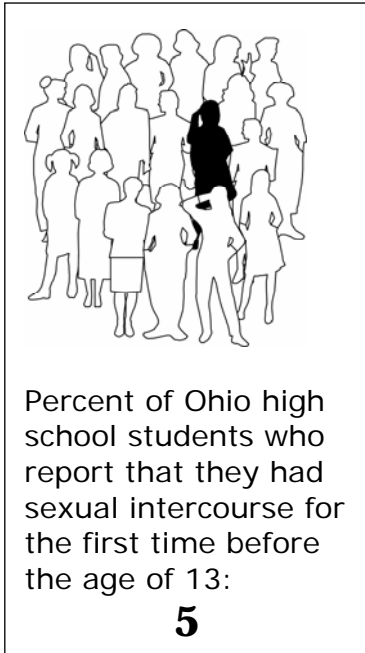


Expanding Our Reach, Deepening Our Commitment: Middle School Responsible Sexuality Education Programs

Introduction: Lessons Learned



By the time Columbus adolescents reach the beginning of high school, the time when they are more likely to be students of sexuality education classes or units, many have engaged in sexual exploration and activity up to and including intercourse. Recent popular media reports¹ suggest that younger adolescents may be participating—or gaining knowledge of—a wider variety of sexual practices beyond intercourse, though there is no statistical data to back this up. However, the *perception* that middle school age adolescents are more frequently participating in sexual behaviors is one easily gained from these television and newspaper reports: 40% of teens ages 13 – 18 say they get information from the media about sexual health.²

Younger teens encounter sexual imagery and may participate in sexual activities before high school

Nationally, 33% of girls and 45% of boys have sexual intercourse by the ninth grade.³ According to the Youth Risk Behavior Survey for Middle School Adolescents, developed by the U.S. Centers for Disease Control and Prevention’s Division of Adolescent and School Health, 13% of middle school students responding to the survey reported every having had sexual

Percentage of students reporting ever having had sexual intercourse:

Sixth grade: **10**

Seventh grade: **13**

Eighth grade: **17⁶**

¹ Lewin T., “Teenagers alter sexual practices, thinking risks will be avoided,” *New York Times*, Apr. 5, 1997. Stepp LS, “Parents are alarmed by an unsettling new fad in middle schools: oral sex,” *Washington Post*, July 8, 1999, p. A1. Franks L, “The sex lives of your children,” *Talk Magazine*, February 2000, pp. 102–107 & 157. Jarrell A., “The face of teenage sex grows younger,” *New York Times*, April 2, 2000. Mundy L., “Young teens and sex: sex & sensibility,” *Washington Post Magazine*, July 16, 2000, pp. 16–21 & 29–34.

² Kaiser Family Foundation/*YM Magazine*, National Survey of Teens: Teens Talk about Dating, Intimacy, and Their Sexual Experiences, Spring 1998. As published at <http://www.kff.org/content/2000/3048/SexED.pdf>.

³ David J. Landry, Susheela Singh, and Jacqueline E Darroch, “Sexuality Education in Fifth and Sixth Grades in U.S. Public Schools, 1999.” *Family Planning Perspectives* (September/October 2000), 213.

intercourse.⁴ Despite the fact that the *national* birth rate for 10 – 14 year olds fell to 1 birth per 1,000 in 1999—the lowest level in more than three decades⁵—fertility rates among girls younger than 15 in Ohio have stayed relatively constant since 1985.⁶ In the 1999 Ohio Youth Risk Behavior Survey, 5% of high school students reported that they had sexual intercourse before the age of 13.⁷ Ohio teens need information about puberty, how their bodies work, sexual abstinence and delay of sexual activity.

Studies such as the Youth Risk Behavior Surveys do not monitor noncoital sexual practices and activities. Health professionals and policy makers know little about the extent to which adolescent sexual activity consists of noncoital behaviors like mutual masturbation and oral sex that are not linked to pregnancy but do involve the risk of STIs.⁸ Adolescents ages 13 – 17 in Ohio account for the second largest proportion of reported cases of gonorrhea and chlamydia.⁹ In Franklin County, teens make up a disproportionate share of reported STIs.¹⁰

Risk behaviors for STIs are also risk behaviors for AIDS/HIV. AIDS is the second leading cause of death in Ohio for young adults ages 20 – 29.

