

From *Emerging Answers 2007*: Characteristics of Effective Curriculum-Based Programs

THE PROCESS OF DEVELOPING THE CURRICULUM	THE CONTENTS OF THE CURRICULUM ITSELF	THE PROCESS OF IMPLEMENTING THE CURRICULUM
<ol style="list-style-type: none"> <li>1. Involved multiple people with expertise in theory, research, and sex and STD/HIV education to develop the curriculum</li> <li>2. Assessed relevant needs and assets of the target group</li> <li>3. Used a logic model approach that specified the health goals, the types of behavior affecting those goals, the risk and protective factors affecting those types of behavior, and activities to change those risk and protective factors</li> <li>4. Designed activities consistent with community values and available resources (e.g., staff time, staff skills, facility space and supplies)</li> <li>5. Pilot-tested the program</li> </ol>	<p><b>CURRICULUM GOALS AND OBJECTIVES</b></p> <ol style="list-style-type: none"> <li>6. Focused on clear health goals—the prevention of STD/HIV, pregnancy, or both</li> <li>7. Focused narrowly on specific types of behavior leading to these health goals (e.g., abstaining from sex or using condoms or other contraceptives), gave clear messages about these types of behavior, and addressed situations that might lead to them and how to avoid them</li> <li>8. Addressed sexual psychosocial risk and protective factors that affect sexual behavior (e.g., knowledge, perceived risks, values, attitudes, perceived norms, and self-efficacy) and changed them</li> </ol> <p><b>ACTIVITIES AND TEACHING METHODOLOGIES</b></p> <ol style="list-style-type: none"> <li>9. Created a safe social environment for young people to participate</li> <li>10. Included multiple activities to change each of the targeted risk and protective factors</li> <li>11. Employed instructionally sound teaching methods that actively involved participants, that helped them personalize the information, and that were designed to change the targeted risk and protective factors</li> <li>12. Employed activities, instructional methods, and behavioral messages that were appropriate to the teens’ culture, developmental age, and sexual experience</li> <li>13. Covered topics in a logical sequence</li> </ol>	<ol style="list-style-type: none"> <li>14. Secured at least minimal support from appropriate authorities, such as departments of health, school districts, or community organizations</li> <li>15. Selected educators with desired characteristics (whenever possible), trained them, and provided monitoring, supervision, and support</li> <li>16. If needed, implemented activities to recruit and retain teens and overcome barriers to their involvement (e.g., publicized the program, offered food or obtained consent)</li> <li>17. Implemented virtually all activities with reasonable fidelity</li> </ol>