

Minnesota Department of Education HIV/PANT/CSHP Integrated Strategic Plan 2008-2013

Executive Summary

The Minnesota Department of Education's Coordinated School Health Program (CSHP) and HIV Prevention staff chose to develop an integrated Strategic Plan. Staff convened a strategic planning workgroup of 14 stakeholders including 3 from the Minnesota Department of Health, 8 from community and county agencies, 2 area high school youth and 2 facilitators-one from health care to lead the discussion and one from the Minnesota School Safety Center to guide the group through the data sources. The workgroup met for one full-day meeting, communicated by e-mail and reviewed and submitted feedback on the final draft of the Strategic Plan.

The full-day meeting included grant background, review of the strategic planning process, analysis of 5 data sources, feedback on the selection of SLIMS, determination of general program strategies, ideas for communication and an exercise to identify program strengths, weaknesses, opportunities and threats (SWOTs). Our program strengths are strong partnerships, a twenty year history of the Minnesota Student Survey and highly qualified program staff. Our weaknesses are gaps in data for all populations of youth and schools under financial stress and NCLB requirements. Our opportunities are professional development (including the fall 2008 Healthy School Conference for administrators), increasing youth engagement, increasing focus on decreasing health and education disparities of youth of color and the new state funding from the State Healthy Improvement Plan to prevent obesity and tobacco-use. Threats are minimal state government support for a state graduation requirement for health and physical education and lack of addressing the physical and health needs of the whole child in schools. These SWOTs informed the revision of our goals and provided insight into the strategies to reach the goals.

Refined (final) Goal 1: By February 2013, build the capacity of the Minnesota Department of Education and the Minnesota Department of Health CSHP staff to provide leadership to schools, communities and governmental/non-governmental agencies on policies, practices and programs to ensure that Minnesota youth are safe, healthy and engaged in learning.

Strategy: Participate in professional development events that increase staff knowledge and skills to provide leadership to schools and communities working with youth

Strategy: Form an Interagency School Health Work Group to coordinate activities between the Departments of Education and Health

Strategy: Engage stakeholders in the review and revision of the strategic plan.

Strategy: Market the link between health and learning to increase statewide visibility of Coordinated School Health

Strategy: Meet regularly with all members of the CSHP staff to coordinate CSHP work of PANT/HIV

Refined (final) Goal 2: By February 2013, build the capacity of Minnesota schools, communities, and governmental agencies to implement comprehensive evidence-based strategies to ensure all Minnesota youth are safe, healthy, and engaged in learning.

Strategy: Provide professional development and follow-up support to school and

community leaders, educators, parents/families

Strategy: Communicate to district staff and community agencies and partners the availability of technical assistance and resources that can be provided.

Strategy: Use data-driven decision making to plan, implement and evaluate programs that support safe and healthy learners.

Refined (final) Goal 3: By February 2013, expand and enhance partnerships among state level governmental and non-governmental agencies and organizations to ensure program sustainability

Strategy: Explore new partnerships reflected in health and education disparities data.

Strategy: Strengthen and maintain existing partnerships to create new opportunities.

Strategy: Leverage resources and expertise.

Refined (final) Goal 4: By February 2013, increase the knowledge and support of decision makers and the public about the connections between health and learning to achieve lifelong success.

Strategy: Communicate success stories to educators, community/public health agencies, CDC and governmental agencies to provide evidence that CSHP and HIV programs are working.

Strategy: Develop learning opportunities and messages for key decision-makers that show the link between health and academic success.

Strategy: Provide access to evidence-based tools and resources to understand and Communicate the link between health and learning.

The strategic plan will be disseminated to the MDE Safe & Healthy Learners team and stakeholders. Implementation will be monitored by the HIV, PANT and CSHP staff on an ongoing basis. Communication with stakeholders will be annually and review of and adjustments to the plan will occur at the semi-annual staff retreats. We developed evaluation questions and will systematically collect the appropriate data which may result in revisions to the annual workplan and the five-year strategic plan.

Minnesota Stakeholders for the Five-Year Strategic Plan 2008-2013 HIV/PANT/CSHP

Stakeholder Categories	Stakeholder List <i>List the stakeholders in the strategic plan (name, organization, and contact information).</i>	Strategic Planning Workgroup <i>Indicate whether the stakeholder will be invited to join the workgroup.</i>	Stakeholder Role <i>Identify the role of the stakeholder, if any, in the strategic planning process.</i>
Program Participants <i>(e.g., youth, parents, teachers, community members)</i>	Frederick Huballa, youth Gaujoua Thao, youth Laura LaCroix-Dalluhn, Youth Community Connections Christine Sanguinet, Metropolitan Federation of Alternative Schools Makeda Norris, Mpls Urban League Bryan Bass, Brooklyn Center High School Eileen Uzarek, Apple Valley High School, Augsburg College Jessie Tebbin, Mpls Public Schools Leigh Combs, Family & Children's Services	Frederick Huballa Gaujoua Thao Laura LaCroix-Dalluhn Makeda Norris	Advisor, reviewer Advisor, reviewer Advisor, reviewer Reviewer
Strategic Plan Implementers <i>(e.g., program staff, agency administrators, contractors)</i>	Kathy Brothen, CSHP Program Coordinator (MDE) Gabriel McNeal, CSHP Program Coordinator (MDH) Deb Loy, PANT Coordinator Geri Graham, HIV Prevention Coordinator Susan Bishop, Steps to a HealthierMN School Coordinator Ali Anfinson, MN School Safety Center Jocelyn Broyles, MOAPPP Jill Farris, MOAPPP Sandy Gundlach, MN School Board Association Jan Braaten, Mpls Public Schools Julie Matson-Ostrow, Action for Healthy Kids	Kathy Brothen Gabriel McNeal Deb Loy Geri Graham Ali Anfinson Jill Farris Sandy Gundlach	Convener, writer Writer Writer Facilitator, data Reviewer Reviewer

<p>Intended Users of the Strategic Plan <i>(e.g., health departments, community groups, school health committees)</i></p>	<p>Jen O'Brien, MDH Candy Hadsall, MDH Martha Roberts, MDH Cara McNulty, MDH Rachel Cohen, MDH Barb Kalina, MDE Sheila Oehrlein, MDE Nancy Riestenberg, MDE Cammy Lehr, MDE Ruth Ellen Luehr, MDE Mary Thissen-Milder, MDE Amy Brugh, MN AIDS Project Colette Lawrence, CPG, Indigenous Peoples Task Force Judy Voss, Olmsted Co Public Health Patrick Stieg, Dakota Co Public Health Lisa Koelfgen, St. Paul Public Schools Katherine Meerse, Hennepin Co Research & Evaluation Anne McNerney, Student Services Coalition Jenny Oliphant, Prevention Research Center Heather Britt, Allina Fred Storti, M.E.S.P.A. Charlie Kyte, M.A.S.A. Paul Mueller, Ed MN Joann Knuth, M.A.S.S.P.</p>	<p>Jen O'Brien Candy Hadsall</p> <p>Sheila Oehrlein</p> <p>Amy Brugh Colette Lawrence</p> <p>Lisa Koelfgen Katherine Meerse</p> <p>Heather Britt</p>	<p>Reviewer, advisor Reviewer</p> <p>Advisor, reviewer</p> <p>Reviewer Reviewer</p> <p>Reviewer Reviewer</p> <p>Facilitator</p>
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Minnesota Data Sources

Internal Data

1. DASH Program Inventories
2. Technical reviews from DASH Project Officer
3. *Indicators for School Health Programs*
4. Professional Development events database reports
5. Meeting minutes
6. Technical assistance (TA) logs
7. Professional Development evaluations
8. Communication documents (newsletters, web articles, articles published, emails)
9. Program descriptions
10. Success Stories
11. Needs assessments
12. CDC Interim and Final Progress Reports

