



July 2000

**ABSTINENCE EDUCATION AND RELATED SERVICES
(AERS)**

Program Application

in response to

the Abstinence Education Provision

of the 1996 Welfare Law P.L. 104-193

Section 510 of Title V of the Social Security Act

**Tom Ridge
Governor**

**Robert S. Zimmerman, Jr.
Secretary of Health**

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| | | | |
|---|--------------------------------|---|---|
| 1. TYPE OF SUBMISSION: APPLICATION FOR Application Preapplication | | 3. DATE RECEIVED BY STATE | State Application Identifier OMB Approval No. 0348-0043 |
| 0 Construction E) Construction E] Non-Construction X Non-Construction | | 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier |
| 5. APPLICANT INFORMATION | | | |
| Legal Name: Pennsylvania | | Organizational Unit: Division of Maternal and Child Health | |
| Address (give city, county, state, and zip code): Pennsylvania Department of Health P.O. Box 90 Harrisburg, Dauphin County, Pennsylvania 17108 | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Milo Y. Woodward, Director Maternal and Infant Health Section (717) 772-2762 | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 23-6003104 | | 7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) | |
| 8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): | | 9. NAME OF FEDERAL AGENCY: Health Resources & Services Administration Maternal & Child Health Bureau | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-994B TITLE: Abstinence Education | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Abstinence Education and Related Services | |
| 12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Commonwealth of Pennsylvania | | | |
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTRICTS OF: | |
| Start Date 10/01/00 | Ending Date 09/30/01 | a. Applicant Commonwealth of Pennsylvania Statewide b. Project | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | |
| a. Federal | \$ 1,820,070 .00 | a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | |
| b. Applicant | \$ 0 .00 | | |
| c. State | \$ 1,365,053 .00 | | |
| d. Local | \$ 0 .00 | | |
| e. Other | \$ 0 .00 | | |
| f. Program Income | \$ 0 .00 | | |
| g. TOTAL | \$ 3,185,123 .00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> YES If "Yes," attach an explanation. <input checked="" type="checkbox"/> No | |

BUDGET INFORMATION — Non-Construction Programs

SECTION A – BUDGET SUMMARY

| Grant Program Function or Activity (a) | Category of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|--|--|-----------------------------|-----------------|-----------------------|-----------------|-------------|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. Abstinence Education | 94.994B | \$0 | \$0 | \$1,820,070 | \$1,365,053 | \$3,185,123 |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. TOTALS | | \$0 | \$0 | \$1,820,070 | \$1,365,053 | \$3,185,123 |

SECTION B – BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total (5) |
|--|-------------------------------------|-------------------------|-----|-----|-------------|
| | (1) Federal Dollars | (2) Non-Federal Dollars | (3) | (4) | |
| a. Personnel | \$6,225 | \$0 | \$0 | \$0 | \$6,225 |
| b. Fringe Benefits | 685 | | | | 685 |
| c. Travel | 3,000 | | | | 3,000 |
| d. Equipment | 0 | | | | 0 |
| e. Supplies | 55,000 | | | | 55,000 |
| f. Contractual | 1,312,853 | 1,365,053 | | | 2,677,906 |
| g. Construction | | | | | 0 |
| h. Other | 400,000 | | | | 400,000 |
| i. Total Direct Charges (sum of 6a - 6h) | 1,777,763 | 1,365,053 | 0 | 0 | 3,142,816 |
| j. Indirect Charges @ 9.1% | 42,307 | | | | 42,307 |
| k. TOTALS (sum of 6i - 6j) | \$1,820,070 | \$1,365,053 | \$0 | \$0 | \$3,185,123 |
| | | | | | |
| 7. Program Income | \$0 | \$0 | \$0 | \$0 | \$0 |

| SECTION C – NON-FEDERAL RESOURCES | | | | | |
|--|--------------------------------|--|-------------------|-------------|-------------|
| (a) Grant Program | (b) Applicant | (c) State | (d) Other Sources | (e) TOTALS | |
| 8. Abstinence Education | \$0 | \$1,365,053 | \$0 | \$1,365,053 | |
| 9. | | | | | |
| 10. | | | | | |
| 11. | | | | | |
| 12. TOTALS (sum of lines 8 - 11) | \$0 | \$1,365,053 | \$0 | \$1,365,053 | |
| SECTION D – FORECASTED CASH NEEDS | | | | | |
| | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter |
| 13. Federal | \$1,820,070 | \$455,018 | \$455,017 | \$455,018 | \$455,018 |
| 14. Non-Federal | 1,365,053 | 341,263 | 341,263 | 341,263 | 341,263 |
| 15. TOTAL (sum of lines 13 and 14) | \$3,185,123 | \$796,281 | \$796,280 | \$796,281 | \$796,281 |
| SECTION E – BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT | | | | | |
| (a) Grant Program | FUTURE FUNDING PERIODS (Years) | | | | |
| | (b) First | (c) Second | (d) Third | (e) Fourth | |
| 16. Abstinence Education | \$1,820,070 | \$1,820,070 | \$1,820,070 | \$1,820,070 | |
| 17. | | | | | |
| 18. | | | | | |
| 19. | | | | | |
| 20. TOTALS (sum of lines 16 - 19) | \$1,820,070 | \$1,820,070 | \$1,820,070 | \$1,820,070 | |
| SECTION F – OTHER BUDGET INFORMATION (Attach additional sheets if necessary) | | | | | |
| 21. Direct Charges: | | 22. Indirect Charges: Fixed Rate of 9.1% | | | |

