Priority 2: HIV-Project Narrative-Nebraska Department of Education

HIV Prevention Education Strategic Plan

Executive Summary

The Nebraska Department of Education's (NDE) HIV Prevention Education Program (HIV-PEP) convened a strategic planning workgroup that included seventeen stakeholders, including thirteen persons from outside NDE and Nebraska Department of Health and Human Services (NDHHS). The thirteen external members of the workgroup were inclusive of two NE State Board of Education members, three volunteers living with HIV/AIDS, one youth volunteer, three school health educators, one public health educator, one nurse, and one college professor. The workgroup held a full-day meeting on July 23, 2008, communicated numerous times via email, and met again on October 3, 2008, to provide final input on the Strategic Plan. Eighteen different data sources were examined to identify the programs strengths, weaknesses, opportunities and threats (SWOTs). Nebraska's program strengths are in staffing of a full-time qualified HIV Coordinator (effective as of September 2, 2008), the existence of an established HIV Cadre of Trainers, professional development, collaboration with a diverse group of partners such as the Nebraska HIV Care and Prevention Consortium (NHCPC), Nebraska AIDS Education and Training Center (NAETC), the NDE Coordinated School Health program (CSHP), and established partnerships with the HIV Heartland Collaborative to provide research-based trainings and conferences. The programs weaknesses are in data collection and evaluation, marketing, youth involvement, and a lack of any statewide legislative statute, policy, or NDE mandate to provide HIV prevention education in Nebraska schools. Program opportunities consist in lead health education teachers desires for professional development on HIV prevention strategies and activities, the existence of a HIV model policy, the ability to collaborate with the NDE CSHP, the "local control" within NE schools, and the possibility of a supportive Commissioner and Deputy Commissioner of Education. The emphasis on and increase in national and statewide assessments, resistance of schools to participate in the Youth Risk Behavior Survey (YRBS), the Abstinence-Only-Until-Marriage policy governing NDE personnel and programs (with the exception of the HIV-PEP), and the political climate of the state which provides for moral issues to overshadow student health issues provide the HIV-PEP with its greatest threats. We aligned these SWOT's with our five-year program goals, refined the goals, and then identified strategies to reach the goals. Our final five-year goals and program strategies are:

Refined (final) Goal 1: Increase implementation of effective HIV prevention efforts in Nebraska schools and youth serving agencies.

Strategy: Develop model HIV/bloodborne pathogen policies for schools and school districts.

Strategy: Disseminate model HIV/bloodborne pathogen policies to schools and school districts.

Strategy: Provide resources and TA on implementation of effective HIV prevention to schools, school districts, and youth serving agencies.

Refined (final) Goal 2: Maintain and strengthen procedures to monitor the implementations of comprehensive school health education, including HIV prevention.

Strategy: Build partnerships to acquire quality data.

Strategy: Utilize survey instruments to conduct surveys in Nebraska schools.

Strategy: Provide survey reports to schools, districts, and other local agencies to use for program planning.

Refined (final) Goal 3: Develop and implement strategies for professional development on effective HIV/AIDS prevention instruction in K-12 classrooms and youth serving agencies.

Strategy: Develop HIV prevention toolkit for Nebraska schools and youth serving agencies.

Strategy: Provide professional development on effective HIV prevention programs to Nebraska schools and youth serving agencies.

Strategy: Develop and maintain a cadre of HIV trainers.

Strategy: Develop a system to evaluate professional development activities.

Refined (final) Goal 4: Increase the capacity of schools/agencies serving high-risk youth to provide effective HIV prevention.

Strategy: Build partnerships with schools/agencies that address the needs of youth who engage in high risk behaviors.

Strategy: Collaborate with schools/agencies that address the needs of youth who engage in high risk behaviors to provide effective HIV prevention.

Strategy: Develop a system to assess the knowledge and skills of participants in HIV prevention programs.

The HIV Coordinator and the CSH Director identified what stakeholders need to know about NDE's HIV-PEP strategic plan. Communication of the strategic plan will utilize a variety of formats, particularly email, in-person meetings, reports, oral presentations, and newsletters. The communication process is identified in more depth on pages 14 and 15. Implementation of the strategic plan will be monitored and revised as needed through bimonthly staff meetings, biannual meetings for those implementing the strategic plan, and an annual meeting of the strategic plan workgroup. Evaluation questions related to NDE's HIV-PEP strategies have been developed and sources identified from which data will be collected to answer these questions.

Stakeholder	Program Participant	Strategic Plan Implementer	Intended User
NE Association of Health, Physical Education, Recreation and Dance (NAHPERD)	X		
Nebraska HIV Care and Prevention Consortium: Cheryl Bullard, State Co-Chair; Daniel Cobos, Community Co-Chair			X
Nebraska Department of Health and Human Services (NDHHS): Ann Chambers, Public Health Coordinator			X

Nebraska Department of Education (NDE): Health Education Section, State Board Members			X
NDE HIV Coordinator: Gayle Grauer		X	
NDE CSH Director: Julane Hill		X	
Educational Service Units (ESU): Professional Developers	X		
District/Local Health Departments: Community Health Educators			X
Nebraska Schools	X		
Buffalo Beach Company: Dr. Ian Newman, SHP Contractor		X	
University of NE-Lincoln: Dr. Christina Perry, YRBS Contractor		X	
University of NE-Kearney: Wendy McCarty, Professor			X
NE AIDS Education and Training Center (UNMC): Ann Fitzgerald, Coordinator, APRN			X
Camp Kindle: HIV affected/infected children			X
PFLAG of Central NE: Judy Sandeen; Program Director; PHIVE-O			X
United Way of Central NE: Chris Junker, Program Director; REACHOUT and Sunny D's			X
Am. Red Cross-Heartland Chapter: Rachel Leaf, HIV Coordinator			X
Planned Parenthood of NE-Community Health Educator: Margie Dumas, Health Educator			X
HIV Cadre Members: Sue Bokenkamp, Teacher; Teri Gemar, Teacher; Linda Miller, Teacher; Cathi Sampson, Community Health Educator; Judy Stewart, School Nurse; Joe Conrad, Community Volunteer		X	
Material Review Panel: Jadean Bedlion, Student; Sue Bokenkamp, Teacher; Ann Chambers, NDHHS; Joe Conrad, Community Volunteer, PLWA; Margie Dumas, Planned Parenthood of NE, PLWA; Deane Lind, Community Volunteer, PLWA; Wendy McCarty, Professor; Judy Stewart, School Nurse			X
Hastings College Peer Educators (PHIVE-O): College Students			X
NE Career Education (NCE)-FCS Branch			X
Nebraska School Nurses Association (School Nurses)	X		
School Health and Physical Education Teachers	X		
Family Consumer Science (FSC) Teachers	X		
Youth Rehabilitation and Treatment Services (YRTC-Kearney)	X		
Nebraska Governor's Council on Health Promotion and Physical Activity			X

