

**Indicators for School Health Programs:
HIV Prevention
State Education Agencies**

**Fiscal Year: March 1, 2007 – February 29, 2008
Division of Adolescent and School Health**

**Program Announcement No. 03004:
Improving the Health, Education, and Well-Being of Young People Through
Coordinated School Health Programs**

Instructions

This set of indicators describes the performance in seven areas of your HIV prevention project: (1) policy; (2) curricula and instruction; (3) assessment of student performance; (4) external collaboration; (5) targeting priority populations; (6) project planning; and (7) other information and activities.

A glossary of terms is included at the end of the *Indicators*.

Activities to be reported are those for which **any amount** of DASH funds were used, or in which staff time to develop, implement, or evaluate activities was funded in any amount by DASH. These questions apply only to priority health risk behaviors addressed in Program Announcement 03004. Do not include HIV prevention activities funded through supplements to 03004.

Please answer each question carefully and accurately. **Not all items or activities may reflect the emphasis of your HIV Prevention Project for the current fiscal year, and therefore you may report that you have not performed activities in those areas by entering zeros. Additionally, you may not currently collect information about some activities. If so, please leave the answer blank.** Please be sure to include materials for those items requesting attachments.

Public reporting burden of this collection of information is estimated to average 9 hours per response, including the time reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a current valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS-E-11, Atlanta, Georgia 30333; ATTN: PRA (0920-0672).

*For further questions or assistance with completing this report
please contact your CDC project officer.*

Person completing the Indicators:

Name: _____

Title: _____

State: _____ Phone: _____

Email: _____



**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION**



I. POLICY

1. During FY07, did your HIV prevention project **DEVELOP** (or revise or assist in developing) model policies, policy standards, or other policy materials for district or school staff on the following topics?
- A. **HIV education** for students.
- YES
 NO
- B. **Infection control/universal precautions** for all school staff.
- YES
 NO
- C. **Maintaining confidentiality** of HIV-infected students and staff.
- YES
 NO
- D. **Certification** requirements for teachers of HIV education (e.g., passing a state test in topic area).
- YES
 NO
- E. **Other** model policies, policy standards, or other policy materials.
- YES
 NO
2. During FY07, did your HIV prevention project **DISTRIBUTE** to district or school staff established or model policies, policy standards, or other policy materials on the following topics? (Choose one for each topic.)
- A. **HIV education** for students. (Choose one.)
- YES
 NO—we have such policies **but have not distributed them** during FY07. → Skip to 2B
 NO—we **do not have** such policies. → Skip to 2B
- IF YES, provide the total:
1. Number of districts reached directly _____
 2. Number of hits on web site (if applicable) _____
 3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

Please continue on the next page →

B. **Infection control/universal precautions** for all school staff. (Choose one.)

- YES
- NO—we have such policies **but have not distributed them** during FY07. → Skip to 2C
- NO—we **do not have** such policies. → Skip to 2C

IF YES, provide the total:

1. Number of districts reached directly _____
2. Number of hits on web site (if applicable) _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

C. **Maintaining confidentiality** of HIV-infected students and staff. (Choose one.)

- YES
- NO—we have such policies **but have not distributed them** during FY07. → Skip to 2D
- NO—we **do not have** such policies. → Skip to 2D

IF YES, provide the total:

1. Number of districts reached directly _____
2. Number of hits on web site (if applicable) _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

D. **Certification** requirements for teachers of HIV education. (Choose one.)

- YES
- NO—we have such policies **but have not distributed them** during FY07. → Skip to 2E
- NO—we **do not have** such policies. → Skip to 2E

IF YES, provide the total:

1. Number of districts reached directly _____
2. Number of hits on web site (if applicable) _____
3. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

E. **Other** established or model policies, policy standards, or other policy materials. (Choose one.)

- YES
- NO—we have such policies **but have not distributed them** during FY07. → Skip to 3
- NO—we **do not have** such policies. → Skip to 3

IF YES,

1. Specify policy topic _____
2. Number of districts reached directly _____
3. Number of hits on web site (if applicable) _____
4. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

Please continue on the next page →

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

3. During FY07, did your HIV prevention project provide **PROFESSIONAL DEVELOPMENT** to district or school staff that included information on established or model policies, policy standards, or other policy materials?