Direct Charges = \$464,910

Indirect Charges = \$42,307

23. Remarks

Appendix 6.4

**KEY PERSONNEL
(SUPPLEMENT TO SECTION F of FORM 424A)**

| Name and Position Title | Annual Salary | No. Months Budget | % Time | Total \$ Amount Requested |
|--|---------------|-------------------|--------|---------------------------|
| | (1) | (2) | (3) | (4) |
| Phyllis Welborn Public Health Program Administrator | \$54,399.00 | 12 | 100% | \$0.00 |
| Milo Woodward Director, Maternal & Infant Health | \$69,309.00 | 12 | 100% | \$0.00 |
| Fringe Benefit (Rate <u>24.93%</u>) | Total | | | \$0.00 |

GRANT YEAR 3: ABSTINENCE EDUCATION & RELATED SERVICES

Personnel: Intern

| POSITION | Hours/week | Duration of Employment | Wage/Rate | Subtotal Wage | Fringe @ 11% | Total |
|----------|------------|------------------------|-----------|---------------|--------------|------------|
| Intern | 37.5 | 20 weeks | \$8.30 | \$6,225.00 | \$684.75 | \$6,909.75 |

Travel:

| Activity | Project Director | Project Coordinator | Comments | TOTAL |
|------------------------------------|-------------------|---------------------|--|-------------------|
| Major Conference | \$806.00 | \$806.00 | Includes transport (270 mi. @ .325) per person Hotel Accommodations @ \$282.00 per person Subsistence @ \$96.00 per person Miscellaneous @ \$40.00 per person Registration Fee @ \$300.00 per person | \$1,612.00 |
| Ten Site Visits Five per person | \$694.00 | \$694.00 | Includes parking, and travel, to & from project sites. | \$1,388.00 |
| TOTALS | \$1,500.00 | \$1,500.00 | | \$3,000.00 |

Supplies:

| Activity | Estimated Dollar Amount for Activity | TOTAL |
|--|--------------------------------------|-------------|
| General Office Supplies | \$2,000.00 | \$2,000.00 |
| Newspaper inserts, brochures, educational and outreach materials for statewide distribution. | \$53,000.00 | \$53,000.00 |

| | | |
|--------|-------------|-------------|
| TOTALS | \$55,000.00 | \$55,000.00 |
|--------|-------------|-------------|

ASSURANCE OF COMPLIANCE

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, AND THE AGE DISCRIMINATION ACT OF 1975.

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified handicapped individual in the United States shall, solely by reason of his handicap, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Educational Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements

imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The person or persons whose signature(s) appear(s) below is/are authorized to sign this assurance, and commit the Applicant to the above provisions.

Date

Signature and Title of Authorized Official

Name of Applicant or Recipient

Street

City, State, Zip Code

PROJECT NARRATIVE

SECTION 4.2.1: PRIORITY NEEDS

In calendar year 1997, there were **8,157** reported pregnancies among teenagers under the age of 18 in Pennsylvania. This number represents a **36.23%** decrease from the 12,791 pregnancies reported for the same age cohort in 1986. An overwhelming majority (**92.6%**) of those **8,157** pregnancies was among females in the 15-17-age cohort. From **1996 to 1997**, Pennsylvania's teen pregnancies among 15-17 year-olds decreased from **8,202 to 7,556** females in that age group. This demonstrates a **7.8%** decrease in the pregnancies during the one-year period.¹ During the same time, the overall pregnancies for all females dropped by **2.5** percent from **185, 587 to 181,016 (ages 15-44)**. The pregnancy rate for teens (**ages 10-14**) also declined by **14.1** percent from **1991 to 1997**². Demographically in **1997, 4,487** of the **7,556** teen (ages 15-17) pregnancies were reported among white females, accounting for **59.4** percent of pregnancies in this age group. An additional **2,963 (or 39.2%)** pregnancies were reported among black teenagers. Teen expectant mothers who indicated they were of Hispanic origin accounted for **763 (or 10.1%)** of the **7,556** reported pregnancies in **1997**. These figures denote the sheer volume of teen pregnancies presently occurring in the Commonwealth³.

¹See Appendix **A-1** for more information.

²See Appendix **A-2**.

³See Appendix **A-3**.

