

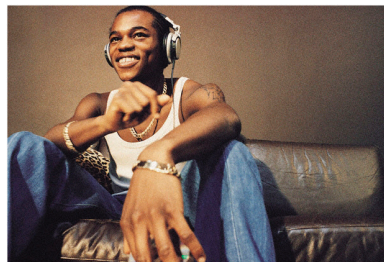


SMARTool 2.0

Systematic Method for Assessing Risk-avoidance Tool



Assessing Potential Effectiveness for Sexual Risk Avoidance Curricula and Programs



developed by



The Center for Relationship Education

Making Relationships Work



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Three core consultants helped developed the original SMARTool (2009) and provided significant conceptual, technical and editorial guidance throughout the process.

Alma L. Golden, MD, served as chair of the core consultants; and led strategic development and organization, applied research, public health and policy assessment; and was instrumental in writing the manuscript of this document. From 2002 to 2006, Dr. Golden served as Deputy Assistant Secretary of the Office of Population Affairs (OPA) in the U.S. Department of Health and Human Services (HHS) where she directed abstinence and other adolescent programs, family planning, and abstinence education evaluation systems. She convened the first Abstinence Evaluation Conference sponsored by HHS. Dr. Golden served in the Department of Pediatrics, Texas A&M University Health Science Center and currently serves as the Deputy Assistant Administrator, Bureau of Global Health, US Agency for International Development (USAID).

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INTRODUCTION

Cultural influences and messaging presents young people with mixed and often risky messages about engaging in sexual activity. How can parents, schools, medical professionals, and community and faith-based organizations provide the type of sex education that helps youth understand and avoid sexual risk?¹ What elements are needed to assist adolescents to make healthy choices for their young lives that would lead them on the path of optimal wellness and life success?

In 2004 The Center for Relationship Education was awarded a five-year cooperative agreement from the Centers for Disease Control, Division of Adolescent, and School Health (DASH) to apply science to sexual risk avoidance programming. Throughout the five years of the project, independent researchers across the country completed a deep dive into the literature searching for protective factors that would enable adolescents to avoid sexual activity.

THE ORIGINAL SMARTOOL DEVELOPMENT PROCESS

- Reviewed existing research in the areas of risk avoidance education for sexual involvement,

substance use (drug, alcohol, and tobacco), violence, comprehensive sex education, abstinence education, community youth programming, parent involvement, and educational methodologies.

- Convened two Expert Panel meetings attended by experienced researchers, public policy personnel, physicians, educators, and youth program developers.
- Initiated development of the SMARTool to address both Expert Panel concerns as well as CDC goals.
- Continued refinement of the SMARTool document and resources in collaboration with the CDC-DASH project officer, two PhD experts in youth sexuality program evaluation, and a physician with expertise in public policy and health interventions.
- Conducted two formal input sessions in which the SMARTool was presented to a panel representative of prospective users to secure feedback regarding content, relevance and usability.
- Obtained document review by professionals with expertise in evaluation, adolescent mental health, education, adolescent health, and abstinence education.

- Completed a CDC-DASH review of the SMARTool to ensure alignment with CDC goals and received approval for dissemination.

Through the aforementioned process, common themes from the literature emerged to create the SMARTool (Systematic Method for Assessing Risk-Avoidance Tool). Bringing together Subject Matter Experts across the country to collaborate on this project resulted in an academically rigorous curriculum analysis tool that would help the field of sexual risk avoidance programming personnel be more informed and have an evidentiary basis for the curriculum they were going to choose and implement with diverse population groups. This tool then went through the CDC clearance process to ensure alignment with the literature, medical accuracy, age-appropriate messaging and state of the art child pedagogical practices. It was approved by the CDC-DASH Clearance Process in 2008.

The updated and revised SMARTool 2.0 includes emerging themes important to an optimal health outcome within the sexual risk avoidance approach, and is the result of an environmental scan of the adolescent health literature that was designed to inform the SMARTool updates.

WHAT IS SEXUAL RISK AVOIDANCE (SRA) EDUCATION?

Sexual risk avoidance education is defined in legislation and while there is some variance in the language, there are several core elements: (1) SRA education must focus on the benefits of voluntarily refraining from nonmarital sexual activity. Within that context SRA education must, (2) present medically-accurate and age-appropriate information; (3) implement an evidence-based approach; (4) provide skills on healthy relationship development; (5) help students develop personal responsibility, self-regulation, and healthy decision making; (6) include teaching on other health risk behaviors such as substance use; and (7) promote parent involvement and communication.^{2, 3, 4} The SMARTool covers these topics and more, helping educators and curriculum developers meet legislative requirements for SRA education.

This updated Systematic Method for Assessing Risk-avoidance Tool (SMARTool) is a research-based program tool designed to help organizations assess, select, and implement effective programs and curricula that support sexual risk avoidance. By systematically listing and explaining the key elements to be considered, the SMARTool can serve as a resource to curriculum developers and educators and offers methods for comparing different curricula to one another and providing a system to choose

a research-aligned curriculum to implement in different population groups.

By promoting research and evidence-based components of sexual risk avoidance programs and curricula, the SMARTool program guide can also be used to improve effectiveness as they are implemented.

The SMARTool addresses several common questions faced by organizations considering different sex education options.

1. Why is sex education important?

Healthy habits, social supports, a safe and stable family structure, personal competencies, relationship skills, resiliency, protective factors, impulse control, academic achievement, opportunities, and identified short and long-term goals during the teen years often predict well-being and societal productivity in years to come.

2. Why should we utilize a sexual risk avoidance approach?

Research shows that teens who wait to have sex increase their chances for a happier marriage, healthier future family, a life of personal responsibility, and productive citizenship. Sexually transmitted infections (STIs), nonmarital pregnancies, broken relationships and divorce, as well as other health risk behaviors, are more common among those who become sexually involved during early adolescence.^{5,6,7,8,9} The research also reveals that

when teens have sex, besides the risk of pregnancy and STIs, the following negative life outcomes are more likely to occur, often persisting into adulthood:

- Reduced academic achievement (not necessarily linked to pregnancy)¹⁰
- Decreased general physical and psychological health, including depression¹¹
- More involvement in other risky behaviors such as smoking, drinking, and substance use¹²
- More likely to participate in anti-social or delinquent behavior¹³
- Less likely to exercise self-efficacy and self-regulation¹⁴
- Less financial net worth and more likely to live in poverty¹⁵

3. Is SRA education inclusive and relevant to lesbian, gay, bisexual, and transgender (LGBT) teens?

Encouraging young people, irrespective of their sexual orientation, to delay sex promotes equality in health for all. Sexual risk avoidance (SRA) programs share universally transferable principles from which all students can benefit including:

- Sexual delay¹⁶
- Fewer lifetime partners¹⁷

- Developing healthy relationships¹⁸
- Setting boundaries¹⁹

Reserving sex for a lifetime, faithful, monogamous and uninfected partner are protective factors that help all teens avoid risk.²⁰ In addition, the holistic nature of SRA programs address broader, generalized topics regarding adolescent development relevant to all teens.

4. Is the SRA message relevant to sexually active teens?

Sexually experienced teens receive the skills and positive empowerment to make healthier choices in the future as a result of SRA education. A published study demonstrated that those enrolled in an SRA program were much more likely to choose to abstain than their sexually experienced peers who did not receive SRA education.²¹ And further, about one half of sexually active 18- and 19-year olds wish they had waited longer before becoming sexually active.²²

The SRA message is important to all teens regardless of orientation or sexual experience. Every teen deserves to receive the knowledge and skills needed to achieve optimal health. To do otherwise exhibits an unacceptable form of “advantage discrimination” to those at greatest risk.²³

5. Why should SRA programs address issues involving consent, sexual assault and dating violence?

SRA education employs a holistic approach to sex and healthy relationship-building, focusing on the well-being of the whole person. Each of these issues seriously impacts an understanding of the components of healthy relationship development and thus the need to recognize, escape and prevent assault and violence is important.^{24, 25, 26, 27, 28,}
²⁹ On the issue of consent, SRA programs routinely acquaint teens of their states’ age of consent laws and their rights and responsibilities under those laws. SRA programs are also careful to guide teens beyond mere consent as the arbiter for sexual activity to a broader understanding of the importance of delaying sex, preferably until marriage, with mutual respect, healthy relationship development, and a focus on future goals.

6. Why are SRA programs important to helping teens become healthy, thriving, successful adults?

SRA programs focus on the whole person by sharing the relationship between healthy decision-making and future life outcomes. Programs teach the skills of the success sequence which is characterized as an orderly life script, that when implemented in sequence, dramatically reduces the chance that youth will live

in poverty as adults. This research informs us that if one finishes school, gets a job and has children after getting married, they risk only a 2% chance of living in poverty.³⁰ In addition, SRA programs discuss the components of healthy relationships, future family formation, and the impact that waiting for sex can have on academic success. Research shows that teens who wait to have sex increase their chances for a happier marriage, healthier future family, a life of personal responsibility, and productive citizenship.³¹ The research also reveals that when teens have sex, besides the risk of pregnancy and STIs, negative life outcomes are more likely to occur, often persisting into adulthood.³²

7. What have we learned?

Well-designed interventions and discussions can improve health behaviors and outcomes. Effective sex education and relationship interventions are characterized by well-defined goals, a focus on targeted behaviors, clear and consistent messages, varied educational methods, and accurate information.³³ The interventions should provide sufficient dosage to help learners develop the knowledge, attitudes, skills and intentions that are needed to avoid nonmarital sexual activity.

8. How does the research inform us regarding curricula selection?

Recently, a new environmental scan of adolescent health literature was undertaken to update the SMARTool and confirm that the nine protective factors predict sexual risk avoidance among teens. The scan relied on literature published since the SMARTool's release in 2008. The review of recent literature also included an assessment of whether additional risk and protective factors should be considered for inclusion in the SMARTool. Although not a systematic review, this environmental scan did confirm that the targets of the SMARTool do provide educators an appropriate focus to positively affect youth sexual behaviors. The literature review, along with input from a technical expert panel of SRA and adolescent health experts, informed the development of the updated version of the SMARTool (version 2.0).

The original nine targets of the SMARTool were updated with new research, adding additional information clarifying and expanding on new insights into adolescent health, sex education and effective interventions. Based on this new research a new target was added: Target #2, Healthy relationship development. This target, which grows out of the original first target, expands on topics such as the differences between healthy and unhealthy relationships, mature love, how to end relationships in a healthy manner, conflict

management skills and settling disagreements, and the skills and factors related to healthy future marriages. It also encompasses vital topics such as discussion and skill building to help adolescents recognize and name sexual coercion and intimate partner violence if they experience it from partners. Other updates from the environmental scan include the importance of trauma-informed care and the emerging role of social media in adolescents' lives. These updates will further inform the development and evidence-informed implementation of SRA education in the future.

9. Why is Relationship Development Education and Skill Building Important?

It is easy to feel isolated when life is challenging, and individuals are struggling with stressful situations. Having meaningful, sharing, healthy relationships help adolescents maintain a positive outlook and helps reduce feelings of depression, anxiety, stress and anger. Sharing feelings, concerns, hopes and challenges with others help with human thriving and mental health.³⁴ Much of the social science literature endorses healthy relationships as essential for life success. According to a long-term Stanford University study entitled, the Study of Happiness, Science and Social Connection, the many benefits of social connectedness include increased longevity, emotional regulation capacity and higher self-esteem.³⁵ Additionally,

the 75-year Harvard Study on happiness also informs us that healthy relationships are the basis for individual happiness and well-being.³⁶

Friendship and belonging are protective factors for adolescent sexual risk avoidance and an essential part of healthy growth and development. As young people grow and mature, dating and romantic attachments are cultivated. Teaching research-aligned skills to develop healthy relationships is part of a whole child approach to sexual health. Not surprisingly, teens rank information on relationships as an important component of any sex education class.³⁷

10. What is the Relationship Between Curriculum and Program?

It is important to note the relationship between a "curriculum" and a "program." A curriculum can be characterized as the central focus of a programmatic effort, providing the primary body of information and the recommended activities and teaching methods for presenting information and skills. The program is defined as all the supportive mechanisms that amplify the curriculum such as the number of hours of instruction, scope and sequence of the curriculum, implementation fidelity, faculty support, clear goals and outcomes, sustainability and other curricula supportive factors.³⁸ The curricula can fail or succeed based on the

THE SMARTOOL CONSISTS OF FOUR SECTIONS

PART I - PLANNING:

Planning is when the authority in charge has a process in place to identify goals and objectives, creates a strategy to accomplish outcomes desired, and designs the interventions and steps needed to reach intended goals and objectives.

PART II – CURRICULA CONTENT ASSESSMENT:

Assessing curricula content is defined as identifying learning objectives, assessing clarity of lessons, scope and sequence of implementation, teaching modalities, age-appropriateness, inclusiveness, cultural sensitivity, accuracy, relevant concepts, principles, theoretical frameworks, and learning theories.

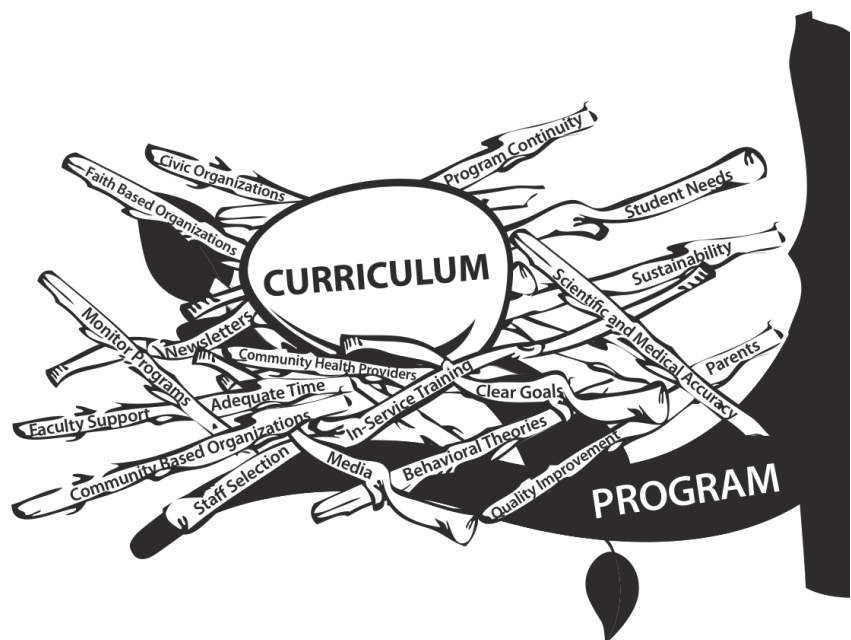
PART III - QUALITY IMPROVEMENT PROGRAM ASSESSMENT:

Quality improvement is defined as the combined and intentional efforts of all involved in service delivery to refine or change programming that will lead to improved student outcomes.

PART IV – COMMUNITY SUPPORT TO BUILD A COMMUNITY SATURATION APPROACH:

Saturation means creating a collective impact model of service delivery by engaging the entire community including parents, students, educators, community and faith-based organizations, medical professionals, business leaders and policy influencers to create a total coverage of similar messaging to students supporting primary prevention, optimal health and well-being. This is also called the Social Ecological Model (see graphic on Definitions page).

program support systems, (see illustration) facilitating activities, and, most notably, the staff selection and preparation used to implement them.³⁹ It is reasonable to consider the curriculum to be the “egg” within the programmatic “nest,” or organizational structure that supports and implements the curriculum’s message.



HOW TO USE THE SMARTOOL PROGRAM GUIDE

The SMARTool provides guidance on both programs and curricula. The SMARTool is designed to help organizations use the most current information and research about the sexual risk avoidance strategy in order to help them identify a sex education curriculum that best fits their organization's and community's needs and goals. To make the comparison and selection process easier, there are questions that correspond to each part of the SMARTool, as well as options for comments, concerns, and summary scores.

As the questions are completed for each curriculum under consideration, they can help a group of reviewers discuss their reactions to the curricula being compared, their ratings of each curriculum's strengths and weaknesses, and their overall sense of which curriculum would provide the best match for an organization and community.

