Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs

Based on

Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics

Developed by

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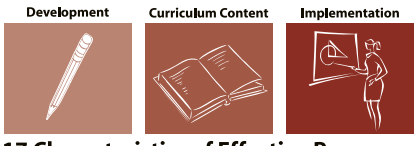
February 2007

Healthy Teen Network
MAKING A DIFFERENCE IN THE LIVES OF TEENS AND YOUNG FAMILIES



17 Characteristics of Effective Programs

ETR Associates

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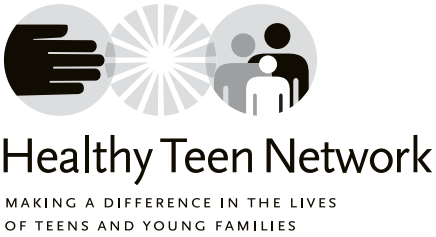
Healthy Teen Network



Healthy Teen Network (HTN) is a national membership network founded on the belief that youth can make responsible decisions about their sexuality and reproductive health when they have complete, accurate and culturally relevant information, skills, resources and support. Located in Washington, D.C., HTN has been making a difference in the lives of teens and young families since its founding in 1979. HTN is the only national membership network that serves as a leader, a national voice, and a comprehensive educational resource to professionals working in the area of adolescent reproductive health — specifically teen pregnancy prevention, teen pregnancy, teen parenting and related issues. HTN is uniquely able to have an impact on a large number of teens and young families because of its comprehensive approach and its direct and immediate links to a grassroots network of reproductive health care professionals throughout our nation's communities.

For more information about HTN, visit: http://www.healthyteennetwork.org.

ETR Associates

ETR Associates (Education, Training and Research Associates), established in 1981, is a national, nonprofit organization whose mission is to enhance the well-being of individuals, families and communities by providing leadership, educational resources, training and research in health promotion, with an emphasis on sexuality and health education. ETR's Program Services Division offers comprehensive services for the development, implementation, evaluation and dissemination of critical public health initiatives. The division works directly with community-based programs, state and local education agencies, health care providers, health educators and public health organizations. ETR's Publishing Division produces authoritative health education and health promotion resources that empower young people and adults to lead healthier lives. Thousands of ETR pamphlets, books and other materials are used in hundreds of health care settings, schools and workplaces across the United States and around the world.

For more information about ETR, visit: http://www.etr.org.

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Mary Martha Wilson
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Introduction

What Is the Rationale behind the Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC)?

The field of adolescent reproductive health can point to considerable success during the last 15 years. From 1990 to 2002, teen pregnancy rates decreased by 36% among girls aged 15-19.[1] Birth rates declined by 35% from 1991 to 2005.[2] These achievements demonstrate that it is possible to markedly lower teen pregnancy and birth rates.

However, there is still more work that needs to be done. The United States still has the highest teen pregnancy rate in the western developed world.[3] More than one-third of sexually experienced 18- and 19-year-old girls become pregnant before they turn 20.[4] In addition, there remain large disparities in reproductive health outcomes among different ethnic and racial groups.[5] And, although adolescent pregnancy rates overall are dropping, adolescent STD rates continue to rise.[6] Finally, research indicates that many youth are still at risk. For example, recent Youth Risk Behavior Surveillance data (2006) report that 47% of all high school students have had sex, and, of those students who are currently sexually active, 37% did not use condoms at last intercourse.[7] Thus, there is a great need to identify and implement those programs that are most effective at reducing sexual risk-taking among teens.

Given these needs, given limited resources, and given competition between political opinion and science-based evidence, it is particularly important that communities have the tools they need to select and implement the most effective pregnancy and STD prevention programs for their youth.

What Is the TAC?

The ***Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs (TAC)*** is an organized set of questions designed to help practitioners assess whether curriculum-based programs have incorporated the common characteristics of effective programs. The common characteristics of effective sex and HIV education program were identified through a research study completed in 2006.[8] Knowing which curriculum-based programs have incorporated the common characteristics of effective programs and which have not can help practitioners select, adapt, develop and implement more effective pregnancy, STD and HIV prevention programs in their communities.

1. *US Teenage* Pregnancy Statistics: *National and State Trends by Race and Ethnicity*. (September, 2006). New York: Guttmacher Institute.

2. Hamilton BE, Martin JA, Ventura SJ. (November 21, 2006). *Births: Preliminary Data for 2005.* Health E-Stats. Hyattsville, MD: National Center for Health Statistics.

3. Ventura, SJ, Mathews TJ, Hamilton BE. (September 25, 2001). *Birth to Teenagers in the United States, 1940-2000.* National Vital Statistics Reports 49(10): 1.

4. Suellentrop, & K, Flanigan C. *Pregnancy among Sexually Experienced Girls. (*April, 2006). Science Says. Washington, DC: The National Campaign to Prevent Teen Pregnancy.

5. Vexler, EJ & Suellentrop, K. (2006). *Bridging Two Worlds: How Teen Pregnancy Prevention Programs Can Better Serve Latino Youth.* Washington, DC: The National Campaign to Prevent Teen Pregnancy.

6. Centers for Disease Control and Prevention. (2004). *STD Surveillance 2004: Special Focus Profiles - Adolescents and Young Adults.* Atlanta, GA: U.S. Department of Health and Human Services.

7. Centers for Disease Control and Prevention. *(August, 2006). Surveillance Summaries. MMWR* 2006:55(31): 851-854.

8. Kirby, D, Laris, BA, & Rolleri, L. (2006). *Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics.* Washington, DC: Healthy Teen Network.

How Were the Common Characteristics Identified?

In 2006, ETR's Senior Research Scientist, Douglas Kirby, PhD, and his colleagues, B.A. Laris, MPH, and Lori Rolleri, MSW, MPH, published a report titled *Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics.*[9] That report identified 17 common characteristics of programs found to be effective in changing behaviors that lead to STD, HIV and unintended pregnancy among young people.

To identify those characteristics, Kirby and his colleagues conducted a systematic review of 83 studies of HIV prevention and sex education programs from both the developed and developing world. All of the studies had to meet programmatic criteria (e.g., they had to be curriculum-based programs for young adults) and research criteria (e.g., they had to have a sound experimental or quasi-experimental research design.) Of the 83 studies that were reviewed, about two-thirds of them demonstrated positive behavior change. Thus, some programs were effective at changing behavior in a positive direction while others were not.

Kirby and his team then conducted a more in-depth analysis of the studies and their curricula to try to identify the distinguishing characteristics of effective programs. They first realized that there were important characteristics of effective curriculum-based programs that described the development of the curricula, the content of the curricula, and the implementation of the curricula. To identify the important characteristics of the process of developing the curricula and the important characteristics of implementing the curricula, they carefully reviewed the original studies and any other materials describing the development or implementation of the curricula that were effective. To identify the important characteristics of the content of the effective curricula themselves, Kirby and his colleagues conducted a rigorous in-depth content analysis of a sample of 19 of the effective curricula, especially those with the strongest evidence of positive impact. Across these three categories (development, content and implementation), they identified 17 important common characteristics of effective programs.

The first drafts of the report underwent review by multiple adolescent reproductive health (ARH) practitioners and researchers. During the review process, reviewers suggested that an assessment tool be created that would complement the report. The tool would guide ARH practitioners, program developers and evaluators in operationalizing each of the 17 characteristics as they select, modify, develop, implement and/or evaluate sex and HIV education curricula. This document is that tool.

While feedback from our reviewers was one force behind the creation of this tool, its development was also a natural extension of the work that Healthy Teen Network and ETR Associates had already been conducting. Since 2002, Healthy Teen Network, in partnership with ETR Associates, has received funding from the Centers for Disease Control and Prevention to build the capacity of state adolescent pregnancy prevention (APP) coalitions to implement science-based programs and practices. This tool became part of the training on the 17 characteristics.

In addition to training coalitions on how to apply the 17 characteristics to their work, the team has developed and delivered other capacity-building activities that support science-based practice. Examples of these activities include training on the development of logic models, program evaluation basics, effective pregnancy and HIV prevention programs, program fidelity and adaptation, and using research to improve practice.

9. Through a grant from US AID, Family Health International funded the research and writing of this report. The full report can be downloaded from several websites, including ETR's website at: www.etr.org/recapp and HTN's website at: www.healthyteennetwork.org.

Healthy Teen Network and ETR Associates are pleased to present the *Tool to Assess the Characteristics of Effective Sex and STD/HIV Education Programs.* Our hope is that it will help you select, improve, develop and implement effective pregnancy and STD prevention programs for the youth you serve in your communities.

How Is the TAC organized?

The *Tool to Assess Characteristics* is divided into six sections. The first three sections describe the three categories of characteristics of effective programs:

Section 1: Category 1 — Characteristics describing the process of developing the effective curricula. Examples include the backgrounds of the program developers, their assessments of their priority groups, their logical approaches to developing activities, and their pilot-testing of the programs.

Section 2: Category 2 — Characteristics describing the contents of effective curricula. Examples include the characteristics of effective programs' goals and objectives, their behavioral messages, their activities and their teaching methods.

Section 3: Category 3 — Characteristics describing the process of implementing the curricula. Examples include securing community support, selecting and training educators, recruiting youth, and implementing the curriculum with fidelity in the settings for which it was designed.

These three categories of characteristics are followed by:

Section 4: A **Characteristics Summary Table** to help you record ideas and action steps for improving the written curriculum.

Section 5: A list of potentially useful **Resources** to help you strengthen some of the characteristics.

Section 6: A **Glossary** to help you better understand some of the concepts in this tool.

Why Would You Use the TAC?

Although the TAC is designed primarily to help you select effective programs, it can also be used to help you do all of the following:

1) To *assess* curricula and to select one that is likely to be effective at changing behavior in your community.
2) To *adapt* a selected curriculum so that it better matches the needs and resources of your own community.
3) To *develop* from scratch a new effective curriculum for your community.
4) To *implement* a curriculum more effectively in your own community.

1 **To assess curricula and to select one that is likely to be effective at changing behavior.** If you are selecting existing curricula to be implemented in your community, your most promising approach is to review those curricula that have previously been demonstrated to be effective with populations of youth similar to your own and that match the needs and resources of your community and then to select one. When you do this, you should make sure that you can implement your selected curriculum as designed and in the settings in which it was originally successfully evaluated.

