Preventing HIV, STD, Unintended and Teen Pregnancy in Schools: Strengthening State Health and Education Agency Partnerships

Evaluation of a National Collaboration

February 2006
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This collaborative project and report were produced with joint support to
the cosponsoring organizations from the Centers for Disease Control and
Prevention, Division of Adolescent and School Health.
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Introduction

In January 2005, the Association of Maternal and Child Health Programs (AMCHP), the National Alliance of State and Territorial AIDS Directors (NASTAD), the National Coalition of STD Directors (NCSD), and the Society of State Directors of Health, Physical Education and Recreation (SSDHPER) collaborated to offer two regional stakeholder meetings (RSM) with the goal of strengthening collaboration between state health agencies (SHA) and state education agencies (SEA) to support and improve HIV, STD, unintended and teen pregnancy prevention in schools.

Both RSM were held in San Antonio, Texas. Nine states were represented: Colorado, Maine, Michigan, Minnesota, Missouri, New Jersey, New Mexico, North Dakota, and Okalahoma. The national partners provided follow-up technical assistance to these states in the months after the meetings to support their efforts to strengthen collaboration. The methodology of those meetings and supporting materials are outlined in a report entitled “Preventing HIV, STDs and Teen Pregnancy in Schools: Strengthening State Health and Education Agency Partnerships, June 2005,” available from the collaborating national organizations.

This report presents the findings from an evaluation of the national partners' efforts to strengthen state collaborations. It includes a description of participants' satisfaction with the meetings and technical assistance, additional technical assistance needs, the extent of actions taken by states to improve collaboration, the results of those efforts, and factors that facilitated and hindered state team collaboration.

Methods

A web-based survey was conducted October – November 2005 (see Appendix A for survey). The survey included 39 multiple choice, scaled and open-ended questions. At the time the survey was administered, 38 of 44 participants from the January 2005 RSM were still in their SEA or SHA positions. The survey link was sent to these 38 individuals. Those no longer in their positions and other meeting attendees, such as representatives from CDC and other national organizations, did not receive the survey.

Two strategies were used to increase the survey response rate. Three follow-up emails and one follow-up phone call were made to non-respondents to encourage their participation. In addition, respondents were eligible to enter a drawing to win a $50 gift certificate. One SHA and one SEA respondent were randomly selected to win this prize.

To expand on findings from the web-based survey, telephone interviews were conducted with eight state team members in January 2005 to identify factors that facilitated and hindered efforts to strengthen collaboration. A structured interview guide was used (see Appendix B for interview guide). As with all evaluation methods, there are
limitations to these data. Some meeting participants did not complete the web survey and, therefore, these findings may not represent the opinions of all meeting participants nor do they necessarily represent the opinions of all stakeholders involved within a given state. Similarly, information gathered during the telephone interviews only reflects the opinions of interviewees and cannot be generalized to all state teams engaged in collaborative efforts.

However, the use of multiple data collection methods (i.e., quantitative survey and qualitative interviews) strengthens the reliability of this evaluation and provides useful information for planning future efforts to improve state collaboration on HIV, STD, unintended and teen pregnancy prevention in schools.

Respondents

Web Survey
Of potential respondents still in their SEA or SHA positions at the time the survey was administered, 82 percent completed the survey (n=38). Respondents from each of the nine states completed the survey (Table 1).

<table>
<thead>
<tr>
<th>State</th>
<th>Health</th>
<th>Education</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
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<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Maine</td>
<td>2</td>
<td>2</td>
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</tr>
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<td>Minnesota</td>
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<td>1</td>
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</tr>
<tr>
<td>Missouri</td>
<td>3</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>New Jersey</td>
<td>2</td>
<td>2</td>
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<td>New Mexico</td>
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<tr>
<td>North Dakota</td>
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<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>2</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>14</td>
<td>31</td>
</tr>
</tbody>
</table>

Telephone Interviews
Eight telephone interviews were conducted with state team members in two states. Interviewees were selected based on their response to a web-survey question about the extent of their teams’ success in improving collaboration (Table 2).