Although just 17.1% of Ohio's population is between the ages of 10 and 19, teens accounted for **42.1% of chlamydia cases** and **31.12% of gonorrhea cases** in 1998.¹¹

Given that HIV status is reported anywhere from 7 – 10 years after the infection, HIV infection for these young adults could have occurred at age 12 or younger.¹¹ National data suggest that the risk of exposure for adolescent girls to STIs is a valid concern in part because their use of

⁴ Sexuality Information and Education Council, “Youth Risk Behavior Survey for Middle School Adolescents,” *SHOP Talk (School Health Opportunities and Progress) Bulletin*, vol. 5 No. 26 (March 13, 2001).

⁵ S.J. Ventura, T.J. Mathews, and S.C. Curtin. “Declines in Teenage Birth Rates, 1991 – 1998: Update of National and State Trends,” *National Vital Statistics Reports*, vol. 47 no. 26. Hyattsville, MD: National Center for Health Statistics, 1999.

⁶ Ohio Department of Health, *Ohio Women's Health Data Book 2000*.

⁷ Ohio Department of Health, *Ohio Youth Risk Behavior Survey 1999*.

⁸ Lisa Remez, “Special Report: Oral Sex Among Adolescents: Is It Sex or Is It Abstinence?” *Family Planning Perspectives* vol. 32 no. 6 (November/December 2000): 298 – 304.

⁹ Ohio Department of Health, STD Epidemiologic Profile, January 1, 1997 – September 30, 1998.

¹⁰ Ohio Department of Health, HIV/STD Prevention Unit. *Franklin County: Infectious Disease Status Report 1998*.

¹¹ Columbus Health Department Sexual Health Team. *1998 Annual Report on AIDS and STDs*, 1999.

barrier contraceptives is less effective than the use among adult women.¹² A comprehensive sexuality program targeted at middle school students includes clear, age-appropriate information about the range of risk behaviors and prevention of STIs.

Middle school adolescents especially need the negotiation and refusal skills learned in comprehensive sexuality education programs

In a recent national survey, the Kaiser Family Foundation demonstrated that one area where younger students were more likely than older students to want more information is how to deal with the pressure to have sex: 51% of 7th – 8th graders compared to 35% of 11th – 12th graders.¹³ Additionally, younger adolescent girls, especially, need education about the negotiation and refusal skills associated with sexual abstinence and delay of activity. According to the American Medical Association, pregnancy in a young adolescent is an established sign of potential sexual abuse and, alarmingly, the majority of teen girls younger than 15 years who engage in vaginal intercourse do so involuntarily.¹⁴ Coercive sexual acts against adolescent girls are most frequently perpetrated by their boyfriends, a situation in which negotiation and refusal skills learned from sexuality education courses can have a greater impact. In addition, learning to recognize sexual abuse and, potentially, learning about school and community resources to help, is a component of comprehensive sexuality education especially relevant to young adolescents. During the 1995 National Survey of Family Growth, twenty-four percent of women aged 13 or younger at the time of their first premarital intercourse reported the experience to have been nonvoluntary.¹⁵

¹² Wilson, J. B. *et al.*, “Pregnancy in Adolescents,” *From Data To Action*, as downloaded from the Centers for Disease Control and Prevention’s website, <http://www.cdc.gov/nccdphp/drh/dataact/index.htm>.

¹³ The Henry J. Kaiser Family Foundation, *Sex Education in America*. Menlo Park: The Henry J. Kaiser Family Foundation, 2000, page 59.

¹⁴ Elders, M. Joycelyn and Alexa E. Albert, “Adolescent Pregnancy and Sexual Abuse,” *Journal of the American Medical Association* vol. 280 (August 19, 1998), 648 – 649.

¹⁵ Abma, J., Driscoll, A., Moore, K.A. “Young Women’s Degree of Control over First Intercourse: Exploratory Analysis,” *Family Planning Perspectives* vol. 31 no. 1 (January/February 1998): 12-18.

Ohio adolescents need information about abstinence, decision-making and negotiation skills, pregnancy prevention and birth control, and sexually transmitted infections (STIs) before they reach high school.

