

Issue

In this time of shrinking public health dollars, partnerships are more critical than ever. Effective partnerships among health and education agencies, organizations, and institutions are essential to improve health outcomes for children and adolescents and close the achievement gap. More models of successful partnerships between health and education agencies are needed, as well as partnerships that strengthen linkages between state and local government.

Project Summary & Partners

The Building Bridges for Adolescent Sexual Health Through State-Local Collaboration project is a collaborative effort between the Association of Maternal and Child Health Programs (AMCHP) and the National Association of County and City Health Officials (NACCHO) supported by funding from CDC's Division of Adolescent and School Health (DASH). AMCHP is a national resource, partner, and advocate for state public health leaders and others working to improve the health of women, children, youth, and families, including those with special health care needs. NACCHO is a leader, partner, catalyst, and voice for the nation's 2800 local health departments seeking to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.

The project goal is to build and enhance collaboration among state and local health and education agencies and their partners to improve health and educational outcomes for adolescents. The project was launched in March 2012 with the health and education agencies in Houston and Texas. Houston and Texas were identified as ideal partners because of the existing relationships between AMCHP, NACCHO, and the health and education agencies in the two jurisdictions, existing cooperative agreements with DASH,* and interest among the "core partners" to work together.

Building Bridges Project Core Partners

- Texas Education Agency**
Statewide Coordinator, Health and Safety
- Houston Independent School District**
Manager, Secondary Health and Physical Education
- Texas Department of State Health Services**
State Adolescent Health Coordinator
- Houston Department of Health and Human Services**
Bureau Chief, HIV/STD and Viral Hepatitis Prevention

In May 2012, AMCHP, NACCHO, the core partners, and the DASH project officers for AMCHP, NACCHO, HISD, and TEA met in Austin to develop a collective vision for the project. The core partners identified supporting the structure and function of School Health Advisory Councils (SHACs) as a key area to focus on. In January 2013, a second meeting was held to engage new partners in the project and develop an action plan for supporting SHACs through the Building Bridges project.

* AMCHP and NACCHO are funded under CDC RFA DP11-1101 and HISD and TEA are funded under CDC RFA DP08-801.

Risk Behavior & School Health Data

	Houston	Texas	United States
% ever had sexual intercourse*	52	52	47
% did not use a condom during last sexual intercourse*	41	46	40
% did not use birth control pills or Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), implanon (or any implant), or any IUD before last sexual intercourse*	88	84	77
% required students to take 2 or more health education courses	21 [†]	17 [‡]	52 ^{**}
% taught 8 key pregnancy, HIV, or other STD prevention topics in a required course during grades 9, 10, 11, or 12	85 [†]	77 [‡]	--
% taught 4 key topics related to condom use in a required course	75 [†]	29 [‡]	45 ^{**}

* Centers for Disease Control and Prevention. 2011 Youth Risk Behavior Survey. Available at: www.cdc.gov/yrbs. Accessed on November 30, 2012.
^{**} Brener ND, Demissie Z, Foti K, McManus T, Shanklin SL, Hawkins J, Kann L. *School Health Profiles 2010: Characteristics of Health Programs Among Secondary Schools*. Atlanta: Centers for Disease Control and Prevention; 2011.
[†] 2010 Houston School Health Profiles Fact Sheet. Available at: www.cdc.gov/healthyouth/yrbs/factsheets/sexualrisk.htm. Accessed on November 30, 2012.
[‡] 2010 Texas School Health Profiles Fact Sheet. Available at: www.cdc.gov/healthyouth/yrbs/factsheets/sexualrisk.htm. Accessed on November 30, 2012.

Project Timeline / Collaboration Process

June 2011: Developing the Building Bridges Concept

In June 2011, AMCHP and NACCHO received DASH funding to increase the capacity of education and health agencies to implement and maintain effective policies and systems to improve adolescent sexual health. AMCHP and NACCHO were selected to work with Texas and Houston, respectively, and recognized the opportunity to:

- Build upon existing relationships
- Eliminate overlap and redundancy in programmatic efforts
- Foster connection and collaboration between state and local agencies

Establishing Core Partner Buy-in

AMCHP and NACCHO reached out to the DASH-funded staff at TEA and HISD to present the option of working collaboratively and to gauge interest in doing so. The idea was met with enthusiasm!

March 2012: Launching the Project

AMCHP and NACCHO planned an introductory conference call with the core partners. It was decided that an important first step was to convene the core partners for an in-person meeting to build relationships, inventory current efforts, discuss needs and opportunities, and explore and identify potential collaborative activities.

