

WHAT EDUCATION LEADERS SHOULD KNOW ABOUT FORMING PARTNERSHIPS TO PREVENT SEXUAL-RISK BEHAVIORS IN SCHOOL-AGED YOUTH

SCHOOL HEALTH PROJECT

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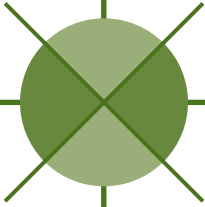
Council of Chief State School Officers
One Massachusetts Avenue, NW, Suite 700
Washington, DC 20001-1431
Phone (202) 336-7000
Fax (202) 408-8072
www.ccsso.org

It is generally agreed upon that parents and guardians should be their children's first teachers about matters related to sexual health. To support parents in that role and to meet the needs of young people whose parents may not be able to take on this role, schools can provide HIV education within the context of comprehensive health education and a coordinated approach to other school health issues. The success of schools in gaining support for HIV and other prevention programs depends largely on understanding the community and its beliefs. Community support can be obtained by encouraging parents to take an active role in their children's health education as part of their involvement with all facets of their children's education. To promote and facilitate this involvement, schools and their partners need to understand the social, religious, and economic diversity of the community in order to develop strategies that can reach all of its members.

Collaboration with parent groups, community organizations, and other agencies can help to build broad-based support for school health programs, especially when they address topics that can be emotionally charged, such as HIV prevention. Other public or private sector organizations can be allies within the school's community. At the state level, chief state school officers can exercise leadership in supporting school-based HIV prevention programs by supporting interagency partnerships, providing support to enhance curriculum, and assuring accountability for learning outcomes.

How collaboration begins

A collaboration is composed of individuals and groups that are aware of the value and practicality of integrating resources to address society's most challenging issues (Joint Work Group [JWG], 2004). The potential for collaboration exists in every



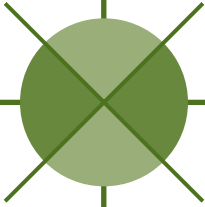
segment of society, at the local, state, and national levels or whenever there are individuals with the willingness, capacity, and foresight to address complex problems in an efficient manner.

It is important to identify and contact other agencies (both public and private) that have a similar shared vision (JWG, 2004). Involving a diverse group of stakeholders can provide a wide variety of perspectives, insights, attributes, and skills. A diverse collaborative can attract other potential partners that a homogenous collaborative could not attract. A growing collaborative can encourage broad-based involvement from other agencies.

Developing a collaborative

Collaborations are rooted in relationships, which can take time to develop. It is important to allow for sufficient front-end time to build a strong foundation for any potential challenges. It is also important to clarify goals and objectives relevant to the overall mission of the collaborative work (JWG, 2004). The use of inclusive language to unify a theme will attract individuals and entities that otherwise may not have been interested, willing, and/or able to be involved (JWG, 2004). Collaborations can be beneficial to everyone in the group because they gain perspectives, varying levels of experience, and expertise that otherwise may not have been available. It is also essential to develop a leadership structure early into the collaboration.

After establishing a broad mission statement, the next step is to develop a planning process to get the work done. It is important to keep in mind that while a planning process is developed, a data-driven plan of action needs to be articulated (JWG, 2004). This will aid individuals in the development of goals and objective milestones. To reach the goals and objectives of the collaborative, progress needs to be monitored frequently by reassessing, revising, and recommitting to the collaborative on the mission statement and work plan. It is crucial to maintain consistent and effective channels of communication to ensure that progress goals are met and there is continuous assessment of the work.

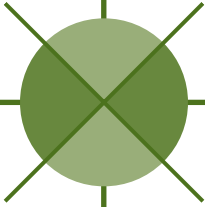


Potential partners

It is important to gain support for the collaboration by identifying allies that can help promote the school's efforts within the community. Example of partners likely to be interested in a possible collaboration include the following:

- parents and families involved PTAs, PTOs, and other organizations
- state and local health agencies
- hospitals
- school-based and community health clinics
- local education agencies
- state and local school boards
- organizations representing school personnel such as administrators, teachers, school nurses, and counselors
- community and faith-based organizations
- state- and locally-based foundations
- businesses
- affiliates of national organizations that work on school health such as American School Health Association (ASHA)
- health care providers such as school nurses and pediatricians

Parents and families are crucial in these partnerships. It is essential to encourage the active involvement of families. Families model and reinforce positive or negative health behaviors for children. The collaboration needs to reach out and build parental understanding and support for health and HIV prevention programs. Without parental support of HIV education programs, they cannot be sustained. Parents and families should be encouraged and supported to take an active role in the sexual health education of their children. It is important to stress that school-based programs are not designed to replace home-based education on this topic. Parents and families set the morals and values for their children. The schools support families by providing information and building skill sets.