The questions are intended as prompts for full, systematic discussions of different

curricula. Depending on the organization and community, some questions may seem more relevant than others; some may indicate a need for further discussion, inquiry, or research. The SMARTool may identify a clear choice of curriculum or point to a need for more research and analysis. It may also inform a sound decision about the best fit between a particular curriculum and an organization's and community's needs. When several curricula are being considered, each one should be assessed for alignment with that section's content.

Suggested steps for review include the following:

- Ideally, secure at least three reviewers for each curriculum under review.
- Read each part of the SMARTool, with its associated *Think About Your Program* checklists and questions. Read the proposed curriculum to gain familiarity with its

educational goals, format, and content.

- Use the checklists and questions provided in the SMARTool *Think About Your Program* checklists to help gauge the degree to which each curriculum meets your organization's goals.
- Discuss reviewers' checklist responses and comments to reach consensus on the relative strengths and weaknesses of each curriculum being considered.
- Once a curriculum has been selected, use the Quality Improvement; Program Assessment questions to identify community activities that could augment program effectiveness as the curriculum and program are implemented.

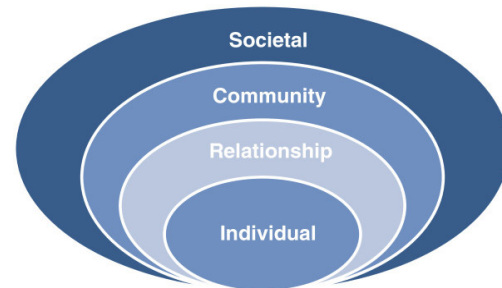
DEFINITIONS

- 1. Age-Appropriate:** Appropriate for the general developmental and social maturity of the targeted age group (as opposed to the cognitive ability to understand a topic, or the atypical maturation, of a small segment of the targeted population).⁴⁰
- 2. Behavioral and Educational Theories:** Behavioral and educational learning theory concerns itself with the way behaviors are learned. Some learning theories are: Bandura's Social Learning Theory, Transtheoretical Behavior Change Theory, Health Belief Model, Theory of Planned Behavior, Theory of Social Norms and others.^{41, 42}
- 3. Community Saturation Approach:** Large and diverse groups of youth-serving-personnel in the community deliver the same clear, consistent and constant messaging to the young people of the community.⁴³
- 4. Cultural Competence:** The ability to interact effectively with people of different cultures which helps to ensure the needs of all community members are met.⁴⁴
- 5. Curriculum and Program:** The term curriculum refers to the lessons and academic content taught in a school or in a specific course or program.⁴⁵ In this context, the program is defined by a series of supportive elements either in the school or community that augment the implementation and messaging in the curriculum.⁴⁶ It is reasonable to consider the curriculum to be the "egg" within the programmatic "nest," or organizational structure that supports and implements the curriculum's message.
- 6. Dating Violence:** Dating abuse from a romantic or sexual partner.⁴⁷ This includes date rape.
- 7. Effective Programs:** Programs are described as effective when conclusions are drawn about the outcome of the program by testing an intervention executed in context of service delivery. Programs are effective when they contain academically rigorous and researched principles or components of effective programs.^{48, 49}
- 8. Evaluation:** The process of measuring a curriculum's or program's effectiveness.⁵⁰
- 9. Evidence-Based Program:** An intervention that produced positive effects on the primary targeted outcomes and these findings are reported in a peer-reviewed journal or the intervention has documented compelling evidence of effectiveness in the jurisdiction the intervention took place.^{51, 52}
- 10. Emerging, Promising, and Best Practices:** Policies, programs and practices can exist on a continuum based on the amount of available research on their effectiveness. Emerging practices incorporate elements, guidelines, and frameworks from other positive or effective practices and have an evaluation plan in place although evaluation data is not yet available. Promising practices have strong data showing positive outcomes, but lack enough research to show that these practices can be generalized to a broader population. Finally, best practices have been shown to be effective with a rigorous process of evaluation and peer-review.⁵³
- 11. Exploitation:** A form of abuse where sex or sexual acts are exchanged for drugs, food, shelter, protection, other basics of life, or money. It may be a part of sex trafficking, which is a type of human trafficking, that can include involving children and youth in creating pornography and sexually explicit websites.⁵⁴
- 12. Fidelity to Programming:** An intervention being delivered as intended by the program developers and in line with the program model.^{55, 56}
- 13. Inclusivity:** The use of different teaching strategies to make learning accessible and safe for every and all students, with the intentional goal that they are valued and respected.⁵⁷
- 14. Intimate Partner Violence (IPV):** Physical violence, sexual violence, stalking, aggression, and/or coercive acts carried out by a current or former intimate partner.⁵⁸
- 15. Optimal Health:** A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.⁵⁹
- 16. Program Monitoring:** The assessment of whether an intervention was implemented and is operating as designed and is reaching its intended target population.⁶⁰

17. **Protective Factors:** Determinants that either discourage behaviors that may lead to negative health outcomes or encourage behaviors that prevent them.⁶¹
18. **Risk-Avoidance Curricula:** Curricula that have as their primary emphasis the avoidance of behaviors that lead to adverse health outcomes.⁶²
19. **Risk Factors:** Determinants that encourage or promote a behavior which may lead to negative outcomes (e.g., early sexual debut, pregnancy, STIs, etc.)⁶³
20. **Risk-Reduction Curricula:** Curricula that have, as their primary emphasis, the reduction in frequency of behaviors that result in adverse health outcomes, or the adoption of additional behaviors that reduce the risk of adverse health outcomes.⁶⁴
21. **Scientifically and Medically Accurate:** Is supported by the weight of research conducted in compliance with accepted scientific methods and is recognized as accurate and objective, meaning that information will be referenced in peer reviewed publications by educational, scientific, governmental, or health organizations.⁶⁵
22. **Sexual Activity:** Voluntary intimate sexual (oral, anal, vaginal and genital) contact.
23. **Sexual Assault:** Any type of sexual activity or contact that someone does not consent to, including through force, threat of force, or under the influence of drugs or alcohol. Sexual assault includes both sexual coercion and rape.⁶⁶
24. **Sexual Coercion:** Unwanted sexual activity that is a result of pressure, threats, trickery, and nonphysical force.⁶⁷
25. **Sexual Harassment:** Unwanted sexual advances or obscene remarks in a school, workplace, or other professional or social situation.⁶⁸
26. **Sexual Risk Avoidance:** A primary prevention holistic strategy for optimal sexual health and wellness. Optimal outcomes for sexual health are defined by avoiding sexual activity until, and, in preparation for marriage and staying faithful to one's partner in marriage. Sexual risk avoidance education is also defined in legislation and while there is some variance in the language, there are several core elements: (1) SRA education must focus on the benefits of voluntarily refraining from nonmarital sexual activity. Within that context SRA education must, (2) present medically-accurate and age-

appropriate information; (3) implement an evidence-based approach; (4) provide skills on healthy relationship development; (5) help students develop personal responsibility, self-regulation, and healthy decision making; (6) include teaching on other health risk behaviors such as substance use; and (7) promote parent involvement and communication.

27. **Social-Ecological Model:** A system for public health and primary prevention that surrounds the individual with prevention messages starting with family then other close relationships, school, community and societal spheres of influence.^{69, 70, 71, 72, 73}



28. **Theoretical frameworks:** The structure that can hold or support a theory of a research study. Additionally, a theoretical framework is a collection of interrelated concepts which guides research, predictors of behavior, determining what concepts to measure and what statistical relationships researchers will observe. For instance, social influences, peer influences, lack of parental influences, or early dating can be a predictor or theory of risk for early sexual debut.^{74, 75, 76}
29. **Trauma-Informed:** Realizes the widespread impact of trauma and understands potential paths for recovery which include.^{77, 78}
 1. Recognizing the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
 2. Responding by fully integrating knowledge about trauma into policies, procedures, and practices; and
 3. Seeking to actively resist re-traumatization.

PART I - PLANNING

Planning is critical when preparing to select or modify sexual risk avoidance curriculum or programming for a community or school organization. When an organization considers its specific goals, needs, and processes, it will be better prepared to develop programs and select curricula.

Program Planning: Establishing Goals and Direction

The program goals will determine the selection of short-term behavior and knowledge objectives, as well as the selection of curricula and activities. Goals may be related to school concerns (such as the impact of teen parenting on drop-out rates),⁷⁹ or the incidence of sexual harassment or assault in school,⁸⁰ and/or student concerns (such as the incidence of STIs or teen pregnancy). Future outcomes, such as preparation for healthy relationships and family formation or perceived lack of future options also can inform goals.^{81, 82}

Educators and program leaders' knowledge of their target audiences creates the foundation for program goals. Essential considerations for the target audience include the age range served;

language, educational and cultural backgrounds; and socioeconomic and family structure patterns. Information regarding current baseline sexual attitudes, behaviors and outcomes (e.g., teen pregnancy or STI rates) can be informative for program planning and implementation.

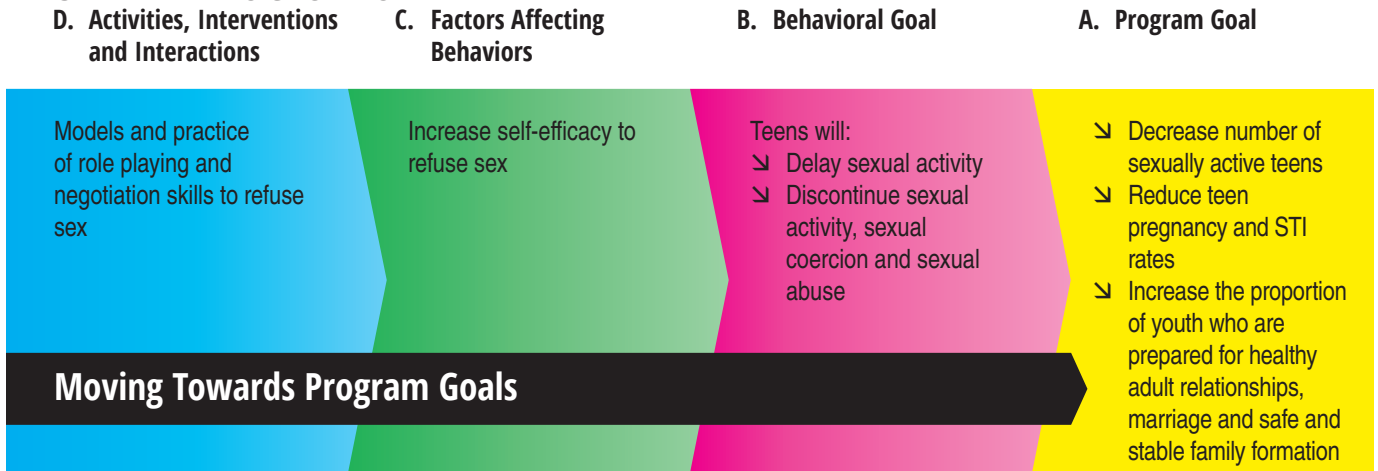
Some communities or school districts encompass a wide range of students from very different population groups, each with its own unique needs and strengths. This necessitates careful selection of goals, materials, personnel, and activities that are relevant to the target audiences served.

Program Goals

- Increase the number of students who value the importance of avoiding risky behaviors
- Increase the number of students who connect avoiding risky behaviors with improved future outcomes
- Increase the number of students who delay the initiation of sex
- Decrease number of sexually active teens
- Decrease number of sexual partners
- Decrease number of times student engages in sexual activity
- Increase the number of sexually active adolescents who are willing to return to a sexual risk avoidance behavioral choice
- Decrease teen pregnancy and STI rates
- Increase the proportion of youth who are prepared for healthy adult relationships, marriage, and safe and stable family formation
- Increase the value of committed love, marriage and healthy family formation
- Increase school safety, kindness and connectedness
- Decrease substance use
- Increase coping skills and resilience
- Increase mental health
- Increase academic achievement
- Increase goal setting and life mapping
- Increase view of positive future



SAMPLE LOGIC MODEL *



* A full sample logic model is included in the appendix along with a template for your program's use.

Identifying Expectations

Families, schools, and communities strongly influence children and youth through public policy, funding streams, programs and expectations. Expectations can be protective by creating and supporting healthy behaviors, or they can be negative. The question must be asked: "Are we as a culture satisfied reducing risk or desire to avoid risk through a primary prevention strategy?"

For example, the goal of reducing vehicular deaths led to the expectation of seat belt usage,⁸³ resulting in fewer automobile injuries and deaths.⁸⁴ The goal of improved opportunities for youth leads to the expectation of school completion, resulting in higher graduation rates.⁸⁵

Expectations often predict outcomes, whether it is a parent expecting chores to be completed or a society expecting volunteerism.^{86, 87} Research informs the field that parental expectations of teen risk-taking behavior may predict the degree to which their teens participate in risky behaviors.⁸⁸

Most sexual risk avoidance educators share the goal or expectation that youth can understand the risks of early sex, that they (when given proper skills and guidance) can choose to delay sexual activity and are capable of establishing safe and stable future families. By contrast, other sex education approaches may anticipate or expect early sexual activity and focus primarily on preparing teens for safer sexual experiences during adolescence. The

goals and philosophy of the sponsoring organization are often translated into program design and curricular implementation.⁸⁹ Accordingly, student perception of program goals and expectations may be a factor in program and behavioral outcomes.

Developing a Logic Model

Effective programs use logical steps to determine goals and move learners to those goals. A visual depiction of this process is sometimes referred to as a logic model and is used to help answer four very important questions:

- A. What program goals do we wish to achieve?
- B. What behaviors can help achieve those goals?
- C. What risk and protective factors affect these behaviors?



D. What activities, interventions, and interactions can improve these factors?⁹⁰

The use of a logic model can help programs articulate goals

and identify logical steps in program development.⁹¹ A portion of a simplified sample logic model for a sexual risk avoidance program is highlighted on page 14. Please see the appendix for

the full sample logic model as well as a template for your program's use. A useful guide to developing logic models can be found at www.cdc.gov/eval/tools/logic_models/index.html.

CURRICULUM PLANNING

Time and Intensity

A generation ago, when schools and community groups began to address risk behaviors, many interventions were designed to promote knowledge, assuming when youth or adults became aware of potential consequences, behavior change would occur. Many large school assemblies on drugs, violence,

STIs, and other risks were held. Some of these one-time, short interventions may have improved health choices, but as research began to track adolescent behaviors, it became clear that enduring behavior change was rarely associated with brief, isolated activities that primarily focused on increasing knowledge.⁹² To achieve behavior change, sexuality and relationship education must offer more than a brief, one-time presentation of facts.

sessions with “booster” events (such as homework, refresher programs, and parent events) more likely to demonstrate changes in knowledge, attitudes, and intentions.^{100, 101, 102, 103, 104} Vulnerable or higher risk populations may benefit from more intensive and longer interventions.^{105, 106}

TIME AND INTENSITY

1. Does the curriculum offer adequate dosage and reinforcement — for example, multiple sessions per grade, and sessions for multiple grade levels?
Yes No Not Sure
2. Do high-risk populations have an opportunity for more intensive interventions or lesson sessions?
Yes No Not Sure
3. Does the curriculum integrate with and supplement other health or character-based education in the school or organization?
Yes No Not Sure

How much time does your school or organization need to invest in sexual risk avoidance programming? Research regarding risk-avoidance interventions and related fields indicates that effective programs often are characterized by sufficient length of time and intensity (dosage), offer multiple sessions per grade, span multiple grades, and target or begin with younger populations when possible.^{93, 94, 95, 96, 97, 98, 99} Effective programs often describe a minimum of 6-10 consecutive program

Flexibility and Sustainability

Investing in a curriculum involves much more than a financial decision for educators and program personnel. It is optimal to select a product that offers cost-effective updates and additional teacher training and resources, as well as offering coordinated learning materials across grade-levels.

In addition, some curricular sources provide links to curricula publishers for advice on the use of materials for special situations or populations. Some curriculum providers send updates on medical or scientific information as data become available.