Through Planned Parenthood of Central Ohio's Middle School Initiative, a pilot Responsible Sexuality Education program funded by the XXXXX Foundation¹⁶, we have learned that middle school adolescents desire accurate, age-appropriate information about abstinence, human sexuality, and negotiation and refusal skills. Our 1998 – 2000 Middle School Initiative pilot program in Franklin County focused on developing and in-depth middle school curriculum based on the Programs That WorkTM curricula recommended by the U.S. Centers for Disease Control and Prevention. Our curriculum was tested and refined at an area middle school, during the 1999 – 2000 school year, whose student demographics suggested that the students might be at risk for unintended pregnancy. Our program was delivered to 70% of the 8th grade population of our primary middle school, and the response was exceptionally positive from both the participating teacher and her students.

As we intended, our pilot program gave us the opportunity to study our curriculum to determine what works for this population. The lessons we have learned from our pilot Middle School Initiative include the following:

¹⁶ Under a 3-year Education Grant, 1997-98 to 1999-2000.

Responsible Sexuality Education must start earlier than grade 8 and provide in-depth, age-appropriate programming.

By the time students reach the 8th grade, many are likely already to have had sexual invitations or experiences, or have gained some knowledge from the media (including the Internet) about sexuality, pregnancy, and STIs. In a recent survey of sixth graders in an urban Midwestern county, few reported that they were engaging in sexual intercourse but also reported that they believed 8th graders were. Sixth graders' perceptions of expected behavior can be addressed in the context of a comprehensive sexuality education program to prevent high-risk behaviors later.¹⁷ In addition, we have learned that comprehensive sexuality education must be lengthier than one or two classes per semester.

Middle school students need a sequential, comprehensive program spanning grades 6 – 8.

Not only does each grade need age-appropriate programming to reflect differing maturity levels, but students need to build on the skills they have learned in order to (make them last). Social Learning Theory, the basis of the CDC range of curricula and Planned Parenthood's Middle School Initiative, suggest that beliefs about the consequences of behavior and perceptions of self-efficacy are key determinants of effective behavior change. Consistently practicing and modeling healthy behaviors at each level of development mean that such behaviors become easier and automatic for students.

Planned Parenthood educators must build trust and rapport with the school personnel and parents as well as the students.

Building trust with the administrators and teachers means.... Trust-building with parents means that they have an opportunity to read or view parts of each curriculum, meet in focus groups with PPCO educators, and finally have the option of removing their students from participation in the program. Building trust with the students is an important result of a comprehensive, multi-grade curriculum taught by a Planned Parenthood educator: students not only receive a

¹⁷ Robinson, K.L, *et al.*, "Predictors of Sixth Graders Engaging in Sexual Intercourse," *Journal of School Health* vol. 69 no. 9 (November 1999), pp. 369-375.

consistent and age- appropriate message but also see the educator’s ongoing commitment to the school and students.

National surveys show that parents as well as students want a broader, more comprehensive sexuality education curriculum than is currently taught in most schools.¹⁸ According to a study published in the Alan Guttmacher Institute’s *Family Planning Perspectives*, a large portion of U.S. schools are doing little to prepare younger adolescents for puberty, much less for dealing with pressures and decisions regarding sexual activity.¹⁹ Responsible Sexuality Education programs designed for younger adolescents are sensitive topics in our community even though the majority of Americans support sexuality education at the middle school level.²⁰

What should sex education teach at grades 7-8? ²¹	<i>Students</i>	<i>Parents</i>	<i>Teachers</i>
All aspects, including birth control and safer sex	49%	56%	64%
Only the basic information like how babies are made	45%	34%	32%
Shouldn’t be taught at all	5%	9%	1%

A small but vocal minority of Americans believe that “abstinence only” teaching materials, which rely on fear and guilt to deter sexual activity, are the only programs which should be offered in the schools. To date, no published evidence exists that abstinence-only programs help students delay sexual activity. The curriculum offered by Planned Parenthood of Central Ohio, Inc., on the other hand, is based on the models recommended by the U.S. Centers of Disease Control and Prevention for responsible sex education that have had clear demonstration of their ability to encourage students to delay sexual activity or use protection if they are sexually active.²² Abstinence is emphasized to students as the only 100% reliable way to avoid

¹⁸ *Sex Education in America*, 4.

