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Implementing the Be Proud! Be Responsible! Program in Wolfe County Public Schools

CAPSTONE PROJECT PAPER

A paper submitted in partial fulfillment of

the requirements for the degree of

Master of Public Health

in the

University of Kentucky College of Public Health

By Casey Gill

Lexington, Kentucky

Lexington, Kentucky

April 10, 2020

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ABSTRACT

Kentucky's teen pregnancy rate is higher than the national average, and Wolfe County has one of the highest rates of teen pregnancy in the state. Teen pregnancy causes adverse health effects for both mother and baby. Teen mothers have a higher likelihood of dropping out of high school, increased health problems related to pregnancy such as preterm labor and preeclampsia, increased risk of being a single parent, and lower income and SES status. The baby is also affected, with an increased risk of living in a single parent household, and living in poverty. The Kentucky River District Health Department plans to address this high rate of teen pregnancy, by implementing the Be Proud! Be Responsible! program in three Wolfe County Public Schools: Wolfe County High School, Wolfe County Middle School, and Dessi Scott Alternative School. The program will be delivered in 8th, 9th, and 10th grade classrooms, and will take place over a series of six in-class sessions. The Kentucky River District Health Department will use their own health educators to facilitate the program, and will provide all materials needed to complete the Be Proud! Be Responsible! program. Implementation evaluation will be monitored through the use of progress trackers that facilitators will complete at the end of each session. Primary evaluations will be conducted through the use of surveys administered at the beginning and conclusion of the program. The results of this program will be used to decide if the Be Proud! Be Responsible! program should be implemented in the other six counties served by the Kentucky River District Health Department.

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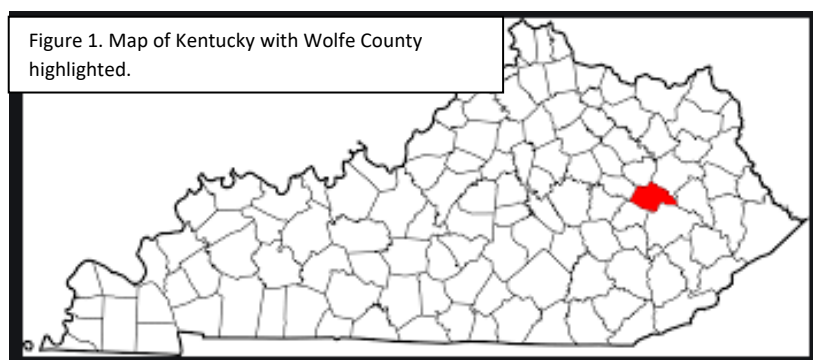
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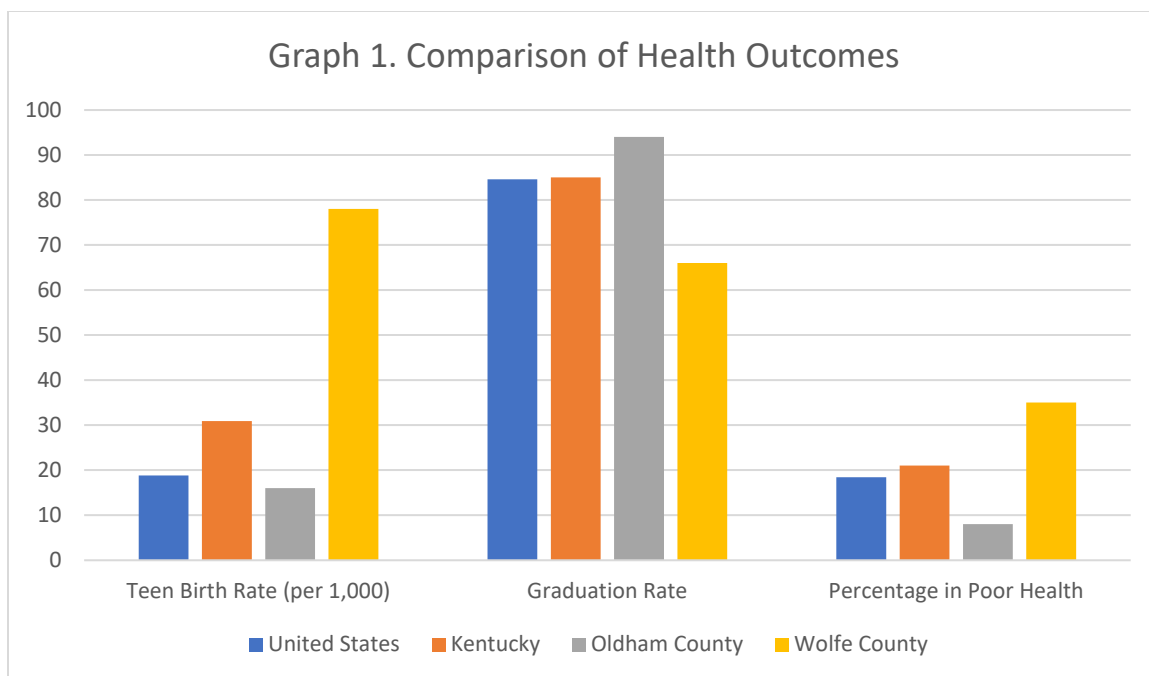
TARGET POPULATION AND NEED

Teen pregnancy has consistently been an issue within the United States. Although most industrialized nations have reduced their rate of teen pregnancy, the United States remains the highest among them (6). The focus of this grant will be to implement a teen pregnancy prevention program within Wolfe County Kentucky, a county that has one of the highest rates of teen pregnancy within the state.

Demographic Information

Wolfe County Kentucky has one of the lowest rates of positive health outcomes in the country. This community has a higher rate of high school dropout, in comparison to both the state of Kentucky and the nation's average. They also have high rates of smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and teen births (8). The United States has the highest rate of teen pregnancy/births out of all other industrialized nations, with a national average of 18.8 teen births per 1,000 (6). Kentucky has the 5th highest teen pregnancy rate within the United States, and Wolfe County has the highest rate of teen pregnancy in the state, at 78 births per 1,000 (8). The teen pregnancy rate also coincides with other health outcomes as described in Chart I. (Oldham County has the highest positive health outcomes in the state of Kentucky and was used as a comparison to Wolfe County.)





Wolfe County is ranked 114th out of 120 counties for social and economic factors within Kentucky (8). One contributor to this is the high rate of teen pregnancy. Teen pregnancy is not an individual health outcome; it can have an impact on the teen's socioeconomic status (SES) as well as negative health outcomes in other areas. Teens who have children are faced with higher rates of social scrutiny, poverty, poor education, and are more likely to participate in risky behaviors that lead to adverse health effects for both the parent and the child (2). For example, teen pregnancy can have an effect on educational attainment, which can lead to decreased economic opportunities and achievement (2). Wolfe County has a high school graduation rate of 65%, and teen pregnancy contributes to this dropout rate (8). Dropping out of high school also impacts collegiate educational opportunities, which further impacts the type of jobs that one is qualified for. In Wolfe County, only 35% of people have some college education, and not all of them finished with a degree (8). Teen pregnancy can also contribute to adverse childhood experiences for the babies themselves. With limited economic options open for teen parents, the child has a higher likelihood of living in poverty. This affects children and their lives growing up; 43% of children in Wolfe County live in poverty, and 40% live in single-parent

households (8). Teenage pregnancy also contributes to an increased risk of low-birthweight babies (15). Low-birthweight can lead to complications with organs, including bleeding in the brain, intestinal problems, and delayed rate of development (15). These adverse childhood experiences have a lasting impact, and can negatively affect the child throughout their lives. Implementing a program aimed at preventing teenage pregnancy, will help reduce Wolfe County's teen pregnancy rate, increase graduation rates of both high school and college, and have a positive impact on the number of children living in poverty within this county.