FLEXIBILITY AND SUSTAINABILITY:

1. Is the curriculum flexible enough to address learner needs across varied demographic student groups?
Yes No Not Sure
2. Is the curriculum flexible enough to meet or complement program needs, based on coordination with existing health education requirements and time constraints?
Yes No Not Sure
3. Can the educators who are paid by the schools be trained to supplement current ongoing classes with this curricula for sustainability through ongoing curriculum delivery?
Yes No Not Sure

Many communities seek materials to supplement existing educational programs that may already have been adopted by the school or organization. For example, some schools may offer health education that includes information on puberty but does not contain lessons on risk avoidance, healthy relationships, resistance skills or preparation for future marriage and parenting. Although most curricula are best used in their entirety, some curricula may be adapted to address the greatest needs of the target population as well as the educational environment.¹⁰⁷

Staff Selection and Training

Staff selection, professional development, and curricular training are critical to teaching sexual risk avoidance sex education.¹⁰⁸ The use of credible

and respected messengers has been shown to enhance attitude change and improve the possibility of behavior change.¹⁰⁹ School-aged youth appear to be more receptive to the messages of sexual risk avoidance education programs when teachers, facilitators, and staff members convey their understanding of the benefits of delaying sexual activity, have the tools they need to communicate those benefits, and personally support the message.¹¹⁰

Program administrators have an important role to play in creating the optimal environment for sexual risk avoidance programs. The leadership can provide support for implementation of the curriculum and involvement of all personnel and organizational activities.

Staff and teachers need to

STAFF SELECTION AND TRAINING:

1. Does the curriculum provide guidance for identifying teaching staff who are comfortable with, and supportive of, the sexual risk avoidance message?
Yes No Not Sure
2. Does the curriculum developer provide teacher training or certification through workshops, conferences, or other venues to improve knowledge and skills?
Yes No Not Sure
3. Are materials available to provide in-service training for all organization personnel?
Yes No Not Sure
4. Are annual content updates and curricular experts available to assure continuous improvement and accuracy?
Yes No Not Sure
5. Are teacher materials, supplemental resources, and lesson plans easy to use and appropriate for effective lessons?
Yes No Not Sure
6. Does the curriculum training include methods for implementing the program with fidelity and passion?
Yes No Not Sure



ensure that they are working to create a nurturing environment that supports all youth and makes them feel valued.^{111, 112} Supportive and positive program settings, including credible and relatable providers and partners, are essential.^{113, 114, 115, 116} In-service training for all program staff or all school faculty members can inform personnel of program goals and may strengthen support for the delay of sexual activity among youth.

Think About Your Program:

Major program planning considerations supported by literature reviewed include:

- Participatory background research – including incorporating activities

that promote program acceptance by not only adolescents but other stakeholders (e.g., parents, communities, schools, health care)^{117, 118, 119}

- Cultural and linguistic considerations – including acknowledgment and incorporation of cultural attitudes and norms that exist to influence any social or health intervention^{120, 121, 122, 123, 124}

- Culturally appropriate content – including implementing interventions that incorporate evidence- or theory-based educational approaches for specific audiences

- Trauma-informed teaching strategies defined by safety, choice, collaboration and empowerment
- Inclusivity defined by safety and participation with content relevant to all students

THINK ABOUT YOUR PROGRAM

Who is the target audience?

What are the goals that the sexual risk avoidance program intends to achieve?

What youth behaviors can help achieve those goals?

What youth risk and protective factors affect those behaviors?

What activities, interventions, and interactions can improve these protective factors?

What knowledge, attitude, intent, and behavior changes are expected in youth during or after participation in the program?

How will effectiveness be measured?



PART II - ASSESSING CURRICULA CONTENT

Targets for Sexual Risk Avoidance Programs

Ten protective factors have been identified through research as appropriate targets for sexual risk avoidance curricula.^{125, 126, 127, 128, 129} Targets that correspond to protective factors that affect the sexual behaviors of youth include:

1. Enhance the knowledge of physical development and sexual risks.
2. Healthy relationship development
3. Support personal attitudes, and beliefs that value sexual risk avoidance.
4. Acknowledge and address common rationalizations for sexual activity.
5. Improve perception of, and independence from, negative peer and social norms.
6. Build personal competencies and self-efficacy to avoid sexual activity.
7. Strengthen personal intention and commitment to avoid sexual activity.
8. Identify and reduce the opportunities for sexual activity.

9. Strengthen future goals and opportunities.

10. Partner with parents.

General Curriculum Considerations

How should sex and relationship education messages be delivered? Teaching techniques that promote personal discovery in learning will allow the learner to receive new information, recognize its personal value, and then apply the information.¹³⁰ Innovative risk-avoidance programs have developed numerous ways to engage youth, often by pairing targeted behaviors with effective pedagogical methods.

In the past 20 years, both programs and curricula have changed significantly. Educational targets evolved from merely transmitting facts to contextualizing those facts around building personal competences and specific skills. The format and educational methods have transitioned from primarily lecture-based models to multiple, varied interactive learning activities.

The transition to multiple educational methods is outlined in the section entitled,

“Educational methods used in effective programming to engage and captivate students.”

In addition to effective targets and innovative educational methods, programs need to identify the other important systems of family and community support to help adolescents delay sex.

Finally, the curriculum should be taught with fidelity to concepts as well as with passion and enthusiasm. The educator or facilitator should be aligned and agree with the messaging being taught. There should be enough content taught over a wide enough span of time so that the students have adequate dosage of the curriculum to obtain the necessary skills and time to process the information imparted by the facilitator.¹³¹

Additional information on evaluation and monitoring for fidelity is provided in Part III – Quality Improvement Program Assessment.

Please refer to Part IV for suggestions on how to involve parents, community organizations, health providers, faith organizations, and media to support an effective program.



EDUCATIONAL METHODS USED IN EFFECTIVE PROGRAMING TO ENGAGE AND CAPTIVATE STUDENTS

LECTURE	JOURNALING
FUN, INTERACTIVE ACTIVITIES	LIFE MAPPING
VIDEO	CREATING BROCHURES
DISCUSSION	TERM PAPER OR REPORTS
QUESTION AND ANSWER	RESEARCHING TOPIC
GAMES	INTERVIEWING SUBJECT
ROLE PLAY	MATTER EXPERT
DRAMA / SKITS	CASE STUDIES
MUSIC / RAPS	PERSONAL COMMITMENT
ESSAY	WORKSHEETS
OBJECT LESSONS	POWERPOINTS
STORIES	GROUP WORK
BRAINSTORMING	TESTIMONIALS
TIMELINES	HOMEWORK
SCRAPBOOKS	PARENT INTERVIEWS
COLLAGES	MENTORING
QUIZZES	PANEL PRESENTATIONS
CLASS PROJECTS	DEBATE
ART PROJECTS	FLASHCARDS

* Use a variety of educational methods to engage all learners

Since many of the incorporated topics in sexual risk avoidance programs address health as well as relationship skill building information,¹³² it is vital to ensure that curricula includes accurate information to increase adolescents' knowledge of their physical development, provide awareness of sexual risk behaviors, and develop clear health goals.¹³³ Youth with less knowledge of sexual health and protective behaviors are more vulnerable to sexual risk taking.¹³⁴ In addition, sexual

risk avoidance interventions and relationship programs often include goals related to planning for personal success, equipping for healthy relationships, and preparing for future marriage and parenting.^{135, 136}

Early risk avoidance programs (such as alcohol, drug and tobacco risk interventions) were often focused on providing knowledge of negative outcomes, such as serious infections and poor pregnancy outcomes. By

contrast, today SRA curricula are more holistic and skill-based as they promote themes across lessons and topics, such as self-discovery, future orientation, friendship development, safe dating strategies, partnering well, character development, compassion and empathy, social intelligence, healthy communication, decision making, self-regulation, how risks cluster together, conflict resolution, adult preparation skills, planning for a successful future – including research to prevent poverty - and increasing self-sufficiency.¹³⁷ Themes should reinforce the program's risk avoidance message and should be strong, clear, consistent, and focused on the target population.¹³⁸

Topics should be age-appropriate as well as scientifically accurate. Effective curricula have 1) content focused on clear health goals (e.g. the prevention of STIs/ HIV and/or pregnancy); 2) instruction regarding specific behaviors leading to these health goals; and 3) clear messages about these behaviors, and situations that might lead to them and how to avoid them.^{139, 140} Many states, and some national organizations (such as CDC) as well as other academic, educational, and medical organizations have developed



age- or grade-appropriate topics that are relevant to the discussion of sexual risk avoidance.

Review of Published Age-Appropriate Topics Process

Many health and education entities as well as state and federal agencies have carefully considered appropriate topics for inclusion in grade-level curricula. In order to identify common themes, health education standards or guidelines were selected for review. Each standard was carefully reviewed by an expert panel consisting of a health educator, a physician, and a research coordinator. Inter-rater reliability was high and agreement on topics was carefully assessed to avoid over- or under-interpretation of the language found in the standards.

All suggested topics were recorded and designated by category (health information, relationship education, decision-making and related skills, legal and protective information, etc.). After documenting the suggested topics by grade level, the results for each standard were aggregated to determine "Universal Topics" recommended by the majority of the standards, and "Common Topics" were outlined by many of the standards..

Although this preliminary review of topics provides important information for sexual risk avoidance programs, it is not intended to dictate curricular content. Target population needs, program goals, and other educational initiatives should be considered.

Age-Appropriate Topics and Resources

National Standards:

- Centers for Disease Control and Prevention. (2012). Health Education Curriculum Analysis Tool (HECAT). Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from <https://www.cdc.gov/healthyyouth/hecat/>
- Joint Committee on National Health Education Standards. (2007). National Health Education Standards: Achieving Excellence (2nd Ed). American Cancer Society.
- Department of Health and Human Services. (n.d.). Healthy People 2020: Social determinants of health. Washington, DC: HHS. Retrieved from <http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health>

Medical Standards:

- Santa Maria, D. & Thickstun, P. (2007). Guidelines for Sexual Health Education

K-12: Key topics and developmental messages. Medical Institute for Sexual Health, Austin Texas. Retrieved from https://www.medinstitute.org/K-12_Guidelines_for_Sexual_Health_Education.pdf

The grid on the following page provides a summary of the most common topics by grade level. Some standards focus primarily on physical development. However, most include healthy relationships, refusal skills, and STIs. Legal topics such as protections regarding sexual assault and coercion, child support, and sexual offender laws have been added in some standards. These existing standards can provide a framework for schools and programs as they develop, enhance or assess their sexual risk avoidance or abstinence education programs.



Review of Published Age-Appropriate Topics

Eight sets of health and science education standards were assessed to determine common themes for sexuality education.

	UNIVERSAL TOPICS Present in 6-8 Standards	COMMON TOPICS Present in 3-5 Standards
6TH-7TH GRADE*	<ul style="list-style-type: none"> ↳ STIs and HIV/AIDS ↳ Other adolescent risk behaviors (alcohol, drugs, and tobacco) ↳ Decision making ↳ Refusal and negotiation skills ↳ Media and internet influences 	<ul style="list-style-type: none"> ↳ Introduction to pubertal development and reproductive anatomy ↳ Conception and pregnancy ↳ Values, beliefs, and attitudes ↳ Goal setting ↳ Commitment to abstain ↳ Connection to parents/family (relationships, influence, and support) ↳ Healthy and unhealthy relationships ↳ Effective communication ↳ Sexual exploitation, coercion, and assault ↳ Sexual harassment, personal violence, and date rape prevention
8TH GRADE	<ul style="list-style-type: none"> ↳ STIs and HIV/AIDS ↳ Refusal and negotiation skills 	<ul style="list-style-type: none"> ↳ Introduction to pubertal development and reproductive anatomy ↳ Conception and pregnancy ↳ Contraception ↳ Other adolescent risk behaviors (alcohol, drugs, and tobacco) ↳ Values, beliefs, and attitudes ↳ Goal setting ↳ Decision making ↳ Commitment to abstain ↳ Connection to parents/family (relationships, influence, and support) ↳ Healthy and unhealthy relationships ↳ Effective communication ↳ Media and Internet influence ↳ Sexual exploitation, coercion, and assault ↳ Sexual harassment, personal violence, and date rape prevention
HIGH SCHOOL	<ul style="list-style-type: none"> ↳ STIs and HIV/AIDS ↳ Other adolescent risk behaviors (alcohol, drugs, and tobacco) ↳ Decision making ↳ Goal setting ↳ Connection to parents (relationships, influence, and support) ↳ Connection to peers (relationships, influence, and support) ↳ Effective communication ↳ Media and Internet influence ↳ Sexual exploitation, coercion, and assault 	<ul style="list-style-type: none"> ↳ Pubertal development and reproductive anatomy ↳ Conception and pregnancy ↳ Contraception ↳ Values, beliefs, and attitudes ↳ Healthy and unhealthy relationships ↳ Refusal and negotiation skills ↳ Sexual harassment, personal violence, and date rape prevention ↳ Parental responsibilities and child support

* Guidelines assumed that the information builds upon each grade level. For example, 6th-7th grades start with a basic overview and there is a progression of information and detail through high school. In addition, some themes may also be addressed in science standards.



10 TARGETS FOR SEXUAL RISK AVOIDANCE CURRICULA



TARGET 1 Enhance knowledge of physical development and sexual risks

Biological human growth and development is essential information for young people to know. Once one knows and understands physical development, one is aware of what is normal, abnormal, how to take care of oneself and how to understand the biological markers of growth. Accurate information about one's body empowers a person to talk about physical issues intelligently and enables healthy well-informed choices and decisions. Using accurate clinical language regarding body parts, especially as it relates to reproduction science and sexual health, elevates and honors the conversation. Additionally, understanding adolescent brain development and the mechanism of cognitive decision making and the limitations of the growing pre-frontal cortex of the brain, adolescents may benefit from adult insight to help them make high level decisions that might affect the trajectory of their

young lives. Regarding sexual risks, it is imperative that teens be given an accurate account of the sexual risks of engaging in sexual activity as a school-

aged child. There are physical, intellectual, emotional, social and financial risks associated with sex too soon.

TARGET 1 CURRICULUM ASSESSMENT

- Does the material presented maintain a clear and consistent risk avoidance approach regarding sexual involvement and other risks?
Yes No Not Sure
- Are further sources of information provided for teachers to obtain additional reliable data, if appropriate?
Yes No Not Sure
- Is the curriculum trauma-informed and inclusive?
Yes No Not Sure
- Is the content scientifically and medically accurate?
Yes No Not Sure
- Are there updated and relevant research citations throughout the material?
Yes No Not Sure
- Does the curriculum utilize a whole child approach to optimal wellness including physical, intellectual, emotional, social, spiritual and financial dimensions of human health?
Yes No Not Sure
- Does the curriculum teach reproductive anatomy and physiology utilizing correct anatomical language that is age appropriate for target audience?
Yes No Not Sure
- Does the curriculum teach the physical and emotional changes that occur during puberty?
Yes No Not Sure
- Does the curriculum teach the science of adolescent brain development?
Yes No Not Sure
- Does the curriculum personalize possible risks associated with adolescent sexual activity such as pregnancy, sexually transmitted infections, social and emotional issues, relationship intensity, academic under-achievement, intimate partner violence or other associated high-risk cluster behaviors such as alcohol and substance abuse?
Yes No Not Sure
- Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?
Yes No Not Sure



TARGET 2

Healthy relationship development

Effective curricula should help adolescents learn about healthy personal relationships and how to navigate the interactions that affect both peer and romantic relationships. Most romantic relationship experiences begin in adolescence, and these early connections often influence patterns they will exhibit into adulthood. Adolescents deserve a chance to develop protective, positive relationship skills.^{141, 142, 143}

Adolescents may lack models of healthy relationships in their lives, which may leave them at risk for challenges when forming healthy attachments.¹⁴⁴ Recent studies show that relationship education is an effective method for influencing adolescents' knowledge of interpersonal skills and their intentions to pursue healthy relationships. Adolescents can also learn to appreciate positive partner values such as trustworthiness, honesty and the ability to develop caring and connectedness in a holistic manner. Relationship pacing, respect and intentionality are also important in learning how to partner well. These concepts

should be operationalized and taught to enhance the knowledge and skills of relationship development. Other positive skills include conflict management, social competence, and setting realistic expectations preparing adolescents to combat some of the messages that romanticize relationships with unrealistic standards and expectations.^{145, 146}

Learning about healthy relationships

Successful relationship education includes topics such as the differences between healthy and unhealthy relationships, understanding that mature love includes equality in the relationship, closeness and autonomy, interest in each other's thoughts and feelings and communicating in a climate of encouragement, safety, healthy conflict resolution and problem-solving skills. Additionally, the ability to deal with change and manage stress are well-developed; and most basic values are shared.^{147, 148}