- YES
 NO → Skip to 4

If YES, provide the total:

- A. Number of professional development events focusing only on HIV policy _____
B. Number of participants in professional development events focusing only on HIV policy _____
C. Number of professional development events that combined HIV policy with other topic(s) (include only professional development in which activities or a portion of the event focused specifically on HIV policy) _____
D. Number of participants in professional development events that combined HIV policy with other topics _____
E. Number of schools reached directly _____
F. Number of districts reached directly _____
G. Number of regional support units reached directly (if applicable) _____
H. Number of external partners reached directly _____
Please specify type, e.g., CBO, Health Agencies _____

4. During FY07, did your HIV prevention project provide **INDIVIDUALIZED TECHNICAL ASSISTANCE** to district or school staff on established or model policies, policy standards, or other policy materials?

- YES
 NO → Skip to 5

If YES, provide the total:

- A. Number of schools reached directly _____
B. Number of districts reached directly _____
C. Number of regional support units reached directly (if applicable) _____
D. Number of external partners reached directly _____
Please specify type _____

Please continue on the next page →

II. CURRICULA & INSTRUCTION

5. During FY07, did your HIV prevention project **DEVELOP** (or revise or assist in developing) any of the following on HIV prevention for district or school staff: health education standards, exemplary curricula, frameworks, or guidance?

- YES
- NO

6. During FY07, did your HIV prevention project **DISTRIBUTE** to district or school staff any of the following on HIV prevention: health education standards, exemplary curricula, frameworks, or guidance? (Choose one.)

- YES
- NO—we have health education standards, exemplary curricula, frameworks, or guidance on HIV prevention **but have not distributed them** during FY07. → Skip to 7
- NO—we **do not have** health education standards, exemplary curricula, frameworks, or guidance on HIV prevention. → Skip to 7

If YES, provide the total:

- A. Number of schools reached directly _____
- B. Number of districts reached directly _____
- C. Number of regional support units reached directly (if applicable) _____
- D. Number of external partners reached directly _____
Please specify type _____
- E. Number of hits on web site (if applicable) _____
- F. Number of listservs, Internet mailing lists, or discussion boards used (do not list number of e-mails posted but the number of electronic distribution lists used) _____

7. During FY07, did your HIV prevention project provide **PROFESSIONAL DEVELOPMENT** to district or school staff on exemplary HIV curricula or instruction? (e.g., training on selected curricula; the importance of scientifically accurate information; characteristics of effective HIV prevention programs; effective instructional strategies; or aligning HIV prevention programs to meet health education standards.)

- YES
- NO → Skip to 8

Please continue on the next page →

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

If YES, provide the total:

- A. Number of professional development events focusing only on HIV curricula or instruction _____
- B. Number of participants in professional development events focusing only on HIV curricula or instruction _____
- C. Number of professional development events that combined HIV curricula or instruction with other topic(s) (include only professional development in which activities or a portion of the event focused specifically on exemplary HIV curricula or instruction) _____
- D. Number of participants in professional development events that combined HIV curricula or instruction with other topics _____
- E. Number of schools reached directly _____
- F. Number of districts reached directly _____
- G. Number of regional support units reached directly (if applicable) _____
- H. Number of external partners reached directly _____
Please specify type _____

8. During FY07, did your HIV prevention project conduct **PROFESSIONAL DEVELOPMENT** to district or school staff on **any specific HIV prevention education curricula and/or programs for youth?**

- YES
- NO → Skip to 9

If YES, please provide the name of the curricula or programs:

- A. _____ A1. total number of participants _____
- B. _____ B1. total number of participants _____
- C. _____ C1. total number of participants _____
- D. _____ D1. total number of participants _____
- E. _____ E1. total number of participants _____

9. During FY07, did your HIV prevention project provide **INDIVIDUALIZED TECHNICAL ASSISTANCE** to district or school staff on HIV curricula or instruction? (e.g., help in reviewing, revising, developing, selecting, or implementing instructional materials for HIV prevention)

- YES
- NO → Skip to 10

If YES, provide the total:

- A. Number of schools reached directly _____
- B. Number of districts reached directly _____
- C. Number of regional support units reached directly (if applicable) _____
- D. Number of external partners reached directly _____
Please specify type _____

Please continue on the next page →

10. During FY07, which of the following topics were emphasized by your HIV prevention project in curricula or instruction?