After rising slightly in the late 1980s, Pennsylvania's overall birth rate for teenage females ages 15-17 declined to 22.6 per 1,000 female population in 1998 which is below the 2010 Objective of 46 per 1000 females by 2002. In 1997, the overall rate for teenage females in this age group was 31.7 per 1,000 female population which represents a 28.7% decrease in 1998. White teens exhibited a pregnancy rate of **21.7** while black 15-17 year old teens reported a pregnancy rate of **110.0** in **1997**. Teens of Hispanic origin had a **93.5** pregnancy rate for this same age cohort. Pregnancy rates for black and white females in this age group also demonstrated a similar trend to the population as a whole and should fall to **20** and **120** (per 1,000) respectively. The increased pregnancy rate as indicated from 1993-1995 has reversed. In 1997, the Hispanic teen pregnancy rate fell from **114.7** in 1995 to **93.5**.⁴ **Geographically, the largest number of teen pregnancies (ages 15-17) in 1997 occurred in the higher populated counties: Philadelphia (2,585); Allegheny (752); Delaware (278); Berks (241); Montgomery (211); and Lancaster (215)**.⁵ **However, when reported teenage pregnancy rates are ranked, the counties with the highest rates in 1997 among 15-17 year olds were Philadelphia, Fayette, Perry, Jefferson, McKean, and Erie. Seven of the top ten counties, which demonstrated the highest teen pregnancy rates are rural counties**.⁶

An examination of Pennsylvania's teenage pregnancy issue must include analysis of the under 15 female population. Among these, in **1997**, there were **601** pregnancies reported with the

⁴See Appendix A-4

⁵See Appendix A-5

⁶See Appendix A6-A7

following outcomes: **305** live births; **13** fetal deaths (miscarriages); and **283** induced abortions⁷.

Counties reporting the largest number of pregnancies to teens **under the age of 15** were Philadelphia (**265**), Allegheny (**81**), Delaware (**37**), Berks (**16**), Lancaster (**16**), Montgomery (**14**) and Erie (**13**)⁸.

Among Pennsylvanians, the number of births to teen mothers, ages 15-19 totaled **14,663** in **1997**. As predicted this figure has fallen below the 15,000 mark by the year 2001.

In 1997, induced abortions reported among Pennsylvanians aged 15-19 was 6,586 and slightly decreased to 6,538 in the next year.

PERFORMANCE MEASURES FOR ABSTINENCE ONLY EDUCATION PROGRAMS

1. Lower the pregnancy rate among teenagers aged 15-17 to 25 per 1000 by 2002.
2. Reduce the proportion of adolescents 17 years and younger who have engaged in sexual intercourse. *For year 2000, the goal will be to continue the process of establishing a system to collect this data. (For data collection limitations refer to Appendix F-02 Performance Measure for Abstinence Only Education Programs.)*
3. Reduce the incidence of sexually transmitted disease (STDs), among adolescents, 15-19 to 1039 per 100,000 by the year 2002. STDs include gonorrhea, syphilis, and chlamydia.
4. Lower the birth rate among teenagers aged 15-17 to 31.6 per 1000 by year 2002.
5. Lower the number of pregnancies to all females, aged ≤ 14 years to 500 by year 2002.

⁷See Appendix A-7

⁸See Appendix A-8

6. Increase the percent of young people enrolled in abstinence education and related services who acquire and use refusal skills to remain abstinent from sexual activity and other high risk behaviors to 85% of program participants by year 2002.

SECTION 4.2.2: LEGISLATIVE PRIORITIES

The Department of Health and its contractors agree to comply with the abstinence education definition as defined in Section 510 of Title V of the Maternal and Child Health Service Block Grant. Effective Fiscal Year 1999, The Department funded 28 community designed and driven Abstinence Education and Related Services (AERS) projects throughout the Commonwealth. A requirement for continuation funding is that each AERS project annually submit a RFA, agree to adhere to the federal definition of abstinence education and to implement programs and services free from religious content. Compliance with federal Section 510 abstinence definitions and exclusion of contradictory programming is clearly identified as an essential requirement in the RFA materials and guidance.

- ◆ The federal definition of abstinence education is stated in the RFA document.
- ◆ Each project must annually sign and return with the completed RFA, a statement of “Assurances AERS Initiative.” This document shall be a part of the executed contract. (See Appendix C)
- ◆ The RFA includes the “Guidance to American Family Life” which discusses separation of religion and state, and other important issues. The RFA includes “Instructions for Completing the Program Work Plan” as it relates to addressing the Eight Elements. (See Appendix C)
- ◆ All resources (curriculums, videos, brochures etc.) included in “The Abstinence

Program Directory” are reviewed for compliance with the abstinence definition, the eight elements, separation of church and state, medical accuracy and age appropriateness. (See Appendix C)

- ◆ Section 510 abstinence language is included in the design and implementation of the statewide process and outcome evaluation of abstinence education projects. This evaluation was designed and is being administered by a university affiliated professional evaluator.
- ◆ Compliance with federal abstinence education criteria outlined in Section 510 is included as an indicator to be monitored by the Department’s Site Review Team which includes: staff from the Division of Maternal and Child Health, local Community Health Districts, the Center for Schools and Communities and the local Pennsylvania Coalition to Prevent Teen Pregnancy. This process is coordinated with the statewide evaluation team.

