Program 1308 Guidance:

Supporting State and Local Education Agencies to Reduce Adolescent Sexual Risk Behaviors and Adverse Health Outcomes Associated with HIV, Other STD, and Teen Pregnancy

Division of Adolescent and School Health

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Centers for Disease Control and Prevention

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- Comfortable surroundings, welcoming to both males and females and to youth of all sexual orientations.
- Youth-focused group discussions, peer counselors, information, and educational materials.
- Integrated SHS that allow adolescents to meet their needs for HIV, STD, and pregnancy prevention in one place (28).
- Medically accurate and up to date information about and access to services (110).
- Follow-up to encourage youth to return and to act on medical referrals.
- Ways to solicit youth feedback on their needs and how to improve services (111).
- Evidence-based practices.
- Professional development on youth-friendly topics and youth-engagement strategies (112).

Any providers coming onsite should adhere to state and district policies governing their activities. Districts and schools should identify any policies that create barriers to students' knowledge and access and address them.

Provide guidance for school health services staff to appropriately identify student SHS needs

In an effort to either provide relevant SHS or referrals to relevant SHS, SEAs and LEAs should provide guidance to school health services staff on how to appraise students' sexual risk behaviors during routine healthcare interactions. Sexual health assessments and histories can be conducted a number of ways, often depending on the local district or school context. For instance, sexual risk assessment modules may be included on more comprehensive health and risk assessment questionnaires that are often performed by school nurses or in a clinic setting. Some examples of standardized sexual risk assessment tools for adolescents clinical assessments for adolescents include GAPS, Bright Futures, and RAPPS (see Resources).

Identifying student SHS need may also come from more informal, one-on-one conversations (113, 114). SEAs and LEAs can provide guidance or create policies for school nurses or other sexual or reproductive health services staff to take a basic sexual history when a student presents for a particular sexual or reproductive health service. Such conversations can identify additional services that may also be needed. Additionally, all school staff can make referrals based on their individual level of comfort and within the parameters for which they are trained. Often, the need for a referral can be identified without requiring a comprehensive assessment.

Students presenting with other health or mental health issues associated with sexual risk behaviors (e.g., depression, childhood trauma, substance use, physical abuse, or coerced sexual contact) should be assessed for sexual risks (115-117). School healthcare staff should coordinate such assessments with mental health and social service providers to provide students with the care that best addresses their life situation. When student assessments reveal health issues requiring urgent attention beyond the scope of school-based services, students should be referred to primary care providers for diagnosis and testing, treatment, or care (118).

Establish and support a system to refer students to sexual health, mental health, and other community services

SEAs and LEAs can help districts and schools establish a standardized system to refer students to either on-site or off-site sexual health services if none exists or the current one is not well used (91). This system can build on work established in developing partnerships and may include developing a guide with youth-friendly service providers if such a resource does not already exist. An existing guide can be assessed to ensure it includes youth-friendly providers of sexual health services (e.g., verifying with students), the information is meaningful to students and up to date, and there is adequate awareness and use of the directory among staff and students. Such guides can be provided to school

health services staff, teachers, school administrators, and, in some cases, students. In addition to developing a referral guide, a referral system should include: review of federal, state, local, and school policies that impact referral of students for services; written steps to formalize procedures; designated referral staff; marketing and communicating the referral system and tools; monitoring and evaluating for impact; and overall management and oversight.

A variety of tools can facilitate use of a referral system. Examples of tools include:

- Guidance to match students with appropriate health, social, or mental health services providers.
- Information that students should be provided about their health concerns, including why the referral is being made, and information they should receive about the health services provider.
- Descriptions of policies governing the management and confidentiality of medical information between the school and the health services provider.
- Information on the role of parents (if any) in the referral.
- Tools for determining if and how the referral should be followed-up.

Depending on the health services infrastructure and other local contextual factors, students may be referred to a SBHC or to community-based SHS, their doctor, a social service, or a mental health service provider. The referral could be handled via a school nurse or other designated staff, in which case non-health services staff who may encounter a student in need of sexual or mental health services should be aware of how to connect students with the appropriate referring staff. In some cases, referral guides may be marketed directly to students who self-refer to clinics. Although tracking of SHS referrals is not required for this FOA, school health and mental health services staff can follow-up with students to make sure that they attend appointments, address barriers to accessing referred

health services, and assist students in making and attending follow-up appointments. Those LEAs considering tracking referrals actualized for evaluation purposes should consider building in a component to MOUs with the community-based SHS provider to collect and/or share relevant data.

