

School District of Hillsborough County



Improving the Health, Education and Well-Being OF YOUNG PEOPLE

THROUGH COORDINATED SCHOOL HEALTH PROGRAMS:

INTERIM PROGRESS REPORT YEAR 2

(MARCH 1, 2004 – PRESENT)

October 15, 2004

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A report produced for a project funded by the
Department of Health and Human Services,
Centers for Disease Control & Prevention (#U87/CCU422654-02)
Acquisition and Assistance Branch B
Procurement and Grants Office
2920 Brandywine Road
Atlanta, GA 30341

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INTRODUCTION

This report is a summary of the interim progress of the second year implementation of the *Improving the Health, Education, and Well-Being of Young People through Coordinated School Health Programs (CSHP)* funded by the Center for Disease Control and Prevention. The School District of Hillsborough County (SDHC) was awarded federal funds over the duration of five years aimed at assessing changes in youth risk-taking behaviors, and to develop and implement a broad-based educational prevention program in alternative education, middle school and high school settings.

PRIORITY 1: MONITORING CRITICAL HEALTH BEHAVIORS OF YOUTH

The project is based on two priority initiatives. The first priority project initiative focuses on monitoring critical health behaviors of youth. The Youth Risk Behavior Survey (YRBS) was developed by the CDC to monitor six categories of health-risk behaviors among youth:

1. Behaviors that contribute to unintentional injury and violence,
2. Tobacco use,
3. Alcohol and other drug use,
4. Sexual behaviors that contribute to unplanned pregnancy and sexually transmitted diseases,
5. Unhealthy dietary behaviors, and
6. Physical inactivity including weight problems.

Project goals and objectives for priority one are listed along with evidence of progress at midyear in Table 1.

TABLE 1.

INTERIM PROGRESS REPORT FOR PRIORITY 1: YOUTH RISK BEHAVIOR SURVEY (YRBS)

Interim Progress Report for HIV Prevention Sample State Department of Education U87/CCU422654-02 March 1, 2004 – Present		
<p>Goal 1. The five-year goal of Priority 1 is to use systematic procedures to monitor critical health behavior of middle and high school students through the administration of the Youth Risk Behavior Survey (YRBS).</p>	<p>Met / In Progress</p>	<p>SDHC and CSHP project personnel have engaged in all of the designated activities identified in the grant proposal to prepare for the administration of the YRBS during the 2004-05 academic year.</p>
<p>Objective 1.1. Administer the YRBS to a random sample of students at 23 high schools and 40 middle schools in the School District of Hillsborough County.</p>	<p>On Going</p>	<p>The School Board and district leaders have approved the administration of the survey to a sample of students in classrooms across Grades 6 – 12. A professional from the district's Department of Assessment & Accountability attended training offered at the state level for administering the YRBS in the spring of 2003. School nurses assigned to each of the middle and high schools are currently being scheduled to attend training on YRBS administration procedures. Nurses will also sign confidentiality forms at this time. School nurses will train all classroom teachers participating in the 2004/05 administrations. Each teacher will also sign a confidentiality form. As part of the CDC Cooperative Agreement, Westat will draw the random sample, administer the survey, and analyze the 2004/05 results. To date, an updated frame, information necessary for sample selection, for each middle school and high school has been sent to Westat.</p>

Table 1 (Continued)

<p><u>Objective 1.2.</u> Expand collaborative participation opportunities related to the YRBS.</p>	<p>On Going</p>	<p>The results of the 2003/04 YRBS have been formally presented to all members of the Medical Advisory Council on June 6, 2004. The 2003/04 YRBS data results will be presented to district and school administration of high schools and middle schools. Presentations will be held at upcoming Middle and High School Principals Council Meetings prior to the administration of the 2005 YRBS administration. School nurses are scheduled to present the YRBS report to subject area teachers, highlighting appropriate data following the annual Blood Borne Pathogen presentation required by OSHA.</p> <p>Collaborative efforts with the University of South Florida and Department of Health to offer more accessible STD and HIV testing are ongoing. Currently, an action plan allowing students to take scheduled time during the school day to go to the health department for diagnosis and treatment is being developed. In addition, collaborative efforts with the Department of Health to establish satellite clinics offering services after school hours for diagnosis and treatment of HIV/STDs is in development. Other activities, including scheduling mobile clinics to be dispatched to certain areas of the city is currently being planned.</p> <p>A Student Health Needs Survey was developed by the USF Department of Pediatric Adolescent Division and administered to a random selection of students who utilized the Middleton High School Clinic during the spring semester of 2004. Data results are currently being analyzed and will help to direct future outreach projects.</p> <p>Sampling procedures are currently being developed in collaboration with WESTAT to randomly select participants for the 2004/05 YRBS administration for specific zip codes for the population involved in the STEPPS Cooperative Agreement.</p> <p>A workshop aimed at providing the School Board members with comparison data and descriptive information of the 2003/04 YRBS results is scheduled for January 2005.</p>
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Table 1 (Continued)

