

House District 28

Senate District 11

THE TWENTY-FOURTH LEGISLATURE
HAWAII STATE LEGISLATURE
APPLICATION FOR GRANTS & SUBSIDIES
CHAPTER 42F, HAWAII REVISED STATUTES

Log No:

For Legislature's Use Only

Type of Grant or Subsidy Request:

GRANT REQUEST - OPERATING

GRANT REQUEST - CAPITAL

SUBSIDY REQUEST

"Grant" means an award of state funds by the legislature, by an appropriation to a specified recipient, to support the activities of the recipient and permit the community to benefit from those activities.

"Subsidy" means an award of state funds by the legislature, by an appropriation to a recipient specified in the appropriation, to reduce the costs incurred by the organization or individual in providing a service available to some or all members of the public.

"Recipient" means any organization or person receiving a grant or subsidy.

STATE DEPARTMENT OR AGENCY RELATED TO THIS REQUEST DEPARTMENT OF EDUCATION
AND PROGRAM I.D. NO. _____

1. APPLICANT INFORMATION:

Legal Name of Requesting Organization or Individual:
Planned Parenthood of Hawaii

Dba:

Street Address:

1350 S. King St., Suite 309, Honolulu, HI 96814

Mailing Address: same

2. CONTACT PERSON FOR MATTERS INVOLVING THIS APPLICATION:

Name SONIA BLACKISTON

Title Director Of Education and Training

Phone # (808) 589-1156 ext. 243

Fax # (808) 589-1404

e-mail sblackiston@pphi.org

3. TYPE OF BUSINESS ENTITY:

- NON PROFIT CORPORATION
- FOR PROFIT CORPORATION
- LIMITED LIABILITY COMPANY
- SOLE PROPRIETORSHIP/INDIVIDUAL

4. FEDERAL TAX ID # _____

5. STATE TAX ID # _____

6. SSN (IF AN INDIVIDUAL): _____

7. DESCRIPTIVE TITLE OF APPLICANT'S REQUEST:

Presenting the Making Proud Choices (MPC) curriculum, a science-based HIV/STDs and teen pregnancy prevention program for middle/intermediate public school students on Oahu.

(Maximum 300 Characters)

8. FISCAL YEARS AND AMOUNT OF STATE FUNDS REQUESTED:

FY 2008-2009 \$ 132,314

9. STATUS OF SERVICE DESCRIBED IN THIS REQUEST:

- NEW SERVICE (PRESENTLY DOES NOT EXIST)
- EXISTING SERVICE (PRESENTLY IN OPERATION)

SPECIFY THE AMOUNT BY SOURCES OF FUNDS AVAILABLE AT THE TIME OF THIS REQUEST:

STATE \$ 0

FEDERAL \$ 0

COUNTY \$ 0

PRIVATE/OTHER \$ 0

TYPE AND NATURE: _____

AUTHORIZED SIGNATURE

BARRY RAFF MPH CHIEF EXECUTIVE OFFICER
NAME & TITLE

DATE SIGNED

1/28/08

Revised Application for Grants and Subsidies

I. Background and Summary

1. A brief description of the applicant's background:

Planned Parenthood of Hawaii (PPH) is a recognized leader in reproductive health care and medically accurate sexuality education. Currently, PPH provides clinical health care and family planning services for about one third of all Hawaii women served by publicly supported health systems such as the federal Title X family planning program. Since 1966, PPH has provided confidential and compassionate health care services and is affiliated with and accredited by Planned Parenthood Federation of America, the most trusted name in women's health care.

Directly related to this request, the PPH Education Department provides science-based reproductive health education in public and private school settings, universities, community groups/organizations as well as trainings for youth serving professionals and information at community health fairs. Annually we reach more than 4,000 youth, their parents, teachers and other youth-service professionals.

The mission of PPH is to ensure that Hawaii's residents have freedom of choice and access to high quality, affordable, confidential reproductive health care and related education. We advocate for the underserved and unserved on all islands. We serve as a resource for state agencies and private organizations offering information and services and as an advocate for issues surrounding reproductive choice.

PPH operates three health centers in Hawaii including one in Honolulu, another in Kahului on Maui and one in Kailua-Kona on the Big Island of Hawaii. Annually, PPH clinics provide more than 10,000 clinic patient visits and serve approximately 7,000 individuals. PPH staff of board-certified physicians, advance practice registered nurses and health care associates provide a wide range of medical services including:

- Reproductive health care and sexuality education
- Early medical and surgical abortion services, education & support
- Annual pelvic examinations, Pap tests and breast exams
- Screening and treatment for sexually transmitted infections
- Low cost birth control services and supplies, including emergency contraception
- Pregnancy testing and counseling
- Women's mid life services, counseling, education
- HIV testing, awareness counseling and risk assessment

2. The goals and objectives related to the request;

Planned Parenthood of Hawaii seeks GIA support to continue presenting science-based HIV/STD and teen pregnancy prevention education for middle/intermediate public school students on Oahu.

This proposal serves two major goals.

1. Utilizing the *Making Proud Choices* (MPC) curriculum, identified by the Centers for Disease Control (CDC) as a "program that works," PPH intends to help at-risk youth to improve certain behaviors that often result in negative consequences for young people and their families, such as early sexual activity, infection with Sexually Transmitted Disease (STD) and / or unintended teen pregnancy.

2. The proposed program also addresses the public need for medically accurate, science-based curriculum in Hawaii that meets the requirements of the Hawaii State's Department of Education (DOE) Policy 2100 Abstinence-based Education, that states, in part, "The abstinence-based education program shall: -Provide youth with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy."¹

Objectives for the proposed program include:

- 1.1 The MPC curriculum will enable youth to use medically accurate information and learn critical decision-making skills that will allow them to protect themselves from STDs and unplanned pregnancies.
- 1.2 Going though the MPC curriculum will enable youth delay the onset of sexual intercourse, and thereby decrease the unintended teen pregnancy rate and reduce the number of sexually transmitted disease (STD) infections among Hawaii's Youth.
- 1.3 Youth in the MPC curriculum will learn about abstinence as the surest way to prevent unintended pregnancies and sexually transmitted diseases such as HIV/AIDS, as well as proper use of condoms and other contraceptive products and devices.
- 1.4 As possible and appropriate, parents of students participating in the MPC curriculum will be invited to attend a pre-presentation information session about the materials to be presented and other aspects of the program.
- 1.5 The proposed program's effectiveness will be evaluated both by PPH and by Hawaii Youth Services Network, who is contracted by the CDC to provide these additional and necessary resources to presenters of the MPC curriculum with pre-program evaluation and follow up surveys of students at 3 and, if possible, at 6 months post-participation.

