

Frequent Questions and Answers (FAQs)

1. What is FOA PS-13-1308?

The Centers for Disease Control and Prevention (CDC) announced the availability of funds in 2013 to implement FOA PS 13-1308, *Promoting Adolescent Health through School-Based HIV/STD Prevention and School-Based Surveillance*. The project is for 5 years, with an initial award date of August 1, 2013.

This FOA will build the capacity of state, territorial, and local agencies and support the efforts of national, non-governmental organizations (NGO) to help school districts and schools develop and implement sustainable program activities to:

- Reduce HIV infection and other STD among adolescents; and
- Reduce disparities in HIV infection and other STD experienced by specific adolescent sub-populations.

It is also expected that applicants' activities will reinforce efforts to reduce teen pregnancy rates.

The Department of Public Instruction is responsible for implementing FOA PS-13-1308 for the state of North Carolina.

2. Who is funding FOA PS-13-1308?

The Centers for Disease Control and Prevention (CDC) provide this funding annually and the project is administered out of the Division of Adolescent and School Health. For more information, visit: <http://www.cdc.gov/healthyouth/fundedpartners/1308/index.htm>

3. How are FOA PS-13-1308 funds used at the state level?

An average of \$385,000 are awarded to the Department of Public Instruction annually. In addition to these funds, the NC Department of Public Instruction is awarded \$65,000 annually as part of PS-13-1308 to administer the Youth Risk Behavior Survey (YRBS) and Profiles.

Funds are used to support a full-time HIV/AIDS Consultant who works with 15 priority districts, as well as a full-time evaluator/data specialist to oversee YRBS and Profiles administration. In addition to staff support, funds are used to provide professional development and training in the areas of exemplary sexual health education, access to sexual health services, and safe and supportive environments for students and staff, as well as resources, e.g., the "Successfully Teaching Health" manuals.

4. What activities are schools being asked to implement to address HIV/STD prevention?

There are two strategies CDC has funded states to address: 1) school-based surveillance through Youth Risk Behavior Survey (YRBS) and Profiles, and 2) school-based HIV/STD Prevention via four approaches.

The four approaches include:

- Exemplary Sexual Health Education (ESHE)
 - Example: Establish a written MS/HS standard course of study or curriculum framework that reflects ESHE.
- Key Sexual Health Services
 - Example: Establish a referral system with partner organizations that have expertise in adolescent sexual health services.
- Safe and Supportive Environments for Students and Staff
 - Example: Implement policies and procedures to prevent bullying and sexual harassment on school property and off-campus at school-sponsored events.
- Educate Decision Makers on Policy
 - Example: Establish and maintain state and district-level School Health Advisory Councils (SHACs)

5. How do funded activities align with information that is to be taught under House Bill 88 (Reproductive Health and Safety Education - RHSE), also known as the “Healthy Youth Act of 2009?”

As part of FOA PS-13-1308, districts are encouraged to use the NC developed “Successfully Teaching Health” manuals that address scope and sequence for K-12, including sexual health education. These manuals were developed by the NC School Health Training Center and can be purchased from the NC Association for the Advancement of Health Education.

6. What is the Youth Risk Behavior Survey (YRBS)?

The Youth Risk Behavior Survey is a national assessment to monitor priority health risk behaviors that contribute to the leading causes of death, disability, and social problems among youth and adults in the United States. The six key behaviors include:

- Behaviors that contribute to unintentional injuries and violence.
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted infections, including HIV infection.
- Alcohol and other drug use.
- Tobacco use.
- Unhealthy dietary behaviors.
- Inadequate physical activity.

In addition, YRBS monitors the prevalence of obesity and asthma.

YRBS is administered by NC Department of Public Instruction every spring in the odd-numbered years with high school students.

Some states and large urban districts may also choose to conduct the survey with the middle school population.

You can learn more about YRBS at: <http://www.cdc.gov/healthyyouth/data/yrbs/>

7. What is Profiles?

The School Health Profiles (Profiles) is a system of surveys assessing school health policies and practices in states, large urban school districts, territories, and tribal governments. Profiles surveys are conducted in the even numbered years among a sample of schools with middle and high school principals and lead health education teachers.

Profiles monitors the status of:

- School health education requirements and content.
- Physical education and physical activity.
- School health policies related to HIV infection/AIDS, tobacco-use prevention, and nutrition.
- Asthma management activities.
- Family and community involvement in school health programs.
- School health coordination.

You can learn more about Profiles at: <http://www.cdc.gov/healthyyouth/profiles/index.htm>

8. Who is eligible to receive funds disseminated at the state level?

The PS-13-1308 FOA called on states to intensely target up to a maximum of 15 priority school districts. The LEAs were prioritized based on rates of HIV, free and reduced price lunch eligibility and academic risk factors (e.g. poor attendance and low graduation rates). North Carolina identified and invited ~25 school districts to attend a Summit in 2013 to learn more about a collaborative effort with NC Department of Public Instruction. Interested school districts entered into a Memorandum of Agreement to receive limited funding and technical assistance to address school-based surveillance and school-based HIV/STD prevention.

There were additional considerations, as NC Department of Public Instruction partnered with the NC Division of Public Health for their CDC PS-13-1305 funding to work with schools on physical activity and nutrition, as well as chronic disease management. Other risk factors including obesity rates, asthma rates, and diabetes rates helped to identify high priority LEAs.

NC Department of Public Instruction will work with the 15 priority districts throughout the remainder of the funding period for PS-13-1308. No other LEAs are eligible for funding at this time.

9. Who are the 15 priority districts collaborating with the NC Department of Public Instruction?

- Bertie County Schools
- Charlotte-Mecklenburg Schools
- Cumberland County Schools
- Duplin County Schools
- Durham Public Schools
- Gaston County Schools
- Greene County Schools
- Hertford County Schools
- Hyde County Schools
- Iredell-Statesville Schools
- Jones County Schools
- Richmond County Schools
- Public Schools of Robeson County
- Thomasville City Schools
- Vance County Schools