<table>
<thead>
<tr>
<th>State</th>
<th>Success</th>
<th>No Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>State 1</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>State 2</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>
Four individuals were interviewed from one state because they all reported success in improving collaboration. Two survey respondents from another state reported their team had not been successful. These two individuals were interviewed as were the other two respondents from this state, both of whom reported success in improving collaboration. Web Survey Findings

Satisfaction

Nearly all respondents were pleased with the national partners’ efforts to help improve state collaboration. A total of 33 percent of respondents were very satisfied with the national partners’ efforts and 63 percent were satisfied (n=30). One respondent was not at all satisfied. Similarly, opinions of the RSM were very favorable. A total of 42 percent of respondents reported the meeting was very helpful to their team’s efforts to improve collaboration in their state and the remaining 58 percent felt that the meeting was helpful (n=31). An open-ended question at the end of the survey asked participants, “What else do you want to tell us?” Nineteen respondents representing both SEA and SHA from nine states answered this question. Nine comments expressed positive opinions about the RSM including praise for the meeting as an opportunity for state teams to get to know each other and to discuss and plan for collaboration. The following quotes from two different states reflect these praises:

“This was a great experience for our state. It really opened up my mind to thinking about new partners across all of our programs.” (state health agency representative)

“The RSM was very helpful in putting us in the same place and establishing connections as a basis for collaboration.” (state education agency representative)

Five respondents offered suggestions for improvement including expanding participation in the RSM to include Ryan White AIDS care programs, teen pregnancy prevention coalitions, and school broad associations; encouraging program directors to allocate staff time for collaboration; providing more individualized technical assistance to states after the meeting; and improving topic-specific technical assistance conference calls.

During March - April 2005, the national partners conducted conference calls with state teams to discuss progress on action items developed at the RSM. Among survey respondents, 77 percent participated in the conference call (n=30). Of those, 21 percent found the call to be very helpful, 72 percent helpful and 8 percent not helpful.

In August 2005, the national partners conducted a policy-related technical assistance conference call. Among survey respondents, 50 percent participated in the conference call (n=30). Of those, 20 percent found the call to be very helpful, 27 percent helpful, 33 percent not helpful and 13 percent not at all helpful. Seven percent did not express an opinion about the usefulness of the call.

In addition to these technical assistance conference calls, the national partners disseminated two technical assistance resources via email in June 2005. The first, a document titled “Regional Stakeholder Update”, described resources for adolescent health data, interagency collaboration, legislative updates, and other policy resources. This document was reported to have been received by 80 percent of
respondents (n=30). Of those, 13 percent found it to be very helpful, 63 percent helpful and 13 percent not helpful. Eleven percent did not express an opinion.

The second technical assistance resource was a Power Point presentation titled “Unintended Teen Pregnancy, HIV, and STD Prevention Efforts” that described the rationale for strengthening communication and collaboration between SEA and SHA. This document was reported to have been received by 90 percent of respondents (n=30). Of those, 15 percent found it to be very helpful, 56 percent helpful, 11 percent not helpful and 4 percent not at all helpful. Fourteen percent did not express an opinion.

**Future Technical Assistance**

One-third (33 percent) of respondents anticipated that their state team will need additional technical assistance in the next six months to improve collaboration in their state (n=30). Opinions about the need for assistance varied among respondents within states. Although eight states had at least one respondent reporting a need for assistance, only one state was unanimous in its opinion that additional assistance was needed (Table 3). SEA respondents were more likely than SHA respondents to report needing technical assistance; 70 percent of those reporting a need for technical assistance were from an SEA (n=10).

