

Youth HIV Prevention  
Strategic Plan  
for 2008-2013

Updated  
November 2011



HIV Prevention Program  
828-5151

## Executive Summary

In 2008 the Vermont Department of Education convened a strategic planning workgroup (see Appendix A) to review relevant state data, conduct a SWOT analysis (see Appendix B), and determine appropriated goals and strategies to meet the needs of Vermont students in HIV, STD and pregnancy prevention. This strategic planning workgroup included 18 stakeholders, including 2 students, 6 personnel from within state government and the remainder from schools, community agencies and state associations. The workgroup held three half-day meetings, communicated via email and conference calls and completed a *SurveyMonkey* questionnaire. In addition to this stakeholder input the Vermont Department of Education sought input from the Comprehensive Health Education and Wellness Advisory Council (CHEWAC), a legislatively mandated statewide council of school health representatives.

Through this process we discovered themes of access, data, curricula and diversity in which we felt there were strengths, weaknesses, opportunities and threats. Specifically, we determined the need for improved and increased amounts of professional development designed to target certain topic areas and to reach a broader cross-section of health educators. Strengths in this area include: agencies in every county to address sexual health and the Vermont DOE health education resource center with an inventory of over 1,500 materials available for loan to schools and other health education professionals. Opportunities include: getting teachers qualified and comfortable with the material they are teaching and partnerships with community agencies to help schools address sexual health. We also determined that barriers exist both at the state and local level and a general lack of statewide work that reaches diverse populations. Youth input is also lacking across the board. There are many opportunities with respect to collaboration including outside groups working with teachers in their efforts to build skills and comfort with the subject matter.

We aligned these strengths, weaknesses, opportunities, and threats (SWOTs) with our five-year program goals, refined the goals, and then identified strategies to reach the goals. In 2010, based upon the Vermont State Board of Education strategic plan goals and strategies, a few HIV

prevention program strategies under each five-year goal have been updated and aligned. Our final five-year goals and program strategies are:

**Goal I: Strengthen collaboration among schools, communities and the department of education in HIV, STD and pregnancy prevention education**

*Strategies:*

- 1: Partner with youth-serving organizations to provide health educators with access to up-to-date, accurate, evidence-based HIV, STD and pregnancy prevention education resources for health educators.
- 2: Partner with state level external agencies to deliver consistent and precise messages around addressing the needs of high risk youth.  
(HIV SLIMS 1, 7 & 8)
- 3: Participate in New England Secondary School Consortium (NESSC) to provide input into policy priorities and school-based innovations.

**Goal II: Decrease acceptability of high-risk behaviors associated with HIV, STDs, and adolescent pregnancy**

*Strategies:*

- 1: Provide standards-based HIV, STD and pregnancy prevention training across Vermont using research-based HIV prevention programs/curricula for educators at public middle and high schools. (HIV SLIMS 7 & 8)
- 2: Promote and support evidence-based teaching and learning practices that emphasize integrated learning structures, positive school climates and establish high expectations and individualized achievement opportunities for all learners.
- 3: Provide professional development opportunities specifically to middle schools in core content and skills-building areas of HIV, STD and pregnancy prevention education.  
(HIV SLIM 1)

**Goal III: Involve youth in all aspects of HIV, STD and pregnancy prevention education, especially youth at high risk.**

*Strategies:*

- 1: Engage young people in order to provide meaningful youth input into local planning and implementation efforts.
- 2: Work to engage students, families, businesses and communities as catalysts, advocates, and contributors to the transformed learning culture.

**Goal IV: Increase capacity to improve delivery, effectiveness and sustainability of HIV programs through professional development of staff**

*Strategies:*

- 1: Participate in professional development opportunities to acquire new tools and resources that improve overall understanding of HIV program planning, implementation and evaluation.
- 2: Collect and share success stories.
- 3: Market program to schools and communities across Vermont.

## Data Sources

The following data sources were used during the 2008 strategic planning process and subsequent years' analysis updates.

### Internal Data Sources:

- 2008 DASH Program Inventory
- 2007 / 2008 Indicators for School Health Programs
- 2006 / 2007 Professional Development Reports (evaluations, participation lists, etc)

### External Data Sources:

- 2006 / 2008 School Health Profiles
- 2005 / 2007 Youth Risk Behavior Survey
- U.S. Census Bureau information for Vermont
- Vermont Agency of Community Services community profiles by county
- HIV/AIDS quarterly report
- Vermont Department of Health Center for Public Health Statistics
- Vermont Department of Health STD case reporting via National Electronic Telecommunications Surveillance System (NETSS)
- Vermont HIV Testing Survey (HITS)
- Vermont Department of Health Populations data via National Center for Health Statistics
- Vermont Alcohol and Drug Abuse Prevention substance abuse treatment admissions data
- Vermont Department of Health office of minority health 2004 study *Accessing Barriers to Prevention and Care Services Study*

## Data Summary

The following summary provides a snapshot of notable data in Vermont.

### Vermont U.S. Census Data:

Per the 2009 census estimates, Vermont's population is 621,760. Of that population, 20% are young people under the age of 18. 96.7% of Vermont's population are white, 1% are Asian and 5% are people who identify as non-White. The percentages of young people, Asian persons, and people of color are all lower than national averages. 86% of Vermont's population are high school graduates, which is a higher percentage than the national average. Chittenden County, which houses our largest city – Burlington – has a greater percentage of people of African and Asian descent: 1.9% and 2.6% respectively.

### 2010 Profiles:

Although the percentage of schools which teach various HIV, STD or pregnancy prevention topics in grades 6, 7 and 8 ranges from 60-70%, only 40% of schools in Vermont teach all 11 HIV, STD and prevention topics in the middle school grades. This percentage has not increased as evidenced by the 2008 Profiles report.

The percentage of schools in Vermont which teach about condom efficacy, the importance of using condoms and how to obtain condoms is 93%, and in 2010 when the question was asked, "do you teach students how to correctly use a condom in a required health education course," 88% of schools reported doing so. This represents a significant increase over the past four years.

