

CONCLUSIONS DISCUSSION, LESSONS LEARNED, AND RECOMMENDATIONS

DISCUSSION

The purpose of this project was to develop and pilot test guidelines regarding sexual health education and adoption education as a means of decreasing unplanned pregnancies and HIV/STDs and, in the case of the adoption modules, to increase the percentage of teens who consider adoption as a viable pregnancy outcome option.

The evaluation of the guidelines and adoption modules showed that the majority of students, teachers, and administrators were satisfied that the program increased student knowledge about sexual health and adoption as well as increased their confidence in making healthy decisions regarding sexual behaviors; preventing unplanned pregnancy and HIV/STDs; and considering adoption as an option to an unplanned pregnancy. At the completion of the program, students reported that they were most confident in protecting themselves from HIV/STDs and unplanned pregnancy; properly using condoms to prevent HIV/STDs and unplanned pregnancy; and talking to a partner about sexual decisions and how to prevent against HIV/STDs. In addition, students reported being moderately to extremely satisfied that the program increased their knowledge about abstinence from any sexual behaviors that placed them at risk for pregnancy or HIV/STDs and based on what they learned from the program, felt moderately to extremely confident in being able to abstain from any sexual behaviors that placed them at risk for pregnancy or HIV/STDs. Specifically regarding adoption, on average students felt moderately confident in considering adoption as an option to an unplanned pregnancy.

In addition, evaluation results indicated that on average, students felt that it was moderately to extremely likely that they could perform specific healthy sexual and adoption behaviors based on what they learned in the educational lessons. All means exceeded 2.38, indicating that students on average were confident in performing the specific health behaviors. Students stated that based on what they learned in the lessons, they were most likely to properly use condoms to prevent HIV/STDs and unplanned pregnancy; protect themselves from HIV/STDs and unplanned pregnancy; use contraceptives to prevent pregnancy; make healthy decisions regarding sexual behaviors; talk to a partner about sexual decisions and how to prevent against HIV/STDs; and abstain from any sexual behaviors that place them at risk for pregnancy or HIV/STDs.

Specifically regarding teachers and administrators, both showed high levels of satisfaction with the education guidelines and adoption modules and all reported that they would be likely or extremely likely to continue using the program in the future. Both also felt moderately to extremely satisfied with the materials and activities involved in the programming. The adoption modules were positively received by both the teachers and administrators. Teachers cited the adoption content and information as the features they liked most of the programming.

LESSONS LEARNED

Based on the findings from the evaluation of this pilot program, the following lessons were learned:

1. Students, Teachers, and Administrators were highly satisfied with the sexual health and adoption education guidelines and modules.

Evaluation results indicated consistently high levels of satisfaction on the part of the students, teachers, and administrators regarding the effect of the guidelines and modules on students' knowledge about sexual health and adoption and perceived confidence in making healthy decisions, preventing unplanned pregnancy and HIV/STD, and considering adoption as an option to an unplanned pregnancy.

2. Students and Teachers both reported high levels of support for the activities, discussion and videos used in the programming.

Teachers and students reported that the activities and discussions of the lessons were especially effective. This is particularly true with respect to the adoption modules. The modules that were developed by the project team allowed for continuous interaction and dialogue among students. The aim was to increase students' consideration of adoption as a pregnancy outcome option. Thus, active discussion and discourse was critical.

3. The use of guidelines was positively received by teachers and administrators.

Both the teachers and administrators were satisfied with the sexual health and adoption education guidelines developed by the project team. The guidelines contained enough substance to provide teachers with a clear understanding of topical areas needing to be covered and enough content to guide teachers on sensitive areas. While providing guidance, the guidelines allowed for flexibility on the teachers' part regarding specific lessons and activities to use. The guidelines were also open-ended enough to allow for teacher creativity and professional investment. In summary, the guidelines were effective in providing guidance to teachers as opposed to using a one-size fits all prescriptive approach.

4. Recommending curricula to use to meet the guidelines was beneficial for teachers in delivering their educational units.

The overwhelming majority of teachers in the pilot sites used one of the two curricula recommended in the trainings. These included *Reducing the Risk* and *Safer Choices*. However, a benefit of using guidelines and recommendations was that schools had the option of using their own lessons, activities and other selected curricula provided that met the established guidelines. This allowed for flexibility for teachers and schools while still maintaining continuity in the main topical areas addressed.