<table>
<thead>
<tr>
<th>State</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colorado</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Maine</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Michigan</td>
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<td>2</td>
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<td>2</td>
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<tr>
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<td>2</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>10</td>
<td>20</td>
</tr>
</tbody>
</table>

Ten respondents from eight states listed their anticipated technical assistance needs. Several emphasized the need for technical assistance tailored to their state’s specific needs. Among the needs identified were assistance with:

- Learning from other state's experiences with SEA and SHA collaboration
- Seeking common ground and common messages across stakeholders
- Balancing comprehensive and abstinence only approaches
- Making health education a core function in local schools
- Working with Comprehensive School Health Programs
- Enhancing cultural responsiveness for youth
- Involving parents and youth
- Identifying funding opportunities

**Strengthening Collaboration**

Nearly all respondents (94 percent) reported their state team had taken steps to improve SEA and SHA collaboration (n=31). Two of three respondents that reported no steps taken to improve collaboration were from the same state, one from the SEA and one from the SHA. However, the other SEA and SHA respondent from this state reported that steps were taken to improve collaboration.

Overall, respondents felt their state teams had been successful in improving collaboration since attending the RSM. A total of 13 percent felt their state team had been very successful in improving collaboration, 77 percent successful, and 10 percent not successful (n=31). Although opinions about the degree of success sometimes varied across respondents within a given state, all respondents from seven states reported their team had been successful in improving collaboration. In two states, some respondents reported success while others reported no success.

A series of retrospective pre- and post-test questions asked respondents to rate nine aspects of collaboration in their state prior to the January 2005 meetings and in October 2005. These nine issues were identified by participants during the RSM as important areas for improving collaboration and were the basis of the state action plans they developed during the meeting.

Mean scores were calculated for each time period for each item. The difference between mean scores was used as a measure of the magnitude of change for each collaborative domain; the larger the mean difference, the greater the improvement in collaboration. T-tests were calculated to determine which mean differences were statistically significant (Table 4).

Seven of nine collaborative domains show a statistically significant improvement (p < 0.01 - 0.05, two-tailed test). These data suggest that the greatest improvements are in the area of developing trust between the SEA and SHA, prioritizing collaboration, and sharing data about HIV, STD, unintended and teen pregnancy prevention for school-age youth. Other areas of improvement include political support for collaboration, organizational structures, cultural views about teen sexuality, and shared priorities and perspectives.

No statistically significant improvement was seen in the level of trust between communities and the SEA and SHA or in youth access to HIV, STD, unintended and teen pregnancy prevention services.
Table 4: Mean Score and Mean Difference for Collaborative Domains Before, and Nine Months After, January 2005 RSM

<table>
<thead>
<tr>
<th>Collaborative Domain</th>
<th>Mean Score Before RSM</th>
<th>Mean Score Nine Months After RSM</th>
<th>Mean Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. There is a good trusting relationship between the SEA and SHA in my state. (n = 27)</td>
<td>2.82</td>
<td>3.26</td>
<td>0.44**</td>
</tr>
<tr>
<td>2. Collaboration between the SEA and SHA in my state is a priority. (n = 31)</td>
<td>2.84</td>
<td>3.23</td>
<td>0.39**</td>
</tr>
<tr>
<td>3. The SEA and SHA in my state share data about HIV, STD, and teen pregnancy prevention for school-age youth. (n = 27)</td>
<td>3.07</td>
<td>3.44</td>
<td>0.37**</td>
</tr>
<tr>
<td>4. The political climate in my state supports collaboration on HIV, STD, and teen pregnancy prevention for youth. (n = 26)</td>
<td>2.54</td>
<td>2.81</td>
<td>0.27*</td>
</tr>
<tr>
<td>5. The organizational structures of the SEA and SHA in my state facilitate collaboration between these two agencies. (n = 30)</td>
<td>2.37</td>
<td>2.63</td>
<td>0.26**</td>
</tr>
<tr>
<td>6. Cultural views about teen sexuality in my state support collaboration on HIV, STD, and teen pregnancy prevention for youth. (n = 25)</td>
<td>2.48</td>
<td>2.72</td>
<td>0.24*</td>
</tr>
<tr>
<td>7. The SEA and SHA in my state have mutually supportive priorities and perspectives. (n = 29)</td>
<td>2.79</td>
<td>3.03</td>
<td>0.24**</td>
</tr>
<tr>
<td>8. There is a good trusting relationship between communities and the SEA and SHA in my state. (n = 25)</td>
<td>2.72</td>
<td>2.80</td>
<td>0.08</td>
</tr>
<tr>
<td>9. Youth in my state have access to HIV, STD, and teen pregnancy prevention services. (n = 28)</td>
<td>2.89</td>
<td>2.93</td>
<td>0.04</td>
</tr>
</tbody>
</table>

