



# Guidance for Implementing the Policy-Related Activities of Promoting Adolescent Health through School-Based HIV/STD Prevention

*CDC PS13-1308:  
Promoting Adolescent Health through School-Based  
HIV/STD Prevention and School-Based Surveillance*

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*Funded Local Education Agency Version*





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**The information presented in this guidance document does not constitute legal advice and does not represent the legal views of CDC or the U.S. Department of Health and Human Services. Use of any provision herein should be contemplated only in conjunction with advice from legal counsel.**

## CDC Provides Support for HIV/STD Prevention Efforts in Schools

To help strengthen adolescent health in U.S. schools, CDC's Division of Adolescent and School Health awarded funding through funding opportunity announcement PS13-1308: *Promoting Adolescent Health Through School-Based HIV/STD Prevention and School-Based Surveillance (1308)* for a five-year project period (August 1, 2013-July 31, 2018). Awardees receive funding through cooperative agreements to support efforts to implement school-based programs and practices designed to reduce HIV infection and other STDs among adolescents (see Strategy 2 below).

### Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance Funding Opportunity Announcement CDC-RFA-PS13-1308; January, 2013

#### Strategy 2: School-Based HIV/STD Prevention

This strategy will enable state and local education agencies to help districts and schools deliver exemplary sexual health education emphasizing HIV and other STD prevention (ESHE); increase adolescent access to key sexual health services (SHS); and establish safe and supportive environments for students and staff (SSE). **In addition, state and local education agencies will track policies, educate key decision makers on policy issues, and help districts and schools implement policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions, related to HIV/STD prevention (POLICY).**

Education agencies awarded under this strategy will implement the activities outlined under each required approach (ESHE, SHS, SSE, and POLICY). All awardees will implement specific activities related to ESHE and POLICY to help all districts/schools in their jurisdiction to improve HIV/STD prevention policies and practices for all secondary school students. In addition, state education agencies will implement targeted technical assistance activities in **priority**, high-risk districts within the awarded jurisdictions during the duration of the cooperative agreement, and local education agencies will do the same in priority schools. State and local education agencies will also implement technical assistance activities to help the priority districts/schools to intensively address specific HIV/STD prevention needs of one group of youth at disproportionate risk.

#### **Approach A: Exemplary Sexual Health Education (ESHE)**

Education agencies will help districts/schools to implement ESHE. ESHE is a systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions, but also emphasizes sequential learning across elementary, middle, and high school grade levels. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV infection, other STD, and unintended pregnancy. ESHE is delivered by well-qualified and trained teachers, uses strategies that are relevant and engaging, and consists of elements that are medically accurate, developmentally and culturally appropriate, and consistent with the scientific research on effective sexual health education.

#### **Approach B: Key Sexual Health Services (SHS)**

Education agencies will help districts and schools increase access for adolescents, either on site in schools or through referrals to youth-friendly, community-based health care providers, to access key SHS for anticipatory guidance for prevention, including delaying the onset of sexual activity; promoting HIV and STD testing, counseling, and treatment; the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and treatment; pregnancy testing; and HPV vaccinations.

#### **Approach C: Safe and Supportive Environments for Students and Staff (SSE)**

Education agencies will help districts and schools establish school environments characterized by supportive and caring relationships between adults and students and by the absence of discrimination, intimidation, taunting, harassment, and bullying. This approach involves implementing clear policies, procedures, and program activities designed to increase school connectedness and parent engagement and to prevent bullying and sexual harassment.

#### **Approach D: Educate Decision Makers on Policy; and Implement and Track Policy (POLICY)**

Education agencies will assess existing school policies related to approaches A, B, and C; educate key decision makers on policy issues; and help districts and schools implement policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions, related to HIV/STD prevention.

## Using this Guidance for Implementing the 1308 Policy-Related Activities

### Health and Education Policies Serve as a Foundation for School-Based Practices and Procedures

Health and education policies — including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions — provide a foundation for school practices and procedures. Policies that govern sexual health-related education in schools, safe and supportive school environments, and adolescent access to key sexual health services vary from state to state in terms of what information can or cannot be provided. Knowledge and understanding of the policies under which school health-related programs operate can help maximize the positive impact of these programs on health outcomes by education agencies.

As awardees of CDC’s Division of Adolescent and School Health funding opportunity announcement PS13-1308, funded state and local education agencies will:

- access existing school policies related to approaches A (exemplary sexual health education), B (sexual health services), and C (safe and supportive environments)
- educate key decision-makers about policy issues
- help districts and schools implement policies, including laws, regulations, procedures, administrative actions, incentives, or voluntary practices of governments and other institutions that facilitate HIV/STD prevention

### The Purpose of this Guidance

The purpose of this document is to provide guidance for implementing the policy-related required activities for local education agencies awarded funding under *Strategy 2: School-Based HIV/STD Prevention* (see Table 1). The intended outcome of these activities is to increase the number of funded states and districts that track policy implementation and educate decision makers on policy solutions. Funded state education agencies will receive a separate document with guidance on implementing their specific 1308 policy-related required activities.

**Table 1. School-Based HIV/STD Prevention (Strategy 2) Required Activities for Approach D: Educate Decision Makers on Policy; and Implement and Track Policy (POLICY)**

FUNDED STATE AND LOCAL EDUCATION AGENCIES
1. Assess state and priority district policies related to required approaches A (exemplary sexual health education), B (sexual health services), and C (safe and supportive environments).
2. Develop and disseminate guidance to support implementation of science-based policies within jurisdiction and with priority districts/schools.
3. Deliver training and technical assistance to support implementation of science-based policies related to the required approaches for priority districts/schools.
4. Track policy adoption and monitor policy implementation within jurisdiction and with priority districts/schools.
5. Educate stakeholders, including priority district administrators and school board members, on potential policy solutions regarding school health issues.
6. Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new key partnerships.

## How to Use this Guidance

This guidance document offers a “step-by-step” approach within a series of phases to assist funded local education agencies in addressing each of their 1308 policy-related activities. Policy assessment and implementation monitoring are an integral part of the policy activities outlined in 1308. Related process measures will be reported in the Program Evaluation Reporting System, referred to as PERS, as required by the cooperative agreements (the same policy process measures will be used throughout the full project period). Resources, related 1308-required activities, and applicable policy process measures are listed for each step throughout this document (see Appendix 1 for a summary table).