¹⁹ Landry, 212.

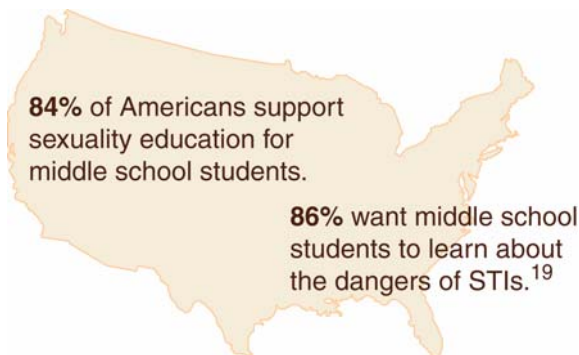
²⁰ “Public Support for Sexuality Education,” *SIECUS Report*, vol. 28 no. 5 (June/July 2000).

²¹ *Sex Education in America*, 32.

²² Kirby, Douglas, *No Easy Answers: Research Findings on Programs to Reduce Teen Pregnancy*, National Campaign to Prevent Teen Pregnancy Task Force on Effective Programs and Research, Washington, D.C., 1997.

unintended pregnancy, but this is also reinforced by factual, age-appropriate information about contraception, pregnancy, and sexuality.

The Strategy: Expanding Our Reach and Deepening Our Commitment



Based on the lessons learned from our pilot program of the Middle School Initiative, we have redesigned and developed expanded curriculum for all three middle school grades and are ready to deploy the curriculum at our primary cooperating middle school. In addition, we will provide education to a second middle school that

we will identify because of its location in or around Columbus's high-risk demographic areas. Our project, **Expanding Our Reach, Deepening Our Commitment**, will provide a year's programming for our primary middle school and a semester's programming at a second middle school. In addition, our project will include the development of our website to provide homework and extra credit opportunities for students as well as links to appropriate factual sexuality information sites.

Our curriculum promotes six key concepts, with topics and activities that are age- and developmentally- appropriate for the audience:

1. Human Development

Human development is characterized by the interrelationship between physical, emotional, social, and intellectual growth.

- Reproductive Anatomy
- Reproduction
- Puberty
- Body Image
- Sexual Identity and Orientation

2. Relationships

Relationships play a central role throughout our lives.

- Families
- Friendship
- Love
- Dating
- Marriage and Lifetime Commitments
- Raising Children

3. Personal Skills

Healthy sexuality requires the development and use of specific personal and interpersonal skills.

- Values
- Decision-Making
- Communication
- Assertiveness
- Negotiation
- Looking for Help

4. Sexual Behavior

Sexuality is central to being human, and individuals express their sexuality in a variety of ways.

- Sexuality Throughout Life
- Masturbation
- Shared Sexual Behavior
- Abstinence
- Human Sexual Response
- Fantasy
- Sexual Dysfunction

5. Sexual Health

The promotion of sexual health requires specific information and attitudes to avoid unwanted consequences of sexual behavior.

- Contraception
- Abortion
- STIs and HIV
- Infection
- Sexual Abuse
- Reproductive Health

6. Society and Culture.²³

Social and cultural environments shape the way individuals learn about and express their sexuality

- Gender Roles
- Sexuality and the Law
- Sexuality and Religion
- Diversity
- Sexuality and the Arts
- Sexuality and the Media

These concepts are reinforced with age-appropriate content that reflects the development and maturity of the students as well as their school context. The content is delivered in a program spanning several weeks of the quarter, depending on the grade level. Nationally, 65% of parents want sex education to last substantially longer sex education courses but these courses

²³ National Guidelines Task Force, second edition, SIECUS, *Guidelines for Comprehensive Sexuality Education, K-12*, 1996.

typically only last for one to three class sessions.²⁴ In the PPCO Middle School curriculum, eighth grade students receive up to 15 contact hours per quarter, and sixth and seventh graders receive up to 10. With lengthier course offerings, we have the opportunity to provide programming that provides content for each of the six key concepts of healthy sexual knowledge and behavior.

