

**Transcript: Working With Schools Webinar
July 17, 2013**

MS. JAE'MIE HUGHES: And now I'm going to hit that broadcast.

VOICE: The broadcast is now starting. All attendees are in listen only mode.

MS. JAE'MIE HUGHES: Good afternoon, everyone. I'm Jae'Mie Hughes and I'd like to welcome all of you to the "Working with Schools Webinar". Before we begin the presentation, I'd like to review a few administrative items and let you know how you can participate in today's web event.

All participants should be able to hear the audio and view the presentation slides. And you may participate in today's webinar by accessing the microphone and speaker functions of your computer or by using the tool free option which will also let you listen. All of this information may be found in the go to webinar interface in the control panel on the right side of your computer screen.

And before we get into that, I'd like for everyone to please turn your attention to the go to webinar attendees interface which is made you of two parts. The viewer window on the left which allows for you to see everything that presents to share on your screen. Which right now you should be able to see the cover page for "Working with Schools".

And you also should be able to view the control panel on the right. Within the control panel is how you can participate in today's web event. By clicking on the orange arrow that is found in the top right corner of your screen, you can open and close your control panel and you can keep the control panel open and/or visible through the view menu.

It's always helpful to ensure that the auto hide control panel option is not selected. And that will allow you to answer questions, ask questions, raise your hand at any point.

Questions may be typed in the question box at any time during the webinar presentation. Simply type in your question and click send. And since this will be an interactive webinar, there will be a question and answer portion throughout the presentation and that will allow you to answer questions and have organizers and presenters view your questions, answering them during the presentation.

As I stated earlier, you may utilize the raise your hand feature as well during the question and answer portions of the presentation. Simply click on the raised hand icon that is found next to your attending name. And when questions are answered, the presenter will then unmute your line so that you may participate audibly. We don't anticipate any issues with today's events.

But if for any reason, technical difficulties arise during this event and the audio and/or screen views are lost, please attempt to dial in and log back into the webinar through the original invite that you received. If access is still unable to be gained, please check your email inbox for updates regarding rescheduling of this webinar event.

We will now begin the webinar presentation. Thank you for attending. And I'd like to welcome Kyle Lafferty.

MS. KYLE LAFFERTY: Thank you, Jae'Mie. As Jae'Mie said, my name is Kyle Lafferty. I'm part of the state support team at the National Campaign to Prevent Teen and Unplanned

Pregnancy. On behalf of all of our speakers today, I'd like to thank you all for participating. I'm going to be starting us off today with some background information and then I'm going to hand things over to our presenters to share a bit about their work and some of the lessons they've learned.

We're joined today by Joy Robinson Lynch, Sexual Health Education Coordinator with the Massachusetts Department of Elementary and Secondary Education and Dr. Melissa Peskin, Associate Director of Evaluation for the University of Texas Prevention Research Center. I'd like to thank both of them for being here today.

Partnering with schools is a practical way to reach youth with quality teen pregnancy prevention programming. Today's webinar includes some key considerations for approaching and engaging schools in this work, as well as strategies from those on the ground making these partnerships successful.

Our objectives for today, our hope is that by the end of this presentation, you'll be able to describe the benefits of partnering with schools to implement teen pregnancy prevention programming, list possible challenges and solutions for working with schools to implement this programming and cite examples of successful school partnerships to address teen pregnancy.

So why focus on schools? There are certainly other partners we could pursue as far as youth serving organizations, faith based partners and other community based organizations with access to youth. Many of these partners are smaller in scale and

may actually be easier to work with. They may have less bureaucracy and red tape. So why is it important to partner with schools at all?

I'm going to show a brief video. Through our work with the National Campaign, we talk with folks from across the country and this video captures what a view of them had to say about the importance of working with schools.

VIDEO: In any community, the schools are the biggest organization that has kids. Most of them are getting the information from what they see on television and the conversations they have with their peers, neither of which is what we want them to think is appropriate.

One of my students actually asked me what contraception was. And to me, that's very scary that a high school student could actually not know that term. The school system, that's a wonderful opportunity to reach a lot of teens because what? They're all there.

MS. KYLE LAFFERTY: So schools are in a unique position to maximize the scope of our projects. The first benefit of working with schools would be access to youth that it affords. There are 37 million young people currently enrolled in middle and high schools across the country, 99 percent of all seven to thirteen year olds are actually enrolled.

So by working with schools, we eliminate many of the recruitment and retention issues with which other youth serving organizations often struggle. Young people are required to attend school and their attendance is tied to graduation. So they have an automatic incentive to show up for our programs.

Youth are in schools for thirteen developmentally critical years which provides ample opportunity for us to work on prevention and early intervention. Schools also provide us with resources to implement programs, such as classroom space, computers and sometimes even staffing. Schools are located in every community. So we have ample opportunity to reach youth in target areas. And finally, schools can provide a platform for reaching underserved youth who might allow them for multiple services like free lunches or afterschool programming.

So that's all good news for program managers and facilitators, but why should schools decide they want to work with us? Schools often have too much on their plates already and face program providers banging down their doors to partner. So it's critical to approach schools with the benefits of partnering on teen pregnancy prevention programs in a clear and compelling way.

I'm going to share with you another video. It's a few words from the folks on the ground who are actually doing this work about why schools should partner with us.

VIDEO: After the role that parents and families play, the school districts have a humongous role to play in providing evidence-based education to young people.

So with schools, they have a huge stake in the game. Because if they want students that are going to be academically prepared to take the next step in terms of their career, they need to not be distracted by an unplanned pregnancy.

The schools can't do it alone. We need the support of the parents and the community. We need policy in place. We need a lot of support. We need a lot of people working on the same thing simultaneously.

MS. KYLE LAFFERTY: Schools are charged with developing well-rounded and educated young people who will be valuable and productive contributors to society. To that end, presenting the data on the consequences of teen pregnancy can be very compelling for educators and administrators.

For example, 62 percent of teen girls who have a child before age eighteen still have not earned their high school diploma by age 22. We also know that over half of teen mothers receive some type of public benefits within the first year after their children are born. And less than two percent of teen mothers get a college degree by age thirty. The data show that these poor educational outcomes are often mirrored by the children of teen mothers as well.