Support priority districts and schools in understanding adolescent sexual health needs and ways to increase adolescent access to appropriate services

Districts can identify areas for which district, school, and health services staff need professional development and the appropriate audience for particular areas of capacity building. For instance, these may include providing basic and current subject matter information (e.g., medically-accurate materials about HIV, other STD, and pregnancy prevention) to teachers, other school staff, and parents (101), or providing topic-specific trainings (e.g., how to identify youth-friendly providers) to relevant district-level staff. Training and technical assistance topics could include:

- Assessing and monitoring implementation of policies related to the provision of sexual health services.
- Clarifying and dispelling myths surrounding care and referral policies.
- Establishing new or strengthen existing organizational partnerships, whether formal or informal, between districts or schools and youth-friendly sexual health service providers.
- Helping families apply for or access insurance for children.
- Assessing sexual health service providers for youth-friendliness of clinical services.
- Developing or revising a written sexual health service referral procedure.
- Implementing a written sexual health service referral procedure.
- Assessing students for sexual health service needs.
- Creating a guide of youth-friendly sexual health service providers.

- Developing or revising a procedure for maintaining student confidentiality throughout the referral process.
- Implementing a procedure for maintaining student confidentiality throughout the referral process.
- Expanding onsite, youth-friendly school health services.
- Obtaining third-party reimbursement for the provision of school-based health services.
- Raising awareness and marketing of SHS, community providers, and referral services.
- Engaging youth in the design, delivery and evaluation of SHS.
- Managing controversy around SHS.

Support provision of key SHS on-site in schools as possible

SEAs and LEAs can support school-wide programs to directly deliver SHS at schools. Relevant actions include:

- Reviewing and educating stakeholders about policies impacting direct provision of SHS.
- Establishing or strengthening relationships with state and local health departments.
- Making current services more appealing to students, including expanding services to male students (who are often underserved by SHS clinics) or building a clinic visit into health education curriculum.
- Contracting with third parties to set-up or create a school clinic.
- Partnering with the state Child Health Insurance Program (CHIP) program and the federal or state health care exchanges serving the area to register students and families for insurance.
- Developing a condom availability program (CAP) that provide access to condoms to students in high schools. These programs often include counseling or written information on topics such as

STD or HIV prevention and abstinence (119). Because evidence of their effectiveness is mixed (120-124) and these programs are often controversial, schools should carefully weigh community norms and preferences for students with the health benefits to be derived from this kind of program.

- Coordinating school-wide STD screening programs that screen high school students in areas of high STD prevalence for Chlamydia and gonorrhea and provide risk counseling and treatment. Although there is little evidence about their long-term or community-wide impact (125-127), school-wide screenings may be strengthened through strong partner services, careful consideration of the local epidemiology of STD, and follow-up testing and counseling of students who have tested positive (128, 129).
- Providing information on HPV vaccination for parents of vaccine eligible students and coordinating HPV vaccination drives with SBHCs.
- Coordinating school-wide HIV testing programs (109).

Explore billing third parties for reimbursement for eligible services

Districts and schools should consider their possible roles in assisting students and their families to access and enroll in health insurance plans. SEAs and LEAs may want to set up direct third-party reimbursement for health services through programs such as Medicaid, the Children's Health Insurance Program (CHIP), and private insurance companies (105, 130). Districts should first explore if there is state guidance on Medicaid reimbursement for schools and if other districts in the state provide services for which they receive reimbursement. The Medicaid program recognizes the importance of school-based health services and allows states to use their Medicaid programs to help pay for certain health services delivered to children in the schools. Some states have developed additional guidance materials for their school based providers. Districts can also contact the state

Medicaid agency for information and technical assistance regarding implementing a school health services program and seeking Medicaid funding for school health services. School districts may consider working with these entities, the state or federal exchange, social security, the local health department, and social services that provide insurance assistance. This is not only helpful to students and families, but it could underwrite many school health services. Billing for third party reimbursement may apply to many health services and can have a broad positive impact on a school health services program. Providers that come on site to provide services but don't bill, may be encouraged to do so in order to increase the program's sustainability and improve quality of care.

