Putting It All Together

Program Guidelines and Resources for State-Mandated HIV/AIDS Prevention Education in California Middle and High Schools

California Department of Education
Sacramento, 2011

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Program Guidelines and Resources for State-Mandated HIV/AIDS Prevention Education in California Middle and High Schools

Second Edition

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Introduction

This publication is organized into nine components. The components are arranged in a logical order for anyone planning or seeking to strengthen an existing HIV/STD prevention program.

Throughout this document, *HIV/AIDS* and *HIV/STD* are used differently. The term *HIV/AIDS* is used when referring to content from *Education Code* sections 51934 and 51935, which address AIDS prevention education. *HIV/STD* is used to discuss sexual behavior and sexual health within the context of all sexually transmitted diseases.

A brief discussion of the nine components follows:

District Policy Development

This component emphasizes the role of the school board in providing leadership, encouraging interagency collaboration, and building public support for an HIV/STD prevention program. The school board's responsibility begins with understanding the state mandate for HIV/AIDS prevention instruction. The board is encouraged to appoint a district health advisory committee, which is integral to the program planning process. This component also discusses the need for school boards to develop and adopt policies, approve curriculum and other instructional materials, develop a budget for instruction, and ensure program accountability through evaluation.

Program Planning

This component discusses the importance of devoting appropriate personnel, time, and resources to the HIV/STD prevention program. It also provides information and ideas on how to establish a district health advisory committee to assist in the development of recommendations and policies for consideration by the school board. Information is given on whom to include on the committee and possible sources for membership. This component explains the role of the advisory committee in identifying needs and assets within the school and community to assist in program planning. It also outlines the elements of an effective plan for creating a successful HIV/STD prevention program.

Parent Involvement

The Parent Involvement component acknowledges the fundamental role parents play in raising their children. The importance of inviting parents to join with the school and community to help ensure the best educational programs for students is stressed, as is the need to include parents on the district health advisory committee. This component also encourages schools to devote time to orient parents to the HIV/AIDS educational mandate. A number of opportunities for meaningful parent involvement are described, including participating on the district health advisory committee, initiating activities to support the school and community, serving as an advocate for high-quality HIV/STD programs, and volunteering.

Community Involvement

Like the guidelines in the Parent Involvement component, those for community involvement highlight the need to involve community members as part of the health advisory committee and to include them in the planning process for HIV/STD prevention programs. School administrators and coordinators are provided with suggestions for where and how to recruit community representatives. Schools are encouraged to seek members of their local HIV planning and implementation groups who are responsible for developing policies and plans that address HIV needs in the community.

Staff Awareness and Professional Development

Education Code Section 51935 requires that in-service training be provided to all teachers and school employees who provide HIV/AIDS prevention instruction. This in-service training shall be conducted periodically to enable the staff to remain current with new developments in the scientific understanding of HIV/AIDS and with new prevention education techniques. This component also outlines specific training that school board members, administrators, teachers, school nurses, counselors, parents, classified personnel, and others should receive to deal effectively with the issues surrounding HIV/AIDS and other sexually transmitted diseases.

Curriculum and Instruction

The Curriculum and Instruction component highlights the need for instructors to be knowledgeable about their school district's policies and procedures related to HIV/AIDS prevention and to use research-based curricula shown to be effective in preventing the spread of HIV/AIDS and sexually transmitted diseases. This component discusses the process for selecting effective curricula by taking into account the different needs of the student population. The component addresses issues that arise when delivering the curriculum, including how to handle divisive issues, disclosure, and confidentiality. Guidelines for conducting meetings to view curriculum and other instructional materials are provided along with points to consider when dealing with parents and community members.

Early Intervention Support System

This component describes an early intervention system and the need for such a system. A good early intervention system can provide support and assistance to students who are at risk of developing health and behavioral problems that could interfere with school success. To work effectively, the system must include assessment, administrative support, policies and procedures, identification and training of referral team members, a strong peer-leadership component, and ongoing evaluation of the effectiveness of the system.

Supportive Prevention Activities

This component discusses the importance of fostering resiliency and strengthening the inherent protective factors in youths. Training peers to become leaders, having youths participate in service-learning activities in the community, and using guest speakers in the classroom are a few ways to enhance and enrich the HIV/STD prevention education program.

Evaluation

Evaluation is critical to the success and ongoing improvement of the HIV/STD prevention program. This component outlines the purposes of program evaluation, including the steps for conducting effective evaluation.

Who Is the Audience?

These guidelines were written primarily to give school administrators, board members, policymakers, and decision makers support and direction in meeting the mandates for providing HIV/AIDS prevention instruction in middle schools and high schools. Parents and community members may find the guidelines helpful in understanding the legislative requirements for HIV/AIDS prevention and the components essential to an effective program. Teachers and health educators may use the guidelines to identify resources and materials to improve the quality of instruction; however, the overall goal of the document is to provide administrative-level support to counties, districts, and schools in planning and implementing a program of instruction that complies with the *Education Code* and is educationally sound and appropriate for students.

How Are the Guidelines to Be Used?

The nine components in this document provide a starting point for policy and program development at the local level. These guidelines may be used to assist administrators, school boards, policymakers, and decision makers in evaluating their program. Though not designed for classroom teachers, the guidelines may be used as a theoretical basis for their work. Coordinators may refer to section II, “Resources,” to find tools for their program development work.

Which Term to Use: *HIV* or *AIDS*?

The language in these guidelines strives for consistency with the current nomenclature found in most research and literature on HIV/AIDS prevention. For example, *Someone at School Has AIDS*, published by the National Association of State Boards of Education, points out that the term *HIV* is used more often than *AIDS* for a number of important reasons (Bogden and others 2001).

Everyone is accustomed to hearing about AIDS—AIDS policies, people with AIDS, and AIDS education. People also talk about the "AIDS virus," which is HIV (human immunodeficiency virus). Sometimes the words *AIDS* and *HIV* are used as if they have the same meaning—but they do not. AIDS is caused by infection with a virus called HIV, which damages the immune system and eventually cripples the body's ability to fight disease. People who are infected with HIV are diagnosed as having AIDS if they develop certain serious diseases or conditions, such as Kaposi's sarcoma (a rare cancer), *Pneumocystis carinii* pneumonia, or HIV dementia. AIDS is the end stage of HIV infection. If policymakers and decision makers understand these terms, they will know why researchers urge that discussions focus on HIV instead of on AIDS.

Why Include Sexually Transmitted Diseases?

According the Centers for Disease Control and Prevention (CDC), the interconnectedness of HIV and other sexually transmitted diseases is increasingly apparent as biomedical and behavioral scientists learn more about people's susceptibility and risks. The CDC is applying new research to the prevention of all major STDs, including HIV infection, and is working to ensure that communities have the information they need to design, implement, and evaluate comprehensive approaches to HIV and STD prevention. Strong evidence from research studies reveals that the presence of other STDs increases the risk of HIV transmission and, conversely, that treatment of STDs reduces the spread of HIV. This evidence is presented as follows:

- Epidemiological studies have repeatedly demonstrated that people are two to five times more likely to become infected with HIV when other STDs are present.
- Biological studies suggest both an increased susceptibility to HIV infection and an increased likelihood of infecting other people when other STDs are present.

STDs in the United States have reached epidemic proportions, with an estimated 19 million new cases each year.

Concluding Thoughts

Some people are fearful that HIV can be transmitted at school. Enough information is now available to calm this fear. What we do need to worry about—and the place to put our energy and concern—is the need for education. We need to ensure that everyone, especially the young people for whom we are responsible, knows how HIV and other STDs are spread and how one can protect oneself from infection.

I. Components

District Policy Development

Program Planning

Parent Involvement

Community Involvement

Staff Awareness and Professional Development

Curriculum and Instruction

Early Intervention Support System

Supportive Prevention Activities

Evaluation

District Policy Development

Guideline

The school board should establish the vision for an HIV/STD prevention program, develop policies and procedures, adopt curriculum and instructional materials, create a budget, and ensure program accountability through evaluation.

Understanding the Responsibilities of the School Board

HIV/STD prevention education presents a challenge to school district governing boards. Youths are at risk of HIV/STD infection, and education is the key to preventing the spread of HIV/STDs. School boards are in a unique position to take a leadership role because the school is the one institution that touches the lives of all children.

A district administrator or coordinator should educate the school board and the district health advisory committee on the HIV/AIDS state mandate and the supporting *Education Code* sections before developing a district plan. The school board, the superintendent, and the advisory committee must agree on the goals and desired outcomes of the program.

The school board will demonstrate its leadership and support to the advisory committee by encouraging interagency collaboration and building public support for the program, developing policies and procedures, adopting recommended curriculum and instructional materials, creating a budget, and ensuring program accountability.

Information on forming the district health advisory committee appears in Program Planning, in this section. Another source of information on that topic is *Improving School Health: A Guide to School Health Councils*, a publication described in Administrative Tools, under section II, “Resources.”

Encouraging Interagency Collaboration and Building Public Support

School boards play a leadership role by ensuring that key players who have an interest in district policy development and curriculum adoption (e.g., members from

the county and local health departments, Parent Teacher Association [PTA], community-based AIDS organizations, and so forth) are included on a district health advisory committee. By leading the way on HIV/STD prevention education, school boards are often subject to controversy. Therefore, a vital aspect of the school board's role is to define the need for such education and to actively build consensus in the community.

The role of a school board is to uphold district policies as well as ensure compliance with the California *Education Code (EC)*, including HIV/AIDS prevention education (*EC* 51930–51939). Providing HIV/STD prevention education in public schools challenges a community to address some of its deepest differences and to secure a broad base for support. Some people believe that teaching sexuality belongs in the home, not in public schools. Others are frustrated that schools are doing too little, too late to help students with education and guidance in this area. Finding a way to work together in this environment requires an understanding of the difficult issues involved and a willingness to help the community find common ground on which to build an effective program.[1]

A district may encounter divisive issues within a school and community, such as:

- religious beliefs represented in a community;
- differing morals and values within the curriculum and by the staff;
- the role and responsibility of parents in educating their child about human sexuality;
- the need to address sexual behavior in HIV/STD prevention education;
- appropriateness of material for different ages and development;
- discussion regarding the effectiveness of contraceptives that protect against HIV/STDs;
- differing views on sexual orientation;
- time taken away from other academic courses for HIV/STD prevention education.

In the face of these controversial issues, it would seem that little common ground exists on which an effective program can be built. For years, various interest groups have pulled educators to one side or another, often dividing communities in the process. Schools and communities need to tackle these difficult issues with a cooperative rather than an adversarial model. They should recognize that the public education system is a unique environment, where compulsory attendance of minors requires respect for differing values and for social concerns still being debated in the culture. In other words, public education is not the arbiter of social issues; therefore, it must treat all constituents in the community with fairness.

Nowhere is this concept more significant than with the issues surrounding human sexuality. Advisory groups that have training in a cooperative model have been suc-

1. More information on this topic appears in Wayne Jacobsen's article, "Why Common Ground Thinking Works." Oxnard, CA: BridgeBuilders, 1999. (This article is discussed in section II, "Resources.")

cessful in finding creative solutions to various concerns and have been able to develop HIV/STD prevention education that is medically accurate, objective, supported by the community, and appropriately presented in the public school environment.

Guidelines for reaching consensus (as defined by the committee) and acting fairly and responsibly should prevail when the following topics are being covered:

- Having the school board establish a clear HIV/STD prevention education policy with the help of parents and the community
- Communicating the school district's position, backed by state mandates and sound research, in a way that can be easily understood
- Helping community members find common ground for communicating and practicing the application of the policy in their meetings and classroom presentations
- Making room in the curriculum to accommodate the diverse views of our culture
- Discussing the law that requires school districts to provide parents with time to preview the program and that gives parents the right, on written request, to excuse their children from any part of instruction in the prevention of HIV/STDs

Developing Policies and Procedures

As with any other curricular area, a school district's policies on HIV/STD prevention education should harmonize with the school district's overall vision and philosophy, with community values, and with state laws and regulations. Before the school board members develop their policies and procedures, they need to be educated by a school district administrator or coordinator in the state mandates for HIV/AIDS instruction (see *EC* 51934 and 51935).

The following actions should be considered in the development of these policies and procedures:

- Involve parents, community, staff, and students.
- Involve legal counsel.
- Be consistent with the state, district, and school vision for student learning.
- Use clear language and accurate terminology, avoiding educational, medical, and legal jargon.
- Consider issues of culture and diversity.
- Ensure that the program is not being used as an advocacy tool for special-interest groups.
- Define the staffing, lines of communication, and accountability for the prevention program and provide training procedures for all staff members.
- Include statements related to the use of community organization personnel (such as interns, classroom speakers, treatment personnel, and counselors) in the policies.
- Include procedures for crisis intervention.

- Determine procedures for working with students who disclose their HIV status.
- Address confidentiality as it relates to HIV/AIDS issues.
- Develop a district media plan for responding to crises.
- Provide for monitoring of intervention, curriculum delivery, and program implementation.
- Ensure that policies are written, distributed, and clearly communicated annually to all members of the school staff, students, the community, and parents.
- Review policies and procedures every two to three years.
- Require and provide annual updates and training for teachers.

Adopting Curriculum and Instructional Materials

The selection and evaluation of curriculum and instructional materials and the guidelines for these procedures should be developed by the district health advisory committee and the district's curriculum committee. The committees' selection should then be sent to the school board for approval. If the curriculum selection represents the needs of the district and community and has been done in a fair and inclusive manner, the school board should have no difficulty in adopting the curriculum. (See Curriculum and Instruction in this section for more information on this topic.)

