

HIV Workplan Year 5 Pennsylvania

Selected SLIMs and Aligned Strategies

Selected SLIM	Strategy (or strategies) aligning with SLIM	2008 baseline % for SLIM	Target % for SLIM	2010 % for SLIM	2013 % for SLIM
<p>HIV #1. The percentage of schools that address all of the following in a required course taught during grades 6, 7, or 8:</p> <ul style="list-style-type: none"> • The differences between HIV and AIDS. • How HIV and other STD are transmitted • How HIV and other STD are diagnosed and treated. • Health consequences of HIV, other STD, and pregnancy. • The benefits of being sexually abstinent. • How to prevent HIV, other STD, and pregnancy. • How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy. • The influences of media, family, and social and cultural norms on sexual behavior. • Communication and <u>negotiation</u> skills related to eliminating or reducing risk for HIV, other STD, and pregnancy. • Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy. • Compassion for persons living with HIV or AIDS 	<ul style="list-style-type: none"> • Develop and maintain strong partnerships and collaborations with other agencies, nongovernmental organizations, voluntary associations, institutions of higher education, community groups and others interested in promoting and improving HIV, STD and pregnancy prevention efforts. • Develop and provide tools, resources and training materials to health educators and schools. • Provide professional development and follow-up support on HIV, STD and pregnancy prevention to health educators and schools. • Incorporate implementation requirements into current school requirements not related to HIV, STD and pregnancy prevention. • Provide financial support to schools and community based organizations for the implementation of programs targeting youth at disproportionate risk for HIV, STD and unintended pregnancy. • Connect risk behaviors and non-academic barriers to student success and the achievement of Adequate Yearly Progress under NCLB. • Provide professional development to schools, districts and other agencies on targeting programs for youth at disproportionate risk of HIV, STD infection or unintended pregnancy. • Identify health educators in the schools. 	55 %	65 %	39.9%	
<p>HIV #2. The percentage of schools that address all of the following in a required course taught during grades 9, 10, 11, or 12:</p> <ul style="list-style-type: none"> • The relationship among HIV, other STD, and pregnancy. • The relationship between alcohol and other drug use and risk for HIV, other STD, and pregnancy. • The benefits of being sexually abstinent. • How to prevent HIV, other STD, and 	<ul style="list-style-type: none"> • Develop and maintain strong partnerships and collaborations with other agencies, nongovernmental organizations, voluntary associations, institutions of higher education, community groups and others interested in promoting and improving HIV, STD and pregnancy prevention efforts. • Develop and provide tools, resources and training materials to health educators and schools. • Provide professional development and follow-up support on HIV, STD and pregnancy prevention to health educators and schools. 	81 %	90 %	83.6%	

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<p>pregnancy.</p> <ul style="list-style-type: none"> • How to access valid and reliable health information, products, and services related to HIV, other STD, and pregnancy. • The influences of media, family, and social and cultural norms on sexual behavior. • Communication and <u>negotiation</u> skills related to eliminating or reducing risk for HIV, other STD, and pregnancy. • Goal setting and decision making skills related to eliminating or reducing risk for HIV, other STD, and pregnancy 	<ul style="list-style-type: none"> • Incorporate implementation requirements into current school requirements not related to HIV, STD and pregnancy prevention. • Provide financial support to schools and community based organizations for the implementation of programs targeting youth at disproportionate risk for HIV, STD and unintended pregnancy. • Connect risk behaviors and non-academic barriers to student success and the achievement of Adequate Yearly Progress under NCLB. • Provide professional development to schools, districts and other agencies on targeting programs for youth at disproportionate risk of HIV, STD infection or unintended pregnancy. • Identify health educators in the schools. 				
<p>HIV #4. The percentage of schools that deliver HIV, STD, and pregnancy prevention <u>programs</u> (including after school or supplemental programs) that meet the needs of ethnic/racial minority youth at high risk (e.g., black, Hispanic, or American Indian youth) by doing all of the following:</p> <ul style="list-style-type: none"> • Providing curricula or supplementary materials that include pictures, information, and learning experiences that reflect the life experiences of these youth in their communities. • Providing curricula or supplementary materials in the primary languages of the youth and families. • Facilitating access to direct health services or arrangements with providers not on school property who have experience in serving these youth in the community. • Facilitating access to direct social services and psychological services or arrangements with providers not on school property who have experience in serving these youth in the community. • Requiring <u>professional development</u> for school staff on HIV, STD, and pregnancy prevention issues and resources for these youth 	<ul style="list-style-type: none"> • Develop and maintain strong partnerships and collaborations with other agencies, nongovernmental organizations, voluntary associations, institutions of higher education, community groups and others interested in promoting and improving HIV, STD and pregnancy prevention efforts. • Develop and provide tools, resources and training materials to health educators and schools. • Provide professional development and follow-up support on HIV, STD and pregnancy prevention to health educators and schools. • Incorporate implementation requirements into current school requirements not related to HIV, STD and pregnancy prevention. • Provide financial support to schools and community based organizations for the implementation of programs targeting youth at disproportionate risk for HIV, STD and unintended pregnancy. • Connect risk behaviors and non-academic barriers to student success and the achievement of Adequate Yearly Progress under NCLB. • Provide professional development to schools, districts and other agencies on targeting programs for youth at disproportionate risk of HIV, STD infection or unintended pregnancy. • Identify health educators in the schools. 	3 %	13 %	2.5%	

