

Better Together Hennepin: Healthy Communities, Healthy Youth

better together
HENNEPIN

healthy communities – healthy youth



Accelerating Leadership and Innovation
Beyond the Classroom

The mission of Youthprise is to champion learning beyond the classroom so that **all** Minnesota youth thrive. Youthprise defines “learning beyond the classroom” broadly to include all programs that provide support for young people’s intellectual, social, emotional and physical development outside the traditional school classroom.

Youthprise understands that part of thriving, as a young person, is to avoid unplanned pregnancy. To accomplish this, Youthprise is partnering with Better Together Hennepin: Healthy Communities, Healthy Youth (BTH) to support the implementation of innovative approaches to assure young people have access to sexuality education and sexual health services.

Request for Proposals

BTH is a teen pregnancy prevention initiative managed by Hennepin County and supported by Youthprise and a variety of community partners. BTH focuses on four key supports that research shows all young people need in order to wait until they are adults to become parents: comprehensive sexuality education, accessible reproductive health services, connections to caring adults, and healthy youth development opportunities. BTH works to address the particular factors that affect teen sexual behavior, pregnancy and childbearing; these are generally known as sexual risk and protective factors.

We are requesting proposals to Youthprise’s Better Together Hennepin restricted fund. **The deadline is May 8, 2015.** Funding can be used to implement programs to prevent teen pregnancy as described in the guideline in *one or more* of the following four areas:

- Sex education;
- Parent programming;
- Access to family planning services; and
- Healthy youth development opportunities.

Information on these programming areas is attached and available on Youthprise’s website (www.youthprise.org). Additional information is also available on geographic disparities, links to information for sexual risk and protective factors, descriptions of evidence-based programs, and characteristics of evidenced informed programs.

Geographic Considerations

Organizations can apply for up to \$50,000 per community served. Geographic considerations include:

- An organization can apply to serve more than one geographic community and can apply for up to \$50,000 in each community it is proposing to serve;
- Proposals should be for programming in the areas of Hennepin County with the highest teen births, specifically: Brooklyn Center, Brooklyn Park, central and north Minneapolis (Central, Phillips, Powderhorn, Camden and Near North communities), and Richfield;
- The budget for each geographic community should be discreet and not reliant on serving more than one community; and
- Grants may be awarded to an organization to serve fewer than the number of communities identified in their proposal. *For example, if an organization applies to serve Brooklyn Center and Brooklyn Park it may only receive a grant to only serve only Brooklyn Park.*

Funding Considerations

Funding for BTH is from the Better Together Hennepin restricted fund. The grant period will begin on July 1, 2015. Hennepin County is applying for federal funding to provide evidence-based sexuality education programming in schools during the school day and a one-on-one clinic-based intervention (Safer Sex Intervention programming). Funding considerations include:

- Proposals should not be duplicative of Safer Sex Intervention programming;
- Proposals should not be duplicative of evidence-based classroom sexuality in the aforementioned communities;
- Sexuality education in other settings may be included in proposals; and
- Two year requests are eligible, but contingent on the Hennepin County Board continuing to include funding for this project at the same level in its annual budget.

Information Session

We will be offering an information session from 1-2:30 pm on April 13, 2015. It will be held at Youthprise. Our address is 615 First Ave NE Suite 125, Minneapolis, Minnesota 55413.

Questions

Please direct questions about your application or about services to: Katherine C. Meerse, Ph.D., Manager, Better Together Hennepin, Hennepin County Human Services and Public Health Department, 612-596-0996, Katherine.Meerse@hennepin.us

Please direct questions about your online submission to: Rudy Guglielmo, Jr., Program Officer, Youthprise, 612 564-4858 ext. 3 rudu@youthprise.org

Better Together Hennepin (BTH): Healthy Communities, Healthy Youth Program Description Guidelines for Application

BTH is a teen pregnancy prevention initiative managed by Hennepin County and supported by Youthprise and a variety of community partners.