Districts should first explore if schools in their districts or relevant medical partners are interested in billing for health care services. The SEA and LEA can initiate discussions with other school or community providers who provide health services, including SHS. They can also consider identifying partners who already bill for health services to learn from them how to navigate the process and identify other important issues. If interest exists, clinics can work with providers to learn what can be reimbursed and the process for billing.

Resources

- CDC Fact Sheet on HIV Testing among Adolescents

  http://www.cdc.gov/healthyyouth/sexualbehaviors/pdf/hivtesting_adolescents.pdf
- CDC Revised Recommendations for HIV Testing

  http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5514a1.htm
- CDC STD Treatment Guidelines

  http://www.cdc.gov/std/treatment/2010/specialpops.htm
- Bright Futures

  http://brightfutures.aap.org/index.html

- Rapid Assessment for Adolescent Preventive Services

  https://www.raaps.org/

- Ten Ways Schools Can Promote New Health Insurance Opportunities

  http://marketplace.cms.gov/getofficialresources/other-partner-resources/ten-ways-to-promote-new-insurance-opportunities-schools.pdf

- How to Obtain Medicaid Funding for School-based Services

  http://www.tapartnership.org/docs/obtainingMedicaidFunding.pdf

- CMS Medicaid School-based Administrative Claiming Guide

  http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Financing-and-Reimbursement/Downloads/2003_SBS_Admin_Claiming_Guide.pdf

Chapter 4 – Safe and Supportive Environments

This chapter focuses on the three aspects of safe and supportive environments (SSE) for students and staff emphasized in Program 1308: (1) preventing bullying and sexual harassment, including electronic aggression; (2) promoting school connectedness; and (3) promoting parent engagement in schools.[*] It also outlines actions to meet the needs of youth at disproportionate risk; many of these actions are associated with improvements in the school environment for *all* students. Although this guidance is focused at the school-level, state education agencies (SEAs) and local education agencies (LEAs) can support school-based activities through professional development, technical assistance, and partnerships.

Why address safe and supportive environments as part of school-based HIV/STD prevention?

- Perpetrators and victims of bullying and sexual harassment may be more likely to have casual sex and sex under the influence of drugs and/or alcohol (131).
- Adolescents who feel connected to their school and have engaged parents are more likely to delay initiating sexual activity, use condoms and other contraceptives, and have fewer sexual partners (7, 132).

Promote, implement, and monitor policies and programs to decrease bullying and sexual harassment

Promote, implement, and monitor anti-bullying policies.

Strong anti-bullying policies include (133-135):

- A clear definition of bullying consistent with state laws.
- Specific locations where bullying takes place such as school grounds, school events, and the Internet.

[*] Parents are those adults who serve as the primary caregivers of a child's basic needs. They include biological parents and others who serve in this role including biological relatives such as grandparents, aunts, uncles, and siblings; and non-biologically related adults such as adoptive, foster, or step-parents.

- Graduated sanctions and consequences (including non-punitive alternatives) for incidents of bullying.
- A statement of rights to other legal recourse.

For guidance on naming (enumerating) specific individual characteristics in anti-bullying policies, please see pages 65-66.

In addition, districts and schools should consider procedures for the following (135):

- Reporting bullying with protection from retaliation.
- Investigating and responding to reports of bullying.
- Maintaining written records on incidents of and responses to bullying.
- Reporting bullying incidents to the state for monitoring, if required.
- Referring perpetrators and/or victims to counseling or other services.

All policies and implementation procedures should be clearly communicated to school staff, students, and families.

Promote, implement, and monitor policies to prevent sexual harassment.

Sexual harassment may be addressed in anti-bullying policies or separate policies specifically addressing sexual harassment. Regardless, policies addressing sexual harassment should comply with federal policy prohibiting sexual harassment (136, 137). In implementing these policies, schools and districts can:

- Sensitize school staff, students, and families to issues of sexual harassment.
- Implement procedures to document, investigate, and respond to complaints of sexual harassment.
- Communicate the policies to school staff, students, and families.

Consider promoting programs to prevent bullying among all students.

SEAs and LEAs should consider supporting effective school-based bullying prevention programs that involve a combination of whole-school programs with classroom curricula and small group or individual-level programs that include mentoring and address social skills (138-140).