SECTION 4.2.3: PROGRAM PLAN

The Commonwealth of Pennsylvania, Bureau of Family Health, has developed a plan and defined strategies for the implementation of Section 510, Title V of the Social Security Act (42 U.S.C. 701 et seq.) to include abstinence education, mentoring, counseling, and adult supervision to promote abstinence from sexual activity is the only way to prevent teen pregnancy. The plan is included in the Teen Pregnancy Prevention component of the Governor’s *Project for Community Building* and primarily targets youth, males and females ages 9-14. Multi-faceted and comprised of six objectives, the Commonwealth’s AERS work plan defines interventions and strategies pertinent to the following: 1) the central role of communities and grass roots organizations in

crafting, implementing, and managing these services; 2) the role of school districts in curricula building; 3) the role of parents, peers and others with fiduciary relationships to children and adolescents, in teaching the skills necessary to empower their youth to abstain from sexual activity; 4) the role of health care providers in providing regular and periodic counseling and guidance to teens and their parents/guardians; 5) the role of the Department's community health districts and county/municipal health departments in assuring programs adhere to standards set forth by state and federal governments; 6) the role of the media in raising public awareness of the benefits of abstinence, the negative consequences of teen pregnancies outside the context of marriage, and the central role of parents and significant others as the prime educators of their youth on sexual matters.

Decisions on past and future geographic targeting have been and will continue to be based on the needs assessment conducted annually. When the **1998 teen pregnancy rates** are compared to the 1990 rates by county, **seven** of the top ten counties which demonstrated the largest increases in teen pregnancy are rural counties. Seven of the AERS community designed and driven projects awarded in FFY 1999 are in rural counties. We will continue to give careful consideration to the future development of programs and outreach activities that consider the geographic uniqueness and diversity of the various populations within the Commonwealth.

Recognizing Pennsylvania's cultural diversity, the plan tailors services to meet these diverse and unique needs where present. The need for culturally sensitive services is evidenced by statistics. After rising slightly in the late 1980's, the overall birth rate for Pennsylvania's teens (ages 15-17) declined to 22.6, per 1,000 female population in 1998. The birth rates for white teens and black teens mirrored the overall trends, decreasing over the last five years. After rising

for several years, the birth rate for teens of Hispanic origin declined in **1997 to 93.5 per** 1,000 females. (See Appendix A)

Pennsylvania has implemented various strategies to address the needs of Latino youth including: 1). the development of an abstinence education curriculum targeting Latino youth, 2). broadcasting abstinence education messages on Spanish language radio stations, and 3). the development of a collateral brochure in both English and Spanish languages entitled: “10 Tips On Talking To Your Kids About Sex.” (See Appendix H). The Department partnered with the Spanish American Civic Association to ensure input from communities with significant Latino populations . Pennsylvania recognizes the need to address male responsibility for pregnancy. Through regional male responsibility training sessions and a curriculum, fathers are targeted as role models for adolescent males and young males are taught to abstain from sexual activities before marriage. Objective (3.2) calls for programs and activities targeted to males as well as families. Another factor is the education of parents and other adults with fiduciary relationships to youth. The plan includes provider, peer, and parental education, technical assistance, and training. The Department will continue its contractual agreement with the Central Susquehanna Intermediate Unit # 16 - Center for Schools and Communities (CSC). The contract contains requirements and funds for CSC to assist the Department to establish and Fund local AERS projects, to provide training and technical assistance. As the Department’s agent, the CSC entered into formal Letters of Agreement with 28 community designed and driven AERS projects. (See Appendix I)

WORK PLAN GOAL: To reduce teen pregnancies in Pennsylvania, by decreasing the rate of live-births-to-teens without increasing the statewide teen, induced-abortion rate. This is being

accomplished through a comprehensive five-year abstinence plan, that includes abstinence education, mentoring, counseling and adult-supervisory programs, (hereafter referred to as Abstinence Education & Related Services or AERS), and that is in accordance with PL 104-193, Personal Responsibility and Work Opportunities Reconciliation Act. of 1996.

NEED STATEMENT #1: Pennsylvania continues to lack the information to create a comprehensive profile of adolescent health needs to facilitate the targeting of high-need populations and the allocation of resources for AERS Programs. While most of the data are available, they have not been closely examined to first identify and, subsequently, contrast the geographic distribution of high-need adolescent populations with the geographic distribution of AERS providers.

OBJECTIVE #1: Continue to annually assess the availability, capacity, and effectiveness of existing community-based AERS Programs within Pennsylvania.

ACTION STEPS:

- 1.1 Continue to solicit input from partnering agencies to assess their level of participation in data collection and analysis.
- 1.2 By 11/30/2001, based on the availability of data as outlined in 1.2, map distribution of current AERS in Pennsylvania.

Compare and contrast distribution of services to geographic areas and high-risk populations.
- 1.3 By 12/31/2001, on completion of 1.1-1.2 compile a report evaluating the needs and resource assessment.

