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Folder Title:
Conference - 8/98 DASH [Division of Adolescent and School Health]-Leadership Conference

Stack:	Row:	Section:	Shelf:	Position:
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Recipients of Director's Awards

1997

Leadership Award (CSHE)	Marie Louise Stern
Leadership Award (HIV)	Naomi Marsh
Award of Excellence	Joyce Fetro (Local)
	Rebecca Gardner (State)
	Carolyn Petierno (National)
Partnership Award	Healthier Schools Coordinating Committee/ New Mexico

1995

Leadership Award (CSHE)	Jack Campana
Leadership Award (HIV)	Mary Thissen-Milder
Award of Excellence	Henry Marockie
Partnership Award	Desert High, Inc./New Mexico

1994

Leadership Award (CSHE)	Rendel Stalvey
Leadership Award (HIV)	Rick Chiotti
Award of Excellence	Diane Allensworth
Partnership Award	Dallas Urban League/Texas

Director's Awards

National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs

Omni Hotel/CNN Center
Atlanta, Georgia

August 11-13, 1998

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Director's Awards
Award Descriptions

Leadership Award

Honors the state, territorial or local director of comprehensive school health education whose leadership has resulted in the expansion of school health programs in the state.

Leadership Award

Honors the state, territorial, or local director of HIV education whose leadership has resulted in the expansion of HIV education programs in the state.

Award of Excellence

Honors a person whose imaginative and creative efforts have positively influenced the advancement of HIV education programs and/or coordinated school health programs in his/her state, community, or the nation.

Partnership Award

Honors group efforts that have resulted in evidence of coalescence between either state or community level constituents with significant attainment of a goal that influences the advancement of coordinated school health programs in the state or community.

Congratulations to All the Nominees!

Nominations

William David Burns
Association of American Colleges & Universities/District of Columbia

Comprehensive School Health Education Team
American Cancer Society/Virginia

Dean Hopper
New Mexico State Department of Education

Sandy Nichols Mazzocco
Missouri Department of Elementary & Secondary Education

Patsy Nelson
New Mexico Department of Health

New Mexico State Department of Education & Department of Health
New Mexico

Nancy Parr
West Virginia Department of Education

Mary Ruchinskas
New Beginnings, Inc./Maine

Deborah Schoeberlein
RAD Educational Programs/Colorado

Otistene Smith
Arkansas Department of Education

National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs

1913 - 1998

Dedicated to the Memory of
Simon A. McNeely
Executive Director
Society of State Directors of Health,
Physical Education and Recreation

For the past 51 years Si McNeely served in a leadership role with what he and many of us affectionately refer to as the "The Society". In those 51 years Si touched the lives of literally thousands of professional educators around the country. We share in the loss and grieve for our dear friend and colleague. We have all benefited from knowing him and will carry his spirit with us as we continue to fulfill his noble mission of improving the health and fitness of our youth.

Many of us were fortunate to have the opportunity to honor Si at a retirement reception at the Society's annual meeting in Reno this past April. Shortly after that meeting, he wrote the following poem as a way of saying "good-bye" to the Society.

OWED TO THE SOCIETY

One Bright September morning
Little Simon A. arrived
That was four score, four more, years ago,
And the old world has survived.

But the old world isn't perfect;
It brings both smile and frown
With its pleasures, sorrows, pressures,
But ol' Si is still around.

He tries to use his meager talents
Though he doesn't always come off best,
But for family, friends and colleagues
No man has been more blessed.

So I tip my hat to all of you
Who have made my life so full
To the fun times, some few dumb times,
A lifetime never dull.

You are working for a noble cause,
One the whole world should respect.
'Tis sad we can't reach every child,
society's neglect.

Now, I'll try to taper off,
My contributions few.
My time near spent
I am content,
My legacies are YOU!!

Simon A. McNeely
April, 1998

During the Awards Ceremony on Tuesday, August 11, 1998, Lloyd J. Kolbe, Director of the Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention will announce a new merit award in tribute to Si McNeely. Si's legacy of integrity, commitment and dedication to professional service will be recognized each year through the Simon A. McNeely Merit Award.

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Acknowledgements

Divider Title: _____

SPONSORS

Centers for Disease Control and Prevention would like to recognize the following sponsors:

Society of State Directors of Health, Physical Education & Recreation (SSDHPER)

and

The U.S. Department of Education

AIDS MEMORIAL QUILT

The Portion of the AIDS Memorial Quilt on view here is sponsored by the NAMES Project Foundation. The panels in the quilt are made by friends and family to remember their loved ones who died of AIDS. Today the quilt contains about 45,000 panels that represent 79,736 names. The National High School Quilt Program sponsors displays of the AIDS Memorial Quilt as an important addition to school-based HIV programs. More information on this program can be found in the Exhibit Hall.

CONFERENCE EXTERNAL STEERING COMMITTEE

Centers for Disease Control and Prevention (CDC)	Patricia Drehobl Amy Holmes-Chavez Cynthia Johnson Sandra Jones John Moore Jenny Osorio Beth Patterson Judy Powers
Advocates For Youth	Kent Klindera
American Cancer Society	Beth Stevenson
American Nurses Association	Elaine Brainerd
Association of State and Territorial Health Officials	Darcy Steinberg
Community College of Philadelphia	Clint Gould
Council of Chief State School Officers	Bill Shepardson
Detroit Public Schools	Shirley Berga
Education Development Center, Inc.	Eva Marx
National Alliance of State and Territorial AIDS Directors (NASTAD)	Jennifer Marin
National Association of State Boards of Education	Ginny Ehrlich
National Association of Student Personnel Administrators	Bill O'Connell
National Conference of State Legislatures	Nicole Kendell
National Network for Youth	Brian Sullivan
New York State Education Department	Jacquee Albers
Professional and Scientific Associates (PSA)	Christine Behounek Diana Felde

(continued)

Society of State Directors of Health, Physical Education & Recreation (SSDHPER)	Fran Meyer
The Learning Partnership	John Fisher
The National PTA	Susan Francis
U.S. Department of Health and Human Services	Matthew Guidry
U.S. Department of Education	William Modzeleski
Washington State Department of Education	Pam Tollefsen
West Virginia Department of Education	John Ray

The Centers for Disease Control and Prevention (CDC) wishes to acknowledge and thank the members of the Conference External Steering Committee for their guidance and support

CONFERENCE INTERNAL STEERING COMMITTEE

Beth Patterson,Chair	Office of the Director (OD)
John Moore	OD
Judy Powers	OD
Cynthia Johnson	OD
Kay Phillips Vandiver	OD
Jenny Osorio	Program Development and Services Branch
Sandra Jones	Surveillance and Evaluation Research Branch
Christine Behounek	Professional and Scientific Associates, Inc
Diana Felde	Professional and Scientific Associates, Inc.
Sarah Baun	Professional and Scientific Associates, Inc.
Tara Gilmore	Professional and Scientific Associates, Inc.

DASH Leads

Administrative Support	Gloria Lewis, Rhonda Head, Erica Wilker
Awards	Cynthia Johnson
CDC Exhibit	Cynthia Johnson
Computer Room	John Canfield
Computer Support	Tommy Miller

(continued)

Constituency Meetings	
SEA/ HIV	Dave Poehler, Shannon Page, Pete Hunt
SEA/CHS	Dean Fenley, Steve Ranslow, Pete Hunt
LEA	Holly Conner, Pete Hunt
YHRS	Jim Martindale, Lydia Blasini-Caceres, Pete Hunt
IHE	Marty Dushaw, Gloria Bryan, Pete Hunt
Concurrent Sessions (Monday)	
HIV	Dean Fenley, Pete Hunt
YHRS	Jim Martindale, Pete Hunt
IHE	Priscilla Young, Mary Vernon, Pete Hunt
PANT	Howell Wechsler, Holly Connor, Pete Hunt
Concurrent Sessions (Tuesday)	Sandra Jones
Concurrent Sessions (Wednesday)	Kathleen Somers
Concurrent Sessions (Thursday)	Jenny Osorio
Graphics Support	Katherine Vasso
Overall Logistics	Judy Powers
Poster Sessions	Sandra Jones
Presider/Room MonitorAssignments	Kay Phillips Vandiver
Regional Meetings	Jenny Osorio
Topical Networking Roundtables	Don Betts

To each of you - a job well done!

Lloyd J. Kolbe, Director
Division of Adolescent and School Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

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General Information

Divider Title: _____

CONFERENCE PURPOSES

- Enable the nation's leaders to meet and to explore collaborative efforts to assure the health and educational success of all young people, including postsecondary students, with special emphasis on youth in high risk situations.

- Provide up-to-date information about agencies, activities, and resources available to enhance assessment, implementation, documentation, coordination, management, surveillance and evaluation of HIV prevention programs in coordinated school health programs, institutions of higher education, and national organizations that serve children, youth and young people.

- Provide opportunities to strengthen skills to foster and maintain successful partnerships that promote HIV prevention programs and coordinated school health programs in schools, colleges and universities.

- Provide technical assistance and training to the nation's leaders about the skills that health, education, social service, and other professionals need in order to help young people outside of school avoid HIV infection and other serious health problems.

- Provide opportunities for networking.

- Provide conference participants with first-hand exposure to innovative new health education curriculum materials and information services to support school health initiatives and enable them to interact with publishers and program designers.

GENERAL INFORMATION

REGISTRATION AND INFORMATION

Staff will be available at the conference registration desk, located in the International Promenade, from 7:30am until 6:00pm to answer questions about registration, sessions, social events and local transportation. Logistics coordination staff members are wearing navy blue suits with gold name badges. Speakers and CDC/DASH staff are also wearing identifying ribbons.

RECEPTION

Sponsored by the Society of State Directors of Health, Physical Education and Recreation

All conference participants are invited to a reception on Tuesday evening from 6:00pm - 8:00pm in the Exhibit Hall - *Barrington/Liberty/*Mimosa on the Convention Level. During the reception, the Director's Awards, recognizing outstanding leaders at the national, state and local level, will be presented.

EXHIBITS

The Society of State Directors of Health, Physical Education and Recreation (SSDHPER) is sponsoring exhibits for conference participants. Exhibits will be displayed in the Exhibit Hall, and may be viewed informally Monday through Thursday. Exhibit hours are as follows:

Monday:	3:00pm – 5:30pm
Tuesday:	7:30am - 9:00am, 10:00am - 10:30am, 12:00pm - 1:30pm and 3:00pm – 8:00pm
Wednesday:	7:30am - 9:00am, 10:00am - 10:30am, 12:00pm – 1:30pm and 5:30 – 6:00pm
Thursday:	7:30am – 9:00am, 10:00am – 10:30am and 12:00pm – 1:30pm

FOOD AND BEVERAGE STATIONS

Food and beverage stations will be set up on Tuesday, Wednesday and Thursday in the Exhibit Hall. Seating will be available. Continental Breakfast will be provided each day from 7:30am to 9:00am. Coffee Breaks will be provided in the Exhibit Hall at the designated times in the Agenda. Please take advantage of this time to network with your colleagues.

CONCESSIONS

To allow you to spend more time perusing the exhibits and networking, the hotel will be providing a concession stand in the Exhibit Hall area where lunch can be purchased. The concession stand will be open Tuesday through Thursday, 12:00pm - 1:30pm.

EVALUATION TECHNICAL ASSISTANCE AVAILABLE

If you are a recipient of a DASH-funded cooperative agreement and want advice on your evaluation efforts, sign up at the registration desk. Sessions will be held in the Brampton C room.

David Lohrmann, Gail Bornfield and Richard Sawyer of the Academy for Educational Development (AED) will be available Tuesday through Thursday for assistance and consultation. If you need assistance after the conference, please call David, Gail or Richard at (202) 884-8700.

SURVEY TECHNICAL ASSISTANCE AVAILABLE

If you are a recipient of a DASH-funded cooperative agreement and want advice on your Youth Risk Behavior Survey or School Health Education Profile Survey, please contact WESTAT staff via the conference message board.

Barbara Williams and other staff from WESTAT will be available for assistance and consultation. If you require assistance after the conference, please call your survey operations person from WESTAT at (800) 937-8287.

CONTINUING EDUCATION

Continuing Education credit is offered for a variety of professions based on hours of instruction. The Centers for Disease Control and Prevention (CDC) is accredited as a provider of continuing education in Nursing by the American Nurses Credentialing Center's Commission on Accreditation.

Category 1 Continuing Education Contact Hours (CECH) in health education will be awarded to Certified Health Education Specialists (CHES) who attend designated sessions and request contact hours. CECH will be available through the Rollins School of Public Health of Emory University which has been designated as a provider of CECH in Health Education by the National Commission for Health Education Credentialing, Inc.

CDC is an accredited provider of Continuing Education Units by the International Association for Continuing Education and Training Criteria and Guidelines.

Packets will be provided in the participant materials.

TECHNOLOGY RESOURCES

In order to widely disseminate the latest data about youth risk behaviors and effective interventions that address these risk behaviors, several resources have been developed which utilize the latest computer technology. These resources will be showcased in the Exhibit Hall. During these specified times, conference participants will be able to see the technology demonstrated and get hands-on experience with it. Resources include:

- Roadmap to the Guidelines – An online guide to technical assistance resources to help schools implement specific CDC school health guidelines recommendations;
- DASH Web Site (http://www.cdc.gov/nccdphp/dash) - The DASH Internet site contains selected data from the 1995 National Youth Risk Behavior Surveillance System, School Health Program Guidelines, and School Health Program Finance Project Database; and
- "Youth 95" - A user friendly CD ROM Program that provides easy access to Youth Risk Behavior Surveillance System data. "Youth 97" will be available for demonstration.

REGIONAL MEETINGS

During the Tuesday morning breakfast/exhibit time, tables will be set up in the Mimosa room on the Convention Level for informal networking time. The tables will be grouped according to the ten Health and Human Services regions which are listed below. We hope you take advantage of this opportunity to network with others.

Region I Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont

Region II New York, New Jersey, Puerto Rico, Virgin Islands

Region III Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia

Region IV Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee

Region V Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin

Region VI Arkansas, Louisiana, New Mexico, Oklahoma, Texas

Region VII Iowa, Kansas, Missouri, Nebraska

Region VIII Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming

Region IX Arizona, California, Hawaii, Nevada, Guam, Trust Territory of the Pacific Islands, American Samoa

Region X Alaska, Idaho, Oregon, Washington

TOPICAL NETWORKING TABLES

Networking and sharing of model programs is a priority of this conference. Time is available on Wednesday from 7:30am-9:00am for conference participants to discuss specific topics which have been identified as "hot issues" for conference participants. Examples of these topics will include teen pregnancy, tobacco and violence. Please refer to the agenda for specific topics which will be offered.

SPEAKER READY ROOM

The Brampton C Room, located on the Café Level, will be available during conference hours for speakers who wish to review their presentations. Please make appointments at the Registration Desk. Two (2) computers, a slide projector, an overhead projector and various supplies will be made available to assist speakers with their preparations.

MESSAGE BOARD

Incoming messages for conference attendees will be received at the registration desk during registration hours. Messages may be left by calling the hotel's main number, (404) 659-0000, and asking for the PSA Office. To receive messages, check the message board located in the registration area. Only emergency messages will be delivered.

SHARE BOARD

A Share Board will be available in the Exhibit Hall to give conference participants an opportunity to indicate programmatic needs and share resources. You may post any materials you want to share, and participants will provide their name and address on a request sheet next to your publication where you can mail the information when you return home.

MURAL

A mural will be created with contributions from conference participants. Contributions may include program logos, buttons, posters, pictures of activities from home and newspaper clippings. The mural is located in the Exhibit Hall.

FACING THE WALL...

So many of us have been touched by HIV/AIDS. Share your expressions, feelings, pain, sufferings and vision about your experiences by writing them down on your "Facing the Wall" brick which can be found in your conference bag. Then peel the brick sticker off the page and place it on the "Facing the Wall" mural in the Exhibit Hall.

INFORMATION EXCHANGE TABLES

Tables will be set up in the registration area of the conference for any newsletters, brochures or publications you would like to share with other conference attendees. Any materials not picked up by 4:30pm on Thursday, August 13, 1998 will be discarded.

COMPUTER ROOM

A computer room will be active in the Elizafield Room on the Café Level throughout the conference. A course on how to use the Internet will be offered on Wednesday, August 12 from 10:30am to 12:00pm and again on Thursday, August 13 from 10:30am to 12:00pm. Seating is limited to 40 persons and will be filled on a first come, first served basis.

The computer room also will be available on Tuesday, August 11 from 3:00pm to 5:00pm and again on Wednesday, August 12 from 4:15pm to 5:30pm for technical assistance and individual help with following:

- DASH Web Site (http://www.cdc.gov/nccdphp/dash) - The DASH Internet site contains selected data from the 1995 National Youth Risk Behavior Surveillance System, School Health Program Guidelines, and School Health Program Finance Project Database.
- "Youth 95" - A user friendly CD ROM Program that provides easy access to Youth Risk Behavior Surveillance System data.

MAILING SERVICES

For participants who may need shipping services for conference materials, the Omni Hotel provides mailing services for a nominal fee. Please see the Bellman's Desk in the Lobby for more information.

TAPING POLICY

Individuals are allowed to record and photograph only to the extent that it is not disruptive to the presenters/audience and to the extent there is agreement by the session presider and speakers.

FIRST AID/MEDICAL NEEDS

If you require first aid, please let a PSA staff member know, and they will take care of you. (PSA staff members can be identified by navy blue uniforms with personalized gold name tags.) If you have a medical emergency, find the nearest hotel house phone and ask the operator to dial "911" for you.

PROGRAM MODIFICATIONS

Agenda changes were still occurring at press time. We appreciate the cooperation of the speakers involved and apologize for any inconvenience these late modifications may cause.

CONFERENCE-AT-A-GLANCE

TUESDAY, AUGUST 11, 1998

7:30am - 9:00am	Continental Breakfast/Exhibits/Regional Meetings
7:30am - 6:00pm	Registration
9:00am - 10:00am	Opening Plenary
10:00am - 10:30am	Break/Exhibits
10:30am - 12:00pm	Concurrent Sessions
12:00pm - 1:30pm	Lunch (on own)/Exhibits/Posters
1:30pm - 3:00pm	Concurrent Sessions
3:00pm - 3:30pm	Break/Exhibits
3:30pm - 5:00pm	Poster Sessions with Authors
6:00pm - 8:00pm	Reception/Exhibits
6:30pm	Awards and Photo Session

WEDNESDAY, AUGUST 12, 1998

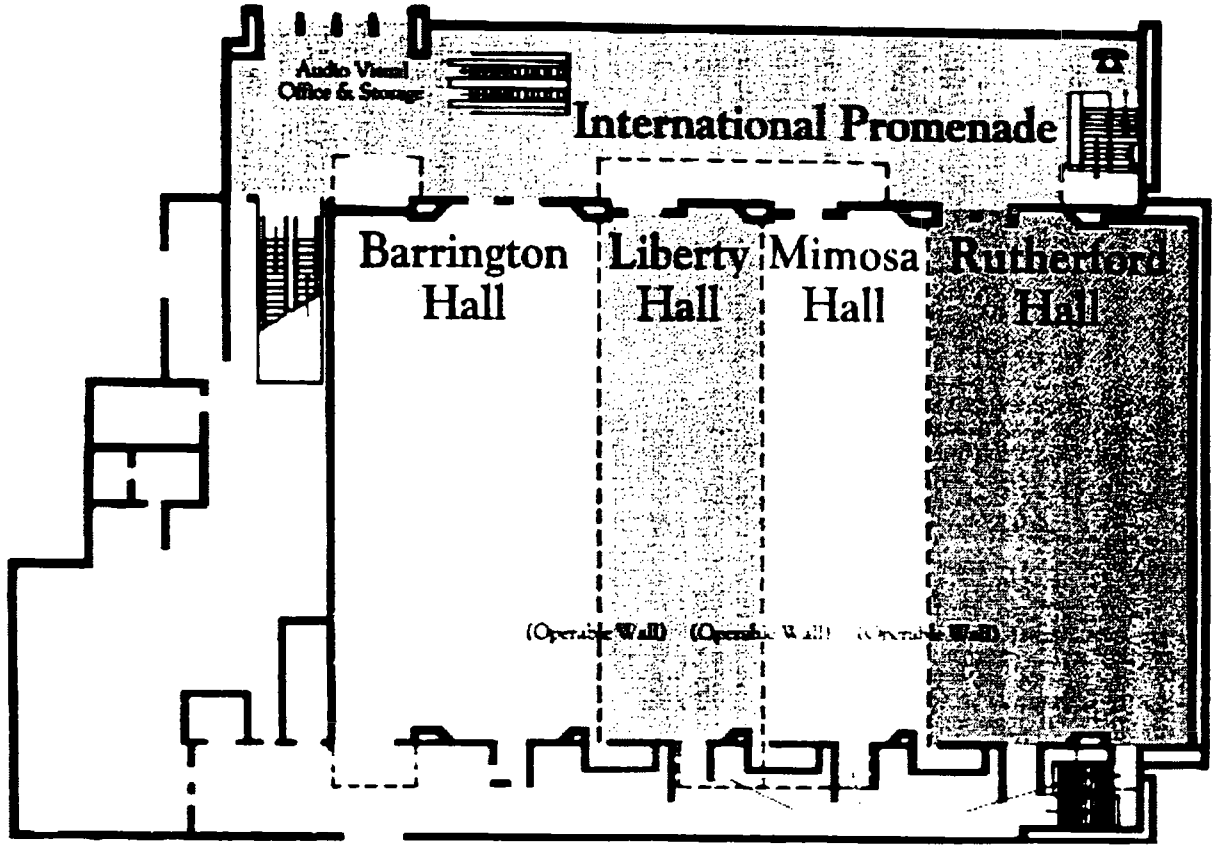
7:30am - 9:00am	Continental Breakfast/Exhibits/Topical Networking/Posters
7:30am - 6:00pm	Registration
9:00am - 10:00am	Plenary Session
10:00am - 10:30am	Break/Exhibits/Posters
10:30am - 12:00pm	Concurrent Sessions
12:00pm - 1:30pm	Lunch (on own)/Technology Resources/Networking/Exhibits/Posters
1:30pm - 2:15pm	Plenary Session
2:15pm - 2:30pm	Break/Exhibits/Posters
2:30pm - 3:15pm	Roundtables
3:15pm - 3:30pm	Break and Change/Exhibits
3:30pm - 4:15pm	Roundtables (Repeat)
4:15pm - 4:30pm	Break/Exhibits
4:30pm - 5:30pm	Plenary Session
5:30pm - 6:00pm	Exhibits/Technology Resources/Networking/Computer Room/Posters

THURSDAY, AUGUST 13, 1998

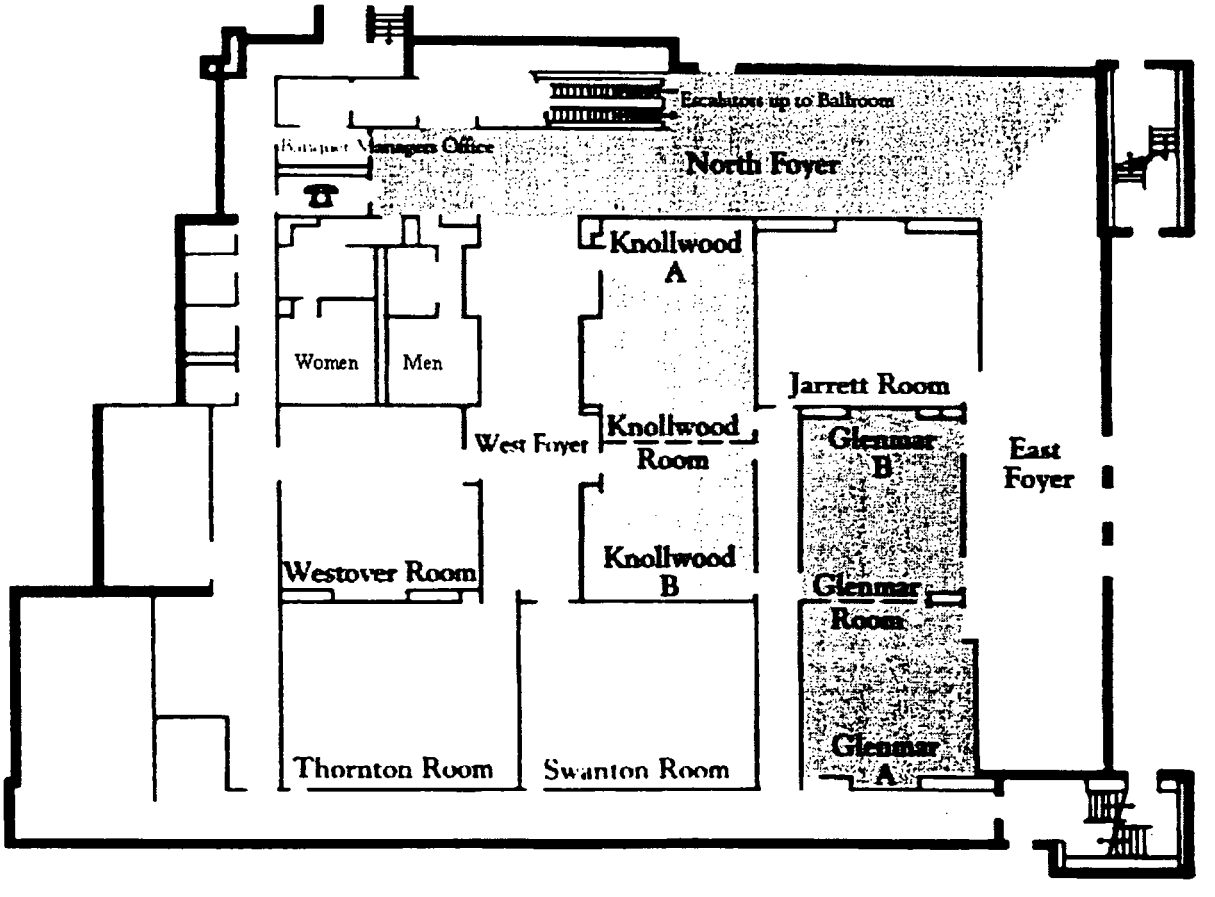
7:30am - 9:00am	Continental Breakfast/Exhibits/Posters
7:30am – 5:00pm	Registration
9:00am - 10:00am	Plenary Sessions
10:00am - 10:30am	Break/Exhibits/Networking
10:30am - 12:00pm	Concurrent Sessions
12:00pm - 1:30pm	Lunch (on own)/Technology Resources/Exhibits
1:30pm - 3:00pm	Concurrent Sessions
3:00pm - 3:30pm	Break
3:30pm - 4:30pm	Closing Plenary
4:30pm	Adjourn

Omni Hotel

Convention Level



Lower Level



Omni Hotel

Cafe Level

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Exhibits

Divider Title: _____

1998 National Leadership Conference to Strengthen HIV/AIDS Education and Comprehensive School Health Programs

Exhibitor Directory

(Sponsored by the Society of State Directors of Health, Physical Education and Recreation)

Special welcome to conference participants

At the invitation of the Centers for Disease Control and Prevention, the Society of State Directors of Health, Physical Education & Recreation (SSDHPER) has arranged a special exhibits section as a service to conference participants. The exhibit area is designed to be an integral part of your professional experience this week, enabling you to meet with some of the nation's leading developers of health education and risk-reduction programs for school-age youth.

You'll have the opportunity to update yourself on the latest developments in curriculum and materials, discuss the results of pilot programs and field trials, learn about new programs currently in development or on the drawing boards...and talk directly with publishers, editors and program managers about your own perceptions of unmet needs in health education and HIV/AIDS prevention.

Exhibits, Food Service Schedules

Exhibits Schedule:

Monday, August 10	3-5:30
Tuesday, August 11	7:30-9; 10-10:30; 12-1:30; 3-3:30; 6-8 (reception in exhibit area)
Wednesday, August 12	7:30-9; 10-10:30, 12-1:30; 3:15-3:45; 4:30-5:30
Thursday, August 13	7:30-9; 10-10:30 10-10:30; 12-1:30

Food Service:

Tuesday, August 11

- Continental Breakfast 7:30-9:00am
- Morning Coffee Break 10:00-10:30am
- Lunch-café style(*) 12:30-2:00pm
- Afternoon break 3:00-3:30pm
- Reception 6:00-8:00pm

Wednesday, August 12

- Continental Breakfast 7:30-9:00am
- Morning Coffee Break 10:00-10:30am
- Lunch-café style (*) 12:30-1:30pm
- Afternoon break 3:30-3:45pm

Thursday, August 13

- Continental Breakfast 7:30-9:00am
- Morning Coffee break 10:00-10:30am
- Lunch-café style (*) 12:30-2:00pm

(*) NOTE: Lunches are "on your own." For your convenience, lunch may be purchased in the International Promenade outside the Exhibit Hall.

Exhibitor Directory

Table No: 12

American Association for Health Education (AAHE)
1900 Association Drive
Reston, VA 20191

REPRESENTATIVES: Aileen Frazee
Sheela Tummala

Phone:(703) 476-3420
Fax: (703) 476-6638

Health resources and information including the following HIV Project components; training/ meetings/ workshops, grants for model programs, network of SHEAs (School Health Education Advocates), technical assistance, conferences/ presentations, information awareness campaign, position statements/ resolutions and quarterly newsletter.

Table No: 13

American Cancer Society
3776 Windwood, NE
Rockford, MI 49341

REPRESENTATIVES: Mary Waters
Tammie Jackson

Phone:(616) 863-9009
Fax: (616) 863-9601

The American Cancer Society exhibit will showcase a variety of materials available to promote and market school health in communities. The American Cancer Society is in the process of developing guidance materials that position the organization as a strong, local advocate for a coordinated school health program. If you are currently involved with your local ACS as a school health volunteer, stop by and share your experiences! If you are interested in getting more involved, come by and we can talk about how you can help!

Booth No: 10

AGC Educational Media
1560 Sherman Avenue, Suite 100
Evanston, IL 60201

REPRESENTATIVE: Heather Jamison

Phone:(800) 323-9084
Fax: (847) 328-6706

AGC Educational Media is the exclusive distributor of all **C.H.E.F (Comprehensive Health Education Foundation)** curriculums including, **Get Real About AIDS, Get Real About Tobacco, Get Real About Violence, Here's Looking At You, 2000 and Natural Helpers.** AGC also provides training for all C.H.E.F curriculums. In addition, AGC distributes over 2,000 supplementary health education video programs for public health and K-12 education.

Table No: 11

Center for Health Policy Development, Inc. (CHPD)
6905 Alamo Downs Parkway
San Antonio, TX 78238

REPRESENTATIVE: Nicole Ortiz

Phone:(210) 520-8020
Fax: (210) 520-9522

The Center for Health Policy Development, Inc. (CHPD) is a private, non-profit community-based organization, that provides culturally-based HIV prevention/education Technical Assistance/Training throughout the Southwest and local education pipeline services for disadvantaged youth interested in a health career.

Materials to be exhibited are bilingual/bi-cultural educational materials, visual and non-literacy bound (Familia™ Awareness Pins on HIV/AIDS, tobacco and breast cancer prevention, diabetes and anti-violence awareness) and other educational materials on health and education that impact the Hispanic community.

Booth No: 22

CDC National AIDS Hotline
100 Capitola Drive, Suite 200
Research Triangle Park, North Carolina 27709

REPRESENTATIVES: Michael Pugh
Glenn Wise

Phone: (919) 361-8439
Fax: (919) 361-4855

The CDC National AIDS Hotline is a free and confidential service that helps people to understand HIV/AIDS and how to prevent it. The Hotline is available 24 hours a day, 7 days a week, to callers throughout the U.S., Puerto Rico and the U.S Virgin Islands. Service is available in English, Spanish and throughout the TTY for the Deaf and hard of hearing. The exhibit will house information about the Hotline and its services.

Booth No: 6,7,8

Division of Adolescent and School Health
4770 Buford Highway, NE, MS K-32
Atlanta, GA 30341-3717

REPRESENTATIVES: Cynthia Johnson
Steve Kinchen
Howell Wechsler
Jacquelne Woodard
Bill Harris

Phone:(770) 488-3168
Fax: (770) 488-3111

To widely disseminate the latest information about youth risk behaviors and effective interventions that address these risk behaviors, the Division of Adolescent and School Health has developed numerous resources, several of which utilize the latest computer technology. Conference participants will be able to see demonstrations, get hands-on experience, and provide feedback.

Booth No: 1

Education Development Center
55 Chapel Street
Newton, MA 02458

REPRESENTATIVES: Perryne O'Reilly
Eva Marx

Phone:(617) 969-7100
Fax: (617) 244-3436

Publications linking health and education, including Health Is Academic: A Guide to Coordinated School Health Programs; injury and violence prevention materials; Teenage Health Teaching Modules, a secondary school curriculum; and other school health and HIV prevention documents. Also an opportunity to preview the Health Is Academic and National Training Partnership websites.

Booth No: 21

ETR Associates
PO Box 1830
Scotts Valley, CA 95066

REPRESENTATIVE: Jil Van Alstine

Phone: (408) 438-4060
Fax: (408) 438-4284

ETR Associates publishes a complete line of innovative, practical health education books, pamphlets, curricula and videos, providing youth and adults with critical health messages. Materials cover the full spectrum of health education topics, from reproductive and maternal/ child health, to HIV/STD prevention, substance use prevention, injury prevention violence prevention, self-esteem, fitness & nutrition, college age health & wellness, and patient education.

Booth No: 23

HEALTH EDCO
PO Box 21207
Waco, TX 76702

REPRESENTATIVES: Kandi Luensmann
Gary Hutchinson

Phone(800) 551-3488
Fax: (888) 977-7653

HEALTH EDCO, a division of WRS Group, Inc. is America's leading health education company. We develop and market an extensive line of supplemental health education materials. In 1996, HEALTH EDCO became the exclusive authorized distributor of *GROWING HEALTHY*, a resource-rich comprehensive school health education curriculum for grades kindergarten through six, developed and managed by the National Center for Health Education.

Booth No: 20

The Learning Partnership
394 Bedford Road
Pleasantville, NY 10570

REPRESENTATIVES: John Fisher
Rita Fisher

Phone:(914) 769-0055
Fax: (914) 769-5676

Publishers of the magazine-based ***Straight Talk Prevention Program*** for grades 7-10. Stop by our exhibit to pick up sample copies of the recently-revised substance abuse and HIV/AIDS/STDs issues and discuss the possibility of your agency becoming a "stakeholder" when both titles go back on press this fall. Also, pick up your copy of the first-ever ***Parent's and Caregivers Guide to Straight Talk***, to accompany the substance abuse issue.

Table No: 18

Media Works, Inc.
Kenmore Station
PO Box 15597
Boston, MA 02215

REPRESENTATIVES: Jeanne Blake
Bridget Susi

Phone: (978) 768-0028
Fax: (978) 768-0030

- *Raising Healthy Kids: Families Talk About Sexual Health*

Two 30- Minute videos, new Workshop Lesson Plans, Discussion Guides and Handouts. Designed to Help parents communicate with children (birth-18) about sexual health.

- *In Our Own Words: Teens and AIDS*

20-minute video, discussion guide (English/Spanish)

- *What Works: Sexuality Education*

22-minute video, fact sheet

- *Risky Times: How to be AIDS-Smart and Stay Healthy*

Book for teens with Parents' Guide (English/Spanish)

Booth No: 5

Meeks Heit Publishing Company
PO Box 121
Columbus, OH 43004

REPRESENTATIVES: Professor Linda Meeks
Ginger Panico

Phone: (614) 759-7780
Fax:: (614) 759-6166

Totally Awesome® Health K-8 series featuring textbooks, big books, CD-ROMs & complete teacher support materials; *Health and Wellness* high School textbook program with complete teacher support material; violence and drug prevention programs; multi-media abstinence program for middle school; interactive CD-ROM series for middle/high school; college text.

Table No: 16

Mendez Foundation
601 South Magnolia Avenue
Tampa, FL 33606

REPRESENTATIVE: Susan Chase

Phone: (813) 251-3600
Fax: (813) 251-3237

The Mendez Foundation is a non-profit organization nationally recognized as a leader in prevention education and wellness training since 1978, and is dedicated to providing adults and children with the skills to live healthy balanced lives. The Mendez Foundation offers school-based prevention education curricula- *Too Good for Drugs II*, an alcohol, tobacco and other drug prevention program and *A Peace-Able*, a violence prevention program that meets character education guidelines. The foundation also offers a wellness program Maximizing Life to help adults balance their personal and professional lives.

Booth No: 3

The NAMES Project Foundation
310 Townsend Street, Suite 310
San Francisco, CA 94107

REPRESENTATIVE: Ifé Udoh
Lisa Wade

Phone: (415) 882-5564
Fax: (415) 882-6200

The AIDS Memorial Quilt was created in 1987- giving friends and loved ones a way to express their grief over losing someone to the epidemic. It is the largest community folk art project of its kind- representing 13% of the total U.S death from AIDS to date with over 76,000 names. The National High School Quilt Program began in 1994 to address the epidemic in youth populations. To date 479 schools have held educational displays of the quilt, bringing HIV and peer education involvement to over 500,000 students nation wide.

Table No: 17

National Association for Equal Opportunity in Higher Education (NAFEO)
8701 Georgia Avenue
Silver Springs, MD 20910

REPRESENTATIVE: Cheryl Nesbitt
Louise White

Phone: (301) 650-2440
Fax: (301) 495-3306

NAFEO conducts training and workshops for three levels of the college and university:

- HBCU Presidents/Chancellors and Administrators-increase their understanding of the need for HIV, confidentiality, and alcohol and drug prevention policies.
- Campus liaisons- offer updates on health issues and resources to recruit, retain, and train peer educators and faculty on how health issues impact the quality of life on college campuses.
- Students-rise awareness of the impact of HIV/AIDS/STDs, alcohol and other drug, and other health behavior modifications.

NAFEO serves as a Resource Clearinghouse the Black Excellence Magazine, Info-Notes, Peer HIV/AIDS Connections (PHACs) and other publications to disseminate health information to administrators, faculty, and staff.

Table No: 15

Postponing Sexual Involvement (PSI)
Hughes Center
2515 Clifton Avenue
Cincinnati, OH 45219

REPRESENTATIVE: Anthony D. Davis

Phone:(513) 872-8948
Fax: (513) 569-8674

PSI PAYOFF (Positive Alternatives for Youth Opportunities for the future) offers a comprehensive course of instruction to potential teen leaders, adult leaders, and community supporters on age-appropriate use of the PSI Educational Series. Participants (teen and adult) receive:

- Demonstrations on how to teach each lesson
- Practice by prospective leaders
- Critiques and guidance by trainers
- Certification of participation

PSI PAYOFF seeks to create opportunities for young people to pursue their dreams and reach their full potentials by avoiding the risks of early sexual involvement.

