

Issue

In this time of increasingly shrinking public health dollars, partnerships and collaborations have become even more critical. **Effective partnerships and meaningful collaborations among health and education agencies, organizations, institutions, and groups are essential to improving health outcomes for children and adolescents and critical to closing the achievement gap. However, more successful models of partnership and collaboration between health and education agencies are needed, as well as partnerships that strengthen linkages between state and local government.**

Recognizing this need, the Association of Maternal and Child Health Programs (AMCHP) and the National Association of County and City Health Officials (NACCHO) developed the Building Bridges for Adolescent Sexual Health Through State-Local Collaboration project. **Building on past project experiences and current relationships with the agencies in Texas, AMCHP and NACCHO sought to establish a successful state and local health and education agency collaboration to address adolescent sexual health issues.**

Project Description

The Building Bridges project is a collaborative effort between AMCHP and NACCHO supported by funding from CDC's Division of Adolescent and School Health (DASH). The goal of the project is to build and enhance collaboration among state and local health and education agencies and their partners and stakeholders to improve health and educational outcomes for adolescents. The role of AMCHP and NACCHO is to provide capacity building assistance to strengthen agency capacity for collaboration and develop, implement, and evaluate action plans for improving outcomes among 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 for this project for many reasons, including the existing relationships between AMCHP, NACCHO, and the health and education agencies in the two jurisdictions; existing cooperative agreements between DASH and AMCHP, NACCHO, the Houston Independent School District (HISD), and the Texas Education Agency (TEA);* and interest among the "core partners" (i.e. the health and education agencies) to work together.

The 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

* AMCHP, NACCHO, HISD, and TEA have independent cooperative agreements with DASH. AMCHP and NACCHO are funded under CDC RFA DP11-1101 and HISD and TEA are funded under CDC RFA DP08-801.

[†]The Houston Department of Health and Human Services is also considered one of the core partners, however NACCHO and HISD decided to wait until the project goal was solidified to reach out to someone, so that an appropriate partner could be matched to the goal.

Project Setting

HISD and TEA are among the education agencies funded by DASH to implement effective policies, programs, and practices to prevent sexual risk behaviors among students that contribute to HIV infection, other sexually transmitted diseases, and unintended pregnancy.

Sexual Risk Behaviors and School Health Program Characteristics: A Snapshot

	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), implanton (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, Forti 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/healthyyouth/yrbs/factsheets/sexualrisk.htm. Accessed on November 30, 2012.
 ‡ 2010 Texas School Health Profiles Fact Sheet. Available at: www.cdc.gov/healthyyouth/yrbs/factsheets/sexualrisk.htm. Accessed on November 30, 2012.

Building Bridges Project: Process Overview

In late 2011, AMCHP and NACCHO began to plan a collaborative project in Texas and Houston as part of their DASH-funded work. In March 2012, the Building Bridges project was proposed to the core partners, who collectively recognized the benefit of working together and affirmed their interest in moving forward with the project. In May 2012, AMCHP, NACCHO, the core partners, and the DASH project officers for AMCHP, NACCHO, HISD, and TEA met in Austin, Texas to develop a collective vision for how the core partners could work together through the Building Bridges project to improve health and educational outcomes for adolescents in Texas. In the months following the meeting, AMCHP and NACCHO convened the core partners for monthly conference calls to follow-up on the potential collaborative activities that had been proposed during the meeting and to discuss additional partners and stakeholders to engage.

By September 2012, the core partners chose one of the activities to focus their efforts on: supporting the structure and function of School Health Advisory Councils (SHACs), which play an important role in shaping health education instruction and practice.

In January 2013, AMCHP, NACCHO, the core partners, new partners, and the DASH project officers will meet in Austin again. The purpose of this meeting is to engage new partners in the Building Bridges project and begin the development of an action plan for supporting SHACs.

School Health Advisory Councils (SHACs)*

A SHAC is a group of individuals from the community who are appointed by the school district to provide advice to the district on coordinated school health programming and its impact on students and learning. In Texas, every independent school system is required by law (Title 2, Chapter 28, Section 28.004 of the Texas Education Code) to have a School District Health Advisory Council, 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.

