Chapter 5:
Cross-Cutting Actions

Recipients funded through Program 1807 are expected to engage in actions that cut across components, strategies, and domains. These actions include policy implementation, collaboration, professional development, evaluation, and an emphasis on addressing health disparities (including disparities among LGBT youth). The general processes for each of these actions are discussed in this portion of the guidance; actions specific to sexual health education (SHE), sexual health services (SHS), and safe and supportive environments (SSE) are discussed in Chapters 2-4.

Policy Implementation

The CDC definition of policy is "a law, regulation, procedure, administrative action, incentive or voluntary practice of governments and other institutions." There are several types of policies, each of which can operate at different levels (national, state, local, or organizational):

- Legislative policies are laws or ordinances created by elected representatives (e.g., state or local legislatures).
- Regulatory policies include rules, guidelines, principles, or methods created by government agencies with regulatory authority for products or services (e.g., state or local departments of education).
- Organizational policies include rules or practices established within an agency or organization (e.g., state department of education, school district, or other state agency).[1]

Health professionals and educators play important roles as partners to identify issues, provide important information, and propose policy options. Stakeholders, such as key constituent groups and decision makers, also play important roles in policy development. Strong policies describe what should be done, why it should be done, and who is responsible for doing it. CDC has described the policy process as consisting of problem identification, policy analysis, strategy and policy development, policy enactment, and policy implementation. Information on the CDC policy process is available at https://www.cdc.gov/policy/analysis/process/index.html.

Policy monitoring is a continuous and systematic process of collecting and analyzing data to compare how well a policy is being implemented against its expected results. This information is most helpful when it is standardized so that it can be compared and aggregated across schools. Education agencies and partners should review this information annually to determine how to strengthen policy implementation and enforcement. Review can also determine gaps that may exist in the policy, as well as how to communicate barriers and successes to decision makers.[2]

State and local policies provide a foundation for school health efforts to prevent HIV and STDs. Policies that govern SHE, adolescent access to SHS, and SSE vary from state to state and locality to locality. If state or local policies prohibit specific activities required in Program 1807, recipients will work with their Program Consultants to determine alternative activities.

Recipients of federal funding must continually refer to the Anti-Lobbying Restrictions for CDC Grantees (http://www.cdc.gov/grants/documents/Anti-Lobbying-Restrictions.pdf) to ensure that activities are conducted in accordance with the restrictions and requirements of federal law and policy. Program 1807 recipients who undertake any policy-related activity must follow Additional Requirement 12 (AR 12) which is incorporated into the recipients' Notice of Award letter. This guidance details the restrictions placed on the use of federal funding for certain types of policy activities, including the restrictions on using any federal funding to support direct or grassroots lobbying. All recipients must ensure that activities are conducted in accordance with the restrictions and requirements of federal law and policy.

Program 1807 recipients are expected to share select data, outcomes, successes, and best practices with policy makers and stakeholders, such as local school boards, community leaders, area coalitions, and other important community leaders, in an effort to strengthen school health policy development and support informed policy implementation. Component 3A-C recipients should consider how to assist LEA in those efforts. Recipients are expected to work with CDC to promote program successes and highlight important outcomes.

Collaboration

Rationale for Collaboration

Collaboration can result in streamlined goals and resources, cross-training, and in-kind exchange of staff time and resources. Education agencies funded through Program 1807 are expected to foster collaborations, including collaborations with other Program 1807-funded agencies and organizations; with relevant CDC contractors and partners; with local health departments; with agencies and organizations receiving other CDC or federal agency funding (e.g., health departments); and with other national, state, and local agencies that support each approach. Education agencies are expected to leverage funding through mechanisms such as government, private, or corporate grants or in-kind labor, materials, or other resources to maximize project outcomes through strategic partnerships. LEA that are funded as consortia will function through collaborative strategies to fulfill the requirements of Program 1807. Component 3A-C recipients can help LEA form and foster strategic partnerships, and they can also be valuable partners in implementing program activities.

Strategies to work with other organizations can be thought of as a continuum. Figure 5.1 illustrates Himmelmann's (2002) strategies for building partnerships and collaborations that vary in the amount of formality, time, resources, trust, and turf required when organizations work together.3 The partnership continuum pictured below is most effective when there are common vision and purpose, mutual learning, and accountability to results among collaborating groups. These tiered strategies include

- networking, which is primarily sharing information.
- coordination, which requires a moderate amount of time and some alterations in activities to make programs, practices, and services more accessible to their users.
- cooperation, which includes resource sharing and a substantial investment of time to change programs, practices, and services to achieve a shared purpose.
- collaboration, in which organizations share and merge resources and services to increase each other's capacities to achieve a common goal.

Each strategy builds on the strengths of the previous, emphasizing a developmental continuum of effective collaboration.[3] This framework can assist decision-makers in determining appropriate partner relationships and can be helpful when assessing multi-organizational readiness and capacity.[3] No one of these strategies is better than another; LEA should choose the strategies most appropriate to what they want to achieve.