The percentage of teachers who have received professional development (PD) in HIV, STD and pregnancy prevention topics during the past two years has decreased over past years. For example, in 2008 52% of teachers reported having received professional development in HIV prevention whereas in 2010 32% reported having received professional development in HIV prevention. The percentages of professional development received in all areas related to

HIV/STD prevention and skills development are lower than reported in the previous Profiles survey.

### 2011 YRBS:

61% of Vermont 12<sup>th</sup> graders report having ever had sexual intercourse, down five percent over 2009. Overall, 41% of students in grades 9-12 report having ever had sexual intercourse. These percentages are slightly lower than U.S. figures overall. The trend in sexual behavior in Vermont is relatively flat.

Approximately one in ten Vermont students has had sexual intercourse with four or more people in their lifetime. This figure is lower than the U.S. average of approximately 15% and has remained constant.

Overall, 48% of students reported using condoms, up slightly from 2009 at 46%. Students in the 9<sup>th</sup> grade were more likely to use condoms. While the rate of condom use has increased in the U.S. overall, Vermont students report similar rates of condom use over the past ten years, with a drop in usage rates over the past two years.

In Vermont, rates of alcohol or drug use before sexual intercourse were declining, then between 2005 and 2007, the rate jumped four percentage points from 24 % to 28 %. However, that rate declined in 2009 to 20% and rose slightly to 23% in 2011.

### STD Case Data

Chlamydia cases among women in the 15-24 age group have increased slightly over time with approximately 600 cases per 100,000 women in 2009, or approximately 6%. No cases of syphilis were reported in Vermont in 2009, a positive occurrence following an upward trend in past years.

### HIV Case Data

Since the number of youth living with HIV/AIDS in Vermont is very low this data is not published.

### 2011 Analysis

The 2010 Profiles survey indicates a clear need for an increase in professional development and a need to provide in-depth, on-going professional development widely across all of Vermont. In past years, the HIV prevention education program focused efforts in targeted areas of the state in an effort to decrease risk behaviors as evidenced in the Youth Risk Behavior Survey. Although sexual risk behaviors have risen slightly, the highest risk behaviors, such as multiple partners are decreasing. In addition, fewer students in 2011 had intercourse before the age of thirteen than reported in 2009.

High risk sexual behaviors are declining statewide and health educators are increasingly asking for professional development. Therefore, the HIV program intends to shift the targeted reach from local target areas to a statewide approach in order to reach more health educators and improve curriculum, instruction and assessment across the state of Vermont overall. In addition, the HIV program is shifting to providing on-going training including follow-up and evaluation in order to establish a cohort framework to provide more in-depth professional development over time.

## Communication Process

### Initial communications:

Main messages / What we communicate:

- Goals, strategies and annual objectives
- Logic model

<p>Recipients of strategic planning communication:</p> <ul style="list-style-type: none"><li>▪ All participating stakeholders</li><li>▪ Program implementers</li><li>▪ School health educators</li><li>▪ School counselors / SAPs</li><li>▪ Community partners</li><li>▪ Vermont DOE Safe and Healthy Schools program staff</li><li>▪ Alternative education program staff</li><li>▪ After school program staff</li><li>▪ State Board of Education</li><li>▪ Commissioner of Education</li><li>▪ Commissioner of Health</li><li>▪ CDC-DASH</li></ul>	<p>Communication Channels:</p> <ul style="list-style-type: none"><li>▪ Brochure – this format was chosen as a method to keep information brief and reader-friendly<ul style="list-style-type: none"><li>▪ Side one logic model, side two goals, strategies, acknowledgements</li></ul></li><li>▪ Vermont Interactive Television session to introduce to field via visual / oral mode</li><li>▪ Posting on VDOE website</li><li>▪ Notification via Principals and Superintendents weekly field memo</li><li>▪ Notification via Linking Health and Learning e-bulletin</li></ul>
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**On-Going communications:**

Main messages / What we will communicate

- Mid-year and annual progress reports
- Evaluation findings
- Recommendations
- Next steps

<p>Recipients of strategic planning communication:</p> <ul style="list-style-type: none"><li>▪ All participating stakeholders</li><li>▪ Program implementers</li><li>▪ Vermont DOE Safe and Healthy Schools program staff</li><li>▪ CDC-DASH</li></ul>	<p>Communication Channels:</p> <ul style="list-style-type: none"><li>▪ Reports</li><li>▪ Success Stories</li><li>▪ Updated DOE Web page</li></ul>
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**Implementation process**

HIV Program staff will work with internal, external state and community partners to implement the activities associated with each strategy identified in this strategic plan. Vermont Department of Education HIV program staff will meet monthly to review progress toward implementation of strategic plan and annual workplan. The HIV prevention program coordinator will convene annual meetings through the statewide HIV Community Advisory Group to:

- Provide updates on implementation successes and challenges
- Review and discuss evaluation process and data collections
- Review and discuss implementation strategies
- Make any recommendations for change to strategies, activities, timeline, evaluation efforts and/or communications process
- Receive input into future workplans

## **Evaluation process**

Process evaluation will be conducted using three key measurement tools:

1. *CDC Indicators for School Health Programs*
2. School Health Profiles
3. Youth Risk Behavior Survey

In addition, we will track progress toward goals via:

- the number of materials borrowed from our Health Education Resource Center
- hits on the Department of Education website
- participant rosters
- session evaluations
- verbal interviews with school health professionals and community partners

We will also work with community partners to jointly track the number of opportunities their organizations receive to present to and/or train school health professionals in HIV, STD and pregnancy prevention education.