External Data

1. Minnesota Student Survey
2. School Health Profiles
3. Minnesota policy database on the National Association of Boards of Education website
4. Minnesota legislation
5. Minnesota Department of Education data:
 - a. Disciplinary Incidence Report
 - b. Dropout/graduation data
 - c. School Report Cards
 - d. Attendance data
 - e. Safe and Drug Free Schools End of Year Report
6. Minnesota Department of Health reports/data:
 - a. Epidemiological data
 - b. Youth tobacco survey
 - c. Health disparities data
 - d. Obesity plan
 - e. HIV Statewide plan
 - f. HIV Surveillance Reports
 - g. Asthma Plan
7. Minnesota Adolescent Sexual Health Report (annual)
8. Snapshots on Minnesota Youth (MN State-level Interagency Publication-quarterly)
9. Minnesota Organization on Adolescent Pregnancy Prevention and Parenting data

Minnesota HIV/PANT/CSHP SWOT Analysis: Internal Assessment Table

Program Component	Program Strengths	Program Weaknesses
Program Management and Staffing	Fully assembled team Experienced HIV/PANT/CSHP prevention staff with knowledge of content	Staff spread very thin and given assignments not related to program Job changes for all positions didn't happen until May 1
Program Planning and Monitoring	<ul style="list-style-type: none"> • HIV staff experienced with Training tracker • Access to evaluator • MSS/YTS surveys done in the state • 94% participation on Minnesota Student Survey • State statute for STD Prevention • Voting seat on CPG • Access to materials, policies and TA through CDC DASH 	<ul style="list-style-type: none"> • Lack of staff skills in collecting and analyzing data for program planning • Marketing strategies • Data may not reflect communities, demographics and culture • Lack of time to fully execute what the program can offer • Have not identified a return on investment
Professional Development Events and Technical Assistance	<ul style="list-style-type: none"> • Experienced cadre of trainers who can provide high quality professional development events • HIV staff trained in all the evidence-based curricula • First Conference on Healthy Schools for school board members and administrators linking physical activity and nutrition to academic success. 	No state Health and Physical Education Standards or graduation requirement, thus no state required assessments Trainer Cadre small
Partnerships	<ul style="list-style-type: none"> • Schools have strong community support and partners to help meet the goals of the grant. (after school programs, community clinics or hospitals with community engagement plans) • 2. Strong collaborative relationships with Special Education, Nutrition, Alternative School staff in MDE 	Little or no support from administration in the Department of Education related to CSH/HIV
Other	HIV Prevention is a named priority by CDC Statewide movement around prevention: <ul style="list-style-type: none"> • Funding from CDC 	<ul style="list-style-type: none"> • Student/staff ratios are extremely high for student support services • Tobacco prevention state funding discontinued

Minnesota HIV/PANT/CSHP SWOT Analysis: External Assessment Table

Program Component	Program Opportunities	Programs Threats
Program Management and Staffing	CSHP position at MDH and the Steps position at MDE filled	Impending retirements and lack of continuity
Program Planning and Monitoring	Other agencies/institutions interested in collecting similar data Other institutions are doing work around sexuality/teen pregnancy that supports our work Community organizations are familiar with us and eager to partner District policies requiring 1 credit of health for graduation	Conducting the YRBS would jeopardize the MSS System cooperation Lack of money and priority of coordinating health activities Political opposition
Professional Development Events and Technical Assistance	Limited PD over past 2 years so this could be the year if SHL integration is successful. Healthy Schools Conference to be held Oct. 29, 2008	Limited number of teacher release days and priority of releasing health teachers for professional development
Partnerships	<ul style="list-style-type: none"> • State Health Improvement Program funding • Obesity grants • School Leaders for Health Coalition that includes MN School Boards Association, Elementary Principles Association, MN Association of School Administrators • 40 CSH communities doing CSH work with minimal funding 	
Other	15 school districts implementing SEL programs Good data available on health disparities will help us focus our audience	<ul style="list-style-type: none"> • Unfavorable attitude about health education because it gets tied to sex education • Youth are not a priority • Silo affect from all sectors, turf issues, money controls programming • Increase in transportation and food costs impacting school budgets

Minnesota HIV/PANT/CSHP Program Strategies

Refined (final) GOAL 1: By February 2013, build the capacity of the Minnesota Department of Education and the Minnesota Department of Health CSHP staff to provide leadership to schools, communities and governmental/non-governmental agencies on policies, practices and programs to ensure that Minnesota youth are safe, healthy and engaged in learning.

Goal 1 Strategies

1. Participate in professional development events that increase staff knowledge and skills to provide leadership to schools and communities working with youth.
 - Rationale: State staff will build on their leadership role by attending state and national professional development events to network and increase their level of expertise in HIV, PANT and CSHP.
 - Timeline: Years 2-5 attend up to 6 events per year per staff.
2. Form an Interagency School Health Work Group to coordinate activities between the Departments of Education and Health.
 - Rationale: To implement the strategic plan there is a need for a strong workgroup between MDE and MDH to assure maximization of expertise and resources, broad-based support and data driven decisions.
 - Timeline: Year 2 form the interagency group, Year 3 strengthen the partnership through common activities, Year 4-5 maintain and sustain the partnership and work.
3. Engage stakeholders in the review and revision of the strategic plan.
 - Rationale: Our stakeholders are our broad base of interested and expert contributors to the strategic plan. They critically look at the data and have valuable input from their communities and cultures to impact the effectiveness of our programs and practices.
 - Timeline: Years 2-5 convene the stakeholders annually for a meeting to review and revise the strategic plan. Stakeholders may also participate in activities of the strategic plan.
4. Market the link between health and learning to increase statewide visibility of Coordinated School Health.
 - Rationale: Because we are newly funded for Coordinated School Health it is essential to become more visible to schools and the public creating a marketing plan with updated sections of the CSH Web site to make the case for health and learning.
 - Timeline: Year 2 collect most useful marketing tools and begin posting to CSH Web site. Year 3 add to resources and tools. Years 4-5 evaluate marketing for impact.
5. Meet regularly with all members of the CSHP staff to coordinate CSHP work of PANT/HIV.
 - Rationale: The new CSH team must build an internal partnership by integrating their planning and capitalizing on the skills, knowledge and expertise of each team member.
 - Timeline: Year 2 meet weekly to coordinate activities. Year 3-5 meet biweekly to plan and report activities. Years 2-5 conduct 2 one-day planning retreats.

Refined (final) GOAL 2: By February 2013, build the capacity of Minnesota schools, communities, and governmental agencies to implement comprehensive evidence-based strategies to ensure all Minnesota youth are safe, healthy and engaged in learning.

Goal 2 Strategies

1. Provide professional development and follow-up support to school and community leaders, educators and parents/families.
 - Rationale: Provide the cutting-edge research and resources to Minnesota adolescent health advocates and practitioners to increase their expertise and skill level, e.g. HEAP, School Health Index, HECAT, PECAT, curricula. We have the capacity to provide well planned professional development events with excellent trainers, including strong partners. Follow-up is key to successful implementation.
 - Timeline: Professional development plan with follow-up protocols to be worked on Year 1 into Year 2 with implementation beginning in Year 2. Year 3 will focus on evaluation of Year 2, review and revision of the PD plan Years 3-5.
2. Communicate to district staff and community agencies and partners the availability of technical assistance and resources that can be provided.
 - Rationale: Providing technical assistance can assist school districts with their curricula review process resulting in needed resources that facilitates the implementation of strong evidence-based programs.
 - Timeline: Year 1 fall mailing to 4500 school and community staff provides information about HIV programming, plus CSHP content as well as content from Safe & Healthy Learners team members as we integrate programs. In Years 2-5, this information will be posted on the CSH Web site and listservs for dissemination will be utilized.
3. Use data-driven decision making to plan, implement, and evaluate programs that support safe and healthy learners.
 - Rationale: Data must focus our work plans for HIV, PANT and CSHP and model the use of data for others. Consistent monitoring of data will help us implement the strategic plan and revise the work plans.
 - Timeline: Analyzing data is an on-going activity and will become part of the strategic planning process Years 2-5.

Refined (final) GOAL 3: By February 2013, expand and enhance partnerships among state level governmental and non-governmental agencies and organizations to ensure program sustainability

Goal 3 Strategies

1. Explore new partnerships reflected in health and education disparities data.
 - Rationale: The data that is reflective of the health and education disparities will provide opportunities to invite new partners to implement CSHP/HIV programming. Targeted populations with highest disparity data, i.e. Latino, African American, FRPL students, GLBTQ, need to be a part of the planning and implementation of programs.