¹ Notes: * p < 0.05, two-tailed test; ** p < 0.01, two-tailed test
Telephone Interview Findings

Regardless of how interviewees reported their success in improving collaboration, all were able to identify both accomplishments and challenges their teams encountered. Their collective experiences have been summarized as four factors for stakeholders to consider when strengthening SEA and SHA collaboration on HIV, STD, unintended and teen pregnancy prevention programs for youth.

Develop strong professional relationships

Respondents frequently credited the RSM with establishing new professional relationships and strengthening existing relationships both within and across agencies and programs. RSM participants considered these relationships as prerequisite to collaboration and emphasized the importance of continuing to maintain these relationships after the RSM through face-to-face meetings, and phone and email contact. One respondent encouraged teams to meet soon after the RSM as a way to maintain group momentum. Others emphasized the importance of expanding the team to include additional stakeholders from youth-serving agencies to provide a more comprehensive perspective on issues affecting youth and to ensure adequate representation should some members leave the group. If a team loses a key agency representative, it was suggested that the team contact agency leadership directly to request a replacement. Others recommended that team members educate each other about issues that impact each agency’s culture and programs, such as No-Child Left Behind, abstinence-only initiatives, and program evaluation requirements.

Establish team leadership

Team leadership was considered essential for team success. Leadership responsibilities were seen to include both administrative tasks, such as scheduling team meetings and distributing minutes, as well as advocacy for the importance of collaboration on HIV, STD, unintended and teen pregnancy prevention for youth. Without this leadership, it was felt that the team members could lose sight of the purpose and value of collaborative efforts. Respondents felt it important to clearly define leadership tasks and identify one or more members to assume these responsibilities. One respondent recalled how the team leader designated during the RSM was not able to fulfill these responsibilities afterwards and, in the absence of others who could assume this role, the group struggled.

Articulate clear, achievable goals

Respondents strongly recommended that state teams develop clear, achievable goals for how they will collaborate on HIV, STD, unintended and teen pregnancy prevention programs for youth. Several state team members cautioned against being overly ambitious and advised teams to begin with simple goals and build upon initial
successes. One respondent recalled how her team never clearly defined the tasks needed to achieve the goals they identified during the RSM and, as a result, were limited in what they could accomplish. Others stressed the importance of developing goals that cater to the shared interests of the group and encouraged team members to think beyond the more narrow interests of their own programs and agencies.

Secure leadership support

Leadership support was seen as an important factor enabling team success. Organizational hierarchies vary, however, and opinions differed about the level at which this support was necessary. For some, teams included members with sufficient responsibility for resources and operated in an environment of autonomy such that active, high-level agency leadership support was not required. For others, agency leadership did not prioritize SEA and SHA collaboration or HIV, STD, unintended and teen pregnancy prevention issues and, therefore, team members felt somewhat limited in what they could accomplish. Under these circumstances, it was suggested that team members seek opportunities to “manage up” to garner high-level agency support.