Now that we've covered the reasons for partnering with school, I'm going to share a few of the challenges that might arise as you engage in this work. Partnering with schools is critical to success, but it requires some effort and persistence, as many of you know I'm sure. I'm going to provide a broad overview of some of the obstacles you might face when working with schools and some suggested strategies for troubleshooting these challenges and then our presenters are going to provide more detailed approaches for overcoming these hurdles, as well as some lessons they have learned firsthand while doing this work.

So our first challenge for today is scheduling. Working around the school day can be a challenge, particularly when modules in a curriculum don't align with standard periods of the school day and their standardized testing and student sports schedules to compete with.

So it's important to be flexible. By working around teachers' schedules, programming schedules, testing schedules and any other issues that arise in schools, we plan to hold trainings over the summer or during teacher in-service days to minimize the burden on educators and to minimize the cost of hiring substitutes to cover class time.

Minor adaptations can also be made to lessons so that they fit better within the school day. And another option is to maybe implement during afterschool hours.

The next challenge is existing policies. So schools may have policies in place at the school district or state level that dictates what topics are taught or not taught and how those topics are taught. It's also important to note that often educators within a school are actually misinformed about policies and are operating under assumptions that may or may not be based in policy, such as my school is abstinence only.

So be prepared. Take time to research school district and state level policies around health education. Learn the graduation requirements, state laws mandating sexuality and HIV education, as well as the state standards and the curriculum guidelines and how your proposed program fits within these.

Anticipating possible questions for parents, teachers and administrators will not only instill confidence in your program, it will also save valuable time of those working in the schools. And if possible, you may want to get a letter of support for your program from the State Department of Education as well.

The next challenge is administrator buy-in. Principals maybe hesitant to add yet another project to an already full plate and competing priorities can make it difficult to convince schools that this issue is worth their time and effort. Again, do your research and illustrate how your teen pregnancy prevention program aligns with state standards for health education or fits within the curriculum framework for the district and fulfills graduation requirements.

Be clear that the program will not cost schools additional funding and that valuable teacher training might be provided, not to mention student attendance will increase as a result of fewer teen pregnancies which is an invaluable cost savings to a school. You may also consider engaging a respected teacher at the school who has already successfully piloted a teen pregnancy prevention program in his or her classroom to help gain administrator buy-in.

School culture and community can be another challenge. As an outside organization entering a school to facilitate a program, you may face additional obstacles, competing priorities and struggles fitting into a tightknit school community. So learn your environment. Consider the fit and selection of a program, not only in terms of the population you're serving, but also in the broader context of the school culture and environment.

Make sure administrators are on the same page by being transparent and sharing curricula in advance of implementation to address any potential red flags. And consider including school staff and administrators early on in the selection of curriculum.

And the last challenge I'll be covering today before I hand it over to our speakers is discomfort or anxiety over content. Principals and administrators may express some anxiety over the topic of sex education or teen pregnancy prevention. They may fear a backlash from parents or community members and want to avoid any controversy, particularly if they hold an elected position such as superintendent.

So it's important to cultivate champions. It will be critical to build community buy-in for your program and to show that support through partners that champion your work within the schools. These might be educators, parents, youth, physicians, safe leaders or others. Use community platforms such as school board meetings, Parent Teacher Association meetings and back to school nights to build awareness of and support for your program. This community support will help to ease the minds of administrators who may be hesitant to implement a teen pregnancy prevention program.

Last but not least, a few considerations for those working in tribal communities. Working in tribal or native communities may pose some additional and unique challenges to working within the school system. For example, a challenge may be that there are different governing jurisdictions for schools on tribal lands. So you may want to take the proper steps to research the systems and policies that are in place before approaching

school administrators. Extra time may be needed in the native community to generate support from all the individuals and groups that need to have buy-in.

And last but not least, the information presented to schools, parents, school boards, et cetera, need to be done within the cultural context of the community. And this is also true for those organizations that are attempting to partner with native schools or schools that have a number of native youth in attendance.

Okay. So I've spoken enough at this point. And I'm going to turn things over to our expert presenters who are doing this work in the field and have some valuable lessons to share with all of you. First, we'll hear from Joy Robinson-Lynch with the Massachusetts Department of Education and she'll be followed by Dr. Melissa Peskin from the University of Texas. I'm going to hand it over to Joy.

DR. MELISSA PESKIN: Hello, everyone. I'm happy to be here. I understand that all of us are equally hot. The heat wave is in 48 states at least. So we're all hot together. And I'm happy to share the work that I've done. And I'm going to tell Kyle to advance the slide. So you can go to the next one, Kyle.

My work has always been as a sexual health educator. I've done it in family planning clinics. I've done it in other kinds of health clinics. I've done it in social service agencies, in private practice. I've worked with adolescents around sexuality. I've done in schools and I currently hold a government position.

So the interesting thing is that I've come to this work from both ends. I've been the person in the community based agency that helped like my kids track within that building all day and I couldn't get to them to do the work with them. And I've been the school person who's felt inundated. Like every excellent organization wanting time with my students who needed to be in the classroom engaged in academic work.

So, over those years of that experience, there are two things that I came away with. One is there is so much work to do together, we ought to be collaborating. Our clients are the same people. And we are coming at it from two cultures and two very different means of approaching the work.

So what I'm going to try to do today is tell you about the work that I've done and also suggest ways to bridge that cultural gap and learn the culture of the others. So I'm hoping that I do that and we'll have some time to interact as well.

Next slide. So in Massachusetts, we applied for PREP funding through two departments, through the Department of Public Health and the Department of Elementary and Secondary Education, collaborated on our application. And about 40 percent of the funds come to our department and what we do with most of it is give it in grants to schools to participate in a PREP program.

We did that by identifying high risk school districts. These were districts that had both poor school performance. They had to have within those districts schools that were performing at the lowest 20 percent of all schools in Massachusetts and high teen birth rates. And I'm sure there's no surprise to any of you that those were the same districts.

The district with the high STD rate and high teen birth rates were also the ones with poor school performance.

And at our end, at the Department of Education end, we offered them funding to implement PREP. So there were nine districts that fell into this category. Four of them agreed at the end to be part of PREP.

I'll talk more about how we made this decision, but we decided to work with middle school students. And we believe that we will be able to serve 2,200 eighth graders a year in these middle schools in four districts.

Collaboration is challenging and it's just as challenging at the state level as it is at the local level. So this has not been an easy process. One of the other advantages of funding these four districts. And not only are we getting it out to whatever number of eighth graders per year, but it's very sustainable. Once they own the curricula, once they have trained staff, once they have trained administrators, they can continue the project even after our funding is gone.