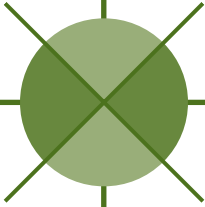


Can We Talk?

Can We Talk? is a parent education program created by the National Education Association to bridge the gulf that often exists between schools, parents, and their children around difficult topics related to sexuality and health. The material focuses on parent-child communication activities related to sexuality health. The program can be integrated into current health curricula. Rhode Island State Education Agency provides part of the funding and leads the program with the Rhode Island Department of Health. Rhode Island State Education Agency and Department of Health created a statewide advisory group and provided facilitator trainings since the fall of 2001. The program has seen support from both state and local agencies and school districts. About 20 community agencies and all school districts have sent staff to the facilitator trainings.

Michigan Sex Education Law

In June 2004, Michigan's governor signed into law new legislation on sexuality education. Because of extensive collaboration among state and local organizations and the involvement of groups like the Michigan Parent Teacher Association, the law passed, strengthening the role of parents to oversee sexuality education in their child's school. Among the requirements is that districts offering sexuality education have a sex education advisory board. Half of the members must be the parents of children currently enrolled in the district's schools. The purpose of the 50 percent parent membership is to insure that view points are representative of the broader parent community. Many Michigan school districts have utilized the Michigan Department of Education parent survey as another way to ensure the parent view is accurately represented. In addition, the district must set goals and objectives for pupil knowledge and skills.



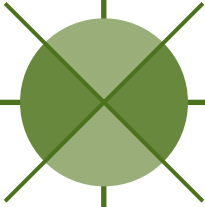
How can chief state school officers support interagency partnerships?

The role of the chief state school officers and their staffs in this area can be described as follows:

- providing leadership and advocacy
- supporting accountability for teaching, learning, and results
- providing or supporting professional development and technical assistance for local education agencies and their partners

Leadership and advocacy can occur in many ways. They can occur through the development (with state boards of education and other governance bodies) of policies that promote youth risk behavior prevention. They can occur through the creation of programs to provide professional development and technical assistance to school personnel. They can occur through the use of the “bully pulpit” to help raise the awareness of the community at large around youth risk behaviors. As chief state school officers and state education agencies move forward with the work of school improvement, it is important to remember that the health and well-being of young people will affect their academic performance. Organizational change implemented to support improving intra- and interagency work can facilitate better partnerships for prevention, thus improving health and ultimately academic success (Council of Chief State School Officers [CCSSO], 1992).

Accountability can be supported in a variety of ways. With teaching and learning as the main work of schools, chief state school officers can provide support to enhance curriculum and instruction on the prevention of sexual risk behaviors. Curriculum guidelines and/or model curricula can assure that schools choose programs with evidence of success in reducing key risk behaviors (CCSSO, 1992). There are a variety of tools that can be used to measure the extent to which school health education programs improve the health knowledge of young people and foster healthy behaviors. Accountability is also critical in the area to support family



engagement, with a need for special focus on increasing participation of families who have traditionally had limited involvement with schools (CCSSO, 1992).

As in all curricular areas, strong professional development is needed to ensure that teachers and others charged with school health education have the knowledge and skills to teach these subjects. State education agencies can provide this professional development or be a broker for local districts to provide it. Technical assistance specifically tailored to the needs of districts and schools, including guidance in curriculum selection, policy development, evaluation, and building and supporting a collaborative, can be an invaluable mechanism for professional support (CCSSO, 1992).

Whatever specific roles chief state school officers take in the development of partnerships, it is critical to remember that the leadership they provide can be a significant factor in assuring that all young people, including those most at risk, receive accurate and effective HIV prevention education.

References

Council of Chief State School Officers. (1992). *Lessons from the classroom: Elements of promising school-based HIV education programs and recommendations for state education agencies*. Washington, DC: Author.

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The Council of Chief State School Officers (CCSSO) is a nonpartisan, nationwide, nonprofit organization of public officials who head departments of elementary and secondary education in the states, the District of Columbia, the Department of Defense Education Activity, and five U.S. extra-state jurisdictions. CCSSO provides leadership, advocacy, and technical assistance on major educational issues. The Council seeks member consensus on major educational issues and expresses their views to civic and professional organizations, federal agencies, Congress, and the public.

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The Council's Division of State Services and Technical Assistance supports state education agencies in developing standards-based systems that enable all children to succeed. Initiatives of the division support improved methods for collecting, analyzing, and using information for decision making; development of assessment resources; creation of high-quality professional preparation and development programs; emphasis on instruction suited for diverse learners; and the removal of barriers to academic success.

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