And:

- 2.1 Present the MPC curriculum in the Ilima Intermediate School in Ewa Beach and the Washington Middle School in central Honolulu during the 2008/2009 school year.
- 2.2 Meet the three DOE Policy 2100 requirements including supporting students' abstention from sexual intercourse and provide skill development to continue abstention.
- 2.3 Using the MPC curriculum to provide youth with skill-building information on the use of protective devices such as condoms.
- 2.4 Meet all seven DOE Health Education Standards.
- 2.5 Assist students in adopting and maintaining healthy behaviors in the context of the seven Priority Content Areas.
- 2.6 Present findings of the PPH and HYSN evaluations to the DOE and other agencies, including participating school administrations, as well as the public.
- 2.7 Expand presenting the MPC curriculum to as many as four middle/intermediate schools serving at risk student populations in Ohau during the 2008/2009 school year.
- 2.8 Expand presentation of the MPC curriculum to an additional two schools in the following school year.

3. State the public purpose and need to be served;

The public purpose of presenting the *Making Proud Choices* (MPC) curriculum to middle/intermediate school students is to decrease Hawaii's unintended teen pregnancy rate and incidence of infection with STDs among Hawaii's youth.

Hawaii, consistently ranks among the top 15 for unintended pregnancy. Currently we are ranked 12th in the nation. During the past 12 years, Hawaii has ranked among the top 10 states

¹ Hawaii Department of Education Policies

in the US for highest Chlamydia infection rates. Hawaii is currently ranked 6th highest for Chlamydia and 33rd highest for Gonorrhea. And sadly, Syphilis is on the rise again as well.² While many of Hawaii's youth know about or have at least heard the terms HIV/AIDS, far too few of them know about other STDs and how to protect themselves from these fertility and life threatening infections.

Abstinence-only programs teach that abstinence from sexual activity is the only acceptable standard until marriage. These programs do not give participants alternative ways to protect themselves once abstinence fails (if they choose to become sexually active). Abstinence-only programs are prohibited from discussing contraception and they only talk about condoms in terms of failure rates, not as not being effective in helping to prevent disease transmission. These programs often teach the belief that sexual activity outside of wedlock leads to permanent psychological damage. Abstinence-only-until-marriage programs fail to give teens the complete medically accurate information they need about contraceptives and their proper usage.

In light of the continued high rankings for the negatives of unintended teen pregnancy and STD infection among Hawaii's young people, it is clear that the abstinence-only-until-marriage message isn't working. The Hawaii DOE has recognized the public need for medically accurate, science-based curriculum here in Hawaii and established policy 2100 that requires sexuality education programs to "provide youth with information on and skill development in the use of protective devices and methods for the purpose of preventing sexually transmitted diseases and pregnancy."³ So, in Hawaii, teachers whose classes receive abstinence-only-until-marriage education are required to supplement the curriculum with medically accurate education.

It is interesting to note that more than \$900,000 federal dollars are being spent on abstinence-only-until-marriage education in Hawaii public and private schools compared to less than one third of that amount for medically accurate and science-based programs such as the MPC curriculum program proposed by PPH.

PPH is currently running a pilot program offering the MPC curriculum to the intended targeted audience of middle/intermediate school students at Ilima Intermediate School in Ewa Beach and in Washington Middle School in central Honolulu. Previously, Hawaii Youth Services Network (HSYN) with a grant from the CDC, offered training in the MPC curriculum and some of the participants of that training may be implementing the MPC curriculum in after school settings. HSYN, University of Hawaii at Manoa, and PPH staff will conduct the evaluation and post-evaluation of PPH's presentation of the MPC curriculum.

The MPC curriculum provides youth with medically accurate information and help them learn critical decision-making skills that allow them to protect themselves from STDs and unplanned pregnancies. It teaches about abstinence as well as condom use and contraceptives. MPC is an eight module curriculum presented in a classroom by a trained educator. An additional pre-program evaluation session utilizing the MPC pre-test will be conducted by PPH Health Educators. A session for parents as appropriate and possible will also be offered. Due to the time constraints of some schools' class schedules, the program can be presented in 10 to 18 class sessions total.

One of the most important yet difficult challenges of adolescence is the transition from child to sexually healthy adult. Successful transition involves psychological, physical, societal, cultural, educational, economic and spiritual factors. Education about sexual development and

² Sexually Transmitted Disease Surveillance Report 2006, Department of Health and Human Services

³ Hawaii Department of Education Policies

reproductive health is as critical as building the ability to develop and maintain meaningful interpersonal relationships; appreciate one's own body; interact with both genders in respectful and appropriate ways; and express affection, love and intimacy in ways that are aligned with one's beliefs and values.

In order to decrease our teen pregnancy and STD rates we need an effective program to teach Hawaii's youth the benefits of being sexually healthy. Teens that are sexually healthy are less likely to become teenage parents and will have lower incidences of STD infections. Being a sexually healthy teen means that they have the knowledge and skills necessary to make responsible decisions about sexual behavior, understand sexual development and feelings and have the skills, self-esteem and desire to set personal boundaries. It means they are motivated to think about potential future consequences of a decision they make today.

4. Describe the target population to be served;

The target population is middle/intermediate public school youth in 7th grade on Oahu. Many, if not most, of these students are considered at-risk due to their socio-economic status, or by virtue of their ethnicity, inclusion in underserved populations or other factors such as high gang-related activity in their schools, increased use of alcohol and drugs among their peers, early pregnancy among older siblings, etc.