Background

Significant geographic and racial/ethnic disparities in Hennepin County indicate that not all young people have equal access to key supports to pregnancy prevention. In 2013 the county saw white teen birth rates at 5 per 1,000 females ages 15-19, while rates were 18 among Asians, 42 among African Americans, 44 among Latinos, and 53 among American Indians. Disparities among geographic areas were as much as 14-fold. While the teen birth rate was 2.9 per 1,000 females ages 15-19 in Edina, it was 31.7 in Brooklyn Center, 25.4 in Brooklyn Park, 33 in central Minneapolis, 60.5 in north Minneapolis, and 33.6 in Richfield.

BTH works to address the particular factors that affect teen sexual behavior, pregnancy and childbearing; these are generally known as sexual risk and protective factors. More information about these risk and protective factors is available at:

<http://recapp.etr.org/recapp/index.cfm?fuseaction=pages.TheoriesDetail&PageID=338>

BTH and the Youthprise BTH fund support programs that are evidence-based or evidence-informed. BTH considers programs to be evidence-based if they are listed on the Office of Adolescent Health's list of evidence-based programs. A searchable data base of those programs with extensive program descriptions can be found at http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/db/index.html.

BTH considers sex education programs to be evidence-informed if they meet the 17 Characteristics of Effective Programs developed by Doug Kirby, et al:

<http://recapp.etr.org/recapp/documents/programs/tac.pdf>

Application Process

Proposals will be accepted online starting **March 27, 2015**, and the **deadline is May 8, 2015**. Visit the Youthprise website (www.youthprise.org) to complete an online application. Based on our review, we will fund one or more organizations that apply. Organizations will be notified by **June 30, 2015**, if they have been funded. Programming can begin after **July 1, 2015**.

Application Narrative Questions

(Maximum 10 pages Attached to Online Application)

Program Description:

1. Describe how the mission of organization is aligned with the proposal guidelines
2. Summarize current programs offered by your organization for youth and/or parents
 - a. How many youth and/or parents do you currently serve?
 - b. What experience do you have evaluating programs?
3. Describe overall goals of proposed programming (Goals should be SMART— Specific, Measurable, Attainable, Realistic, and Timely)
4. Describe targeted population and geographical area served by the programming
 - a. How will the populations be recruited?
 - b. How many young people and/or parents will you serve?
 - c. How does your programming target young people with a particular set of risk factors for teen pregnancy?

Program Areas:

Funding can be used to implement programs as described in the guidelines in *one or more* of the following four areas:

Sex Education

There is a significant body of research that identifies particular curriculum-based sex education programs that can delay sexual activity, improve contraceptive use among sexually active teens, and/or prevent pregnancy. In addition, researchers have identified characteristics of programs found to be effective in changing behaviors that lead to unintended pregnancy in young people.

Input gathered from youth people by Better Together Hennepin intersects with the findings on effective sexuality education in a number of ways. For example, young people indicate that they want sexuality education that covers a spectrum of topics, from dating and relationships to contraception, they want it delivered in a manner that engages them on multiple levels, and they want more attention paid to LGBTQ issues.

If applying in this area, please describe your Sex Education programming and plan for implementation.

1. Will you implement a curriculum from the Office of Adolescent Health's (OAH) list of evidence-based programs? If so, which one? Describe, briefly, your plan for implementation.
2. If you will not be implementing a curriculum from the OAH list, describe the curriculum or program that you will be implementing and discuss what evidence you have that your curriculum or program is effective.
3. For either of the above, what risk and protective factors does your program/curriculum target?

Parent Program

Research shows that parents are the most important sexuality educators of their children. Nationally, 69 percent of teens say it would be much easier for them to postpone sexual activity and avoid teen pregnancy if they were able to have more open, honest conversations about these topics with their parents. Research demonstrates not only the importance of parents communicating with their children, but also the key role that parent-child connectedness plays in preventing teen pregnancy. There is one program for parents on the Office of Adolescent Health's list of evidence-based programs.