NEED STATEMENT #2: Stakeholders in adolescent health issues across Pennsylvania need to

coordinate their activities and services in support of the statewide AERS initiative.

OBJECTIVE #2: Strengthen the capacity of state and local government and private sector agencies and systems to collaborate and improve the delivery of abstinence education and related services to children, adolescents, and their parents.

ACTION STEPS:

- 2.1 Continue to maintain and periodically update database of approximately 900 key stakeholders interested in Pennsylvania's abstinence education. The current database includes: public and private entities (i.e., consumers, business, religious and other community leaders, educators, provider agencies, parents, youth and civic organizations, local and state teen pregnancy coalitions).

In concert with *The Governor's Project for Community Building*, continue to actively participate in regional forums conducted throughout the state, to solicit additional participants/key players. Provide education and training regarding abstinence education.
- 2.2 In FY 1999, through a subcontract with CSC, the Pennsylvania Coalition to Prevent Teen Pregnancy (PCPTP) coordinated the abstinence-only training track for participants of 28 community designed and driven AERS projects. Project coordinators and other interested parties attended the abstinence only sessions during the implementation of the 1999 Teen Pregnancy Prevention Conference held in State College, PA. PCPTP also participates in monitoring 28 AERS projects, provides technical assistance and training to include developing specific training modules as needed. They will continue to utilize their expertise to minimize duplication of effort pertinent to AERS activities.
- 2.3 In FY 1999-2000, the Department in collaboration with its contractor, CSC, will issue

Request for Application (RFA) for continuation funding for the 28 community designed and community driven AERS Projects serving approximately 30 counties. Seven AERS projects provide services through their local school districts. We project in FY 1999-2000 approximately 16,000 youths will be served. Youth who participate in the Departments funded AERS projects continue to be involved in wholesome, school based instruction, after school activities, job and career training, summer camps, and other mentoring activities that provide positive rewarding life experiences.

NEED STATEMENT #3: Communities across Pennsylvania need accurate information relating to abstinence education and related services programs and providers in order to assess, plan and promote expansion of the AERS Initiative.

OBJECTIVE #3: Disseminate information regarding AERS curricula, programs and providers to stakeholders across Pennsylvania.

- 3.1 Continue process of disseminating, expanding and updating the AERS Program Directory to assist communities in implementing and evaluating community-based AERS initiatives in compliance with the provisions of P.L. 104-193 (Title V Section 510.)
- 3.2 By 7/31/2000, identify and collect information on teen pregnancy program providers and parent groups throughout the Commonwealth.

NEED STATEMENT #4: At present, parents, professionals, peers, and other interested persons that interact with children & adolescents are in need of training and materials to facilitate the effective delivery of AERS programming.

OBJECTIVE #4: Ensure that parents, peers, professionals & other interested persons that interact or work with children and adolescents have access to high-quality training in the delivery

of AERS programming.

- 4.1 In FFY 2000, continue to support/promote the establishment of new parent groups and peer support groups in areas that demonstrate a need for AERS programs. Twenty-eight community-based AERS projects will continue to support the formation of parent and peer groups within their jurisdictions.
- 4.2 By 9/30/2000, CSC will continue to promote adoption of AERS programs into provider protocols for primary health care to adolescents. This will ensure the abstinence message is integrated into the regular schedule of primary prevention/health care and counseling services for adolescents and their parents or guardians. Discussions have been initiated to identify topical information and potential contractors.

NEED STATEMENT # 5: To combat media, peer, and other societal pressures on adolescents to become sexually active, there is a need to create statewide awareness that abstinence is a viable, appropriate, and fashionable option for adolescents. Moreover, there is a need to promote and equip parents as the prime educators of their youth on sexual matters.

OBJECTIVE 5#: Utilize outreach and media-based strategies to promote abstinence education and related services to target child and adolescent populations.

ACTIONS STEPS:

- 5.1 Continue to work with the media contractor, selected by the Department to implement a statewide abstinence media campaign that incorporates the following elements: a) is based on careful & focused primary and secondary market research of the affected market segment/population and carefully examines and addresses the needs of urban, suburban and rural youth, males and females, youth from functional and dysfunctional family

settings, youth from varied racial, ethnic, & socioeconomic backgrounds; b) promotes an abstinence message consistent with PL 104-193, Asells the benefits of abstinence; demonstrates the negative consequences of bearing children out-of-wedlock; teaches how alcohol and drug use increases the vulnerability to sexual advances; promotes abstinence as the expected standard for school age children; c). educates and reaches out to parents and responsible adults to their responsibility of talking to youth about sexual matters and includes a call-to-action.

- 5.2 By 7/1/99, and ongoing, continue to support the activities outlined in step 5.1, establish a marketing distribution system for on-line response to callers and the efficient distribution of literature. Continue to explore utilizing existing Department of Health infrastructure.

NEED STATEMENT # 6: Pennsylvania lacks an efficient system to ensure young adolescents are reached with effective age and developmentally appropriate abstinence-only messages.

