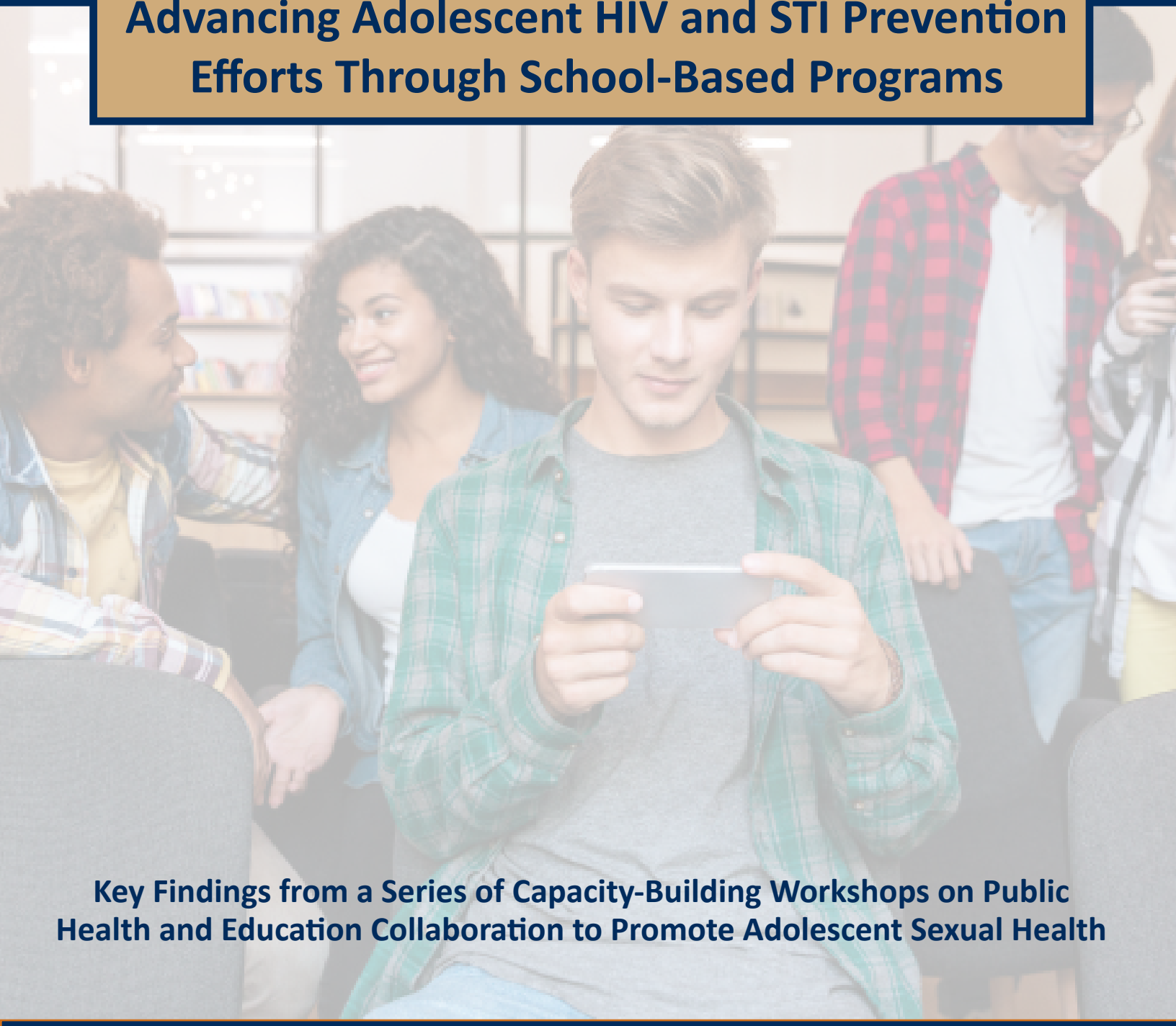
November 2018

The Role of Local Health Departments in Advancing Adolescent HIV and STI Prevention Efforts Through School-Based Programs