- Timeline: New partnerships have been identified such as Minneapolis and St. Paul GLBTQ programs in Year 1. Contacting and inviting new partners Year 2 and working with new partners Years 2-5.
2. Strengthen and maintain existing partnerships to create new opportunities.
 - Rationale: Strong relationships with partners have been developed over many years and much of the HIV work has been completed through these partnerships. CSHP work will be added to these same partnerships to increase the integration of programs.
 - Timeline: Many projects are already in progress with many of our partners and will continue Years 2-5. Partners will share new opportunities Years 2-5.
 3. Leverage resources and expertise.
 - Rationale: Combining resources, funding and personnel of many partners have created the success of HIV programming and many events/conferences. The Summer Institute in Adolescent Health, the MN School OUTreach Coalition's Youth Festival and the Healthy Schools Conference have contributions from many partners to accomplish ambitious goals.
 - Timeline: Years 2-5 CSHP, PANT and HIV staff will continue participating with partners in many annual events and new ones that may develop.

Refined (final) GOAL 4: By February 2013, increase the knowledge and support of decision makers and the public about the connections between health and learning to achieve lifelong success.

Goal 4 Strategies

1. Communicate success stories to educators, community/public health agencies, CDC DASH and governmental agencies to provide evidence that CSHP and HIV programs are working.
 - Rationale: Success stories reinforce the positive affects of HIV, PANT and CSHP programs have on school completion and the reduction of at-risk behaviors. Success stories help others replicate the processes and/or programs in their communities.
 - Timeline: One new success story each year Years 2-5. CSHP and HIV staff will consistently seek success stories by examining reports, evaluations, health and education data.
2. Develop learning opportunities and messages for key decision-makers that show the link between health and academic success.
 - Rationale: Decision makers must be informed of the data that links health and academic success. Targeting the type of communication needing to be delivered will be part of the professional development and communication plan.
 - Timeline: Communication and professional development plans Year 2. Key messages developed Year 2. Presentations at conferences, workshops where decision makers are Years 2-5. Evaluation, review and revisions in Years 3-5.

3. Provide access to evidence-based tools and resources to understand and communicate the link between health and learning.
 - Rationale: Decision makers and the public will be provided necessary tools and resources to implement health strategies that enhance the educational environment and practices for students.
 - Timeline: Year 2 tools and resources collected and begin dissemination to schools. Year 3-5 continue to add to resources and disseminate via the CSH Web site and education conferences.

Minnesota HIV/PANT/CSHP Communication Process

<i>What we will communicate</i>	<i>To whom we will communicate</i>	<i>How we will communicate</i>	
		<i>Format</i>	<i>Channel</i>
Strategic Plan	<ul style="list-style-type: none"> • All strategic plan stakeholders • MDE and MDH division directors, asst. commissioners and commissioners • General public 	<ul style="list-style-type: none"> • Strategic plan document • Strategic plan executive summary • Web site pages • Slides • Info sheets 	<ul style="list-style-type: none"> • MDE and MDH websites • Printed copy to stakeholders • Listservs • Presentations • Marketing brochures
Program logic model and annual workplans	<ul style="list-style-type: none"> • HIV/PANT/CSHP staff • Partners 	<ul style="list-style-type: none"> • Logic model document • Workplan document 	<ul style="list-style-type: none"> • Email • In-person meeting
Program staff meetings/retreats	<ul style="list-style-type: none"> • HIV/PANT/CSHP program staff 	<ul style="list-style-type: none"> • Meeting minutes • Handouts 	<ul style="list-style-type: none"> • Email • In-person meeting
Professional development calendar	<ul style="list-style-type: none"> • MDE and MDH School Health groups • School and community educators 	<ul style="list-style-type: none"> • Calendar 	<ul style="list-style-type: none"> • Email • MDE and MDH websites
Interim and annual program progress reports and lessons learned	<ul style="list-style-type: none"> • DASH Project Officer • HIV/PANT/CSHP Program staff • Partners 	<ul style="list-style-type: none"> • Reports • Attached documents • Success Stories 	<ul style="list-style-type: none"> • Email • In-person meetings • Conference calls • Web meetings
Annual evaluation findings of strategic plan implementation	<ul style="list-style-type: none"> • DASH Project Officer • HIV/PANT/CSHP Program staff • Strategic planning workgroup • Partners 	<ul style="list-style-type: none"> • Reports • Attached documents • Success Stories 	<ul style="list-style-type: none"> • Email • In-person meetings • Conference calls • Web meetings
Annual health and education data analysis	<ul style="list-style-type: none"> • HIV/PANT/CSHP Program staff • Strategic planning workgroup • Partners 	<ul style="list-style-type: none"> • Reports • Snapshots publication • Slides 	<ul style="list-style-type: none"> • Email • Presentations • In-person meetings • Press releases
Year 5 report of strategic plan implementation, evaluation findings and lessons learned	<ul style="list-style-type: none"> • DASH Project Officer • HIV/PANT/CSHP Program staff • Strategic planning workgroup • Partners • All stakeholders 	<ul style="list-style-type: none"> • Report • Attached documents • Slides • Web pages • Success Story 	<ul style="list-style-type: none"> • MDE and MDH websites • Listservs • In-person meetings • Presentations • Marketing brochures

Minnesota HIV/PANT/CSHP Implementation Process

Program Staff Meetings

HIV/PANT/CSHP program staff from the Minnesota Departments of Education and Health will meet weekly to review progress in implementing the strategic plan and the annual workplan. Meeting minutes will document the review, the updates and the actions needed.

Stakeholder Meetings

All stakeholders involved in the Minnesota HIV/PANT/CSHP Strategic Plan will meet once a year to:

- Review progress of HIV/PANT/CSHP activities from the integrated workplan.
- Identify new developments, evidence and data to determine needs and resources to implement the plan.
- Review the implementation timeline.
- Provide feedback on the evaluation results.
- Make recommendations on the strategies and activities to reach the 5-year goals.

Intra-agency/Interagency School Health Workgroup Meetings

School Health groups at the Minnesota Departments of Education and Health and a new Interagency School Health Workgroup will meet monthly to inform about and describe to each other the school health activities that relate to the HIV/PANT/CSHP Strategic Plan. Meeting minutes will document the updates and any actions needed.

Program Staff Retreat

HIV/PANT/CSHP program staff from the Minnesota Departments of Education and Health will meet twice a year for a one-day retreat.

The first retreat day (fall of year) will include:

- Reviewing the progress of the program strategies and the annual workplan to write the Interim Progress Report.
- Assessing the progress of the strategic plan implementation timeline.
- Discussing the recommendations from the meetings of the strategic plan stakeholders
- Reviewing evaluation findings
- Analyzing new education and health data
- Reviewing and/or update the logic model
- Developing the next annual workplan

The second retreat day (spring of each year) will include:

- Reviewing the Strategic Plan
- Updating the DASH HIV/PANT/CSHP Program Inventories
- Reviewing the progress of the program strategies and the annual plan to write the Annual Progress Report
- Identifying success stories
- Developing the brief summarized program progress information to communicate internally with state agency division directors, assistant commissioners and commissioners
- Discussing the recommendations from the meetings of the strategic plan stakeholders
- Discussing technical reviews from DASH Project Officer