HIV Strategic Plan Workgroup			X
HIV Regional Community Planning Groups			X
Regional Area Health Education Centers (AHECS)			X
School Health Survey Group: Jeff Armitage, Epidemiologist, Office of Public Health; Judy Martin, Tobacco Free-NE Director; Lazarous Mbulo, Epidemiologist, NDHHS; Dave Palm, Director of Office of Public Health; Gayle Grauer, NDE HIV Coordinator; Julane Hill, NDE CSH Director		X	
DASH Project Officer: Sandra Jones, CDC-DASH		X	

Data Sources Matrix

Nebraska Internal Data Sources

NE HIV Program Inventory

Nebraska Technical Review Report from DASH Project Officer

Indicators for School Health Programs

Professional Development Event Database Reports

Technical Assistance (TA) Logs

Documents: Material Review Panel MOU; HIV Cadre MOU; HIV Draft Policy for HIV and Bloodborne Pathogens; HIV Prevention Education Strategic Plan; Ideas For Addressing HIV Prevention Within The Components Of A Coordinated School Health Program

Professional Development Event Evaluation Reports: HIV/AIDS/STDs & Human Sexuality Regional Conference; 2008 NE Training of Trainer's Workshop

Program Evaluation Reports: Nebraska Adolescents…Keeping Them Healthy Report; programmatic pre/post tests; 2007 NE YRBS Report and Brochure

Program Descriptions: Workshop and Conference Brochures, Flyers, Announcements and Programs

Nebraska External Data Sources

Nebraska School Health Profiles (SHP)

NE Youth Risk Behavior Survey (YRBS)

Vital Statistics and Epidemiological Data from Nebraska Department of Health and Human Services

U.S. Census

National Association of State Boards of Education (NASBE) State Policy Database

Nebraska Department of Education

Nebraska Youth Tobacco Survey (YTS)

Nebraska Behavioral Risk and Protective Factor Student Survey (BRPFSS)

American College Health Assessment (ACHA)-National College Health Assessment (NCHA)

School Health Policies and Programs Study 2006 (SHPPS)

SWOT Analysis: Nebraska HIV/AIDS Prevention Education Program

	Strengths	Weaknesses	Opportunities	Threats
Program Management & Staffing	1. NDE support of grant and program. 2. Support of NDE to hire a qualified full-time HIV coordinator. 3. CSH Director provides support to HIV coordinator. 4. Experience and knowledge of CSH Director in HIV prevention. 5. Knowledge, experience, and cohesiveness of Cadre of Trainers which span the state. 6. Material Review Panel members are diverse and knowledgeable. 7. Two State Board of Education members serve on Strategic Plan Workgroup.	1. Lack of qualified full-time HIV coordinator for first 6 months. 2. HIV coordinator position has been a "dumping ground" for placement of unqualified NDE individuals during budget crisis. 3. Program history, consistency and progress halted due to unqualified individuals being placed in programmatic leadership roles. 4. Lack of adequate funds to fulfill all requirements of the grant-very few funds left for programming. 5. NDE does not provide any additional state funds for HIV programming.	1. CSH Director will collaborate with HIV Coordinator in school health programming.	1. Retirement of supportive Commissioner & Deputy Commissioner. 2. Possibility of resistance of new Commissioner & Deputy Commissioner to HIV prevention education. 3. Election of new members to State Board of Education who might oppose HIV prevention education. 4. Decreased funding from CDC-DASH.
Program Planning & Monitoring	1. CSH Director's experience on national committees, organizations, and with CDC-DASH expectations. 2. Excellent resources and assistance from CDC-DASH and Project Officer. 3. Knowledge, experience, and diversity of Strategic Plan Workgroup	1. Low participation rate for YRBS resulting in un-weighted data. 2. Lack of OPS (largest school district) participation in YRBS. 3. Lack some internal monitoring data due to limited resources. 4. Youth involvement is limited due to lack of resources, time, and distance.	1. Revise and recommend for adoption the existing NDE Model Policy for HIV. 2. Local control by the individual school districts allows for freedom to adopt program planning which best fits the community's needs. 3. Formation of a State School Health Survey Group to further data	1. Lack of funds to produce "Nebraska Adolescents….Keeping Them Healthy Report" in the future. 2. Resistance of schools to participate in the YRBS. 3. Lack of programs to collaborate with HIV program due to perception of HIV being a "gay" or "druggie" disease.