Booth No: 4

Health'N Me
3601 West Commercial Boulevard #11
Ft. Lauderdale, FL 33309

REPRESENTATIVE: Barbara Besteni

Phone:(954) 739-3086
Fax: (954) 739-3072

Health'N Me is a comprehensive health education curriculum for grades K-6 and is based upon the National Health Education Standards. Health'N Me provides a manageable instructional core that averages 25 lessons per grade level. Integration activities and family involvement activities are also promoted through a variety of instructional approaches.

Booth No: 9

SmithKline Beecham Pharmaceuticals
C/O Conventional Wisdom, Inc.
One Tower Bridge, Suite 222
Conshohocken, PA 19428

REPRESENTATIVES: Greg Dotson
Tim Curtin

Phone:(610) 832-2010
Fax: (610) 832-2020

You are cordially invited to visit SmithKline Beecham Pharmaceuticals exhibit, where our Pharmaceutical Consultants will be happy to provide information on our products and services, and to answer any questions you may have.

Table No: 14

Society for Public Health Education (SOPHE)
1015 15th Street, NW, Suite 410
Washington, DC 20005

REPRESENTATIVE: Mary Grenz Jalloh

Phone:(202) 408-9804
Fax: (202) 408-9815

Become a member of SOPHE, the fastest growing organization dedicated to health education! Member benefits include affiliation with SOPHE's Children, Adolescents and School Health Special Interest Group (or other SIGs) for E-mail up-dates and the latest news from the field; six issues each of SOPHE's journal, Health Education & Behavior, and News & Views; an annual membership directory; substantial discounts on SOPHE's Midyear and Annual Meetings and CHES credits; distance learning opportunities and more!

Booth No: 19

Society of State Directors of Health, Physical Education And Recreation (SSDHPER)
1900 Association Drive
Reston, VA 20191-1599

REPRESENTATIVE: Bill Datema

Phone:(703) 476-3402
Fax: (703) 476-9527

The Society is a voluntary organization of professionals in state departments of education who are leaders of programs in comprehensive school health and physical education, and categorically-founded programs such as HIV/AIDs prevention, safe and drug-free schools and communities, and nutrition education.

Association membership is open to professionals who have duties or interest in health, physical education, recreation or related fields and to others who support the mission of the society.

You are invited to visit with the Executive Director, officers and committee chairs to discuss the benefits of membership and ways in which you can become actively involved in the Society's work.

Booth No: 26

Tricon Publishing
2150 Enterprise Drive
Mt. Pleasant, MI 48858

REPRESENTATIVE: Mary Ponessa

Phone:(517) 772-2811
Fax: (517) 773-5894

Grade 5-8 Child Growth and Development Series.

Booth No: 2

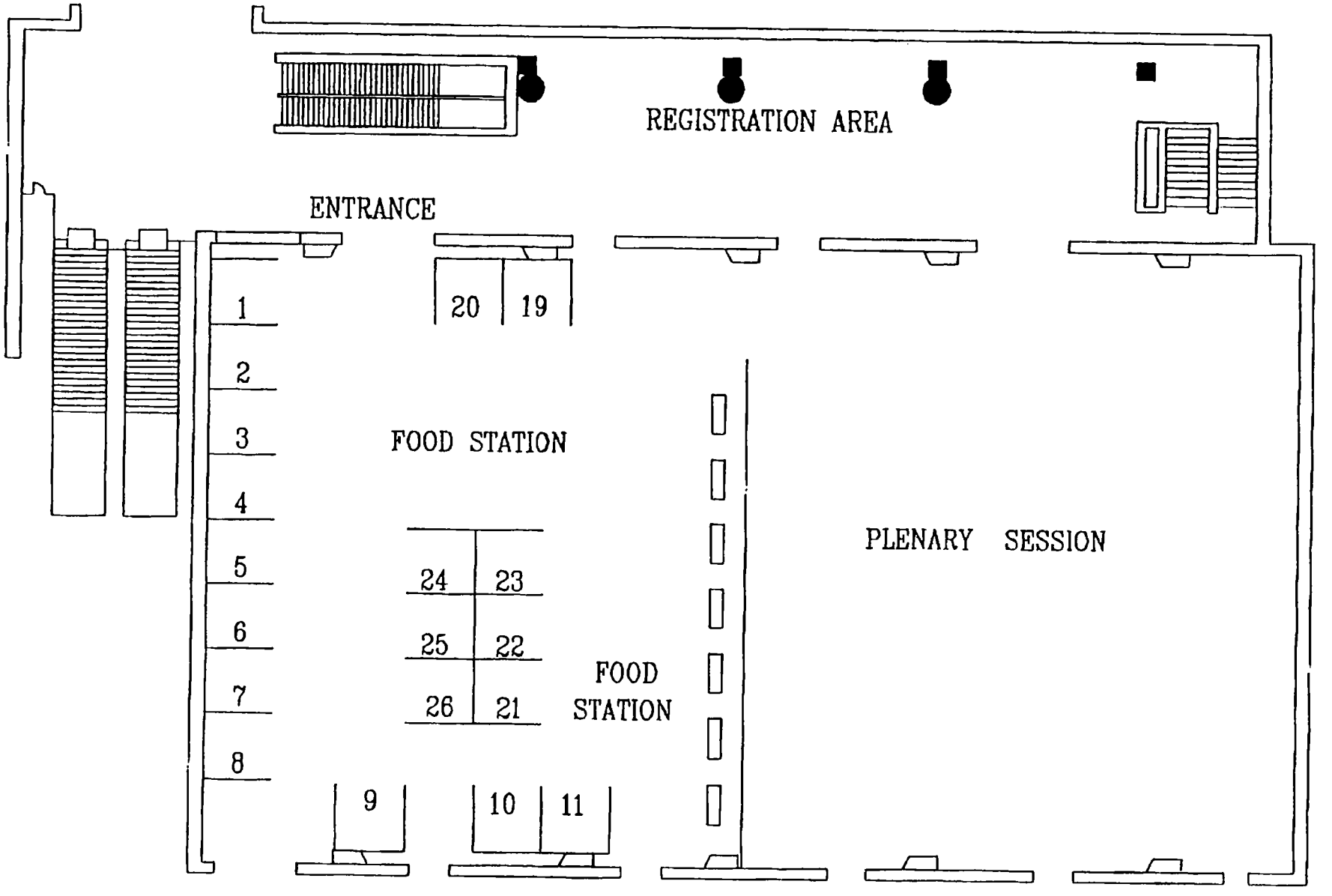
World Institute of Leadership and Learning (WILL)
13609 Canal Vista Court
Potomac, MO 20854

REPRESENTATIVE: Sharon Sloane
Lyn McCall

Phone:(301) 527-8801
Fax: (301) 527-8802

World Institute of Leadership and Learning (WILL) is the creator of Interactive Nights Out (INO™), a series of video games in which players become lead characters in interactive movies and make decisions about alcohol, drugs and sex. Using WILL's patented interactive behavior modification system, HIV/AIDS INO™ and Substance Abuse INO™ are available as CD ROMs and video arcade kiosks. INO™ was recently featured at the President's launch of the National Youth Anti- Drug Media Campaign.

NATIONAL LEADERSHIP CONFERENCE EXHIBITOR FLOOR PLAN



OMNI HOTEL AT CNN CENTER

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Clinton Presidential Records
Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Agenda

Divider Title: _____

National Leadership Conference
to Strengthen HIV/AIDS Education and Coordinated School Health Programs

AGENDA

Tuesday, August 11, 1998

7:30am - 9:00am **CONTINENTAL BREAKFAST/EXHIBITS/ REGIONAL MEETINGS**
Room: *Barrington /Liberty/Mimosa, Convention Level*

Time is available for conference participants to informally discuss special challenges with each other. Get your breakfast and visit the regional tables and exhibits!

Regional Meetings
During the Tuesday morning breakfast/exhibit time, tables will be set up in the Mimosa Hall for informal networking. The tables will be grouped according to the ten Health and Human Services regions which are listed below. We hope you take advantage of this opportunity to network with others.

Region I	*Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont*
Region II	*New York, New Jersey, Puerto Rico, Virgin Islands*
Region III	*Delaware, Maryland, Pennsylvania, Virginia, West Virginia, District of Columbia*
Region IV	*Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee*
Region V	*Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin,*
Region VI	*Arkansas, Louisiana, New Mexico, Oklahoma, Texas*
Region VII	*Iowa, Kansas, Missouri, Nebraska*
Region VIII	*Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming*
Region IX	*Arizona, California, Hawaii, Nevada, Guam, Trust Territory of the Pacific Islands, American Samoa*
Region X	*Alaska, Idaho, Oregon, Washington*

9:00am - 10:00am **OPENING PLENARY**

Room: Rutherford, Convention Level

Opening Video: **"Celebrate Living"**

Welcome: **James Marks**
Director
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Welcome: **Helene Gayle**
Director
National Center for HIV, STD and TB Prevention
Centers for Disease Control and Prevention

Youth Panel: **The Power of Youth Involvement**
Presider: Kent Klindera — Advocates for Youth
Panel: Gary Artman
Scott Nelson
Amanda Pasquarelli
Sarita Rodriguez

Several young adults will share information about their personal involvement to improve health outcomes for youth. One young person will share how he contributed to the community planning process in Pennsylvania. Another young person will describe her activities related to reproductive health, STDs, and self-esteem as a peer educator with a Family Health Council. Other young people will discuss their experiences as HIV peer educators with school-aged youth and youth in high-risk situations.

10:00am - 10:30am **BREAK/EXHIBITS**

Room: *Barrington/Liberty, Convention Level*

Beverages are available in the Exhibit Hall. Get your refreshments and visit the exhibits and posters!

10:30am - 12:00pm **CONCURRENT SESSIONS**

Session 1: **The Bureau of Indian Affairs' (BIA) Youth Risk Behavior Survey (YRBS)** (Abstract #126)

Presenters: Charles Geboe — Bureau of Indian Affairs
Sherry Everett — Centers for Disease Control and Prevention
Presider: Stephen Ranslow — Centers for Disease Control and Prevention
Room Monitor: Arnold Manangan — Centers for Disease Control and Prevention
Room: *Swanton, Lower Level*

This presentation will highlight the procedures used to conduct the YRBS among BIA students and highlight results from the six priority risk behavior areas measured by the YRBS including: 1) unintentional and intentional injuries; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases including HIV infection; 5) dietary behaviors; and 6) physical activity.

Session 2: **Utilizing the Greatest Resource: Increasing Youth Involvement in HIV/STD Prevention Education** (Abstract #138)

Presenters: Margo Friend and Dean Lee — West Virginia Bureau for Public Health AIDS Program
Greg Knight — West Virginia Regional Education Service Agency, VII
Edward Pendergast — RESA IV
Presider: Leah Robin — Centers for Disease Control and Prevention
Room Monitor: Bindi Patel — Centers for Disease Control and Prevention
Room: *Thornton, Lower Level*

Peer education is one of the most effective strategies for helping young people to recognize and reduce their risk for HIV infection. This session will provide ways to increase the number of students participating in the delivery of "Peer to Peer" HIV/STD prevention education.

Session 3: **Deaf and Hard of Hearing Youth HIV/STD Risk Behaviors** (Abstract #142)

Presenter: Nancy Emery — DEAF, Inc.
Presider: Gloria Bryan — Centers for Disease Control and Prevention
Room Monitor: Taira Duncan — Centers for Disease Control and Prevention
Room: *Glenmar B, Lower Level*

This session will provide an overview of deaf and hard of hearing youth HIV/STD risk factors and corresponding successful intervention methods.

Session 4: **Moving the National Education Standards to Skill-Based Health Education Curricula: One State's Journey** (Abstract #150)

Presenters: Mary Etta Reedy and Nancy Hudson — Maryland State Department of Education
Presider: Howell Wechsler — Centers for Disease Control and Prevention
Room Monitor: Jackie Woodward — Centers for Disease Control and Prevention
Room: *Brampton A, Cafe Level*

This session will provide tools and strategies to state and local educators responsible for revising health education curricular frameworks and developing skill based health education curricula based on the National Health Education Standards.

Session 5: **Guidelines for Adolescent Preventive Services (GAPS): A Model for Reaching our Nation's At-Risk Youth** (Abstract #151)

Presenters: Laura Brey and Torrey Wilson — American Medical Association
Presider: Holly Connor — Centers for Disease Control and Prevention
Room Monitor: Pam Blumson — Centers for Disease Control and Prevention
Room: *Glenmar A, Lower Level*

This session will enable participants to 1) understand how the GAPS recommendations were developed; 2) describe the content of the recommendations; 3) identify the accompanying GAPS implementation materials and explain their purpose; 4) summarize the national training strategy used for dissemination of the GAPS model; and 5) recount national initiatives involving GAPS training and implementation in several clinical settings (School-Based Health Centers, Community Health Centers, Private Practice and HMOs).

Session 6: **Web Site on a CD — Using Technology to Deliver a Health Education Assessment System** (Abstract #160)

Presenters: Paula Plofchan — Council of Chief State School Officers (CCSSO)
Robert Rentz — R&RResearch
Cynthia Corbridge — Rhode Island Department of Education
John Ray — West Virginia Department of Education
Presider: Casey Hannan — Centers for Disease Control and Prevention
Room Monitor: Warren Benson — Centers for Disease Control and Prevention
Room: *Elizafield, Cafe Level*

This session will present the work of the CCSSO / State Collaborative on Assessing Student Standards (SCASS) Health Education Assessment Project's latest developments. Thirty-two states have joined together and developed a health education assessment system. This session will feature the unique ways the states have used the technology to promote health literacy in their schools. Presenters will provide concrete examples of these state uses.

Session 7: **Raising Healthy Kids: Families Talk About Sexual Health** (Abstract #177)

Presenters: Bridgit Susi — Media Works, Inc.
Kim Miller — Centers for Disease Control and Prevention
Presider: Priscilla Young — Centers for Disease Control and Prevention
Room Monitor: Rachel Krause — Centers for Disease Control and Prevention
Room: *Rutherford, Convention Level*

The video "Raising Healthy Kids: Families Talk About Sexual Health" will be presented by Media Works with facilitated pre- and post-viewing discussion. In addition, Dr. Kim Miller of the Centers for Disease Control and Prevention will present findings on her research and discussion on family communication about sexual health.

Session 8: What do Policymakers Really Think? (Abstract #180)

Presenters: Sharon Adams-Taylor — American Association of School Administrators(AASA)
Paul Sathrum – National Education Association Health Information Network (NEA HIN)
William Datema – Association of State and Territorial Health Officials (ASTHO)
Ginny Ehrlich — National Association of State Boards of Education (NASBE)
Brenda Greene and Cameron Atkison — National School Boards Association (NSBA)
Nora Howley – Council of Chief State School Officers (CCSSO)
Nicole Kendell – National Conference of State Legislatures (NCSL)
Presider: Mary Sue Lancaster — Centers for Disease Control and Prevention
Room Monitor: Johnny Collins — Centers for Disease Control and Prevention
Room: *Knollwood A, Lower Level*

The presenters will provide a brief overview of the key findings from surveys and focus groups conducted by the Joint Work Group on Teen Pregnancy Prevention, a collaboration of seven national associations funded by CDC. Joint Work Group members will share potential policy and program implications with attendees.

Session 9: Three Heads are Better than One: The Value of Collaboration in our Work (Abstract #185)

Presenters: William David Burns — Association of American Colleges and Universities (AACU)
Louise White — National Association for Equal Opportunity (NAFEO)
William O'Connell, Jr. — National Association of Student Personnel Administrators (NASPA)
Presider: Marty DuShaw — Centers for Disease Control and Prevention
Room Monitor: Toreone Roberson — Centers for Disease Control and Prevention
Room: *Westover, Lower Level*

Three project directors will discuss their experiences in establishing collaborations to organize regional meetings. Issues to be described include: the value of modeling collaboration; the benefits of collectivizing resources and sharing responsibilities; the value of multiple perspectives, experiences and areas of expertise; and, the leveraging of individual accomplishments and work to the benefit of others. A few obstacles/challenges will also be identified, some structural and others simply practical considerations. The presentation will feature a narrative of existing and planned collaborative activities, as well as plans to assess them. This narrative will serve to illustrate several principles of collaboration and cooperation. Thus, participants will receive both information on a particular collaboration as well as practical advice on how to encourage collaboration among disparate interest groups/departments within higher education (academic and student affairs), as well as how collaborations can be used to enrich and deepen capacities beyond those of institutions working alone. Participant discussion will be encouraged.

Session 10: Sex, Drugs and Alcohol Decisionmaking for the MTV/Video Game Generation (Abstract #190)

Presenters: Sharon Sloane and Lyn McCall — World Institute of Leadership and Learning (WILL)
Presider: Kathleen Somers — Centers for Disease Control and Prevention
Room Monitor: Lillian Spivey — Centers for Disease Control and Prevention
Room: *Mimosa, Convention Level*

This highly interactive session will provide an overview of results of research into how to influence lifestyle decisionmaking by young people and hands-on use of models of how technology is being used to help prevent HIV and substance abuse among young people. Ideas on how to apply interactive computer-based training techniques that actively engage "hard-to-reach" members of the MTV/Video Game generation will be presented as well.

Session 11: **Exposure to and Involvement in Violence Among Adolescents in the United States** (Abstract #191)

Presenters: Nancy Brener, Thomas Simon and Mark Anderson — Centers for Disease Control and Prevention
Presider: Nancy Brener — Centers for Disease Control and Prevention
Room Monitor: Gail McMahon — Centers for Disease Control and Prevention
Room: *Jarrett, Lower Level*

Violence among adolescents is a major public health problem. During this symposium, three recent studies on violence affecting school-aged adolescents will be presented. Implications from these studies for violence prevention will be discussed.

Session 12: **Health Promotion and the Youth Peer Culture** (Abstract #193)

Presenter: Lynn Gray — metaNetworks, inc.
Presider: Dean Fenley — Centers for Disease Control and Prevention
Room Monitor: Maria White — Centers for Disease Control and Prevention
Room: *Knollwood B, Lower Level*

metaNetworks has developed and applied strategies to enable teams of young people to confront the negative aspects of their own peer cultures and focus on positive outcomes through strong information and support systems. The presentation will focus on a youth leadership development model that engages young people in critical examination of the pivotal issues that define their lives and futures and charges them to think proactively about solutions.

12:00pm - 1:30pm **LUNCH (ON OWN)/EXHIBITS/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Food and beverage stations are available outside the Exhibit Hall for lunch. Purchase your lunch and visit the posters and exhibits!

1:30pm - 3:00pm **CONCURRENT SESSIONS**

Session 1: **From Challenges to Partnership: Developing Relationships with Communities of Faith: What Will it Take?** (Abstract #106)

Presenters: Jerry Warren and Julie Peterson — Comprehensive Health Education Foundation
Reverend David Brown — Pastor, Writer and Consultant
Presider: Lydia Blasini-Caceres — Centers for Disease Control and Prevention
Room Monitor: Rachel Krause — Centers for Disease Control and Prevention
Room: *Knollwood B, Lower Level*

In today's educational system issues such as restructuring, curriculum selection, comprehensive sexuality education, HIV/AIDS prevention education, and others are coming under speculation by religious parents or groups. This session will explore how educators and religious leaders of mainline churches can work together for the good of our children. While honoring the separation of church and state, participants will discover ways in which the voices of these traditional allies of public education can be heard.

Session 2: **Can We Talk?: A Parent-Child Communications Program on Sexuality and Health** (Abstract #110)

Presenters: Paul Sathrum — National Education Association Health Information Network
Dominic Cappello — Consultant
Presider: Howell Wechsler — Centers for Disease Control and Prevention
Room Monitor: Arnold Manangan — Centers for Disease Control and Prevention
Room: *Swanton, Lower Level*

This session will explore the importance of parental involvement in the health and sexuality education of their children, review the "Can We Talk?" model of parent-child communications training, and explain how to set up a local "Can We Talk?" program.

Session 3: **Coordinated School Health Programs: A Strategy for Youth Development** (Abstract #112)

Presenter: Joyce Fetro — Southern Illinois University
Presider: Sherry Everett — Centers for Disease Control and Prevention
Room Monitor: Shelia Jones — Centers for Disease Control and Prevention
Room: *Jarrett, Lower Level*

The purpose of this interactive session is to: 1) present an overview of youth development models (cognitive/creative, personal/social, health/physical, career/vocational, citizenship competence), focusing on the paradigm shift from risk factors to protective factors, youth as problems to youth as resources, pathology to wellness, and deficiency to competency; 2) facilitate a brainstorming strategy to identify what "competent youth" should know and be able to do; and 3) conduct an interactive activity to explore how each component of Coordinated School Health Programs can develop and/or strengthen one or more defined youth development competencies.

Session 4: **Customizing Prevention Communication Skills to Most Effectively Reach Young People** (Abstract #115)

Presenters: Glenn Wise and Michael Pugh — CDC National AIDS Hotline
Presider: Gloria Bryan — Centers for Disease Control and Prevention
Room Monitor: Warren Benson — Centers for Disease Control and Prevention
Room: *Westover, Lower Level*

Representatives from the CDC National AIDS Hotline will help participants to learn that different modes of communication require different types of communication skills, identify their individual needs around communicating HIV information through face-to-face, telephone and/or Internet interactions with youth and learn and develop effective strategies for meeting self-defined needs.

Session 5: **Youth Involvement in Community Planning** (Abstract #124)

Presenter: Kent Klindera — Advocates For Youth
Presider: Jim Martindale — Centers for Disease Control and Prevention
Room Monitor: Taira Duncan — Centers for Disease Control and Prevention
Room: *Knollwood A, Lower Level*

This interactive workshop, facilitated by representatives from a national level HIV/STD prevention initiative focusing on youth in high risk situations, will:

- *review basic concepts of "youth-adult partnerships;"*
- *discuss model youth involvement strategies;*
- *explain how Community Planning Groups operate (their purpose and process); and*
- *disseminate national and local resources.*

Session 6: **Making Peer Education Programs Work** (Abstract #144)

Presenters: Cheryl Nesbitt — National Association for Equal Opportunity in Higher Education
Karen Scott — Morehouse College
Presider: Jo Anne Grunbaum — Centers for Disease Control and Prevention
Room Monitor: Carla Stokes — Centers for Disease Control and Prevention
Room: *Knollwood B, Lower Level*

This interactive workshop will address strategies to keep peers motivated, allow peers to develop and coordinate activities, and demonstrate informational activities for advisors and peers to keep their audiences attentive. Instructions on how to develop and implement all demonstrated activities will be provided for participants. Steps to recruit and maintain peers will be provided from Historically Black Colleges and Universities (HBCU) college staff. What works and does not work for college students based on HBCU surveys will also be shared.

Session 7: **Funding School Health: Maximizing What's Available** (Abstract #156)

Presenters: Louise Bauer — National Conference of State Legislatures
Jenny Osorio — Centers for Disease Control and Prevention
Presider: Jenny Osorio — Centers for Disease Control and Prevention
Room Monitor: Jackie Woodward — Centers for Disease Control and Prevention
Room: *Elizafield, Cafe Level*

This session will assist state and local health and education agencies to identify financial resources and policies that promote coordinated school health programs. Participants will work in small groups to problem solve around real life situations and learn about federal, state and foundation funding available for school health programs.

Session 8: **AIDGwinnett HIV/AIDS Teen Peer Education: A Behavior-Based Health Education and Risk Reduction Intervention** (Abstract #165)

Presenter: Heather Lee Oldknow — AIDGwinnett, Inc.
Presider: John Canfield — Centers for Disease Control and Prevention
Room Monitor: Johnny Collins — Centers for Disease Control and Prevention
Room: *Thornton, Lower Level*

This session will discuss a model program used in three Georgia counties. The program's objective is to provide effective, culturally sensitive and appropriate behavior-based education to the teenagers of these counties by using peer education to decrease the incidence among youth at risk for HIV/AIDS. Peer educators will discuss the benefits of this program.

Session 9: **CDC Youth Violence Prevention Activities** (Abstract #169)

Presenters: Lisa Cohen, Lloyd Potter and Timothy Thornton — Centers for Disease Control and Prevention
Presider: Lisa Cohen — Centers for Disease Control and Prevention
Room Monitor: Gail McMahon — Centers for Disease Control and Prevention
Room: *Rutherford, Convention Level*

DASH and the National Center for Injury Prevention and Control (NCIPC) work together to implement school-based violence prevention programs and research activities. This symposium will include three presentations on the collaborative efforts underway to integrate violence prevention into the Coordinated School Health Program Model and the public health approach of the NCIPC.

Session 10: Making Connections: Comprehensive Health and HIV Education, Character Education and Social and Emotional Learning (Abstract #176)

Presenters: Deborah Haber — National Training Partnership
Connie Constantine — Education Development Center
Presider: Pete Hunt — Centers for Disease Control and Prevention
Room Monitor: Bindi Patel — Centers for Disease Control and Prevention
Room: *Glenmar A, Lower Level*

At the close of this session, participants will be able to describe the purpose, key components, unique aspects and evidence of effectiveness of Comprehensive School Health Education (CSHE), character education (CEd), and social and emotional learning (SEL); analyze the common elements and the relative importance of some elements among CSHE, CEd, and SEL; discuss the benefits and opportunities resulting from connecting these program/approaches; and, explain how CSHE can be a means for uniting these and other programs to benefit student health and academic achievement.

Session 11: HIV Prevention Among State and Local Education Agencies for Three Groups of "High Risk" Youth (Abstract #182)

Presenter: William Burns Rogers — University of Alabama at Birmingham
Presider: Leah Robin — Centers for Disease Control and Prevention
Room Monitor: Pam Blumson — Centers for Disease Control and Prevention
Room: *Glenmar B, Lower Level*

This session will provide the findings of a survey to identify state and local education agencies' HIV prevention activities of three groups of youth in high risk situations: incarcerated youth, injection using youth and sexual minority youth.

Session 12: Two Federal Initiatives: The Integration of Coordinated School Health and School Mental Health (Abstract #192)

Presenters: Diane Allensworth and Steven Ranslow – Centers for Disease Control and Prevention
Howard Adelman — University of California at Los Angeles (UCLA)
Steven Adelsheim, Patsy Nelson — New Mexico Department of Health
Kristine Meurer — New Mexico Department of Education
Presider: Stephen Ranslow — Centers for Disease Control and Prevention
Room Monitor: Maria White — Centers for Disease Control and Prevention
Room: *Brampton A, Cafe Level*

At the end of the presentation, participants will be able to describe:

- *The difficulties encountered by states and local communities when attempting to implement and integrate school health programs funded by different federal agencies with different models and different requirements of their funded programs;*
- *Strategies for working through the difficulties encountered by all parties;*
- *Future plans to facilitate integration of these and other models.*

Session 13: Interconnections: Emerging Patterns in Youth Risk Behaviors (Abstract #206)

Presenter: Shepherd Smith — Institute for Youth Development
Presider: John Moore — Centers for Disease Control and Prevention
Room Monitor: Rhonda Head — Centers for Disease Control and Prevention
Room: *Mimosa, Convention Level*

This session will discuss the interconnections between adolescent risk behaviors and an evaluation of preventive programs and messages that target youth.

3:00pm - 3:30pm **BREAK/EXHIBITS/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Beverages are available in the Exhibit Hall. Get your refreshments and visit the exhibits and posters!

3:30pm - 5:00pm **COMPUTER ROOM OPEN**
Room: *Elizafield, Cafe Level*

3:30pm - 5:00pm **POSTER SESSION WITH AUTHORS**
Room: *Barrington/Liberty, Convention Level*

Poster/Abstract Number

107 **Infrastructure Development Through Partnerships: Achieving Concrete Results**
Linda Nightingale Greenwood, Ann Kelsey Thacher, Jackie Ascrizzi, Andrea Vastis and Cynthia Corbridge — Rhode Island Department of Education

114 **Values Education for Pre-Teens: A New Challenge for Health Educators**
Alberto Pellai — Milano State University

119 **School Health Education Profiles — Selected States, 1996**
Jo Anne Grunbaum — Centers for Disease Control and Prevention

125 **Building Institution-Wide Health Promotion Programs**
Jan Gascoigne — The BACCHUS and GAMMA Peer Education Network, Mary Hoban —American College Health Association and Nan Ottenritter — American Association of Community Colleges

127 **"All You Need is Love" Sexual Responsibility Week Programming**
Jan Gascoigne and Don Giancola — The BACCHUS and GAMMA Peer Education Network, Mary Hoban and Dee Braver — American College Health Association

152 **Youth as a Focus in the Community Planning Process**
Janet Arns — Delaware Department of Education and Loretta Taylor — Delaware Division of Public Health

153 **State Plans to Increase Awareness and Enforcement of Statutory Rape Laws**
Ginny Ehrlich — National Association of State Boards of Education, Nora Howley — Council of Chief State School Officers, Margot Abels and Julie Netherland — Massachusetts Department of Education

155 **Overview of HIV/AIDS Prevention Education and Other Coordinated School Health Activities in California**
Christine Berry, Emily Nahat, Caroline Roberts — California Department of Education and Nancy Gelbard — California Department of Health Services

171 **Doing Better: Schools Encourage Healthy Growth and Development Through Options for Pre-Teens**
Sharon Adams-Taylor and Nancy Miller — American Association of School Administrators

174 **Preventing Unintentional Injuries in and Around Schools — The "Safety Makes Sense!" Program**
Leslie Goldman and Joanne DeSimone Eichel — New York Academy of Medicine

199 **Models that Work: HIV/AIDS Testing, Education and Counseling**
Martin Gordon, Los Angeles Free Clinic (LAFC)

204 **HIV and Adolescents: School Nursing Demonstration Site Initiatives**
Peggy Veroneau — American Nurses Association, Margie Ball Cook — Colorado Council of Black Nurses, Pat Dumais — Woodland Joint Unified School District and Carol Riker — University of Kentucky

208 **Assessing the Status of Elementary School Health Education**
Kari Senger — South Dakota Department of Education and Cultural Affairs

209 **Evaluation Results from the Safer Choices Project: A Multi-Faceted HIV Prevention Invention Program for High School Students**
Stephen Banspach — Centers for Disease Control and Prevention

210 **Social-Normative Factors Partially Explain the Association Between Younger Age and HIV Risk in Gay and Bisexual Men in the U.S.**
Gordon Mansergh — Centers for Disease Control and Prevention

211 **Evaluation of a School Condom Availability Program: Impact on Sexual Behavior and Condom Use**
Nancy Brener and John Moore — Centers for Disease Control and Prevention

212 **Age of Initiation of Sexual Intercourse among High School Students in the United States**
Janet Collins — Centers for Disease Control and Prevention

213 **Communities at Risk — Estimating the Impact of the HIV Epidemic Upon Adolescents and Young Adults at the Local Level**
Paul Denning — Centers for Disease Control and Prevention

214 **How Local Organizations Tailor Previously Evaluated Workshops for Teens**
May Kennedy — Centers for Disease Control and Prevention

215 **Room for Improvement: Informing and Evaluating Prevention Communications Programs for Adolescents Through Phone Surveys**
May Kennedy — Centers for Disease Control and Prevention

216 **Getting HIV Prevention Information into the Hands of Parents: Is the Print Media an Underutilized Resource?**
Linda Koenig and Kim Miller — Centers for Disease Control and Prevention

217 **Analysis of Family Communication about Sex: What are Parents Saying, and are Their Adolescents Listening?**
Kim Miller — Centers for Disease Control and Prevention

218 **Adolescent Sexual Behavior in Two Ethnic Minority Samples: The Role of Family Variables**
Kim Miller — Centers for Disease Control and Prevention

219 **Patterns of Condom Use Among Adolescents: The Impact of Maternal-Adolescent Communication**
Kim Miller — Centers for Disease Control and Prevention

220 **When Worlds Collide: Sex, Needles, and HIV Infection among Young Injection Drug Using Men Who have Sex with Men**
Greg Rebchook and Linda Valleroy — Centers for Disease Control and Prevention

221 **A Randomized Clinical Trial of Three Intervention Models' Effectiveness in Lowering STD/HIV Risk of Substance-Dependent Adolescents**
Janet St. Lawrence — Centers for Disease Control and Prevention

222 **HIV and Predictors of Unprotected Receptive Anal Intercourse for 15- to 22-Year-Old African-American Men who have Sex with Men in Seven Cities, U.S.A.**
Linda Valleroy — Centers for Disease Control and Prevention

223 **HIV Prevalence and Predictors of Unprotected Receptive Anal Intercourse for 15- to 22-Year-Old Men who have Sex with Men in Seven Urban Areas, U.S.A.**
Linda Valleroy — Centers for Disease Control and Prevention

224 **Communication about Sexual Risk Between Teens and Their Partners: The Importance of Parent-Teen Communication Factors**
Dan Whitaker and Kim Miller — Centers for Disease Control and Prevention

225 **Parent-Adolescent Discussions about Sexual Initiation: Reducing the Impact of Peer Norms on Early Sexual Initiation**
Dan Whitaker and Kim Miller — Centers for Disease Control and Prevention

6:00pm - 8:00pm **RECEPTION/EXHIBITS/POSTERS**
Room: *Barrington/Liberty/Mimosa, Convention Level*

Sponsored by the Society of State Directors of Health, Physical Education and Recreation

All conference participants are invited to the reception in the Ballroom. During the reception, the Director's Awards will be presented to recognize outstanding leaders at the national, state and local level.

6:30pm **AWARDS AND PHOTO SESSION**
Room: *Barrington/Liberty/Mimosa, Convention Level*

Tribute to Simon A. McNeely, followed by comments by Mrs. Simon A. McNeely

Wednesday, August 12, 1998

7:30am - 9:00am **CONTINENTAL BREAKFAST/EXHIBITS/ TOPICAL NETWORKING/POSTERS**

Room: *Barrington/Liberty/Mimosa, Convention Level*

Time is available for conference participants to informally discuss special challenges with each other. Get your breakfast and visit the topical networking tables, exhibits and posters!

Topical Networking Tables

The topical networking tables are designed to be informal and give participants an opportunity to discuss selected issues. Each roundtable will be led by a facilitator.

1. **Tobacco Prevention and Control Through Media and Community Channels**
   Facilitator: Stephanie Maya, CDC's Office on Smoking and Health

2. **Tobacco Prevention and Control in Schools**
   Facilitator: Linda Crossett, CDC's Division of Adolescent and School Health

3. **Physical Activity and School Physical Education**
   Facilitator: Charlene Burgeson, CDC's Division of Nutrition and Physical Activity

4. **Evaluation of School-Based Immunization Programs**
   Facilitator: Kieran Fogarty, CDC's National Immunization Program

5. **Utilizing Evaluation Results**
   Facilitators: Stephen Banspach and Leah Robin, CDC's Division of Adolescent and School Health

6. **Overcoming Barriers in Implementing YRBS**
   Facilitator: Laura Kann, CDC's Division of Adolescent and School Health

7. **Teacher Training Needs**
   Facilitator: Dave Poehler, CDC's Division of Adolescent and School Health

8. **HIV Prevention among Street Youth**
   Facilitator: Rachel Krause, CDC's Division of Adolescent and School Health

9. **HIV Prevention among Native American Youth**
   Facilitator: Delight Satter, CDC's Division of Adolescent and School Health

10. **HIV Prevention among GLBT Youth**
    Facilitator: Kathleen Somers, CDC's Division of Adolescent and School Health

11. **HIV/STD/Unintended Pregnancy Prevention Education**
    Facilitator: Dean Fenley, CDC's Division of Adolescent and School Health

12. **Teen Pregnancy Prevention**
    Facilitator: Mary Vernon, CDC's Division of Adolescent and School Health

13. **Role of Managed Care in Adolescent Health**
    Facilitator: John Santelli, CDC's Division of Adolescent and School Health

14. **Violence in School Settings**
    Facilitator: Lisa Cohen, CDC's Division of Adolescent and School Health

15. **Developing Culturally Appropriate HIV Prevention Interventions**
    Facilitator: Lydia Blasini-Caceres, CDC's Division of Adolescent and School Health

16. **Linking Post-Secondary Institutions (PSIs) and LEAs**
    Facilitator: Priscilla Young, CDC's Division of Adolescent and School Health

17. **Linking Post-Secondary Institutions (PSIs) and SEAs**
    Facilitator: Marty DuShaw, CDC's Division of Adolescent and School Health

18. **Asset Building**
    Facilitator: Diane Allensworth, CDC's Division of Adolescent and School Health

19. **Marketing Coordinated School Health Programs (CSHP)**
    Facilitator: Casey Hannan, CDC's Division of Adolescent and School Health

20. **Linking Health and Education**
    Facilitator: Mary Sue Lancaster, CDC's Division of Adolescent and School Health

9:00am - 10:00am **PLENARY SESSION**

Room: Rutherford, Convention Level

Presider: Janet Collins - Centers for Disease Control and Prevention

Keynote: **Assessing National Progress in HIV Prevention Among Youth: A Public - Private Dialogue**

Todd Summers
Deputy Director
Office of National AIDS Policy at the White House

Thomas Coates
Professor of Medicine and Epidemiology
Director, UCSF AIDS Research Institute and
Center for AIDS Prevention Studies

Are we making progress or losing ground? Two noted authorities discuss the advances and set backs in HIV policy and prevention.

10:00am - 10:30am **BREAK/EXHIBITS/POSTERS**

Room: *Barrington/Liberty, Convention Level*

Beverages are available in the Exhibit Hall. Get your refreshments and visit the exhibits and posters!

10:30am - 12:00pm **CONCURRENT SESSIONS**

Session 1: An HIV/AIDS Presentation for the School Setting (Abstract #101)

Presenter: Susan Court - Montana Office of Public Instruction
Presider: Shannon Page - Centers for Disease Control and Prevention
Room Monitor: Bindi Patel - Centers for Disease Control and Prevention
Room: *Knollwood A, Lower Level*

This session will feature a generalized approach to providing K - 12 educators with useful, practical and effective classroom teaching strategies for HIV, other STDs and unintended pregnancy prevention. Information will be provided on presenting 2 - 6 hour training workshops through an adaptable approach that is acceptable to Montana school districts. Learn skills and methods used in developing a "GoBox" of resources and relevant workshop materials.

Session 2: Encouraging Community Dialogue in Support of Reproductive Health Programs in Schools (Abstract #103)

Presenter: Marcia Rubin - American School Health Association (ASHA)
Presider: Mary Sue Lancaster - Centers for Disease Control and Prevention
Room Monitor: Pam Blumson - Centers for Disease Control and Prevention
Room: *Swanton, Lower Level*

The presenter of this session will discuss an Advocacy Kit developed by the ASHA which provides ideas for encouraging communities to address the need for comprehensive reproductive health information, skills and services.