Minnesota HIV/PANT/CSHP Evaluation Process

Evaluation Question	Data Source	Data Collection Timeline
1. To what extent does the CSH Interagency Team collaborate to share resources and develop CSHP activities?	a) Meeting/planning minutes b) Activity log c) <i>Indicators for School Health Programs</i>	a) Yearly b) Yearly c) Yearly
2. To what extent are existing and new partnerships strengthened and/or maintained?	a) Meeting/planning minutes b) Event evaluations c) Products developed	a) Yearly b) Yearly c) Yearly
3. How many pre-service health education teachers are using the information and skills from the HIV higher education training?	a) Email survey	a) Years 3-5
4. To what extent are the targeted schools with youth at disproportionate risk for HIV/STDs/UP implementing science-based HIV/STD/UP programs?	a) On-site visits b) TA logs c) Modified School Health Profile	a) Years 3-5 b) Years 2-5 c) Year 4
5. To what extent does our program provide HIV, PANT and CSHP model policies to support school and school district implementation of school health programs?	a) Policy documents b) <i>Indicators for School Health Programs</i>	a) Year 1 b) Yearly
6. To what extent are schools, school districts and local agencies using MSS reports and county health data for program planning for youth at disproportionate risk for HIV/STDs and/or chronic disease?	a) TA logs b) Pre-survey c) Post-survey	a) Years 3-5 b) Years 3-5 c) Years 4-5
7. How many schools have a Coordinating Council that oversees school health programs?	a) School Health Profile b) Survey	a) Years 3, 5 b) Years 2, 4
8. How many schools provide parents, families and community members information to increase knowledge about the connection between health and learning?	a) Resources and materials b) School Health Profile	a) Yearly b) Years 3, 5
9. To what extent are we disseminating program evaluation results to our stakeholders?	a) Listservs b) Newsletters c) CSH Web site	a) Yearly b) Yearly c) Yearly
10. How many schools completed and used the SHI?	a) School Health Profiles b) Follow-up surveys c) TA logs	a) Years 2, 4 b) Years 2-5 c) Years 2-5

HIV, PANT and CSHP staff will review evaluation data and results monthly and with the DASH Project Officer. At biannual meetings, stakeholders will discuss evaluation results and data to make recommendations to the strategies and workplan activities. At their 2 one-day retreats each year, HIV, PANT and CSHP staff will use evaluation data to assess the progress of the strategic plan, make adjustments and write the next annual integrated workplan.

Minnesota Department of Education HIV/PANT/CSHP Integrated Workplan

Selected SLIM	Strategy/Strategies aligning with SLIM	2008 Baseline % for SLIM	2012 Target % for SLIM	Actual 2010 % for SLIM	Actual 2012 % for SLIM
<p>HIV 4. The percentages of schools that deliver HIV, STD or pregnancy prevention programs (including after school or supplemental programs) that meet the needs of ethnic/racial minority youth at high risk (e.g. black, Hispanic or American Indian youth by doing all of the following:</p> <ul style="list-style-type: none"> • Providing curricula or supplementary materials that include pictures, information and learning experiences that reflect the life experiences of these youth in their communities. • Providing curricula or supplementary materials in the primary languages of the youth and families. • Facilitating access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community. • Facilitating access to direct social services and psychological services or arrangements with providers not on school property who have experience serving these youth in the community. • Requiring professional development for school staff on HIV, STD and pregnancy prevention issues and resources for these youth. 	<p>Provide PD and follow up support. Offer TA and resources. Use data-driven decision making. Explore new partnerships. Strengthen and maintain existing partnerships.</p>	<p align="center">3%</p>	<p align="center">10%</p>		

<p>HIV 5: The percentage of schools that provide parents and families health information to increase parent and family knowledge of HIV prevention, STD prevention or teen pregnancy prevention.</p>	<p>Communicate success stories, common messages, data and best practices</p>	<p>27%</p>	<p>35%</p>		
<p>HIV 7: The percentage of schools in which the lead health education teacher received professional development during the past two years on all of the following:</p> <ul style="list-style-type: none"> • Describing how widespread HIV and other STD infections are and the consequences of these infections. • Understanding the modes of transmission and effective prevention strategies for HIV and other STDs. • Identifying populations of youth who are at high risk of being infected with HIV and other STDs. • Implementing health education strategies using prevention messages that are likely to be effective in reaching youth. 	<p>Provide PD and follow up support. Offer TA and resources. Use data-driven decision making.</p>	<p>28%</p>	<p>35%</p>		
<p>CSHP 3: The percentage of schools that have ever assessed their policies, activities and programs by using the School Health Index or a similar self-assessment tool in any of the following areas:</p> <ul style="list-style-type: none"> • Physical activity • Nutrition • Tobacco-use prevention 	<p>Provide PD and follow up support. Offer TA and resources. Use data-driven decision making.</p>	<p>35%</p>	<p>50%</p>		
<p>CSHP 8: The percentage of schools that provide parents and families health information to increase parent and family knowledge of any of the following health issues:</p> <ul style="list-style-type: none"> • Tobacco-use prevention • Physical activity 	<p>Communicate success stories, common messages, data and best practices Provide learning opportunities to key groups</p>	<p>45%</p>	<p>55%</p>		

<ul style="list-style-type: none"> • Nutrition and healthy eating 					
PA 2: The percentage of schools in which at least one physical education teacher or specialist received professional development on physical education during the past two years.	Provide PD and follow up support. Offer TA and resources. Use data-driven decision making.	83%	90%		
PA 5: The percentage of schools that offer intramural activities or physical activity clubs for all students, including those with disabilities.	Provide PD and follow up support. Offer TA and resources. Use data-driven decision making. Explore new partnerships	57%	65%		
NU 3: The percentage of schools that use at least three of the following strategies anywhere in the school to promote healthy eating: <ul style="list-style-type: none"> • Price nutritious food and beverage choices at a lower cost while increasing the price of less nutritious foods and beverages. • Collect suggestions from students, families and school staff on nutritious food preferences and strategies to promote healthy eating. • Provide information on the nutrition and caloric content of foods available. • Conduct taste tests to determine food preferences for nutritious items. • Provide opportunities for students to visit the cafeteria to learn about food safety, food preparation or other nutrition-related topics. 	Provide PD and follow up support. Offer TA and resources. Use data-driven decision making. Explore new partnerships. Strengthen and maintain existing partnerships. Leverage resources and expertise. Communicate success stories, common messages, data and best practices	28%	35%		
NU 4: The percentage of schools in which the lead health education teacher received professional development on nutrition education and dietary behavior during the past two years.	Provide PD and follow up support. Offer TA and resources. Use data-driven decision making.	45%	55%		
TOB 2: The percentage of schools that implement a tobacco-use prevention policy in all the	Provide PD and follow up support. Offer TA and resources.	7%	20%		

<p>following ways:</p> <ul style="list-style-type: none"> • Provide visible signage. • Communicate the policy to students, staff and visitors. • Designate an individual responsible for enforcement. • Have a process in place for addressing violations. • Use remedial rather than punitive sanctions for violators. • Tailor consequences to the severity and frequency of the violation. • Communicate student violations to their parents and families. 	<p>Use data-driven decision making. Explore new partnerships. Strengthen and maintain existing partnerships. Communicate success stories, common messages, data and best practices.</p>				
<p>TOB 5: The percentage of schools that provide tobacco-use cessation services to faculty, staff and students through direct service at school or arrangements with providers not on school property.</p>	<p>Offer TA and resources. Use data-driven decision making. Explore new partnerships. Strengthen and maintain existing partnerships. Communicate success stories, common messages, data and best practices</p>	25%	35%		

**Minnesota Department of Education Priority 2 & 3: HIV/PANT/CSHP Integrated Workplan
1U87DP001256-02
March 1, 2009 – February 28, 2010**