The input gathered by BTH from young people confirms they see parents as a key source of information and advice on sexuality and relationships. They also recognize that many parents are not comfortable talking with their teens about these topics and vice versa.

If applying in this area, describe your Parent Programming and plan for implementation.

1. How does your program increase or enhance parent-child communication about sexuality?
2. How does your program increase or enhance parent-child connectedness? If you are not applying to provide Families Talking Together (the one parent program on the OAH evidence-based list), please discuss what evidence you have that the program is effective.

Access to Family Planning Services

Teens often experience barriers accessing family planning services, including transportation, privacy concerns, cost, lack of knowledge around confidentiality laws, and fear. Promoting access to contraceptive programs or clinics requires barriers such as these be reduced to ensure teens will be able to utilize contraceptives should they choose to be sexually active.

Research demonstrates numerous promising approaches to reduce barriers and promote access to family planning services for teens. Approaches that have been rigorously evaluated and determined effective included at least one of the following characteristics or models:

- Peer provider model that trains teens to provide non-medical services such as counseling and education about contraception, intake services, and education outreach;

- Education about specific skills related to contraceptive use or reproductive health such as how to use condoms. Approaches that have been found to be effective includes videos, literature, classes or workshops, and school outreach; and/or
- Active outreach that increases clinic visibility, advertises services, creates partnerships with schools and community-based organizations to develop referral systems or education programs.

The input gathered from youth by BTH also indicates that privacy and non-judgmental services are very important to young people in Hennepin County.

If applying in this area, please describe your Family Planning Services programming and plan for implementation.

1. How does the programming embody evidence-based practices in increasing access to family planning?
2. How does your program reduce barriers and increase access to family planning services?
3. How does your program increase utilization of family planning services?

Youth Development Programming to Reduce Risk Factors Linked to Teen Pregnancy

Research has demonstrated that teens become parents not just due to lack of knowledge but also due to lack of future life opportunities or belief in future life opportunities. Many teenagers need an incentive such as believing in their future to motivate them to prevent pregnancy. Researchers and program planners argue that youth development strategies help teens view their future as one filled with opportunity and hope and provide teens with that incentive.

Youth development programming builds capacity in youth by rooting deliberate activities and strategies in the belief that youth are “resources to be developed, rather than problems to be solved.” Evidence-based strategies assembled from other disciplines such as resiliency, adolescent development, and prevention provide emerging strategies for how to implement effective, evidence-based youth development programming that may also prevent teen pregnancy and related high-risk behaviors.

Research indicates that effective healthy youth development programming includes the following features:

- Physical and psychological safety
- Appropriate structure
- Supportive relationships
- Opportunities to belong
- Positive social norms
- Support for efficacy and mattering
- Opportunities for skill building
- Integration of family, school and/or community efforts.

Research also suggests that to specifically reduce teen pregnancy and related risky behaviors, healthy youth development programming should:

- Specifically work to promote protective factors and reduce risk factors for high-risk behaviors;
- Be informed by research and evidence-based practice with a particular eye toward programming that works best for which populations and in what context, as risk and protective factors may work differently for different groups;
- Implement multi-level interventions that focus on the youth themselves and also their environment, such as family and school; and
- Determine the appropriate timeline and intensity for programming based on the risk status of participants.

BTH asked youth in the service area about gaps in youth development programming and barriers to accessing programming. Young people identified gaps in volunteer opportunities and job readiness activities in particular. The most frequently cited barriers to participation were cost and transportation.

If applying in this area, please describe your Youth Development Programming and plan for implementation of activities linked to reducing teen pregnancy.

1. How does your program build capacity in youth to make better decisions? How is the approach of your program rooted in the philosophy that youth are “resources to be developed, rather than problems to be solved?”
2. What features does your program include that contribute to effective healthy youth development programming (appropriate structure, supportive relationships, etc.)?
3. How does your program reduce risk factors and increase protective factors that are linked to teen pregnancy prevention? Please list risk and protective factors you are targeting and their related youth outcomes.