



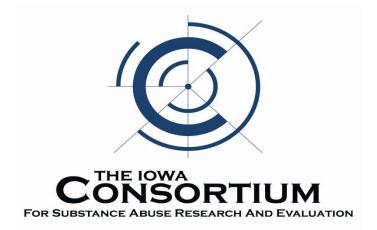
THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

Annual Outcome Evaluation Report July 1, 2014 – July 31, 2015

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Youth Development Annual Outcome Evaluation Report July 1, 2014- July 31, 2015

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INTRODUCTION

Project Overview

The Iowa Department of Public Health (IDPH) provides funding for prevention services through the project known as Youth Development. The purpose of the Youth Development (YD) project is to provide evidence-based substance use prevention programming for youth ages 5 through 18 that includes in- and out-of-school opportunities for youth development, character development, and youth leadership. Eight substance abuse prevention organizations participate in this project: Area Substance Abuse Council; Henry County Extension; Garner-Hayfield Community School District; Mason City Youth Task Force; Substance Abuse Treatment Unit of Central Iowa; Promise Partners; United Action for Youth; and Kossuth Connections. A full listing of organizations and programs can be found in the Appendix A. The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation of the Youth Development project for the Iowa Department of Public Health.

Evaluation Design

The evaluation employs a matched pre-post design whereby a survey is administered at the beginning and at the conclusion of the prevention program. The pre-test survey is only administered the first year of the program and a post-test survey is administered after each year of programming for programs spanning multiple years. For those programs, participants' post-tests from the previous program year are matched with their post-tests from the current year to provide current year outcomes data; i.e., the previous year's post-test data are used as a baseline for the current year. Agency staff collect these data and enter them into an online system called Qualtrics. The Consortium then downloads the data for analyses and reporting.

A total of 377 first-year post-tests, 105 second-year post-tests, and 207 fourth-year post-tests were collected for the Youth Development project in State Fiscal Year 2015. Matching pre-tests and baseline post-tests to the appropriate current year post-tests resulted in 689 survey matches for analysis. Of those, 377 matches were for participants in single-year programs or in the first year of multi-year programs; 105 were for participants in the second year of multi-year programs, and 207 were for participants in the fourth year of multi-year programs. There were no third-year post-test matches.

The pre-post data were used to help answer the following evaluation questions:

- Has alcohol/cigarette/marijuana usage changed in the target population?
- Has the percentage of the target population who indicate positive attitudes at baseline (pre-test) maintained or increased after the intervention (post-test)?
- Has perceived risk of harm from alcohol/cigarette/marijuana use maintained a positive response or increased from pre-test to post-test?

OUTCOMES

Demographics

The median age of Youth Development project participants at post-test was 13 years of age. The majority of the participants (95.3%) were in the sixth, seventh, or eighth grade. The sex of participants was split almost equally (51.8% male, 48.2% female), and 18.4% of participants were Hispanic or Latino. Participant racial groups are delineated below:

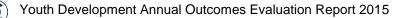
- 89.1% White
- 0.5% Asian
- 2.0% Black/African American
- 0.7% American Indian/Alaska Native
- 0.7% Some other race
- 6.8% More than one race

Changes from Pre-test to Post-test

The table and figures on pages 4 through 10 detail data pertaining to past 30-day use, attitudes toward use, and perceptions of risk of harm from use of alcohol, cigarettes, and marijuana. Results are provided for the project (all Youth Development participants together) and for the following individual programs implemented in the project: LifeSkills Training, Project ALERT, and All Stars. The LifeSkills Training data include participants in all curriculum years of the program. Other programs that did not meet the minimum sample size (i.e., 50 matched surveys) necessary for individual reporting are Leadership and Resiliency Program, Positive Action, Girls Circle, and Strengthening Families Program. Data for participants of these programs are included in the Youth Development project totals.

An attrition analysis was performed on the data to identify potential differences between participants who completed the program and participants who dropped out of the program or did not complete a post-test. Just over four percent (4.2%) of those starting the program did not complete a post-test and are considered attritional cases. There were no statistically significant differences between participants completing the program and not completing the program/post-test.

Iowa Youth Survey (IYS) data are provided as a reference point for interpreting the substance use outcome data in this report. The Iowa Youth Survey is a biennial census assessment of Iowa students' attitudes and behaviors, including attitudes toward substance use and actual use of substances. Students in grades 6, 8, and 11 complete the IYS. The 2014 IYS data included provide an estimate of the change one might expect to see each year in Iowa's general youth population due to maturation. Thus, IYS data serve as a general point of reference when examining Youth Development program outcomes (i.e., comparing change from pre-test to posttest rather than program percentages to zero or no change). It is important to note that youth who participated in Youth Development programming may also have completed the IYS.



Past 30-Day Use

Table 1 on page 4 presents data on past 30-day use of alcohol, cigarettes, marijuana and binge drinking for all Youth Development participants, LifeSkills Training participants, All Stars participants, and Project ALERT participants.