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5 Year <i>Goal I</i> : Strengthen state level capacity, program planning and policies that support schools in decreasing risk behaviors that result in HIV, STD infection or unintended pregnancy.	
<i>Strategies identified in the Strategic Plan:</i> 1. Provide professional development opportunities for program staff to strengthen core competencies. 2. Maintain and implement a comprehensive plan. 3. Implement a comprehensive monitoring system. 4. Develop state level HIV policy for basic education. 5. Involve youth in planning, delivering and evaluation of HIV, STD and pregnancy prevention programs 6. Develop and maintain strong partnerships and collaborations with other agencies, nongovernmental organizations, voluntary associations, institutions of higher education, community groups and others interested in promoting and improving HIV, STD and pregnancy prevention efforts.	
List any <i>School Level Impact Measure(s)</i> (SLIMs) that align with the Strategies (if appropriate): HIV #1, HIV #2, HIV #4	
<i>Objective 1.1</i> : By the end of the fiscal year, program staff will attend a minimum of two CDC sponsored workshops and one elective conference that supports HIV, STD and pregnancy prevention efforts if permitted by State policy.	
List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q4	
<i>Rationale</i> for the objective: To effectively manage an organization, the program staff must understand the many facets of the program. Professional development provides the opportunity to increase content knowledge related to the organization, to improve networking capabilities with other state directors and to better understand the requirements and expectations of the funding body.	
<i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective: a. Attend CDC mandated meetings – program director b. Attend two CDC sponsored workshops or conferences, which may include mandated meetings. - program director. c. Attend elective conferences/workshops that support the State plan – program director d. Indicators for School Health Programs Q4 – program director	<i>Data sources</i> to measure the objective and <i>person/agency</i> responsible for gathering data: a. Travel documents – program director b. Registration information from conferences – program director c. Agenda from meetings and conferences – program director d. Indicators for School Health Programs Q4 – program director
<i>Activities</i> in support of the objective: a. Attend two CDC – sponsored national meetings and/or conferences b. Attend the Pennsylvania State Association for Health, Physical Education, Recreation and Dance State Conference (PSAHPERD)	<i>Activity completion date (aligned with Gantt Chart):</i> a. February 28, 2013 b. December 1, 2012
<i>Objective 1.2</i> By the end of the fiscal year, the Department will review and if necessary revise each of the planning tools required by the cooperative agreement.	
List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q25, 26	
<i>Rationale</i> for the objective: In order to effectively provide support and services, it is critically important to develop a vision and plan. An effective plan guides the direction of the program and future activities.	
<i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for	<i>Data sources</i> to measure the objective and <i>person/agency</i>

