

Name of Curriculum: **HEALTHSMART MIDDLE SCHOOL: ABSTINENCE, PUBERTY & PERSONAL HEALTH**

HealthSmart is a complete health education program that gives youth the knowledge and skills to make healthy choices and establish healthy behaviors for life-long optimal health. In addition to units on Sexual Health, the program offers units on Emotional & Mental Health; Nutrition & Physical Activity; Tobacco, Alcohol & Other Drug Prevention; and Violence & Injury Prevention. For more detailed information, visit ETR's [HealthSmart](#) website.

Part I: Planning	<i>Abstinence, Puberty & Personal Health</i>
Time and Intensity	
1. Is the curriculum consistent with your organizational goals?	<p>The <i>HealthSmart</i> program's goal is to give youth the knowledge and skills to make healthy choices and establish life-long healthy behaviors. The Abstinence, Puberty & Personal Health unit addresses changes that occur during puberty and encourages students to be sexually abstinent.</p> <p>The activities are intended to achieve the HECAT healthy behavior outcomes for Sexual Health, including establishing healthy relationships; being sexually abstinent; avoiding pressuring others to engage in sexual behaviors; supporting others to avoid or reduce sexual risk behaviors; treating others with courtesy and respect without regard to their sexuality; and using appropriate health services to promote sexual health.</p>
2. Has the curriculum under consideration been formally evaluated and shown to have affected behavior change on some or all of the targetsevaluated?	<p>Although <i>HealthSmart</i> does not have a formal evaluation, the program is based on and meets all Characteristics of Effective Health Education Curricula defined by the CDC.</p>
3. Does the curriculum use promising approaches reflecting evaluated interventions or curricular content?	<p><i>HealthSmart</i> aligns to National Health Education Standards, the CDC's Health Education Curriculum Analysis Tool (HECAT) and the Characteristics of Effective Health Education Curricula defined by the CDC.</p> <p>For more information see HealthSmart and Standards.</p>
4. Does the curriculum demonstrate a sound model of changing knowledge, attitudes, skills, intentions, and behavior consistent with accepted behavioral and educational theories?	<p><i>HealthSmart</i> is grounded in sound educational and behavioral theory. The Theory of Planned Behavior provides the framework for lessons and activities. Concepts from Social Learning Theory are strategically woven throughout the program. The Transtheoretical or Stages of Change Model serves as the foundation for activities designed to support student change of unhealthy behaviors.</p>
5. Does the curriculum address specific steps needed to meet those goals? (Note: Consider using a logic model to assess the relationship between steps and goals.)	<p><i>HealthSmart</i> lessons are designed to build a personal value for health, shape healthy peer norms, build power to use knowledge and skills and increase students' perception of control as they acquire knowledge, develop skills and establish support systems.</p> <p>See the program Logic Model for more detail.</p>

* The Center for Relationship Education. (2010). *Systematic Method for Assessing Risk-Avoidance Tool* (SMARTool). Denver, Colorado.

Part I: Planning	Abstinence, Puberty & Personal Health
Time and Intensity (continued)	
6. Does the curriculum offer adequate dosage — for example, multiple sessions per grade, and sessions for multiple grade levels?	The Abstinence, Puberty & Personal Health unit contains seventeen 45-minute lessons, the sexual health/abstinence content encompasses Lessons 4 through 17.
7. Do high-risk populations have an opportunity for more intensive interventions or lesson sessions?	Educators are encouraged to expand discussions and make other changes necessary to meet special needs within their student population.
8. Does the curriculum integrate with and supplement other health or character-based education in the school or organization?	The Abstinence, Puberty & Personal Health unit is part of the wider <i>HealthSmart</i> program for comprehensive health. The program emphasizes key skills for health literacy, develops students' self-esteem and self-efficacy, promotes responsible behaviors and encourages students to support their peers and advocate for healthy behaviors.
Flexibility and Sustainability	
9. Is the curriculum flexible enough to address learner needs across varied demographic student groups?	<i>HealthSmart</i> is designed to appeal to a wide range of students and encourages individuals to personalize the learning in ways that will best meet their health needs and circumstances. Case studies and examples are written to be neutral and inclusive, so that all students can apply the information and skills to their own lives.
10. Is the curriculum flexible enough to meet or complement program needs, based on coordination with existing health education requirements and timeconstraints?	<i>HealthSmart</i> is a modular and flexible program. The online Lesson Planning Tool allows educators to customize a lesson plan that will fit their particular needs, standards and available time.
Staff Selection and Training	
11. Does the curriculum provide guidance for identifying teaching staff who are comfortable with and supportive of the sexual risk avoidance message?	Educators interested in implementing this program should be skilled in using interactive teaching methods and guiding group discussions, and should be comfortable with the program content.
12. Does the curriculum developer provide teacher training through workshops, conferences, or other venues to improve knowledge and skills?	ETR offers training on all of our sexual health programs through our Professional Learning Services. For more information visit our HealthSmart Training page .
13. Are materials available to provide in-service training for all organization personnel	ETR offers training on all of our sexual health programs through our Professional Learning Services. For more information visit our HealthSmart Training page .
14. Are content updates and curricular experts available to assure continuous improvement?	Now in its second edition, the <i>HealthSmart</i> program is reviewed regularly to ensure content is up to date. Content updates are posted on line as needed for easy access.
15. Are teacher materials, supplemental resources, and lesson plans easy to use and appropriate for effective lessons?	The Teacher's Guide offers clear, detailed and easy-to-follow teaching steps. Lessons are designed to be interactive, engaging and offer developmentally appropriate activities that challenge students in a variety of ways, and accommodate a range of learning styles.