Available Resources

Because Wolfe County is an impoverished area, resources available to the community are lacking. Out of 10,115 physicians in the state of Kentucky, Wolfe County only has four (8). There are three primary care physicians, one physician specialist, and one dentist (8). There are no obstetrics and gynecologic physicians, and no pediatricians (8). Wolfe County also lacks a hospital, and those in need of medical help have to travel to other counties in order to be treated. The county does not have a women's health clinic, and three surrounding counties (Knott, Owsley, and Leslie) do not have a single OB/GYN's or women's health clinic (8).

One resource that Wolfe County does have is the Kentucky River District Health Department. This department oversees seven counties within the state of Kentucky, and has a team of staff ranging from Public Health Director to Health Promotion Educator Coordinator. They also have partnerships with other youth service groups throughout the Kentucky River District, including Children and Adolescents School-Based Therapy, Children with Severe Emotional Disabilities, Interagency Mobilization Program for Adolescent Child Treatment, Early Childhood Mental Health Program, Summer Splash, Reclaiming Futures, and the Sapling Center (SOURCE).

Another valuable resource Wolfe County possesses is the Wolfe County Public School System. This is the only school system within Wolfe County, and it is comprised of six public schools managed by the Wolfe County School System (12). There are three elementary schools, one alternative school, one middle school, and one high school (12). The alternative school serves grades 7-12, and currently has 48 students enrolled (12).

The resources and community needs of Wolfe County were identified through previously conducted community assessments. There has been research done within Wolfe County spanning topics including, but not limited to: premature death, poor or fair health, health behaviors, teen births, sexually transmitted infections, clinical care, and uninsured residents (8). These assessments have demonstrated that Wolfe County has high rates of negative health outcomes. It has shown a lack in health care providers, health education, and resources. Children are not immune to these negative health outcomes, and in turn also need to have resources focused on improving their health. Part of the program's plan is to keep up with the community health assessments, primarily by monitoring the teen pregnancy rate of the county. The program materials delivered by the Kentucky River District Health Department will enhance sexual health education within the Wolfe County School System. The program will aim to track Wolfe County's teen pregnancy rate to see if improvements are made, and to reevaluate the most pressing needs of the community.

Proposed Program

The Kentucky River District Health Department will use this grant to implement the Be Proud! Be Responsible! (BPBR) program within the Wolfe County School System. This program's goal is to educate teens on sexual health behaviors and how to make smart choices. The curriculum has been created for 11-18 year-olds, and to be implemented within both classroom and community settings (1). The curriculum focuses on teaching students about the risks that come with risky sexual behaviors including

HIV and other STDs, delaying the initiation of sex, reducing rates of unprotected sex among those sexually active, and avoiding unintended pregnancies (1). This program aligns with Wolfe County's needs, by targeting the behaviors that lead to teen pregnancy, overseen by a governing body that understands the needs of the community while also possessing the tools to implement effectively. Because the program focuses on preventing risky sexual behaviors, teenage pregnancy would also be impacted with the increased knowledge of safe sex practices. Be Proud! Be Responsible! has also been created to have the greatest impact on sexual health behaviors within a classroom setting. With Wolfe County lacking resources in which to implement teen-based programs, a program meant for the classroom enables the county to have the necessary space it needs, while utilizing resources it already has.

Be Proud! Be Responsible! will reach about 300 students per year. This number was reached by first understanding Wolfe County's population. Wolfe County has a population size of 7,177. 23% of the population in Wolfe County is under age 18 (12). Be Proud! Be Responsible! will be implemented within three Wolfe County Public Schools; Dessie Scott (alternative school), Wolfe County Middle School, and Wolfe County High School. The grades targeted will be 8th, 9th, and 10th. Wolfe County High School serves about 383 students, of which 185 are 9th and 10th graders (12). Wolfe County Middle School serves 106 8th graders, and Dessie Scott serves about 10, 8th, 9th, and 10th graders (12). The program plans to reach most of the 8th, 9th, and 10th grade population within Wolfe County, as these schools are the only ones within the county that educates these grades. Homeschooling should not interfere with the program's reach, as only 3.6% of students are homeschooled within the state of Kentucky (9).

To ensure Be Proud! Be Responsible! is implemented to scale, there will be a pilot implementation done within Wolfe County Middle School. The middle school is optimal for the pilot because it has a large enough population size to analyze results on its own, while also only having one of the target grades (8th). This will allow the Kentucky River District Health Department to test how

successful the implementation process is, and spotting any issues that may arise. Because the health department has a history of working within schools, and within Wolfe County, they are aware of how best to implement programs within this community. Program officials will be able to make improvements to the implementation process to efficiently and effectively have the best reach possible. Once the pilot program is completed, the program will be implemented to scale within all three selected Wolfe County Schools. If the results prove that the BPBR program is effective, plans will be made to implement the program within the other six counties that the Kentucky River District Health Department oversees.

PROGRAM APPROACH

Overview

Be Proud! Be Responsible! is an evidence-based program created specifically to reduce teen HIV risk (1). BPBR was created by the ETR Advancing Health Equity team. This is a foundation whose goal is to, “improve health and increase opportunities for youth, families and communities” (1). Their focus is on HIV, Sexual & Reproductive Health, Alcohol, Tobacco & Other Drugs, School-Based Health & Wellness, and Equity & Inclusion in STEM (1).

Be Proud! Be Responsible! has been tailored to fit many types of populations, and allows implementers to custom-fit the program to their target population. BPBR has been implemented in clinics, schools, after school programs, and community-based centers (1). It was created for all genders as well as all ethnicities (1). BPBR has previously been evaluated within the 11-18 age range (1). The curriculum was intended to be used in smaller sized groups, but has been implemented in larger numbers in recent years (1).

Be Proud! Be Responsible!’s primary goal is to educate teens on sexual health. This program aims to build the skills and confidence in making smart sexual choices within teens, encourage safe

sexual practices, and alter their perception of personal vulnerability to negative sexual health outcomes (1). While the main intention of BPBR is to reduce teen HIV risk, the educational materials also has an impact on pregnancy prevention, STD's, and other sexual health behaviors (1). There are six modules within this program, each lasting 50 minutes (1). Modules for BPBR include: **Module I:** Introduction to HIV and AIDS, **Module II:** Building Knowledge About HIV Infection, **Module III:** Understanding Vulnerability to HIV Infection, **Module IV:** Attitudes and Beliefs about HIV, AIDS, and Safer Sex, **Module V:** Condom Use Skill Building, and **Module VI:** Building Negotiation and Refusal Skills (13). The format for BPBR is flexible, allowing for the program to take anywhere from 2-days, up to 12-months (13).