You may find multiple curricula with evidence of impact that you can implement. When this occurs, you can use the TAC to assess which are most likely to have the greatest impact on behavior, especially with the youth in your own community.

Or you may not find *any* existing curricula that have evidence of impact that match your needs and resources and that you can implement with fidelity in similar settings. Curricula previously demonstrated to be effective may not match the needs of the youth in your community, may not match the setting where you can implement programs, may not fit within your staff capabilities and resource limitations, may not match community values, or may not be appropriate for your youth, your community or your organization for other reasons.

When any of these problems occur, your second most promising approach is to review the larger number of existing curricula that have not been evaluated and found to be effective, but that may incorporate the characteristics of effective curricula and therefore may be very likely to have a positive impact on one or more sexual behaviors.

This TAC is designed to help you select, possibly adapt if necessary, and then implement a curriculum that incorporates the characteristics of effective programs.

In general, the more characteristics in Categories 1 and 2 (development and content) that a curriculum incorporates and the more characteristics in Category 3 (implementation) that you incorporate into your implementation, the more likely it is that your program will reduce adolescent sexual risk-taking. Indeed, programs that incorporate all these characteristics are quite likely to reduce sexual risk-taking.

However, a caution is also in order. The world is complex, and many factors affect the effectiveness of a curriculum. Thus, even if a curriculum incorporates all the characteristics in the first two categories, it may not always change behavior. Therefore, we can only say that a curriculum with

these characteristics has *strong promise* for effectiveness. And selecting a curriculum with these first two categories of characteristics cannot serve as a substitute for a rigorous impact evaluation study demonstrating positive changes in sexual behavior.

2 **To adapt curricula to better match the needs and resources of your own community.** If you are making very minor modifications to your selected curriculum, you may not need this TAC to make those modifications. For example, without using this TAC, you can:

- Replace older materials (e.g., videos or fact sheets) with similar more factually up-to-date materials.
- Replace older videos with more current or stylish videos covering the same content.
- Change names in scripts, modify the scenarios, or refine scripts in role plays in other ways to make them more realistic for your youth without changing the basic skills being taught.
- Make some didactic activities more interactive.
- Make other relatively minor changes.

On the other hand, if you are deleting activities, substantially changing some, or adding many new ones, then you may very well need to apply the first two categories of characteristics not only to the curriculum being selected, but to your process for selecting and adapting the curriculum and to your final adapted curriculum. For example, you should collect information about the sexual behaviors and factors affecting those behaviors among youth in your community; you should identify important risk and protective factors in your community; you should pilot-test the modified curriculum; etc.

Overall, if possible, your objective should be to enhance, not diminish, the characteristics in the second category. For example, you should make the behavioral message more clear rather than less clear, or you should include more activities to teach skills to avoid unwanted sex rather than fewer activities.

3 **To develop a new curriculum from scratch.** If you are developing a new curriculum from scratch, there are a wide variety of other resources to help you do so. Some of these are included in the resource section at the end of this TAC.

However, you should again apply the first two categories of characteristics describing the process of curriculum development and the contents of the curriculum to your process and to the contents of your curriculum. Essentially, you should use a proven process to create a curriculum with as many of the characteristics as possible.

Because we anticipate that most (but not all) people who use this tool will use it to assess, select or adapt existing curricula rather then to develop new curricula, the language in this tool sometimes assumes that you are assessing, selecting or adapting existing curricula. However, if you are developing your own curricula, you can apply the same basic concepts and simply modify the language slightly as needed.

4 **To implement a curriculum.** Regardless of whether you have selected an existing curriculum to implement, adapted a curriculum, or created an entirely new one, you should apply the third category of characteristics on program implementation to your implementation of that curriculum.

What Steps Should You Complete to Assess Existing Curricula?

First, to the extent possible, involve multiple people with different backgrounds in theory, research, and sex and STD/HIV education to assess the curricula. Typically, groups have greater collective experience and generate more insights and creative ideas than do individuals working alone. If possible, you should include in your group:

- People who are knowledgeable about teen pregnancy and STD rates in your community, sexual behaviors among youth, and the risk factors, protective factors, barriers and pressures affecting sexual risk-taking.
- People who are familiar with logic models.
- People who have taught sex education in programs similar to that you are considering.
- People who are familiar with instructional design and the kinds of activities that are especially well designed to change knowledge, values, attitudes, perceptions of peer norms, skills and intentions.

Of course, all of these backgrounds are not absolutely necessary, but the more of them that are covered, the better and more insightful your assessment and/or adaptation will be.

Second, become familiar with logic models, particularly logic models that specify the health goals to be achieved, the behaviors that need to be changed to achieve those health goals, the risk and protective factors affecting each of the selected behaviors, and the intervention activities that will improve each of the selected risk and protective factors. Familiarity with these models will help you create logic models for the curricula you are assessing or adopting or, at a minimum, assess whether the curricula appear to be based on a logic model. Various papers and a free online course on logic models are referenced in the resource section at the end of this TAC.

Third, become very familiar with the sexuality-related needs of the youth in your community and the sexuality-related values and resources in your community. More specifically, if you have not already done so:

1. Determine whether your health goal should focus on reducing teen pregnancy, teen STD rates, or both.

2. Determine which behaviors need to be changed and can be changed. For example, should you focus more on delaying sex (to reduce pregnancy and STD), reducing the number of sexual partners (to reduce STD), increasing condom use (to reduce STD and pregnancy), increasing other contraceptive use (to reduce pregnancy) or increasing STD testing and treatment (to reduce STD), or some combination of the above.
3. Gather data or include people in your assessment who have current information about what percentage of youth are having sex at various ages and grade levels and what percentage of sexually active youth are using condoms and other forms of contraception. (You may use local survey data such as the Youth Risk Behavior Survey to assess these.)
4. Try to determine the factors, pressures, barriers, perceptions of risk, values, attitudes, norms, skills, access to condoms and other contraceptives, etc. that have important effects on sexual behavior and condom or other contraceptive use among youth in your community. (You might conduct surveys, review research and/or conduct focus groups with youth or professionals working with youth to better understand these.)
5. Assess your community's values and support for different types of interventions (e.g., school-based abstinence-only or comprehensive sex education programs).
6. Assess your community's resources that can be devoted to curriculum-based programs (e.g., assess staff time that can be devoted to this; relevant staff knowledge, interest and skills; facility space; available classroom time in schools; supplies; etc.). All of these factors limit which curricula activities can actually be implemented.

Fourth, become thoroughly familiar with each of the curricula you are assessing and, to the extent feasible, the process used to develop each. Gather and read information about:

1. The background of the individuals who developed the curricula.
2. The characteristics of the youth served in the original studies.
3. The goals of the original curricula, the behaviors they focused upon, and the mediating factors they addressed.
4. The processes they used for pilot-testing and revising drafts of the curricula.
5. AND, of course, the activities and other contents of the curricula themselves.

This information may be found in the curricula's introductions, journal articles or progress reports, or may be obtained by speaking directly with the program's developers.

Fifth, become familiar with the TAC. Read through the TAC first so that you are familiar with the three major categories of characteristics, the types of detailed questions asked within each characteristic, the summary table to record ideas and action steps, the resources and the glossary. Have a basic understanding of how it can be used. And be sure to make sufficient copies of the TAC so that you have one for each curriculum you are assessing.

Finally, begin actually using the TAC to assess curricula. Be sure to set aside sufficient time to complete this process. Do not assume that you can complete a TAC assessment in a couple of hours. Sometimes this is possible, but it may also take as long as a day to complete the TAC for a single curriculum. At the very least, it will take as long as it takes to read or scan the entire curriculum and assess it.

For each characteristic, one at a time, read or reread the appropriate sections of the curriculum, as needed, and:

1. **Read** the brief description of the characteristic in the TAC.
2. **Answer** each of the checklist questions in the TAC by checking "yes" or "no." (In general, the more questions under each characteristic you can answer positively, the more likely the curriculum incorporates that characteristic.)
3. **Summarize** your assessment of each characteristic by answering the questions in the shaded box that concludes each set of checklist questions. (The more characteristics incorporated into your program, the more likely it will change behavior.)
4. **Record** your answers to these questions in the **Characteristics Summary Table** on pages 51-55.

Finally, after you have completed assessing the appropriate characteristics for each curriculum, review your TAC summary table for each, consider your community's resources and values and the needs of your youth, and reach a conclusion about the most promising curriculum for your community.

Good luck with your assessment!

Where Can You Get More Information?

For more information about the 17 Characteristics of Effective HIV and Pregnancy Prevention Program or the TAC, contact:

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The 17 Characteristics At a Glance

The Process of Developing the Curriculum	The Contents of the Curriculum Itself	The Implementation of the Curriculum
1. Involved multiple people with different backgrounds in theory, research and sex and STD/HIV education to develop the curriculum. 2. Assessed relevant needs and assets of target group. 3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors. 4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space and supplies). 5. Pilot-tested the program.	***Curriculum Goals and Objectives*** 6. Focused on clear health goals — the prevention of STD, HIV and/or pregnancy. 7. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them. 8. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy). ***Activities and Teaching Methodologies*** 9. Created a safe social environment for youth to participate. 10. Included multiple activities to change each of the targeted risk and protective factors. 11. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors. 12. Employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age and sexual experience. 13. Covered topics in a logical sequence.	14. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations. 15. Selected educators with desired characteristics (whenever possible), trained them, and provided monitoring, supervision and support. 16. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement (e.g., publicized the program, offered food or obtained consent). 17. Implemented virtually all activities with reasonable fidelity.

Category 1: The Process of Developing the Curriculum

Introduction

This category of characteristics is related to the process of developing an adolescent pregnancy or HIV prevention program or curriculum. Program development includes conceptualizing, researching, writing and pilot-testing a program. This category also includes the backgrounds and skills of the people involved in developing the curriculum, the tools they use, and the preparations they make.

Characteristics in Category 1

1. Involved multiple people with different backgrounds in theory, research and sex and STD/HIV education to develop the curriculum.

2. Assessed relevant needs and assets of target group.

3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors.

4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space and supplies).

5. Pilot-tested some or all of the activities.

READ

1. Involved multiple people with different backgrounds in theory, research and sex and STD/HIV education to develop the curriculum.