- | | YES | NO | |
|----|-----------------------|-----------------------|--|
| A. | <input type="radio"/> | <input type="radio"/> | Abstinence from sexual intercourse as the only sure way of preventing HIV transmission |
| B. | <input type="radio"/> | <input type="radio"/> | Abstinence from IV drug use as the only sure way of preventing HIV transmission |
| C. | <input type="radio"/> | <input type="radio"/> | Proper and consistent use of condoms among sexually active youth as a method of reducing the risk of HIV transmission |
| D. | <input type="radio"/> | <input type="radio"/> | Influencing social norms to prevent HIV infection |
| E. | <input type="radio"/> | <input type="radio"/> | Developing individual and interpersonal skills for preventing HIV infection (e.g., goal setting, decision making, refusal, negotiation, communication, advocacy) |
| F. | <input type="radio"/> | <input type="radio"/> | The relationship between HIV prevention and other STD prevention or pregnancy prevention |
| G. | <input type="radio"/> | <input type="radio"/> | The relationship between HIV prevention and prevention of alcohol or other drug use |
| H. | <input type="radio"/> | <input type="radio"/> | How to implement universal precautions |

Please continue on the next page →

III. ASSESSMENT OF STUDENT PERFORMANCE

11. In FY07, did your HIV prevention project **DEVELOP** (or revise or assist in developing) for district or school staff frameworks or guidelines that include how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention?
- YES
 NO
12. In FY07, did your HIV prevention project **DISTRIBUTE** to district or school staff frameworks or guidelines that include how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention? This does not include materials on how to conduct the Youth Risk Behavior Survey (YRBS) or the School Health Profiles (Profiles). (Choose one.)
- YES
 NO—we have frameworks or guidelines about how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention, **but have not distributed them** in FY07.
 NO—we **do not have** materials about how to assess or measure at the classroom level, students' knowledge and skills regarding HIV prevention.
13. In FY07, did your HIV prevention project conduct **PROFESSIONAL DEVELOPMENT** to district or school staff that included information about how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention? This does not include training on how to conduct the Youth Risk Behavior Survey (YRBS) or the School Health Profiles (Profiles).
- YES
 NO → Skip to 14

If YES, provide the total:

- A. Number of professional development events focusing on health education assessment, including HIV prevention (include only professional development in which activities or a portion of the event focused specifically on assessing student performance related to HIV prevention) _____
- B. Number of participants from professional development events focusing on health assessment including HIV prevention (include only professional development in which activities or a portion of the event focused specifically on assessing student performance related to HIV prevention) _____
- C. Number of professional development events focusing on health education assessment _____
- D. Number of participants from all professional development events focusing on health education assessment _____
- E. Number of schools reached directly _____
- F. Number of districts reached directly _____
- G. Number of regional support units reached directly (if applicable) _____
- H. Number of external partners reached directly _____
Please specify type _____

Please continue on the next page →

HIV PREVENTION, STATE EDUCATION AGENCIES

14. In FY07, did your HIV prevention project provide **INDIVIDUALIZED TECHNICAL ASSISTANCE** to district or school staff that included information about how to assess or measure, at the classroom level, students' knowledge and skills regarding HIV prevention?

- YES
 NO → Skip to 15

If YES, provide the total:

- A. Number of schools reached directly _____
B. Number of districts reached directly _____
C. Number of regional support units reached directly (if applicable) _____
D. Number of external partners reached directly _____
Please specify type _____

Please continue on the next page →

IV. EXTERNAL COLLABORATION

15. During FY07, did your HIV prevention project **COLLABORATE** with any external partners?

- YES
- NO → Skip to 16

If YES, choose YES or NO for each of the following external partners:

