Child TRENDS

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Leveraging Community Partnerships to Provide Sexual Health Education and Connect Students to Family Planning Services

Isabel Griffith, Samantha Ciaravino, Jennifer Manlove, and Jenita Parekh

In response to high rates of infant mortality and unintended teen pregnancies among youth in Columbus, Ohio, the Columbus City Mayor's office convened four Ohio-based health care-providing organizations—Nationwide Children's Hospital, Planned Parenthood of Greater Ohio, Columbus Public Health, and Ohio Health—to establish the Sexual Health Education Partnership (SHEP). Through this partnership, each of the four organizations employs health educators who deliver an evidence-based sexual health curriculum in 19 Columbus City middle schools and connect students to family planning services through school-based health centers (SBHCs), mobile units, and community health care providers.

This case study describes key recommendations from the development and operation of the SHEP, based on interviews with health educators (HEs), school staff, and SHEP committee members.

Key recommendations for other programs

Based on what has worked well for the SHEP, this case study offers the following recommendations for programs interested in implementing a similar model. These recommendations are described in more detail at the end of this case study.

- When selecting partners for providing family planning services in school-based settings, prioritize those that are committed, mission-driven, and experienced.
- Formalize partnerships and specify partner roles early on.
- Develop relationships with school staff to gain buy-in for the program and help navigate program logistics.
- Choose sexual health programming that can be tailored to meet the strengths and needs of students served.
- Collaborate with family planning providers to create and enhance connections to services.
- Seek external funding and use a train-the-trainer model to expand and sustain the program.

The case study also describes how the SHEP selected schools to participate in the partnership, the sexual health curriculum used, and the ways in which the SHEP draws on four foundational approaches that are integral in providing high-quality family planning and sexual health services to youth. At the end of the case study, we provide resources for other programs interested in implementing a similar partnership model to deliver, expand, or improve the quality of sex education programming.

Background and Development of the SHEP

The Sexual Health Education Partnership (SHEP) originated from an initiative called CelebrateOne, which aims to reduce high infant mortality rates and racial disparities in Columbus, Ohio through a variety of innovative approaches. One facet of this initiative focuses on harnessing partnerships among local health care-providing organizations to deliver evidence-based sex education in schools. These partnerships aim to maximize the number of youth served, reduce unintended teen pregnancies, and connect students to family planning services in and outside of schools. This effort is especially important given the lack of sexual health education standards in public schools across the state of Ohio—meaning that sexual health programming in Ohio is not mandated to be medically accurate, age-appropriate, culturally competent, or inclusive of LGBTQIA+ students. For states with established sexual health education standards, the SHEP can still serve as a model for those looking to expand or improve upon the quality of sex education and promote connections to family planning services.

The SHEP is convened by the Columbus City Mayor's Office and is comprised of four long-standing health care-providing organizations in Columbus with a shared commitment to the goals of CelebrateOne and a mission to improve equity in access to sexual health education among youth who reside in neighborhoods with high rates of teen pregnancy and sexually transmitted infections (STIs). Specifically, the four SHEP partners work together to deliver Get Real, an evidence-based sexual health curriculum, to 7th and 8th grade students across 19 Columbus City middle schools. The SHEP focuses specifically on middle school students; as one SHEP committee member noted, "[this grade level is] the sweet spot, so you're getting them right when they can understand a lot of these like concepts … and hopefully before they become sexually active." Each organization within the SHEP commits to providing 1-3 health educators (HEs) "in-kind" to implement the Get Real curriculum, meaning that the time they spend implementing the program is covered by their affiliate organizations rather than through state or grant funding. As part of their role, HEs are assigned specific schools and are responsible for coordinating with school staff to schedule the implementation of the curriculum.

Operation and funding of the SHEP

One program manager—an employee of Nationwide Children's Hospital whose salary is funded through the Columbus City Mayor's Office—helps coordinate the program and facilitate communication between HEs and affiliate organizations. The program manager and HEs meet quarterly to debrief on implementation, troubleshoot challenges, and discuss next steps for the upcoming semester. The team uses a Google calendar for day-to-day scheduling and communicating. In 2020, Nationwide Children's Hospital was awarded a $2.5 million grant from the Office of Population Affairs (OPA), which allowed the SHEP to expand its program implementation into 12 additional schools by hiring two full-time HEs. However, most HEs implement the curriculum on a part-time basis, balancing this role with their other responsibilities within their affiliate organizations.

