



FYSB Family & Youth
Services Bureau

Adolescent Pregnancy
Prevention Program

Glossary of Terms

Personal Responsibility Education Program (PREP)

The terms “age-appropriate,” “rigorous,” “medically accurate,” and “youth” are defined according to the legislation at 42 U.S.C. § 713(e). The following terms are defined by applicable research for the purposes of this NOFO.

Activities – All the actions needed to prepare for and carry out the program. This includes program and financial management, intervention activities, training activities, and staff debriefings.

Abstinence – Voluntarily refraining from non-marital sexual activity.

Adaptation – The modification of an evidence-based intervention that has been developed for a single, demographic, ethnic, linguistic, and/or cultural group for use with other groups.

Age-appropriate – The term “age-appropriate,” with respect to the information in pregnancy prevention, means topics, messages, and teaching methods suitable to particular ages or age groups of children and adolescents based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

Capacity – The resources (i.e., staff, skills, facilities, finances, technology, partnerships capabilities, and other resources) an organization has to implement a program.

Continuous Quality Improvement – A continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes.

Core Components – Program characteristics that must be kept intact when an intervention is being replicated or adapted for it to produce program outcomes similar to those demonstrated in the original evaluation research that provided evidence for effectiveness.

Effectiveness – The impact of a program under conditions that are likely to occur in a real-world implementation.

Equity – The consistent and systematic treatment of all individuals in a fair, just, and impartial manner, including individuals who belong to communities that often have been denied such treatment, such as Black, Latino, Indigenous and Native American, Asian American, Native Hawaiian, and Pacific Islander persons and other persons of color; members of religious minorities; women and girls; LGBTQI+ persons; persons with disabilities; persons who live in rural areas; persons who live in



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United States Territories; persons otherwise adversely affected by persistent poverty or inequality; and individuals who belong to multiple such communities.

Evidence-based – Interventions, strategies, approaches, and/or program models that have been evaluated using rigorous impact evaluation designs such as randomized controlled trials or high-quality, quasi-experimental studies, and that have demonstrated positive impacts for youth, families, and communities.

Fidelity – The degree to which an intervention is delivered as designed. Faithfulness with which a curriculum or program is implemented; that is, how well the program is implemented without compromising the core content that is essential for program effectiveness.

Implementation – The process of introducing and using interventions in real-world service settings, including how interventions or programs are adopted, sustained, and taken to scale.

Inclusivity – Means celebrating and amplifying perspectives, voices, and values of youth who have been historically underserved, marginalized, and adversely affected by persistent inequities.

LGBTQIA2S+ Inclusive – Programming and environments that create equitable access to resources and opportunities for LGBTQIA2S+ youth. These programs help youth who identify as LGBTQIA2S+ feel safe, respected, engaged, and valued for who they are and enables grant recipients to be more sensitive and responsive to their needs.

Meaningful Youth Engagement – Meaningful youth engagement views youth as equal partners with adults in the decision-making process rather than mere beneficiaries of programs. Involving youth as partners in making decisions that affect them increases the likelihood that the decisions will be accepted, adopted, and become part of their everyday lives.

Medically Accurate and Complete – Verified or supported by the weight of research conducted in compliance with accepted scientific methods, and (A) published in peer-reviewed journals, where applicable; or (B) comprising information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete.

Memorandum of Understanding (MOU) – A written statement from a stakeholder organization or individual describing a commitment, including possibly a financial role, in supporting the implementation of a program.

Multi-systems involved youth – Youth concurrently served in more than one service system, specifically the child welfare system, the juvenile justice system, or the behavioral health system.

Objectives – The specific and measurable actions that support the expected result of the program.

Performance Measures – Indicators that are designed for the ongoing monitoring and reporting of program accomplishments, particularly progress toward pre-established goals.

Program Model – The core curriculum plus other lessons or activities that may be integrated with the core curriculum to meet the PREP requirements

Rigorous – The term “rigorous”, with respect to research or evaluation, means using (A) established scientific methods for measuring the impact of an intervention or program model in changing behavior (specifically sexual activity or other sexual risk behaviors) or reducing pregnancy among youth; or (B) other evidence-based methodologies established by the Secretary of Health and Human Services.

Sexually Transmitted Infections (STIs) or Sexually Transmitted Diseases (STDs) – STIs/STDs are harmful diseases that are passed from one person to another through sexual contact. These include chlamydia, gonorrhea, genital herpes, human papillomavirus, syphilis, and human immunodeficiency virus (HIV). Many of these STIs/STDs do not show symptoms for a long time. Even without symptoms, they can still be harmful and passed on during sex. Avoiding sexual activity is the most reliable way to prevent and protect against STIs/STDs. See <https://www.cdc.gov/std>

Stakeholders – Individuals and organizations that have a shared interest in the program results. Stakeholders include participants, families, staff and volunteers, funders, and community organizations that share the program vision and are actively committed to the program through a Memorandum of Understanding (MOU).

Training and Technical Assistance – For the purposes of this NOFO, the provision of training, advice, and/or assistance pertaining to the initiation, operation, or implementation of the proposed program.

Work Plan – A written list of all program activities, broken down by resources, personnel, delivery dates, and accomplishments.

Youth – Youth is defined as someone who has “attained age 10 but has not attained age 20” (42 U.S.C. § 713(e)(4)), except in the case of pregnant and parenting youth, which may include youth under 21 years old (42 U.S.C. § 713(a)(1)(C)(iii)).

Youth-Friendly – Youth-friendly services are those that attract young people, respond to their needs, and retain young people for continuing care. Youth-friendly services are based on a comprehensive understanding of what young people want and need (rather than being based only on what providers believe youth need).