Creating a Budget

Additional funding may be needed to provide the effective delivery of a well-developed HIV/STD prevention and intervention program. The school board's budget is the most concrete expression of the board's commitment to the program.

For a variety of reasons, collaboration with outside agencies is essential to the program. This collaboration can greatly reduce the cost to the district during the implementation of the program activities. Although resources in the community can ease the school district's burden of the total cost of the program, funds need to be allocated in the district's budget to support the program's coordination, adequate instructional materials, and staff training and updates. It is important when developing the program to ensure that sufficient funding exists to support this program within the school district's comprehensive health education plan.

Locating Funding Sources

The following funding sources are available to local educational agencies (LEAs):

- District general funds (resources may be reallocated to meet the mandate)
- State Mandates Claims Fund
- Community resources and private foundations (grants may be available)
- Local, state, and federal agencies

- Instructional materials fund (this fund is for adopted and nonadopted materials for kindergarten through grade eight and for district discretionary funding for high school materials)

Procedures for submitting proof of expenditures for HIV/AIDS instruction from the State Mandates Claims Fund are referenced in State-Mandated Cost Reimbursement under section II, "Resources."[2]

Receiving Reimbursement for State-Mandated Costs

Because HIV/AIDS prevention instruction and training are mandated by the California *Education Code*, LEAs can recover costs associated with:

- parental notification regarding HIV/AIDS instruction;
- printing and postage for the required notification;
- in-service training for both trainer and trainees;
- development of in-service training programs;
- development of curriculum and selection of materials;
- instructional materials;
- planning for HIV/AIDS prevention instruction;
- nonclassroom teachers who provide instruction in HIV/AIDS prevention.

A school district's business or fiscal services office is responsible for submitting reimbursement claims for these activities and will have more information on the claiming process.

Ensuring Program Accountability

One of the school board's primary responsibilities for the instructional program is to monitor objectively the outcomes of the program and to hold the superintendent and staff accountable. This responsibility requires the board to ask questions of the superintendent and seek information to determine the program's effectiveness. If the outcomes do not meet the criteria as set forth in the vision statement, policies, and curriculum guidelines, the board is responsible for taking appropriate action to ensure that an effective program is offered to students.

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2. In California, cost reimbursement is provided that can support many of the mandated program activities. According to Section 17610, Part 7 of Division 4 of Title 2 of the *Government Code*, local agencies and school districts will be reimbursed for HIV/AIDS program activities (e.g., teacher professional development, classroom materials, guest speakers, travel, and preparation time).

Program Planning

Guideline

A district health advisory committee should be formed to develop an HIV/STD prevention plan. The plan submitted to the school board should include recommendations for HIV/STD policies and procedures, prevention curriculum and instructional materials, intervention activities, and program evaluation.

District Leadership

The capacity of a school district to begin or continue program planning will vary among districts. A variety of issues determine the extent of this capacity, including:

- Size of the school district
- Culture of the community
- Past experience with HIV-positive students or staff members
- Presence of a passionate advocate
- Amount of work that has been done previously
- Presence or absence of strong differences of opinion
- Availability of community resources

Developing and implementing a school-based HIV/STD prevention program that effectively meets its objectives and incorporates community concerns requires careful preparation. (See "Timetable for Policy and Program Development" in Administrative Tools under section II, "Resources.") However, it is still the role of a school board to uphold district policies as well as ensure compliance with the California *Education Code*, including HIV/AIDS prevention education (*EC* 51930–51939).

Personnel

The person coordinating an HIV/STD prevention program should have a sincere interest in the topic and have the authority to make decisions and recommendations

to move the program forward. Expertise in the subject of HIV/STD education within the context of coordinated school health programs would also be helpful. The coordinator can influence the level of effectiveness and efficiency with which the district addresses its tasks. There is no hard-and-fast rule for selecting this person, but certainly it helps if he or she has a strong commitment to and interest in the health of students, as well as strong program development skills.

Time

Anyone involved in the coordination of prevention programs must be given adequate time to perform this task; the amount of time needed depends on the size of the district. The coordinator also needs a clear job description and a realistic schedule for implementation. In 1997 the U.S. Department of Education released the results of a study titled *School-Based Drug Prevention Programs: A Longitudinal Study in Selected School Districts,* conducted by the Research Triangle Institute. Although this study was directed at drug-prevention programs, the findings should be considered in the context of all prevention programs, including those for HIV/STD. The study found that the most common barrier to achieving full implementation of prevention programs is the lack of a full-time program coordinator, particularly when the coordinator has other responsibilities within the district. A full-time prevention coordinator was associated with greater program stability, more districtwide teacher training, and a comprehensive program. The study recommends that to be effective, programs must have at least a half-time coordinator.

Resources

The development and implementation of an effective HIV/STD prevention program requires funding. Although many school districts do not have money readily available in their general fund for new program activities, several resources are available to schools. Because HIV/AIDS prevention is a state-mandated program (see *EC* 51934 and 51935), financial reimbursement is available for most but not all costs through California's State Mandates Claim Fund. (See State-Mandated Cost Reimbursement under section II, "Resources," for more information.) Grants may also be available to cover personnel and program costs. School districts can reduce their costs by coordinating with community agencies—for example, county and local public health departments, county offices of alcohol and drug programs, community AIDS projects, local hospitals, faith-based organizations, or other agencies with an HIV/STD prevention focus. (See Community Involvement in this section.)

District Health Advisory Committee

If the district already has a health advisory committee, that committee membership can be augmented with persons who are knowledgeable about HIV/STD issues and who may be active in the community.

If the district does not already have a committee for this purpose, it needs to form one of an appropriate size. Members should possess suitable characteristics and

represent a balance between the school and community. The Administrative Tools subsection refers to *Improving School Health: A Guide to School Health Councils*, from the American Cancer Society. This is an excellent resource for creating a district health advisory committee.

Size and Balance of the Membership

Committee membership should consist of a workable number of people who can function effectively and represent the school, community, and public health agencies equitably. There should be a balance of membership expressing conservative and liberal viewpoints, with the willingness or capacity for cooperation. Committees with fewer than 10 members usually do not sufficiently represent the broad range of views in the school district and community. Committees with more than 20 members often have difficulty in accomplishing tasks efficiently.

To achieve broad representation, program coordinators can use the recommended sources of membership given in the section that follows. Heads of agencies or department chairpersons may be contacted individually to solicit nominations. Follow-up written communication and telephone calls may be used to contact nominees personally. Program coordinators need to inform potential members of the advisory committee's responsibility to assist the school district in developing policies and in selecting educational programs, and of the role and time commitment for members.

Sources of Membership

There are many individuals and groups that should be considered as sources of committee membership. Schools may be represented by the following personnel:

- Superintendent or representative from the district or county office of education
- School board member
- School administrators
- Health education coordinators
- School nurses
- Students
- Union representatives
- Classroom teachers
- Special education teachers
- Health care practitioners
- Custodial, food service, transportation, and other staff members
- School volunteer coordinators and volunteers
- School legal counsel

Communities may be represented by the following persons and organizations:

- Parent Teacher Association (PTA) leaders

- Members of school-site councils
- Parents of children who attend schools in the district
- Leaders from diverse cultural organizations
- Members of religious or faith-based organizations
- Physicians or nurses
- Public health agencies and officials (e.g., STD programs, HIV/AIDS programs, health departments, and alcohol and substance abuse programs)
- Civic groups
- Groups representing special populations (e.g., the blind and visually impaired, the deaf and hard of hearing)
- Community members infected with or affected by HIV/STDs
- Groups providing HIV/STD education and services
- Volunteer organizations
- Advocacy groups
- Community health-care organizations
- Law enforcement personnel
- Organizations serving youths
- Members of the local implementation group for HIV community planning

Characteristics of the Membership

Potential members of the district health advisory committee should have respect for the school, community, and public health agencies; a commitment to improving the education and health of youths; and the ability to work with persons whose opinions may differ from theirs.

For committee members to be effective, they should demonstrate the following characteristics:

- Interest in acquiring knowledge of HIV/STDs
- Willingness to be trained in a model of cooperation
- Authority from their representative group to make decisions and recommendations
- Capacity to disseminate information to and from their agencies
- Skill to communicate effectively
- Sensitivity to controversial topics that can involve conflict and criticism
- Ability to discuss the subject matter with emotional maturity
- Ability to support and adhere to decisions reached by group consensus

It is recommended that the district superintendent or committee members appoint a chair for the committee. This step will help to ensure that the committee will

receive the proper guidance to accomplish its tasks. The advisory committee as a whole should consider electing a co-chair from either the school district or the community to ensure a balance of power and a commitment from both entities. Ideal characteristics for the persons in these roles include integrity, respect from the community and school, and a commitment to improving the education and health of all youths. Knowledge of district policies and procedures, as well as knowledge of and commitment to working on HIV/STD issues, is also beneficial.

The chair of this committee should be able to facilitate an efficient, collaborative meeting, ensuring that participants feel they are heard and achieving group consensus. This person should be able to delegate responsibilities appropriately; communicate effectively with other committee members, the media, and the community; and demonstrate will, persistence, and advocacy when dealing with HIV/STD issues.

Program Plan

When the district health advisory committee has been formed, the next steps are to assess needs and assets, develop the plan, and ensure ongoing program evaluation.

Assess Needs and Assets

School district personnel or an outside evaluator should complete an assessment of needs and assets before the advisory committee develops a plan; this is essential to the success of the plan. The assessment will identify which programs and/or curricula are in place. A formal assessment of programs substantiates what is really happening. Persons conducting the assessment should take the following steps:

- Use available surveys to assess student-risk behaviors and the knowledge, attitudes, norms, and assets of the school and community. Before a new survey is developed, recently conducted surveys by the school district and local community agencies need to be identified and reviewed.
- Review regional and local data on rates of infection for HIV and STDs. These data are posted on the California Department of Public Health Web site at http://www.cdph.ca.gov/data/statistics/Pages/STDLHJData.aspx (accessed May 6, 2011).
- Identify existing programs and services.
- Prioritize the identified needs and assets.

Develop the Plan

When the assessment has been completed, the committee can begin to form a plan. The committee members need to:

- form the mission statement to unite the committee;
- clarify and define district policies that address the state mandates;
- develop attainable program goals and objectives based on *EC* 51934 and 51935;
- define the roles and responsibilities of the school personnel and committee members;

- identify funding sources;
- select curriculum and intervention activities that meet student and community needs (see Curriculum and Instruction in this section);
- define and develop the tools necessary to evaluate the process and outcomes of the program;
- ensure that the plan complements the efforts of the community's local planning group to prevent HIV;
- submit the plan for approval by the school board;
- disseminate information about HIV/STD prevention programs, projects, and activities to all interested parties within the school and community.

Ensure Ongoing Evaluation

Evaluation is essential to the program. A comprehensive evaluation determines whether the goals and objectives of the program have been met and guides program planning for the coming year. A report of the evaluation results should be given to the school board on an annual basis. This report should be accompanied by recommendations for program adjustments or enhancements. (See Evaluation in this section for further information.)

Parent Involvement

Guideline

Parents play an integral role in supporting the HIV/STD prevention education program. They should be encouraged to be active members of the district health advisory committee and participate as advocates, trainers, and volunteers for the program.

Parents on the District Health Advisory Committee

The school district must affirm the diversity of values and beliefs that parents impart to their children. Parents are the most valuable and important resource for HIV/STD prevention education. Establishing a partnership with parents will enhance the program and support the process of planning and implementation. To build this school–parent partnership, parents need to participate in the advisory committee planning. They need to be knowledgeable about the educational system and instructional content of the program and to be given opportunities for involvement in the delivery of the program.

Selection of Parents for the Advisory Committee

Parents who are being selected for the advisory committee should have the same characteristics as committee members. (These characteristics are listed in Program Planning in this section.) It is also important that they have a student who is attending a school in the district.

Orientation of Parents

Parents who assist with the planning of an HIV/STD prevention education program need to be knowledgeable about the educational system and current information on preventing HIV/STDs. To familiarize parents, the school district should consider developing an orientation workshop to address:

- state mandates governing the program;

- school district policies governing the program;
- curriculum selection criteria, including research on what works in prevention education;
- surveys of attitudes and behaviors specific to the students and community;
- knowledge of HIV/STDs, including medical and prevention information;
- data on the prevalence of HIV/STDs in the community;
- awareness of diverse cultures and values;
- resolution of controversial issues using common-ground and consensus-building skills.

Opportunities for Involvement

Effective HIV/STD education can best be achieved through a partnership between the home and school. Involvement in school programs promotes meaningful parent and family participation, raises awareness of HIV/STD issues, and improves student achievement.

When planning activities for the HIV/STD prevention program, parents can be involved in advisory committee planning and awareness activities and support the delivery of prevention education programs.

During advisory committee planning, parents can undertake the following activities:

- Participate as members of the advisory committee.
- Conduct a needs and assets assessment for the parents, surveying for knowledge, attitudes, and beliefs.
- Help establish clear goals and objectives for the school district.
- Assist in the selection and review of classroom curriculum materials.
- Make presentations to the school board.
- Develop partnerships with PTA members in their area and with other parent groups, such as booster clubs and school-site councils.

In developing HIV/STD awareness activities, parents can become involved in the following ways:

- Assist in promoting the program to schools, faculty members, and the community.
- Educate other parents on a variety of topics, such as how to talk to their child about sexuality and HIV/STDs and techniques for enhancing their parenting skills.
- Develop an awareness campaign for parents on the need for prevention education. This campaign might involve parent nights, newsletters, parent forums, radio and television advertisements, homework assignments, contracts, and so forth.
- Share their family values and beliefs.