5. Administrative support is important for the delivery of effective programming.

Administrative support is a characteristic of effective program implementation and was evident in this pilot project. Significant administrative support was present in this project based on a quality rapport between the administrators and classroom teachers. In most pilot sites, the administrator allowed the classroom teacher to take the lead in promoting the pilot and teaching the lessons. All administrators reported that they were likely to extremely likely to continue using this programming in the future. Such support is critical to ongoing efforts and sustainability.

6. The adoption modules were positively received and helped to facilitate discussions regarding parenthood and increase students' consideration of adoption as a pregnancy outcome option.

Students and teachers were very satisfied with the adoption modules with respect to increasing students' knowledge about adoption as well as increasing the likelihood that they would consider adoption as a viable pregnancy outcome option. As the literature review showed, a sizeable percentage of students never consider adoption when faced with an unplanned pregnancy. Providing students with activities and discussions that were interactive and offering videos that addressed adoption from a variety of angles helped students view adoption as a valid option. Specific discussion was conducted on the various stigmas and language used when addressing adoption. Attention to these issues helped students and teachers to further explore this topic. Furthermore, discussions about parenting ensued from the adoption modules including the long-term responsibilities of parenting; the meaning of quality parenting; the process of bonding with a child; and the impact of having quality, loving parents. In the evaluation, students reported that they wanted more time and lessons devoted toward adoption.

7. Technical assistance was beneficial to teachers in delivering the program and guidelines.

Participants provided positive feedback on the training which was given to teachers and some administrators on the content and delivery of the guidelines and adoption modules. In addition, on-site visits, bi-weekly email updates, and ongoing supervision and support helped teachers to effectively implement programming.

8. Teachers and administrators suggested that increasing parent involvement would help to enhance program effectiveness.

Increased parental-child communication is a research-supported fact in preventing youth from engaging in risky behaviors. While homework involving parents and classroom discussions with students about communicating with their parents were utilized in this pilot project, perhaps such work was not enough. Specific activities may be needed to more directly engage parents and be more proactive such as including after-school parent-child classes; inviting parents into

classrooms for discussions; presenting program materials to parents in open-house assemblies; and other options.

9. Recruiting pilot sites was a challenge in this project. Agencies and personnel external to school districts were instrumental in securing school participation.

The recruitment of pilot sites was a challenge to this overall project. School districts may need to be provided incentives, curricular resources or increased encouragement to follow the established guidelines. Future projects should provide ample lead time to schools, ideally before decisions are made about the curricular content for the school year, to allow them to get involved in pilot projects and fit the guidelines into their planned curricula. Schools also need to feel that they have the full support for guideline implementation from the State to local levels.

10. Teachers were highly satisfied with program activities and materials.

Evaluation results showed that teachers felt moderately to extremely satisfied with the program materials and activities. Teachers also felt moderately to extremely satisfied that the activities engaged student participation, were an effective part of the program, and that the materials were age-appropriate. The adoption modules were considered especially effective in increasing students' knowledge and facilitating student discussion.

11. The dual message of abstinence and condom use was positively received by students and teachers.

Students and teachers both felt moderately to extremely satisfied that the program increased students' knowledge and confidence in abstaining from sexual activity that places them at risk for HIV/STDs and unplanned pregnancy. Students and teachers also felt moderately to extremely satisfied that the program increased students' knowledge and confidence in properly using condoms to prevent HIV/STDs and unplanned pregnancy. Similar to the research shown in the professional literature, the dual message of abstinence and condom use to prevent HIV/STDs and unplanned pregnancy was positively received.

RECOMMENDATIONS

Based on the findings of this pilot project, the following recommendations are offered:

1. Provide activities that are student-oriented, interactive, and aimed to enhance discussion among students regarding sexual health and adoption education within the classroom.
2. Provide needed resources for training, dissemination of evidence-based curricula, and ongoing technical support for teachers in order for the guidelines to be disseminated and effectively utilized.
3. Provide an array of activities and resources that engage parents to communicate with their children regarding sexual health and adoption education issues. This could include but is not limited to school-based activities/events and interactive web-based activities specifically developed to enhance parent-child communication.
4. Since administrative support is critical to effective programming, administrators should be provided with trainings on the importance of sexual health and adoption education and how to support their teachers in implementing the guidelines.
5. Provide town hall meetings and focus groups to explore the needs and concerns of administrators, teachers, and parents in implementing these guidelines.
6. Expand the time and number of modules devoted toward covering the adoption education guidelines.
 - a. Provide more discussion regarding the difference between foster care and adoption.
 - b. Provide more time to use the adoption videos as catalysts for discussion.
 - c. Provide additional modules on adoption education which include discussion about potential characteristics of adoptive parents and more information on the adoption process itself. For example, students could be given actual portfolios from adoption agencies on potential adoptive parents. They could then be asked to choose and explain which parents they would select as adoptive parents and what degree of openness they would want in making an adoption plan.
 - d. Provide adoption education activities that involve input from local adoption agencies to enhance understanding about the actual process of creating an adoption plan. For example, students could be asked to call an adoption agency and ask a series of questions to learn more about the adoption process. Different types of agencies could be used to enhance class discussion.
7. Conduct a pretest-posttest-follow-up, case-control study on the adoption modules to determine their overall efficacy on students' knowledge, attitude and behavior.
8. Advocate for the implementation of the sexual health and adoption education guidelines in school districts throughout the state.

APPENDIX 1

SEXUAL HEALTH AND ADOPTION EDUCATION GUIDELINE DETAIL

GUIDELINE DETAIL FOR SEXUAL HEALTH AND ADOPTION EDUCATION

SECTION I: SEXUAL HEALTH AND ADOPTION TOPIC CONTENT

Guideline 1. Adolescent sexuality as part of normal human development.

- Sexuality is a natural part of life.
- Human sexuality involves at least three dimensions: biological, psychological and sociocultural.
- The interactive relationship of these dimensions describes an individual's total sexuality.
- Sexuality is more than simply sexual behavior.

Guideline 2. Sexual anatomy and physiology

- It is important for teens to know the proper terminology for sexual anatomy and physiology.
- It is important for teens to be able to dispel many myths surrounding sexual anatomy and physiology.

Guideline 3. Gender identity/roles and sexual identity including sexual orientation

- Gender identity refers to the awareness and acceptance of one's own gender.
- Gender involves biological, social and cultural norms.
- Gender identity is one's self-image as a female or a male (it is the attachment one has to one's gender role).
- Gender role stereotyping refers to the expectation that individuals will behave in certain ways because they are male or female.
- Gender roles and stereotypes are taught throughout the life cycle, but have their largest effect early on in a child's life (parents, teachers, schools, peers, and media have an impact on perceived gender roles).
- Sexual orientation refers to one's erotic, romantic and affectional attraction to the same sex, to the opposite sex or to both.
- Sexual identity refers to the inner sense of oneself as a sexual being, including one's identification in terms of gender and sexual orientation.
- Sexual preference is a term that is no longer used because sexual orientation is no longer commonly considered to be a conscious individual preference or choice, but to be formed by a complex network of factors.

Guideline 4. Identifying healthy relationships

- Characteristics of healthy relationships should be identified and discussed.
- Such characteristics include: trust, cooperation, compassion, positive communication, respect for one another, concern for one another's well-being, mutual/shared decision-making, understanding and accepting individual differences, resolving conflicts peacefully (looking for win-win opportunities).

Guideline 5. Definition of sexual activity

- Sexual activity is often viewed differently from person to person. While virtually all teens regard vaginal intercourse as being sex, some do not view oral sex as sex and some do not view anal sex as sex.
- The key here is not to get hung up on the specific definition of sexual activity. It can mean different things to different people. That is okay.
- The key point we are interested in promoting is preventing any unsafe sexual behavior that can lead to STDs and unplanned pregnancies.
 - These sexual behaviors can include: vaginal intercourse, oral sex and anal sex.

Guideline 6. Definition of abstinence

- Refraining from any activity that places you at risk for STDs or pregnancy.
- The key point here is that we are trying to prevent STDs and unplanned pregnancies. Different people may view abstinence differently and that is okay. However, our main goal is to prevent STDs and unplanned pregnancy.
- Therefore, we need to remain focused on any activities that place individuals at risk for these outcomes.

Guideline 7. Abstinence as a valid option which can be chosen throughout the life cycle even if the individual was previously sexually active

- Abstinence is a valid option and the most effective way to prevent STDs and unplanned pregnancies.
- An individual can choose to become sexually abstinent at any time, even after being sexually active.