Figure 5.1. Himmelmann's Strategies for Building Partners and Collaboration

For accessibile explanation of this figure, go to Appendix E, page 119.

			Collaboration Enhancing each other's capacity for mutual benefit
		Cooperation Sharing resources	Sharing resources
	Coordination Altering activities/ways of working to achieve a common purpose	Altering activities/ways of working to achieve a common purpose	Altering activities/ways of working to achieve a common purpose
Networking Exchanging information for mutual benefit	Exchanging information for mutual benefit	Exchanging information for mutual benefit	Exchanging information for mutual benefit

Actions for Collaboration

Establish multidisciplinary teams at the district and school levels

LEA can develop collaborations that are helpful in establishing effective policies, programs, and practices. They can also facilitate the development of collaborations at the school level. One district-level group that facilitates collaboration is a school health advisory council (SHAC) or similar advisory council. At the school level, such collaborative groups might be called a school health team, school improvement team, or school wellness team. An effective SHAC comprises district and school staff, students, parents, and other community members to guide programming and facilitate collaboration between the school and the community. A SHAC or similar advisory council uses collaboration and strategic program planning processes to achieve health promotion goals.[4,5] The school health plan is best aligned with district and school strategic documents, such as the school improvement plan, to link health objectives with learning outcomes. Effective plans maintain a focus on student outcomes and include multiple strategies to implement through multiple school components.

Under Component 2A (the SHE strategy), LEA are required to establish and maintain an active SHAC or similar advisory committee to provide guidance and recommendations on aspects of school health education and programs. This group can effectively link district, school, and community resources that support all program activities across the three strategies: SHE, SHS, and SSE. The LEA should consider designating a school health coordinator to oversee school health policies, programs, practices, and services, and to establish partnerships between schools, families, and community organizations. This coordinator can also help identify and involve key stakeholders, including existing SHACs or school-level teams.

LEA that do not already have SHACs or similar advisory councils are expected to establish them over the project period. They may do so by fostering existing collaborations and resources, and LEA should carefully consider potential participants on SHACs or school health teams. It may also be possible for existing SHACs and teams to be strengthened or improved to better implement program activities.

Support priority schools to collaborate with community organizations

In addition to fostering collaborations through SHACs and school health coordinators, LEA are expected to support schools in collaborating with community organizations to build support for and implement Program 1807 activities. Individuals, agencies, or organizations in the local community may be able to offer multiple resources to schools for HIV, other STD, and pregnancy prevention efforts.[6,7] For example, community members can help plan and implement HIV, other STD, and pregnancy prevention and health promotion-related policies, programs, and practices. Specifically related to Program 1807, community collaborations can enable schools to provide or refer students to youth-friendly prevention resources and SHS, connect them to positive youth development programs, or enhance GSA programming. Community collaborations may also enhance classroom-based and other school programs to prevent HIV, other STDs, and teen pregnancy by engaging parents and community members in the development, revision, and/or selection of SHE instructional programs. Collaborations can also help ensure that the community's culture is appropriately considered in the creation of policies, programs, and practices, and this can result in greater awareness and buy-in among communities.[6,8–10]

Employ best practices for effective collaborations

Collaborations are more effective when they

- align with strategic goals and programs in the broader community.
- align with strategic goals and programs in the school district and schools (such as school improvement plans).
- focus on implementing evidence-based practices.
- systematically determine how schools and communities can collaborate by first assessing existing policies, programs, and practices.[11]

- encourage all partners to clearly state their level of commitment to student health, their expected level of involvement, and their preferred role in making decisions.

Collaborations are strengthened when schools offer a respectful and welcoming climate to outside organizations and when district and school administration officials support outside involvement.[12,13] School and district officials also strengthen partnerships when they familiarize themselves with the policies, programs, practices, and services offered by community partners.

In addition to establishing and maintaining collaborations with organizations that provide SHS to youth, LEA are expected to maintain memoranda of understanding or agreement (MOU/MOA) with health departments to establish roles and responsibilities for each agency in carrying out program activities. Health departments could help with various Program 1807 activities (e.g., serving on a SHAC, helping implement school-based STD screening, or assisting with referral guides). Regardless of what form collaboration takes, LEA should review their MOU/MOA annually to assure that the roles and responsibilities of each agency are clear and relevant to the Program 1807 activities being carried out. One component of the MOU/MOA is that education and health agency staff will serve on the HIV Materials Review Committee, which is a "panel of constituents convened by an HIV-funded federal grantee to review all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials for medical accuracy and appropriateness for the targeted audience".[8] Additional requirements for the MOU/MOA are outlined on page 23 of the Program 1807 Notice of Funding Opportunity (NOFO). These requirements enable LEA to work more closely with health departments and community members to collaborate on activities and materials and to align themselves with ongoing public health and community activities and community norms.