Students must also learn how to safely end relationships in a healthy manner, and establish skills for developing lifetime partnerships in marriage.^{149, 150, 151} Communication skills are an essential part of healthy relationships. Curricula should promote adolescents' attitudes and skills for open

communication in both pre- and romantic relationships.^{152, 153} Communication as a part of healthy relationships can promote accurate information about the prevalence of these attitudes and behaviors, decreasing risky behaviors overall.¹⁵⁴ There is evidence that relationship education may be particularly effective for disadvantaged youth.¹⁵⁵

Avoiding unhealthy relationships

If healthy relationships are defined by closeness, caring, and emotional support, fidelity, communication and conflict resolution, unhealthy relationships can be seen in the absence of these supportive factors.^{156, 157, 158} More serious aspects of unhealthy relationships (including sexual assault, exploitation, coercion, and harassment, as well as interpersonal violence and date rape) are common learning topics according to the reviewed standards. Defining and fostering discussion on these topics can provide teens with an understanding of these issues. This can lead to both attitudinal change for avoidance of harmful activities as well as awareness of the risk and skills for decreasing vulnerability.^{159, 160, 161}

Sexual coercion is unwanted sexual activity that is a result of pressure, threats, trickery, and nonphysical force. Adolescents



TARGET 2 CURRICULUM ASSESSMENT

1. Does the curriculum teach the science of healthy relationship development and attachment?
Yes No Not Sure
2. Does the curriculum identify qualities of healthy and unhealthy relationships?
Yes No Not Sure
3. Does the curriculum teach communication and conflict resolution skills to maintain healthy relationships?
Yes No Not Sure
4. Does the curriculum address skills regarding setting boundaries?
Yes No Not Sure
5. Does the curriculum address the issue of consent within the fuller context of avoiding all types of sexual risk?
Yes No Not Sure
6. Does the curriculum address issues of the heart and address the relational needs of all individuals regardless of gender or orientation?
Yes No Not Sure
7. Does the curriculum teach healthy ways to end a relationship if the relationship is unhealthy or dangerous?
Yes No Not Sure
8. Does the curriculum build skills to access support or help others do so if experiencing sexual assault, coercion or intimate partner violence?
Yes No Not Sure
9. Does the curriculum foster kindness, dignity and respect for all individuals?
Yes No Not Sure
10. Does the curriculum normalize avoiding sexual activity for youth?
Yes No Not Sure
11. Does the curriculum describe the benefits of healthy relationships and social supports?
Yes No Not Sure
12. Does the curriculum describe the importance and benefits of a healthy marriage and family formation?
Yes No Not Sure
13. Does the curriculum describe the importance of family structure to the health and well-being of children and adults?
Yes No Not Sure
14. Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?
Yes No Not Sure

are uniquely vulnerable to sexual coercion.¹⁶² Teens may experience coercion and engage in sexual behaviors because they desire their romantic partner's approval, or they may coerce others as a

result of peer pressure to have sex.^{163, 164, 165} Sexual coercion has short and long-term negative effects on relationships and has been linked to unwanted sexual activity and intimate partner violence, among other

health risk factors.^{166, 167, 168, 169,}

¹⁷⁰ Curricula that incorporate discussion and skill building in this area can help adolescents to recognize and name coercion if they experience it and can send an accurate message to those who may inaccurately believe sexual coercion to be a normal part of relationships.

In addition, teens can learn about another aspect of unhealthy relationships, intimate partner violence or IPV. IPV is associated with negative health outcomes in the short-term, such as injury, STI exposure, future health risk behaviors, trauma and mental distress.¹⁷¹ Educational programs to reduce adolescent IPV or improve attitudes, behaviors and skills related to relationship violence have not shown significant effects; therefore, there is a need to successfully address this topic in relationship education.¹⁷² Adolescents may have witnessed IPV in relationships of family or peers, or may have experienced it themselves, so curricula should consider the needs of these individuals.^{173, 174, 175} Many may also face these issues in the future, particularly adolescents whose past interpersonal relationships have been marked by anxiety or adversity.^{176, 177,} ¹⁷⁸ Sensitive instruction and consideration of IPV through trauma-informed care with resources for instructors to refer adolescents to further mental health treatment if needed, can



be invaluable.^{179, 180}

Many of the national, state, academic, educational, and medical organizational standards also call for the inclusion of information regarding healthy and unhealthy relationships. These topics are an important part of sexual risk avoidance curricula.

Understanding the normalization of sexual activity

It is important for adolescents to understand stereotypes and their influence in relationships. Teens' values, beliefs, and expectations regarding sex can be shaped by stereotypes regulated by their peer and social environments. Theories, such as the social norming theory, communicate the power of social norming on both healthy and unhealthy attitudes and behavior. In general, teens tend to overestimate the percentage of their peers who engage in sexual activity and are then more likely to engage in the behavior themselves. By contrast, there is also a protective aspect in accurately communicating with teens that most of their peers have not had sex, and even among those who are sexually experienced, the majority are not currently sexually active.¹⁸¹ Normalization of sexual behavior based on peer approval, peer pressure, and

a desire for social inclusion are key aspects influencing adolescents to engage in sexual activity.^{182, 183} Curricula that address the fact that most teens are not sexually active discuss the influence of differing stereotypes, expectations, and norms within relationships. This can successfully increase self-efficacy and communication for healthy connections and partnering.^{184, 185}



TARGET 3 Support personal attitudes and beliefs that value sexual risk avoidance

Attitudes and beliefs often determine how individuals assign importance to ideas, activities, and other people, all of which consequently influences behavior.¹⁸⁶ Evaluative data suggests that programs are more successful when the curricula and personnel directly promote attitudes and beliefs that value the delay of sexual activity. Attitudes and beliefs are factors that predispose individuals and communities to adopt or modify values that can impact health behaviors.¹⁸⁷ Some of the top reasons for adolescents refraining from sexual activity include personal attitudes and intentions such

as personal values, including, but not limited to, those rooted in faith, waiting for a lifetime committed relationship, and fear of the risks of sex, including social taboos.^{188, 189, 190, 191, 192, 193, 194, 195, 196, 197} Lessons that include topics like goal setting, choosing a life partner, and being assertive can help youth feel that they are in control of their values, their situations, and their futures.¹⁹⁸

Beliefs are personal opinions that are accepted as true or real, important, beneficial, right or wrong, healthy or unhealthy.

Attitudes help individuals identify what knowledge is important to them or their environment, and often determine whether individuals will act on specific information.

Values are the accepted principles or standards of a person or group. When personal or societal values support choices, those choices have more meaning and are more likely to become enduring behaviors.

Since communities, as well as individuals, possess unique characteristics, it is important for programs and teachers to target messages to address the population's attitudes and beliefs.¹⁹⁹ Students should receive relevant information delivered in a compelling manner by a



trusted messenger. In order to strengthen attitudes that value sexual risk avoidance, programs should present information that:

- Defines desirable outcomes
- Associates undesirable outcomes with known possible causes
- Communicates in a manner that is familiar to the learner
- Is relevant and important
- Presents the information in a new and compelling manner as contrasted to arguments heard many times.^{200, 201}

Assessing Risk / Undesirable Outcomes

When presenting desirable and undesirable outcomes, one method to solicit attitude change is to create an awareness of possible negative consequences and highlight alternative healthy behavioral choices that redirect adolescent behavior to avoid risk and the ensuing consequences that may occur. Adolescents take risks. It is part of their developmental process. What they need to be taught is how to assess the risks that they take. Extreme sports, skydiving, and thrill seeking, are part of being young and fearless. Caring adults must help adolescents outline the

effects of these risks. Asking an adolescent what is a desired outcome or what could be an unintended or undesirable outcome can be taught in a decision-making lesson or process. By helping young people learn to discern their involvement in certain behaviors that can affect the trajectories of their young lives, we are helping them think beyond today. Providing adolescents with positive, prosocial alternative behaviors that will satisfy their need to take measured risks is a way to help them avoid

undesirable outcomes.

Most curricula address negative consequences that may be associated with STIs, teen pregnancy, intimate partner violence or other issues. Perceptions of pregnancy risk, HIV risk, and other STI risks appear to be an important part of reducing sexual risk behaviors.²⁰² It is essential that the curriculum, program and personnel show sensitivity to those teens who may have already experienced negative outcomes. Shame should

TARGET 3 CURRICULUM ASSESSMENT

1. Does the curriculum present information in a relevant and compelling manner that has the potential to change attitudes, beliefs and behaviors regarding nonmarital sexual activity?
Yes No Not Sure
2. Does the curriculum develop and display character traits that are consistent with universal values (i.e., trustworthiness, respect, responsibility, caring, courage)?
Yes No Not Sure
3. Does the curriculum teach the benefits of a sexual risk avoidance behavioral choice?
Yes No Not Sure
4. Does the curriculum help students increase their value of commitment, marriage, and future family formation?
Yes No Not Sure
5. Does the curriculum provide an opportunity for students to recognize any cognitive dissonance between their personal attitudes about adolescent sexual activity and their behavioral choices?
Yes No Not Sure
6. Does the curriculum draw the correlation between sex as a youth risk behavior and other youth risks?
Yes No Not Sure
7. Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?
Yes No Not Sure



never be utilized in any programming, ever. Instead, information should be shared in such a way as to offer hope and empowering strategies for avoiding negative risks and undesirable outcomes in the future. It is essential to train staff on strategies to avoid negative unintended consequences related to this topic. They should also understand how to partner with parents and refer adolescents to professional resources for further support, if warranted and/or requested.²⁰³

Social Standards and Values

Values often predict teen sexual activity. The single most common reason that young people give for not having sex is that it is against their values. Consequently, personal and social standards are important to any sexual risk avoidance program. Social values or standards that are accepted in a community or society often are based on perceived

personal and societal benefit. Several values are increasingly recognized as universal. Trustworthiness, respect, responsibility, caring, courage and other similar attributes are described in character education and frequently taught in a variety of settings.

In many schools and communities, a substantial gap persists between desired social standards and the reality of the culture. In fact, sometimes values identify where we want to go, even if that destination may not be close to where we are. For example, even if a high school is experiencing a high drop-out rate, there is accepted value in promoting graduation as a goal.

The Youth Risk Behavior Survey (YRBS)* is an effective tool to identify behaviors that create risks, such as adolescent sexual intercourse and teen alcohol and drug use.²⁰⁴ Communities monitor the YRBS to identify trends for specific

risk behaviors and to respond by promoting standards and interventions that decrease those risks. Similarly, the Healthy People 2020 Initiative* promotes health standards that can be monitored over time.²⁰⁵ Communities that have a significant challenge with early sexual activity, STIs, teen parenting, and sexual assault can benefit from information that promotes delay of sex and return to a sexual risk avoidance behavioral choice. Several studies indicate that sexually experienced teens are often receptive to this value, even if it is not the current community standard.^{209, 210, 211, 212}

Demographic, epidemiologic, and research data are available regarding societal outcomes of behaviors often associated with teen sexual activity, especially teen and single parenting, intimate partner violence, and multiple sexual partners.^{213, 214} ²¹⁵ Curricula that identify the research-documented benefits of healthy relationships,

*THE YOUTH RISK BEHAVIOR SURVEY (YRBS) MONITORS A WIDE VARIETY OF HEALTH RISK BEHAVIORS, INCLUDING THE FOLLOWING ADOLESCENT SEXUAL HEALTH RISKS:²¹⁸

- Students who have ever had sexual intercourse
- Students who have had sexual intercourse for the first time before age 13
- Students who have had sexual intercourse with four or more persons in their life
- Students who have had sexual intercourse with at least one person during the last 3 months



faithful marriage and effective parenting are not moralistic, but are instead science-focused. Lessons can offer insights, clarity and strategies, to teens who have not experienced those benefits in their personal lives.²¹⁶ Curricula chosen for implementation should address standards and values in a fair, factual, trauma-

informed and directive manner. One educational method to help learners recognize values and standards is to create cognitive dissonance. This term has been used to describe the anxiety that results from an inconsistency between an individual's recognized values and a chosen action or response.²¹⁷ For example, some

adolescents may value honesty or faithfulness, yet select behaviors that are dissonant from that value. One method of influencing attitudes, values, and beliefs is to create a learning situation that allows students to recognize the importance of aligning their core values with their behaviors.

*HEALTHY PEOPLE 2020 TOPICS AND OBJECTIVES FOR ADOLESCENT HEALTH

Healthy People 2020, the Federal government's prevention agenda, includes national health topics related to adolescent health that can be addressed by SRA curricula. These include:

- ↳ Increasing the number of adolescents who are connected to a parent or a positive adult caregiver as this connection helps protect against risky behaviors
- ↳ Acknowledging that adolescents and young adults are particularly sensitive to influences from peers, families, schools and neighborhoods and can be at risk of making unhealthy choices based on these influences
- ↳ Noting both the advantages of disadvantages of social media and the risks of exposure to bullying and harassment, including sexting²⁰⁶

Reproductive and sexual health-related objectives in Healthy People 2020 include:^{207, 208}

- ↳ Reducing pregnancies among adolescent females (FP-8)
- ↳ Increasing the proportion of adolescents who talked to a parent or guardian about reproductive health topics before they were 18 years old (FP-13)
- ↳ Increasing the proportion of adolescents aged 16 years and under who have never had sexual intercourse (FP-9)
- ↳ (Developmental) Reduce violence by current or former intimate partners (IVP-39)
- ↳ Increasing the proportion of adolescents who received formal instruction on reproductive health topics before they were 18 years old (FP-12)
- ↳ (Developmental) Reduce sexual violence (IVP-40)



TARGET

Acknowledge and address common rationalizations for sexual activity

Individuals may rationalize sexual behaviors based on reasons such as being in love, gifts or money spent, the hope that having sex will keep a boy- or girl-friend, taking precautions (safer sex or contraception), or the belief that having sex proves “I’m needed,” “I’m popular,” “I’m curious,” “I am attractive,” or “I am an adult.” Teens may justify sexual experiences based upon these short-term perceptions. To counter them, curricula can help foster greater awareness of the disadvantages of these short-term choices and promote the importance of delaying sex.^{219, 220}

Previous sexual experience can be used to justify continued sexual activity.* Many teens express regret over early sexual experiences and may appreciate support and guidance to establish a paradigm for sexual risk avoidance in the future.^{221, 222} If adolescents have experienced an episode of serious alcohol intoxication or drug overdose, the best goal of intervention



*Involuntary sexual activity is a separate issue that must be handled with compassion and perhaps also legal and counseling intervention and referral, as warranted. The victim must clearly hear that they are not at fault and that the perpetrator is both responsible and deserves prosecution. Educators should know the mandatory reporting requirements for their state.

TARGET 4 CURRICULUM ASSESSMENT

1. Does the curriculum help learners recognize common rationalizations that teens use to become sexually involved?
Yes No Not Sure
2. Do learning exercises or scenarios help students recognize that justifications for sexual involvement fail to reduce potential adverse consequences?
Yes No Not Sure
3. Does the curriculum help students develop and practice skills to respond to common rationalizations for teen sex?
Yes No Not Sure
4. Does the curriculum assist sexually experienced youth to understand the reasons and develop skills to avoid continued sexual involvement?
Yes No Not Sure
5. Does the curriculum address the subtle nature of sexual grooming, manipulation and coercion?
Yes No Not Sure
6. Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?
Yes No Not Sure

may be alcohol or drug avoidance, not rationalization for future binges. Likewise, the assumption of continued sexual activity for sexually experienced teens may undermine personal values, especially for those who have felt exploited or coerced. It is important to help them start over with new skills and a sense of hope and empowerment.