Next slide. So this gives you a sense of how we made the choice of these nine districts. So these are cities in Massachusetts on the left. On the top, you can see we have a fairly low teen birth rate in Massachusetts, but we have pockets that are enormously high. If you look at Holy Oak, the second one down, you'll see we have some pockets with really high teen birth rates, high chlamydia rates, high school dropout rates. And these are the communities who we offered funding to.

We funded four of these. And because we have come together with our partners in the Department of Public Health and school personnel and community based agencies, the decision was made that the best place to put our program was in the middle schools.

At the same time, in these same communities, the Department of Public Health is funding community based agencies to work with older, out of school, high risk teens, particularly ones in state systems of care. So these are two kinds of ways of getting at both ends of the issue.

And I don't think any of you are surprised to see what we keep pointing out. Poor school performance and high teen birth rates are interconnected problems. I'm not sure they're causal, but they're clearly interconnected. And that's an important chart that I'm showing you to show the school person. This has these words, the school dropout rate. And seeing those numbers about their community really makes an impact.

You can go to the next slide. I thought Kyle did a great summary of all the things I would say is overviews of how to work with schools. Working through the Department of Education, we just were much more able to bring school personnel to the table. We had community based agencies trying to work in some of our highest risk districts. And once, not through PREP but through other funding, offered them small amounts of money to just come to the table and study the issue. They were willing to do it. So what we call mini grants offered to school districts to meet with community based agencies, look at what the issues were in their community, look at what possible solutions were, we were able to get them to the table and at least in the conversation.

With the PREP funding, we were able to get much larger grants to these four districts. So that in two of them, they were able to hire additional staff in order to implement it. We also gave them enough money to purchase curricula, pay for substitute times to go to trainings and relief times to come to other meetings.

Next slide. And we funded schools for all the reasons that Kyle listed. You have an available audience. They're there. They're there every day. They're required to be there. There's actually a log that requires them to be there. It's a highly effective place. And as I say, it's the numbers.

When we look at our attendance in the PREP program, it's generally above 90 percent in the program. One teacher can reach many students each year. So far already this year we've reached 1,600.

Next slide. These are all the things that were particularly relevant to schools. An evaluated curriculum meant a lot to schools. The common core is being discussed more and more in school districts. It's a national requirement. And many of the skills in the common core, habits in the common core are covered and we were using Making Proud Choices.

When parents see the curricula, they're thrilled. It does in fact increase school engagement. I just was meeting with the teachers who implemented it in an extremely poor community, who were very dedicated health teachers. And they were amazed at how we were doing this curriculum made their students trust them more. You're giving us honest information. You're not just standing up there telling us never to have sex.

They were more likely to listen to their teachers. They felt that their teachers knew them and knew who they were.

As I look at our attendance logs, I notice that the attendance increases as the program goes along. Students I think want to be there and hear the next lesson. That's an important message to give schools.

It also reduces time out of class. Schools are interested in making sure that students are engaged in the core curriculum for as much of the day as they can be. As I was saying, they're sitting around wondering what that itch is or who got who pregnant or what the latest drama is, they're not engaged in history class. And that's a big selling point, that this will engage students and engage them in the school day.

Others say it sends a message that the school cares about the whole child, cares about you and is interested in you and your life and where you are. An additional piece that we added was bringing in community based programs in each of the four districts where we fund schools so that they have direct access to referrals.

So what that meant was when you're teaching about birth control, you're able to say you can go to this clinic on this corner at this time and ask for this person. And that's made a huge difference. The students are actually taking notes on what the teachers are saying.

Go to the next slide. Students want to get sex education in school. They want to learn at home from their parents, what their parents' values and expectations are. What are

the rules at home? What are the expectations? But they want to learn facts in school. And they expect that they're going to be learning this in school.

They feel seen. I noticed that if you walk around a middle school or a high school, what's going on among the students is a lot of chit chat about sex. Who's going out with whom? Who's dating whom? Who looks good? Who's going to this? Who's going with that? What's going on with this? And their questions to each other.

And the fact that the adults never address any of that makes them feel either crazy or invisible or like they live on another planet from the teachers. But when the teachers bring in a curriculum that says I know who you are and this is what questions you have.

Now, I know I'm preaching to the choir here. I know that the people who listen to this know this already. I think these are important things to bring to school. It makes the students connected and cared about by their teachers. And that also means that they can stop trying to figure out and Google words in order to get sexual health information. It's presented in school where they expect to learn. And gives them the tools to succeed in life.

Next slide. So what I'd like people to do is go into the question area and type in some of your biggest challenges you've had in working with schools. If you can take a second and start typing those in, I can adjust this a little differently. I don't see any questions coming up. Things that people have found to be big challenges.

There's a little place called questions. You have to open it up and then you can – here we go. I'm starting to see them. Yes, short class periods somebody said. We live in Oklahoma. So the rural area where kids never have sex. There's no sex in rural areas. We all know that. School committee's buy-in, convincing school staff to give us time to implement a curriculum, schedules that change at the last minute. Yes. Buy-in by teachers, misperceptions. These are great ones. Too many standards, not enough time. The block scheduling I find good, but we can talk about that. Getting schools interested, accessing meetings with school administrators. These are things I'm planning to address. This is helpful. Most of these I'll be addressing. Conservative communities. Great. Thank you. I think I'll be able to address these.

And one that one of you brought up is, well, let's go to the next slide. What I plan to cover is a sense of how schools operate which may help you with how do you get to the administration? How do you get within their structure?

And the big piece is going to be the language of education. And then I'll give you a little bit, but it's a repeat of some of what Kyle said, the keys to collaboration and roadblocks and detours.

So let's go to the next slide. Schools operate differently than community based agencies. They move at an incredible pace. At the same time when the teachers enter the door and the students enter the door in September, and now it's getting to be August, they have this short amount of time to have all of the kids in the classroom make annually yearly progress, get to June and have learned all the material they're supposed to learn. And they do that at the same time that they're planning for next year. So there

are two things happening at once and they're moving at an incredible pace. There's very, very little lead time.