Conclusion

The national partners have taken important steps to support states in strengthening state health and education agency collaboration on HIV, STD, unintended and teen pregnancy prevention in schools. State teams are very satisfied with the national partners’ efforts to improve collaboration and all feel that the RSM was helpful. The vast majority of state teams took steps to improve collaboration since the RSM and feel their efforts have been successful. Many state teams hope for continued future technical assistance from the national partners. Satisfaction with technical assistance varied, however, and future assistance may need to be more specifically tailored to individual state needs.

Seven important areas of collaboration appear to have improved since the RSM. Although these improvements are very modest and the data do not indicate that all states have improved in all seven areas, these changes do address aspects of collaboration that participants identified as important during the RSM. Given the salience of these collaborative issues and respondents’ praise for the national partners’ efforts, it is very likely that the national partners made a significant contribution to improving SEA and SHA collaboration on HIV, STD, unintended and teen pregnancy prevention for youth. In the absence of a control or comparison group, however, this evaluation cannot determine the extent to which the national partners’ efforts caused these changes to occur. Other factors unrelated to the national partners’ efforts may have facilitated or hindered SEA and SHA collaboration, such as state agency reorganization, staff changes, funding, and/or leadership priorities.

Two areas of collaboration appear not to have improved since the RSM: 1) the level of trust between the communities and the SEA and SHA and 2) youth access to HIV, STD, unintended and
teen pregnancy prevention services. The lack of improvement in these areas may be because they are less easily influenced by state team members and because the eight-month follow-up period for this survey did not provide sufficient time for improvements to occur. Trust between state agencies and communities enables the effective provision of youth service and, therefore, state teams should cultivate this trust as part of their ongoing efforts to develop collaborative programs. Improved youth access to services is an important indicator that state teams should strive for and monitor as one of several possible long-term outcomes of their collaborative efforts.

Four factors have been identified for stakeholders to consider when strengthening SEA and SHA collaboration. These findings indicate the need for teams to develop strong professional relationships; establish team leadership; articulate clear, achievable goals; and secure leadership support. These recommendations should be supported during the planning and implementation of future RSM and during the provision of follow-up technical assistance to teams.

The national partners have successfully implemented a strategy for creating state teams to strengthen SEA and SHA collaboration on HIV, STD, unintended and teen pregnancy prevention for youth. The findings of this evaluation should be used to inform continued efforts to support existing state teams and to expand this strategy in other states.
Appendix A: Web Survey Questions

State Education Agency and State Health Agency Collaboration

Introduction

We are sending this survey to everyone who participated in the Regional Stakeholders’ Meetings in January 2005. As you may recall, the goal of these meetings was to improve collaboration between State Education Agencies (SEA) and State Health Agencies (SHA) to support and improve HIV, STD, and teen pregnancy prevention for school-aged youth.

We are conducting this survey to evaluate our efforts to improve collaboration between SEA and SHA. The survey should only take about 15 minutes to complete.

There is an incentive for completing the survey. At the end of the survey you will have the option of entering a drawing to win a $50 gift certificate. One SHA and one SEA respondent will be selected at random and each will win the prize.

This survey is completely confidential. David Napp, an independent consultant, has been contracted to analyze the results and only he will see the raw data. Individual responses will not be reported in any form to us or to CDC. Only state-level and aggregate results will be included in any reports.

Please keep in mind that this survey is NOT about evaluating you or your state team. It is an effort to better understand our role in improving SEA and SHA collaboration. We appreciate your time and honesty in answering these questions.

Thank you,

Chris Aldridge, National Alliance of State and Territorial AIDS Directors (NASTAD)
Sharon Murray, Society of State Directors of Health, Physical Education and Recreation (SSDHPER)
Kathleen O’Connor Watson, National Coalition of STD Directors (NCSD)
Danielle Sollers, Association of Maternal and Child Health Programs (AMCHP)
Instructions

Use your mouse to select the answers to each of the questions on the following pages. Some questions have a space for you to write additional comments or to add an option we have not considered.

