

# Afterword



This program guidance document is intended to provide Program 1807 recipients with an overview of the Program 1807 required activities and additional information to guide implementation of these activities. This document also outlines a number of additional activities that, although not required, are within the scope of Program 1807 and may help facilitate progress on key outcomes. To the extent that CDC has identified key resources to support the work of Program 1807, these resources have been provided. Additional tools and resources will be developed by CDC and its partners throughout the project period, and these will be shared as they become available. All Program 1807 recipients are encouraged to work closely with their Program Consultants and TA teams to establish and revise work plans, refine program activities, share challenges and opportunities, and strategize about the best ways to make progress toward key Program 1807 outcomes.

# Appendices



# Appendix A: Component 2 Required Activities by District and School Level

## Sexual Health Education (SHE)

Component 2 Required Activities	District Level	School Level*
Identify and approve a list of instructional competencies expected to be demonstrated by those teaching skills-based health and sexual health education in middle and high school.	Yes	
Provide necessary training at LEA once per year to ensure school health and sexual health education teachers have content knowledge, comfort, and instructional competencies to effectively implement approved school health and sexual health education instructional programs.	Yes	
Establish, adopt, and implement a skills-based health education course requirement, which includes sexual health education content, for all students attending middle and high schools in the district.	Yes	
Develop and approve a health education scope and sequence that delineates sexual health education learning outcomes for all students in middle and high schools in the district.	Yes	
Develop, revise, or select a sexual health education instructional program consistent with the approved scope and sequence, and inclusive of instructional lessons, student learning activities, resources, and student assessment.	Yes	
Develop, update, and foster use of teaching tools and resources (e.g., lesson pacing guide, specific lesson plans) for teachers to continuously improve delivery of the identified sexual health education instructional program.	Yes	
Establish and maintain a School Health Advisory Council (SHAC) that regularly provides district-level advice and guidance to improve health and sexual health education programs for students and health and sexual health education instruction for staff.	Yes	
Integrate strategies to actively engage parents in sexual health education instructional programs.	Yes	

## Sexual Health Services (SHS)

Component 2 Required Activities	District Level	School Level*
Annually, provide training and professional development to school and/or health service staff to support SHS activities.		Yes
During year one, assess district and priority school capacity to implement activities to increase student access to SHS, in collaboration and coordination with the Component 3B recipient.	Yes	Yes
Annually, incorporate skill-based instruction to students on accessing school-based and community SHS into sexual health education lessons.		Yes
Annually, choose the area of focus below, appropriate to the recipient's health services infrastructure, to increase student access to and use of SHS through either on-site provision or referral to community-based sexual health providers:  (a) Establish or improve use of a referral system to link sexually active students to community providers for SHS by using the referral system toolkit (see Glossary) to implement the 7 core components of a referral system.  (b) Improve student use and quality of SHS provided by School-Based Health Centers (SBHCs).		Yes
Implement school-wide, student-planned marketing campaigns that promote recommended health services for teens and selected school SHS programs.		Yes

*Continued*

## Safe and Supportive Environments (SSE)

Component 2 Required Activities	District Level	School Level*
Provide professional development to teachers on classroom management annually.		Yes
Provide professional development to all school staff on supporting lesbian, gay, bisexual, and transgender (LGBT) youth annually.		Yes
Implement mentoring, service learning, and/or other positive youth development programs for students and/or connect students to such community-based programs.		Yes
Establish or enhance student-led clubs that support LGBT youth (often known as Gay-Straight Alliances or Genders and Sexualities Alliances).		Yes
Disseminate resources to parents/caregivers on parental monitoring and parent-adolescent communication (generally and specifically about sex).		Yes

\*School-level activities should at minimum be implemented in all priority schools, with a goal to implement these activities in all schools district-wide by the end of the 5-year project period. See the Component 2 narrative in the “Strategies and Activities” section of the PS18-1807 NOFO for more information on this diffusion process.