The core elements of BPBR include:

- Facilitator Curriculum
- Activity Set (cards, handouts, posters)
- Curriculum DVDs
 - The Hard Way
 - The Subject Is: HIV (Safer Sex)
 - Nicole's Choice
 - Wrap It Up & Condom Use Animation
- Student Workbooks (classroom set of 30) (13)

The activities included in BPBR include educational videos, trigger films, role plays, condom demonstrations, as well as other exercises (13). These activities are meant to supplement the lessons, and are intended to be brief (1). Extra program materials can be purchased separately from the core program. For example, there are optional LGBTQ materials that enable acceptable adaptations to be made to the program to be more inclusive (1).

ETR also offers facilitator training to ensure the BPBR program is implemented most effectively. These trainings are created to teach program implementers the best methods for administering the Be Proud! Be Responsible! program (1). ETR has 30 years of experience training facilitators how to effectively implement and replicate evidence-based programs (1). Their training teams are nationally recognized, and help tailor trainings to best fit the community in which the implementation will be serving (1). The specific training on Be Proud! Be Responsible! takes two days, with follow-up support included (13). ETR also provides technical assistance and ongoing support throughout the implementation process (1). This support can be accessed in-person through their local agencies, online, or over the phone (1).

Evidence Based

Be Proud! Be Responsible! has been implemented within various settings among varying demographics. One iteration of the program took place in the Midwest. During this version, 10 schools were paired and 1,357 9th and 10th graders were evaluated (3). Half of the schools received the intervention, and the other half continued to receive the school provided sexual health education (3). The study found that students who received BPBR reported a greater knowledge of HIV, STDs and condoms, as well as better autonomy over their sexual impulses and behaviors, when compared to the control students (3). Another study on BPBR was conducted in Trenton, NJ with 157 African-American male teens. This study found that those who received the implementation had significantly reduced intercourse frequency, fewer partners, and higher rates of condom use (1). It was also found that those who received the program “believed more strongly that practicing abstinence would prevent pregnancy, expressed less favorable attitudes toward sexual intercourse, and lowered intentions of having sex within the next three months” compared to the control group (1). With each of these studies, it was found that the teen pregnancy rate had substantially decreased. It was also found that the students who

participated in the Be Proud! Be Responsible! program were actively preventing pregnancy, and had a greater intention to prevent pregnancy while in high school (3).

The BPBR program has also been shown to make a statistically significant impact on sexual health behavior outcomes such as recent sexual activities, number of sexual partners, frequency of sexual activity, and contraceptive use and/or consistency (3).

Planned Implementation

As previously mentioned, the Kentucky River District Health Department plans to implement Be Proud! Be Responsible! within three Wolfe County Public Schools: Wolfe County Middle School, Wolfe County High School, and Dessie Scott Alternative School. Because there are six individual sessions that correspond with each module, the program will take place over two months, each semester (fall and spring). There will be two different sessions each year, the first taking place during the fall semester for six weeks, and the second to take place during the spring semester for six weeks. The program will take place during a regularly scheduled health related class, and will take the place of six class periods. The program will follow this schedule for three school years.

This program aligns with the results of the Wolfe County community needs assessment in two ways; the needs assessment discovered that there is a high rate of both STDs among teens, as well as a high rate of teen pregnancy. Although the main intention of BPBR is to reduce HIV risk, the information provided has a positive impact on sexual health behaviors and perceptions, which in turn creates a positive impact on teen pregnancy and STD rates (1). BPBR has also been demonstrated to be effective when implemented in school settings, as well as with all races and all genders. ETR designed the BPBR curriculum to be taught by classroom teachers or health educators, making a classroom location ideal for implementing BPBR within Wolfe County (1). The program was also designed to fit classroom sizes up to 30 students, with smaller class sizes being preferred (1). This also makes the classroom an ideal

location for implementation, because even the school with the largest population (Wolfe County High School) has a Student: Teacher ratio of 17:1 (12). Alternatively, Wolfe County Middle School has a Student: Teacher ratio of 16:1, and Dessie Scott Alternative School has a Student: Teacher ratio of 8:1 (12). Finally, the Kentucky River District Health Department has the capacity to implement this program because they oversee seven different Kentucky counties. They are fully equipped to handle the volume of students that the BPBR program aims to reach, as well as having experience implementing programs in various settings, including schools. For further detail on the health department's plan to on implementing to scale, please refer back to the Proposed Program section. Overall, this program aligns well with Wolfe County's need to educate teens on how to prevent pregnancy and improve autonomy in making wise sexual behavior choices, while utilizing its available resources.

Adaptations

The Kentucky River District Health Department officials do not plan on implementing the Be Proud! Be Responsible! program with adaptations. ETR describes the program as being effective in both community centers, as well as in schools (13). Because each location of planned implementation takes place within a school, no adaptation is needed. ETR also recommends implementers to have experience with teaching, aligning with the Kentucky River District Health Department's plan of using their own health educators to teach the program. Plus, with every aspect of the program, including duration of program, program type, program setting, target population, age, session length, and language, it coincides with the planned implementation within Wolfe County Schools (1).

While no adaptations are planned, one notable aspect to this iteration of Be Proud! Be Responsible! includes the use of guidance counselors for support to the health department's health educators. While the health educators will be still be facilitating the program in the Dessie Scott Alternative School, a guidance counselor will also be present during the session to aide in any behavioral

issues that might arise. The Dessie Scott Alternative School has been specifically designed to better fit children who have had difficulties learning in the typical classroom setting (12). Difficulties primarily focus on behavioral problems, but can also include students within the foster care system, and those who have dealt with abuse/trauma (12). Because of the unique environment within Dessie Scott compared to the two other locations for implementation, some extra precautions are necessary. With the subject matter of this program being sexual in nature, the Kentucky River District Health Department felt it best to have a counselor present during the facilitation of the program, to help identify and manage any background issues that may arise. Having a trusted adult present during the facilitation will create a positive environment to promote learning throughout the program.

Program Materials

The Be Proud! Be Responsible! program includes the learning materials needed to implement the program. These materials include cards, handouts, posters, DVDs, and student workbooks (1). The materials all focus on each specific module within the program. BPBR was created by Loretta Sweet Jemmott, PhD, RN, FAAN, John B. Jemmott III, PhD, and Konstance A. McCaffree, PhD, CSE (1). These doctors are experts in their respective fields, and contributed their expertise to ensure this program was medically accurate, age appropriate, culturally and linguistically appropriate, as well as inclusive. Dr. Loretta Jemmott is an expert in health promotion research, and has done extensive work within the STD and pregnancy prevention field (1). She has been lauded for her global impact with theory-driven sexual risk-reduction interventions (1). Her background as a nurse also contributes to the medical accuracy of the BPBR program (1). John Jemmott has also contributed to the effectiveness of the program materials. Dr. Jemmott's PhD is in psychology, which he received from Harvard University (1). He has years of experience researching and designing theory-based programs that target sexual behavior risk reduction within teens (1). His expertise has helped to make sure the program is appropriate psychologically for the varying ages of the target population. Lastly, Dr. McCaffree is a certified sexuality educator, and has

taught human sexuality to elementary and secondary schools for 35+ years (1). Her experience with teaching students of varying ages in sexual health has contributed to the BPBR program, by enabling the materials to be age appropriate, as well as medically accurate. Because each person who contributed to the creation of the program material is so well versed in not only teen sexual health behavior education, but also with teaching and implementation of theory-based programs, it ensures that the materials will be appropriate and factual.