When you finish one page of questions, click on "Next" at the bottom of each page to advance to the next set of questions.

You can change your responses to a question you are working on as often as you like. You can also change answers from previous pages. Click on "Prev" (for "Previous") at the bottom of each page to return to the question you want to revise.

You don't have to worry about saving your answers; once you enter them and hit "Next," they are automatically stored.

You can also leave the survey entirely and return to it later. When you re-enter the survey from the same computer, you will automatically be taken to the last question you completed.

Background

1. Which Regional Stakeholders Meeting did you attend in January 2005?
   - January 25-26, San Antonio, TX
   - January 27-28, San Antonio, TX
   - Didn’t attend

2. In what type of agency do you currently work?
   - State Education Agency
   - State Health Agency
   - Other (please specify)

3. In what state do you currently work?
   - Maine
   - Michigan
   - Minnesota
   - Missouri
   - New Jersey
   - New Mexico
   - North Dakota
   - North Oklahoma
   - Other (please specify)

4. Has your state team taken any steps to improve collaboration between the State Education Agency (SEA) and the State Health Agency (SHA) in your state since attending the Regional Stakeholders Meeting in July 2003?
   - Yes
   - No

5. What has prevented your state team from taking any steps to improve collaboration between the SEA and the SHA in your state?

6. What could the national partners (AMCHP, NASTAD, NCSD, and SSDPER) do to help you and your team to improve collaboration between the SEA and the SHA in your state?

7. How helpful was the Regional Stakeholders Meeting you attended in July 2003 in your team’s efforts to improve collaboration between the SEA and SHA in your state? Would you say the meeting was:
   - Very helpful
   - Helpful
   - Not helpful
   - Not at all helpful
   - Don’t know

8. Overall, how successful would you say your team has been in improving
barriers to collaboration

The next series of questions asks about things that can support or hinder collaboration between the SEA and the SHA in your state. These questions are based on the barriers to collaboration that were identified at the Regional Stakeholders Meetings.

For each question, you will be asked to think back to what things were like in your state before the January 2005 Regional Stakeholders Meeting. Then you will be asked to think about how things are now in October 2005.

9. Collaboration

How much would you agree or disagree with the following statement?

Collaboration between the SEA and SHA in my state is a priority.

Thinking back to before the Regional Stakeholders Meeting in January 2005 I would:
- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Now, in October 2005, I would:
- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

10. Priorities and Perspectives

How much would you agree or disagree with the following statement?

The SEA and SHA in my state have mutually supportive priorities and perspectives.

Thinking back to before the Regional Stakeholders Meeting in January 2005 I would:
- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

Now, in October 2005, I would:
- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

11. SEA and SHA Trust

How much would you agree or disagree with the following statement?

There is a good trusting relationship between the SEA and SHA in my state.

a. Thinking back to before the Regional Stakeholders Meeting in January 2005 I would:
- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know

b. Now, in October 2005, I would:
- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Don't know
12. Community Trust

How much would you agree or disagree with the following statement?

There is a good trusting relationship between communities and the SEA and SHA in my state.

a. Thinking back to before the Regional Stakeholders Meeting in January 2005 I would:
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
   - Don't know

b. Now, in October 2005, I would:
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
   - Don't know

13. Agency Silos

How much would you agree or disagree with the following statement?

The organizational structures of the SEA and SHA in my state facilitate collaboration between these two agencies.

a. Thinking back to before the Regional Stakeholders Meeting in January 2005 I would:
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
   - Don't know

b. Now, in October 2005, I would:
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
   - Don't know

14. Political Climate

How much would you agree or disagree with the following statement?

The political climate in my state supports collaboration on HIV, STD, and teen pregnancy prevention for youth.

a. Thinking back to before the Regional Stakeholders Meeting in January 2005 I would:
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
   - Don't know

b. Now, in October 2005, I would:
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
   - Don't know

15. Cultural Views

How much would you agree or disagree with the following statement?