5 Year Goal I: By February 2013, build the capacity of the Minnesota Department of Education and the Minnesota Department of Health CSHP staff to provide leadership to schools, communities and governmental/non-governmental agencies on policies, practices and programs to ensure that Minnesota youth are safe, healthy and engaged in learning.	
Goal I Strategies identified in the Strategic Plan:	
<ol style="list-style-type: none"> 1. Participate in professional development events that increase staff knowledge and skills to provide leadership to schools and communities working with youth. 2. Form an Interagency School Health Workgroup to coordinate activities between the Departments of Education and Health. 3. Engage stakeholders in the review and revision of the strategic plan. 4. Market the link between health and learning to increase statewide visibility of Coordinated School Health. 5. Meet regularly with all members of the CSHP staff to coordinate CSHP work on HIV/PANT. 	
List any School Level Impact Measure(s) (SLIMs) that align with the Strategies (if appropriate): None	
Objective 1.1: By February 28, 2010, the Interagency School Health Workgroup will complete 2 collaborative activities based on common goals that will strengthen agency capacity to work with schools and communities.	
List any Indicators for School Health Programs that align with the objective(s) (if appropriate): HIV: Q4, Q5, Q6, Q7 CSHP: Q9, Q10, Q14	
Rationale for the objective: The Departments of Education and Health have a history of collaboration on youth health topics and activities but have lacked staff to facilitate a formal workgroup for regular meetings to explore new opportunities while avoiding duplication. Leveraging resources and expertise will benefit schools and communities.	
Measures for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective: <ol style="list-style-type: none"> a. Monthly meetings occurred (Brothen, McNeal) b. Three common goals identified (Brothen, McNeal) c. 2 collaborative activities completed (Brothen, McNeal) 	Data sources to measure the objective and <i>person/agency</i> responsible for gathering data: <ol style="list-style-type: none"> a. Meeting agendas and minutes (Brothen, McNeal) b. Written goals (Brothen, McNeal) c. Evaluations of activities (Brothen, McNeal)
Activities in support of the objective: <ol style="list-style-type: none"> a. Attend monthly meetings with agendas b. Identify common goals c. Conduct a gap analysis of activities needed using available data d. Conduct 2 collaborative activities 	Activity completion date (aligned with Gantt Chart): <ol style="list-style-type: none"> a. February 28, 2010 b. June 2009 c. September 2009 e. February 28, 2010

Objective 1.2: By February 28, 2010, HIV/PANT/CSHP staff will attend up to 6 professional development events (state and national) per staff to increase knowledge and skills to implement HIV/PANT/CSHP programs with youth at the highest risk of health disparities.	
List any Indicators for School Health Programs that align with the objective(s) (if appropriate): None	
Rationale for the objective: HIV/PANT/CSHP staff must continue to expand their knowledge of working with youth with highest disparities in physical activity, tobacco-use and HIV prevention. State level staff should have the most current policy, program and practices information and research.	
Measures for accomplishing the objective and person/agency responsible for accomplishing the objective: a. Professional development events attended (Brothen, McNeal, Loy, Graham)	Data sources to measure the objective and person/agency responsible for gathering data: a. Workshop agendas and information packets (Brothen, McNeal, Loy, Graham)
Activities in support of the objective: a. Attend CDC-DASH Funded Partners Meeting (Brothen, Graham, McNeal) b. Attend Society of State Directors of Health, Physical Education and Recreation meeting (Brothen) c. Attend Rocky Mountain PD event (Graham) d. Attend HIV Midwest Regional Collaborative (Graham) e. Attend CSHP Midwest Regional Collaborative (Brothen, McNeal, Loy) f. Attend National Professional Development (Brothen, Graham, Loy, McNeal) g. Attend SCASS-HEAP trainings (Graham, Loy) h. Attend at least 4 state conferences, i.e. MDH Health Disparities, MOAPPP, PAN Forum, Obesity Forum (Brothen, Loy, Graham, McNeal)	Activity completion date (aligned with Gantt Chart): a. March 16-19, 2009 b. March 27-30, 2009 c. May 2009 d. August 3-6, 2009 e. Fall 2009 f. Late 2009 g. June 2009 and October 2009 h. February 28, 2010
Objective 1.3: By February 28, 2010 CSHP and HIV staff will implement the 5-year strategic plan, including evaluation, communication and professional development that will provide direction for statewide leadership and coordination of Coordinated School Health programs.	
List any Indicators for School Health Programs that align with the objective(s) (if appropriate): HIV: Q4 CSHP: Q4, Q9, Q14	
Rationale for the objective: A comprehensive plan to provide statewide leadership for coordinating school health activities is essential and must include evaluation, communication and professional development. All sections of the strategic plan need annual review and revision to measure progress and to make necessary changes.	
Measures for accomplishing the objective and person/agency responsible for accomplishing the objective: a. HIV and CSHP Program Inventories reviewed and updated (Brothen, Loy, Graham, McNeal)	Data sources to measure the objective and person/agency responsible for gathering data: a. Updated Program Inventories (Brothen, McNeal)

b. Strategic plan reviewed and revised (Brothen, Loy, graham, McNeal) c. Evaluation, professional development and communication plans developed (Brothen, McNeal) d. CSH Web site updated (Brothen, McNeal, Loy, Graham)	b. Revised strategic plan (Brothen, McNeal) c. Evaluation, professional development and communication plans (Brothen, McNeal) d. CSH Web site (McNeal)
Activities in support of the objective: a. Meet weekly with CSHP staff b. Meet monthly with internal school health teams at MDE and MDH c. Conduct 2 day-long CSHP staff retreats d. Conduct a stakeholder meeting e. Develop evaluation, professional development and communication plans f. Review and revise strategic plan g. Update CSH Web site to align with the elements of the 5 year Strategic Plan	Activity completion date (aligned with Gantt Chart): a. March 2009-February 2010 b. March 2009-February 2010 c. April 2009, September 2009 d. August 2009 e. September 2009 f. October 2009 g. May 2009

5 Year Goal 2: By February 2013, build capacity of Minnesota schools, communities and non-governmental agencies to implement comprehensive evidence-based strategies to ensure all Minnesota youth are safe, health and engaged in learning.	
Goal 2 Strategies identified in the Strategic Plan: 1. Provide professional development and follow-up support to school and community leaders, educators, parents/families. 2. Communicate to district staff and community agencies and partners the availability of technical assistance and resources that can be provided. 3. Use data-driven decision making to plan, implement and evaluate programs that support safe and healthy learners.	
List any School Level Impact Measure(s) (SLIMs) that align with the Strategies (if appropriate): HIV: #4, #5, #7 CSHP: #3 PA: #2 NU: #4	
Objective 2.1: By February 28, 2010, 450 school and community health educators will receive training on policies and strategies that will strengthen their capacity to provide science-based approaches to school/public health agency staff and members of the community to support the health and well-being of youth.	
List any Indicators for School Health Programs that align with the objective(s) (if appropriate): HIV: Q7a, Q8d-g, Q11, Q12a, Q13a,b,g, Q14, Q15a, Q16a-g, Q18, Q20a-b, Q21a, Q22 CSHP: Q9e,k, Q14f,l, Q17c, Q18c, Q19b, Q20c, Q21b, Q22c, Q23c, Q24c, Q25b, Q27c, Q28c, Q29c, Q35	
Rationale for the objective: Data from the 2008 School Health Profiles and the 2007 Minnesota Student Survey indicate the need for school health program assessment, delivering and evaluating science-based programs and creating school environments that are safe and supportive. Providing professional development opportunities will strengthen knowledge and practice for school and community educators. The new initiative, State Health Improvement Plan (SHIP), will require health assessment in the RFP process, so it will be helpful to provide communities with tools.	