Abstinence curricula in schools are not consistent in content and delivery.

OBJECTIVE #6: Strengthen and/or expand the role of schools in the delivery of abstinence education & related services.

ACTION STEPS:

- 6.1 During FFY 2001, the Department's AERS Contractor, CSC will continue to provide the following technical assistance activities relating to schools:
- X Meet with local school districts/intermediate units school health education consultants/staff to identify and establish abstinence education programming, services and curricula. Seven of the 28 AERS community-based projects funded in FY 2000 are school-based programs implemented through local School Districts.

- X Continue to work with local School Districts/Intermediate Units to promote the development of Abstinence Education & Related Services to be incorporated into the general health curricula (K-9).
- X Continue to expand training and technical assistance to strengthen the role and function of school health staff (including student assistance program staff) in delivering Abstinence Education & Related services to school students & their parents/or significant others.
- 6.2 In cooperation with 28 AERS community-based projects currently funded, explore mechanisms for the Department of Health to continue to support schools in the development & maintenance of drop out prevention programs and school-to-work programs that expand employment opportunities and emphasize the importance of attaining self-sufficiency, self-esteem, and self-worth.

NEED STATEMENT #7: To assess the effectiveness of interventions, carefully designed measures and data collection plans must be defined.

OBJECTIVE #7: Design & implement an effective process and outcome-based evaluation for the assessment of Objectives 1-6 of this work plan.

ACTION STEPS:

- 7.1 In conjunction with the university affiliated evaluator, the Pennsylvania Department of Health, Bureau of Community Health, and grantees, will continue to design and conduct an evaluation study and project monitoring by the Site Review Team..

4.2.4: PROCESS FOR CONSUMER INVOLVEMENT

The Department of Health will comply with application requirements of Section 4.2.4 by:

- (1) Publicizing availability of funds/public comment/process for application and award of

funds: As required by contract requirements, CSC, will require a fair and open competitive application process for awarding additional funds for the community-based programs supported by this initiative. In accordance with Commonwealth contracting procedures, any future notice of funds availability will be placed in the Pennsylvania Bulletin ahead of the expected deadline to alert community-based providers and agencies. A Pennsylvania Bulletin announcement publicized the opportunity for public comment on the abstinence application for federal funds during the period from June 13 - June 30, 1999. As part of the needs assessment, systems building and parent involvement components of the program plan (Objectives 1, 2 and 4), the Department has developed a database of stakeholders, providers, parent and peer support groups. Any future RFA announcements will be sent to everyone on this database and to all parties who request information on the AERS initiative. The Department will continue to present information on the AERS initiative at Regional Forums such as those conducted as part of the Governor's *Project for Community Building* (PCB) in 1999-2000. The sessions included open discussions and an opportunity for attendees to present their view and comment on any aspect of the abstinence initiative. These sessions provided valuable opportunities for public participation into the design and development of community-based program guidelines.

- (2) Encouraging Involvement of New Providers: Based on the availability of funds, involvement of new providers will continue to be encouraged through the mailing of the draft grant application package and RFA materials to stakeholders and interested persons identified in accordance with work plan activities described in this section and in section 4.2.2. For any new award process, the Department, in collaboration with the Department

of Education, will prepare and send a series of notifications through the electronic communication system PENNLINK, to school districts. A pre-proposal conference will be conducted for any new RFA process to select new providers.

During FFY 2001, a series of updates will be posted in the Commonwealth of Pennsylvania and the PCB web sites to provide additional communication about the program and availability of funds.

- (3) Proposal Development Assistance: Partnering with CSC, the Department will continue to provide timely, technical assistance to community providers/agencies interested in applying for future available funds. The CSC has established an effective infrastructure to provide technical assistance to communities through its network of Family Service Systems Reform (FSSR) governing boards that include representatives from local governments, health and human services agencies, educators, parents and consumers. Teen and parental involvement is an established, required and integral component of the FSSR community collaborative board process. These existing FSSR community collaborative boards provide an ideal, effective vehicle for delivering technical assistance to communities and other potential applicants.

SECTION 4.2.5: BUDGET JUSTIFICATION

Pennsylvania's AERS Initiative proposes a budget for the period 10/1/2000 through 9/30/2001 comprised of a combination of federal funds, state and local/community matching funds to support the total budget of \$3,185,123. The Department is requesting \$1.820 million in federal funds to be combined with \$1.365 million in state funds. As a condition of their grants and to demonstrate community ownership, projects funded in FFY 1998 were required to provide cash

or in-kind match of 5% of their project award. The match requirement was increased to 10% for FFY 1999 and each year thereafter. Since Pennsylvania has met the required 3 to 4 (state and federal) dollar match, the 5% and 10% local match will provide additional local resources for the project. Budgeted funds support comprehensive, community-based programs for young adolescents (ages 9 to 14), and outreach, abstinence education and related services to reduce pregnancies in the 15-19 age group, wherein most teen pregnancies occur. In grant year four, approximately 82% of total budgeted funds will be awarded to communities to strengthen their capacity to deliver strong, consistent and coordinated abstinence education and related services appropriately designed for high-risk children, teens, their parents, guardians, and significant others.