Although each step within the phases builds on previous steps, some funded education agencies may have already implemented many of the proposed steps prior to the start of the 1308 project period. Therefore each funded agency could be at a different step in the process at different times throughout the project period, and the timeframe for conducting each activity will vary.

An “At-A-Glance” overview of the process for implementing the 1308 policy-related activities during the five-year project period is provided on page 6, with more in-depth descriptions of each step starting on page 7. The worksheets referenced and included with this guidance are tools that were developed as resources to assist local education agencies with implementing the 1308 policy-related activities.

## ***At-A-Glance: Process for Implementing the 1308 Policy-Related Activities (Approach D) for Funded Local Education Agencies***

**Initial Action:** Identify local education agency leadership/staff and strategic partnerships that can help support policy assessment and implementation monitoring

### **Phase 1: Assess District-Level Policies**

- Step 1a: Develop a list of all current, relevant policies related to ESHE/SHS/SSE\* (*policy worksheet provided*)
- Step 1b: Determine if district policies are aligned with state policies, codes, laws, and regulations\* (*policy worksheet provided*)
- Step 1c: Identify and document any gaps in the current ESHE/SHS/SSE-related district policies as compared with CDC's *School Level Impact Measures*\* (*gap analysis worksheet provided*)
- Step 1d: Collaborate with local education agency leadership and staff to prioritize actions for addressing any identified gaps in ESHE/SHS/SSE-related policies\* (*priority mapping worksheet provided*)
- Step 1e: Prepare informational materials about current ESHE/SHS/SSE-related policies and meet with stakeholders to educate them on potential policy solutions to address school health issues related to HIV/STD prevention (*support available from NGOs*)

### **Phase 2: Monitor District-Level Policy Implementation**

- Step 2a: Monitor how ESHE/SHS/SSE-related policies are currently being implemented (*policy worksheet provided*)
- Step 2b: Develop guidance and deliver training to support the implementation of ESHE/SHS/SSE-related policies within the district and with priority schools (*support available from NGOs*)

### **Phase 3: Monitor Implementation of Policy Guidance in Priority Schools**

- Step 3a: Develop or maintain a list of current school-level ESHE/SHS/SSE policy guidance for priority schools\* (*priority school policy worksheet*)
- Step 3b: Review ESHE/SHS/SSE policy guidance for priority schools' to ensure alignment with state law, state education agency policy, and district policy\* (*support available from NGOs*)
- Step 3c: Determine priority schools' implementation of ESHE/SHS/SSE policy guidance\* (*priority school policy worksheet*)
- Step 3d: Prepare informational materials about current ESHE/SHS/SSE-related policies or policy options for stakeholders for priority schools\* (*support available from NGOs*)
- Step 3e: Maintain a list of priority schools that have used CDC's *School Health Index* to assess ESHE/SHS/SSE policy implementation\* (*priority school policy worksheet*)

\*Indicates that this step is a CDC policy process measure (also see summary table in Appendix 1)

## Step-by-Step Guidance for Funded Local Education Agencies

To assist funded local education agencies with implementing the policy-related activities (Approach D) of *Strategy 2: Promoting Adolescent Health through School-Based HIV/STD Prevention*, CDC has developed a series of phases. The intended outcome of these activities is to increase the number of states and districts that track policy implementation and educate decision makers on policy solutions.

The following are descriptions of steps in each of the phases. Resources, related 1308-required activities, and applicable policy process measures are also listed for each step. Funded local education agencies should feel free to contact CDC's Division of Adolescent and School Health project officers and policy office staff members at any time for consultation and technical assistance.

### **Initial Action: Identify local education agency leadership/staff and strategic partnerships that can help support policy assessment and implementation monitoring**

- A key initial action for implementing the 1308 policy-related activities is to identify local education agency leadership and strategic partnerships that can help support policy assessment and implementation monitoring. Each person should be prepared to commit the necessary time throughout the 5 year project period to assist with the policy-related activities.

Identify people with diverse perspectives, as well as diverse positions in the state and local school system/district so that you may learn from one another and anticipate the concerns of various stakeholders. This group does not replace legal consultation, but instead helps define and anticipate what legal and policy questions should be addressed by relevant staff. Other functions of this group may include:

- Serving as ambassadors for lasting policy solutions
- Using CDC's School Health Index and surveillance data to drive decisions, priorities, and processes
- Working with state- and district-level School Health Advisory Councils (SHAC)
- Collecting feedback informally from school system/district stakeholders about what policies are being put into practice and what is working
- Identifying barriers and facilitators to carrying out policies



**TOOL:** CDC's "At-A-Glance" of the process for implementing 1308 policy-related activities (Approach D) can be used to provide potential local education agency members and strategic partners with an overview of what is entailed for this action. See page 6.

#### **Resources:**

- CDC At-A-Glance: Process for Implementing 1308 Policy-Related Activities (Approach D) (*See page 6*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

#### **Related 1308-Required Activity:**

- Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new key partnerships.



## Phase 1: Assess District-Level Policies

- **Step 1a: Develop a list of all current, relevant policies related to ESHE/SHS/SSE**

The first step in the district-level policy assessment phase is to identify all current, relevant policies. To assist funded local education agencies in establishing or enhancing an initial list of all current ESHE/SHS/SSE-related policies, CDC conducted a state-specific policy search using Westlaw’s database to locate state laws—statutes and regulations—that govern sexual health-related education in schools; safe and supportive school environments; and adolescent access to key sexual health services (see Appendix 2 for background and methodology). CDC is providing each funded local education agency with a list of the identified state laws and the actual language of the laws in a pdf formatted file (see Resources section below).

Funded local education agencies should review and verify the CDC-provided state laws, and make any revisions or additions since the list may not be all inclusive in the “policy worksheet” (see Tool below). Although Westlaw has the most accurate database of state laws available, it is possible that your state passed recent legislation or that your state has legislation that is likely to be signed into law. If you are unsure about the laws, please consult with your agency’s legal or policy staff to review the list.

Local education agencies should then add any other district policies that guide their ESHE/SHS/SSE-related work (see definition of “policy”) to their policy worksheet before conducting Step 1b. This step will help ensure that all current state policies have been captured and the list should be reviewed annually to add any new policies.

CDC is requesting that local education agencies provide copies of the policies that are being added to the list on the policy worksheet by uploading them into the CDC Program Evaluation Reporting System (PERS) or submitting them to your project officer. This will allow CDC to have access to all related policies in addition to those initially provided for consultation purposes. See pages 25-27 of the PERS User Manual on how to upload policy documents.