Part II: Curriculum	Abstinence, Puberty & Personal Health
Target #1: Enhance the knowledge of (a) physical development, sexual risks, and (b) healthy relationships	
1. Does the curriculum address appropriate topics for the age group and target population?	The Middle School curriculum is intended for use with youth ages 12 to 14 in Middle School classrooms. It includes instruction on puberty and adolescent sexuality, the reproductive systems, taking care of sexual health, feelings and relationships, benefits of and influences on abstinence, resisting sexual pressure and achieving goals through abstinence.
2. Does the material presented maintain a clear and consistent risk avoidance approach regarding sexual involvement and other risks?	The Abstinence, Puberty & Personal Health unit focuses entirely on knowledge, attitudes and skills that encourage and assist young people in understanding the importance of sexual health and implementing abstinence in their relationships. It does not include information about condom use or other forms of contraception.
3. Do the content areas of the proposed curriculum address the requirements of funding or regulatory agencies?	Local agencies and schools will have to assess this based on their funding or regulatory requirements. The lessons focus on developing the knowledge, attitudes and skills that will encourage and assist young people in understanding the importance of sexual health and implementing abstinence in their relationships.
4. Does the curriculum meet state and/or local health education standards?	Local agencies and schools will have to assess this based on their funding or regulatory requirements. The lessons focus on developing the knowledge, attitudes and skills that will encourage and assist young people in understanding the importance of sexual health and implementing abstinence in their relationships.
5. Does the curriculum personalize the potential negative impacts of sexual involvement (such as pregnancy, STIs, emotional, social, or relationship problems, etc.)?	Students examine a variety of benefits of abstinence and the potentially negative consequences of becoming sexually active.
6. Are sources of scientific, medical, social science, and health information either commonly available in multiple books and texts (i.e., anatomy, established physiology, development) or documented by site of original research or source?	The curriculum was thoroughly reviewed for medical accuracy when the second edition of was published. ETR continues to update the curriculum as needed to ensure current and factual content.
7. Are further sources of information provided for teachers to obtain additional reliable data, if appropriate?	The <i>HealthSmart</i> website provides a variety of teacher resources. Data within the lessons is documented with sources and URLs are provided where teachers can find updated statistics when needed.
8. Is the presentation of facts balanced and objective?	<i>HealthSmart</i> presents facts and provides opportunities for youth to consider their attitudes, behaviors and decisions around sexual activity in a nonjudgmental and value-neutral way.