- Develop an awareness campaign for the community by disseminating current information on HIV to local businesses and faith communities through brochures, posters, and flyers.
- Support and participate in walks, rallies, conferences, AIDS quilt displays, health fairs, and fund-raising events.
- Serve as a liaison to the local PTA and other parent groups to engage their support and participation.
- Help with poster, poetry, and essay contests and with the designing of T-shirts and bookmarks.

In supporting programs for prevention education, parents can offer the following services:

- Create a directory of community resources.
- Help facilitate student and family support groups. (This activity requires additional training.)
- Provide transportation or chaperone, or do both, for school and community activities.
- Set up a hotline for questions from students and parents.
- Act as mentors for students at risk.

Parents should be included as valuable assets to any prevention program.

Community Involvement

Guideline

A partnership between the community and the school district should be encouraged and include opportunities for active membership on the district health advisory committee, participation in planning community awareness activities, and the delivery of prevention education and intervention programs.

Selecting Community Partners

Participation from members of the community on the advisory committee is essential to the development of a comprehensive HIV/STD prevention program. Schools cannot exist in isolation from the community because they are a reflection of it. In 2006, the Public Health Institute's Center for Research on Adolescent Health and Development conducted a study on California parents' preferences and beliefs on school-based sex education policy. This report can be found at http://www.teenbirths.phi.org/2007SummaryReport.pdf. Eighty-nine percent of parents supported comprehensive sex education, as compared with 11 percent who supported abstinence-only curriculum—which is not permitted in California's public schools. Uniformly high levels of support for comprehensive sex education were found across all five regions: 93 percent in Los Angeles County, 89 percent in the north/mountains and Central Valley regions, 88 percent in the south region, and 87 percent in the San Francisco Bay Area/Central Coast region. In addition, large proportions of respondents from all races/ethnic groups preferred comprehensive sex education, including 92 percent among whites, 90 percent among Hispanics, 89 percent among African Americans, 82 percent among Asian Americans, and 79 percent among "Other" groups.

Parents across all age groups also showed high levels of preference for comprehensive sex education, with those under age thirty significantly more likely to prefer comprehensive sex education over abstinence-only education (94 percent). Similarly, parents of all education levels preferred comprehensive sex education, although the level of support differed slightly between education levels. These findings show that parents in California overwhelmingly support approaches to sex education that are

consistent with California's *Education Code* (sections 51930–51939) on the provision of sex education. The community has an interest in developing and establishing norms to support healthy sexual development and behavior. Knowledge alone does not accomplish the task. Effective delivery of information on prevention requires support from community and family members.

When resources are limited, broadening the representation from community partners who serve on the advisory committee and deliver prevention curriculum and intervention activities will expand the school district's perspective and expertise. With community involvement, school districts can institute planning rather than a crisis response for the prevention of HIV/STDs. When schools work with outside agencies, synergy is created, and much more can be accomplished. This cooperation also helps to ensure a coordinated delivery of comprehensive prevention and intervention programs. Without the community's recommendations for and support of the program, services for its youths may be fragmented and overlapping.

District administrators or coordinators who are looking for community partners to help plan and deliver the prevention and intervention program should consider representatives from the following organizations and groups:

- County departments of public health, health promotion, mental and behavioral health, and social services
- Local HIV planning and/or implementation groups
- Hospitals and other patient-services groups, including health insurance agencies
- Health agencies, such as the American Red Cross, March of Dimes, or AIDS projects
- Media representatives
- Law enforcement and probation agencies
- Culturally diverse populations
- Groups representing special populations (e.g., the blind and visually impaired, the deaf and hard of hearing)
- Agencies that serve youths, such as the YMCA/YWCA or the Boys and Girls Clubs
- Local businesses
- Elected officials
- Service clubs, such as Lions, Rotary, Elks, or Kiwanis
- Underrepresented youths, including immigrants and those who are out of school
- Faith communities
- Colleges and universities

Building Partnerships with Community Members

Although the community may support the school's role in providing health education, the following suggestions should be considered to strengthen the partnership between the community and the district:

- Time should be provided to develop and build relationships between agencies.
- The school district should receive education on how to access services from community agencies.
- Community agencies should be informed about the realities and constraints of public education.
- The district may need to provide a representative to attend community agency meetings.
- Interagency rivalry should be anticipated.
- The sensitivity of the feelings and beliefs held by different segments of the community should be recognized.
- Mutual respect needs to be endorsed by all committee members.

Gaining Community Support

Although it takes time for communities and schools to make the connections necessary for good working relationships, the support acquired for the program will be well worth the effort. Community support may be gained by:

- using strong district leadership to enlist community agencies;
- working with local officials (mayor or city council), public health officials, and other interested county, city, or community agencies or organizations;
- linking HIV/STD issues to other community or neighborhood initiatives on gangs, drugs, and teen pregnancy;
- soliciting media attention for the program with a well-planned campaign;
- holding public meetings to solicit broad-based community recommendations and support.

Identifying Opportunities for Community Involvement

When planning strategies for HIV/STD prevention, program developers should look for opportunities to engage members of the community and to expand activities into the family and community setting.

During the advisory committee planning, the community members can assist with:

- expanding community membership;
- developing policies and procedures that reflect community values and norms;
- providing accurate data on reported cases of AIDS and other STDs;
- assessing student, parent, and community needs and assets;
- writing letters of support;
- making presentations to the school board;
- identifying funding resources;

- providing information to the community about the program;
- creating an action plan for crises in the school and community;
- offering the use of sites and facilities for trainings and meetings.

In developing community awareness activities, community members can assist with:

- disseminating current, factual information on HIV/STDs to local businesses and faith-based organizations through brochures, posters, flyers, newspaper articles, newsletters, and speakers;
- making presentations on a variety of topics, such as parenting skills, the transmission of HIV/STDs, and resources available in the community;
- sponsoring contests for posters, poetry, essays, or designs for T-shirts or bookmarks;
- participating in or sponsoring walks, rallies, conferences, AIDS quilt displays, health fairs, or fund-raising events.

In planning for the delivery of HIV/STD prevention education, community members can assist with:

- calling local hospitals and other health agencies to coordinate activities and/or programs;
- offering internships for students in school health programs at local colleges and universities;
- providing speakers for classrooms or assemblies, or presenting or sponsoring theater productions;
- participating in staff development and in-service training;
- providing classroom volunteers;
- creating or identifying a hotline that parents can call if they have questions;
- developing a directory of community resources;
- making referrals to health services for HIV/STD testing and counseling;
- facilitating student and family support groups (requires additional training);
- mentoring students at risk;
- donating educational materials.

Staff Awareness and Professional Development

Guideline

Training should be provided to enable teachers and school personnel to learn about new developments in the scientific understanding of HIV/STDs; community resources for prevention and intervention, testing, care, and treatment; and new techniques for delivering curriculum and prevention education.

Providing Training for All District Staff

Staff awareness is a critical component of an HIV/STD program. The school board needs to be prepared to commit resources—such as release time, substitute teachers, stipends, and instructional materials—to implement training effectively. Section II ("Resources") contains information on how districts can recover certain costs associated with developing and delivering training. The California Department of Education provides training to county offices of education to help them comply with *Education Code* Section 51935. The county office staff should provide annual training to district administrators, school board members, teachers, nurses, and the persons responsible for providing HIV/STD instruction for each school district within the county. Local health departments and AIDS services agencies can provide knowledgeable trainers and speakers to enhance staff awareness. This in-service training should be conducted periodically to enable district staff to remain current on new developments in the scientific understanding of HIV, AIDS, and STDs and with new techniques for prevention education.

The California *Health and Safety Code*, Division 105, Part 4, requires that each year, all employees and regular volunteers be given information on the possible transmission of HIV and hepatitis B in the workplace, the guidelines for confidentiality, and the implementation of standard/universal precautions. According to *Someone at School Has AIDS*, published by the National Association of State Boards of Education, "Infection control procedures [and HIV/STD prevention] are best taught through demonstration by qualified professionals and hands-on practice. Distributing written

materials is not adequate, especially for staff members who have difficulty in reading or understanding English. Hands-on practice allows evaluation of an employee's true understanding" (Bogden and others 2001). Training the entire staff plays an important role in building support for HIV/STD prevention. Students will get the message that this subject is an acceptable topic for discussion. Staff training will also equip teachers and other employees with knowledge of how to avoid infection.

Providing Training for Individual Roles

Depending on the role of the individual in the district's HIV/STD prevention program, different training may be needed. The chart "Recommended Topics for Staff Awareness and Professional Development," which appears later in this section, shows this relationship. The individual roles are listed across the top of the chart. A list of specific training topics appears on the left side of the chart. Checkmarks indicate which training topics are recommended for the individual roles.

Suggestions for the specific training topics shown on the chart are listed below.

Current, Accurate, and Scientific Information on HIV/STDs

The content for "Current, Accurate, and Scientific Information on HIV/STDs" should include, but not be limited to:

- transmission of HIV and other sexually transmitted diseases;
- connection between STDs and HIV;
- signs and symptoms of infection;
- prevention of infection;
- public health issues;
- testing and community resources;
- myths and stereotypes about HIV and STDs.

Standard/Universal Precautions to Meet Occupational Safety and Health Administration (OSHA) Guidelines

The content for "Standard/Universal Precautions to Meet OSHA Guidelines" should include, but not be limited to:

- handwashing;
- use of disposable gloves;
- waste disposal;
- first aid involving contact with blood, and training in cardiopulmonary resuscitation (CPR);
- use of disinfectants;
- steps to follow in case of exposure.

State and District Policies and Legal Considerations

The content for "State and District Policies and Legal Considerations" should include, but not be limited to:

- rights of people who have HIV or AIDS;
- confidentiality, including recordkeeping procedures;
- how to handle a disclosure by an individual infected with HIV/STDs;
- liability issues;
- state laws;
- existing district policies.

Many of the statutes and codes governing these topics can be found in section II ("Resources").

Training in HIV/STD Curriculum Implementation

The content for "Training in HIV/STD Curriculum Implementation" should include, but not be limited to:

- compliance with pertinent sections of the California *Education Code*;
- identification of opportunities for integrating HIV/STD prevention education in other academic areas;
- incorporation of varying social beliefs and norms involving the delivery of HIV/STD prevention curriculum;
- selection of promising research-based programs;
- guidelines for direct classroom instruction, including addressing special populations;
- ways to conduct successful parent review meetings;
- district policy for parent notification.

School and Community Collaboration

The content for "School and Community Collaboration" should include, but not be limited to:

- ways in which the district can support community agencies and their services;
- ways in which the community can support the school district in prevention and intervention activities;
- procedures regarding classroom speakers and the need for parent notification;
- training for speakers on district policies and procedures.

Dealing with Controversy

The content for "Dealing with Controversy" should include, but not be limited to:

- establishing and enforcing communication rules at public meetings;
- addressing concerns from different perspectives;
- becoming aware of strategies used by advocacy groups;
- learning to disarm conflict when concerns first emerge by using common-ground and consensus-building models.

Talking to the Media

The content for "Talking to the Media" should include, but not be limited to:

- establishing a media-relations plan;
- developing tips for communication;
- finding effective ways to address controversy.

Other Topics

The content for "Other Topics" should include, but not be limited to:

- skills development for answering difficult questions;
- confidentiality;
- crisis counseling;
- physical and sexual abuse issues;
- grief counseling;
- HIV/STD counseling;
- HIV/STD testing;
- gay, lesbian, bisexual, transgendered, and questioning youths;
- physical and sexual harassment;
- student mentoring;
- sensitive classroom discussions;
- sensitivity to different religious beliefs;
- positive approaches to youth behavior, which include assets, youth development, and resilience;
- adaptations for special education and language-minority students.

Recommended Topics for Staff Awareness and Professional Development

HIV/STD Training	Community, parents, and board members	Administrators	Teachers, nurses, and health educators responsible for HIV/STD prevention education	Other teachers (not responsible for providing HIV/STD prevention education)	Pupil services staff members, counselors, social workers, and school psychologists (not responsible for providing HIV/STD prevention education)	Nurses (not responsible for providing HIV/STD prevention education)	Office staff and maintenance, transportation, and food service staff
Current, Accurate, and Scientific Information on HIV/STDs	✓	✓	✓		✓	✓	✓
Standard/Universal Precautions to Meet OSHA Guidelines		✓	✓	✓	✓	✓	✓
State and District Policies and Legal Considerations	✓	✓	✓	✓	✓	✓	✓
Training in HIV/STD Curriculum Implementation			✓				
School and Community Collaboration	✓	✓	✓		✓	✓	
Dealing with Controversy	✓	✓	✓		✓	✓	
Talking to the Media	✓	✓	✓		✓	✓	
Other Topics (e.g., working with gay and lesbian students, special education students, English learners, and so forth)[1]			✓		✓	✓	

[1] *English learners* is used to designate persons who are learning English as a second language.

Curriculum and Instruction

Guideline

The curriculum should be in compliance with relevant *Education Code* sections; aligned with the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve*; based on research and scientifically accurate information; recommended by the school/community health advisory committee; adapted to the needs of different student populations; delivered by a trained educator; available to parents for preview; and offered in a variety of subject areas.

Compliance with the *Education Code*

All HIV/STD prevention educators should be knowledgeable about school board policies specific to the district, curriculum components in *Education Code* sections 51931 and 51934, and the parent notification and preview process.

Research-Based Programs

Educators and researchers have begun to identify key elements of prevention programs that appear to enhance the success of programs. Douglas Kirby, a senior research scientist with ETR Associates, is one of the leading researchers in adolescent sexuality. He has identified 10 essential characteristics of effective prevention programs. These characteristics should be seriously considered when an HIV/STD prevention program is planned and implemented. (See "Characteristics of Effective Sex and STD/HIV Education Programs," listed under Critical Reading in section II, "Resources.")