The CDC definition of **policy** is “a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions.” There are several types of policy, each of which can operate at different levels (national, state, local, or organizational).

- Legislative policies are laws or ordinances created by elected representatives (e.g., state or local legislatures).
- Regulatory policies include rules, guidelines, principles, or methods created by government agencies with regulatory authority for products or services (e.g., state or local departments of education).
- Organizational policies include rules or practices established within an agency or organization (e.g., state department of education, school districts, or other state or local agencies).



**TOOL:** A “policy worksheet” (separate ESHE/SHS/SSE versions) was developed to assist funded local education agencies with developing a list of all current, relevant policies related to ESHE/SHS/SSE. Along with the worksheet, CDC will provide an initial listing of state-specific laws. Directions on the information requested are provided in the worksheet. (See Attachment A)

### Resources:

- CDC-provided policy worksheet with separate ESHE/SHS/SSE versions (*See Attachment A; funded local education agencies will receive worksheets with the CDC-developed listing of ESHE/SHS/SSE-related state laws as well as a pdf formatted file of the laws*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Policy Process Measure:**

- Process Measure 1: Funded local education agency has assessed its ESHE/SHE/SSE policies
  - a. Identified policies that guide ESHE/SHS/SSE-related work

**Related 1308-Required Activity:**

- Assess state and priority district policies related to required approaches A (exemplary sexual health education), B (sexual health services), and C (safe and supportive environments).

- **Step 1b: Determine if district policies are aligned with state policies, codes, laws, and regulations**

After developing a list of all current, relevant policies related to ESHE/SHS/SSE, the next step is to determine if district policies are aligned with state policies (e.g., codes, laws, and regulations). CDC is providing each funded local education agency with a list of the identified state laws and the actual language of the laws in a pdf formatted file. Local education agencies can send this information to their priority districts to assist them with determining if their district policies are aligned with state-specific laws.



**TOOL:** The CDC-developed “policy worksheet” (separate ESHE/SHS/SSE versions) can assist funded local education agencies with developing a list of all current, relevant policies related to ESHE/SHS/SSE (see Step 1a). Along with the worksheet, CDC will provide an initial listing of state-specific laws that can be used as a resource for determining alignment with district policies. (See Attachment A)

**Resources:**

- CDC-provided policy worksheet with separate ESHE/SHS/SSE versions and initial CDC-developed list of state laws (*See Attachment A; funded local education agencies will receive worksheets with the CDC-developed listing of ESHE/SHS/SSE-related state laws as well as a pdf formatted file of the laws*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Policy Process Measure:**

- Process Measure 1: Funded local education agency has assessed its ESHE/SHE/SSE policies
  - b. Determined whether ESHE/SHS/SSE policies are aligned with state policies, codes, laws, and regulations

**Related 1308-Required Activity:**

- Assess state and priority district policies related to required approaches A (exemplary sexual health education), B (sexual health services), and C (safe and supportive environments).

- **Step 1c: Identify and document any gaps in the current ESHE/SHS/SSE-related district policies as compared with CDC’s *School Level Impact Measures***

After determining if district policies are aligned with state policies (e.g., codes, laws, and regulations), the next step is to conduct an analysis to identify any gaps in those policies as compared with CDC’s *School Level Impact Measures* (see Appendix 4). Analyzing the policies for gaps may entail assessing the broad intent of the policy as well as individual components. Depending on the language of the policy, it may have conflicts or gaps in addressing the elements as listed in the *School Level Impact Measures*.

**Policy assessment** – a process to identify relevant policies, determine which policies are being put into practice or implemented, and identify policy gaps.



**TOOL:** CDC developed a “gap analysis worksheet” (separate ESHE/SHS/SSE versions) that provides local education agencies with a series of questions to help identify how their policies compare to elements listed in CDC’s *School Level Impact Measures*, referred to as SLIMS (see Appendix 4), and to determine where there may be inconsistencies. Directions are provided in the worksheet. (See Attachment A)

**Resources:**

- CDC-provided gap analysis worksheet with separate ESHE/SHS/SSE versions (*See Attachment A*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Policy Process Measure:**

- Process Measure 1: Funded local education agency has assessed its ESHE/SHE/SSE policies
  - c. Documented gaps in ESHE/SHS/SSE policies as compared with the *School Level Impact Measures*

**Related 1308-Required Activity:**

- Assess state and priority district policies related to required approaches A (exemplary sexual health education), B (sexual health services), and C (safe and supportive environments).

- **Step 1d: Collaborate with local education agency leadership and staff to prioritize actions for addressing any identified gaps in ESHE/SHS/SSE-related policies**

After identifying any gaps in ESHE/SHS/SSE-related policies, the next step is to collaborate with identified local education agency leadership and staff members to prioritize actions for addressing those gaps. Generally, prioritizing for the greatest outcome is advisable, but that can be a subjective determination. Some parameters are outcomes that:

- Benefit the greatest number of students
- Help reduce the largest disparities
- Alleviate the greatest individual burden
- Alleviate the greatest community burden
- Prevent spreading disease

The group should carefully consider and rank gaps and inconsistencies that will move the district forward to achieve ESHE/SHS/SSE objectives. Analyzing the benefits as well as barriers will enable the group to make useful decisions.



**TOOL:** CDC developed a “priority mapping worksheet” (separate ESHE/SHS/SSE versions) that local education agencies can use with their leadership and staff to facilitate prioritizing and planning how to address policy gaps. Directions are provided in the worksheet. (See Attachment A)

**Resources:**

- CDC-provided priority mapping worksheet with separate ESHE/SHS/SSE versions (*See Attachment A*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Policy Process Measure:**

- Process Measure 1: Funded local education agency has assessed its ESHE/SHE/SSE policies
  - d. Collaborated with local education agency leadership and staff to prioritize actions for addressing identified gaps in ESHE/SHS/SSE policies

**Related 1308-Required Activity:**

- Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new key partnerships.

- **Step 1e: Prepare informational materials about current ESHE/SHS/SSE-related policies and meet with stakeholders to educate them on potential policy solutions to address school health issues related to HIV/STD prevention**

The next step is to prepare informational materials about current policies and meet with stakeholders to educate them on potential policy solutions to address school health issues related to HIV/STD prevention. In addition to intended outcomes, include information on the legal foundation for a policy, why it is needed, and concise information about the content, implementation, and enforcement of the policy to educate stakeholders.