	YES	NO
A. Agencies serving primarily African-American youth	<input type="radio"/>	<input type="radio"/>
B. Agencies serving primarily Hispanic youth	<input type="radio"/>	<input type="radio"/>
C. Agencies serving primarily American Indian/Alaskan Native youth	<input type="radio"/>	<input type="radio"/>
D. Agencies serving primarily Asian/Pacific Islander youth	<input type="radio"/>	<input type="radio"/>
E. Agencies serving primarily sexual minority youth	<input type="radio"/>	<input type="radio"/>
F. AIDS service community organizations	<input type="radio"/>	<input type="radio"/>
G. Alcohol and drug rehabilitation facilities	<input type="radio"/>	<input type="radio"/>
H. CDC-funded local education agency HIV projects	<input type="radio"/>	<input type="radio"/>
I. Community organizations serving parents and families (this does not include internal school parent groups such as the PTA)	<input type="radio"/>	<input type="radio"/>
J. Education organizations (e.g., advocacy, service, professional, or membership associations)	<input type="radio"/>	<input type="radio"/>
K. Faith or religious organizations	<input type="radio"/>	<input type="radio"/>
L. Health organizations (e.g., advocacy, service, professional, or membership associations)	<input type="radio"/>	<input type="radio"/>
M. HIV Community Planning Groups (CPG)	<input type="radio"/>	<input type="radio"/>
N. Juvenile corrections facilities	<input type="radio"/>	<input type="radio"/>
O. National organizations funded by CDC to assist with HIV prevention efforts	<input type="radio"/>	<input type="radio"/>
P. Organizations that focus exclusively on abstinence	<input type="radio"/>	<input type="radio"/>
Q. Other national organizations	<input type="radio"/>	<input type="radio"/>
R. State health department	<input type="radio"/>	<input type="radio"/>
S. State health coalitions or networks	<input type="radio"/>	<input type="radio"/>
T. Universities and other institutions of higher education	<input type="radio"/>	<input type="radio"/>
U. Youth representing schools or communities	<input type="radio"/>	<input type="radio"/>
V. Youth-serving community organizations	<input type="radio"/>	<input type="radio"/>
W. Other types of external partners not listed above Please specify _____	<input type="radio"/>	<input type="radio"/>

(If additional space is needed to list “other types of external partners not listed above,” please label them X-Z.)

Please continue on the next page →

16. During FY07, which of the following descriptions best describes your state education agency's relationship with the state CDC-sponsored Community Planning Group (CPG) for HIV prevention? (Choose one.)
- No one from the SEA attends the meetings
 - An SEA staff member attends meetings to observe, but has no formal role
 - An SEA staff member attends and serves as a content expert or technical advisor, but does not have any voting privileges
 - An SEA staff member attends meetings and has voting privileges
 - Other
Please specify _____

V. TARGETING PRIORITY POPULATIONS

17. In FY07, did your HIV prevention project implement programmatic activities to specifically target any of the following youth? Materials, professional development and individualized technical assistance may be specific to preventing HIV, or may focus on reaching, serving, communicating with, or providing services for members of the priority populations listed below. If more than one priority population is specifically targeted in materials, professional development, or individualized technical assistance, report each group included, below. (Choose YES or NO in each box.)

Priority Populations	Materials Distribution		Professional Development		Individualized Technical Assistance	
	YES	NO	YES	NO	YES	NO
A. African-American youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Asian/Pacific Islander youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Hispanic youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. American Indian/Alaskan Native youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Sexual minority youth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(If NO to all responses, skip to 21)

Please continue on the next page →

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

18. For the materials, professional development, or individualized technical assistance that you provided to district or school staff specifically targeting priority populations, what topics were included? (Choose all that apply.)
- Reaching members of priority populations to provide educational programs or services
 - Providing culturally or linguistically competent educational programs or services
 - Understanding the HIV prevention needs of members of priority populations
 - Building the skill of school administrators, faculty, or staff to address members of priority populations
 - Other
Please specify _____

(If NO to all professional development questions in 17, skip to 20)

19. During FY07, describe the **PROFESSIONAL DEVELOPMENT** to district or school staff that your HIV prevention project provided that focused on improving the quality of HIV prevention for specific priority populations:
- A. Number of professional development events that focused on improving the quality of HIV prevention for specific priority populations _____
 - B. Number of schools reached directly _____
 - C. Number of districts reached directly _____
 - D. Number of regional support units reached directly (if applicable) _____
 - E. Number of external partners reached directly _____
Please specify type _____

(If NO to all individualized technical assistance questions in 17, skip to 21)

20. During FY07, describe the **INDIVIDUALIZED TECHNICAL ASSISTANCE** to district or school staff that your HIV prevention project provided to reach specific priority populations:
- A. Number of schools reached directly _____
 - B. Number of districts reached directly _____
 - C. Number of regional support units reached directly (if applicable) _____
 - D. Number of external partners reached directly _____
Please specify type _____

21. If your HIV prevention project implemented any programmatic activities that directly targeted **other youth in high risk situations**, please list the categories of youth that were specifically targeted. (Please refer to Attachment A for a complete list.)
- A. _____
 - B. _____
 - C. _____
 - D. _____
 - E. _____
 - F. _____
 - G. _____
 - H. _____
 - I. _____