At the core of the curriculum are the tenets of social learning theory, and PPCO educators in the classroom emphasize good decision-making based on recognition of **the consequences of actions**. Small-group discussion, role playing, and other activities reinforce the students' understanding of themselves as decision makers who determine the course they will take by focusing on the outcomes that they desire. Many exercises, at each grade level, ask students to imagine their futures in the context of making a decision (such as the decision to engage in sexual activity) and to imagine possible negative outcomes that would alter that future (such as an unintended pregnancy).

Each level of the curriculum also includes **communication exercises** designed to help the students talk with a parent or another trusted adult about what they have learned (predicated with in-class discussions about who could be a trusted adult). Students must complete and submit homework assignments that include filling out worksheets with parents to help open lines of communication. Sixth graders, for example, play a game called "Talk About It!" with a parent in which they and a parent write topics about puberty or sex that sixth graders might want to discuss. Seventh graders fill out "I Thought You Said..." worksheets that focus on the beliefs they and their parents share about relationships and sexuality, while eighth graders set up an "interview" with a parent or trusted adult to discuss beliefs about dating, sexuality, STIs, and unintended pregnancy. Students come away with real communication skills to help them talk with their parents about sensitive subjects.

Included in our project is another curriculum enhancement that we believe will involve students in positive and healthy discussion: **web-based activities**. According to a recent national survey of young people ages 10 – 17 who regularly access the Internet, one out of four reported having inadvertently encountered explicit sexual content in random searches of

²⁴ *Sex Education in America*, p 26.

websites.²⁵ By completing a homework assignment that is on Planned Parenthood of Central Ohio's own website, students will not only practice their computer skills to reinforce their classroom activities, they will also be provided a starting point for reliable, safe web exploration. Our website will provide a starting point for positive, healthy, and factual information with links to accredited, age-appropriate sites. Its design will be informed by the results of our computer lab survey and focus group meetings with middle school students which were conducted in the spring of 2000.²⁶ According to the professional evaluators, The Strategy Team, Ltd., most students sustained a high level of interest and were excited about learning from the websites they visited.²⁷ Middle school teens especially liked sites that included stories and information from other teens about their experiences and those that gave them answers to questions they might be embarrassed to ask in the classroom. Our middle school educator will be available through the website in an "ask an educator" role for participating students. Including PPCO's website as the basis for a homework assignment will allow students to find answers to questions that they may feel too awkward to ask in class by providing them with alternative means of arriving at their answers.

To support

- The expansion of the middle school initiative into two additional grades
- The rollout of the 3-grade comprehensive sexuality education program to another Columbus public school, and

²⁵ Finkelhor, D., K. Mitchell, and J. Wollack. *Online Victimization: A Report on the Nation's Youth*. Washington, DC: National Center for Missing & Exploited Children, 2000.

²⁶ Also funded by the XXXXX Foundation in the context of our three-year Education grant.

²⁷ Websites visited included www.teenpregnancy.org, www.iwannaknow.com, www.scarleteen.org, www.teenwire.org, among others.

- The design and initial development of the Planned Parenthood of Central Ohio, Inc., website,

we are requesting approximately \$84,500 from the XXXXX Foundation.

Measurable Objectives of Project Activities

Goal: To expand and revise the Responsible Sexuality Education program at our primary middle school based on the lessons we learned from our successful Middle School Initiative development program.

Project Activity	Measurable Objective	Measurement Tool(s)
Reach students at every grade (6 – 8) during fall quarter 2001.	Number of students participating in RSE course will be at least 85% of each grade.	Attendance rosters, including number of classes attended.
Provide increased in-class contact hours through expanded, age-appropriate programming.	Contact hours will total at least 8 – 15 hours per quarter for 8 th grade students, 7 – 10 hours per quarter for 6 th and 7 th grade students.	Educator’s monthly education program reports.
Implement student journals for Baby Think It Over portion of RSE program.	At least 50% of participating 8 th grade students will keep a weekend journal for the BTIO portion of the program.	Educator’s monthly education program reports showing 50% response rate for weekend journals.
Evaluate students’ knowledge, attitudes, and beliefs before and after their completion of the RSE program	Post-testing results will show a XX% increase in knowledge of students completing the course. We will note changes in attitudes, beliefs, and behaviors.	Post-testing evaluation report.
Survey student and teacher satisfaction.	At least 70% of participating students and 50% of participating teachers will fill out the survey instrument.	Completed surveys.
Evaluate surveys.	An outside evaluator to assist in program development and improvement will evaluate surveys from middle schools.	Evaluation report.
Reach students at every grade (6 – 8) during spring quarter 2002.	Number of students participating in RSE course will be at least 85% of each grade.	Attendance rosters, including number of classes attended.