Providing Sexual Health Education Through the SHEP

Columbus City consists of 25 public middle schools, with over 9,600 total students enrolled. Because there are not enough HEs to serve all middle schools in the district, the SHEP considered several factors when selecting schools to receive the Get Real curriculum. These factors include:

1. **Community need**. The SHEP used zip code-level data, available through the CelebrateOne initiative, to select schools in areas with high rates of teen pregnancy and STIs.
2. **Existing relationships with schools**. The SHEP prioritized schools that have preexisting relationships with the four organizations. For example, prior to initiation of the SHEP, some of the partner organizations had HEs on staff who delivered ad hoc presentations to schools on topics related to sexual health and pregnancy prevention. These existing relationships with school administrators and staff made it easier to gain buy-in and support from schools for more in-depth, formal sexual health education.
3. **Availability of on-site family planning services**. One goal of the SHEP is to ensure that students know where and how to access reproductive health care. The SHEP selected schools that have either a school-based health center (SBHC) on site, mobile units that visit the school regularly to provide family planning services, or have access to another clinic at a nearby school. Nationwide Children's Hospital operates 14 SBHCs and employs two mobile clinics to 10 of the 19 SHEP schools.

> "We have 'CelebrateOne neighborhoods,' which have the highest risk for teen pregnancy, teen births, poor birth outcomes, and STIs. When we decided [the SHEP] was going to be an intervention, we looked at these neighborhoods and then within the schools that each community partner had a relationship with and decided to start [with those schools] because there was trust already there."
>
> *-SHEP Committee member speaking about selecting schools for the SHEP*

Selection and implementation of the Get Real curriculum

The SHEP selected Get Real because it is an evidence-based curriculum designed specifically for middle school students. Get Real provides inclusive, medically accurate information on sexual health, sexuality, and available contraceptive methods. The curriculum aims to increase students' awareness of local family planning services (SBHCs, mobile clinics, or local community clinics) and equip students to seek these services and interact with health care providers. Additionally, Get Real goes beyond traditional sex education by focusing on social-emotional learning skills, refusal and negotiation skills, decision making, and healthy relationships.

While the curriculum is meant for implementation across all three years of middle school, the SHEP implements solely in 7th and 8th grade classrooms due to coordination barriers (e.g., 6th grade classes are often located in separate buildings). The HEs implement the nine, 45–50-minute lessons over nine consecutive school days in a variety of classes, including social studies and core enrichment (i.e., study hall). Schools generally prefer implementation in these classes because they do not have required state testing. School staff frequently described the program's positive reception among students and their high attendance rates. Most HEs and school administrators shared positive reactions to the Get Real program:

> *"I like the program. I think it's effective. I appreciate that it's comprehensive, medically accurate … and the fact that we can reach them in [a] middle school setting is amazing … In my first school, I was getting an average of 30 anonymous questions a day, which is insane. So, the students had questions, they were eager to learn."*

How the SHEP Draws on Four Foundational Approaches

The SHEP's work relates to a set of four foundational approaches that our team has identified as integral to the effective provision of family planning and sexual health programming and services to youth in school-based settings: 1) prioritizing adolescent-friendly programming, 2) embedding equity, 3) maximizing outreach and access, and 4) leveraging partnerships. For a detailed description of the four foundational

approaches, please visit the Foundational Approach section of the toolkit. This case study highlights how the SHEP integrates factors from these four areas into its work.

Prioritizing adolescent-friendly programming

The SHEP prioritizes adolescent-friendly programming across schools and in all interactions with young people, as exemplified by the program's developmentally appropriate curriculum, engaging lessons, group exercises, various facilitation techniques, and multimedia content. For example, at the start of the Get Real program, students establish shared group rights and responsibilities to promote a safe learning environment, and HEs field anonymous questions during each lesson to engage students in topics addressed throughout the program. In addition, HEs use a wide range of facilitation techniques, including roleplays focused on topics such as refusal skills and healthy communication, small and large group work (e.g., true/false games), and lecture videos on topics such as living with HIV or using condoms. HEs also use Amaze videos, specifically designed for middle school students, to provide an overview of reproductive anatomy before diving into topics such as birth control and pregnancy.