	Strengths	Weaknesses	Opportunities	Threats
	members. 4. Active involvement of HIV Cadre in choosing trainings. 5. Youth involvement in Strategic Plan and Material Review Panel. 6. Material Review Panel ensures accurate and effective resources are utilized. 7. HIV Coordinator works closely with CSH Director to infuse HIV prevention into CSH and Health Education Standards. 8. NHHS HIV Program and the NHCPC are supportive of NDE HIV Program. 9. Consistent administration of the YRBS and the SHP on a biennial basis. 10. Evaluations of trainings assist in the administration of future trainings. 11. Existence of a NDE draft model policy document for HIV. 12. Collaboration between NDE and various programs in NHHS to produce the "Nebraska Adolescents….Keeping Them Healthy Report" based on Nebraska's YRBS & SHP. 13. Relatively good data as	5. Involvement of individuals directly impacted by HIV is limited due to lack of resources, time & distance. 6. Lack of or insufficient data on HPV and hepatitis. 7. Existence of Abstinence-Only-Until-Marriage Policy within NDE for human sexuality discourages collaborative efforts for effective prevention programming in HIV. 8. Lack of involvement of agencies serving out-of-school youth (juvenile justice, alternative schools, dropouts, etc.) 9. Lack of statewide program policy governing schools in area of HIV prevention.	collection. 4. Provide standardized materials and model policies to create consistency. 5. Creation of "talking points" so program easily understood, and recognizable. 6. Established stakeholders assist with monitoring and eliminating "bad" legislation in regards to HIV issues. 7. Stakeholders share in data gathering. 8. Collaborate with post-secondary schools to provide HIV prevention education in their teacher training programs.	4. Abstinence-Until-Only-Marriage Policy within NDE.

	Strengths	Weaknesses	Opportunities	Threats
	well as data from youth focus groups. 14. Current and accurate resources.			
Professional Development and Technical Assistance	1. Collaborate with existing statewide organizations for training and TA (Red Cross, DHHS, NAETC, etc.). 2. Utilize technology to assist with trainings and communication. 3. Program offers a variety of trainings for all grade levels. 4. Training messages are consistent statewide and utilize up-to-date information and materials. 5. Program offers trainings in schools, college, camps, and other agencies. 6. HIV Cadre members attend 2 trainings annually. 7. Respected reputation for annual Regional HIV/AIDS/STD and Human Sexuality conference. 8. TA requests are handled in a timely fashion.	1. Geographic: size of state, distance, isolation. 2. Limited funds to provide assistance to trainings (gas, substitute, etc.). 3. Lack of awareness of and communication with other agency efforts. 4. Lack of administrative interest/support to bring in training and implement curriculum. 5. No accountability for teaching curriculum with fidelity. 6. Limited culturally competent material. 7. Public perception sees HIV curriculum as an imposition (i.e. lack of local control). 8. Turf battles between agencies, educators, and organizations. 9. Lack of collaboration with existing community entities. 10. Societal issues: apathy, denial, ignorance, lack of reality orientation. 11. No expected comprehensive teaching requirements. 12. HIV prevention education and sexuality programs can easily be shut down.	1. 70% of health teachers report not receiving HIV prevention training. 2. Training in HIV prevention was the topic most needed in the 2008 SHP. 3. Offer college credit and CEUs at trainings. 4. Opportunity to educate on risks associated with oral sex. 5. Tap into higher education resources for K-16 to include HIV prevention training to pre-educators. 6. Involve parents in trainings, conduct parent classes. 7. Increase diversity education in trainings. 8. Communication and media trainings to eliminate reporter's bias' (media savvy, etc.). 9. Utilize adult classes and ESL classes for trainings.	1. NCLB and Statewide assessments make it difficult for teachers to receive release time for professional development. 2. Local school board and school administration resistance to HIV prevention. 3. Moral issues in response to HIV over shadow health issues. 4. Lack of understanding of sexual risk behaviors among young people. 5. Deliberate exposure among the younger population. 6. Lack of knowledge on cultural diversity and acceptance of diversity.

	Strengths	Weaknesses	Opportunities	Threats
Program Partnerships	1. Integration of HIV program into CSH and Health Education Standards. 2. Desire and willingness of HIV Coordinator for collaboration. 3. Positive working relationship with CSH Director and desire to partner. 4. HIV Coordinator is a voting member on the NHCPC and assists with the Nebraska HIV State Plan. 5. Collaborations established and collaborative efforts have been accomplished with NHHS, American Red Cross, Nebraska AIDS Education and Training Center, NAP, Regional Community Planning Groups, etc. 6. Collaborate with Tobacco Free Nebraska, Office of Public Health and Substance Abuse Coalitions for data collection. 7. Participate in health fairs, conferences, etc. already in existence.	1. Lack of partnerships with faith based organizations. 2. Lack of partnerships with Department of Corrections, Juvenile Justice, pre-trial diversion programs. 3. Lack of partnerships with ethnic minority, youth groups, and GLBTQ serving groups. 4. Lack of involvement of business leaders. 5. Lack of trust in culturally diverse populations and faith based organizations. 6. No marketing tools and strategies due to lack of resources, and time. 7. Elimination of out-of-state travel to reduce state spending. Provides difficulty with partners to access national and regional professional development.	1. Create marketing tools/strategies and focus on advertising/marketing program and trainings. 2. Tag on to national campaigns (high profile individual promote testing; Stand Up with Magic Johnson). 3. Utilize pharmaceutical companies for funding and marketing (PSAs billboards, conference sponsorship, NETV, Nebraska Broadcasters Association, You Tube Video). 4. Collaborate with NHHS (HIV Public Services Program) in their STOP campaign. 5. May increase at-risk youth, minority youth, community and parent involvement in education and trainings. 6. Collaboration could lead to connections with substance abuse and behavioral health efforts. 7. Collaborations with post-secondary institutions could lead to establishing CEUs and graduate credits for trainings.	1. Vocal minority is extremely loud and negative (opponents of human and civil rights negatively influence those who seek partnerships). 2. Lack of positive media coverage. 3. Political climate of state is ultra conservative (sexuality education should not be taught in schools). 4. Turf battles and egos stymies progress.
Other	1. Contacts on NHCPC provide existing networking with other agencies/organizations. 2. Existence of Nebraska	1. Limited funding/resources impact program. 2. Nebraska Health Education Frameworks is in need of revision to	1. Creation of statewide PLWA Speakers Bureau. 2. Opportunity to revise Nebraska Health Education Frameworks.	1. Elimination of out-of-state travel as part of Governor's plan to reduce spending. 2. Lack of funding to