Additionally, in response to requests from schools for effective prevention programs, the Centers for Disease Control and Prevention (CDC) and the California Department of Education encourage the use of research-based curricula with credible evidence of effectiveness in reducing sexual risk behaviors that contribute to HIV

and STD infections. The choice to adopt a curriculum ultimately rests with the local school district and must address community standards and needs.

Process for Recommending and Selecting Curricula

Classroom curricula should be recommended by the advisory committee for adoption by the school board. The recommendation process should be carefully developed ahead of time to ensure that a fair decision is reached, one that is representative of the needs of the community and district. With the multitude of curricula available, it is not necessary for a school district to write a curriculum from scratch. School districts are strongly encouraged to select existing, research-based curricula that best meet the needs of students in their community.

The following steps will help a district develop an equitable process for curriculum selection and adoption:

- Provide opportunities for the advisory committee to review curricula that have been evaluated and shown to be effective. These materials may be borrowed free of charge for 30 days from the California Healthy Kids Resource Center in Hayward, California.
- Develop a worksheet for advisory members to use as they review materials. This worksheet can be developed from the criteria listed in the next subsection, Criteria for Selection. Reviews of curriculum materials must be well planned to make the best use of advisory members' time.
- Ensure that the advisory committee reaches a consensus on which materials to use.
- Determine a date and time for public review of the curriculum and instructional materials selected by the advisory committee. Having materials available in a central location (e.g., school district boardroom, auditorium, or conference room) and providing clear directions for public comment are important to the process. The time and place for the public review should be publicized.

After the advisory committee reviews the public comments and reaches a consensus, a formal recommendation is made to the school board for adoption. This process will be smoother if the guidelines for the adoption of materials have been followed closely and if the community is well represented on the advisory board.

Criteria for Selection

An ideal HIV/STD prevention curriculum:

- is aligned with the California *Education Code* and other legal requirements;
- contains medically accurate information and prevention content that is supported by research;
- is consistent with the content in the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve;*
- is included as a part of a coordinated school health program;
- is adaptable to students with special needs;

- is gender equitable;
- is sensitive to the culture and the characteristics of the local community;
- is developmentally appropriate;
- contains interactive and participatory skill-building activities for students;
- is equipped to assess student learning in a variety of ways;
- is adaptable for cross-curricular integration;
- is interesting to students;
- is readable by students with diverse learning abilities;
- is user-friendly for caring adults and peer educators;
- includes information for parents and for parent–child interaction.

Needs of Various Student Populations

As the school district staff members make decisions regarding the curricula to be used, they also need to keep in mind the levels of knowledge and experience of the students learning about HIV/STDs. One type of curriculum will not be appropriate for all students. Curricula may need to be enhanced or adapted for different populations, such as students who attend an alternative school or receive special education. Educators need to know the students and community being served. A variety of printed materials and resources, approved by the school board, should be provided for the various student populations.

Students from Diverse Cultures

Broadly defined, the term *culture* describes not only the ethnicity of a person, but also the family structure, home environment, community, religious values, and even personal attributes that compose a person's experience and worldview. Although it may be convenient to group people by language, skin color, or country of origin, this approach ignores significant similarities and differences among all people. All students participating in the HIV/STD instruction should be viewed as individuals. They should be provided with activities that enable them to participate more actively. To meet the needs of diverse student populations, schools should take the following actions:

- Ensure that classroom materials are translated when necessary.
- Respect the cultural differences of each staff member and student.
- Consult with service providers who are experienced in working with diverse populations to help plan and implement culturally relevant programs.
- Consult with service providers who are experienced in working with diverse populations to identify HIV/STD curricula and educational materials appropriate for specific groups or cultures.
- Develop special programs for students who are learning English.

- Create a culturally sensitive classroom by:
  - adapting language and terms to make them appropriate for the students. This task can be done when appropriate classroom vocabulary lists, based on contributions from students, are prepared.
  - using class discussions to explore, compare, and contrast personal, family, community, cultural, and religious attitudes and understanding of assignments. When well facilitated, this type of "normative group discussion" enables the instructor to better understand his or her students and acknowledges diversity.

Students with Physical or Developmental Disabilities

Students with disabilities may be at a higher risk of HIV/STD infection. Coordinators need to give consideration to these students. When selecting curriculum or programs for this population, coordinators should:

- consult with service providers to identify HIV/STD curricula and educational materials adapted or developed for people with disabilities and special needs;
- invite experts to train teachers and staff and to help in program planning for these populations;
- develop and enforce codes of conduct that reduce discrimination or harassment of people with disabilities;
- address issues of sexual abuse and exploitation.

Students Involved in Risky Behaviors

Students involved in drug use and sexual activity have the greatest risk of contracting HIV or STDs. Special programs should be developed to address these risk factors. Schools should:

- include students from at-risk populations in the planning of programs and selection of curriculum.
- emphasize the teaching and practicing of skill-building activities by using various instructional strategies, such as role playing, discussion, cooperative learning groups, and outside speakers;
- establish an identification and referral process for students at risk of infection;
- provide the parents of at-risk students with additional strategies for interacting with their children.

Gay, Lesbian, Bisexual, Transgendered, and Questioning Youths

Schools have the responsibility for creating a safe learning environment for all students. To reduce the obstacles that gay, lesbian, bisexual, transgendered, and questioning (GLBTQ) youths face, schools can take the following actions:

- Establish and enforce codes of conduct to prevent harassment and other abusive behavior.

- Invite GLBTQ youths and the Parents, Families, and Friends of Lesbians and Gays (PFLAG) organization to help develop programs and staff training to increase awareness and reduce discrimination. (Information about PFLAG is provided in the Organizations listings in section II ("Resources.")
- Provide a safe environment for GLBTQ students to discuss their concerns and safety issues—for example, sexual harassment.
- Provide support from trained, caring adults on how to deal with questions of sexual identity. GLBTQ issues may surface during classroom discussions about sexuality. To better handle these sensitive issues during discussion, educators need to ensure that:
  - the HIV prevention instruction focuses on behaviors that put youths at risk, not on sexual orientation;
  - prevention education does not encourage racism or sexism in any form or the stereotyping of persons infected by HIV;
  - GLBTQ students feel that they are included in the discussion surrounding prevention rather than excluded or ostracized;
  - students respect the privacy of others;
  - ground rules for classroom discussion are established to respect the value and integrity of all individuals;
  - all lessons use gender-neutral language;
  - a safe instructional atmosphere is created in which a student with questions or concerns about sexual orientation can approach the teacher;
  - students with questions about sexual orientation are referred to a trained professional who is skilled in responding to such concerns.

Religious Beliefs

Almost all religious faiths have specific teachings about sexual practices. Care must be taken to ensure that public educators do not discount these teachings. Educators need to take the following actions:

- Refer to religious faith or values as a part of the decision-making models, when appropriate. These values can be affirmed while taking care not to endorse any specific religious faith or belittle students who have no religious practice.
- Recognize that HIV/STD prevention education can address behaviors that some religious faiths forbid. These behaviors may include contraception, abortion, masturbation, extramarital sex, and homosexual activity.
- Encourage students to discuss HIV/STD issues with their parents and/or leaders from their church, synagogue, mosque, temple, or other religious institution.
- Help students understand that the population of the United States encompasses many people with differing religious and philosophical views. It is possible for

students to honor that diversity, treat each other with respect, and not allow groups to force their viewpoints on each other.

Integrated Cross-Curriculum Lessons

Ideally, information on the prevention of HIV/STDs should be provided in other curricular subject areas. Some classes, such as the following, are more conducive than others to the delivery of this material:

- Health
- Science
- Child development and parenting

Health instructors should try to involve other subject-matter teachers in HIV/STD prevention education as often as possible. There are compelling reasons for doing so:

- Life does not occur in neat, subject-matter packets.
- Connections made between subject areas create a greater sense of meaning for students and help reinforce learning.
- Medical information is expanding at a phenomenal rate.
- Good health is essential to academic success.

Therefore, every opportunity should be used to teach prevention education throughout all subject areas. Examples of integrated cross-curriculum lessons follow:

- Physical education—develop respect for and knowledge of the body
- Mathematics—explore HIV/STD data on infection rates and trends
- Biology—study retroviruses, bacteria, and protozoans
- History–social science—study epidemics and pandemics
- Reading/language arts—explore literature related to people who have had to deal with significant challenges in life
- Speech—debate the arguments for and against particular policies related to the school, community, nation, or world
- Computer science—find current and accurate HIV/STD information on the Internet
- Art—design posters to promote events for HIV/STD prevention

Delivery by a Trained Educator

Teachers and school staff who provide HIV/AIDS prevention instruction need in-service training in the delivery of related information and materials (see *Education Code* Section 51935). Training teachers and school staff to teach prevention of HIV, AIDS, and STDs is different from informing them about those diseases. All teachers and supervisory administrators who provide prevention instruction for HIV, AIDS,

and STDs must receive current and comprehensive training. Providing release time is essential for initial training and continuous updating on HIV, AIDS, and STDs. To teach with confidence, teachers need to feel supported by administrators and board members. Instruction will be more effective if teachers are well prepared.

Identification of Teachers

When teachers are being identified to teach prevention education, it is recommended that they hold a Health Science Single Subject Credential or, at the very least, a supplemental credential for health education. Teachers who are uncomfortable with the subject of HIV/STDs should receive additional coaching or mentoring. Those who are still uncomfortable with the subject matter should not be required to teach an HIV/STD unit. Their lack of confidence will inevitably be conveyed to their students. Teachers who agree to teach these units should be offered opportunities to team teach or, for support and assistance, to work with outside resource people who are credible and trained to give presentations in schools.

Components of Effective Teacher Training

The components of an effective teacher training program discussed in this section are the context, content, and methodology.

Context. Before staff members are trained to teach a curriculum, a supportive context for the program must be developed within the community. School board policy, based on *Education Code* Section 51934 (requiring AIDS instruction) and the district advisory committee, should already be in place. Before staff members conduct classroom lessons, they should become knowledgeable about appropriate sections from the *Education Code* (51930–51939) and *Health and Safety Code* and should become familiar with the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve.* A community public education campaign may be needed to help parents and other members of the community understand the importance of HIV/STD prevention education. This campaign is necessary if teachers are to be free to discuss with students the many sensitive issues raised by the HIV/STD epidemic.

Content. The *Education Code* requires that students receive HIV/AIDS prevention education once in middle school and once in high school. This instruction shall be medically accurate and objective. Participating teachers should be given a chance during professional development to process this information in a way that alleviates their fears. They should be given the opportunity to examine sensitive and controversial issues and helped to examine their attitudes about sexuality and HIV. Strategies and activities for integrating HIV/STD prevention into a comprehensive unit on health, drug prevention education, and core subject areas should be included. Materials should be culturally sensitive and developmentally appropriate for each grade level. Information shall be presented on how to locate and access community resources. Additionally, the school intervention program should be discussed. Specific strategies and information regarding risk-taking behaviors relevant to the curricula and selected by the school board should be addressed throughout all teacher training.

Methodology. Teachers should be trained to share information with students in ways that personalize the issues and help students realize how HIV/STDs can affect them. This information can be made relevant to students through the following varied teaching techniques:

- Cooperative learning
- Brainstorming
- Journal writing
- Service-learning
- HIV/AIDS classroom speakers
- Theatrical or dramatic productions
- Visual arts projects
- Cross-curricular activities

Training should enable teachers to help students in assessing their behaviors and in developing the skills needed to change behavior. Teachers should be further trained to provide a context in which students can reinforce instruction by practicing skills in decision making, effective communication, assertiveness, resistance to peer pressure, and refusal. A good professional development program will give teachers practice in building the skills they in turn will teach their students. This training will also enable teachers to become aware of the time necessary to present the material adequately.

Additional Teacher Training

Even teachers trained in curriculum delivery can benefit from additional training in specific areas, such as responding to difficult questions or to a disclosure of HIV infection, understanding the need for confidentiality and when to make a referral to Child Protective Services, and understanding the *Education Code.*

Questions. It is expected that students will ask questions when they receive HIV/STD instruction. These questions can be addressed in a variety of ways. Teachers can refer students' questions to a parent, close relative, trusted adult, physician, or clergy member; or they can use a question box in which students submit questions anonymously. Before beginning a lesson, the teacher must establish ground rules for the classroom. Correct terminology should be used in classroom discussions, and vocabulary should be defined simply and based on medical terminology. If topics such as contraception, abortion, masturbation, extramarital sex, and homosexuality arise, teachers need to acknowledge the diversity of viewpoints and make clear that it is not the role of public educators to endorse a specific viewpoint.

Divisive issues. HIV/STD prevention education deals with areas of sexuality and religious conviction about which society is deeply divided. Learning to engage those differences in an environment that must be impartial to all is never easy, but it can be done. In recent years, common-ground thinking has emerged as one tool to help educators clarify the role of religion in the public education environment. It can help teachers appreciate the cultural diversity of their community, disarm conflict at its

earliest stages, and provide language that can respect different views without undermining religious faith.

Disclosure. A staff member should be trained in how to handle a situation in which a student or another staff member discloses his or her HIV status to an individual, an entire class, or both. The staff member should be trained to caution the person about the possible consequences of further disclosure. The staff member should help to locate needed resources. At the same time, the staff member should explain the health care advantages of informing the school principal or school nurse (or both) of the HIV infection while stressing that disclosure is a personal decision.