**Workplan**

Vermont Department of Education

Priority Area #2 Improving the Health and Educational Outcomes of Young People through HIV  
Prevention

Cooperative Agreement Number: 5U87DP001262-05

Year 5 Workplan

<b>Selected SLIM</b>	<b>Strategy (or strategies) aligning with SLIM</b>	<b>2008 baseline % for SLIM</b>	<b>Target % for SLIM</b>	<b>2010 % for SLIM</b>	<b>2013 % for SLIM</b>
<p align="center">HIV SLIM 1</p> <p>The percentage of schools that address all of the following in a required course taught during grades 6, 7, or 8:</p> <ul style="list-style-type: none"> <li>· The differences between HIV and AIDS.</li> <li>· How HIV and other STD are transmitted.</li> <li>· How HIV and other STD are diagnosed and treated.</li> <li>· Health consequences of HIV, other STD, and pregnancy.</li> <li>· The benefits of being sexually abstinent.</li> <li>· How to prevent HIV, other STD, and pregnancy.</li> <li>· How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy.</li> <li>· The influences of media, family, and social and</li> </ul>	<p>Partner with external agencies/groups to provide joint professional development opportunities for educators across Vermont.</p> <p>Provide professional development opportunities specifically to middle schools in core content and skills-building areas of HIV, STD and pregnancy prevention education.</p>	43%	60%	48%	55%

<p>cultural norms on sexual behavior.</p> <ul style="list-style-type: none"> <li>· Communication and negotiation skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.</li> <li>· Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy.</li> <li>· Compassion for persons living with HIV or AIDS.</li> </ul>					
<p>HIV SLIM 7</p> <p>The percentage of schools in which the lead health education teacher received professional development during the past two years on all of the following:</p> <ul style="list-style-type: none"> <li>· Describing how widespread HIV and other STD infections are and the consequences of these infections.</li> <li>· Understanding the modes of transmission and effective prevention strategies for HIV and other STDs.</li> <li>· Identifying populations of youth who are at high risk of being infected with HIV</li> </ul>	<p>Partner with external agencies/groups to provide joint professional development opportunities for educators across Vermont.</p> <p>Provide standards-based HIV, STD and pregnancy prevention training across Vermont using research-based HIV prevention programs/curricula for educators at public middle and high schools.</p>	32%	55%	37%	45%

<p>and other STDs.</p> <ul style="list-style-type: none"> <li>· Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.</li> </ul>					
<p><b>HIV SLIM 8</b></p> <p>The percentage of schools in which the lead health education teacher received professional development during the past two years on at least six of the following:</p> <ul style="list-style-type: none"> <li>· Teaching HIV prevention to students with physical, medical, or cognitive disabilities.</li> <li>· Teaching HIV prevention to students of various cultural backgrounds.</li> <li>· Using interactive teaching methods for HIV prevention education, such as role plays or cooperative group activities.</li> <li>· Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills.</li> <li>· Teaching about health-promoting social norms and</li> </ul>	<p><b>Partner with external agencies/groups to provide joint professional development opportunities for educators across Vermont.</b></p> <p><b>Provide standards-based HIV, STD and pregnancy prevention training across Vermont using research-based HIV prevention programs/curricula for educators at public middle and high schools.</b></p>	<p>27%</p>	<p>50%</p>	<p>32%</p>	<p>40%</p>

<p>beliefs related to HIV prevention.</p> <ul style="list-style-type: none"> <li>· Strategies for involving parents, families and others in student learning of HIV prevention education.</li> <li>· Assessing students' performance in HIV prevention education.</li> <li>· Implementing standards-based HIV prevention education curricula and student assessment.</li> <li>· Using technology to improve HIV prevention education instruction.</li> <li>· Teaching HIV prevention to students with limited English proficiency.</li> <li>· Addressing community concerns and challenges related to HIV prevention education.</li> </ul>					
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Vermont Department of Education

Priority Area #2 Improving the Health and Educational Outcomes of Young People through HIV  
Prevention

Cooperative Agreement Number: 5U87DP001262-05

Year 5 Workplan

*5 Year Goal I:*

**Strengthen collaboration among schools, communities and the department of education in HIV, STD and pregnancy prevention education**

*Strategies:*

- 1: Partner with youth-serving organizations to provide health educators with access to up-to-date, accurate, evidence-based HIV, STD and pregnancy prevention education resources for health educators.
- 2: Partner with state level external agencies to deliver consistent and precise messages around addressing the needs of high risk youth.  
(HIV SLIMS 1, 7 & 8)
- 3: Participate in New England Secondary School Consortium (NESSC) to provide input into policy priorities and school-based innovations.

*School Level Impact Measure(s) (SLIMs):*

HIV SLIMS 1,7,8

*Objective 1.1:*

By February 2013, the HIV program, with support from local youth-serving agency partners will identify and make available a minimum of five new up-to-date, accurate, evidence-based HIV, STD and pregnancy prevention education resources for health educators available through the Health Education Resource Center (HERC).

*Indicators for School Health Programs:*

Q12

*Rationale for the objective:*

To support schools in the delivery of effective HIV and comprehensive sexuality education, health education professionals need access to current, accurate, and research-based materials. Through the Health Education Resource Center (HERC), schools have the opportunity to borrow

resources.	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> <li>a. Resources are obtained</li> <li>b. Resources are reviewed through materials review panel.</li> <li>c. Current HERC offerings updated to reflect new resources.</li> </ul> <p>Person/Agency Responsible: HIV Prevention Coordinator, HERC Program Technician</p>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> <li>a. Health Education Resource Center Listing</li> <li>b. Linking Health and Learning Newsletter (marketing tool)</li> </ul>
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> <li>a. solicit input from partners on up-to-date resources</li> <li>b. select materials</li> <li>c. put materials through material review panel process</li> <li>d. purchase approved materials</li> <li>e. place materials in Health Education Resource Center and in partners' lending libraries for use</li> </ul>	<p><i>Activity completion date</i> :</p> <ul style="list-style-type: none"> <li>a. March 2012, Sept 2012</li> <li>b. April 2012, April 2012</li> <li>c. May 2012, November 2012</li> <li>d. June 2012, December 2012</li> <li>e. July 2012, January 2013</li> </ul>
<p><i>Objective 1.2:</i></p> <p>By Feb 2013 joint partnership with the League of Innovative Schools will result in Vermont league schools' use of the global best practice toolkit in order to improve school culture, personalization and relevance of learning.</p>	
<p><i>Indicators for School Health Programs:</i></p> <p>Q13, Q16</p>	
<p><i>Rationale</i> for the objective:</p> <p>The League of Innovative schools (a regional support network of secondary schools and educators) is designed for schools committed to sustainable improvement in student-centered learning and student engagement. Partnership with this entity will leverage the HIV prevention program in improving the overall quality and delivery of effective HIV prevention education in traditional and non-traditional school settings. Partnering with League schools can facilitate school-community partnerships that enhance HIV prevention education for young people.</p>	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> <li>a. Global Best Practice facilitator training is held</li> </ul>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> <li>a. agenda and evaluations on file</li> </ul>