## Appendix B: Glossary

**Activities:** The actual events or actions that take place as a part of the program.

**Adolescents:** Individuals in the 10-19 years age group.

**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).

**Alternative School:** An educational or instructional facility established for students at disproportional risk for failing or dropping out of regular high school or who have been removed from their regular high school because of drug use, violence, or other illegal activity or behavioral problems.

**Blended Training:** Combines live virtual training with traditional, in-person training methods.

**Bullying:** Attack or intimidation with the intention to cause fear, distress, or harm; a real or perceived imbalance of power between the bully and the victim; and repeated attack or intimidation between the same children over time. Bullying can include aggression that is physical, verbal (e.g., name calling, teasing), psychological/social (e.g., spreading rumors, leaving out of group), or electronic (e.g., social media, technology).

**Cadre of Trainers:** A designated, highly proficient core group of individuals who provide professional development to others on particular programs, topics, methods, or skills.

**Capacity Building:** The process of improving an organization's ability to achieve its mission. It includes increasing skills and knowledge; increasing the ability to plan and implement programs, practices, and policies; increasing the quality, quantity, or cost-effectiveness of programs, practices, and policies; and increasing the sustainability of infrastructure or systems that support programs, practices, and policies.

**Capacity-Building Assistance (CBA):** The transmission of knowledge and building of skills to improve an organization's ability to achieve its mission. CBA involves using diverse program activities, including training, professional development, staff development, technical assistance (see technical assistance), or technology transfer.

**Classroom Management:** The process by which teachers and schools create and maintain appropriate behavior of students in classroom settings.

**Coaching:** Two or more educators working together on reflecting, refining, and building new skills and ideas to improve implementation or solve problems.

**Coalition:** A formal arrangement for cooperation and collaboration among groups or sectors of a community in which each group retains its identity, but all agree to work together toward a common goal.

**Collaborate:** To actively engage with one or more partners in planning, implementing, or evaluating programs, practices, and policy activities with defined roles and responsibilities for each partner.

**Community of Practice:** Provides expertise and resources necessary to support collaboration and communication; dissemination of best practices and lessons learned within a district, district consortium, or group of districts.

**Competencies:** An integrated set of knowledge, skills, and attitudes that supports successful performance.

**Contracts:** An award instrument used to acquire (by purchase, lease, or barter) property or services for the direct benefit or use of the Federal Government.

**Cooperative Agreement:** A financial assistance award with the same kind of interagency relationship as a grant, except that it provides for substantial involvement by the federal agency funding the award. Substantial involvement means that the recipient can expect federal programmatic collaboration or participation in carrying out the effort under the award.

**Culturally Appropriate:** Considering the cultural knowledge, prior experiences, frames of reference, and performance styles of diverse students to make learning encounters more relevant and effective for them. Culturally appropriate educational programs encourage children and teachers to view events and situations from multiple perspectives.

**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.

**Diffusion:** Spreading the implementation of required activities beyond priority schools.

**Evaluation (program evaluation):** The systematic collection of information about the activities, characteristics, and outcomes of programs (which may include interventions, policies, and specific projects) to make judgments about that program, improve program effectiveness, and/or inform decisions about future program development.

**Evaluation Plan:** A written document describing the overall approach that will be used to guide an evaluation, including why the evaluation is being conducted, how the findings will likely be used, and the design and data collection sources and methods. The plan specifies what will be done, how it will be done, who will do it, and when it will be done. The NOFO evaluation plan is used to describe how the recipient and/or CDC will determine whether activities are implemented appropriately and outcomes are achieved.

**Evidence-Based Approaches:** Ways of addressing disease prevention and health promotion by using best practices in the field as determined through the use of peer-reviewed research and scientific studies.

**Evidence-Based Intervention (EBI):** A program that has been proven effective on the basis of rigorous scientific research and evaluation and identified through a systematic independent peer-review. Program 1807 is specifically interested in those EBIs that show effectiveness in changing behavior associated with the risk factors for HIV and other 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. More information on federal lists of EBIs can be found at <http://www.cdc.gov/healthyyouth/adolescenthealth/registries.htm>.