	Strengths	Weaknesses	Opportunities	Threats
	Health Education Frameworks. 3. PLWAs willing to be involved in HIV program. 4. Use of statewide supportive networks to communicate program efforts. 5. Establishment of a Statewide Sexual Violence Prevention Coalition (HIV Coordinator serves on this coalition). 6. Program able to support HIV Cadre trainings and PD of Cadre (funding for travel, substitutes, etc.). 7. CDC-DASH provides wonderful TA and professional development opportunities.	align with NHES. 3. No quality control over curriculum and health education standards due to "local control". 4. Lack of emphasis on health education and promotion within NDE.	3. Opportunity to include HIV prevention education and sexual responsibility in Sexual Violence Prevention State Plan. 4. New Commissioner, Deputy Commissioner and State Board members may positively impact health of students, including HIV prevention education. 5. Increase in demand for programming due to marketing campaign, advertising, and collaborations.	support PLWA Speakers Bureau. 3. New Commissioner, Deputy Commissioner, and State Board of Education members may negatively impact health education, including HIV prevention education. 4. State-level community grants funded for Abstinence-Until-Only-Marriage programming. 5. Several communities receive upwards of $400,000/yr. from national funds to conduct abstinence-only-until-marriage programming. 6. Passage of legislation for statewide assessments could further reduce time for health education in the schools.

Program Strategies

Original Goal 1: By February 28, 2013, Nebraska Department of Education (NDE) will increase the capacity of Nebraska schools and youth serving agencies to provide effective K-12 HIV/AIDS prevention education within their school/agency health education programs.

Refined (final) Goal 1: Increase implementation of effective HIV prevention efforts in Nebraska schools and youth serving agencies.

Goal 1 Strategies

1. Develop model HIV/bloodborne pathogens policies for schools and school districts.
   Rationale: An opportunity identified in our program's SWOT analysis was that while 51% of schools stated they had an HIV policy, many of those policies were outdated and unknown to individuals other than the principals. A program strength was that a model HIV/bloodborne pathogens policy was created in 2001 and disseminated via the NDHHS website. We will revise and update the model HIV/Bloodborne pathogens policy to support schools and districts in implementing effective HIV prevention programs and sustaining them over time.
   Timeline: In Years 1-2, revise and update the model HIV/bloodborne pathogen policy to align with federal and state rules, regulations and statutes.
2. Disseminate HIV/bloodborne pathogens policies to schools and school districts.
   Rationale: Without model HIV/bloodborne pathogens policies, schools and districts may overlook HIV prevention education and give priority to other content areas. Currently, established communication channels exist among districts, schools, educational service units, and the state. We will build on this strength by disseminating model HIV/bloodborne pathogens policies to schools and districts through the established channels.
   Timeline: In Years 1-2, communicate to school districts the value of adopting model HIV/bloodborne pathogens policies. In Years 3-4, continue to communicate the value of adopting HIV/bloodborne pathogens model policies and disseminate model policies to schools and school districts.
3. Provide resources and TA on implementation of effective HIV prevention to schools, school districts, and youth serving agencies.
   Rationale: HIV prevention education programs in our schools, school districts, and youth serving agencies will be more effective if based on evidence-based practices, and if school, district and agency administrators and staff have the resources and skills needed to successfully implement them. As identified in our SWOT analysis, health education teachers, family and consumer science teachers and school nurses are often spread thin due to competing responsibilities. They need support and resources to implement HIV prevention education approaches due to limited staff availability and time.

Timeline: In Year 1-2, begin developing two new HIV prevention resources on how to implement evidence-based approaches. Finish resource development in year 3, and in Years 3-5, provide TA on how to implement evidence-based HIV prevention education approaches to schools, school districts, and youth serving agencies.

Original Goal 2: By February 28, 2013, the Nebraska Department of Education (NDE) will maintain and strengthen systematic procedures to monitor the implementations of comprehensive school health education to prevent HIV infection and other important health problems.

Refined (final) Goal 2: Maintain and strengthen procedures to monitor the implementations of comprehensive school health education, including HIV prevention.

Goal 2 Strategies

1. Build partnerships to acquire sound data.

   Rationale: To implement the YRBS and SHP, our SWOT analysis indicated the need for establishing and sustaining partnerships with schools, communities, and other external partnerships such as local and state health departments. Partnerships between the NDE and NDHHS as well as our stakeholders and target groups will assure cohesive implementation of surveys, maximization of resources, and broad-based support for efforts to acquire weighted data.

   Timeline: Implement partnerships in all five years of the cooperative agreement, with Years 1-2 focused on increasing partnerships, Years 3-4 on establishing them and Year 5 on sustaining them.

2. Utilize survey instruments to conduct surveys in Nebraska secondary schools.

   Rationale: The YRBS and the SHP provide essential data to assist in guiding future policy, professional development, and programmatic decisions particularly at the secondary school level and at the state and local levels. Having quality data is imperative to an effective program.

   Timeline: The YRBS will be conducted in Years 1, 3 and 5 of the cooperative agreement and the SHP will be conducted in Years 2 and 4 of the cooperative agreement.

3. Provide survey reports to schools, districts, and other local and state agencies to use for program planning.

   Rationale: Having weighted state YRBS data and quality SHP data is a program opportunity. We want to ensure accurate use of these data for identifying a) youth at disproportionate risk for chronic diseases and b) programmatic strengths and weakness within the secondary schools. We want to utilize the findings for grant applications, future policy development, professional development and program decisions.

   Timeline: In Years 1-2, work with NDE partners to determine the data needs of partners and write data reports. In Years 3-5, disseminate data reports and provide TA on the use of surveillance data.