Session 3: School-Based STD Screening, Treatment and Counseling (Abstract #105)

Presenter: Theresa Nash - New Orleans Public Schools
Presider: Stephen Ranslow - Centers for Disease Control and Prevention
Room Monitor: Carla Stokes - Centers for Disease Control and Prevention
Room: *Rutherford, Convention Level*

The presenter of this session will provide information on: 1) understanding how to conduct school-based STD screenin; 2) the prevalence of chlamydia and gonorrhea among high school student; 3) the asymptomatic nature of gonorrhea and chlamydia and understanding the value of school-based STD screening.

Session 4: Gay/Straight Alliance Sexuality/HIV Education Project: Using Data to Drive Program Implementation (Abstract #109)

Presenters: Margo Abels and Julie Netherland - Massachusetts Department of Education
Presider: Jim Martindale - Centers for Disease Control and Prevention
Room Monitor: Gail McMahon - Centers for Disease Control and Prevention
Room: *Glenmar A, Lower Level*

This workshop will report on a project that is being implemented in the Fall of 1998. Presenters will cover the planning and development process, including the following:

- *National epidemiological data;*
- *1997 findings from the Massachusetts Youth Risk Behavior Survey;*
- *Massachusetts Intensive Evaluation results suggesting a decrease in risk behaviors associated with supports for gay, lesbian and bisexual students;*
- *Link between the state HIV Education Policy (referencing gay and lesbian youth) with program implementation;*
- *How existing initiatives in Massachusetts create an environment which supports interventions targeting young men who have sex with men;*
- *Program update: design process, literature review, focus group results, evaluation plan and other related materials; and*
- *Discussion of intervention design and intended outcomes will follow. Workshop leaders will highlight collaborative advisory panel and youth involvement processes. Participants will be encouraged to provide feedback and discuss strategies for program replication.*

Session 5: Inspiring Behavior Change Through Cognitive Participation: HIV-Prevention Workshops Can Reach Sexually Active Youth (Abstract #131)

Presenter: Stephen Fallon - CenterOne, Inc.
Presider: Leah Robin - Centers for Disease Control and Prevention
Room Monitor: Marlisa Hughes - Centers for Disease Control and Prevention
Room: *Westover, Lower Level*

Upon completion of the workshop, conference participants will be able to effectively utilize the inductive method in their own outreach efforts. Participants will understand how this method is applied in other educational disciplines, and why it is employed in motivational seminars. Participants will recognize why this method ensures greater success in HIV prevention interventions.

Session 6: A Case Study of Student Directed HIV Education in a Medium Sized School Corporation (Abstract #137)

Presenters: Phyllis Lewis - Indiana Department of Education
Jan Ramsey - Greenfield Central Community Schools
Presider: Arnold Manangan - Centers for Disease Control and Prevention
Room Monitor: Gloria Lewis - Centers for Disease Control and Prevention
Room: *Mimosa, Convention Level*

This session models a project which highlights the student-directed efforts to increase AIDS education efforts in a medium sized school corporation in Indiana.

Session 7: **Using Theater as a Prevention Education Tool: A Community-Based Approach to HIV Prevention** (Abstract #159)

Presenter: Elena Alvarado - National Latina Health Network
Presider: Lydia Blasini-Caceres - Centers for Disease Control and Prevention
Room Monitor: Johnny Collins - Centers for Disease Control and Prevention
Room: *Glenmar B, Lower Level*

This session presents a model to prevent HIV/AIDS infection among at-risk Hispanic adolescents and young adults, 16 - 24 years of age using theater-based peer-education approaches in helping them make informed decisions regarding their personal sexual behavior.

Session 8: **American Red Cross Hispanic HIV/AIDS Education Program: Preventing HIV Transmission Through an Empowerment Curriculum** (Abstract #161)

Presenter: Ledia Martinez - American National Red Cross
Presider: Delight Satter - Centers for Disease Control and Prevention
Room Monitor: Warren Benson - Centers for Disease Control and Prevention
Room: *Knollwood B, Lower Level*

This session's presenter will provide HIV/AIDS information about Hispanics in a culturally relevant manner, taking into consideration the psychosocial issues that surround this disease. This American Red Cross program was developed in cooperation with several national Hispanic organizations. This is a culturally specific, six-module training course that certifies instructors as HIV/AIDS educators to help them gain skills to make interactive community sessions with diverse Hispanic groups on HIV/AIDS issues.

Session 9: **Promoting Change: Opportunities to Measure Progress** (Abstract #175)

Presenters: Mary Hoban - American College Health Association
Richard Sawyer – Academy for Educational Development
William O'Connell, Jr. – National Association of Student Personnel Administrators
Presider: Holly Conner - Centers for Disease Control and Prevention
Room Monitor: Jackie Woodward - Centers for Disease Control and Prevention
Room: *Jarrett, Lower Level*

Project staff from organizations in higher education will review the development of the indicators of success for HIV prevention efforts on campus, describe the indicators relevant to each priority area, and describe examples of how the indicators are applied to program activities within each priority area. Time will be allotted for questions from and discussion with the audience.

Session 10: **Toward High Quality HIV/STD Education for Middle Level Schools: The State of the Nation** (Abstract #178)

Presenters: Jean Schultz - National Middle School Association (NMSA)
Deborah Schoeberlein - Redefining Actions and Decisions (RAD)
Presider: Sandra Jones - Centers for Disease Control and Prevention
Room Monitor: Taira Duncan - Centers for Disease Control and Prevention
Room: *Thornton, Lower Level*

This session will present the RAD/NMSA survey. The survey sought input to identify areas in which middle level schools need support to better implement their HIV/STD education programs and their coordinated school health efforts. In addition, this session will foster a dialog to address the application of survey findings and explore programmatic strategies to meet the identified needs. (Data will be reported in such a way as to preserve the confidentiality of respondents.)

Session 11: **Linking Coordinated School Health Programs to Learning in Urban Schools: The Dallas Plan** (Abstract #201)

Presenters: Rosemarie Allen and Linda Yater – Dallas Public Schools
Presider: Marty DuShaw - Centers for Disease Control and Prevention
Room Monitor: Erica Wilker - Centers for Disease Control and Prevention
Room: *Brampton A, Cafe Level*

The Dallas Public Schools' model of coordinated school health programs helps to institutionalize sexuality education and other prevention strategies will be presented. The 1998-99 school year will activate data driven decisions for a K-12 wellness program for students.

Session 12: **CDC Internet Training Session**

Room: *Elizafield, Cafe Level*

Learn the basics of how to find health information on the Internet and how to use Internet browsers. John Canfield and Rachel Krause of the Centers for Disease Control and Prevention will be available to assist you with your Internet questions. The Elizafield room seats 40 and spaces will be filled on a first come, first served basis.

12:00pm - 1:30pm **LUNCH (ON OWN)/TECHNOLOGY RESOURCES/ EXHIBITS/POSTERS**

Room: *Barrington/Liberty, Convention Level*

Food and beverage stations are available outside the Exhibit Hall for lunch. Purchase your lunch and visit the posters and exhibits!

1:30pm - 2:15pm **PLENARY SESSION**

Room: *Rutherford, Convention Level*

Presider: John Moore, Centers for Disease Control and Prevention

HIV Update: **Ronald Valdiserri**
Deputy Director
National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention

Current trends, the nature of the epidemic, and CDC's present and future directions will be discussed. Participants will have an opportunity to interact with the speaker.

2:15pm - 2:30pm **BREAK/EXHIBITS/POSTERS**

Room: *Barrington/Liberty, Convention Level*

Beverages are available in the Exhibit Hall. Get your refreshments and visit the exhibits and posters!

2:30pm - 3:15pm **ROUNDTABLES**

Room: Barrington/Liberty/Mimosa, Convention Level

The roundtables are designed to give participants an opportunity to discuss selected issues. Each roundtable will be led by an expert facilitator. Discussions will start at 2:30pm and 3:30pm with a 15 minute break in between. Select a second and third choice for each session, as tables may fill up quickly.

Roundtable/
Abstract Number

100 **Youth Involvement and Its Relationship to the HIV Prevention Community Planning Process**
Jennifer Marin - National Alliance of State and Territorial AIDS Directors

102 **Using "Programs that Work" in a Rural Setting**
Susan Court - Montana Office of Public Instruction

108 **Working Together on Comprehensive Guidelines for School Health: A National Initiative**
Scott Allen - American Academy of Pediatrics

117 **What Works in Tobacco Prevention**
Heather Jamison - AGC Educational Media

120 **Establishing a Recognition Program for Exemplary Comprehensive School Health Education**
Katherine Wilbur - Maine Department of Education

121 **Integrating Resiliency and Asset Development into State Initiatives to Promote Healthy Youth and Families**
Sara Simpson - Vermont Agency of Human Services

122 **Tell Me What We Can Do: Foundations to the Development of Strong Peer Education Groups**
Jan Gascoigne - The BACCHUS and GAMMA Peer Education Network

132 **Power Dynamics and HIV Risk in Relationships for Gay Youth: A Psychosocial and Epidemiological Discussion**
Stephen Fallon - CenterOne, Inc.

133 **Kentucky Consolidated Planning: A Proactive Approach to Coordinating Federal and State Resources for School Health Initiatives**
Deborah McDonald - Kentucky Department of Education

134 **Getting the Most Out of Your Peer Education Programs: It Starts with Evaluation!**
William O'Connell - National Association of Student Personnel Administrators

139 **Using the YRBS to Make Schools Safer for Vermont Gay/Lesbian/Bisexual Youth**
Shaun Donahue - Vermont Department of Education

141 **National School Boards Association (NSBA) HIV/AIDS and School Health Resource Database**
Cameron Adkison - NSBA

149 **Service Learning: Education, Health, and Community Professionals Collaborating to Improve the Health of Youth**
Nan Ottenritter - American Association of Community Colleges

157 **Exploring Connections: How Institutions of Higher Education, State Education Agencies, and Local Education Agencies Can Work Together**
Darlene Saunders - The College Fund, United Negro College Fund

162 **Critical Components of HIV Prevention Programs for Young Women of Color**
Michael Gipson - Advocates for Youth

163 **Developing Innovative HIV Prevention for High Risk Youth in Correctional and Residential Facilities and Programs**
Kimberly Mack - Children's Hospital of Michigan

164 **Designing Adolescent Pregnancy Prevention Media Initiatives: Results from Indiana Youth, Parent and Gatekeeper Focus**
Sally Goss - Indiana State Department of Health

166 **Promoting the Health of Youth: Enhancing Public Awareness and Support for Health Education**
Mary Waters - American Cancer Society

167 **State-Level Approaches to Schools and Teen Pregnancy Prevention: Reporting of Initial Focus Group Results**
Nora Howley - Council of Chief State School Officers

170 **School Violence Prevention and Intervention Plan for New Mexico**
Patsy Nelson - New Mexico Department of Health

172 **Putting the Pieces Together: How and When to Use Various National Guidelines and Standards**
Russell Henke - Society of State Directors of Health, Physical Education and Recreation (SSDHPER)

181 **Integrating Health and the Core Curriculum: Sample Lessons and Correlation Documents**
Laurie Bechhofer - Michigan Department of Education

184 **How to Ensure School Health Constituents Get the Information They Need From the Internet**
Kenneth Rose and Stephanie Ramsey - Centers for Disease Control and Prevention

187 **Reflections on Change**
William David Burns - Association of American Colleges and Universities

188 **Promoting Coordinated School Health Programs Through a Full Service Schools Conference**
Merry Stanford - Michigan Department of Education

189 **Community Partnerships to Create Safe Schools for Sexual Minorities**
Tracy Flynn - Seattle Public Schools

194 **Successful SEA, LEA, and Community Efforts - It Works!**
Otistene Smith - Arkansas Department of Education, Anne Sneed - Paris School District and David Lohrmann - Academy for Educational Development

195 **"yourSELF" Middle School Resource to Promote Healthy Eating and Physical Activity**
Elaine McLaughlin - U.S. Department of Health and Human Services

196 **L.A. Free Clinic Hollywood Center - A Model that Works with Runaway Youth**
Carlos Velez - Velez Associates

200 **A Conversation with Local Education Agencies that Implement Condom Availability Programs**
Catherine Balsley - School District of Philadelphia and Trish Bascom - San Francisco Unified School District

202 **The National High School Quilt Program: Making AIDS Real for Youth Using the AIDS Memorial Quilt**
Ifeoma Udoh - NAMES Project Foundation

203 **A Public Health Response: Infrastructure Collaborations in Implementation of a Statewide Vaccination Requirement for Seventh Grade School Entry**
Keiran Fogarty – Centers for Disease Control and Prevention, H.T. Janowski, Mary Jo Butler, Francisco Averhoff, B. Gallow and Robert Weiler – University of Florida

207 **Getting the Most Out of Your YRBS Data: What Additional Tools are Needed?**
Steve Kinchen - Centers for Disease Control and Prevention

3:15pm - 3:30pm **BREAK AND CHANGE TABLES/EXHIBITS/POSTERS**
Room: *Barrington/Liberty/Mimosa, Convention Level*

3:30pm - 4:15pm **ROUNDTABLES *(Repeated)***
Room: *Barrington/Liberty/Mimosa, Convention Level*

4:15pm - 4:30pm **BREAK/EXHIBITS**
Room: *Barrington/Liberty, Convention Level*

4:30pm - 5:30pm **PLENARY SESSION**
Room: *Rutherford, Convention Level*

Presider: Lloyd Kolbe - Centers for Disease Control and Prevention

Keynote: **HIV Prevention Among Youth: National Policy**
Sandra Thurman
Director of National AIDS Policy at the White House

5:30pm - 6:00pm **EXHIBITS/TECHNOLOGY RESOURCES/ NETWORKING/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Networking is a priority of this conference. Use this time to meet with other conference attendees to discuss special challenges or visit the exhibits and posters! Please take advantage of this time to network with your colleagues!

5:30pm - 6:00pm **COMPUTER ROOM OPEN**
Room: *Elizafield, Cafe Level*

Thursday, August 13, 1998

7:30am - 9:00am **CONTINENTAL BREAKFAST/EXHIBITS/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Time is available for conference participants to informally discuss special challenges with each other. Get your breakfast and visit the exhibits and posters!

9:00am - 10:00am **PLENARY SESSIONS**

Plenary 1: Reducing Adolescent Sexual Risk-Taking Behavior: Nine Characteristics of the Most Effective Programs

Presenters: Nancy Shanfeld and Julie Taylor - ETR Associates
Presider: Dean Fenley - Centers for Disease Control and Prevention
Room: *Rutherford, Convention Level*

Although the HIV Prevention "Programs That Work" have met rigorous criteria in order to be identified as effective, many state and local education agencies opt to use other HIV/STD/Pregnancy Prevention programs to reach their youth. Given this reality, presenters will use this session to present findings from a review of studies that evaluated the impact of 50 programs designed to reduce youth sexual risk-taking behavior. The presenters will focus on nine common characteristics shared by most effective programs and consider ways to improve programs by better integrating these nine characteristics.

Plenary 2: National Initiatives to Reduce Tobacco Use Among Youth

Presenters: Michael Eriksen and Jeff McKenna - Centers for Disease Control and Prevention
Presider: Linda Crossett - Centers for Disease Control and Prevention
Room: *Mimosa, Convention Level*

Michael Eriksen, director of CDC's Office on Smoking and Health, will speak about tobacco use among youth, what can be done, and the current socio-political environment for tobacco control, including the possible 40-state settlement with the tobacco companies.

Jeff McKenna, chief of the Health Communication Branch of CDC's Office on Smoking and Health, will discuss the Secretarial Initiative to Reduce Tobacco Use Among Teens and Pre-Teens.

Plenary 3: Findings of the 1997 Youth Risk Behavior Survey Data

Presenters: Laura Kann and Janet Collins - Centers for Disease Control and Prevention
Presider: Janet Collins - Centers for Disease Control and Prevention
Room: *Knollwood A/B, Lower Level*

The most recent and comprehensive data on the health risks faced by youth will be presented in this conference session. Findings from a nationally representative sample of 16,262 students in grades 9 - 12 will be described. Data from complementary surveys conducted by 50 states and cities will also be highlighted.

10:00am - 10:30am **BREAK/EXHIBITS/NETWORKING/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Beverages are available in the Exhibit Hall. Get your refreshments and visit the exhibits and posters!

10:30am - 12:00pm **CONCURRENT SESSIONS**

Session 1: Talking About Health Is Academic (Abstract #111)

Presenter: Eva Marx - Education Development Center, Inc.
Presider: Jenny Osorio - Centers for Disease Control and Prevention
Room Monitor: Maria White - Centers for Disease Control and Prevention
Room: *Rutherford, Convention Level*

This presentation will introduce six workshop modules for promoting awareness of and laying the groundwork for implementing a coordinated approach to school health, based on the content of Health Is Academic: A Guide to Coordinated School Health Programs. Topics that the modules address include: 1) an overview of coordinated school health programs; 2) action steps schools and districts can take to implement coordinated school health programs; 3) strengthening interdisciplinary work among those who implement the components of a coordinated school health program; 4) approaches to introducing new ideas; 5) the role of individual components as part of a coordinated school health program; and 6) working with state-level infrastructure to implement coordinated school health programs. Participants will receive copies of the modules and have the opportunity to practice selected activities that they can use for their own presentations.

Session 2: Developing an Overall Professional Development Plan for Your State or School District (Abstract #113)

Presenters: Connie Constantine, Tim Dunn and Deborah Haber - National Training Partnership, Educational Development Center, Inc.
Presider: Dean Fenley - Centers for Disease Control and Prevention
Room Monitor: Taira Duncan - Centers for Disease Control and Prevention
Room: *Glenmar A, Lower Level*

This session will help participants develop an overall training plan that meets DASH's training objectives for HIV prevention education.

Session 3: Developing a Model for Effective Health Education Training (Abstract #116)

Presenters: Urvi Dalal and Lynne Whitt - National Center for Health Education
Presider: Jo Anne Grunbaum - Centers for Disease Control and Prevention
Room Monitor: Carla Stokes - Centers for Disease Control and Prevention
Room: *Knollwood B, Lower Level*

The objective of this session is to provide a model for participants which can be implemented to ensure effective training of teachers and trainers of a coordinated school health education program.

Session 4: School-Based Tobacco-Use Prevention: A Model for Assistance to States (Abstract #128)

Presenters: Linda Crossett, Holly Conner, Diane Allensworth and Melissa Albuquerque - Centers for Disease Control and Prevention
Presider: Richard Lowry - Centers for Disease Control and Prevention
Room Monitor: Bindi Patel - Centers for Disease Control and Prevention
Room: *Knollwood A, Lower Level*

This presentation will describe the theoretical model for promoting tobacco-use prevention, the rationale behind the model, and case examples of the model as it has been implemented in various states.

Session 5: **Reading for the Health of It** (Abstract #136)

Presenter: Pam Tollefsen - Washington Department of Education
Presider: Marty DuShaw - Centers for Disease Control and Prevention
Room Monitor: Johnny Collins - Centers for Disease Control and Prevention
Room: *Glenmar B, Lower Level*

This session will help identify mechanisms for introducing and reinforcing health content while building reading skills.

Session 6: **Helping Schools Implement CDC School Health Guidelines on Physical Activity, Nutrition and Tobacco** (Abstract #140)

Presenters: Howell Wechsler and Charlene Burgeson - Centers for Disease Control and Prevention
Jim Bogden - National Association of School Boards of Education
Brenda Greene - National School Boards Association
Presider: Linda Crossett - Centers for Disease Control and Prevention
Room Monitor: Jackie Woodward - Centers for Disease Control and Prevention
Room: *Mimosa, Convention Level*

At the end of this session, participants will be able to: 1) describe five different tools or services being developed to help schools implement CDC school health guidelines; 2) identify three issues that need to be considered when designing tools to assess guidelines implementation at the school level; and 3) discuss five school health policy recommendations made by CDC guidelines on physical activity, nutrition and tobacco.

Session 7: **Good Health is Good Business** (Abstract #145)

Presenters: Melanie Bush and Lenore Zedosky - West Virginia Department of Education
David Lohrmann - Academy for Educational Development
Presider: Mary Vernon - Centers for Disease Control and Prevention
Room Monitor: Gail McMahon - Centers for Disease Control and Prevention
Room: *Swanton, Lower Level*

The objective of this session is to provide ideas to motivate students to improve their health knowledge, skills and practices by relating health status to success in post secondary education, employability, and lifelong work performance.

Session 8: **Finding the Power: A Tobacco Control Advocacy Program for Hispanic/Latino and Asian/Pacific Islander (API) High School Youth** (Abstract #147)

Presenter: Susan Giarratano-Russell - Health Education and Media Consultant
Presider: Lydia Blasini-Caceres - Centers for Disease Control and Prevention
Room Monitor: Pam Blumson - Centers for Disease Control and Prevention
Room: *Thornton, Lower Level*

Following the oral presentation, participants will be able to: 1) identify strategies to reach Hispanic/Latino and API youth populations targeting anti-tobacco advocacy and community empowerment; 2) define an 8 step action plan for Hispanic/Latino and API youth to advocate for tobacco control in their communities; and 3) discuss formative and summative evaluation strategies to develop video-based materials, train youth to mobilize peers, and recruit new youth to engage in tobacco control advocacy.

Session 9: **Three National Higher Education Associations Survey Their Constituents: Results and Directions for the Future** (Abstract #148)

Presenters: Nan Ottenritter - American Association of Community Colleges
William David Burns - Association of American Colleges and Universities
Deborah Fortune - American Association for Health Education
Presider: Priscilla Young - Centers for Disease Control and Prevention
Room Monitor: Marlisa Hughes - Centers for Disease Control and Prevention
Room: *Brampton A, Cafe Level*

Presenters will: 1) describe the results of the three surveys of higher education leaders on matters affecting HIV education and prevention on campus; 2) compare and contrast the environments of institutions of higher education and primary and secondary school settings; 3) identify most promising HIV -prevention strategies in higher education. Handouts will be available and discussion will be encouraged.

Session 10: **Aligning Health Education Standards, Assessment and Instruction: The Key to Health Literacy** (Abstract #168)

Presenters: John Metz and Jill Elnicki - Rocky Mountain Center for Health Promotion and Education
Presider: Pete Hunt - Centers for Disease Control and Prevention
Room Monitor: Pam Blumson - Centers for Disease Control and Prevention
Room: *Westover, Lower Level*

This session will spotlight a six-day pilot assessment training plan which included seven Colorado school districts. This training was based on the National Health Education Standards and the products developed by the State Collaborative on Assessment and Student Standards (SCASS) Health Education Assessment Project coordinated by the Council of Chief State School Officers (CCSSO). The training included an introduction to the CCSSO/SCASS Assessment Project and National Health Education Standards, a practice scoring session, a process for aligning local and national standards, and a performance-based assessment selection process. Participants were asked to use the selected performance-based assessments with their students during the next three months. The group reconvened in November of 1997 to share and compare their assessment implementation experiences, and again for two days in April 1998 to develop skills in constructing their own performance tasks and events.

Session 11: **Reducing Underage Tobacco Use: A Comprehensive Program Involving Youth, Schools and the Community** (Abstract #205)

Presenter: Nancy Davis Walker - "Voice" Against Tobacco
Presider: Sherry Everett - Centers for Disease Control and Prevention
Room Monitor: Shelia Jones - Centers for Disease Control and Prevention
Room: *Brampton B, Cafe Level*

This session will spotlight a program used to educate children about the dangers and consequences of tobacco use; to provide a positive peer pressure media campaign; and to develop multi-tiered community coalitions.

Session 12: **CDC Internet Training Session** *(Repeated)*

Room: *Elizafield, Cafe Level*

Learn the basics of how to find health information on the Internet and how to use Internet browsers. John Canfield and Rachel Krause of the Centers for Disease Control and Prevention will be available to assist you with your Internet questions. The Elizafield room seats 40 and spaces will be filled on a first come, first served basis.

12:00pm - 1:30pm **LUNCH (ON OWN)/TECHNOLOGY RESOURCES/ EXHIBITS/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Food and beverage stations are available outside the Exhibit Hall for lunch. Purchase your lunch and visit the posters and exhibits!

1:30pm - 3:00pm **CONCURRENT SESSIONS**

Session 1: Integrating Comprehensive School Health Programs (CSHP) into Preservice in Higher Education: Results of a Multidisciplinary Initiative (Abstract #118)

Presenters: Douglas White and Narra Smith Cox - Wisconsin Department of Public Instruction
Presider: Marty DuShaw - Centers for Disease Control and Prevention
Room Monitor: Johnny Collins - Centers for Disease Control and Prevention
Room: *Glenmar A, Lower Level*

In this session, participants will:

- *gain an understanding of the diverse options for specific examples of integrating CSHP in preservice programs;*
- *identify strengths and barriers to implementing CSHP integration in higher education based on this project and their own experiences; and*
- *learn about future directions of Wisconsin's CSHP initiative.*

Session 2: Physical Dimensions, The Kansas High School Physical Activity and Health/Wellness Curriculum (Abstract #123)

Presenter: Bobbie Harris - Wichita State University
Presider: Margarett Davis - Centers for Disease Control and Prevention
Room Monitor: Lillian Spivey - Centers for Disease Control and Prevention
Room: *Brampton A, Cafe Level*

This session will focus on the successful implementation and evaluation of a collaborative effort between a privately funded foundation, educational organizations, and local, community, county and state agencies which created positive changes in both teacher behaviors and student learning.

Session 3: Focus on Kids - A New "Program that Works" (Abstract #130)

Presenters: Bonnie Stanton, Jennifer Galbraith and Julie Taylor - ETR Associates
Presider: Dean Fenley - Centers for Disease Control and Prevention
Room Monitor: Warren Benson - Centers for Disease Control and Prevention
Room: *Rutherford, Convention Level*

This session will provide information about the research and program content of Focus on Kids - the new HIV prevention "Program that Works."

Session 4: Developing Health Education Linkages with Other Educational Goals and Workplace Process Skills (Abstract #135)

Presenters: Dean Lee and John Ray - West Virginia Department of Education
Presider: Stephen Banspach - Centers for Disease Control and Prevention
Room Monitor: Maria White - Centers for Disease Control and Prevention
Room: *Knollwood B, Lower Level*

This presentation will provide an overview of the development of West Virginia's Health Instructional Goals and Objectives. Health literacy for all students is the fundamental goal of a comprehensive health education program. Linkages with other educational goals, workplace process skills, and the national health education standards were identified. Connections were made across the curriculum to enhance student skills while making content interesting and engaging. In addition, the health skills necessary to succeed in the world of work were identified.

Session 5: EHEP: A Collaborative Model Between State Agencies and Universities in Louisiana (Abstract #146)

Presenters: Millie Naquin, Betty Baker, Lillie Burns, Renee Pesquie and Sydonia Taylor - Excellence in Health and Education Project
Presider: Stephen Ranslow - Centers for Disease Control and Prevention
Room Monitor: Jackie Woodward - Centers for Disease Control and Prevention
Room: *Glenmar B, Lower Level*

This session will focus on a collaborative effort to improve preservice and inservice professional development offerings in HIV/AIDS instruction within coordinated school health programs including a discussion of outcomes and benefits.

Session 6: Healthy Schools ON-LINE (Open New Links In Networked Education) (Abstract #154)

Presenters: Melanie Bush - West Virginia Department of Education
Jamison Fisher - Harrison County Schools
Presider: Laura Kann - Centers for Disease Control and Prevention
Room Monitor: Gail McMahon - Centers for Disease Control and Prevention
Room: *Elizafield, Cafe Level*

This session will combine exciting teaching strategies and prevention skills activities with Internet resources to enhance interaction in classroom instruction.

Session 7: Building Working Relationships with American Indian Communities: Common Ground (Abstract #158)

Presenter: Delight Satter - Centers for Disease Control and Prevention
Presider: Stephen Ranslow - Centers for Disease Control and Prevention
Room Monitor: Carla Stokes - Centers for Disease Control and Prevention
Room: *Brampton B, CafeLevel*

In May of 1998, CDC with the Bureau of Indian Affairs and the Indian Health Service sponsored a conference which focused on providing CDC the opportunity to learn how HIV prevention messages might be tailored to better address American Indian adolescents. This presentation will describe the information gained from the areas of cultural sensitivity (e.g. sovereignty, infrastructure, stereotypes); curricula and programmatic interventions; challenges facing urban and rural American Indian adolescents; and building bridges and finding common ground.

Session 8: **Increasing Parent/Family Involvement in Coordinated School Health Programs** (Abstract #173)

Presenters: Susan Francis and Mary Anne Roll - National PTA
Presider: Shannon Page - Centers for Disease Control and Prevention
Room Monitor: Marlisa Hughes - Centers for Disease Control and Prevention
Room: *Westover, Lower Level*

This session is designed to provide education, health, social service professionals and other interested constituencies involved in HIV/AIDS prevention activities and Coordinated School Health Programs with a standard-based approach to engaging parents and families as partners.

Session 9: **Building Support for Coordinated School Health Programs** (Abstract #179)

Presenters: Lynne Doner - Consultant
Eva Marx - Education Development Center, Inc. (EDC)
Bill Shepardson - Council of Chief State School Officers (CCSSO)
Darcy Steinberg - Association of State and Territorial Health Officials (ASTHO)
Carlos Vega-Matos - National Association of State Boards of Education (NASBE)
Presider: Lisa Cohen - Centers for Disease Control and Prevention
Room Monitor: Arnold Manangan - Centers for Disease Control and Prevention
Room: *Thornton, Lower Level*

Presenters will begin this session with a brief review of the social marketing process, presented as four stages: 1) Planning (including selecting strategies, channels and materials); 2) Developing materials and pre-testing; 3) Implementation; and 4) Assessing effectiveness and obtaining feedback to refine the program. Woven into this presentation will be the idea that building support for coordinated school health programs is different - and more challenging- than many social marketing efforts because the goal is to change policies and community norms rather than individual behaviors. The remainder of this session will focus on some of the tools developed by the CCSSO, ASTHO and EDC to help build support for coordinated school health programs, how these tools could be used together and discuss some of the lessons learned during each stage of their marketing projects.

Session 10: **Implementing and Evaluating a Large Scale Comprehensive Health Education Initiative: Preliminary Findings** (Abstract #183)

Presenters: Jill Elnicki and Mary Doyen - Rocky Mountain Center for Health Promotion and Education
Presider: Sandra Jones - Centers for Disease Control and Prevention
Room Monitor: Arnold Manangan - Centers for Disease Control and Prevention
Room: *Mimosa, Convention Level*

This session will focus on assisting school districts in building capacity to implement and sustain comprehensive school health education. Findings are based on early evaluation. Over 600 teachers were surveyed.

Session 11: Ethical Issues in AIDS Education (Abstract #186)

Presenters: Nora Kizer Bell - Wesleyan College
William David Burns - Association of American Colleges and Universities
Presider: Jo Anne Grunbaum - Centers for Disease Control and Prevention
Room Monitor: Gloria Lewis - Centers for Disease Control and Prevention
Room: *Knollwood A, Lower Level*

This session will examine a series of ethical issues in health education. The focus of the presentation will focus on several ethical dimensions of the presenters' prevention work. Participants will be given a broad overview of ethical reasoning and thinking and will be encouraged to join in the discussion, bringing dilemmas from their own experiences into the examination of these issues. There will be a mix of theoretical and practical considerations and recommendations. As an outcome of this session, participants will be able to account for health education on grounds that include meeting a standard of ethics within our democracy.

Session 12: Involving Pediatricians in School Health (Abstract #197)

Presenters: Scott Allen - American Academy of Pediatrics
Howard Taras - UCSD Department of Pediatrics
Presider: Mary Sue Lancaster - Centers for Disease Control and Prevention
Room Monitor: Shelia Jones - Centers for Disease Control and Prevention
Room: *Jarrett, Lower Level*

An overview of the Initiative's recent and upcoming projects will be provided. These include: a national "train the trainers" effort to educate pediatricians; interaction with school administrators, nurses, board members, and others at the national level; and efforts to enable pediatricians to develop partnerships and build community coalitions at the local level. Resources developed through the Initiative, including a Web site on school health, will be shared. Attendees will learn how they can approach pediatricians at the state and local levels and involve them as advocates for school health programs. Barriers to involving pediatricians in school health and ways to overcome them will be also discussed. Attendees will be encouraged to share their experiences with pediatricians and to make suggestions to the Academy as to how pediatricians can be better prepared to work with schools and other health professionals involved in school health.

Session 13: New Tools for Pre-Service and Professional Development: Portfolio Assessment from the CCSSO-SCASS Health Education Assessment Project (Abstract #198)

Presenters: Kathleen Middleton - ToucanEd
Spencer Sartorius - Montana Office of Public Instruction
Beth Pateman - University of Hawaii
Marlene Tappe- Purdue University
Presider: Casey Hannan - Centers for Disease Control and Prevention
Room Monitor: Rhonda Head - Centers for Disease Control and Prevention
Room: *Swanton, Lower Level*

This session will provide information on increasing the ability of elementary, middle and high school teachers to align instruction and assessment with the National Health Education Standards. Several examples of resources connecting health content and essential reading skills will be demonstrated.

3:00pm - 3:30pm **BREAK**

3:30pm - 4:30pm **CLOSING PLENARY**

Room: *Rutherford, Convention Level*

Presider: Diane Allensworth - Centers for Disease Control and Prevention

Keynote: **Successful Adolescence in a Socially Toxic Environment**
James Garbarino
Family Life Development Center
Cornell University

The presentation will examine the special challenges we face as parents, citizens, and professionals seeking to promote adolescent health in today's socially toxic environment. Efforts to deal with the issues of social toxicity involve both strengthening youth to decrease their vulnerability, and simultaneously detoxifying the social environment.

Closing Video: **"It's in Each One of Us"**

This unforgettable 5-minute video blends heart-warming images of our global family with music and lyrics that celebrate the human spirit.

4:30pm **ADJOURN**

Save the date...

National Leadership Conference to Strengthen HIV/AIDS Education and Coordinated School Health Programs

August 26 - 27, 1999

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A Forum for Exchanging Vital HIV Prevention Research Findings and Program Experiences

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Abstracts

Divider Title: _____

CONCURRENT SESSION

ABSTRACTS

101 **An HIV/AIDS Presentation for the School Setting**
Susan Court, BA - Montana Office of Public Instruction

Objective: This session will feature a generalized approach to providing K-12 educators with useful, practical and effective classroom teaching strategies for HIV, other STDs and unintended pregnancy prevention.

Method: Information will be provided on presenting 2-6 hour training workshops through an adaptable approach that is acceptable to Montana school districts. Learn skills and methods used in developing a "GoBox" of resources and relevant workshop materials.

103 **Encouraging Community Dialogue in Support of Reproductive Health Programs in Schools**
Marcia Rubin, PhD, MPH - American School Health Association

Objective: To increase community and parental support for coordinated school health programs that address reproductive health issues.

Intervention: The consequences of premature and unprotected sexual activity are among the most pressing issues confronting young people today yet they are issues that many schools are reluctant to address. The American School Health Association (ASHA) has developed an Advocacy Kit to assist concerned individuals – whether a parent, a teacher, a school nurse, a board member or a community health professional – advocate for comprehensive prevention programs in schools to provide youth with the information and skills they will need to avoid unintended pregnancies and the spread of STDs including HIV.

Outcome: In the six months that the Advocacy Kit has been available over 100 individuals and school districts have requested the Kit. They are using the Kit to encourage their communities to address the need for comprehensive reproductive health information, skills and services. Following an introduction to the Kit to representatives of 26 communities within the Genesee Intermediate School District in Flint, MI, ASHA is tracking use of the Kit in these communities to provide in-depth follow-up information on its effectiveness and use.

Conclusion: Requests for the Kit by individuals and groups throughout the U.S. have demonstrated a clear need to provide prevention advocates with data and resources to make the case for school-based programs. Community dialogue in support of school health programs that address reproductive health issues is a critical first step toward establishing and supporting effective programs.

105 **School-Based STD Screening, Treatment and Counseling**
Deborah Cohen, MD, PhD - Louisiana State University and Theresa Nash, RN, MN - New Orleans Public Schools

Objective: To determine the importance of STD control efforts in the school setting including providing education, screening and treatment for chlamydia and gonorrhea.

Methods: Initially, students with parental consent in 3 schools (grades 7-12) were given the opportunity to be tested for chlamydia and gonorrhea using urine based PCR or LCR testing. In the third year 5 additional high schools, grades 9-12, participated. School nurses counseled and treated infected students with single dose antibiotic therapy under a protocol.

Results: In the first screening between 50-60% of all enrolled students participated. In schools where there was repeated testing offered, participation increased so that 85% of all students available for the two years were tested at least one time. The initial prevalence of chlamydia among girls (grades 9-12) was 12% while it was 6% among boys. Gonorrhea was present in 1% of boys and nearly 3% of girls. Infection prevalence increased with grade and was consistently about twice as high among girls as among boys. Over 5,000 students were tested and more than 560 chlamydia infections and 100 gonorrhea infections identified and treated. In schools where there was repeated testing, prevalence of chlamydia and gonorrhea declined, but most significantly among boys. Among students with chlamydia, 93% were asymptomatic; 90% of students with gonorrhea also had no symptoms.

Conclusion: School-based STD screening, treatment and counseling programs are feasible, acceptable and necessary to identify asymptomatic infections in adolescents. School based screening programs are likely to be critical in controlling STDs in the United States.

Learning Objectives:

1) To understand how to conduct school-based STD screening.
2) To describe the prevalence of chlamydia and gonorrhea among high school students.
3) To describe the asymptomatic nature of gonorrhea and chlamydia and understand the value of school-based STD screening.

106 **From Challenges to Partnership: Developing Relationships with Communities of Faith: What Will it Take?**

Jerry Warren, MEd - Comprehensive Health Education Foundation, Julie Peterson - Comprehensive Health Education Foundation and Reverend David Brown - pastor, writer and consultant

Overview: In today's educational system issues such as restructuring, curriculum selection, comprehensive sexuality education, HIV/AIDS prevention education, and others are coming under speculation by religious parents or groups. This session will explore how educators and religious leaders of mainline churches can work together for the good of our children. While honoring the separation of church and state, participants will discover ways in which the voices of these traditional allies of public education can be heard.

Objective:

- Understand the background and current relationship between faith communities and public educators;
- Be aware of areas of potential controversy in coordinated health programs;
- Review a process to build bridges with faith communities;
- Begin to develop strategies that include local faith communities;
- Promote civility in debate and access to the democratic process in education efforts; and
- Be a resource to other participants.