**Evidence-Informed Program:** A program that is informed by scientific research and effective practice. Such a program replicates evidence-based programs or substantially incorporates elements of effective programs. The evidence-informed program shows some evidence of effectiveness, although it has not undergone enough rigorous evaluation to be proven effective.

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

**Gay-Straight Alliances (GSA):** A student-run club, typically in a high school or middle school, that provides a safe place for students to meet, support each other, talk about issues related to sexual orientation and gender identity and expression, and work to end homophobia and transphobia.

**Gender-Sexuality Alliance (GSA):** 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.

**Goal:** A statement of the overall mission or purpose(s) of the program.

**Health Disparities:** Differences in health outcomes and their determinants among segments of the population as defined by social, demographic, environmental, or geographic category.

**Health Education:** Education that includes planned, sequential materials, instructions, and educational experiences delivered in the classroom setting to 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:** A set of instructional strategies and learning experiences that provide students with opportunities to acquire the attitudes, knowledge, and skills necessary for making health-promoting decisions, achieving health literacy, adopting health-enhancing behaviors, and promoting the health of others. A health education curriculum should have

- a set of intended learning objectives or learning outcomes that are directly related to students' acquisition of health-related knowledge, attitude, and skills.
- a planned progression of developmentally appropriate lessons or learning experiences that lead to achieving these objectives.
- continuity between lessons or learning experiences that clearly reinforce the adoption and maintenance of specific health-enhancing behaviors.
- accompanying content or materials that correspond with the sequence of learning events and help teachers and students meet the learning objectives.
- assessment strategies to determine if students achieved the desired learning.

**Health Equity:** Striving for the highest possible standard of health for all people and giving special attention to the needs of those at greatest risk of poor health, based on social conditions.

**Health Instruction:** The process, including delivery of lessons, facilitation of learning, directing of activities and learning events and other components of the classroom experience, designed to provide an opportunity for students to acquire developmentally appropriate health knowledge and attitudes and improve health-enhancing skills and behaviors.

**HIV Materials Review Panel:** A panel of constituents convened by an HIV-funded federal grantee to review all written and audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula, and like materials for medical accuracy and appropriateness for the targeted audience (<https://www.cdc.gov/healthyyouth/fundedprograms/1807/resources.htm>).

**Inclusion:** Refers to both the meaningful involvement of community members in all stages of the program process and maximum involvement of the target population in the benefits of the intervention. An inclusive process assures that the views, perspectives, and needs of affected communities, care providers, and key partners are actively included.

**Instructional Competency:** The functions a teacher should be able to perform that result in improved student learning. In health education, instructional competencies are the functions a teacher performs to improve a student's acquisition of essential knowledge and skills that contribute to health-enhancing behaviors. Competencies include instructional approaches that are structured, sequenced, relevant, and engaging, and consist of elements that are medically accurate, age and culturally appropriate, and consistent with the scientific research on effective health education and SHE.

**Learning Objectives:** Learning objectives are written to relate directly to the goals of the educational activity. The planning committee, content experts, and presenters determine the goals and objectives of the activity based on identified need. Sound objectives or outcomes are measurable, concise, specific, and adequately define the level of the learning activity and the learners' scope of practice.

**Learning Outcomes:** Statements that describe significant and essential learning that students have achieved, and can reliably demonstrate at the end of a health education course or program. Learning outcomes identify what the learner should know and be able to do by the end of a course. The intended goals of a course, program, or learning experience including the knowledge, skills, and habits of work that students are expected to acquire by the end of an instructional period (course, program or school year).

**Live Events:** Category of educational activity presented in a live format with limited-time availability.

**Live Virtual Event:** Gathering of individuals who meet through a multi-faceted, computer-generated environment that is user friendly and highly interactive. Individuals gather at a prearranged time in order to acquire knowledge, share information, interact with each other, and engage in activities of common interest.