Recruitment and Retention

Specific strategies used to recruit students to participate in the program begin with each individual school. Because the Kentucky River District Health Department aims to implement the Be Proud! Be Responsible! program within three public Wolfe County Schools, program officials will need to get the schools permission to implement. Kentucky River District Health Department officials will meet individually with each of the three principals to discuss implementing BPBR within their respective schools. Discussions will include facts on the teen pregnancy rate of Wolfe County, and how this has adverse health effects in other areas as well. Principals will be made aware how the program can supplement their health classes, and create a positive impact on their students. Health department officials will also explain that the BPBR program encompasses every requirement by the Kentucky Board of Education. The program will take care of the school's sexual education requirements mandated by the state of Kentucky, allowing the principles to not have to oversee this particular requirement, and focus their efforts elsewhere. Members of the health department will connect with the principals and other key members of the Kentucky Board of Education to foster a relationship between the institutions. To further incentivize the schools to participate, stipends will be provided if the Kentucky River District Health Department is permitted to implement the BPBR program. This stipend will be money that is given to the school, in exchange for allowing the Kentucky River District Health Department to implement the Be Proud! Be Responsible! program within their schools. Because each school will allow

us to implement the program in the same manner, and requiring the same amount of time and effort, each school will receive \$5,000.

Key stakeholders will also play an important role in the recruitment of schools to the BPBR program. Program officials will meet with stakeholders to explain what exactly BPBR is, and how it will benefit the community. Teen sexual behavior outcomes coincide with high crime rates (7). Because of this, local police have a vested interest in lowering the teen pregnancy rate. The Kentucky Cabinet for Health and Family Services is another key stakeholder. This organization has teen pregnancy and HIV/STD prevention initiatives throughout the state of Kentucky. Another stakeholder is the Center for Disease Control (CDC). With the increasing number of teens contracting STDs each year, they share a common goal of reducing these rates. With the support and backing from key stakeholders, schools are more likely to agree to participate in BPBR.

Once the principals have agreed, effectively making the schools themselves in agreeance of implementing the program, efforts will be placed on garnering interest in the program among students and their parents. The Kentucky River District Health Department will work in coordination with the schools on promotional materials to be sent out to parents to make them aware of the program. Schools will send out informational flyers and pamphlets to educate the parents on the curriculum, and why it will benefit their child. This dissemination of information is expected to be successful because it will highlight the very real statistics of teen sexual health outcomes, including teen pregnancy, STDs, and the rate at which teens are having sexual experiences. The Kentucky River District Health Department has discovered that most parents would prefer their teens to be educated about sex in schools, rather than having to have the difficult conversation themselves. The health department is confident based on these previous findings, that parents will be eager to have a program teach their student about sex. Once the parents have been made aware of the topics the BPBR program will cover, and how their child could be affected by risky sexual behavior choices, they will want to enroll their child in the program. Every child

in the target population will be enrolled in the program at some point during the school year (either fall or spring semester) automatically. If the parents opt out of having their child participate, the student will be scheduled in another class period during the time that the program is being implemented.

Retaining students to the program should not be an issue. This program is relatively short, being comprised of only six sessions, each 50 minutes long (1). It should be easier to retain the students for the full program implementation period because it is so relatively short. Also, with the program taking place during regular class time, students do not have to go out of their way to participate, nor do parents/guardians have to go out of their way to enable the student's participation. The convenience of this program will create an environment that makes it easy for students to stay the course, and cause higher retention rates.

Community Advisory Group

Program officials will also work with a Community Advisory Group (CAG). The Kentucky River District Health Department is already a member of a Contributing Consortium Group, which includes members and stakeholders. The health department's CAG will be comprised of some of the Contributing Consortium Group's organizational members; these include The Sapling Center, Kentucky River Community Care, Inc., the University Of Kentucky Center Of Excellence in Rural Health, and the Kentucky River District Health Department itself. The Sapling Center is a youth drop-in center that is a subset of the Kentucky River Community Care, Inc. This institution is free for all 14-25 year-olds, and offers individual counseling, group therapy, life skills training, youth groups, arts and crafts, and a safe space for teens to go and hang out. The Sapling organization has ten different branches, one of which is located in Wolfe County. This group is already accustomed to implementing programs throughout communities within Kentucky, and they have a vested interest in improving teens' lives. They also have social media to communicate with a younger audience, which enables them to expand their reach. Their

experience working with teens, their reach throughout Kentucky, and their mission all make them a valuable asset to the Kentucky River District Health Department's CAG.

The Kentucky River Community Care, Inc. will also be a member of the CAG. This organization provides both teen and adult services throughout the Kentucky River District Community. Part of their mission statement includes, "The choice to claim a better life. We are here to guide you, and the life you've been hoping for is possible." This is a group that cares about the members of its community. They have outpatient clinics in each county of the Kentucky River District, and are familiar with the people within these communities. They have a passion for helping all, and have dedicated programs and resources specifically for teens. With their help, the Kentucky River District Health Department will be able to connect participants of the BPBR program with outside resources including mental health treatment, medical treatment, and other programs that could benefit the participants and their families.

Lastly, the University Of Kentucky Center Of Excellence in Rural Health will be an asset to the CAG because of their history with working in rural environments. This organization also has an expansive reach throughout the state of Kentucky, and is well equipped in running community outreach programs. Their skills will enable the program to be implemented efficiently, and they will be able to bring new ideas to group.

Planning, Piloting, Readiness

To begin planning for the implementation of the program, program officials will work closely with the principals of each school. They will coordinate with the principals to decide which class period the program should take place during, and set a date for the start of the program. The Kentucky River District Health Department's health educator that will be facilitating the program will be enrolled in the BPBR facilitator training. This training is a two-day event that can be taken online, that will ensure the health educator is prepared to facilitate the BPBR program. The principals will ensure that the Kentucky

River District Health Department is aware of each school's logistics and the student body's demographics. There is very little diversity among the community; this includes race, socioeconomic status, as well as religion (14). Because of this, the CAG does not anticipate issues with inclusiveness, or stigmatization. The health educator will also be trained on facilitating the BPBR program inclusively, and will take any claims to the principal of the school if such a case arises. Health department officials will create detailed plans for certain scenarios, enabling each instructor to handle claims and reports effectively. The plans will also include positive development practices that the health educator will integrate into their lessons while teaching. BPBR curriculum is also equipped to handle LGBTQ material if such a need came up. Lastly, because the program has been tested in various ethnicities, socioeconomic statuses, and locations, officials are confident that it is truly inclusive of any student who participates.

The CAG will also work together to generate ideas on recruitment and retention techniques, and the dissemination of advertisements throughout the community. The Program Coordinator will oversee all tasks to ensure that each member of the project knows what they are responsible for, and that every requirement is completed. There will be bi-weekly group meetings between the principals and the program coordinator and health educator, to touch base on the current status of the program, and what next steps are planned. Class lessons will be structured around the BPBR program, and each module's activities will be prepared in the initial planning phase.

Once the logistics are finalized, health department officials will begin the piloting process in Wolfe County Middle School. This initial session will start two weeks into the school year, and will run weekly for six weeks. During this time, facilitators will note any questions/concerns that arise. Health department officials, principals, and the health educator will then have meetings to discuss improvements that can be made to make the implementation process more efficient. Once any noted changes have been made, the BPBR program will be implemented within the other two schools, and will continue on with sessions in the spring semester.