This characteristic refers to the team involved in conceptualizing, writing and evaluating the curriculum. A curriculum development team should include people with different backgrounds and expertise, especially in the areas of health behavior theory, adolescent sexual behavior and the risk and protective factors affecting that behavior, instructional design, cultural norms and evaluation. Each of these backgrounds typically plays an important role in creating an effective curriculum.

(It should be noted parenthetically that some of the questions asked below appear to be duplicative. However, typically the first question asks about the process of development used to produce the original curriculum, while the second question asks about your process for either assessing a curriculum that matches your community or your process for adapting a selected curriculum.)

ANSWER

Checklist:

YES	NO		
❑	❑	1.	Are you able to identify who was involved in developing the completed version of the program/curriculum and/or their backgrounds? If yes, continue with the following questions.
		2.	Does the curriculum development team have the following areas of expertise or background?

YES	NO	
❑	❑	Knowledge of theories of health behavior and how to change behavior
❑	❑	Knowledge of research on adolescent sexual behavior, and risk and protective factors affecting that behavior
❑	❑	Knowledge of theory of instructional design (e.g., how to increase knowledge, personalize this knowledge, change values and attitudes, change perception of peer norms and increase skills)
❑	❑	Knowledge of elements of good curriculum design
❑	❑	Experience teaching youth about sexual topics
❑	❑	Familiarity with the culture and values of the community for which the curriculum is written
❑	❑	Knowledge and experience pilot-testing curricula and conducting formative evaluation and impact evaluation

ANSWER

3. Does *your* curriculum assessment team have the following areas of expertise or background?

YES	NO	
❑	❑	Knowledge of theories of health behavior and how to change behavior
❑	❑	Knowledge of research on adolescent sexual behavior, and risk and protective factors affecting that behavior
❑	❑	Knowledge of theory of instructional design (e.g., how to increase knowledge, personalize this knowledge, change values and attitudes, change perception of peer norms, and increase skills)
❑	❑	Knowledge of elements of good curriculum design
❑	❑	Experience teaching youth about sexual topics
❑	❑	Familiarity with the culture and values of the community for which the curriculum is written
❑	❑	Knowledge and experience pilot-testing curricula and conducting formative evaluation and impact evaluation

SUMMARIZE

- To what extent did the process of developing the *original* curriculum involve multiple people with different backgrounds in theory, research and sex and STD/HIV education? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent does *your* process of selecting a curriculum involve multiple people with different backgrounds in theory, research and sex and STD/HIV education? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there ways to improve your involvement of multiple people with different back grounds in theory, research and sex and STD/HIV education? If so, what are some concrete steps you can take to involve more people with desired qualities? (Record your ideas on the Characteristics Summary Table.)

READ

2. Assessed relevant needs and assets of target group.

Assessing the population you intend to serve should provide concrete information about prevalent sexual behaviors and the risk and protective factors affecting those behaviors. More specifically, assessment data can help program developers understand what percentage of teens are having sex, at what grade level, and what their characteristics are. It may help them understand the reasons young people do or do not have sex. It may also help them understand what percentage of sexually active teens are using condoms or other contraceptives, the barriers they encounter to using condoms or contraception, and the other reasons young people do or do not use condoms or other forms of contraception.

Curriculum developers typically review quantitative pregnancy, STD and HIV data (e.g., national, state and/or preferably local pregnancy or birth rates), as well as other survey data on young adult sexual behavior (e.g., Youth Risk Behavior Surveillance data). They may also conduct focus groups or interviews with youth and/or the adults working with youth on reproductive health concerns.

Better understanding local behavior and factors affecting that behavior can guide program developers in creating the most effective programs that best "fit" the needs of the youth they want to serve in their own communities. The process of gaining this understanding may also increase the community's perceived legitimacy of the program.

ANSWER

Checklist:

YES	NO	
❑	❑	In general, were the needs and assets of the youth assessed in the original study?

Examples:

YES	NO	
❑	❑	Were data on teen pregnancy, birth or STD rates reviewed? Were these local data that adequately described the targeted youth?
❑	❑	Were survey data on teen sexual behavior and use of condoms and other contraceptives reviewed? Were these local data that adequately described the targeted youth?
❑	❑	Were focus groups conducted with groups of youth?
❑	❑	Were multiple groups conducted?
❑	❑	Were the youth in these focus groups representative of the target groups?
❑	❑	Were challenges in avoiding sex and using condoms or contraceptives discussed openly?

ANSWER

YES	NO	
❑	❑	Were interviews with adults who work with youth conducted?
❑	❑	Were interviews with multiple adults conducted?
❑	❑	Were these adults knowledgeable about the sexual behavior of the target youth and the reasons why they do or do not have sex or use condoms or contraception?
❑	❑	During the interviews, were the factors affecting sexual and condom/contraceptive behavior discussed?

YES ❑ **NO** ❑ In general, have *you* assessed the needs and assets of the youth you intend to serve?

Examples:

YES	NO	
❑	❑	Have you reviewed data on teen pregnancy, birth or STD rates? Were these data local data that adequately described your targeted youth?
❑	❑	Have you reviewed survey data on teen sexual behavior and use of condoms and other contraceptives? Were these data local data that adequately described your targeted youth?
❑	❑	Have you conducted focus groups with youth?
❑	❑	Were multiple groups conducted?
❑	❑	Were the youth in these focus groups representative of your target groups?
❑	❑	Were challenges in avoiding sex and using condoms or contraceptives discussed openly?

YES ❑ **NO** ❑ In general, does the curriculum appear to address the key findings of the *original study's* needs assessment?

Examples:

YES	NO	
❑	❑	Are the health goals (e.g., reducing pregnancy or STD rates) consistent with the data?
❑	❑	Are the behavioral goals consistent with the survey data (e.g., are the appropriate emphases placed on delaying the initiation of sex, reducing the number of sexual partners or increasing condom or other contraceptive use)?

ANSWER

YES	NO	
❑	❑	Do the curriculum activities address the reasons that the targeted youth do or do not have unwanted sex or do or do not use condoms or contraception?

YES	NO	
❑	❑	In general, does the curriculum appear to match the key findings of your needs assessment?

Examples:

YES	NO	
❑	❑	Are the health goals (e.g., reducing pregnancy or STD rates) consistent with the data from your community?
❑	❑	Are the behavioral goals consistent with your survey data (e.g., are the appropriate emphases placed on delaying the initiation of sex, reducing the number of sexual partners or increasing condom or other contraceptive use)?
❑	❑	Do the curriculum activities address the reasons that the youth in your community do or do not have unwanted sex or do or do not use condoms or contraception?

SUMMARIZE

- To what extent was the *original* curriculum based on an assessment of relevant needs and assets of the youth? (Circle your score below and then record it on the Characteristics Summary Table)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent does *your* process of selecting a curriculum lack or include the assessment of relevant needs and assets of your target group? How closely does the assessment information from the original study match your assessment of your priority population? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

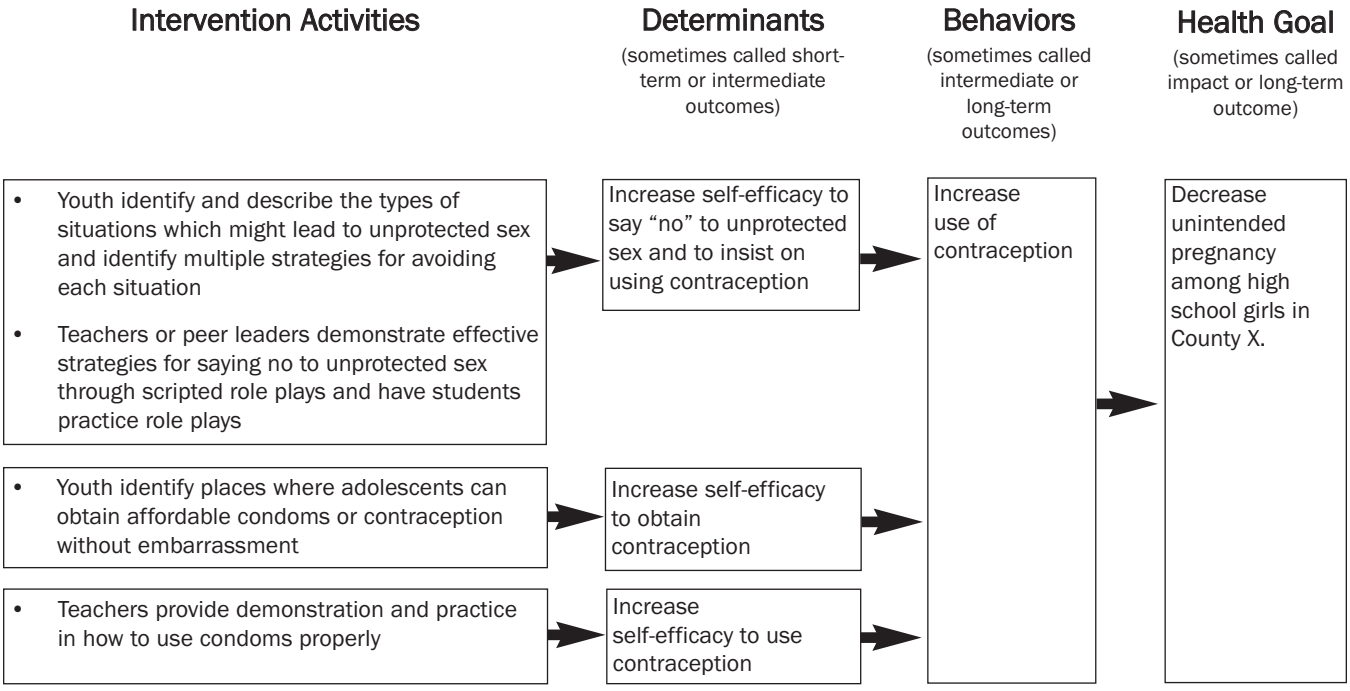
- If you need to find out more information about your own population, what concrete steps can you take? (Record your ideas on the Characteristics Summary Table.)

READ

3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors.

A logic model is a tool used by program developers to plan and design a program. A well-designed logic model will show the clear links between a health goal, the behaviors directly affecting that goal, the determinants of those behaviors, and the intervention activities that will change those determinants. Sometimes effective curriculum developers specify "short-term," "intermediate" and "long-term" effects, instead of determinants and behaviors.