**Lobbying:** Direct lobbying includes any attempt to influence legislation, appropriations, regulations, administrative actions, executive orders (legislation or other orders), or other similar deliberations at any level of government through communication that directly expresses a view on proposed or pending legislation or other orders, and that is directed to staff members or other employees of a legislative body, government officials, or employees who participate in formulating legislation or other orders. Grass roots

lobbying includes efforts directed at inducing or encouraging members of the public to contact their elected representatives at the federal, state, or local levels to urge support of or opposition to proposed or pending legislative proposals.

**Logic Model:** A visual representation showing the sequence of related events connecting the activities of a program with the program's desired outcomes and results.

**Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA):** Document that describes a bilateral or multilateral agreement between parties expressing a convergence of will between the parties, indicating an intended common line of action. An MOU or MOA is often used in cases where the parties either do not imply a legal commitment or cannot create a legally enforceable agreement.

**Mentoring:** Refers to a youth-supportive practice that matches youth, or mentees, with responsible, caring mentors, usually adults. Components of a mentoring relationship include creating caring, empathetic, consistent, and long-lasting relationships, often with some combination of role modeling, teaching, and advising. In the context of using mentoring for professional development with staff, mentoring refers to providing peer feedback from a more experienced colleague to a newer colleague.

**Model Policy:** For the purpose of this NOFO, a model policy is a framework to assist school officials in developing their own state or local policies. Model policies are written as statements of best practice, which can be adapted to fit local circumstances. Model policies also reflect state-of-the-art, scientifically reliable information on what constitutes effective school health programs and expert opinions. Included in model policies are excerpts or references to actual national, state, and local policies; a statement of purpose or goals and rationale; and definitions.

**Outcome:** The results of program operations or activities; the effects triggered by the program. For example, increased knowledge, changed attitudes or beliefs, reduced tobacco use, and reduced morbidity and mortality are all program outcomes.

**Pacing Guide:** A written schedule or chart displaying the concepts, topics, and skills related to a health education unit or curriculum to be addressed over a defined period of time. A pacing guide is an itinerary for teaching. The guide maps out the topics that will be covered throughout the health education unit or curriculum and includes all essential information (e.g., learning objectives, instructional activities, etc.).

**Parent-Adolescent Communication:** Conversations that occur between parents/caregivers and adolescents, which can generally be characterized by five components: the source of communication, the communication message/content, the medium or channel of communication, the recipient/audience of the communication, and the context in which the communication occurs.

**Parental Monitoring:** Parents' knowledge of their adolescents' whereabouts, companions, and activities, obtained by parental supervision, parental solicitation, parental control (i.e., enforcement of rules), and/or youth disclosure.

**Performance Measurement:** The ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals, typically conducted by program or agency management. Performance measurement may address the type or level of program activities conducted (process), the direct products and services delivered by a program (outputs), or the results of those products and services (outcomes). A program may be any activity, project, function, or policy that has an identifiable purpose or set of objectives.

**Period of Performance (formerly known as the project period):** The time during which the recipient may incur obligations to carry out the work authorized under the federal award. The start and end dates of the period of performance must be included in the federal award.

**Period of Performance Outcome:** An outcome that will occur by the end of the NOFO's funding period.

**Policies:** Official mandates adopted by an authoritative governing body (e.g., school district board of education, the state school board, state legislature, or other district or state agency) that affect the environment in schools or throughout the state. These include policies developed by an agency or based

on model policies developed elsewhere. Policies include legal codes, rules, standards, administrative orders, guidelines, mandates, or resolutions. Policies can be adopted at the school, state, or federal level, but they are implemented at the school level.

**Policy Monitoring:** A continuous and systematic process of collecting and analyzing data to compare how well a policy is being implemented against its expected results.