The CDC has determined that MPC is a "program that works" to help youth change behaviors in order to delay initiation of sexual intercourse, avoid unintended pregnancy or infection with STD. Currently PPH is presenting MPC to students at Ilima Intermediate School in Ewa Beach and Washington Middle School in central Honolulu.

5. Describe the geographic coverage;

The proposed MPC program will be focused on middle and intermediate public schools located on Oahu for duration of the grant.

6. Describe how the request will, in the case of a grant, permit the community to benefit from those activities.

The Hawaii Department of Education has determined that in order for our teens to make good, clear decisions about their lives, they must be healthy, both physically and emotionally. Thus the DOE has also recognized that a health curriculum is essential to the well-being of our youth and should be incorporated into school settings. Effective science-based curricula such as MPC help youth achieve these goals and are in line with the DOE's Seven Health Education Standards.

Students participating in the Making Proud Choices curriculum can expect more positive outcomes such as:

- Delaying the onset of first sexual intercourse, encouraging healthy monogamous relationships, reducing the number of sexual partners.
- Expectation to act responsibly by supporting the view that they are assets, not problems and that they are valued and respected.
- Empowerment to speak openly and honestly about sexual health that can lead to decreases in the numbers of sexual assaults/harassments and other forms of sexual violence.

- Encouragement to make healthy choices to lead to increased education and employment opportunities, greater financial security, higher income and productivity, more decision-making power, greater esteem and efficacy, stronger more stable marital relationships and improved living conditions.
- Reduction in the number of abortions, infant mortality rates, and other negative effects of maternal and child health.
- Decreases in homelessness, poverty, medical/healthcare costs, publicly-funded assistance programs and other social service needs.

It is important to note that the partnership of PPH and HYSN for this project allows for good data collection and evaluation of the efficacy of this science-based curriculum among Hawaii's youth.

II. Experience and Capability

A. Necessary Skills and Experience

The applicant shall demonstrate that it has the necessary skills, abilities, knowledge of, and experience relating to the request.

Planned Parenthood of Hawaii (PPH) is recognized as a leader in reproductive health care and medically accurate sexuality education. PPH is regularly reviewed by the federal Title X family planning program for adherence to regulations regarding the provision of health care and family planning services and reproductive health education.

PPH is also affiliated with and accredited by Planned Parenthood Federation of America. PPH received a full four-year accreditation during the most recent PPFA review. Educational programs are a component in this rigorous review of program delivery and services.

PPH educational presentations are conducted in both public and private schools, offered to community groups and other youth service organizations. Due to its knowledge and proficiency, PPH's Education Department provides training to other health care providers, educators and youth service workers in various areas of reproductive health. In October 2007, PPH's Education Department presented training on "how to" teach basic medically accurate sex education to hard-to-reach or particularly at-risk youth and another basic class for teachers and youth service workers in "Sex-Ed 101." These back to back workshops were attended by more than 50 participants from across Hawaii, including several from the Neighbor Islands supported by a private grant.

Thousands of students, other young people, parents, teachers and youth-service professionals have been reached by PPH educational programs during the past five years. The PPH Director of Education and Training is fully trained in *Making Proud Choices* and now serves as a curriculum trainer herself. The Director has trained 69 youth serving professional in Hawaii through a Sex Ed 101 Workshop comparable to that offered last October and 53 people in the MPC curriculum. She is a highly qualified and respected educator among the schools and community groups that PPH works with, including DOE staff. She is also a member of the Association of Planned Parenthood Leaders in Education (APPLE) and serves on the steering committee of Healthy Youth Hawaii.

Please see Attachment 1 from last year's application listing DOE middle-schools and teachers that have worked with PPH during the previous three years.

B. Quality Assurance and Evaluation

The applicant shall describe its quality assurance and evaluation plans for the request. Specify how the applicant plans to monitor, evaluate and improve their results.

Planned Parenthood of Hawaii regularly conducts on-going evaluation of its service delivery programs including community outreach and the Educational Department presentations. As possible and appropriate, PPH conducts pre- and post -testing for many of its educational programs. The data collected are compiled and analyzed to determine the effectiveness of programs and used to make adjustments the manner in which programs are presented to various audiences, especially as related to cultural or ethnic sensitivities.

PPH handles ALL data collection in a confidential manner. Beyond gathering basic demographic information such as age and gender of participants, as possible and with appropriate consent, PPH collects information regarding ethnicity of participants, socio-economic level and other relevant statistics. Classes participating in the MPC curriculum will receive a pre-presentation survey instrument that is meant to measure their overall understanding of the various components in the curriculum such as refusal / negotiation skills, basic human physiology and anatomy, how to use contraceptives and other protective devices such as condoms, etc.

An exciting aspect of the proposed MPC program is the partnering of Hawaii Youth Services Network (HYSN) with PPH in this program. HYSN has an evaluator through UH Manoa who will assist in the data evaluation. Evaluation conducted during the first half of the pilot project, conducted during Fall 2007, showed great results and we've attached a copy for review. HYSN will be involved in conducting both immediate evaluation of the MPC curriculum presentations as well as measuring the participating students for retention of information at the 3 month and, as possible, at the 6 month post-presentation time frames. HYSN and PPH will work together to prepare findings to report to the participating schools and other public agencies as possible.

Please see a new Letter of Support from Hawaii Youth Services Network attached to this request, as well as the letter attached to application last year (this letter and agreement are still in force).

C. Facilities

The applicant shall provide a description of its facilities and demonstrate its adequacy in relation to the request. Also describe how the facilities meet ADA requirements, as applicable.

Planned Parenthood of Hawaii operates three clinics in the state of Hawaii. The Honolulu clinic is located at 1350 S. King Street, Suite 310, Honolulu HI 96814. On Maui, PPH's clinic is located in the Kahului Office Center, 140 Ho'ohana Street Suite 303, Kahului HI 96732 (808) 871-1176. In Kona-Kailua the PPH clinic is in the Hualalai Medical Center, 75-184 Hualalai Road, Suite 205 Kailua-Kona HI 96740 (808) 329-8211. The administrative offices of Planned Parenthood of Hawaii, including the Educational Department are located at 1350 S. King St., Suite 309, Honolulu, HI 96814.