To ensure fidelity of BPBR, observational techniques, attendance, and fidelity logs will be used. The Program Coordinator and Director will occasionally observe class sessions within each school. They will sit in the back, and take notes on how engaged the students are with the material. This observational technique will be used to monitor student engagement, as well as concerns the coordinator might notice. Attendance will be taken at the start of each class session to monitor who is coming to class, and how many days any certain student misses. This record will be used to evaluate the extent to which the program reached its target population, and any gaps in the amount of student participation. Lastly, ETR provides fidelity logs for the BPBR program. These logs correspond to the six modules, and provide areas for the health educator to log notes, concerns, and topics that they wish to bring up at the group meetings. The health educator will complete the logs with information on what activities were done in the module, and if it was partially or fully completed. These logs will be completed for each session (fall and spring semester) implemented, and will be compiled to show exactly what was taught, and if it was in line with the program's goal.

An important aspect to this grant is to immediately begin working towards this program's sustainability. One way in which we will ensure sustainability, is by creating a plan for health educator replacement. Because this program's success relies on the teaching of the health educator, program officials will ensure that there is a plan in case the current health educator switches positions. Because the ETR organization provides two-day, online trainings, we will leave room in the budget to pay for trainings of any health educators that start working during our grant. We will make sure that the new health educator is trained before the current health educator leaves. This way, we will be able to ensure an easy transition during the program. We would also like the new health educator to sit in on at least one session before they take over the role of health educator. This plan will ensure that we are able to sustain the program, even if someone on the team decides to leave.

We also plan on creating strong connections with those on the CAG, as well as with school officials, to ensure the program will have outside supporters. These supporters will want to continue working with program officials long-term once they see how effective the program is, and after having created strong relationships with the health department officials. By creating an invested support base, it will help generate interest in funding the program even when the grant ends, and give the program others who will champion for the continuation of the BPBR program. Some challenges that might arise pertaining to the sustainability of the BPBR program would be the materials that are used. Because these materials are purchased for use through ETR, it could pose a challenge to continually fund the program. This will be addressed by taking note of the materials and overall information that is used during the program, recreating a similar version that can be continually used even without Federal assistance. Another solution includes collecting the data that proves how affective the program is, and finding other sponsors elsewhere within the community. For more information regarding the dissemination of outcomes, please see the Performance Measures & Evaluation section.

Lastly, a potential challenge that might be faced during the project, is opposition from religious groups. It has been shown before that religious groups often have issues with young people being taught anything other than abstinence only, and with a population that is mostly religious, this could be an issue that arises. This will be addressed by making sure that any opposition towards the program understands that the main goal is to increase student autonomy over sexual choices, and the ability to say no. Although safe sex practices are mentioned, the BPBR program has an emphasis on abstinence as the best sexual practice. Because the program focuses so strongly on abstinence being the only fool-proof prevention method, opposition should subside.

PERFORMANCE MEASURES & EVALUATION

To collect and report all required performance measures, the health educator will distribute the BPBR pre- and posttest questionnaire. This questionnaire has been created and evaluated by ETR, and has proven to accurately measure pre-instruction levels and post-instruction changes within participants (1). This questionnaire gathers information on the student's demographics. Some demographics include age, gender, race, and familial background. The questionnaire also evaluates the student's perceptions and attitudes towards sex, as well as the student's knowledge on certain sexual health topics. This questionnaire is 15 pages, and offers a comprehensive look into what the student currently knows and feels regarding sex, and how that might change after the program. The comparison between pre- and posttest data will give officials an insight into key successes and lessons learned due to the BPBR program.

The implementation process will also be evaluated with the use of fidelity logs. The logs mentioned previously, gather information on how well the facilitator felt each activity/module was implemented, and to what extent it was given. These logs can provide a comprehensive look into how well the program was implemented. It asks whether each activity within each module was completed, and if it was completed fully or partially. There are also questions on if the health educator added any additional material that was not a part of the original module. If the health educator did include additional material, they will have to detail what the material/topic was, why they included it, and how it connected to the original topic. Lastly, if an activity was not given, there is a section for facilitators to explain why it was skipped. The health educator will need to explain why they omitted part of the material and what took its place. This will be discussed in group meetings to determine if/when the skipped material can be covered in future sessions. This data will be used to continuously make quality improvements as needed. It will ensure that health department officials are aware of what is working, and where they may need to adjust their technique for future program iterations. All information

collected from the fidelity logs will be given to the Data Specialist to be used to conduct process evaluations, including the facilitation aspect, challenges faced, and lessons learned.

Outcome Goals

The short-term outcome goals for BPBR include: an increase in awareness of the Wolfe County teen pregnancy rate, an increase in positive attitudes and beliefs towards abstinence and condom use, an increase in knowledge and understanding of the consequences of risky sexual behavior, an increase in intent to practice abstinence and condom use consistently, and an increase in perceived self-efficacy of making smart sexual choices. These outcomes will be measured with the use of the pre- and posttest questionnaires provided by the ETR for the BPBR program. Each questionnaire will be submitted to the health educator, who will then give it to the Data Specialist who will enter the data into a database. Data analysis will follow, to determine if there are statistically significant changes from the beginning to the conclusion of the program. Outcomes will be defined as a shift in answer from the pre-test questionnaire to the post-test questionnaire. These outcomes will then be compared to the students who do not participate in the BPBR program, to demonstrate that the outcomes are a result of the BPBR program, and not due to a general health outcome overall. Data collected can also be compared to similar groups who have implemented the BPBR program, to see if they also had statistically significant changes occur. The extent to which the outcome goal was met by the end of the three-year grant period, will be confirmed by a statistically significant change consistently demonstrated across each school, with each iteration of the program. At the conclusion of the grant, there should be evidence that the students have achieved the short-term goals of increased knowledge and self-efficacy over their sexual behavior choices.

Because this program works in schools, care must be taken when collecting data from students.

Health educators cannot require students to complete either the pre- or posttest, and can only offer the

questionnaires. To incentive students to take part in the questionnaires, they will be offered a prize of their choice; they can decide if they would like 20 extra credit points, a pizza party, or something of that nature. During the beginning of the semester, before the initiation of the BPBR program, the students will be polled on what they would like their prize to be, to ensure that it would be something that they are actually interested in. Health department officials are depending on the incentive to ensure that enough data is collected.

To ensure that there is adequate data collection to run statistical analyses, the pre-test will be administered at the start of each semester. Because there are two different sessions of the program, one taking place in the fall semester, the other in the spring semester, there will be two pretests administered during the school year at each school. The posttest will also take place twice a year per school, and the pre- and posttest data will correlate to which school and which semester it was administered. The fidelity logs will be completed after each module, leading to data collection six times per session/semester, per school.

Measures

The measures on the questionnaire are mostly comprised of Likert Scales, with some questions being true/false, and three questions being open response. The measures under the Sexual Attitudes section, Hard or Easy section, Sexual Behavior section, Personal Attitudes section, and STD information section will all be used to assess change. These questions pertain directly to how the student feels/knows, and are the measures directly related to the outcome's goals of the program. These measures have been shown to have reliability and validity throughout the many iterations of this program. The ETR company have vetted their measures, and have tuned them to be the most effective, reliable, and valid as possible. The measures have consistently shown that it demonstrates positive change in student knowledge, as well as student's perceptions (13).