My story is I was working at a Planned Parenthood and I would go around and say I can do a presentation in your classroom. I can come into your school and do this and that. And offering and offering and then one day I would get a phone call and they'd say can you come in tomorrow at 10:15? I'd say tomorrow at 10:15? I can't come in tomorrow, but I can come any other day or next week. No, if you can't come at 10:15 tomorrow, I can't use you. And that's because teachers only have time – they have to plan five lesson plans per day for every day of the week. They don't plan out six months ahead or a week ahead. They plan out a day, maybe a week, ahead.

So it's a different set of circumstances. Teachers often have very little autonomy or control. So asking a teacher to do something and some of you are saying the administration isn't supportive. The school committee isn't supportive. They often don't feel that they have the autonomy or the control to do it. They work in an environment that does not support, encourage or teach collaboration. So you coming in and saying we can collaborate on blah, blah, blah, they don't know what that means. They don't know how to do it. They haven't had any experience doing it. I'm making generalizations here.

The other thing is that schools don't do what community based organizations do. I know how it operates. You're doing one kind of work with teen pregnancy prevention. You're following along that path and that's how you do that work. And then a different funding opportunity arises and you redo what you're doing in order to respond to that funding.

Or you're worried will we get cut in that funding? We won't have positions. There's these funding for schools. There will be schools and they will be open and there will be a base funding. But they're very dependent on the good will of voters. If the community doesn't feel like they're doing the kind of job they want, they are not going to increase. They're not going to add on. They're not going to pay for health education.

And there's tight control by administrators and school boards often, or at least there's the sense that there's tight control of what can be covered. And principals and administrators have very little reason to face controversy. They've got enough on their plate.

Teachers in general are used to being directed and spoon fed and that's the way you survive in that environment. So they're not used to taking risks in general. They're not used to taking risks, going out on a limb, creating their own program.

So the first thing I want to do is sort of do my lexicon of language translating from community speak to school speak. So could we go to the next slide? The language of education is a little different. Your agency probably calls adolescents "clients" or "participants". Type into the Question Box what schools call those same teens. What do we have? Let's pull up the answers, Kyle. Students.

So sometimes they're the same people, you're correct, but the schools call them students.

Next slide. When you say a year, what do you generally mean? Go ahead, Kyle. You mean July to June. It might mean your fiscal year. Or it could mean January to December. Type in what schools mean right into the question box. Right. You got it. Bring it up. Yes, September to June is generally what it means. Nine months. That's a year to them.

So, next slide. If I say to you schedule, what does that mean for you? It usually means that it's something flexible. It might vary. It might change by need, your weekly schedule or your daily schedule. Type in what you think schools means. Yes, type schedule set people are putting in. Yes, Sara's got changes by need. Hours of classes, academic time, great. For a teacher, it means how many periods per day or week they are required to teach and be in front of the students.

Let's go to the next one. Supervision. You might mean regular oversight, clinical supervision, improving practice. Schools, what does supervision mean? Who's watching the students, overseeing and local parents, Jessie very good, Jessica, whoever that is. Yes, but the schools do have a little bit of supervision. Teachers often get an annual review done with one brief observation. So they're not used to what you might be used to of a team of improving practice.

And we're going to do two more. So let's do the next one. What is meant by youth contact? You might have contact 3-5 hours a day. School personnel, let's go right through it. It means they're responsible all day for students. They've got them in front of them all day.

And let's go to the next one. I'm speeding along because I don't want to cut into the next presentation. Your number of days of work is something like 250. For teachers, there are 180 days generally by law in which they see students and 185 days that they are often contracted to work. So they're trying to cram all of that work that they're trying to do into that shortened schedule.

The next two slides will give you the full lexicon so that when you've got these slides and you will be able to see the full lexicon. I want to call your attention to the evaluation piece. Teachers are held accountable to student outcomes and the collaboration piece. They rarely have common planning times. They can meet with you before or after school, but it's very challenging having them all meet at the same time. So you'll have this lexicon when you have the slides and it may be helpful to you.

I want to just run through the next part without stepping on anyone. So let's go to the next slide, the next one. The keys we find are collaborating. That may mean collaborating on things that feel like they're outside of your expertise. So if the school needs assistance with something that isn't teen pregnancy related, but you get seen as someone who's helpful. That's maybe your key into the building. That then they know that -- I'm picking on Eliza because I see her name here -- is a go to person and somebody that they can rely on. Then you want to find your champions within the schools and I've given you lists. Look for these folks. Find out in the community. Ask parents, ask students. Students will know. Who will be the champion on this topic?

Next slide. And the champion is the one who can connect you to the key decision makers. Almost all schools have wellness committees that were established, believe it or not, under their nutrition program. But becoming the person, the go to person, on the wellness committee who can help the school develop their wellness policies, get you known as the person who's trusted and relied upon.

And what you want to offer is not I can come in and help you with the teen pregnancy prevention program, but offer to assist decision making on their goals. So how can you help them increase school attendance? How can you help them reduce dropout rates?

And as you become trusted, the automatic responses about "we don't talk about sex here, we don't have sex here, we don't do this in school" melt away because they trust you as the individual. I often get the response you're not like we expected at all.

Next slide. The keys are being flexible. I don't know if we can deliver the full curriculum within their timeframe? Do you have to implement it at other times? Do you need to get peers in the school who are trained to lead this? Do you need peer advocates within the school? And I think Kyle said it well, that you need the flexibility.

I'm going to flip through the last slide real fast because I don't want to skip them and we'll talk about some of the things we brought up.

Next slide. One roadblock is can the school deliver the curriculum with fidelity? How do you make something that was developed for an hour fit into 45 minutes? But bigger than

that is what happens when the school shuts down? What happens when the whole class goes on a field trip or standardized testing happens? It's helping them plan it out with all those things in mind. When you're speaking their language and say what are you going to do about snow days? How are you going to deal with it if the test comes up?

So the answers are – go to the next one. We've developed planning guides so that they could figure out where to make breaks in "Making Proud Choices" that kept with fidelity. Planning for extra time. So if it's eight sessions, to plan for more than eight periods in the school day. You have flexibility to do it as an all-day session, three days. That could happen in some schools. Is it possible to do it after school? We're presenting it in one after school program.

Next slide. A big fear is parents' response. We can't show condoms in school. This will send the wrong message. You've heard all of these. You have a longer list than I do. Here is my response.