Embedding equity

The SHEP intentionally selected a sexual health curriculum with a strong focus on equity and inclusivity. For example, the scenarios included in the curriculum are reflective of various racial, ethnic, sexual orientation, and gender identities, and include many discussion questions (e.g., "What are some reasons why someone may want to wait to have sex until marriage?") that invite conversations around a variety of cultures and/or religions. HEs often make small adaptations to the program to make its content more relevant (and minimize harm) to students. For example, health educators may change the name or sexual/gender identities of characters in roleplays to be more reflective of the students in the class. The HEs also invite interpreters into classrooms with high numbers of immigrant students to ensure the content is accessible to everyone.

Maximizing outreach and access

Reaching out to and establishing relationships with Columbus City middle schools has been imperative to the implementation of evidence-based sexual health programming. One strategy that has been particularly successful in gaining buy-in from school staff has been to present school administrators with local (zip code-level) data on outcomes such as unplanned teenage pregnancies, infant mortality, and educational outcomes for parenting teens to clearly communicate the value of providing evidence-based sex education to students locally. In addition, HEs provide clear communication to parents and school staff about the curriculum and provide ample opportunities to ask questions. HEs also work closely with school administrators to maximize the reach of the program and ensure that all students can participate by implementing it in classes that are required for all students, such as social studies or core enrichment.

Leveraging partnerships

As described throughout this case study, the SHEP leverages partnerships between key health care-providing organizations in Columbus, Ohio to deliver inclusive, age-appropriate sexual health education to middle school students. Over the past several years, SHEP partners have been rooted in a citywide initiative and shared mission to reduce infant mortality rates, teen births, and sexually transmitted infections. This shared mission and collaboration among SHEP partner organizations has been critical for strengthening and amplifying the reach of the Get Real program.

Key Recommendations for Other Programs

When selecting partners for providing family planning services in school-based settings, prioritize those that are committed, mission-driven, and experienced.

When forming the SHEP, the convening organization (the Mayor's Office in Columbus) considered several factors in selecting partners. They prioritized partner organizations that:

1. Were well-established advocates for teen SRH and embedded in the Columbus community
2. Were committed to the overall partnership aims and objectives
3. Had the ability to lend at least one educator to the initiative for a sustained period of time
4. Had experience working with the Columbus school district and/or existing relationships with school administrators
5. Had a shared mission and passion to improve teen sexual and reproductive health education and services

Other sites interested in replicating a similar model should consider the primary goal of their partnership, identify criteria for partnership, and establish characteristics that partnership organizations should have.

> *"I think [the SHEP] is the best partnership. You know, I've been a part of a lot of partnerships that are fake, like no one is really invested. People don't want to put in the work. It's pointless or a waste of time, but this one I really feel like everyone is passionate about what we're doing. We're all excited about the curriculum and the content and everyone loves working together. And we really do depend on each other and step up."*

Formalize partnerships and specify partner roles early on.

The SHEP has found that formalizing partnerships early on—for example, by establishing partners' roles and responsibilities, clarifying expected time commitment for HEs, and determining the number of schools they can commit to serving—can facilitate communication among partners and keep them accountable. The SHEP committee members specifically recommend using memoranda of understanding or partner agreements to formalize partnerships and to clarify roles and commitments at the onset of developing a partnership model similar to the SHEP.

> *"We created memorandums of understanding with each of our partner organizations. We had to figure out who were the partner organizations going to be, and then what's their commitment, and how many hours are they committing for the people that are doing this work. How are we going to be accountable to that? Or how do we account for them doing this?"*

Develop relationships with school staff to gain buy-in for the program and help navigate program logistics.

Using external partners to deliver sex education in schools requires school buy-in to the program and a close collaboration between partner organizations, school administrators, and parents. The SHEP worked closely with school district leadership to obtain approval of the plan and to seek advice on building-level engagement. The SHEP has promoted buy-in by utilizing local data on teen births and sexually transmitted infections (STIs) to demonstrate a need for in-depth sex education programming in schools, and the

importance of immediate transparency with schools about their expected roles and responsibilities. SHEP committee members and HEs also discussed the importance of providing clear information to schools, parents, and students about what topics will be taught in the program, how to opt out of participation, and who to contact with questions.

Many HEs who identified challenges around getting in contact with administrators to introduce and schedule program implementation also spoke about the importance of identifying "champion" school staff to help navigate the program planning and scheduling process. Other sites should work with schools early on to identify a main school point of contact for scheduling and involve school administrators, parents, and community members early in the implementation planning process to promote buy-in.