<p>Goal 2. Focused data collection for special at risk student populations through the administration of the YRBS.</p>	<p>In Progress</p>	<p>SDHC and CSHP project personnel have engaged in all of the designated activities identified in the grant proposal to prepare for the administration of the YRBS to at risk student populations during the 2004-05 academic year.</p>
<p><u>Objective 2.1.</u> Expand the YRBS survey system to include specialized populations.</p>	<p>In Progress</p>	<p>A total of 13 Alternative Education sites will be included in the random selection process to participate in the YRBS survey. The School Board and district leaders have approved the administration of the survey to a sample of students in alternative education classrooms across Grades 6 – 12. A professional from the district's Department of Assessment & Accountability attended training offered at the state level for administering the YRBS in the spring of 2003. School nurses assigned to each of the alternative education sites are currently being scheduled to attend training on YRBS administration procedures and to sign confidentiality forms. School nurses will train all classroom teachers participating in the 2004/05 administrations. Each teacher will also sign a confidentiality form. As part of the CDC Cooperative Agreement, Westat will draw the random sample, administer the survey, and analyze the 2004/05 results. To date, an updated frame, information necessary for sample selection, for each alternative education site has been sent to Westat.</p>

PRIORITY 2: MONITORING CRITICAL HEALTH BEHAVIORS OF YOUTH

The second priority initiative focuses on strengthening the district's HIV/AIDS Risk Reduction program for middle and high school students. This initiative is a three-prong strategy:

1. Project activities focused on providing information about HIV and sexually transmitted diseases (STD), legal rights and community testing and counseling services to students in grades 6 – 12;
2. Provide students with one-on-one counseling services on-site regarding health, risk factors, and intimate relationship issues related to prevention and

intervention. In addition, to these on-site counseling services, district and/or community referrals are provided to appropriate students when necessary;

3. Expand health and risk-reduction learning opportunities for students in the school setting through collaborative efforts with community organizations and health-based volunteers. Mid-year progress toward project goals and objectives for priority two are outlined in Table 2.

TABLE 2.

INTERIM PROGRESS REPORT FOR PRIORITY 2: HIV PREVENTION FOR SCHOOL-AGE YOUTH

Interim Progress Report for HIV Prevention Sample State Department of Education U87/CCU422654-02 March 1, 2004 – Present		
<p>Goal 1. Increase 6th -12th grade students' knowledge of HIV/AIDS transmission and prevention as well as legal rights and access to health services.</p>	<p>Met / On Going</p>	<p>The Risk Reduction (RR) Team and SDHC project personnel have engaged in all of the designated activities identified in the grant proposal to implement HIV/AIDS Education program in grades 6-12 during the 2004-05 academic year.</p>
<p><u>Objective 1.1.</u> Modify and implement the HIV/AIDS curriculum for students in Grades 11 & 12 at high schools and Career Centers.</p>	<p>On going</p>	<p>Revised curriculum materials and PowerPoint presentation (with overheads as an alternative) were developed for delivery to students in English III, English IV, and Advanced Placement coursework, the majority of which are eleventh and twelfth graders. This curriculum, which meets Florida Sunshine State Standards in Health and Physical Education and is current relative to all health industry statistics, definitions, terminology, abstinence and prevention strategies, will be implemented in one 46-minute session beginning in October 2004. This curriculum was reviewed and modified based on information gathered through the pre- and post-test results and student feedback by the HIV Materials Review Panel (see Appendix A) and the RR Team during the summer and fall of 2004. A pre-test and post-test, implemented during the first year of this project's implementation, will be administered during the second year of this project's implementation, providing useful and relevant data aimed at improving instructional strategies. In addition, student surveys, student focus group interviews, and nurse counselling log data will be collected and reported for the second year of implementation by May 2005.</p>

Table 2 (Continued)

<p><u>Objective 1.2.</u> Support and monitor the implementation of district approved HIV/AIDS risk reduction text-based curriculum for Alternative Education sites.</p>	<p>In Progress</p>	<p>Curriculum materials and lesson guides were developed based on district text-based curriculum approved for delivery to 9th-12th grade students. This curriculum meets Florida Sunshine State Standards in Health and Physical Education and is current relative to all health industry statistics, definitions, terminology, abstinence and prevention strategies. Because the student population represented is highly mobile and transient, the implementation of the curriculum is scheduled to occur throughout the academic school year. Therefore, high school alternative education personnel will implement the text-based curriculum throughout the academic school year. A curriculum monitoring form, documenting curricular implementation, completed by each teacher will be submitted to the Risk Reduction Team.</p>
<p><u>Objective 1.3.</u> Support and monitor the implementation of district approved HIV/AIDS risk reduction curriculum for Health/Life Management teachers in Grades 9 & 10.</p>	<p>In Progress</p>	<p>Curriculum materials and lesson guides were developed based on district text-based curriculum approved for delivery to 9th and 10th grade students. This curriculum meets Florida Sunshine State Standards in Health and Physical Education and is current relative to all health industry statistics, definitions, terminology, abstinence and prevention strategies. Due to varying schedules throughout district schools (block schools versus traditional schools), the implementation of the curriculum began at the beginning of the school year (August 2004) and is scheduled to occur throughout the academic school year ending in May 2005. Therefore, Health/Life Management teachers will implement the curriculum throughout the academic school year. A curriculum monitoring form, documenting curricular implementation, to be completed by each teacher will be submitted to the Risk Reduction Team.</p>