Please continue on the next page →

VI. PROJECT PLANNING

22. In FY07, what evaluation activities did you conduct?
- | | YES | NO |
|-----------------------------------|-----------------------|-----------------------|
| A. Conducted formative evaluation | <input type="radio"/> | <input type="radio"/> |
| B. Created a logic model | <input type="radio"/> | <input type="radio"/> |
| C. Wrote SMART objectives | <input type="radio"/> | <input type="radio"/> |
| D. Conducted process evaluation | <input type="radio"/> | <input type="radio"/> |
| E. Conducted outcome evaluation | <input type="radio"/> | <input type="radio"/> |
| F. Other | <input type="radio"/> | <input type="radio"/> |
| Please specify _____ | | |
23. In FY07 what coordinated school health program components were integrated with your HIV prevention activities?
- | | YES | NO |
|---|-----------------------|-----------------------|
| A. Health education | <input type="radio"/> | <input type="radio"/> |
| B. Physical education | <input type="radio"/> | <input type="radio"/> |
| C. Health services | <input type="radio"/> | <input type="radio"/> |
| D. Counseling/psychological/social services | <input type="radio"/> | <input type="radio"/> |
| E. School nutrition services | <input type="radio"/> | <input type="radio"/> |
| F. Staff health promotion | <input type="radio"/> | <input type="radio"/> |
| G. Parent/community involvement | <input type="radio"/> | <input type="radio"/> |
| H. Healthy school environment/policy | <input type="radio"/> | <input type="radio"/> |
24. How many school districts do you have in your state? _____ TOTAL
25. How many regional support units do you use to support HIV prevention? (if applicable)
_____TOTAL

VII. OTHER INFORMATION & ACTIVITIES

26. In FY07, did you make **PRESENTATIONS** that focused on policy, curriculum, or student assessment related to HIV prevention?
- YES
 NO → Skip to 27
- If yes:**
- A. How many presentations did you make focused on policy, curriculum, or student assessment related to HIV prevention? _____
- B. How many presentations did you make on HIV prevention in the context of coordinated school health? _____

Please continue on the next page →

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

- C. Please check all audiences to whom you presented in FY07:
- District-level staff or administrators
 - School-level staff or administrators
 - Staff or students at universities or other institutions of higher education
 - Community-based organization staff
 - State or local health agency staff
 - Legislators
 - Parents/parent groups
 - School-aged youth
 - Other
- Please specify _____

27. In FY07, did you provide **PRE-SERVICE LEARNING** events that focused on policy, curriculum, or student assessment related to HIV prevention?

- YES
- NO → Skip to 28

If yes:

A. How many pre-service learning events did you provide focused on policy, curriculum, or student assessment related to HIV prevention? _____

28. Is there information that we asked for in this year's Indicators that you estimated or guessed at?

- YES
- NO → Skip to 29

A. What kind of information did you estimate or guess at? (Mark all that apply.)

- Distribution of print materials
- Distribution of electronic materials
- Professional development events
- Individualized technical assistance
- Presentations

B. On what topics did you estimate or guess at information? (Mark all that apply.)

- Policies
- Curricula and instruction
- Assessment of student performance

29. Is there information that we asked for in this year's Indicators that you did not collect at all?

- YES
- NO → Skip to 30

Please continue on the next page →

A. What kind of information did you not collect at all? (Mark all that apply.)

- Distribution of print materials
- Distribution of electronic materials
- Professional development events
- Individualized technical assistance
- Presentations

B. On what topics did you not collect information at all? (Mark all that apply.)

- Policies
- Curricula and instruction
- Assessment of student performance

30. During FY07, did your HIV prevention project conduct any additional, noteworthy, major activities to improve HIV policies, curriculum, instruction, assessment, or collaborations? Did these activities focus on improving the quality of HIV prevention for African-American, Hispanic, American Indian/Alaskan Native, Asian/Pacific Islander youth, or youth in high risk situations? Please describe in an attached narrative.

31. Please describe in an attached narrative, one specific improvement to your HIV prevention program during FY07 that occurred as a result of your evaluation activities.

Please continue on the next page →

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

32. Please provide information about any additional professional development events or materials distribution activities not captured by the questions above. In particular, please report on activities in meetings or conferences not sponsored by your agency and for which you could not collect information on participants or recipients of materials.