Key Findings from a Series of Capacity-Building Workshops on Public Health and Education Collaboration to Promote Adolescent Sexual Health

NACCHO
National Association of County & City Health Officials

COMMUNITY HEALTH

Table of Contents

Acknowledgments

NACCHO would like to thank the following project partners that contributed to these meetings:

- Advocates for Youth
- GSA Network
- National Coalition of STI Directors
- School-Based Health Alliance

Disclaimer

This resource was supported in part by the Centers for Disease Control and Prevention (CDC) through cooperative agreement No. 5 NU87PS004286-02-00. The opinions, findings, and conclusions expressed are those of the authors and do not represent the views or official position of the U.S. Department of Health and Human Services or the CDC.

Contact Us

For more information and resources on NACCHO's adolescent sexual health work, visit http://bit.ly/nacchoash or contact Samantha Ritter, MPH, Senior Program Analyst, Adolescent Sexual Health, at sritter@naccho.org or 202-756-0162.

Introduction

The National Association of County and City Health Officials (NACCHO) convened three meetings in 2017-2018 to explore the role of local health departments (LHDs) in preventing HIV and other sexually transmitted infections (STIs) among adolescents through school-based programs. Each meeting focused on one of the three Centers for Disease Control and Prevention (CDC)-developed approaches for school-based HIV/STI prevention: health services, health education, and safe and supportive environments. The goal of the meetings was to increase participants' capacity to implement the school-based HIV/STI prevention approaches and to identify and explore current and potential roles for LHDs in school-based adolescent sexual health efforts. Other key components of each meeting included an in-depth look at the relationship between LHDs and local education agencies (LEAs), as well as strategies for increasing LHD-LEA partnerships (*see Appendix A for detailed meeting objectives*).

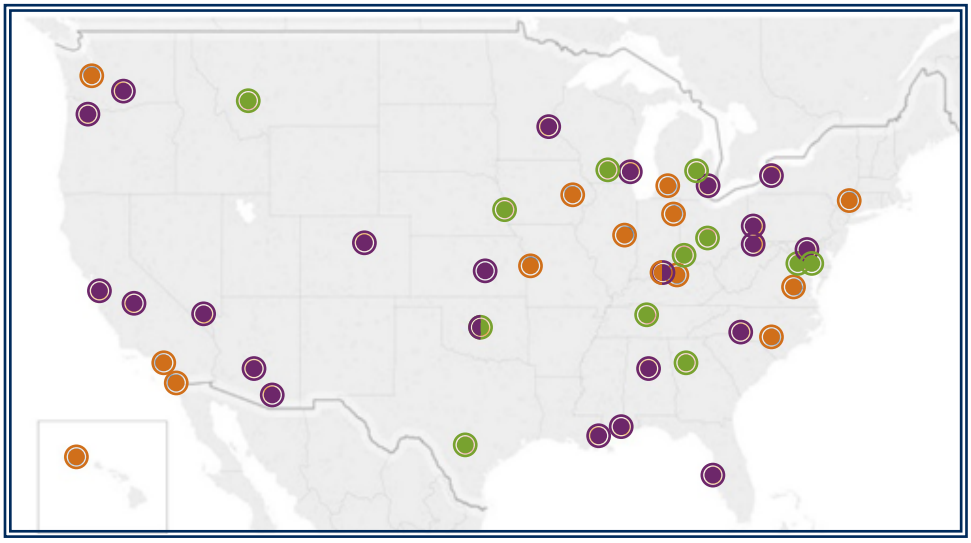


Figure 1: Geographic Distribution of Meeting Attendees

The meetings brought together 63 LHD staff, 14 LEA participants, and representatives from national public health and education organizations from 47 jurisdictions across 32 states (*see Figure 1*). Meeting participants were strategically invited to represent a diverse range of communities and a wide variety of approaches to school-based adolescent sexual health (*see Appendix B*). Through learning and dialogue, participants identified LHDs leading and innovating in the field of adolescent sexual health, shared best practices for LHD-LEA partnerships, and established opportunities for peer mentoring and engagement.