There may be special circumstances when Program 1807 activities are best facilitated by bringing community partners into the school to help support or provide programs or services (e.g., STD testing or positive youth development programs). In these situations, LEA will benefit from clear, written guidance to determine which partners will serve in such roles and for what purposes. When working with community partners who will be within school buildings, school and district administration are encouraged to have guidance to deal with issues such as

- confidentiality.
- reportable student issues (e.g., reports of ongoing physical or sexual abuse, intent to harm oneself or others, or statutory rape) and procedures to address them.
- answering sensitive questions.
- procedures for obtaining approval for written and verbal content provided to students.

Resources

Specific resources related to collaboration include

- **Agency for Toxic Substances and Disease Registry. *Principles of Community Engagement*.** This document is a guide for understanding the principles of community engagement for those who are developing or implementing a community engagement plan. https://www.atsdr.cdc.gov/communityengagement/
- **Community Tool Box. *Section 7. Working Together for Healthier Communities: A Framework for Collaboration among Community Partnerships, Support Organizations, and Funders*.** This resource describes seven essential ingredients that contribute to community change. https://ctb.ku.edu/en/table-of-contents/overview/model-for-community-change-and-improvement/framework-for-collaboration/main.
- **National Association of Chronic Disease Directors. *Local Health Department and School Partnerships: Working Together to Build Healthier Schools*.** This resource provides case studies that show how local health departments and schools can partner with each other. http://c.ymcdn.com/sites/www.chronicdisease.org/resource/resmgr/school_health/NACDD_Health_Department_and_.pdf

- **National Association of State Boards of Education.** ***How Schools Work and How to Work with Schools.*** A guide to how schools are structured and some issues that community organizations may encounter in working with them. http://www.nasbe.org/wp-content/uploads/2019/02/How-Schools-Work-2014.pdf
- **School-based Health Alliance.** ***Youth Engagement Toolkit.*** A toolkit to recruit, retain, and develop youth leaders. https://www.sbh4all.org/training/youth-development/youth-engagement-toolkit/

Professional Development

Rationale for Professional Development

Professional development (PD) refers to a systematic process for strengthening the professional knowledge, skills, and attitudes of a particular workforce. It is a critical strategy for changing practice in the school setting to reach the desired outcomes for Program 1807 for SHE, SHS, and SSE. Research about PD shows that training works, and the way training is designed, delivered, and implemented matters.[14] Effective PD requires well-organized time that is carefully structured; directed; and focused on content, pedagogy, or both.[15] PD should be research-based to engage the participant in active learning, resulting in meaningful discussions, thoughtful planning, and practice.[16]

The focus should be on strengthening the quality of PD to ultimately improve the application of new knowledge and skills. CDC is aware that organizations and individuals involved with Program 1807 already plan and/or provide PD and may have been doing so for a long time. For this project, we are asking recipients to adopt a framework that is a set of Professional Development Practices (PDP) that have been developed over many years of working with education agencies and PD experts (see Box 5.2). These practices are based on learning theory, research, and best practices, and they are designed to increase the actual implementation of what is presented in the PD setting. The PDP provide optimal conditions for implementation to occur. The PDP encompass the delivery of PD both in a group setting (e.g., trainings or presentations) and one-on-one (e.g., general technical assistance or coaching/mentoring).

Box 5.2. Professional Development Practices (PDP)

SUSTAIN a Professional Development Infrastructure: A clearly defined process is a key element of a PD infrastructure. Education agencies should leverage their existing infrastructure, strengthen, or establish an infrastructure to support the provision of professional development.

PROMOTE Professional Development: Use promotional strategies that capture the attention of your target audiences and get them to request your professional development services. Communicate clearly about what we want participants to learn and be able to access as a result of professional development offering and disseminate widely.

DESIGN Professional Development Offerings: Design trainings and technical assistance programs that are based on adult learning research, content based on learning theory and best practice, and the length is aligned with training needs.

DELIVER Professional Development: Use trainings and technical assistance designs that will have a positive effect on learning and create change. The delivery phase is where all the effective training and technical assistance that has been designed and promoted is executed.

Provide FOLLOW-UP Support: The process reinforces the information provided at the professional development offering and is intended to strengthen the transfer of learned strategies or skills so they will be retained and applied effectively.

EVALUATE Professional Development Processes: This is the process of systematically monitoring and evaluating your professional development events by collecting data and using it to improve future efforts.

Whether PD is focused on teaching a new skill, increasing confidence, enhancing knowledge, or expanding the use of technology, practice with follow-up support remains vitally important for benefits of PD to be fully realized (see Box 5.2). Follow-up support is necessary to mitigate implementation dips that occur after introducing a new skill or concept. Michael Fullan defines an implementation dip as "a dip in performance and confidence as one encounters an innovation that requires new skills and new understandings."[17] In other words, as staff start to apply what they have learned in PD and encounter problems, they may find themselves feeling uncertain and unable to continue comfortably without support. When designing PD, anticipate the implementation dip by providing booster sessions and technical assistance. Build in additional time for educators to meet together to help solve implementation challenges and be part of the solution process.