**Positive Youth Development (PYD):** An intentional, prosocial approach that engages youth within their communities, schools, organizations, peer groups, and families in a manner that is productive and constructive; recognizes, utilizes, and enhances young people's strengths; and promotes positive outcomes for young people by providing opportunities, fostering positive relationships, and furnishing the support needed to build on their leadership strengths.

**Presentation:** A speech or visual display tailored to specific audiences such as school administrators, faculty, education and health professionals, adolescents, parents, college students, legislators, or community groups.

**Priority Schools:** Secondary schools (high schools or a combination of middle and high schools) within the funded LEA in which youth are at high risk for HIV infection and other STDs. These schools will be the primary focus of LEA technical assistance efforts throughout the duration of the NOFO.

**Professional Development (PD):** A systematic process used to strengthen the knowledge, skills, and attitudes of a particular professional workforce. PD for those who serve adolescents is intended to help improve the health, education, and well-being of youth. This type of PD is consciously designed to actively engage learners and includes the planning, design, marketing, delivery, evaluation, and follow-up of training offerings (events, information sessions, and technical assistance).

**Professional Development (PD) Event:** A set of skill-building processes and activities designed to assist targeted groups of participants in mastering specific learning objectives. Such events are delivered in an adequate time span (at least three hours) and may include curriculum and other training, workshops, and online or distance learning courses.

**Professional Development (PD) Offering:** Events, information and presentation sessions, and technical assistance.

**Professional Development Practices (PDP):** Based on research and best practices, these CDC recommendations provide the best conditions for professional development implementation to occur. They encompass the delivery of PD in a group setting (trainings, presentations, meetings) and one-on-one (general technical assistance, coaching/mentoring). There are six practices: sustain, design, market, deliver, follow up, and evaluate.

**Referral System:** A set of resources and processes that are aligned to increase student awareness of school- and community-based SHS providers, increase referral of students to school- and community-based SHS providers for sexually active adolescents, and increase the number of sexually active adolescents receiving key SHS. For the purposes of this NOFO, there are seven core components of a referral system: (1) policy, (2) referral staff, (3) procedures, (4) referral guide, (5) communications and marketing, (6) monitoring and evaluation, and (7) management and oversight.

**Referral System Toolkit:** Refers to the CDC resource titled, *Developing a Referral System for Sexual Health Services: An Implementation Kit for Education Agencies and its companion guide Establishing Organizational Partnerships to Increase Student Access to Sexual Health Services*. The toolkit provides a framework and guidance for developing and implementing a referral system to connect youth to school- or community-based sexual health services. The framework can also be used to establish referrals for substance abuse treatment, mental health, after-school activities, job training, and housing support.  
(<https://www.cdc.gov/healthyyouth/healthservices/index.htm>)

**Risk Behavior:** A lifestyle activity that places a person at increased risk of suffering a particular condition, illness, or injury.

**School-Based:** Used to describe any activity or project that is conducted or completed in schools or on school grounds, or a school-sponsored event.

**School-Based Health Center (SBHC):** A health center on school property where enrolled students can receive primary care, including diagnostic and treatment services, usually provided by a nurse practitioner or physician assistant.

**School Connectedness:** The belief held by students that adults and peers in the school care about their learning as well as about them as individuals.

**School District:** Refers to an education agency at the local level which exists primarily to operate public schools or to contract for public school services. Synonyms include local basic administrative unit, local education agency (LEA), parish, and independent school district.

**School Environment:** The overall school climate (including educational, cultural, social, professional, and physical circumstances or conditions; staffing attributes; and school/community programs) that can affect student and staff safety and health.

**School Health Advisory Council (SHAC):** A council made up of a broad cross-section of parents, business and community leaders, and school personnel. A SHAC facilitates communication and problem solving about health-related issues of children and youth. A district-level SHAC can assist schools in carrying out responsibilities for promoting and protecting the health of students and employees, and it can be an excellent mechanism for parent and community involvement at the district level. The School Health Advisory Team, consisting of a group of individuals representing different segments of the community, operates at the school-building level to provide advice to a school building on aspects of the school health program.