This report highlights key findings and themes from each meeting, which provide insight on the roles of LHDs in school-based HIV/STI prevention. LHDs are often the backbone of district-level health initiatives and through these meetings, LHD staff illustrated the numerous and innovative ways they support adolescent sexual health. Specifically, LHD participants shared how they can support LEAs by leveraging their experience in community outreach and engagement, the provision and assurance of high-quality health services, and the design and implementation of health education programs. This series of meetings also shed light on the resources LHDs need to effectively engage LEAs and other stakeholders to better promote the health and well-being of adolescents in their communities, and the importance of receiving funding and capacity-building assistance to maximize their impact.

Public Health and Education Partnerships for Adolescent Health

LHDs are committed to improving the health and well-being of all people living in their communities, including adolescents. They are uniquely positioned to achieve this goal given their public health expertise, provision or assurance of high-quality health services, strong and diverse community partnerships, and ability to bridge clinical and population health.

Schools are critical partners in advancing adolescent health, as they foster the growth and development of 56 million young people each year.[1] The school setting provides a unique opportunity to reach young people and provide students with the knowledge and skills to adopt healthy behaviors and make informed decisions. Recognizing this opportunity, federal funding and capacity building assistance for adolescent HIV/STI prevention primarily goes to LEAs to implement school-based initiatives, but schools cannot do it alone. They are overburdened, under-resourced, and responsible for an increasing number of mandates. Collaboration

between education and public health partners is critical to improving adolescent health because LHDs can take on some of responsibilities that align with their expertise and mission, thereby reducing burdens experienced by LEAs and supporting the health, safety, and well-being of students.

Key Findings and Themes from Meetings on the Role of LHDs in School-Based HIV/STI Prevention

Health Services

This approach facilitates access to critical health services including HIV and STI testing and treatment, contraceptive services, pregnancy testing, condom provision, human papillomavirus (HPV) vaccination, and anticipatory guidance and health counseling.

School-based or school-linked services are more accessible to adolescents, who face unique barriers when seeking HIV and STI prevention services such as cost, transportation, stigma, concerns about confidentiality, and conflicting clinic hours and school and work schedules.

Adolescents face unique barriers in accessing sexual health services, including stigma and confidentiality concerns, inability to pay, lack of transportation, and conflicts between school and clinic hours. Increasing youth access to and uptake of sexual health services and reducing health inequities and disparities requires mitigating these barriers.

Health services are provided in two ways: school-based or school-linked. School-based services offer the substantial benefit of enabling students to receive care often without leaving campus, which reduces missed class time and the need for transportation. However, school-based services are rarer and not always comprehensive, and some adolescents prefer seeking care in a setting they perceive to be

more confidential. School-linked services, in which students are referred to external providers through formal mechanisms, are also critical in ensuring young people receive care that meets their needs. The most appropriate and feasible service delivery model will depend on the resources available in the jurisdiction and state, local, and school board policies.

LHDs are often directly involved in the provision of health services, either through school-based health centers (SBHCs), school nurses, or school-based screening programs. They also play an important role in establishing high-quality referral systems. So not only are LHDs often service providers, but they also conduct provider education and assure the availability of high-quality services in their jurisdictions. LHDs' existing partnerships with healthcare providers, community health centers, youth-serving organizations, and other stakeholders further strengthen these referral systems, connecting young people with sexual health services that are affordable, accessible, and youth-friendly.

In this way, they have the unique capacity to take a jurisdictional approach to improving adolescent health, working with LEAs to expand reach and services beyond what the LEA could achieve on its own. Several meeting participants who were unable to offer sexual health services on campus shared that they established or were interested in establishing referral systems between the LHD and school nurses, guidance counselors, and other relevant school staff.

Meeting participants also discussed innovative ways to increase youth access to sexual health services. For example, in Detroit, MI, the health department reaches adolescents through "screening days," in which all students are offered confidential testing for STIs. In Pima County, AZ, the health department operates a mobile clinic which can be parked on or near campus. A meeting participant from Milwaukee, WI, shared that their health department partners with the PATCH (Providers and Teens Communicating for Health) program, through which adolescents train healthcare providers on how to provide youth-friendly care. Other LHDs have implemented "secret shopper" programs, where adolescents visit different facilities to assess youth-friendliness and provide specific information about providers, processes, and other details (e.g., needing to bring a parent or options to make appointments over text message).[2] LHDs may also have existing mechanisms in place to provide and/or ensure confidentiality of sexual health services without charging students or billing a parent or guardian's insurance. In Denver, CO, for example, grant funding allows the LHD, which sponsors 17 SBHCs, to provide reproductive health services at no cost to the student.