Effective curriculum developers may or may not consciously develop a formal logic model. However, their discussion of the development of the curriculum, their use of theory, and their measurement of both sexual and contraceptive behaviors and the determinants affecting those behaviors all suggest that they identified the four components of a logic model described above. A logic model approach compels program designers to use theory, research and professional experience to identify those risk and protective factors that affect behavior, and to link activities to those factors. Sometimes the program's logic model is clearly described in the introductory pages, other times it may require consulting the published papers on the program/curriculum. Below is an example of *part* of a logic model.



READ

Recommendation:

If you are reviewing a completed curriculum, we strongly recommend that you first complete an assessment of characteristics 6, 7, 8 and 10 before completing an assessment of characteristic 3 below. The assessment for characteristic 3 will be much easier and more obvious after you first think about characteristics 6, 7, 8 and 10.

If you are developing a new curriculum, you will need to develop your logic model in this phase.

ANSWER

Checklist:

YES	NO	
❑	❑	Does the completed curriculum appear to have used a logic model or other program planning framework?
❑	❑	Does that logic model match a plausible logic model for youth in *your* community?
❑	❑	Is the **health goal** of the program (e.g., reducing teen pregnancy or STD rates) clear and easily identifiable?
❑	❑	Does it match *your* health goal?
❑	❑	Are the important **behaviors** that lead to HIV, STD or pregnancy easily identifiable (e.g., using condoms, abstaining from sex, etc.)?
❑	❑	Do they match the behaviors that you should change among youth in *your* community?
❑	❑	Are specific **risk and protective factors** that lead to these behaviors easily identifiable (e.g., knowledge about condoms, attitudes about abstinence, etc.)?
❑	❑	Do they match the risk and protective factors that you should change among youth in *your* community?
❑	❑	Are the **intervention activities** directly linked to the identified risk and protective factors?
❑	❑	Does the curriculum identify a particular theory or theories (e.g., social learning theory) that it uses as a foundation for specifying the determinants (or mediating factors) and changing sexual behavior?

SUMMARIZE

- To what extent was the *original* curriculum based on a logic model with the qualities specified above? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Does the logic model match the needs of your priority population? In what ways could you improve the logic model for your program to better match the needs of your youth? What concrete steps could you take? (Record your ideas on the Characteristics Summary Table.)

READ

4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space and supplies).

This characteristic emphasizes the importance of both community values and organizational resources in the development of programs. Community values may include beliefs and opinions about abstinence and the teaching of contraceptives among young people. Organizational resources may include the expertise of staff, available equipment, funding, etc. While this characteristic may seem obvious, there are numerous examples of curricula that could not be or were not fully implemented because they were not consistent with community values and resources, and consequently were not effective.

ANSWER

Checklist:

YES	NO	
❑	❑	Did you assess values in your community in some way? For example, can you describe local policies and prevailing attitudes about abstinence and the teaching of condom or other contraceptive use among adolescents?
❑	❑	Does the curriculum reflect sexual values consistent with those in your community?
❑	❑	Are the resources required by the curriculum available at your organization? For example, does your organization have the following resources in place?

YES	NO	
❑	❑	Trained and available staff
❑	❑	Adequate staff time
❑	❑	Safe and comfortable facility for implementing the curriculum
❑	❑	Supplies (e.g., videos and video equipment, photocopies, markers, flipchart paper, snacks for youth, etc.)
❑	❑	Transportation for youth (if needed)
❑	❑	Other: _____

SUMMARIZE

- To what extent does *your* process of selecting a curriculum involve an assessment of your community's values and available resources? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent does this curriculum match your community's values and available resources? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Do you need to find out more information about either your community's values or available resources? What concrete steps could you take? (Record your ideas on the Characteristics Summary Table.)

READ

5. Pilot-tested the program.

This characteristic is sometimes overlooked, and yet may be vital to the success of the program. Pilot-testing the program allows for adjustments to be made to any program component before formal implementation. This gives program developers an opportunity to fine-tune the program and discover important and needed changes. For example, they may change a scenario in a role play to make it more appropriate, or change wording in a role play so that it is more familiar or understandable to the program participants. Again, a description of pilot-testing may be in the program manual, or you may have to consult other published documents about the program.

ANSWER

Checklist:

YES	NO	
❑	❑	Was the curriculum pilot-tested with youth in the original study?
❑	❑	Was the curriculum pilot-tested with youth similar to the youth you plan to serve?
❑	❑	Have you or can you pilot-test the curriculum with youth you plan to serve in your community before you implement the curriculum broadly?
❑	❑	Were participating youth in the original study questioned about how well they liked individual activities, how they interpreted those activities, what they got out of activity, and how the activities could be made better?
❑	❑	Were participating youth in your pilot-test questioned about how well they liked individual activities, how they interpreted those activities, what they got out of activity, and how the activities could be made better?
❑	❑	Were modifications and improvements made after the pilot-testing in the original study?
❑	❑	Can modifications and improvements be made after your pilot-testing without significantly changing the curriculum and potentially reducing its impact?

SUMMARIZE

- To what extent did the process of developing the *original* curriculum include the pilot-testing of the curriculum? (Circle your score below and then record it on the Characteristics Summary Table.)

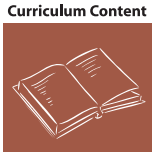
1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent does *your* process of selecting and adapting a curriculum include the pilot-testing of the curriculum? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there ways to improve your process of pilot-testing? If so, what are some concrete steps you can take to improve pilot-testing? (Record your ideas on the Characteristics Summary Table.)

Category 2: The Contents of the Curriculum Itself



Introduction

The characteristics in this category describe the actual curriculum contents, including the important goals and objectives, actual activities, teaching strategies, etc. This category includes the largest number of characteristics (eight) and several of them have multiple assessment steps.

The eight characteristics are divided into two sections: (1) curriculum goals and objectives, and (2) activities and teaching methods.

Characteristics of Category 2

Curriculum Goals and Objectives

6. Focused on clear health goals — the prevention of STD, HIV and/or pregnancy.
7. Focused narrowly on specific behaviors leading to these health goals, gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them.
8. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy).

Activities and Teaching Methodologies

9. Created a safe social environment for youth to participate.
10. Included multiple activities to change each of the targeted risk and protective factors.
11. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors.
12. Employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age and sexual experience.
13. Covered topics in a logical sequence.

READ

6. Focused clearly on at least one of three health goals — the prevention of STD, HIV and/or pregnancy.

The most effective programs in reducing pregnancy and or STD/HIV are all clearly focused on at least one of these three health goals. They give clear messages about these health goals, namely that, if young people have unprotected sex, they are more likely to contract HIV or another STD or to become pregnant (or cause a pregnancy) and that there are negative consequences associated with these outcomes. In the process of communicating these messages, they strive to motivate young people to want to avoid STD and unintended pregnancy.

(It should be noted parenthetically that some youth development programs do not focus on any of these goals but have still reduced sexual risk-taking or pregnancy. However, they take a completely different approach to reducing sexual risk-taking, were not the focus of the review by Kirby and his colleagues, and, thus, are not the focus of this tool.)

ANSWER

Checklist:

YES	NO	
❑	❑	Does the program clearly address one or more of the health goals listed above? Which one(s)?
❑	❑	Does it include the health goal(s) for youth in *your* community?
❑	❑	Do the majority of lessons, activities, facts, etc., appear to support this goal(s)?
❑	❑	Does the curriculum clearly inform young people about their chances of contracting STD and/or becoming pregnant (or getting someone pregnant)?
❑	❑	Does the curriculum clearly inform young people about the negative consequences associated with STD, HIV and/or unintended pregnancy?
❑	❑	Does the curriculum include activities that motivate young people to want to avoid STD, HIV and/or unintended pregnancy?

SUMMARIZE

- To what extent does the curriculum focus clearly on one of three reproductive health goals? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent do the goals of the curriculum match the reproductive health goals for youth in *your* community? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there other ways to improve the reproductive health goals of the curriculum? If so, what are some concrete steps you can take to improve them? (Record your ideas on the Characteristics Summary Table.)

READ

7. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them.

As noted above, effective programs focus on at least one of three health goals identified in the previous characteristic. Once a health goal is selected for the program, developers then identify very specific behaviors that led directly to the health goal. For example, specific behaviors that reduce the chances of pregnancy and/or STD include: (1) avoidance of sex (abstinence), (2) reduction in the frequency of sex, (3) reduction in the number of sexual partners and (4) correct and consistent use of condoms and/or other forms of contraception. Changing these behaviors is an effective approach to reaching the health goal.

In contrast, other behaviors, such as substance use, may indirectly affect pregnancy or STD by affecting one or more of these sexual behaviors, which, in turn, affect pregnancy or STD, but they do not directly affect pregnancy or STD.

ANSWER

Checklist:

YES	NO	
❑	❑	Does the curriculum clearly focus on one or more specific behaviors that directly affect pregnancy or STD/HIV?

YES	NO	
		STD/HIV prevention programs:
❑	❑	Abstinence
❑	❑	Frequency of sex
❑	❑	Number of partners
❑	❑	Condom use
❑	❑	STD testing & treatment
❑	❑	HIV testing & treatment
		Pregnancy prevention programs:
❑	❑	Abstinence
❑	❑	Frequency of sex
❑	❑	Contraceptive use

ANSWER

YES	NO	
❑	❑	Do the behaviors that the curriculum focuses on match the behaviors that can and should be changed among youth in *your* community?
❑	❑	Does the curriculum give a clear message about which behaviors to engage in and which not to engage in? For example, if the health goal of a curriculum was to reduce STD/HIV, did it repeatedly emphasize clearly that abstinence is the safest method of avoiding HIV, but that if youth have sex, they should use a condom correctly every time they have sex?
❑	❑	Does the curriculum link this clear message about behavior with other important values among youth? For example, does it emphasize that avoiding sex or always using a condom is the "responsible" thing to do? Or does it state that youth should avoid unwanted sex and "respect themselves"?
❑	❑	Are these messages appropriate to the age, sexual experience, family and community values, and culture of the youth for whom the curriculum is intended?
❑	❑	Are these messages appropriate to the age, sexual experience, family and community values, and culture of the youth in *your* community?
❑	❑	Does the curriculum identify specific situations or specify a process for identifying specific situations that may lead to unwanted sex or unprotected sex and how to avoid them or get out of them?
❑	❑	Is the process for identifying specific situations or actual situations appropriate for youth in *your* community?