Component 2 and 3 Required PD Activities

Component 2 recipients are expected to provide PD to support the required activities outlined for each strategy. PD-related activities are outlined in Chapters 2-4 (designated with the "strengthening staff capacity" icon). Component 3 recipients are required to provide PD, technical assistance, and capacity-building assistance to support Program 1807. Recipients of components 3A-C are funded to provide direct support to Component 2 recipients.

All PD offering should incorporate purposeful, intentional, research-based/informed, and practice-oriented approaches. Both Component 2 and Component 3 recipients are required to develop an annual PD work plan (see Box 5.3).

Box 5.3. Annual Professional Development Work Plan

The annual professional development work plan should

- Detail plans to design and deliver PD opportunities annually for each strategy.
- Describe the learning objectives that will support the purpose and key topics throughout the year and engage participants in a variety of PD learning opportunities to advance implementation, address challenges, and evaluate progress.
- Identify the primary target audience and promote the PD opportunity clearly.
- Identify the type of PD that will be provided—skill-building, presentation/awareness, meeting, or technical assistance.
- Describe the mode (see Box 5.4) of each PD offering.
- Provide a year-at-a-glance overview of planned PD.

Support for PD in Components 2 and 3

CDC will have substantial involvement beyond site visits and regular PD performance monitoring and will partner with recipients to ensure success in meeting program requirements and outcome measures. Specifically, CDC will

- provide hands-on technical assistance to revise annual PD work plans.
- provide PD expertise and resources.
- collaborate with the PD contractor and Component 3 recipients to design a tiered approach to provide technical assistance and support on all CDC PDP.
- work with recipients to determine program impact through process and outcome evaluation measures.
- support recipients in using evaluation findings to guide technical assistance and additional PD efforts.
- support recipients in collecting and disseminating success stories as accomplishments or milestones are achieved.
- facilitate connections between Program 1807 recipients and CDC's PD contractor as needed.

Role of the 1807 PD contractor

As indicated above, CDC is contracting with an organization that will provide high-quality, evidence-based PD and technical assistance on PD so that LEA can provide effective PD to district and school staff to prevent HIV and other STDs among adolescents.

The contractor will use a variety of skill-building training and technical assistance PD modes (see Box 5.4) and strategies to increase the ability of Component 2 and 3 recipients to implement CDC PDP.

Box 5.4. PD Modes

- Coaching/Mentoring
- Community of Practice
- Conferences
- Face-to-face
- Live virtual
- Self-paced e-module
- Site visit
- Blended training approaches using a combination of modes

Component 2 and 3 recipients will likely interact with CDC's PD contractor as the contractor

- reviews and provides guidance to improve PD work plans and to design PD and technical assistance offerings.
- develops, disseminates, and delivers PD training modules to increase the skills of Component 2 and 3 recipients to effectively use the PDP.
- facilitates the development of a Community of Practice to advance PD skills and abilities through a variety of strategies.
- develops training and technical assistance tips and tools to support training cadre implementation.
- consults with Component 3A-C recipients to develop high-quality training objectives for each of the three approaches (SHE, SHS, and SSE).
- provides one in-person PD training annually to improve the skills of Component 2 and 3 recipients to provide effective, high-quality PD.
- provides PD and technical assistance on program evaluation to increase the capacity of Component 2 and 3 recipients to collect, manage, interpret, and use program evaluation data.

Building a Personalized PD Framework

It is vital to build a strong PD framework from the onset. Every PD framework will look different from district to district and organization to organization. Consider how to create a sustainable PD framework that will last beyond Program 1807. See Appendix D for a set of questions that can help you gain a better understanding of your LEA's PD requirements and opportunities.

The Program 1807 coordinator is not expected to be an expert in all PD areas. The coordinator should serve as a facilitator of the work, identifying where and how to best leverage content expertise both within and outside the district for SHE, SHS, and SSE. The following actions should guide the development of PD activities:

- Identify a lead PD contact who oversees the planning of annual PD, is responsible for PD tracking, and oversees the work plan activities.
- Establish a thorough planning process based on PDP that is designed and delivered to engage adult learners.
- As necessary, select a cadre of trainers who can provide PD, booster sessions, and follow-up support.
- Use a variety of PD modes to meet the needs of staff and address objectives and implementation challenges (see Box 5.4).
- Use evaluation findings to review, plan, and improve PD implementation practices.
- Engage capacity-building providers (e.g., Component 3 recipients, CDC's PD contractor, and/or TA teams) for assistance in planning content-specific PD opportunities.

In summary, PD is a critical element for implementing effective programs and practices and has a vital role in Program 1807 activities. Recipients are expected to be intentional and strategic in their PD offerings, with the goal of positive change in staff practice and, ultimately, in student knowledge, skills, and behaviors.