Through these meetings, LHD participants conveyed the extent to which they directly provided or supported HIV/STI prevention services for adolescents and played key roles in prioritizing student populations. In jurisdictions where LEAs are not allowed or do not have the capacity to provide health services, LHDs are the go-to partner that can explore such initiatives when LEAs are less able to do so.

During each meeting, NACCHO and partners provided technical assistance related to the following topics:

- Analyzing, engaging, and strengthening partnerships with stakeholders, particularly LEAs;
- Strategizing for adolescent sexual health by analyzing the root causes of common barriers and challenges or developing action plans;
- Maximizing program impact through community partnerships, youth engagement, and by designing programs that are affirming and responsive to adolescents, including those at disproportionate risk for HIV/STIs;
- Proven and promising practices related to the three school-based approaches for HIV/STI prevention, including establishing referral systems; implementing screening programs; creating a scope, sequence, and implementation plan for sexual health education; and incorporating strategies that promote safe and supportive environments (SSE) into sexual health services and education.

Figure 2: Technical Asssistance Topics

Health Education

LHDs play a multitude of roles in implementing and strengthening school-based health education programs. The scope of education policy at the federal, state, and local levels overlaps. Federal policies often set minimum standards, and state, local, or school board policies build on those. Consequently, there are often significant nuances or even contradictions among the policies governing a specific school or LEA. LHDs' experience in interpreting public health regulations equips them to support schools in analyzing policies impacting sexual health education, including those that dictate the content that must, can, and cannot be included; the qualifications or training required for educators; and time requirements for health education.

Moreover, LHDs may facilitate or directly support an LEA-led curricula review process or may lead or participate in the process through school health advisory committees or wellness councils. Meeting participants shared that they supported LEAs in policy analysis and in reviewing, selecting, and adapting curricula in accordance with local policy. According to one meeting participant, through their policy analysis efforts, the health department discovered that a common misinterpretation among LEAs in their jurisdiction was that a local policy calling for abstinence-based sexual health education was often perceived as dictating abstinence-only sexual health education. This realization opened the door for them to help the LEA in identifying a curriculum that included abstinence as well as other forms of HIV and STI prevention.

LHDs are often involved in health-related instruction, whether by leading sexual health education sessions for students or providing professional development for school educators. More than half of LHDs have staff dedicated to health education, and they play a key role in the strategic deployment of health educators to meet the needs of community members at disproportionate risk.[3] It may be challenging for LEAs to identify educators who are comfortable delivering sexual health education lessons or answering students' sexual health questions. LHD involvement can benefit both staff and students by mitigating discomfort and preventing it from impacting instruction.

This approach emphasizes planned, sequential learning across elementary, middle, and high school grade levels – as well as the use of grade-specific lessons and materials that are medically accurate and developmentally and culturally responsive – to help adolescents obtain the essential knowledge and critical skills needed to prevent HIV, other STIs, and unintended pregnancy.

Well-designed and -implemented health education programs can decrease sexual risk behaviors and increase protective factors among adolescents, including delayed initiation of sexual activity, reduced number of sex partners, and increased condom use.

LHDs can also support LEAs in targeting health programming by analyzing epidemiological or risk behavior data to determine priority schools (i.e., schools with higher rates of HIV/STIs among students). Several LHDs reported breaking down HIV, STI, and unintended teen pregnancy rates by ZIP code or school district and sharing that information with LEAs to: 1) make the case for initiating or expanding sexual health education programs or, 2) enable LEAs to maximize resources by targeting students who need them most.