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<p>accomplishing the objective:</p> <ul style="list-style-type: none"> a. An updated resource inventory – program director b. An updated strategic plan - program director c. An updated logic model - program director d. A reviewed and authorized workplan - program director 	<p>responsible for gathering data:</p> <ul style="list-style-type: none"> a. Resource inventory - program director b. Strategic plan - program director c. Logic model - program director d. Workplan - program director
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. Review and revise the resource inventory as needed b. Review and revise the strategic plan as needed c. Review and revise the program logic model as needed d. Develop workplan e. Use YRBS and Profiles data in the development of the workplan and future trainings and resources f. Indicators for School Health Programs Q25, 26 	<p><i>Activity completion date (aligned with Gantt Chart):</i></p> <ul style="list-style-type: none"> a. February 28, 2013 b. February 28, 2013 c. February 28, 2013 d. November 15, 2012 e. November 15, 2012 f. February 28, 2013
<p><i>Objective 1.3:</i> By the end of the fiscal year, the Department will utilize a comprehensive monitoring system that includes at least three data sources and two impact resources to monitor the HIV, STD, and Pregnancy Prevention efforts on school age youth and programs and policies.</p>	
<p>List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q4</p>	
<p><i>Rationale</i> for the objective: It is necessary to constantly monitor, assess and evaluate what is occurring. The Department must ensure that the programs being provided are meeting the needs of those receiving the services and that educators from all areas of the state have equal access to services. By evaluating the data, the Department can determine what should be implemented in the future and what areas of the state should be designated for targeted marketing. By sharing data with other stakeholders, stakeholders can align their programs with the Department.</p>	
<p><i>Measures</i> for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Share YRBS data with stakeholders b. Administer the School Health Profiles survey – program director c. Training reports – program contractors and program director d. Indicators for School Health Programs Q4 – program director e. Success Story – program contractors, program director 	<p><i>Data sources</i> to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Distribution report – program director b. Updated timeline of implementation – program director c. Evaluation reports from training – contractors, program director d. Indicators for School Health Programs Q4 – program director e. Success story – contractors, program director
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. Develop YRBS Executive Summary – program director b. Distribute the results of the YRBS survey to stakeholder – program director c. Administer the School Health Profiles survey – program director d. Training reports for all contracted activities - contractors e. Report on program activities through the Indicators for School Health Programs – program staff f. Develop success stores related to the impact of funded activities – contractors 	<p><i>Activity completion date (aligned with Gantt Chart):</i></p> <ul style="list-style-type: none"> a. December 30, 2012 b. February 28, 2013 c. June 30, 2012 d. February 28, 2013 e. February 28, 2013 f. February 28, 2013

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g. Determine what division will be implementing the 2013 YRBS	g. September 30, 2012
h. Prepare school sample	h. October 31, 2012
<i>Objective 1.4:</i> By the end of the fiscal year, the Department will have developed or strengthened partnerships with at least three state agencies and/or bureaus interested in promoting and improving HIV, STD and pregnancy prevention education.	
List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q10, 16, 22, 23, 27, 31, 32	
<i>Rationale</i> for the objective: In order that prevention efforts reach as many youth as possible and to ensure that duplication of effort is not occurring, collaboration and partnership must occur at the state level.	
<i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective: a. Current initiatives identified and reviewed b. Meetings scheduled with at least three agencies and/or bureaus – program director c. Potential projects for collaboration identified and next steps developed – program director d. Indicators for School Health Programs Q10, 16, 22, 23, 27, 31, 32 – program director	<i>Data sources</i> to measure the objective and <i>person/agency</i> responsible for gathering data: a. List of identified initiatives and status b. Meeting notes – program director c. Listing of potential projects and next steps – program director d. Indicators for School Health Programs Q10, 16, 22, 23, 27, 31, 32 – program director
<i>Activities</i> in support of the objective: a. Identify current initiatives that should be maintained b. Schedule meeting with the state agencies and/or bureaus c. Identify potential projects for collaboration d. Convene meetings	<i>Activity completion date (aligned with Gantt Chart):</i> a. December 30, 2012 b. February 28, 2013 c. February 28, 2013 d. February 28, 2013
<i>Objective 1.5:</i> By the end of the fiscal year, the Department will have developed or strengthened partnerships with at least three community-based or non-governmental organizations interested in promoting and improving HIV, STD and pregnancy prevention education.	
List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q10, 16, 22, 23, 27, 31, 32	
<i>Rationale</i> for the objective: In order that prevention efforts reach as many youth as possible and to ensure that duplication of effort is not occurring, collaboration and partnership must occur between the State Department of Education and community-based and non-governmental organizations.	
<i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective: a. Meetings scheduled with at least three community-based organizations – program director b. Potential projects for collaboration identified and next steps developed – program director c. Indicators for School Health Programs Q10, 16, 22, 23, 27, 31, 32 – program director	<i>Data sources</i> to measure the objective and <i>person/agency</i> responsible for gathering data: a. Meeting notes – program director b. Listing of potential projects and next steps – program director c. Indicators for School Health Q10, 16, 22, 23, 27, 31, 32 – program director
<i>Activities</i> in support of the objective: a. Identify current initiatives that should be maintained	<i>Activity completion date (aligned with Gantt Chart):</i> a. December 30, 2012