Resources

Specific resources related to professional development are posted on the NPIN website (requires a login) and include

- **CDC. *Professional Development Practices (PDP).*** Outlines six CDC PD practices that are based on research and best practices and provide optimal conditions for implementation to occur. https://www.cdc.gov/healthyschools/professional_development/documents/professional-development-practices-508.pdf
- **CDC. *Big Picture PD Planning Worksheet.*** Worksheet designed to facilitate high-level thinking and brainstorming (not all the details) to plan a PD event that includes implementation of the CDC PDP. Timeline estimates are also provided. This is a generic worksheet which can be customized to fit big-picture thinking for specific approach trainings (e.g., ESHE teacher competency training). https://npin.cdc.gov/resource/big-picture-pd-opportunity-planning-worksheet
- **CDC. *Professional Development Evaluation Toolkit for DASH Partners.*** This CDC toolkit provides funded agencies and organizations with the foundational guidance and practical tools necessary to plan and conduct PD evaluation for staff and to use evaluation data to report on the impact that PD has had on achieving performance and process measures. https://npin.cdc.gov/resource/professional-development-evaluation-toolkit-dash-partners
- **ETR. *Checklist for In-Person Skill-Building Training Design and Delivery.*** Checklist reflecting critical research-based components for the design and delivery of an effective skill-building PD process (training process) within two of the PDP: Design PD Offerings and Deliver PD Offerings. https://npin.cdc.gov/resource/checklist-person-skill-building-training-designs
- **ETR. *Live Virtual Event Agenda Design and Delivery Guidance and Template.*** A menu detailing some of the possible ways trainers/facilitators can implement the best practices of agenda design and delivery in live virtual training sessions. https://npin.cdc.gov/resource/live-virtual-event-agenda-design-and-delivery-guidance-and-template

- **Harvard Family Research Project. *A Conversation with Thomas R. Guskey*.** Thomas Guskey, a renowned expert in PD evaluation, answers questions about his five-step process for evaluating PD in education and how it connects to PD planning. This brief article provides a succinct overview of Dr. Guskey's approach. http://mdk12.msde.maryland.gov/instruction/teacher_induction/pdf/AConversationwithThomasGuskey_OCT022012.pdf

Evaluation

Expectations for Evaluation in Program 1807

Program 1807 Component 2 and 3 recipients are required to set aside at least 6% of their award for evaluation purposes. CDC encourages Component 2 and 3 recipients to engage evaluators (either internal staff or contractors) to assist in performing evaluation activities. These funds are expected to support Component 2 and 3 activities, not Component 1 activities. The evaluation set-aside should be used to support

- semi-annual collection of evaluation data for Components 2 and 3.
- additional evaluation reflecting Program 1807 activities not captured in evaluation measures.
- development of an evaluation plan that includes the performance and evaluation measures as specified in the NOFO, locally collected data, and program strategies.
- use of evaluation data to facilitate program improvement.
- presentation of findings through reports and practical and engaging data visualizations.

Component 2 and 3 recipients are required to submit evaluation data through the Program Evaluation Reporting System (PERS) website on a semi-annual basis starting in year 2. The evaluation measures will ask about activities at the district level and at the priority school level using a combination of yes/no, multiple response, and short answer items. Consortia LEA are expected to report their activities as well as those of their priority schools. Lead LEA are responsible for ensuring that accurate and complete evaluation data are submitted. Component 3 recipients will report on their activities in providing individual technical assistance and PD to state and local education agencies as appropriate.

Component 2 recipients will report on the activities of their priority schools through PERS. LEA may find that their priority schools change throughout the project period, and they have the option to drop priority schools if necessary (e.g., a school decides not to implement Program 1807 activities, they are reorganized, or the school closes). Once a school is dropped, it cannot be re-added. Additionally, priority schools cannot be added to PERS over the course of Program 1807. It is expected that Program 1807 recipients will work to retain all of their priority schools for the duration of Program 1807 funding. In alternating years, School Health Profiles or the Youth Risk Behavior Survey (YRBS) will measure school activities at the middle and high school levels and student outcomes at high schools across the district.

Component 2 and 3 recipients will be required to complete a full evaluation plan six months after award to describe their evaluation activities, as well as a data management plan that describes how Program 1807 recipients will share data. CDC also encourages additional evaluation activities that can provide an expanded view of program activities and outcomes, such as focus groups, interviews, or data collection on specific activities not captured in other evaluation measures.

Evaluation Measures

Component 2 and 3 recipients are expected to evaluate both the process and outcomes of their activities. For process evaluation, LEA staff and evaluators should collect and analyze data to determine how, when, and where activities are conducted, and who participates in each activity. CDC collects some process data through PERS. Outcome evaluation explores whether intended outcomes (e.g., increased use of sexual and reproductive health services) or other specific changes occur as a direct result of policies, programs, practices, and services. Outcome data are collected through PERS as well as through the School Health

Profiles and YRBS. Component 2 consortia will also provide process and outcome data, although these include the activities of each funded LEA (not simply the lead LEA) and may measure relationships and coordination among the consortium LEA.