Original Goal 3: By February 28, 2013, NDE will develop and implement strategies for professional development modeled after CDC-DASH's six strategies for strengthening professional development designed to

introduce key concepts and skills necessary to effectively deliver HIV prevention instruction in K-12 classrooms including educational settings designated for alternative placement programs.

Refined (final) Goal 3: Develop and implement strategies for professional development on effective HIV prevention instruction in K-12 classrooms.

Goal 3 Strategies

1. Develop HIV prevention toolkit for Nebraska schools and youth serving agencies.
   Rationale: HIV prevention education programs in our schools, school districts, and youth serving agencies will be more effective if based on evidence-based practices, and if school, district and agency administrators and staff have the resources and skills needed to successfully implement them. As identified in our SWOT analysis, health education teachers, family and consumer science teachers and school nurses are often spread thin due to competing responsibilities. They need support and resources to implement HIV prevention education approaches due to limited staff availability and time. They also need assistance with aligning these programs to the national/state standards as well as community standards.
   Timeline: Years 1-2, development of the HIV prevention toolkit. Years 3-5, professional development on the toolkit and dissemination of the toolkit to Nebraska schools, districts, and youth serving agencies.
2. Provide professional development on effective HIV prevention programs to Nebraska schools and youth serving agencies.
   Rationale: A comparison of recent SHP data indicates a significant decline in all areas of HIV training and professional development activity. As identified in the SHP and the SWOT analysis, local school districts need guidance for selecting and implementing HIV prevention education programs that will be effective with youth. They also need assistance with aligning selected programs with national/state standards and local guidelines and with preparing teachers to use skill-based programs in their classrooms.
   Timeline: Years 1-2, design a training on how to implement HIV prevention education in the schools and recruit training participants. In Years 3-4, conduct training and provide follow-up support. In Years 4-5, provide follow-up TA and resources to schools, districts, and youth serving agencies implementing HIV prevention education programs.
3. Identify, develop, and maintain a cadre of HIV trainers.
   Rationale: The demand for HIV prevention education far outweighs the number of training opportunities across Nebraska and cannot be completed with one individual. A select Cadre of knowledgeable and skilled health educators can provide training to local school districts throughout the state and will assist them in adopting and implementing programs which will best meet the needs of Nebraska youth and align with community standards. The demand for HIV prevention education far

outweighs the number of training opportunities across Nebraska and cannot be completed with one individual.

Timeline: In Year 1, identify and recruit Cadre members and provide professional development for Cadre members. In Year 2, continue to provide professional development for Cadre members and create Cadre training tools. In Years 3-5, Cadre members provide professional development opportunities to Nebraska teachers and staff at youth serving agencies; Cadre members continue to receive professional development and TA.

4. Develop a system to evaluate professional development activities.

   Rationale: Evaluation of the project is necessary to measure the effectiveness of implementation strategies and to guide long-rage HIV prevention education programming. Conducting systematic program evaluation and disseminating results to stakeholders will ensure that program improvements are data-driven and that stakeholders are aware of program impacts.

   Timeline: In Years 1-2, develop an evaluation system. In Years 2-5, collect evaluation data and disseminate results. In Years 3-5, use evaluation results to improve and enhance the work and efficiency of the Cadre and professional development programs. Also, in Years 3-5, use the results to enhance the evaluation system.

Original Goal 4: By February 28, 2013, NDE will collaborate with schools/agencies that specialize in addressing high-risk behaviors of youth and young adults, including those not reached in public schools, to provide audience-specific training in HIV prevention.

Refined (final) Goal 4: Increase the capacity of schools/agencies serving high-risk youth to provide effective HIV prevention programs.

Goal 4 Strategies

1. Build partnerships with schools/agencies that address the needs of youth who engage in high risk behaviors.

   Rationale: As identified in the SWOT analysis, youth who engage in high risk behaviors are difficult to reach. Therefore it is imperative to establish and sustain partnerships with schools, communities, and other external partnerships such as youth serving agencies, local and state health departments. Partnerships between the NDE, local and state health departments, and youth serving agencies which address the needs of high-risk youth will assure the implementation of effective HIV prevention programming.

   Timeline: Implement partnerships in all five years of the cooperative agreement, with Years 1-2 focused on increasing partnerships, Years 3-4 on establishing them and Year 5 on sustaining them.

2. Collaborate with schools/agencies that specialize in addressing the needs of youth who engage in high risk behaviors.

Rationale: Many educators/personnel in alternative schools and youth serving agencies that specialize in addressing the needs of youth who engage in high risk behaviors realize the need for the youth to be educated on HIV prevention, however, they do not feel knowledgeable themselves to teach this topic. In order to reduce the disparities among populations disproportionately affected by HIV infection, it is imperative that the adults working with these populations be educated so they can in turn educate the youth they serve. Through cooperative efforts between the NDE and youth serving agencies, educators will be able to provide effective HIV prevention programming for youth most at risk for HIV infection.
Timeline: In Years 1-2, work with partners to determine the program needs of partners and begin designing a program to meet those needs. In Year 3, complete program design and begin implementation of the program. In Years 3-5, implement program and provide TA and resources to collaborating schools/agencies.

3. Develop a system to assess the knowledge and skills of participants in HIV prevention programs.
Rationale: Evaluation of the project is necessary to measure the effectiveness of implementation strategies and to guide long-rage HIV prevention education programming. Conducting systematic program evaluation and disseminating results to stakeholders will ensure that program improvements are data-driven and that stakeholders are aware of program impacts.
Timeline: In Years 1-2, develop an evaluation system. In Years 2-5, collect evaluation data and disseminate results. In Years 3-5, use evaluation results to improve and enhance the work and efficiency of the Cadre and professional development programs. Also, in Years 3-5, use the results to enhance the evaluation system.