Guideline 8. Factors which contribute to risky sexual behaviors

- Such factors include: lack of knowledge, negative attitudes, peer pressure, lack of parental/peer support, lack of communication, poor communication skills, etc.
- These factors can be prevented and in turn risky sexual behaviors can be prevented.

Guideline 9. Protective factors that affect sexual behavior including knowledge, attitudes, perceived risk and self-efficacy

- Such factors protect teens from engaging in behaviors that would place them at risk for STDs and unplanned pregnancies.
- We need to focus on building protective factors and reducing risk factors.
- Primary prevention is key.

Guideline 10. Facts and myths about becoming pregnant

- Myths include:
 - A girl is unable to get pregnant the first time that she has sex.
 - A girl is unable to get pregnant before her first menstrual period.
 - A girl is unable to get pregnant if she has sex during her menstrual period.
 - If a male withdraws before ejaculation pregnancy can be prevented.

- Facts include:
 - A girl can get pregnant any time she ovulates and that may happen right before her first menstrual period.
 - Teens tend to have irregular periods and it may take several years to ovulate on a regular basis, so no time of the month should be considered safe.
 - There are enough sperm in the pre-ejaculate for a girl to become pregnant , so withdrawal is not a reliable method of contraception.

Guideline 11. Transmission of STDs and HIV infection

- STDs such as gonorrhea, chlamydia, and trichomonas are transmitted through infected bodily fluids like penile discharge and vaginal discharge and usually through unprotected vaginal intercourse. Some STDs can also be transmitted by oral sex or anal sex.
- STDs such as herpes, syphilis, and warts that cause sores or raised lesions are caused by skin to skin contact and do not need to involve vaginal, oral or anal sex.
- HIV is transmitted by contact with infected bodily fluids including semen, vaginal secretions, anal secretions and blood. The virus is **not** transmitted by touching toilet seats, holding hands, dry kissing or hugging.

Guideline 12. Signs and symptoms of pregnancy

- Breast tenderness.
- Fatigue.
- Nausea or vomiting – especially in the morning.
- No menstrual period or an abnormal menstrual period that is not the right amount of flow or a different length of time.
- Urinary frequency.
- Lower abdominal pain.

Guideline 13. Signs and symptoms of STDs/HIV including the asymptomatic presentation

- NO SYMPTOMS (Most common).
- Vaginal discharge.
- Penile discharge.
- Burning with urination.
- Sores on genitals (ulcers, bumps, blisters).
- Itching or burning in genital area.
- Swollen lymph nodes in groin area.
- Pain in testicles.
- Lower abdominal pain in girls.

Guideline 14. Abstinence as the most effective way to prevent pregnancy and sexually transmitted diseases

- Abstinence is the most effective way to prevent pregnancy and STDs.
- No form of contraception is 100%, even the most effective birth control.
- The key point is, if you don't want to take a chance, do not have sex, and for some STDs that includes skin to skin contact with clothes off.

Guideline 15. Use of hormonal or barrier contraceptives to reduce the risk of pregnancy

- Hormonal Contraceptives (pill, patch, ring, subdermal rod, DepoProvera shot) prevent pregnancy primarily by preventing ovulation. Review different methods.
- Hormonal contraceptives require varying degrees of compliance from every day with the pill, to a shot every three months, to the rod that lasts for 3 years.
- These methods are safe for most healthy teens, but you need to see a doctor or nurse practitioner to obtain a prescription.
- The IUD is a device that is put inside the uterus to prevent pregnancy. It lasts for 5-10 years depending on the type.
- Barrier methods are primarily condoms which prevent sperm from reaching the uterus and fertilizing the egg. You can buy these over the counter without seeing a doctor.

Guideline 16. Use of condoms to reduce transmission of STDs and HIV infection

- Review differences between latex, lambskin, polyurethane.
- Review proper storage of condoms.
- Review proper way to put on condoms.
- Demonstrate how to put on and remove a condom correctly.
- If supported by relevant stakeholders, give students the opportunity to demonstrate proper use of a condom.

Guideline 17. How to effectively communicate with parents, peers, and other adults about sexual health issues.

- Promote open and honest dialogue.
- Encourage parents to articulate to teens where they stand on issues and why.
- Teens report that the primary preferred source of sexual health information is their parents.

