by race or ethnicity, gender, education or income, disability, geographic location (i.e., rural or urban), or sexual orientation.