<p>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Social and Emotional Learning presentations delivered (Graham) b. 2 Health Education Assessment Trainings delivered (Graham, Loy) c. 2 School Health Index trainings delivered (Loy, Brothen, McNeal) d. 2 Skills-based Instruction in Health Education workshops delivered (Graham) e. 2 HIV prevention curricula trainings delivered (Graham) f. Cadre of trainers refresher course delivered (Brothen, Loy, Graham) 	<p>Data sources to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Participant evaluations (Brothen, Loy, Graham, McNeal)) b. Number of presentations conducted (Brothen, Loy, Graham, McNeal))
<p>Activities in support of the objective:</p> <ul style="list-style-type: none"> a. Present “Improving the Health and Academic Success of Youth through Social and Emotional Learning” workshops as requested b. Develop and deliver at least 2 Health Education Assessment Workshops c. Conduct at least 2 SCASS-HEAP trainings d. Develop and deliver at least 2 School Health Index Trainings e. Deliver at least 2 Skills-based Instruction for Health Education workshops f. Deliver at least 2 HIV/STI/UP prevention curricula trainings g. Provide 2 professional development events to cadre members 	<p>Activity completion date (aligned with Gantt Chart):</p> <ul style="list-style-type: none"> a. February 28, 2010, as requested b. February 28, 2010 c. February 28, 2010 d. February 28, 2010 e. February 28, 2010 f. February 28, 2010 g. April 2009, October 2009
<p>Objective 2.2: By February 28, 2010, 14 selected school communities, whose youth are disproportionately affected by health disparities, will receive professional development, parent resources and intensive technical assistance to implement evidence-based HIV, PANT and CSHP programs and strategies.</p>	
<p>List any Indicators for School Health Programs that align with the objective(s) (if appropriate): HIV: Q7a, Q8d-g, Q11, Q12a, Q13a,b,g, Q14, Q15a, Q16a-g, Q18, Q20a,b, Q21a, Q22 CSHP: Q 20b-e, Q23b-e</p>	
<p>Rationale for the objective: Minnesota Student Survey data and state health data indicate high health disparities in youth of color. Providing professional development, resources and technical assistance to 14 selected schools will target efforts of CSHP staff.</p>	
<p>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Parent resources distributed (Brothen, Loy, Graham, McNeal) b. School Health Index training delivered (Brothen, Loy, Graham, McNeal) c. Skills-based instruction workshop training conducted (Graham) d. HEAP training conducted to which staff were invited (Graham, Loy) e. After school PANT training developed (Loy) 	<p>Data sources to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Fact sheets distributed ((Brothen, Loy, Graham, McNeal) b. Participant evaluations (Brothen, Loy, Graham, McNeal) c. Training agendas (Brothen, Loy, Graham, McNeal)
<p>Activities in support of the objective:</p> <ul style="list-style-type: none"> a. Identify 14 schools with highest disparity rates for PANT, and HIV and contact 	<p>Activity completion date (aligned with Gantt Chart):</p> <ul style="list-style-type: none"> a. March 2009

<p>public health agency staff or nurses working in those schools</p> <p>b. Invite school staff to School Health Index training</p> <p>c. Invite school staff to skills-based instruction workshop</p> <p>d. Invite lead health teachers at each of the 14 schools to HEAP training</p> <p>e. Develop PANT workshop for after school programs</p> <p>f. Provide schools with parent health resources for newsletters, etc.</p> <p>g. Provide TA with each school</p>	<p>b. April 2009</p> <p>c. April 2009</p> <p>d. October 2009</p> <p>e. April 2009</p> <p>f. February 28, 2010</p> <p>g. February 28, 2010</p>
<p>Objective 2.3: (HIV) By February 28, 2010, 300 pre-service teachers at institutions of Higher Education will receive the “HIV/STI Prevention Through Education” 3-hour workshop.</p>	
<p>List any Indicators for School Health Programs that align with the objective(s) (if appropriate):</p> <p>HIV: Q23e, Q25b,d,g, Q26a, Q27, Q28, Q30a, Q32a,c, Q33a</p>	
<p>Rationale for the objective: Pre-service teachers preparing for the teaching profession in health and/or elementary education need the most accurate information and resources on HIV and STI prevention. They also benefit from the modeling of effective teaching methods from the cadre of trainers who are experienced classroom teachers.</p>	
<p>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <p>a. 300 pre-service teachers trained in “HIV/STI Prevention Through Education” (trainers, Graham)</p> <p>b. Pre-post test results (trainers, Graham)</p> <p>c. Follow-up surveys completed (trainers, Graham)</p>	<p>Data sources to measure the objective and person/agency responsible for gathering data:</p> <p>a. Participant evaluations (Graham)</p> <p>b. Pre-post tests (Graham)</p> <p>c. Cadre of trainers post-delivery surveys (Graham)</p>
<p>Activities in support of the objective:</p> <p>a. Conduct up to 18 “HIV/STI Prevention Through Education” workshops in 12 pre-service teacher classrooms at Gustavus Adolphus College, Moorhead State, Mankato State, Hamline University, Augsburg College, Southwest State and Winona State University.</p> <p>b. Complete post-delivery surveys by trainers</p>	<p>Activity completion date (aligned with Gantt Chart):</p> <p>a. March 1, 2009-December 2009</p> <p>b. February 1, 2010</p>
<p>Objective 2.4: (HIV) By July 1, 2009, 12 alternative high school youth will participate in a Service Learning and HIV/STI/UP prevention class to improve their skills to reduce risky behaviors and share accurate information with their peers and the community.</p>	
<p>List any Indicators for School Health Programs that align with the objective(s) (if appropriate):</p> <p>HIV: 23e, 25b,d,g; 26a,27, 28, 30a, 32a,c;33a</p>	
<p>Rationale for the objective: Alternative school youth have a difficult time obtaining their health education credit with an instructor specifically trained in sexuality education. This class will provide students the credit plus a service learning/peer mentoring experience which is relevant to their lives.</p>	

<p>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Sexual health class delivered (Contractor, Graham) b. Pre and post tests completed (Contractor, Graham) c. Service learning experiences documented (Contractor, Graham) 	<p>Data sources to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Participant evaluations (Contractor, Graham) b. Pre and post-test scores (Contractor, Graham) c. Student service learning logs (Contractor, Graham)
<p>Activities in support of the objective:</p> <ul style="list-style-type: none"> a. Recruit and interview students for the class b. Develop course syllabus c. Deliver 2 classes per week for 9 weeks d. Create service learning opportunities for students to complete 	<p>Activity completion date (aligned with Gantt Chart):</p> <ul style="list-style-type: none"> a. March 2009 b. March 2009 c. April-June 2009 d. June 30, 2009
<p>Objective 2.5: (HIV) By February 28, 2010, 15 new HIV/STI/UP resources will be reviewed by the HIV Materials Review Panel and information about the recommended resources will be made available to health educators.</p>	
<p>Rationale for the objective: The CDC Cooperative Agreement requires an HIV Materials Review Panel consisting of community experts and educators to review materials and resources for recommendation before purchase and dissemination to schools and community educators.</p>	
<p>List any Indicators for School Health that align with the objective(s) (if appropriate):</p> <p>HIV: Q12, Q23a,e,j,p</p>	
<p>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. 5 meetings conducted (Contractor, Graham) b. 15 resources reviewed (Contractor, Graham) 	<p>Data sources to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Final Report of activities (Contractor) b. Reviews posted on website. (Contractor)
<p>Activities in support of the objective:</p> <ul style="list-style-type: none"> a. Meet quarterly with contractor to establish meeting dates and resources b. Conduct 5 meetings of the HIV Materials Review Panel c. Conduct annual evaluation of the Review Panel members d. Disseminate reviews via the CSH Web site and display recommended materials at workshops and conferences 	<p>Activity completion date (aligned with Gantt Chart):</p> <ul style="list-style-type: none"> a. February 2010 b. February 2010 c. January 2010 d. February 2010
<p>Objective 2.6: By August 15, 2009, 90 school and public health educators and graduate students will participate in the 4-day Summer Institute in Adolescent Health to gain knowledge and skills for the delivery of effective HIV/PANT/CSHP prevention research, strategies and programs.</p>	
<p>List any Indicators for School Health Programs that align with the objective(s) (if appropriate):</p> <p>HIV: Q6, Q8, Q12, Q13, Q14, Q16, Q23, Q29, Q31 CSHP: Q17c,e, Q20b,c,e, Q24a-c,e, Q27a-c,e, Q28a-c,e, Q29a-c,e</p>	
<p>Rationale for the objective: The Summer Institute in Adolescent Health is a model collaboration to leverage resources, to use the expertise of partners involved and to avoid duplication in providing quality professional development and resources with a focus on improving the health of all youth, in and out of school. Partners include the University of Minnesota School of Nursing, the Healthy Youth Development-Prevention</p>	