Confidentiality. Knowing about another person's HIV status and not being able to talk about it with someone else can be a heavy burden. A staff member must never confide to colleagues what he or she has learned. A counselor might help the staff member cope with such a strain—and a counselor does not have to know the infected person's identity. (Please refer to the *Health and Safety Code* sections referenced in section II, "Resources," for more information related to confidentiality laws.)

Parent notification. *Education Code* Section 51938 addresses the need for parent notification before a pupil may receive instruction on HIV/AIDS. *Education Code* Section 51938(a)(2) states that the pupil's **parent or guardian must be notified** at the beginning of the school year or, with respect to a pupil who enrolls in a school after the beginning of the school year, at the time of that pupil's enrollment. Further, parents must be notified anytime an outside organization or a guest speaker is scheduled to deliver HIV/AIDS prevention instruction. If the arrangements for this instruction are made after the beginning of the school year, notice must be provided 14 days before the instruction is delivered. A pupil's parent or guardian must be notified of the date of the instruction, the name of the organization, or the affiliation of each guest speaker. A further requirement is to provide information stating the parent's or guardian's right to request a copy of specified provisions of law related to AIDS prevention instruction and sex education. Parent notification is also required for assemblies. The law prohibits a pupil from being subject to a disciplinary action, academic penalty, or other sanction if the pupil's parent or guardian declines to permit the pupil to receive instruction on HIV/AIDS, STDs, or human sexuality (*Education Code* Section 51939[b]). The law requires an alternative educational activity to be made available, as specified, to a pupil whose parent or guardian has requested that the pupil not receive instruction on sexually transmitted diseases, HIV/AIDS, or human sexuality (*Education Code* Section 51939[c]).

HIV/STD prevention education is often taught in a school's comprehensive sex education class. *Education Code* sections 51933 and 51938 state that comprehensive sex education is not a required subject but that if it is taught, parents must be notified, given the opportunity to inspect and review materials, and have the opportunity to withdraw their child at any time.

Parent permission. *Education Code* Section 51938(b) addresses the legal requirement for parent notification. It states, "anonymous, voluntary, and confidential research and evaluation tools to measure pupils' health behaviors and risks, including tests, questionnaires, and surveys containing age-appropriate questions about the

pupil's attitudes concerning or practices relating to sex may be administered to any pupil in grades 7 to 12, inclusive, if the parent or guardian is notified in writing that this test, questionnaire, or survey is to be administered and the pupil's parent or guardian is given the opportunity to review the test, questionnaire, or survey and to request in writing that his or her child not participate." This law is designed to gather pertinent data to better serve students' needs while also protecting the privacy of students and their families.

Parent Viewing of Materials

Parents should be given an opportunity to view materials in a variety of settings, either informally or through a more formal parent education meeting. If a school district decides to hold a formal meeting at which parents preview materials used in the HIV/STD prevention lessons, the guidelines for conducting such a meeting are as follows:

- Hold the meeting approximately 15 days before classroom instruction begins.
- Send notices, including date, time, location, and directions, at least two weeks before the meeting.
- For parents who cannot attend the meeting, provide materials for preview in the district office.
- Have an administrator and a member of the local advisory committee present at the meeting.
- Invite a supportive medical expert to be present.
- Hold the meeting at the school site.
- Have one person chair the meeting.
- Start and end the meeting on time.
- Provide an agenda that includes sample classroom activities and school board policies.
- Agree on and set ground rules for discussion.
- Clearly identify the purpose of the meeting.
- Have all materials available for parents to preview.
- Have the parents introduce themselves and identify their child's grade and school.
- Maintain a positive atmosphere.
- Allow time for attendees to express their concerns.
- Plan for further discussion when appropriate.
- Inform attendees about where to get answers for questions that may arise over time.
- Summarize the discussion at the end of the meeting.

Parent Education Meetings

There are times when individuals or organizations attempt to use a public meeting to express their beliefs. The following guidelines may prevent disruptions at meetings:

- Have an administrator present.
- Have the participants, at the start of the meeting, introduce themselves and the agencies they represent.
- Acknowledge at the beginning of the meeting the range of parents' concerns.
- Provide an overview of the philosophical framework within which HIV instruction will occur (recognition of family and cultural values, personal responsibility, and so forth).
- Restate the **requirement** that school districts must provide HIV/AIDS prevention instruction based on the provisions in *Education Code* Section 51934 and that parents have the right to remove their child from the instruction.
- Point out that it is not a question of *if* students in California will be educated about HIV/AIDS and other related conditions; it is only a question of *when* and *how*. The school district's commitment is to provide accurate and responsible instruction in HIV/AIDS prevention education within the context of a well-monitored classroom so that misinformation will not confuse students or jeopardize their health.
- Be interested and supportive, eliciting all viewpoints.
- Confirm that the school district has conducted a thorough planning process, which included curriculum review or design (or both) by qualified persons and a review process representative of community groups.
- Remind parents that they have the right to remove their child from particular instruction without penalty. Encourage all parents to assume a more active role in the HIV/STD-related education of their children and provide information about available resources.
- Discuss the roles of families, schools, and faith organizations, or other cultural institutions. These roles are described as follows:
  - The *family* is the primary educator of the child and provides a forum for open discussion within which the student can compare new information and skills with the values and teachings of his or her family, religion, and culture.
  - The *school* is responsible for providing accurate medical and scientific information and for reinforcing the life skills necessary to deal with this information. Public education creates the opportunity for discussion, enabling students to relate this information to their family or cultural background and values.
  - The *faith community* or *other cultural institutions* define the context within which personal and family learning may take place. Institutions may identify and acknowledge a variety of family, religious, or cultural values to be explored and considered by students.

RESOURCE

California's HIV/STD Curriculum

***Positive Prevention: HIV/STD Prevention Education for California Youth, Curriculum and Teacher's Guide* (2010)**

This publication is the result of a collaborative project involving the California Department of Education, the California Department of Public Health, and the Orange County Chapter of the American Red Cross. It is designed for grades seven through twelve and offers the following features:

- Complies with all California *Education Code* sections for HIV/AIDS and STD prevention education
- Incorporates research-based principles of effective HIV/AIDS prevention education
- Is available in middle school and high school versions
- Provides supplements for high-risk students

There are six interactive lessons:

- Getting Started (an optional warm-up with pretest, ground rules, and vocabulary)
- Lesson 1. Stereotypes and Myths Regarding Persons with HIV/AIDS
- Lesson 2. The HIV/AIDS Pandemic; Effects on the Human Body; Transmission Myths and Facts
- Lesson 3. Sexually Transmitted Diseases
- Lesson 4. Recognizing and Reducing Risks; Condom Success/Failure Rates
- Lesson 5. Refuting Peer Pressure
- Lesson 6. HIV Antibody and STD Testing; Community Resources

Masters are included for all overhead transparencies, student activities, and worksheets in English and Spanish.

Extensive appendix materials are included:

- Guidelines and Resources for Teachers and Administrators
- Parent Education Outline and Resources
- Optional Activities for High-Risk Youth
- Suggested Adaptations for Special Student Populations

For information on how to order this curriculum or to learn more about training opportunities, go to http://www.positiveprevention.com/index.html.

Early Intervention Support System

Guideline

The school district should establish an early intervention system to support students and their families through school and community resources.

Establish an Early Intervention Support System

While a prevention component provides students with knowledge and life skills, an early intervention support system identifies and refers the student for services to address a variety of risk behaviors that are specific but not limited to HIV/STD infection. Early intervention services should include assessment, case management, individual counseling, educational classes, support groups, and adult–student mentoring. This early intervention system promotes bonding to the school and provides students with safe places to discuss their personal issues with peers and trusted adults in a nonthreatening, confidential environment. The assessment of a student can uncover a variety of issues. It is important to provide resources to help resolve these issues. For example, when a student is being assessed for early intervention services, it is important to recognize that drug and alcohol use and sexual assault put a person at risk of HIV/STD infection.

The community and the schools need to work together to develop this support system. This school–community partnership provides resources to help families resolve issues that may interfere with the student's ability to succeed in school. Examples of early intervention support systems that improve the health and academic success of students include the Student Assistance Program, school-based clinics, community teen health centers, and other organizations that support youths. Whatever support system a district chooses to provide, its success depends on how thoroughly it has been defined, developed, and publicized.

Develop the Components of the System

It is important to conduct an assessment of the needs and assets of the school and community. This process was addressed previously, in Program Planning under the subsection "Program Plan." Administrative support from the district and school and

the implementation of policies, regulations, and procedures are very important components that have already been addressed in District Policy Development. Additional issues to consider are as follows:

- Identifying and training referral-team members
- Establishing a referral process
- Training district and school staff in the referral process
- Identifying a variety of resources
- Developing a peer education program[1]
- Providing for ongoing evaluation

Identifying and Training Referral-Team Members

A broad spectrum of individuals in the school and community should be identified to participate on a referral team. Although school districts may not have access to all job titles, membership can include administrators, counselors, school psychologists, regular and special education teachers, nurses, classified staff, community agency or law enforcement personnel, and peer advisers.

Training of the referral-team members will prepare them for their roles and responsibilities. Many county offices of education and program consultants offer training for early intervention teams. After completing this training, the referral team should know how to initiate referrals; respond to crises; work with special populations, such as GLBTQ students or students who use mood-altering substances; collect student data and maintain confidential records; evaluate services of community agencies; communicate with parents; and link with community resources.

Establishing a Referral Process

A process needs to be established to identify youths who may be involved in risky behavior, in need of additional support, or both. The referral process should clearly define steps for referral, the development of appropriate referral forms, and the assignment of case managers.

Training District and School Staff

All district personnel should be included in identifying students for referral within the district or school or to outside resource agencies. The training should include the identification of behaviors of students at risk of infection, steps for referral, and use of appropriate forms.

Identifying a Variety of Resources

Student and family resources cannot exist in isolation, and it is essential to work with the community to provide adequate intervention resources. These resources con-

1. In some districts *peer education* is also called *peer counseling* or *peer leadership*.

sist of prevention activities, asset building, and physical and emotional support services. (See Critical Reading in section II, "Resources," for information on promoting youth development.) Prevention activities are listed in Supportive Prevention Activities. Student asset development occurs in a variety of ways, both in and outside of the school setting. In the school setting, student asset development can be accomplished through support groups, mentoring or tutoring programs, activities to develop peer leadership skills, parenting classes, community service, and counseling. In addition, it is important to identify resources that support the physical and emotional well-being of the student, such as treatment programs, public and private testing services, medical services, and child abuse prevention agencies. Resources should be identified to support the student in each of these areas.

Developing a Peer Education Program

Peer involvement fosters resiliency by promoting bonding and providing students with the necessary skills to help and support one another in a caring way. Trained peer educators can be positive role models for each other, reinforce basic information about HIV/STD infection, and support positive peer norms for healthy behavior and decision making. Effective peer education programs exhibit common traits that consist of a well-trained, committed adult adviser with good communication skills and respect from the student body; students who are willing to commit time and energy in working together to help others and who reflect the culture and ethnic diversity of the school; and students who have received training that is specific to working with HIV/STD prevention programs. More information on training peer leaders can be found in Supportive Prevention Activities.

Providing for Ongoing Evaluation

Evaluation of an early intervention support system determines whether the needs of the students are being addressed and whether the program's goals and objectives are being attained. The referral-team members should establish a process for documentation; collect and maintain accurate records of program activities; assess the benefits of the program to the school and community; disseminate reports to the school board, parents, students, and community; and adjust the system according to the results of the assessment.

Supportive Prevention Activities

Guideline

Supportive activities should enhance the school district's HIV/STD prevention program by involving students in leadership roles and by providing creative and innovative educational opportunities.

Students in Leadership Roles

An effective prevention program is student-driven. Schools should encourage young people to learn how to successfully plan, organize, and implement their own programs and activities. This experience helps students develop the skills they need to become positive, independent leaders. Schools play a crucial role in creating positive, meaningful experiences for youths that foster resiliency and strengthen connections to the school and community. A discussion of ways in which students can be involved follows.

Include Students on the District Health Advisory Committee

The Program Planning component of this manual provides information on creating a district health advisory committee. This is an excellent opportunity to include students in planning the program activities. When students are allowed to help guide the planning process, acceptance of the program by the student body increases. Student membership should reflect the diversity of the school population.

Involve Students in Planning and Implementing Activities

It is important to involve students in the planning and implementation of all activities in which they will participate. Student involvement promotes connectedness to the school, empowers students to change the school climate, and develops and strengthens individual assets. Students are the best sources for determining the types of activities that interest them. The following strategies will help in developing student activities:

- Ask for the involvement of student government or other campus student groups.

- Put young people in charge of recruiting other young people.
- Promote student-centered and student-run clubs and programs.
- Ensure that students' opinions are valued and that students have a say in decision making.
- Encourage the feeling that students can make a difference.
- Offer rewards or school credit for participation.
- Make participation fun and exciting.
- Plan meetings and activities so that they do not interfere with school work, social life, or family obligations.

Train Peer Leaders

Peer leaders can be trained to provide same-age and cross-age HIV/STD prevention education. Training youths is an excellent way of encouraging networking. Peer-leader programs, peer tutoring, and youth educators all contribute significantly to the comprehensive program.

Creative Educational Programs and Events

Some programs and elements to consider in your planning—service-learning, guest speakers, and special events—are explained in greater detail below.

Community Service and Service-Learning Activities

The service-learning elements that follow are identified in the National and Community Service Trust Act of 1993.[1]

Service-learning is a method whereby participants learn and develop through active participation in thoughtfully organized service that:

- is conducted in and meets the needs of a community;
- is coordinated with an elementary school, a secondary school, an institution of higher education, or a community service program;
- helps foster civic responsibility;
- is integrated into and enhances the [core] academic curriculum of the students or the educational components of the community service program in which the participants are enrolled;
- provides structured time for the students or participants to reflect on the service experience.