Measurable Objectives of Project Activities, continued

Goal 2: To implement the Responsible Sexuality Education program at another Columbus middle school in an area of the city where social demographics place adolescents at risk of early sexual activity.

Project Activity	Measurable Objective	Measurement Tool(s)
Identify candidates for second middle school.	PPCO Education staff will identify and contact at least 3 schools meeting the demographic characteristics.	Copies of letters sent to each school.
Secure participation in program from one middle school.	At least one school official from a Columbus middle school agrees to participate in program.	Signed letter of agreement.
Evaluate special needs/characteristics of participating middle school.	Participating teachers will review the curriculum in light of the school context and composition of students.	Review notes from teachers.
First trust-building activity: hold focus group for parents.	Parental attendance at the focus groups.	Written surveys of parents during and after the focus group.
Second trust-building activity: provide information about and samples of RSE programming activities to teachers and administrators.	PPCO educator and/or director will meet with teachers and administrators to present and gain feedback on the program.	Satisfaction and feedback survey.
Customize RSE curriculum in light of participating school's special characteristics.	Program will be revised to reflect the context of the participating school.	Revision notes and revised program plan.
Deliver RSE curriculum to grades 6 – 8 in the spring semester 2002.	Number of students participating in RSE course will be at least 45% of each grade.	Permission slips returned authorizing student attendance.
Provide increased in-class contact hours through expanded, age-appropriate programming.	Contact hours will total at least 8 – 15 hours per quarter for 8 th grade students, 7 – 10 hours per quarter for 6 th and 7 th grade students.	Educator's monthly education program reports.

Measurable Objectives of Project Activities, continued

Goal 2, continued: To implement the Responsible Sexuality Education program at another Columbus middle school in an area of the city where social demographics place adolescents at risk of early sexual activity.

Project Activity	Measurable Objective	Measurement Tool(s)
Evaluate students' knowledge, attitudes, and beliefs before and after their completion of the RSE program	Post-testing results will show a XX% increase in knowledge of students completing the course. We will note changes in attitudes, beliefs, and behaviors.	Post-testing evaluation report.
Survey student and teacher satisfaction.	At least 70% of participating students and 50% of participating teachers will fill out the survey instrument.	Completed surveys.
Evaluate surveys.	An outside evaluator to assist in program development and improvement will evaluate surveys from middle schools.	Evaluation report.

Measurable Objectives of Project Activities, continued

Goal 3: To create an accessible Web-based homework component of the middle school Responsible Sexuality Education program based on the results of our web site research with middle school-aged adolescents.

Project Activity	Measurable Objective	Measurement Tool(s)
Determine website consultant/design firm.	Sign a contract with the organization by the end of September 2001.	Signed contract letter.
Secure initial design plan for website.	Design plan for middle school component will be finalized by November 2001.	Written design plan.
Determine content of homework assignment appropriate for website.	Homework will be finalized by the end of October 2001.	Written design plan.
Build web pages with homework tasks.	Website will contain 4 middle school pages by February 2002.	Website with 4 middle school pages.
Test web pages and homework.	The middle school homework pages' ASP/HTML code will execute successfully.	Testing report from PPCO educator and consulting firm.
Implement Web-based homework activities for participating students at the primary middle school.	Students will complete at least one homework activity using the PPCO website.	Homework turned in by students.
Implement "extra credit" web-based assignment for participating students at the primary middle school.	Interested students will complete the extra credit activity.	Assignment turned in by students.
Continue student learning via the PPCO website.	Website will contain a page with a continuation of learning module with links to other age-appropriate websites.	Web page.
Obtain feedback from students about the PPCO website.	At least 20 students will provide ideas for developing the PPCO website.	Surveys of students.