33. Please provide any additional general comments or information in the space below.

THANK YOU FOR YOUR RESPONSES. PLEASE RETURN THE INDICATORS.

Glossary

Please refer to the following definitions when answering the questions:

COLLABORATE - Two or more partners jointly plan and implement program activities with definable roles and responsibilities for each partner.

COORDINATED SCHOOL HEALTH PROGRAM (CSHP) - A coordinated school health program is a planned and organized set of courses, services, policies, and interventions designed to meet the health and safety needs of K-12 students. Schools promote optimal physical, emotional, social, and educational development of students by providing health education; physical education; health services; nutrition services; counseling, psychological and social services; and a healthy and safe environment; and by promoting parent/community involvement and staff wellness. A successful and well-coordinated school health program is characterized by administrators, teachers, and school board members who view health protection and promotion as an essential part of the school's mission; a school health council comprised of school, family, and community representatives to ensure a planning process for continuous improvement; a school health coordinator responsible for organizing and managing the school health program; and school staff who help plan and implement a full array of school health courses, services, policies, and interventions.

CULTURAL COMPETENCE - Knowledge and skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups.

CURRICULUM - An educational plan incorporating a structured, developmentally appropriate series of intended learning outcomes and associated learning experiences for students; generally organized as a related combination or series of school-based materials, content, and events.

DISTRIBUTE - Putting exemplary materials in the hands of appropriate personnel. Distribution may occur in response to requests for materials or through proactive sharing of information.

DOCUMENTATION - Written records showing an activity occurred.

EMPHASIZED - Curricula, instruction, and instructional activities are tailored to specific, primary HIV prevention topics and are primary messages in policy, professional development, or individualized technical assistance by an HIV project. Do not include topics that are only mentioned in passing and are not primary messages of curricula, instruction, or instructional activities.

EXEMPLARY - An evaluated curriculum or program with evidence of effectiveness, or a curriculum or program that has used research-based or science-based strategies. An exemplary curriculum or program is: (1) developmentally and culturally appropriate; (2) medically and scientifically accurate; (3) consistent with scientifically researched evidence of effectiveness; and (4) built on a theoretic approach based on proven principles for prevention.

EXTERNAL PARTNERS - Agencies, organizations, and groups outside your own agency with which you collaborate or associate to further the goals of your HIV project.

FISCAL YEAR (FY) - March 1, 2007 to February 29, 2008, the budget period for the cooperative agreement.

FORMATIVE EVALUATION - Gathering information during the early stages of your project or program, with a focus on finding out whether your efforts are unfolding as planned, uncovering any obstacles or unexpected opportunities that may have emerged, and identifying adjustments and corrections to your program.

FRAMEWORK - An outline or plan that presents both the content (e.g., important concepts, skills, and generalizations) and the process for developing curricula, instruction, and assessment.

GUIDANCE - A set of strategies to apply frameworks to develop curricula, instruction, and assessment.

HEALTH EDUCATION - Includes planned sequential materials, instructions, and educational experiences delivered in the classroom setting that provide students with opportunities to acquire the knowledge and skills necessary for making health promoting decisions and achieving health literacy. Quality health education is based on sound theories of development and behavior change or empirically supportive practices that result in increased knowledge and positive behavior change.

HEALTH EDUCATION STANDARDS - An established set of indicators that describe the knowledge and skills essential to the development of student health literacy and provide the foundation for curriculum development, instruction, and assessment of student performance. Many states use the National Health Education Standards as the foundation for their own health education standards. An abbreviated version of the National Health Education Standards developed by the Joint Committee on National Health Education Standards can be found at http://www.aahperd.org/aahe/pdf_files/standards.pdf.

HIV PREVENTION PROJECT - Any activities or personnel that are funded, in part or whole, through CDC/DASH cooperative agreement funds for the HIV prevention project. It is the work of contract and regional staff on DASH Program Announcement 03004, Priority #3.

INDIVIDUALIZED TECHNICAL ASSISTANCE - Tailored assistance to meet site-specific needs with collaborative communication between a specialist and the site. Assistance takes into account site-specific circumstances and culture and can be provided through phone, mail, e-mail, Internet, or in-person meetings.

LINGUISTIC COMPETENCE - Knowledge and skills that allow individuals to increase their understanding and appreciation of verbal and non-verbal communication differences and similarities within, among, and between groups.