> *"As long as you get buy-in from one staff member, that's the key … the key for me is to get their phone numbers and develop a texting relationship ... you have to [develop these relationships] and then it'll be so much easier to get into the school in future years to do additional programming."*

Choose sexual health programming that can be tailored to meet the strengths and needs of students served.

The SHEP selected the Get Real curriculum because it is age-appropriate for middle school students, inclusive of all gender and sexual identities, and tailorable to meet the needs of any students served. For example, HEs can change the names or sexual orientations of characters in roleplays to be more reflective of participating students. One educator said, "There are names that are given to characters in roleplays, and if you want to change the names to something that's more reflective of the community you are serving, that's a green light adaptation." Experienced and engaging HEs who can make these small adaptations are critical for ensuring that program content resonates with students.

When selecting an evidence-based sexual health curriculum, it is important to consider several factors, including the needs of the target population and community (e.g., the circumstances of teen SRH in a given area), the age of students served (to ensure age-appropriateness), the suitability of the curriculum for adaptation, whether the partners have any prior experiences using specific SRH curricula, and the curriculum content. To help program content better resonate with students, other sites should also consider identifying experienced HEs who share similar racial, ethnic, or socioeconomic backgrounds with the community and youth served by the program.

Collaborate with family planning providers to create and enhance connections to services.

As part of program implementation, HEs and students visually review information on where students can access family planning services locally, including information on their school's health center or mobile clinic. Students are encouraged to write down providers' contact information and ask health educators any questions they may have about accessing care. Additionally, using funding from the OPA grant, the SHEP developed a webpage called "Awktalk," which includes a clinic finder to help students search for local clinics by different criteria (e.g., services offered, accepted insurance plans, languages available, etc.).

Other organizations hoping to implement a similar model should consider a variety of approaches to connect students to family planning services. In addition to offering students information on where to receive services, it is important to consider additional opportunities to increase and enhance students' connections to care. For example, HEs can invite SBHC or mobile clinic staff to introduce themselves at program sessions and provide information about specific services offered. One HE said:

"I think it would be cool to have the SBHC [staff] come in and say 'Hey, you know this is what we do. We want you to know [you can] just come see us … on the mobile unit. I think any time I can [provide] a warm handoff versus just making a referral is a billion times better."

Seek external funding and use a train-the-trainer model to expand and sustain the program.

The SHEP offers a unique model for delivering sex education in schools with relatively little external funding given the in-kind support offered by partner organizations. However, in 2019, Nationwide Children's Hospital was awarded a $2.5 million grant from OPA that allowed the SHEP to expand its reach to an additional 12 schools. Other organizations should consider using a multi-pronged approach to expand the reach of their programming, including seeking additional partners or external funding opportunities. Importantly, though, receiving grant funding often requires an evaluation component, so sites should carefully consider evaluation partners that are committed to an adolescent-friendly and equitable evaluation (e.g., developing survey questionnaires that are age-appropriate and trauma-informed, limiting burden on school staff, and providing incentives).

Another way to expand and sustain the initiative with little external funding—or little beyond grant funding—is to employ a train-the-trainer model, in which HEs train interested teachers and school administrators to implement the program in their respective schools. For the SHEP, HEs teach lessons while teachers observe in Year 1, receive formal training and co-teach in Year 2, and then teach independently in Year 3 (while HEs observe). This approach allows HEs to support school staff as they deliver the program and ultimately expand the program into additional schools, thereby reaching more students.

Resources

- Introduction to the Get Real curriculum
- Tip sheet for HEs on implementing the Get Real curriculum
- Process guide for scheduling implementation and conducting pre-and post-test surveys
- Materials checklist for Get Real implementation
- HHS Teen Pregnancy Prevention Evidence Review
- Get Real Teen Pregnancy Prevention Evidence Review

Note on Methods

The site and innovation described in this case study were selected through a rigorous site selection process that considered such factors as geographic location, populations served, and the success and replicability of the innovation. This case study is based on 11 interviews with SHEP committee members, HEs, and clinic and school staff. Interviewees were given the opportunity to provide feedback on the case study content before publication to ensure accuracy. For more information about how the sites included in this process evaluation were selected, read here.

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