**School Staff:** Includes a variety of individuals who are paid to provide specialized instruction, support, or services to students or other staff in a school, whether employed by the school district or contracted through other agencies and organizations. School staff includes but is not limited to administrators, teachers, counselors, education support professionals (clerical staff, maintenance workers, paraprofessionals, school nurses, etc.), and substitute educators.

**Scope and Sequence (S&S):** Essential element of a curriculum framework intended to serve as a guide for curriculum directors, administrators, teachers, parents, and school board members. A health education S&S outlines the breadth and arrangement of key health topics and concepts across grade levels (scope), and the logical progression of essential health knowledge, skills, and behaviors to be addressed at each grade level (sequence) from pre-kindergarten through 12th grade. A sexual health education S&S should identify what the student should know or do and when it should be taught for each grade or grade group to lower their risk of HIV, STDs, and unplanned teen pregnancy. The S&S should be aligned with the national, state, or local health education standards, benchmarks, and performance indicators.

**Secondary Schools:** Middle, junior high, and/or high schools or schools of corresponding grade levels.

**Service Learning:** A strategy that integrates meaningful community service with instruction and self-reflection to support academic learning, teach civic responsibility, and strengthen communities.

**Sexual Health Education (SHE):** 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. SHE provides adolescents the essential knowledge and critical skills needed to avoid HIV, other STDs, and unintended pregnancy. SHE 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.

**Sexual Health Services (SHS):** Also referred to as key sexual health services, includes risk assessment and sexual risk counseling, anticipatory guidance for HIV/STD and unplanned pregnancy prevention including delaying the onset of sexual activity, HIV and other STD testing, STD treatment, pregnancy testing, provision of condoms and condom-compatible lubricants (e.g., water- or silicone-based), provision of contraceptives

other than condoms (e.g., birth control pill, birth control shot, IUD), and human papillomavirus (HPV) vaccine administration.

**Sexually Transmitted Disease (STD):** A disease transmitted by sexual contact, such as syphilis, gonorrhea, chlamydia, viral hepatitis, genital herpes, or trichomoniasis. Individuals who are infected with an STD are at least two to five times more likely than uninfected individuals to acquire HIV infection if they are exposed to the virus through sexual contact.

**Skill-Based Instruction:** A form of instruction (i.e., teaching) that fosters classroom environments where critical thinking, collaboration, and active learning are developed at the same time as knowledge is acquired. A large portion of time is dedicated to practicing, assessing, and reflecting on skill development, and this instruction moves students toward independence and learning how to think critically and solve problems.

**Stakeholders:** Individuals or organizations that have an interest in or are affected by your program or activity or its results. Engaging a range of stakeholders with different perspectives can help build both internal and external buy-in and support for a program or activity.

**Statute:** A formal law passed by a legislative body.

**Student Assessment:** The process of gathering, describing, or quantifying information about student performance and level of achievement based on established standards.

**Success Stories:** Brief written reports that demonstrate the progress of a program or activity and how the results can affect the health of a community over time. Success stories highlight activities, such as a new intervention, or feature evaluation data from a completed project.

**Training:** An instructional experience provided primarily by employers for employees, designed to develop new skills and knowledge that are expected to be applied immediately upon arrival or return to the job.

**Technical 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 PS18-1807 NOFO 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.