Whole-school programs that attempt to alter the school environment and involve students, peer groups, teachers, and administrators appear most likely to be effective in reducing bullying (138). Such programs may include training in emotional control and peer counseling, in addition to anti-bullying policy (140). These activities require substantial resources; in general, programs with more components and greater duration and intensity for students and teachers are more effective than short, single-component interventions (141). State and local education agencies should carefully consider whether the resources are available to implement such programs in addition to other required Program 1308 activities. Partners can explore leveraging other funding related to bullying prevention and school climate (e.g., the U.S. Department of Education School Climate Transformation Grants). Information on rigorously-evaluated bullying prevention programs can be found at StopBullying.gov (see Resources).

Promote school connectedness for all students and staff

Support and implement policies and programs that encourage positive conduct that benefits others (pro-social behavior).

Comprehensive initiatives such as *School-Wide Positive Behavioral Interventions and Supports* provide a range of policies and programs that SEAs and LEAs can promote, including (142):

- Setting positive behavioral expectations school-wide.
- Implementing targeted behavioral interventions for students who are at risk for problem behaviors.

- Providing intensive and personalized interventions for students with more serious behavior problems.

Additionally, state and local education agencies should consider revising "zero tolerance" policies. There is no evidence zero tolerance policies are effective in deterring misbehavior (143, 144).

SEAs and LEAs can provide professional development to ensure that educators:

- Use language, behaviors, and environmental cues that can make adults more approachable to youth and promote positive peer norms.
- Implement classroom management techniques that set expectations and align with classroom disciplinary policies.
- Teach about acceptance, promote self-respect and respect for others, and acknowledge different viewpoints within the community and among students (145).
- Educate students about the prevalence of unhealthy behaviors by using statistics and classroom activities that demonstrate that fewer youth are engaging in risk behaviors than students may believe (146).

Facilitate linking students to mentorship and service learning opportunities.

SEAs and LEAs can support strategies to connect students to mentorship opportunities including:

- Offering personalized courses of study and engagement with students (147, 148).
- Providing an advisor who knows each student and who can help them with current academic needs (149).
- Providing one-on-one tutoring or mentoring for students as needed (147).

The Community Preventive Services Task Force recommends behavioral sexual risk reduction interventions in coordination with community service (150). These activities may take place in community settings, such as nursing homes, hospitals, or homeless shelters and can be incorporated into school curricula (151).

Support student participation in clubs and extracurricular activities.

SEAs and LEAs can help districts and schools establish programs delivered during and outside of the school day that build students' social and leadership skills, engage them in planning for their future, and help them learn from peers and community members with diverse backgrounds. Programs may include evidence-based HIV, other STD, and pregnancy prevention programs (152) as well as:

- Positive youth development programs (153)
- Academic clubs (e.g., science clubs, language clubs) or student government (154)
- Community-based groups (e.g., Boy Scouts and Girl Scouts, 4-H) (154)
- Sports (although athletic participation has been associated with increased sexual risk among boys) (154)
- Performance and fine arts-related activities (e.g., music, dance, drama, art) (154)

See page 67 for a discussion of gay-straight alliances and similar student-led clubs, which have been associated with reduced health risk behaviors for *all* students (155, 156). These activities can have a positive influence on adolescents' HIV, other STD, and pregnancy risk even if they do not have an explicit sexual health education focus.

Promote parent engagement in schools

Communicate frequently using a variety of dissemination methods.

SEAs and LEAs should support strong communication systems between teachers, administrators, staff, parents, and students (25, 157). HIV, other STD, and pregnancy topics that schools might address with parents through routine communication include:

- Basic facts about sexual risk behaviors and HIV, other STD, and pregnancy among adolescents.
- Policies on sexual health education, sexual and reproductive health services, mental health services, non-discrimination, and confidentiality.
- Sexual health education content in classes in school.
- How to provide input on policies, curricula, and programs regarding prevention of HIV, other STD, and pregnancy.
- The importance of parents and trusted adults in influencing adolescents' sexual behavior, including the influence of specific parenting practices, such as parental monitoring and parent-adolescent communication (generally and about sex) (158).
- How to discuss sensitive topics such as adolescent sexual development, sexuality, sexual activity, abstinence from sexual activity, and how to provide developmentally-appropriate messages that are medically accurate and easy to understand.
- Information about the effects of media containing sexual content on sexual risk attitudes and behaviors (159-161).

SEAs and LEAs can help schools implement a mechanism to receive input from parents. For example, parents can serve on the school health council to participate in planning and decision-making (21, 162, 163).