Effective curricula help learners comprehend that common justifications fail to modify potential adverse physical, personal and social outcomes.²²³ Key educational elements include discussions of what adolescents view as

rationalizations for sex and consideration of associated social norms and skills for how adolescents can respond to rationalizations, with opportunities to practice discussions about sex in a safe and non-judgmental environment.^{224, 225, 226, 227} If learners recognize common rationalizations regarding sexual activity, they are more likely to be equipped with insights when confronted with sexual pressure. Effective curricula can help youth delay initiation of sexual activity as well as equip sexually experienced teens to avoid continued sexual activity.^{228, 229, 230}

TARGET 5

Improve perception of and independence from negative peer and social norms

Adolescents are influenced by peers. Many decisions and behaviors may be determined by their perception of the activities of their friends, their understanding of socially accepted conduct, and their desire to conform to perceived social norms.^{231, 232, 233, 234, 235,}

²³⁶ Positive peer norms can provide support for teens to successfully avoid health-risk behaviors including early sexual activity.²³⁷ Some perceptions may not be related to actual peer norms, but reflect media depictions of adolescents.^{238, 239} Adolescents are sensitive to the perception that their peers are having sex; adolescents who perceived their peers as more sexually active or more approving of having sex tended to be more sexually active themselves – validation of the social norming theory.²⁴⁰ However, it is important that youth understand that the majority of their peers have not had sex. Equipping adolescents to have discussions with peers about sex may have a protective effect, as it can help to address the both positive and negative peer and social norms related

to engagement in sexual activity.^{241, 242}

Youth spend a very large and increasing proportion of their waking hours exposed to media messages and sources,²⁴³ such exposure is associated with initiation of sexual activity and adolescent pregnancy.^{244,}

^{245, 246} Curricular lessons can help students improve their awareness of positive and negative peer pressure, including media depictions of peer sexual behavior.²⁴⁷ This insight may provide a basis for independent thought and action.^{248, 249}

Independence or self-sufficiency is the ability and confidence to regulate oneself when responding to peer and social pressures. Many adolescents welcome the opportunity to develop independence, including personal skills of decision-making and behavior management. Successful programs should assist the learner in recognizing and developing the role of individual thought and action when confronted with sexual and other risk decisions. Teaching adolescents strategies to refuse, avoid, and talk their way out of risky decisions is important.²⁵⁰

TARGET 5 CURRICULUM ASSESSMENT

1. Does the curriculum provide activities for students to learn how to become advocates of optimal health and wellness to their peers and community?
Yes No Not Sure
2. Does the curriculum provide an opportunity for students to consider positive and negative media perceptions regarding nonmarital sex activity and other risk behaviors?
Yes No Not Sure
3. Does the curriculum illustrate positive peer norms?
Yes No Not Sure
4. Does the curriculum promote the confidence and skills to resist negative pressure from peers?
Yes No Not Sure
5. Does the curriculum teach, demonstrate and practice the skills of independent decision-making related to avoiding sexual activity?
Yes No Not Sure
6. Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?
Yes No Not Sure



TARGET

Build personal competencies and self-efficacy to avoid sexual activity

Self-efficacy is the capacity to demonstrate self-respect and practice self-protective behaviors, even in difficult situations. Effective curricula help students recognize their personal worth and improve critical thinking, protective negotiation, and refusal skills when confronted with sexual decisions.^{251, 252, 253} Common elements of effective programs include building social, emotional, and cognitive competence.^{254, 255, 256, 257, 258, 259} Effective curricula help youth build personal competencies, critical thinking, and refusal skills when confronted with sexual decisions.^{260, 261} Empowerment skills, critical thinking, and strategies for coping with stress are tools to help youth avoid multiple types of risk behaviors, including sexual risk behaviors.^{262, 263, 264} The ability to establish and maintain personal boundaries is part of the competency to avoid sexual activity, whether that means resisting sexual coercion or avoiding sexually charged situations. The personal competency to avoid sexual activity includes the

ability to determine, explain, and defend why a person does what he or she does.²⁶⁵ There is evidence that health risk behaviors, including sexual risk behaviors, are part of a stress response in adolescents who have few resources for support.²⁶⁶ One aspect of developing self-efficacy may be to teach adaptive strategies for

copng with stress.²⁶⁷ Teaching empowerment and critical thinking skills is supported as an effective intervention component, particularly for adolescents in low-resourced communities.^{268, 269, 270}

A particularly efficacious approach to build personal competencies is a positive

TARGET 6 CURRICULUM ASSESSMENT

1. Does the curriculum contain messages and activities that build personal competencies and self-efficacy when confronted with sexual and other risk behaviors?
Yes No Not Sure
2. Does the curriculum promote critical thinking and decision-making skills that protect students and others physically, emotionally, intellectually, socially, and financially?
Yes No Not Sure
3. Are learners given multiple opportunities to observe and practice boundary setting, refusal skills and conflict resolution?
Yes No Not Sure
4. Does the curriculum provide skills and opportunities for learners to explain and defend their personal choices?
Yes No Not Sure
5. Are support systems such as parents, personal and family rules, schools, faith groups and community organizations recognized as contributory to self-efficacy?
Yes No Not Sure
6. Are previously sexually coerced/abused individuals provided with information and support to avoid sexual involvement and seek assistance as needed?
Yes No Not Sure
7. Are protocols in place so educators know how and when to report sexual abuse?
Yes No Not Sure
8. Does the curriculum utilize a positive youth development approach to build protective and resiliency factors in youth?
Yes No Not Sure
9. Does the curriculum teach students skills to cope with and manage stress?
Yes No Not Sure
10. Does the curriculum teach the skills necessary to develop social supports and community connections?
Yes No Not Sure
11. Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?
Yes No Not Sure



youth development (PYD) framework, where youth are engaged in interpersonal skill-building, engaged socially, taught healthy relationship skills, given a safe space, and given positive norms and expectations. Increasing resiliency factors or assets in students are also protective factors.²⁷¹ Combining the knowledge from sex education programs with the skills needed to put that knowledge into action from PYD programs may be effective.²⁷²

Refusal skills are essential for teens to avoid behavioral risks, including sex. These skills require training and practice. In some ways this training resembles the Basic Life Support training offered to health professionals and the public.²⁷³ If students are provided multiple scenarios

and examples that allow them to practice exercising these new abilities, they are more likely to employ the competency when the need arises.²⁷⁴ This approach is consistent with McGuire's Inoculation theory.²⁷⁵ Programs can help youth anticipate sexual challenges and identify ways to address and thwart those challenges.



STRENGTHEN PERSONAL INTENTION AND COMMITMENT TO AVOID SEXUAL ACTIVITY

Intentions are important precursors to both positive and negative behaviors.²⁷⁶ The degree to which they affect behavior can depend on three

primary factors: the strength of the intentions, the skills of the person to follow his or her intentions, and environmental support.²⁷⁷

A number of techniques have been used to strengthen commitment to a principle, behavior or relationship.

For example, a driving contract between teens and their parents is now used frequently by families to clarify expectations, responsibilities, and behaviors.^{278, 279}

Environmental pledges have been developed to encourage energy conservation and recycling of materials.^{280, 281}

Behavioral researchers have used signed agreements pledging to answer questionnaires honestly, "a procedure that has been shown to yield more valid

TARGET 7 CURRICULUM ASSESSMENT

- | | | |
|--|--|--|
| <p>1. Does the curriculum assist the learner in developing and/or strengthening intentions to wait for sexual activity?
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p> | <p>4. Does the curriculum increase the value of committed love and marriage as the optimal health and safest context for sexual activity?
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p> | <p>7. Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p> |
| <p>2. Does the curriculum provide examples of the benefits of a strong personal commitment to avoid nonmarital sex?
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p> | <p>5. Does the curriculum encourage a commitment to avoid sexual activity?
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p> | |
| <p>3. Does the curriculum promote and practice skills to act on personal intentions to delay sex?
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p> | <p>6. Does the curriculum help learners identify possible challenges or threats to their intentions and identify personal strategies for resisting those threats?
Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure <input type="checkbox"/></p> | |



self-reports.²⁸² Commitments often represent strong personal intentions that have been incorporated into a more formal plan for certain behaviors. Personal intentions and communication about these intentions with parents or other trusted adults about sex can be protective.^{283, 284, 285, 286, 287}

²⁸⁸ Intentions to refrain from non-marital sexual activity as the primary prevention strategy for optimal health and wellness are important protective factors that can be reinforced with messaging from educators and parents.^{289,}

^{290, 291, 292} There are many benefits of a strong personal commitment as it clarifies the confusion for the student, helps the student manage peer pressure and perceived social norms, strengthens the student's resolve, and increases intentionality, reducing the drama of vacillating ideas and emotional decision making.^{293,}

²⁹⁴ Effective curricula may directly encourage personal intentions and commitments to delay sex, and help learners identify both the benefits and difficulties associated with that commitment. It is important to support and reinforce the decisions of adolescents who refrain from sexual activity and experience negative social consequences, particularly negative consequences such as feeling left out and disapproval from partners may increase

SAMPLE PERSONAL COMMITMENT²⁹⁹

- ✎ Because I want to protect the stability of my future marriage...
- ✎ Because I want to have fun and not worry...
- ✎ Because I am smart and know how to set boundaries...
- ✎ Because I want to build my relationship in a healthy way...
- ✎ Because I don't want to compromise my values...
- ✎ Because I don't want to disappoint my parents...
- ✎ Because I don't want to be disappointed,
- ✎ I, _____ pledge to myself and my friend, _____ to not get involved in drug and alcohol use, and in nonmarital sexual activity.

Signed _____

Date _____

as adolescents get older.^{295, 296} Programs should strive to help students make their intentions clear and concrete. Although research is not yet definitive, several factors may increase personal commitment to delaying sex:

- ✎ A personal understanding of the risks of teen sex.
- ✎ A strong appreciation for the benefits of delaying sexual activity. A pact, commitment, or pledge shared with valued peers.
- ✎ Continuous support from valued adults.

Adolescents who make a commitment or pledge to avoid sexual activity tend to initiate sexual activity later than adolescents who do not make such a commitment, even taking into account differences in these two groups of adolescents prior to pledging.^{297, 298} Several curricula provide materials that encourage students to make a commitment or pledge to wait for sex. A sample is provided above, but commitments may vary in scope and appearance. It is important that commitments are made voluntarily, in private, and without coercion, in order to ensure the authenticity of making such a commitment.



TARGET

Identify and reduce the opportunities for sexual activity

Teens who date early, often, and steadily are more likely to have an earlier sexual debut.^{300, 301, 302} In addition, participating in unsupervised activities, and dating older partners are consistently associated with higher rates of drug and alcohol use, sexual activity and dating violence.^{303, 304} Substance use is a noted risk factor for earlier sexual debut. Activities targeting both these issues should include promotion of social and emotional competence, peer-led drug and alcohol resistance programs, parenting skills training, parent engagement, and family support.^{305, 306, 307, 308, 309}

Curricula should acknowledge the role of high risk situations in making teens vulnerable for negative outcomes. Effective curricula identify these situations, promote insight for students, and address how to mitigate these factors.^{310, 311} Teens who have been sexually active may become more aware of vulnerable situations and develop personal strategies to avoid these opportunities for sex.

Some factors that may be protective for teens – such as family involvement, parental rules, curfews, dating guidelines, supervised activities, and community safety – are outside the direct impact of program scope. However, appropriate shared learning activities can raise student and parent awareness to address these factors. Parental support, adolescent engagement in the community, and the availability of shared and safe activities are

important protective factors.^{312, 313, 314, 315}

Programs that collaborate with their school and community may identify specific strategies that reduce high-risk situations that are conducive to sexual activity, coercion, or abuse. Community safety standards, supervision and regulations for school and community activities, and offering safe and supervised recreational and volunteer activities may allow teens to enjoy social interactions while reducing opportunities for sex.

TARGET 8 CURRICULUM ASSESSMENT

1. Does the curriculum teach the learner to recognize and avoid high-risk situations (such as early and frequent dating, unsupervised parties, coercion, or exploitation by older individuals)?
Yes No Not Sure
2. Does the curriculum describe the importance of setting personal boundaries in advance of a potentially compromising situation? Similarly, does the curriculum discuss how to set those personally-defined boundaries?
Yes No Not Sure
3. Does the curriculum encourage support systems and guidelines (such as family rules, curfews, parent involvement, structured activities, volunteer and faith activities, etc.) to minimize opportunities associated with adolescent sexual activity?
Yes No Not Sure
4. Does the curriculum identify and reduce the opportunity for sexual activity by promoting the avoidance of drugs, alcohol, coercive behaviors, and violence?
Yes No Not Sure
5. Does the curriculum provide scenarios, examples or skills to assist learners in recognizing and refusing sexually vulnerable situations?
Yes No Not Sure
6. Has the curriculum been cross walked and evaluated utilizing state and local educational standards for this target area?
Yes No Not Sure



TARGET 9

Strengthen future goals and opportunities

Hopes and plans for the future are powerful supports for healthy adolescent decisions.^{316, 317, 318} Successful programs create an opportunity for students to identify viable, attractive options in their future plans and relationships.³¹⁹

³²⁰ Many students hope for a secure future marriage or life partnership characterized by trust, faithfulness, and mutual responsibility.³²¹

Some learners have not carefully considered the possible negative impact of early or multiple sexual partners on future relationships.³²² Students with high educational aspirations and academic achievement are more likely to delay sex, while those with lower educational expectations become sexually active at a younger age.^{323, 324, 325}

^{326, 327, 328, 329, 330} Teens who perceive limited life/career options may view early parenting less negatively or even as an alternate life course.^{331, 332} Future-oriented hopes and dreams, receipt of a high school diploma, enrollment in higher education, and participation in community service are all future-oriented goals and activities.^{333, 334, 335}

The connections between youth sexual decisions, future sexual health, possible marriage and parenting, and/or personal and career goals are frequently emphasized in effective programs.³³⁶ Such programs promote student awareness and agreement that adolescent sexual activity and its consequences can create barriers to future goals and opportunities.

Recent research shows that if an adolescent follows these life steps in this order: graduate from school, get a job, marry and then have children, only 2-5% of those individuals will live their adult lives in poverty.³³⁷ Recent thought in this area has emphasized the “success sequence” as an important part of sexual risk avoidance. This sequence is straightforward: to reach the middle class, young adults must: 1) graduate from high school; 2) maintain a full-time job; and 3) wait to have children until after age 21 and in the context of marriage. According to researchers, this pattern holds true across racial and ethnic groups and across

TARGET 9 CURRICULUM ASSESSMENT

- Does the curriculum provide exercises that allow the learner to describe and/or plan for their future life?
Yes No Not Sure
- Is the curriculum aspirational for youth, inspiring them to aspire to future goals that are reachable, but currently not seen as possible?
Yes No Not Sure
- Does the curriculum help students develop an outline for a life plan so they can practically reach the life goals to which they aspire?
Yes No Not Sure
- Are there lessons that reinforce the potential for positive future opportunities such as: personal health, career opportunities, supportive friendships, strong family ties and/or fulfilling marriage?
Yes No Not Sure
- Does the curriculum help learners create connections between sexual risks and future outcomes?
Yes No Not Sure
- Does the curriculum describe the researched benefits of contextualizing sexual activity and childbearing within marriage?
Yes No Not Sure
- Are learners encouraged to identify personal attributes they may desire for themselves and/or a future spouse or partner?
Yes No Not Sure
- Does the curriculum teach the “Success Sequence” (doing life in sequential order) to prevent poverty? Yes No Not Sure
- Has the curriculum been cross walked and evaluated utilizing state and local educational standards for this target area?
Yes No Not Sure



socio-economic differences.³³⁸



Partner with parents

Parents* should build strong relationships with their children and talk to their children about themes related to sex, early and often, and in an age appropriate manner.³³⁹ Parents are the first and best resource for helping youth make sound decisions. Some studies have looked specifically at the impact of parental involvement on decisions regarding sexual activity.^{340, 341, 342, 343} Multiple studies concur that parental engagement and monitoring are protective factors against sexual risk behaviors.^{344, 345, 346, 347, 348, 349} There is evidence that parental attitudes and beliefs influence adolescents' intent to delay sex.^{350, 351, 352, 353, 354} Youth whose parents talked about delaying sexual activity or opposed nonmarital sex are less

likely to be sexually active.³⁵⁵ Parental involvement is also key to reducing other risk behaviors, such as alcohol and drug use, which often affect adolescents' decisions about sexual activity.^{356, 357} Parents who develop a strong relationship with their children also have a positive impact on academic achievement.³⁵⁸

The need for parental involvement is further reinforced by adolescent attitudes because most youth want to obtain important information about relationships, expectations, and sex from their parents.^{359, 360} Recent research reveals that parents are more likely to talk to their children about sex and about delaying sexual activity when provided with direction and information.³⁶¹ Shared parent-child time, activities and communication forge the connections that have been shown to be protective against risky behaviors.³⁶² Programs that build parent-youth relationships and increase the amount of

comfort with parent-child sexual health communications are important.^{363, 364, 365}

Significant volumes of research provide evidence of the important role parents play in their children's lives. Programs should find ways to include parents and caregivers in their programs.^{366, 367, 368} There are several ways programs can involve parents and caregivers:

- Partners in program planning³⁶⁹
- Part of supporting conversation surrounding sex education interventions³⁷⁰
- Sources of information or guidance for their children
- Direct participants in an intervention.^{371, 372, 373, 374}

By involving and teaching skills to parents and caregivers the curriculum provides a two-generation approach to service delivery.³⁷⁵

TARGET 10 CURRICULUM ASSESSMENT

1. Does the curriculum have a permission letter informing parents of the content to be taught to their child?
Yes No Not Sure
2. Does the curriculum recognize the role that parents, family, and caregivers play in a student's attitudes, beliefs, and behavior?
Yes No Not Sure
3. Does the curriculum provide or identify resources to equip parents to talk with their children about important topics pertinent to relationships, sex, mental health, managing emotions and substance use?
Yes No Not Sure
4. Does the curriculum provide materials or resources to offer a parent workshop or information session?
Yes No Not Sure
5. Does the curriculum provide homework assignments that can or should be completed through collaboration between the parent and child?
Yes No Not Sure
6. Has the curriculum been cross walked and evaluated utilizing state and local educational standards for this target area?
Yes No Not Sure

* The term "parents" includes biological, adopted, foster, or step-parents as well as guardians, caretakers, and caregivers



PART III - QUALITY IMPROVEMENT AND PROGRAM ASSESSMENT

How can a program determine “What’s Working”? Programs need to know at least three things to assess program results:

- Has the program been implemented as designed (“fidelity”)?
- Did the students change knowledge, attitudes or behaviors after the program?
- What improvements should be made in the program?