Steps to Collaboration

1. 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 sexual health promotion policies. The education agencies in Texas and Houston were selected as primary intervention sites for AMCHP and NACCHO, respectively. AMCHP and NACCHO have previously worked with the health and education agencies in Texas and Houston and also have a long history of collaborating with each other, which has resulted in strong relationships between staff members. **Both organizations recognized that their pairings with Texas and Houston presented an opportunity to build upon existing relationships, eliminate overlap and redundancy in programmatic efforts, foster connection and collaboration between state and local agencies, and align their work to maximize impact.**

AMCHP and NACCHO, which are both located in Washington, D.C., began meeting in November 2011 to discuss potential directions for their work together. A basic outline for the Building Bridges project was developed by early 2012.

2. Establishing Core Partner Buy-in

After AMCHP and NACCHO developed a concept for how they could work together through their DASH-funded work in Texas and Houston, each organization reached out to the DASH-funded staff in their respective primary intervention sites. The purpose of these conversations was to present the option of working collaboratively and gauge preliminary interest in doing so.

During this phase of the process, AMCHP staff was in Austin and had the opportunity to meet with the State Adolescent Health Coordinator at DSHS and discuss the idea for this collaborative effort. The idea was met with enthusiasm, especially since the coordinator was already familiar with the DASH-funded staff at TEA.

When NACCHO staff first proposed the idea for a collaborative project to HISD, an outline for the Building Bridges project had not been established, however the notion of working closely with Texas and AMCHP was well received. This further motivated AMCHP and NACCHO to continue to develop a project together.

3. Launching the Project

Based on the positive feedback received during the previous stage, AMCHP and NACCHO worked together to plan an introductory conference call with the core partners. Project staff communicated regularly to develop the call agenda, discuss call facilitation, and correspond with the core partners to schedule the call. Additionally, AMCHP used their SharePoint software to create a site where staff could share and access documents being worked on collaboratively.

The purpose of the introductory call was to officially propose the Building Bridges project. AMCHP and NACCHO provided an overview of the project, an outline of the process, and the intended benefits of participation. The core partners recognized the benefit of working together and affirmed their interest in moving forward with the project.

During the call, it was collectively 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.

Steps to Collaboration (cont'd)

4. Planning for the In-person Meeting

AMCHP and NACCHO were responsible for planning the meeting, which involved coordinating logistics, developing an agenda, and creating a facilitation plan. Input from the core partners was critical to the success of the meeting planning process, so regular communication was maintained.

The process of developing an agenda was guided by the meeting objectives discussed during the introductory core partners conference call. As AMCHP and NACCHO staff refined the meeting goal and objectives, they shared them with the core partners to ensure collective agreement.

To plan the activities and develop a facilitation plan, AMCHP and NACCHO project staff drew on their training in Technology of Participation® (ToP) facilitation methods. Once the agenda and specific activities were outlined, the project staff divided up the activities and took responsibility for developing a detailed facilitation plan for each activity. Some of the activities required co-facilitation, which meant co-planning as well. AMCHP and NACCHO met regularly to walk through the activities and make adjustments to the plan, as needed.

5. The In-person Meeting

The Building Bridges project in-person meeting took place in May 2012. Meeting participants included the Statewide Coordinator, Health and Safety (TEA), the Manager, Secondary Health and Physical Education (HISD), the State Adolescent Health Coordinator (DSHS), the DASH project officer for AMCHP and NACCHO, and the DASH project officer for TEA and HISD. (The DASH project officers attended to support the project, observe the process, and offer key insights.) The meeting was co-facilitated by NACCHO and AMCHP project staff.

To set the stage for developing a common understanding of each others' work and vision, the first half of the day-long meeting was spent sharing each agency's vision for adolescent sexual health education, discussing current agency priorities and activities around adolescent sexual health, identifying agency strengths and assets, and reviewing the environmental factors that could impact the project. During the second half of the day, the facilitators guided the core partners through a consensus-building activity to identify potential project activities. The meeting ended with a brainstorming session of what victory for this project would look and feel like in a year.