LHDs are leading partners for LEAs in strengthening health education and are involved at all levels, from policy analysis to curricula selection to instruction. They are eager to support LEAs' sexual health education efforts and, depending on local context, resources, and needs, can serve as conveners of school health advisory bodies, technical experts, or implementation partners.

Safe and Supportive Environments

LHDs are working to foster safe and supportive environments (SSE) for young people, whether in their own clinics or through other service offerings, as well as in partnership with LEAs. LHDs' expertise and experience in community engagement is particularly valuable in strengthening school-based SSE efforts.

As the LGBTQ community experiences a number of health inequities (*see Figure 3*), many LHDs have taken steps to make programming or services more affirming and inclusive of LGBTQ populations. This experience makes them a valuable partner for LEAs in implementing SSE strategies. LHDs can provide training or support to SBHCs and school nurses in making changes to their language, paperwork, sexual history taking protocol, and promotional materials to ensure they are LGBTQ-friendly. Through their support for health services referral systems from the school setting, LHDs can advance identification of and access to LGBTQ-affirming healthcare providers.

According to data from the Youth Risk Behavior Surveillance System, students that identify as LGB:*

- Are more likely to have ever had sexual intercourse;
- Are more likely to have had first sexual intercourse before 13 years of age;
- Are more likely to have 4 or more sexual partners; and
- Are more likely to not use any method to prevent pregnancy.

**Data on gender identity of students is not currently uniformly collected.*

Figure 3: Health Inequities Faced by LGBTQ Students [4]

Further, many of the upstream factors that contribute to health inequities also exacerbate the educational achievement gap. For example, gender non-conforming students of color are significantly more likely to be pushed out of mainstream schools and are more likely to have contact with the juvenile justice system.[5] After learning that a disproportionate number of gender non-conforming adolescents were arrested for shoplifting makeup, the LHD in Nashville, TN, started providing makeup free of charge to anyone who wanted it. While

This approach promotes and provides safe and supportive district and school policies and practices to create positive learning and teaching environments for students and school staff by: 1) preventing bullying and harassment, including electronic aggression; 2) promoting school connectedness; and 3) promoting parent engagement in schools.

Perpetrators and victims of bullying and sexual harassment are more likely to have had sex under the influence of drugs and/or alcohol and more likely to have had sex with four of more partners. Adolescents who feel connected to their schools are more likely to have fewer sexual partners, use condoms, and delay first sexual intercourse.

LHD-LEA partnerships usually focus on promoting the health, safety, and well-being of students, their efforts, particularly SSE strategies, can also address educational inequities by fostering school climates that are conducive to learning for all students.

Finally, meeting participants expressed interest in working with LEAs to select or adapt sexual health education curricula to be more LGBTQ-inclusive and -affirming, or to provide or facilitate training for educators to ensure that delivery of curricula fosters SSE for LGBTQ students. As a strategy for doing so, a meeting participant shared that their LHD is working with its LEA to establish a Youth Advisory Board—modeled after the health department's Community Advisory Board—to engage students in selecting a youth-friendly, LGBTQ-affirming sexual health education curriculum.

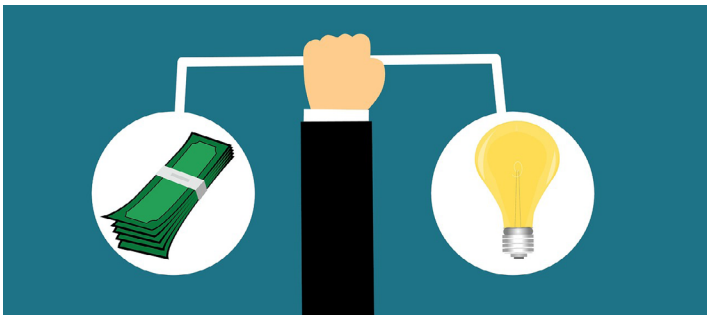
LHD experience in community engagement also translates well to parent and guardian outreach and engagement, which can be daunting for LEAs, particularly as it relates to sexual health. LHD staff can provide the public health perspective on sexual health services and education and answer questions from parents and guardians. A meeting participant from Douglas County, NE, shared that their LHD invited parents and guardians to town halls to pilot sexual health education lessons, leading to increased comfort with and support for the comprehensive sexuality education program.