<ul style="list-style-type: none"> <li>b. Facilitation of Global Best Practice Toolkit with schools is conducted.</li> <li>c. Coaching and technical assistance has been provided to schools</li> </ul> <p>Person/Agency Responsible: HIV Prevention Coordinator</p>	<ul style="list-style-type: none"> <li>b. agenda and evaluations on file</li> <li>c. evaluations on file</li> </ul> <p>Person/Agency Responsible: HIV Coordinator</p>
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> <li>a. participate in training</li> <li>b. conduct minimum of two facilitation events using the Global Best Practices toolkit</li> <li>c. provide participants post-implementation evaluation survey</li> <li>d. make changes to training design as necessary</li> </ul>	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> <li>a. March - April 2012</li> <li>b. May through October 2012</li> <li>c. Feb 2013</li> <li>d. on-going/as needed</li> </ul>
<p><i>Objective 1.3:</i></p> <p>By February 2013 the Vermont team for NESSC will have provided input into policy and program strategies that support school health and wellness, including HIV, STD and pregnancy prevention education.</p>	
<p><i>Indicators for School Health Programs:</i></p> <p>Q23, Q25, Q27</p>	
<p><i>Rationale</i> for the objective: Coordinated efforts to address school health and wellness, including HIV prevention education and policy, is necessary to provide a systematic and comprehensive approach to school improvement and innovation efforts.</p>	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> <li>a. meetings scheduled</li> <li>b. meetings held and partners invited to participate</li> </ul> <p>Person/Agency Responsible: HIV Prevention Coordinator</p>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> <li>a. meeting minutes</li> <li>b. joint documents (TBD)</li> </ul> <p>Person/Agency Responsible: HIV Prevention Coordinator</p>
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> <li>a. attend NESSC working group meetings</li> <li>b. attend NESSC policy strategic action team meetings</li> </ul>	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> <li>c. On-going through Feb 2013</li> <li>d. On-going through Feb 2013</li> <li>e. On-going through February</li> </ul>

c. Communicate progress to internal and external stakeholders	2013
<p><i>Objective 1.4:</i></p> <p>The HIV Prevention Coordinator will continue to participate on the statewide HIV/AIDS advisory council known as Community Advisory Group (CAG, known formerly as CPG) to provide on-going support and consultation on priority youth needs in Vermont.</p>	
<p><i>Indicators for School Health Programs:</i> n/a</p>	
<p><i>Rationale</i> for the objective: As a state education agency representative, the HIV coordinator provides input and leadership on this statewide advisory council particularly where it pertains to youth HIV prevention funding decisions and programmatic efforts.</p>	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> <li>a. continued membership of the Community Advisory Group (CAG), and CAG sub-committees</li> <li>b. participation on VDH materials review committee (MRC)</li> </ul> <p>Person/Agency Responsible: HIV Prevention Coordinator</p>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> <li>a. membership on CAG is on file at VDH</li> <li>b. membership on MRC is on file at VDH</li> </ul> <p>Person/Agency Responsible: HIV Prevention Coordinator</p>
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> <li>a. continue bi-annual membership commitment to CAG</li> <li>b. attend bi-monthly CAG meetings</li> <li>c. participate in monthly sub-committee conference calls</li> <li>d. Participate on VDH materials review committee as needed/requested</li> </ul>	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> <li>a. on-going</li> <li>b. on-going</li> <li>c. on-going</li> <li>d. on-going</li> </ul>

Vermont Department of Education

Priority Area #2 Improving the Health and Educational Outcomes of Young People through HIV  
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Year 5 Workplan

<p><i>5 Year Goal II:</i></p> <p><b>Decrease acceptability of high-risk behaviors associated with HIV, STDs, and adolescent pregnancy</b></p>
<p><i>Strategies:</i></p> <ol style="list-style-type: none"><li>1: Provide standards-based HIV, STD and pregnancy prevention training across Vermont using research-based HIV prevention programs/curricula for educators at public middle and high schools. (HIV SLIMS 7 &amp; 8)</li><li>2: Promote and support evidence-based teaching and learning practices that emphasize integrated learning structures, positive school climates and establish high expectations and individualized achievement opportunities for all learners.</li><li>3: Provide professional development opportunities specifically to middle schools in core content and skills-building areas of HIV, STD and pregnancy prevention education. (HIV SLIM 1)</li></ol>
<p><i>School Level Impact Measure(s) (SLIMs):</i></p> <p>HIV SLIMS 1,7,8</p>
<p><i>Objective 2.1:</i></p> <p>By February 2013 the Vermont Department of Education will have grown the Vermont health educator professional network named <i>Vermont Community of Health Educators (VCHE)</i> by at least 35% in order to provide continual professional development and coaching assistance aimed at improving evidence-based teaching and learning practices, positive school climates, high expectations and individualized achievement opportunities for all learners.</p>
<p><i>Indicators for School Health Programs:</i></p> <p>Q32</p>
<p><i>Rationale for the objective:</i> To effectively deliver HIV, STD and pregnancy prevention education, educators must be comfortable with the subject matter and create a classroom climate that is conducive to learning. Students must feel safe to explore controversial topics in the</p>