Component 3 recipients are also expected to conduct evaluation. Component 3A-C recipients will provide evaluation data on their activities to deliver PD and technical assistance to Component 2 recipients. Because they build the capacity of Component 2 recipients, the outcomes of Component 3 recipients' activities are measured by the success that Component 2 recipients have in their process and outcome measures. Component 3E recipients are expected to collect data for process and outcomes. Some process and outcome measures will be measured through PERS, and others may be measured through School Health Profiles and the YRBS.

All of the measures listed in the Program 1807 NOFO are draft measures and will be further refined by CDC. We will ask for Program 1807 recipients to provide feedback on the draft measures before we finalize them.

Consider the Purpose and Uses for Evaluation Findings

Districts and schools should develop and focus their evaluation activities by considering the purpose and uses for their evaluation findings. Evaluation can serve a variety of purposes, including

- documenting program accomplishments and strengths and sustaining those program elements.
- identifying areas in which programs can be improved or in which new needs emerge and refining program activities.
- communicating program accomplishments and needs to stakeholders.

The Phases of Evaluation

Over the five years of funding we recommend following a four-phase evaluation cycle: (1) planning the evaluation, (2) collecting and managing data, (3) analyzing data, and (4) disseminating findings.[18] At the beginning of Program 1807, recipients should plan evaluation activities for all five years. For Component 2 and 3 recipients, this cycle will be repeated for each of the eight times that data are collected through PERS.

Phase 1—Planning an evaluation, evaluators should

- engage stakeholders to provide input and participation in evaluation activities (stakeholders are individuals who have a vested interest in a program, such as district and school staff and administrators, parents, community members, and youth).
- describe the program so that evaluators and stakeholders understand what the program activities are, who is involved in the program, and what processes and outcomes are associated with the activities.
- focus the evaluation design by understanding the purpose of the evaluation; how to collect, manage, and analyze the data; and how findings will be disseminated.

Phase 2—Collecting and managing data, evaluators should

- gather credible evidence needed for the evaluation.
- make sure that the information collected is accurate and complete:
  - » Responses should be internally consistent—for example, if a school reports delivering no instructional program in the six-month period, then it should not provide the name of an instructional program that was delivered during that reporting period.
  - » Responses should be in a credible range—if a school with 500 students reports implementing a sexual health curriculum, reporting that the curriculum reached 1 student is too low a value, and reporting that it reached 10,000 students is too high a value.
  - » Responses should be complete—all data should be provided without filler text (such as question marks or x's).
  - » Responses should be understandable—limit use of acronyms and abbreviations.
  - » Responses should be relevant to the question asked—for example, when listing the names of curricula implemented, do not list the organization of the instructor instead of the curriculum name.

Phase 3—Analyzing data, evaluators should

- analyze and synthesize the data that were collected.
- draw on and synthesize multiple sources of relevant data.
- draw conclusions justified by the data.
- facilitate recommendations for program and evaluation data collection improvement.
- develop reports and other data visualizations tailored to particular stakeholders.

Phase 4—Disseminating findings, evaluators should

- ensure use of data by program staff and other stakeholders and share lessons learned.
- assist in planning and implementing PD and technical assistance related to evaluation findings.

Actions to Take for Evaluation

LEA program coordinators, evaluators, and CDC all have a role to play in evaluation and all take responsibility for various parts of the evaluation process. The next few sections detail roles, expectations, and (for evaluators) deliverables for evaluation under Program 1807. In consortia, lead LEA are responsible for managing the evaluation process and evaluators and for submitting complete and accurate evaluation data to CDC. All other consortium LEA are to collect and provide accurate and complete data to their lead LEA.

LEA Program Coordinator Roles and Responsibilities

LEA program coordinators have the following responsibilities:

Provide CDC with

- feedback on CDC draft performance and process measures (at the beginning of funding).
- a full evaluation plan (6 months after funding).
- a data management plan (6 months after funding).
- prompt communication of changes in priority sites.
- complete and accurate data on performance and evaluation measures entered into PERS semi-annually.

Communicate with their evaluator regarding

- Program 1807 NOFO and program information.
- evaluation requirements and deadlines.
- performance and evaluation measures and surveys.
- changes in evaluation requirements, deadlines, and survey items.
- current information on priority schools and points of contact to provide evaluation data from the schools.
- how to request technical assistance from CDC evaluation staff, evaluation contractors, and subject matter experts.
- how to request technical assistance from Component 3 recipients.
- CDC evaluation reports and recommendations for evaluation and program activities.
- how to create reports on evaluation findings.
- how to disseminate findings to stakeholders and communicate with priority sites about findings.

Provide their evaluator with

- a list of priority school points of contact that is updated as necessary.
- information (including student enrollment, demographics, grade ranges, and requirements) for each priority school.
- feedback on staff roles and responsibilities, and processes for data collection, data management and entry, developing reports, and providing feedback and training to stakeholders (district and school staff, students, parents, and community organizations).