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b. Schedule meetings with the community-based organizations c. Identify potential projects for collaboration d. Convene meetings	b. February 28, 2013 c. February 28, 2013 d. February 28, 2013
<i>Objective 1.6:</i> By the end of the fiscal year, the Department will have developed or strengthened partnerships with at least three institutions of higher education interested in promoting and improving HIV, STD and pregnancy prevention education.	
List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q10, 16, 22, 23, 27, 31, 32, 33	
<i>Rationale</i> for the objective: In order that prevention efforts reach as many youth as possible, to ensure that future teachers have received appropriate pre-service and to ensure that the institutions of higher education are aware of State efforts, collaboration and partnership must occur between the State DOE and the institutions of higher education.	
<i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective: a. Meetings scheduled with at least three institutions of higher education – program director – program director b. Potential projects for collaboration identified and next steps developed – program director c. Indicators for School Health Q10, 16, 22, 23, 27, 31, 32, 33 – program director	<i>Data sources</i> to measure the objective and <i>person/agency</i> responsible for gathering data: a. Meeting notes – program director b. Listing of potential projects and next steps – program directors c. Indicators for School Health Q10, 16, 22, 23, 27, 31, 32, 33 – program director
<i>Activities</i> in support of the objective: a. Identify current initiatives that should be maintained b. Schedule meetings with the institutions of higher education c. Identify potential projects for collaboration d. Convene meetings	<i>Activity completion date (aligned with Gantt Chart):</i> a. December 30, 2012 b. February 28, 2013 c. February 28, 2013 d. February 28, 2013

<i>5 Year Goal II: Increase implementation of effective HIV, STD and pregnancy prevention efforts in the schools of Pennsylvania.</i>	
<i>Strategies identified in the Strategic Plan:</i> 1. Develop and provide tools, resources and training materials to health educators and schools 2. Provide professional development and follow-up support on HIV, STD and pregnancy prevention to health educators and schools 3. Incorporate implementation requirement into current school requirement not related to HIV, STD and pregnancy prevention	
List any <i>School Level Impact Measure(s)</i> (SLIMs) that align with the Strategies (if appropriate): HIV #1, HIV #2, HIV #4	
<i>Objective 2.1:</i> By the end of the fiscal year, the Department will develop a resource to support implementation of effective HIV, STD and pregnancy prevention efforts.	
List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q6a, d, h, 11, 17, 28	
<i>Rationale</i> for the objective: It is important that schools have quality resources and materials related to the implementation of HIV, STD and pregnancy prevention programs. Documents that are based on CDC guidelines and appropriate practices that are specific to Pennsylvania need to be developed.	
<i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective: a. Inventory of current documents available for guidance - program director	<i>Data sources</i> to measure the objective and <i>person/agency</i> responsible for gathering data: a. Inventory of documents – program director