classroom.	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> <li>a. New members applications completed for induction into VCHE</li> <li>b. year five training design developed</li> <li>c. trainings marketed to network</li> <li>d. trainings/meetings/webinars held</li> </ul> <p>Person/Agency Responsible: HIV Coordinator, Health Education Consultant</p>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> <li>a. Distribution List</li> <li>b. training design on file</li> <li>c. LHL e-bulletin</li> <li>d. agendas and participant evaluations are on file at DOE.</li> </ul> <p>Person/Agency Responsible: HIV Coordinator, Health Education Consultant</p>
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> <li>a. Market network opportunity to health educators statewide</li> <li>b. establish network and communicate process to enrollees</li> <li>c. update training design</li> <li>d. market and conduct trainings</li> <li>e. conduct post-training follow-up survey of participants</li> <li>f. provide technical assistance to participating schools as necessary</li> </ul>	<p><i>Activity completion date</i> :</p> <ul style="list-style-type: none"> <li>a. May 2012</li> <li>b. September 2012</li> <li>c. on-going through Feb 2013</li> <li>d. June 2012, Oct 2012, Jan 2013</li> <li>e. September 2012 – Feb 2013</li> <li>f. September 2012-Feb 2013</li> <li>g. as necessary</li> </ul>
<p><i>Objective 2.2:</i></p> <p>By February 2013, the Vermont Department of Education will have provided a minimum of three professional development opportunities, targeting middle schools as a priority, in core content and skills-building areas of HIV, STD and pregnancy prevention education.</p>	
<p><i>Indicators for School Health Programs:</i></p> <p>Q13, Q17</p>	
<p><i>Rationale</i> for the objective:</p> <p>Vermont School Health Profiles highlights a lack of specific professional development received by middle schools. The middle grades are a crucial time for students to receive effective HIV, STD and pregnancy prevention education, which, according to the Vermont YRBS is a time at</p>	

<p>which very few students have yet engaged in high risk behaviors associated with HIV, STD or adolescent pregnancy.</p>	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> <li>a. training design developed</li> <li>b. trainings marketed to schools</li> <li>c. trainings held</li> </ul>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> <li>a. school health profiles</li> <li>b. participant evaluations</li> </ul>
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> <li>a. develop training design</li> <li>b. market trainings</li> <li>c. conduct trainings</li> <li>d. conduct post-training follow-up survey of participants</li> <li>e. provide technical assistance to participating schools as necessary</li> </ul>	<p><i>Activity completion date:</i></p> <ul style="list-style-type: none"> <li>a. March 2013</li> <li>b. on-going through Feb 2013</li> <li>c. June 2012, Oct 2012, Nov 2012</li> <li>d. July 2012, Nov 2012, Dec 2012</li> <li>e. as necessary</li> </ul>

Vermont Department of Education

Priority Area #2 Improving the Health and Educational Outcomes of Young People through HIV Prevention

Cooperative Agreement Number: 5U87DP001262-05

Year 5 Workplan

<p><i>5 Year Goal III:</i></p> <p><b>Involve youth in all aspects of HIV, STD and pregnancy prevention education, especially youth at high risk.</b></p>	
<p><i>Strategies:</i></p> <ul style="list-style-type: none"> <li>1: Engage young people in order to provide meaningful youth input into local planning and implementation efforts.</li> <li>2: Work to engage students, families, businesses and communities as catalysts, advocates, and contributors to the transformed learning culture.</li> </ul>	
<p><i>School Level Impact Measure(s) (SLIMs):</i></p> <p>N/A</p>	
<p><i>Objective 3.1:</i></p> <p>By February 2013 a minimum of six schools will have participated in a youth-driven YRBS data analysis and action planning process.</p>	
<p><i>Indicators for School Health Programs:</i></p> <p>Q23</p>	
<p><i>Rationale for the objective:</i></p> <p>The YRBS student data analysis project has been implemented over four years. Participating schools have documented success with student engagement and involvement and program improvements that foster increased student engagement at the local level. Continued support of this project is prudent given past successes.</p>	
<p><i>Measures for accomplishing the objective:</i></p> <ul style="list-style-type: none"> <li>a. at least 50 youth provide input into local analysis and action planning efforts</li> <li>b. Data analysis retreats and community dialogue night communication events are held</li> <li>c. Action plans are developed</li> </ul>	<p><i>Data sources to measure the objective:</i></p> <ul style="list-style-type: none"> <li>a. data analysis results published in annual project newsletter</li> <li>b. narrative report and action plans from schools</li> </ul>

Person/Agency Responsible: HIV Coordinator, Health Education Consultant	Person/Agency Responsible: HIV Coordinator, Health Education Consultant
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> <li>a. recruit and select participating schools</li> <li>b. hold orientation training with participating schools</li> <li>c. conduct dialogue night training with participating schools</li> </ul> <p>provide follow-up support and technical assistance to schools</p>	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> <li>a. June 2012</li> <li>b. September 2012</li> <li>c. November 2012</li> <li>d. on-going through Feb 2013</li> </ul>
<p><i>Objective 3.2:</i></p> <p>By February 2013, all eleven schools who are members of Youth and Adults Transforming Schools Together (YATST) will have been trained, by the students in those participating schools, on brain-based learning and the cognitive implication of teaching.</p>	
<p><i>Indicators for School Health Programs:</i></p> <p>Q23</p>	
<p><i>Rationale</i> for the objective:</p> <p>The goal of YATST is to increase student engagement in learning and voice in decision making by creating a partnership between students, faculty and the community to increase relevance, relationships, rigor and shared responsibility in Vermont schools. Participating schools will learn the importance of tailoring educational opportunities and pedagogy based on the needs of the adolescent brain in order for students to feel most engaged and ready to learn and to improve students' of self-concept.</p>	
<p><i>Measures</i> for accomplishing the objective:</p> <ul style="list-style-type: none"> <li>a. at least 20 youth provide input into training design for brain-based learning</li> <li>b. trainings are held</li> <li>c. School-based action plans are developed</li> </ul> <p>Person/Agency Responsible: HIV Coordinator, Health Education Consultant</p>	<p><i>Data sources</i> to measure the objective:</p> <ul style="list-style-type: none"> <li>a. training design on file</li> <li>b. evaluations are on file</li> <li>c. action plans are on file</li> </ul> <p>Person/Agency Responsible: HIV Coordinator, Health Education Consultant</p>

<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> <li>a. Design training</li> <li>b. hold training with participating schools</li> <li>c. provide follow-up support and technical assistance to schools</li> </ul>	<p><i>Activity completion date :</i></p> <ul style="list-style-type: none"> <li>a. April 2012</li> <li>b. May 2012</li> <li>c. on-going through Feb 2013</li> </ul>
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Vermont Department of Education

Priority Area #2 Improving the Health and Educational Outcomes of Young People through HIV Prevention