Guideline 18. How to resist peer pressure and media influences to engage in undesired sexual behavior

- Recognizing that peer/media pressure exists.
- Understanding one's own personal values and beliefs.
- Learning assertive techniques to resist pressure.
- Critiquing media for myths, stereotypes, mixed messages.

Guideline 19. How to manage conflicting messages from family, peers, school, and community regarding sexual health.

- Help teens learn to assess who they consider trustworthy sources of information and advice.
- Teach teens a process of informed decision-making.

Guideline 20. Pregnancy outcome options including parenting, adoption, and abortion

- The three options need to be presented in a non-judgmental manner without the educator inserting his/her own opinions and biases into the conversation.

Guideline 21. Minor's access to reproductive health care in Ohio

- In Ohio, and many other states, teens under the age of 18 have the legal right to receive certain kinds of medical care without their parent or other legal guardian's permission. State governments create these rights to encourage mature teens to seek certain kinds of medical care.
- Teens have the right by Ohio law to receive
 - Confidential evaluation and treatment of any sexually transmitted disease
 - Testing and counseling for HIV including anonymous testing
- Teens must have parental/guardian consent for an abortion; however, through a judicial by-pass procedure, a county juvenile court judge can determine that the teen is mature enough to make an informed decision on his/her own.
- Teens are allowed to make an adoption plan for their child on their own.
- Many physicians can and do provide pregnancy testing and contraceptive services to minors without parental consent

Guideline 22. Facts and myths about adoption

- Myths include:
 - Once a baby is adopted, the birth parents can never have contact again.
 - Adoptive parents can not love an adopted child as much as their own biologic child.
 - Most birth fathers are not interested in the children they father.
 - Teens would never consider adoption.
 - Foster care is the same thing as adoption.
- Facts include:
 - The adoption rate has fallen to less than 1%.
 - Adoption is not chosen regardless of the age of the mother.
 - Most adults in the US have a favorable view about adoption.
 - African Americans are less likely than Whites to have a favorable view of adoption.
 - Adoption is the permanent relinquishment of the birth parents' legal rights toward that child
 - Reasons why teens choose adoption may include: not being ready to parent, adoption may be in the best interest of the baby, financial reasons, desire for child to be raised by two parents, parenting would interfere with education goals.
 - Reasons why teens do not choose adoption: they don't know the facts about adoption, they may feel that they are abandoning their baby.

Guideline 23. The process of creating an adoption plan

- Birth parents meet with an adoption agency representative or a lawyer to discuss their adoption decision.
- In open adoption, birth parents can meet and choose the adoptive parents.
- 72 hours after the birth of the baby, the final adoption decision is made by the birth parents.
- If the birth father identifies himself on the birth certificate or in the Ohio Putative Father Registry, he can participate in the adoption decision.

- A teen can make a decision to choose an adoption plan without his/ her own parent's permission.
- Once the adoption is finalized, the adoptive parents have sole legal responsibility for the adopted child.
- It is always advisable and encouraged that a teen discuss an unplanned pregnancy with her parents and/or other trusted adult and with the birth father.

Guideline 24. The spectrum of adoption plans from open and ongoing contact to traditional closed adoption

- Closed adoption is a process in which the birth parent does not know the identity of the adoptive parents and has no information about the child after the adoption occurs.
- Open adoption is a process in which the birth parents choose the adoptive parents and if they choose, can continue to have contact with the child through letters, pictures, and even visits if arranged with the adoptive parents.
- The trend in adoption has changed to more open rather than closed adoptions.

Guideline 25. The effects of adoption on members of the triad including the birth parents, adoptee, and adoptive parent(s)

- Adoption affects all members of the birth triad (birth parents, adoptive parents, adopted child) in positive and negative ways.
- Birth parents may have feelings of loss or grief: but there are better psychological outcomes with open adoption. Open adoption improves self esteem by providing an avenue for responsible decision making and sense of control.
- Birth fathers are oftentimes interested in the outcome of the adoption, but may not be allowed in by the birth mother, or may not be involved because of financial issues or poor relationships with the birth mother.
- Teens who choose adoption vs. parenting are more likely to complete their education, delay marriage, be employed and delay a subsequent pregnancy.
- Adoptive parents may fear that the birth parents will change their mind or may not be comfortable with the open adoption process after the adoption is finalized; love the child as if he/she was any other child in the family; consider this a gift or blessing in many cases.
- The Adoptee may wonder about his/her biologic parents as he/she get older, may feel he/she was abandoned, may wonder why he/she was adopted.