6. Maintaining Momentum

To maintain excitement and momentum for the project, AMCHP and NACCHO worked quickly to compile the meeting notes and distribute them to the core partners and DASH project officers. Another key follow-up activity was writing letters from AMCHP and NACCHO to leadership within the core partner agencies to express appreciation for their support of their staff person's participation in the meeting, reiterate the purpose of the project, and convey eagerness for continuing to work together to improve adolescent health. The letters were co-signed by senior management staff from both AMCHP and NACCHO.

To get to the next phase of the Building Bridges project (i.e. developing an action plan), three key things needed to happen.

- I. Additional partners and stakeholders needed to be identified and engaged in the project

How it happened: To initiate this step, AMCHP and NACCHO facilitated a brainstorming session for the key partners, who were then responsible for developing a list of key individuals/organizations to engage in the project.

- II. The list of 5 potential collaborative activities developed during the in-person meeting needed to be narrowed down to 1 or 2

How it happened: The core partners decided that it would be most effective for them to meet in-person to review the list of potential activities and determine which one was the most tangible and would have the greatest benefit, given the timeframe for the project. They selected to focus on supporting SHACs in their use of best practice and developed a one-page proposal for moving forward with this activity, which included a list of new partners to engage and a draft agenda for a second in-person meeting.

- III. An in-person action planning meeting needed to be scheduled and planned

How it happened: After receiving the proposal, AMCHP and NACCHO scheduled a conference call with the core partners to review the proposal and begin planning for the in-person meeting.

During this step of the process, there were significant challenges, however the strength of the relationships among the core partners and with the AMCHP and NACCHO project staff, as well as collective dedication to the project, allowed for the challenges to be successfully addressed. Challenges included:

- Staff turnover and transition to new positions
- Finding time during the summer months when schedules aligned for meeting via conference call, especially at the beginning of the school year

7. Planning for the Next Steps of the Building Bridges Project

In January 2013, AMCHP and NACCHO will facilitate a second meeting in Austin to engage new partners in the Building Bridges project and begin the development of an action plan for how the group will work collaboratively to help support the structure and function of SHACs and improve health and educational outcomes for adolescents in Texas.

Similar to the planning process for the May 2012 meeting, AMCHP and NACCHO are leading the effort to plan the meeting with critical input and assistance provided by the core partners.

Key Accomplishments

- Brought together key health and education agency partners to focus specifically on improving health and educational outcomes for adolescents
- Established commitment to the Building Bridges project from each of the core partner agencies
- 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
- Secured support for the Building Bridges project from the DASH project officers
- 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
- Laid the groundwork for the development of an effective action plan to improve adolescent sexual health outcomes in Texas

In-person Meeting Participant Feedback

The most useful parts of the meeting:

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

"CDC representation"

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

Additional comments:

"The process [ToP] was an excellent model that I would love to use for my own professional development."

"It was great to have the [DASH] project officers present."

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

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

"[This was a] great opportunity!"

Lessons Learned & Keys to Success

- The Building Bridges process greatly benefited from the existing relationship between AMCHP and NACCHO.
- Bringing the core partners together for an in-person meeting at the beginning of the project was important for building and enhancing relationships.
- The fact that AMCHP and NACCHO project staff were all trained in the same facilitation methods was integral to the success of the May 2012 meeting. Use of the facilitation methods provided structure for the meeting planning process and guided the facilitated activities. The participants rated the facilitation very highly and even expressed interest in being trained in ToP methods.
- DASH support for and participation in this meeting was crucial to its success. The presence of the project officers was a clear indication to meeting participants that collaboration through the Building Bridges project was being supported from the top down. This helped to achieve buy-in from the core partners in Houston and Texas. Additionally, the project officers gained a ground-level perspective of the project and the partners, as well as how AMCHP and NACCHO would be providing capacity building and other assistance to support the project.
- 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.

Organization Information

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 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.

² Gretchen Weiss, MPH, Senior Program Analyst, gweiss@naccho.org
 NACCHO is a leader, partner, catalyst, and voice for the nation's 2800 local health departments (LHDs) seeking to ensure the conditions that promote health and equity, combat disease, and improve the quality and length of all lives.