Cooperative Agreement Number: 5U87DP001262-05

Year 5 Workplan

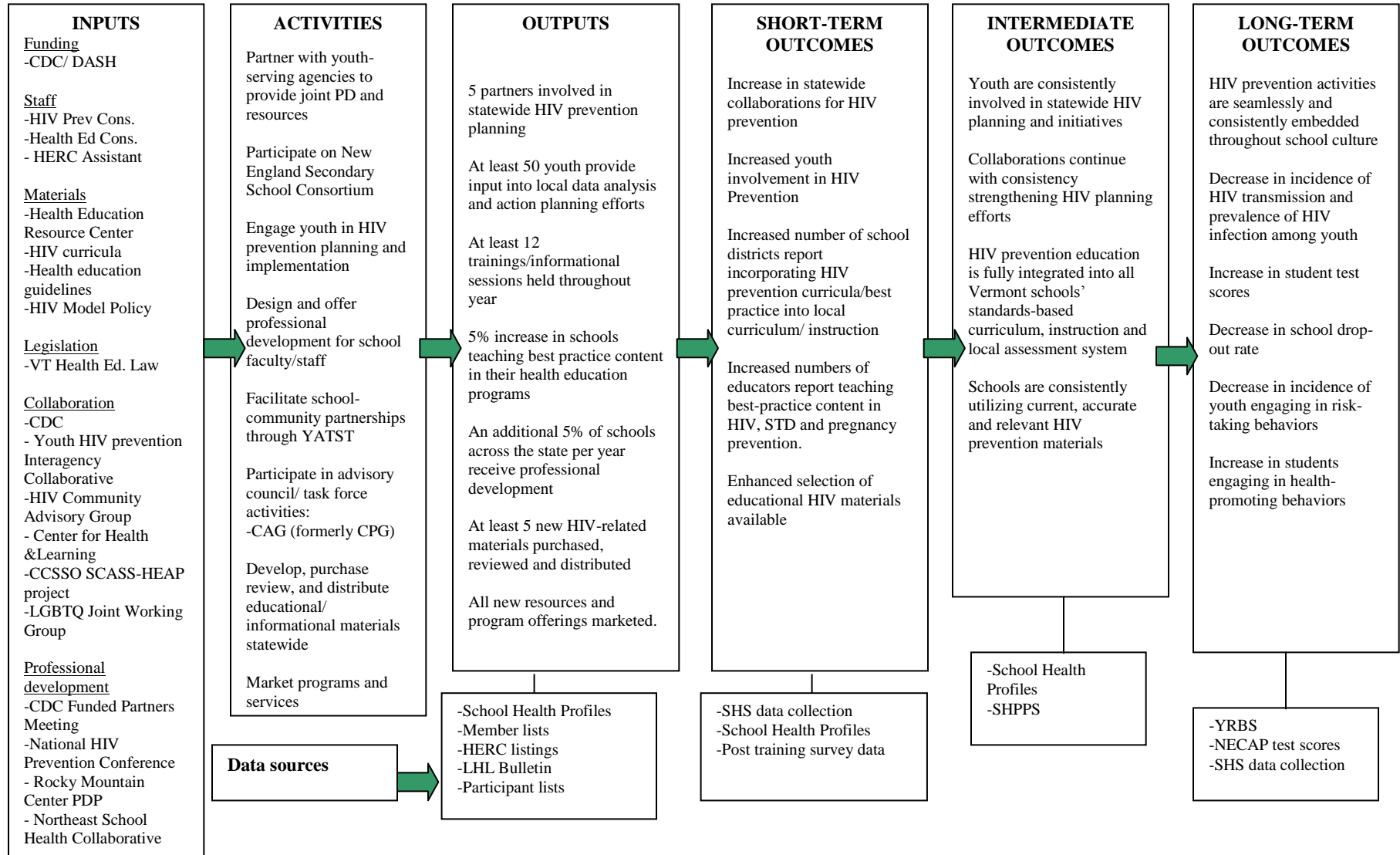
<p><i>5 Year Goal IV:</i></p> <p><b>Increase capacity to improve delivery, effectiveness and sustainability of HIV programs</b></p>	
<p><i>Strategies:</i></p> <p>1: Participate in professional development opportunities to acquire new tools and resources that improve overall understanding of HIV program planning, implementation and evaluation.</p> <p>2: Collect and share success stories.</p> <p>3: Market program to schools and communities across Vermont.</p>	
<p><i>School Level Impact Measure(s) (SLIMs):</i></p> <p>N/A</p>	
<p><i>Objective 4.1:</i></p> <p>By February 2013 the HIV prevention coordinator will have attended a minimum of three professional development opportunities to acquire new tools and resources that improve overall understanding of HIV program planning, implementation and evaluation. These may include and are not limited to any CDC-sponsored events, the Northeast School Health Collaborative and the annual HIV prevention conference.</p>	
<p><i>Indicators for School Health Programs:</i></p> <p>N/A</p>	
<p><i>Rationale for the objective:</i></p> <p>Professional development provides staff with opportunities to enhance program design, implementation and evaluation through the introduction of new tools, sharing of successes and challenges and learning best-practice methods for HIV prevention education. This helps to build the capacity of the state program in addressing HIV through prevention and education efforts.</p>	
<p><i>Measures for accomplishing the objective:</i></p> <p>a. participate in at least three professional development events</p>	<p><i>Data sources to measure the objective:</i></p> <p>a. log of participation/name listed on participant list</p>