Challenges and Opportunities

Over the course of the three meetings, participants shared a number of challenges LHDs face when participating in and supporting school-based HIV/STI efforts. The most frequently shared challenges were limited and inflexible funding, staff capacity, and leadership prioritization of adolescent health.

LHDs recognize the importance of investing in adolescent health and well-being through school-based partnerships. But without dedicated resources, they find it challenging to build relationships and engender buy-in from LEAs, a process that requires concerted, continuous time and effort. Moreover, where strong LHD-LEA relationships exist, LHDs are included as critical implementation partners but limited funding impedes their ability to fully contribute valuable skills and resources.

LHD-LEA partnerships have immense potential to improve adolescent health through school-based approaches. The role of LHDs in providing or assuring the availability of health services in their communities equips them to keep students healthy by providing or connecting them to services. Their expertise in health policy and education



translates well to analyzing policies impacting school-based health education and supporting LEAs in policy implementation, whether by convening school health or wellness councils or reviewing, selecting, and adapting curricula. LHDs' public health perspective and experience in community outreach and engagement strengthens their ability to work with LEAs to ensure that health services and education, as well as school environments more broadly, are affirming of students' diverse identities. LHDs' experience and expertise make them essential partners for LEAs in preventing HIV/STIs through school-based approaches, but they need sufficient resources to actualize this role and optimize these partnerships.

Conclusion

LHDs and LEAs across the country partner to promote adolescent health and prevent HIV and other STIs through school-based programs. LEAs are not only educating, but also shaping and preparing adolescents for adulthood—an immense responsibility which requires support from partners across their communities. LHD-LEA partnerships are powerful in promoting student health, and LEAs and their students benefit immensely from leveraging LHDs' experience in providing or assuring the availability of high-quality health services, interpreting public health policy, and designing and implementing health education programs. LHDs can also utilize community engagement strategies and mechanisms to support LEAs in creating and maintaining school environments that are safe, supportive, and conducive to learning.

Through this series of meetings, we've learned about the myriad ways LHDs can support LEAs in implementing and strengthening school-based approaches for HIV/STI prevention. While LHDs bring invaluable experience and expertise to these partnerships, many lack the resources or flexibility to invest in relationship building. NACCHO and our federal and national partners have an important role to play in building the capacity of LHDs to strengthen partnerships with schools and other stakeholders; strategize the implementation of school-based approaches for HIV/STI prevention by convening community partners; and maximize program impact by addressing adolescent health and well-being holistically. The insight gained and resources developed as part of this project will have an enduring impact on capacity-building efforts for school-based HIV/STI prevention.

References

1. Centers for Disease Control and Prevention. (2018, June). Why schools? Retrieved August 25, 2018, from www.cdc.gov/healthyyouth/about/why_schools.htm.

2. Wisconsin Providers and Teens Communicating for Health (PATCH). About PATCH. Retrieved August 9, 2018, from www.wipatch.org.

3. National Association of County and City Health Officials. (2017). 2016 National profile of local health departments. Retrieved August 14, 2018, from http://nacchoprofilestudy.org/wp-content/uploads/2017/10/ProfileReport_Aug2017_final.pdf.

4. Kann, L., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., Queen, B., ... & Lim, C. (2018). Youth risk behavior surveillance—United States, 2017. *MMWR Surveillance Summaries*, *67*(8), 1.

5. Burdge, H., Hyemingway, Z., & Licona, A. (2014). Gender nonconforming youth: Discipline disparities, school push-out, and the school-to-prison pipeline. Retrieved October 18, 2018, from http://bit.ly/GNCEndSTPP.

NACCHO
National Association of County & City Health Officials

Public Health
Prevent. Promote. Protect.