SUMMARIZE

- To what extent does the curriculum focus narrowly on the specific behaviors leading toward your reproductive health goals? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent do the specified behaviors of the curriculum match the behaviors that can and should be changed in *your* community to achieve your reproductive health goals? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there other ways to improve the behaviors targeted by the curriculum so that it better matches the behavioral change needed by your population? If so, what are some concrete steps you can take to improve them? (Record your ideas on the Characteristics Summary Table.)

READ

8. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy).

Effective programs identify and focus on specific psychosocial risk and protective factors and design multiple activities to address those specific factors. The factors included in the checklist below had at least two qualities. First, of those studies that changed one or more sexual behaviors and measured their impact on these factors, at least half successfully changed these factors. Second, multiple studies have demonstrated that these factors are related to one or more sexual behaviors related to pregnancy or STD/HIV.

Few curricula consciously addressed all of these factors, but, logically, the more factors that a curriculum addresses well, the more likely it is that it will change behavior.

ANSWER

Checklist:

YES	NO	
❑	❑	Does the curriculum address multiple sexual psychosocial risk and protective factors affecting sexual behaviors? (While it is ideal if a curriculum addresses all of the factors listed below, not all effective curricula must address all of them.)

YES	NO	
❑	❑	Knowledge, including knowledge of sexual issues, HIV, other STD, and pregnancy (including methods of prevention)
❑	❑	Perception of HIV risk
❑	❑	Personal values about sex and abstinence
❑	❑	Attitudes toward condoms (including perceived barriers to their use)
❑	❑	Perception of peer norms about sex and perception of peer sexual behavior
❑	❑	Self-efficacy to refuse sex and to use condoms
❑	❑	Intention to abstain from sex or to restrict frequency of sex or number of sexual partners
❑	❑	Communication with parents or other adults about sex, condoms or contraception

ANSWER

YES	NO	
❑	❑	Self-efficacy to avoid STD/HIV risk and risk behaviors
❑	❑	Actual avoidance of places and situations that might lead to sex
❑	❑	Intention to use a condom
❑	❑	Other?_____
❑	❑	Other?_____

YES	NO	
❑	❑	Are these risk and protective factors important factors affecting sexual behavior among youth in *your* community?
❑	❑	Was the curriculum effective at positively affecting these factors?

SUMMARIZE

- To what extent does the curriculum address multiple sexual psychosocial risk and protective factors? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent do the risk and protective factors targeted in the curriculum match the risk and protective factors of youth that can and should be targeted in *your* community? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there other ways to improve the risk and protective factors addressed by the curriculum so that it better matches your population? If so, what are some concrete steps you can take to improve them? (Record your ideas on the Characteristics Summary Table.)

READ

9. Created a safe social environment for youth to participate.

Creating a safe social environment allows youth to participate more fully in program activities in a respectful and open manner, allowing for individual differences and preferences. If the social environment does not feel safe to participants, they are much less likely to actively participate, to express their views, to ask questions or to internalize some of the important programmatic messages.

To create a safe social environment, a program may need to spend sufficient time at the beginning for introductions and for the establishment of groundrules for participation, and throughout the curriculum for positive reinforcement and feedback.

ANSWER

Checklist:

YES	NO	
❑	❑	Does the curriculum establish group groundrules at its beginning (e.g., one person talks at a time, no put-downs, what is said in the room stays in the room, etc.)?
❑	❑	If necessary, does the curriculum use icebreakers or other activities to ease students into discussion/involvement?
❑	❑	Does the curriculum provide adequate opportunities for all youth to participate?
❑	❑	Does the curriculum encourage facilitators to praise youth and provide positive reinforcement when appropriate?
❑	❑	Does the curriculum provide tips or recommendations for classroom management?
❑	❑	If needed and appropriate, does the curriculum divide students by gender so that they are more comfortable discussing some topics?
❑	❑	Will these groundrules and activities be sufficient to assure comfort among youth in *your* community?

SUMMARIZE

- To what extent do the curriculum activities create a safe social environment? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent will these groundrules and activities be sufficient to create a safe social environment for youth in *your* community? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there other ways to improve the social environment of the students? If so, what are some concrete steps you can take to improve it? (Record your ideas on the Characteristics Summary Table.)

READ

10. Included multiple activities to change each of the targeted risk and protective factors.

In order to change the selected risk and protective factors that influence the participants' behavior, effective programs incorporate multiple activities to change each factor. Often individual activities are linked to specific factors; other times they address multiple factors.

The checklist below is organized into six sections (A-F), with each section representing an important category of risk or protective factors. Each section guides you in thinking about specific activities related to changing these risk and protective factors.

ANSWER

Checklist:

A. Basic information about risks of having sex and methods to avoid sex or use protection

Does the curriculum provide information about:

YES	NO	
❑	❑	STD transmission (including HIV)?
❑	❑	Susceptibility to contracting STD?
❑	❑	Symptoms of STD?
❑	❑	Consequences of STD
❑	❑	Ways to prevent STD (including effectiveness of abstinence and condoms and correct use of condoms)
❑	❑	Testing and treatment of STD
❑	❑	Common myths about STD
❑	❑	The probability of becoming pregnant or causing a pregnancy if sexually active
❑	❑	Consequences of unintended pregnancy?
❑	❑	Contraceptive methods, their effectiveness, and how they work?
❑	❑	Local resources for obtaining condoms, contraceptives and HIV/STD testing
❑	❑	Common myths about pregnancy?
❑	❑	Is the information medically accurate?

ANSWER

YES	NO	
❑	❑	Do curriculum activities help participants apply this information to their own lives?
❑	❑	Does this information match the knowledge needed by youth in *your* community?
❑	❑	Are there ways to improve the curriculum regarding this section? How?

B. *Perceptions of risk, including susceptibility of risk and severity of risk*

YES	NO	
❑	❑	Does the curriculum focus on the chances of contracting HIV, STD and/or pregnancy?
❑	❑	Does the curriculum focus on the consequences of contracting HIV, STD and/or pregnancy?
❑	❑	Does the curriculum provide prevalence data on youth similar to the youth being served?
❑	❑	Does the curriculum include videos with true stories of young people like themselves contracting STD or HIV or becoming pregnant?
❑	❑	Does the curriculum include simulations demonstrating how STD spreads easily or how easily people become pregnant over time if they have unprotected sex?
❑	❑	Does the curriculum provide opportunities to assess personal risk and how HIV, STD and/or unintended pregnancy would affect them?
❑	❑	Does the curriculum focus on the risks that are particularly important among youth in *your* community?
❑	❑	Are there ways to improve the curriculum regarding this section? How?

C. *Personal values about having sex or premarital sex and perceptions of peer norms about having sex*

❑	❑	Does the curriculum repeatedly emphasize that abstinence is the safest method of avoiding pregnancy or STD?
❑	❑	Is this an appropriate message for the youth you are reaching in *your* community?
❑	❑	Does the curriculum discuss the advantages of abstaining from sex?

ANSWER

YES	NO	
❑	❑	Does the curriculum discuss ways to show someone you care about him/her without having sex?
❑	❑	Does the curriculum include activities, such as surveys of their peers, demonstrating that their peers believe that abstinence is their best choice
❑	❑	Do youth in *your* community believe abstinence is their best choice? Will activities like these be effective in *your* community?
❑	❑	Does the curriculum include activities in which youth reinforce peer norms about not having sex (e.g., by identifying lines that peers use to get someone to have sex and then generate responses to those lines to avoid unwanted sex)?
❑	❑	Does the curriculum discuss common situations that might lead to sex and how to avoid these situations?
❑	❑	Does the curriculum discuss common situations that might lead to sex in *your* community?
❑	❑	Does the curriculum address pressures and other reasons that youth give for having unwanted or unintended sex?
❑	❑	Does the curriculum address the pressures and other reasons that youth in your community give for having unwanted or unintended sex?
❑	❑	Are there ways to improve the curriculum regarding this section? How?_____

D. Individual attitudes and peer norms toward condoms and contraception

YES	NO	
❑	❑	Does the curriculum give a clear message about using condoms or contraception if having sex?
❑	❑	Is this an appropriate message for the youth you are reaching in *your* community?
❑	❑	Does the curriculum provide medically accurate information about the effectiveness of condoms and different methods of contraception?
❑	❑	Does the curriculum include activities, such as surveys of their peers, demonstrating that their peers believe they should use condoms or contraception if they do have sex?

ANSWER

YES	NO	
❑	❑	Do youth in *your* community actually support the use of condoms or contraception if they do have sex? Will activities like these be effective in *your* community?
❑	❑	Does the curriculum address the following attitudes towards condoms and contraception and perceived barriers to using condoms?

YES	NO	
❑	❑	Perceived effectiveness in preventing STD and pregnancy?
❑	❑	Difficulties obtaining and carrying condoms?
❑	❑	Embarrassment asking one's partner to use a condom?
❑	❑	The hassle of using a condom?
❑	❑	The loss of sensation while using a condom?

YES	NO	
❑	❑	Does the curriculum include activities in which youth reinforce peer norms about using condoms or contraception (e.g., by conducting roleplays in which participants insist on using condoms if having sex)?
❑	❑	Do these activities address the factors and reasons that youth in *your* community give for having sex without condoms or other contraceptives?
❑	❑	Are there ways to improve the curriculum regarding this section? How? _____

E. Both skills and self-efficacy to use those skills

Does the curriculum use role playing to teach the following skills:

YES	NO	
❑	❑	To refuse unwanted, unintended or unprotected sex?
❑	❑	To insist on using condoms or contraception?

Do these role playing activities:

YES	NO	
❑	❑	Describe the components of the skill?
❑	❑	Model the skill?
❑	❑	Provide multiple opportunities for individual practice of the skill?

ANSWER

YES	NO	
❑	❑	Provide feedback on the performance of the skill?
❑	❑	Start with easier scenarios that are fully scripted and move to more difficult scenarios that are not scripted?
❑	❑	Does the curriculum include activities to teach how to use condoms correctly and consistently?

