

**INDIANA STATE DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH DIVISION**

**RFA Appendix A
Abstinence Education Grant Program (AEGP)
Service Standards**

Program Description

The Indiana State Department of Health Maternal Child Health Division (ISDH MCH) seeks to fund local agencies to provide abstinence education, and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity.

Applicants awarded funding are required to implement and/or expand evidence-based or promising practice abstinence education programs (priority will be given to applicants implementing and/or expanding evidence-based programs), based on sound theoretical frameworks, to foster peer support of decisions to delay sexual activity in adolescents and young adults, as described in the 2016 Title V State Abstinence Education Grant Program Funding Opportunity Announcement (FOA):

https://ami.grantsolutions.gov/files/HHS-2016-ACF-ACYF-AEGP-1131_1.pdf.

The following abstinence education programs have been determined to be evidence-based by the United States Department of Health and Human Services (https://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/tpp-searchable.html):

- Promoting Health among Teens! (PHAT) Abstinence-Only Intervention
- Making a Difference! (MAD)
- Heritage Keepers Abstinence.

The ISDH MCH Division is requiring that all programming, whether evidence-based or promising practice:

- Be based on sound theoretical frameworks (e.g. social cognitive theory, theory of reasoned action, theory of planned behavior, etc.)
- Foster peer support of decisions to delay sexual activity
- Select educators with desired characteristics (whenever possible), train them, and provide monitoring, supervision, and support
- Use curriculum developed with the involvement of multiple people with expertise in theory, research, and sex and STD/HIV education (Kirby, D. 2007. Emerging Answers 2007: Research Findings on Programs to Reduce Teen Pregnancy and Sexually Transmitted Diseases. Washington, DC: National Campaign to Prevent Teen and Unplanned Pregnancy.).

Provider/Staff Qualifications

Applicants are required to provide information on standardized provider/staff qualifications and trainings needed for proposed programs, including plans for ensuring providers/staff have received or will receive the standardized training. Applicants are required to provide assurance of the ability to provide standard and consistent education to all program participants.

Health Educators:

- Degree requirements: Bachelor’s degree in health, education, health education, public health, social work, or a related field.
- Annual continuing education and training related to health education, adolescent health and development, and/or positive youth development
- Minimum requirements for peer educations (if applicable):
 - Minimum of 20 hours of training provided by health educators.
 - Instruction on providing medically accurate and factually information as outlined in the 2016 [Funding Opportunity Announcement \(FOA\)](#).
 - Supervision of program delivery by program staff/health educators, who must be available during all program lessons to assist in answering participant questions.

All health educators, including peer educators, must meet minimum requirements as outlined in program model to ensure fidelity of program delivery.

Outreach

In order ensure the proposed service area/implementation sites are interested in the programs and services that applicants are proposing, applicants must describe community partnerships and provide information on community support. Applicants are required to provide a plan for program implementation that includes plans for outreach and community engagement, to show the need for their proposed program and community buy-in for program and services proposed. According to a resource provided by Family and Youth Services Bureau (FYSB) at Health and Human Services (HHS), Strategies Guided by Best Practice for Community Mobilization (<https://ncfy.acf.hhs.gov/library/2014/strategies-guided-best-practice-community-mobilization>), there are specific recommendations to effective community engagement regarding evidence-based teen pregnancy prevention:

- Engage stakeholders who are most likely to support evidence-based teen pregnancy prevention efforts.
- Engage young people, parents, educators, health care providers, and community-based organizations.
- Reach out to organizations and key players that are outside of the “usual suspects”, including religious leaders, businesses, policy makers, and others who have significant influence in the community.
- Support a sense of commitment and ownership of the vision and plan for the community-wide effort by establishing clear roles and responsibilities, developing shared decision making processes, and ensuring that community members are in key decision-making roles.

Please refer to the 2016 [Funding Opportunity Announcement \(FOA\)](#) for additional requirements regarding program/service delivery.

Required Components

Eligible Population

The target populations include both males and females ages 10-15, with special attention to those who are in or aging out of foster care; idle youth (those who are not currently working or in school); school dropouts; adolescents and young adults living in poverty; adolescents and young adults living in a single-parent household; and in counties with the highest rates of pregnancies to adolescents under the age of 20. Applicants should cite local and state demographics to support the target

population that they propose to serve and describe their needs, as well as provide an estimation of the number of youth to be served.