Achieving results in adolescent learning can be a challenge. Whether the behaviors in question involve completing homework, choosing healthy foods or refusing cigarettes, youth behaviors are difficult to change. These difficulties may be attributed to pubertal transitions, hormones, peer input, brain development, family patterns, media pressures, or community environment. The goal of avoiding sexual risks may present even more challenges, and requires educators to:

- Increase knowledge and enhance attitudes, values and skills regarding sexual behaviors
- Develop or strengthen the intention to delay sex

- Provide activities to support these intentions by family, society, and peers
- Equip learners to maintain these intentions, skills and behaviors for many years to lead to positive future adolescent outcomes³⁷⁶

It is important to remember that effectiveness may not be guaranteed by the statistical significance of single variables. In addition, evaluations may not demonstrate the individual impact of teacher selection, curricular content or community involvement.

MONITOR PROGRAM IMPLEMENTATION TO IMPROVE EFFECTIVENESS

Has the program been implemented as designed?

Program monitoring often includes data to describe whether an intervention was implemented and operated as designed for its target population.³⁷⁷ For example, if a curriculum was intended for ten class sessions and implemented for only three sessions, or implemented

by untrained personnel, program effectiveness may be significantly diminished. Tracking fidelity to curricular content, teacher training and preparation, and suggested educational methods can help identify opportunities for program improvement.³⁷⁸ By creating a scope and sequence of what lessons will be taught and in what order, trained educators and facilitators can monitor fidelity to programming. Utilizing an attendance roster and checking which lessons students were exposed to also helps with monitoring and program delivery ensuring that all students have adequate dosage and intensity of curriculum content.

MONITOR LEARNERS TO DETERMINE EFFECTIVENESS

Did the students indicate a change in knowledge, attitudes or behaviors after the program?

Programs and/or curricula should provide tools to monitor the participants’ learning as one way to determine program



effectiveness.³⁷⁹ Pre- and post-tests assess changes in knowledge and attitudes, as well as intentions, skills, and some behaviors.

Use of standardized curricular or federally funded pre- and post- tests may allow your organization to compare learner performance with other demographically similar student groups. Programs and/or curricula may also provide tools to monitor the participants' learning.³⁸⁰ Pre- and post-tests assess changes in knowledge and attitudes, as well as intentions, skills, and some behaviors. The results of pre- and post-questionnaires are more easily understood if the questions and responses have been observed and analyzed for larger groups of students and identified by target populations, ages or ethnic groups.

Because school curricula must meet local community needs and conform to the curriculum and testing requirements of the state or school district, users are encouraged to assure that monitoring tools appropriately address student and community needs and requirements.

PROGRAM REVIEW AND QUALITY IMPROVEMENT

What improvements should be made in the program?

Numerous measures relevant to sexual risk avoidance programs also have been developed and evaluated.^{381, 382, 383, 384, 385} The effectiveness of programs can be appraised by the local school or organization through review of learner outcomes, assessments of program fidelity and examination of community needs and health trends (i.e. teen pregnancy rates or incidence of STIs). This review may identify the need for additional classroom time, enriched teacher training, or supplemental resources. Program review and curriculum analysis are essential to quality improvement and enhanced outcomes. Processes for review should be determined prior to program implementation to assure that necessary data are collected.

Several factors increase the chances of achieving results from a sexual risk avoidance program. Programs that have been carefully observed and documented can help identify information and activities that affect youth behaviors. Consequently, research and evaluation of youth interventions provides

information that indicates whether the entire program, key program components, and/or program concepts are effective. The best evaluations:

- include a large number of students;
- compare intervention groups to similar groups who receive a different intervention and/or no intervention; and
- measure targeted behaviors over time.³⁸⁶

Publication in a peer-reviewed journal can provide insights into the strength of an intervention or curriculum. Although formal evaluation of a program, intervention or curriculum is very valuable, many available curricula have not been formally evaluated but contain evidence-based practices, tested behavioral theory and promising educational methods, strong behavioral interventions and appropriate learning content.³⁸⁷

There are several types of evaluations that can be conducted:

- Formative evaluations are usually conducted on a program that is new, in development, or being adapted or modified. This type of evaluation looks at the feasibility and appropriateness of a program.



- Process or implementation evaluations are conducted while a program is being implemented and look at whether program activities have been implemented as intended.
- Outcome or effectiveness evaluations measure how a program is reaching its outcomes or outcome objectives in the targeted population.
- Impact evaluations assess whether or not a program is effective by measuring whether the program achieves its ultimate goals either during or at the end of the program.^{388, 389}

Evaluations can use experimental, quasi-experimental, and non-experimental or observational designs.

- Experimental designs use random assignment to compare the outcome of a program between a group receiving the program and a similar group that does not. Randomized controlled trials (RCTs) are a form of experimental design where participants are randomly allocated to either the group receiving the treatment under investigation called the “treatment group” or to a group not receiving any programming called the

“control group”.

- Quasi experimental designs do not use random assignment and can be used to estimate the impact of a program by using comparisons that are not randomly assigned.
- Observational designs encompass a variety of designs including case studies, cross-section, time-series, and other studies.³⁹⁰

Even designers of successful programs may not know whether they have met their long-term goals, since youth generally receive interventions in the preadolescent or early adolescent period with time-limited follow up (sometimes a year or two, but rarely beyond that).³⁹¹ Evaluations usually assess short-term knowledge or attitude outcomes, but are unable to track youth into adulthood. Consequently, long-term results may be real, but difficult to document.³⁹²

*Consistent implementation of programming highlights the need for standardization and replicability utilizing the same lessons, similar time frame of instruction, similar modalities of teaching methods, attendance and participation of participants monitored, teaching training is standardized and monitored to fidelity of core program concepts.



QUALITY IMPROVEMENT PROGRAM ASSESSMENT

1. Does the curriculum include valid and reliable pre- and post-testing instruments? Are additional sources of data suggested to support program monitoring of important outcomes (e.g., community data on health trends such as teen pregnancy rates or incidence of STIs)?
Yes No Not Sure
2. Is there a data collection method in place to measure what changes in knowledge, attitudes, intentions, and/or behaviors are observed in program participants?
Yes No Not Sure
3. Is there a data collection method in place to measure what components of the intervention are used and who is receiving the intervention?
Yes No Not Sure
4. Is there a process in place to review learner outcomes and consistent* program implementation to identify opportunities to improve effectiveness?
Yes No Not Sure

PART IV – COMMUNITY SUPPORT (CREATING A COMMUNITY SATURATION APPROACH)

The limited hours of instruction available to youth within health education programs may be more effective if the information they receive is valued and practiced in their community environment that surrounds them outside the program. When a consistent message is reinforced across multiple venues and from various trusted authorities, the message is more likely to have an impact.^{393, 394} Consequently, many programs are identifying ways to encourage parents/guardians, community groups, the media, faith-based organizations, and the medical community to become involved.³⁹⁵ These community saturation models often provide both information and activities to create a more cohesive, supportive environment for youth to avoid sex and other risk behaviors.^{396, 397}

CDC's Division of Adolescent and School Health promotes the involvement of community members and groups through the School Health Council (SHC). The SHC is used by many school systems to provide community input for program

selection or development and to strengthen the coordination of community activities and resources. However, community saturation far exceeds the existence of a council. It requires consistent messaging surrounding the value of waiting for sex, with an intentional focus by community stakeholders to reinforce healthy decision-making in their interactions with adolescents. In addition, it is important that stakeholders use their expertise and opportunities to provide resources and skills to enable youth to successfully navigate adolescence. To create a community saturation approach, the following domains are utilized to amplify the primary prevention sexual risk avoidance messaging.

Community Organizations

Many community organizations are concerned about the risks youth face and their future well-being and productivity.^{398, 399} Local groups may be concerned about sexual risks and behaviors but feel unprepared to address the issues directly. Community

youth programs may benefit from the opportunity to participate in staff training or in-service activities. This opportunity could provide a foundation for understanding the rationale for promoting sexual risk avoidance as well as creating additional support and information to community youth to meet program goals.

Volunteer activities have been found to decrease the rates of adolescent sexual activity.^{400, 401} Extracurricular activities provide adolescents with opportunities to build supportive relationships, connect with peers and role models, and positively engage in schools and communities.⁴⁰² These activities may allow teens to develop responsibility and demonstrate compassion that may strengthen personal worth and relationships. Mentoring is one form of volunteerism that can be used effectively both in and out of school settings.^{403, 404} It is important to assure that the students and adults providing mentoring in sex education programs consistently demonstrate both appropriate messages and modeling to



support the goal of teen sexual risk avoidance.⁴⁰⁵

Community service and civic organizations often have programs designed to nurture young leaders and enhance their personal and professional abilities. A letter informing community leaders of the program goals may help to create opportunities to collaborate through these types of resources or activities.

Individually, coaches, teachers and school counselors can have a tremendous influence on a young person's life. Participation in sports and mentoring can be important elements in developing self-efficacy.⁴⁰⁶ The involvement and guidance of a trusted adult may substantially sway the choices and directions of an adolescent.⁴⁰⁷

Local law enforcement has a unique interest in youth risk interventions. Police, public attorneys, protective services and local judicial systems recognize many of the adverse outcomes associated with youth sexual assault, teen parenting, child abuse and sexual exploitation.⁴⁰⁸ In addition, these groups know that risky behaviors tend to cluster together. They understand the importance of primary prevention as well as the value of partnerships with local youth-serving organizations to help those



COMMUNITY SUPPORT ASSESSMENT ORGANIZATIONS

1. Is there an intentional consistency of messaging surrounding teen sexual risk across the various community partners?
Yes No Not Sure
2. Does the organization actively partner with the social service community, the medical community, faith-based and other community partners to reinforce the value of teens avoiding sexual risk – and providing opportunities to help those involved in risk to avoid risky behaviors in the future?
Yes No Not Sure
3. Has a needs assessment been conducted to identify current community messaging surrounding teen sexual risk, opportunities to improve health messaging, and partnerships that are already developed for this purpose?
Yes No Not Sure
4. Does the community promote neighborhood involvement and improvement activities such as neighborhood watch, block parties, neighborhood clean-up events or other local gatherings and get-togethers?
Yes No Not Sure
5. Would leaders from youth sports, youth services clubs or after-school activity programs be receptive to training on risk-avoidance education?
Yes No Not Sure
6. Are there volunteering, civic engagement or service learning opportunities for youth?
Yes No Not Sure
7. Is there a mentoring program in place? If not, can one be started?
Yes No Not Sure
8. Do you have the support and partnership of local government officials and different agencies within the community?
Yes No Not Sure
9. Are there community resources in place capable of responding to teen pregnancy, sexual assault, or other youth risks?
Yes No Not Sure

already engaged with the juvenile justice system. Local law enforcement personnel may inform program teachers and trainers of local needs, regulations and resources. Public safety and legal professionals may volunteer in local programs to address relevant topics.

Parents/Guardians

As noted earlier, parents are the first and best resources for helping youth make healthy decisions. Ongoing studies are demonstrating that parents are more likely to talk with their teen about waiting to have sex if the parent is given both encouragement

COMMUNITY SUPPORT ASSESSMENT PARENTS/GUARDIANS

1. Are there media resources (PSAs, websites, etc.) for parents/caregivers?
Yes No Not Sure
2. Are there communication resources that are effective for beginning and maintaining parents/child conversations?
Yes No Not Sure
3. Are parents/caregivers in the community involved in addressing different community issues (youth sexual behavior, drug and alcohol use, violence, etc.)?
Yes No Not Sure
4. Are parent/caregiver workshops offered to provide encouragement and information to parents?
Yes No Not Sure
5. Are additional events (parents/teacher groups, parenting courses, marriage and relationship education, etc.) offered for parents/caregivers?
Yes No Not Sure
6. Are there partnerships with organizations in the community that reach out to parents?
Yes No Not Sure
7. Are there plans in programming to highlight happy married couples from the community in a classroom or presentation?
Yes No Not Sure
8. Are there different activities available that enhance and promote connectedness, communication, increased involvement with parents and their youth, as well as increased supervision of monitoring of youth by their parents?
Yes No Not Sure

and information.^{409, 410} The Parents Speak Up national campaign involved public service announcements (PSAs), general information about adolescence, as well as a Web site with factual information, insights and communication techniques. Although no longer active, there is some evidence that this campaign increased parent-child communications.⁴¹¹ One study found this mass media campaign to be effective in

encouraging parents to initiate conversations with their children about sex.⁴¹²

Media literacy is another component; raising awareness of media myths may help adolescents be less likely to overestimate sexual activity among teens and more likely to think they could delay sexual activity.⁴¹³

Community involvement targeting parents may be

sponsored by the sexual risk avoidance program itself or through other related partner organizations or activities, such as parent/teacher organizations, parenting courses, marriage and relationship education, and joint parent and child activities. Events that promote targeted parent/child togetherness, such as parent and child neighborhood park clean-up or weekend retreats, provide opportunities to encourage communication and connections that have been shown to decrease risk behaviors.⁴¹⁴ Parental support, engaging adolescents in the community, and the availability of shared and safe activities are important protective factors.^{415, 416, 417}

Simple family changes, such as eating meals together at least five to seven times each week with the television and other distractions removed, have been associated with better communication, higher academic performance, reduced risks, and better nutritional patterns.^{418, 419} Many agencies in the community can provide information on these important messages and provide a two-generation approach to service delivery.



Media and Social Media

The amount of time young people spend with entertainment media has risen dramatically in recent years, with technology providing continuous 24-hour access.⁴²⁰ Media has become an important part of our personal lives, communities, and society overall.

Many media outlets (such as radio, TV, print ads, and billboards) participate in PSAs that target health or safety issues. There is evidence that these campaigns are seen by the intended audience⁴²¹ and may impact some behaviors.⁴²² The Not Me, Not Now media campaign is one example of a media campaign to promote sexual risk avoidance for youth, with encouraging results. This community initiative, which used a mass communications approach (including billboards, an extensive media campaign, and an educational series presented in school and community settings) has been associated with trends in delaying sexual activity, preventing pregnancy, and influencing attitudes.⁴²³

Several resources are available to equip community media outlets to collaborate with programs. Some curricula may provide press releases or billboard resources that can be adapted to local needs and

initiatives. Program trainers, teachers or students may be available for local radio or TV interviews. Low-cost and free TV or radio public service announcements may be available through youth programs, county agencies, health departments, or local media outlets.