Personnel: Key personnel include Project Director, Milo Woodward, currently employed in the Division of Maternal and Child Health (DMCH) and the Project Coordinator, Phyllis Welborn. This team, whose positions are funded by the Maternal and Child Health Services Block grant, have prepared the abstinence grant application materials and Work Plan, and will continue to provide leadership and administrative direction congruent with the roles and responsibilities outlined in the Key Personnel Form (See Appendix B). An intern may be hired for 20 weeks to assist with special assignments associated with information management. Milo Woodward, Project Director and Section Chief, Maternal and Infant Health will oversee DMCH staff performance of program and administrative functions that include: administering and monitoring the contract with the CSIU#16-CSC, serving as staff liaison for the Department's media contract, serving as liaison between CSC, the evaluation team, and community health district staff, and participating in training and TA activities, etc.

Travel: Will include the abstinence program-activities of the central office team including the abstinence Project Director & Project Coordinator. It will support transportation to state and regional training sessions, meetings, site visits to community programs and occasional national forums on abstinence education convened by federal agencies.

Subcontracts/Other:

- A. Training/TA and Community Support Contract: For this grant period, \$2.6 million is budgeted for a contract with a state-affiliated, partnering agency, CSIU #16-Center for Schools & Communities (CSC). It includes funds to be awarded to communities and schools, and provides administrative, and training/TA support for various program functions, including:
1. Conduct a targeted selection and award process that will culminate in fourth year continuation funding for 28 AERS Projects serving communities and/or school districts for community-based abstinence education, mentoring, counseling, adult supervision, and/or curriculum development programs.
 2. Continue to operate a center that provides training/TA services program for professionals (i.e., educators, community agency staff, schoolteachers & administrative staff, parents and other interested individuals), to assist these groups in the effective delivery of abstinence education and related services to the target population.
 3. Continue to develop, execute, and oversee agreements to provide grant funds to subgrantee providers (schools & community agencies), that are directly responsible for implementing community-based abstinence education and related services.
 4. Continue to administer a subcontract to conduct an evaluation study to determine the

effectiveness of abstinence education and related services supported by this initiative. Of the total budgeted to the partnering agency contract in FFY 2001, \$2.065 m (79% of CSC=s budget), is for direct grants to community agencies and school districts for abstinence education and related services. Approximately 3% or \$75,000 will be to fund developing and piloting a Latino curriculum designed in FFY99-2000 and targeted to Latino youth in Pennsylvania.

- B. Media Campaign: Approximately \$400,000 is budgeted for the period 10/1/00-6/30/01 and is included in a Department of Health contract with the Professional advertising agency. The advertiser is a professional media/advertising agency with demonstrated statewide capacity, to conduct a statewide media outreach campaign initially implemented in 7/1/98. This campaign will support and enhance community-based abstinence education and related services and other portions of the Work Plan. The campaign will continue to target youth ages 9-14, be research-based, identify the needs and attitudes of the diverse, rural and urban populations of Pennsylvania, educate parents in the delivery of messages on sexual matters, and establish a marketing distribution system to disseminate literature and other resources in response to on-line inquiries. A copy of the contracts with CSC and the Neiman Group were provided as Appendices to the Year 03 Application.

SECTION 4.2.6: COORDINATION WITH OTHER PROGRAMS

A requirement of the RFA process is that AERS projects explain the collaborative efforts underway in the community that would assure long-term support for program continuation. Applicants were requested to document collaborative work accomplished by multiple agencies or groups. Proposals showing strong collaborative efforts were

weighted more heavily than those that did not. AERS applicants were requested to specify any connection with initiatives under the Project for Community Building (PCB).

Priority was given to applications submitted having the following characteristics:

- ◆ Written agreement describing the roles of all parties involved and signed by all parties.
- ◆ Demonstration that involved parties were engaged early in the process.
- ◆ Participating agencies that provide concrete and tangible resources not just cooperation. (e.g. staff time, money, equipment, space etc.). In addition to PCB there are many community collaborative initiatives in Pennsylvania. AERS projects were requested to describe how many members of the community, including but not limited to parents, teens, local health officials, local/regional Pregnancy Prevention Coalitions, Family Centers, Family Service System Reform (FSSR), Collaborative Boards, and Communities That Care (CTC) were involved in the proposal process. Special consideration is given to programs serving communities in Keystone Opportunity Zones, ACT 47 communities or Enterprise Zones. Applicants were required to be capable of serving a minimum of 100 youth annually. Organizations unable to meet this criteria were encouraged to collaborate with other community resources and submit a joint application. The applicants were strongly encouraged to use volunteers in the implementation of program services (e.g mentoring, adult supervision, peer support etc.) and encouraged to build capacity in the program to ensure their institutionalization within the community. This would allow the program strategies/activities to continue should funding be terminated. Programs and services are to be developed and offered in a culturally competent and developmentally

appropriate manner for the population to be served.