A positive (+) percentage point change indicates an increase in use, whereas a negative (-) change indicates a decrease in use. However, the change values presented in the table do not indicate statistically significant differences from pre-test to post-test. There is no statistical evidence of change from pre-test to post-test for the substance use categories presented (statistical tests yielded p values greater than 0.05). This is true for the Youth Development participant group and the individual program groups. However, this also means that use of those substances showed no evidence of increasing as would be expected due to maturation.



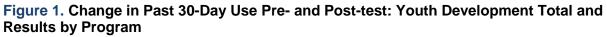
Percentage of Youth Reporting Past 30-Day Use at the Pre-Test and Change at Post-Test										
		Median	Alcohol		Cigarettes		Marijuana		Binge Drinking	
Group	N	Age	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change	Pre-Test %	Change
Iowa Youth Survey ¹	52,560 ²	12	_	+2.00	-	+1.00	_	+1.00	_	+1.00
Youth Development	689	13	6.33	-2.50	1.18	+0.29	1.03	+1.03	1.17	0
Life Skills Training	454	13	6.90	+3.34	1.11	-0.22	0.89	+0.89	1.11	+0.22
All Stars	119	12	1.72	-0.86	0	+0.86	0	0	0	0
Project ALERT	60	12	11.67	-3.34	3.33	+1.67	6.67	+3.34	3.33	-3.33

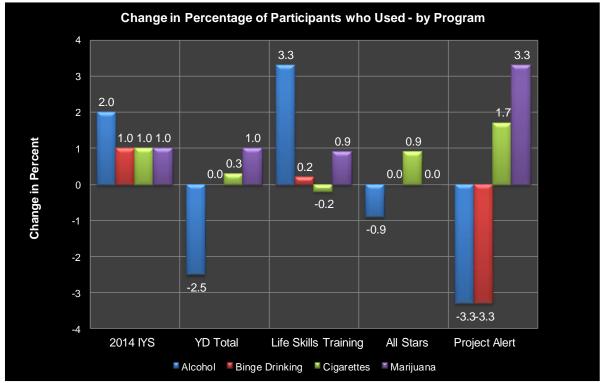
Table 1. Change in past 30-Day Use: Youth Development Total and Results by Program

¹ IYS entries indicate the yearly average change in 30-day use between all Iowa students in grades 6 and 8. The median age of 6th graders completing the IYS was 11 years old; the median age of 8th graders was 13 years old. Data are from the 2014 Iowa Youth Survey, State of Iowa report (Alcohol from question B16, Binge Drinking from B17, Cigarettes from B34, and Marijuana from B40).² The total number of 6th graders completing the 2014 Iowa Youth Survey was 26,117; the total number of 8th graders was 26,443.



Figure 1 provides the percentage point change in use of participants in all YD Programs.



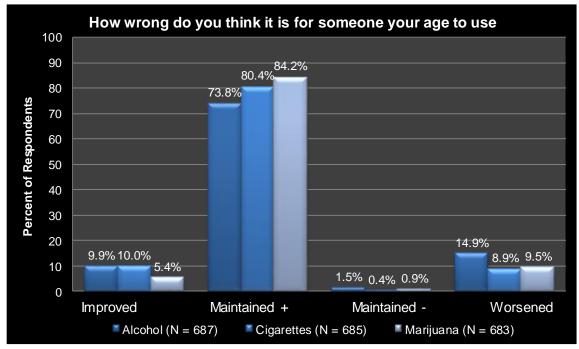


Attitudes Toward Substance Abuse

The figures on pages 6 and 7 show change in individual attitudes from the pre-test to the post-test for alcohol, cigarettes, and marijuana. Individual attitudes either:

- "improved," which means that attitudes grew more unfavorable toward use of alcohol, cigarettes, or marijuana (e.g., respondent felt alcohol use was wrong at pre-test and very wrong at post-test);
- "maintained +," which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, cigarettes, or marijuana use (a positive outcome);
- "maintained –," which means that the pre- and post-test responses remained the same and were favorable toward alcohol, cigarettes, or marijuana use (a negative outcome); or;
- 4) "worsened," meaning that attitudes grew more favorable toward alcohol, cigarettes, or marijuana use from pre-test to post-test (e.g., respondent felt marijuana use was very wrong at pre-test and a little bit wrong at post-test).

Desired outcomes for these questions are improvement in ("improved") or positive maintenance ("maintained +") of attitudes toward substance use. The positive attitude outcome percentages provided below each figure represent participants in the "improved" and "maintained +" categories for that program group. The number of matched pre- and post-tests containing a question response is shown in parentheses at the bottom of the data table following each substance.





Youth Development project participants' positive attitude outcomes are as follows: Alcohol – 83.7%; Cigarettes – 90.4%; and Marijuana – 89.6%.