Communication Matrix

What We Will Communicate?	To Whom We Will Communicate?	How We Will Communicate?	
		Format(s)	Channel(s)
Strategic plan-initial release	• All strategic plan implementers • All intended users of the strategic plan	• Strategic plan document • Strategic plan executive summary • NDE Health Education Website	• Dissemination to stakeholders • Dissemination to State Board of Education • Placement on NDE Health Education website
Strategic plan-extended dissemination	• All strategic plan implementers • All intended users of the strategic plan • NE HIV Care and Prevention Consortium (NHCPC) • Regional Community	• Strategic plan document • Strategic plan executive summary • Powerpoint • NAHPERD newsletter • School nurses newsletter • FCS newsletter	• Mailings • Listserves • Phone, email, meetings • Oral presentations • Newsletters • Brochures • In-person meetings • Round tables at state

	Planning Groups • NE Governor's Council on Health Promotion and Physical Activity • Sexual Violence Prevention Coalition		conferences
Program logic model and annual workplans	• CSH Director • Curriculum and Instruction Director • HIV Cadre • HIV Material Review Panel • State Board of Education Policy Committee • DASH Project Officer	• Logic model document • Workplan document	• Email • Mailings • In-person meetings • TOT training workshop
Program staff meeting minutes and CDC Project Officer conference calls	• HIV Coordinator • CSH Director • DASH Project Officer	• Meeting minutes • Summary of conference call	• Email
Dissemination of results of data collection efforts	• All strategic plan implementer/users • All intended program participants • General public	• YRBS Report • Nebraska Adolescents…Keeping Them Healthy Report • Brochures • Fact Sheets	• Press Release • Mailings • Listserves • NDE Health Education Website • Oral presentations • Newsletters
Mid-year and annual program progress reports, lessons learned, and recommended next steps	• DASH Project Officer • CSH Director • Curriculum and Instruction Director • HIV Cadre	• Interim and year-end reports • Success Stories	• Mailing • Email • In-person meetings • Conference Calls • Web meetings
Annual evaluation findings of strategic plan implementation	• DASH Project Officer • Strategic planning workgroup • CSH Director • Other program implementers • NHCPC	• Reports • Success Stories	• Email • In-person meetings • Oral presentations • Conference calls • Web meetings
Year 5 report of strategic plan implementation, evaluation findings, and lessons learned	• DASH Project Officer • CSH and Curriculum and Instruction Directors • HIV Cadre • Other program implementers and users of the strategic plan • All program participants • State Board of Education • NHCPC	• Report • Powerpoint • Success Stories • Fact Sheets	• NDE Health Education Website • Mailings • Listserves • Phone, email, in-person meetings • Oral presentations • NAHPERD, school nurses, and FCS newsletters • Marketing brochures

Program Implementation Process

Program Staff Meetings

The HIV Coordinator and the CSH Director within NDE will meet bimonthly to review progress in implementing NDE's HIV-PEP strategic plan and annual workplan. Meeting minutes will document the workplan progress and any updates needed.

Conference Calls With And Site Visit From DASH Project Officer

The HIV Coordinator will participate in quarterly conference calls and one site visit from the DASH Project Officer to review progress in implementing NDE's HIV-PEP strategic plan and annual workplan.

Implementer Meetings

The HIV Cadre of Trainers will meet three times each year with the following objectives:

- Review and provide updates on HIV-PEP activities outlined in the annual workplan.
- Discuss additional needs and resources necessary to implement the strategic plan.
- Review progress on the strategic plan implementation timeline.
- Review and discuss evaluation results to generate lessons learned.

The Strategic Plan Workgroup will meet twice each year with the following objectives:

- Review and provide updates on HIV-PEP activities outlined in the annual workplan.
- Discuss additional needs and resources necessary to implement the strategic plan.
- Review progress on the strategic plan implementation timeline.
- Review and discuss evaluation results to generate lessons learned.
- Make recommendations to update strategies, the implementation timeline, and the communication process to maximize opportunities to reach five-year program goals.

Program Staff Retreat

The HIV Coordinator and the CSH Director within NDE will meet in an annual two-day retreat to address the following objectives:

- Review progress in implementing the program strategies identified in the strategic plan and annual workplan.
- Assess progress on the strategic plan implementation timeline.
- Update the strategic plan as needed.
- Develop the next annual workplan.

The following materials will be reviewed and discussed:

- NDE HIV-PEP strategic plan
- NDE HIV-PEP logic model
- NDE HIV-PEP program inventory

- NDE HIV-PEP annual workplan
- NDE HIV-PEP interim and annual reports to DASH
- NDE HIV-PEP evaluation findings
- Recommendations from the biannual meetings of the NDE HIV-PEP strategic plan implementers
- Technical reviews from DASH Project Officer