Table 2 (Continued)

<p><u>Objective 1.4.</u> Develop and implement the HIV/AIDS Curriculum for Science teachers in Grades 6, 7, and 8.</p>	<p>In Progress</p>	<p>Curriculum materials and lesson guides were developed based on district curriculum approved for delivery to 6th, 7th, and 8th grade students. This curriculum meets Florida Sunshine State Standards in Health and Physical Education and is current relative to all health industry statistics, definitions, terminology, abstinence and prevention strategies. The implementation of the curriculum is scheduled to naturally fold into the current scope and sequence of the existing middle school health curriculum. Therefore, middle school science personnel will implement the curriculum over four 50-minute sessions with 6th and 7th grade students and over three 50-minute sessions with 8th grade students in April/May 2005 of the academic school year. A pre-test and post-test will be developed and administered during the third year of this project's implementation with 8th grade students, providing useful and relevant data aimed at improving instructional strategies. A curriculum monitoring form, documenting curricular implementation, to be completed by each Science teacher will be submitted to the Risk Reduction Team. In addition, the Risk Reduction Team will conduct observations of a random sample of 8th grade classrooms.</p>
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Table 2 (Continued)

<p>Goal 2. Strengthen the district's HIV/AIDS Risk Reduction program using health care professionals and educators to deliver HIV/AIDS curriculum to 6-12th grade students through professional development activities.</p>	<p>On Going / In Progress</p>	<p>The Risk Reduction Team has planned to provide professional development activities to nurse-educators, middle school science, high school Health/Life Management teachers and high school Alternative Education teachers during the 2004-05 academic year.</p>
<p>Objective 2.1. Provide training to all educators delivering HIV/AIDS curriculum.</p>	<p>On going</p>	<p>Science subject Area Leaders from 41 of the 43 Middle Schools attended a brief training on the expectations of the 6th, 7th, and 8th grade HIV/AIDS education program. In addition, all 43 Middle School Science Area Leaders received a packet of information shared at the training session.</p> <p>Twenty-six Health/Life Management teachers received training during October 2003. Additional training for these teachers and any new teachers was scheduled for October 15, 2004. However, recent hurricanes have led to modifications in the professional development schedules. Therefore, this training session is being rescheduled to a later date.</p> <p>Eleven of the 16 nurse-educators who were trained in October 2003 and implemented the 12th grade HIV/AIDS curriculum during the 2003/2004 school year, are anticipated to deliver the 11th and 12th grade HIV/AIDS curriculum during the second year's implementation of this project. Three nurse-educators new to this process are scheduled to receive training on an individual basis. In addition, high school Alternative Education and Health/Life Management teachers, and 7th and 8th grade Science teachers new to this process were scheduled to receive training on October 15, 2004. However, due to the recent hurricanes, this training has been cancelled and is currently being rescheduled. Upon completion of this training, follow-up training requested by teachers and nurse-educators will be provided on an individual basis by the Risk Reduction Team.</p>

<p><u>Objective 2.2.</u> Provide training to school nurses in prevention counseling techniques.</p>	<p>On going</p>	<p>In July / August of 2003, 196 school nurses were trained in the FDOH HIV 500-501 course work. An additional 191 nurses received crisis intervention training on July 29, 2004. In addition, the RR Team members provided individual training to 21 high school nurse counselors.</p>
<p>Goal 3. Provide extended learning opportunities in HIV/AIDS prevention and intervention to middle and high school students.</p>	<p>Met / On Going</p>	<p>The RR Team has engaged in all of the designated activities identified in the grant proposal to provide extended learning opportunities to students during the 2004-05 academic year.</p>
<p><u>Objective 3.1.</u> Establish a Materials Review Panel.</p>	<p>Met / On going</p>	<p>The Materials Review Panel was established during the first year of this project's implementation. All materials were sent to the MRP during August 2003 through November 2003, resulting in the development of the 12th grade HIV/AIDS curriculum. Based on the student and nurse focus group interviews, pre- and post-test of knowledge scores, and survey responses, a revised curriculum was submitted to the MRP in May 2004 and again in September 2004. On September 30, 2004, project personnel (The RR team, Sandra Gallogly, RN, NCSN, and Steve Vanoer, Supervisor of K-12 Physical Education and Health) met with the members of the MRP providing updated information regarding data collected and interim goals. The MRP has received and is currently reviewing the 6th, 7th, and 8th grade Science curriculum for HIV/AIDS risk reduction education program and monitoring forms to be completed by middle school science teachers. In addition, the MRP is currently reviewing the revised counseling logs completed by the high school nurse-counselors for referrals to testing facilities. Finally, the MRP is currently reviewing the monitoring forms used to document the delivery of the HIV/AIDS Education program at the high school level for the Health/Life Management teachers. Collaboration with the MRP is on going and a meeting is currently being scheduled for the spring of 2005 to share budget information and collected data.</p>