The PPH administrative offices will be used in setting up the program, interviewing teachers, conducting meetings and other preparation activities. PPH's administrative assistant will also be involved in assisting the Director of Education and Training in managing the program.

Actual MPC educational sessions will be conducted in the various participating schools and will be utilizing school facilities and equipment as needed. PPH will also be bringing in educational materials and computer projection units etc as needed to effectively present the MPC curriculum to students. PPH is ADA compliant in its clinics and meets ADA requirements as identified and addressed by the hosting facilities.

III. Personnel: Project Organization and Staffing

A. Proposed Staffing, Staff Qualifications, Supervision and Training

The applicant shall describe the proposed staffing pattern and proposed service capacity appropriate for the viability of the request.

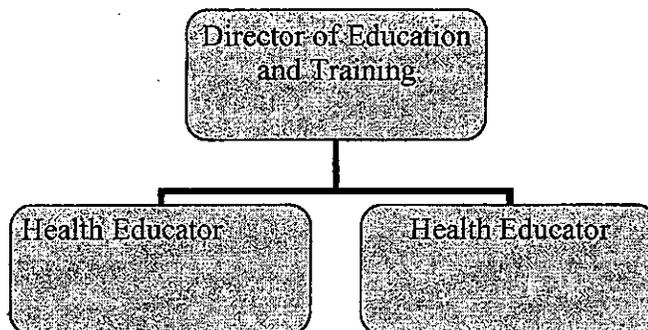
The PPH Director of Education and Training will be responsible for training the Health Educators in the MPC curriculum. PPH Health Educators attend both local and mainland trainings, workshops and conferences. Subsequent trainings, workshops and conferences will be attended based on the relevance to enhancing the skills and knowledge of the health educators relating to the request.

During the first year of implementation (which PPH is completing now), two (2) Full-Time Equivalent Health Educators will be presenting to students. This includes PPH Director of Education and another full-time Health Educator. In actual practice, the PPH staff of two and one additional part-time person will conduct the in-school training. PPH's Qualified Health Educators have a Bachelors degree, experience in working with youth, public speaking and facilitation skills. An intern, in her final year of a Master's in Public Health program is serving as the part-time educator.

B. Organization Chart

The applicant shall illustrate the position of each staff and line of responsibility/ supervision. If the request is part of a large, multi-purpose organization, include an organizational chart that illustrates the placement of this request.

(SEE PPH overall org chart attached to last year's application.) For the purposes of this Grant In Aid request, the following is an org chart of the proposed program. The proposed program will be under the PPH Education Department.



IV. Service Summary and Outcomes

A. Describe the scope of work, tasks and responsibilities.

Scope of work, tasks and responsibilities include:

- The PPH Director of Education and Training will identify and secure the cooperation of three (3) middle/intermediate public schools in which to present the MPC curriculum. These will include the two school in which the program is already being piloted during the 2007/2008 school year, and another, additional school on Oahu during the 2008/2009 school year.
- The MPC curriculum will be presented in a 10 to 18 session timeframe depending on class schedules at the participating schools and the availability of parents for a pre-program informational meeting.
- PPH Director of Education and Training will manage the proposed program and serve as liaison to the participating schools, community and other agencies including the DOE, and Hawaii Youth Services Network (HYSN).
- PPH will be responsible for hiring the Health Educators to present the MPC curriculum.
- PPH Health Educators will be responsible for preparation of their presentations in coordination with and oversight by the PPH Director of Education and Training.
- PPH Health Educators will administer a pre-program evaluation to participating students and share this information with the HYSN for evaluative purposes.
- PPH Health Educators and Director of Education and Training will present a pre-program session for teachers, other school officials and parents as possible and appropriate.
- The PPH Director of Education and Training will work with Hawaii Youth Services Network to ensure program evaluation and follow up with students at the 3 month and, as possible, at the 6 month post program time period.
- The PPH Director of Education and Training will work with Hawaii Youth Services Network to compile and analyze data and present findings to DOE and school officials, and other interested community agencies or individuals after the evaluation of the program.

The following outcomes are anticipated and will be tracked for reporting purposes:

- As many as three middle/intermediate public schools serving at risk student populations in Oahu will be identified and involved in presenting the MPC curriculum during the 2008/2009 school year.
- Youth participating in the MPC curriculum will receive a minimum of eight class sessions in science-based, medically accurate and age appropriate reproductive health and sexuality education.
- Youth participating in the MPC curriculum will be surveyed prior to starting the program to measure their baseline knowledge regarding health sexuality, reproductive health issues and use of protective devices to help them avoid unintended pregnancy or STD infection. This pre-presentation survey will be conducted confidentially by PPH Health Educators in cooperation with the Hawaii

Youth Services Network (HYSN) and be used to measure student's increase in knowledge and adoption of healthy sexual and reproductive behaviors.

- Maintaining student confidentiality, PPH Health Educators and HYSN will identify the number of youth participating in the MPC curriculum who self-report that they are not already sexually active and compare follow up surveys at 3 and, as possible, at the 6 months post-presentation period to track how many have delayed the onset of sexual intercourse.
- As possible and appropriate for the participating schools, teachers and other school officials and parents of students participating in the MPC curriculum will be invited to attend a pre-presentation information session about the materials to be presented and other aspects of the program.
- The proposed MPC curriculum will meet all seven DOE Health Education Standards and assist students in adopting and maintaining healthy behaviors in the context of the seven Priority Content Areas.
- PPH and HYSN will report on the findings of the evaluations and student surveys Present findings of the PPH and HYSN evaluations to the DOE and other agencies, including participating school administrations, as well as the public.
- Expand presentation of the MPC curriculum to another additional two schools in the 2009/2010 school year.