If the gaps are significant, materials should address potential barriers uncovered in the priority mapping process. Materials should clearly lay out the gap, benefits from a policy solution, and policy justification. Data from districts or states that have implemented similar policies can also be helpful. In-person meetings may be a good way to educate stakeholders about policies and policy options, but teleconferences, printed materials, trainings, conferences, websites, e-mail and other formats may be equally effective depending on the stakeholders and what aspects of policies are being discussed.

It is important to both understand the needs and motivations of stakeholders and to educate them on potential policy solutions. Identify key stakeholders, including supporters and opponents (e.g., community members, decision makers, district administrators, school board members, and nonprofit and for-profit agencies) and assess their relevant characteristics (e.g., knowledge, attitudes, and needs). Including stakeholders who are opposed to the policy can provide valuable insight into resistance to the policy and implementation. Providing feedback to stakeholders on the process and results of a policy helps them feel appreciated and secure about decisions they have made and enhances their commitment.

Deliver key messages and prepared informational materials to stakeholders, but also solicit their input and be prepared to follow-up. Presentation format and content ought to be geared to the stakeholder group and its needs, motivations, and interests.

**Resources:**

- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Related 1308-Required Activity:**

- Educate stakeholders, including priority district administrators and school board members, on potential policy solutions regarding school health issues.

## **Phase 2: Monitor District-Level Policy Implementation**

- **Step 2a: Monitor how ESHE/SHS/SSE-related policies are currently being implemented**

After assessing district-level policies, the next phase is to monitor district-level policy implementation. The first step is to monitor how policies are currently being implemented. Monitoring how policies are being put into practice can provide important information about any barriers as well as facilitators and will serve as a basis for assessing the policy's effectiveness.

It is possible that policies are implemented throughout the state and local education agencies and schools in exact keeping with the laws and guidance, or are implemented with widely varying and inconsistent interpretation. Sometimes policies are implemented without fidelity to the intent of the policy by organizational habit or leadership dictate. These are important factors to note when conducting your assessment. Also note that policies in themselves might be barriers to ESHE/SHS/SSE. Therefore, it is especially useful to understand how policies are being put into practice, to know their effects, and to review implementation annually.

CDC defines **policy implementation** as “translating an enacted policy into action, monitoring uptake, and ensuring full implementation.”



**TOOL:** The CDC-developed “policy worksheet” provides local education agencies with a series of questions for monitoring how each of their listed policies are currently being implemented. Directions are included in the worksheet to help guide the monitoring process and develop a shared understanding among stakeholders. Completed policy worksheets may be shared with your project officer for consultation. (See Attachment A)

**Resources:**

- CDC-provided policy worksheet with separate ESHE/SHS/SSE versions (*See Attachment A*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Related 1308-Required Activity:**

- Track policy adoption and monitor policy implementation within jurisdiction and with priority districts/schools.

- **Step 2b: Develop guidance and deliver training to support the implementation of ESHE/SHS/SSE-related policies within the district and with priority schools**

After monitoring how district policies are currently being implemented, the next step is to develop, identify, or revise guidance and deliver training to support the implementation of these policies that further ESHE/SHS/SSE objectives within the district and with priority schools. The purpose of the guidance is to provide direction for those responsible for carrying out, managing, and monitoring implementation of policies. The guidance should contain information that ensures compliance with the policies that furthers ESHE/SHS/SSE objectives. It can provide rationale with data, successes in other states and/or districts and within the state and/or district, links to the National Prevention Strategy, *Healthy People 2020*, and state education goals.

Local education agencies can provide direction in the form of guides, templates, instructions and any applicable examples such as best-practices. Training can be provided in a variety of formats, such as interactive online workshops or in-person presentations, depending on specific needs and resources. Local education agencies may find it helpful to consult with the available NGOs to strategize, find resources, provide training, and review current materials.

**Resources:**

- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Related 1308-Required Activity:**

- Develop and disseminate guidance to support implementation of policies within jurisdictions and with priority districts/schools.
- Deliver training and technical assistance to support implementation of policies related to the required approaches for priority districts/schools.

### Phase 3: Monitor Implementation of Policy Guidance in Priority Schools

- **Step 3a: Develop or maintain a list of current school-level ESHE/SHS/SSE policy guidance for priority schools**

After monitoring district-level policy implementation, the next phase is for local education agencies to monitor implementation of policy guidance in priority schools. The first step in this phase is for funded local education agencies to develop or maintain a list of current school-level ESHE/SHS/SSE policy guidance for priority schools (see Tool below).



**TOOL:** The CDC-developed “priority school policy worksheet” (separate ESHE/SHS/SSE versions) can assist funded local education agencies with developing a list of their priority schools’ current school-level ESHE/SHS/SSE policy guidance. The worksheet can be sent to each priority school for them to provide a list of their current ESHE/SHS/SSE-related policy guidance. Directions are provided in the priority school policy worksheet. The funded local education agency can request that completed worksheets be sent back so they can be used for monitoring purposes. (See Attachment B)

**Resources:**

- CDC-provided priority school policy worksheet with separate ESHE/SHS/SSE versions (*See Attachment B*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Policy Process Measure:**

- Process Measure 2: Funded local education agency has monitored the implementation of ESHE/SHE/SSE policies in priority schools
  - a. Developed or maintained a list of current school-level ESHE/SHS/SSE policy guidance for priority schools

**Related 1308-Required Activity:**

- Track policy adoption and monitor policy implementation within jurisdiction and with priority districts/schools.

- **Step 3b: Review ESHE/SHS/SSE policy guidance for priority schools’ to ensure alignment with state law, state education agency policy, and district policy**

The next step for local education agencies is to review ESHE/SHS/SSE policy guidance for priority schools’ to ensure alignment with state law, state education agency policy, and district policy that further ESHE/SHS/SSE objectives. The results will inform the type and amount of assistance and guidance the local education agency needs to provide to schools (see Step 2b). Funded local education agencies should use the list of current school-level ESHE/SHS/SSE policy guidance provided by priority schools in Step 3a (using the “priority school policy worksheet”) for the review process.

**Resources:**

- CDC-provided priority school policy worksheet with separate ESHE/SHS/SSE versions (*See Attachment B*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Policy Process Measure:**

- Process Measure 2: Funded local education agency has monitored the implementation of ESHE/SHE/SSE policies in priority schools
  - b. Reviewed priority schools’ ESHE/SHS/SSE policy guidance to ensure alignment with state law, state education agency policy, and district policy

**Related 1308-Required Activity:**

- Track policy adoption and monitor policy implementation within jurisdiction and with priority districts/schools.