Program Evaluation Process

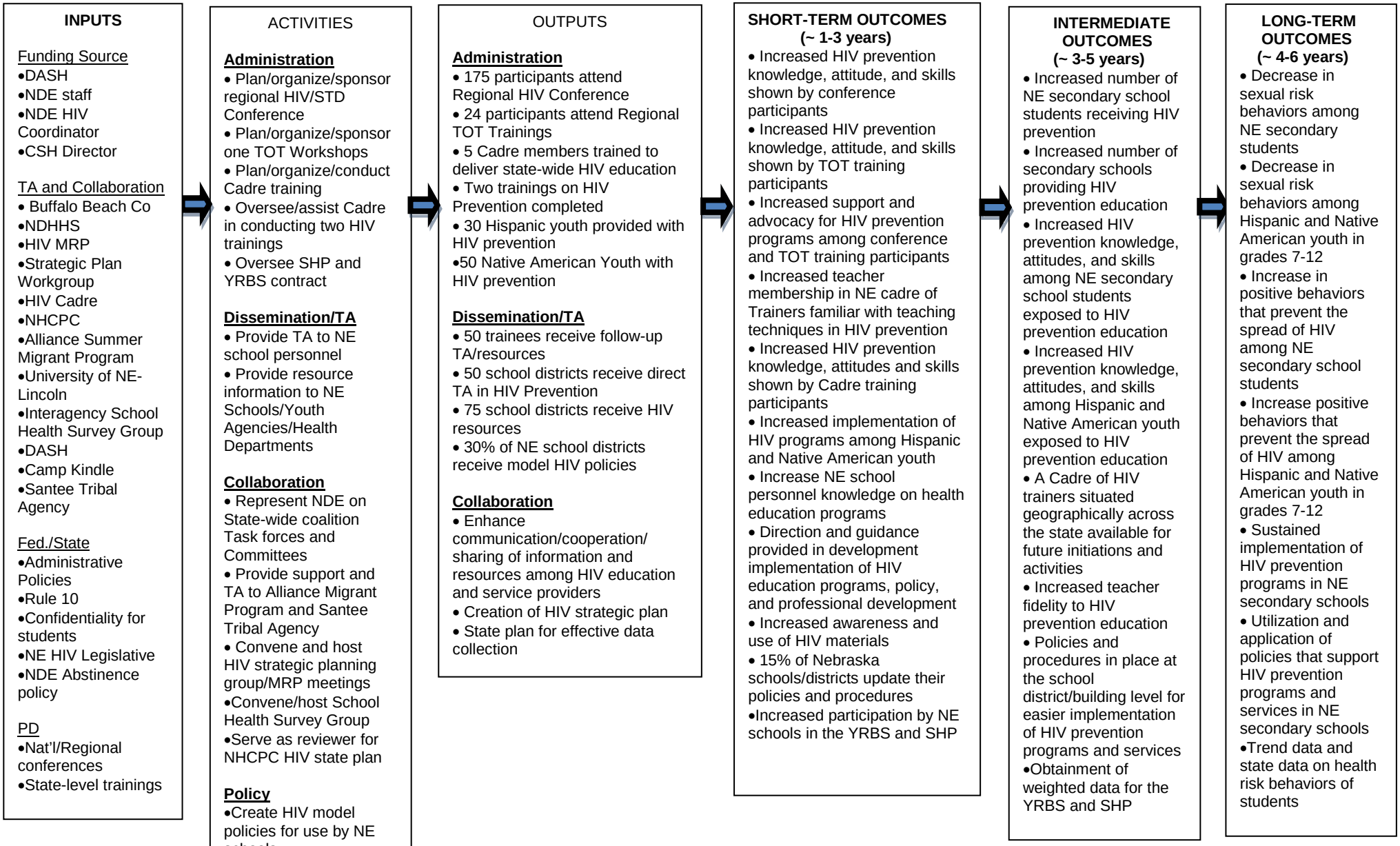
Evaluation Question	Data Source	Data Collection Timeline
To what extent is the membership of the Strategic Plan Workgroup a diverse group of internal and external partners in HIV?	• Workgroup Questionnaire • *Indicators for School Health Programs*	• Biannually • Yearly
How does the HIV program use evaluation data to determine the impact of the Strategic Plan Workgroup activities and to improve program work?	• Progress reports to DASH Project Officer • Updates to strategic plan	• Biannual • Years 2-4
To what extent are we disseminating program evaluation results to our stakeholders?	• List serves, mailings, newsletters, oral presentations	• Years 2-5
What type of program interaction is occurring with school districts and the HIV Coordinator?	• TA Logs	• Yearly
To what extent does our program provide model HIV policies to support school and district implementation of HIV programs?	• Policy documents • *Indicators for School Health Programs*	• Year 1 • Yearly
How many schools/districts in NE are aware of our model HIV policies?	• *Indicators for School Health Programs* • Distribution lists • School Health Profiles	• Yearly • Yearly • Years 1, 3
How many schools/districts are implementing NDE's model HIV policies?	• *Indicators for School Health Programs* • TA logs • School Health Profiles	• Yearly • Yearly • Years 1, 3
To what extent are schools/school districts, and local agencies using YRBS reports for program planning for youth?	• NE YRBS report • Distribution Lists • Principal questionnaire • Agency questionnaire	• Years 2, 4 • Years 2-5 • Years 1,3 • Years 2, 4
How many individuals, schools/districts, and agencies did we reach with PD on HIV prevention education?	• Training registrations • *Indicators for School Health Programs* • TA logs	• Yearly • Yearly • Years 2-5
Did PD increase participants' abilities to implement programs for youth on HIV prevention?	• Training feedback forms • Follow-up questionnaires • TA logs	• Yearly • Years 2-5 • Yearly

Did HIV prevention education programs to youth increase the participants' knowledge, attitudes and skills to prevent HIV infection?	• Pre-Post evaluations • Participant feedback forms • TA logs	• Yearly • Yearly • TA logs

The HIV Coordinator and the CSH Director within NDE will examine evaluation data and reports and discuss their implications at monthly staff meetings and with the CDC-DASH Project Officer. At biannual meetings, stakeholders involved in implementing the HIV strategic plan will review and discuss evaluation results to generate "lessons learned" and make recommendations to update strategies, the implementation timeline, and workplan activities. At their annual retreat, the HIV Coordinator and the CSH Director will use evaluation data and reports to review progress in implementing the strategic plan and future annual workplans, and make adjustments to the strategic plan.

