

**The California HIV Prevention Education
Technical Assistance Network:
Supporting School-Based HIV Prevention Education**

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ABSTRACT

This paper describes the California HIV Prevention Education Technical Assistance Network, a statewide system for supporting school-based HIV prevention education in California. The network was developed to meet a critical need, arising from state-mandated requirements for HIV prevention education in middle and high schools, for training and supporting teachers and health coordinators. The network design grew out of a needs assessment conducted in Spring 1998 with 32 HIV prevention education grantees from around the state. This assessment found two clusters of needs across most sites: evaluation support and program implementation support. Based on these results, CDE funded WestEd to develop and operate a statewide technical assistance system to provide training and support to the prevention education grantees. WestEd provided training, resources and coordination for a statewide network of locally-based HIV prevention consultants. Consultants provided on-site and telephone support to 32 currently funded LEAs and assist with collection of program implementation and evaluation data. This paper identifies the major components of the network, and describes the first year of implementation serving 32 funded sites. Key implementation challenges, successes, and lessons learned are shared, together with plans for a formal evaluation of network and the grant program, potential future plans for expanded technical assistance services.

INTRODUCTION

California public schools are responsible for educating the largest and most ethnically diverse student population in the United States, with approximately five and a half million, or 12 percent of all students nationwide, enrolled in grades K-12. California also has one fifth of all reported AIDS cases in the United States, with over 114,174 diagnosed as of July 31, 1999. Approximately 16 percent of these cases were diagnosed in individuals aged 13-29 years old, the majority of these assumed to be infected as teenagers. At the same time, incidence of sexually transmitted diseases among youth is increasing at an alarming rate. In California there are nearly 1,000 reported new cases each year per 100,000 population of chlamydia in youth aged 15-19 years, a higher rate than for any other age group.

In response to these epidemics, the California Department of Education (CDE) has made a commitment to promoting and funding HIV prevention education as a critical component of comprehensive school health. CDE receives approximately \$1.4 million annually to administer HIV Prevention Education programs: \$999,000 from the California Department of Health Services and \$392,000 from the Centers for Disease Control and Prevention (CDC). (This amount does not include funding provided by CDC directly to the four large city school districts on California: Los Angeles, San Francisco, San Diego, and San Bernardino.) Since 1994, California has awarded more than \$3 million in state and federal funds to local educational agencies (LEAs) to enhance and expand HIV prevention efforts in collaboration with community-based organizations and public health departments.

Funding for these HIV prevention education programs is awarded by CDE to local school districts on a competitive basis. All districts except the four CDC direct-funded large city districts are eligible to apply. For the 1998-99 grant period, 32 districts were funded with basic grants of approximately \$32,000 each, and three additional agencies received demonstration grants for special programs. These grants are used to help implement Assembly Bill 1111 (Education Code 51201.5), which stipulates that all students in grades 7 to 12 shall receive HIV prevention education at least once in junior high and once in high school, and that it should reflect the latest information and recommendations from the United States Surgeon General, Centers for Disease Control and Prevention, and the National Academy of Sciences. This education is mandated to include the following:

- Information on the nature of AIDS and its effects on the human body;
- Information on how HIV is and is not transmitted, including information on activities that present the highest risk of HIV infection;
- Discussion of methods to reduce the risk of HIV infection, emphasizing sexual abstinence and abstinence from intravenous drug use;
- Discussion of public health issues associated with AIDS;
- Information on local resources for HIV testing and medical care;
- Development of refusal skills and effective decision making skills; and
- Discussion about stereotypes and myths regarding persons with AIDS, emphasizing understanding and compassion.

CDE awarded a contract to WestEd to develop and coordinate a technical assistance network whose primary goal is to support the grantees in implementing and evaluating their programs. The modest amount of the individual grants would not support comprehensive mandated outcome evaluation requirements of the individual site programs. Previous grantees' experiences

indicated that sites would benefit from high quality technical support in both program implementation and local evaluation. Additionally, we believed that grant coordinators and staff would benefit from the opportunity to network with their counterparts in other educational agencies facing similar challenges in implementing school-based HIV prevention grants.

