

prevention services, and by contributing their outreach capabilities to raise awareness and encourage males to address their own health care needs. Key factors in the success of this complementary arrangement between CBOs and the clinical service delivery system are that CBOs integrate health-related services as part of their mission and activities, and that clinical providers reinforce the validity of CBOs as partners in the delivery of health promotion and disease prevention services.

Preliminary evaluation results from the research grants awarded in the mid-1990s suggests that participants in the OFP-funded male programs exhibited increased knowledge about family planning, reproductive health, and male responsibility related to their own health and the health of their partners and families compared with their knowledge prior to participation. Some areas where these programs were implemented have shown a marked reduction in teen pregnancy among the target population. In addition, preliminary assessment suggests that CBOs have the capability and commitment to improve program effectiveness and cost efficiency.

For over five years, national policy leaders and constituents have encouraged OFP to explore ways to involve CBOs in the provision of family planning and reproductive health services for males. The community-based family planning/reproductive health research programs for males have received strong community support. They have filled a gap in the service delivery system. Continued research efforts to refine models of service delivery, to test replicability of such models, and to address cost efficiency issues related to delivering male family planning and related health services will contribute to successful programs in CBOs, including FBOs.

Purposes of the Grant

The purpose of this grant is to expand the research base on program utility, replicability and cost-effectiveness of family planning and related health programs serving males. Continued scientific evaluation of the extent to which these programs and approaches produce their intended effect is crucial. Grants to be made under this announcement will build upon what was learned as a result of the last cycle of OFP-funded male research projects, and will focus on utility, replicability, and cost-effectiveness. In addition to conducting an evaluation of their individual projects, successful applicants must be prepared to

participate in a cross-site evaluation, to be conducted by an independent entity, to assess program efficiency and effectiveness across all projects funded under this announcement.

In order to expand the research base on program utility, replicability and cost-effectiveness of family planning and related health programs serving males, OPA is soliciting applications for projects that focus on one or more of the following areas as they relate to males:

1. Testing of existing curricula or models for providing information and education to males regarding male development and reproductive health, relationships, responsibility, extra-marital abstinence, marriage and family formation, fatherhood, contraceptive services and STD prevention;
2. Modifying and testing existing curricula or models for providing male family planning/reproductive health information, education and/or clinical services to different, identified categories (e.g., different age groups, geography, race/ethnicity, etc.);
3. Testing of innovative approaches for providing family planning/reproductive health counseling and services to males.

Please note that *no* grant funds may be used for curriculum development. Existing curricula, or adaptations of existing curricula, which have been evaluated and found to be successful, should be used.

Applicants should familiarize themselves with *Healthy People 2010*—Chapter 11, “Health Communication” and the document “Community-Based Sexual and Reproductive Health Promotion and Education Programs for Males: Components that Work.” Copies of both of these documents are included in the application kit.

Cost per Participant

In investigating best practice approaches to providing family planning and reproductive health information, education and clinical services to males, the cost per participant depends upon the type of service provided. For example, the cost per participant for information and education programs is almost always less than the participant cost for clinical services. However, the lower cost per participant of providing information and education programs may be offset by a larger number of persons reached. In general, the cost of providing information and education programs is related to whether or not there is direct contact with participants, the number of participants in a session, the time spent during the session, the number of sessions, and the qualifications of the

person(s) providing services. General guidelines for what education components should cost can be derived from the intensity level of provider-client interactions. Intensity level is a function of both the quality and quantity of contact time with individual clients, ranging from dissemination of information and educational materials with little or no contact with individuals; to less intense group meetings, used mainly for information exchange; to more intense interactions, such as those used to bring about behavior change.

Depending upon the services proposed, cost per participant served should range from approximately \$50 to \$300. Programs emphasizing materials (e.g., brochure distribution, intermittent presentations, local media campaigns, etc.) will be funded at the lower range, and will be based largely on the cost of materials dissemination or media campaign development and implementation. Costs should emphasize staffing and materials as they relate to the purpose of this announcement and proposed program.

Services involving direct person to person contact, such as delivery of health information and education in a structured series of small group sessions will generally be funded at the middle of the funding range. Cost emphasis should be on staffing, facility, materials, etc. as they relate to the purpose of this announcement and the proposed program.

Applicants proposing to provide individual treatment and/or functional support may incur higher costs. Budget requests should emphasize staff, facilities, materials, equipment, etc. to provide individual counseling or treatment, in addition to family planning/reproductive health information and education. These projects will be funded in the upper range. A minimal number of these higher cost projects will be funded.

The overall cost of the project will be determined by the type(s) of services provided. It is expected that the majority of projects will be of moderate intensity and funded in the mid-range.

II. Award Information

OPA intends to make available approximately \$2.5 million to support an estimated 10–15 community-based research grants. Awards will range from \$100,000 to \$250,000 per year. Grants will be funded in annual increments (budget periods) and may be approved for a project period of up to five years. A match of non-Federal funds will not be required. Funding for all budget periods beyond the first year of the grant