SECTION 5.1: PROJECT NARRATIVE and ANNUAL REPORT (See Appendix L)

SECTION 5.2: PERFORMANCE MEASURES (See Appendix F)

SECTION 5.3: REPORTING FORMS 2 and 3. Data for forms 2 and 3 is being collected and compiled by the AERS evaluator and will be available to the Department by June 9, 2000. It will be included in the final grant application due July 15, 2000. FY 1998 vital statistics data is still unavailable. Information will be provided as soon as possible.

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|-------------------------|---|
| Project Title: | Pennsylvania Abstinence Education and Related Services Initiative |
| Project Number: | |
| Project Director | Milo Woodward, Director, Maternal and Infant Health |
| Contact Person: | Phyllis Y. Welborn, Adolescent Health Coordinator |
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| Project Period: | 10/1/97-9/30/02 |

Abstract:

PROBLEM: Although the teen pregnancy rate in Pennsylvania, per its 1998 Vital Statistics Report, is 22.6 per thousand and below the Healthy People 2000 Objective of 46 per 1000, the social and economic costs of these ~ **8900** teen pregnancies annually in Pennsylvania are unacceptable. Measures that prove effective in curtailing teen pregnancy will be cost effective in light of the short and long range, societal costs of children bearing children. Included among the direct and indirect costs are a higher incidence of low birth weight, babies and sexually transmitted diseases, lower verbal and math achievement test scores, lower grades, increased incidence of behavioral problems, high school dropouts and incarceration, lowered economic opportunities, elevated rates of depression, low self esteem, poor health, higher rates of chronic health and psychiatric disorders, and the increased risk of teenage childbearing for the offspring. The problem of teen pregnancy impacts every community in Pennsylvania. Therefore, the Pennsylvania plan addresses the diverse, complex and multifaceted needs of its rural and urban youth by targeted abstinence education and related services to youth, ages 9-14.

GOALS AND OBJECTIVES: Through its multifaceted, comprehensive plan comprised of six objectives, it identifies and subsequently defines interventions and strategies addressing the following roles and responsibilities:

1. The central role of communities & grassroots organizations in crafting, implementing, and managing these services.
2. The role of school districts in curricula building.
3. The role of parents, peers & others with fiduciary relationships to children and

adolescents, in teaching the skills to empower their youth to abstain from sexual activity.

4. The role of health care providers in providing regular & periodic counseling & guidance to teens & their parents/guardians.
5. The role of our network of state health districts and city/county health departments in assuring programs adhere to standards set forth by state and federal governments.
6. The role of the media in raising public awareness to the benefits of abstinence, the negative consequences of sexual activity outside the context of marriage, and the central role of parents and significant others as the prime educators of their youth on sexual matters. A call-to-action campaign will mobilize communities to assist teens, parents, and significant others in this task.

METHODOLOGY: Activities include continued strengthening of existing statewide and local teen pregnancy prevention coalitions to provide strategic guidance and technical assistance to communities, the continued provision of targeted grants programs and technical assistance to support and/or expand community-based abstinence education and related services, the design and creation of a statewide media campaign to increase awareness, the education of providers, peers, parents and others with fiduciary relationships to children and youth, the formation of an Interagency Work Group to reduce fragmentation and duplication of services and increase efficiencies, and the use of existing collaborative boards within communities as a prime vehicle for program implementation.

COORDINATION: The program is administered by the Department of Health, Bureau of Family Health in partnership with public/private subcontractors who have demonstrated expertise in their respective project area. Actual activities are determined via an open, competitive

application process for awarding funds for the community-based program established/supported through this initiative. The process includes: an annual renewal application for the first round of 24-community projects funded in FFY 1998 and the addition of 4 new AERS projects in FFY 1999.

EVALUATION: Progress is determined by performance standards aimed at further reducing teen pregnancy among teens aged 15-17. Measures are tailored to reflect the racial-ethnic diversity and trends within Pennsylvania.

Measures will be designed to track changes in the rate of pregnancy to teens aged 15-17, the proportion of adolescents ≤ 17 years old who have engaged in sexual intercourse, incidence of STDs (15-19 year olds), rate of births to female teens (15-17), changes in the rate of pregnancy rates to Hispanic teens, 15-17, and the percent of youth enrolled in programs that express an intention to remain abstinent until marriage.

Annotation:

The overall goal is to reduce pregnancies among teens, ages 15-17, without a corresponding increase in the abortion rate. Activities include community-driven abstinence education, mentoring, counseling and parental supervision programs and services. Others include a statewide media campaign, professional, peer and parent training and technical assistance, and curricula building within schools. The plan identifies the role of teens, parents, peers, professionals, school, government health departments, and media in abstinence education and related services and defines relevant strategies and interventions for each.

Keywords: Abstinence Education; mentoring and counseling services; parental supervision program; community-based services; professional training and research; media campaign; parent/peer groups; health curricula; needs assessment; teen pregnancy; adolescent health.

Appendices A through L will be added to the website.