Some schools may have journalism departments that may wish to develop news articles for community blogs, parent newsletters, or local newspapers. These information sources can provide information about teen risks, the importance of

parent-child communication, and community support for delaying sex, as well as program goals and activities.

Young people are influenced by media as defined by magazines, advertisements, music, arts and entertainment. Media literacy lessons help young people learn about and have the discernment skills regarding the motives and themes of media outlets selling them products and services.

Online social media outlets have access to the trends of adolescents with new technologies and algorithms.

COMMUNITY SUPPORT ASSESSMENT MEDIA/SOCIAL MEDIA

1. Are media resources for adolescent health available in your community?
Yes No Not Sure
2. Does the program include media literacy within the program so students understand the explicit and implicit messages being sent by various media?
Yes No Not Sure
3. Do local media personnel know about youth behavioral risks and /or youth health needs that presently exist in the community?
Yes No Not Sure
4. Are local media outlets willing to collaborate with organizations that encourage youth sexual risk avoidance?
Yes No Not Sure
5. Do the community newspaper, radio or TV run PSAs and/or sponsor activities that encourage healthy youth activities and behaviors?
Yes No Not Sure
6. Does the program include media resources that are valued and relevant to the target audience?
Yes No Not Sure
7. Does the program or curriculum include issues around social media, sexting, access to pornography or too much screen time for adolescents?
Yes No Not Sure
8. Does the program or curriculum include media literacy lessons teaching adolescents how to be discerning around images and messaging?
Yes No Not Sure



Media multitasking, such as Facebook, Snapchat, Twitter and other social networking products allow teens to consume unprecedented amounts of media.⁴²⁴ Online interactions on social media outlets have become a part of daily life. There is evidence that social media can have a significant impact on what adolescents perceive as social and sexual norms, and the relative anonymity of online interactions can lead adolescents to share personal information.^{425, 426} Social media can also influence self-esteem.⁴²⁷

A significant number of adolescents engage in sexting, or the sending of sexually explicit text and images.^{428, 429, 430, 431} However, an emerging risk for adolescents is the pressure to engage in sexting due to partner and peer pressure.^{432, 433, 434} It is important for educators, parents, and caregivers to know these forms of sexual coercion or relationship abuse may not be immediately recognizable.⁴³⁵ Adolescents also need to know the legal risks of sexting, as laws against the production and dissemination of sexual materials with underage participants may result in criminal charges against the youth engaging in sexting.⁴³⁶

Adolescents have increased access to pornography and

sexual media online.^{437, 438} Exposure to sexually explicit media may influence how adolescents portray themselves sexually.⁴³⁹ The long-term health and behavior outcomes of consumption of sexually explicit media are still being explored, but there is some research that suggests that such consumption increases sexual activity and sexual initiation.^{440, 441, 442} Parental monitoring of social media may be protective against sexting and sexually explicit social media use for adolescents.⁴⁴³

New media methods of promoting healthy teen behaviors should be considered and developed to promote the delay of sexual activity.^{444, 445, 446}

Community Health

Resources

One of the most trusted and confidential relationships enjoyed by teens is with their health providers. Nurses, physicians and mental health professionals who recognize the importance of delaying sex or returning to a lifestyle without sexual risk may influence both current and future teen behavior.

The school nurse and school counselor often provide important links among students, families, and community-based services. Opportunities to involve school personnel in preparation for sexual risk avoidance programs should be maximized in order to understand student needs more fully and assure that

COMMUNITY SUPPORT ASSESSMENT HEALTH RESOURCES

1. Are community health providers included in the development, selection and implementation of the sexual risk avoidance program?
Yes No Not Sure
2. Are there partnerships with those who provide health services to encourage sexual risk avoidance?
Yes No Not Sure
3. Are continuing education trainings available to health personnel to strengthen support to youth for delaying sexual activity?
Yes No Not Sure
4. Are there skills taught that would help develop and maintain partnerships with school nurses?
Yes No Not Sure
5. Are health providers trained to equip sexually active youth with the insights, skills, and support to avoid future sexual activity?
Yes No Not Sure



messaging is consistent.

Other community medical personnel include local primary care physicians and health care providers, public health personnel, appropriate health care specialists, and local hospitals. Medical professionals talk to teens individually about primary prevention in areas of drugs, alcohol, and seat belt use. As a result, some health care providers are comfortable with providing risk avoidance messages and are willing to be trained in program content. They can assist with sexual risk avoidance programs by speaking in schools or organizations. Many more medical providers are willing to attend continuing education programs that discuss youth risks and the importance of supporting sexual risk avoidance.

Mental health providers in the community are often involved with families that deal with precursors or consequences of sexual risk behaviors. The community's ability to address sexual abuse or exploitation, difficult family dynamics, and other mental health concerns is vital to student and community outcomes.

All of these community stakeholders can be important to building a network of support, skill-building, and reinforcement for uniform messaging surrounding

avoiding teen sexual risk and future goals attainment.

Faith-Based Organizations

Including faith-based organizations (FBOs) in any community approach is important for at least two reasons.

First, FBOs have a significant role to play in promoting positive health behaviors.⁴⁴⁷ In fact, in many communities, faith-based organizations have taken, and continue to take, the lead in many social efforts to improve the lives of those in their communities.^{448, 449, 450} Identifying needs and then meeting those needs continues to be a high priority for FBOs, serving those both inside and outside their respective faith community.

Second, personal involvement and commitment in one's

faith is associated with one's ability to abstain from risky behaviors, such as nonmarital sexual behavior or drug use.^{451, 452, 453, 454, 455, 456, 457, 458} For many youth, their place of worship is also a source for social and personal development. That personal development can be encouraged through a sexual risk avoidance program consistent with the faith of the learners. One program provided in a church setting effectively modified knowledge and attitudes in minority youth, especially for youth who were sexually experienced.⁴⁵⁹ Providing information to local clergy and faith-based organizations may allow for coordinated efforts to provide a cohesive message supporting delay of sexual activity, another key aspect in community saturation of an optimal health message.

Therefore, a part of any

COMMUNITY SUPPORT ASSESSMENT FAITH-BASED ORGANIZATIONS

1. Are religious and lay leaders informed about your program and organizational goals? Do you use their expertise and influence?
Yes No Not Sure
2. Are risk-avoidance materials and relevant data available for review by the faith community?
Yes No Not Sure
3. Is the faith community engaged in activities to reduce adolescent health risk behaviors such as sexual activity or teen pregnancy?
Yes No Not Sure
4. Are faith-based organizations willing to sponsor or host parenting education, health education as well as parent-child activities?
Yes No Not Sure



community effort to serve youth and help them avoid sexual risk would naturally include these historic social community partners.

Conclusion

Adolescents benefit from the consistent support of multiple members of the community sharing a vision for healthy choices, healthy relationships and healthy futures.^{460, 461} It is optimal for the school, family, faith and medical communities to work together to give the consistent message that sex is a valuable part of life that is worth the wait.

Summary

At its best, sex education and relationship education is much more than a brief overview of anatomy, physiology, the consequences of early sexual debut or the goal of preventing pregnancy. It is a thoughtful and progressive discussion of facts, presented in a relevant and motivating manner that equips youth with the necessary insights and skills to avoid sexual activity. Ideally, this discussion provides support and direction that can prepare students for healthy futures and relationships.

Sex education is not the designated task of schools or community-based programs alone. It is a family and community responsibility to support pre-teens and teens through the pressures of adolescence. However, the school or program is responsible for determining goals, selecting an appropriate curriculum, assuring quality implementation, conducting student and program monitoring as well as assessing opportunities for improvement.

In conclusion, the SMARTool (both the descriptive document and the Think About Your Program checklist) should be used to:

- identify community and program needs, goals and implementation processes
- select a curriculum that corresponds to the program's target population and goals
- assure that the targeted factors affecting youth sexual behavior are included in the program content
- encourage the use of a wide

range of effective education methods for teaching

- prompt the creative engagement of the community to support youth risk avoidance
- use effective monitoring processes to assure efficient program implementation, effective and specific learner outcomes, as well as continuous program improvement

For additional information, please visit www.myrelationshipcenter.org/smartool



CHECKLIST

The SMARTool provides guidance on both curricula and programs. This checklist is designed to help organizations use the research in the SMARTool regarding sexual risk-avoidance targets to identify a holistic sexuality education curriculum that best fits organizational and community needs, goals and objectives.

To make the comparison and selection process easier, the checklist includes questions that correspond to each part of the SMARTool. As the questions and scores are completed for each curriculum under consideration, they will help inform a cadre of reviewers regarding the curricula being compared.

The questions are intended as prompts for full, systematic discussions. Depending on the organization and community, some questions may seem more relevant than others; some may indicate a need for further discussion, inquiry, or research. The checklist helps identify a clear choice of curriculum or demonstrates a need for more research and analysis.

PART I - PLANNING	TIME AND INTENSITY: <small>PAGE 15</small>			Yes	No	Not Sure
	1. Does the curriculum offer adequate dosage and reinforcement — for example, multiple sessions per grade, and sessions for multiple grade levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	2. Do high-risk populations have an opportunity for more intensive interventions or lesson sessions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	3. Does the curriculum integrate with and supplement other health or character-based education in the school or organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	FLEXIBILITY AND SUSTAINABILITY: <small>PAGE 16</small>			Yes	No	Not Sure
	1. Is the curriculum flexible enough to address learner needs across varied demographic student groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	2. Is the curriculum flexible enough to meet or complement program needs, based on coordination with existing health education requirements and time constraints?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	3. Can the educators who are paid by the schools be trained to supplement current ongoing classes with this curricula for sustainability through ongoing curriculum delivery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	STAFF SELECTION AND TRAINING: <small>PAGE 16</small>			Yes	No	Not Sure
	1. Does the curriculum provide guidance for identifying teaching staff who are comfortable with, and supportive of, the sexual risk avoidance message?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Does the curriculum developer provide teacher training or certification through workshops, conferences, or other venues to improve knowledge and skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			



PART I - PLANNING

- 3. Are materials available to provide in-service training for all organization personnel?
- 4. Are annual content updates and curricular experts available to assure continuous improvement and accuracy?
- 5. Are teacher materials, supplemental resources, and lesson plans easy to use and appropriate for effective lessons?
- 6. Does the curriculum training include methods for implementing the program with fidelity and passion?

Part I Total

PART II - ASSESSING CURRICULA CONTENT

TARGET 1 PAGE 22		Yes	No	Not Sure
1.	Does the material presented maintain a clear and consistent risk avoidance approach regarding sexual involvement and other risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are further sources of information provided for teachers to obtain additional reliable data, if appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the curriculum trauma informed and inclusive?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the content scientifically and medically accurate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are there updated and relevant research citations throughout the material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the curriculum utilize a whole child approach to optimal wellness including physical, intellectual, emotional, social, spiritual and financial dimensions of human health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the curriculum teach reproductive anatomy and physiology utilizing correct anatomical language that is age appropriate for target audience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the curriculum teach the physical and emotional changes that occur during puberty?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the curriculum teach the science of adolescent brain development?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the curriculum personalize possible risks associated with adolescent sexual activity such as pregnancy, sexually transmitted infections, social and emotional issues, relationship intensity, academic under-achievement, intimate partner violence or other associated high-risk cluster behaviors such as alcohol and substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TARGET I Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PART II - ASSESSING CURRICULA CONTENT

TARGET 2 PAGE 24		Yes	No	Not Sure
1.	Does the curriculum teach the science of healthy relationship development and attachment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the curriculum identify qualities of healthy and unhealthy relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the curriculum teach communication and conflict resolution skills to maintain healthy relationships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the curriculum address skills regarding setting boundaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the curriculum address the issue of consent within the fuller context of avoiding all types of sexual risk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the curriculum address issues of the heart and address the relational needs of all individuals regardless of gender or orientation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the curriculum teach healthy ways to end a relationship if the relationship is unhealthy or dangerous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the curriculum build skills to access support or help others do so if experiencing sexual assault, coercion or intimate partner violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the curriculum foster kindness, dignity and respect for all individuals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the curriculum normalize avoiding sexual activity for youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Does the curriculum describe the benefits of healthy relationships and social supports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Does the curriculum describe the importance and benefits of a healthy marriage and family formation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Does the curriculum describe the importance of family structure to the health and well-being of children and adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TARGET 2 Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TARGET 3 PAGE 26		Yes	No	Not Sure
1.	Does the curriculum present information in a relevant and compelling manner that has the potential to change attitudes, beliefs and behaviors regarding nonmarital sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the curriculum develop and display character traits that are consistent with universal values (i.e., trustworthiness, respect, responsibility, caring, courage)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the curriculum teach the benefits of a sexual risk avoidance behavioral choice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the curriculum help students increase their value of commitment, marriage, and future family formation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PART II - ASSESSING CURRICULA CONTENT

- 5. Does the curriculum provide an opportunity for students to recognize any cognitive dissonance between their personal attitudes about adolescent sexual activity and their behavioral choices?
- 6. Does the curriculum draw the correlation between sex as a youth risk behavior and other youth risks?
- 7. Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?

TARGET 3 Total

TARGET 4
PAGE 29

- | | Yes | No | Not Sure |
|---|--------------------------|--------------------------|--------------------------|
| 1. Does the curriculum help learners recognize common rationalizations that teens use to become sexually involved? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do learning exercises or scenarios help students recognize that justifications for sexual involvement fail to reduce potential adverse consequences? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the curriculum help students develop and practice skills to respond to common rationalizations for teen sex? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the curriculum assist sexually experienced youth to understand the reasons and develop skills to avoid continued sexual involvement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the curriculum address the subtle nature of sexual grooming, manipulation and coercion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TARGET 4 Total

TARGET 5
PAGE 30

- | | Yes | No | Not Sure |
|--|--------------------------|--------------------------|--------------------------|
| 1. Does the curriculum provide activities for students to learn how to become advocates of optimal health and wellness to their peers and community? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the curriculum provide an opportunity for students to consider positive and negative media perceptions regarding nonmarital sex activity and other risk behaviors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does the curriculum illustrate positive peer norms? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does the curriculum promote the confidence and skills to resist negative pressure from peers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Does the curriculum teach, demonstrate and practice the skills of independent decision-making related to avoiding sexual activity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TARGET 5 Total



PART II - ASSESSING CURRICULA CONTENT

TARGET 6 PAGE 31		Yes	No	Not Sure
1.	Does the curriculum contain messages and activities that build personal competencies and self-efficacy when confronted with sexual and other risk behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the curriculum promote critical thinking and decision-making skills that protect students and others physically, emotionally, intellectually, socially, and financially?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are learners given multiple opportunities to observe and practice boundary setting, refusal skills and conflict resolution?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the curriculum provide skills and opportunities for learners to explain and defend their personal choices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are support systems such as parents, personal and family rules, schools, faith groups and community organizations recognized as contributory to self-efficacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are previously sexually coerced/abused individuals provided with information and support to avoid sexual involvement and seek assistance as needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are protocols in place so educators know how and when to report sexual abuse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the curriculum utilize a positive youth development approach to build protective and resiliency factors in youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Does the curriculum teach students skills to cope with and manage stress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Does the curriculum teach the skills necessary to develop social supports and community connections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TARGET 6 Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TARGET 7 PAGE 31		Yes	No	Not Sure
1.	Does the curriculum assist the learner in developing and/or strengthening intentions to wait for sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the curriculum provide examples of the benefits of a strong personal commitment to avoid nonmarital sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the curriculum promote and practice skills to act on personal intentions to delay sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the curriculum increase the value of committed love and marriage as the optimal health and safest context for sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the curriculum encourage a commitment to avoid sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the curriculum help learners identify possible challenges or threats to their intentions and identify personal strategies for resisting those threats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Has the curriculum been cross walked and evaluated utilizing state and local health education standards for this target area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TARGET 7 Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PART II - ASSESSING CURRICULA CONTENT