B. The applicant shall provide a projected annual timeline for accomplishing the results or outcomes of the service.

The following timeline represents the 2008/2009 School Year (Fiscal year 7/1/08 - 6/31/09) **SEE ALSO the original Timeline as included in the application submitted January 2007.**

July – August:

- Identify appropriate middle/intermediate public schools to present MPC curriculum. Secure participation of at least one additional school to participate in the test program starting in the Fall 2008 semester.
- Hire two (2) qualified Health Educators. Train Health Educators in the *Making Proud Choices* (MPC) curriculum.

September – December:

- Present the MPC curriculum in at least three schools.

January – May 2009:

- Present MPC curriculum in same schools during the spring semester.
- Conduct appropriate follow up student evaluations and surveys in cooperation with the HYSN staff.

June 2009:

- Present program review to schools with HYSN. Using feedback and input from schools make adjustments as necessary.
- Expand program to at least two more schools for the coming school year to result in a total of three to five schools to be receiving science-based sexuality and reproductive health education utilizing the MPC curriculum.

V. Financial

Budget

The applicant shall submit a budget utilizing the enclosed budget forms as applicable, to detail the cost of the request.

Attached budget and budget justification reflect amount originally requested last session, January 2007.

VI. Other

A. Litigation

The applicant shall disclose any pending litigation to which they are a party, including the disclosure of any outstanding judgement. If applicable, please explain.

Not Applicable

B. Licensure or Accreditation

Specify any special qualifications, including but not limited to licensure or accreditation that applicant possesses relevant to this request.

PPH is an affiliate of Planned Parenthood Federation of America. In the most recent accreditation review (Summer 2006), PPH was awarded a full four year accreditation from PPFA.

PPH is a member of Hawaii Youth Services Network (HYSN).

PPH's education department and the PPH Director of Education and Training is a member of the Association of Planned Parenthood Leaders in Education (APPLE). The Director of Education and Training serves on the steering committee of Healthy Youth Hawaii.

PPH clinical and educational services were recently positively reviewed by the federal Title X family planning program.

No other licenses or accreditation are required.

BUDGET REQUEST BY SOURCE OF FUNDS

(Period: July 1, 2008 to June 30, 2009)

Applicant: Planned Parenthood of Hawaii

BUDGET CATEGORIES	Total State Funds Requested (a)	FY 2008 (b)	FY 2009 (c)	(d)
A. PERSONNEL COST				
1. Salaries	85,200		85,200	
2. Payroll Taxes & Assessments	7,208		7,208	
3. Fringe Benefits	8,663		8,663	
TOTAL PERSONNEL COST	101,071		101,071	
B. OTHER CURRENT EXPENSES				
1. Travel expenses	2,820		2,820	
2. Rent	8,604		8,604	
3. Staff Training	690		690	
4. Supplies (educational)	5,000		5,000	
5. Supplies (office)	300		300	
6. Telephone	500		500	
7. Postage	300		300	
8. Mileage	1,000		1,000	
9. Administrative overhead	12,029		12,029	
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
TOTAL OTHER CURRENT EXPENSES	31,243		31,243	
C. EQUIPMENT PURCHASES				
D. MOTOR VEHICLE PURCHASES				
E. CAPITAL				
TOTAL (A+B+C+D+E)	132,314		132,314	
SOURCES OF FUNDING		Budget Prepared By:		
(a) Total State Funds Requested	132,314	Lanny Hughes/Paul St pelc (808) 589-1156 x241x240		
(b)		Name (P. [Redacted]) Phone		
(c)		Signature of Authorized Official 1/28/08		
(d)		Date		
TOTAL REVENUE	132,314	Barry Raff MPH Chief Executive Officer		
		Name and Title (Please type or print)		

**DECLARATION STATEMENT
APPLICANTS FOR GRANTS AND SUBSIDIES
CHAPTER 42F, HAWAII REVISIED STATUTES**

The undersigned authorized representative of the applicant acknowledges that said applicant meets and will comply with all of the following standards for the award of grants and subsidies pursuant to section 42F-103, Hawaii Revised Statutes:

- (1) Is licensed or accredited, in accordance with federal, state, or county statutes, rules, or ordinances, to conduct the activities or provide the services for which a grant or subsidy is awarded;
- (2) Comply with all applicable federal and state laws prohibiting discrimination against any person on the basis of race, color, national origin, religion, creed, sex, age, sexual orientation, or disability;
- (3) Agree not to use state funds for entertainment or lobbying activities; and
- (4) Allow the state agency to which funds for the grant or subsidy were appropriated for expenditure, legislative committees and their staff, and the auditor full access to their records, reports, files, and other related documents and information for purposes of monitoring, measuring the effectiveness, and assuring the proper expenditure of the grant or subsidy.

In addition, a grant or subsidy may be made to an organization only if the organization:

- (1) Is incorporated under the laws of the State; and
- (2) Has bylaws or policies that describe the manner in which the activities or services for which a grant or subsidy is awarded shall be conducted or provided.

Further, a grant or subsidy may be awarded to a non-profit organization only if the organization:

- (1) Has been determined and designated to be a non-profit organization by the Internal Revenue Service; and
- (2) Has a governing board whose members have no material conflict of interest and serve without compensation.

Further, the undersigned authorized representative certifies that this statement is true and correct to the best of the applicant's knowledge.

Planned Parenthood of Hawaii

(Typed Name)

(Signature)

1/28/08
(Date)

Barry Raff MPH

(Typed Name)

Chief Executive Officer

(Title)

HAWAII YOUTH SERVICES NETWORK

677 Ala Moana Boulevard, Suite 702 Honolulu, Hawaii 96813

Phone: (808) 531-2198 Fax: (808) 534-1199

Web site: <http://www.hysn.org> E-mail: info@hysn.org

Joseph Fichter, President

Judith F. Clark, Executive Director

Adolescent Services Program, Kaiser
Permanente Medical Care System

Aloha Pride Center

American Civil Liberties Union of Hawaii

Assistive Technology Resource Ctr. of HI
Bay Clinic, Inc.

Big Brothers Big Sisters of Honolulu

Big Island Substance Abuse Council

Blueprint for Change

Bobby Benson Center

Catholic Charities Hawaii

Central Oahu Youth Services Assn.