**• Step 3c: Determine priority schools’ implementation of ESHE/SHS/SSE policy guidance**

After reviewing ESHE/SHS/SSE policy guidance for priority schools’ to ensure alignment with state law, state education agency policy, and district policy, the next step is to determine priority schools’ implementation of ESHE/SHS/SSE policy guidance.



**TOOL:** The CDC-developed “priority school policy worksheet” (separate ESHE/SHS/SSE versions) can assist funded local education agencies with determining their priority schools’ policy guidance implementation. A series of questions on school-level policy guidance implementation are included on the worksheet. Funded local education agency can request that priority schools send completed worksheets back to them so they can be used for monitoring and tracking purposes. This should be done on an annual basis throughout the five-year project period. (See Attachment B)

**Resources:**

- CDC-provided priority school policy worksheet with separate ESHE/SHS/SSE versions (*See Attachment B*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)

**Policy Process Measure:**

- Process Measure 2: Funded local education agency has monitored the implementation of ESHE/SHE/SSE policies in priority schools
  - c. Tracked\* priority schools’ implementation of ESHE/SHS/SSE-related policies

\*For purposes of this guidance, “tracking” entails having priority schools complete the questions on the provided “priority school policy worksheet” on school-level policy guidance implementation (questions 1a and 1b) and returning the worksheet to the funded local education agency. These worksheets should be sent every year of the five-year project period to priority schools for them to complete the policy guidance implementation questions. Funded local education agencies should keep a record of the worksheets that are completed every year for tracking purposes.

**Related 1308-Required Activity:**

- Track policy adoption and monitor policy implementation within jurisdiction and with priority districts/schools.

- **Step 3d: Prepare informational materials about current ESHE/SHS/SSE-related policies or policy options for stakeholders for priority schools**

After determining priority schools' implementation of ESHE/SHS/SSE-related policy guidance, the next step is for funded local education agencies is prepare informational materials about current policies or policy options for stakeholders for priority schools. See Step 1e for detailed information on preparing information materials on policies or policy options for stakeholders.

**Resources:**

- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 6 for a list of contacts and areas of expertise*)

**Policy Process Measure:**

- Process Measure 2: Funded local education agency has monitored the implementation of ESHE/SHE/SSE policies in priority schools
  - d. Prepared informational materials about current ESHE/SHS/SSE-related policies or policy options for stakeholders

**Related 1308-Required Activity:**

- Educate stakeholders, including priority district administrators and school board members, on potential policy solutions regarding school health issues.

- **Step 3e: Maintain a list of priority schools that have used CDC's *School Health Index* to assess ESHE/SHS/SSE policy implementation**

The last step for funded local education agencies is to maintain a list of priority schools that have used CDC's *School Health Index* to assess ESHE/SHS/SSE policy implementation. The *School Health Index: Self-Assessment & Planning Guide 2012* is an online self-assessment and planning tool that schools can use to improve their health and safety policies and programs. For more information on CDC's *School Health Index*, please go to [www.cdc.gov/healthyyouth/shi/index.htm](http://www.cdc.gov/healthyyouth/shi/index.htm)



**TOOL:** The CDC-developed “priority school policy worksheet” (separate ESHE/SHS/SSE versions) can assist funded local education agencies with maintaining a list of priority schools that have used CDC's *School Health Index* to assess policy implementation. The worksheet contains a question on using CDC's *School Health Index* and can be sent to each priority school for them to complete.

Funded local education agencies can request that completed worksheets are sent back to them so they can be used for monitoring and tracking purposes. Tracking the priority schools that use CDC's *School Health Index* should be done on an annual basis throughout the five-year project period. The worksheets can be used to facilitate the process and for maintaining a tracking system. (See Attachment B)

**Resources:**

- CDC-provided priority school policy worksheet with separate ESHE/SHS/SSE versions (*See Attachment B*)
- Capacity-building assistance for school-based HIV/STD prevention (Strategy 3) from NGOs (*See Appendix 3 for a list of contacts and areas of expertise*)



**Policy Process Measure:**

- Process Measure 2: Funded local education agency has monitored the implementation of ESHE/SHE/SSE policies in priority schools
  - e. Maintained a tracking system\* of priority schools that have used CDC’s *School Health Index* to evaluate ESHE/SHS/SSE policy implementation

\*For purposes of this guidance, “maintaining a tracking system” or a list entails having priority schools complete the question on the provided “priority school policy worksheet” on school use of CDC’s *School Health Index* (question 1c). Completed worksheets should be returned to the funded local education agency. The worksheets should be sent every year of the five-year project period to priority schools for them to complete the question on school use of CDC’s *School Health Index*. Funded local education agencies should keep a record of the worksheets that are completed every year for tracking purposes and for “maintaining a tracking system.”

**Related 1308-Required Activity:**

- Track policy adoption and monitor policy implementation within jurisdiction and with priority districts/schools.

# Appendix 1: 1308 Policy Guidance Summary Table

**Outcome: Increase the number of states and districts that track policy implementation and educate decision makers on policy solutions**