Resource Center and the Knopoka Institute, Minnesota Department of Health and MOAPPP.	
<p>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Monthly planning meetings attended (Brothen, McNeal, Graham, partners) b. Guest faculty invited (Brothen, McNeal, Graham, partners) c. Brochure mailed electronically (Brothen, McNeal, Graham, partners) d. Summer Institute held (Brothen, McNeal, Graham, partners) 	<p>Data sources to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Meeting minutes (Brothen, Graham) b. Guest faculty list (Partners) c. Brochure (U of M-School of Nursing) b. Participant evaluations (MOAPPP)
<p>Activities in support of the objective:</p> <ul style="list-style-type: none"> a. Attend monthly planning meetings b. Determine the institute health focus, develop the 4-day agenda (4th day if graduate students only), invite guest faculty and select institute materials c. Design, print and email brochure to a minimum of 15 listservs and former institute participants d. Conduct the Summer Institute in Adolescent Health e. Conduct 6 month follow-up evaluation survey 	<p>Activity completion date (aligned with Gantt Chart):</p> <ul style="list-style-type: none"> a. March 2009-July 2009 b. March - April 2009 c. March – April 2009 d. August 2009 e. January 2010
<p>Objective 2.7: (CSHP) By February 28, 2010, up to 300 school board members, principals and superintendents will receive up to three marketing messages that link health and learning through Coordinated School Health programming.</p>	
<p>List any Indicators for School Health Programs that align with the objective(s) (if appropriate):</p> <p>CSHP: Q9a, Q11, Q13, Q14a-b</p>	
<p>Rationale for the objective: School decision makers need research-based information that will build their capacity to provide programs that ensure safe, engaging and active school environments.</p>	
<p>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. New partners identified and attended first meeting (Loy) b. Vision and mission statement created (Loy) c. Workplan with communication plan developed. (Loy) d. Marketing messages created (Loy) 	<p>Data sources to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Coalition roster (Loy) b. Meeting minutes (Loy) c. Workplan (Loy) d. Mailings, web postings (Loy)
<p>Activities in support of the objective:</p> <ul style="list-style-type: none"> a. Identify and invite 6 professional education associations to form a coalition b. Create a vision and mission statement c. Create a 2 year work plan that includes communication and marketing messages, strategies and tools 	<p>Activity completion date (aligned with Gantt Chart):</p> <ul style="list-style-type: none"> a. March 2009 (Loy) b. July 2009 (Loy) c. September 2009 (Loy)

<p>5 Year Goal 3: By February 2013, expand and enhance partnerships among state level governmental and non-governmental agencies and organizations to ensure program success and sustainability.</p>	
<p>Goal 3 Strategies identified in the Strategic Plan:</p> <ol style="list-style-type: none"> 1. Explore new partnerships by analyzing data to address health disparities 2. Strengthen and maintain existing partnerships to create new opportunities 3. Leverage resources and expertise 	
<p>List any School Level Impact Measure(s) (SLIMs) that align with the Strategies (if appropriate): HIV: #4, #5 CSHP: #8 PA: #5 NU: #3 TOB: #2, #5</p>	
<p>Objective 3.1: By February 28, 2010, HIV/PANT/CSHP staff will provide technical assistance to at least 12 state level, community-based coalitions, task forces or advisory groups to strengthen HIV, PANT and CSH programming for school-age youth in and out of school with highest health disparities.</p>	
<p>List any Indicators for School Health Programs that align with the objective(s) (if appropriate): HIV: Q23, Q24 CSHP: Q30, Q33, Q34, Q37</p>	
<p>Rationale for the objective: Partnering with organizations that have the capacity to influence policy and programming with populations experiencing greatest health disparities leverages resources to build effective programs, garners expertise of partners and avoids duplication. The State Health Improvement Plan (SHIP), will provide substantial funding to local public health agencies to prevent obesity and tobacco use in school, community, worksite and health care settings.</p>	
<p>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ol style="list-style-type: none"> a. Meetings attended (Brothen, Graham, McNeal, Loy) b. Statewide plans created, i.e. HIV Prevention, Sexual Violence Prevention (Brothen, Graham, McNeal, Loy) c. GLBT Youth Festival held (Graham) d. Minnesota Student Survey plan developed (Brothen) e. School Health Improvement Plan RFP and technical assistance provided (Brothen, Loy, McNeal) 	<p>Data sources to measure the objective and person/agency responsible for gathering data:</p> <ol style="list-style-type: none"> a. Meeting minutes (Brothen, McNeal, Graham) b. HIV Prevention and Sexual Violence Prevention plans (Brothen, Graham) c. Student evaluations (Graham) d. Minnesota Student Survey results 2010 (Brothen) e. SHIP RFP (Brothen, Loy, McNeal)
<p>Activities in support of the objective:</p> <ol style="list-style-type: none"> a. HIV: Attend meetings of the Community Planning Group for HIV (CCCHAP), Minnesota School Outreach Coalition (MNSOC), Sexuality and Family Life Educators (SFLE), MOAPPP Conference Planning (Graham) b. CSH: Attend meetings of the Maternal and Child Health Task Force, Sexual Violence Prevention Advisory, Minnesota ATOD Prevention Coordinating Council, PRC Community Advisory Network, Minnesota Student Survey 	<p>Activity completion date (aligned with Gantt Chart):</p> <ol style="list-style-type: none"> a. February 28, 2010 b. February 28, 2010

Interagency Group, U of M Health Disparities Data Workgroup (Brothen) c. PANT: Action for Healthy Kids, SSCEE, Catalyst, School Health Leaders Coalition (Loy) d. SHIP: SHIP Work Groups (Brothen, Loy, McNeal)	c. February 28, 2010 d. February 28, 2010
Objective 3.2: (CSHP) By February 28, 2010, the CSHP/PANT staff will provide technical assistance and resources to a minimum of four professional education associations to promote school employee wellness programs that focus on PANT.	
List any Indicators for School Health Programs that align with the objective(s) (if appropriate): CSHP: Q17, Q24, Q28	
Rationale for the objective: Employee wellness programs improve morale and create opportunities for staff to role model healthy behavior for youth. Education associations have the capacity to reach all school employees and leverage influence of decision makers.	
Measures for accomplishing the objective and person/agency responsible for accomplishing the objective: a. Four new partners identified (Loy) b. Meetings held with partner organization (Loy) c. Technical assistance provided (Loy)	Data sources to measure the objective and person/agency responsible for gathering data: a. New partner list (Loy) b. Agendas and minutes (Loy) c. TA logs (Loy)
Activities in support of the objective: a. Identify partners or organizations that align with strategic plan b. Invite and convene meetings with new partners c. Develop technical assistance plan	Activity completion date (aligned with Gantt Chart): a. April 2009 b. June 2009 c. February 28, 2010
Objective 3.3: (HIV) By February 28, 2010, HIV staff, OUT 4 Good (Minneapolis) and Out for Equity (St. Paul) Program Coordinators will partner with other outside agencies to create a resource packet of HIV/STI prevention materials to be distributed to at least 100 GLBTQ youth.	
List any Indicators for School Health Programs that align with the objective(s) (if appropriate): HIV: Q23e, Q27	
Rationale for the objective: GLBTQ youth are in need of basic information to prevent high risk sexual behaviors because many health education curricula do not generally identify or include GLBTQ youth specific information. The strong partnership with Minneapolis and St. Paul GLBTQ youth-serving programs and community agencies has the expertise to provide resources specific to GLBTQ youth.	
Measures for accomplishing the objective and person/agency responsible for accomplishing the objective: a. Monthly meetings attended (Graham) b. Resource packets distributed (Graham)	Data sources to measure the objective and person/agency responsible for gathering data: a. Meeting minutes (Graham) b. # of packets distributed (Graham)
Activities in support of the objective: a. Identify agencies willing to work with GLBTQ youth b. Attend meetings scheduled with new partners	Activity completion date (aligned with Gantt Chart): a. March 2009 b. September 2009