Child and Family Service

Coalition for a Drug Free Hawaii

Community Assistance Center

Domestic Violence Clearinghouse
and Legal Hotline

EPIC, Inc.

Family Support Services of West Hawaii

Foster Family Programs of Hawaii

Friends of the Missing Child Center of HI

Hale Kipa, Inc.

Hale Kipa, Inc.

Hawaii Behavioral Health

Hawaii Island YWCA

Hawaii Foster Parent Association

Hawaii Student Television

Healthy Mothers Healthy Babies Coalition

Hina Mauka Teen Care

Kahi Mohala Behavioral Health

Kahuku United Methodist Church

Kama'aina Kids, Inc.

KEY (Kualoa-Heeia Ecumenical Youth)

Project

Kids Behavioral Health

Kids Hurt Too

Life Foundation

Marimed Foundation

The Maui Farm, Inc.

Maui Youth and Family Services

Palama Settlement

P.A.R.E.N.T.S., Inc.

Parents and Children Together (PACT)

Planned Parenthood of Hawaii

Salvation Army Family Intervention Svcs.

Salvation Army Family Treatment Svcs.

Sex Abuse Treatment Center

Susannah Wesley Community Center

Turning Point for Families

Waikiki Health Center

Waikiki Spring Women

World Healing Institute

YWCA of Kauai

Mr. Barry Raff
Executive Director
Planned Parenthood of Hawaii
1350 South King St., Suite 309
Honolulu, Hawaii 96814

Dear Mr. Raff,

We would like to offer our sincerest thank you and appreciation to you and Planned Parenthood of Hawaii for your partnership and collaboration on our Promoting Science-Based Approaches and Programs Project. We would especially like to thank you for allowing Ms. Sonia Blackiston, Director of Education and Training, to conduct trainings on our behalf and implement the *Making Proud Choices* Curriculum.

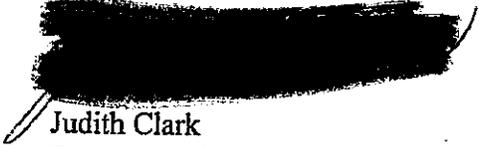
She is an exceptional trainer and facilitator and has received nothing but excellent reviews and comments on her trainer evaluations. Her approach, as well as skills, for teaching sexual health education enables others to find a certain comfort level when trying to teach such a taboo topic, particularly to youth. Her overall demeanor provides a good base to those she trains on how to approach, engage, manage, facilitate and teach youth not only in sexual health, but other topics as well. Her style guarantees that youth will learn and like it!

We would also like to thank Jaimie Hernandez, Planned Parenthood of Hawaii Health Educator, for her excellent facilitation of *Making Proud Choices* with our youth. She and Sonia make a dynamic team!

Again thank you and mahalo!

Sincerely,


Darlene Du Brall
Program Coordinator


Judith Clark
Executive Director

Making Proud Choices Pre-Post Test

1. Gender: 88 (47.1%) Female; 99 (52.9%) Male
2. Age: 12-13
3. Grade: The majority of these students were in 7th grade
4. Ethnicity: 21 (11%) Caucasian; 37 (20%) Native Hawaiian or Pacific Islander; 68 (36%) Asian; 15 (8%) African-American; 11 (6%) Hispanic; 3 (2%) Native American-Alaska Native

	<i>Prior to MPC</i>	<i>At end of MPC</i>	<i>3 Month Follow Up</i>
	<i>Correct answer</i>	<i>Correct answer</i>	<i>Correct answer</i>
1. A girl can get pregnant the first time she has sex, even if she hasn't had her first period yet.	57 (30%)	107 (57%)	108 (58%)
2. Becoming a teen parent makes you an adult.	123 (66%)	134 (72%)	144 (77%)
3. When a boy and a girl have a baby together, it means that they will be in love forever.	161 (86%)	173 (93%)	178 (95%)
4. If you feel uncomfortable with the way someone is touching you, you have the right to say "no."	183 (98%)	183 (98%)	185 (99%)
5. Boys should worry about teen pregnancy, even though they can't get pregnant.	142 (76%)	170 (91%)	165 (88%)
6. Being a teen parent can be hard and can cost a lot of money.	150 (80%)	169 (90%)	172 (92%)
7. Being a teen parent makes it harder to reach your goals.	129 (69%)	176 (94%)	176 (94%)
8. Because teen girls' bodies are still growing, having a baby can be harder on the body.	104 (56%)	139 (74%)	151 (81%)
9. I know where to get or buy condoms.	90 (48%)	161 (86%)	161 (86%)
10. I know how to put on a condom correctly.	29 (16%)	180 (96%)	178 (95%)
11. If I don't use condoms or birth control, I have a higher chance of getting pregnant or getting a girl pregnant.	145 (78%)	170 (91%)	176 (94%)
12. If I don't use condoms, I have a higher chance of getting an STD, including HIV and AIDS.	134 (72%)	184 (98%)	172 (92%)
13. It is important to me that I avoid getting a sexually transmitted disease (STD).	149 (80%)	170 (91%)	176 (94%)
14. It's a good idea to use a condom every single time you have sex.	124 (66%)	176 (94%)	172 (92%)