- assistance in resolving ambiguity about program activities as reported in evaluation data.
- feedback on evaluation reports and recommendations to improve programs and highlight successes.
- feedback on useful data visualizations and dissemination strategies to stakeholders.

Provide district and priority school staff with

- evaluation results.
- engaging and practical data visualizations.
- PD and technical assistance on program improvement and evaluation data collection.

Evaluator Actions and Deliverables

Evaluators will provide activities and products that assist with all phases of evaluation, including evaluation planning, data collection and management, analysis of data, and dissemination of findings. We expect evaluators to abide by the American Evaluation Association's guiding principles for evaluators and CDC's standards for evaluations.[18,19]

Table 5.5 outlines, by phase of evaluation, evaluator actions and likely deliverables that will provide complete, professional assistance to fulfill CDC evaluation requirements. It is expected that the phases of evaluation will be completed for each PERS data collection period.

Table 5.5. Evaluator Actions and Possible Deliverables by Phase of Evaluation

Phase of Evaluation	Evaluator Actions	Possible Deliverables
Planning an evaluation (Engage stakeholders, describe the program, and focus the evaluation design)	■ Meet with project coordinator and other staff to learn about program ■ Determine roles, responsibilities, and processes for evaluation with the project coordinator ■ Discuss the uses of various kinds of evaluation data ■ Draft and refine an evaluation plan ■ Draft and refine a data management and data entry plan ■ Gather lists of points of contacts at the district level and at priority sites ■ Draft and finalize surveys (and any other data collection instruments)	■ Documentation on program activities and requirements of Program 1807 (such as a logic model) ■ Evaluation plan ■ Documentation of processes, roles, and responsibilities for evaluation ■ List of points of contact ■ Surveys (and other data collection instruments) ■ Any necessary documentation about surveys (and other data instruments)
Collecting and managing data (Gather credible evidence)	■ Provide oversight to administer and receive surveys (and other types of data) ■ Collaborate with the project coordinator and school points of contact to make sure that data collected are accurate and complete and to resolve incomplete, inconsistent, out-of-range, non-credible, or irrelevant responses ■ Ensure that accurate and complete data are entered into PERS with consistency checks between data received from schools and data as entered into PERS ■ Consult with project coordinator to address any issues with data collection to be resolved before the next data collection period	■ Raw data set ■ Accurate and complete data set ■ Accurate and complete data entered into PERS ■ Documentation on data sets, including data dictionary and code book ■ Documentation of all edits made to data

Continued

Phase of Evaluation	Evaluator Actions	Possible Deliverables
Analyzing data (Justify conclusions)	■ Review PERS, success stories, YRBS, and Profiles reports ■ Analyze additional evaluation data and other local data ■ Synthesize PERS, success stories, YRBS, Profiles, additional evaluation data, and additional local data to draw conclusions about Program 1807 activities and provide recommendations for program improvement ■ Consult with project coordinator and other stakeholders on reports and other recommendations	■ Analysis and findings shared with project coordinator and project staff ■ Program recommendations refined and shared with project coordinator and project staff ■ Evaluation reports developed ■ Data visualizations developed
Disseminating findings (Ensure use of data and share lessons learned)	■ Provide data visualizations and success stories to appropriate stakeholders ■ Provide evaluation and data reports to appropriate stakeholders ■ Assist in developing and implementing professional development and technical assistance	■ Disseminated data visualizations and success stories ■ Disseminated evaluation and data reports ■ Completed professional development events and technical assistance on collecting and refining programs using evaluation data ■ Completed professional development events and technical assistance on collecting accurate and complete evaluation data

CDC Support for Evaluation in Components 2 and 3

Throughout the project period, CDC will help provide support for recipients' evaluation activities through both CDC staff and CDC contractors. Specifically, CDC will provide

- access to the PERS website for data entry.
- surveys for program evaluation.
- PD and technical assistance on all aspects of evaluation and the evaluation process, including technical support for the PERS website.
- PD and technical assistance on implementing programmatic and evaluation recommendations from evaluation findings.
- guidance on evaluation, evaluation plans, and data management plans.
- sites' evaluation data on request.
- documentation on evaluation requirements, the PERS website, and data sets.
- reports on evaluation findings for each reporting period and trends across reporting periods.