Priority 2: HIV – Logic Model – Nebraska Department of Education

{The Nebraska Department of Education will increase the capacity of NE schools and youth serving agencies to provide effective K-12 HIV prevention education within their school/agency health education programs}



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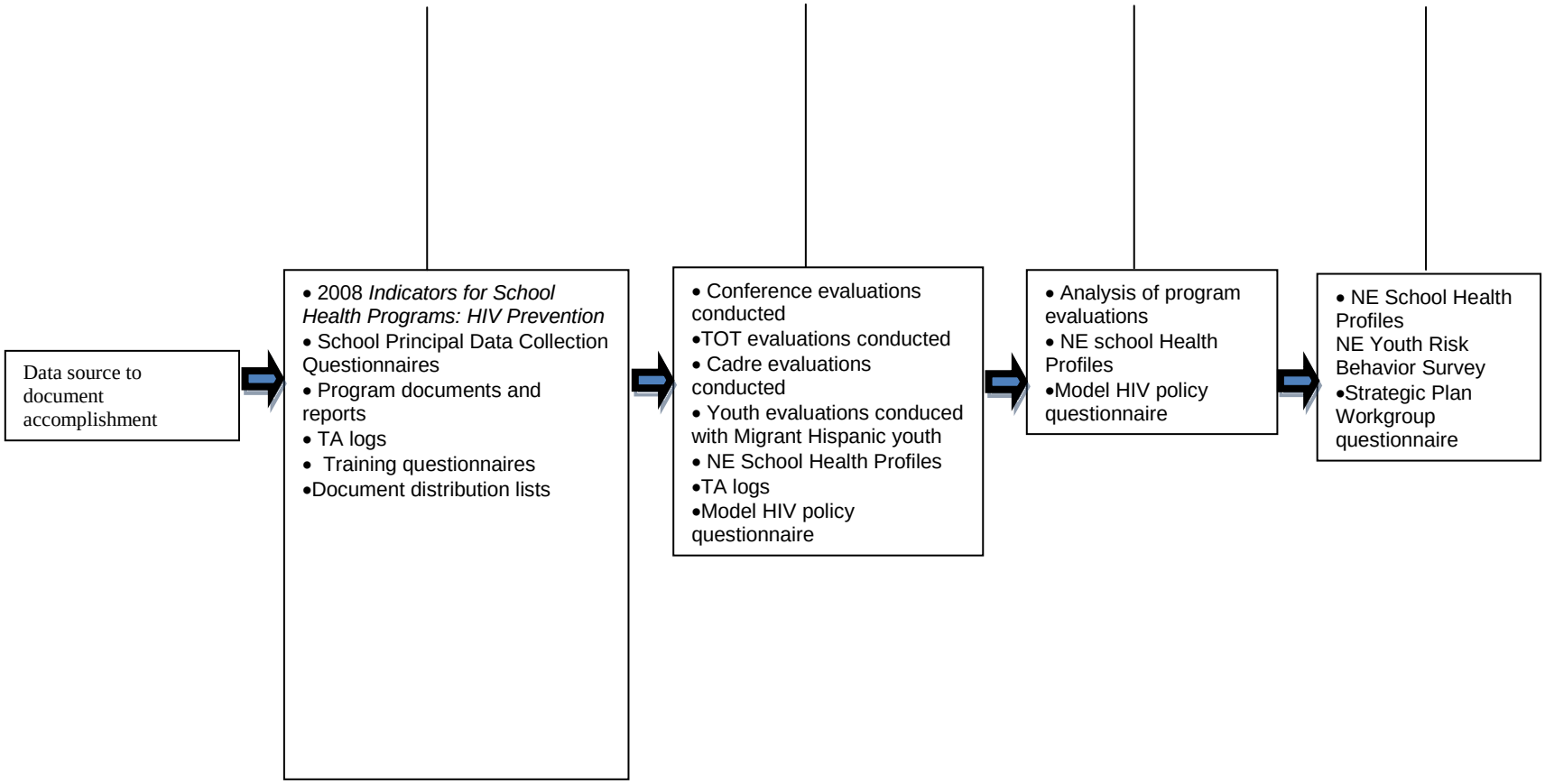

Program Workplan-SLIMs

Selected SLIM	Strategy(s) aligning with SLIM	2008 Baseline % for SLIM	2012 Target % for SLIM	Actual 2010 % for SLIM	Actual 2012 % for SLIM
HIV #7. The % of schools in which the lead health education teacher received professional development during the past 2 years on all of the following: • Describing how wide-spread HIV and other STD infections are and the consequences of these infections. • Understanding the modes of transmission and effective prevention strategies for HIV and other STDs. • Identifying populations of youth who are at high risk of being infected with HIV and STDs. • Implementing health education strategies using prevention messages that are likely to be effective in reaching youth.	• Provide PD on implementation of HIV prevention to HIV Cadre at TOT workshops • Cadre will conduct PD on HIV prevention to teachers in two regions of the state • Provide PD for the HIV Cadre and NE teachers on effective prevention strategies for HIV and other STDs at the Regional HIV/AIDS/STD conference	21%	30%		
HIV #8. The % of schools in which the lead health education teacher received professional development during the past 2 years on at least six of the following: • Teaching HIV prevention to students with physical, medical, or cognitive disabilities. • Teaching HIV prevention to students of various cultural backgrounds. • Using interactive teaching methods for HIV prevention	• Provide PD on implementation of HIV prevention to HIV Cadre at TOT workshops • Cadre will conduct PD on HIV prevention to teachers in two regions of the state • Provide PD for the HIV Cadre and NE teachers on effective prevention strategies for HIV and other STDs at the Regional	15%	20%		

education, such as role plays or cooperative group activities. • Teaching essential skills for health behavior change related to HIV prevention and guiding student practice of these skills. • Teaching about health-promoting social norms and beliefs related to HIV prevention. • Strategies for involving parents, families, and others in student learning of HIV prevention education. • Assessing students' performance in HIV prevention education. • Implementing standards-based HIV prevention education curricula and student assessment. • Using technology to improve HIV prevention education instruction. • Teaching HIV prevention to student with limited English proficiency. • Addressing community concerns and challenges related to HIV prevention education.	HIV/AIDS/STD conference • Provide culturally specific resources and TA to teachers in Nebraska schools				
HIV #9. The % of schools that have a policy or policies that address all of the following issues: • Attendance of students with HIV infection. • Procedures to protect HIV-infected students and staff from discrimination. • Maintaining	• Develop model HIV policies for NE schools and school districts • Disseminate model HIV policies to schools and school districts • Provide resources and TA on implementation of	56%	60%		

confidentiality of HIV-infected students and staff.	HIV within a CSH framework to schools, school districts and district health departments				