Potential obstacles to the collection of the performance measures include the completion of both the pre and posttest questionnaires. These questionnaires are extensive, and ask many questions. Because the questionnaires are 15 pages long, it could deter some students from completing it. As mentioned previously, to encourage students to complete the questionnaires, facilitators will make each survey worth 20 extra-credit points (or another prize of the students' choosing). This incentive will hopefully increase the number of responses the program officials receive. Another potential obstacle to collection of performance measures includes the student's answering truthfully. Because the questionnaires are long, and worth 20 extra credit points, some students might be inclined to go through the packet quickly without reading the questions. To prevent this from happening, the questionnaire asks "Please Print the Following Sentence on the Line Below: 'The quick brown fox jumps over the lazy dog'" in the middle of the questionnaire (1). This simple technique is to determine if the student responding is actually reading through the questions, or just circling responses.

CAPACITY OF APPLICANT ORGANIZATION

The Kentucky River District Health Department is confident in their ability to effectively implement the BPBR program. This health department oversees not just Wolfe County, but six other counties as well: Knott, Lee, Leslie, Letcher, Owsley, and Perry counties. All of these counties are in the same area of eastern Kentucky, and they have similar demographics. These counties are plagued with many of the same health issues that Wolfe county faces, and they have similar resources. Because this health department oversees so many counties, they have a wide reach with experience implementing programs in various communities. They have a wide range of programs focused on different health topics. Some of these include: Breastfeeding classes, Ladies Health Days, Freedom from Smoking Classes, Eating Healthy in Kentucky Cooking School, Medical Reserve Corps, HANDS, WIC, Nutrition Counseling, Cancer Screening Clinics, Sexually Transmitted Diseases, First Steps, Healthy Start in Child Care, and Well Child Care just to name a few. These programs not only encompass many health issues,

but target issues pertaining throughout the life span. All of these programs have more than one station, with many being located in all seven counties that the Kentucky River District Health Department oversees. With this experience in multiple-county program implementation, the Kentucky River District Health Department has full confidence that they will be able to implement BPBR within three schools in one county.

The Kentucky River District Health Department also has the ability to convene diverse stakeholders to join the Community Advisory Group. As mentioned previously, they are already a part of a Contributing Consortium Group. This group involves a diverse set of stakeholders and decision makers within the River District community. The Contributing Consortium includes the following organizations: Kentucky River Community Care, Inc., Mary Breckinridge Critical Access Hospital, Hazard ARH Regional Medical Center, North Fork Valley Community Health Center, University of Kentucky Center of Excellence in Rural Health, Operation UNITU, Perry County Wellness Coalition, Breathitt County Health Department, and Save the Children. Each of these organizations have their own reach within varying populations, and have many different needs. Because there are already strong relationships between the health department and these organizations, they are confident that they will be able to assemble the CAG from these groups. For further information, please see the Community Advisory Group section.

With each of the above programs mentioned, the health department has collected data to evaluate how effective each program is. They have been implementing programs for decades now, and use their data to continuously improve their programs. This health department has a history of programmatic sustainability with most of their programs being at least five years old. For example, the evidence-based HANDS program has been implemented since 1999, and has been changed and tailored from the first iteration to become the program it is today. Running a program for this length requires diligent monitoring of finances. This health department also has experience with financial sustainability,

and has written grants for many different programs over the years. They have received federal grants, as well as sponsorships from their partners as well as other local organizations/institutions.

The Kentucky River District Health Department's mission statement is: To protect, maintain, and promote the health of the people of the community. We have a variety of preventive health programs for children and adults which ensures the ongoing good health of our citizens. We are a source of information and services for individuals and families who need assistance with medical care, nutritional counseling, health screening, immunizations, family planning and environmental protection. This aligns perfectly with the BPBR program, because BPBR is a preventive health program targeting teens to ensure that they make wise sexual choices. Sexual choices can lead to several adverse health effects (please refer to the Target Population section for more detail). Each employee of the KY River District Health Department has dedicated their career to bettering the lives of the communities they support. They consult with one another, and other groups, to obtain guidance when developing strategies and programs to implement. The director of the Kentucky River District Health Department fosters a sense of community within the department; there is also a policy prohibiting discrimination in the provision of services on the basis of age, disability, sex, race, color, national origin, religion, sexual orientation, or gender identity. These policies and sense of community help keep the turnover rate low. The leadership of this health department are also heavily involved in the instrumentation of each program, and are well equipped to handle this program of a relatively smaller scale.

PARTNERSHIPS AND COLLABORATION

The Kentucky River District Health Department has the support from key stakeholders in the Wolfe County community. These organizations have a vested interest in reducing the rate of teen pregnancy, for further explanation please refer to the Community Advisory Group section. The Kentucky River District Health Department will also partner with the Kentucky Department for Public Health. The

Kentucky Department for Public Health (DPH) oversees programs designed to improve the lives of citizens through prevention of negative health outcomes. This group has a vested interest in preventing health outcomes that can contribute to adverse health effects, which includes teen pregnancy. The DPH actively works on 150 different programs geared towards preventative measures, and they want to support the Kentucky River District Health Department in their goal of preventing teen pregnancy within Wolfe County. Another partner that Kentucky River District Health Department will work with is Operation UNITE. This organization's mission is to create strategic partnerships, provide leadership, promote education, coordinate treatment, and support law enforcement. Operation UNITE strives to prevent the abuse of drugs, and help those in need recover. Operation UNITE will support the Kentucky River District Health Department because there is overlap with teen pregnancy adverse health effects, and abusing drugs (for further explanation please see the Target Population section).

With the help of their partners, the Kentucky River District Health Department will be able to advertise the BPBR program throughout the community. These partnerships will work on an institutional level together to promote the BPBR program within Wolfe County Schools, and garner interest in the program. With the help of partners, the Kentucky River District Health Department will be able to reach a much broader range of people, who might be impacted by the program. By creating more advertisement locations, this allows the community to become familiar with the program and then allow the Kentucky River District Health Department to implement BPBR to scale. While the partners will not be implementing the programs themselves, they will have input on how the Kentucky River District Health Department plans for and implements the program. They will allow for the health department to have a much wider reach than acting alone.

Project Management

When the program officially begins, there will be work done in preparation of the beginning of the school year. There will be staff members from the Kentucky River District Health Department brought in on the project to help manage, implement, and monitor the program. The first position is the Program Director. This person will oversee the entirety of the program, while focusing on the major details. The Program Director will go over budgets, partners, materials, processes, etc. They will be who the Program Coordinator goes to when major issues arise. Below the Program Director is the Program Coordinator. This person will manage the day-to-day of the program. They will be responsible for ensuring that all deadlines are met, and that everyone is on track with what they are expected to do. The Program Coordinator will prepare the materials and make sure that everything is accounted for. This person will be in charge of monitoring the program's implementation partners, and communicating with them. They will oversee the other workers and facilitators, and be the first point of contact for questions regarding the program. This person will also be the first point of contact for the Health Educator, Data Specialist, principals, and any other program partner for any concerns or issues they may face during the duration of program implementation. One of the Kentucky River District Health Department's health educators will be brought in to facilitate the program. In this role, they will handle administrative tasks associated with facilitating the program, and will work directly under the Program Coordinator.