109 **Gay/Straight Alliance Sexuality/HIV Education Project: Using Data to Drive Program Implementation**

Margo Abels, MA and Julie Netherland, MA - Massachusetts Department of Education

Objective: To support the participation of schools in an intervention addressing the HIV prevention needs of young men who have sex with men (YMSMs) and to examine a model of targeted HIV prevention for a population at high risk for HIV infection.

Setting: Gay/Straight Alliances in 4-8 Massachusetts secondary schools selected to participate in a pilot project conducted jointly by the Department of Education and a community-based social service agency.

Description: This workshop will report on a project that is being implemented in the Fall of 1998. Presenters will cover the planning and development process, including the following:

- National epidemiological data;
- 1997 findings from the Massachusetts Youth Risk Behavior Survey;
- Massachusetts Intensive Evaluation results suggesting a decrease in risk behaviors associated with supports for gay, lesbian and bisexual students;
- Link between the state HIV Education Policy (referencing gay and lesbian youth) with program implementation;
- How existing initiatives in Massachusetts create an environment which supports interventions targeting young men who have sex with men; and
- Program update: design process, literature review, focus group results, evaluation plan and other related materials.

Discussion of intervention design and intended outcomes will follow. Workshop leaders will highlight collaborative advisory panel and youth involvement processes. Participants will be encouraged to provide feedback and discuss strategies for program replication.

110 **Can We Talk?: A Parent-Child Communications Program on Sexuality and Health**

Paul R. Sathrum - National Education Association Health Information Network and Dominic Cappello – Consultant

Objective: To provide parents with the skills necessary to communicate effectively with their children on issues of self-esteem, puberty and sexuality mixed messages, and peer pressure.

Setting: A community-based program that is adaptable to a variety of settings including local PTAs, civic organizations, schools, and recreation programs.

Intervention: "Can We Talk?" is an innovative program for parents and other caregivers that provides them with the skills necessary to initiate on-going conversations with young people about health and sexuality. The Program allows parents to practice communicating about sexuality and health in a setting that presumes that (1) parents are already experts and (2) families have different values about sexuality. Through activities using the "Can We Talk?" cartoon family, participants decide how families and young people handle various situations, experiment with different outcomes while sharing and learning different approaches from other participants. These practice sessions prepare participants to take the activities home and work on them with their children. Participants then return to the next workshop, having completed the homework with their children, to share the results and their experiences.

111 **Talking About Health Is Academic**

Eva Marx, MHSM - Education Development Center, Inc.

Objectives:

- Learn about workshop modules for promoting coordinated school health programs.
- Practice activities that participants can use for their own workshops.

Description: This presentation will introduce six workshop modules for promoting awareness of and laying the groundwork for implementing a coordinated approach to school health, based on the content of *Health Is Academic: A Guide to Coordinated School Health Programs*. Topics that the modules address include 1) an overview of coordinated school health programs, 2) action steps schools and districts can take to implement coordinated school health programs, 3) strengthening interdisciplinary work among those who implement the components of a coordinated school health program, 4) approaches to introducing new ideas, 5) the role of individual components as part of a coordinated school health program, and 6) working with state-level infrastructure to implement coordinated school health programs. Participants will receive copies of the modules and have the opportunity to practice selected activities that they can use for their own presentations.

112 **Coordinated School Health Programs: A Strategy for Youth Development**
Joyce V. Fetro, PhD, CHES - Southern Illinois University

Objective: At the end of this session, participants will be able to: 1) describe the five youth development competencies; and 2) discuss how each of the eight components of coordinated school health programs can strengthen one or more youth development competencies.

Description: Although some school-based prevention programs have been effective in addressing categorical youth behaviors, there is increasing evidence that high risk behaviors of youth which have garnered so much public/political attention cannot be reduced without addressing more positive issues of youth development (Pittman, 1992). The purpose of this interactive session is to: 1) present an overview of youth development models (cognitive/creative, personal/social, health/physical, career/vocational, citizenship competence), focusing on the paradigm shift from risk factors to protective factors, youth as problems to youth as resources, pathology to wellness, and deficiency to competency; 2) facilitate a brainstorming strategy to identify what "competent youth" should know and be able to do; and 3) conduct an interactive activity to explore how each component of CSHP can develop and/or strengthen one or more defined youth development competencies.

113 **Developing an Overall Professional Development Plan for Your State or School District**
Connie Constantine, MEd, CHES, Tim Dunn, MEd and Deborah Haber, Med - National Training Partnership, Educational Development Center, Inc.

Objective: To develop an overall training plan that meets DASH's training objectives for HIV prevention education.

Setting: SEAs or LEAs

Intervention: Every SEA and LEA is required to submit a training plan as part of their application for DASH funds for HIV education. This workshop will provide participants with information on the critical elements of a training plan: strategies to assess their training needs; to develop and maintain a cadre of trainers; to design a quality training event; and to provide follow-up to specific training activities. By working in small groups, workshops participants will receive technical assistance from NTP staff in developing their training plans. States and local districts which have already developed successful plans will also participate as trainers so that workshop participants can leave with the beginning framework of a training plan. National Training Partnership staff will provide follow-up technical assistance so that participants can complete their training plan for their CDC applications.

Outcome: Workshop participants will have developed a framework for their HIV or health education training plan.

Conclusion: By hearing how other states and local districts have taken DASH's training expectations and developed a training plan that assesses their local needs, created a cadre of trainers that fits their local requirements, designed model training designs, and provided adequate follow-up to training, states and local districts will be better prepared to train their sites' teachers in HIV prevention education.

115 **Customizing Prevention Communication Skills to Most Effectively Reach Young People**
C. Glenn Wise and Michael J. Pugh - CDC National AIDS Hotline

Objectives:
- Learn that different modes of communication require different types of communication skills,
- Identify their individual needs around communicating HIV information through face-to-face, telephone and/or Internet interactions with youth,
- Learn and develop effective strategies for meeting self-defined needs.

Description: As the modes through which young people communicate and gather information evolve, HIV/AIDS prevention work must change to effectively meet the needs of those as risk of infection through sexual activity and drug use. While face-to-face interactions will continue to play a vital role in prevention education, prevention programs are adding hotline and/or Internet services to their range of work. As a result, educators must be skilled in a variety of communication strategies. Skills that educators rely on when communicating face-to-face do not always translate to telephone work. In the e-mail and chat rooms of the Internet, communication takes place without visual or verbal cues.

Since 1986, the CDC National AIDS Hotline has answered over 13 million calls and has communicated prevention messages to young people across the country. Specialists at the Hotline have done sexual and drug use HIV prevention work with hundreds of thousands of young people at high risk of infection with HIV, including gay and lesbian youth; minority youth; homeless youth; runaway youth; sexually active youth; and youth who inject drugs. Session participants will learn from this experience and develop the skills necessary to effectively communicate a prevention message through face-to-face, telephone and Internet interactions with young people.

116 Developing a Model for Effective Health Education Training

Urvi R. Dalal, MPH and Lynne Whitt - National Center for Health Education

Objective: To implement a model to ensure effective training of teachers and trainers of a coordinated school health education program.

Setting: Elementary school (K-6) faculty throughout the United States.

Intervention: The vast majority of Kindergarten through Grade 6 teachers have not been exposed to health education content and teaching methodologies prior to their initial classroom experience. As a result, they lack the knowledge and skills to be effective health educators without significant exposure to the philosophy, methodology, and content of coordinated school health education. A training model, which includes adult learning styles and instructional strategies, will support the efforts of trainers, project facilitators, and training coordinators. The model will ensure that teachers throughout the United States are teaching from the same baseline of knowledge about coordinated school health education.

Outcome: In a training conducted in February 1998, the model was used to train 22 "Master Trainers" from school districts across the United States. These trainers, in turn, will use the model to conduct trainings for hundreds of teachers in their districts, who teach health to thousands of students in Grades K-6.

Conclusion: An effective training allows for an opportunity for professional development for teachers, thus increasing their self-efficacy regarding teaching health. A well-trained teacher is much more likely to teach a coordinated school health education program with an enthusiasm that is contagious to students, thereby increasing the number of healthy Americans.

118 Integrating Comprehensive School Health Programs (CSHP) into Preservice in Higher Education: Results of a Multidisciplinary Initiative

Douglas White, MS and Narra Smith Cox, PhD - Wisconsin Department of Public Instruction

Objective
- Participants will gain an understanding of the diverse options for and specific examples of integrating CSHP in preservice programs
- Identify strengths and barriers to implementing CSHP integration in higher education based on this project and their own experiences
- Learn about future directions of Wisconsin's CSHP initiative, including this higher education project.

Description: This workshop will describe the work of the Wisconsin Comprehensive School Health Program (CSHP) initiative in exploring the integration of key concepts of CSHP into preservice programs in higher education. Using targeted small planning and evaluation grants and technical assistance provided by the state education agency, ten broadly multidisplinary programs within University of Wisconsin system departments in campuses across the state infused Wisconsin's Framework for CSHP in professional preparation programs in the following areas:

Elementary Education
Family and Consumer Education
School and Community Health Education
School Counseling
School Nursing
School Psychology
School Social Work
Special Education

Initial results of the preservice program are very encouraging. Faculty found a wide variety of meaningful ways to help undergraduate and graduate students learn about CSHP, its foundations in health promotion, risk reduction, resiliency and positive youth development and the interdisciplinary work required to achieve healthy, resilient and successful learners. The Wisconsin Framework for CSHP served as a fundamental organizer in some courses and an added module in others. Faculty and staff will continue to use Wisconsin's Framework for CSHP in future years within these and other courses.

123 **Physical Dimensions, The Kansas High School Physical Activity & Health/Wellness Curriculum**
Bobbie Harris, MEd - Wichita State University

Objective: As a result of participation in this session, participants will learn about Physical Dimensions, a curriculum designed to help students:

1. Interpret personal health/fitness status in order to design, implement and evaluate a personal health/fitness plan to develop and maintain a physically active, healthy lifestyle.
2. Analyze current health issues impacting youth and adults.
3. Demonstrate effective use of personal and social skills to enhance health/fitness behavior.
4. Develop the motor competency to utilize a variety of physical activities to engage in a healthy lifestyle.
5. Display consideration and respect for differences among various individuals.

Setting: Kansas high schools

Intervention: Physical Dimensions is a curriculum designed to provide young adults with the knowledge and skills to enjoy a physically healthy lifestyle. The advantages of a curriculum that contributes to health, fitness and a quality life include: physical activity, a healthy diet, stress management, personal safety and healthy choices about alcohol, drugs and sexuality. The three areas of focus, or dimensions are: 1) Dimension One; Health-Related Fitness; 2) Dimension Two: Lifetime Physical Activity; and 3) Dimension Three: Health/Wellness concepts & Skills. Students receive three weeks of instruction in each of the three dimensions every nine weeks. The curriculum is flexible and adaptable to all teaching styles and the entire project is funded through a generous grant from the Kansas Health Foundation.

Outcomes: The goal of this project was to implement Physical Dimensions into 80 Kansas high schools in two years. At the end of the first year it has been successfully implemented in over 100 high schools.

Conclusion: Collaborative efforts between the Kansas Health Foundation, state universities, communities, school districts, state departments and professional education organizations can create changes in teacher behaviors and student learning.

124 **Youth Involvement in Community Planning**
Kent Klindera, MPH - Advocates For Youth

Objective: To provide a model for participants which can be implemented to ensure effective training of teachers and trainers of a coordinated school health education program.

Description: HIV Prevention Community Planning is quickly becoming the process by which federal and state HIV dollars are allocated. Inherent in the process is the need for parity, inclusion and representation by all members of communities affected by HIV. Currently, few community planning groups report young people actively participating in the process. In the past year, Advocates for Youth has been studying successful strategies for involving youth in the process. This interactive workshop, facilitated by representatives from a national level HIV/STD prevention initiative focusing on youth in high risk situations, will:

- review basic concepts of "youth-adult partnerships";
- discuss model youth involvement strategies;
- explain how Community Planning Groups (CPG) operate (their purpose and process);
- share success stories of CPGs actively engaging young people;
- disseminate national and local resources; and

126 **The Bureau of Indian Affairs' (BIA) Youth Risk Behavior Survey (YRBS)**
Charles G. Geboe, MEd - Bureau of Indian Affairs and Sherry A. Everett, PhD, MPH - Centers for Disease Control and Prevention

Objective: The Bureau of Indian Affairs (BIA) provides funding to 185 schools on 63 reservations in 23 states. The Youth Risk Behavior Survey (YRBS) was administered to identify the prevalence of health risk behaviors among high school students in BIA funded high schools.

Methods: Among 7,780 students in 57 high schools, 5,606 students in 54 schools completed the YRBS in the spring 1997. The overall response rate was 68%. The 1997 YRBS had 84 items and took about one class period to complete. Students responded directly on a booklet which was electronically scanned. Responses were anonymous. The data were weighted to adjust for nonresponse.

Results: This presentation will highlight the procedure used to conduct the YRBS among BIA students and highlight results from the six priority risk behavior areas measured by the YRBS including 1) unintentional and intentional injuries; 2) tobacco use; 3) alcohol and other drug use; 4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection; 5) dietary behaviors; and 6) physical activity. For example, by age 13 years, 42% of students smoked a whole cigarette, 39% drank alcohol, 30% used marijuana and 14% had sexual intercourse. Among all BIA students 64% reported past month cigarette smoking, 54% reported past month alcohol use, 52% reported past month marijuana use, and 40% reported sexual intercourse during the 3 months preceding the survey.

Conclusion: Data from the BIA YRBS support the need for effective programs and activities designed to reduce risky health behaviors among high school students in BIA funded high schools.

128 **School-based Tobacco-Use Prevention: A Model for Assistance to States**
Linda Crossett, RDH, Holly Conner, MH, Diane Allensworth, PhD and Melissa Albuquerque, BS – Centers for Disease Control and Prevention (CDC)

Objective: To increase the capacity of schools to deliver effective tobacco-use prevention programs within a coordinated school health program.

Methods: In 1994, the Centers for Disease Control and Prevention (CDC) issued *Guidelines for School Health Programs to Prevent Tobacco Use and Addiction*, which include policy, instruction, teacher training, and other strategies to help reduce tobacco use among young people. Based on the guidelines, CDC is working with state and local education and health agencies to develop a model to ensure that effective policies and education programs are adopted. Particular attention is given to coordinating school and community efforts in tobacco-use prevention. At present this model is being implemented in several states that have received funding from recent tobacco litigation settlements or from tobacco tax revenues.

130 **Focus on Kids - A New "Program that Works"**
Bonnie Stanton, MD, Jennifer Galbraith, MA and Julie Taylor - ETR Associates

Objective: To provide information about the research and program content of Focus on Kids – the new HIV prevention "Program That Works."

Setting: Community-based, youth serving organizations and secondary schools.

Intervention: This community-based eight session HIV/STD prevention program was evaluated with 76 peer groups of 383 African American youth 9-15 years of age, recruited from urban community recreation centers. The program is grounded in social-cognitive theory and developed to be culturally appropriate for the target audience. The 90 minute sessions use games, role-plays, discussion and community projects to teach relevant information about HIV and other STDs, condom use, abstinence, pressures to have sex and use drugs and how to access resources. In addition, youth identify behaviors that put them at risk for HIV as well as learn and practice decision making, refusal, communication and advocacy skills.

Outcomes: Youth participating in the program were tracked over two years and showed a significant increase in: 1) perceptions of condom use among peers, 2) sense of personal vulnerability to HIV, 3) condom use, especially among boys 13 to 15, and 4) intent to use condoms.

Conclusion: Focus on Kids is a program that can change adolescent sexual risk taking behavior.

131 **Inspiring Behavior Change through Cognitive Participation: HIV-Prevention Workshops Can Reach Sexually Active Youth**
Stephen J. Fallon, PhD - CenterOne, Inc.

Objective: Upon completion of the workshop, conference participants will be able to effectively utilize the inductive method in their own outreach efforts. Participants will understand how this method is applied in other educational disciplines, and why it is employed in motivational seminars. Participants will recognize why this method ensures greater success in HIV prevention interventions.

Description: This presentation targets the Steering Committee's high risk groups; Sexually Active Youth, and Gay or Lesbian Youth. It addresses the Steering Committee's most important topic, Sexual Behaviors. Finally, it meets the Themes of Social Competency, and provides a Best Practices model.

What motivates young people who are involved in group-level risk reduction programs to actually change behaviors? The Stages of Change Theory demonstrates the need to move people from Pre-Contemplation to Contemplation of and Preparation for behavioral change. How important is the format of the instruction in determining the success of this educational effort? This interactive workshop explains the inductive instruction method, and involves attendees in a behavior-modification activity that they can use with in own outreach efforts with youth.

Methods: Conference participants will participate in a sample inductive HIV-risk reduction workshop, and will evaluate the benefits and the requirements of applying this method in their own individual or group level interventions.

135 Developing Health Education Linkages with Other Educational Goals and Workplace Process Skills

Dean Lee and John Ray, MS - West Virginia Department of Education

Objective: To understand the development of instructional goals and objectives in health education that reinforce the core curriculum and develop important workplace process skills.

Intervention: This presentation will show the development of West Virginia's Health Instructional Goals and Objectives. Health literacy for all students is the fundamental goal of a comprehensive health education program. Linkages with other educational goals, workplace process skills, and the national health education standards were identified. Connections were made across the curriculum to enhance student skills while making content interesting and engaging. In addition, the health skills necessary to succeed in the world of work were identified.

Conclusion: Health educators developed curricula that enhances the position of health education as it relates to the total educational process.

136 Reading for the Health of It

Pam Tollefsen, MEd - Washington Department of Education

Objective: To identify mechanism for introducing and reinforcing health content while building reading skills.

Methods: Children's literature concepts and skills related to health content. Skills essential to reading fluency and competence contained within the literature.

Several examples of resources connecting health content and essential reading skills will be demonstrated.

137 A Case Study of Student Directed HIV Education in a Medium Sized School Corporation

Phyllis Lewis, RN, MSN, FN - Indiana Department of Education and Jan Ramsey, MSN - Greenfield Central Community Schools

Objective: To increase awareness and educate the community of HIV and AIDS and offer student directed opportunities for health education.

Setting: Student motivated and directed AIDS education programming in an Indiana school corporation of 3,500 students.

Intervention: Development of student initiated Greenfield Central Student AIDS Advisory Council and HIV education efforts including dramatic presentations of "Endangered Species: Waking Up," an AIDS awareness play.

Outcomes: This project is a demonstration project which highlights the student directed efforts to increase AIDS education efforts in a medium sized school corporation in Indiana. For the first time since the AIDS Education law was passed in Indiana, a concerted corporation wide effort to increase AIDS education and utilize the skills of high school students in peer education was undertaken. Students planned and presented corporation wide educational activities including the use of peer education, an HIV positive and former Greenfield Central student as a guest speaker, and use of dramatic presentation. Students continue to direct HIV education activities. Teens will present their interpretation of the educational play, "Endangered Species: Waking Up," and describe the process of institutionalizing the Student HIV Advisory Council. Other school corporations, parents, and other community members attended the presentations.

Conclusion: Effective collaboration between students and school corporation administrative staff has resulted in an increase of AIDS education and awareness activities during the 1997-98 school year. The development of a Student Advisory Council has institutionalized student directed efforts to enhance and improve HIV and health education programming.

138 **Utilizing The Greatest Resource: Increasing Youth Involvement in HIV/STD Prevention Education**

Margo Friend, MA – The West Virginian Bureau for Public Health, Greg Knight, BS – The West Virginia Regional Education Service Agency VII, Dean Lee, BS - The Vest Virginia Department of Education, Ed Prendergast, BA, MS – The Regional Education Service Agency IV – West Virginia

Objective: To increase the number of students participating in the delivery of "Peer to Peer" HIV/STD prevention education.

Intervention: Peer Education is one of the most effective strategies for helping young people recognize and reduce their risk for HIV infection. Utilizing the collaboratively developed West Virginia Youth Peer Education Manual, in conjunction with the American Red Cross Starter Facts and HIV Basic Fundamentals Course, youth in grades 9-11, along with supervising faculty members, attend an intense 3-4 day training workshop in a camp or retreat setting.

Results: Teenagers are more likely to change their attitudes and behavior if they believe the messenger is facing similar concerns and pressures. After completing this training, participants have an increase knowledge regarding the transmission and prevention of HIV/STD, are able to examine their personal risk behaviors, and develop the skills needed to practice and maintain healthy behaviors to eliminate or reduce the reduce the risk of contracting HIV/STDs. Very importantly, they are also prepared to deliver instruction, make presentations that communicate to others the facts of HIV/STDs prevention and are certified as HIV Peer Educators.

Conclusion: Collaborative efforts between West Virginia Bureau for Public Health AIDS Program; West Virginia Department of Education, Office of Healthy Schools; American Red Cross Statewide AIDS Network; and state Community Planning Groups have been successful in increasing students' participation in delivery of HIV/STD prevention education and their awareness of the importance of such education.

140 **Helping Schools Implement CDC School Health Guidelines on Physical Activity, Nutrition and Tobacco**

Howell Wechsler, PhD and Charlene Burgeson, MA - Centers for Disease Control and Prevention, Jim Bogden – National Association of State Boards of Education and Brenda Greene - National School Boards Association

Objective: To develop tools and services that will help schools implement state-of-the-science practices for promoting physical activity and healthy eating and preventing tobacco use among young people.

Learning Objectives:

At the end of this session, participants will be able to: 1) describe five different tools of services being developed to help schools implement CDC school health guidelines: 2) identify three issues that need to be considered when designing tools to assess guidelines implementation at the school level; 3) discuss five school health policy recommendations made by CDC guidelines on physical activity, nutrition, and tobacco.

Setting: The nation's public and private elementary, middle/junior high, and senior high schools.

Intervention: To help schools implement physical activity, nutrition, and tobacco guidelines recommendations, CDC is developing a number of tools and services, including: a self-assessment and planning tool to measure program compliance with guidelines recommendations; a school health policy guide and a database of relevant state-level policies (being developed by the National Association of State Boards of Education); a district-level school health policy database and technical assistance service (being developed by the National School Boards Association); a checklist tool to measure the quality of health education curricula; an electronic, on-line guide to technical assistance resources; and a text with case studies of physical activity programs that have implemented guidelines recommendations.

Outcomes: The physical activity case studies text has been published, while the self-assessment and planning tool, the curriculum analysis tool, and the school health policy guide are currently being field-tested in schools and/or reviewed by state and local agencies, national organizations, and professional associations. The on-line resource guide is in development and the policy database and technical assistance service are operating while continuing to develop. All of the guidelines implementation tools and services should be ready for use by 1999.

Conclusion: In collaboration with national, state, and local organizations involved in school health initiatives, CDC is developing a set of tools that will make it easier for education and health professionals to translate research findings into practice.

142 **Deaf and Hard of Hearing Youth HIV/STD Risk Behaviors**

Nancy Emery - DEAF, Inc.

Objective: To provide an overview of deaf and hard of hearing youth HIV/STD risk factors and corresponding successful intervention methods.

Rationale and Intervention:

Deaf and hard of hearing youth, particularly those who are born deaf, have limited access to HIV/STD prevention education messages. Programmatic cultural competence begins with the services system understanding and respecting cultural differences and understanding that the person's culture affects their beliefs, perceptions, attitudes and behaviors. Program interventions will be outlined on this basis. Program features include exposure to health education in American Sign Language; risk factor identification activities; substance abuse issues in correspondence with personal risk taking behaviors; English as a second language, issues and societal and peer pressure norm discussion surrounding sexual activity for acceptance in "greater hearing society". Program interventions adhere with prioritization of cultural specificity and language diversity, peer education support and risk assessment methods. Presenter will highlight how a replicable and unique Minnesota Department of Children, Families and Learning Coordinated School Health collaboration has begun and how this has potential to impact the Deaf education system.

Outcomes: Culturally competent outreach and collaboration incorporating community, educators and the Minnesota Department of Health has provided more than 100 hours of Deaf school youth access to HIV/STD prevention education from July 1997 – June 1998.

144 **Making Peer Education Programs Work**

Cheryl D. Nesbitt - National Association for Equal Opportunity in Higher Education and Karen Scott - Morehouse College

Goal: To offer motivational strategies to make peer education programs more interesting for college students.

Objectives:
- Develop peer recruitment and retention strategies;
- Design incentives and energizers for peers and advisors; and
- Increase the diversity of peer presentations using games, drama, and other activities available for peers and advisors using games, drama and other activities.

Workshop Summary:

Peer Education programs are extremely effective, but often, not peer driven, fun, exciting, motivating, or enjoyable for the student participants. This interactive workshop will address strategies to keep peers motivated, allow peers to develop and coordinate activities, and demonstrate informational activities for advisors and peers to keep their audiences attentive. Instructions on how to develop and implement all demonstrated activities will be provided for participants. Steps to recruit and maintain peers will be provided from Historically Black Colleges and Universities (HBCU) college staff. What works and does not work for college students based on HBCU surveys will also be shared.

Target Audience:

Peer advisor/coordinators and peer educators working in school or college and university settings.

145 **Good Health is Good Business**

Melanie Bush, MA and Lenore Zedosky, MN, RN - West Virginia Department of Education, David K. Lohrmann, PhD, CHES - Academy for Educational Development

Objective: To motivate students to improve their health knowledge, skills, and practices by relating health status to success in post secondary education, employability, and lifelong work performance.

Intervention: The West Virginia Department of Education Office of Healthy Schools, the West Virginia Office of School to Work, and the Academy for Educational Development collaborated to initiate Good Health is Good Business (GHGB) in six school districts with established, separate coordinated school health programs (CSHP) and school to work programs (STWP). District staff are working with local business and labor organizations, public health departments, and health care providers to integrate employability issues in school health and infuse health related learning activities, including worksite health support/threat analysis, in the STWP.

Results: Desired results are to: improve health knowledge, skills and behaviors; demonstrate the relationship of health education to preparation for specific career clusters; determine if early exposure to positive health habits impacts choices of health careers; and enhance the status of health and physical education, CSHP, and STWP. Formative, process and impact evaluation strategies will be employed to assess program efficacy. Following a pilot phase, GHGB will be disseminated statewide and made available to other states.

Conclusion: Strong support materialized within the West Virginia business community and led to the receipt of more than $150,000 for implementation. Teachers are spending time in a variety of work settings to explore new learning opportunities for students, and health and physical education are receiving greater emphasis.

146 **The Excellence in Health and Education Project (EHEP): A Collaborative Model Between State Agencies and Universities in Louisiana**

Millie Naquin, PhD, CHES, Betty Baker, Lillie Burns, Renee Pesquie and Sydonia Taylor - Excellence in Health and Education Project

Objective: To improve HIV/AIDS education within coordinated school health programs through collaboration among various state agencies and universities in Louisiana.

Learning Objectives:

By the end of the session, the participants will be able to:

1. explain the members of the collaborative model
2. discuss the history of the collaborative model
3. cite the benefits of this collaborative model
4. name some of the current and projected offerings made possible through this collaborative effort
5. apply appropriate parts of the model for the creation of their own collaborative project

Setting: The Excellence in Health and Education Project, (EHEP) housed at Southeastern Louisiana University, is a statewide project.

Intervention: Through the efforts of many professionals at various state agencies and universities in Louisiana, the Excellence in Health and Education Project has evolved to enhance the health and quality of life of families and communities in the state. Key supporters of EHEP are the Louisiana Department of Education, Office of Public Health, Southeastern Louisiana University and New Orleans Public Schools. Two primary areas that EHEP strives to improve are preservice and inservice professional development offerings in HIV/AIDS instruction within coordinated school health programs.

Outcomes: The results of these collaborative efforts have been: increased trainings in HIV/AIDS instruction and health education; the creation of an annual Summer Institute offering trainings to education and health professionals in HIV/AIDS education and other areas; the hosting of a Youth Congress on Health with continued youth activities in HIV/AIDS prevention throughout the year; and the establishment of a state cadre of trainers for the Department of Education and Orleans Parish Schools, to improve HIV/AIDS education throughout the state.

Conclusion: Collaborative efforts between various state agencies and universities have increased the number of professional development offerings and students efforts in HIV/AIDS prevention.

147 **Finding the Power: A Tobacco Control Advocacy Program for Hispanic/Latino and Asian/Pacific Islander High School Youth**

Susan Giarratano-Russell - Health Education and Media Consultant

Objective: To promote tobacco control advocacy among Hispanic/Latino and Asian /Pacific Islander (API) high school youth.

Method: Develop and distribute two separate culturally sensitive music videos and print guides designed to empower and guide Hispanic/Latino and Asian/Pacific Islander high school youth to advocate for tobacco control in their respective communities. A reiterative process of review, assessment, and revision was used in the design of both products. Process evaluation data were collected from focus groups of experts (adult and youth) in teen tobacco issues.

Intervention: The video-based educational materials were reviewed by test audiences of Hispanic/Latino and Asian/Pacific Islander youth in a workshop setting. Experimental procedures using pre-test and post-test measures of targeted constructs (knowledge, attitude, social norm and personal control), and control group comparisons were conducted.

Outcomes: Preliminary findings indicate that 46% of the variance in the "intent to engage in anti-tobacco advocacy" variable can be explained by the factors targeted for change-knowledge, attitude, social norm and personal control.

Presentation Learning Objectives:

Following the oral presentation, participants will be able to: a) identify strategies to reach Hispanic/Latino and Asian/Pacific Islander youth populations targeting anti-tobacco advocacy and community empowerment; b) define an 8 step action plan for Hispanic/Latino and Asian/Pacific Islander youth to advocate for tobacco control in their communities; and c) discuss formative and summative evaluation strategies to develop video-based materials, train youth to mobilize peers, and recruit new youth to engage in tobacco control advocacy.

148 **Three National Higher Education Associations Survey Their Constituents: Results and Directions for the Future**

Nan Ottenritter, MS, MSW - American Association of Community Colleges, David Burns - Association of American Colleges and Universities, Deborah A. Fortune, PhD - American Association for Health Education

Objective: To share results of three surveys of higher education leaders on matters affecting HIV education and prevention on campus. The surveys focus on the climate for change, including opportunities, barriers, existing programs, services, resources, and policies. Results were gathered to guide future efforts.

Setting: Leaders of community colleges, colleges of education, other colleges and universities nationwide.

Session: The American Association for Health Education (AAHE), the American Association of Colleges and Universities (AAC&U) and the American Association of Community Colleges (AACC) all conducted surveys in the past tow years.

AAHE used the Delphi technique to assess the barriers to preparing elementary and middle school teacher preparation students in health education and HIV prevention. Information was gathered from deans of education, teacher preparation faculty, and state health education and/or HIV consultants. AAC&U's survey focused on assessing the climate for change, gauging the support for including the study of HIV and health in the curriculum, and receiving recommendations from leaders for the most promising interventions.

AACC's survey focused on the dissemination of health and HIV-prevention information throughout the campus; institutional supports; reproductive health, HIV-testing, and other specific support services; and community collaboration.

Learning Objectives:

Participants will be able to: 1) describe the results of the three surveys of higher education leaders on matters affecting HIV education and prevention on campus, 2) compare and contrast the environments of institutions of higher education and primary and secondary school settings, 3) identify most promising HIV-prevention strategies in higher education. Handouts will be available and discussion will be encouraged.

150 **Moving the National Education Standards to Skill-Based Health Education Curricula: One State's Journey**

Mary Etta Reedy, MEd and Nancy A. Hudson, MS - Maryland State Department of Education

Objective: To provide tools and strategies to state and local educators responsible for revising health education.

Setting: Maryland Schools Grades K – 12

Intervention: The Maryland Health Education Learning Outcomes, Task Planning Template and Integrated Exemplars provide a continuum of tools that promote the development of relevant, authentic, health education lessons which stress the development of resiliency skills such as accessing information, communication, goal-setting, and decision-making. The Health Education Learning Outcomes and Performance Indicators Document links the essential knowledge in each of the CDC risk behavior areas to the skills or processes supported by the National Health Education Standards. The Task Planning Template serves as a practical, easily used tool to guide teachers in the development of learning tasks that culminate in relevant, tangible products. The Exemplars provide models of completed learning tasks. The three tools combined serve as one recipe for promoting positive health decisions and behaviors.

Outcomes: The Maryland Learning Task Tools have been used in most local school systems in Maryland as well as in cadre training sessions. The products developed using this model have resulted in greater student interest and involvement. The process has also brought health education teachers into the mainstream of school reform.

Conclusion: The Health Education Learning Outcomes, Planning Template, and Exemplars have resulted in a more skills-based and relevant health education. They have resulted in a greater emphasis on health education and have improved both the quality and quantity of health education taught.

151 Guidelines for Adolescent Preventive Services (GAPS): A Model for Reaching our Nation's at-risk Youth

Laura Brey, MS and Torrey Wilson, PhD - American Medical Association

Objective: GAPS is designed to increase the number of adolescents between the ages of 11 and 21 who receive an annual comprehensive clinical preventive services screening visit.

Setting: School-Based Health Centers(SBHCs) in 13 states and Community Health Centers (CHCs) in 5 states.

Intervention: The American Medical Association (AMA) Guidelines for Adolescent Preventive Services (GAPS) features 24 recommendations for the delivery of comprehensive clinical preventive services to adolescents. To confront the decline in adolescent health indices over the past decade, GAPS provides a fundamental change in the delivery of adolescent health services. GAPS recommendations address health care delivery systems, screening, health guidance, and immunizations. It provides a framework for the organization and content of routine primary and secondary preventive health care delivery to adolescents in all health care settings. GAPS includes implementation materials to assist health care providers with the incorporation of comprehensive clinical preventive services in their practices e.g. (questionnaires for adolescent and parent/guardian screening, an implementation and resource manual, a provider evaluation and management handbook, an adolescent health guidance booklet, and a packet of health guidance materials for parents/guardians). The GAPS National Training Center uses a training of trainers (TOT) program and a GAPS local implementation training (LIT) to facilitate the incorporation of GAPS and its accompanying materials into diverse health care systems including School-Based-Health-Centers (SBHCs) and Community Health Centers (CHCs).

Outcomes: Between April of '94 and August of '96, 36 GAPS trainers from SBHCs and 10 GAPS trainers from CHCs conducted 34 LITs which resulted in the incorporation of GAPS into more than 8,000 adolescent visits in 100 CHCs and 14 CHCs.

Conclusion: The GAPS TOT and LIT model used for training and ongoing support to facilitate the system changes necessary for incorporating comprehensive clinical preventive services into SBHCs and CHCs for adolescent patients and their families.

Learning Objectives:

Participants will be able to 1) understand how the GAPS recommendations were developed, 2) describe the content of the recommendations, 3) identify the accompanying GAPS implementation materials and explain their purpose, 4) summarize the national training strategy used for dissemination of the GAPS model and 5) recount national initiatives involving GAPS training and implementation in several clinical settings (SBHCs, CHCs Private Practice, and HMOs).

154 **Healthy School ON-LINE (Open New Links In Networked Education)**

Melanie Bush, MA - West Virginia Department of Education and Jamison Fisher, MA - Harrison County Schools

Objective: To combine exciting teaching strategies and Prevention Skills activities with Internet resources to enhance interaction in classroom instruction.

Intervention: The West Virginia Department of Education, Office of Healthy Schools has provided support and technical assistance for this teacher coordinated project to link Health Education instructional objectives with proven Prevention Skills lessons and Internet resources. Teachers will be able to access this resource via the West Virginia Healthy Schools homepage to obtain creative lessons ideas to teach the state mandated instructional objectives. The site will also include integration suggestions to link health education with lessons in math, science, language arts and social studies.

Results: The resource will go on-line during the fall of 1998. The goal of the project is to increase the delivery of research based health education lessons (Prevention Skills) with a stronger emphasis on integration with other subject areas and increased level of Internet based instruction.

Conclusion: West Virginia's public school system has been highly motivated to support and encourage the use of technology to enhance student learning. IBM and Bell Atlantic have both sponsored the development of similar programs in math, science, language arts, and social studies. The Office of Healthy Schools staff intends for health education's technology component to be rolled out for teacher use right along with the core content areas during the fall of 1998.

156 **Funding School Health: Maximizing What's Available**

Louise Bauer, MSW - National Conference of State Legislatures and Jenny Osorio, MPA - Centers for Disease Control and Prevention

Objective: To assist state and local health and education agencies to identify financial resources and policies that promote coordinated school health programs. Participants will work in small groups to problem solve around real life situations and learn about federal, state and foundation funding available for school health programs.

Is your state looking for school health programs to address:

- Under-age alcohol use;
- Substance abuse and mental health issues;
- School violence prevention;
- Teen pregnancy;
- HIV/AIDS education and prevention;
- Health Services;
- Improved education and health outcomes?

If so, a critical resource required to improve school health programs is funding!

The Division of Adolescent and School Health at the Centers for Disease Control and Prevention and the National Conference of State Legislatures have developed a World Wide Web searchable database with a broad range of financial resources available for school health programs. This session is an interactive skills development opportunity for state and local staff interested in learning more about funding coordinated school health programs.

158 **Building Working Relationships with American Indian Communities: Common Ground**
Delight E. Satter, MPH - Centers for Disease Control and Prevention

Objective: To enhance HIV prevention for American Indian Youth.

Activity: The Division of Adolescent and School Health (DASH) with the Bureau of Indian Affairs, and the Indian Health Service sponsored a conference in May of 1998. The focus of the conference was to provide DASH the opportunity to learn how HIV prevention messages might be tailored to better address American Indian adolescents.

Process: This presentation will describe the information gained from the theme areas: cultural sensitivity (e.g. sovereignty, infrastructure, stereotypes); curricula and programmatic interventions; challenges facing urban and rural American Indian adolescents; and building bridges and finding common ground. Strategies for future action steps were identified. This session will also describe the planning activities of the conference including: the methodology for gaining participants from over thirty tribes, the culturally competent format of the conference, and lessons learned.

Conclusion: From this conference DASH learned a process for meaningful inclusive participation. Specific information was gained that DASH finds valuable for working with American Indian tribes and communities to enhance HIV prevention for American Indian adolescents.

159 **Using Theater as a Prevention Education Tool: A Community-Based Approach to HIV Prevention**
Elena M. Alvarado, MA - National Latina Health Network

Objective: To prevent HIV/AIDS infection among at-risk Hispanic adolescents and young adults, 16-24 years of age using theater-based-peer-education approaches in helping them make informed decisions regarding their personal sexual behavior.

Setting: Educational performances will be staged at continuation high schools, incarcerated youth centers, English-as-Second-Language (ESL) and job training programs, colleges and universities, churches, and other centers of community life where Latinas already congregate.