Table 2 (Continued)

<p><u>Objective 3.2.</u> Provide one-on-one health risk counseling to students.</p>	<p>On going</p>	<p>Trained high school nurse counselors are serving as the primary counseling service providers for students with health and intimate relationship questions and concerns. The Risk Reduction (RR) team members are also available for one-on-one student counseling. Protocols for recording the types of counseling services provided while maintaining student confidentiality were developed and implemented during the first year of this project. Based on input gathered through the Nurse focus group interviews and the Nurse Coordinator's input, directions and the protocol for maintaining these logs were updated during the August of 2004 by the Risk Reduction Team.</p>
<p><u>Objective 3.2.</u> Provide extended learning opportunities in HIV/AIDS prevention and intervention through community volunteers.</p>	<p>On going</p>	<p>Collaborative efforts with the Department of Health to offer more accessible STD and HIV testing are ongoing. Collaborative efforts with the Department of Health to offer more accessible STD and HIV testing are ongoing. Collaborative efforts with the Department of Health to establish satellite clinics to offer after school hours for diagnosis and treatment of HIV/STDs is in development.</p> <p>Training using the 12th grade curriculum was provided to following community members:</p> <ul style="list-style-type: none"> ▪ National-Louis University Masters class for elementary, middle, high school, and university personnel from Hillsborough and Pinellas County Public Schools and ▪ Members of the State Parole Board and Hillsborough County Sheriff's Department. <p>Collaborative efforts are currently on going with the following organizations:</p> <ul style="list-style-type: none"> ▪ SERVE to provide extended learning opportunities to students through an established speakers bureau, ▪ Florida Department of Health to plan training for school nurses and obtain 500-501 Training Manuals as reference materials for grades 6-12 in order to promote better educational and clinical services for youth,

Table 2 (Continued)

<p><u>Objective 3.2</u> <u>(Continued).</u></p>		<ul style="list-style-type: none"> ▪ Health & Safety Services for the American Red Cross to share program information and collaborate on the possible implementation of the Peer Facilitator project. (However, there is currently no HIV course or staff available through the local ARC chapter), ▪ Gay, Lesbian and Straight Education Network provided training to nurse-educators on July 29, 2004. This organization is instrumental in facilitating the inclusion of marginal students and counseling techniques and is providing Safe Stickers to the project for use in area school clinics, ▪ Stageworks was contacted, programs reviewed and provided with information regarding HIV/AIDS data for inclusion in the HIV/AIDS awareness productions available through SERVE to area high schools, ▪ Hillsborough Network on Adolescent Pregnancy, Parenting, and Prevention is provided with information by the RR Team through their participation in monthly meetings and a representative of the RR Team serving on the Adolescent Health Care Initiative Curriculum Review Committee responsible for reviewing curricular materials for the teen pregnancy prevention program, ▪ A member of the RR Team meets with the School Health Advisory Committee quarterly and provides school and community members with an interest in school and community health issues information, ▪ Centre for Girls was provided with resource materials and Department of Health HIV/AIDS Counseling/Training guide and is working collaboratively with the results of the YRBS to identify priority services for at-risk populations, ▪ Judeo Christian Clinic to provide additional access to treatment for area youth, ▪ Eldernet to provide additional access to treatment for area youth, and ▪ City of Tampa Mayor's Youth Corp. for ongoing discussion and feedback.
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Table 2 (Continued)

<p><u>Objective 3.2</u> <u>(Continued).</u></p>		<p>In addition to these collaborative efforts, a number of activities have been conducted to date to support this goal:</p> <ul style="list-style-type: none"> ▪ Attendance at the Annual LEA Spring Meeting held in Broward County on May 21, 2004 to share ideas and develop further prevention initiatives with Broward, Palm Beach and Miami-Dade County, ▪ Attendance at the Ophelia Project "Strengthening Young Families" on March 5, 2004, ▪ Attendance at the Puttasilp Thai Summer School of Tampa Charity Fund Dinner on October 8, 2004 to discuss the role of the Risk Reduction Team in the school system and in the community, and ▪ Attendance at the joint Hillsborough County and the Florida Medical Association induction meeting on October 6, 2004 to discuss the role of the Risk Reduction Team in the school system and in the community. <p>Support provided to current LEA by project personnel include:</p> <ul style="list-style-type: none"> ▪ A representative of the Risk Reduction Team serves as a member on the Internet Parent Steering Committee, ▪ A member of the Risk Reduction Team serves on the Teen Pregnancy Prevention Program for the School District of Hillsborough County Middle Schools, ▪ On going collaborative efforts between the Risk Reduction Team and SERVE – SDHC Speakers Bureau aimed at increasing community volunteer availability, and ▪ Attendance at the Joint Services Meeting (SDHC) by a member of the Risk Reduction Team on August 2, 2004.
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Table 2 (Continued)