Part II: Curriculum	Abstinence, Puberty & Personal Health
Target #2: Support personal attitudes and beliefs that value sexual risk avoidance	
1. Does the curriculum include exercises that help students recognize attitudes in their school, home, community, and media?	Yes, in particular Lesson 12 helps students consider both positive and negative influences around abstinence, including attitudes of family, peers, media and others, and Lesson 13 examines the effect of perceived norms versus actual norms.
2. Does the curriculum present information in a relevant and compelling manner that has the potential to change attitudes and beliefs?	Lesson activities are student-centered and interactive, designed to engage youth, personalize the learning and help them apply the content and skills to their lives.
3. Does the curriculum use fear of negative outcomes in an appropriate manner to equip students to avoid risks?	Using a strengths-based versus a fear-based approach, participants are given numerous opportunities to consider the potential consequences of sexual activity. The three personal health lessons at the beginning of the unit build a foundation for valuing health and preventing disease that can then be extended to the concept of protecting sexual health and avoiding negative outcomes by practicing abstinence.
4. Does the curriculum develop and display character traits that are consistent with universal values (i.e., trustworthiness, respect, responsibility, caring, courage, etc.)?	The idea of respect for self and others is a central theme, as is the importance of understanding values and personal responsibility. Students also explore ways to take a stand and support their peers in an abstinence choice.
5. Does the curriculum help students value the avoidance of adolescent sexual involvement?	Students examine the many benefits of abstinence in Lesson 11, advocate for and support peers in an abstinence choice in Lesson 13, and examine how abstinence can help them achieve future goals in Lesson 17.
6. Does the curriculum help students increase their value of commitment, marriage, and future family formation?	Marriage and future family formation can be incorporated and addressed in Lesson 17, when students consider the role of abstinence in meeting their goals.
7. Does the curriculum provide a basis for students to identify and/or communicate their core beliefs regarding the meaning of sex in their personal, family, cultural and spiritual lives?	Lesson 4 examines the physical, emotional, intellectual and social dimensions of sexuality. Lesson 10 helps them look at how they can express sexual feelings in ways that protect their sexual health and maintain an abstinence choice. Students also discuss benefits of and influences on the choice to be abstinent in Lessons 11 and 12.
8. Does the curriculum provide an opportunity for students to recognize any cognitive dissonance between core values and personal attitudes?	The definition of <i>Sexuality</i> in Lesson 4 includes the concept of values. Students have a chance to examine how these values translate to behavior and attitudes when then examine benefits of abstinence in Lesson 11, influences on abstinence in Lesson 12 and the power of perceived norms in Lesson 13.

Part II: Curriculum	Abstinence, Puberty & Personal Health
Target #3: Acknowledge and address common rationalizations for sexual involvement	
1. Does the curriculum help learners recognize common rationalizations that teens use to become sexually involved?	Students examine different ways teens can respond to feelings of attraction in Lesson 10, analyze influences that both support or threaten an abstinence choice in Lesson 12, compare perceived and actual norms around sexual activity in Lesson 13, and identify things that can threaten an abstinence choice in Lesson 14.
2. Do learning exercises or scenarios help students recognize that justifications for sexual involvement fail to reduce potential adverse consequences?	In particular, Lesson 13 helps students examine the negative consequences of sexual activity and juxtapose these against benefits of abstinence.
3. Does the curriculum help students develop and practice skills to respond to common rationalizations for teensex?	Lesson 14 has students plan ahead on how to protect an abstinence choice in the face of peer pressure. Lessons 15 and 16 provide extensive practice in identifying effective refusals and practicing refusal and resistance skills through roleplays.
4. Does the curriculum assist sexually experienced youth to understand the reasons and develop skills to avoid continued sexual involvement?	All of the learning activities can apply to youth who are already sexually experienced. Abstinence is presented as something a person can choose at any time and for any reason. Youth are not shamed for previous sexual choices, but are encouraged and given skills to help abstinence be a viable choice.
Target #4: Improve perception of and independence from negative peer and social norms	
1. Does the curriculum provide activities for students to consider positive and negative peer perceptions regarding sexual and other risk behaviors?	Shaping healthy peer norms is a major focus of the <i>HealthSmart</i> program. Students describe peer influences on the choice to be abstinent in Lessons 12 and 13, including a homework assignment to interview peers about what they think about abstinence.
2. Does the curriculum provide an opportunity for students to consider positive and negative media depictions regarding sexual and other risk behaviors?	Media influences on sexual choices are analyzed in Lesson 12
3. Does the curriculum illustrate positive peernorms?	Shaping healthy peer norms is a major focus of the <i>HealthSmart</i> program. In particular, Lesson 13: Peer Power for Abstinence helps students advocate and create a positive norm in support of abstinence.
4. Does the curriculum promote the confidence and skill to resist negative pressure from peers?	Students are given extensive practice in refusal and negotiation skills to defend an abstinence choice. Lessons 14, 15 and 16 all address these skills, and include practical application through roleplays.
5. Does the curriculum teach, demonstrate, and practice the skills of independent decision-making related to avoiding sexual involvement?	A specific lesson on decision-making around sexual choices can be found in the Middle School HIV, STD & Pregnancy Prevention unit. Decision-making activities from the Emotional & Mental Health unit could also be pulled in to satisfy this requirement.