Intervention: When carefully crafted, teatro can aid the learning process and work towards modifying behavior. The Teatro AIDS Prevention Project (TAPP) for Latinas will be carried out in four U.S. Cities for year 01 reaching a total of 20 communities at the end of the five-year project period. The core theater program will be supported by other proven peer education approaches, including role-playing, peer counseling, and placticas (formal talks held in a trusted environment among women). TAPP for Latinas is designed to be executed on the local level in four phases: I-The training component, II-Theatrical process and rehearsals, III-Field-testing the teatro presentation and IV-Peer-teatro education presentations. The project is supported by the National Latina Health Network's members on the local level. They have mobilized the formation of a coordinating planning committee, coordinate outreach activities with the site agency for field testing the teatro via a "Community Premiere" event, and build community partnerships and collaborations to maintain ongoing HIV/AIDS prevention efforts in their community. Training sessions, technical assistance, and focus groups will adapt the standard TAPP curriculum to meet the community's needs, provide quality control for cultural and linguistic competency and mobilize new groups of community leaders to join the fight against AIDS.

Outcomes: By the year 2002, TAPP for Latinas is expected to reach 80,000 or more young Latino adults and adolescents in 20 U.S. metropolitan cities and achieve a 80% competency level about risk reduction behaviors that put them at risk of HIV infection.

Conclusion: The expectation that local communities will have a "buy-in", or sense of ownership is one of the major purposes of this type project, that of community-empowerment. TAPP for Latinas was designed to coordinate and build on collaborative relationships with state, local and national agencies, and with private organizations serving the Latina population to institute peer education model programs and strengthen capacity building efforts in participating organization's infrastructure.

160 **Web Site on a CD - Using Technology to Deliver a Health Education Assessment System**

Paula Plofchan, MA - Council of Chief State School Officers, Robert Rentz, PhD - R&RResearch, Cynthia Corbridge, MA, CHES - Rhode Island Department of Education and John Ray, MA, CHES - West Virginia Department of Education

Objective: To present the work of the Council of Chief State School Officers (CCSSO) // State Collaborative on Assessing Student Standards (SCASS) Health Education Assessment Project's latest developments. This project has been actively supported by CDC-DASH.

Process: Thirty-two states have joined together and developed a health education assessment system, which then needed a delivery system. This session will present the solution and feature the unique ways the states have used the technology to promote literacy in their schools. SCASS products including all assessment exercises (performance tasks, constructed response, performance events, selected response and portfolios), along with other assessment and health information, training, scoring, national standards, and professional development resources have been recorded on a CD-ROM entitled HealthHelp. Many of the 300 documents have direct hyperlinks to content on the Internet. When a user encounters a hyperlink in one of the CD sections, they are automatically transferred to a web site. This has allowed the project to merge its content with the various resources on the Internet, to present project updated and newly developed materials on its own web site and to use the Internet to conduct teacher training throughout a state.

Results: States now have a unique, easy and inexpensive way to promote health literacy to their teachers, students, parents, schools, and districts. Management Team presenters will provide concrete examples of their state uses.

161 **American Red Cross Hispanic HIV/AIDS Education Program: Preventing HIV Transmission Through an Empowerment Curriculum**

Ledia Martinez, MD, MPH - American National Red Cross

Objective: To provide unbiased HIV/AIDS information to Hispanics in a culturally relevant manner, taking into consideration the psychosocial issues that surround this disease.

Method: This American Red Cross program was developed in cooperation with several national Hispanic organizations. This is a culturally specific, six-module training course that certifies instructors as HIV/AIDS educators to help them gain skills to make interactive community sessions with diverse Hispanic groups on HIV/AIDS issues. An additional level of training is available to prepare instructors to become instructor trainers. The program and its educational materials are based on Brazilian educator Paulo Freire's philosophy, which emphasizes the platica or dialogue, a learning method that promotes an exchange of ideas and experiences, no matter what the level of education or awareness within a group. All program materials are available in Spanish and English.

Conclusion: Collaborative efforts between American Red Cross chapters, Statewide HIV/AIDS Networks, Departments of Education and Health and CBOs have been successful in delivering this proven effective program to Hispanic communities in the U.S., including Puerto Rico.

165 **AIDGwinnett HIV/AIDS Teen Peer Education: A Behavior-Based Health Education and Risk Reduction Intervention**

Heather Lee Oldknow, MPH - AIDGwinnett, Inc.

Objective: To provide effective, culturally sensitive and appropriate behavior-based education to Gwinnett, Rockdale and Newton county teenagers by using peer education to decrease the incidence of HIV infection among youth at risk for HIV/AIDS.

Setting: Several locations associated with youth in high-risk situations including a regional youth detention center, a court ordered drug treatment program, a court ordered minor possession of alcohol class, a county adolescent probation program and a local teen clinic. Local middle and high schools are also targeted.

Intervention: Due to an increasing HIV infection rate in Georgia's youth population, a teen peer facilitated program featuring CDC recommended *Be Proud! Be Responsible!* curriculum aims to increase awareness, develop positive skills and reduce HIV/AIDS risk-related behaviors. AIDGwinnett uses trained teen peer educators to employ *Be Proud! Be Responsible!* with youth in high-risk situations. The peer educators have tailored several activities to their suburban youth culture.

Outcomes: During the course of this grant (January 1998-December 1998), over 500 youth, ages 12 through 20, will be presented with HIV/AIDS prevention education. Additionally, over 1000 middle and high school students will be exposed to a "one-shot" HIV/AIDS prevention program.

Conclusions: Community partnerships with schools and health departments and other local social service organizations are strong and essential to the success in reaching and exposing a large number of youth to HIV/AIDS prevention education and resources.

168 **Aligning Health Education Standards, Assessment and Instruction: The Key to Health Literacy**

Debra Sandau-Christopher, John T. Metz, MA and Jill Elnicki, MPH - Rocky Mountain Center for Health Promotion and Education

Objective: To increase the comfort and confidence levels of health educators in understanding and aligning health education standards, assessment and instruction.

Setting: 7 Colorado School Districts

Intervention: In 1997, the first phase of a six-day pilot assessment training plan was conducted. Twenty participants representing 7 Colorado school districts attended. The training was based on the National Health Education Standards and the products developed by the State Collaborative on Assessment and Student Standards (SCASS) Health Education Assessment Project coordinated by the Council of Chief State School Officers (CCSSO). The training included an introduction to the CCSSO/SCASS Assessment Project and National Health Education Standards, a practice scoring session, a process for aligning local and national standards, and a performance-based assessment selection process. Participants were asked to use the selected performance-based assessments with their students during the next three months. The group was reconvened in November 1997 to share and compare their assessment implementation experiences, and again for two days in April 1998 to develop skills in constructing their own performance tasks and events.

Outcomes:

- Participants indicated an increase in all skill areas.
- Participants indicated the need for follow-up training and technical assistance.
- Participants indicated a high likelihood of using the SCASS scoring system.
- Participants indicated high likelihood of incorporating skills learned during the training into their jobs.

Conclusion: These assessment resources may be used at the state level for large-scale testing, integrated into district/school health education plans, or may serve as a resource for instructional and program improvement at the classroom level. Using the SCASS products as intended is a complex process, but one that will undoubtedly lead to improved instruction, and in turn, increased health literacy for students.

169 **CDC Youth Violence Prevention Activities**

Lisa R. Cohen, DrPh, Lloyd Potter, PhD, MPH and Timothy Thornton, MPA - Centers for Disease Control and Prevention

Objective: The Division of Adolescent and School Health and the National Center for Injury Prevention and Control (NCIPC) work together to implement school-based violence prevention programs and research activities. This symposium will include three presentations on the collaborative efforts underway to integrate violence prevention into the Coordinated School Health Program Model and the public health approach of the NCIPC.

Dr. Cohen will describe the process of developing guidelines for school-based programs to prevent injury and violence. The guidelines integrate injury and violence prevention into the Coordinated School Health Program Model. A collaborative and evidence-based approach to guideline development is being employed.

Dr. Potter will describe the broad range of youth violence prevention activities underway at the NCIPC. The NCIPC public health approach to violence prevention involves four basic steps: problem definition, identification of causes, intervention development, and implementation. Problem definition involves collecting, analyzing, and interpreting, basic information about violence in schools. Once the problem is defined, information about the causes is collected and assessed, providing a clear target for intervention and development of interventions. However, effective implementation and delivery of school-based violence prevention is extremely difficult.

Mr. Thornton will discuss issues and strategies for effective implementation and delivery of violence prevention. NCIPC is identifying the best of what is known about program implementation (based on field experience) and program effectiveness (based on scientific evaluation) for violence prevention. This information will be disseminated as best practices guidelines for people who wish to implement youth violence prevention programs.

Learning Objectives:

To understand how DASH and NCIPC are collaborating on violence prevention efforts; to be able to describe how injury and violence prevention fit within the coordinated school health and public health models; and to be informed about the processes and findings of two violence prevention development processes currently underway at CDC.

173 **Increasing Parent/Family Involvement in Coordinated School Health Programs**

Susan Francis and Mary Anne Roll, MA - National PTA

Objective: Provide education, health, social service professionals and other interested constituencies involved in HIV/AIDS prevention activities and Coordinated School Health Programs with a standard-based approach to engaging parents and families as partners.

Setting: State departments of education, school districts, local schools, and related community based agencies.

Intervention: The *National Standards for Parent/Family Involvement Programs* were developed by the National PTA based on research and in cooperation with education and parent involvement professionals through the National Coalition for Parent Involvement in Education. The program standards of excellence and their quality standards have been established to support work at the state and local level to achieve the National Education Goal:

Every school will promote **partnerships** that will increase parental involvement in promoting the social, motional and academic growth of children.

Implementation of successful coordinated school health programs will require the participation of parents and families. The National Standards for Parent/Family Involvement Programs provides a guide for building effective parent/family partnerships.

Outcomes: Since the first printing of the National Standards in January 1997, over 200,000 copies have been distributed. Forty-two parent-involvement, education, health and community organizations have signed-on in support of the Standards and are promoting them to their members. The Chicago Public School system has adopted the Standards, and several states are considering how to formally include the standards in their state education plans.

Conclusion: The National Standards for Parent/Family Involvement Programs serve as an effective structure for schools, education, and health related agencies working to increase parental involvement.

175 **Promoting Change: Opportunities to Measure Progress**

Mary Hoban, MA, CHES - American College Health Association, Richard Sawyer, PhD – Academy for Educational Development and William R. O'Connell, Jr., MA, Ded – National Association of Student Personnel Administrators

Objective: To describe a national system of integrated activities to prevent HIV infection and other serious health problems among postsecondary students.

Description: Project staff from eight national organizations in higher education will review the development of the indicators of success for HIV prevention efforts on campus, describe the indicators relevant to each priority area, and describe examples of how the indicators are applied to program activities within each priority area. Time will be allotted for questions from and discussion with the audience.

176 **Making Connections: Comprehensive Health and HIV Education, Character Education and Social and Emotional Learning**

Deborah Haber, MEd - National Training Partnership and Connie Constantine, MEd - Education Development Center

Educators support sound approaches aimed at helping students develop into well-prepared, healthy, productive adults. Certain of these approaches, especially ones like character education and social and emotional learning, are natural allies for practitioners of school health education. Health education programs can be strengthened when health educators are able to make linkages between their CSHE activities and other important school initiatives. Participants of this workshop will be involved in activities and discussions that will help compare key tenets of Comprehensive Health Education, Character Education and Social and Emotional Learning so that they can help colleagues understand the benefits to students when these approaches are considered together.

Learning Objectives:

Participants will be able to:

Describe the purpose, key components, unique aspects and evidence of effectiveness of comprehensive school health education (CSHE), character education (CEd), and social and emotional learning (SEL).

Analyze the common elements and the relative importance of common elements among CSHE, CEd, and SEL.

Discuss the benefits and opportunities resulting from connecting these programs/approaches.

Explain how CSHE can be a means for uniting these and other programs to benefit student health and academic achievement.

177 **Raising Healthy Kids: Families Talk About Sexual Health**

Jeanne Blake and Bridgit Susi, MEd - Media Works, Inc., Kim Miller – Centers for Disease Control and Prevention

Raising Healthy Kids: Families Talk About Sexual Health, with accompanying Lesson Plans, Strategies to Enhance Family Communication About Sexual Health: For Facilitators, Educators and Parents, an intervention for parents of young children and preadolescent and adolescent children.

Objective: To increase educators' ability to outreach to parents, and other caregivers about the importance of family communication about sexual health. 1) To help parents understand their role as their young person's primary sexuality educator; 2) To help parents understand that communication enhances a child's well-being, respect for their body, and ability to make healthy decisions; and 3) To give parents the information and skills they need to communicate effectively with their children.

Method: We will present *Raising Healthy Kids: Families Talk About Sexual Health* with facilitated pre and post viewing discussion. Dr. Kim Miller from the US Centers for Disease Control and Prevention will present findings of her research on family communication about sexual health. Raising Healthy Kids was designed with technical support from the CDC.

Intervention: *Raising Healthy Kids: Families Talk About Sexual Health* includes two 30 minutes videos: Video #1, *For Parents of Young Children* (birth to seven) addresses: setting limits, discipline with support, teachable moments, telling the truth, how babies are made, self-touch and appropriate and inappropriate touch. Video #2, For Parents of Preadolescent and Adolescent Children addresses: listening, sharing values, sexual intercourse, avoiding absolutes, mixed-messages, being an approachable parent.

Conclusion: Intervention is currently being evaluated with technical assistance from CDC. Dr. Kim Miller designed the survey and will analyze findings. Preliminary findings show that *Raising Healthy Kids* increases parent's awareness of the importance of communicating about sexual health and provides necessary information and skills.

178 **Toward High Quality HIV/STD Education for Middle Level Schools: The State of the Nation**

Jean Schultz, MS, CHES - National Middle School Association (NMSA) and Deborah Schoeberlein-Redefining Actions and Decisions (RAD)

Objectives:

1. For participants to continue to dialog around programmatic strategies to meet identified needs.
2. For the participants to gain an understanding of the results of the RAD/NMSA survey assessing the status of HIV/STD education for young adolescent state by state.

Abstract: During the Spring of 1998, State Department of Education HIV and/or infrastructure personnel participated in a 20 minute telephone interview developed by Redefining Actions and Decisions (R.A.D.) and National Middle School Association (NMSA). The survey sought input to identify areas in which middle level schools need support to better implement their HIV/STD education and their coordinated school health efforts.

Survey questions elicited participants perceptions regarding organizational structure of schools serving young adolescents state by state. The survey requested information regarding the level of readiness, support and/or implementation of HIV prevention instruction as well as training or resource needs. Data from the survey will inform the development and dissemination of strategies to enable middle level schools to upgrade HIV prevention instruction.

This session will present the RAD/NMSA survey findings in response to broad-based participants requests. In addition, this session will foster a dialog to address the application of survey findings and explore programmatic strategies to meet the identified needs. Data will be reported in such a way as to preserve the confidentiality of respondents.

179 **Building Support for Coordinated School Health Programs**

Lynne Doner - Consultant, Eva Marx, MHSM, - Education Development Center, Inc.(EDC), Bill Shepardson - Council of Chief State School Officers (CCSSO), Darcy Steinberg, MPH- Association of State and Territorial Health Officials (ASTHO) and Carlos A. Vega-Matos, MPA - National Association of State Boards of Education (NASBE)

Objective: To develop positive messages and proactive communication tools and strategies to build support for school health programs applying social marketing principles.

Intervention: To help build support for coordinated school health programs, various national organizations have worked together to develop positive messages and proactive communication tools and strategies to build support for school health programs applying social marketing principles. Presenters will begin this session with a brief (10-15 minutes) review of the social marketing process, presented as four stages: 1) Planning (including selecting strategies, channels and materials); 2) Developing materials and pretesting; 3) Implementation; and 4) Assessing effectiveness and obtaining feedback to refine the program. Woven into this presentation will be the idea that building support for coordinated school health programs is different – and more challenging – than many social marketing efforts because the goal is to change policies and community norms rather than individual behaviors.

The remainder of the session will focus on some of the tools developed by the National Association of State Boards of Education, the Council of Chief State School Officers, the Association of State and Territorial Health Officials, and the Education Development Center to help build support for coordinated school health programs, how these tools could be used together, and discuss some of the lessons learned during each stage of their marketing projects.

Outcomes: After a series of formative research which included surveys, focus groups, and pilot-tests, these tools have been found to be useful in state and local efforts to build support for school health programs.

Conclusion: With support from the CDC-DASH, a group of national organizations have developed and tested a series of tools that can be adapted and used by education and health stakeholders at the local, state and national level to build support for school health programs.

180 **What do Policymakers Really Think?**

Sharon Adams-Taylor, MPH, MA - American Association of School Administrators, Paul Sathrum – National Education Association Health Information Network (NEA HIN), William H. Datema, MS – Association of State and Territorial Health Officials (ASTHO), Ginny Ehrlich, MPH, MS – National Association of State Boards of Education (NASBE), Brenda Z. Greene, MFA and Cameron Atkison - National School Boards Association (NSBA), Nora L. Howley, MA - Council of Chief State School Officers (CCSSO) and Nicole Kendell - National Conference of State Legislatures

Objective: To provide participants with information on the current perspectives of state and local health and education policymakers on school-based adolescent pregnancy prevention.

Methods: The presenters will provide a brief overview of the key findings from surveys and focus groups conducted by the Joint Work Group on Teen Pregnancy Prevention, a collaboration of seven national associations funded by the Division of Adolescent and School Health. The data was collected during 1998 with state legislators, members of state and local boards of education, state and local health agency officials, school administrators, teachers, and students. Each constituency was asked a series of questions regarding the optimal roles of state and local policies, schools, health agencies, and other entities in adolescent prevention activities.

Results: Pending. Analysis is currently being accomplished, with preliminary reporting by each group due to the Joint Work Group in mid-July.

Conclusion: Pending. Joint Work Group members will share potential policy and program implications with attendees.

182 HIV Prevention Among State and Local Education Agencies for Three Groups of "High Risk" Youth

William Burns Rogers, MPH - University of Alabama at Birmingham, Leah Robin – Centers for Disease Control and Prevention

Objective: To identify state and local education agencies' HIV prevention activities, and barriers and facilitating factors for such activities among three groups of youth in high-risk situations.

Methods: State and local education agency HIV Coordinators were contacted by phone and asked to discuss HIV prevention activities for three groups of youth in high risk situations: incarcerated youth, injection drug using youth, and sexual minority youth. Qualitative data were obtained from 56 state education agencies and 18 local education agencies. Themes characterizing the activities emerged through grounded textual analysis.

Results: A majority of state education agencies reported activities for incarcerated youth (57%), and under half reported activities for injection drug using youth (45%) and sexual minority youth (46%). The majority of local education agencies reported activities for all groups of youth, 66% for incarcerated youth, 72% for injection drug using youth, and 89% for sexual minority youth. Several dimensions of HIV prevention activities emerged, including: type of activities, activity settings, types of providers, collaborative strategies, and facilitators and barriers to providing activities. Study limitations included unstandardized data collection, limited knowledge and hesitance to discuss activities for youth in high-risk situations among HIV Coordinators.

Conclusion: Many state and local education agencies provided services targeted to incarcerated injection drug using youth, and sexual minority youth. Collaboration was an important activity, and establishing and maintaining collaborations with Departments of Health and Community Planning Groups among others may be particularly important, as these groups must be served both in and outside of schools.

183 Implementing and Evaluating a Large Scale Comprehensive Health Education Initiative: Preliminary Findings

Jill Elnicki, MPH, Mary Doyen, MA and Debra Sandau-Christopher - Rocky Mountain Center for Health Promotion and Education

Objective: To assist school districts in building capacity to implement and sustain comprehensive school health education.

Setting: 21 Colorado school districts

Intervention: Rocky Mountain Center for Health Promotion and Education administers a large scale project funded by The Colorado Trust aimed at building community capacity and sustainability of school health education. RMC works in partnership with 21 school districts to: build community and school support of CHSE; select K-12 curricula; form and maintain district advisory committees; develop knowledge and skills of health education coordinators; provide technical assistance; and evaluate results. All schools in the project have gone through a thorough needs assessment utilizing CDC's six categories of risk behaviors as a focus for determining curriculum content.

Outcomes: Several data collection methods, including surveying, key informant interviews, focus groups, observation, and review of archive documents such as coordinator journal and meeting minutes have been used to evaluate the project. Over 600 teachers implementing elementary curricula were surveyed. Survey results suggest ideas for program improvement, particularly in the area of curriculum implementation.

Conclusion: Implementation with fidelity is a laudable goal, but difficult to achieve, even under ideal circumstances.

185 **Three Heads are Better than One: The Value of Collaboration in our Work**

William David Burns, MA - Association of American Colleges and Universities; Louise White - National Association for Equal Opportunity (NAFEO) and William R. O'Connell, Jr. - National Association of Student Personnel Administrators

Objectives: Are three heads better than one? The project directors of the three cooperative agreements designed to influence and educate higher education's leaders will discuss their experiences in establishing collaborations to organize regional meetings and develop other activities designed to support DASH's objectives. Issues/ideas to be described/discussed include: the value of modeling collaboration; the benefits of collecting resources and sharing responsibilities; the value of multiple perspectives, experiences and areas of expertise; and, the leveraging of individual accomplishments and work to the benefit of others. A few obstacles/challenges will also be identified, some structural and others simply practical considerations. The presentation will feature a narrative of existing and planned collaboration activities, as well as plans to assess them. This narrative will serve to illustrate several principles of collaboration and cooperation. Thus, participants will receive both information on a particular collaboration as well as practical advice on how to encourage collaboration among disparate interest groups/departments within higher education (academic and student affairs), as well as how collaborations can be used to enrich and deepen the capacities beyond those of institutions working alone. Participant discussion will be encouraged. Handouts will be provided.

190 **Sex, Drugs and Alcohol Decisionmaking for the MTV/Video Game Generation**

Sharon Sloane, MA and Lyn McCall, MA - World Institute of Leadership and Learning (WILL)

Objective: To share results of research into how to "reach" youth who are hard to reach and to demonstrate the latest interactive decision making training models for preventing HIV/AIDS and substance abuse among 10-24 year-olds.

Setting: Nationwide middle school, high school, and college students, teachers, and parents.

Intervention: Recent Robert Wood Johnson Foundation sponsored research concerning how to design interactive, attention-keeping behavior modification programs have led to the development and evaluation of interactive computer-based decisionmaking training tools. These tools were created from inputs of focus groups, expert panels and field tests. Preliminary evaluation of the intervention in six middle schools has been overwhelmingly positive, and leading colleges have embraced the concept. Session participants will get hands-on use of cutting edge, full-screen, full-motion, virtual experience video game training models.

Outcomes: During the year July 1997 – June 1998 the methodology was implemented by 100 colleges and universities, and is being distributed to 21,500 middle schools in the Fall of 1998.

Learning Objectives:

1. To provide an overview understanding about current research into how to influence lifestyle decision making by young people.
2. To provide hands-on use of models of how technology is being used to help prevent HIV and substance abuse among young people.
3. To provide participants with ideas on how to apply interactive computer-based training techniques that actively engage "hard to reach" members of the MTV/Video Game generation.

191 **Exposure to and Involvement in Violence Among Adolescents in the United States**

Nancy D. Brener, PhD, Thomas R. Simon, PhD and Mark Anderson, MD - Centers for Disease Control and Prevention

Violence among adolescents is a major public health problem. During this symposium, three recent studies on violence affecting school-aged adolescents will be presented.

The first study used YRBS data collection between 1991 and 1997 to examine temporal trends in weapon carrying and fighting by demographic characteristics. Reductions in fighting (14%) and weapon carrying (30%) were observed. The reduction in weapon carrying occurred primarily for gun carrying rather than other weapons and the reduction in fighting occurred primarily among females and non Hispanic youth.

The second study used YRBS data from 1995 to examine the percentage of students who reported carrying weapons on school grounds, and to compare students who carry weapons on school grounds to those who carry weapons elsewhere or not at all. Among the students who reported carrying weapons, 48% carried a weapon while on school grounds. Weapon carriers were not a homogeneous group; those who carried weapons to school were more likely to report exposure to school crime and involvement in the other problem behaviors than those who carried weapons elsewhere.

The third study collected information on school-associated violent deaths occurring in the United States. Preliminary data indicate that there were over 200 school-associated violent deaths between 1994 and 1998. Most incidents were firearm-related homicides involving a single fatality, usually a student.

Although data indicate that the tide of violent behavior among adolescents may be beginning to ebb, levels remain unacceptably high. Implications from these studies for violence prevention will be discussed.

Learning Objectives:

At the conclusion of this symposium, attendees should be aware of recent temporal trends in school associated violent deaths and high school students' involvement in nonfatal violent behaviors. Attendees will also gain an understanding of important correlates of fatal and nonfatal violence, including a detailed discussion of the sociodemographic and behavioral factors that distinguish students who carry weapons on school grounds from those who carry weapons elsewhere or not at all.

192 **Two Federal Initiatives: The Integration of Coordinated School Health and School Mental Health**

Diane Allensworth, PhD, Steven Ranslow, PhD - Centers for Disease Control and Prevention, Howard Adelman, PhD, MS – University of California at Los Angeles, Steven Adelsheim, MD and Pattsy Nelson, BSN – New Mexico Department of Health, Kristine M. Meurer, PhD - New Mexico Department of Education

Objective: To explore with national leaders and representatives from New Mexico about the complexity at the federal, state and local levels of integrating two federal initiatives, one in Coordinated School Health and the other in School Mental Health.

Setting: New Mexico, Maine, Minnesota, and South Carolina.

Intervention: The CDC provides funding at the state level for coordinated school health infrastructure development. At the same time, MCHB funds states for school mental health infrastructure development. Integration and implementation of two federal initiatives from two federal departments creates challenges for states and communities. Representatives from CDC, Maternal and Child Health Bureau at the Health Resources Services Advances, and one National Center for School Mental Health will discuss these initiatives at the national level and their strategies for implementation. New Mexico is a state funded to implement both. Participants from both New Mexico initiatives will share their state's efforts to implement and integrate both models. Following these formal presentations, the panel discussion will lead to recommendations for improved integration of both coordinated school health and school mental health initiatives with different funding streams and funder requirements.

Outcomes: This presentation is one of a series of dialogues in a process which is intended to recognize different perspectives promoted by both initiatives and facilitate the shared need to implement the programs at the local level without one being subsumed within the other.

Conclusion: Integration of a different federal initiatives which have the same intended outcome, the goal of healthy, educationally successful students, must be addressed at the federal, state, and local levels through open dialogue, consensus-building and compromise.

Learning Objectives:

At the end of the presentation, participants will be able to describe:

- The difficulties encountered by states and local communities when attempting to implement and integrate school health programs funded by different federal agencies with different models and different requirements of their funded programs
- Strategies for working through the difficulties encountered by all parties
- Future plans to facilitate integration of these and other models.

193 **Health Prevention & the Youth Peer Culture**

Lynn Gray, MDiv - metaNetworks, Inc.

Longitudinal research on American adolescents reports a major shift in the systems that influence their values, decisions and thinking processes. In 1950, when the research was first conducted, young people created the following rank order of factors influencing their lives: 1) family; 2) religious organization; 3) school; 4) peers. In 1990, when the research was again conducted, they reported a remarkably different rank order: 1) peers; 2) media; 3) family; 4) schools. We live in a time where peer and media influence have emerged as the most important factors shaping the lives of our young people. We live in a society where "peer culture" shapes life decisions for our adolescents.

Many of our middle/high school students (not only those officially "at risk") report no personal benchmarks for health or success and few bottom line values and goals which they have internalized to guide their own growth and development. Relying heavily on often ill-informed peer networks to sort out and negotiate the world, they are frequently guided by a complicity of ignorance in our so-called Information Age.

metaNetworks, inc. has developed and applied a strategic model that enables teams of young people to attack the negative aspects of their own peer cultures and turn their peer networks into strong information and support systems. The presentation will focus on application of the model on adolescent health and schooling issues. Emphasis will be on 1) formation and use of culturally diverse Youth ThinkTanks ; 2) development of youth-driven R&D projects; 3) application of large-scale marketing technologies to improve youth peer cultures; and 4) issues of scale.

197 **Involving Pediatricians in School Health**

Scott G. Allen - American Academy of Pediatrics and Howard Taras, MD - UCSD Department of Pediatrics

Learning Objectives:

By the end of this session, participants will be able to:

- Recognize national efforts to educate pediatricians about school health and involve them in school health programs and activities at the local level;
- Identify and explain multiple ways that pediatricians can contribute to and support school health programs;
- Access resources including a Web site from the American Academy of Pediatrics (AAP);
- Identify how the efforts and memberships of other national organizations can collaborate with the AAP to help improve the health and well-being of children while in school; and
- Return to their individual communities and contract local pediatricians and pediatric organizations to establish relationships, which will help improve school health programs.

Description: Since 1994, the American Academy of Pediatrics has conducted the Comprehensive School Health – Capacity and Policy Initiative, funded by the CDC through a subcontract with the American Medical Association. This effort seeks to educate pediatricians on school health issues and teach them how they can be involved at the community, state, and national levels. An overview of the Initiative's recent and upcoming projects will be provided; these include a national "train the trainers" effort to educate pediatricians; interaction with school administrators, nurses, board members, and others at the national level; and efforts to enable pediatricians to develop partnerships and build community coalitions at the local level. Resources developed through the Initiative including a Web site on school health will be shared. Attendees will learn how they can approach pediatricians at the state and local levels and involve them as advocates for school health programs. Barriers to involving pediatricians in school health and ways to overcome them will also be discussed. Attendees will be encouraged to share their experiences with pediatricians and to make suggestions to the Academy as to how pediatricians can be better prepared to work with schools and other health professionals involved in school health.

198 **SCASS Health Education Assessment Project**

Kathleen Middleton, MS, CHES - ToucanEd, Spencer Sartorius, MA - Montana Office of Public Instruction, Beth Pateman, HSD - University of Hawaii and Marlene Tappe, PhD- Purdue University

Objective: To increase the ability of elementary, middle, and high school teachers to align instruction and assessment with the National Health Education Standards.

Description: Portfolio performance assessment is a component of the CCSSO-SCASS Health Education Assessment Project. Teachers from over 20 states at elementary, middle and high school levels have been involved in pilot testing and developing tools for performance assessment in health education. The result is a performance assessment system that includes rubrics linked to the National Health Education Standards, process tools to assist students to assess their own work and examples of student work. The hands-on guide entitled *Assessing Health Literacy: A Guide to Portfolios* includes a description of performance assessment and how to implement portfolio/performance assessment at the classroom level.

A key component to the process is teacher participation in scoring student work. This involves the use of the Anchor Papers and Practice Papers from the CCSSO-SCASS Health Education Assessment Project. Student work is assessed for both content and skills (such as *communication*, *decision-making*, *goal setting*, and *advocacy*.) Scoring student work provides powerful in-service and pre-service hands-on experience. Teachers increase their ability to determine the essence of essential skills in health education. Teachers who have used this system report that it helps students and parents understand assessment, as they know what the criteria are for judging performance.

201 **Linking Coordinated School Health Programs to Learning in Urban Schools: The Dallas Plan**
Rosemarie Allen, PhD, MEd and Linda Yater, MEd – Dallas Public Schools

Objective: To increase the number and the capacity of schools to implement health and wellness education in conjunction with academic achievement.

Intervention: Contextual data including the Youth Risk Behavior Survey (YRBS) results are used to advocate and market coordinated school health programs. Health education, physical education, guidance counseling, prevention programs, and character education combined to provide a structure for wellness efforts in all schools. Administrators and teachers will link academics to wellness through a common curricula framework. Health-related issues are addressed by each school campus.

Conclusion: The Dallas Public schools' model of coordinated school health programs helps to institutionalize sexuality education and other prevention strategies will be presented. The 1998-99 school year will activate data driven decisions for a K-12 wellness program for students.

206 **Interconnections: Emerging Patterns in Youth Risk Behavior**
Shepherd Smith – The Institute for Youth Development

Scientists and youth development professionals have found there are connections between an adolescent's involvement in the risk behaviors of alcohol, drugs, sex, tobacco, and violence. These connections between risk behaviors indicate that an adolescent who is involved in one health-compromising behavior is more likely to be involved in a lifestyle pattern that includes other health-compromising behaviors. While involvement in one risk behavior does not guarantee involvement in another, it does increase the likelihood that a young person will participate in the other risk behaviors. The interconnections between adolescent risk behaviors merit not only additional study, but also an evaluation of preventive programs and messages that target youth. Since it is evident that alcohol, drugs, sex, tobacco and violence are all part of a larger pattern of risky behaviors, programs must address the entire lifestyle pattern that compromises the health and well-being of a young person.

POSTER SESSION

ABSTRACTS

107 **Infrastructure Development through Partnerships: Achieving Concrete Results**

Linda Nightingale Greenwood, MA, Ann Kelsey Thacher, MS, Jackie Ascrizzi, MEd, Andrea G. Vastis, CHES and Cynthia Y. Corbridge, MSW, MEd - Rhode Island Department of Education

Objective: To present successful collaborative outcomes of the infrastructure supported by the partnership formed between the Rhode Island Departments of Education and Health.

Description: Funded by the CDC in 1994, the Rhode Island Healthy Schools! Healthy Kids! Comprehensive School Health Program has successfully implemented a number of collaborative initiatives to support the eight components of comprehensive school health programs. The infrastructure built between the Department of Education and Health has made these initiatives possible. This session will highlight the following:

1. Integrating CSHP with comprehensive school reform, focusing on the Rhode Island School Accountability for Learning & Teaching (SALT) process, and the Rhode Island Asset Protection Plan;
2. Healthy Schools! Healthy Kids! Month as part of a comprehensive public education and communications strategy;
3. Electronic Health Record.

Learning Objectives:

Participants will appreciate the importance of building a strong infrastructure and how this infrastructure facilitates the development and implementation of successful initiatives on the state and local levels. Specifically, participants will learn about Rhode Island's comprehensive public education strategy focusing on Healthy Schools! Healthy Kids! Month; the development of the electronic health record; and the integration of comprehensive school health issues with state school reform initiatives.

114 **Values Education For Pre-Teens: A New Challenge For Health Educators**

Alberto Pellai, MD, PhD, S. Vitale, C. Vitale, R. Bottasini, B. Tamborini, I. Pazardjiklian, A. Pagano – The Institute of Hygiene and Preventive Medicine, Milano State University; IRCCS Ospedale Maggiore di Milano

Objective: To develop and test a health education curriculum for pre-teens where health education goals are integrated in an educational framework supporting individual and social values.

Setting: Italian schools, 4th - 6th grade students. Rationale for this intervention: Due to unsatisfying success of previous health education curricula addressing Italians pre-teens, a needs analysis was developed to understand which prevention approach could be more effective in developing positive attitudes capable to induce protective behaviors and decrease at-risk behaviors in Italian pre-teens and teenagers. The major problem outlined was that traditional health education interventions models were only able to modify children's knowledges without impacting inner health-related operational and functional patterns driving and inducing health behaviors and choices. Traditional approaches seemed not able to create an inner "locus of control" for health in children and teenagers.

Intervention: Based on these considerations, our research team started implementation to a holistic model for health education in developmental age, whose last outcome consisted in the creation of a Health Education curriculum targeting pre-teens, where health education objectives are integrated with a "value education," Each curriculum's educational unit is based on a specific value and students are invited to explore all health-related implications which each single value implies. Some of the values this curriculum is based on are: identity, awareness, hope, communication, respect, giving, planning, caring.

Outcomes: Process and outcome evaluation showed a significant improvement in the increase of health-related correct knowledges and positive attitudes. Behaviors will be long-term evaluated in the next three years time span.

Conclusion: Placing values in the framework for health education seems to be a good way to help children create and structure an inner focus of control for health, allowing the development of a healthy lifestyle.

119 **School Health Education Profiles – Selected States – 1996**

Jo Anne Grunbaum, EdD and Laura Kann, PhD - Centers for Disease Control and Prevention
and Barbara Williams – WESTAT, Inc.

Objective: To describe the current status and monitor characteristics of school health education within middle/junior high and senior high schools at the state and local level.

Methods: In 1996, a systematic equal probability sampling strategy was used to produce representative samples of schools serving students in grades 6-12 in each jurisdiction. Data were collected from the principal and lead health education teacher through self-administered questionnaires.

Results: The principal survey sample sizes ranged from 24 to 852 with response rates ranging from 51% to 100%. Teacher sample sizes ranged from 24 to 709 with response rates ranging from 52% to 100%. Over 78% of schools in each site required health education at least once for students in grades 6-12. However, the method for teaching required health education varied widely. A large percentage of schools in each site tried to increase student knowledge of tobacco, alcohol and other drugs, nutrition, physical activity, and violence. Seventy percent to 100% of schools in each site had a coordinator of health education. The professional preparation of the lead health education teacher varied. The percentage of schools that require HIV infection/AIDS education varied from 65% to 100%.
The percentage of schools with a written policy on students or staff with HIV infection/AIDS ranged from 45.7% to 100%.

Conclusion: To assure quality health education, more emphasis on skills to improve health literacy, an increase in health education staff with a health education background, and an increase in schools with a written HIV infection/AIDS policy are needed.

Learning objectives:

Participants will be able to: 1) describe the variability in health education and HIV education among states and cities: 2) describe the areas of health education and HIV education that could use improvement: 3) describe how the Profiles data can be used to monitor health education in their locality; and 4) compare characteristics of health education in their jurisdiction to other localities and to data collected as part of the 1994 School Health Policies and Programs Study.

125 **Building Institution-Wide Health Promotion Programs**

Jan Gascoigne, PhD, CHES - The BACCHUS and GAMMA Peer Education Network, Mary T. Hoban MA, CHES - The American College Health Association, Nan Ottenritter, MS, MSW - The American Association of Community Colleges

Objective: To describe the collaborative efforts of the American Association of Community Colleges, the American College Health Association, and the BACCHUS/GAMMA Peer Education Network to build institution-wide health promotion programs to prevent HIV and other serious health issues on campus.

Description: Project staff from the three 532 (priority 2) funded national organizations will describe their collaborative activities designed to assist institutions of higher education with the development of institutional-wide HIV prevention efforts. Topics such as curriculum infusion, service learning, per education and policy development will be included in the discussion. The presenters will also address how SEAs, LEAs, and other national organizations may use some of the same strategies to support HIV prevention efforts in individual schools. Time will be allotted for questions from and discussion with the audience.