Facilitate parent participation in school-based HIV/STD prevention-related activities.

SEAs and LEAs can support school-level efforts to create opportunities for parents and families to participate in school activities related to HIV/STD prevention. Schools can provide parents with:

- Opportunities to review sexual health curriculum materials and ask questions about the content.
- Opportunities and encouragement to volunteer their time and skills, including as educators/trainers for other parents.
- After-school programs, school events, and groups (e.g., PTA/PTO) related to HIV, other STD, and pregnancy that actively involve parents.
- Opportunities to participate in school-based HIV/STD prevention programs or activities that include a parental involvement component, such as family homework assignments on HIV, other STD, and pregnancy prevention.

Parent-centered programs have been shown to increase parenting practices, such as parental monitoring and parent-adolescent communication, associated with adolescent sexual risk reduction (164). SEAs and LEAs can help schools collect data on parents' needs and availability to maximize participation in such activities.

Promote safe and supportive environments that are inclusive of LGBT, homeless, and alternative school youth

Implement anti-bullying and sexual harassment policies that protect students who are disproportionately likely to experience bullying or sexual harassment.

One method that states and localities use to protect students at disproportionate risk for bullying and sexual harassment is to list specific individual characteristics (enumeration) protected by the policy or policies. Enumerated policies list actual or perceived characteristics that bullying acts may be based on, such as sexual orientation, gender identity or expression, family status, physical

appearance, or obesity (165). The US Supreme Court has recognized the importance of enumerating sexual orientation and gender expression to protect LGBT persons from discrimination (166).

Enumeration may help teachers respond to instances of bullying more effectively and empower students to report bullying or harassment sooner and more often (166). Some research, albeit limited, suggests that anti-bullying policies that enumerate sexual orientation and/or gender identity may reduce bullying and/or improve other health outcomes for LGBT youth (167-169).

If states or districts enumerate specific characteristics, the policy and policy guidance should:

- Explain that students with certain characteristics, actual or perceived, may be disproportionately likely to experience bullying.
- Provide examples of specific characteristics.
- Acknowledge that not all acts of bullying are based on these characteristics.
- Clearly state that *all* students are protected under the policy, even if they are not represented by the enumerated characteristics.

As with any anti-bullying policy, just having a policy is insufficient. Staff must be trained to appropriately implement and enforce the policy and students must be made aware of the policy and related consequences. If enumerating specific characteristics is prohibited by law or otherwise not feasible, it is important to continue developing and/or implementing a generic (non-enumerated) anti-bullying policy that reflects the characteristics listed on page 59-60.

Promote a healthy school environment for youth at disproportionate risk for HIV and other STD.

For LGBT youth, SEAs and LEAs can consider (79):

- Ensuring that teachers have skills to provide HIV prevention instruction sensitive to LGBT youth (e.g., using gender neutral pronouns when referring to couples, using preferred gender pronouns that match the gender identity of the student).
- Promoting curricula that include LGBT characters and issues.
- Providing supplementary materials for LGBT students and their parents (e.g., CDC's fact sheet *Parents influence on the health of lesbian, gay and bisexual teens: What parents and families should know* (170).

Additionally, educations agencies can help schools provide programmatic supports to LGBT students, such as Safe Zone programs that involve creating clearly identified safe spaces in schools where students can talk with a trusted adult (171). Education agencies can also support the development of student-led clubs to promote safe spaces, including Gay-Straight Alliances (GSAs) or similar youth-led clubs, and ensure that students understand that these resources are available to them (171-174).

For homeless youth, SEAs and LEAs can consider (175):

- Facilitating collaboration between state coordinators and local liaisons under the McKinney-Vento Homeless Education Assistance Act to enroll and retain homeless youth in schools.
- Supporting practices to improve school attendance, such as offering additional orientation activities for students who enroll after the start of the academic year, providing students with a secure place to store personal belongings, and allowing flexibility with school assignments, including deadlines and needed supplies.
- Partnering with community organizations to offer case management on issues such as housing, food, transportation, health and mental health care, and vocational training.

For youth in alternative schools, SEAs and LEAs can consider (176, 177):

- Promoting a variety of formats for assessment that minimize comparison between students.
- Incorporating flexibility in the curriculum so that the pace can be largely determined by students' ability and capacity and can vary between students.
- Promoting inclusiveness through culturally-appropriate curricula that account for students' literacy levels and language proficiency.