The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

1201 I St, NW, 4th Floor Washington, DC 20005

P 202-783-5550 F 202-783-1583

www.naccho.org

Appendix A: Meeting Objectives

Meeting	Objectives
The Role of the Local Health Department in Providing School-Based Adolescent HIV/STI Prevention Services *(June 2017)*	• Identify current LHD efforts to provide school-based adolescent HIV/STI prevention services • Increase the capacity of LHDs to analyze and address barriers related to providing school-based adolescent HIV/STI prevention services • Identify strategies to strengthen partnerships among LHDs, LEAs, and other community stakeholders to provide school-based adolescent HIV/STI prevention services • Increase the dissemination of DASH and other school-based adolescent health resources among participating LHDs
Strengthening Partnerships between Local Health Departments and Local Education Agencies to Support Adolescent Health Education Programs *(October 2017)*	• Increase the capacity of LHDs and LEAs to work in partnership to provide school-based health education • Increase the knowledge and skills of LHD and LEA representatives to implement health education programs • Identify strategies to educate community decision makers about the importance of school-based health education
The Role of Local Health Departments in Creating and Sustaining Safe and Supportive Environments in Schools and Communities *(May 2018)*	• Describe the role of LHDs in creating and sustaining safe and supportive environments (SSE) programs in schools and communities to prevent HIV/STIs • Increase the knowledge and skills of LHD participants to identify and implement SSE strategies • Increase the capacity of LHDs to strengthen partnerships with LEAs and key community stakeholders to create and sustain SSE in schools and communities to prevent HIV/STIs

Appendix B: Meeting Participants

The Role of the LHD in Providing School-Based Adolescent HIV/STI Prevention Services Prevention

- Allegheny County Health Department, PA
- Baltimore City Health Department, MD
- Detroit Health Department, MI
- Denver Health and Hospital Authority, CO
- Erie County Department of Health, NY
- Fresno County Health Department, CA
- Jackson County Health Department, MS
- Jefferson County Department of Health, AL
- Louisiana Department of Health
- Louisville Metro Department of Public Health and Wellness, KY
- Maricopa County Department of Public Health, AZ
- Mecklenburg County Health Department, NC
- City of Milwaukee Health Department, WI
- Minneapolis Health Department, MN
- Monongalia County Health Department, WV
- Northwest Portland Area Indian Health Board, OR
- Oklahoma City-County Health Department, OK
- Florida Department of Health in Pinellas County
- Pima County Health Department, AZ
- Santa Clara Valley Health and Hospital Systems, CA
- Southern Nevada Health District
- Yakima County Health District, WA

Strengthening Partnerships between LHDs and LEAs to Support Adolescent Health Education Programs

- Arlington Central School District, NY
- Belton School District, MO
- Cass County Health Department, MO
- Cedar Rapids Community School District, IA
- Champaign-Urbana Public Health District, IL
- County of San Diego Public Health Services, CA
- Cumberland County Department of Health, NC
- Cumberland County Schools, NC
- Dutchess County Department of Health, NY
- Fort Wayne-Allen County Department of Health, IN
- Fort Wayne Community Schools, IN
- Franklin County Health Department, KY
- Franklin County Public Schools, KY
- Hawaii Department of Education
- Jefferson County Public Schools, KY
- Kalamazoo County Health & Community Services, MI
- Kalamazoo Public Schools, MI
- Kauai District Health Office, HI
- Linn County Public Health, IA
- Louisville Metro Department of Public Health and Wellness, KY
- Orange County Department of Education, CA
- Orange County Health Care Agency, CA
- Richmond City Health District, VA
- Richmond Public Schools, VA
- San Diego Unified School District
- Steilacoom Historical School District, WA
- Tacoma-Pierce County Health Department, WA
- Westville Junior High School, IL

The Role of LHDs in Creating and Sustaining Safe and Supportive Environments in Scools and Communities

- Alexandria Teen Wellness Center, VA
- Butte-Silver Bow County Health Department, MT
- Cincinnati Health Department, OH
- Columbus Public Health, OH
- Douglas County Health Department, NE
- Fulton County Board of Health, GA
- Genesee County Health Department, MI
- Public Health-Madison and Dane County, WI
- Metro Public Health Department of Nashville/ Davidson County, TN
- Oklahoma City-County Health Department, OK
- Prince George's County Health Department, MD
- San Antonio Metropolitan Health, TX
- Southern Plains Tribal Health Board, Oklahoma Area