Part II: Curriculum	Abstinence, Puberty & Personal Health
Target #5: Build personal competencies and self-efficacy to avoid sexual activity	
1. Does the curriculum contain messages and activities that encourage self-protective competencies when confronted with sexual and other risks?	Students learn about the importance of taking care of their sexual health in Lesson 9. They identify positive influence on abstinence from their own lives in Lesson 12. In Lesson 13, they explore how they can support peers in choosing abstinence. Lesson 14 helps them plan ahead to protect an abstinence choice. They practice effective peer resistance and refusal skills in Lessons 15 and 16, and examine how abstinence can help them meet their goals in Lesson 17.
2. Does the curriculum promote critical thinking and decision-making skills that protect themselves and others physically, emotionally, and mentally?	Encouraging critical thinking is key feature of the <i>HealthSmart</i> curriculum. Students are given opportunities to consider the actions and decisions that will protect an abstinence choice in Lesson 14, and focus on how to advocate for and support peers in Lesson 13.
3. Are learners given multiple opportunities to observe and practice negotiation and risk refusal skills?	Skill-building and self-efficacy are a major component of the curriculum, including negotiation-refusal skills. Lessons 15 and 16 offer roleplay practice, reinforcement and support of the skills students are learning.
4. Does the curriculum provide opportunities for learners to explain and defend their personal choices?	The roleplay exercises and other skill-building activities reinforce the many positive benefits, both psychological and physical, of practicing abstinence. Students also define their reasons for being abstinent and make an abstinence plan in Lesson 14.
5. Are support systems such as parents, personal and family rules, schools, faith groups and/or community organizations recognized as contributory to self-efficacy?	The importance of seeking help and advice from trusted adults is emphasized beginning in Lesson 4 and throughout the curriculum. Students analyze the influence of many factors in Lesson 12, and identify personal supports for abstinence in Lesson 13. Homework assignments encourage students to seek advice from and draw on the support of parents/guardians or other trusted adults.
6. Are sexually experienced youth provided with appropriate information, skills, and support to avoid future or continued sexual involvement?	All of the information and skills practice in the curriculum applies to sexually experienced youth. Abstinence is presented as something that is always a choice. Youth have an opportunity to examine reasons for sexual involvement and the risks it can pose. Lesson 10 on how to express feelings of attraction and affection without having sex can be particularly relevant to youth who wish to return to abstinence.
7. Are previously sexually coerced/abused individuals provided with appropriate information and support to avoid sexual involvement and seek assistance as needed?	All students are encouraged to talk to the supportive adults in their lives about sexual health issues and problems. Notes in the Teacher's Guide alert teachers to potential issues around sexual abuse.

Part II: Curriculum	Abstinence, Puberty & Personal Health
Target #6: Strengthen personal intention and commitment to avoid sexual involvement	
1. Does the curriculum assist the learner in developing and/or strengthening intentions to wait for sexual involvement?	Benefits of abstinence are emphasized throughout the later lessons. Beginning in Lesson 10, students consider the negative consequences of sexual activity and then explore the supports and skills that will help them maintain a commitment to abstinence.
2. Does the curriculum provide examples of the benefits of a strong personal commitment to avoid adolescent sex?	Benefits of abstinence are emphasized in Lesson 11 and continue to be referenced in later lessons as well. In Lesson 14, students create a personal Abstinence Plan, and in Lesson 17, they write about how abstinence will help them reach their goals.
3. Does the curriculum promote and practice skills to act on personal intentions to delay sex?	<i>HealthSmart</i> is a skills-based curriculum. Students gain practice in analyzing influences, accessing resources, refusal and negotiation skills, and advocacy.
4. Does the curriculum encourage a private and/or public commitment to avoid sexual involvement?	In Lesson 14, students create a personal abstinence plan that defines their intentions to remain abstinent, and includes at least one person whom they will tell about their commitment. In Lesson 17, they consider and share how remaining abstinent will help them reach their goals.
5. Does the curriculum help learners identify possible challenges or threats to their intentions and identify personal strategies for resisting those threats?	Threats to an abstinence choice are discussed in Lessons 12, 13, 14, 15 and 16. Strategies covered and practiced include relying on positive influences (Lesson 12), peer support and advocacy (Lesson 13), skills for planning ahead (Lesson 14) and refusal/resistance skills (Lesson 15 and 16).
Target #7: Identify and reduce the opportunities for sexual involvement	
1. Does the curriculum teach the learner to recognize and avoid high-risk situations (such as early and frequent dating, unsupervised parties, coercion, or exploitation by older individuals)?	Risky situations and other threats to abstinence are discussed in Lesson 14. The roleplay scenarios in Lessons 15 and 16 present a variety of potential pressure situations teens may face.
2. Does the curriculum encourage support systems and guidelines (such as family rules, parent involvement, structured activities, volunteer and faith activities, etc.) to minimize opportunities associated with adolescent sexual involvement?	The importance of seeking help and advice from trusted adults is emphasized beginning in Lesson 4 and throughout the curriculum. Students analyze the influence of many factors in Lesson 12, and identify personal supports for abstinence in Lesson 13. Homework assignments encourage students to seek advice from and draw on the support of parents/guardians or other trusted adults.
3. Does the curriculum identify and reduce the opportunity for sexual involvement by promoting the avoidance of drugs, alcohol, coercive behaviors, and violence?	This topic is covered much more extensively in the Tobacco, Alcohol & Other Drug Prevention and the Violence & Injury Prevention units. Alcohol and other drug use as a risk factor/threat to abstinence is addressed briefly in Lesson 14.
4. Does the curriculum provide scenarios, examples, or skills to assist learners in recognizing and refusing sexually vulnerable situations?	Roleplay scenarios present situations teens may face that involve sexual pressure. Students hone their skills for recognizing threats to abstinence in Lesson 14, and practice refusals and effective resistance skills in Lessons 15 and 16. Lesson 9 on taking care of sexual health presents several advice-seeking “letters” from teens for analysis.