Policies and programs used in mainstream schools may need to be adapted to account for wide variation in alternative school settings, ranging from single classrooms to multi-building facilities, low literacy rates among students, and high levels of transience (178).

Resources

Preventing Bullying and Sexual Harassment

- StopBullying.Gov

  http://www.stopbullying.gov/
- Sexual Harassment: It's Not Academic

  http://www2.ed.gov/about/offices/list/ocr/docs/ocrshpam.pdf
- Electronic Media and Youth Violence: A CDC Issue Brief for Educators and Caregivers

  http://www.cdc.gov/violenceprevention/pdf/EA-brief-a.pdf
- APA's Zero Tolerance Task Force Report

  https://www.apa.org/pubs/info/reports/zero-tolerance.aspx

Promoting School Connectedness

- School Connectedness: Strategies for Increasing Protective Factors Among Youth

  http://www.cdc.gov/healthyyouth/adolescenthealth/pdf/connectedness.pdf

- Fostering School Connectedness Staff Development Program

  http://www.cdc.gov/healthyyouth/adolescenthealth/pdf/connectedness_facilitator_guide.pdf

- School Connectedness: Improving Students Lives

  http://www.jhsph.edu/research/centers-and-institutes/military-child-initiative/resources/MCI_Monograph_FINAL.pdf

- Building Your GSA

  http://www.gsanetwork.org/resources/building-your-gsa

Promoting Parent Engagement in Schools

- Parent Engagement: Strategies for Involving Parents in School Health

  http://www.cdc.gov/healthyyouth/adolescenthealth/pdf/parent_engagement_strategies.pdf

- Facilitator's Guide for Staff Development on Promoting Parent Engagement in School Health

  http://www.cdc.gov/healthyyouth/adolescenthealth/pdf/parentengagement_facilitator_guide.pdf

- National Coalition for Parent Involvement in Education

  http://www.ncpie.org/Resources/

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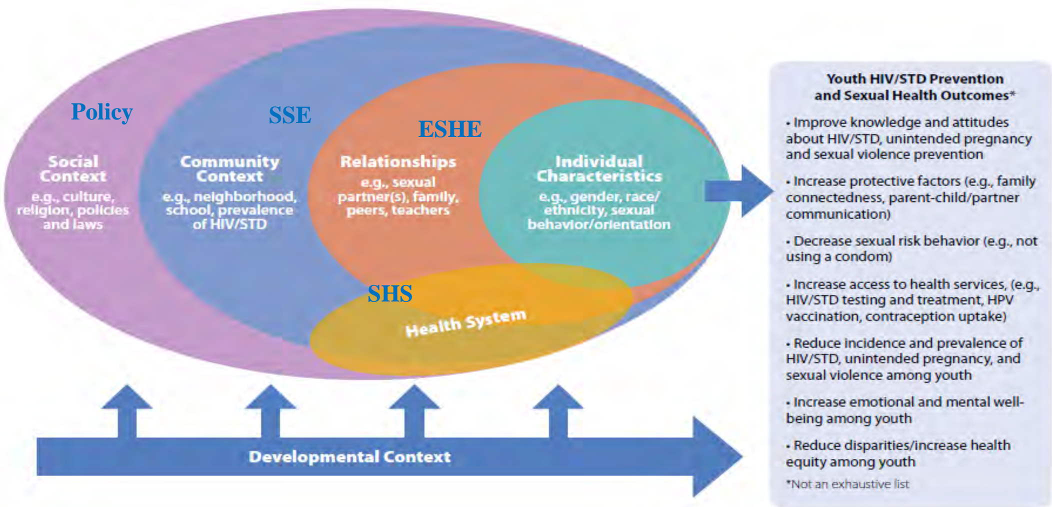
modify individual- or relationship-level factors (although some programs may also include activities at the community level, like community service or student advocacy). Safe and supportive environments (SSE) focuses on the relationship- and community-levels to provide a healthy psychosocial school climate and increase student safety (although some may change individual level factors like perceptions of peer norms, or negotiation skills). Sexual health services (SHS) addresses the health system, overlapping all of the levels from the individual (such as teaching skills to help adolescents access health care providers) to societal (including policies and laws that govern which services are available to adolescents and how they may access them). Policy spans all three approaches and operates at the societal level.