This technique engages students in community activities in which they use academic skills to solve real-life problems. At the same time, program activities help students understand the meaning of citizenship and recognize their ability to deter-

1. Adapted from *U.S. Code*, Title 42, Chapter 129, Section 12511 (January 5, 1999).

mine the quality of life in their communities. Activities that can be organized by students might include organizing an AIDS walk during AIDS Awareness Week, providing volunteer services to community agencies that offer support services to persons with HIV, and helping to foster community awareness through presentations to local civic groups.

Guest Speakers

An excellent way to enhance a lesson is to have a person who is living with HIV speak in the classroom. One of the characteristics of effective prevention programs is the ability to have students personalize information. Having a trained presenter who is HIV-positive has been very effective in helping students "put a face and a name" on the HIV/AIDS epidemic, which can often seem far removed from the immediate lives of many students. The "person living with HIV" experience has also become a powerful teaching tool for the lesson of compassion. The design and implementation of the activity should be well thought out. This presentation should be:

- a school district–approved activity that complies with all established protocols for having guest speakers and notifying parents;
- well integrated with the existing curriculum and include a basic course in HIV/STDs or equivalent epidemiological background information;
- conducted by thoroughly trained and well-prepared speakers appropriate for classroom presentations;
- responsive to the presenter's request regarding scheduling (morning or afternoon), audience size, and format;
- introduced with a review of classroom ground rules;
- preceded by a review of communication skills, preparatory questions, debriefing, and closure to the session;
- sensitive to students who need to be prepared mentally and emotionally for the presentation.

Persons living with HIV may have insightful information about the experience of their illness. Their unique contribution is to share their personal experience in living with HIV. The teacher is responsible for the accuracy of the information presented and is to be considered the primary person to field questions calling for facts.

Special Events

Special events that promote HIV/STD awareness are ways to reinforce classroom messages. These events can reach many students in a short time and provide opportunities for creativity and innovation. Generally, the events contribute to a school's academic mission, and they build bridges between the school and community. However, events may require significant resources to plan and implement, and single events usually have a limited impact if they are not reinforced in a variety of settings and based on a strong core curriculum. The more a person works with the community,

the more he or she builds partnerships. Special events also provide opportunities to reduce prejudice by allowing students, families, and school staff to interact with a person who is living with HIV or an STD. The following list provides examples of special events that can enhance a prevention and intervention program.

World AIDS Day—December 1

Suggested activities for this event are:

- wearing HIV red ribbons to promote solidarity with people who have been affected by HIV;
- having special assemblies;
- offering coordinated activities with the county department of public health;
- viewing of the AIDS Memorial Quilt Project with supporting lessons;
- holding health fairs for teens.

HIV/STD Prevention Contests

Suggested activities for contests are:

- designing posters;
- writing songs;
- writing poems, short stories, or essays;
- creating the best line for saying no to sex and drugs;
- producing videos or Web pages;
- designing T-shirts or buttons.

Assemblies

Suggestions for assemblies are:

- professional theater productions;
- student productions;
- speakers who are HIV-positive;
- AIDS Memorial Quilt display from an AIDS community-based organization.

Health Fairs

Health fairs may provide:

- information on counseling and testing for HIV/STDs;
- information on infection rates of HIV/STDs;
- information on HIV/STD risk behaviors;

- prevention information;
- community and school resources.

Fund-Raisers

Suggestions for fund-raising activities are:

- walks or jog-a-thons;
- community agency sponsorships;
- concerts;
- dances;
- bake sales.

Cross-Age Prevention Education

Suggested activities for cross-age prevention education are:

- classroom presentations;
- tutoring;
- theater productions.

Evaluation

Guideline

The school district should evaluate all aspects of the program to ensure compliance, quality, and success in meeting the goals and objectives of the program. Results of the evaluation will be used to make program improvements and demonstrate program effectiveness.

Considerations for Hiring an Evaluator

Some districts may be large enough to have an evaluator in the district office. If this is the case, the district should take advantage of that person's expertise. If this is not the case, a professional evaluator can be hired to help design, plan, and implement the program evaluation. A good evaluator will make the program staff feel at ease and will be responsive to the needs of the project. Eliciting certain information about a candidate can help a district to find an appropriate evaluator for its needs. This information might include:

- previous work experience with schools, districts, or county offices of education;
- experience in administering surveys, including ways to obtain necessary parental consent if working with students;
- experience with HIV/STD prevention;
- work style (Does the evaluator work independently, with assistants, or with a research team?);
- communication style (How frequently does the evaluator communicate with local educational agency [LEA] program staff? What is the method of communication? In writing? By telephone? Through e-mail?);
- number of other projects a candidate is currently evaluating;
- samples of a candidate's work, particularly work that might be related to the type of project a district would like that person to evaluate.

Contracts for outside evaluators may be arranged in a variety of ways. Evaluators may lend guidance by describing the process to the program staff, or they may take responsibility for all aspects of the evaluation. The health advisory committee and the program budget will determine the extent of the evaluation services needed.

Purpose of Program Evaluation

The purpose of program evaluation is improvement and accountability. Program evaluation serves several critical roles for program coordinators. Evaluation decisions influence the collection of data and the dissemination of the findings. Program evaluation has many potential uses, including:

- improving the program and delivery of services;
- assessing the degree to which the program is meeting its goals and objectives;
- judging the overall worth or value of the program;
- sharing program knowledge and contributing to the existing research base about best practices.

Steps for Program Evaluation

Although there are several ways to conduct an evaluation, the following guidelines may be used to break down a potentially overwhelming task into more manageable activities:

1. Develop a plan.
2. Obtain the necessary approvals.
3. Select or design the evaluation instruments.
4. Select the participants in the sample or study.
5. Collect the data.
6. Enter and analyze the data.
7. Write and distribute the results.

These guidelines are explained in greater detail below.

1. Develop a plan.

Careful planning is required before an evaluation plan can be implemented. The following questions need to be considered: What information is needed about the program? What type of evaluation should be performed? What are the goals and objectives to be measured? What are the most important issues to be evaluated?

Identify the evaluation questions. To develop a plan for evaluation, decide what information is needed about the program. To determine this need, invite the advisory committee members for the program to contribute questions that they would like answered about the program. You can accomplish this step through a group brainstorming session or through a survey. You do not need to phrase these questions in scientific

or research-based terminology; questions should simply reflect what the program staff, program participants, and other key individuals are interested in learning.

Examples of questions to evaluate the success of a program follow:

- Is the program reaching the demographic groups for which new cases of HIV/STDs are increasing?
- Has the program had an impact on behaviors that put students at risk of HIV or STD infection?
- Is the message appropriately targeted to the students' ages?

Decide on the type of evaluation. The preceding questions should help to determine what kind or kinds of evaluation should be done. There are many approaches to evaluation, each reflecting a different set of goals. Two of the most common and useful types of program evaluation are *process evaluation* and *outcome evaluation*. The simplest distinction between the two is that process evaluation is *improvement oriented*, while outcome evaluation is *judgment oriented* (Patton 1997).

- *Process evaluation* activities will help to improve efficiency, make services more responsive to the students, and increase the effective use of resources. Through process evaluation, an evaluator seeks to understand and document the daily experience of program implementation to improve services and to make sense of the outcomes and effects of a program. Examples of process measures follow:
  - Client (or program participant) satisfaction with the program
  - Numbers of program participants and the increase or decrease over time
  - Success of recruitment strategies
  - Teacher fidelity to the curriculum or program model
- *Outcome evaluation* examines the effect that a program has had on its participants. Outcome evaluations are a way to judge the overall effectiveness or worth of a program. Program outcomes usually focus on the immediate and short-term results. Examples of program outcomes include changes in:
  - students' intentions to be sexually active;
  - students' knowledge about how HIV is transmitted;
  - the number of students who get tested for HIV or indicate a likelihood of doing so;
  - the number of sexually active youths.

Determine measurable goals and objectives. A meaningful evaluation will be greatly enhanced by concrete, thoughtful goals and objectives for the program. If the goals and objectives were developed in response to a grant application, they should be revisited periodically to ensure that they accurately reflect the current program.

A **goal** is a broad statement about the expected results for the program. A typical program is designed to achieve several goals, some more important than others. Goals are phrased as long-term expectations for a program instead of as immediate results.

Example: Students will reduce their risk of exposure to HIV and STD infections by abstaining from high-risk behaviors.

A **measurable objective** defines a goal (or a part of a goal) in a measurable way. Just as a program has multiple goals, so also is each goal likely to have multiple objectives.

Measurable objectives are the core of any program or project. They provide a basis for communicating the expectations for the program activities, and they provide a strong foundation for the evaluation. When drafting measurable objectives, the staff members need to consider the following four key components:

a. *Audience*—the individual or group of individuals (e.g., students, teachers, parents) **who** will be involved in demonstrating the expected performance.

Example: Following classroom instruction, 95 percent of the **students** will correctly identify three risk behaviors that can lead to HIV infection.

b. *Behavior*—**what** a learner must do to provide evidence that he or she has attained the objective. The behaviors must be observable, measurable, and repeatable.

Example: Following classroom instruction, 95 percent of the students will **correctly identify** three **risk behaviors** that can lead to HIV infection.

c. *Condition*—any condition(s) necessary for the successful completion of the objective. The **when** includes the circumstances (e.g., time period, event completion, activity completion) under which the behavior is to be performed.

Example: **Following classroom instruction,** 95 percent of the students will correctly identify three risk behaviors that can lead to HIV infection.

d. *Degree* —A clear description of **how well** one expects the audience (students, staff, parents) to perform. *Degree* may refer to how many students or learners need to demonstrate behavior or to how accurately behavior must be demonstrated.

Example: Following classroom instruction, **95 percent** of the students will correctly **identify three** risk behaviors that can lead to HIV infection.

Refine the evaluation questions. The evaluation questions will be critical to the overall quality of the study because they will define what data to collect and, in some cases, how to collect it. To determine the final evaluation questions, the staff members need to refer to the original list of advisory committee questions and select the most important questions or issues. The questions can be revised to align closely with program goals and objectives. Evaluation questions should both respond to the interests of the program advisory committee and generate useful information for assessing and improving the program.

2. Obtain the necessary approvals.

Evaluations can be greatly enhanced by the support from school administrators and other stakeholders. Some districts also require formal approval for surveys and interviews at the school level, district level, or both. It is important to keep the following persons informed about evaluation activities to both generate their support and to obtain their approval when necessary:

- District superintendent or assistant superintendent
- School board members
- School principal(s)
- Teacher(s) who will be implementing the curriculum or other program activities or both
- Parents

When students are being surveyed about sexual behaviors and related beliefs and attitudes, or family relationships, the law (*Education Code* Section 51938[b]) **requires parent or guardian notification.** There must be ample time to disseminate notification announcements to parents or guardians through multiple channels if necessary. Examples of these channels are regular mail, distributions during parent nights, material sent home with the student, and material included in registration packets at the beginning of the year.

3. Select or design the evaluation instruments.

An "instrument" is a tool, such as a survey or list of interview questions, used to collect program information. A brief discussion of commonly used instruments and considerations for their use follows.

Surveys. Surveys can be distributed to large groups of people to obtain information. They can be used to assess student knowledge, attitudes, and beliefs; perceived peer norms; and self-reported behaviors. When planning to use a survey, staff members need to provide enough time to decide on and plan for logistics, such as distributing surveys to administrators or teachers, scanning or entering data, making sure that the data are entered accurately, and analyzing the data. Most program evaluations will use existing surveys that have been studied for statistical reliability and validity. Program staff members who choose to develop a survey should discuss issues regarding the survey's design with an evaluation consultant.

Interviews and focus groups. Some research questions are better addressed through interviews or focus groups. Questions for interviews or focus groups should be written in advance and should be posed to all interviewees in a similar way. The disadvantage of using interviews or data from focus groups is that the process for collecting and analyzing the data is often extremely time-intensive. These procedures are usually conducted for a smaller sample. The research questions selected should help determine whether large numbers or detailed data are a priority.

Other data. Other types of data that may be collected include school records, birth rates, rates for HIV and other STDs, program participation, and other things that

result from the program, such as media coverage or community events. These data do not require surveys or interviews to collect, but the program staff members should decide which kinds of data would be the most useful for making other decisions about instrumentation.

Evaluation instruments should be chosen or designed to answer the selected evaluation questions. Questions that begin with "How" or "Why" often lend themselves to interviews and focus groups with a limited number of people. Questions that begin with "How much" or "Does the curriculum have an impact on . . . " often lend themselves to surveys with a larger number of people.

4. Select the participants in the sample or study.

A program evaluation can include everyone who has participated in a program or a selected group ("sample"). Sampling, or selecting the sample, is both an art and a science; an evaluation consultant can be contacted to help select a sample in appropriate ways. The size of the sample will depend in part on the data collection strategies (e.g., the selected sample for a survey will be larger than a selected sample for interviews or focus groups). Two of the most common sampling strategies are:

Random sampling. A cohort of students from the entire population is selected based on random assignment; everyone has an equal chance of being selected. The number of study participants selected should be large enough to be representative (i.e., to allow generalization of results to the entire population from which the sample was drawn).

Purposeful sampling. A cohort of students or participants is selected based on criteria to generate a set of "information-rich cases" (Patton 1987). This sampling strategy is used primarily in qualitative data collection.

5. Collect the data.

Data collection can be a time-intensive process. It is important to take all reasonable steps to ensure the integrity of the data. Some useful considerations follow:

Provide training for data collection. If you are implementing the evaluation without the assistance of a consultant, identify the person responsible for collecting data and make sure that he or she is properly trained. For example, when planning to administer a survey, consider providing training for the proctors (usually teachers), walk them through the surveying process, and make sure they have all the materials they need.