<p><u>Objective 3.2</u> <u>(Continued).</u></p>		<p>Finally, several activities with State Education Agencies supporting this goal have been completed:</p> <ul style="list-style-type: none"> ▪ Participation in the pre-planning of workshops scheduled for the Tampa area on October 18th & 19th, 2004, ▪ Collaboration with the Florida Department of Health aimed at coordinating training and services as well as with Hillsborough County Health Department on Teen Clinic development, and ▪ Collaboration with HIV/AIDS Behavioral & Clinical Surveillance – Special Studies.
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APPENDICES

APPENDIX A: MATERIALS REVIEW PANEL

James Roth, Chair, Florida Department of Health, Area 6 HIV/AIDS Program Coordinator,

Dixon Ayres, Elder, North Gate Baptist Church,

Tina Bacon, Research and Evaluation Consultant,

Diana Iglesias Ciccarello, Teacher, Orange Grove Middle School, member of Hillsborough Classroom Teachers Association, trilingual skills,

Robert Heilmann, Principal, Riverview High School,

Myrna Robinson, Educational Consultant (retired SDHC Director of Student Services and Area Director),

Amanda Romero, Student, Grade 12, Blake High School, and

Kathy Ward, Parent, King High School

APPENDIX B: SUPPLEMENTAL INFORMATION
Major Obstacles and Solutions / Major Programmatic Changes

There were three major obstacles encountered in the implementation of priority two's objectives. First, because nurse educators originally intended to deliver the HIV/AIDS Educational program instruction to 12th grade students were unavailable due to a myriad of responsibilities at their school site, and in many circumstances, responsible for several school sites and participation in this program is on a voluntary basis only. There is currently a disproportionate number of nurse educators trained (196 received the FDOH HIV 500-501 coursework and 191 received crisis intervention training) versus the number of nurse educators available (currently 11) to deliver the educational program to 11th and 12th grade students. In the 2003-04 school year a total of 734 classes were delivered to 12th grade students. Nurse educators delivered 209 of the 734 classes and the Risk Reduction Team delivered a total of 456 classes and assisted the nurse educators with an additional 69 classes. Change was initiated by Sandy Gallogly, Nurse Coordinator and Steve Vanoer, Supervisor for K-12 Physical Education and Health. The current two-day HIV/AIDS Risk Reduction curriculum for 12th grade students has been revised to be a one-day lesson and there will be a one-day lesson provided for 11th grade students sometime this school year. This change will allow us to reach more of our students in Hillsborough County, which is one of our grant priority goals. It also addresses the problem of not enough personnel to help teach and deliver the HIV/AIDS Risk Reduction classes at the 11th and 12th grade levels. In addition, the members of the RR Team are actively considering alternative options (such as contracting with independent nurse educators to deliver the educational program in the high schools) in order to avoid further limitations to the implementation of

this educational component in 11th and 12th grade classes. An additional barrier in delivering the curriculum was the inconsistency in the availability and compatibility of technological equipment to present the PowerPoint activity. Specifically, laptop computers and LCD machines necessary to deliver the PowerPoint presentation were not readily available at the school sites. Furthermore, in some circumstances when the appropriate equipment was available, many nurses were not comfortable using this equipment. This obstacle may have discouraged some nurses from volunteering to teach. To address this issue, staff development training and courses on using this technology are available through the school district.

The second obstacle faced has been due to changes in key personnel. First, following the retirement of Thomas Schlarbaum, a new position of Supervisor of K-12 Physical Education and Health was created for which Steve Vanoer was hired. This has led, as all transitions do, to an interruption in the program's momentum. Secondly, due to budgetary limitations, the contract with the original program evaluator was not renewed. This led to a delayed change to a project evaluator within the district's Department of Assessment and Accountability, who was unfamiliar with this project, processes, and requirements, also causing some discord and requiring additional time to organize and prepare documents.

The final obstacle that we have encountered this year revolves around a very highly and unusual active hurricane storm season. Over a period of approximately two months, Hillsborough County Public Schools closed regularly scheduled school sessions due to the threat of three hurricanes. Because of these unpredicted closings, project personnel have faced several challenges. First, scheduled training sessions

were cancelled. The Risk Reduction Team is currently working in collaboration with district administration to reschedule any cancelled training sessions. Secondly, meetings and project personnel work schedules aimed at the planning, review, and implementation of the project were delayed. In an effort to re-establish the events timeline, project personnel have been working on their personal time to “catch-up” with their workload.