Cultural views about teen sexuality in my state support collaboration on HIV, STD, and teen pregnancy prevention for youth.

a. Thinking back to before the Regional Stakeholders Meeting in January 2005 I would:
   - Strongly agree
   - Agree
   - Disagree
   - Strongly disagree
   - Don't know

b. Now, in October 2005, I would:
   - Strongly agree
   - Agree
16. Sharing Data

How much would you agree or disagree with the following statement?

The SEA and SHA in my state share data about HIV, STD, and teen pregnancy prevention for school-age youth.

a. Thinking back to before the Regional Stakeholders Meeting in January 2005 I would:
   • Strongly agree
   • Agree
   • Disagree
   • Strongly disagree
   • Don't know

b. Now, in October 2005, I would:
   • Strongly agree
   • Agree
   • Disagree
   • Strongly disagree
   • Don't know

17. Access to Services

How much would you agree or disagree with the following statement?

Youth in my state have access to HIV, STD, and teen pregnancy prevention services.

a. Thinking back to before the Regional Stakeholders Meeting in January 2005 I would:
   • Strongly agree
   • Agree
   • Disagree
   • Strongly disagree
   • Don't know

b. How helpful was the conference call to discuss progress on your team’s action items?
   • Very helpful
   • Helpful
   • Not helpful
   • Not at all helpful
   • Don’t know

18. State Team Conference Call

a. Did you participate on a conference call between your state team and the national partners in March - April 2005 to discuss progress on the action items your team developed at the Regional Stakeholders Meeting?
   • Yes
   • No

b. Now, in October 2005, I would:
   • Strongly agree
   • Agree
   • Disagree
   • Strongly disagree
   • Don't know

19. Policy Conference Call

a. Did you participate in the in the August 23, 2005, policy conference call on the effectiveness of abstinence education?
20. Technical Assistance Document

a. Did you receive a technical assistance document via email in June, 2005, titled Regional Stakeholder Update that described resources for adolescent health data, interagency collaboration, legislative updates, and other policy resources?
   - Yes
   - No

b. How helpful was the technical assistance document?
   - Very helpful
   - Helpful
   - Not helpful
   - Not at all helpful
   - Don’t know

21. Power Point Presentation

a. Did you receive a Power Point presentation via email in June, 2005, titled Unintended Teen Pregnancy, HIV, and STD Prevention Efforts that described the rationale for strengthening communication and collaboration between agencies?
   - Yes
   - No

b. How helpful was the Power Point presentation?
   - Very helpful
   - Helpful
   - Not helpful
   - Not at all helpful
   - Don’t know

22. Technical Assistance Needs

a. Will your state team need technical assistance in the next six months to improve collaboration between the SEA and SHA in your state?
   - Yes
   - No

b. What type of technical assistance will your state team need? (Please be as specific as possible)

Satisfaction

23. Overall, how satisfied are you with the national partners’ efforts to help improve collaboration between the SEA and SHA in your state?
   - Very satisfied
   - Satisfied
   - Not satisfied
   - Not at all satisfied
   - Don’t know

24. What else do you want to tell us?

Incentives

If you’ve made it this far, then you are eligible to enroll to win a $50 gift certificate. One SHA and one SEA respondent will be selected at random from those who complete the survey and enter the drawing.

To enroll in the drawing, you need to tell us your name. This is optional. You can skip this part if you want, but then you won’t be eligible for the drawing.

Remember, this survey is Completely Confidential. There will be no analysis or reporting of individual answers to these questions.

25. What is your complete name?
You're Done!

Thank you for taking the time to complete our survey.