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<ul style="list-style-type: none"> b. Identification of areas of need – program director c. Development timeline – program director d. Final documents completed – program director e. Indicators for School Health - Q6a, d, h, 11, 17, 28 – program director 	<ul style="list-style-type: none"> b. Listing of identified areas of need – program director c. Development timeline – program director d. Finalized document e. Indicators for School Health - Q6a, d, h, 11, 17, 28 – program director
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. Research current resources and documents – program director b. Review data to determine areas of need – program director c. Created a development timeline – program director d. Draft document – program director e. Process for authorization – program director f. Final document ready for distribution – program director 	<p><i>Activity completion date (aligned with Gantt Chart):</i></p> <ul style="list-style-type: none"> a. September 30, 2012 b. October 31, 2012 c. October 31, 2012 d. December 31, 2012 e. January 15, 2013 f. February 28, 2013
<p>Objective 2.2: By the end of the fiscal year, the Department will distribute materials and resources for HIV, STD and pregnancy prevention to all 500 school districts in Pennsylvania by using three different methods.</p>	
<p>List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q7a, d, h, 8, 9, 10, 12, 16, 17, 28</p>	
<p><i>Rationale</i> for the objective: Guidance tools and resources are only valuable if it reaches the individuals who are responsible for implementation.</p>	
<p><i>Measures</i> for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Materials distributed to all 500 schools districts – program director b. Three different distribution modes utilized – program director c. Indicators for School Health Q7a, d, h, 8, 9, 10, 12, 16, 17, 28 – program director 	<p><i>Data sources</i> to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Distribution log – program director b. Examples of the three distribution modes utilized – program director c. Indicators for School Health Q7a, d, h, 8, 9, 10, 12, 16, 17, 28 – program director
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. Identify methods of distribution b. Identify materials for distribution c. Disseminate the materials and resources via a variety of venues 	<p><i>Activity completion date (aligned with Gantt Chart):</i></p> <ul style="list-style-type: none"> a. October 31, 2012 b. February 28, 2013 c. February 28, 2013
<p>Objective 2.3: By the end of the fiscal year, the Department will provide a minimum of five professional development workshops for health educators and schools on HIV, STD and pregnancy prevention topics, Assessment and Effective Teaching Strategies.</p>	
<p>List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q4, 8, 9, 13, 16, 17, 20, 21, 23</p>	
<p><i>Rationale</i> for the objective: Health educators, who provide instruction in HIV, STD and pregnancy prevention, must possess current, medically accurate information, understand the characteristics of effective programs, be comfortable teaching sensitive topics and be aware of cultural appropriateness. Health educators must also understand their role in achieving school goals.</p>	
<p><i>Measures</i> for accomplishing the objective and person/agency responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Fully executed contracts – program director b. Training announcements – contractors 	<p><i>Data sources</i> to measure the objective and person/agency responsible for gathering data:</p> <ul style="list-style-type: none"> a. Fully executed contracts – program director b. Training announcements – contractors

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<ul style="list-style-type: none"> c. List of participants in attendance – contractors d. Training reports from contractors – contractors e. Story on impact of program – contractors f. Indicators for School Health Q4, 8, 9, 13, 16, 17, 20, 21, 23 – program director 	<ul style="list-style-type: none"> c. Rosters – contractors d. Success stories – contractors e. Mid-year and final reports – contractors f. Indicators for School Health Q4, 8, 9, 13, 16, 17, 20, 21, 23 – program director
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. Contract with a Pennsylvania University to conduct HIV workshops on content and effective teaching strategies b. Contract with a Pennsylvania University to provide workshops on skills-based health education and assessment. c. Provide presentations at the PSAHPERD State conference d. Provide technical assistance to contractors and schools 	<p><i>Activity completion date (aligned with Gantt Chart):</i></p> <ul style="list-style-type: none"> a. April 1, 2012 b. April 1, 2012 c. February 28, 2013 d. February 28, 2013
<p>Objective 2.4: By the end of the fiscal year, the Department will provide two resources on the impact of non-academic barriers to school and student success.</p>	
<p>List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q6h, 7h, 9h, 11, 12, 17</p>	
<p>Rationale for the objective: In order to achieve school and student success, school districts must understand the impact of non-academic barriers on school and student success. By incorporating this work within established Department initiatives, such as the Comprehensive Strategic Plan or the Standards Aligned System, it is more likely to be utilized by educators in the field.</p>	
<p>Measures for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Identification of current resources and linkages to school and student success b. Identification of resource gaps c. Resources identified to meet the gap analysis. d. Appropriate resources placed within the Standards Aligned System Safe and Supportive Schools element e. Indicators for School Health Q6h, 7h, 9h, 11, 12, 17 – program director 	<p>Data sources to measure the objective and <i>person/agency</i> responsible for gathering data:</p> <ul style="list-style-type: none"> a. Inventory of resources and linkages - program director b. Gap analysis – program analysis c. Identified resources document – program director d. Standards Aligned System e. Indicators for School Health Q6h, 7h, 9h, 11, 12, 17 – program director
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. Identification of current resources and linkages to school and student success b. Identification of resource gaps c. Identify resources currently available to address the gaps d. Create resource(s) to address the gaps, if needed e. Placement of resources on Standards Aligned System within the Safe and Supportive School element 	<p><i>Activity completion date (aligned with Gantt Chart):</i></p> <ul style="list-style-type: none"> a. May 31, 2012 b. June 30, 2012 c. July 31, 2012 d. October 31, 2012 e. February 28, 2012