Do these activities:

YES	NO	
❑	❑	Describe the components of the skill?
❑	❑	Model the skill?
❑	❑	Provide an opportunity to practice the skill?

YES	NO	
❑	❑	Did the curriculum discuss places where condoms or contraceptives could be obtained most easily and comfortably or include actual visits to sources of condoms or contraceptives?
❑	❑	Do these activities address the skills that youth in *your* community need to avoid unintended, unwanted or unprotected sex or to use condoms or other contraceptives?
❑	❑	Are there ways to improve the curriculum regarding this section? How? _____

F. Communication with parents or other adults

YES	NO	
❑	❑	Does the curriculum provide students with activities (e.g., home work assignments) that encourage them to communicate with their parents or other trusted adults about a topic related to the program?
❑	❑	Does the curriculum or broader program provide parents or other adults with information about adolescent sexual behavior, pregnancy, STD, including HIV, in their region, or other relevant information to help them communicate with their adolescents?
❑	❑	Do these activities match the needs and values of youth and parents in *your* community?
❑	❑	Are there ways to improve the curriculum regarding this section? How? _____

SUMMARIZE

- To what extent does the curriculum include multiple activities to change each of the targeted risk and protective factors? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent do these activities address the needed knowledge, values, attitudes, perceptions of peer norms and skills of youth in your community? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- If these activities do not address the risk and protective factors of the youth in your community, are there ways to strengthen the activities? Are there other ways to improve knowledge, values, attitudes, perceptions of peer norms and skills of the youth and their communication with parents? If so, what are some concrete steps you can take to improve them? (Record your ideas on the Characteristics Summary Table.)

READ

11. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors.

Effective programs use learning activities and instructional methods that are interactive and engage youth. Some programs use learning activities that directly encourage youth to apply new concepts to their own lives. The interactive quality of many of these teaching methods is part of what makes them effective at changing the risk and protective factors described above. Consistent with educational theory, effective programs select teaching strategies that are appropriate for changing their respective risk and protective factors. For example, to overcome various barriers to using condoms or contraceptives, students can brainstorm solutions, and to learn various refusal skills, students can practice role playing. Brainstorming and role playing are two interactive learning activities that are appropriate for addressing different kinds of risk and protective factors.

ANSWER

Checklist:

YES	NO	
❑	❑	Does the curriculum incorporate a variety of teaching methods? Check all that apply:

YES	NO	
❑	❑	short lectures
❑	❑	class discussion
❑	❑	small group work
❑	❑	brainstorming sessions
❑	❑	role plays
❑	❑	video presentation
❑	❑	stories
❑	❑	live skits
❑	❑	simulations of risk
❑	❑	competitive game
❑	❑	forced-choice activities
❑	❑	surveys of attitudes and intentions

ANSWER

YES	NO	
❑	❑	problem-solving activities
❑	❑	worksheets
❑	❑	homework assignments to talk with partners or other adults
❑	❑	drug store visits
❑	❑	clinic visits
❑	❑	question boxes
❑	❑	hotlines
❑	❑	condom demonstrations
❑	❑	quizzes
❑	❑	other:_____

YES	NO	
❑	❑	Do most of the curriculum activities actively involve the participants?
❑	❑	Do most of the curriculum activities help youth personalize the information they are learning?
❑	❑	Are these teaching methods appropriate for the youth you are serving in *your* community?

SUMMARIZE

- To what extent does the curriculum include instructionally sound teaching methods? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- To what extent do these activities include instructionally sound teaching methods that will be effective with youth in *your* community? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there other instructional methods that would be more effective with your youth? If so, what are some concrete steps you can take to include them? (Record your ideas on the Characteristics Summary Table.)

READ

12. Employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age and sexual experience.

Obviously, all programs are not appropriate for all youth regardless of their culture, age and sexual experience. Thus, effective curricula are adapted to the culture, age and sexual experience of the youth. These adaptations include values, norms or concerns of particular racial or ethnic groups, different behavioral messages, and different teaching strategies appropriate to the developmental stage of the youth.

ANSWER

Checklist:

YES	NO	
❑	❑	Are the behavioral goals of the curriculum and its messages about behavior appropriate for the participants' age and sexual experience of youth in *your* community?
❑	❑	Do activities reflect the culture, age and level of sexual activity of youth you are serving in your community (e.g., are role playing scenarios realistic and meaningful to them)?
❑	❑	Are the teaching strategies consistent with the developmental age and academic skills of the youth you are serving in your community (e.g., language, cognitive development and literacy levels)?

SUMMARIZE

- To what extent are the health goals, behaviors, teaching strategies, and activities consistent with the culture, age and sexual experience of youth in *your* community? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there ways to strengthen those activities that are consistent with your priority population? If so, what are some concrete steps you can take to improve them? (Record your ideas on the Characteristics Summary Table.)

READ

13. Covered topics in a logical sequence.

Part of a program's effectiveness involves its organization and presentation of activities and materials. In many, but not all, effective curricula, the risk and protective factors and the activities addressing them were presented in an internally logical sequence. Often the curricula first enhanced the motivation to avoid HIV, other STD and pregnancy by emphasizing susceptibility and severity of these events, then gave a clear message about behaviors to reduce those risks, and, finally, addressed the knowledge, attitudes and skills needed to change those behaviors.

ANSWER

Checklist:

YES	NO	
❑	❑	Do the curriculum's topics follow a logical sequence such as described below? (This is only an example of typical logical sequence.)

- Basic information about HIV, other STD or pregnancy, including susceptibility and severity of HIV, other STD and pregnancy
- Discussion of behaviors to reduce vulnerability
- Knowledge, values, attitudes and barriers related to these behaviors
- Skills needed to perform these behaviors

SUMMARIZE

- To what extent were the topics covered in a logical sequence? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there ways to improve the sequence of the topics? If so, what are some concrete steps you can take to improve them? (Record your ideas on the Characteristics Summary Table.)

Category 3
The Implementation of the Curriculum

Introduction

The program characteristics in this category should be applied to your implementation of the curriculum you have selected or designed. They do not involve the contents of the curriculum. Regardless of the scale of implementation of a curriculum, each of the four characteristics below apply to effective programs.

Characteristics in Category 3

14. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations.

15. Selected educators with desired characteristics (whenever possible), trained them, and provided monitoring, supervision and support.

16. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement (e.g., publicized the program, offered food, or obtained consent).

17. Implemented virtually all activities with reasonable fidelity.

READ

14. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations.

Program buy-in is essential to the long-term success of the program. Partners could include school districts, departments of health or education, school principals, administrators of local organizations, funders and board members. Local partners should be informed about the potential success of the program and its intended outcomes so that they can support implementation efforts.

ANSWER

Checklist:

YES	NO	
❑	❑	Have you obtained support for your program from appropriate organizations or individuals needed to fully implement the curriculum? (e.g., School Board, Principal, Board of Directors, Youth Chaplain, etc.)?

SUMMARIZE

- To what extent have you obtained at least minimal support from appropriate authorities? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there ways to improve your support from appropriate authorities? If so, what are some concrete steps you can take to improve it? (Record your ideas on the Characteristics Summary Table.)

READ

15. Selected educators with desired characteristics (whenever possible), trained them, and provided monitoring, supervision and support.

Most effective programs employ staff who can relate to youth and who also have a background in health education, especially sex or HIV education. Qualitative evaluations of multiple programs have found that what is most important to young people is whether the educator can relate to them, not the age, race/ethnicity or gender of the educator.

ANSWER

Checklist:

YES	NO	
❑	❑	Are the educators you selected to implement this curriculum comfortable talking about sexuality with youth?
❑	❑	Do the educators have background in health education or sex or HIV education?
❑	❑	Have the educators been trained to implement this curriculum or similar curricula?
❑	❑	Do you have procedures in place to monitor, supervise and support the educators?

SUMMARIZE

- To what extent have you selected educators with desired characteristics, trained them and supervised them? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there ways to improve your selection, training and supervision of your educators? If so, what are some concrete steps you can take to improve them? (Record your ideas on the Characteristics Summary Table.)

READ

16. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement (e.g., publicized the program, offered food or obtained consent).

Some programs, such as those implemented in schools, may have a captive audience and do not need to recruit and retain youth. Other programs do not have a captive audience and must recruit and retain youth. If needed, effective programs implement activities necessary to recruit and retain youth and avoid or overcome obstacles to their attendance. For example, if appropriate, effective programs will obtain parental notification, provide transportation, implement activities at convenient times, and assure safety. Although this characteristic may be obvious, there are many reported examples in the field in which too few youth chose to participate in voluntary sex or HIV education programs and, thus, the programs were not effective.

ANSWER

Checklist:

YES	NO	
❑	❑	How many youth do you want to recruit for your program? Is there a minimal number?
❑	❑	If youth must be recruited, do you have procedures in place that will enable you to recruit the desired number?
❑	❑	Do you have adequate staffing and resources to conduct recruitment and retention acitivities (e.g., flyers, home visits, phone calls, etc.)
❑	❑	Will your program provide youth with transportation?
❑	❑	Will your program obtain consent from parents?
❑	❑	Will your program offer incentives to youth to attend the program?
❑	❑	Will your program implement the curriculum at a convenient, safe and comfortable location?
❑	❑	Will your program implement the curriculum at a convenient time for youth?

SUMMARIZE

- To what extent have you or can you recruit your desired number of youth and to what extent have you surmounted any barriers to youth participating? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there ways to improve your recruitment of youth? If so, what are some concrete steps you can take to improve it? (Record your ideas on the Characteristics Summary Table.)

READ

17. Implemented virtually all activities with reasonable fidelity.

Implementing a curriculum with "fidelity" means implementing the curriculum as designed, in the setting for which it was designed. Either failing to implement nearly all the activities as designed or implementing the curriculum in a different type of setting (e.g., during school instead of after school) may reduce effectiveness.

ANSWER

Checklist:

YES	NO	
❑	❑	Was the curriculum implemented in the setting for which it was designed?
❑	❑	Were nearly all the activities implemented?
❑	❑	Was the actual implementation of the activities observed or monitored, and were the activities implemented as designed?
❑	❑	Are there activities that you are expecting not to implement? Why?
❑	❑	Will not implementing these activities compromise the curriculum's fidelity and thus compromise effectiveness?