	Prior to MPC		At End of MPC		3-Month Follow-up	
	<i>I don't have a partner</i>	<i>Yes No</i>	<i>I don't have a partner</i>	<i>Yes No</i>	<i>I don't have a partner</i>	<i>Yes No</i>
15. I can talk to my partner about my feelings.	84 (45%)	68 (36%) 35 (19%)	118 (63%)	62 (33%) 7 (4%)	120 (64%)	60 (32%) 6 (3%)
16. I can talk to my partner about what I want to do or don't want to do.	80 (43%)	79 (42%) 28 (15%)	113 (60%)	66 (35%) 8 (4%)	116 (62%)	66 (35%) 4 (2%)
17. I know how to talk to my partner about sex.	76 (41%)	32 (17%) 79 (42%)	114 (61%)	50 (27%) 23 (12%)	116 (62%)	47 (25%) 24 (13%)
18. I can say "no" if my partner wants to have sex and I don't.	78 (42%)	82 (44%) 27 (14%)	113 (60%)	68 (36%) 6 (3%)	114 (61%)	66 (35%) 6 (3%)
19. I can ask my partner to use a condom or birth control.	81 (43%)	54 (29%) 52 (28%)	113 (60%)	64 (34%) 10 (5%)	114 (61%)	66 (35%) 8 (4%)
20. I can say "no" if my partner wants to have sex without a condom.	80 (43%)	72 (38%) 35 (19%)	113 (60%)	69 (37%) 5 (3%)	116 (62%)	60 (32%) 11 (6%)
21. I know how to make sure that we use a condom if we decide to have sex.	82 (44%)	48 (26%) 57 (31%)	112 (60%)	65 (35%) 10 (5%)	114 (61%)	63 (34%) 10 (5%)
22. If I choose to have sex with my partner, we will use a condom.	80 (43%)	6 (3%) 42 (23%)	114 (61%)	66 (35%) 7 (4%)	114 (61%)	66 (35%) 7 (4%)
23. If I choose to have sex with my partner, we will use birth control along with a condom.	84 (45%)	47 (25%) 58 (31%)	113 (60%)	58 (31%) 16 (9%)	116 (62%)	58 (31%) 13 (7%)

	Prior to MPC		At End of MPC		3-Month Follow-up	
	Never had	Ever	Never had	Ever	Never had	Ever
24. During the <u>last 3 months</u> , about how many times have you had sexual intercourse (vaginal, oral, anal)?	177 (95%) 9 left it blank	1 student said "10" times	179 (96%) 5 left it blank	2 said "2" times and 1 said "25" times.	180 (96%) 4 left it blank	2 said "1" time, 1 said "2" times, 1 said "3" times
25. During the last 3 months, with how many different partners did you have sexual intercourse (vaginal, oral, anal)?	176 (94%) 10 left it blank	1 student said "1" partner	180 (96%) 5 left it blank	1 said "1" partner, 1 said "2" partners	180 (96%) 4 left it blank	2 said "1" partner, 2 said "2" partners

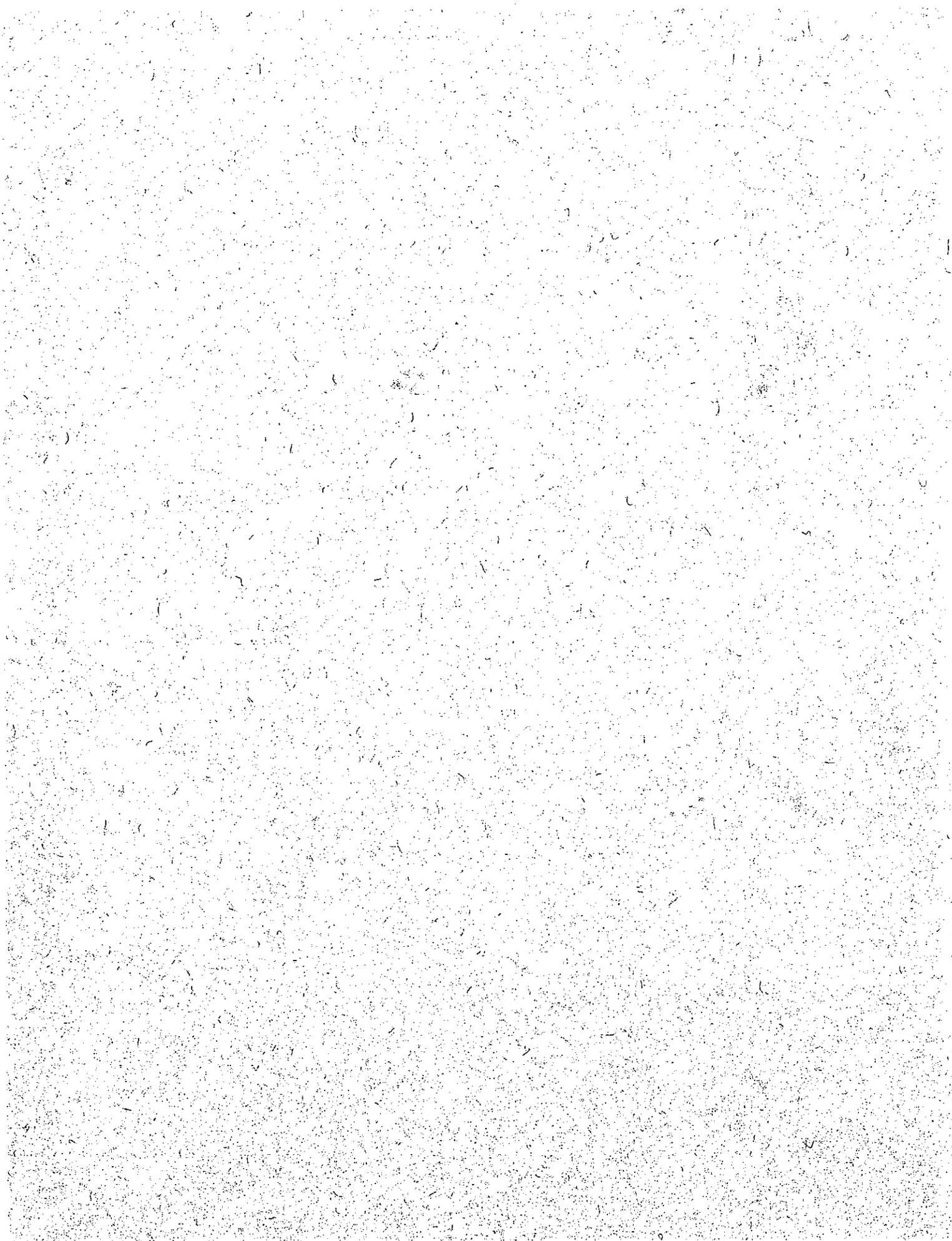
Making Proud Choices Pre-Post Test

1. Gender: 56 (48.7%) Female; 59 (51.3%) Male
2. Age: 12-13
3. Grade: The majority of these students were in 7th grade
4. Ethnicity: 15 (13%) Caucasian; 32 (28%) Native Hawaiian or Pacific Islander; 61 (53%) Asian; 10 (9%) African-American; 5 (4%) Hispanic; 5(4%) Native American-Alaska Native