Resources

The following resources can assist with engaging an evaluator:

- **American Evaluation Association (AEA).** ***Find an Evaluator.*** This resource can be used to identify AEA members available for evaluation consulting: http://www.eval.org/p/cm/ld/fid=108
- **American Evaluation Association (AEA).** ***American Evaluation Association Guiding Principles for Evaluators*****.** This resource lists the AEA's Guiding Principles for Evaluators and includes revisions ratified by AEA in August of 2018. http://www.eval.org/p/cm/ld/fid=51
- **CDC.** ***CDC evaluation brief #1: Selecting an Evaluation Consultant*****.** This resource describes considerations for selecting an evaluation consultant. https://www.cdc.gov/healthyyouth/evaluation/pdf/brief1.pdf

The following resources can assist with the evaluation process:

- **CDC.** ***CDC Approach to Evaluation*****.** This resource explains how CDC evaluates health programs. https://www.cdc.gov/eval/approach/index.htm
- **CDC.** ***A Framework for Program Evaluation*****.** This resource presents and explains the stages of program evaluation. https://www.cdc.gov/eval/framework/index.htm
- **CDC.** ***Evaluation Planning, Data Collection & Analysis, Sharing Results & Improve Program*****.** This is a collection of evaluation resources specifically for CDC funding recipients. https://www.cdc.gov/healthyyouth/evaluation/index.htm
- **CDC.** ***Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide*****.** This a guide to help people unfamiliar with evaluation understand the CDC approach to evaluation. https://www.cdc.gov/eval/guide/index.htm

The following are general resources related to evaluation:

- **American Evaluation Association (AEA).** ***AEA 365: A Tip-a-Day by and for Evaluators*****.** This is an archive that covers a large number of evaluation issues and questions. http://aea365.org/blog/
- **Kellogg Foundation.** ***The Step-by-Step Guide to Evaluation*****.** An excellent detailed guide to evaluating education and health programs. https://www.wkkf.org/resource-directory/resource/2010/w-k-kellogg-foundation-evaluation-handbook

Emphasis on Addressing Health Disparities

There are a number of disparities related to sexual health risk behaviors and outcomes among adolescents. Throughout Program 1807 work, recipients should consider groups of adolescents experiencing health disparities in HIV, STDs, or teen pregnancy and design their work plans with an underlying goal of decreasing these disparities. Recipients can address adolescents experiencing health disparities in a number of ways, such as selection of priority schools, diffusion of activities, and content and delivery of activities. For example, selection of priority schools should be based on public health data to identify the schools with the highest need where the potential for positive impact among underserved populations is greatest. Efforts to diffuse activities across the district could also prioritize schools with a greater percentage of youth at disproportionate risk for sexual health risk behaviors and negative outcomes. Furthermore, as specific activities are implemented, groups at disproportionate risk may warrant special attention in material development and implementation.

LGBT youth face substantial health disparities, including disparities in HIV, STDs, and teen pregnancy. For this reason, several required and enhanced activities within Components 2 and 3 highlight LGBT youth. The emphasis on meeting the unique needs of LGBT youth does not rest in any single component or strategy, but instead reaches across the work of Program 1807, with SHE, SHS, and SSE all containing activities intended to better support LGBT youth. This approach not only offers a cross-cutting method for recipients to address health disparities faced by LGBT youth; it also provides an example for how other adolescent populations experiencing health disparities could be addressed through material development and implementation. Table 5.6 (on next page) provides an overview of how LGBT youth may be addressed in each Program 1807 strategy.

Table 5.6. Examples of Addressing Health Disparities in LGBT Youth across the Program 1807 Content Areas

Strategy	Rationale	Approach to Addressing Health Disparities	Outcome
Sexual Health Education	■ Well-designed and implemented SHE helps adolescents acquire the knowledge and skills to reduce HIV, STDs, and teen pregnancy; however, without being thoughtfully designed and delivered, SHE could exclude or misrepresent LGBT youth.	■ Develop, adapt, and select instructional programs that include medically accurate and age-appropriate information about sexual orientation and gender identity that is designed with the needs of LGBT students in mind. ■ Provide PD to teachers on how to deliver SHE content on sexual orientation and gender identity in a manner that is effective and supportive.	■ SHE instructional programs better reflect the sexual health needs of LGBT students, and information can be used in their relationships and sexual decision-making. ■ Teachers foster a positive learning environment for LGBT students.
Sexual Health Services	■ School provision of on-site and off-site SHS increases adolescent access to key SHS such as HIV and other STD testing; however, some providers may lack comfort and competency with LGBT youth.	■ Identify health service providers that are known for LGBT-friendly care, and communicate this designation in referral guides and materials to highlight health service providers that are known for providing LGBT-friendly care.	■ Referral guides better support the unique needs of LGBT students and connect them with relevant health care.
Safe and Supportive Environments	■ School environments that are safe and supportive can increase adolescent connectedness to school and improve parental communication; however, many LGBT youth experience high levels of bullying and harassment in school environments.	■ Provide PD to all school staff on supporting LGBT youth. ■ Implement student-led clubs that support LGBT youth, often known as Gay-Straight Alliances or Genders and Sexualities Alliances (GSAs).	■ Teachers, administrators, and staff are better equipped with the knowledge and skills necessary to foster an SSE for LGBT students. ■ LGBT youth may build up peer support and connections to supportive faculty advisors.

Recipients are expected to use data from their own communities to identify any additional youth populations that may need special consideration in the design, implementation, or diffusion of activities. Recipients may use the structure of the approach used for LGBT youth to inform their efforts.

Chapter 5 References

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