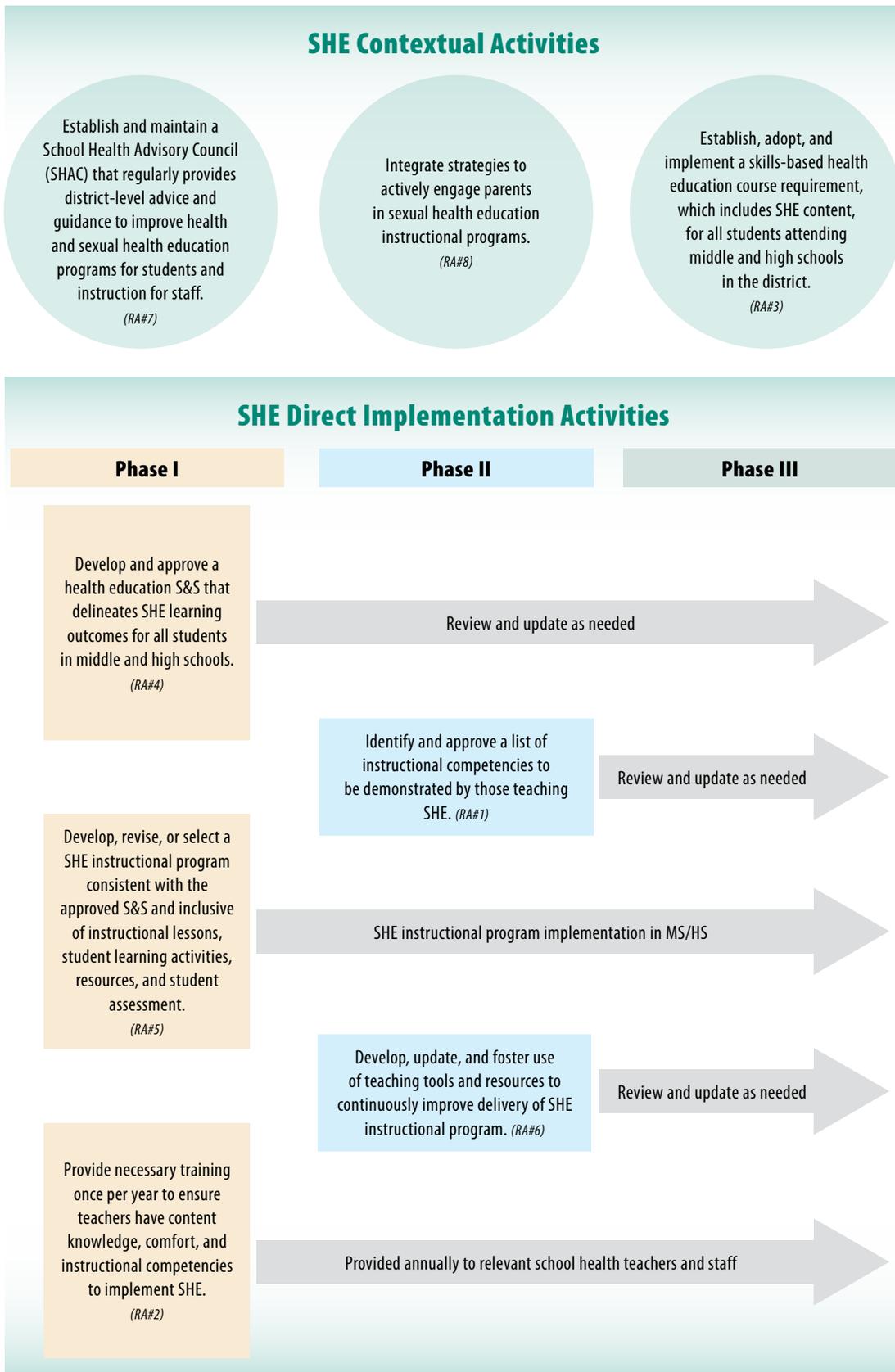
**Unintended Pregnancy:** A pregnancy that is reported to have been either unwanted (that is, the pregnancy occurred when no children or no more children were desired) or mistimed (that is, the pregnancy occurred earlier than desired).

**Work Plan:** The summary of period of performance outcomes, strategies and activities, personnel, and/or partners who will complete the activities, and the timeline for completion. The work plan will outline the details of all necessary activities that will be supported through the approved budget.

**Youth-Friendly Services:** Services with policies and attributes that attract young people, create a comfortable and appropriate setting, and meet young people's needs. Youth-friendly services ensure confidentiality, respectful treatment, and delivery of culturally appropriate care in an integrated fashion at no charge or low cost and are easy for youth to access.