Next slide. Most parents – and when I say most, we're way above 80 percent – are so happy to have this kind of program in the school when they find out what it is. If they hear the word sex education, they imagine that you're teaching the children how to have sexual intercourse. If they see the program, they're so happy.

Parent information meetings held at separate times with child care and activities for their older students, get parents out. And address them immediately. You have the right to

have your child not be in this program. Open communication gets enormous support for the program, but schools are afraid. If you offer I will be able to offer this program, I will also be able to offer parents resources – we can go to the next slide – and I will be able to give parents resources for talking to their children at home.

These are some bullet points that I found effective. Research shows that the more young people know about sex, the longer they delay. I often say it's counter intuitive. The more they know, the less they have to experiment to find out. I bill the class as a class on self-management. Schools and parents love those terms. I point out that almost all of our students are going to wind up having sex some day and we are preparing them for healthy adult sexual lives Students will gain knowledge about the seriousness of sexuality. And that students will gain knowledge about the seriousness of sexual activity and learn the skills to be in control.

So I raced through the end because I didn't want to take anybody else's time. So that's where we are. Somebody else give me guidance about what we're doing about Q&A.

MS. KYLE LAFFERTY: Joy, this is Kyle. That was fabulous. Thank you so much. We do have a number of questions. Let's go ahead and wait until the end. We'll hand things over to Dr. Peskin now to do her presentation and then we'll come back to all the questions at the end.

DR. MELISSA F. PESKIN: Okay. Thank you so much, Kyle. And thank you, Joy. That was a really great presentation. So my name is Melissa Pesky and I'm from the University of Texas Prevention Research Center. Kyle, you can go to the next slide.

Just go give you a little bit of context regarding where I am, I work at the University of Texas School of Public Health. And the UT Prevention Research Center is one of thirty-seven CDC funded prevention research centers in the country. So our focus is on working with the community to try and increase the capacity of our community partners which include schools, a big partner, to implement evidence-based sexual health programs.

Next slide please. So, one of the studies within our Prevention Research Center is a project that we have funded by the Office of Adolescent Health or OAH. And this OAH project is focused on disseminating the It's Your Game...Keep it Real program which is one of the evidence-based sexual health programs in school districts across Harris County and the surrounding areas. So, predominately in the Houston area.

So we're focused on a very large geographic area and as you can see from this figure, we have a very large infrastructure that we have created to help support our work. So I just want to tell you a little bit about this structure so you can get a sense of the scope of what you're dealing with.

I'm the co-principal investigator of the study along with Dr. Susan Tortolero who's the principal investigator. We have an excellent Project Coordinator, Melony Steel, who

oversees five different components for the project. The different components that we have are administrative support, implementation monitoring, training and technical assistance, policy development, institutional and advocacy and community outreach and public relations.

So this is a very large project, as I had mentioned. And it really requires these multiple components because we are working with ten school districts across the Houston area. This is almost 100 schools. And by the time we're finished, we estimate that we're going to be able to implement the program with over 20,000 middle school students. So quite an extensive project that we have underway.

Next slide. I just want to give you a quick little background about the It's Your Game program in case you're not familiar with it. This program is a 7th and 8th grade curriculum. Its primary focus is on getting kids to abstain from sexual behavior. However, for those students who may already be sexually experienced. We also do provide students with information and skilled practice regarding condoms and contraception.

The curriculum has 12 lessons at each grade level and it's delivered through multiple modalities. We use classroom lessons and we also have several lessons that are completely computer-based.

Next slide please. So the replication model that we've used to implement this program in schools is the CHAMPSS model. And CHAMPSS stands for Choosing and

Maintaining Programs for Sex Education in Schools. This is a model that we developed here at the Prevention Research Center that we think really encompasses the complex process that school districts need to go through to adopt, implement and maintain effective sexual health education programs in their schools.

So basically the model encompasses seven steps, prioritized which is getting school districts to make sexual health and implementation of evidence-based programs a priority. Assess which has to do with conducting a needs assessment in their district to examine what the teen birth rate is or what percent of teens in the district is sexually experienced. It also has to do with the school district assessing what's currently going on in the school in terms of programs related to sexual health. Getting schools to really value the importance of an evidence-based program and getting them to actually choose one of those programs. Approve. Working with the school district to approve the program. Prepare. Working with schools to develop an implementation plan and consider what evaluation thing they want to do. Implement, as in actually implementing the program in the school and maintaining which has to do with, as you all know, trying to get the program to really be a part of the school culture to really succeed.

Next slide please. So when we think about the lessons that we have learned from the It's Your Game, from our replication of It's Your Game – and I should say that we are going to be starting the fourth year of our funding so we have three years under our belt. Some of the lessons we've learned, it's helpful to think about them within the context of this model. And so I'll go into each lesson learned first, but first I wanted to provide an overview of the different lessons that I'm going to talk about.

The first lesson has to do with the importance of knowing your state law and your district policy. Kyle talked about this a little bit at the beginning. So I'll go into that a little bit as well.

Also, to be sure there is support in the school district and to gain approval for the program. And I noticed that some of the questions that were listed before was really that buy-in, how to really get into the schools. And so hopefully, I can provide some strategies for those questions.

Once the program is approved and you're thinking about implementation, it's important to really clarify your expectations with school districts, really know what is it that you want them to do? Or if at all possible, you should try and incentivize the school district and teachers that you're working with.

Fifth, select and adequately train teachers. And once you move into full implementation and maintenance, you need to provide supervision, coaching and mentoring. And finally, the last lesson is to really provide a mechanism for school district leadership and teachers so that they can share their experiences and really learn from each other.

So we'll now go into each one of these different lessons so you can get a fuller sense of the scope of activities that are occurring throughout the entire process.

Next slide please. So let's first start off with Lesson #1 which has to do with knowing your state law and district policy. As you all know, of course, it's important that you talk with the school district first off to see if effectual health education policy even exists. And Kyle alluded to this earlier as well. In many cases, schools don't know if they have a policy. And you sometimes even have to do some digging around to determine what that policy might be.

Some schools actually may not even have a policy and some may choose to follow their state policy. So either way, it's really important that you're familiar with the state policy so you can explain it to district folks if that's necessary. As you all know, sometimes these state policies can be difficult to understand. So we've actually developed tools that actually break down these policies so that they're in everyday language that a school district can understand.

In Texas, for example, many people think that we're completely abstinence only. But if you actually look at the policy, it actually does allow us to discuss condoms and contraception. And so there's that perception in Texas that exists.