5 Year Goal III: Increase the number of schools and districts with programs targeting youth at disproportionate risk for HIV, STD and unintended pregnancy.

Strategies identified in the Strategic Plan:

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<ol style="list-style-type: none"> 1. Provide financial support to schools and community based organizations for the implementation of programs targeting youth at disproportionate risk for HIV, STD or unintended pregnancy 2. Involve youth in planning and evaluation of HIV, STD and pregnancy prevention programs 3. Provide professional development to schools, districts and other agencies on targeting programs for youth at disproportionate risk of HIV, STD or unintended pregnancy. 4. Identify health educators in the schools. 	
List any <i>School Level Impact Measure(s)</i> (SLIMs) that align with the Strategies (if appropriate): HIV #1, HIV #2, HIV#4	
<i>Objective 3.1:</i> By the end of the fiscal year, the Department will provide a least 10 mini-grants to schools for the implementation of programs that target high risk youth.	
List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q4, 15, 17, 27, 30	
<i>Rationale</i> for the objective: Funds for HIV, STD and pregnancy prevention education are very limited. The mini-grants are a mechanism to assist educators to improve their HIV, STD and pregnancy prevention education programs. Assistance and support from the state is essential if quality health education programs, specifically HIV/STD prevention education programs, are to be implemented. The mini-grant program allows the school to determine the greatest needs of their students and to propose a solution. The primary target of the program is to reach high-risk populations. The schools must complete an application, which includes demographics, the proposed program and an itemized budget. The proposed program must be reviewed by a local Materials Review Panel prior to application submission. Awardees must provide a final report that documents the activities and the impact on students.	
<i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective: <ol style="list-style-type: none"> a. Guidelines and application in place – program director b. Announcement of grant awardees – program director c. Disbursement of grants – program director d. End of year reports from award recipients – award recipients e. Indicators for School Health Q4, 15, 17, 27, 30 – program director 	<i>Data sources</i> to measure the objective and <i>person/agency</i> responsible for gathering data: <ol style="list-style-type: none"> a. Guidelines and completed applications – program director b. Award letters – program director c. Award recipient invoices – program director d. Award recipient's final report e. Indicators for School Health Q4, 15, 27, 27, 30 – program director
<i>Activities</i> in support of the objective: <ol style="list-style-type: none"> a. Develop an implementation plan b. Review and revise the guidelines and application c. Release announcement of grants d. Review applications and select award recipients e. Announce grant awardees f. Process invoices 	<i>Activity completion date (aligned with Gantt Chart):</i> <ol style="list-style-type: none"> a. October 31, 2012 b. November 30, 2012 c. December 1, 2012 d. January 15, 2013 e. January 15, 2013 f. February 1, 2013
<i>Objective 3.2:</i> By the end of the fiscal year, the Department will award a minimum of two grants to community-based organizations for the implementation of programs that target youth at disproportionate risk of HIV, STD or unintended pregnancy.	
List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q4, 16, 17, 23, 27, 31, 32	
<i>Rationale</i> for the objective: The Department is often unable to reach high risk youth through the school environment. Pennsylvania has many	