The person in the Health Educator position will complete the Be Proud! Be Responsible! training program. The BPBR facilitator training is two days, and will educate facilitators on how to effectively administer the BPBR program. The training will take place during the summer before the start of the school year, to ensure that the health educator has been trained properly to facilitate. The health educator will not only be responsible for administering the program, but they will also need to ensure that they have received all materials related to each module. They will implement the program within

each school, and ensure all program materials are set up for each session. Lastly, there will be a Data Specialist. This person will monitor the program's data collection, and run reports and analyses as needed. They will be responsible for maintaining the measures of the program, and compiling data on each program component. They will conduct the evaluation of the program at the end of every session, in both fall and spring semesters. After each position is filled, the team members will go through training to ensure they are ready to implement the BPBR program. ETR offers supplemental training for any program official who would like to learn more about how to better implement BPBR. These trainings are offered online, with phone, online, and in-person technical support available (1). There will also be opportunities for professional development in the form of conferences. The Program Director will attend an annual Project Director's meeting in Washington DC each year of the program. This meeting will provide learning opportunities on various techniques for overseeing program implementation programs. The Program Coordinator and the Health Educator will both attend a conference that focuses on the implementation of programs in school. This conference will provide new techniques and approaches involving not only teaching the program, but creating connections with the target population, and their key stakeholders in these populations. The Program Coordinator and the Health Educator will both attend this conference in year two and year three of the grant. All of the conferences attended will take place over the summer, before the start of each school year.

Once the team has been assembled, the preparation of materials will begin. For each module, there are specific activities that supplement the material. The Program Coordinator will ensure that the materials that coincide with each module are ready and administered at the appropriate time. There will be a check list of what each module requires; once a module begins, the checklist will be utilized to ensure everything ready for implementation. Questionnaires will be distributed at the beginning of each semester and at the conclusion of the semester by the health educator. These measures were created by the ETR team, and have been supplied with the cost of BPBR program materials. Once the facilitator

collects the questionnaires, they will be delivered to the Data Specialist to input the data into a compiled data set. These data sets will be used for data analysis, and will also serve to monitor the quality of the program and activities, and ensure that all objectives are being met. Throughout the program, the Program Director and the Program Coordinator will periodically visit the classrooms in which the program is being implemented. This will ensure that the facilitators are administering the program as they were trained to do, and that fidelity is being met. Health educators will also take attendance during each class session, to monitor which students are actively participating by showing up. Class attendance will be shared with the Program Coordinator, who will oversee who is coming to class and for which sessions. There will also be weekly meetings between the Program Coordinator and the health educator to discuss any concerns that have arisen, questions they have, and methods for most effectively implementing the program. These meetings will work to monitor the program's progress, and the schools that we are partnering with.

Because this is a relatively small population that will be served by this implementation, it will allow the Program Coordinator and Health Educator to work closely with each of the program's partners. They will have an open line of communication for the principals and other partners to ensure that the program is administered as it was intended. To minimize the amount of staff turnover, there will be multiple staff bonding exercises done. Simple luncheons and retreats will serve as staff appreciation measures that will garner a sense of community within the program's staff. At the conclusion of data analysis, the results will be presented to the team, to show the staff that their efforts are making a positive impact in students' lives and that they are making a difference. All partners, collaborators, and key stakeholders will also have the data presented to them at one of the group meetings. This will keep the everyone involved and engaged in their work, and want to continue on with the program to continue creating a positive impact in children's lives.

Budget Narrative

Personnel and Fringe Benefits:

Program Director: This position's annual salary begins at \$74,000, increasing by 3% each year. This position requires someone with experience implementing public health programs within various populations. They must have a PhD in some related field, with 10+ years of experience. The Program Director must have managerial experience, as well as experience leading a team through a program. This position will oversee the major aspects of the program implementation, such as budget and staffing. The Program Coordinator reports directly to this position. Because this position also oversees other programs outside of the grant, they will be working with this grant 15% of the time. The fringe benefits begin at \$3,286 the first year, and increase 3% each following year. These benefits include their health insurance, FICA, life insurance, and retirement plan. This position will be working at a consistent pace, so there will be no change in effort throughout the duration of the grant.

Program Coordinator: Their annual salary begins at \$50,000, increasing by 3% each year. This position will require a Master's in Public Health or a related field. They will have experience overseeing groups of people, and leading a project, department, etc. This person will have at least five years of experience managing health education programs, and will preferably have experience working within schools. The Health Educator and the Data Specialist will report directly to the Program Coordinator. This position will work year-round, managing the program implementation during the school year, and preparing for the next school year during the summer months. Because of the amount of time required to manage the entire program, the Program Coordinator will allot 50% of their time to the program. Their fringe benefits being at \$8,403, increasing by 3% for each following year. The fringe benefits include health insurance, FICA, life insurance, and a retirement plan.

Health Educator: The annual salary is for the Health Educator begins at \$32,000, increasing by 3% in each following year. This position will work year-round, aiding the Program Coordinator with administrative tasks. They will help the Program Coordinator plan and prep for the school year during the summer months, and will facilitate the program during the school year. They will be responsible for administering the program materials, completing fidelity logs, and giving fidelity logs and surveys to the Data Specialist. This position will have BPH, or a bachelor's in some related field. This person should have experience teaching health behavior programs, as well as experience in the Public Health field in general. This person will have experience working within a target population's community, and will preferably have experience teaching within a classroom, or to school-aged children. This person will be diligent, organized, and able to multi-task. The Health Educator will allot 30% of their time to the program. Their fringe benefits will begin at \$3,894, and increase by 3% for each following year. This will contribute to their health insurance, FICA, life insurance, and retirement plan.

Data Specialist: The annual salary of a Data Specialist starts at \$45,000, increasing by 3% for each following year. This person will have at least a BA in a field such as Biostatistics, computer science, or information science. They will have experience compiling data into a database, and will be experienced in running data reports. They will be well versed in Excel, and will understand statistical processes. This position will not only understand how to run the data reports, but also how to interpret the findings. This position will allot 30% of their time to the program, which will remain consistent throughout the duration of the grant. Their fringe benefits will begin at \$4,723 the first year, increasing by 3% for each following year. The fringe benefits will contribute to their health insurance, FICA, life insurance, and retirement plan.

Travel:

There will be two different conferences that the program officials will attend. The first conference will be the Program Director's Meeting which takes place in Washington DC. The Program Director will attend this conference every year of the grant. The conference will provide educational techniques, strategies, and networking opportunities to supplement the Program Director's knowledge on overseeing program implementation. The Program Director will be given \$3,000 per trip for all travel related costs such as flights, ground transportation while at the conference, lodging, etc.

The Program Coordinator and the Health Educator will also be attending a conference to better enable them to implement the BPBR program for maximum effectiveness. They will be attending the Adolescent Pregnancy Prevention Annual Conference. The purpose of this conference is to provide training, technical assistance, and networking opportunities for people working in the same field. This conference will take place in Atlanta, GA. The Program Coordinator and the Health Educator will both attend this conference in the second and third year of the grant. They will each be given \$2,500 per trip to cover all travel related expenses.

Equipment:

The only equipment that will be used during this program would be computers and projector screens. Both of these will be provided by Wolfe County School System. Because the schools already have this equipment, they will allow the BPBR program to have access. There should not be any additional costs related to equipment.