TARGET 8 PAGE 34		Yes	No	Not Sure
1.	Does the curriculum teach the learner to recognize and avoid high-risk situations (such as early and frequent dating, unsupervised parties, coercion, or exploitation by older individuals)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the curriculum describe the importance of setting personal boundaries in advance of a potentially compromising situation? Similarly, does the curriculum discuss how to set those personally-defined boundaries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the curriculum encourage support systems and guidelines (such as family rules, curfews, parent involvement, structured activities, volunteer and faith activities, etc.) to minimize opportunities associated with adolescent sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the curriculum identify and reduce the opportunity for sexual activity by promoting the avoidance of drugs, alcohol, coercive behaviors, and violence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the curriculum provide scenarios, examples or skills to assist learners in recognizing and refusing sexually vulnerable situations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the curriculum been cross walked and evaluated utilizing state and local educational standards for this target area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TARGET 8 Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TARGET 9 PAGE 35		Yes	No	Not Sure
1.	Does the curriculum provide exercises that allow the learner to describe and/or plan for their future life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is the curriculum aspirational for youth, inspiring them to aspire to future goals that are reachable, but currently not seen as possible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the curriculum help students develop an outline for a life plan so they can practically reach the life goals to which they aspire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there lessons that reinforce the potential for positive future opportunities such as: personal health, career opportunities, supportive friendships, strong family ties and/or fulfilling marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the curriculum help learners create connections between sexual risks and future outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the curriculum describe the researched benefits of contextualizing sexual activity and childbearing within marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are learners encouraged to identify personal attributes they may desire for themselves and/or a future spouse or partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the curriculum teach the "Success Sequence" (doing life in sequential order) to prevent poverty? Has the curriculum been cross walked and evaluated utilizing state and local educational standards for this target area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TARGET 9 Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PART II

TARGET 10 PAGE 36		Yes	No	Not Sure
1.	Does the curriculum have a permission letter informing parents of the content to be taught to their child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the curriculum recognize the role that parents, family, and caregivers play in a student's attitudes, beliefs, and behavior?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Does the curriculum provide or identify resources to equip parents to talk with their children about important topics pertinent to relationships, sex, mental health, managing emotions and substance use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the curriculum provide materials or resources to offer a parent workshop or information session?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the curriculum provide homework assignments that can or should be completed through collaboration between the parent and child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Has the curriculum been cross walked and evaluated utilizing state and local educational standards for this target area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TARGET 10 Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART III PROGRAM ASSESSMENT

QUALITY IMPROVEMENT PROGRAM ASSESSMENT PAGE 39		Yes	No	Not Sure
1.	Does the curriculum include valid and reliable pre- and post-testing instruments? Are additional sources of data suggested to support program monitoring of important outcomes (e.g., community data on health trends such as teen pregnancy rates or incidence of STIs)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is there a data collection method in place to measure what changes in knowledge, attitudes, intentions, and/or behaviors are observed in program participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is there a data collection method in place to measure what components of the intervention are used and who is receiving the intervention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there a process in place to review learner outcomes and consistent* program implementation to identify opportunities to improve effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PART III Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PART IV – COMMUNITY SUPPORT

ORGANIZATIONS PAGE 41		Yes	No	Not Sure
1.	Is there an intentional consistency of messaging surrounding teen sexual risk across the various community partners?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the organization actively partner with the social service community, the medical community, faith-based and other community partners to reinforce the value of teens avoiding sexual risk – and providing opportunities to help those involved in risk to avoid risky behaviors in the future?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Has a needs assessment been conducted to identify current community messaging surrounding teen sexual risk, opportunities to improve health messaging, and partnerships that are already developed for this purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Does the community promote neighborhood involvement and improvement activities such as neighborhood watch, block parties, neighborhood clean-up events or other local gatherings and get-togethers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Would leaders from youth sports, youth services clubs or after-school activity programs be receptive to training on risk-avoidance education?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are there volunteering, civic engagement or service learning opportunities for youth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is there a mentoring program in place? If not, can one be started?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you have the support and partnership of local government officials and different agencies within the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are there community resources in place capable of responding to teen pregnancy, sexual assault, or other youth risks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENTS/GUARDIANS PAGE 42		Yes	No	Not Sure
1.	Are there media resources (PSAs, websites, etc.) for parents/caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are there communication resources that are effective for beginning and maintaining parents/child conversations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are parents/caregivers in the community involved in addressing different community issues (youth sexual behavior, drug and alcohol use, violence, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are parent/caregiver workshops offered to provide encouragement and information to parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are additional events (parents/teacher groups, parenting courses, marriage and relationship education, etc.) offered for parents/caregivers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are there partnerships with organizations in the community that reach out to parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are there plans in programming to highlight happy married couples from the community in a classroom or presentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are there different activities available that enhance and promote connectedness, communication, increased involvement with parents and their youth, as well as increased supervision of monitoring of youth by their parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



PART IV – COMMUNITY SUPPORT

MEDIA/SOCIAL MEDIA PAGE 43		Yes	No	Not Sure
1.	Are media resources for adolescent health available in your community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Does the program include media literacy within the program so students understand the explicit and implicit messages being sent by various media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do local media personnel know about youth behavioral risks and /or youth health needs that presently exist in the community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are local media outlets willing to collaborate with organizations that encourage youth sexual risk avoidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do the community newspaper, radio or TV run PSAs and/or sponsor activities that encourage healthy youth activities and behaviors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the program include media resources that are valued and relevant to the target audience?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Does the program or curriculum include issues around social media, sexting, access to pornography or too much screen time for adolescents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Does the program or curriculum include media literacy lessons teaching adolescents how to be discerning around images and messaging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HEALTH RESOURCES PAGE 44		Yes	No	Not Sure
1.	Are community health providers included in the development, selection and implementation of the sexual risk avoidance program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are there partnerships with those who provide health services to encourage sexual risk avoidance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are continuing education trainings available to health personnel to strengthen support to youth for delaying sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there skills taught that would help develop and maintain partnerships with school nurses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are health providers trained to equip sexually active youth with the insights, skills, and support to avoid future sexual activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FAITH-BASED ORGANIZATIONS PAGE 45		Yes	No	Not Sure
1.	Are religious and lay leaders informed about your program and organizational goals? Do you use their expertise and influence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are risk-avoidance materials and relevant data available for review by the faith community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is the faith community engaged in activities to reduce adolescent health risk behaviors such as sexual activity or teen pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are faith-based organizations willing to sponsor or host parenting education, health education as well as parent-child activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART IV Total		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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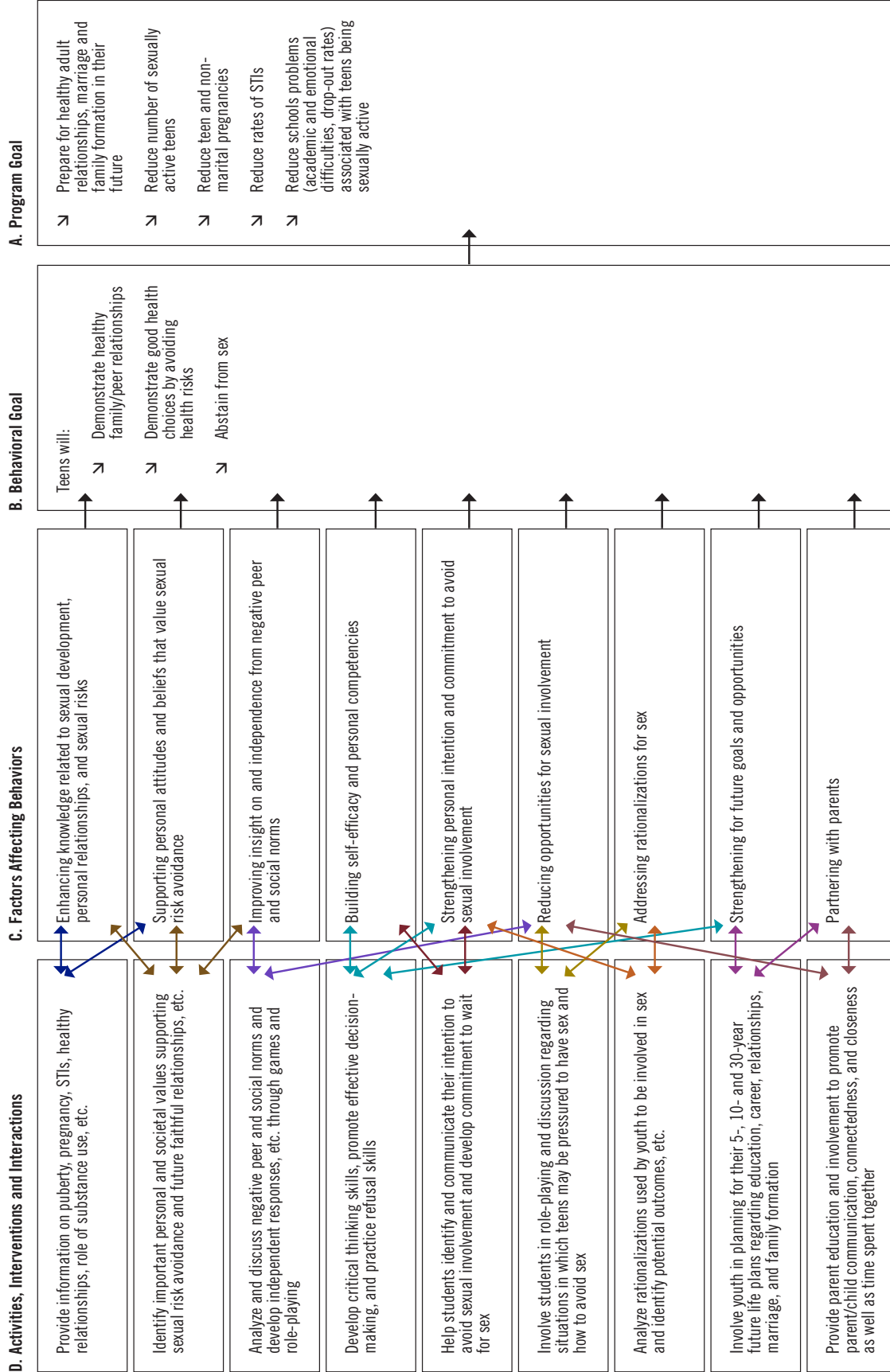
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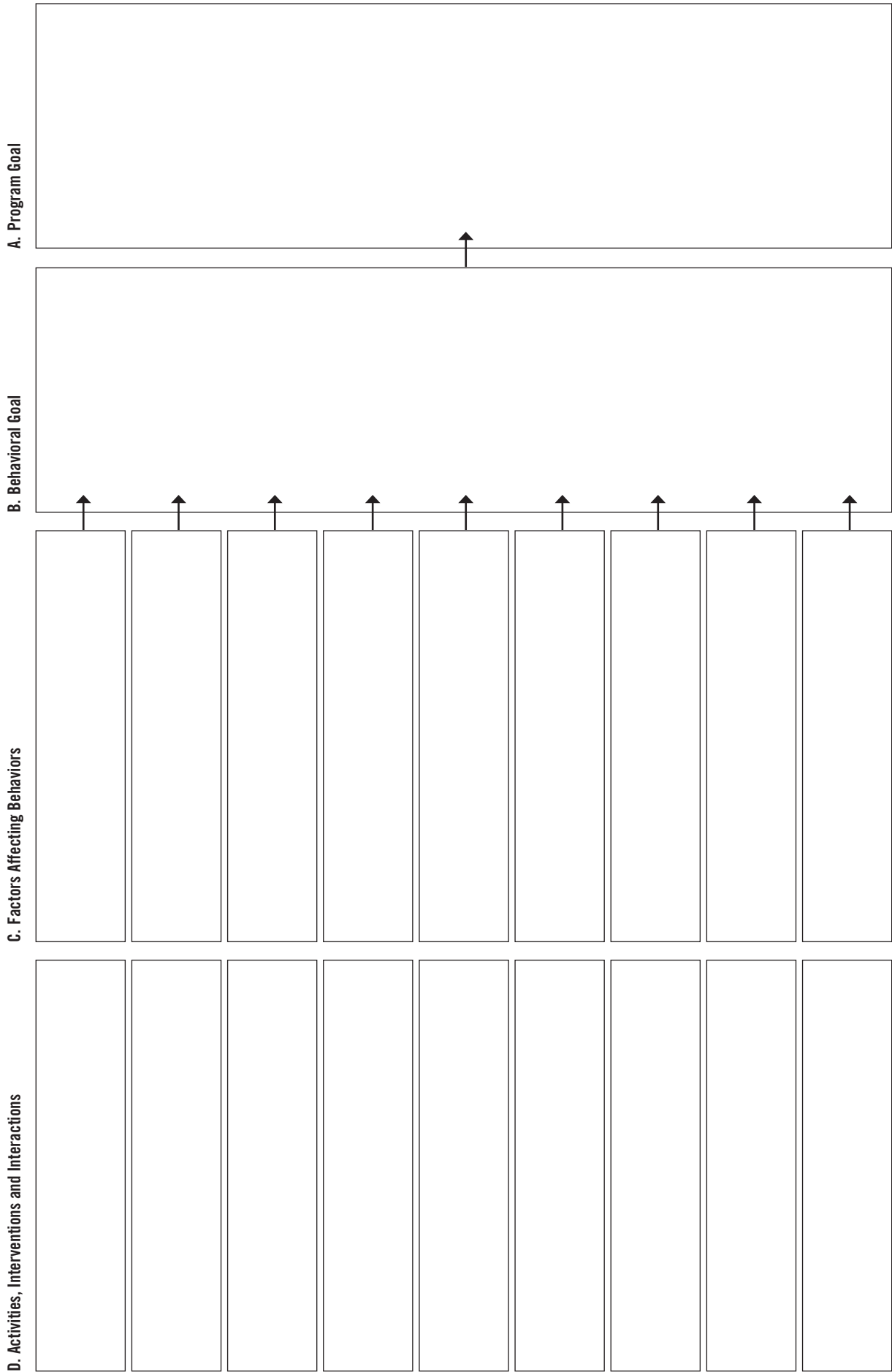
Note: Each citation in the report has a unique number, and references may be cited multiple times in the report. There are 281 unique references in SMARTool 2.0. An alphabetic list is available as: Appendix 2

APPENDIX I

SAMPLE LOGIC MODEL



SAMPLE LOGIC MODEL



SAMPLE LOGIC MODEL

A. Program Goal

- ✎ Prepare for healthy adult relationships, marriage and family formation in their future
- ✎ Reduce number of sexually active teens
- ✎ Reduce teen and nonmarital pregnancies
- ✎ Reduce rates of STIs
- ✎ Reduce schools' problems (academic and emotional difficulties, drop-out rates) associated with teens being sexually active

B. Behavioral Goal

Teens will:

- ✎ Demonstrate healthy family/peer relationships
- ✎ Demonstrate good health choices by avoiding health risks
- ✎ Abstain from sex

C. Factors Affecting Behaviors

- ✎ Enhancing knowledge related to sexual development, personal relationships, and sexual risks
- ✎ Supporting personal attitudes and beliefs that value sexual risk avoidance
- ✎ Improving insight on and independence from negative peer and social norms
- ✎ Building self-efficacy and personal competencies
- ✎ Strengthening personal intention and commitment to avoid sexual involvement
- ✎ Reducing opportunities for sexual involvement
- ✎ Addressing rationalizations for sex
- ✎ Strengthening for future goals and opportunities
- ✎ Partnering with parents

D. Activities, Interventions and Interactions

- Provide information on puberty, pregnancy, STIs, healthy relationships, role of substance use, etc.
- Identify important personal and societal values supporting sexual risk avoidance and future faithful relationships, etc.
- Analyze and discuss negative peer and social norms and develop independent responses, etc. through games and role-playing
- Develop critical thinking skills, promote effective decision-making, and practice refusal skills
- Help students identify and communicate their intention to avoid sexual involvement and develop commitment to wait for sex
- Involve students in role-playing and discussion regarding situations in which teens may be pressured to have sex and how to avoid sex
- Analyze rationalizations used by youth to be involved in sex and identify potential outcomes, etc.
- Involve youth in planning for their 5-, 10- and 30-year future life plans regarding education, career, relationships, marriage, and family formation
- Provide parent education and involvement to promote parent/child communication, connectedness, and closeness as well as time spent together

APPENDIX II

Alphabetized List of the References Cited in SMARTool 2.0

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