Part II: Curriculum	Abstinence, Puberty & Personal Health
Target #8: Strengthen future goals and opportunities	
1. Does the curriculum provide exercises to allow the learner to describe his or her future life?	Lesson 17 addresses how abstinence can help protect future goals and students complete an activity sheet on their future goals.
2. Are there lessons that reinforce the potential for positive future opportunities (such as personal health, career opportunities, supporting friendships, strong family ties, and/or fulfilling marriage, etc.)?	This can be reinforced in Lesson 17, if students are asked to consider these factors in the description of their future goals.
3. Does the curriculum help learners create connections between sexual risks and future outcomes?	Lesson 17 deals with this topic explicitly by having students assess the role abstinence can play in reaching future goals. The potential negative consequences of sexual activity and the benefits of abstinence are reinforced in earlier lessons as well.
4. Is the learner encouraged to identify personal attributes they may desire for themselves and/or a future spouse or partner?	This could be added to the goal-defining work in Lesson 17, if students are asked to consider this particular question as part of the activity.
Target #9: Partner with parents	
1. Does the curriculum recognize the role that parents, family, and caregivers play in a student's attitudes, beliefs and behaviors?	The influence of parents, family and other trusted adults is analyzed specifically in Lesson 12, and also discussed in the exploration of different dimensions of sexuality in Lesson 4.
2. Does the curriculum provide or identify resources to equip parents to talk with their children about important topics pertinent to relationships, sex, and substance use?	All of the <i>HealthSmart</i> units feature take-home activities that encourage discussion of health topics and issues between parents/guardians and their teens. The first take-home activity in this unit helps parents and students discuss puberty and healthy sexuality, while the second focuses specifically on benefits of abstinence and advice parents would give about it. In addition, the Family Letter features things parents can think about and do to support the classroom learning.
3. Does the curriculum provide materials or resources to offer a parent workshop or information session?	Each <i>HealthSmart</i> unit at Middle School features a family letter that can be sent home before instruction begins. Conducting a formal workshop for parents would be up to the sites that are implementing the program.
4. Does the curriculum provide homework assignments that can be completed through collaboration between the parent and child?	This unit has two "parent interviews" that foster discussion: one on puberty and sexual health, and the other on abstinence.

Part III: Quality Improvement	<i>Abstinence, Puberty & Personal Health</i>
<p>1. Does the curriculum include valid and reliable pre- and post-testing instruments?</p>	<p>Each <i>HealthSmart</i> unit features two comprehensive and authentic unit assessment instruments. However, these would not be appropriate as a pre-test, as they rely upon students completing the curriculum lessons for successful performance. A simple knowledge of concepts test could be devised and used as a pre-test, if desired. However, the <i>HealthSmart</i> developers strongly feel that ongoing formative assessment within the lessons and thorough and authentic summative assessment of both knowledge and skills is a better measure of student progress and behavior change than a simple pre/post comparison.</p>
<p>2. Are additional sources of data suggested in order to support program monitoring of important outcomes?</p>	<p>ETR has a long history of conducting rigorous evaluations in the field of sexual and reproductive health. For more information on how ETR can help with evaluation efforts visit our Evaluation Services page.</p>