NEEDS ASSESSMENT

Our first step in implementing the network was to convene representatives from each funded program for a two-day orientation and training institute in May, 1998. At this meeting we introduced grantees to our plan to provide on-site and off-site technical assistance, presented research findings about effective school-based HIV prevention, discussed the importance of formative and developmental evaluation, and engaged grantees in identifying salient needs and potential types of support. At the end of the first day, grantees were given a four-section open-ended questionnaire to complete as homework that evening. It contained the following questions:

1. *What are your three most important support needs?*
2. *What are the three most important qualifications for the ideal field consultant?*
3. *What three things would you like to learn about your program?*
4. *What would be the three best indicators of your program's success?*

At the beginning of the second day, the 50 participants divided into five facilitated groups of ten persons each to review their written responses and develop consolidated group lists to capture the needs and experiences of all members. Following this activity, all participants reconvened and each small group briefly reported highlights and results of this discussion to the full group. This was followed by discussion of the themes that emerged across groups. Upon completion of the meeting, all group and individual work was word processed, summarized, and analyzed.

Results

Support needs. We found a strong indication of need for evaluation tools and instruments, as well as for technical assistance in other areas of evaluation, including instrument development, data collection and analysis. Several grantees requested opportunities for a *Evaluation Methods 101* training in order to become more actively involved in the development of an appropriate evaluation design for their specific program and community.

Grantees also expressed a need for program-related assistance in accessing research and information on best practices in prevention education, recent developments in HIV/AIDS prevention and treatment, and available funding sources and other community resources, such as speakers and possible partner organizations. Grantees also requested support in developing strategies for promoting participation of parents, school boards and the community.

Ideal Field Consultant. Grantees identified an ideal field consultant as an individual with a solid foundation of knowledge and the communication skills to convey this knowledge in a constructive manner. Grantees identified a thorough knowledge of up-to-date information on HIV/AIDS prevention and research developments, prevention programs and grants, and available resources and evaluation as critical areas of expertise. A consensus emerged that a field consultant should be sensitive to the needs of school districts, both rural and urban, and possess understanding and experience with cultural and other diversity issues and appropriate strategies for working with diverse populations. Additionally, grantees agreed that field consultants should have an understanding of a variety of program typologies and behavior change theories.

In considering the desired qualities of a field consultant, most grantees also stressed the importance of relationship-building, and emphasized that field consultants should be effective communicators who are able to work in a variety of settings. This includes patience and a sense of humor, an energetic and problem-solving attitude, and the ability to listen and give constructive feedback. Finally, grantees agreed that the field consultant should be consistent in his or her availability, and be easily reachable for phone or e-mail consultation.

Want to learn about program. Most grantees indicated that they hoped to learn the extent to which their program “works;” that is, its impact on student attitudes and behaviors related to HIV risk. Other indicators of program effectiveness that emerged as important to assess include student satisfaction, sensitivity to cultural diversity, ability to meet the needs of higher-risk youth, and impact on parent/child communication. Many grantees also expressed the need to better understand their programs’ consistency and alignment with other concurrent prevention efforts. This pertains especially to calibration with existing programs designed to promote youth resiliency. Additionally, as many programs include a peer education component, several grantees discussed the desire to look specifically at the peer counseling component to better understand its strengths and weaknesses.

Consistent with the wide variety of program types and designs, grantees specified a wide variety of potential evaluation questions. Specific areas about which grantees would like more program information are detailed below.

Evidence of success. Grantees overwhelmingly agreed that positive change in students’ attitudes and risk-related behaviors is the key indicator of a successful program. Examples of these changes include an increased awareness about how to prevent pregnancy, how to prevent the transmission of STDs, increased use of condoms, increased willingness to discuss related experiences with peer educators, and delayed onset of sexual activity. Grantees also identified a number of process measures for success, such as increased student, parent, school, and community participation; demand for HIV education programs, and positive parent and community feedback.