If your school district does not have a policy, it may be possible for you to work with the school district to develop the policy. The caveat with this, of course, is that, at least in Texas, this can take a really long time. So in our current OAH study, we really did work for school districts who already had a policy in place that would support the implementation of an abstinence plus program.

We actually had one school district that was interested in participating, but they were still going through the process of getting an abstinence plus policy. And so unfortunately, were not ready in time to be a part of the program.

So if you are under a strict timeline, it's probably advisable to work with the school district that already has a policy in place that is supportive of the program that you want to implement.

Next slide. So, as you know, it's very important to try and establish support in the school district and to gain approval for the program. And so for the OAH project, this really started several years before we even received the OAH funding. We were already sort of laying the groundwork when we applied for this funding.

So this involves us presenting to multiple stakeholders within the different school districts. It really all started several years ago at one of the big meetings that had school folks from all the different school districts in Harris County. And from there, it sort of spun off and we got invited to different school districts to present about teen pregnancy.

So one of the most important stakeholders when trying to get sexual health education implemented in the school districts is the school health advisory committee or SHAC. And in Texas, it's required by law that each school district has a SHAC. So the SHAC is made up of district folks and parents and they are really seen as the gatekeeper for any curricula that someone wants to implement in their district.

In Texas, however, the SHAC cannot actually approve a particular program, but they can make recommendations to the school board regarding if they think the program is appropriate. And so it will be the school board, of course, that actually votes on whether or not the district can implement the program.

And so before our program went up for a vote at the school board meeting, we also made sure that in addition to talking with our SHAC members, that we had also talked with other key stakeholders who could influence the board's vote. And Joy talked about some of these stakeholders already, the school superintendents, school board members, the district health and wellness coordinators, teachers, other parents who may not be on the SHAC, school administrators and then other community organizations.

And we use a variety of different tools in order to try to get support. Some of the tools we used were promotional video that we had on the It's Your Game program, fact sheets, resources from other organizations like the national campaign that we already talked about, evidence-based programs.

Also, we conducted presentations and I'll talk a little bit more about what we thought was really helpful for those presentations in just a few minutes.

But in particular, one of the messages that resonated a lot with these stakeholders was how we framed and discussed the It's Your Game program. And Joy alluded to this in her presentation that school districts and parents really want programs about management and decision making. And so when the It's Your Game program was

designed, it was really designed to be not just a sexual health education program, but a life skills program.

And that's what most of these programs are. They really teach healthy decision making skills. And so it's important to really frame your discussion of the program as not just a sexual health program, but really something that's going to teach them skills for how to make healthy decisions about all aspects of their life, not just sex.

Also important to think about how the program aligns with state testing objectives. In particular for the It's Your Game program, we were able to align the objectives to the teeth which are the state testing objectives for health and that's also really beneficial for school districts.

Next slide. So a little bit more about the presentation. So really the goal of the presentation that you're giving is to really start the dialogue regarding prevention of teen pregnancy in the community. And in some places, as you all know, this may be something that has not been discussed at all. And so your job is really to increase awareness about the problem. But you really want to be sure that you present the data in clear terms that will really help them personalize the issue for the district.

And so I wanted to share with you one of the most helpful tools that we found that really help district folks personalize the problem of teen pregnancy and those are thee maps. An example of one of these maps is shown on the slide. And this is a map of the teen birth rate in Harris County marking out the boundaries of the different school districts.

So this is an older map as you can see with birth rates from 2008, but it's still a really good example. So basically, each color represents a different range of birth rates and we divide it into categories according to how the school districts compare to the Texas birth rate and to the U.S. birth rate, teen birth rate.

And so for those school districts that are in dark red, you can see this was really compelling to those school districts because those school folks could see that more than ten percent of teen girls ages 15 to 19 had given birth. And so this really helped school districts really see the extent of the issue in their particular school districts.

So it's also helpful to include positive testimonials from others who have used the particular program. And finally, you want to present the solution very simply and that one of the solutions to the teen pregnancy problem is implementation of evidence-based programs being one of those solutions.

Next slide please. So one final thing I wanted to talk about in terms of the presentation is that it's also critical to think about really how you frame the message surrounding adolescent sexual health. And we've been talking about this already. We know that there can sometimes be a lot of controversy surrounding the issue of teen pregnancy. And so, it's helpful to start the presentation with messages that you know everyone supports. For example, we all want to increase academic achievement. We want to reduce the dropout rate. This is a message that all schools want to achieve. And so

then you can transition into talking about how preventing teen pregnancy can really help us achieve this goal.

You also want to think about the kinds of questions that people might have. And we talked about this a little bit. We all know that there are a lot of misperceptions that people have about sexual health education. One of the most common ones that we see, of course, is that parents are fearful that if schools talk about sex, then this is going to encourage sexual behavior.

And so if questions or concerns like these come up, you want to be prepared with the facts so you can try and reduce these misperceptions.

And finally, you also want to think about those words that are helpful versus those that might be problematic to your audience. And so we had a great opportunity to work with a language and message testing firm over the past year in which we did some focus groups with parents and others to really see what words surrounding sexual health education were really helpful for them in understanding this issue versus those that might be a little bit more problematic.

And so, for example, when presenting to parents, you really want to emphasize that their involvement is key. Parents don't want to feel like they're doing a bad job or that you're taking something away from them. You really want to present yourself with schools as a partner with them.

You also want to make parents feel like they're doing a good job in educating their children.

So as another example of a word that you want to think about carefully, even thinking of the word evidence-based. And so we all understand what evidence-based means.

However, when parents and others not in this business hear this term, they actually tend to react negatively. Or they tended to react negatively in our group. They tend to think of evidence as like they hear in CSI, those television shows. So they're really thinking about evidence of STIs or symptoms of STIs. And they don't really understand that when we're talking about evidence, we're talking about a program that's effective at changing behavior.

So you can present the chart, but frame it in a way that lets your audience know that you're really going to provide students with fact based education because they want to know that we're teaching their kids factual, medically accurate information.

Next slide please. So Lesson #3, once you have the program adopted by the school district, before implementation begins, you want to be sure that you clearly clarify what you expect schools to do. And so one of the most important expectations that we put in place is that we require each school district to have a district coordinator. And this is really the person who is the liaison between the school staff and district level staff.