127 **"All You Need is Love" Sexual Responsibility Week Programming**

Jan L. Gascoigne, PhD, MA, CHES and Don Giancola, BS - The BACCHUS and GAMMA Peer Education Network, Mary T. Hoban, BA, MA, CHES and Dee Braver, BS, MS – The American College Health Association

Objective: To describe collaborative efforts of THE BACCHUS and GAMMA Peer Education Network and The American College Health Association in launching sexual responsibility week, February 8 – 14, 1998.

Description: Project staff from both organizations will provide a poster session that highlights the "All You Need Is Love...Romance, Respect, and Responsibility" National Sexual Responsibility Week campaign. The 36 page programming manual will serve as the focus with various sections highlighted. Copies of campaign materials will be provided in limited quantity at the session as well as information on Web access to materials.

152 **Youth as a Focus in the Community Planning Process**

Janet Arns, RN, MS – Delaware Department of Education, Loretta E. Taylor, BS – Delaware Division of Public Health

Objective: To expand HIV prevention education and services for youth by identifying this target group as a priority for community planning initiatives.

Methods: Using information from the Massachusetts Training and Demonstration project, a questionnaire was developed to determine interest and participation in a "youth subcommittee" for the Community Planning Group.

Results: A youth subcommittee was established which identifies needs of youth in high-risk situations for HIV. Through collaboration with many organizations, the committee has established priorities for CDC funding to the Division of Public Health and has made recommendations for the expansion of *Programs that Work* training of youth service workers.

Outcomes: During the first six months of it's Inception, the youth subcommittee has developed a list of youth-serving agencies interested in HIV prevention education and began the task of identifying a cadre of sexuality trainers to meet the identified needs. A timeline to conduct focus groups with adolescents has been developed and plans to obtain feedback on HIV education and services to GLBT youth, adjudicated youth and middle school and high school students are underway. In addition, an evaluation instrument to assess curriculum implementation of skill-based programs has been developed and administered to secondary health teachers.

Conclusion: Collaborative efforts between the Department of Education, the Division of Public Health, the Department of Services to Children, Youth and Their Families and other organizations has increased the awareness of youth as a priority for the community planning process.

153 **State Plans to Increase Awareness and Enforcement of Statutory Rape Laws**

Ginny Ehrlich, MPH, MS – National Association of State Boards of Education, Nora L. Howley, BS, MA – Council of Chief State School Officers, Margot Abels, MA and Julie Netherland, MA – Massachusetts Department of Education

Objective: To identify the impact of the statutory rape enforcement provisions in the recent welfare reform legislation and other policy initiatives on coordinated school health programs and sexuality education in schools.

Methods: This interactive poster session will include descriptions of state plans to enhance the awareness and enforcement of statutory rape laws. Viewers will have the opportunity to share resources from their states and local areas and to express their perspectives on the impact of these plans on the provision of school-based health services, counseling, and teaching and learning in the health classroom.

Outcomes: Viewers will gain a better understanding of strategies for addressing statutory rape and their impact on coordinated school health programs.

Learning Outcomes:

Participants will understand the implications of statutory rape provisions for schools. Participants will discuss the different state plans for increasing awareness and enforcement of statutory rape.

155 **Overview of HIV/AIDS Prevention Education and Other Coordinated School Health Activities in California**

Christine Berry, MA, Nancy Gelbard, MS, RD, Emily Nahat, RD and Caroline Roberts, MPH, RD – California Department of Education, Comprehensive School Health Programs Office

Objective: Representatives from the California Department of Education and California Department of Health Services will be available to describe implementation of programs and projects related to HIV/AIDS prevention and other components of coordinated school health.

Description: *Positively Speaking*, a program that includes selection, training and scheduling of speakers who are infected with HIV or have been personally affected by the disease. Speakers share their personal story with students, parents and community members, putting a human face on HIV and AIDS.

HIV/AIDS Prevention Education Grants, which have been awarded to 35 local education agencies to develop and implement innovative and effective activities including peer education, teen theater, performing arts projects, skills building lessons, and peer influence models.

Healthy Kids Resource Center, which serves as a lending library of instructional resources related to coordinated school health. Center staff has recently established committees comprised of experienced educators, to review materials housed at the center. Materials are loaned free of charge for use in health education and professional development.

Healthy Start Program, a statewide initiative that places comprehensive support services for children and families at or near school sites. This program gives schools, in partnership with public and private service providers, a unique opportunity to restructure systems to better meet the needs of children and families.

Exemplary Schools Recognition Program, an awards program for schools that have outstanding programs in both physical education and health education. This award is sponsored jointly by the Governor's Council on Physical Fitness and Sports, the American Cancer Society, and the California Department of Education.

Standards for Health Education and Standards for Physical Education, which provide examples of what students should know and be able to do at K-6, middle grades, and high school.

171 **Doing Better: Schools Encourage Healthy Growth and Development Through Options for Pre-Teens**

Sharon Adams-Taylor, MA, MPH and Nancy Miller, PhD – The American Association of School Administrators

Objective: To make the connections among: 1) poor outcomes for youth, 2) missed opportunities to encourage the healthy growth and development for every youngster everyday in every school in America, and 3) the culture of schools and those who work and learn there.

Setting: Elementary/middle schools in three urban school districts. The program's participants are largely poor and minority, but its principles and lessons are universal.

Intervention: *When I'm Grown*; a life-planning and sexuality education curriculum; attention to individual, student/staff, family, and peer relationships through student and family advocacy; intellectual skill building through the computer-based *Higher Order Thinking Skills (HOTS)* program; enhanced expectations for students through school climate improvement; service learning to build connections between students and their communities; and family involvement to improve school/family relationships.

Outcomes: Cross-year comparisons were made of key variables with change scores for group means generated to compare baseline data to follow-up periods. Relative change scores for OPT students and control group students were also calculated and significance tests conducted. Statistically significant differences were found in the following areas: sexual knowledge, standardized math scores, student behavior, educational expectations, and school climate, while change scores on sexual refusal skills, grades, and family involvement leaned strongly in the hypothesized direction.

Conclusion: The school environment and relationships with adults and peers at school (connectedness) can affect the healthy growth and development of young people.

174 **Preventing Unintentional Injuries In and Around Schools – The "Safety Makes Sense!" Program**

Leslie Goldman, MA and Joanne DeSimone Eichel, MA – The New York Academy of Medicine, Office of School Health Programs

Objective: "Safety is everybody's business" is the conceptual framework of Safety Makes Sense!" – a multifaceted program using educational, environmental and policy strategies to prevent unintentional injuries to children in and around schools.

Description: "Safety Makes Sense!" is implemented within a coordinated school health program, integrates unintentional injury prevention into comprehensive school health education in the classroom, and brings safety education into the homes of students and their families. A Handbook has been developed with input from the target audiences and national experts in the field of injury prevention, which addresses the need for a coordinated approach, staff roles and responsibilities, and strategies for classroom and school wide safety activities. The program includes the training of interdisciplinary teams of teachers, counselors, parents, nurses, paraprofessionals, school aides, safety officers, food service personnel, custodians, and bus drivers; student/parent booklets; and evaluation. The program is an unprecedented collaboration between The New York Academy of Medicine, the New York City Board of Education, the New York City Office of the Comptroller, and the federal Centers for Disease Control and Prevention.

After this presentation, participants will be able to describe the components of this initiative and the interaction between creating a safer school environment and the enhancement of the coordinated school health program.

199 **Models that Work: HIV/AIDS Testing, Education and Counseling**
Martin Gordon, Director of Training, Los Angeles Free Clinic (LAFC)

Objective: Offer urgent primary and dental care; legal assistance; mental health counseling; comprehensive medical and psychosocial services for high-risk youth; day labor for homeless youth; peer HIV education testing; and counseling for high-risk youth.

Setting: At any one time, more than 3,000 young people arrive in Los Angeles every year, dreaming of fame and fortune. Instead, they face a cruel and dangerous awakening. With no place to go, and very little money, they do what they can to survive, including mugging, panhandling, petty theft, prostitution, drug dealing, and pornography. Their unstable lifestyles render them susceptible to unwanted pregnancies, sexually transmitted diseases (STDs) such as HIV/AIDs, and mental illness and suicide.

Intervention: To serve the special and complex needs of this high-risk population, LAFC-Hollywood Center offers four closely linked programs designed to work together to offer comprehensive care. *The High-Risk Youth Program* offers comprehensive medical and mental health care uniquely tailored for homeless and runaway youth. *Project STEP* (Short-Term Employment Program) offers job training and placement. *Project ABLE* offers peer HIV education, counseling, and testing. The *Family Planning and Other Medical Services Unit* offers family planning, plus a mobile team that provides health care and HIV testing services at homeless shelters and other sites that attract homeless and runaway youth.

Outcomes: Increased access for high-risk youths, health education, risk reduction and employment alternatives to high-risk survival tactics.

Conclusions: The daily threats to the health of homeless youth are compounded by their inability and unwillingness to access basic medical care and social services. Past victimization by parents or guardians has made them extremely wary of adult-dominated service environments. As a result, they avoid the medical and social services available to them, further weakening themselves and limiting their options for escaping the streets. A youth-centered environment that provides a non-judgmental and youth-friendly environment, bilingual staff, peer education/counseling, comprehensive services offered in a "one-stop shopping" mode, walk-in/mobile services, day labor jobs/ daily paychecks, mentors, and daily workshops to help build job skills and provide alternatives to high-risk survival strategies can have an impact on health status and quality of life.

204 **HIV and Adolescents: School Nursing Demonstration Site Initiatives**

Peggy Veroneau, MPH, RN, Margie Ball Cook, PhD, RN, Pat Dumais, MS, RN and Carol Riker, MSN, RN - American Nurses Association

Objective: To describe three diverse and innovative school nurse initiated projects that motivate school communities to support, develop, and implement appropriate HIV programs to adolescents.

Setting: Middle and high schools in Woodland, California, Denver, Colorado, and Lexington, Kentucky.

Intervention: Through a cooperative agreement with Centers for Disease Control and Prevention, The American Nurses Association funded ten mini-grants to local schools to address HIV among the adolescent student population. These model demonstration projects used diverse approaches to address HIV in their school system. This presentation will describe three of these exemplary projects: Lexington, Kentucky: "Building Skills in a Low-Risk Environment – This project utilizes components of the Get Real About AIDS program stressing peer education, drama, and parent involvement to reach middle school students; Denver, Colorado: "Project SNAPP: School Nurses Arranging Partnership in Prevention—This multifaceted project was targeted at adolescents in three high schools with high minority student populations; Woodland, California: "Teens as Leaders (Bilingual Strategies)" – This program adapted a popular Mexican game, La Loteria, to teach adolescents, primarily Latino youth, about HIV/AIDS using peer educators.

Outcomes: These projects were implemented over a 12-18 month period at four high schools and two middle schools representing a wide-range of cultural and geographic diversity.

Conclusions: These school nurse initiatives can serve as models to other school nurses wanting to implement similar programs.

209 **Evaluation Results from the *Safer Choices* Project: A Multi-Faceted HIV Prevention Intervention Program for High School Students**

Stephen W. Banspach - Centers for Disease Control and Prevention

Objective: To evaluate the impact of a school-based HIV/STD infection and pregnancy prevention program on students knowledge, attitudes, and behavior.

Methods: A 2-year intervention consisting of five integrated components (school organization, curriculum and staff development, peer resources and school environment, parent education, school-community linkages) was evaluated using a randomized control trial involving 20 schools in California and Texas (USA); 3,869 ninth grade cohort students were tracked for 30 months. Multilevel (students within schools) statistical analyses were used.

Results: The program reduced the reported number of acts of unprotected intercourse among students in the cohort at the 6 month follow-up ($p = 0.03$) and the 30 month follow-up ($p = 0.05$) and showed a marginal effect on reducing the number of partners with whom students had unprotected sex ($p = 0.07$) with this effect dissipating over time. The program increased the use of effective HIV prevention methods at last intercourse at all three time points ($p = 0.04$ at 6 months, $p = 0.06$ at 18 months, and $p = 0.04$ at 30 months). The program also increased the use of pregnancy prevention methods at last intercourse ($p = 0.04$ at 6 months, 0.04 at 18 months, and 0.06 at 30 months). No group differences were found in sexual initiation, condom use at first intercourse, or frequency of sexual intercourse. Across the 30 months, the study showed statistically significant gains favoring the intervention group among the majority of psychosocial variables, especially knowledge and other theoretical variables related to condom use.

Conclusions: The results of this evaluation provide evidence that carefully conceived school-based HIV/AIDS education programs can produce the knowledge, skills, and confidence required to reduce HIV-risk behavior among teenagers.

210 **Social-Normative Factors Partially Explain the Association between Younger Age and HIV Risk in Gay and Bisexual Men in the U.S.**

Gordon Mansergh - Centers for Disease Control and Prevention

Background: To test the hypothesis that the inverse association between age and HIV sexual risk behavior and seroconversion in gay/bisexual men in North America (not well documented in Europe or Australia) may be partially explained by social-normative factors, including perceived peer norms for unsafe sex, importance of gay identity, pride in gay identity, self-homophobia, and an orientation toward bars to meet and socialize with men.

Methods: Data from the Centers for Disease Control Collaborative HIV Seroincidence Study were used to test the hypothesis. The sample consisted of HIV-negative gay and bisexual men from Chicago, Denver, and San Francisco (N = 1629). Age and social-normative factors were assessed at baseline, and sexual risk behavior, HIV serostatus, and drug use were assessed at 6-month intervals over 2 years. Regression analyses and other tests were conducted to examine the independent mediational effects of the social-normative factors.

Results: The inverse associations between age and (a) HIV seroconversion, (b) unprotected receptive anal (URA), and (c) unprotected insertive anal (UIA) intercourse were confirmed in the sample. Social-normative factors of perceived norms for unsafe sex and bar orientation were the strongest mediators of the age-risk association: age was inversely associated with these two factors, which, in turn, were associated with higher risk. Findings were independent of the influence of alcohol and drug use. Importance of gay identity was a mediator only for URA (not UIA): age was inversely associated with gay identity importance, and identity importance was associated with higher URA. These results were generally consistent for outcomes of cross-sectional and cumulative behavior scores, and they were confirmed by HIV seroconversion as the outcome.

Conclusions: The North American finding that younger age is associated with HIV risk may be partially explained by social-normative factors, namely perceived norms for unsafe sex and social aspects of bar settings. Results suggest that sexual mixing patterns of young men, especially in relation to bar settings, may be an important area for future research and risk-reduction efforts. Investigations in North America and elsewhere are needed to identify other psychosocial variables that may be important to address when targeting younger gay/bisexual men.

211 **Evaluation of a School Condom Availability Program: Impact on Sexual Behavior and Condom Use**

Nancy Brener and John Moore – Centers for Disease Control and Prevention

Background: In an effort to reduce unprotected sexual intercourse, 10 high schools in a US city began making condoms available through vending machines, baskets in school clinics, or both. This study measured the number of condoms students obtained and the impact of condom availability on sexual behavior and condom use.

Methods: School-wide student surveys were administered in spring 1993 and in spring 1995, before and during the implementation of the condom availability program. These data were compared with data from nationally representative surveys administered at the same time.

Results: Students in the ten high schools obtained an average of 4.6 condoms per year, the vast majority from baskets and very few from vending machines. In two schools with both vending machines and baskets, students obtained more than 70 times as many condoms from baskets than from machines. Relative to the national samples, the percentage of students who had ever had sex remained the same after the program began (46% in 1993 vs. 42% in 1995); the percentage of students who had sex during the three months preceding the survey decreased significantly (32% of students in 1993 vs. 28% in 1995, $p = .02$); and the percentage of sexually experienced students who used a condom the last time they had sex decreased significantly (57% in 1993 vs. 51% in 1995, $p = .04$), particularly in the five schools with clinics and baskets of condoms (57% vs. 47%, $p = .005$).

Conclusions: Making condoms available in this city's high schools enabled students to obtain relatively large numbers of condoms, but did not increase condom use. One explanation for this finding is that condoms were already accessible to students; the school-based program created a substitution effect. In addition, school condom availability may not have addressed the barriers to condom use.

212 **Age of Initiation of Sexual Intercourse among High School Students in the United States**

Janet Collins - Centers for Disease Control and Prevention

Background: Many HIV prevention programs for adolescents focus on delay of first intercourse as a primary goal. Adolescents who initiate intercourse at early ages have been shown to have greater HIV risk throughout adolescence and early adulthood. Understanding current patterns of initiation can help inform appropriate interventions. The objective of this study was to examine the age and rates of initiation of sexual intercourse from 1991 through 1997 among high school students ages 14 to 17 in the United States.

Methods: Self-report data on age at first sexual intercourse were collected from approximately 65,000 adolescents as part of four nationally representative Youth Risk Behavior Surveys conducted between 1991 and 1997. Based on these data, life-table analysis was used to examine age and rates of initiation of sexual intercourse.

Results: The median age of first sexual intercourse was 16.4 years. Approximately 5% of students initiated intercourse by age 12, 10% initiated by age 13, 17% by age 14, 28% by age 15, 43% by age 16, and 59% by age 17. Among sexually experienced youth, adolescents who were early initiators (age 13 or younger) compared to adolescents who were later initiators (age 16 or older) were less likely to use a condom at last intercourse (50% vs. 60%) and more likely to have multiple sexual partners in the past three months (47% vs. 11%). On average, male students initiated intercourse earlier than females and black students initiated earlier than white or Hispanic students. The median and pattern of initiation were stable across the seven year period.

Conclusion: Over the past few decades we have seen progressively earlier ages of first intercourse. Recently, age at first intercourse appears to have stabilized. Age of initiation may be further increased through appropriately timed interventions. Because more than a quarter of adolescents initiate intercourse by age 15, interventions designed to delay initiation need to begin prior to this time.

213 **Communities at Risk - Estimating the Impact of the HIV Epidemic Upon Adolescents and Young Adults at the Local Level**

Paul Denning - Centers for Disease Control and Prevention

Background: Since HIV-infected persons who develop AIDS by age 25 tend to have been recently infected, trends in AIDS incidence among these young persons will closely parallel trends in HIV incidence. AIDS incidence data for persons aged 18-25 years can thus provide a population-based means of estimating recent patterns of HIV infection among adolescents and young adults. Moreover, communities with the greatest need for HIV preventive interventions can be identified by examining these data at the local level.

Methods: We analyzed AIDS surveillance and census data from all metropolitan statistical areas (MSAs) in the US to calculate MSA-specific AIDS incidence rates for the 1-year periods July 1990-June 1991 and July 1995-June 1996. Our analysis included persons aged 18-25 years who were exposed to HIV through male-male sex, injecting drug use, or heterosexual contact. We excluded MSAs with <10 AIDS cases in both evaluation periods. Data were adjusted for reporting delays, unreported HIV risks, and the 1993 change in the AIDs case definition.

Results: For the 58 MSAs included in our analysis, the median AIDS incidence rate in 1995/96 was 9.8 cases per 100,000 persons aged 18-25 years (range = 0.8-61.2). Some of the highest rates were in MSAs with populations <500,000, such as Fort Pierce, Florida (61.2), Jackson, Mississippi (21.3), and Columbia, South Carolina (18.9). Rates in these small MSAs were substantially higher than in nearly all MSAs with populations ≥1 million, including Washington, DC (13.8), Los Angeles, California (8.6), and Chicago, Illinois (7.7). Between 1990/91 and 1995/96, AIDS incidence rates for young persons increased by >25% in 15 (26%) of the 58 MSAs and decreased by > 25% in 21 (36%). MSAs in which rates increased by >25% were significantly more likely than MSAs with decreases >25% to have populations < 1 million persons (odds ratio [OR] = 3.6, 95% confidence interval [CI] = 2.0-6.6), and significantly more likely to have young persons with AIDS who were female (OR = 1.8, 95% CI = 1.3-2.6), black (OR = 4.4, 95% CI = 3.1-6.2), or exposed to HIV through heterosexual contact (OR = 2.1, 95% CI = 1.5-2.9).

Conclusions: The high AIDS incidence rates in most of the MSAs reflect persistently high levels of HIV infection among adolescents and young adults. Of particular concern, trends in AIDS rates during the 1990s indicate that the HIV epidemic continues to spread, most notably in small MSAs and among women, blacks, and heterosexual contacts. To halt this continued growth in the epidemic, HIV prevention activities must be expanded in all communities – those currently affected, those becoming affected, and those not yet affected.

214 **How Local Organizations Tailor Previously Evaluated Workshops for Teens**

May Kennedy - Centers for Disease Control and Prevention

Issue: Community-based organizations often tailor previously evaluated preventive interventions to update them and make them more suitable for specific local populations. In fact, social marketing recommends tailoring as part of its consumer orientation. Tailoring may enhance program acceptability and/or effectiveness, but deviating from standard approaches could reduce intervention effectiveness.

Project: In the Prevention Marketing Initiative (PMI) Demonstration Project, a 5-site social marketing effort for US adolescents, local community coalitions identified skill-building workshops as promising interventions. Four workshop curricula with scientifically credible evidence of behavior change were provided to sites by the project funder, the Centers for Disease Control and Prevention. Sites were cautioned about making revisions, and possible revisions were ranked from least likely to reduce the effectiveness of the original program (e.g., changing character names in role plays to ethnically appropriate names) to most likely to compromise effectiveness (e.g., cutting whole sessions). The goal of the cautions was to preserve the integrity of the theory-based interventions.

Results: In all 5 sites, the same model curriculum was chosen as a basis for the PMI workshops. Four of the sites revised it, and the 5th site plans to do so. Revisions in all categories (least to most likely to threaten intervention effectiveness) were made. Names and text were made relevant to Latina/Latino and gay youth. Information on STDs and teen pregnancy was added. Details about the microbiology of HIV in the "knowledge" section were replaced by the statement that combination therapies are not a cure for AIDS. Abstinence examples and the notion of self-reward were included in negotiation exercises. Sessions were made more interactive, and videotapes with actor sharing racial/ethnic characteristics with local target audiences were substituted for recommended videotapes.

Lessons Learned:

Despite being cautioned about revising tested model programs, local prevention service providers do revise standard approaches, often dramatically. Across PMI sites, independent decisions about revisions were similar, suggesting that the decisions had been well-based. However, outcome evaluations of the revised curricula are now needed and are underway. Prevention technology transfer efforts should expect and take into account the kinds, extent and impact of typical modifications.

215 Room for Improvement: Informing and Evaluating Prevention Communications Programs for Adolescents Through Phone Surveys

May Kennedy - Centers for Disease Control and Prevention

Objectives: Many young people around the world have been exposed to HIV prevention messages via entertainment media and other channels. The kinds of knowledge, attitude, and behavior gains that prevention communication programs can achieve may have been achieved already. In addition, the source of a prevention message may not be noted, making a new prevention communication program difficult to evaluate. This study sought to quantify pre-program levels of HIV message exposure, to determine whether new message sources can be distinguished from usual sources, and to assess room for improvement in the kinds of determinants of risk behavior upon which prevention communication programs are likely to have an impact.

Design: Random sample phone survey.

Methods: In 1997 in 3 US sites (Sacramento, California; Phoenix, Arizona; and Northern Virginia), anonymous interviews were conducted with 663 adolescents ages 15-19 who lived in zip codes with high rates of teen STDs and pregnancy. Exposure to HIV prevention messages, false recognition of information about the Prevention Marketing Initiative (PMI) program, levels of hypothesized determinants of risk behavior, and frequency of condom use were examined. Twenty one percent of parents of underage teens refused to allow their teens to participate, and 7% of teens who either had parental consent or were legal adults (at least 18 years old) refused to participate.

Results: Although 73% - 79% reported having heard HIV messages on the radio or TV within the last 30 days, only 0% - 1% said they heard about the not-yet launched PMI Demonstration Project (a coalition-based social marketing effort that planned to employ media channels) through radio or TV. Respondents agreed with certain condom attitudes (e.g., the view that a condom is necessary even if you know the person), perceived a risk of infection, and felt able to negotiate condom use in over 90% of the cases. Participants reported that condoms had been used at last sex with main partners by 2/3 of the respondents who were sexually active, but only 34% - 49% thought that most or all of their friends used condoms regularly, and only 36% - 51% thought their friends considered condom use very important. While more than 90% of the sexually active respondents said it was easy or very easy to get condoms, only ¼ -⅓ of them took a condom with them the last time they left the house.

Conclusions: In 3 sites across the US, most teens hear media messages about HIV often but almost all teens can distinguish between usual and new message sources. Some determinants of risk behavior appear to be at or near ceiling. However, there appears to be room for improvement in other such as (1) how normative condom use is perceived to be, and (2) antecedent behaviors (e.g., condom carrying). These below-ceiling variables correlated with condom use at last sex and are potentially subject to influence by communication campaigns.

216 **Getting HIV Prevention Information into the Hands of Parents: Is the Print Media an Underutilized Resource?**

Linda Koenig and Kim Miller – Centers for Disease Control and Prevention

Background: The Centers for Disease Control and Prevention and others have called upon parents to discuss HIV risk factors with their children, but many parents don't have the information or confidence to discuss HIV or sexuality. Popular magazines may be an alternative venue for prevention information for parents. Therefore, the content of HIV-relevant articles published in monthly magazines was content-analyzed to determine the extent to which they convey this information.

Methods: Two reference sources were used to locate titles, audiences, and circulation rates (1-7.5 million). The top 7 magazines for women (WM), 2 for African Americans (AAM) and 3 for parents (PM) were selected. Three databases were searched for HIV/AIDS, sex and teens/children. When articles were content coded, most were categorized as AIDS human interest (e.g., personal narratives), AIDS information (e.g., treatment), and sexual risk behavior (adult behavior, HIV & teens, and child/teen sexuality discussions). Interrater agreement was high (92%).

Results: The 2 AAM published only 51 articles ($\underline{M}$ = 25.5) during 1987– 1997, and the 7 WM published only 99 articles ($\underline{M}$ = 14.14) during 1987-1997. AAM and WM were similar in distribution of these articles across content categories: AIDS human interest (41% WM, 51% AAM), AIDS information (25% WM, 27% AAM) and sexual risk behavior (25% WM, 20% AAM). However, of the sexual risk behavior articles, none of those in AAM addressed HIV and teens or child/teen sexuality discussions (compared with 88% in WM); 100% of those in AAM addressed adult sexual risk behavior (compared with only 12% in WM). Most PM articles were in the sexual risk behavior category (57% child/teen sexuality discussions, 12% HIV and teens). Many were brief, but some gave detailed HIV information and guidance for parent-child discussions; risk factors for gay teens were rarely covered.

Conclusions: Popular magazine articles can and have provided parents with detailed HIV information and guidance for discussing risk and protective behavior with their children. However, their infrequency suggests that this media is an underused prevention resource. Moreover, if African American mothers are more likely to read African American rather than general women's magazines and if risk factors for gay teens are not being covered, the information may not be reaching the parents of adolescents at highest risk.

217 **Analysis of Family Communication about Sex: What are Parents Saying, and are Their Adolescents Listening?**

Kim Miller – Centers for Disease Control and Prevention

Objectives: To examine communication between parents and adolescents about 10 sex topics, and whether parent-adolescent communication differed by gender of parent, gender of adolescent, or ethnicity of family; to examine whether responsiveness of sexual communication was associated with discussion of sex topics; and to examine levels of agreement across mothers and adolescents about whether sex topics were discussed.

Methods: Separate interviews were conducted with 907 African American and Hispanic public high school adolescents (aged 14-17), and their mothers. Adolescents reported on discussions with both mother and father, and mothers reported on discussions with their adolescent. Multiple-item indices were developed for parent-teen communication about sex (e.g., HIV/AIDS, STDs, condoms, sexual decision making, and sexual initiation), and responsiveness of sexual communication (i.e., parent's knowledge, comfort, and skill in talking with teens about sex). For all scales, $\alpha > .74$.

Results: HIV/AIDS, STDs, and condoms were the topics discussed most often by parents and adolescents. Parent and adolescent gender, but not ethnicity, qualified initial findings about whether the topic was discussed. Overall, adolescents reported talking more with mother than father about all topics (χ^2 (1) >21.54, $p < .01$). However, for most topics, fathers were more likely to talk with sons and mothers with daughters. Responsiveness of the communication between parent and adolescent was positively associated with adolescent reports that topics were discussed, and mother-adolescent agreement that they were discussed (both $p <. 01$). Mother and adolescent agreement ranged from 58% to 77% across topics.

Conclusions: Educational programs to facilitate communication about sex between parents and adolescents are needed. Our findings indicate that one way to facilitate such communication is to enhance parental knowledge, comfort, and skills. Educational programs to increase communication about sex must include not only what is discussed but how it is discussed.

218 **Adolescent Sexual Behavior in Two Ethnic Minority Samples: The Role of Family Variables**

Kim Miller - Centers for Disease Control and Prevention

Objectives: To examine family structure and family process variables as predictors of adolescent sexual behavior.

Methods: Separate interviews were conducted with 907 African American and Hispanic public high school adolescents (aged 14-17), and their mothers. Family structure variables included family income, parental education, and maternal marital status. Multiple-item indices, developed to measure family process variables, included maternal monitoring, mother-adolescent general communication, mother-adolescent communication about sex, and maternal attitudes about adolescent sexual behavior. (All scales had adequate reliability; $\alpha > .71$). Age of first intercourse, frequency of intercourse, and number of lifetime sex partners were the outcome measures.

Results: Correlational analyses (corrected for multiple comparisons) indicated that family structural variables failed to predict adolescent sexual behavior. However, greater levels of maternal monitoring, more positive mother-adolescent general communication, and less permissive maternal attitudes about sex were each related to less frequent sexual intercourse and fewer lifetime sex partners ($p <.001$). These variables remained significant predictors even when demographic, family structural variables, gender and ethnicity were controlled in regression analyses. In addition, maternal-adolescent communication about sex was significantly related to later age at sexual onset.

Conclusions: Our findings suggest that family factors play an important role in adolescent sexual behavior. Although most prevention programs targeting youth are peer-led or based on school-approved curricula, we propose that parents are in a unique and powerful position to shape young peoples' attitudes and behaviors and to socialize them to become sexually healthy adults.

219 **Patterns of Condom Use Among Adolescents: The impact of Maternal-Adolescent Communication**

Kim Miller - Centers for Disease Control and Prevention

Objectives: To examine the relationship between the occurrence and the timing of mother-adolescent discussions about condoms and adolescents' use of condoms.

Methods: Interviews were conducted with a cross-sectional sample of 907 adolescents, aged 14-17, recruited from public high schools in Alabama, New York, and Puerto Rico. Participants reported whether they discussed condoms with their mother and whether the discussion occurred before or after their first sexual experience. Participants also reported their condom use for the first sex act, the most recent sex act, and their lifetime condom use.

Results: Adolescents who talked with their mothers about condoms were more likely to use condoms for their first intercourse (males only, 57% vs. 44% $p < .05$) their most recent intercourse (males 75% vs. females 55%, $p < .05$), and regularly throughout their lifetime (males only, 72% vs. 52%, $p < .01$). However, this effect was moderated by the timing of the discussion; condom use at first intercourse was three times more likely when the discussion occurred before the first sexual act than when it occurred after the first sexual act or not at all $p < .01$). Mediational analyses showed that the timing of the discussion directly influenced condom use at first intercourse, and indirectly influenced later condom use through its influence on first condom use. However, the single BEST predictor of subsequent condom use was use of a condom at first intercourse.

Conclusions: Discussions about condoms before first intercourse are particularly important in promoting condom use by adolescents. Discussions with the mother before first intercourse may lead to increased condom use during first intercourse, and condom use at first intercourse clearly leads to subsequent condom use.

220 **When Worlds Collide: Sex, Needles, and HIV Infection among Young Injection Drug Using Men Who have Sex with Men**

Greg Rebchook and Linda Valleroy - Centers for Disease Control and Prevention

Objective: To describe the HIV risks of young injection drug using men who have sex with men.

Methods: From 1994 to 1995, young men who have sex with men (MSM), ages 15-22, participated in a venue-based survey in three California, USA counties. 719 subjects were sampled from 62 locations known to attract young MSM. These men received a detailed face-to-face risk assessment interview, HIV/AIDS prevention counseling (conducted after the interview), referrals for health and social services, and serologic testing for HIV and hepatitis B.

Results: 8% ($n = 58$) of the sample reported injecting drugs at least once in their life. The injection drug users (IDUs) were no older than the non-IDUs ($p < .90$), and the IDUs reported the same frequency of condom use as their non-injecting peers ($p < 90$), but a much higher proportion of the IDUs tested HIV positive. Young IDU MSM reported that anal sex and injecting behaviors began, and rapidly increased, during their pre-teenage years. Among those who reported unprotected anal intercourse in the past six months ($n = 223$), the IDUs were more likely than non-IDUs to report it with steady partners. 53% of the IDU MSM reported that they sometimes or always shared needles.

Conclusions: Clearly, this population of youth is vulnerable to HIV infection from both their sexual and injection behaviors. Without further prevention efforts, they will continue to get infected at alarming rates and risk transmitting HIV and HBV to a variety of sexual and injection partners. Prevention programs for highest risk youth should provide effective risk and harm reduction strategies that address same-sex and opposite-sex sexual risks (regardless of stated sexual orientation), injection drug use, and STD prevention.

221 **A Randomized Clinical Trial of Three Intervention Models Effectiveness in Lowering STD/HIV Risk of Substance-Dependent Adolescents**

Janet St. Lawrence - Centers for Disease Control and Prevention

Objectives: To evaluate behavioral interventions for substance dependent adolescents and to assess whether behavioral changes sustained after a randomized clinical trial of the interventions.

Methods: 161 drug-dependent adolescents were randomly assigned to a health education curriculum (HE); a cognitive-behavioral risk reduction intervention (BST); or the cognitive-behavioral intervention plus a risk sensitization component that included transformed images depicting how each youth might appear in late state AIDS (BST + RS). Youth participated in twelve 90-minute sessions and in baseline, post intervention, 6-, and 12-month follow-up assessments. 89% were retained through one-year.

Results: Multivariate analyses revealed significant changes over time in AIDS-related knowledge, attitudes toward prevention and toward condoms, sensation-seeking propensity, self efficacy, and risk perceptions (all $p < .0001$); acquisition of social competency and problem-solving skills (all $p < .01$); less risky sexual behavior (number of sex partners, number of intercourse occasions, and frequency of sex in high risk contexts such as trading sex for drugs; all $p<.0001$). While the interventions usually did not differ on mediating variables, consistently higher values on attitudes toward condoms and preventive attitudes appeared in the BST and BST + RS groups. Significant changes also were present in the % who were sexually-active.

Conclusions: The interventions produced substantial changes in knowledge, attitudes, and risk behavior for youth receiving all three interventions with greater skill acquisition for the BST and BST + RS conditions and sustained risk reduction across a one-year follow up period.

222 **HIV and Predictors of Unprotected Receptive Anal Intercourse for 15- to 22- Year-Old African-American Men who have Sex with Men in Seven Cities, USA**

Linda Valleroy - Centers for Disease Control and Prevention

Objectives: To determine HIV prevalence and predictors of unprotected receptive anal intercourse for African American young men who have sex with men (AA ymsm).

Design: A cross-sectional multistage probability survey.

Methods: The Young Men's Survey samples 15- to 22- year-old ymsm at public venues frequented by ymsm. Ymsm are interviewed, counseled, and HIV tested. In 1994-1997, the Young Men's Survey sampled ymsm in seven urban areas in the USA: Baltimore, Maryland; Miami, Florida; Dallas, Texas; Oakland, Los Angeles, San Francisco, and San Jose, California.

Results: As of January 1998, we had compiled data on 427 AA ymsm (17% of 2543 ymsm sampled): 13% were HIV +, versus 6% of non-AA ymsm (odds ratio [OR], 2.4; confidence interval [CI], 1.8 - 3.4, and 22% reported unprotected receptive anal intercourse with > = 1 man in the past 6 months, versus 32% of non-AA ymsm (OR, 0.6; CI, 0.5-0.8). In preliminary analyses of unweighted data using logistic regression modeling with backward elimination, we found two predictors of unprotected receptive anal intercourse: perception of high risk for becoming HIV + or infecting others (OR, 4.1; CI, 2.4-7.0), and finding it difficult to practice safer sex (OR, 3.2; CI, 1.5-6.5). The model of unprotected receptive anal intercourse for AA ymsm showed fewer predictors than the model for all 2543 ymsm sampled (i.e., having any steady or only male sex partners in the past 6 months, having ever had forced sexual contact, being high during sex on alcohol or amphetamines in the past 6 months, and low social support).

Conclusion: HIV prevalence is extremely high for these AA ymsm; unprotected receptive anal intercourse prevalence is lower compared with that for non-AA ymsm. We found fewer predictors of unprotected receptive anal intercourse for AA ymsm than for all ymsm we sampled. Our findings suggest that interventions are needed for AA ymsm which promote a variety of safer sex methods and that predictors of unprotected receptive anal intercourse for AA ymsm still remain largely unknown.

223 **HIV Prevalence and Predictors of Unprotected Receptive Anal Intercourse for 15- to 22-Year-Old Men who have Sex with Men in Seven Urban Areas, USA**

Linda Valleroy - Centers for Disease Control and Prevention

Objectives: To determine HIV prevalence and predictors of unprotected receptive anal intercourse for young men who have sex with men (ymsm).

Design: A cross-sectional multistage probability survey.

Methods: The Young Men's Survey samples 15- to 22-year-old ymsm at public venues frequented by ymsm. Ymsm are interviewed, counseled, and HIV tested. In 1994-1997, the Young Men's Survey sampled ymsm in seven urban areas in the USA: Baltimore, Maryland; Miami, Florida; Dallas, Texas; Oakland, Los Angeles, San Francisco, and San Jose, California.

Results: As of January 1998, we had compiled data on 2543 ymsm: 7% were HIV +, and 30% reported unprotected receptive anal intercourse with > = 1 man in the past 6 months. In preliminary analyses of unweighted data using logistic regression modeling wit' backward elimination, we found these predictors of unprotected recepti nal intercourse: having steady sex partners in the past 6 months (odds ration [OR], 2.2; confiden terval [CI], 1.7-2.8), perception of high risk for becoming HIV + or infecting others (OR, 2.2; CI, 1.8-2.7), having only male sex partners in the past 6 months (OR, 2.0; CI, 1.5-2.6), finding it difficult to practice safer sex (OR, 2.0; CI, 1.5-2.6), ever having forced sexual contact (OR, 1.5; CI, 1.2-1.8), being high during sex on amphetamines (OR, 1.5; CI, 1.2-2.0) or alcohol (OR, 1.3; CI, 1.1-1.6) in the past 6 months, and low social support (OR, 1.4; CI, 1.1-1.7).