THE TECHNICAL ASSISTANCE NETWORK

Based on the needs assessment described above, we developed a field consultant job description (see Appendix A) to circulate statewide in school districts, universities, public health agencies, and non-profit organizations. Applicants were evaluated using a collection of criteria, including program implementation experience, evaluation experience, demonstrated commitment to HIV prevention education, and geographical proximity to funded sites. From a pool of more than 30, we selected the twelve top applicants. Immediately thereafter, in September, 1998, we presented a two-day training and orientation institute for all consultants. Included in this training were presentations on effective practice in HIV prevention, models of technical assistance, and critical considerations for teaching HIV prevention education in a multi-cultural classroom.

The next step was to establish a monitoring system to ensure that consultants maintained consistent and frequent communication via telephone and in-person contacts with their sites. While each relationship developed between a consultant and a funded site is unique, we requested that consultants invoice our office on a regular basis and indicate the frequency and duration of contact with each site on their invoice; in this way, we are better able to understand how these relationships have developed over time. We also asked that all consultants schedule an initial on-site visit to take place no later than January, 1999.

An additional step was to establish two e-mail listserv discussion groups. The first is for all grantees and consultants to share information related to HIV prevention education, ask for advice on strategies and resources, and share program experiences. The second is exclusively for consultants to communicate with one another as well as with CDE and WestEd about logistical issues emerging in their role as consultant, as well as site visit forms and procedures.

We also created a database of additional *specialized* consultants. These consultants would not have responsibility for any particular site or sites, but would be available for short term consulting based on their area of expertise to supplement the core consultants. Areas of expertise in the specialized consultant database include, for example, grant writing, cultural and language-specific experience, school-based health clinics, and medical aspects of HIV and AIDS. The database of specialized consultants was shared with our core group of twelve so that they could help grantees in identifying additional resources.

Challenges

One primary challenge in the development of the technical assistance network was defining the consultants' roles. Working closely with the consultants themselves, we tried to balance the provision of program implementation support with the need identified by both the state and the funded sites to support program evaluation. While we wished to avoid the perception (and the actuality) that site visits were conducted as audits, we also wanted to take full advantage of the opportunity to collect site-level data on program successes and challenges. These data would be useful for monitoring funded sites progress and development as well as helping the state make future decisions about how to best allocate a limited amount of funding.

A second challenge was encouraging grantees and core consultants to draw on the experience of our specialized consultants. Since relationship building is key to consulting success, we suspect that grantees may not have felt comfortable requesting short-term services from someone who did not have familiarity with their program. We plan to explore this challenge and determine how we might make the specialized consultants' services more accessible in our follow-up interviews to be conducted this fall. Part of our plan will involve further marketing of the specialized consultants' services, and further development of the database.

A third area of challenge concerned the practical requirements for maintaining a network of this size and scope across the state. As the funding available to this project was limited, we had to work creatively to assure that consultants had the necessary resources to be of real service to the grantees and to remain connected to the statewide technical assistance network. Initially, for example, we were able to fund each consultant for one day of on-site consultation and two days of off-site consultation (i.e., by phone and e-mail) Some consultants found this amount of time sufficient, but others expressed the need for more on-site time to build relationships and better understand their sites' implementation needs and concerns. We were ultimately able to provide consultants with additional funding upon request, and this allowed for increased interaction with sites who desired more on-site technical assistance.

Limited funding also impacted the degree to which we were able to keep the sense of "network" alive for grantees and consultants. The size of California coupled with the geographic dispersion of sites yielded a statewide web that proved challenging to monitor and support. Because we could not fund grantees and consultants for travel to multiple centralized conferences, we maintained contact largely by phone and by e-mail. While phone and e-mail

are efficient ways to convey information, they are less effective at promoting rich group interaction and discussion.

Successes

In spite of the challenges described above, our first year of implementation of the technical assistance network was characterized by some meaningful successes and opportunities to observe the valuable contribution made by the consultants. An important success has been the high caliber of consultants recruited for the network. Our statewide search to locate HIV prevention professionals yielded an outstanding pool of applicants, and our final selection of consultants reflects a wide variety of skills and expertise, including prevention programming, evaluation, pedagogy, teacher training, direct service, administration, and policy.