<p>b. incorporation of at least 2 new tools/resources/methods into HIV work plan activities. Person/Agency Responsible: HIV Coordinator</p>	<p>b. Training agendas reflect tools/resources/methods used Person/Agency Responsible: HIV Coordinator</p>
<p><i>Activities</i> in support of the objective: a. Register for and attend CDC-DASH sponsored professional development opportunities once announced b. Register for and attend other related conferences and workshops relevant to the objectives set forth in this workplan, once announced</p>	<p><i>Activity completion date</i> : a. on-going through February 2013 b. on-going through February 2013</p>
<p><i>Objective 4.2:</i> By February 2013, the Vermont Department of Education will have collected at least two success stories from the field.</p>	
<p><i>Indicators for School Health Programs:</i> Q36</p>	
<p><i>Rationale</i> for the objective: Success stories provide the narrative stories of impact in the field as a result of program initiatives. This is a key way to share successes to state and national funders, congressional officials and leaders in health and education.</p>	
<p><i>Measures</i> for accomplishing the objective: a. success stories collected b. success stories shared with CDC Person/Agency Responsible: HIV Prevention Coordinator</p>	<p><i>Data sources</i> to measure the objective: a. stories on file b. success stories included in end-of-year annual report Person/Agency Responsible: HIV Prevention Coordinator</p>
<p><i>Activities</i> in support of the objective: a. market opportunity to schools via Linking Health and Learning bulletin b. collect and compile success stories c. share success stories with CDC-DASH and key</p>	<p><i>Activity completion date</i> : a. April 2012 b. October 2012 c. February 2013</p>

leaders in health and education	
<p><i>Objective 4.3:</i></p> <p>By February 2013, the Vermont Department of Education will have developed and marketed specific HIV prevention education publications and presentations to schools and communities across Vermont.</p>	
<p><i>Indicators for School Health Programs:</i></p> <p>n/a</p>	
<p><i>Rationale for the objective:</i></p> <p>Schools and community partners need a clear understanding of opportunities that exist for them to engage, and current data and research that can guide programmatic improvements.</p>	
<p><i>Measures for accomplishing the objective:</i></p> <p>a. Profiles reports and sub-reports written</p> <p>b. Presentations designed</p> <p>c. trainings and other opportunities marketed</p> <p>Person/Agency Responsible: HIV Prevention Coordinator, HERC Program Technician</p>	<p><i>Data sources to measure the objective:</i></p> <p>a. Profiles reports and presentations</p> <p>b. number of schools/districts/S.U.'s reached</p> <p>Person/Agency Responsible: HIV Prevention Coordinator, HERC Program Technician</p>
<p><i>Activities in support of the objective:</i></p> <p>a. Write Profiles reports</p> <p>b. Publish and disseminate Profiles reports</p> <p>c. Presentations created</p> <p>d. Presentations delivered</p>	<p><i>Activity completion date :</i></p> <p>a. May 2012</p> <p>b. June 2012</p> <p>c. July 2012</p> <p>d. on-going through February 2013</p>

## Logic Model

***GOAL: Improving the health and educational outcomes of young people through HIV, STD and pregnancy prevention education***



**Youth HIV Prevention Strategic Planning Workgroup**

The following chart represents the participants of the original strategic planning process conducted throughout 2008.

Name	Organization	Title	e-mail
Katherine Betzer	Outright Vermont	Outreach coordinator	katherine@outrightvt.org
Casey Boyle- Eldridge	CBE Educational Services	Consultant and parent	casey@cbeeducationalservices.org
Karen Casavant	Franklin Northwest SU	Health educator	kcasavant@fnwsu.org
Ashley Coathup	Senior, Lake Region Union high School	High school student	private
Patrick Deleon	Spectrum Youth Services	Youth outreach coordinator	pdeleon@spectrumvt.org
Michelle Force	Vermont Department of Health	HIV prevention program supervisor	MForce@vdh.state.vt.us
Barb Frankowski	American Academy of Pediatrics	Physician and school health educator	Barbara.Frankowski@vtmednet.org

Shayne Galloway	Vermont CARES	Training Coordinator	shayne@vtcares.org
Haskell Garrett	New Alpha Missionary Baptist Church		
Breena Holmes	Middlebury Union High School Middlebury Pediatric and Adolescent Medicine	Health Educator and Physician	<a href="mailto:breenlew@gmail.com">breenlew@gmail.com</a>
Rob Lunn	Vermont Department of Health	HIV/ STD/ Hep C unit chief	<a href="mailto:RLunn@vdh.state.vt.us">RLunn@vdh.state.vt.us</a>
Donna McAllister	Vermont Department of Education	Health Education consultant	<a href="mailto:Donna.mcallister@state.vt.us">Donna.mcallister@state.vt.us</a>
Fayneese Miller	Vermont State board of Education	State Board member	<a href="mailto:Fayneese.Miller@uvm.edu">Fayneese.Miller@uvm.edu</a>
Emily Pastore	Vermont Department of Health	School Nurse consultant	<a href="mailto:EPastor@vdh.state.vt.us">EPastor@vdh.state.vt.us</a>
Allen Robinson	Imani health Care		
Evan Shadowfax	Senior, Lake Region Union High School	High school student	Private

Vicky Smith	King Street Youth Center	Director	<a href="mailto:vicky@kingstreetyouth.org">vicky@kingstreetyouth.org</a>
Karen Tronsgard-Scott	Vermont Network Against Domestic and Sexual Violence	Education Director	
Shevonne Travers	Vermont Department of Education	Assistant director	<a href="mailto:Shevonne.travers@state.vt.us">Shevonne.travers@state.vt.us</a>
Susan Varni	University of Vermont	Student intern	<a href="mailto:SVarni@vdh.state.vt.us">SVarni@vdh.state.vt.us</a>

**SWOT Analysis**

During HIV prevention program strategic planning, we addressed Strengths, Weaknesses, Opportunities and Threats under five categories (Program Management and Staffing, Program Planning and Monitoring Partnerships, Professional Development/Technical Assistance, Other), we grouped the items into common themes:

- ACCESS
- DATA
- CURRICULA
- DIVERSITY
- OTHER

Common areas of concern that rose to the top of these categorical areas include:

- Professional development: the need for improved and increased amounts of professional development designed to target certain topic areas and to reach a broader cross-section of health educators. Specifically, areas in need of improvement include level of knowledge of professional staff working with students, accessing professional development needs, how community partners know what professional development events are offered around the state, and accessing professional development given teachers' limitations. Strengths in this area include: agencies in every county to address sexual health, the Vermont DOE health education resource center with an inventory of over 1,500 materials available for loan to schools and other health education professionals, Vermont DOE program fully staffed with experienced HIV coordinator and health education consultant. Opportunities include: getting teachers qualified and comfortable with the material they are teaching, partnerships with community agencies to help schools address sexual health.
- Diversity: Barriers exist both at the state and local level such as methods of identifying youth at greatest risk and a general lack of resources for statewide work that reaches diverse

populations. Youth input, especially from diverse populations, is also lacking across the board in sexuality education, HIV / STD / pregnancy prevention.