c. Develop resources for packet d. Distribute resource packets to GLBTQ youth at youth centers and workshops	c. September 2009 d. February 28, 2010
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5 Year Goal 4: By February 2013, increase the knowledge and support of decision makers and the public about the connections between health and learning to achieve lifelong success.	
Goal 4 Strategies identified in the Strategic Plan:	
<ol style="list-style-type: none"> 1. Communicate success stories, common messages, data and best practices. 2. Provide learning opportunities to key groups. 3. Provide access to evidence-based tools and resources. 	
List any School Level Impact Measure(s) (SLIMS) that align with the Strategies (if appropriate): HIV #5, CSHP #3, TOB #2	
Objective 4.1: By February 28, 2010, 500 school district decision makers will receive policy briefs, data fact sheets and resources related to HIV/STD and pregnancy prevention, nutrition, physical activity and tobacco-use prevention to improve the health of K-12 youth.	
List any Indicators for School Health Programs that align with the objective(s) (if appropriate): HIV: Q7, Q10, Q31 CSHP: Q17, Q24, Q28, Q29	
Rationale for the objective: School district decision makers are the key facilitators who make successful health and prevention strategies occur for the whole school or school district. A variety of data from several data sources need to be used by districts to inform the development and implementation of health policies, programs, instruction and activities.	
Measures for accomplishing the objective and person/agency responsible for accomplishing the objective: a. Analysis of the 2008 MN School Health Profiles written (Brothen, McNeal, Loy, Graham) b. Model policies collected (Brothen, McNeal, Loy, Graham) c. Data tools and resources developed (Brothen, McNeal, Loy, Graham)	Data sources to measure the objective and person/agency responsible for gathering data: a. 2008 MN School Health Profile (Brothen) b. NASBE, NASBA policies (McNeal) c. MDE Data Portal usage (Loy)
Activities in support of the objective: a. Develop a PowerPoint presentation and fact sheet for the 2008 MN School Health Profiles b. Research model policies for HIV/STDs and PANT, compile most relevant and post to CSH Web site c. Assist with writing MN Snapshots with PANT focus d. Compile resource list of evidence-based programs for HIV/STD/UP prevention and PANT e. Distribute MN STD (HIV) Statute at all trainings, workshops and conferences	Activity completion date (aligned with Gantt Chart): a. April 2009 b. September 2009 c. October 2009 d. October 2009 e. February 2010

<p>Objective 4.2: By February 28, 2010, 200 schools will provide parents and families health information to increase their knowledge of the HIV, PANT and CSHP.</p>	
<p>List any Indicators for School Health Programs that align with the objective(s) (if appropriate): CSHP: Q17e, Q18e, Q19d, Q20e, Q21d, Q22e, Q23e, Q24e, Q27e, Q28e, Q29e, Q30s HIV: Q22, Q27</p>	
<p>Rationale for the objective: Parents and families are key partners for schools to support and increase the continued health and well-being of youth. Providing them with useable communication documents and information will assist schools in reaching families and the community.</p>	
<p>Measures for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Templates and resources created for newsletters (Brothen, McNeal, Loy, Graham) b. Resources created for websites (Brothen, McNeal, Loy, Graham) c. Newsletter articles created CSH website (Brothen, McNeal, Loy, Graham) d. Attendance rosters from schools noting parent representation (Brothen, McNeal) e. School Health Index parent participation (Brothen, McNeal) f. Attendance roster for professional development training on fundraising (Brothen, McNeal) 	<p>Data sources to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Number resources provided to school staff (Brothen, McNeal, Loy, Graham) b. Number of website hits (McNeal) c. Number of website hits (McNeal) d. School Health Profiles (Brothen) e. Documented success stories from parents and families (Brothen, Graham, Loy, McNeal) f. Evaluations (Brothen, McNeal)
<p>Activities in support of the objective:</p> <ul style="list-style-type: none"> a. Provide announcements for school PTA/PTO meetings to disseminate b. Provide information and documents for school websites c. Develop articles to disseminate in school newsletters d. Provide professional development for school educators on parental awareness and engagement regarding HIV/PANT/CSHP e. Provide TA on the importance of parent recruitment/representation for a School Health Council or Wellness team f. Assist with strategies for schools to present to parents involving home-based learning activities that support classroom instruction g. Provide professional development on fundraising strategies involving parents, for health materials or resources 	<p>Activity completion date (aligned with Gantt Chart):</p> <ul style="list-style-type: none"> a. April 2009 b. April 2009 c. September 2009 d. February 28, 2010 e. February 28, 2010 f. February 28, 2010 g. September 2009

Priority 2 and 3: HIV, PANT and CSHP Integrated Logic Model Minnesota Department of Education 2008-2013

Inputs	Activities	Outputs	Short-term Outcomes	Intermediate Outcomes	Long-term Outcomes
<p>Funds CDC-DASH Cooperative Agreement Other funding sources</p> <p>Staff CSHP Coordinator-MDE CSHP Coordinator-MDH PANT Coordinator HIV Coordinator Training Cadre Support staff Evaluation personnel Steps, SDFS, Dropout, After School, SHIP Health/PE Specialist FNS</p> <p>Technical Assistance CDC-DASH Rocky Mt. Center NPD NSBA SIECUS CASEL MDH MOAPPP MN AIDS Project U of M</p> <p>Partnerships MSBA MASA MMEP YCC Education MN School Nurses of MN Hennepin County Action for Healthy Kids Institute for Agriculture and Trade Policy Catalyst SSCEE</p> <p>Professional Development Assigned staff Training Cadre National trainers</p>	<p>Building Capacity: 1. Convene Interagency School Health Workgroup 2. State staff attend professional development events 3. Convene stakeholders to revise and update the 5 yr. integrated strategic plan 4. Develop communication, evaluation and professional development plans 5. Select 14 schools with youth with highest education and health disparities 6. Conduct HIV/STD/UP classes at Area Learning Center 7. Conduct SHI trainings</p> <p>Partnerships 1. Develop 6 new state level partnerships to strengthen HIV, PANT and CSH programs 2. Maintain 10 state level partnerships to strengthen HIV, PANT and CSH programs 3. Convene the School Health Leaders Coalition</p> <p>Professional Development/ Technical Assistance: 1. Provide skills based PANT, HIV prevention and social-emotional learning presentations 2. Provide basic HIV training to pre-service teachers 3. Conduct the Summer Institute in Adolescent Health</p> <p>Policy/Resource Development 1. Develop and disseminate policy /program information to school districts 2. Reviews from the HIV Materials Review Panel MSERRP</p>	<p>Interagency SHW activities completed PD events attended by state staff 5 year strategic plan reviewed and revised</p> <p>Plans written</p> <p>Plans for 14 schools to receive intensive TA and training Area Learning Center students complete service learning Schools trained in SHI</p> <p>After school participants trained to be advocates for PANT GLBTQ Youth Fest held SHIP RFP completed</p> <p>School Health Leaders Coalition work plan developed</p> <p>Evidence-based prevention/social-emotional learning delivered Pre-service teachers trained Summer Institute held</p> <p>School districts received model policies and parent health information</p> <p>15 new HIV resources reviewed annually</p>	<p>State staff fully prepared to provide effective HIV, PANT and CSH PD, technical assistance and resources</p> <p>Strategic plan provides coordinated quality HIV, PANT and CSH programming statewide</p> <p>Schools with highest education and health disparities assess school policies and environment</p> <p>Increase number of youth engaged in local school district health and wellness policies</p> <p>Increase knowledge and skills of teachers, administrators and youth workers to provide quality programming</p> <p>Increase number of schools implement classroom strategies for effective prevention programming</p> <p>Increase in technical assistance to school districts about HIV, PANT and CSHP policy and practices. Educators use latest recommended HIV/STD/UP resources</p>	<p>Increase in agencies coordinating to deliver effective programs, policies and practices</p> <p>Increase knowledge and life skills of highest risk and GLBT youth to make more informed health decisions</p> <p>Students, parents and families have knowledge and information about HIV, PANT and CSHP</p> <p>Professional education associations utilize coordinated messages and marketing plan.</p> <p>Increase in school districts implementing HIV, PANT and CSHP policies and state statutes.</p>	<p>Schools and communities with high health disparities sustain evidence-based HIV, PANT and CSH programs</p> <p>Decrease in health and education disparities</p> <p>Minnesota youth are physically active, eat healthy, avoid tobacco use and reduce sexual risk behaviors that contribute to HIV infection</p> <p>School districts have HIV prevention programs imbedded in local health education standards for all grades, K-12.</p> <p>Increase in student school-connectedness and graduation rates</p>

GOAL

Improve health and education outcomes of all Minnesota youth and prepare them to be healthy adults