# Appendix C: Required Activity Context and Timing for Sexual Health Education (SHE) Activities

For accessible explanation of graphic model in Appendix C, go to [Appendix E, page 119](#).



## Appendix D: Understanding Professional Development in Your School District

It is vital to build a strong professional development (PD) framework from the onset. This framework will help you identify the right people to train and ensure the right people are attending the PD you are providing. PD takes time to do well, and we want you to get the most out of your planning efforts for each PD opportunity you provide. Begin by answering the following questions pertaining to your district regarding PD.

### Start Here—Know PD in Your School District

- Is there a policy on PD in your school district?
- What are the school district PD requirements?
- Does your school district have a specific unit that plans and coordinates PD for your district?
- How many days of PD are required annually?
- How many hours of PD are required annually?
- Who is the school district contact person for staff PD?
- Is there a system to track PD participation?
- Is there a system to post PD training materials?
- Is there release time built into the school calendar to support PD?
- How much do substitutes cost in your school district, and is there adequate substitute availability?
- What options are available for you to provide attendees with credit for participation?
- Where does PD on SHE, SHS, and SSE fit in the requirements in your school district?
- Are there any Program 1807 PD or content requirements that might fit into PD for other subjects?

## Appendix E: Explanation of Figures for Accessibility

### Figure 5.1

Figure 5.1 depicts Himmelmann’s strategies for building partners and collaboration. The image is similar to a staircase. Networking is the bottom step in the staircase, and is described as exchanging information for mutual benefit. The next step up is coordination, described as altering activities/ways of working to achieve a common purpose. The third step up is cooperation, described as sharing resources. And finally, the top stair is collaboration. Collaboration is described as enhancing each other’s capacity for mutual benefit.

### Appendix C

Appendix C describes the required activity context and timing for sexual health education (SHE) activities. On the top of the page, there are three SHE activities described as contextual in nature. These include “establish and maintain a School Health Advisory Council (SHAC) that regularly provides district-level advice and guidance to improve health and sexual health education programs for students and instruction for staff (required activity number 7),” “integrate strategies to actively engage parents in sexual health education instructional programs (required activity number 8),” and “establish, adopt, and implement a skills-based health education course requirement, which includes SHE content, for all students attending middle and high schools in the district (required activity number 3).” These are considered to be foundational and among the important activities to be considered first in the timing of implementation.

At the bottom of the page, there is a section labeled “SHE Direct Implementation Activities.” In this section, there are three vertical columns shown. The column on the left is labeled as “phase 1” and includes 3 required activities: “develop and approve a health education scope and sequence that delineates SHE learning outcomes for all students in middle and high schools (required activity number 4),” “develop, revise, or select a SHE instructional program consistent with the approved scope and sequence and inclusive of instructional lessons, student learning activities, resources, and student assessment (required activity number 5),” and “provide necessary training once per year to ensure teachers have content knowledge, comfort, and instructional competencies to implement SHE (required activity number 2).” Phases 2 and 3 (depicted in the middle and right columns) reflect the need to review and update the scope and sequence as needed, implement the instructional program in middle and high school, and provide training annually to relevant school health teachers and staff. Additionally, Phase 2 (the middle column) depicts the addition of two more required activities: “identify and approve a list of instructional competencies to be demonstrated by those teaching SHE (required activity number 1),” and “develop, update, and foster use of teaching tools and resources to continuously improve delivery of SHE instructional program (required activity number 6).” In Phase 3, the figure shows that these two activities should be reviewed and updated as needed.

**U.S. Department of Health and Human Services**  
Centers for Disease Control and Prevention  
National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention  
Division of Adolescent and School Health  
[www.cdc.gov/HealthyYouth](http://www.cdc.gov/HealthyYouth)

 [@CDC\\_DASH](https://twitter.com/CDC_DASH)