Ensure the confidentiality of the data. The evaluation data will likely contain some sensitive information about the program participants, community members, or school administrators. Careful attention must be paid to keeping the data secure and confidential. Examples for this process follow:

– *Establish a secure location.* It is critical that you keep the data in a secure location. A locked cabinet or closet can accommodate all data collected over the course of the project. Assign one or two people the responsibility for keeping those spaces locked and secure at all times.

– *Provide identification (ID) codes.* Unless explicitly decided otherwise, keep the data *confidential* or *anonymous*. If collecting anonymous data, do not ask respondents to identify themselves in any way and do not describe them in any manner in the report. To keep data confidential, have a name, Social Security number, or other identifying characteristic linked to the ID code, but do not release that identifying information.

6. Enter and analyze the data.

All data should be systematically entered into a usable form. When collecting information from a survey or other data source, enter it into an appropriate database. When collecting interview data, write a transcription of the material recorded from interviews or focus groups.

Data analysis may require extensive time and resources. On-site staff with training in data analysis may be able to do this work internally. If not, an outside researcher or graduate student with skills in data analysis should be hired.

7. Write and distribute the results.

When the results of an evaluation are being prepared, the persons developing the report need to consider the audience and the means for presenting the data. These considerations are discussed next.

Determine the audience. The audience receiving the report should be considered carefully. The most common audiences for program and evaluation reports are providers of funds, school administrators, community members, and program participants. The report should be written using language and a format that are appropriate for the given audience.

Describe the findings. Findings from the data collected can be presented as follows:

- *Text.* Sometimes a narrative text is the best way to describe findings. Text is especially useful in discussing anecdotal results, observations, and qualitative data.
- *Tables.* When appropriate, using visual aids to describe findings can greatly enhance a discussion of results. Tables are used to present numeric information in an organized manner. They should be clearly labeled so that the reader can fully understand the data being presented. Software packages can help in creating tables and charts to show the data. An interpretation of the findings should be offered when appropriate.
- *Charts and figures.* Charts and figures are drawings that represent data. Like tables, charts and figures should be simple and clearly labeled. Software packages are useful for turning data into these kinds of displays.

RESOURCE

The California Healthy Kids Survey

Promoting academic achievement for all students requires safe and drug-free schools and healthy, resilient youths. To help meet these goals, the California Department of Education, in collaboration with WestEd and others, developed the California Healthy Kids Survey (CHKS). The CHKS is a comprehensive health and risk behavior data-collection system for school districts. It consists of a core module and a set of subject-area modules.

Separate modules of the CHKS can be used to assess:

- use of alcohol, tobacco, and other drugs;
- violence, school safety, gang involvement, and delinquency;
- nutrition and physical activity;
- sexual behavior;
- exposure to prevention and intervention activities;
- risk and resiliency factors;
- school climate and closing the achievement gap.

The CHKS is a full-service support system. On-call project advisers will help you:

- plan the survey;
- select the sample;
- obtain support and parent consent;
- administer the survey;
- process the survey forms and generate reports;
- interpret and disseminate the results;
- use the results to improve health education and prevention programs.

Collecting data about students is the first step in developing a more effective understanding of their needs, responding to those needs, and determining the effectiveness of program efforts.

To learn more about the California Healthy Kids Survey, visit http://chks.wested.org/.

II. Resources

Relevant California Laws

Administrative Tools

State-Mandated Cost Reimbursement

Supplemental Educational Materials: The California Healthy Kids Resource Center

Critical Reading

Organizations

Relevant California Laws

California *Education Code*

Chapter 5.6 California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act

Article 1 General Provisions	51930–51932
Article 2 Authorized Comprehensive Sexual Health Education	51933
Article 3 Required HIV/AIDS Prevention Education	51934
Article 4 In-service Training	51935–51936
Article 5 Notice and Parental Excuse	51937–51939

California *Health and Safety Code*

Part 4 Human Immunodeficiency Virus

Chapter 3 Providing Information to School Districts	120875
Chapter 3 Information to Employees of School District	120880
Chapter 3 Unauthorized disclosures	120980
Chapter 3 Consent; incompetent persons	121020
Division 120 Sexual Health Education Accountability Act	151000–151003

California *Family Code*

Part 4 Medical Treatment

Chapter 3 Diagnosis or Treatment of Infectious, Contagious, or Communicable Diseases; Liability of Parents or Guardians	6926

California *Government Code*

Chapter 4 Identification and Payment of Costs Mandated by the State

Article 1 Reimbursement for State-Mandated Costs	17560–17561

Administrative Tools

Self-Assessment and Planning Form

This self-assessment and planning form was developed to help program planners design HIV/STD prevention programs for school districts. The form can be adapted for county offices of education.

Section 1. School District Information

School district: _____County: _____

Name of the person responsible for the school district's HIV/STD prevention program:

_____

Position: _____

Telephone number: ( )_____Fax number: ( )_____

Work-site address: _____

E-mail address: _____

Section 2. Current Status of the School District's Prevention Program

Please indicate with a check mark which of the following components of a comprehensive HIV/STD prevention program *are already in place* in your school district.

Policy Development

_____ The district school board has been educated about the HIV/AIDS mandate and supporting *Education Code* sections.

_____ The district has HIV/STD-related policies and procedures recommended by the California School Boards Association (CSBA).

_____ The district school board has approved the curriculum used for HIV/STD prevention.

_____ The district school board has included expenses for the HIV/STD prevention program in its budget.

Planning

_____ The district provides leadership through personnel, time, and resources.

_____ The district has a health advisory committee for HIV/STD prevention planning.

_____ The district has an action plan developed by the advisory committee.

Parent Involvement

_____ The district has included parents on its advisory committee.

_____ The district has provided meaningful opportunities for parent involvement.

Community Involvement

_____ The district has invited community members to participate on the advisory committee.

_____ The district has partnerships with community agencies for the delivery of HIV/STD prevention programs.

Staff Awareness and Professional Development

_____ The district provides annual staff training that covers universal precautions, school policies, confidentiality, and up-to-date information regarding prevention of HIV/STDs.

_____ The district staff members teaching HIV/STD-related curriculum have been trained in how to use the selected curriculum and how to present other health-related topics.

Curriculum and Instruction

_____ The district curriculum is aligned with the content of the *Health Education Content Standards for California Public Schools, Kindergarten Through Grade Twelve* and complies with all pertinent sections of the California *Education Code.*

_____ The district curriculum is based on promising practices, findings from research studies, and recognized theoretical approaches.

_____ The district curriculum addresses the cultural and educational needs of specific populations.

_____ The district curriculum is delivered by a trained HIV/STD educator.

_____ The district curriculum is reviewed periodically to ensure that it accurately reflects current research and medical information.

Early Intervention Support Systems

_____ The district has a process for linking students with resources.

_____ The district has a peer education program in place.

Supportive Prevention Activities

_____ The district has supplemental prevention activities to increase student involvement.

Evaluation

_____ The district has a plan for evaluating HIV/STD prevention programs.

_____ The district regularly reviews and adjusts its program according to the evaluation results.

Section 3. Current Status of HIV/STD Prevention Education

1. At which grade level(s) does your school district currently offer HIV/STD prevention education? (Please circle.) K 1 2 3 4 5 6 7 8 9 10 11 12

2. Which phrase best describes your current HIV/STD prevention education program?
   _____ Nonexistent
   _____ Unplanned and sporadic
   _____ In place, but could be strengthened
   _____ Model program

3. If HIV/STD prevention education is offered in your district, how is it delivered?
   _____ Integrated within comprehensive health education classes
   _____ Integrated into science instruction
   _____ Integrated into physical education
   _____ Infused throughout all education programs
   _____ Other: _____

4. The HIV/STD-related instruction includes:
   _____ Scientific or medical information or both
   _____ Life-skills training (decision making, refusal skills)
   _____ A personalizing component (small-group discussions, trained guest speakers who have HIV or AIDS, videos about other teens with AIDS, and so forth)
   _____ The success and failure rates of condoms and ways to use condoms correctly
   _____ Other: _____

Section 4. Planning Strategies

The California Department of Education recommends a series of planning steps at the district level for the successful adoption and implementation of comprehensive HIV/STD prevention programs.

Please place a check mark next to each planning step that your district has already completed.

_____ 1. Appointed an HIV/STD prevention program coordinator
_____ 2. Involved the school board and received support for instruction
_____ 3. Created a district health advisory committee
_____ 4. Identified needs and resources
_____ 5. Developed a district plan for HIV/STD instruction
_____ 6. Involved and trained parents and community members
_____ 7. Chose a research-based HIV/STD curriculum
_____ 8. Selected and trained staff
_____ 9. Implemented the program

_____ 10. Established a plan for evaluation

_____ 11. Evaluated the program

Section 5. Next Steps

1. List the tasks that need to be addressed to develop or strengthen your comprehensive HIV/STD prevention program.

2. List the community agencies to be contacted for help with planning and resources.

3. List the planning steps that require additional information or resources before they can be developed.

Timetable for Policy and Program Development

Developing and implementing a school-based HIV/STD prevention program that effectively meets its objectives and incorporates community concerns requires careful preparation. The chart below was developed to help meet that need. The length of the process varies, depending on the size of the community, the amount of work done previously, the prevalence of strong differences of opinion, and the availability of financial and community resources. The third column is provided so that a proposed schedule appropriate for a school district's circumstances can be developed.

Once the district health advisory committee has been established, it will be necessary to form subcommittees to assist in developing recommendations and implementing the goals, objectives, and activities of the full committee. The following examples show possible tasks and member composition for subcommittees.

Committees and Tasks	Persons Responsible	Timeline
Preplanning to Establish Committees		
Gather information on current HIV/STD-related policies, procedures, and practices.	District administrators, health coordinator/educator, district nurse, community experts	
Educate school board members and other school administrators about HIV/STD and AIDS in the community.	District administrators, health coordinator/educator, district nurse, community experts	
Obtain school board approval to establish a district health advisory committee.	Superintendent, district administrators, health coordinator/educator, district nurse, community experts	
Develop collaboration with community agencies.	Superintendent, district administrators, school board members, health coordinator/educator, district nurse, community experts	
District Health Advisory Committee		
Establish a broad-based district health advisory committee. • Identify potential advisory committee members.	Superintendent, district administrators, school board members, health coordinator/educator, district nurse, community experts	

Timetable *(continued)*

Committees and Tasks	Persons Responsible	Timeline
• Recruit committee members.	Superintendent, district administrators, school board members, health coordinator/educator, district nurse, community experts	
Develop goals, objectives, and activities for the committee.	Superintendent, district administrators, school board members, health coordinator/educator, district nurse, community experts	
Create subcommittees to develop goals and objectives in specific program areas. Example: • Policy subcommittee • Program subcommittee	Superintendent, district administrators, school board members, health coordinator/educator, district nurse, health advisory committee chairperson and committee members	
Policy Subcommittee		
Review existing policies, create new policies, or do both.	Policy subcommittee, other district staff as needed	
Present policy recommendations to full health advisory committee, superintendent, and school board.	Policy subcommittee, other district staff as needed	
Revise recommendations as necessary.	Policy subcommittee, other district staff as needed	
Obtain final approval by the superintendent and board for policies.	Policy subcommittee, other district staff as needed	
Disseminate information and provide in-service training to district and school personnel.	Superintendent, district administrators, health coordinator/educator, district nurse, policy subcommittee	
Implement policies.	Superintendent, district administrators, health coordinator/educator, district nurse, school personnel	

Timetable *(continued)*

Committees and Tasks	Persons Responsible	Timeline
Curriculum and Education Program Subcommittee		
Identify goals and objectives for the HIV/STD education program.	Program subcommittee, other district staff as needed	
Review current HIV/STD education program, curriculum, and instructional materials.	Program subcommittee, other district staff as needed	
Develop program and curriculum recommendations.	Program subcommittee, other district staff as needed	
Present recommendations to full health advisory committee, superintendent, and school board.	Program subcommittee, other district staff as needed	
Revise recommendations as necessary.	Program subcommittee, other district staff as needed	
Obtain final approval from the superintendent and school board for education program and curriculum.	Program subcommittee, other district staff as needed	
Disseminate information and provide in-service training to district and school personnel.	Superintendent, district administrators, health coordinator/educator, district nurse, program subcommittee	
Implement education program and curriculum.	Superintendent, district administrators, health coordinator/educator, district nurse, school personnel	
Intervention and Supportive Programs Subcommittee		
Identify goals and objectives for HIV/STD interventions and supportive program activities.	Intervention program subcommittee, other district staff as needed	

Timetable *(continued)*

Committees and Tasks	Persons Responsible	Timeline
Review existing programs and practices.	Intervention program subcommittee, other district staff as needed	
Conduct community resources survey.	Intervention program subcommittee, other district staff as needed	
Convene meeting of community services providers.	Intervention program subcommittee, other district staff as needed	
Modify or develop recommendations and a community resources/referral guide.	Intervention program subcommittee, other district staff as needed	
Present recommendations and referral guide to full health advisory committee, superintendent, and school board.	Intervention program subcommittee, other district staff as needed	
Revise referral guide and recommendations as necessary.	Intervention program subcommittee, other district staff as needed	
Obtain final superintendent and board approval for interventions and supportive program activities.	Intervention program subcommittee, other district staff as needed	
Disseminate information and provide in-service training to district and school personnel on interventions and supportive program activities.	Superintendent, district administrators, health coordinator/educator, district nurse, intervention program subcommittee	
Implement interventions and supportive program activities.	Superintendent, district administrators, health coordinator/educator, district nurse, school personnel	

Sample School Board Policies

The role of a school board is to uphold district policies, as well as ensure compliance with the California *Education Code*, including HIV/AIDS prevention education (see *Education Code* sections 51930–51939). The California School Boards Association (CSBA), in collaboration with the California Department of Education, has created sample policies regarding HIV/AIDS prevention education and related health and safety issues. The CSBA policies, administrative regulations, and exhibits contain language that satisfies legal mandates and are available from the CSBA (http://www.csba. org).