- Collaboration: There are many opportunities with respect to collaboration including outside groups supporting/educating/assisting teachers in their efforts to build skills and comfort with the subject matter and including youth in aspects of statewide and local HIV prevention planning and design.

Full SWOT results are as follows:

## **ACCESS**

### Strengths

Agencies in every county to address sexual health

Health Education Resource Center (HERC)

Keeping partners informed on DOE activities

Schools have access to professional development

### Weaknesses

When health class is offered (timing of classes 8<sup>th</sup> – 12<sup>th</sup>?)

State doesn't have clear sense of what is happening in schools (issue of local control)

Local control aspect of schools

Connecting with alternative ed programs

Logistics (ie: funding limitations)

Getting youth input

Fully accessing VIT and on-line, LNC

How community organizations know what services and professional development offerings there are offered

Lack of resources to travel across State of Vermont not reaching immigrant refugee youth

### Opportunities

Balance of external agencies collaborating with schools

Access to people who are HIV+ (stakeholders)  
External groups available to educate  
Opportunity for outside groups to support/educate/assist teachers in their efforts to build skills/comfort (capacity building)  
Availability of professional development and technical assistance

### Threats

Schools teaching curriculum not reaching kids  
Reaching kids with language barriers or who are people of color – non-normative identities  
No access to kids in schools to talk about HIV Prevention (outright)  
Access is personality-based and not institutionalized (it's who you know, access to students isn't available in all schools)  
Historically based reputation impacting access (VT CARES)  
Still missing non-profits serving refugee communities, people of color, disabilities  
Barriers created by homophobia (this is big)  
Lack of resources for statewide work  
Language barriers  
Lack of outreach to diverse populations  
Again – personality-based and not institutionalized

### **DATA**

#### Strengths

Data we can use  
Health Education Resource Center (HERC)  
Data we can use  
Tracking program activities  
Survey results to schools/S.U.'s  
Materials review committees (DOE and VDH)  
VDH presence in schools (3 staff)

#### Weaknesses

How elementary schools are involved

When health class is offered (timing of classes 8<sup>th</sup> – 12<sup>th</sup>?)

Level of knowledge of professional staff working with students

State doesn't have clear sense of what is happening in schools (issue of local control)

Limited ability to determine need

Lack sense of how well we are meeting needs

How staff know what services and professional development offerings there are

### Opportunities

VDH helpful in thinking about evaluation and data collection

Systems to capture "actual" behavior among queer youth (YRBS)

### Threats

limitations on reliable data

YRBS not reliable data (critical thinking about methodology, broaden to consider non-normative kids)

Not reaching immigrant and refugee youth

## **CURRICULA**

### Strengths

Survey results to schools/S.U.'s

Materials review committees (DOE and VDH)

Vermont Interactive Television

Health Education Resource Center

Formative stage of transformation of education (21<sup>st</sup> century changes)

### Weaknesses

Level of knowledge of professional staff working with students

Lack of plan for 21<sup>st</sup> century skills around health

Getting youth input

Fully accessing VIT and on-line, LNC  
Accessing professional development needs

### Opportunities

Confidentiality – youth-focused, youth driven, youth dedicated  
Own the awkwardness to open the door to learning  
Teachers qualified and comfortable  
Up-to-date materials  
Integration of HIV/HEP, etc. throughout the curriculum

### Threats

No embedded standardized curriculum  
Lack of knowledge about gender issues by adults  
Lack of skills around talking about sex with kids  
Especially non-normative sexuality  
Other things we need to be talking about – Hep C/tattooing and piercing, other aspects/risks for youth in 2008

## **DIVERSITY**

### Strengths

### Weaknesses

Local control aspect of schools  
Not a clear way to identify those at greatest risk  
Connecting with alternative ed programs  
Getting youth input

### Opportunities

Systems to capture “actual” behavior among queer youth (YRBS)  
Diversity of folks working on prevention – integrated in many jobs -0 cuts across many positions

Reflect identity of youth coming in and create safety for queer youth

### Threats

Still missing non-profits serving refugee communities, people of color, disabilities

Lack of resources for statewide work

Barriers created by homophobia (this is big)

Lack of diversity in organizations

Lack of knowledge about gender issues by adults

Especially non-normative sexuality

Not reaching refugee youth

Reaching kids with language barriers or who are people of color – non-normative identities

### **OTHER**

#### Strengths:

FTE HIV coordinator

Health ed Coordinator

VDH fully staffed program

Communication tools

DOE participation on CAG

Materials review committees (DOE and VDH)

Skilled

We reach whole State of Vermont on-line professional development

Vermont Interactive Television

A lot of services and professional development offerings

State board of education member trained by CDC in HIV among people of color

#### Weaknesses:

Internal partnerships with Independent and Federal Programs

Staffing HERC

Logistics (ie: funding limitations)

Collaborative efforts

Getting youth input

Lack of support staff

Lack of advance planning

No Child Left Behind

Overall less funding

Fewer staff

Opportunities:

Vermont CARES – resources good around prevention (1.5 FTE)

(agencies) Reflect identity of youth coming in and create safety for queer youth

VDH flexible

People who really care about work and people are pushing when interventions aren't working

Youth pushing back

Opportunities for youth to monitor/evaluate

Youth participating in program planning

Participation in collaborative groups – always can do more

Good relationships among non-profits

Space

Staff are also youth

Providing technical assistance and training

So many opportunities

Threats:

Sometimes loss of focus due to all the other things that are going on

Limited resources to do the work

Schools teaching curriculum not reaching kids

Reaching kids with language barriers or who are people of color – non-normative identities

Lack of evidence-based intervention and lack of strategy (ie: public health model for comprehensive prevention)

Personal agenda driven by staff at school

Lack of emphasis in classrooms, outdated materials

Lack of primary prevention

Cultural terror about sex (no woodies in the classroom)

Lack of funding for dedicated folks

Lack of outreach to diverse populations language barriers