Another important success of the network is demonstrated by the fact that all 32 grantees were in regular contact with their consultants and all but three site visits were completely in a timely manner. Recognizing that all 12 consultants work full time in other capacities and needed to juggle their responsibilities to maintain their commitments to the grantees, we consider the motivation and reliability demonstrated by the consultants to be a key indicator of the value of their services to the funded sites.

A third success is the formative evaluation of the network itself that has been built into the system from the beginning. This has yielded useful feedback and other information for network development and improvement. During the fall of 1999, we will extend our assessment of the perceived and actual value on-site and off-site program support by conducting a mail survey of all sites, together with interviews with selected key program staff and stakeholders. This information will be critical to better understanding the contribution that our consultants were able to make to the grantees given the logistical and financial constraints described above.

Lessons Learned

Several key lessons have emerged from the first year of the technical assistance network. The first is that the collaborative process of identifying site-level needs was essential to the success of the network. Our initial draft description for the role of the consultants lacked important perspectives that we later gained from the grantees, for example, the critical importance that the consultant be a strong communicator and well-versed in school district-level regulations and politics. Involving grantees in the development of the job description not only led to a richer understanding of the position, but included funded sites as partners in the process of developing the network right from the beginning.

Related to this, a second key lesson is that districts considered it critical that consultants possess a deep understanding of the local context for implementation. These contexts vary substantially around the state, and are influenced by such factors as level of urban development, demographics, and political leadership. Several rural districts, for example, noted that educational planners and consultants often assume that programs designed for urban settings can simply be “ruralized,” or slightly modified and then applied to rural settings. These districts emphasized that an effective consultant would walk into this relationship already aware of the realities of implementation in a rural area, and be able to apply this knowledge to all discussion of best practice and program development.

A third lesson is that there was a great deal of variance among the funded sites with regard to level of expertise, capacity to meet internal program needs, and ability to collaborate

effectively with program partners. This tremendous variance was unknown to us at the beginning of the network development project, but has become a critical part of the information collected by the field consultants. We have compiled this information anecdotally during the course of the year, and formally in the site visit reports submitted by all consultants. This information will better prepare us to continue to develop technical assistance and support capabilities for the grantees during the coming year, and will continue to be valuable as we consider relevant evaluation tools and priorities for future grant cycles.

A final lesson comes from the logistical challenges we faced during the first year of the network. Our goal of building a cadre of technical assistance providers was somewhat compromised by the financial and logistical constraints in bringing the 12 core consultants and the 32 grantees together in one place. We heard consistently, however, that the consultants and grantees found the two statewide meetings to be extremely valuable, and would like more contact of this sort with their peers. In future years, we will explore possibilities for bringing grantees and consultants together in a more regular way, including regional meetings and optional training institutes.

Next Steps

Our immediate next step, to be completed during the fall of 1999, is to conduct a formal follow-up assessment with program coordinators at the funded sites. Our goal in this round of data collection will be to evaluate the degree to which the network met grantees' support needs. We will also explore the ways their support needs might have changed over the last year, and how we might continue training and recruiting consultants to be of more effective service to grantees.

A second step in evaluating the network, as well as the grant program itself, will be a comprehensive assessment conducted across all sites during the spring of 2000. During this evaluation, multiple informants including site program coordinators, program partners, and consultants, will be questioned about perceived successes and challenges of the programs, and the degree to which their program has met its goals and objectives. We will look at successes and challenges overall, as well as the consistencies and inconsistencies of perceptions across multiple informants about each program. Additionally, we will examine cross-site trends and patterns across all the funded sites to better understand the experience of coordinating these small grants, and how their needs can be best met in future funding cycles.

We now are beginning to plan for the expansion of the technical assistance network. Based on the results of the evaluations described above, this network may set different objectives in the years ahead. These objectives include but are not limited to the following: the continuation of small grants and technical assistance for funded districts; the continuation of technical assistance for funded districts and for non-funded applicants upon request; and the transfer of all support to training, technical assistance and resources for county offices of education, rather than individual districts. As of this writing, CDE is discussing its future goals for HIV prevention education funding, and the next stage of the technical assistance network will be developed by WestEd accordingly.

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(These references informed our development of the network, and will be integrated into the next version of this paper.)

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