SUCCESS STORIES

1. All 12th grade students received the HIV/AIDS/STD Risk Reduction program during the 2003-04 school year.
2. The Materials Review Panel was formed and functions as an independent community based organization.
3. The Materials Review Panel has been supportive of all materials developed by the HIV/AIDS Risk Reduction Team.
4. The visit from DASH, conducted by Dave Poehler in February 2004 was favorable in regard to the HIV/AIDS/STD 12th grade curriculum.
5. Student surveys were overwhelmingly positive at six randomly selected school sites.
6. Students are actively seeking out nurse counselors for further information and referrals.
7. Numerous referrals to Public Health Department clinics and other HIV testing facilities have been noted in nurse counselor logs.
8. English teachers have been highly supportive, including providing many positive reflection papers written by students subsequent to the receipt of the HIV/AIDS/STD Risk Reduction program.
9. An update of the 6th, 7th and 8th grade HIV/AIDS/STD Risk Reduction curricula has been developed including a new monitoring procedure to ensure delivery of the HIV/AIDS/STD Risk Reduction program during the 2004-05 school year in 43 middle schools.

10. A monitoring procedure was developed for Health/Life Management Educators at the 23 high schools for delivery to primarily 9th & 10th grade students with a textbook based HIV/AIDS/STD curriculum.
11. A monitoring procedure was developed for Alternative Education teachers for the delivery of textbook based HIV/AIDS/STD curriculum.
12. Numerous links have been established with Community Based Organizations, other Local and District Educational Agencies and State Educational Agencies to enhance and expand HIV/AIDS/STD knowledge in both the schools and the community at large.
13. We are developing a speakers' bureau in conjunction with the School District to provide additional support to middle schools and high schools.
14. Training with the Florida Department of Health 500-501coursework was provided to 196 elementary, middle and high school nursing staff in the fall of 2003.
15. In addition, 191 elementary, middle and high school nursing staff received crisis intervention training in the fall of 2004.
16. Nurse Focus Groups and Student Focus Groups were conducted and were very supportive of the HIV/AIDS/STD Risk Reduction program.
17. Currently, the Risk Reduction team is working jointly with the Department of Health to provide documentation of need for after school HIV/STD teen clinic/clinics garnered from High School Nurse counseling logs.
18. A procedure has been developed to allow confidential inclusion of nurse counseling logs in the student's health record for maintenance of HIV/AIDS/STD risk reduction throughout the student's district high school attendance.
19. The Risk Reduction Team has established a link to treatment for students with two facilities.
20. A connection has been established with two large. local newspaper editorial boards to promote distribution of current, valid HIV/AIDS/STD information.
21. Outreach has been established with members in the local Asian and Hispanic communities.

EVALUATION

The evaluation of this project will be comprehensive in nature, aimed at providing project personnel information valuable to planning, modifying, and improving project activities and processes. Demographic information for targeted student populations participating in this project during the 2004/05 school year is presented in Tables 3-6.

TABLE 3.

TRADITIONAL MIDDLE SCHOOL DEMOGRAPHICS FOR ESTIMATED STUDENT POPULATION RECEIVING HIV/AIDS RISK REDUCTION EDUCATIONAL PROGRAM

Characteristic		Grade Level						All	
		6		7		8			
		N	%	N	%	N	%	N	%
<i>Gender</i>	Female	6688	49.2	6524	49.9	6249	50.2	19461	49.7
	Male	6917	50.8	6544	50.1	6204	49.8	19666	50.3
<i>Ethnicity</i>	White	6280	46.2	6058	46.4	5861	47.1	18199	46.5
	Black	3160	23.2	2942	22.5	2800	22.5	8902	22.8
	Hispanic	3175	23.3	3147	24.1	2994	2.4	9317	23.8
	Am.Indian / Pacific Is.	343	2.5	328	2.5	331	2.7	1002	2.6
	Asian	46	0.3	46	0.4	45	0.4	137	0.4
	Multi-Racial	601	4.4	547	4.2	422	3.4	1570	4.0
Low SES		6708	49.3	6253	47.8	5567	44.7	18529	47.4
Limited English Proficient		1179	8.7	906	6.9	827	6.6	2913	7.4
Full-Time Exceptional Student		182	1.3	54	0.4	55	0.4	291	0.7
Part-Time Exceptional Student		1177	8.7	1169	8.9	1107	8.1	3353	8.6
Total		13606	34.8	13068	33.4	12453	31.8	39127	100.0

TABLE 4.