You want to clearly also let the school districts know that teachers will need to be trained if this is a requirement of your program. And you also want them to plan for their

implementation. So that means you want them to complete and implementation plan where they can document what classes they are expecting to teach, how often they plan to teach the program and the number of students that you intend to reach.

And, of course, you have to be flexible with this because, of course, things change. Like you said, teachers don't plan six months in advance. So if you can get something on paper, that sort of a draft, that's really nice. And then you can go back to them and really try to refine the details as it gets closer to the time.

You also want to let your school folks know that they'll be required to participate in any process evaluation activities. So whether you'll need teachers to complete any teacher logs to help monitor fidelity or whether they'll be observed and how many times they're going to be observed. It's helpful for you to document these expectations in a memorandum of understanding that's signed by a school district official.

So next slide please. So fourth, the next slide has to do with providing resources and incentives to the school district. And if at all possible, resources and incentives are a critical tool which can be helpful to the success of your program's implementation. And I was in talking about a course. Schools are very busy. And so anything extra that you can provide to them in recognition of their work on this is really helpful.

So, of course, incentives help to ensure that the necessary activities are completed. So in this manner, what we've found is it's really helpful to tie the actual incentive to completion of deliverables in stages.

And so in our project, schools were told up front that they would get a certain amount of funds. However, the funds were released in stages in relationship to when they completed activities, such as when they have the memorandum of understanding signed and when they turned in the implementation plan.

And additionally because we're working with school districts of varying sizes, we also know that this impacts the amount of work that is required to get a sexual health program implemented.

So we also tied the incentive amounts to the school district side. But we do allow course flexibility in how the school districts' allocated their funds. So we didn't say you have to use the funds for X, Y and Z purpose. School districts could choose to put their money towards hiring outside facilitators. Others could use their funds to purchase computers. And that what's particularly important for a program like It's Your Game which requires computer access.

So fifth, next slide please. The fifth lesson has to do with our selection and need to adequately train the teachers. And so for our project, we have mostly health and physical education teachers who are teaching the program. We do have some science and social studies teachers, but most are health and physical education. And so up front, we work with each school district to really help in determining what class they wanted to implement the program.

So unfortunately, it was not possible or feasible to give teachers within the school district a choice of whether to teach. If this can be done for your school district, I would highly recommend it. However, even though teachers were not given the choice, most were very enthusiastic with regards to teaching the program.

We felt that the best teachers were those that were well-prepared, followed the lesson plan, and were engaging with students. And we have completed the 7th grade portion of the It's Your Game program and we're going to be implementing the 8th grade this coming fall. So that's where we are in terms of implementation.

So one of the great things about It's Your Game is that it is well-scripted and that definitely makes it easier for teachers to implement a program with fidelity. Joy sort of alluded to this already. You want to really try to spoon feed as much as possible to the teachers so that they don't have to figure out what they have to say. You want it really to be there already on paper.

Next slide. I also wanted to tell you a little bit about the actual training. The trainings that we deliver for It's Your Game program are two to three days. They cover a variety of topics ranging from providing an overview of the curricula, demonstrating lessons and giving teachers the practice selected lessons and then to provide them with feedback. It's also important to talk with people about strategies or handling sensitive issues and strategies for how they can address implementation challenges.

And so one thing that we haven't done, but we're going to be doing in future training, is we also like to talk more to the teachers during the trainings about the importance of the fidelity and the monitoring tool and the importance of teachers completing this. And this again better help set the expectation that teachers need to take attendance and complete their school log so that we can assess program fidelity. Overall though, we have had a positive response to our training.

Next slide. So this just provides some of the testimonial that teachers have said about these trainings. And the first one is really great in terms of we're really teaching them more skills in terms of how to interact with their students, some of the things that Joy mentioned already about how teachers benefit from these trainings.

Next slide please. So, of course, your interaction with the teacher does not end once they're trained. And that brings us to our sixth lesson learned which is to provide teachers with supervision, coaching and mentoring throughout. And so with respect to supervision, it was a requirement of OAH and also something that we felt was extremely important was to closely supervise the teachers.

So our goal was to observe every teacher at least two times during this past year. And so we achieved this goal, conducting over 250 observations. And so any major issues that our observation staff noticed were made went back to our project coordinator and then back to the district coordinator.

We also provided coaching and mentoring throughout the year. And we really didn't get too many queries about how to teach the lesson. Most of the questions from teachers had to do with technical issues. Some of these things you all have brought up. Some of the things because our teachers are physical education and health teachers, they're often working with extremely large groups of students, groups that are often much larger than a typical academic class.

There were also issues in terms of access to computers and managing these large groups. And then we also provided newsletters to all schools where we could sort of provide tips and testimonials from teachers who had taught It's Your Game and other resources and frequently asked questions that teachers had.

So, next slide. So the final lesson that I wanted to share with you is that it is important to provide a mechanism for district leadership and teachers to share their experiences. And so four times a year, we bring together the district coordinators from each district for a meeting. And these meetings really provide us with an excellent mechanism provide the district coordinators and the teachers an excellent mechanism for sharing feedback among the districts and providing updates to each other.

So districts really like to hear what others are doing and especially if there's one district that other districts sort of see like the model district or one of the gold standard districts. They like to see how other districts are doing and they like to see how they're accomplishing the different things.

Additionally, we also put together a teacher advisory group. And it was through this group that we really found out that teaching the It's Your Game program really helping them engage with their students better and helping to create a more positive school environment.

And then finally, we have our local health department to facilitate the group that includes representatives from schools that are not only participating in this project, but also participating in other districts. And so, this group, like the district coordinator group, have really been helpful in creating a sustainability structure for the project.

So, next slide. And so some overall conclusions and issues going forward. As you can see, it really is a very complex process that requires partnerships with multiple people. And, of course, the more schools that you have, the more coordination it will take. So it's really important to establish support from the very beginning and to really make sure that you have your strong project champion from each district. And in some cases in our project, the project champion is our district coordinator. But in other cases, it's been other people from the district.

It's also really important to keep school principals and district administration updated. We do rely heavily on our district coordinators to relay many of the messages to these people. But it's also really important for them to know who you are and for them to hear from you as well.

And finally, to try and think about sustainability from the very beginning. So, for example, if at all possible, seeing if you can have a training of trainers. So that your best teachers who are in the district can train other teachers that may move into the district.