Chris Aldridge, National Alliance of State and Territorial AIDS Directors (NASTAD)

Sharon Murray, Society of State Directors of Health, Physical Education and Recreation (SSDHPER)

Kathleen O’Connor Watson, National Coalition of STD Directors (NCSD)

Danielle Sollers, Association of Maternal and Child Health Programs (AMCHP)
Appendix B: Telephone Interview Guide

Introduction

- Hello, my name is David Napp. You may remember me as the facilitator at the Regional Stakeholders Meeting you attended in January 2005. I also developed the web survey and did the data analysis for the national partners. Thanks for completing the survey.
- I am now doing some follow-up interviews to gather more information about what has helped and hindered collaboration between state health agencies and state education agencies on HIV, STD and teen pregnancy prevention for school-aged youth. The national partners have asked me to do these interviews because they want to get honest feedback about successes and challenges state teams experience in trying to improve SEA and SHA collaboration.
- The interview is completely confidential and will take about a half-hour. Nothing you say will be reported in a way that specifically identifies you, your agency, your state team or your state. I will take hand-written notes during the interview and I will be the only one to see those notes. Could we do the interview now? Do you have any questions before we get started?
- [Segue to one of the two interview guides below depending on the respondent]

More Successful

Lead-In
As the evaluator, I am the only one who saw individual responses on the web survey. I saw you reported you felt your team has been successful in improving collaboration between your state health agency and state education agency on HIV, STD and teen pregnancy prevention for school-aged youth. I’d like to learn more about that. Please be assured this is not an effort to evaluate you or your team but rather a way to learn how to help other teams working on collaboration.

Successes
1. What has your team done in the past year to improve collaboration?
2. In what ways do you feel your team has been successful? What is an example of a success your team has achieved?
3. To what do you attribute your team’s success?
4. What factors have helped improve collaboration? (Probe: individual, organizational, external)
5. What role did the national partners play in your team’s ability to improve collaboration? (Probe: RSMs, technical assistance calls, mini-grants)

Challenges
6. What challenges has your team encountered in trying to improve
collaboration? What is an example of a challenge your team has encountered in the past year?
7. How have you dealt with those challenges?
8. What else would have helped your team to address those challenges effectively?

Summary
9. What advice would you give other states trying to improve collaboration between their state health agencies and state education agencies on HIV, STD and teen pregnancy prevention for school-aged youth?
10. If you had to summarize all you have learned and experienced in working to improve collaboration, what would you say are the three most important things that pave the way for improved collaboration between state health agencies and state education agencies?

Less Successful

Lead-In
As the evaluator, I am the only one who saw individual responses on the web survey. I saw you reported you felt your team has not been successful in improving collaboration between your state health agency and state education agency on HIV, STD and teen pregnancy prevention for school-aged youth. I’d like to learn more about that. Please be assured this is not an effort to evaluate you or your team but rather a way to learn how to help other teams working on collaboration.

Challenges
1. What has your team tried to do in the past year to improve collaboration?

2. What makes you feel your team has not been successful?
3. What challenges has your team encountered? What is an example of a challenge your team has encountered in the past year?
4. How has your team tried to deal with those challenges?
5. What have been the biggest barriers to improving collaboration over the past year? (Probe: individual, organizational, external)
6. What would help your team to move forward and improve collaboration?

Successes
7. Has your team had any successes, however small?
8. What is an example of a success your team has achieved in the past year?
9. What made this success possible?
10. What would allow your team to have more successes like this?
11. What role did the national partners play in your team’s efforts to improve collaboration? (Probe: RSMs, technical assistance calls, mini-grants)

Summary
12. What advice would you give to other states trying to improve collaboration between their state health agencies and state education agencies on HIV, STD and teen pregnancy prevention for school-aged youth?
13. If you had to summarize all you have learned and experienced in working to improve collaboration, what would you say are the three most important things that pave the way for improved collaboration between state health agencies and state education agencies?
Preventing HIV, STD, Unintended and Teen Pregnancy in Schools: Strengthening State Health and Education Agency Partnerships

Evaluation of a National Collaboration

February 2006