LOGIC MODEL - A logic model is a pictorial diagram that shows the relationship between your program components and activities and desired health outcomes. A logic model is a planning tool that might describe your entire program or a particular program objective or initiative.

MATERIALS - Resources approved by an HIV materials review committee, including written materials (e.g., curricula, training materials, and pamphlets); audio visual materials (e.g., motion pictures and video tapes); pictorials (e.g., posters and similar educational materials using photographs, slides, drawings, or paintings); and electronic resources (e.g., web sites, PDF files, and PowerPoint files).

MODEL POLICY - Model policies provide a framework to assist school officials in developing their own state or local policies. They are written as statements of best practice which can be adapted to fit local circumstances. Model policies reflect state-of-the-art, scientifically reliable information on what constitutes effective school health programs and the expert opinions of many reviewers. Included in model policies are excerpts or references to actual national, state, and local policies; a purpose or goals; rationale; and definitions.

NUMBER OF DISTRICTS REACHED DIRECTLY - A district is reached directly when one or more district level staff receives materials, training, or assistance from personnel funded by your HIV prevention project. Each district reached is counted only once as being reached for a particular topic regardless of the number of district staff from that district are reached or the number of times district staff are reached.

NUMBER OF EXTERNAL PARTNERS REACHED DIRECTLY - An external partner is reached directly when one or more external partner's staff receives materials, training, or assistance from personnel funded by your HIV prevention project. Each external partner reached is counted only once as being reached for a particular topic regardless of the number of external partner staff from that external partner are reached or the number of times external partner staff are reached.

NUMBER OF REGIONAL SUPPORT UNITS REACHED DIRECTLY - A regional support unit is reached directly when one or more regional support unit staff receives materials, training, or assistance from personnel funded by your HIV prevention project. If you specifically fund a CBO or NGO to provide regional support, report their activities ONLY under regional support units and not under external partners. Each regional support unit reached is counted only once as being reached for a particular topic regardless of the number of regional support unit staff from that regional support unit are reached or the number of times regional support unit staff are reached.

NUMBER OF SCHOOLS REACHED DIRECTLY - A school is reached directly when one or more school staff receives materials, training, or assistance from personnel funded by your HIV prevention project. Each school reached is counted only once as being reached for a particular topic regardless of the number of school staff from that school are reached or the number of times school staff are reached.

OUTCOME EVALUATION - Evaluation undertaken to determine if the changes ascribed to a program (e.g., changes in systems, collaborations, policies, or knowledge, attitudes, or behavior among administrators, teachers, school staff, community members, or youth) are associated with program activities.

PHYSICAL EDUCATION - A planned and structured program of instruction and learning experiences that enables students to develop the knowledge, attitudes, skills, behaviors, and confidence needed to be physically active for life. Other health issues also may be included in physical education curricula, such as nutrition, physical activity, and tobacco-use prevention.

POLICY - Any mandate issued or policies adopted by school district boards of education, the state school board, state legislature, or other district or state agencies that affect the environment in school districts or throughout the state. These include policies developed by your state or those based on model policies developed elsewhere. Sample model policies are available in *Fit, Healthy, and Ready to Learn: A School Health Policy Guide* (March, 2000), developed by the National Association of State Boards of Education (NASBE). Sample policies can be viewed at NASBE's web site: <http://www.nasbe.org/healthyschools/fithealthy.mgi>.

PRESENTATION - an informational and awareness raising activity taking at least 30 minutes and no more than 3 hours that focuses on a set of specific public health, curricular, or coordinated school health program topics. Presentations are tailored to specific audiences such as school administrators, faculty, education or health professionals, adolescents, parents, legislators, or community groups. Tutorials and presentations made available on-line and on-line events are also considered presentations.

FISCAL YEAR 2007 SCHOOL HEALTH PROGRAM INDICATORS

PRE-SERVICE LEARNING - Pre-service learning provides pre-professionals serving youth (e.g., educators, nurses, counselors) with an understanding of the central concepts, tools of inquiry, and structures of relevant disciplines.

PRIORITY POPULATIONS - Groups disproportionately affected by HIV/AIDS, including youth at high risk for health disparities.

PROCESS EVALUATION - Collecting and analyzing data to determine who, what, when, and where, and how much of program activities have been conducted. Process evaluation allows staff to assess how well the program has been implemented.