Improving School Health: A Guide to School Health Councils

School health councils are essential to HIV/STD prevention education. They provide input and support from the surrounding community and from professionals. *Promoting Healthy Youth, Schools, and Communities: A Guide to Community-School Health Councils* is a publication from the American Cancer Society on the role of school health councils. The guide is accessible at http://www.cancer.org/acs/groups/content/@nho/documents/document/guidetocommunityschoolhealhcou.pdf.

State-Mandated Cost Reimbursement

Because HIV/AIDS instruction and training is mandated by *Education Code* sections 51934 and 51935, local educational agencies may submit claims to the State Controller's Office for reimbursement for costs incurred (*Government Code* Section 17561).

The HIV/STD prevention program coordinator should consult with the district's fiscal department regarding the filing of mandated reimbursable and/or estimated costs for the district. Many districts have consulting agencies that help with filing Mandated Cost forms with the State Controller's Office.

Forms, information, and detailed instructions are available at http://www.sco.ca.gov/ard_mancost.html.

Supplemental Educational Materials: The California Healthy Kids Resource Center

For over 20 years, the Alameda County Office of Education's California Healthy Kids Resource Center (CHKRC) has been lending health-related curricula and instructional materials free of charge to schools and other local educational agencies for use in the classroom and for staff development. The center will package curriculum review kits that can be used during the school's review and selection of appropriate resources. The CHKRC also directs the review and annotation of HIV/STD-related publications, DVDs, CDs, reports, and monographs, and a wide range of other instructional materials. A new comprehensive Web site (http://www.californiahealthykids.org) allows online searching and ordering of materials. It has a searchable database of school health laws, health education–related research summaries, and links to other health education Web sites.

The primary objective of the CHKRC is to assist schools, districts, and county offices of education in promoting health literacy. The goal is to encourage schools throughout California to establish effective, stimulating health education programs and to provide accurate information about the following health issues:

- Prevention of alcohol and other drug abuse
- Comprehensive health education
- Family life education
- Food service
- Health services
- Prevention of HIV/AIDS and other STDs
- Mental health
- Nutrition
- Prevention of tobacco use
- Prevention of violence and suicide

The CHKRC has established a Materials Review Board (MRB) composed of highly qualified teachers who review and evaluate a wide range of curricula and instructional materials. To be considered appropriate for use in California classrooms, the material must meet the high standards set by the MRB. This process ensures that only the highest-quality materials are promoted through the center.

Critical Reading

Characteristics of Effective Sex and STD/HIV Education Programs

Douglas Kirby, Ph.D., senior research scientist at ETR Associates, is a leading researcher in adoles-cent sexuality. He identified 17 essential characteristics of effective sex and STD/HIV education pro-grams. These characteristics, as well as a tool designed to assess, select, improve, or design an STD/ HIV education program, are available at the following Web site: http://www.healthyteennetwork.org. Click the "HTN Publications" tab and scroll down to find the publication titled *A Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC).*

Youth Development Resources

Youth development is a term that refers to strategies and activities that involve youths in decision making and in the implementation of programs. This approach builds youth assets and strengths and results in improved academic performance and lower-risk behaviors. Resources on this approach can be found at http://www.cde.ca.gov/ls/yd/.

Organizations

Advocates for Youth
2000 M Street NW, Suite 750 Washington, DC 20036
Telephone: 202-419-3420
Fax: 202-419-1448
E-mail: info@advocatesforyouth.org
Web site: http://www.advocatesforyouth.org

AIDSinfo
U.S. Department of Health and Human Services
P.O. Box 6303
Rockville, MD 20849
Telephone: 1-800-448-0440
E-mail: ContactUs@aidsinfo.nih.gov
Web site: http://www.aidsinfo.nih.gov/

AIDS Research Institute
At University of California, San Francisco
50 Beale Street, Suite 1300
San Francisco, CA 94105
Campus address: UCSF Box 0886
Fax: 415-597-8160
Web site: http://www.caps.ucsf.edu/

American Alliance for Health Education, Recreation, and Dance (AAHERD)
1900 Association Drive
Reston, VA 20191-1598
Telephone: 703-476-3400
Web site: http://www.aahperd.org/

American College Health Association (ACHA)
P.O. Box 28937
Baltimore, MD 21240-8937
Telephone: 410-859-1500
Fax: 410-859-1510
Web site: http://www.acha.org/

American Red Cross/HIV Education
National Headquarters
2025 E Street NW
Washington, DC 20006
Telephone: 202-303-5000
Web site: http://www.redcross.org/

American School Health Association (ASHA)
7263 State Route 43
P.O. Box 708
Kent, OH 44240
Telephone: 330-678-4526
E-mail: asha@ashaweb.org
Web site: http://www.ashaweb.org

BridgeBuilders
Wayne Jacobsen, President
1560-1 Newbury Road, # 313 Newbury Park, CA 91320
Telephone: 805-498-7774
Fax: 805-499-5975

California AIDS Clearinghouse
1443 North Martel Avenue
Los Angeles, CA 90046
Telephone: 323-845-4180
Toll-free in CA: 1-888-611-4222
Fax: 323-845-4193
E-mail: info@hivinfo.org
Web site: http://www.cdph.ca.gov/programs/aids/Pages/OACAC.aspx

California AIDS Hotline
San Francisco AIDS Foundation
Trilingual Hotline: English/Spanish/Filipino
995 Market Street, Suite 200
San Francisco, CA 94103
Telephone: 415-487-3000
Fax: 415-487-3009
Hotline telephone numbers:
Toll-free in CA: 1-800-367-AIDS (2437)
TDD toll-free in CA: 1-888-225-AIDS (2437)
TDD SF and outside CA: 414-487-3012
E-mail: feedback@sfaf.org
Web site: http://www.sfaf.org/

California Department of Education
Coordinated School Health Office 1430 N Street, Suite 6408
Sacramento, CA 95814
Telephone: 916-319-0914
Fax: 916-445-7367
Web site: http://www.cde.ca.gov/ls/he/cs/

California Healthy Kids Resource Center
Alameda County Office of Education
313 West Winton Avenue, Room 176 Hayward, CA 94544-1198
Telephone: 510-670-4583
Toll-free: 1-888-318-8188
Fax: 510-670-4582
Web site: http://www.californiahealthykids.org

California School Boards Association (CSBA)
3100 Beacon Boulevard
P.O. Box 1660
West Sacramento, CA 95691
Telephone: 1-800-266-3382
Web site: http://www.csba.org

California School Nurses Organization (CSNO)
1225 8th Street, Suite 500
Sacramento, CA 95814
Telephone: 916-448-5752
Toll-Free in CA: 1-888-268-CSNO (2766)
Fax: 916-448-5767
E-mail: csno@csno.org
Web site: http://www.csno.org/

California State Parent Teacher Association (PTA)
2327 L Street
Sacramento, CA 95816-5014
Telephone: 916-440-1985
Fax: 916-440-1986
E-mail: info@capta.org
Web site: http://www.capta.org/

California Wellness Foundation
6320 Canoga Avenue, Suite 1700
Woodland Hills, CA 91367
Telephone: 818-702-1900
Fax: 818-702-1999
Web site: http://www.tcwf.org/

Council of Chief State School Officers (CCSSO)
One Massachusetts Avenue NW, Suite 700
Washington, DC 20001-1431
Telephone: 202-336-7000
Fax: 202-408-8072
Web site: http://www.ccsso.org/

Elizabeth Glaser Pediatric AIDS Foundation
11150 Santa Monica Boulevard, Suite 1050
Los Angeles, CA 90025
Telephone: 310-314-1459
Toll Free: 1-888-499-HOPE (4673)
Fax: 310-314-1469
E-mail: info@pedaids.org
Web site: http://www.pedaids.org/

ETR (Education, Training, and Research) Associates—Corporate Office
4 Carbonero Way
Scotts Valley, CA 95066
Telephone: 831-438-4060
Fax: 831-438-4284
Web site: http://www.etr.org/

Sacramento Office
5495 Carlson Drive, Suite D
Sacramento, CA 95819
Telephone: 916-642-1187
Fax: 916-739-8925

San Francisco Office
251 Rhode Island Street, Suite 204
San Francisco, CA 94103
Telephone: 415-252-0402
Fax: 415-252-0443

HIV/STD Prevention Education Project Center
San Bernardino County Office of Education
601 North E Street
San Bernardino, CA 92410-3093
Telephone: 909-888-3228
E-mail: beverly_pierce@sbcss.k12.ca.us
Web site: http://www.positiveprevention.com

NAMES Project Foundation AIDS Memorial Quilt
637 Hike Street NW
Atlanta, GA 30318-4315 Telephone: 404-688-5500
Fax: 404-688-5552
E-mail: info@aidsquilt.org
Web site: http://www.aidsquilt.org/

National Association of State Boards of Education (NASBE) Database
2121 Crystal Drive, Suite 350
Arlington, VA 22202
Telephone: 703-684-4000
Fax: 703-836-2313
E-mail: boards@nasbe.org
Web site: http://www.nasbe.org/

National Campaign to Prevent Teen and Unplanned Pregnancy
1776 Massachusetts Avenue NW, Suite 200
Washington, DC 20036
Telephone: 202-478-8500
Fax: 202-478-8588
Web site: http://www.thenationalcampaign.org/

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
1600 Clifton Road
Atlanta, GA 30333
Telephone: 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov
Web site: http://www.cdc.gov/nchhstp/

National Centers for Chronic Disease Prevention and Health Promotion (CDC)
Division of Adolescent and School Health (DASH)
Telephone: 1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348
E-mail: cdcinfo@cdc.gov
Web site: http://www.cdc.gov/HealthyYouth/index.htm

National Centers for Chronic Disease Prevention and Health Promotion (CDC)
National Prevention Information Network (NPIN)
P.O. Box 6003
Rockville, MD 20849-6003
Telephone: 1-800-HIV-0440 (448-0440)
TTY: 1-888-480-3739
International: 301-519-0459
Fax: 1-888-282-7681
E-mail: info@cdcnpin.org
Web site: http://www.cdcnpin.org/

National Education Association Health Information Network
1201 16th Street NW, # 216
Washington, DC 20036-3290
Telephone: 202-822-7570
Fax: 202-822-7775
E-mail: info@neahin.org
Web site: http://www.neahin.org/

National Institute of Allergy and Infectious Diseases
Department of Health and Human Services Web site:
http://www.niaid.nih.gov/topics/hivaids/Pages/Default.aspx

National Institutes of Health (NIH)
Department of Health and Human Services
9000 Rockville Pike
Bethesda, MD 20892
Web site: http://health.nih.gov/

National Network for Youth (NN4Y)
741 8th Street SE
Washington, DC 20003
Telephone: 202-783-7949
Web site: http://www.nn4youth.org

National School Boards Association (NSBA)
1680 Duke Street
Alexandria, VA 22314
Telephone: 703-838-6722
Fax: 703-683-7590
E-mail: info@nsba.org
Web site: http://www.nsba.org/

Occupational Safety and Health Administration (OSHA)
200 Constitution Avenue NW
Washington, DC 20210
Telephone: 1-800-321-OSHA (6742)
Web site: http://www.osha.gov/

Cal/OSHA Consultation Services
Vicky Heza, Deputy Chief of Enforcement
2424 Arden Way, Suite 485
Sacramento, CA 95825
Telephone: 916-263-5765
Toll-free: 1-800-963-9424
Web site: http://www.osha.gov/

Office of AIDS (OA)—California Department of Public Health
1616 Capitol Avenue, Suite 616
Sacramento, CA 95814
Mailing Address: Office of AIDS
California Department of Public Health
MS 7700
P.O. Box 997426
Sacramento, CA 95899-7426
Telephone: 916-449-5900
Fax: 916-449-5909
E-mail: ooa-web@cdph.ca.gov
Web site: http://www.cdph.ca.gov/programs/AIDS/Pages/Default.aspx

Parents, Families, and Friends of Lesbians and Gays (PFLAG) National Office
1726 M Street NW, Suite 400
Washington, DC 20036
Telephone: 202-467-8180
Fax: 202-467-8194
E-mail: info@pflag.org
Web site: http://community.pflag.org/

Search Institute
The Banks Building
615 First Avenue NE, Suite 125 Minneapolis, MN 55413
Telephone: 612-376-8955
Toll-free: 1-800-888-7828
Fax: 612-376-8956
E-mail: si@search-institute.org
Web site: http://www.search-institute.org/

Sexuality Information and Education Council of the United States (SIECUS)
90 John Street, Suite 704
New York, NY 10038
Telephone: 212-819-9770
Fax: 212-819-9776
E-mail: siecus@siecus.org
Web site: http://www.siecus.org/

WestEd (California Healthy Kids Survey)
730 Harrison Street
San Francisco, CA 94107
Telephone: 415-565-3000
Toll-free: 1-877-4-WestEd (493-7833)
Fax: 415-565-3012
Web site: http://www.wested.org

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———. 2010. *California Healthy Kids Survey.* Sacramento: California Department of Education.

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———. 1997. *Utilization-Focused Evaluation*. 3rd ed. Newbury Park, CA: Sage Publications.

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