Supplies:

Training Materials: The BPBR materials cost \$3,241 for all three years. This cost includes all materials such as DVDs, student workbooks, cards, posters, and handouts. This also includes facilitator trainings as

well as shipping and handling costs related to delivery of the course materials. ETR provides the program materials at a base price of \$499.99, but it only provides 30 student workbooks. They sell additional workbooks in sets of 30 for \$90.00. The basic teacher materials set totals \$499.99, plus \$810.00 for the additional student workbooks, plus \$131.00 for shipping and handling, equals \$1,440.99 for the first year of implementation. Once the program materials have been ordered, they do not need to be reordered for the consecutive years. Because only the workbooks will need to be ordered during years 2 and 3, the total will be \$900 for both of these years. $\$1,440.99 + \$900 + \$900 = \$3,240.99$

Contractual:

There are no sub-recipients/delegate agencies or contract providers that will be working on this program and receiving OAH funds. The outside partners include the school system, and the members of the Community Advisory Board. Neither of these entities will receive OAH funds.

Other:

To incentivize the schools to allow the BPBR program to be taught in their schools, the program will offer a stipend to each school. All three schools will receive \$5,000. The total amount of our budget that will be spent on stipends is \$15,000 per year.

Below charts represent one-year; last chart shows all three years

Table 1. Personnel

Position Title and Name	Annual Salary	Time	Months	Fringe Benefit	Amount Requested
<i>Program Director Ron Swanson</i>	\$74,000	15%	36	\$3,286	\$14,386
<i>Program Coordinator Leslie Knope</i>	\$50,000	50%	36	\$8,403	\$33,403
<i>Health Educator Ann Perkins</i>	\$32,000	30%	36	\$3,894	\$13,494

<i>Data Analyst Ben Wyatt</i>	\$45,000	30%	36	\$4,723	\$18,223
Total Personnel					\$79,506

Table 2. Supplies

Item Requested	Number Needed	Unit Cost	Amount Requested
<i>Base Teacher Sets</i>	1	\$499.99	\$499.99
<i>Additional Student Workbooks</i>	300	\$810.00	\$810.00
<i>Shipping & Handling</i>		\$131.00	\$131.00
Total Supplies			\$1,441.00

Table 3. Travel

Employee	Year 1 Allotted Cost	Year 2 Allotted Cost	Year 3 Allotted Cost	Amount Requested
Program Director	\$3,000	\$3,000	\$3,000	\$9,000
Program Coordinator	N/A	\$2,500	\$2,500	\$5,000
Health Educator	N/A	\$2,500	\$2,500	\$5,000
Total Travel	\$3,000	\$8,000	\$8,000	\$19,000

Table 4. Other

Item Requested	Number of Months	Estimated Cost per Month	Number of Staff	Amount Requested
Stipend	3	N/A	N/A	\$15,000
Total Other				\$ 15,000

Table 5. Overall Budget

Category for Budget	Year 1	Year 2	Year 3	Total
<i>Personnel</i>	\$79,506	\$81,890	\$99,610	\$261,006
<i>Supplies</i>	\$1,441	\$900	\$900	\$3,241
<i>Travel</i>	\$3,000	\$8,000	\$8,000	\$19,000
<i>Other</i>	\$15,000	\$15,000	\$15,000	\$45,000
Total	\$98,947	\$105,790	\$ 123,509	\$328,246

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Appendix A: Logic Model

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long
<ul style="list-style-type: none"> •Three public schools in Wolfe County KY •Be Proud! Be Responsible! program materials: <ul style="list-style-type: none"> ○ Cards, Posters, Handouts ○ Curriculum DVDs ○ Student Workbooks •One health educator from the Kentucky River District Health Department •Community Partners •Program Staff (All from the Kentucky River District Health Department.) 	<ul style="list-style-type: none"> •The health educator will go through two-day training on how best to facilitate the Be Proud! Be Responsible! Curriculum •Assemble a Community Action Board •Organize the BPBR program activities by module •Create promotional materials with the schools for the schools to distribute to parents •Conduct program official meetings bi-weekly •Administer the intervention to the students at the beginning of each semester (fall and spring) •Complete fidelity log after each module, and pass out pre and posttest survey before and after each semester 	<ul style="list-style-type: none"> •The health educator will become qualified to administer Be Proud! Be Responsible! •Schools will assist with the distribution of advertisement materials •BPBR curriculum implemented with fidelity •Program staff and Community Action Board will meet to discuss changes, progress, questions, improvements, concerns among those involved with program •Students participate in module activities •Data will be collected from students that will be compiled by the Data Specialist 	<ul style="list-style-type: none"> •Increased awareness of the high teen pregnancy rate in Wolfe County KY •Increased knowledge and understanding of the consequences of teen pregnancy •Increased positive attitudes and beliefs of abstinence and condom use •Increased intent to practice abstinence and condom use consistently •Increase in self-efficacy of making smart choices •Increased knowledge on HIV, STDs, and pregnancy prevention 	<ul style="list-style-type: none"> •Improved autonomy on sexual choices, and refusal skills •Decreased rate of unprotected sex •Increased intent to practice abstinence •Rates of condom usage increase •Higher confidence in condom usage 	<ul style="list-style-type: none"> •Consistent condom use •Decrease in school drop-out rates •Increase in college graduates in Wolfe County •Decrease of teen pregnancy rate •Decrease of children living in poverty in Wolfe County •Decrease of children living in single-parent households •Reduction of risky sexual behavior •Increase in consistent safe sex practices

Appendix B: Gantt Chart

Table 1. Timeline for study activities and meeting study objectives									
Task	Y1	Y1	Y1	Y2	Y2	Y2	Y3	Y3	Y3
	TR1	TR2	TR3	TR1	TR2	TR3	TR1	TR2	TR3
Health Educators receive BPBR program facilitator training	X								
Meet with Principals of all three schools to discuss plans for implementation	X		X	X		X	X		X
Pre-Test Administered to students		X	X		X	X		X	X
Data Analyst receives Pre-tests		X	X		X	X		X	X
Module One is presented		X	X		X	X		X	X
Health Educators complete Module One Session Log		X	X		X	X		X	X
Data Analyst receives module one session logs		X	X		X	X		X	X
Module Two is presented		X	X		X	X		X	X
Health Educators complete Module Two Session Log		X	X		X	X		X	X
Data Analyst receives module two logs		X	X		X	X		X	X
Module Three is presented		X	X		X	X		X	X
Health Educators complete Module Three session Log		X	X		X	X		X	X
Data Analyst receives module three logs		X	X		X	X		X	X
Module Four is presented		X	X		X	X		X	X
Health Educators complete Module Four session log		X	X		X	X		X	X
Data Analyst receives module four session logs		X	X		X	X		X	X
Module Five is presented		X	X		X	X		X	X
Health Educators Complete Module Five session log		X	X		X	X		X	X
Data Analyst receives module five session log		X	X		X	X		X	X
Module Six is presented		X	X		X	X		X	X
Health Educators Complete Module six session log		X	X		X	X		X	X
Data Analyst receives module six logs		X	X		X	X		X	X
Post-test Administered to Students		X	X		X	X		X	X
Data Analyst Runs report on collected data		X	X	X	X	X	X	X	X
Meeting with CAG	X	X	X	X	X	X	X	X	X
Meeting With Partners	X			X			X	X	X
Final reports are presented to the Health Educators and health education Coordinator									X
Final reports are presented to partners, collaborators, CAG, and key stakeholders									X