SUMMARIZE

- To what extent have you or can you implement all activities with fidelity? (Circle your score below and then record it on the Characteristics Summary Table.)

1	2	3	4
Not at all	Slightly	Somewhat	Completely

- Are there ways to improve the fidelity of your implementation? If so, what are some concrete steps you can take to improve it? (Record your ideas on the Characteristics Summary Table.)

Characteristics Summary Table

The table below is designed to help you summarize your review of curricula.

In general, the higher the score below for each characteristic, the more likely it will change behavior.

On the other hand, there is a word of caution about totaling and averaging your 17 scores — the scores in the TAC are really designed to guide you in determining which characteristics need improvement and how effective different curricula may be. Not all the questions under each characteristic are equally important, and not all characteristics are equally important. Thus, total or average scores represent only a rough guide to the probable effectiveness of curriculum. There is no particular score that means that either a curriculum will be effective or ineffective.

Name of Curriculum:
Name of Reviewers:

Characteristic	Score(s) (1-4)	Ideas/Action Steps for Improvement
Category 1		
1. Involved multiple people with different backgrounds in theory, research and sex and STD/HIV education to develop the curriculum.		

Characteristic	Score(s) (1-4)	Ideas/Action Steps for Improvement
Category 1 (continued)		
2. Assessed relevant needs and assets of target group.		
3. Used a logic model approach to develop the curriculum that specified the health goals, the behaviors affecting those health goals, the risk and protective factors affecting those behaviors, and the activities addressing those risk and protective factors.		
4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space and supplies).		
5. Pilot-tested the program.		

Characteristic	Score(s) (1-4)	Ideas/Action Steps for Improvement
Category 2		
6. Focused on clear health goals — the prevention of STD/HIV and/or pregnancy.		
7. Focused narrowly on specific behaviors leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these behaviors, and addressed situations that might lead to them and how to avoid them.		
8. Addressed multiple sexual psychosocial risk and protective factors affecting sexual behaviors (e.g., knowledge, perceived risks, values, attitudes, perceived norms and self-efficacy).		
9. Created a safe social environment for youth to participate.		

Characteristic	Score(s) (1-4)	Ideas/Action Steps for Improvement
Category 2 (continued)		
10. Included multiple activities to change each of the targeted risk and protective factors.		
11. Employed instructionally sound teaching methods that actively involved the participants, that helped participants personalize the information, and that were designed to change each group of risk and protective factors.		
12. Employed activities, instructional methods and behavioral messages that were appropriate to the youths' culture, developmental age and sexual experience.		
13. Covered topics in a logical sequence.		

Characteristic	Score(s) (1-4)	Ideas/Action Steps for Improvement
Category 3		
14. Secured at least minimal support from appropriate authorities such as ministries of health, school districts or community organizations.		
15. Selected educators with desired characteristics (whenever possible), trained them and provided monitoring, supervision and support.		
16. If needed, implemented activities to recruit and retain youth and overcome barriers to their involvement (e.g., publicized the program, offered food or obtained consent).		
17. Implemented virtually all activities with reasonable fidelity.		

Resources

The resources listed in this section of the Tool to Assess Characteristics were selected to support you in the assessment, adaptation and/or development of your prevention program with regard to the 17 characteristics. This is not meant to be an exhaustive list. Rather, these are resources that are readily available from the internet, free and relatively easy to use.

17 Characteristics of Effective Sex and STD/HIV Education Programs

Kirby, D, Laris, B.A., & Rolleri, L. (2006). *Sex and HIV Programs for Youth: Their Impact and Important Characteristics.* Washington, DC: Healthy Teen Network. www.healthyteennetwork.org

Compendia of Science-Based Programs and Curricula

Child Trends guide to effective programs for children and youth: Teen pregnancy and reproductive health: http://www.childtrends.org/Lifecourse/programs_ages_teenpregreprohealth.htm

Child Trends "What Works" program table for reproductive health: http://www.childtrends.org/what_works/youth_development/table_adrehealth.asp

Diffusion of Evidence-Based Intervention (DEBI) found on CDC Division of HIV and AIDS Prevention website: http://www.effectiveinterventions.org/about/index.cfm

Innovative Approaches to Increase Parent-Child Communication About Sexuality: Their Impact and Examples from the Field. (2002). New York, NY: Sexuality Information and Education Council of the United States (SIECUS). http://www.siecus.org/pubs/families/innovative_approaches.pdf

It's a Guy Thing: Boys, Young Men, and Teen Pregnancy Prevention. (2006). Washington, DC: National Campaign to Prevent Teen Pregnancy. http:// www.teenpregnancy.org

Kirby, D. (2001). *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy.* Washington, DC: National Campaign to Prevent Teen Pregnancy. http://www.teenpregnancy.org/resources/data/report_summaries/emerging_answers/default.asp

Klerman, K. (2004). *Another Chance: Preventing Additional Births to Teen Mothers.* Washington, DC: National Campaign to Prevent Teen Pregnancy https://www.teenpregnancy.org/store/item.asp?productId=281

Manlove, J., Franzetta, K., McKinney, K., Romano Papillo, A., & Terry-Humen, E. (2004). *A Good Time: After-School Programs to Reduce Teen Pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy. http://www.teenpregnancy.org/works/pdf/goodtime.pdf

Manlove, J., Franzetta, K., McKinney, K., Romano Papillo, A., & Terry-Humen, E. (2004). *No Time to Waste: Programs to Reduce Teen Pregnancy Among Middle School-Aged Youth.* Washington, DC: National Campaign to Prevent Teen Pregnancy. http://www.teenpregnancy.org/works/pdf/NotimetoWaste.pdf

Manlove, J., Papillo, A. R., & Ikramullah, E. (2004). *Not Yet: Programs to Delay First Sex Among Teens.* Washington, DC: National Campaign to Prevent Teen Pregnancy. http://www.teenpregnancy.org/works/pdf/NotYet.pdf

Manlove, J., Terry-Humen, E., Papillo, A. R., Franzetta, K., Williams, S., & Ryan, S. (2002). *Preventing Teenage Pregnancy, Childbearing, and Sexually Transmitted Diseases: What the Research Shows* (research brief). Washington, DC: Child Trends and the Knight Foundation. http://www.childtrends.org/files/K1Brief.pdf

Papillo, A. R., & Manlove, J. (2004). *Science Says: Early Childhood Programs.* Washington, DC: The National Campaign to Prevent Teen Pregnancy. http://www.teenpregnancy.org/works/pdf/ScienceSaysEarlyChildhood.pdf

Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections. (2003). Washington, DC: Advocates for Youth. http://www.advocatesforyouth.org/programsthatwork

Science-Based Practices: A Guide for State Teen Pregnancy Prevention Organizations. (2004). Washington, DC: Advocates for Youth. http://www.advocatesforyouth.org/publications/frtp/guide.htm

Solomon, J., & Card, J. J. (2004). *Making the List: Understanding, Selecting, and Replicating Effective Teen Pregnancy Prevention Programs.* Washington, DC: The National Campaign to Prevent Teen Pregnancy. http://www.socio.com/pasha.htm#overview

Online Data Resources on Adolescent Reproductive Health

Centers for Disease Control and Prevention, Division of Adolescent and School Health
http://www.cdc.gov/healthyyouth

Centers for Disease Control and Prevention, Division of HIV and AIDS
http://www.cdc.gov/hiv/topics/research/index.htm

Centers for Disease Control and Prevention, Division of Reproductive Health
http://www.cdc.gov/reproductivehealth/index.htm

Centers for Disease Control and Prevention: HIV/AIDS Surveillance
http://www.cdc.gov/hiv

Centers for Disease Control and Prevention: Reproductive Health Atlas
http://www.cdc.gov/reproductivehealth/GISAtlas/index.htm

Centers for Disease Control and Prevention: Sexually Transmitted Disease Surveillance
http://www.cdc.gov/std

Child Trends
http://www.childtrends.org

Child Trends Data Bank
http://www.childtrendsdatabank.org

Guttmacher Institute
http://www.guttmacher.org

Healthy People 2010
http://www.healthypeople.gov

Kaiser Family Foundation
http://www.kff.org

Kids Count
http://www.aecf.org/kidscount

National Campaign to Prevent Teen Pregnancy
http://www.teenpregnancy.org/resources

National Center for Health Statistics
http://www.cdc.gov/nchs

National Longitudinal Study of Adolescent Health (Add Health)
http://www.cpc.unc.edu/projects/addhealth

National Mental Health Information Center
http://www.mentalhealth.samhsa.gov

National Survey of Family Growth (NSFG)
http://www.cdc.gov/nchs/nsfg.htm

State Health Facts On-Line
http://www.statehealthfacts.kff.org

Youth Behavior Risk Surveillance Data
http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Conducting Focus Groups

American Statistical Association
http://www.amstat.org

ETR Associates — Focus Groups Basics: From Development to Analysis
http://www.ccfc.ca.gov/ffn/FGcourse/focusGroupCourse.html

Krueger, R.A. Focus Group Interviewing
http://www.tc.umn.edu/~rkrueger/focus.html

Management Assistance Program for Nonprofits
http://www.mapfornonprofits.org

Conducting Surveys

American Statistical Association
http://www.amstat.org/sections/srms/whatsurvey.html

Survey Monkey
http://www.surveymonkey.com

Survey Research — Cornell University: William M.K. Trochim
http://www.socialresearchmethods.net/kb/survey.htm

Logic Models

BDI Logic Model Online Course found on ETR's ReCAPP website
http:// www.etr.org/recapp

Community Tool Box
http://ctb.ku.edu/

Kellogg Foundation — Logic Model Development Guide
http://www.wkkf.org/Pubs/Tools/Evaluation/Pub3669.pdf

Kirby, D. (2004). *BDI Logic Models: A Useful Tool for Designing, Strengthening and Evaluating Programs to Reduce Adolescent Sexual Risk-taking, Pregnancy, HIV and other STDs.* Santa Cruz, CA: ETR Associates. http://www.etr.org/recapp/BDILOGICMODEL20030924.pdf

Logic Model Resources (CDC Evaluation Working Group)
http://www.cdc.gov/eval/resources