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community-based organizations that focus on HIV, STD and pregnancy prevention. These organizations are able to reach youth that are disproportionately at risk. By collaborating with other agencies, the Department of Education is better able to address school age youth who are disproportionately impacted by HIV or who engage in high risk behaviors. The funding for these grants will be unobligated funds from the previous fiscal year.	
<i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective: a. Guidelines and application in place – program director b. Announcement of mini-grant awardees – program director c. Disbursement of mini-grants – program director d. Process invoices – project staff e. Indicators for School Health Q4, 16, 17, 23, 27, 31, 32 – program director	<i>Data sources</i> to measure the objective and <i>person/agency</i> responsible for gathering data: a. Guidelines and application online – program director b. Award letters – program director c. Award recipient invoices – program director d. End of year reports – program director e. Indicators for School Health Q4, 16, 17, 23, 27, 31, 32 – program director
<i>Activities</i> in support of the objective: a. Develop an implementation plan b. Review and revise the guidelines and application c. Release announcement of mini-grants d. Review applications and select award recipients e. Announce mini-grant awardees f. Process invoices	<i>Activity completion date (aligned with Gantt Chart):</i> a. October 31, 2012 b. November 30, 2012 c. December 1, 2012 d. January 15, 2013 e. January 15, 2013 f. February 1, 2013
Objective 3.5: By the end of the fiscal year, the Department will provide four professional development workshops for health educators and administrators on providing effective programs for youth at disproportionate risk for HIV, STD or unintended pregnancy.	
List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q4, 8, 14, 17, 23, 27, 28, 29	
Rationale for the objective: Many schools do not provide programs that target youth at disproportionate risk of HIV, STD or unintended pregnancy and are often unsure where to turn. A professional development workshop will be for health educators and administrators, with SLIMs #1, #2, #4 incorporated.	
<i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective: a. Professional development workshops conducted - Penn State PLASE b. Indicators for School Health Q4, 8, 14, 17, 23, 27, 28, 29 – program director	<i>Data sources</i> to measure the objective and <i>person/agency</i> responsible for gathering data: a. Agenda – program director b. Roster of participants –program director c. Mid-year and final reports – program director d. Indicators for School Health Q4, 8, 14, 17, 23, 27, 28, 29 – program director
<i>Activities</i> in support of the objective: a. Contract with Penn State PLASE to develop and provide workshops b. Incorporate SLIMs #1, #2 and #4 into workshops and programs c. Provide follow-up to professional development d. Provide technical assistance to health educators and administrators	<i>Activity completion date (aligned with Gantt Chart):</i> a. March 1, 2012 b. March 31, 2013 c. February 28, 2013 d. February 28, 2013

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<p><i>Objective 3.6:</i> By the end of the fiscal year, the Department will collaborate with the Pennsylvania State Association for Health, Physical Education, Recreation and Dance (PSAHPERD) to maintain a school health directory of all school health educators in Pennsylvania public schools.</p>	
<p>List any <i>Indicators for School Health Programs</i> that align with the objective(s) (if appropriate): Q12, 23</p>	
<p><i>Rationale</i> for the objective: An electronic inventory that identifies the health educators in the Commonwealth has been created by collaboration of the Department of Education and the PSAHPERD. The creation of the directory provides the Department a means of ensuring all schools receive resources and information in a timely, efficient manner. It is necessary to maintain this inventory on an annual basis in order to ensure accuracy.</p>	
<p><i>Measures</i> for accomplishing the objective and <i>person/agency</i> responsible for accomplishing the objective:</p> <ul style="list-style-type: none"> a. Meeting with PSAHPERD held – program director b. An accurate directory of health educators – PSAHPERD c. Indicators for School Health Q12, 23 – program director 	<p><i>Data sources</i> to measure the objective and <i>person/agency</i> responsible for gathering data:</p> <ul style="list-style-type: none"> a. Meeting schedules - program director b. Meeting notes – program director c. Accurate health educator directory – program director d. Indicators for School Health Q12, 23 – program director
<p><i>Activities</i> in support of the objective:</p> <ul style="list-style-type: none"> a. Ongoing meetings with PSAHPERD to determine future enhancements or current needs b. Financial support for individual to maintain current inventory c. Scope of work developed 	<p><i>Activity completion date (aligned with Gantt Chart):</i></p> <ul style="list-style-type: none"> a. March 31, 2012 b. March 31, 2012 c. February 28, 2013