Figure 2: The Ecological Model and Adolescent Sexual Risk Reduction Approaches



Further, the policies, programs, and practices required in Program 1308 span the health impact pyramid, which suggests the types of policies, programs, and practices that are most effective at the different ecological levels. The health impact pyramid (4) emphasizes the need to take actions to change health for entire populations by changing socio-economic factors; changing environments; promoting long-lasting, scalable interventions; providing clinical interventions; and providing

counseling and education. Traditionally, DASH grantees have focused on counseling and education through sexual health education, the tip of the pyramid.

Figure 3: The Health Impact Pyramid

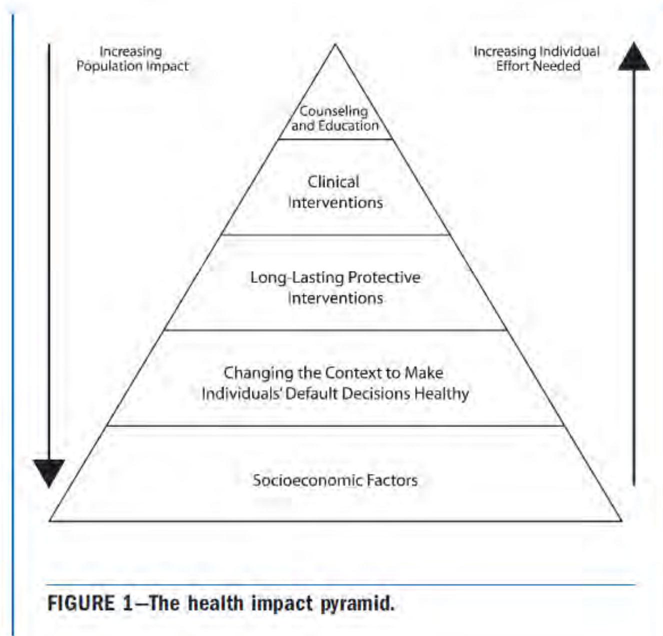


FIGURE 1—The health impact pyramid.

The required strategies of Program 1308 include clinical and long-lasting protective interventions through increased access to key sexual health services; changing school environments to lead to healthier decisions and outcomes; and include reaching the youth most vulnerable to adverse sexual outcomes by considering epidemiological factors and associated socio-economic factors. Further, improving academic achievement through decreasing adverse sexual outcomes is an important long-term consequence of the strategies of Program 1308.

Coordinated School Health

The coordinated school health model can support school efforts to prevent HIV, other STD, and pregnancy. (See Figure 3 for the updated coordinated school health model, the Whole School, Whole Community, Whole Child model.) It is a cross-section of the ecological model that describes the

relationships among student health outcomes, structures and functions of schools, families, and communities. The coordinated school health approach is based on school and community needs, resources, and standards and engages students, families, school staff and administrators, and the broader community. The implementation of school health efforts is coordinated by a multidisciplinary team such as a school health council that is accountable to the school and community for program quality and effectiveness (5-8).

Figure 3: The Whole School, Whole Community, Whole Child Model (WSCC)

Every district and school also should designate a school health coordinator to oversee school health policies, programs, and practices, and to establish partnerships between schools, families, and community organizations. This individual also can help identify and involve key stakeholders, including the existing school health council or team. Key stakeholders in district- and school-level policy

processes include: students, families, health education teachers, school nurses, school principals and other administrators, staff from local health departments, other health care providers, staff from local community organizations and businesses, and faith-based organizations (5, 9).

School personnel, students, families, community organizations and agencies, and businesses can collaborate to successfully implement culturally-sensitive approaches to HIV, other STD, and pregnancy within the context of coordinate school health. For sexual risk reduction approaches, many student-level outcomes are relevant, particularly health, safety, engagement, and support. Of the school elements, health education, health services, counseling and psychological services, and social and emotional climate are particularly relevant to reduced risk. Family engagement and community involvement are also important aspects of reducing students' risk for HIV, other STD, and pregnancy.

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Appendix C -- Glossary

Adopted: formal acceptance of an opinion, policy, procedure, protocol, curriculum, or practice by a vote or consensus decision by an authoritative decision making body (e.g., a school board vote).

Age-appropriate: the application of teaching methods, learning events, and services that reflect knowledge and understanding of the predictable developmental changes that occur at or near a specific chronological age or within an identifiable age range. These changes occur across multiple developmental domains including physical, emotional, social, linguistic, and cognitive. Learning should accommodate the developmental variations that occur among individuals at any age or within any age range.