TRADITIONAL HIGH SCHOOL DEMOGRAPHICS FOR ESTIMATED STUDENT POPULATION
RECEIVING HIV/AIDS RISK REDUCTION EDUCATIONAL PROGRAM

Characteristic		Grade Level								All	
		9		10		11		12			
		N	%	N	%	N	%	N	%	N	%
<i>Gender</i>	Female	15	34.9	620	44.1	3981	48.9	4289	51.5	8905	49.7
	Male	28	65.1	786	55.9	4152	51.1	4046	48.5	9012	50.3
<i>Ethnicity</i>	White	14	32.6	480	34.1	4172	51.3	4519	54.2	9185	51.3
	Black	14	32.6	435	30.9	1613	19.8	1535	18.4	3597	20.1
	Hispanic	12	27.9	427	30.4	1890	23.2	1776	21.3	4105	22.9
	Am.Indian / Pacific Is.	1	2.3	17	1.2	197	2.4	262	3.1	477	2.7
	Asian			9	0.6	38	0.5	31	0.4	78	0.4
	Multi-Racial	2	4.7	38	2.7	223	2.7	212	2.5	475	2.7
Low SES		21	48.8	633	45.0	2367	29.1	1987	23.8	5008	28.0
Limited English Proficient		2	4.7	81	5.8	312	3.8	353	4.2	748	4.2
Full-Time Exceptional Student		1	2.3	16	1.1	47	0.6	42	0.5	106	0.6
Part-Time Exceptional Student		2	4.7	145	10.3	435	5.3	310	3.7	892	5.0
Total		43	0.2	1406	7.8	8133	45.4	8335	46.5	17917	100.0

TABLE 5.

ALTERNATIVE EDUCATION STUDENT DEMOGRAPHICS AS OF OCTOBER 2004

Characteristic		Grade Level								All	
		9		10		11		12			
		N	%	N	%	N	%	N	%	N	%
<i>Gender</i>	Female	33	28.4	9	20.9	8	34.8			50	27.2
	Male	83	71.6	34	79.1	15	65.2	2	100.0	134	72.8
<i>Ethnicity</i>	White	26	22.4	13	30.2	9	39.1			48	26.1
	Black	64	55.2	19	44.2	11	47.8	2	100.0	96	52.2
	Hispanic	23	19.8	11	25.6	3	13.0			37	20.1
	Am.Indian / Pacific Is.										
	Asian										
	Multi-Racial	3	2.6							3	1.6
Low SES		78	67.2	24	55.8	12	52.2			114	62.0
Limited English Proficient		4	3.4	2	4.7					6	3.3
Full-Time Exceptional Student		19	16.4	12	27.9	7	30.4	2	100.0	40	21.7
Part-Time Exceptional Student		23	19.8	11	25.6	7	30.4			41	22.3
Total		116	63.0	43	23.4	23	12.5	2	1.1	184	100.0

TABLE 6.

CAREER CENTER DEMOGRAPHICS FOR ESTIMATED STUDENT POPULATION RECEIVING
HIV/AIDS RISK REDUCTION EDUCATIONAL PROGRAM

Characteristic		Grade Level				All	
		11		12			
		N	%	N	%	N	%
<i>Gender</i>	Female	546	48.0	91	41.4	637	46.9
	Male	492	52.0	129	58.6	722	53.1
<i>Ethnicity</i>	White	429	37.7	116	52.7	545	40.1
	Black	319	28.0	30	13.6	349	25.7
	Hispanic	363	31.9	68	30.9	432	31.8
	Am.Indian / Pacific Is.	4	0.4	1	0.5	5	0.4
	Asian	6	0.5	1	0.5	7	0.5
	Multi-Racial	17	1.5	4	1.8	21	1.5
Low SES		720	63.3	111	50.5	832	61.2
Limited English Proficient		110	9.7	13	5.9	124	9.1
Full-Time Exceptional Student		12	1.1			12	0.9
Part-Time Exceptional Student		159	14.0	13	5.9	172	12.7
Total		1139	83.7	220	16.2	1359	100.0

Finally, a logic model organizing the evaluation plan is presented in Figure 1 while the schedule of events for the project is illustrated in Figure 2. Figure 3 displays the timeline for the evaluation component of this project.