	<i>Pretest</i>	<i>Posttest</i>
	<i>Correct answer</i>	<i>Correct answer</i>
1. A girl can get pregnant the first time she has sex, even if she hasn't had her first period yet.	23 (20%)	62 (54%)
2. Becoming a teen parent makes you an adult.	81 (70%)	89 (77%)
3. When a boy and a girl have a baby together, it means that they will be in love forever.	103 (90%)	107 (93%)
4. If you feel uncomfortable with the way someone is touching you, you have the right to say "no."	112 (97%)	112 (97%)
5. Boys should worry about teen pregnancy, even though they can't get pregnant.	99 (86%)	105 (91%)
6. Being a teen parent can be hard and can cost a lot of money.	111 (97%)	113 (98%)
7. Being a teen parent makes it harder to reach your goals.	109 (95%)	113 (98%)
8. Because teen girls' bodies are still growing, having a baby can be harder on the body.	89 (77%)	100 (87%)
9. I know where to get or buy condoms.	43 (37%)	101 (88%)
10. I know how to put on a condom correctly.	17 (15%)	110 (96%)
11. If I don't use condoms or birth control, I have a higher chance of getting pregnant or getting a girl pregnant.	87 (76%)	109 (95%)
12. If I don't use condoms, I have a higher chance of getting an STD, including HIV and AIDS.	80 (70%)	111 (97%)
13. It is important to me that I avoid getting a sexually transmitted disease (STD).	104 (90%)	111 (97%)
14. It's a good idea to use a condom every single time you have sex.	63 (55%)	111 (97%)

	Pretest		Posttest	
	<i>I don't have a partner</i>	<i>Yes No</i>	<i>I don't have a partner</i>	<i>Yes No</i>
15. I can talk to my partner about my feelings.	91 (79%)	17 (15%) 7 (6%)	93 (81%)	20 (17%) 2 (2%)
16. I can talk to my partner about what I want to do or don't want to do.	88 (77%)	22 (19%) 5 (4%)	91 (79%)	21 (18%) 3 (3%)
17. I know how to talk to my partner about sex.	87 (76%)	13 (11%) 15 (13%)	90 (78%)	21 (18%) 4 (3%)
18. I can say "no" if my partner wants to have sex and I don't.	89 (77%)	18 (16%) 8 (7%)	90 (78%)	22 (19%) 3 (3%)
19. I can ask my partner to use a condom or birth control.	89 (77%)	14 (12%) 12 (10%)	91 (79%)	22 (19%) 2 (2%)
20. I can say "no" if my partner wants to have sex without a condom.	90 (78%)	14 (12%) 11 (10%)	91 (79%)	21 (18%) 3 (3%)
21. I know how to make sure that we use a condom if we decide to have sex.	87 (76%)	14 (12%) 14 (12%)	90 (78%)	23 (20%) 2 (2%)
22. If I choose to have sex with my partner, we will use a condom.	88 (77%)	16 (14%) 11 (10%)	90 (78%)	24 (21%) 1 (1%)
23. If I choose to have sex with my partner, we will use birth control along with a condom.	88 (77%)	14 (12%) 13 (11%)	90 (78%)	22 (19%) 3 (3%)

	Pretest		Posttest	
	Never had	Ever	Never had	Ever
24. During the <u>last 3 months</u> , about how many times have you had sexual intercourse (vaginal, oral, anal)?	112 (97%) 3 left it blank		115 (100%)	
25. During the last 3 months, with how many different partners did you have sexual intercourse (vaginal, oral, anal)?	112 (97%) 3 left it blank		115 (100%)	



 **PLANNED
PARENTHOOD®
OF HAWAII**

www.pphi.org

January 30, 2008

Administrative Offices

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(808) 589-1156
fax: 589-1404

Mr. Aaron Nyuha, Staff
Senate Committee on Ways and Means
State Capitol, Rm. 210
Honolulu HI 96813

Honolulu Clinic

1350 S. King Street
Suite 310
Honolulu, Hawaii 96814
(808) 589-1149
fax: 589-1160

Dear Mr. Nyuha:

Please accept this letter as notification that Planned Parenthood of Hawaii (PPH) requires second year funding for the request we submitted during the 2007 Legislative Session for Grant-In-Aid funding.

Kona Clinic

75-184 Hualalai Road
Suite 205
Kailua-Kona, Hawaii 96740
(808) 329-8211
fax: 329-8222

Per the instructions for the 2008-2009 Supplemental Budget Grants-In-Aid, point # 6, we are not required to formally submit a new application because our previous GIA submittal requested funding for both fiscal years of the biennium. However, we have made minor adjustments to the request narrative, removing timelines and objectives that related specifically to the current fiscal year. Other adjustments to the program do not constitute substantial modification and thus we are seeking the same amount of funding as previously requested for funding in 2008-2009. That is \$132,414.

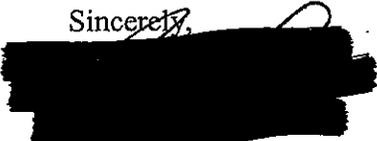
Kahului Clinic

10 Hoohāna Street
Suite 303
Kahului, Maui 96732
(808) 871-1176
fax: 871-1131

Although we were not funded in the previous session, PPH has conducted a "pilot" program of direct education that utilizes the *Making Proud Choices* curriculum in two schools on Oahu during the current school year and fiscal year that started July 1, 2007. This was originally outlined in the request submitted last year. Included with the application are some additional attachments to show the success of the current pilot project.

Thank you for your interest in this matter. If you should require additional information or clarification on this request, or any aspect of our educational programs, please feel free to contact Sonia Blackiston, our Director of Education and Training, at 589-1156 Ext. 243.

Sincerely,


Barry Raff, MPH
CEO

*Compassionate, confidential and affordable
reproductive health care, education and advocacy
since 1966*