Guideline 26. The barriers associated with considering adoption as a viable pregnancy option

- May feel that they are abandoning the child.
- The parents of the birth parents may object.
- Birth mother may not have support from birth father or peers.
- Insufficient information regarding adoption process.
- May not have knowledge about the open adoption process.

Guideline 27. Personal, societal, and cultural views toward adoption

- Most individuals do not even consider adoption as a pregnancy outcome option.
- Acknowledge racial, ethnic and cultural differences and the practice of informal adoption, especially in the African American community.

Guideline 28. Where and how to access information about adoption and/or make an adoption plan in Ohio

- A list of adoption agencies that the State of Ohio has certified is available at www.jfs.ohio.gov/oapl.
- A good national adoption research resource is www.adoptioninstitute.org Evan B. Donaldson Adoption Institute, 525 Broadway, 6th floor, NY, NY 10012, 212-925-4089

SECTION II: SEXUAL HEALTH AND ADOPTION PROGRAM SELECTION

When selecting a sexual health and adoption education program, ensure that the program:

- 1. Follows the guidelines listed in Section I**
- 2. Is evidence-based and research supported**
- 3. Has been shown to positively impact sexual behaviors in adolescents including delaying the onset of sexual activity, decreasing unprotected sex, and reducing the frequency of sex and number of partners**
- 4. Uses interactive activities that are developmentally appropriate**
- 5. Presents information that is gender neutral (applies equally to males and females) and is sensitive to differences in sexual orientation and sexual experience**
- 6. Includes skill based activities**
- 7. Meets the content in Section I about adoption education***

*There are currently no adoption education program evaluations for adolescents that have been published in the peer reviewed literature. Due to the lack of published research articles on school/community based adoption education programs, any program under consideration should follow all of the adoption specific guidelines in Section I.

SECTION III: SEXUAL HEALTH AND ADOPTION PROGRAM IMPLEMENTATION

When implementing a sexual health and adoption education program, ensure that the program:

Guideline 1. Has support from relevant stakeholders

- Stakeholders may include some or all of the following: school building principal, school district superintendent, school board of education, local school decision-making committee, school health advisory committees, health care professionals in the local community, local hospitals, religious leaders in the community, parents of students, student councils, local media outlets.
- Support from the real leaders of a school community alleviates many concerns about the appropriateness of a sexual health education program.
- Leaders and key stakeholders should be identified early and included in the implementation process before the first lesson is taught to students.

Guideline 2. Provides adequate training and ongoing support to all educators involved in program delivery

- Training should address the specific details of every lesson, as well as the general principles and guidelines of sexual health education.
- Training should address teacher comfort level in teaching and talking about sexual health.
- Trainers should be available and accessible throughout the first years of instruction to address concerns as they arise.

Guideline 3. Supervises all educators to ensure program fidelity

- On-site supervision of teachers should take place during the first year of instruction to assess whether the instructor understands and implements most or all of the activities from the lessons in evidence-based programs.

Guideline 4. Is presented in a culturally sensitive manner and is respectful of personal beliefs

- Familiarity with media messages to which teens are exposed and the epidemiology of sexual risk-taking behaviors among teens will be helpful in making the material relevant to the teens.
- Teachers should avoid racial, religious, gender, economic and sexual orientation biases of their own or their students, and respect diverse points of view.
- Audio-visual aids, as well as names in role plays should reflect diverse cultures and perspectives.

Guideline 5. Addresses controversial topics in a nonjudgmental and respectful manner

- The teacher should be impartial and should not attempt either directly or indirectly to limit or control the judgment of students on controversial issues.
- The climate in the classroom should demonstrate respect for the diversity of opinions.

Guideline 6. Is integrated with the available resources in the program delivery site

- Resources include attention to the length of class periods, ability to deliver the program without multiple interruptions, audio-visual equipment, supply of handout materials, etc.
- Where possible, learning objectives should be aligned with key competencies and rubrics of Science, Language Arts, Math and Social Studies.

Prepared for Teacher Trainings by Cincinnati Children's Hospital Division of Adolescent Medicine. This project was funded by an award from Ohio Department of Health.