Planned Parenthood of Central Ohio, Inc. Project Description

Timetable

First Quarter: August – October 2001

- Finalize arrangements with teacher at primary middle school
- Begin offering RSE curriculum at primary middle school
- Research possibilities for second school and begin communication
- Identify second middle school and secure participation
- Begin trust-building activities at second school (focus group with parents, meetings with school personnel)
- Finalize website design for middle school component with outside development team
- Determine content of web-based homework and extra credit assignments

Second Quarter: November – January 2002

- Continue programming at the primary middle school
- Survey teacher and student satisfaction and evaluate students' knowledge at primary middle school at end of program
- Customize RSE curriculum as a result of trust-building activities and meetings with teachers at second school
- Code and test (run code, check links) web pages

Planned Parenthood of Central Ohio, Inc. Project Description

Timetable, continued

Third Quarter: February – April 2002

- Deliver RSE curriculum to second participating middle school
- Begin second quarter curriculum activities at primary middle school
- Include web-based homework and extra credit activities at primary middle school
- Obtain feedback about the website from middle school students

Fourth Quarter: May – July 2002

- Continue to deliver RSE curriculum to both middle schools
- Survey teacher and student satisfaction and evaluate students' knowledge at both middle schools at end of programming
- Evaluate lessons learned at second participating middle school
- Evaluate results of website feedback and plan enhancements

Planned Parenthood of Central Ohio, Inc. Project Description

Budget and Budget Narrative

Personnel

Position	Hourly Rate	Number Months	Program FTE	Total Program
Education Director	21.65	12	0.25	11,258
Health Educator	13.00	12	1.00	27,040
Program Assistant	13.80	12	0.10	2,870
			1.35	41,168

Description	Rate	Total Program
FICA & Medicare – Employer Share	0.0765	3,149
Ohio Unemployment Insurance	0.0050	206
Ohio Bureau of Workers’ Compensation	0.0050	206
PPFA Pension	0.0050	206
Group Insurance (Health, Dental, Vision, Life, Disability)	0.0585	2,408
	0.1500	6,175

Program Supplies

Student Materials (Curriculum, Brochures, Incentives)	1200 @	\$5.00	each=	6,000
Presentation Materials (Flip Charts, Game Pieces, Models)	48 @	\$100.00	each=	4,800
				10,800

Mileage Reimbursement

Mileage	3,500 @	\$0.30	each=	1,050
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Staff Development

Staff Training				400.00
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Evaluation

Personnel	60 h @	\$70.00	each=	4,200
Printing and Office Supplies				800
				5,000

Website Development

Technology Contract				20,000
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PROPOSED PROJECT TOTAL

\$84,594

Planned Parenthood of Central Ohio, Inc. Project Description

Budget and Budget Narrative, continued

Personnel costs for the middle school program will be charged directly to the program based on the actual hours worked; thus the budget costs reflect only personnel time devoted to this project. The middle school Health Educator will teach the classes at both schools under the supervision of the Education Director. The Program Assistant will schedule classes, prepare student curriculum and forms, and provide other clerical support as needed for the project.

Fringe benefits include all applicable payroll taxes and other optional benefits for employees working more than 25 hours per weeks, and are budgeted as a percentage of gross wages covered as part of the actual hours worked on the project.

Program supplies include but are not necessarily limited to the items listed on the budget. All price quotes and quantities of materials needed are approximate estimates. Standard supplies include

Mileage. The Health Educator and other project staff will be reimbursed for actual miles driven while working on the project. It is estimated that approximately 3,500 miles will be reimbursed at the standard agency reimbursement rate of \$.30 per mile.

Staff training includes registration fees, meals, and travel expenses for the Health Educator to attend one workshop related to the project.

An independent contractor will be hired to provide an **evaluation** of the middle school program. The evaluator will provide instrument development and design, data entry, data analysis, and a final report. We hope that the data resulting from the completion of this project will provide us other funding opportunities to continue the project as well as to enable partnerships with other Columbus middle schools wishing to bring us to their students.

