



Sexual Risk Avoidance Education (SRAE)

The terms “age-appropriate,” “rigorous,” “medically accurate,” and “youth” are defined according to the legislation at 42 U.S.C. § 710(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.

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 – Suitable (in terms of topics, messages, and teaching methods) to the developmental and social maturity of the particular age or age group of children or adolescents, based on developing cognitive, emotional, and behavioral capacity typical for the age or age group.

Comprehensive Needs Assessment – Scientific/systematic investigations that identify needs and challenges in an area, determine root causes, identify current barriers to addressing the need, and set priorities for future actions.

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.

Dating Violence – The type of intimate partner violence that occurs between two young people who are or who were once in an intimate relationship.

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



Glossary of Terms

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 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 design such as randomized controlled or high-quality, quasi-experimental trials, and that have demonstrated positive impacts for youth, families, and communities.

Evidence-Informed – Interventions, strategies, approaches, and/or program models that bring together the best available research, professional expertise, and input from youth and families to identify and deliver services that have promise to achieve positive outcomes 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.

Goal Setting – The process of deciding what to accomplish and devising a plan to achieve the desired result(s).

Healthy Relationships – Peer, romantic, marriage, family, and other interactions that are based on trust, honesty, and respect and allow adolescents to feel supported, connected, and independent. In healthy relationships, key elements are communication, appropriate boundaries, empathy, effective conflict resolution, and resistance of peer pressure.

Impact Evaluation – Efficacy/effectiveness study; has a control/comparison group that receives no services or services distinct from the intervention group.

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.

Key Program Elements – Information and concepts central to implementation of the sexual risk avoidance education program.



Glossary of Terms

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.

Normalizing Teen Sexual Activity – Creating the impression that teen sexual activity outside of marriage is appropriate and/or healthy behavior.

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

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

Outcomes – The intended effects of the implemented program or program elements, such as increase in knowledge, development of skills, and behavior changes.

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

Promising Practices – Models, interventions, strategies, and ideas that have been implemented and evaluated to varying degrees in programs and communities and that demonstrate positive or promising outcomes.

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. (42 U.S.C. § 710(e)(3))

Self-Regulation – The act of managing thoughts and feelings to enable goal-directed actions, including a variety of actions necessary for success in school, relationships, and the workplace.

Sexual Risk Avoidance – Voluntarily refraining from non-marital sexual activity.

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>.

Trauma-Informed – The Substance Abuse and Mental Health Services Administration (SAMHSA) defines a trauma-informed approach as one that is based on the knowledge and understanding of trauma and its far-reaching implications. A trauma-informed approach is grounded in four key assumptions known as the “four Rs” (SAMHSA, 2014) which specify that a program, organization, or system is trauma-informed: Realizes the widespread impact of trauma and understands potential paths for recovery; Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the program, organization, or system; Responds by fully integrating knowledge about trauma into policies, procedures, and practices; Resists re-traumatization.

Youth – One or more individuals who have attained age 10 but not age 20 (42 U.S.C. § 710(e)(4)).

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).

References

1. Centers for Disease Control and Prevention (CDC). 1991-2021 High School Youth Risk Behavior Survey Data. Available at <http://yrbs-explorer.services.cdc.gov/>. Accessed on December 12, 2023.
2. Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final Data for 2021. National Vital Statistics Reports; vol. 72 No. 1. National Center for Health Statistics (U.S.). 2023 <https://stacks.cdc.gov/view/cdc/122047>.
3. Centers for Disease Control and Prevention, Sexually Transmitted Disease Surveillance, 2020 <http://www.cdc.gov/HealthyYouth/sexualbehaviors/>