Conclusion: HIV prevalence and the prevalence of unprotected receptive anal intercourse are very high for these ymsm. Further infections might be prevented by targeting alcohol and amphetamine use and by promoting a variety of safer sex methods, particularly those that focus on safer sex with steady partners.

224 Communication about Sexual Risk Between Teens and Their Partners: The Importance of Parent-Teen Communication Factors

Dan Whitaker and Kim Miller - Centers for Disease Control and Prevention

Objective: This examines how parent-teen communication factors (communication about the risks of sex, communication about sexuality, and parents' responsiveness to teens during discussions about sex) predict teens' communication with their partners about sexual risk.

Method: Interviews were conducted with 372 sexually active black and Hispanic youth, aged 14-17, from Alabama, New York, and Puerto Rico. Multiple-item measures were developed for parent-teen communication about the risks of sex (e.g., condoms, STDs, HIV), parent-teen communication about sexuality (e.g., reproduction, initiating sex, decision making about sex, handling peer pressure, sexual development, birth control), parents' knowledge, comfort, and skill in discussing sex and sexual risk with teens (termed parental responsiveness), and teen-partner communication about the risks of sex (condoms, STDs, HIV). For all scales, $\alpha > .77$.

Results: Regression analyses were used to examine which aspects of parent-teen sexual communication predicted teen-partner communication about sex. Two effects were significant. First, parent-teen discussions about sexuality was positively related to teen-partner discussions about the risks of sex ($p < .01$). Second, the interaction between parent-teen communication about the risks of sex and parental responsiveness was significant: parent-teen discussions about the risks of sex was positively related to teen-partner communication about sex when parental responsiveness was high ($p < .01$), but not low (ns).

Conclusions: These findings highlight the important role of parent-teen communication factors in promoting teens' talking with their partners about the risks of sex. Teen-partner communication may lower teens' HIV risk by promoting the open discussion of sexual risks and subsequent condom use. Emphasizing the importance of parents' knowledge, skill, and comfort when discussing sexuality and sexual risk may be a useful public health strategy to reduce HIV infection in young adults.

225 **Parent-Adolescent Discussions about Sexual Initiation: Reducing the Impact of Peer Norms on Early Sexual Initiation**

Dan Whitaker and Kim Miller – Centers for Disease Control and Prevention

Objectives: To examine how parent-teen discussions about sexual initiation affect teens' beliefs about parents as a source of information about sex, teens' age at sexual initiation, and the extent to which teens' age at sexual initiation is influenced by peer norms about age at sexual initiation. Parent-teen discussions were expected to be associated with teens' beliefs that parents are the best source of information, later sexual onset, and a weaker association between peers norms for age at sexual initiation and teens' age at sexual initiation.

Method: The sample included 372 sexually active black and Hispanic adolescents, aged 14-17, from Alabama, New York, and Puerto Rico who participated in a cross-sectional interview study. Teens reported whether they had talked with a parent about sexual initiation and responded to an open-ended question about which they viewed as their best source of sexual information (coded as parent, peer, or other). Teens also reported their own age at sexual initiation, and estimated the average age their peers of their same gender initiated sex.

Results: Chi-square analyses showed that teens who had talked with a parent about sexual initiation named a parent rather than a peer or someone else as the best source of sexual information more often than teens who had not ($p < .01$). A t-test showed a tendency for teens who had not talked with a parent about sexual initiation to initiate sex at a younger age than teens who had talked with a parent (13.5 vs. 13.8, $p = .09$). Finally, the relationship between peers' age at sexual initiation and teens' age at sexual initiation was stronger ($p < .01$) among teens who had not talked with a parent about initiating sex ($r = .53$).

Conclusions: Parent-teen discussions about sexual initiation can affect the age at sexual initiation by reducing the effect of peer norms. Parent-teen discussions about sexual initiation were associated with teens' beliefs that parents are the best sources of sexual information, later sexual initiation, and lower conformity to peer norms for sexual initiation. The public health message to parents is: If you do not talk with your children about sex, others will (e.g., peers), and they may not encourage delayed sexual onset.

ROUNDTABLE SESSION

ABSTRACTS

100 **Youth Involvement and its Relationship to the HIV Prevention Community Planning Process**
Jennifer L. Marin, MSW, MPH – National Alliance of State and Territorial AIDS Directors (NASTAD)

While youth have been identified by 44 different community planning groups as priority target populations, relatively small numbers of youth are involved in the community planning process and thus decisions directly affecting them are being made with very little "youth" voice. NASTAD strongly believes in the principles of parity, inclusion and representation (PIR) and firmly believes that in order to address prevention issues for certain populations, you must include them in all aspects of the decision making process.

This roundtable session is designed to 1) share some "models" of youth involvement in the community planning process and 2) bring together youth working in the field of HIV prevention and brainstorm with them on strategies to best reach youth (ie. What works, what doesn't work, barriers, suggestions to overcome barriers, etc.).

102 **Using "Programs that Work" in a Rural Setting**
Susan Court, BA – The Montana Office of Public Instruction

Objective: To discuss with participants HIV/STD "programs that work" in a state where curriculum content, adoption and implementation is the prerogative of the local school districts. Program discussion will involve "Reducing the Risk®" and "Power Moves®".

Method: How do teachers become familiar with these curricula? We will share with you training workshop ideas and strategies that work for us.

Theme: Pre-/In-Service Training and Professional Development

108 **Working Together on Comprehensive Guidelines for School Health: A National Initiative**
Scott G. Allen, BA – The American Academy of Pediatrics

Objectives: Participants in this roundtable will identify potential barriers to the acceptance of comprehensive guidelines, recommendations, and standards on school health and explore methods of romoving barriers through dissemination, training, and coollaboration between health and education professionals. Attendees will be given the opportunity to share experiences from successful as well as challenging school health programs and policies and to volunteer to participate in the national project.

Description: Indentifying and implementing guidelines for school health programs and services can be difficult for health and education professionals. The American Academy of Pediatrics and National Association of School Nurses, working with the Maternal and Child Health Bureau, Health Resources and Services Administration and the CDC, are coordinating the development of a comprehensive reference document of guidelines and policies on all aspects of health, mental health, and safety in schools. The four-year project, which was initiated in October 1997, will involve national and local experts in the health and education communities and will include training and technical assistance components.

After a brief overview of the project and its progress in the first year, this roundtable will allow participants to identify troubling issues in school health that might benefit from the dissemination of national guidelines. Barriers to implementing such guidelines – funding issues, community resistance, inconsistencies between schools and school districts – and strategies to overcome them will be identified. The opportunities to participate in the project's review and comment phase or as an author will be promoted.

117 **What Works in Tobacco Prevention**

Heather Jamison – The AGC Educational Media

Comprehensive Health Education Foundations's experience with prevention curricula has shown that an effective tobacco prevention program needs to focus not only on giving students information, but that we need to influence students' perceptions of their society's attitudes and behaviors around tobacco use in order to influence their own attitudes and behaviors.

Students don't lack information about tobacco: Young people smoke and chew tobacco not because they think it's good for them. Young people use tobacco because they think everyone else is using it, because they think they can stop before they become addicted, and because they simply can't get out of situations in which they're asked to smoke or chew.

As a result of this round table discussion, participants will:

- Discuss the latest strategies to prevent tobacco use;
- Explore the risk factors that increase a child's likelihood to use tobacco;
- Explore the key elements of *Get Real about Tobacco*, a tobacco prevention program for grades K-12;
- Explore practical, hands-on examples of tobacco prevention strategies that can be used with young people,

120 **Establishing a Recognition Program for Exemplary Comprehensive School Health Education**

Katherine Wilbur, MEd, CHES and Susan S. Berry, BS CHES – The Maine Department of Education

Objective: To promote recognition programs that provide exemplary models for other schools to replicate quality comprehensive school health education.

Methods: The Maine Department of Education developed a committee and a process to select and recognize exemplary models for health education.

Outcomes: Other State Departments of Education or school systems will understand the rationale and process for the Schools of Excellence for Healthy Children and Youth Through School Health Education programs and ways to replicate the recognition program in their state or district.

Conclusion: Recognition programs promote health education in the award winning schools and provide exemplary models for other schools within the state.

121 **Integrating Resiliency and Asset Development into State Initiatives to Promote Healthy Youth and Families**

Sara Simpson, BSN, MEd, CHES – The Vermont Agency of Human Services

Objective: To increase the number of schools and communities that adopt a strength based perspective in planning, implementing and evaluating programs for youth.

Description: The Vermont Agency of Human Services and the Vermont Department of Education have formed a strong collaboration, in partnership with local communities, to ensure the health and well-being of children, youth and families in Vermont. Working together, the partnership has identified nine desired outcomes to guide community and state efforts. These outcomes include: "Children Succeed in School" and "Youth Choose Healthy Behaviors". Incorporating resiliency and asset development criteria and requirements into requests for grant proposals, the development of a statewide Resiliency Network, and technical and financial support for the administration of the Search Institute Attitudes and Behaviors Survey in over half the supervisory unions in the state this year are some of the ways the state agencies have provided incentives and assistance to local schools and communities with a strength based approach to programs that address the desired outcomes.

Results: Within local communities many exciting efforts are taking place that provide examples of the strength based approach to working with young people. This discussion will highlight these activities and facilitate the sharing of experiences from other states and communities.

122 **Tell Me What We Can Do: Foundations to the Development of Strong Peer Education Groups**
Jan L. Gascoigne, PhD, CHES and Don Giancola, BS - The BACCHUS and GAMMA Peer Education Network

Objective: To share programming ideas to help build lasting peer education programs. Areas of focus will be recruitment, marketing, fundraising, program planning, etc.

Description: The BACCHUS and GAMMA Peer Education Network "Can Do Flyers" will serve as a working resource for peer education groups to help in the establishment, promotion, and planning of peer education programs that focus on health and safety issues of students. The project staff will host a roundtable discussion to discuss the foundations for strong peer education programs. Handouts and web site information will be provided.

132 **Power Dynamics and HIV Risk in Relationships for Gay Youth: A Psychosocial and Epidemiological Discussion**
Stephen Fallon, PhD – The Center One, Inc.

Objective: Conference participants will recognize why dynamics of these relationships can be co-factors for HIV risk behaviors. Participants will learn how to guide young MSMs to avoid such risks.

Description: This round table discussion targets the following high-risk youth: Gay or Lesbian Youth, and Sexually Active Youth. It addresses the Steering Committee's priority topic, Sexual Behaviors, and to a lesser extent, Alcohol and Other Drug Use. It focuses on the Committee's theme of Social Competency and Youth Development.

Gay youth are at risk of HIV-infection if they explore their sexuality with older partners. Gay youth and gay men bring different needs and skills to relationships. Their disparate levels of development present communication challenges. These problematic power dynamics are more pronounced when gay youth feel disenfranchised.

Methods: First, a broad overview of cultures that validated MSM relationships of differing ages. Then a review concepts of cognitive and social skills-development. Followed by statistical and anecdotal perspectives about HIV risk behaviors within these relationships.

Results: Results will depend on the input of the participants, who will endeavor to identify ways to validate the needs of younger gay men, while empowering them to maintain parity in relationships, and thus reduce their own HIV risk.

Conclusion: HIV risk reduction begins with facts, but ultimately succeeds or fails based upon the skills set of the recipient of this information. This seminar will produce a workable template of counseling guidelines to address the "next wave" of HIV in the gay community, the youth.

133 **Kentucky Consolidated Planning: A Proactive Approach to Coordinating Federal and State Resources for School Health Initiatives**

Deborah H. McDonald, MA and Glenda Donoho – The Kentucky Department of Education

Objective: To share information about an innovative Kentucky project aimed at integration of federal and state resources to address the needs of all students, including those in high risk situations.

Setting: All 176 Kentucky districts and 1400 Kentucky schools

Intervention: Due to increasing numbers of high risk students and continuing limited resources in shools (including time and human resources), an in-depth analysis of student needs is indicated. Kentucky Department of Education personnel, local educators, business partners, parents, higher education representatives, and other dedicated to Kentucky students joined forces to develop a strategic approach to data analysis, best practices identification, and resource identification. All Kentucky disricts and schools have been involved in the integrated planning process. Peer reviews of district plans-coordinated by regional service centers-are an option for those seeking qualitative feedback to strengthen their local plan. One year into the process, perception data indicates Kentucky educators find the process to be very beneficial for focusing on the needs of students-especially those in high risk situations.

Outcomes: In August 1997, all Kentucky districts and schools were provided with a guidebook and overview of the process. Throughout the year, regional technical assistance was provided to support each step in the process "in the rhythm of the school year". Regional reviews were available in a discussion or written format and designed to provide feedback on "best practices" and the refinement of resource integration. A regional and statewide needs assessment, allows appropriate follow-up technical assistance during implementation to follow.

Conclusion: Strategic partnering, focusing on student results as the measure of success, the establishment of a common knowledge base and shared purpose-coordinated in the Kentucky Consolidated Planning Process-have helped Kentucky educators to provide more effective methods for educating students in high risk situations.

134 **Getting the Most Out of Your Peer Education Programs: It Starts with Evaluation!**

William O'Connell, Jr, PhD and Candace M. Miller, BA – The National Association of Student Personnel Administrators

Objectives: To facilitate a roundtable discussion on the evaluation of peer education programs, while encouraging creativity, acknowledging barriers and advocating the importance of evaluating peer education programs. The specific discussion would examine how to measure the impact that peer education training has on peer educators and the impact that peer educators have on the school, compus or community. This discussion would be a step towards the final outcome of a systematic method of tracking the changes in behaviors and social norms due to peer educators.

Rationale: Schools, colleges and community groups utilize peer educators as health advocates in an attempt to prevent or decrease the transmission of HIV. However, the effectiveness and efficiency of peer programs and proof of positive outcomes tends to receive little consideration. It would be a grave error to put all our eggs in one basket and assume that the young people are getting the lifesaving HIV information they need from peer educators, if that is not the case. Conversely, if peer educators are successfully informing their peers, instigating behavior change and changing social norms, then the programs should be guaranteed funding, expanded where necessary and replicated as needed.

The professional literature generally supports the ideology of peer education, however the process is not adequately dissected to capture the specific components that are particularly effective. To create the best peer education programs possible, we must know exactly what aspects of the program should be replicated or expanded.

Evaluation tools and strategies will be discussed.

139 Using the YRBS to Make Schools Safer for Vermont Gay/Lesbian/Bisexual Youth

Shaun F. Donahue, MEd – The Vermont State Department of Education

Objective: This presentation will take participants through the series of events that led to the Safe Schools initiative. This will include the development of the YRBS questions, a 1996 "Building Bridges to Equity" conference, the development of a Safe Schools task force, and the process of bringing high level state officials to the table (over pizza) with gay/lesbian/bisexual/transgendered and questioning youth for the purpose of learning about each others lives.

Description: In the spring of 1998, Vermont's Commissioner of Education, Marc Hull appointed a coordinator for a department based "Safe Schools for Gay/Lesbian Bisexual Youth" initiative. The development of this initiative can be traced back to 1995 when Vermont for the first time included questions on the 1995 YRBS designed to determine the prevalence of same gender sexual behavior. This, and the 1997 data have played a significant role in raising the awareness among Vermont's policy makers of issues such as school safety and suicide risk that gay/lesbian/bisexual students face everyday. During the just completed school year, groups of gay/lesbian/bisexual/transgendered and questioning youth (GLBTQ) have participated in separate meetings with Govenor Howard Dean, and Commissioner of Education, Marc Hull. As a result of those meetings, the Govenor has visited two high schools to address the issue of homophobia and discrimination based on sexual orientation. Commissioner Hull has addressed several statewide assemblies about the issues faced by GLBTQ youth as well as establishing the aforementioned position.

141 NSBA HIV/AIDS and School Health Resource Database

Cameron Adkison, BA, Pamela Grebow, BA and Jennifer Chomicky, MCH, CHES – The National School Boards Association

Objective: To share information about the technical assistance and resources available through the National School Boards Association's HIV/AIDS Education and School Health Programs to assist policymakers, administrators, and others to address school health issues, including: HIV/AIDS; coordinated school health programs; physical activity; nutrition; tobacco use prevention; adolescent pregnancy prevention; and more.

Intervention: Because it is important for school policymakers and others involved in schools to have access to accuate, complete, and up-to-date information on school health issues to make informed policy and program decisions, the National School Boards Association has developed the HIV/AIDS and School Health Resource Database with over 2,200 individual items in the collection. Abstracts of these resources, and in most cases, full text of items, are available to anyone who contacts project staff with a specific request. Items include sample school district policies, evaluations of the effectiveness of programs, research articles and surveys, fact sheets, sample curricula, videos, and many other valuable sources of information that cover a wide range of topics. This service is available at no charge.

Outcomes: During the last year, project staff responed to over 300 requests with information packets. Materials were also distributed through the project display, and at conferences, workshops, and other meetings. Materials were used by policymakers, school health professionals, and others to improve policies, strengthen curricula and programs for K-12 students, develop staff training programs, and more in rural, suburban, and urban settings.

Conclusion: A wealth of information and resources are available to support informed decision making related to school health issues in schools and communities.

149 **Service Learning: Education, Health, and Community Professionals Collaborating to Improve the Health of Youth**
Nan Ottenritter, MS, MSW – The American Association of Community Colleges

Objective: To provide an opportunity for education, health, and community partners currently involved and/or interested in service learning to informally discuss the challenges and successes of health-related service learning work.

Settings: Educational settings from levels K-16 and community agencies providing placements for students.

The session: The American Association of Community Colleges' Bridges to Healthy Communities program incorporates service learning into its HIV-prevention and health promotion programs at demonstration community colleges throughout the country. This roundtable will feature an informal discussion of the successes and challenges of using service learning for health promotion.

Learning Objectives:
Participants will: 1) gather information about AACC's HIV-prevention and health promotion service learning endeavors, 2) gather information about participants' HIV-prevention and health promotion service learning endeavors, and 3) compare and contrast the environments of institutions of higher education and primary and secondary school settings in regard to the implementation of service learning-related health promotion.

157 **Exploring Connections: How Institutions of Higher Education, State Education Agencies, and Local Education Agencies Can Work Together**
Darlene R. Saunders, MPH – The College Fund/UNCF, David Burns, MA – The AACU

Objectives: This Roundtable will consider ways in which IHEs, SEAs, and LEAs can work together to promote HIV/AIDS education. Participants will explore common components and the value of sharing implementation strategies. Some specific areas to be considered include: peer education, service learning, curriculum, and evaluation.

Outcomes: Participants will be able to identify common components for program implementation.

162 **Critical Components of HIV Prevention Programs for Young Women of Color**
L. Michael Gipson, BA – The Advocates for Youth

Objective: To identify and discuss critical components of successful HIV prevention programs targeting young women of color.

Methods: Advocates for Youth conducted an extensive review of literature focused on young women of color and HIV infection. Research included a study of high risk behaviors, sexual practices, predictors of high risk behavior, condom usage, and critical components of successful HIV prevention interventions that target this population. Advocates for Youth subsequently conducted case studies of successful HIV prevention programs that target young women of color. Based on these case studies and a review of the literature Advocates for Youth has identified key factors that contribute to interventions that increase condom usage while reducing sexual risk taking behaviors among this high risk population.

Results: Successful interventions that target young women of color are identified in the literature to involve interventions that focus on risk reduction skills building, increasing sexual negotiation skills, and providing HIV/STD information in a culturally and age appropriate manner. These interventions are also conducted, implemented, and planned by members of the target population. Interventions targeting Latino, Asian Pacific Islanders, and other ethnic populations utilizing English as a second language require health educators or program planners who speak the language of origin (or primary language). Condom availability or referrals to agencies providing free access to condoms are also key to encouraging an increase in long term condom usage among these populations.

Conclusion: While some HIV prevention programs that target young women of color utilize two or three elements identified by researchers as the critical components of an effective HIV prevention program targeting these youth, most do not. Fewer still implement all of these elements in their programming.

163 Developing Innovative HIV Prevention for High Risk Youth in Correctional and Residential Facilities and Programs

Kimberly A. Mack, MSW – The Children's Hospital of Michigan

Presentation Objective :

To discuss issues involved in developing HIV prevention programming for youth in correctional and residential programs. To share best practices, challenges and successes.

Program Objective:

To provide HIV/STD risk reduction and health education to youth in correctional and residential programs.

Setting: Correctional and Residential Facilities and Programs for teens in Metropolitan Detroit.

Intervention: The Horizons Peer Education HIV Prevention Project functions out of the Adolescent Medicine Division at Children's Hospital of Michigan in Detroit. Using a peer education format in delivering health education, Horizons hires teen health educators 16 to 23 years to facilitate workshops snd skill building exercises in its' outreach. The project continues in developing a HIV/STD risk reduction curriculum which is tailored for use within the programs peer educators to outreach. In developing a curriculum centered on health promotion and HIV/STD risk reduction strategies the project considers the following areas of focus very important as they pertain to teens: self preservation, self esteem, community norms, peer norms and gender issues.

Results: Since July 1996 over 3,000 youth have been reached through peer educator workshops. Youth in reach range in the ages of 13 to 19 years.

Conclusion: Youth involvement and collaboration with identified facility staff is invaluable. Teen peer educators participate in program development. Facility staff input can aid in tailoring workshop sessions and identifying emerging issues within the target population. Developing proper program evaluation tools for this population is a challenge and involves many considerations.

164 **Designing Adolescent Pregnancy Prevention Media Initiatives: Results from Indiana Youth, Parent and Gatekeeper Focus Groups**

Sally J. Goss, MS, CHES – The Indiana State Department of Health

Objective: Conduct market research to identify target audiences, provide direction for initiative components, and test possible creative messages for a statewide sexual abstinence and adolescent pregnancy prevention initiative, including a media campaign.

Methods: Focus groups were implemented during June 1998 with males ages 10-14, males ages 15-17, females ages 10-14, females ages 15-17, parents of school-age children, and gatekeepers (youth-serving professionals and advocates) in urban and rural sites in Indiana. Participants were recruited randomly by a marketing research agency and offered an incentive to participate. Parental permisssion was required for youth participation.

Results: Collection of results in progress at time of submission (June 1998). Results will include data on youth/parent/adult perceptions and beliefs regarding adolescent sexual activity and pregnancy/parenthood, appropriate and effective adolescent pregnancy prevention strategies, challenges/possible solutions to the delivery of adolescent pregnancy prevention strategies, and group reactions to motivational concepts, tag lines, and sample television, radio, and print message executions.

Conclusion: Understanding of and sensitivity to the issues surrounding sexual abstinence and adolescent pregnancy prevention are vital to campaign acceptance and effectiveness. Materials should encourage positive behavior maintenance and/or change while acknowledging the rage of possible prevention strategies and community viewpoints regarding these issues.

166 **Promoting the Health of Youth: Enhancing Public Awareness and Support for Health Education**

Mary K. Waters, BS and Iris M. Tropp, MA – The American Cancer Society

Objective: To develop effective strategies for promoting the value of school health to specific audiences. To increase the capacity of the American Cancer Society staff and volunteers to promote school health in local communities.

Setting: Local communities in Delaware, Ohio, Oregon, Missouri, Louisiana, South Carolina, Texas and Virginia.

Intervention: To increase awarenes of and support for school health programs in local communities, the American Cancer Society has begun the process of adapting market research and communication techniques at the local level. Currently, the Society is working with 21 communities to market the value of school health to select audiences, which include parents and grandparents of school-age kids in public schools, parents of school-age kids in Catholic schools, clergy and congregates of the Methodist, Presbyterian, Catholic and Baptist faith communities, and local business leaders. Demographic and market data, in addition to focus group sessions with members of the intended audiences, were used to determine appropriate strategies and delivery methods for each campaign. The delivery methods include articles in local newspapers and church bulletins, print advertisements, sermons, special events, PSA's and direct-mail campaigns.

Outcomes: Each community has completed their focus group research, message design and campaign planning. Promotional materials have been developed for specific audiences and campaigns will be delivered throughout the summer and into the fall. Process and outcome evaluation data are being collected for each campaign and will be analyzed in preparation for the next project year. Evaluation methods include pre/post surveys, random sampling telephone surveys, personal interviews and response cards.

Conclusion: Based on telephone survey results and experiences in year one of the project it was determined that marketing and communication skills were absolutely critical, but not readily employed when planning school health promotions. A strong linkage is necessary between persons with school health knowledge and persons experienced in marketing/communications strategy.

167 State-Level Approaches to Schools and Teen Pregnancy Prevention: Reporting of Initial Focus Group Results

Nora L. Howley, MA, CHES – The Council of Chief State School Officers, Ginny Ehrlich, MS, MPH – National Association of School Boards of Education

Objective: To begin to identify the various ways in which state education agencies and boards of education are contributing to teen pregnancy prevention initiatives. To provide an opportunity for participants to discuss further steps to strengthen education's role in such initiatives.

Methods: The Council of Chief State School Officers (CCSSO) and the National Association of State Boards of Education (NASBE), have conducted a series of focus groups with state board members and SEA staff to better understand the roles that state level education organizations play in teen pregnancy prevention. This roundtable is designed to share the initial results from the focus groups and gather feedback that can further inform our activities in this area.

Outcomes: Participants report a wide range of state activities and roles. Thes include leadership, policy development, and state-level technical assistance to local education agencies. Participants will network with peers form other states.

Conclusion: State level education agencies have an important and varied role to play in teen pregnancy prevention. Collaboration with local agencies as well as other state agencies is a critical component of efforts to address teen pregnancy.

Learning Objectives:

Participants will understand roles of different state educational entities in teen pregnancy prevention. Participants will discuss different models of prevention programs including, targeted teen pregnancy prevention and youth development.

170 School Violence Prevention and Intervention Plan for New Mexico

Patsy Nelson, BSN, RN and Kristine M. Meurer, PhD – New Mexico Department of Health

Objective: To improve the capacity of schools and communities to prevent, intervene in and respond to violence in New Mexico Schools.

Setting: All New Mexico schools and communities

Intervention: A School Violence Task Force was convened as part of the Governor's Council on Crime and Corrections as a result of recent violent acts around the nation to develop a plan to address issues of school violence in New Mexico. An interagency team worked over a period of three months to develop the plan which includes a vision, outcome measures, projected budget and specific activities which may be done at a variety of levels including individual, school site, school district, community, and state agency. The plan built on previous work in the various agencies to address intentional injury as a result of violent behaviors.

Outcomes: An interagency group was able to quickly and collaboratively develop a comprehensive violence prevention, intervention and response plan for New Mexico schools and communities. The plan was approved by the Govenor and will be distributed to schools and communities for implementation by the beginning of School Year 1998-99.

Conclusion: Collaborative efforts between state agencies looking at a continuum of needs and services resulted in a comprehensive plan which was approved by the Governor.

Learning objectives:

At the end of the presentation, participants will be able to describe an effective collaborative process between state agencies around school violence and intentional injury in youth and identify key strategies which may be employed at a variety of levels including individual, school site, school district, community, and state agency.

172 **Putting the Pieces Together: How and When to Use Various National Guidelines and Standards**

Russell Henke, BA, MEd – Montgomery County Public Schools, Fran Anthony Meyer, PhD - Virginia Department of Education, Sandy Mazzocco, MEd – Missouri Department of Elementary and Secondary Education

Objectives: 1. Participants will be able to describe common features of the National Health Education Content Standards, the Opportunity to Learn Standards, the NASPE Physical Education Standards, and the CDC Guidelines for Tobacco Use Prevention, Healthful Eating, and Physical Activity.

2. Participants will be able to identify instances where each document could be of use in the participant's professional practice.

Setting: State and local eduction agencies.

Description: In recent years several national organizations and agencies have developed guidelines related to school health education. This presentation will review those documents and show how each is related and complement the others. The Society of State Directors of Health, Physical Education and Recreation document, "Putting the Pieces Together: Standards, Guidelines and Assessments for School Health Education and Physical Education" will be reviewed by Society members who were involved in its development. Participants will discuss potential uses for this and other landmark documents in the development and implementation of effective programs.

Conclusion: With the number of documents that have been developed in recent years it is essential that local school personnel be provided guidance in how those documents can best be used to develop effective programs.

181 **Integrating Health and the Core Curriculum: Sample Lessons and Correlation Documents**

Merry Stanford, MEd, MSW and Laurie Bechhofer, MPH – The Michigan Department of Education

Rationale: Schools are facing increasing pressure to focus their teaching efforts on the core academic subjects in place of critical subjects such as health education. Administrators and teachers are seeking strategies for integrating health education and core academic subjects to meet dual objectives. Michigan has developed a document entitled Pulling it All Together that correlates Michigan Model lessons with the State of Michigan academic core curriculum standards and benchmarks in English Language Arts, Math, Science, and Social Studies. In addition, sample lessons have been written that integrate health education with the core curriculum content areas. Session participants will have the opportunity to review Pulling it All Together and sample integrated lessons. In addition, they will learn about and discuss general strategies, opportunities, and challenges involved in integrating health education and the core academic subjects.

Roundtable Objectives:

Participants attending this session will: 1) discuss trends in education emphasizing the core academic subjects and discuss implications for comprehensive school health education; 2) review documents developed in Michigan that correlate Michigan Model lessons with the State of Michigan academic core curriculum standards and benchmarks; 3) analyze sample lessons that integrate health education with English Language Arts, Math, Science, and Social Studies; and, 4) discuss general strategies, opportunities, and challenges involved in integrating health education and the core academic subjects.

184 **How to Ensure School Health Constituents Get the Information They Need from the Internet**

Kenneth Rose, MPA and Stephanie Ramsey – The Centers for Disease Control and Prevention

Objective: To improve the usability and increase the accesssibility of information on the Internet targeted to school health constituents.

Description: The Internet offers school health professionals a vehicle to reach their constituents with a depth of information and level of interactivity previously impossible. By articulating the evolving vision of school health to constituents throughout the world, communication via the Internet can potentially have a global impact in the field. Participants will learn basic information design principles for web pages and strategies to identify potential problems before designing a web site. In addition, they will explore what kinds of information are most useful to them on the Internet. The session will include ways to perform a quick user analysis, ideas for prototyping web page ideas without sophisticated computer applications, and tips on how to use the Internet.

187 **Reflections on Change**

William David Burns, MA, BA and Diane Knich, BA – The Association of American Colleges and Universities

Description: The director of the program for health and higher education (a veteran of more than eight years association with CDC-DASH cooperative agreements designed to support increased attention to HIV and health in higher education) and the PHHE program associate will offer reflections on the process of institutional change. The focus will be on two levels, within the organization funded to stimulate change and within those organizations that are to be influenced by the national (or state or local) projects. What are reasonable expectations for change? How do you assess the climate for change and determine best strategies to help stimulate that change? How do you help people see the need for what you have to offer? What are strategies for encouraging sustainable relationships designed to support real change?

In addition to sharing data from two studies, several focus groups, advisory committees and other sources, the presenters will offer seven questions to be considered and will suggest seven strategies to be employed to continue the process of change. Half of the session will be devoted to discussion in which participants will be encouraged to bring their own observations and experiences to the question for stimulating and sustaining change.

188 **Promoting Coordinated School Health Programs through a Full Service Schools Conference**
Merry Stanford, MEd, MSW – The Michigan Department of Education

Objectives: 1) To describe the process used in Michigan to implement a state-wide conference, "Helping Children Learn: Families, Schools and Communities Working Together," including how Michigan determined that the "time was right" for a statewide conference on coordinated school health programs, and how collaboration with a variety of partners was achieved, with the positive outcomes and challenges of that collaboration; 2) To provide sample conference materials to roundtable participants; and 3) To facilitate discussion with roundtable participants regarding potential implementation of similar programs in their states.

Objectives: The "Helping Children Learn" Conference: To raise awareness statewide about coordinated school health programs, to showcase specific components of a coordinated program as implemented in local schools, to overview the links between health and learning, and to encourage local collaboration between schools, human service agencies, parent organization, business, and clergy.

Sponsors: Michigan Department of Education: School Health Programs Unit and Continuing Education Unit; Michigan Department of Community Health, Office of Drug Control Policy; Wayne State University, Skillman Center for Children; Michigan Family Resource Coalition; Wayne Intermediate School District.

Audience: Families, School Personnel, Community Members, Faith Communities, Business Leaders, Health Professionals.

189 **Community Partnerships to Create Safe Schools for Sexual Minorities**
Tracy A. Flynn, MEd – The Seattle Public Schools

Objective: This session will provide an overview of programs that serve gay, lesbian, bisexual and transgender youth in Washington State Schools. Programs that work are based on partnerships. These partnerships are between public and private entities, between community-based organizations and schools, and between heterosexuals and sexual minorities. These partnerships are essential for effective, sustainable programs that foster safer schools for everyone – including sexual minorities.

Description: 1. An overview of the Safe Schools Coalition of Washington and a summary of our "1997 –Anti-Violence Documentation Project." This project is an ongoing qualitative analysis of anti-gay violence in Washington State schools kindergarten through twelfth grade.

A summary of data from the Seattle Public Schools Teen Health Risk Survey concerning sexual minority youth and the resulting district-wide and school-based efforts culminating in the "Creating Safe Schools for Sexual Minorities Project" and the Sexual Minority Advisory Council in Seattle. This project works to serve the needs of staff development, parent support and youth outreach activities.

2. Participants will learn a "how to "approach to foster inclusion from program development through evaluation and sustaining a vision of "safer schools for all regardless of sexual orientation."

3. Also available for viewing will be three, thirty second Public Service Announcements created pro-bono for the Safe Schools Coalition of Washington in collaboration with the Seattle Public Schools.

194 **Successful SEA, LEA, and Community Efforts – It Works!**

Otistene Smith, BS, MS – Arkansas Department of Education, Anne Sneed, BSE, MSE – Paris School District and David Lohrmann, PhD, CHES – Academy for Educational Development

The Arkansas Coordinated School Health Programs Infrastructure Demonstration Project has been operational for five years. This unique project involves two neighboring school districts. Both are considered rural and socio-economically disadvantaged. With the implementation of the initiative health department personnel have documented an increased immunization rate – 99%. Alliance with the local health unit and human services unit has enhanced services for families with a school-based human services worker and a nationally certified pediatric nurse practitioner.

In order to verify the impact of the program baseline data was collected and in the fall of 1997 additional data was collected to measure the impact of the initiative. Results of the initiative's total impact to date will be shared by the Arkansas Infrastructure Director, the LEA Coordinators, the LEA Superintendents, and the LEA School Board President.

195 **"yourSELF" Middle School Resource to Promote Healthy Eating and Physical Activity**

Elaine McLaughlin, MS – USDA Food and Nutrition Service

Objective: To help students think about how their eating and physical activity choices today affect the way they grow and develop as well as their health in the future.

Setting: Nationally, all schools (as of August 1998) with 7th and 8th grade students.

Intervention: School nutrition services are most effective when they are fully integrated with other components of coordinated school health programs, yet collaboration between school nutrition staff and other CSHP staffs occurs less often than collaboration between all other component staffs (SHPPS). Only 9% of school nutrition services staff reported collaborative activities with health education. This new resource is designed to facilitate collaboration between school nutrition managers and health education teachers. The middle school nutrition education kit, *yourSELF*, will be mailed in early August to 23,000 schools with 7th and 8th grade students. Students are introduced to health concepts such as growth, food and activity choices, which are reinforced through self assessment and personal goal setting activities.

The kit contains eight major components: 1) Teacher Guide; 2) 30 student magazines entitled "yourSELF" which focuses on the importance of healthy eating and active living; 3) student activity workbooks; 4) two video segments with discussion guides; 5) optional enrichment activities and handouts; 6) poster for both classroom and cafeteria use; 7) handout with ideas to link the classroom and cafeteria; and 7) a set of duplication masters of the student worksheets.

Outcomes: Formative testing indicated high acceptance by teachers and students. The resource promotes the concept of personal responsibility and goal setting to enable adolescents to maintain or improve their health through informed choices related to food and physical activity.

Conclusion: School nutrition staff and other CSHP staffs will have new resource that will enhance the opportunity to collaborate on nutrition and health issues.

196 **Los Angeles Free Clinic Hollywood Center – A Model That Works with Runaway Youth**
Carlos Velez, JD - Valez Associates

Objective: To increase the overall health status of homeless and runaway youth by offering urgent primary and dental care; legal assistance; mental health counseling; comprehensive medical and psychosocial services for high-risk youth; day labor for homeless youth; peer HIV education testing and counseling for high-risk youth; and a day program for people living with AIDS.

Setting: Some 60,00 clients per year visit the clinic at three sites in Los Angeles, including Sunset Boulevard, where many runaway youth gather and participate in the sexual industry.

Intervention: The Los Angeles Free Clinic Hollywood Center offers four closely linked programs designed to work together to offer comprehensive care. The *High-Risk Youth Program* offers comprehensive medical and mental health care uniquely tailored for homeless and runaway youth. *Project STEP* (Short-Term Employment Program) offers job training and placement. *Project ABLE* offers peer HIV education, counseling, and testing. The *Family Planning and Other Medical Services Unit* offers family planning, plus a mobile team that provides health care and HIV testing services at homeless shelters and other sites that attract homeless and runaway youth.

Outcomes: Improved physical and mental health; acquisition of needed information; support; and skills to make better choices about their health and lifestyle. In addition, they have the opportunity to acquire job readiness skills; a daily paycheck to alleviate the need to practice risky survival skills; an adult mentor; and successful strategies and support to find and keep a permanent, full-time job.

Conclusion: The Los Angeles Free Clinic developed a model that provides comprehensive care and support services for homeless and runaway youth. The model includes close collaboration with governmental and non-governmental agencies and a multi-faceted approach aimed at getting the youth off the streets.

200 **A Conversation with Local Education Agencies that Implement Condom Availability Programs**
Catherine M. Balsley, EdD, CHES and T. Bascom – The School District of Philadelphia

Objective: To provide an update of the current status, challenges and successes of implementing condom availability programs in public school settings.

Intervention: Staff from four urban school districts will share their experiences in developing and sustaining a condom availability program. Discussions will include lessons learned emphasizing successful strategies for approaching School Board members, Superintendents, parents and other community stake holders. Issues of program impact and evaluation measures will be explored as works in progress.

Conclusion: In this session participants will share the lessons being learned related to implementing school based condom availability programs and engage in a deep and rich discussion concerning the utility of such interventions to prevent the spread of HIV among school age youth.

202 **Making AIDS Real for Youth Using the AIDS Memorial Quilt**
Ifeoma Udoh, BS – The NAMES Project Foundation

Objective:
- To detail National High School Quilt Program (NHSQP) curricula and materials.
- To present the strength and creativity of the NHSQP as a peer-driven program.
- To emphasize the importance of collaboration, as the NHSQP augments a variety of HIV prevention curricula.
- To share both quantitative and qualitative evaluative results of the NHSQP.