May 2012: The First In-person Meeting

The first in-person meeting took place in May 2012. Meeting participants included the core partners and the DASH project officers for AMCHP, NACCHO, TEA, and HISD. The meeting was co-facilitated by NACCHO and AMCHP project staff.

The day-long meeting consisted of two key parts:

- Setting the context by sharing agency visions for adolescent sexual health education, discussing agency priorities and activities around adolescent sexual health, identifying agency strengths and assets, and reviewing the environmental factors that could impact the project.
- A consensus-building activity to identify potential project activities.

Summer 2012: Maintaining Momentum

To get to the action planning phase of the project, two key things happened:

- Additional partners and stakeholders were identified and engaged in the project.
- The list of five potential collaborative activities developed during the May 2012 in-person meeting was narrowed down to one.

The core partners met in-person to review the list of activities and determine which was the most tangible and would have the greatest benefit. They selected to focus on supporting SHACs and developed a proposal for moving forward with this activity.

January 2013: The Second In-Person Meeting

The purpose of this meeting was to engage new partners in the project and develop an action plan for how the project would help support the structure and function of SHACs and improve health and educational outcomes for adolescents in Texas.

AMCHP and NACCHO led participants through facilitated activities to:

- Develop a better understanding of SHACs in Texas
- Assess resources currently available to support SHACs
- Establish a practical vision for what the project partners would like to see in place as a result of project activities
- Develop a six-month action plan

Summer 2013: Finalizing and Implementing the Action Plan

AMCHP and NACCHO finalized the action plan and distributed it to meeting participants. Implementation plans were interrupted with the release of a new DASH funding opportunity announcement (FOA) for education agencies and national non-governmental organizations, which all partners involved in the Building Bridges project were impacted by. However, AMCHP and NACCHO continued to communicate with their partners at TEA and HISD so that as soon as proposals for the DASH FOA were submitted, implementation activities would be able to resume.

School Health Advisory Councils*

A SHAC is a group of individuals from the community who are appointed by the school district to assist with coordinated school health programming and its impact on students and learning. In Texas, every independent school district is required by law (Title 2, Chapter 28, Section 28.004 of the Texas Education Code) to have a district SHAC, of which a majority of the members must be parents who are not employed by the school district.

According to the Texas law, a school district must consider the recommendations of the local SHAC before changing the district's health education curriculum or instruction, which includes any course materials and instruction relating to human sexuality, sexually transmitted diseases, and/or HIV/AIDS.

* School Health Advisory Councils, Texas Department of State Health Services. Available at: www.dshs.state.tx.us/schoolhealth. Accessed on December 3, 2012.

Upcoming SHAC Webinar

Currently, the Building Bridges project is planning a webinar on SHACs, using Texas and Houston as case studies. The webinar will feature speakers from DASH, TEA, HISD, and the Houston SHAC. The webinar will be held in late July 2013. To receive information about the webinar, please contact Maritza Valenzuela (mvalenzuela@amchp.org) or Gretchen Weiss (gweiss@naccho.org).

For more information on the upcoming webinar, other project activities, partner organizations, and SHAC resources, please visit the project website: www.amchp.org/buildingbridges

Key Accomplishments

- Brought together key health and education agency partners to focus specifically on improving health and educational outcomes for adolescents.
- Identified priorities shared among agencies, as well as individual agency strengths and assets, and used this information to develop a collective vision to drive the project.
- Built consensus around a set of activities that aligned with the priorities of the core partners, as well as AMCHP and NACCHO, and could have a meaningful impact on adolescent sexual health.
- Developed an action plan to improve adolescent sexual health outcomes in Texas through support for SHACs.

Lessons Learned & Keys to Success

- The Building Bridges project process greatly benefited from the existing relationship between AMCHP, NACCHO, and many of the core partners.
- Bringing the core partners together for an in-person meeting at the beginning of the project was important for building and enhancing relationships and buy-in.
- All of the core partners recognized the importance of SHACs and the opportunity to better support SHACs to play a greater role in promoting adolescent sexual health.
- The little things count! Sharing notes from meetings and conference calls not only ensured that everyone was on the same page, but also provided an opportunity to maintain contact with partners and reinforce action items.

Participant Feedback

The most useful parts of the in-person meetings:

"Information sharing...learning what is happening at the state, local, and national levels and how there can be synergy and collaboration."

"Developing a better understanding of challenges and opportunities with partners."

"Opportunities for networking and meeting all the players."

"The SHAC information shared by the health department."

Additional comments:

"[We need] more face-to-face opportunities."

"The co-facilitation was awesome and recommended as a future model."

"[This was a] great opportunity!"

"The opportunity for collaboration [is the most exciting thing about the Building Bridges project]."