Required Service components

Applicants are expected to address the following priority elements:

- To provide abstinence education and, where appropriate, mentoring, counseling, and adult supervision to promote abstinence from sexual activity;
- To teach young people how to reject sexual advances and how alcohol and drug use increases vulnerability to sexual advances;
- To teach the importance of attaining self-sufficiency before engaging in sexual behavior;
- To reach high-risk and hard-to-engage populations;
- To support a family-centered approach to abstinence education;
- To reach families in rural areas; and
- To support fiscal leveraging strategies to enhance program sustainability.
- To support effective implementation and expansion of evidence-based programs with fidelity to the evidence-based model selected;
- To support the development of statewide abstinence education programs
- Medical Accuracy:
 - Programs supported with these funds must be medically accurate.
 - Medical accuracy means that medical information must be verified or supported by the weight of research conducted in compliance with accepted scientific methods and published in peer-reviewed journals, where applicable, or be comprised of information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.
 - If an applicant chooses to teach values-based perspectives, it is permissible under this statute. However, selected providers may not present information as factual when it reflects a value or opinion instead of fact.

Positive Youth Development (PYD)

Indiana is committed to promoting the behavioral health and social and emotional well-being of vulnerable young people through a strengths-based, PYD approach.

- The increasing body of research on risk and protective factors has highlighted the important roles that multiple aspects of young people's attitudes, behaviors, relationships, and environments have in predicting problem behaviors like early sexual activity.
- Applicants are required to include PYD strategies to help youth build protective factors that mitigate the impact of past and future negative experiences.
- Proposed programs must also include service linkages to local community partners that support the safety and well-being of the youth.
- For more information on PYD, please see: <http://aspe.hhs.gov/execsum/positive-youth-development-united-states>

Training and Technical Assistance

The Indiana University School of Medicine Section of Adolescent Medicine Leadership Education in Adolescent Health (LEAH) program will provide training and technical assistance to all AEGP sub-grantees.

- Sub-grantees are required to participate in and complete required training and technical assistance activities, including in-person and online workshops, medical accuracy reviews, site visits

- Training and technical assistance topics include, but are not limited to, PYD, trauma-informed approach, adolescent health and development, cultural competency, and inclusiveness.

Data Collection Methods / Reporting

Providers are required to implement a standardized process for data collection that meets the requirements for data reporting.

Providers are required to report, quarterly on specific performance criteria, as well as participate in a rigorous and continuous quality improvement process.

Sub-recipients are required to track and report on the following objective efficiency measures every three months (refer to AEGP RFA Attachment A, Quarterly Report Template, for required report format):

- Unduplicated number of service recipients served for each program year.
- Total number of class hours provided to adolescents and/or adults aged 10 to 20 years.
- Geographical areas in which the sub-recipient has provided services.
- Total number of all service recipients who complete the program(s). Data should be recorded for each program.

Expected Outcomes (detail of goal, outcomes, and measurements)

Applicants are required to implement program activities that contribute to the following program goals:

- Goal 1: Increase the number of abstinence education programs in Indiana for adolescents ages 10-15.
- Goal 2: Increase the delivery of positive messages regarding the choice for sexual abstinence among the target population.
- Goal 3: Positively impact the adolescent pregnancy and birth rates and the incidence of sexually transmitted diseases among the target population.

Providers are required to track progress towards the following objective performance measures:

- Measure 1: After completion of the program, at least 75% of program participants will increase their knowledge on abstinence as the means of preventing teen pregnancy, birth, and STIs.
- Measure 2: After completion of the program, at least 75% of program participants will increase their knowledge regarding consequences of teen pregnancy.
- Measure 3: After completion of the program, at least 75% of program participants will be able to identify at least two ways to prevent contracting HIV and other STIs that can be transmitted by engaging in sexual activity.
- Measure 4: After completion of the program, at least 75% of program participants will be able to identify at least 4 ways to reject sexual advances and increase knowledge on how alcohol and drug use can increase vulnerability to sexual advances.
- Measure 5: After completion of the program, at least 75% of program participants will increase their knowledge regarding attaining self-sufficiency before engaging in sexual activity.