Risk and Protective Factors Related Adolescent Sexual Risk-Taking

Kirby, D., LePore, G., & Ryan, J. (2005). F*actors Affecting Teen Sexual Behavior, Pregnancy, Childbearing and Sexually Transmitted Disease: Which Are Important? Which Can You Change?* Washington, DC: National Campaign to Prevent Teen Pregnancy.
http://www.etr.org/recapp/theories/RiskProtectiveFactors/RiskProtectivefactorPaper.pdf

Health Education and Health Behavior Theory

Ecological Systems Theory
http://pt3.nl.edu/paquetteryanwebquest.pdf

Health Belief Model
http://www.etr.org/recapp/theories/hbm/index.htm

Motivational Interviewing
http://www.health.nsw.gov.au/public-health/dpb/supplements/supp6.pdf

Social Learning (Cognitive) Theory
http://www.etr.org/recapp/theories/slt/Index.htm

Stages of Change
http://www.etr.org/recapp/theories/StagesofChange/index.htm

Theory at a Glance: A Guide for Health Promotion Practice
http://www.nci.nih.gov/theory/pdf

Theory of Reasoned Action/Planned Behavior
http://www.etr.org/recapp/theories/tra/index.htm

Instructional Methods/Pedagogy

Changing Social Norms
http://www.etr.org/recapp/column/column200404.htm

Classroom Management to Promote Learning
http://www.etr.org/recapp/practice/edskills200109.htm

Cooperative Learning
http://edtech.kennesaw.edu/intech/cooperativelearning.htm

Constructivist Theory
http://www.exploratorium.edu/ifi/resources/constructivistlearning.html

Guiding Large Group Discussions
http://www.etr.org/recapp/practice/glgd.htm

Instructional Design Models — University of Colorado at Denver
http://carbon.cudenver.edu/~mryder/itc_data/idmodels.html

Managing Small Groups
http://www.etr.org/recapp/practice/sm_groups.htm

Principles of Adult Learning
http://honolulu.hawaii.edu/intranet/committees/FacDevCom/guidebk/teachtip/adults-2.htm

Role Play for Behavioral Practice
http://www.etr.org/recapp/practice/rpbp.htm

Program Fidelity and Adaptation

Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention, published by the Substance Abuse and Mental Health Services Administration in 2002
http://www.modelprograms.samhsa.gov

Practice Profiles for Get Real About AIDS and Reducing the Risk, published by ETR Associates
http://www.etr.org/recapp/theories/usingResearch/practiceProfiles.pdf

Other

Office for Human Research Protections (OHRP)
http://www.hhs.gov/ohrp/

Glossary

Adaptation: In this context, adaptation is the process of making changes to an existing curriculum in order to make it more suitable for a new group or situation. Adaptations might include deletions or enhancements to the program's core components and activities or changes in the way the program is taught or delivered. They might involve changes to make the program more appropriate with regard to culture or age or gender.[10]

Attitude: An attitude is a state of mind, feeling or disposition. Attitudes are often expressed in the way we act, feel and think. They demonstrate our opinions, dispositions, perspectives or positions on a particular issue or topic. Attitudes are somewhat different from values. Values are principles or beliefs that serve as guidelines in helping us make decisions about behaviors or life choices. They reflect what we believe about the "rightness" or the "wrongness" of things. Our values tell us what we believe about something.[11]

Curriculum: A curriculum is an integrated course of multiple lessons, activities or modules used to guide instruction.

Determinant: Determinants are the factors that have a causal influence on some outcome. For example, "being in love" or "going steady with someone" are determinants or factors that often affect the initiation of sex among people. The availability of alcohol and perceived peer norms about alcohol use are determinants or factors that affect adolescent drinking. Determinants can include both risk and protective factors. Determinants differ slightly from antecedents. Antecedents must be related to some outcome and must logically precede that outcome, but they do not necessarily cause the outcome. In contrast, determinants imply causality.[12]

Fidelity: In this context, fidelity is the faithfulness with which a curriculum or program is implemented. This includes implementing the program in its entirety without compromising the core components or the essential elements of the program that make it work. Program fidelity is also sometimes referred to as compliance or adherence.[13]

10. Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention. (2002). Rockville, MD: Substance Abuse and Mental Health Services Administration.
11. Plain Talk Walker and Talker Training. (2006). Philadelphia, PA: Public/Private Ventures.
12. ReCAPP Research Glossary: http://www.etr.org/recapp/research/researchglossary.htm
13. Finding the Balance: Program Fidelity and Adaptation in Substance Abuse Prevention. (2002). Rockville, MD: Substance Abuse and Mental Health Services Administration.

Focus Group: Focus groups are a qualitative research technique in which an experienced moderator leads a group of respondents (usually 8–12 persons) through an informal discussion of a selected problem or issue, allowing group members to talk freely about their thoughts, opinions, feelings, attitudes and misconceptions about the issue.[14]

Intention: An intention is a plan or a likelihood that someone will behave in a particular way in specific situations — whether or not they actually do so. For example, a person who is thinking about quitting smoking intends or plans to quit, but may or may not actually follow through on that intent.[15]

Intervention: An intervention is a set of activities that is packaged in a purposeful way with the goal of preventing a problem, treating a problem, and/or supporting an individual or a group. An intervention is generally seen as either a *program* (e.g., Women, Infants and Children (WIC) program or *Reducing the Risk* curriculum, etc.), or a *policy* (e.g. Abstinence-Only-Until-Marriage legislation or a local clinic that makes changes to become more youth-friendly).

Logic Model: A logic model is a tool used by program developers to strategically and scientifically link a health goal to the behaviors directly related to that goal, the determinants of those behaviors, and the intervention activities that are designed to change those determinants.

Mediating Factor: A mediating factor is an intermediate factor in a causal pathway, typically between a program and a behavior. That is, it is affected by a program and, in turn has an impact on a behavior. For example, a program may increase a person's "self-efficacy to say no to unprotected sex" which in turn increases that person's chances of actually saying no to unprotected sex. In some logic models, mediating factors are the risk and protective factors (or determinants) that are affected by a program and, in turn, affect behavior.

Prevalence: The prevalence of a condition (e.g., a disease) is the total number of cases of a defined condition present in a specific population at a given time. Prevalence is different than incidence. Incidence is the total number of *new* cases of a defined condition that occur during a specified period of time in a defined population.[16] People sometimes express prevalence as a rate rather than as a total number.

14. ReCAPP Research Glossary: http://www.etr.org/recapp/research/researchglossary.htm
15. ReCAPP Theories and Approaches: http://www.etr.org/recapp/theories/tra/index.htm
16. ReCAPP Research Glossary: http://www.etr.org/recapp/research/researchglossary.htm

Program: A program is a set of activities packaged in a purposeful way with the goal of preventing a problem, treating a problem, and/or supporting an individual or a group. Examples of adolescent reproductive health programs include: *Reducing the Risk* curriculum and the *Teen Outreach Program*.

Protective Factor: A protective factor is any factor or quality whose presence is associated with increased protection from a disease or condition. For example, self-efficacy to use condoms is a protective factor for actual use of condoms.[17]

Psychosocial Factors:

Psychosocial factors are factors or qualities that pertain to the psychological development of the individual in relation to his/her social environment. In the area of sexuality, psychosocial factors often refer to internal cognitive factors that relate to the environment (e.g., knowledge about different aspects of sexuality, values about different topics in sexuality, perception of peer norms, attitudes, or self-efficacy to engage in or refrain from various sexual behaviors).

Rate: A rate is the quantity, amount or degree of something being measured in a specific period of time. An example is the teen pregnancy rate, which is usually expressed in the number of pregnant teens per 1,000 teens (or sometimes 100 teens) within one year's time.[18]

Risk Factor: A risk factor is any factor whose presence is associated with an increased risk of a disease or condition. For example, social norms that support sex are a risk factor for adolescent pregnancy.[19]

Role Play: Role play for behavioral practice is a teaching strategy that allows youth to practice a variety of communication skills by acting out real life situations in a safe environment such as a classroom or youth group. In order to assure that youth learn the skill effectively, the behavioral practice should include several phases: preparation, reviewing the skill, preparing small groups, enactment in small groups, small-group discussion and large-group discussion.[20]

[17]ReCAPP Research Glossary: http://www.etr.org/recapp/research/researchglossary.htm
[18]ReCAPP Research Glossary: http://www.etr.org/recapp/research/researchglossary.htm
[19]ReCAPP Research Glossary: http://www.etr.org/recapp/research/researchglossary.htm
[20]ReCAPP Research Glossary: http://www.etr.org/recapp/research/researchglossary.htm

Self-Efficacy: Self-efficacy is a person's confidence in his/her ability to perform particular behaviors well enough to control events that affect his/her life. If someone has high self-efficacy, she believes she can perform behaviors well enough to change her environment and achieve a goal. As a result, she has more confidence and is more likely to try to perform the behavior or achieve a goal again. Conversely, if she has low self-efficacy, she believes she can't achieve that goal, has less confidence, and is less likely to try.

Social Norms: Social norms are standards of acceptable behavior or attitudes within a community or peer group. Social norms come in two varieties — actual norms and perceived norms. Actual norms are the true social norms for a particular attitude or behavior. For example, if the majority of a group of sexually active individuals use some form of birth control, the actual norm for the group is to use birth control. Going without birth control is "non-normative" in that group. Perceived norms are what someone *believes* to be the social norm for a group. For example, if a young man believes that most of his peers do not use condoms, for that young man the perceived norm is non-use of condoms.[21]

Susceptibility: Susceptibility is the likelihood of getting a disease or condition.

Youth Risk Behavior Surveillance:

The Youth Risk Behavior Surveillance System (YRBSS) monitors six categories of priority health risk behaviors among young adults in grades 9–12. These six behaviors include: behaviors that contribute to unintentional injury and violence; tobacco use; alcohol and other drug use; sexual behaviors that lead to unintentional pregnancy and sexually transmitted disease including HIV; unhealthy dietary behaviors; and physical inactivity. YRBSS includes a national school-based survey conducted by CDC, as well as state and local school-based surveys conducted by education and health agencies. National surveys have been collected biannually since 1991.[22]

21. ReCAPP Topic in Brief: http://www.etr.org/recapp/column/column200404.htm#definition
22. Centers for Disease Control and Prevention. (May 2004). *Surveillance Summaries. MMWR* 2004:53 (SS02).

Notes