<b>ESHE/SHS/SSE Policy Process Measures</b>	<b>Policy-Related Activities</b>	<b>Resources</b>	<b>Outcomes/Required Activity (see Table 1 on page 4)</b>
	<b>Initial Action:</b> Identify local education agency leadership/staff and strategic partnerships that can help support policy assessment and implementation monitoring	CDC: At-A-Glance: Process for Implementing 1308 Policy-Related Activities (Approach D)  NGOs: Support with partnerships	<b>Related-1308 Required Activity:</b> Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new key partnerships.
<b>Process Measure 1:</b> <b>Funded local education agency has assessed its ESHE/SHS/SSE policies</b>  a. Identified policies that guide ESHE/SHS/SSE-related work	<b>Phase 1: Assess District-Level Policies</b>  Step 1a: Develop a list of all current, relevant policies related to ESHE/SHS/SSE	CDC: Policy worksheet and initial CDC-developed listing of state laws (ESHE/SHS/SSE versions)  NGOs: Support with completing list of ESHE/SHS/SSE-related policies	<b>Related-1308 Required Activity:</b> Assess state and priority district policies related to required approaches A (exemplary sexual health education), B (sexual health services), and C (safe and supportive environments).
b. Determined whether ESHE/SHS/SSE policies are aligned with state policies, codes, laws, and regulations	Step 1b: Determine if district policies are aligned with state policies, codes, laws, and regulations	CDC: Policy worksheet (ESHE/SHS/SSE versions)  NGOs: Support with policy review	<b>Related-1308 Required Activity:</b> Assess state and priority district policies related to required approaches A (exemplary sexual health education), B (sexual health services), and C (safe and supportive environments).
c. Documented gaps in ESHE/SHS/SSE policies as compared with the School Level Impact Measures	Step 1c: Identify and document any gaps in the current ESHE/SHS/SSE-related district policies as compared with CDC's School Level Impact Measures	CDC: Gap analysis worksheet (ESHE/SHS/SSE versions)  NGOs: Support with conducting gap analysis	<b>Related-1308 Required Activity:</b> Assess state and priority district policies related to required approaches A (exemplary sexual health education), B (sexual health services), and C (safe and supportive environments).
d. Collaborated with local education agency leadership and staff to prioritize actions for addressing identified gaps in ESHE/SHS/SSE policies	Step 1d: Collaborate with local education agency leadership and staff to prioritize actions for addressing any identified gaps in ESHE/SHS/SSE-related policies	CDC: Priority mapping worksheet (ESHE/SHS/SSE versions)  NGOs: Assistance on working with local education agency leadership to identify policy priorities	<b>Related-1308 Required Activity:</b> Maintain existing strategic partnerships to support policy assessment and implementation monitoring and, if needed, develop new key partnerships.

<b>ESHE/SHS/SSE Policy Process Measures</b>	<b>Policy-Related Activities</b>	<b>Resources</b>	<b>Outcomes/Required Activity (see Table 1 on page 4)</b>
	<i>Step 1e: Prepare informational materials about current ESHE/SHS/SSE-related policies and meet with stakeholders to educate them on potential policy solutions to address school health issues related to HIV/STD prevention</i>	NGOs: <i>Assistance on working with local education agencies to prepare informational materials</i>	<b>Related-1308 Required Activity:</b> <i>Educate stakeholders, including priority district administrators and school board members, on potential policy solutions regarding school health issues.</i>
	<b>Phase 2: Monitor District-level Policy Implementation</b>  <i>Step 2a: Monitor how ESHE/SHS/SSE policies are currently being implemented</i>	CDC: <i>Policy worksheet and initial CDC-developed listing of state laws (ESHE/SHS/SSE versions)</i>  NGOs: <i>Support with policy implementation monitoring</i>	<b>Related-1308 Required Activity:</b>  <i>Track policy adoption and monitor policy implementation within jurisdiction and with priority district/schools.</i>
	<i>Step 2b: Develop guidance and deliver training to support the implementation of ESHE/SHS/SSE-related policies within the district and with priority schools</i>	NGOs: <i>Support with developing guidance and delivering training</i>	<b>Related-1308 Required Activity:</b> <i>Develop and disseminate guidance to support implementation of science-based policies within jurisdiction and with priority districts/schools.</i>  <i>Deliver training and technical assistance to support implementation of science-based policies related to the required approaches for priority districts/schools.</i>
<b>Process Measure 2:</b> <b>Funded local education agency has monitored the implementation of ESHE/SHS/SSE policies in priority schools</b>  <i>a. Developed or maintained a list of current school-level ESHE/SHS/SSE policy guidance for priority schools</i>	<b>Phase 3: Monitor Implementation of Policy Guidance in Priority Schools</b>  <i>Step 3a: Develop or maintain a list of current school-level ESHE/SHS/SSE policy guidance for priority schools</i>	CDC: <i>Priority school policy worksheet (ESHE/SHS/SSE versions) can be used for monitoring</i>  NGOs: <i>Support with collecting information for the priority school policy worksheets</i>	<b>Related-1308 Required Activity:</b>  <i>Track policy adoption and monitor policy implementation within jurisdiction and with priority districts/schools.</i>

<b>ESHE/SHS/SSE Policy Process Measures</b>	<b>Policy-Related Activities</b>	<b>Resources</b>	<b>Outcomes/Required Activity (see Table 1 on page 4)</b>
<p><i>b. Reviewed priority schools' ESHE/SHS/SSE policy guidance to ensure alignment with state law, state education agency policy, and district policy</i></p>	<p><i>Step 3b: Review ESHE/SHS/SSE policy guidance for priority schools' to ensure alignment with state law, state education agency policy, and district policy</i></p>	<p><i>NGOs: Support with collecting information for the priority school policy worksheets</i></p>	<p><b>Related-1308 Required Activity:</b> <i>Track policy adoption and monitor policy implementation within jurisdiction and with priority districts/schools.</i></p>
<p><i>c. Tracked priority schools' implementation of ESHE/SHS/SSE-related policies</i></p>	<p><i>Step 3c: Determine priority schools' implementation of ESHE/SHS/SSE-related policy guidance</i></p>	<p><i>CDC: Priority school policy worksheet (ESHE/SHS/SSE versions) can be used for monitoring and tracking</i></p> <p><i>NGOs: Support with collecting information for the priority school policy worksheets</i></p>	<p><b>Related-1308 Required Activity:</b> <i>Track policy adoption and monitor policy implementation within jurisdiction and with priority district/schools.</i></p>
<p><i>d. Prepared informational materials about current ESHE/SHS/SSE policies or policy options for stakeholders</i></p>	<p><i>Step 3d: Prepare informational materials about current ESHE/SHS/SSE-related policies or policy options for stakeholders for priority schools</i></p>	<p><i>NGOs: Assistance on working with local education agencies to prepare informational materials</i></p>	<p><b>Related-1308 Required Activity:</b> <i>Educate stakeholders, including priority district administrators and school board members, on potential policy solutions regarding school health issues.</i></p>
<p><i>e. Maintained a tracking system of priority schools that have used CDC's School Health Index to evaluate ESHE/SHS/SSE policy implementation</i></p>	<p><i>Step 3e: Maintain a list of priority schools that have used CDC's School Health Index to assess ESHE/SHS/SSE policy implementation</i></p>	<p><i>CDC: Priority school policy worksheet (ESHE/SHS/SSE versions) that can be used for monitoring and tracking</i></p> <p><i>NGOs: Support with collecting information for the policy worksheets</i></p>	<p><b>Related-1308 Required Activity:</b> <i>Track policy adoption and monitor policy implementation within jurisdiction and with priority districts/schools.</i></p>

## Appendix 2: State Policy Search Methodology

CDC conducted a policy search to assist 1308-funded state and local education agencies establish an initial list of all current ESHE/SHS/SSE-related policies for assessment purposes. The search was conducted by researchers in CDC's Public Health Law Program and, for the purposes of the policy search, the word *policy* refers only to state statutes and regulations.