PROFESSIONAL DEVELOPMENT - Those processes and activities designed to enhance the professional knowledge, skills, and attitudes of educators and others who work with youth, so that they might, in turn, improve the learning and health outcomes of children and adolescents. Professional development is consciously designed to actively engage learners and includes the planning, design, implementation, evaluation, and follow-up of professional development events (e.g., training, workshops, conferences, web-based learning, and coaching/mentoring).

PROFESSIONAL DEVELOPMENT EVENT- A set of skill-building processes and activities designed to assist targeted groups of participants in mastering specific learning objectives. Such events are delivered in an adequate time span (at least 3 hours) and may include, but are not limited to, curriculum and other training, workshops, conferences, and on-line or distance learning courses.

PROGRAM - A multi-faceted approach to decrease health risk behaviors that may include a combination of strategies such as one-on-one interventions, policy and climate changes, advocacy, peer interventions, mentoring programs, youth asset development, and outreach.

REGIONAL SUPPORT UNITS - A state-recognized agency or organization (e.g., universities, regional education support agencies, regional offices of education, regional training centers, teacher centers, county superintendent's offices, etc.) that provides professional development, technical assistance, and educational materials to school districts and schools within the state.

SCHOOL - A division of the public school system consisting of students in one or more grades or other identifiable groups organized to give instruction of a defined type. One school may share a building with another school or one school may be housed in several buildings. Each school usually has an identification number assigned by the state department of education for tracking purposes. Public schools include charter schools, magnet schools, vocational schools, and alternative schools.

SCHOOL DISTRICT - An education agency at the local level that exists primarily to operate public schools or to contract for public school services. Synonyms include local basic administrative unit, local education agency, SAU, parish, independent school districts, etc.

SERVING PRIMARILY - Agencies whose main focus is on providing services tailored to a specific, identifiable population (e.g., by race, sexual orientation, etc.) or increasing the ability of others to provide services to that population.

SEXUAL MINORITY YOUTH - Youth who identify as gay, lesbian, bisexual, transgender, or questioning; or youth who engage in same gender sexual activity.

SMART OBJECTIVES - Objectives are statements that describe program results to be achieved and how they will be achieved. **Specific** objectives include *who* will be targeted and *what* will be accomplished. **Measurable** objectives include *how much* change is expected, specifically enough that achievement of the objective can be measured through counting or documenting change. **Achievable** objectives can be realistically accomplished given your program's existing resources and constraints. **Realistic** objectives address the scope of the health problem and propose reasonable programmatic steps. **Time-phased** objectives provide a timeline indicating when the objective will be met.

SPECIFICALLY TARGETING - Programs or activities that are tailored to a particular, identifiable population (e.g., by race, sexual orientation, etc.) or activities to increase the ability of others to provide such services or activities.

YOUTH IN HIGH RISK SITUATIONS - Please refer to CDC's definition (Attachment A).

ATTACHMENT A

YOUTH IN HIGH-RISK SITUATIONS

The following is the Centers for Disease Control and Prevention's definition of youth in high-risk situations. (From CDC. "Report of the Fourth Meeting of the CDC Advisory Committee on the Prevention of HIV Infection," November 7-8, 1990.)

Young people between the ages of 10 and 24 who fit at least one of the following categories are considered at high risk for HIV infection:

1. Homeless youth
2. Runaway youth
3. Youth not in school and unemployed
4. Youth requiring drug or alcohol rehabilitation
5. Youth who interface with the juvenile corrections system
6. Medically indigent youth
7. Youth requiring mental health services
8. Youth in foster homes
9. Migrant farm worker youth
10. Gay or lesbian youth
11. Youth with STDs, especially genital ulcer disease
12. Sexually abused youth
13. Sexually active youth
14. Pregnant youth
15. Youth seeking counseling and testing for HIV infection
16. Youth with signs and symptoms of HIV infection or AIDS without alternative diagnosis
17. Youth who barter or sell sex
18. Youth who use illegal injected drugs (including crack cocaine)

Some characteristics of youth who fit the definition of youth at high risk for HIV infection pose barriers to effective intervention. Those characteristics include:

- X feeling invulnerable to disease
- X having little adult supervision, whether at home, having run away from home, or having been asked to leave home
- X a history of emotional, sexual, and/or physical abuse
- X distrust of adults
- X serious emotional and personal problems
- X disenfranchised from institutions that normally provide structure and support
- X difficulty filling basic human needs for food, shelter, money, and safety -- consequently placing prevention of HIV infection at a low priority