Description: The National High School Quilt Program (NHSQP) enables high schools across the country to display up to 4 blocks (32 panels) from the AIDS Memorial Quilt free of charge to enhance locally determined HIV/AIDS education activities in the schools. The NHSQP is designed to augment, rather than replace, local district approved HIV prevention curricula. The program provides multi-disciplinary lesson guides for teachers, student guides, videos, books, posters, installation guides and education guides. High schools form a Quilt Display Team organized and led by students to conduct AIDS awareness activities with the AIDS Memorial Quilt as the focal point. Through formal evaluations and consistent response from over 463 schools, the NHSQP has proved to be effective in strengthening HIV prevention programs by using the AIDS Memorial Quilt's unique ability to make AIDS real, humanizing the epidemic beyond the statistics, starting a dialogue about AIDS in and out of the classroom and inspiring behavior change in young people.

203 **A Public Health Response: Infrastructure Collaborations in Implementation of a Statewide Vaccination Requirement for Seventh Grade School Entry**

K.J. Fogarty, H.T. Janowski, M. Butler, F.M. Averhoff, B. Gallo and Robert Weiler, PhD – Centers for Disease Control and Prevention

Objective: In a infrastructure state, assess vaccine coverage levels as a result of state level collaborative efforts to facilitate the implementation of a new immunization requirements for seventh grade school entry.

Intervention: Beginning with the 1997-1998 school year, 196,074 students entering or attending seventh grade in Florida were required to have completed the hepatitis B vaccine series, a second dose of measles vaccine (preferably MMR), and a tetanus-diphtheria (Td) booster. Florida's infrastructure development contributed to the mechanism, which provided leadership for implementing a new seventh grade immunization requirement. Strong collaborative efforts were evident by the Department of Education and Department of Health's commitment to working together to improve the health of adolescents in Florida. By coordinating planning efforts, these state agencies implemented various outreach efforts, and provide vaccine services required for seventh grade entry for the school year 1997-1998. Florida is one of the first states to take such steps toward implementing recent recommendations for the immunization of adolescents from the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), the American Academy of Family Physicians (AAFP), and the American Medical Association (AMA).

Outcome: Statewide compliance for the first year of implementation of the immunization requirement for seventh grade school entry was 98.7%. This collaborative immunization program met or exceeded all expectations and is considered nationally as a model program.

Setting: All students entering seventh grade in Florida beginning with the 1997-1998 school year (196,074 students). All school districts in the state were required to participate.

Conclusion: Collaborative efforts between state and local Departments of Education and Departments of Health have been successful in achieving high levels of vaccine coverage among seventh grade students. The development of a state's infrastructure does provide internal structures for state agencies to respond to the public health needs of its citizens.

207 **Getting the Most Out of Your YRBS Data: What Additional Tools Are Needed?**

Steve Kinchen – Centers for Disease Control and Prevention

The roundtable will elicit from attendees what kinds of analysis needs they have. Participants will identify situations where having additional local analysis capacity have been helpful. The goal of the roundtable is to find out attendees needs/wants so that we can develop a plan for helping to meet them.

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Constituency Meetings

Divider Title: _____

Constituency Meeting Schedule

Monday, August 10, 1998

<table>
<tr><th>8:30am – 11:00am</th><th>11:00am – 12:00pm</th><th>12:00pm – 1:30pm</th><th>**1:30pm – 3:30pm
Concurrent Sessions</th><th>3:30pm – 4:00pm</th><th>4:00pm – 5:00pm</th></tr>
<tr><td>Successful Strategies: SEA-HIV Regional Sharing Sessions

Room: Knollwood A
Knollwood B
Glenmar A
Glenmar B</td><td rowspan="3">Performance Measures

Room: Mimosa</td><td rowspan="5">LUNCH (on own)</td><td>Building Partnerships between Post-Secondary Institutions (PSIs) and State and Local Education Agencies (SEAs/LEAs)

Room: Knollwood A/B</td><td rowspan="5">BREAK</td><td rowspan="5">Update on DASH Programs: Examining the Vision

Lloyd Kolbe

Open Mike Session

Participants will have an opportunity to identify program needs to the senior staff of the Division of Adolescent and School Health

Room: Rutherford</td></tr>
<tr><td>CSHP Constituency Meeting

Room: Thornton
Swanton</td><td>Preparing for a Public Health Crisis at School

Room: Glenmar A/B</td></tr>
<tr><td>LEA Constituency Meeting

Room: Brampton A</td><td>"Working Together" Revisited: Collaboration to Prevent HIV Infection Among Youth in High-Risk Situations

Room: Jarrett</td></tr>
<tr><td colspan="2">Meeting of Program Announcement #765 Grantees

Room: Jarrett</td><td>Promoting Physical Activity and Nutrition and Preventing Tobacco Use (PANT)

Room: Westover</td></tr>
<tr><td colspan="2">National System of Integrated Activities to Prevent HIV Infection and Other Serious Health Problems Among Students, Especially Post-secondary Students

Room: Westover</td></tr>
</table>

** Please attend one of the Concurrent Sessions. A description of each session precedes the Concurrent Session agendas.

CONSTITUENCY MEETING

Monday, August 10, 1998

Successful Strategies: SEA-HIV Regional Sharing Sessions Agenda

8:30am - 10:00am **Structured Sharing Sessions** -- Participants go directly to assigned room. Facilitators will start on time, so please be prompt.

Regional Groupings	Facilitator	Room
AK, WA, OR, ID, MT, UT	Pam Tollefsen	*Knollwood B - 1*
CA, NV, WY, AZ, NM, CO	Carol Peterson	*Knollwood B - 2*
ND, SD, NE, MN, WI, IA	Narra Cox	*Glenmar A - 1*
KS, MO, OK, AR, TX, LA, PR	Darrel Lang	*Glenmar A - 2*
MS, AL, GA, FL, NC, SC, VI	Judy Ryals	*Glenmar B - 1*
IL, IN, MI, OH, KY, TN	Shannon Page	*Glenmar B - 2*
WV, VA, PA, MD, DE, NJ, DC	Fran Meyer	*Knollwood A - 1*
NY, CT, RI, MA, NH, VT, ME	Nancy Emberley	*Knollwood A - 2*
Palau, HI, Guam, Northern Marianna Islands, Marshall Islands, American Samoa	Beth Pateman	Knollwood A - 3

10:00am - 10:15am **Break**

10:15am - 11:00am **Questions and Answers / Wrap-Up**
Each state may take the opportunity to ask a question about something not yet shared or seek further information regarding something already discussed (5 minutes per state).

11:00am - 12:00pm **Performance Measures**
Mimosa Room

This session will focus on determining appropriate indicators of progress for state and local education agencies funded under Program Announcement Number 805. Participants will have the opportunity to review draft HIV prevention indicators that have been developed by a SEA/LEA advisory group and make recommendations which will help guide the final performance indicators that will be used by SEAs and LEAs to report annual project progress.

CONSTITUENCY MEETING

Monday, August 10, 1998

Meeting of the Coordinated School Health Programs
Thornton and Swanton

8:30am - 8:35am	**Welcome and Overview** Dean Fenley, DASH
8:35am - 9:30am	Convene in round tables with job-alike groups (SEA coordinators, SHA coordinators, CSHE coordinators, HIV coordinators) Note: Some HIV coordinators may elect to attend the SEA constituency group meeting.
9:35am - 10:20am	Topical roundtables-discussions based on a list of the priority topics generated by the 15 states.
10:20am - 10:35am	**Break**
10:35am - 11:00am	Entire group reconvenes for report-out on job-alike round table discussions.
11:00am - 12:00pm	**Performance Measures** *Mimosa Room* This session will focus on determining appropriate indicators of progress for state and local education agencies funded under Program Announcement Number 805. Participants will have the opportunity to review draft HIV prevention indicators that have been developed by a SEA/LEA advisory group and make recommendations which will help guide the final performance indicators that will be used by SEAs and LEAs to report annual project progress.

CONSTITUENCY MEETING

Monday, August 10, 1998

Meeting of the Local Education Agency Programs

Brampton A

8:30am - 8:45am **Introduction** - Holly Conner

8:45am - 9:30am **Round Tables**

1. Effective Strategies in HIV Curriculum, Instruction, and Assessment
   Facilitators: *Mohamed Yasin, New York City Board of Education*
   Phyllis Simpson, Dallas Independent School District

2. HIV Curricula for Special Education Students
   Facilitator: *Peggy Finnegan, Chicago Public Schools*

3. Marketing HIV Prevention Education and Coordinated School Health Programs
   Facilitator: *Sydonia Taylor, New Orleans Public Schools*

9:30 - 10:15am **Round Tables** *(Repeated)*

10:15am - 11:00am **Round Tables** *(Repeated)*

11:00am - 12:00pm **Performance Measures**
Mimosa Room

This session will focus on determining appropriate indicators of progress for state and local education agencies funded under Program Announcement Number 805. Participants will have the opportunity to review draft HIV prevention indicators that have been developed by a SEA/LEA advisory group and make recommendations which will help guide the final performance indicators that will be used by SEAs and LEAs to report annual project progress.

CONSTITUENCY MEETING

Monday, August 10, 1998

Meeting of Program Announcement #765 Grantees

Jarrett Room

Facilitators:	DASH:	Lydia Blasini-Caceres, Jim Martindale, Leah Robin, Mary Vernon
	AED:	Richard Sawyer

8:30am - 10:00am	**Project Updates**
10:00am - 10:15am	**Break**
10:15am - 11:45am	**In-depth Discussion of Selected Topics/Issues**
11:45am - 12:00pm	**CDC Update** **Evaluation Assistance** **Other Issues**

CONSTITUENCY MEETING

Monday, August 10, 1998

National System of Integrated Activities To Prevent HIV Infection and Other Serious Health Problems Among Students, Especially Postsecondary Students (IHE Initiative)

Westover Room

8:30am - 9:00am	**Final Review of Indicator Session** Mary Hoban
9:00am - 9:30am	**Preparation/List of Accomplishments** Mary Hoban & Bill O'Connell
9:30am - 10:45am	**Planning for the Health Track at the 1999 "A Forum on Learning Through Service in Higher Education"** Nan Ottenritter
10:45am - 11:00am	**Break**
11:00am - 11:50am	**CHAT with Lloyd Kolbe** Bill O'Connell
11:50am - 12:00pm	**Summary** Mary Hoban

CONSTITUENCY CONCURRENT SESSION DESCRIPTIONS

Building Partnerships between Post-Secondary Institutions (PSIs) and State and Local Education Agencies (SEAs/LEAs)

A panel of 4 experts will present characteristics of models and existing partnerships between Post-Secondary Institutions (PSIs) and community groups, including a representative from the National Network for Health, the National Committee on Partnerships for Children's Health, State Education Agency, and the Community-Campus Partnership for Health. Each expert will have 15 minutes at the podium, which includes a 10-minute presentation and 5-minute questions-and-answers period.

The panel discussion will be followed by a 5 minute break, and then the attendees will divide into 2 groups to brainstorm about strategies for building partnerships between PSIs and SEAs/LEAs.

During the last 20 minutes of the session, each group will report to all attendees a summary of their discussions. The session will conclude with a final charge.

Preparing for a Public Health Crisis at School

Using last year's HIV outbreak in Chautauqua County, New York, as a trigger for discussion, participants will develop a set of best practices that education agencies might employ to prepare schools to handle a health-related event that has potential for causing widespread public anxiety. Consideration will be given to such critical issues as dealing with the media, working with health agencies, and establishing in-school response teams.

"Working Together" Revisited: Collaboration to Prevent HIV Infection Among Youth in High-Risk Situations

Last year the Massachusetts Training and Demonstration Center collaborated with DASH, DHAP, and NASTAD to implement a series of workshops on collaboration for statewide planning to prevent HIV infection among youth, especially youth in high-risk situations. The three trainings convened teams from 45 states representing SEAs, SHAs, CPGs, and other youth serving agencies to look at how youth needs could be better addressed by working together more effectively. This session will present follow-up data on progress made since the trainings, as well as offer a unique opportunity for SEAs, LEAs, national organizations, and others to discuss new ideas, continuing issues and barriers, and how various groups and organizations at different levels (local, state, and national) can support each other in their efforts to reach youth in high-risk situations.

Promoting Physical Activity and Nutrition and Preventing Tobacco Use

This session will provide participants an opportunity to share information on strategies and resources used to help schools implement CDC guidelines on physical activity, nutrition, and tobacco. CDC staff will provide updates on relevant CDC initiatives and on the latest developments in these areas. Participants will then discuss their work on physical activity, nutrition, and tobacco in roundtables focusing on policy adoption and implementation, effective health education curricula, and initiatives to support family and community involvement, extracurricular physical activity programs, school meal programs, and tobacco cessation services.

CONSTITUENCY CONCURRENT SESSION

Monday, August 10, 1998

Building Partnerships Between Post-Secondary Institutions (PSIs) and State and Local Education Agencies (SEAs/LEAs)

Knollwood A/B

1:30pm - 2:40pm	**Panel Discussion** Nan Ottenritter, Facilitator Charles Deutsch --National Committee on Partnerships for Children's Health Lynn Barnett -- Community-Campus Partships for Health: Engaging Colleges and Universities in Community Partnerships Sharon Rowland and Richard Byrne -- Utilizing the Cooperative Extension Service and Land Grant Universities to Partner with Communities Douglas White --The Wisconsin Experience: Diverse Roles of Post-Secondary Institutions (PSIs) in Fostering School Health
2:40pm - 2:45pm	**Break**
2:45pm - 3:10pm	Breakout into Discussion Groups
3:10pm - 3:30pm	Group Reporting, Wrap Up, and Charge

CONSTITUENCY CONCURRENT SESSION

Monday, August 10, 1998

Preparing for a Public Health Crisis at School

Glenmar A/B

Presenters:	**Dean Fenley** - Division of Adolescent and School Health **Amy DeGroff, Julie Maher and David Purcell** - Division of HIV/AIDS Prevention
1:30pm - 2:00pm	**Introduction** Overview of the Chautauqua experience Critical elements for preparedness
2:00pm - 3:30pm	Development of "best practices" for how schools and educational agencies can prepare for crisis, with specific examples of practices that are actually in place.

CONSTITUENCY CONCURRENT SESSION

Monday, August 10, 1998

"Working Together" Revisited: Collaboration to Prevent HIV Infection among Youth in High-Risk Situations

Jarrett Room

Facilitators/Representatives:

Jim Martindale and Marlisa Hughes - Division of Adolescent and School Health
Chad Martin - Division of HIV/AIDS Prevention
Tim Hack and Laura Stuart - Massachusetts Department of Education
Jennifer Marin - National Alliance of State and Territorial AIDS Directors

1:30pm - 1:35pm	**Welcome**
1:35pm - 1:45pm	**Background and Brief Overview of "Working Together" Training**
1:45pm - 2:00pm	**Progress Made Since the Workshops**
2:00pm - 2:30pm	**Success Stories from the Field**
2:30pm - 3:30pm	**Large Group Discussion: How Can We Strengthen Collaboration Further**
3:30pm	**Adjourn**

CONSTITUENCY CONCURRENT SESSION

Monday, August 10, 1998

Promoting Physical Activity and Nutrition and Preventing Tobacco Use

Westover Room

1:30pm - 2:15pm

Introduction

Overview of Session
Margarett Davis, Chief
Research Synthesis and Application Section
Surveillance Evaluation and Research Branch (SERB)
Division of Adolescent and School Health (DASH)

DASH expectations for work in this area
Diane Allensworth, Chief
Program Development and Services Branch
DASH

Update on projects to promote guidelines implementation
Howell Wechsler
Research Synthesis and Application Section
SERB, DASH

Update on tobacco-related issues and initiatives
Dearell Niemeyer, Chief
Program Services Branch, Office on Smoking and Health (OSH)

Update on physical activity and nutrition-related issues and initiatives
Elizabeth Howze, Associate Director for Health Promotion
Division of Nutrition and Physical Activity (DNPA)

Questions and Answers for CDC Panel

Diane Allensworth (DASH), Margarett Davis and Howell Wechsler (DASH), Dearell Niemeyer (OSH), and Elizabeth Howze (DNPA)

2:20pm - 3:30pm

Roundtables

Participants will rotate among the following roundtables -

- Policy adoption and implementation
- Effective health education curricula
- Initiatives to support family and community involvement, extracurricular physical activity programs, school meal programs, and tobacco cessation services

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Miscellaneous

Divider Title: _____

ANCILLARY MEETINGS

SUNDAY, AUGUST 9, 1998		
8:00am - 5:00pm	National Training Partnership	Elizafield
1:00pm - 5:00pm	Coordinated School Health Program Directors – Directors of Education	Glenmar A
1:00pm - 5:00pm	Coordinated School Health Program Directors – Directors of Health	Glenmar B
1:00pm - 5:00pm	HIV/AIDS Prevention Juvenile Justice Workgroup	Thornton
4:00pm - 7:00pm	GLBT Meeting	Westover
7:00pm - 8:30pm	Pacific Regional Leadership Meeting	Thornton
MONDAY, AUGUST 10, 1998		
6:00pm - 8:00pm	AAHE HIV Task Force Meeting	Brampton B
6:00pm - 9:00pm	Joint Work Group on Teen Pregnancy Prevention	Thornton
TUESDAY, AUGUST 11, 1998		
12:00pm - 1:30pm	Young Women of Color Workgroup	Glenmar A
4:30pm - 6:00pm	YRBS Training for the U.S. Territories	Knollwood B
WEDNESDAY, AUGUST 12, 1998		
7:00am - 9:00am	Meeting for State Health Agencies	Thornton
6:00pm - 8:00pm	Pacific Regional Leadership Meeting	Knollwood B
THURSDAY, AUGUST 13, 1998		
5:00pm - 10:00pm	SSDHPER Executive Committee and Leadership Meeting	Brampton B
FRIDAY, AUGUST 14, 1998		
8:00am - 12:00pm	Joint Work Group on Teen Pregnancy Prevention (Continued)	Thornton
8:30am - 11:00am	SSDHPER Executive Committee and Leadership Meeting (Continued)	Brampton B
9:00am – 4:00pm	School Nurses Campaign for Adolescent Immunization	Jarrett
SATURDAY, AUGUST 15, 1998		
9:00am - 4:00pm	National Nursing Coalition for School Health	Westover

CONF - 8/98 - CDC
DASH Conference

The Trip of

Todd A. Summers, Deputy Director
Office of National AIDS Policy
DASH Leadership Conference
OMNI Hotel, Atlanta
August 11th - August 12th, 1998

Tuesday, August 11th

7 - 8:40 PM	Delta Flight #1593, Seat 24 C Departing Washington National en route Atlanta
Transportation	Alex Fernandez of the Conference will be meeting you at the gate
Hotel	OMNI Hotel 100 CNN Center Atlanta, GA 30335 P: (404) 659-0000 F: (404) 525-5050

Note: You are allowed a lodging rate of 97.00 for Atlanta. If they quote you a higher cost, explain where you're from and why you're there or give me a call and I'll work out a special rate with them (hotels will usually come down on the cost after a little maneuvering). Also, please do not let the Conference organizers pay for your hotel bill. It will throw off the entire authorization/voucher process.

Wednesday, August 12th

9 - 10 AM — Plenary Session
Rutherford Room, Convention Level

Presider: Janet Collins, Centers for Disease Control and Prevention

Keynote: Preventing HIV Infection Among Youth: A Moral and Practical Imperative

Thomas Coates
Professor of Medicine and Epidemiology
Director, UCSF AIDS Research Institute and Center for AIDS Prevention Studies

Todd Summers
Deputy Director
Office of National AIDS Policy

These two noted authorities on HIV prevention will present their views on the most important actions to take to reduce HIV infection among youth. The different, yet complimentary, views of these speakers provide important implications for the future of HIV prevention among youth.

3:25 - 5:08 PM Delta Airlines Flight #396, Seat 18D
Departing Atlanta en route Washington National

Wednesday, August 12, 1998

7:30am - 9:00am **CONTINENTAL BREAKFAST/EXHIBITS/ TOPICAL NETWORKING/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Time is available for conference participants to informally discuss special challenges with each other. Get your breakfast and visit the topical networking tables, exhibits and posters!

Topical Networking Tables
The topical networking tables are designed to be informal and give participants an opportunity to discuss selected issues. Each roundtable will be led by a facilitator.

1. **Tobacco Prevention and Control Through Media and Community Channels**
   Facilitator: Stephanie Maya, CDC's Office on Smoking and Health

2. **Tobacco Prevention and Control in Schools**
   Facilitator: Linda Crossett, CDC's Division of Adolescent and School Health

3. **Physical Activity and School Physical Education**
   Facilitator: Charlene Burgeson, CDC's Division of Nutrition and Physical Activity

4. **Evaluation of School-Based Immunization Programs**
   Facilitator: Kieran Fogarty, CDC's National Immunization Program

5. **Utilizing Evaluation Results**
   Facilitators: Stephen Banspach and Leah Robin, CDC's Division of Adolescent and School Health

6. **Overcoming Barriers in Implementing YRBS**
   Facilitator: Laura Kann, CDC's Division of Adolescent and School Health

7. **Teacher Training Needs**
   Facilitator: Dave Poehler, CDC's Division of Adolescent and School Health

8. **HIV Prevention among Street Youth**
   Facilitator: Rachel Krause, CDC's Division of Adolescent and School Health

9. **HIV Prevention among Native American Youth**
   Facilitator: Delight Satter, CDC's Division of Adolescent and School Health

10. **HIV Prevention among GLBT Youth**
    Facilitator: Kathleen Somers, CDC's Division of Adolescent and School Health

11. **HIV/STD/Unintended Pregnancy Prevention Education**
    Facilitator: Dean Fenley, CDC's Division of Adolescent and School Health

12. **Teen Pregnancy Prevention**
    Facilitator: Mary Vernon, CDC's Division of Adolescent and School Health

13. **Role of Managed Care in Adolescent Health**
    Facilitator: John Santelli, CDC's Division of Adolescent and School Health

14. **Violence in School Settings**
    Facilitator: Lisa Cohen, CDC's Division of Adolescent and School Health

15. **Developing Culturally Appropriate HIV Prevention Interventions**
    Facilitator: Lydia Blasini-Caceres, CDC's Division of Adolescent and School Health

16. **Linking Post-Secondary Institutions (PSIs) and LEAs**
    Facilitator: Priscilla Young, CDC's Division of Adolescent and School Health

17. **Linking Post-Secondary Institutions (PSIs) and SEAs**
    Facilitator: Marty DuShaw, CDC's Division of Adolescent and School Health

18. **Asset Building**
    Facilitator: Diane Allensworth, CDC's Division of Adolescent and School Health

19. **Marketing Coordinated School Health Programs (CSHP)**
    Facilitator: Casey Hannan, CDC's Division of Adolescent and School Health

20. **Linking Health and Education**
    Facilitator: Mary Sue Lancaster, CDC's Division of Adolescent and School Health

9:00am - 10:00am **PLENARY SESSION**
Room: Rutherford, Convention Level

Presider: Janet Collins - Centers for Disease Control and Prevention

Keynote: **Preventing HIV Infection Among Youth: A Moral and Practical Imperative**

Thomas Coates
Professor of Medicine and Epidemiology
Director, UCSF AIDS Research Institute and
Center for AIDS Prevention Studies
Todd Summers
Deputy Director
Office of National AIDS Policy at the White House

These two noted authorities on HIV prevention will present their views on the most important actions to take to reduce HIV infection among youth. The different, yet complementary, views of these speakers provide important implications for the future of HIV prevention among youth.

10:00am - 10:30am **BREAK/EXHIBITS/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Beverages are available in the Exhibit Hall. Get your refreshments and visit the exhibits and posters!

10:30am - 12:00pm **CONCURRENT SESSIONS**

Session 1: An HIV/AIDS Presentation for the School Setting (Abstract #101)

Presenter: Susan Court - Montana Office of Public Instruction
Presider: Shannon Page - Centers for Disease Control and Prevention
Room Monitor: Bindi Patel - Centers for Disease Control and Prevention
Room: *Knollwood A, Lower Level*

This session will feature a generalized approach to providing K - 12 educators with useful, practical and effective classroom teaching strategies for HIV, other STDs and unintended pregnancy prevention. Information will be provided on presenting 2 - 6 hour training workshops through an adaptable approach that is acceptable to Montana school districts. Learn skills and methods used in developing a "GoBox" of resources and relevant workshop materials.

Session 2: Encouraging Community Dialogue in Support of Reproductive Health Programs in Schools (Abstract #103)

Presenter: Marcia Rubin - American School Health Association
Presider: Mary Sue Lancaster - Centers for Disease Control and Prevention
Room Monitor: Pam Blumson - Centers for Disease Control and Prevention
Room: *Swanton, Lower Level*

The presenter of this session will discuss an Advocacy Kit developed by the American School Health Association (ASHA) which provides ideas for encouraging communities to address the need for comprehensive reproductive health information, skills and services.

Session 3: School-Based STD Screening, Treatment and Counseling (Abstract #105)

Presenter: Theresa Nash - New Orleans Public Schools
Presider: Stephen Ranslow - Centers for Disease Control and Prevention
Room Monitor: Carla Stokes - Centers for Disease Control and Prevention
Room: *Rutherford, Convention Level*

The presenter of this session will provide information on: 1) understanding how to conduct school-based STD screening, 2) the prevalence of chlamydia and gonorrhea among high school students, and 3) the asymptomatic nature of gonorrhea and chlamydia and understanding the value of school-based STD screening.

Session 4: Gay/Straight Alliance Sexuality/HIV Education Project: Using Data to Drive Program Implementation (Abstract #109)

Presenters: Margo Abels and Julie Netherland - Massachusetts Department of Education
Presider: Jim Martindale - Centers for Disease Control and Prevention
Room Monitor: Gail McMahon - Centers for Disease Control and Prevention
Room: *Glenmar A, Lower Level*

This workshop will report on a project that is being implemented in the Fall of 1998. Presenters will cover the planning and development process, including the following:

- *National epidemiological data*
- *1997 findings from the Massachusetts Youth Risk Behavior Survey*
- *Massachusetts Intensive Evaluation results suggesting a decrease in risk behaviors associated with supports for gay, lesbian and bisexual students*
- *Link between the state HIV Education Policy (referencing gay and lesbian youth) with program implementation*
- *How existing initiatives in Massachusetts create an environment which supports interventions targeting young men who have sex with men*
- *Program update: design process, literature review, focus group results, evaluation plan and other related materials*

- *Discussion of intervention design and intended outcomes will follow. Workshop leaders will highlight collaborative advisory panel and youth involvement processes. Participants will be encouraged to provide feedback and discuss strategies for program replication.*

Session 5: **Inspiring Behavior Change Through Cognitive Participation: HIV-Prevention Workshops Can Reach Sexually Active Youth** (Abstract #131)

Presenter: Stephen Fallon - CenterOne, Inc.
Presider: Leah Robin - Centers for Disease Control and Prevention
Room Monitor: Marlisa Hughes - Centers for Disease Control and Prevention
Room: *Westover, Lower Level*

Upon completion of the workshop, conference participants will be able to effectively utilize the inductive method in their own outreach efforts. Participants will understand how this method is applied in other educational disciplines, and why it is employed in motivational seminars. Participants will recognize why this method ensures greater success in HIV prevention interventions.

Session 6: **A Case Study of Student Directed HIV Education in a Medium Sized School Corporation** (Abstract #137)

Presenters: Phyllis Lewis - Indiana Department of Education
Jan Ramsey - Greenfield Central Community Schools
Presider: Arnold Manangan - Centers for Disease Control and Prevention
Room Monitor: Gloria Lewis - Centers for Disease Control and Prevention
Room: *Mimosa, Convention Level*

This session models a project which highlights the student-directed efforts to increase AIDS education efforts in a medium sized school corporation in Indiana.

Session 7: **Using Theater as a Prevention Education Tool: A Community-Based Approach to HIV Prevention** (Abstract #159)

Presenter: Elena Alvarado - National Latina Health Network
Presider: Lydia Blasini-Caceres - Centers for Disease Control and Prevention
Room Monitor: Johnny Collins - Centers for Disease Control and Prevention
Room: *Glenmar B, Lower Level*

This session presents a model to prevent HIV/AIDS infection among at-risk Hispanic adolescents and young adults, 16 - 24 years of age using theater-based peer-education approaches in helping them make informed decisions regarding their personal sexual behavior.

Session 8: **American Red Cross Hispanic HIV/AIDS Education Program: Preventing HIV Transmission Through an Empowerment Curriculum** (Abstract #161)

Presenter: Ledia Martinez - American National Red Cross
Presider: Delight Satter - Centers for Disease Control and Prevention
Room Monitor: Warren Benson - Centers for Disease Control and Prevention
Room: *Knollwood B, Lower Level*

This session's presenter will provide HIV/AIDS information about Hispanics in a culturally relevant manner, taking into consideration the psychosocial issues that surround this disease. This American Red Cross program was developed in cooperation with several national Hispanic organizations. This is a culturally specific, six-module training course that certifies instructors as HIV/AIDS educators to help them gain skills to make interactive community sessions with diverse Hispanic groups on HIV/AIDS issues.

Session 9: Promoting Change: Opportunities to Measure Progress (Abstract #175)

Presenters: Mary Hoban - American College Health Association
Richard Sawyer – Academy for Educational Development
William O'Connell, Jr. – National Association of Student Personnel Administrators
Presider: Holly Conner - Centers for Disease Control and Prevention
Room Monitor: Jackie Woodward - Centers for Disease Control and Prevention
Room: *Jarrett, Lower Level*

Project staff from organizations in higher education will review the development of the indicators of success for HIV prevention efforts on campus, describe the indicators relevant to each priority area, and describe examples of how the indicators are applied to program activities within each priority area. Time will be allotted for questions from and discussion with the audience.

Session 10: Toward High Quality HIV/STD Education for Middle Level Schools: The State of the Nation (Abstract #178)

Presenters: Jean Schultz - National Middle School Association (NMSA)
Deborah Schoeberlein – Redefining Actions and Decisions (RAD)
Presider: Sandra Jones - Centers for Disease Control and Prevention
Room Monitor: Taira Duncan - Centers for Disease Control and Prevention
Room: *Thornton, Lower Level*

This session will present the RAD/NMSA survey. The survey sought input to identify areas in which middle level schools need support to better implement their HIV/STD education programs and their coordinated school health efforts. In addition, this session will foster a dialog to address the application of survey findings and explore programmatic strategies to meet the identified needs. (Data will be reported in such a way as to preserve the confidentiality of respondents.)

Session 11: Linking Coordinated School Health Programs to Learning in Urban Schools: The Dallas Plan (Abstract #201)

Presenters: Rosemarie Allen and Linda Yater – Dallas Public Schools
Presider: Marty DuShaw - Centers for Disease Control and Prevention
Room Monitor: Erica Wilker - Centers for Disease Control and Prevention
Room: *Brampton A, Cafe Level*

The Dallas Public schools' model of coordinated school health programs helps to institutionalize sexuality education and other prevention strategies will be presented. The 1998-99 school year will activate data driven decisions for a K-12 wellness program for students.

Session 12: CDC Internet Training Session

Room: *Elizafield, Cafe Level*

Learn the basics of how to find health information on the Internet and how to use Internet browsers. John Canfield and Rachel Krause of the Centers for Disease Control and Prevention will be available to assist you with your Internet questions. The Elizafield room seats 40 and spaces will be filled on a first come, first served basis.

12:00pm - 1:30pm **LUNCH (ON OWN)/TECHNOLOGY RESOURCES/ EXHIBITS/POSTERS**

Room: *Barrington/Liberty, Convention Level*

Food and beverage stations are available outside the Exhibit Hall for lunch. Purchase your lunch and visit the posters and exhibits!

1:30pm - 2:15pm **PLENARY SESSION**
Room: *Rutherford, Convention Level*

Presider: John Moore, Centers for Disease Control and Prevention

HIV Update: **Ronald Valdiserri**
Deputy Director
National Center for HIV, STD, and TB Prevention
Centers for Disease Control and Prevention

Current trends, the nature of the epidemic, and CDC's present and future directions will be discussed. Participants will have an opportunity to interact with the speaker.

2:15pm - 2:30pm **BREAK/EXHIBITS/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Beverages are available in the Exhibit Hall. Get your refreshments and visit the exhibits and posters!

2:30pm - 3:15pm **ROUNDTABLES**
Room: Barrington/Liberty/Mimosa, Convention Level

The roundtables are designed to give participants an opportunity to discuss selected issues. Each roundtable will be led by an expert facilitator. Discussions will start at 2:30pm and 3:30pm with a 15 minute break in between. Select a second and third choice for each session, as tables may fill up quickly.

Roundtable/
Abstract Number

100 **Youth Involvement and Is Relationship to the HIV Prevention Community Planning Process**
Jennifer Marin - National Alliance of State and Territorial AIDS Directors

102 **Using "Programs that Work" in a Rural Setting**
Susan Court - Montana Office of Public Instruction

108 **Working Together on Comprehensive Guidelines for School Health: A National Initiative**
Scott Allen - American Academy of Pediatrics

117 **What Works in Tobacco Prevention**
Heather Jamison - AGC Educational Media

120 **Establishing a Recognition Program for Exemplary Comprehensive School Health Education**
Katherine Wilbur - Maine Department of Education

121 **Integrating Resiliency and Asset Development into State Initiatives to Promote Healthy Youth and Families**
Sara Simpson - Vermont Agency of Human Services

122 **Tell Me What We Can Do: Foundations to the Development of Strong Peer Education Groups**
Jan Gascoigne - The BACCHUS and GAMMA Peer Education Network

132 **Power Dynamics and HIV Risk in Relationships for Gay Youth: A Psychosocial and Epidemiological Discussion**
Stephen Fallon - CenterOne, Inc.

133 **Kentucky Consolidated Planning: A Proactive Approach to Coordinating Federal and State Resources for School Health Initiatives**
Deborah McDonald - Kentucky Department of Education

134 **Getting the Most Out of Your Peer Education Programs: It Starts with Evaluation!**
William O'Connell - National Association of Student Personnel Administrators

139 **Using the YRBS to Make Schools Safer for Vermont Gay/Lesbian/Bisexual Youth**
Shaun Donahue - Vermont Department of Education

141 **National School Boards Association (NSBA) HIV/AIDS and School Health Resource Database**
Cameron Adkison - NSBA

149 **Service Learning: Education, Health, and Community Professionals Collaborating to Improve the Health of Youth**
Nan Ottenritter - American Association of Community Colleges

157 **Exploring Connections: How Institutions of Higher Education, State Education Agencies, and Local Education Agencies Can Work Together**
Darlene Saunders - The College Fund, United Negro College Fund

162 **Critical Components of HIV Prevention Programs for Young Women of Color**
Michael Gipson - Advocates for Youth

163 **Developing Innovative HIV Prevention for High Risk Youth in Correctional and Residential Facilities and Programs**
Kimberly Mack - Children's Hospital of Michigan

164 **Designing Adolescent Pregnancy Prevention Media Initiatives: Results from Indiana Youth, Parent and Gatekeeper Focus**
Sally Goss - Indiana State Department of Health

166 **Promoting the Health of Youth: Enhancing Public Awareness and Support for Health Education**
Mary Waters - American Cancer Society

167 **State-Level Approaches to Schools and Teen Pregnancy Prevention: Reporting of Initial Focus Group Results**
Nora Howley - Council of Chief State School Officers

170 **School Violence Prevention and Intervention Plan for New Mexico**
Patsy Nelson - New Mexico Department of Health

172 **Putting the Pieces Together: How and When to Use Various National Guidelines and Standards**
Russell Henke - Society of State Directors of Health, Physical Education and Recreation (SSDHPER)

181 **Integrating Health and the Core Curriculum: Sample Lessons and Correlation Documents**
Laurie Bechhofer - Michigan Department of Education

184 **How to Ensure School Health Constituents Get the Information They Need From the Internet**
Kenneth Rose and Stephanie Ramsey - Centers for Disease Control and Prevention

187 **Reflections on Change**
William David Burns - Association of American Colleges and Universities

188 **Promoting Coordinated School Health Programs Through a Full Service Schools Conference**
Merry Stanford - Michigan Department of Education

189 **Community Partnerships to Create Safe Schools for Sexual Minorities**
Tracy Flynn - Seattle Public Schools

194 **Successful SEA, LEA, and Community Efforts - It Works!**
Otistene Smith - Arkansas Department of Education and David Lohrmann - Academy for Educational Development

195 **"yourSELF" Middle School Resource to Promote Healthy Eating and Physical Activity**
Elaine McLaughlin - U.S. Department of Health and Human Services

196 **L.A. Free Clinic Hollywood Center - A Model that Works with Runaway Youth**
Carlos Velez - Velez Associates

200 **A Conversation with Local Education Agencies that Implement Condom Availability Programs**
Catherine Balsley - School District of Philadelphia and Trish Bascom - San Francisco Unified School District

202 **The National High School Quilt Program: Making AIDS Real for Youth Using the AIDS Memorial Quilt**
Ifeoma Udoh - NAMES Project Foundation

203 **A Public Health Response: Infrastructure Collaborations in Implementation of a Statewide Vaccination Requirement for Seventh Grade School Entry**
Keiran Fogarty – Centers for Disease Control and Prevention, H.T. Janowski, Mary Jo Butler, Francisco Averhoff, B. Gallow and Robert Weiler – University of Florida

207 **Getting the Most Out of Your YRBS Data: What Additional Tools are Needed?**
Steve Kinchen - Centers for Disease Control and Prevention

3:15pm - 3:30pm **BREAK AND CHANGE/EXHIBITS/POSTERS**
Room: *Barrington/Liberty/Mimosa, Convention Level*

3:30pm - 4:15pm **ROUNDTABLES *(Repeated)***
Room: *Barrington/Liberty/Mimosa, Convention Level*

4:15pm - 4:30pm **BREAK/EXHIBITS**
Room: *Barrington/Liberty, Convention Level*

4:30pm - 5:30pm **PLENARY SESSION**
Room: *Rutherford, Convention Level*

Presider: Lloyd Kolbe - Centers for Disease Control and Prevention

Keynote: HIV Prevention Among Youth: National Policy
Sandra Thurman
Director of National AIDS Policy at the White House

5:30pm - 6:00pm **EXHIBITS/TECHNOLOGY RESOURCES/ NETWORKING/POSTERS**
Room: *Barrington/Liberty, Convention Level*

Networking is a priority of this conference. Use this time to meet with other conference attendees to discuss special challenges or visit the exhibits and posters! Please take advantage of this time to network with your colleagues!

5:30pm - 6:00pm **COMPUTER ROOM OPEN**
Room: *Elizafield, Cafe Level*