CDC's Public Health Law Program researchers used Westlaw's online legal research services database to locate state laws — statutes and regulations — that govern sexual health-related education in schools; safe and supportive school environments; and adolescent access to key sexual health services. The policy search includes laws that were enacted by September 30, 2013. Any laws enacted or adopted after September 30, 2013 are not included in the assessment. CDC is providing each funded state education agency with a list of the identified state laws and the actual language of the laws in a pdf (see Step 1a and 3a).

For the purpose of 1308, the following are definitions of ESHE/SHS/SSE:

**Exemplary Sexual Health Education:** A systematic, evidence-informed approach to sexual health education that includes the use of grade-specific, evidence-based interventions, but also emphasizes sequential learning across elementary, middle, and high school grade levels. ESHE provides adolescents the essential knowledge and critical skills needed to avoid HIV infection, other STD, and unintended pregnancy. ESHE is delivered by well-qualified and trained teachers; uses strategies that are relevant and engaging; and consists of elements that are medically accurate, developmentally and culturally appropriate; and is consistent with the scientific research on effective sexual health education. More information is available at:

[www.cdc.gov/healthyyouth/sher/characteristics/index.htm](http://www.cdc.gov/healthyyouth/sher/characteristics/index.htm)

[www.cdc.gov/healthyyouth/hecat/pdf/HECAT\\_Module\\_SH.pdf](http://www.cdc.gov/healthyyouth/hecat/pdf/HECAT_Module_SH.pdf)

**Key Sexual Health Services:** Key SHS include anticipatory guidance for prevention, including delaying the onset of sexual activity; promoting HIV and STD testing, counseling, and treatment, and the dual use of condoms and highly effective contraceptives among sexually active adolescents; HIV and STD testing, counseling, and referral; pregnancy testing; and HPV vaccinations.

**Safe and Supportive Environment:** An environment characterized by the absence of discrimination, intimidation, taunting, harassment, and bullying. Creating SSE at schools involves school personnel, leaders of community organizations, parents, and youth building positive, supportive, and healthy environments that promote acceptance and respect. Schools can assist by implementing clear policies, procedures, and activities designed to prevent bullying and violence and to promote health and safety.

## Appendix 3: Non-governmental Organizations Providing Capacity-Building Assistance

Selected non-governmental organizations (NGOs) are funded under *Strategy 3: Capacity-Building Assistance for School-Based HIV/STD Prevention* to provide capacity-building assistance for the funded state education agencies. Each NGO's expertise and support is tied to one of three approaches specified in Strategy 2 of 1308 [Approach A: Exemplary Sexual Health Education (ESHE); Approach B: Sexual Health Services (SHS); and Approach C: Safe and Supportive Environments (SSE)].

### Capacity-Building Assistance for School-Based HIV/STD Prevention (Strategy 3): Required Activities for NGOs

#### Years 2-5 Required Activities

- 1) Provide capacity-building assistance to awarded education agencies to support required strategies, including but not limited to professional development, follow-up support, and technical assistance (e.g., mentoring, coaching, site visits); financial or other incentives; tools/resources aligned with program activities and cooperative agreement outcomes; and **policy assessment and implementation support**. As necessary, revise scope and degree of capacity building assistance to education agencies based on program monitoring.
- 2) Disseminate modified or existing tools, resources, and materials to support education agencies with their required strategies.
- 3) Identify and disseminate research on ESHE, SHS, and SSE strategies and **policy approaches** that have successfully addressed school-based HIV/STD prevention.
- 4) Create website content, slide shows, or written documents **that identify policies** and practices that are effective in improving school efforts to implement ESHE, SHS, and SSE.
- 5) Identify potential options for long-term sustainability of implemented activities with selected education agencies.
- 6) Leverage membership/chapter/affiliate resources to provide support for required education agency activities.
- 7) Provide regular programmatic updates to other awarded NGOs, selected education agencies, and membership/chapters on technical assistance and capacity-building activities.

The following is a list of the funded NGOs, including their contact information, and 1308-specific services:

#### Exemplary Sexual Health Education

**Healthy Teen Network** ([www.healthyteennetwork.org](http://www.healthyteennetwork.org))

Contacts: Valerie Sedivy ([valerie@healthyteennetwork.org](mailto:valerie@healthyteennetwork.org))

Mila Garrido ([Mila@healthyteennetwork.org](mailto:Mila@healthyteennetwork.org))

Alexandra Eisler ([Alexandra@healthyteennetwork.org](mailto:Alexandra@healthyteennetwork.org))

**1308-Specific Services:** Healthy Teen Network can assist with providing capacity building support to help implement the 1308 exemplary sexual health education (ESHE) policy-related activities. They tailor their support to specific needs and may conduct site visits, virtual and in-person professional learning events, and/or remote capacity-building assistance.

Healthy Teen Network can assist with:

- ESHE policy assessment
- Engaging stakeholders, including youth and parents, in ESHE
- Working with School Health Advisory Councils (SHAC)
- Selecting, reviewing and adapting curricula to meet ESHE requirements
- Providing professional learning to teachers

### **Sexual Health Services**

**CAI** (<http://www.caiglobal.org/caistage/>)

Contact: Amanda Brow ([abrown@caiglobal.org](mailto:abrown@caiglobal.org))

Dawn Middleton ([dmiddleton@caiglobal.org](mailto:dmiddleton@caiglobal.org))

**1308-Specific Services:** CAI can provide capacity-building assistance around establishing and implementing effective referral systems for priority schools. They can assist with:

- Tailored and individualized professional development
- Web-based learning opportunities
- Expert and peer-to-peer coaching
- Collaborative learning experiences
- Cluster training
- Electronic dissemination of resources and tools

### **Safe and Supportive Environments**

**GSA Network** ([www.gsanetwork.org](http://www.gsanetwork.org))

Contact: Christopher White ([cwhite@gsanetwork.org](mailto:cwhite@gsanetwork.org))