But I just wanted to leave you with the fact that it can be done with lots of participants, lots of coordination. It definitely is possible to work with schools to get an evidence-based program implemented.

Next slide. I just wanted to acknowledge some of the partners on this team, Sharon Edwards, Kimberly Johnson, Melanie Thiel, and Susan Tortolero. They worked along with me on this project and really invaluable in terms of informing this presentation and the lessons learned. So, thank you. I'll turn it back to Kyle and hopefully we can get some questions in.

MS. KYLE LAFFERTY: Great. Thank you so much, Melissa and Joy. Those were fabulous presentations. And I've been watching the question box and everyone agrees. So thank you for all of those great strategies and lessons learned. We are going to open it up to questions now and you can type your questions into the question box as many of you have been doing throughout the presentation. If you're unable to access the question box for any reason, you can also raise your hand by clicking on the hand icon next to your name in the attendees list and our moderator will unmute your question so that you can ask your question that way.

So while people are typing, I just wanted to draw your attention to the references and resources slides. Everyone should have received a copy of these slides already and

they will also live on the communities of practice website. So you can reference later. And we have a number of resources for you that will hopefully be helpful in this work.

One question that has come in is how do you all increase comfort levels of school staff? We've had a few different participants chat in that they're working with health teachers or physical education teachers who might not be comfortable with this content area in general. So how might you troubleshoot that?

MS. JOY ROBINSON-LYNCH: I can answer first and there may be lots of answers. When we funded districts, there was a training requirement for implementers. And particularly people who had not done sexual education previously, they were required to do a three-day sexuality education certification series. So that by the end of that, they should have had the requisite knowledge, comfort and skills. As I said, they are not comfortable saying vagina in public. At the end of those three days, they had said them enough in public that they were ready and they had practiced. That was before we did the curriculum training. I don't know if Melissa has a different answer.

DR. MELISSA F. PESKIN: Yeah, I mean, I think I would say the same thing. One of the main things I think is just lots of practice. And really breaking down the curriculum and showing them the different components. And like I said before, having it as scripted as possible, of course, there are questions that come up. But also arming them with answers to frequently asked questions has also been really helpful as well.

One thing is we said we weren't able, you know, there are going to be some teachers, of course, that just go through the training and may not get it. Or we may not feel are going to feel comfortable doing this. So in those cases, we tried to provide mentoring with them or we tried to have a central office-facilitator to come in and help the out.

MS. KYLE LAFFERTY: That's really helpful. Thank you to both of you. The next question, does anyone have specific strategies that they'd like to share for working in conservative communities? We hear this a lot. There's always a challenge with working in conservative communities. What strategies have worked for the two of you?

DR. MELISSA F. PESKIN: I can go first. In Texas, we are in a very conservative state. So we've done a lot of work around thinking about how to frame the issue. And that was where some of the message training PIP came from. Part of what we've learned is that really presenting it.

You know, people like to hear about values and really presenting it in terms of that way, you know, not starting with sex and not sort of putting it in their face, but kind of getting in a little more gradually by talking about the messages that we all can agree on and really trying to reduce those misperceptions that people might have. And I'd be happy to share some more specific strategies on that if that person wants to email me as well.

MS. JOY ROBINSON-LYNCH: I don't have to add to everything.

MS. KYLE LAFFERTY: Okay. And I'll be putting everybody's contact information up in the next slide so folks can reach out that way as well. What are your feelings about outside organizations coming into implement programs instead of the teachers being trained to implement?

MS. JOY ROBINSON-LYNCH: That's challenging. Remember, this is an educational institution. These are professional educators. They really believe that they have a set of skills. On the other hand, sometimes they really welcome partnering because there are certain lessons that they would like somebody to help them with or they feel it might be better to have an outsider do.

I think establishing a relationship is key. But if you want this to be institutionalized, teachers need to develop the skills to implement it themselves. And so, it's going to be different in each situation. But there has to be respect.

As I said before, what happens when you work in a school in the health topics. Everybody with a good heart wants to come in and have access to schools. The American Cancer Society has twelve lessons on this. The drug education people have 18 lessons on that. I get ten class periods in my health class. How am I going to divide this up?

And so it really has to be working with the teachers or their administrators as the education professionals. But there's often room for you to come in and assist.

DR. MELISSA F. PESKIN: I don't have anything to add.

MS. KYLE LAFFERTY: Okay, great. We have one really specific question for the work that's been done in Texas, Melissa, is there a report or a write up that's available to the public that we could share?

DR. MELISSA F. PESKIN: We're working on a report right now and I'm not sure when it's going to be out, but it's definitely in progress right now. But it should be out soon.

MS. KYLE LAFFERTY: Okay, great. We can follow-up on that. We'll take one more question because we're getting close to time and I want to let folks know that we'll have this log of all the questions to ask in the question box and we'll put our heads together and figure out how to best follow-up on all of them. So you will be seeing a response from us. The last question we have is how do we convince school boards and administrators that it's critical to work with the younger grades like middle school students?

DR. MELISSA F. PESKIN: This is something that we've done a lot here. The data I think for us has been – we collected a lot of data in Texas that has documented the prevalence of sexual behavior. And so that data just showing some of that data has been really compelling I think to some of the school people. And really framing it though also as life skills and helping them to make better decisions early on. I think that's also really helpful, that those are skills you want to instill from the time teens are really young. And so that's been really helpful as well.

But really the data, I think really the data, presenting that data, has been really key in getting school districts to recognize the importance of doing this. And we've had some school districts who have come to us now and said we want to do something in fifth grade. So people want to go earlier.

MS. JOY ROBINSON-LYNCH: And we frame it in terms of I think people imagine, when they hear the word sex, they imagine one particular activity. And we really frame it in terms of relationships and dating and how will we prepare our students for high school?

MS. KYLE LAFFERTY: Okay, great. Thank you both so much. As I mentioned before, this is the contact information for everyone who spoke on the webinar and we're happy to follow-up with any questions. The slides, for instance, you didn't receive them already, will be resent out to everyone who participated in the webinar.

There was a question about the communities of practice website that this webinar will be housed on. And the primary contact of the grantees should have access to that website so you can contact them and they can grant you access as well. If you have lingering questions about that, feel free to email me and I'll follow-up on that.

So that concludes are webinar for today. Thank you all so much for joining us and I hope you found it helpful.

(END OF TRANSCRIPT)