Assess the ability: to determine the possession of the means or skills to do something.

Assistance: Targeted support provided to an individual or group of individuals with the intent to increase knowledge and skills to strengthen an organization's capacity to achieve 1308 FOA goals. Support may be provided through professional development events, technical assistance, the provision of guidance and resource materials, or referrals to other agencies or organizations.

Bullying: when one or more students tease, threaten, spread rumors about, hit, shove, or hurt another student repeatedly.

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.

Curriculum framework: an organized plan or set of standards and learning outcomes that clarifies the content (essential knowledge, skills and behaviors) to be learned in sexual health education. A curriculum framework always includes standards and learning outcomes and may go beyond these to include a scope and sequence.

Electronic aggression: sometimes called cyber-bullying, means when students use a cell phone, the Internet, or other communication devices to send or post text, pictures, or videos intended to threaten, harass, humiliate, or intimidate other students.

Evidence-based intervention (EBI): a program that has been (i) proven effective on the basis of rigorous scientific research and evaluation, and (ii) identified through a systematic independent review. These measures specifically refer to those EBIs that show effectiveness in changing behavior associated with the risk factors for HIV/ STD infection and/or unintended pregnancy among youth; these behaviors may include delaying sexual activity, reducing the frequency of sex, reducing the number of sexual partners, and/or increasing condom or contraceptive use. DASH considers interventions listed on Compendium of Evidence-Based HIV Behavioral Interventions and The Office of Adolescent Health's Teen Pregnancy Prevention Evidence-Based Programs as EBIs that are acceptable for implementation. More information on these two lists and other EBI lists can be found at: http://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm.

Exemplary Sexual Health Education (ESHE): 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, 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.

Expand onsite Sexual Health Services (SHS): the increase in SHS provided onsite at schools, including in SBHCs, through expansion of the types of key SHS available, expansion of the populations of youth to whom onsite SHS are targeted, or an increase in the total number of students accessing services.

Fall Enrollment Report/Fall Membership Report: Reports that serve as the District's official count of student enrollment at each school building by grade and race/ethnicity, usually recorded on or before the first day of October in each school year.

Gay-Straight Alliance: a student-led club that aims to create a safe, welcoming, and accepting school environment for all youth, regardless of sexual orientation or gender identity.

Guidance: a set of strategies to apply frameworks to develop procedures, protocols, curricula and instruction, and practices.

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.

Health Education Curriculum Analysis Tool (HECAT): a tool for state, regional, and local education agencies to assist with the selection or development of health education curricula, containing guidance, analysis tools, scoring rubrics, and resources for carrying out a clear, complete, and consistent examination of health education curricula (http://www.cdc.gov/healthyyouth/hecat/index.htm).

Homeless youth: (A) means individuals who lack a fixed, regular, and adequate nighttime residence (within the meaning of section 103(a)(1)); and(B) includes—(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement; (ii) children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (within the meaning of section 103(a)(2)(C)); (iii) children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and (iv) migratory children (as such term is defined in section 1309 of the Elementary and Secondary Education Act of 1965) who qualify as homeless for the purposes of this subtitle because the children are living in circumstances described in clauses (i) through (iii). Per Subtitle B of Title VII of the McKinney-Vento Homeless Assistance Act (Title X, Part C, of the No Child Left Behind Act).

Advocates for Youth (Advocates): SEA NGO – Exemplary Sexual Health Education

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Advocates for Youth champions efforts to help young people make informed and responsible decisions about their reproductive and sexual health. Since its founding in 1980, Advocates for Youth has served as a bold voice and respected leader in the field of adolescent reproductive and sexual health. For more than three decades, the organization has worked tirelessly to promote effective adolescent reproductive and sexual health programs and policies in the United States and the global south.

1308-Specific Services: Advocates can assist 1308-funded SEAs in assessing, adapting, and implementing policies and practices that support the implementation of ESHE to increase young people's knowledge and skills to make healthy decisions about their sexual health.

Depending on specific needs, Advocates offers assistance with:

- Electronic and print resources and tools
- Individualized, intensive technical assistance
- Tailored, in-person training and follow-up support
- Peer-to-peer support and leadership coaching

Visit their organization website to learn more about their general services.