FIGURE 1

PRIORITY TWO LOGIC MODEL

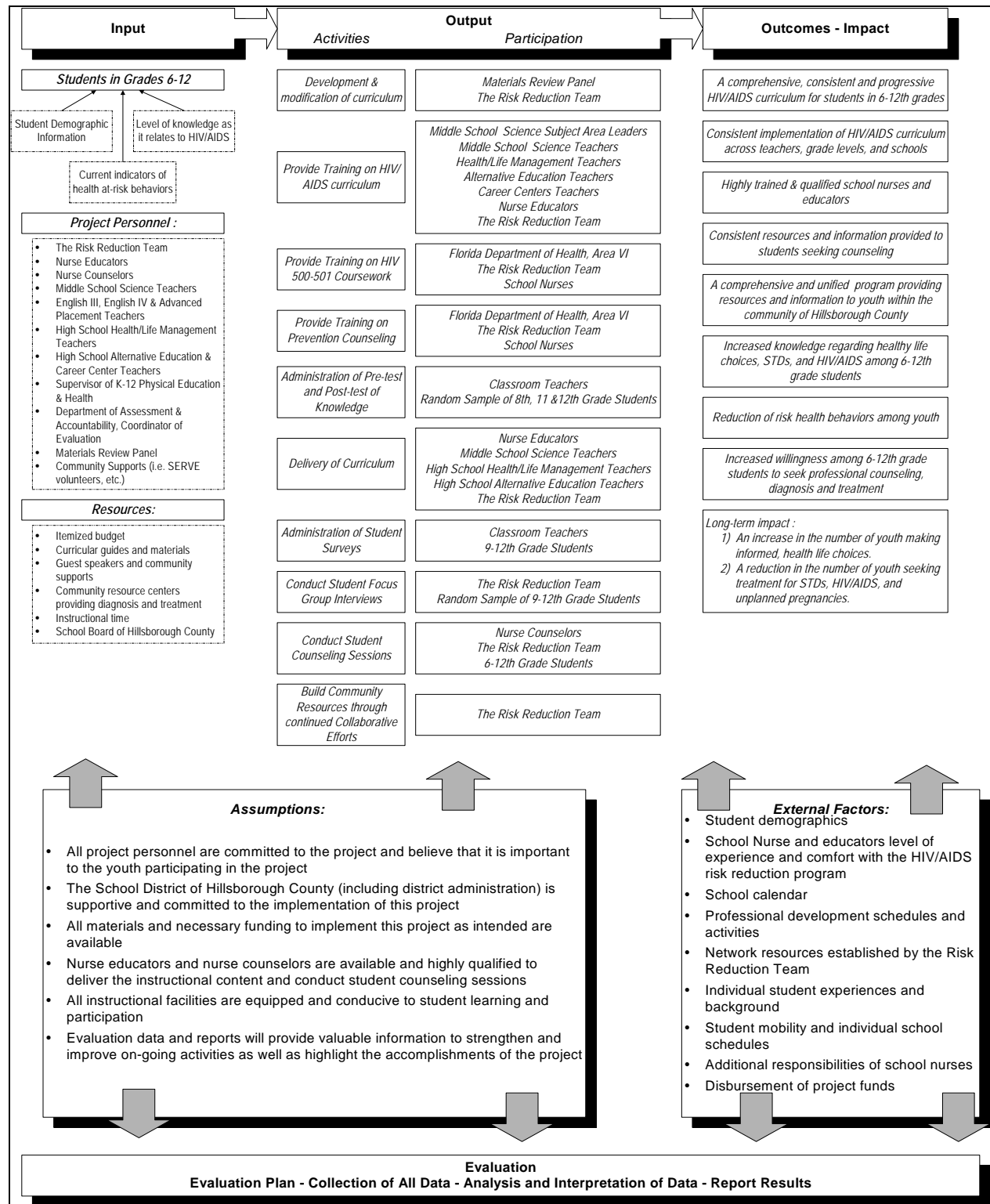


FIGURE 2

PRIORITY TWO SCHEDULE OF EVENTS FOR 2004/05

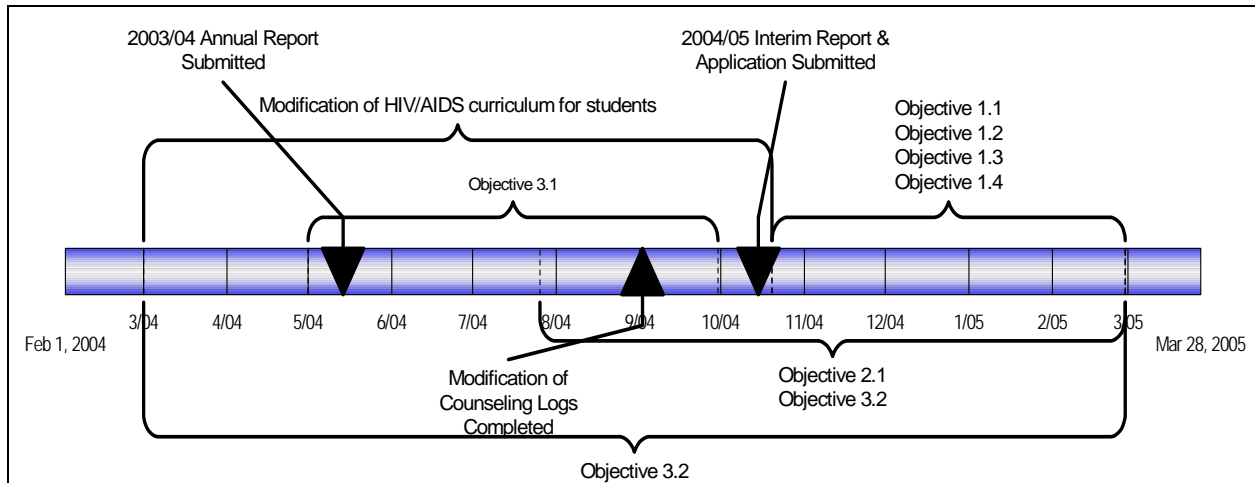


FIGURE 3

PRIORITY TWO EVALUATION SCHEDULE