**1308-Specific Services:** GSA Network can provide specific capacity-building assistance to help create and maintain safe and supportive environments for students and staff, increase the positive experiences of all young people in local jurisdictions, and support youth at disproportionate risk such as LGBT youth, homeless youth, and youth in alternative schools. GSA Network can assist with:

- Educating policymakers on science-based policy
- Implementing and tracking of policies
- Promoting school connectedness and parent engagement
- Establishing and strengthening Gay-Straight Alliance clubs or similar student-led groups
- Developing training programs for school staff
- Establishing organizational linkages and partnerships
- Increasing opportunities for mentoring and other activities with adults in schools
- Implementing LGBT-inclusive curricula and lesson plans

## **Appendix 4: CDC School Level Impact Measures**

### **Exemplary Sexual Health Education (ESHE)**

#### **ESHE 1**

The percentage of schools that teach all of the following in a required course taught during grades 6, 7, or 8 and during grades 9, 10, 11, or 12:

- How to create and sustain healthy and respectful relationships.
- Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- Goal-setting and decision-making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.
- The benefits of being sexually abstinent.
- The importance of limiting the number of sexual partners.
- The importance of using condoms consistently and correctly.
- The importance of using a condom at the same time as another form of contraception to prevent both STDs and pregnancy.
- How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy.
- Preventive care (such as screenings and immunizations) that is necessary to maintain reproductive and sexual health.
- Influences of family, peers, culture, media, technology and other factors on sexual risk behaviors.
- Influencing and supporting others to avoid or reduce sexual risk behaviors.

#### **ESHE 2**

The percentage of schools that assess the ability of the students to do the following in a required course taught during grades 6, 7, or 8 and during grades 9, 10, 11, or 12:

- Comprehend concepts important to prevent HIV, other STD and pregnancy.
- Analyze the influence of family, peers, culture, media, technology, and other factors on sexual risk behaviors.
- Access valid information, products, and services to prevent HIV, other STD and pregnancy.
- Use interpersonal communication skills to avoid or reduce sexual risk behaviors.
- Use decision making skills to prevent HIV, other STD and pregnancy.
- Set personal goals that enhance health, take steps to achieve these goals, and monitor progress in achieving them.
- Influence and support others to avoid or reduce sexual risk behaviors.



### **ESHE 3**

The percentage of schools in which those who teach sexual health education are provided with the following:

- Goals, objectives, and expected outcomes for sexual health education.
- A written health education curriculum that includes objectives and content addressing sexual health education.
- A chart describing the annual scope and sequence of instruction for sexual health education.
- Strategies that are age-appropriate, relevant, and actively engage students in learning.
- Methods to assess student knowledge and skills related to sexual health education.

### **ESHE 4**

The percentage of schools in which the lead health education teacher received *professional development* during the past two years on all of the following:

- Describing how widespread HIV and other STD infections are and the consequences of these infections.
- Describing the prevalence and potential effects of teen pregnancy.
- Understanding the modes of transmission and effective prevention strategies for HIV and other STDs.
- Identifying populations of youth who are at high risk of being infected with HIV and other STDs.
- Identifying populations of youth who are at high risk of becoming pregnant.
- Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.
- Assessing students' performance in HIV prevention education.
- Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.
- Current district or school board policies or curriculum guidance regarding HIV education or sexual health education.

## **Sexual Health Services (SHS)**

### **SHS 1**

The percentage of schools that provide students with on-site services or referrals to healthcare providers for all of the following services:

- HIV testing
- STD testing
- Pregnancy testing
- Provision of condoms
- Provision of condom-compatible lubricants (i.e., water- or silicone-based)
- Provision of contraceptives other than condoms (e.g., birth control pill, birth control shot, IUD)
- Human papillomavirus, or HPV, vaccine administration

## **Safe and Supportive Environments (SSE)**

### **SSE 1**

The percentage of schools that implement parent engagement strategies for all students by doing at least four of the following:

- Providing parents and families with information about how to communicate with their child about sex.
- Providing parents and families with information about how to monitor their child (this includes the expectations parents have for their child’s behavior; the actions parents take to keep track of their child; and the ways parents respond when their child breaks the rules).
- Establishing one or more communication channels (e.g., electronic, paper, or oral) with parents about school health services and programs.
- Involving parents as school volunteers in the delivery of health education activities and services.
- Engaging parents and students in health education activities at home.
- Engaging parents in the development and implementation of school health policies and programs.
- Linking parents and families to health services and programs in the community.

### **SSE 2**

The percentage of schools that implement school connectedness strategies by doing at least three of the following:

- Providing students with opportunities to be involved in mentoring programs.
- Providing students with opportunities to be involved in service learning.
- Providing students with opportunities to be involved in peer tutoring.
- Having a lead health education teacher who received professional development on classroom management techniques during the past 2 years.
- Providing clubs or activities that give students opportunities to learn about people different from them (e.g., students with disabilities, LGBTQ youth, homeless youth, or people from different cultures).

### **SSE 3**

The percentage of schools that prevent bullying and sexual harassment, including electronic aggression, among all students by doing all of the following:

- Providing annual professional development for all school staff on preventing, identifying, and responding to student bullying and sexual harassment, including electronic aggression.
- Publicizing and disseminating policies/rules/regulations on bullying and sexual harassment, including electronic aggression, via one or more communication channels (e.g., electronic, paper, or oral).
- Providing a confidential mechanism for reporting student bullying and sexual harassment, including electronic aggression, to a designated school staff member.
- Providing information and resources to parents on preventing student bullying and sexual harassment, including electronic aggression.

#### **SSE 4**

The percentage of schools that implement HIV, other STD, and pregnancy prevention strategies that meet the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth by doing all of the following:

- Providing curricula or supplementary materials that include HIV, other STD, or pregnancy prevention information that is relevant to LGBTQ youth (e.g., curricula or materials that use inclusive language or terminology).
- Identifying “safe spaces” such as a counselor’s office, designated classroom, or student organization where LGBTQ youth can receive support from administrators, teachers, or other school staff.
- Prohibiting harassment based on a student’s perceived or actual sexual orientation or gender identity.
- Facilitating access to providers not on school property who have experience providing health services, including HIV/STD testing and counseling, to LGBTQ youth.
- Facilitating access to providers not on school property who have experience in providing social and psychological services to LGBTQ youth.
- Encouraging staff to attend professional development on safe and supportive school environments for all students, regardless of sexual orientation or gender identity.