An independent contractor will be hired to develop an interactive **website** that will integrate with the middle school curriculum by providing at least one homework and one extra credit assignment. In addition, the website will contain a mechanism for students to ask questions that may be answered by the health educator. The fees charged by the contractor include time for initial meetings and design development, research, coding and

Planned Parenthood of Central Ohio, Inc. Project Description

testing of the pages. We have based our budget figures on an estimate prepared for us by Luminescence Consulting approximately two years ago; we plan to accept proposals from other firms to ensure competitive pricing.

Planned Parenthood of Central Ohio, Inc. Project Description

Evaluation Plan

Each project activity is accompanied by measurements of evaluation for the completion of that activity during the grant period, as demonstrated in the Measurable Objectives of Project Activities section above. The measurement tools will be accounted and retained by the Director of Education and Training with the assistance of the educator providing the on-site programming at each school. The Director of Education and Training reports the findings to Planned Parenthood of Central Ohio's Executive Director, who in turn reports the outcomes to PPCO's Board of Trustees.

Part of the project evaluation will be conducted by the students and participating teachers themselves. Satisfaction surveys are an integral part of the development and improvement process for the middle school Responsible Sexuality Education program. In fact, our expansion of the program into the 6th and 7th grades was a direct result of feedback we obtained from the initial pilot program conducted with 8th grade students.

An independent contractor will also be hired to provide an evaluation of the middle school program. The evaluator will provide instrument development and design, data entry, data analysis, and a final report on the entire project. Evaluation data will be used to market the program to other middle schools and obtain partnership opportunities with funders.

Project Activity	Evaluation Tool(s)
Reach students at every grade (6 – 8) during fall quarter 2001.	Attendance rosters, including number of classes attended.
Provide increased in-class contact hours through expanded, age-appropriate programming.	Educator's monthly education program reports.
Implement student journals for Baby Think It Over portion of RSE program.	Educator's monthly education program reports showing 50% response rate for weekend journals.
Test students' knowledge, attitudes, and beliefs before and after their completion of the RSE program	Post-testing evaluation report.
Survey student and teacher satisfaction.	Completed surveys.

Planned Parenthood of Central Ohio, Inc. Project Description

Evaluation Plan, continued

Project Activity	Evaluation Tool(s)
Evaluate surveys.	Evaluation report from independent consultant.
Reach students at every grade (6 – 8) during spring quarter 2002.	Attendance rosters, including number of classes attended.
Identify candidates for second middle school.	Copies of letters sent to each school.
Secure participation in program from one middle school.	Signed letter of agreement.
Evaluate special needs/characteristics of participating middle school.	Review notes from teachers.
First trust-building activity: hold focus group for parents.	Written surveys of parents during and after the focus group.
Second trust-building activity: provide information about and samples of RSE programming activities to teachers and administrators.	Satisfaction and feedback survey.
Customize RSE curriculum in light of participating school's special characteristics.	Revision notes and revised program plan.
Deliver RSE curriculum to grades 6 – 8 in the spring semester 2002.	Permission slips returned authorizing student attendance.
Provide increased in-class contact hours through expanded, age-appropriate programming.	Educator's monthly education program reports.
Evaluate students' knowledge, attitudes, and beliefs before and after their completion of the RSE program	Post-testing evaluation report.
Survey student and teacher satisfaction.	Completed surveys.
Evaluate surveys.	Evaluation report.
Determine website consultant/design firm.	Signed contract letter.
Secure initial design plan for website.	Written design plan.

Planned Parenthood of Central Ohio, Inc. Project Description

Evaluation Plan, continued

Project Activity	Evaluation Tool(s)
Determine content of homework assignment appropriate for website.	Written design plan.
Build web pages with homework tasks.	Website with 4 middle school pages.
Test web pages and homework.	Testing report from PPCO educator and consulting firm.
Implement Web-based homework activities for participating students at the primary middle school.	Homework turned in by students.
Implement “extra credit” web-based assignment for participating students at the primary middle school.	Assignment turned in by students.
Continue student learning via the PPCO website.	Web page.
Obtain feedback from students about the PPCO website.	Surveys of students.

Planned Parenthood of Central Ohio, Inc. Project Description