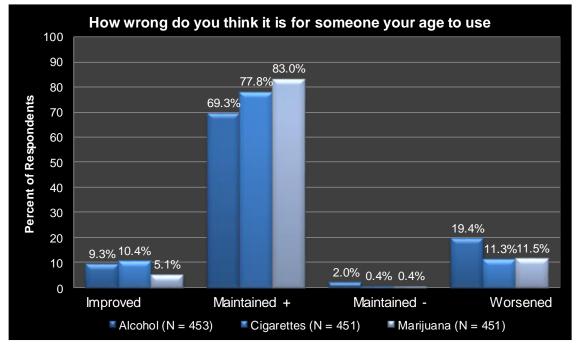


Figure 3. Change in Attitudes Toward Substance Use: LifeSkills Training

LifeSkills Training participants' positive attitude outcomes are as follows: Alcohol – 78.6%; Cigarettes – 88.3%; and Marijuana – 88.1%.

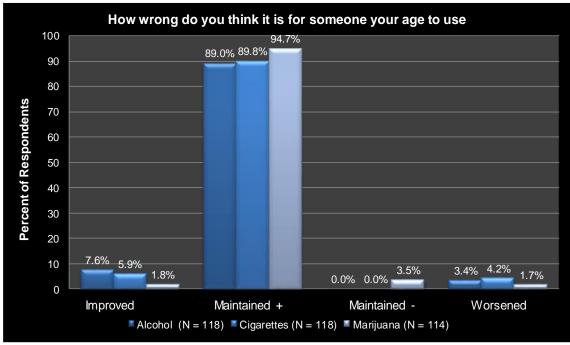


Figure 4. Change in Attitudes Toward Substance Use: All Stars

All Stars participants' positive attitude outcomes are as follows: Alcohol – 96.6%; Cigarettes – 95.8%; and Marijuana – 96.5%.

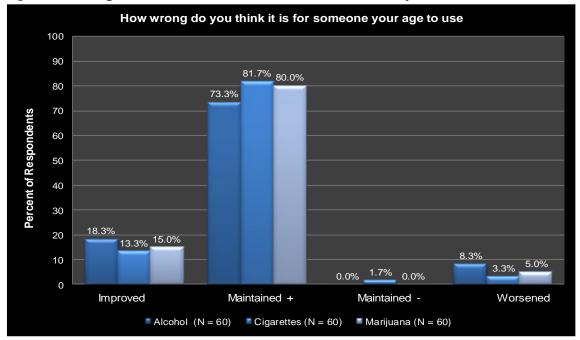


Figure 5. Change in Attitudes Toward Substance Use: Project ALERT

Project ALERT participants' positive attitude outcomes are as follows: Alcohol – 91.7%; Cigarettes – 95.0%; and Marijuana – 95.0%.

Perceived Risk of Harm from Substance Use

The following figures show change from pre- to post-test in individuals' perceptions of risk of harm from use of alcohol, cigarettes, and marijuana. Perceptions of risk either:

- 1) "increased," which means that their reported perceived risk regarding alcohol, cigarettes, or marijuana use increased from pre-test to post-test (e.g., respondent felt alcohol use was a moderate risk at pre-test and a great risk at post-test);
- 2) "maintained +," which means that the pre- and post-test responses remained the same and were unfavorable toward alcohol, cigarettes, or marijuana use (a positive outcome);
- "maintained -," which means that the pre- and post-test responses remained the same and were favorable toward alcohol, cigarettes, or marijuana use (a negative outcome); or
- "decreased," meaning that their reported perception of risk of harm decreased from pretest to post-test (e.g., respondent reported that marijuana use posed a moderate risk of harm at pre-test and no risk at post-test).

Desired outcomes for these questions are an increase in or positive maintenance ("maintained +") of change in perceived risk. In Figures 6 through 9, a positive outcome is the percent increased plus the percent maintained +.

Figures 6 through 9 show data for all Youth Development project participants: LifeSkills Training participants, All Stars participants, and Project ALERT participants, respectively. For the positive attitude outcome percentages provided below, each figure represents participants in the "improved" and "maintained +" categories for that program group. The number of matched pre- and post-tests containing a response to the question is shown at the bottom of the data table following each substance.

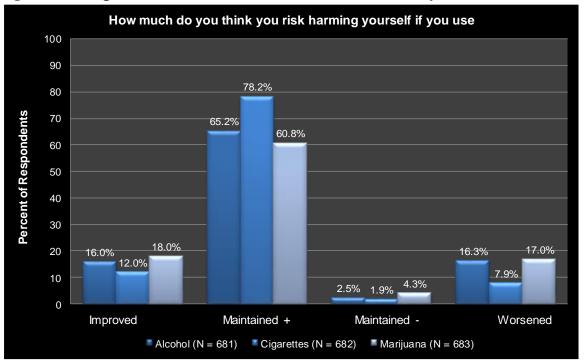


Figure 6. Change in Perceived Risk of Harm: All Youth Development

Youth Development project participants' positive perceived risk outcomes are as follows: Alcohol – 81.2%; Cigarettes – 90.2%; and Marijuana – 78.8%.

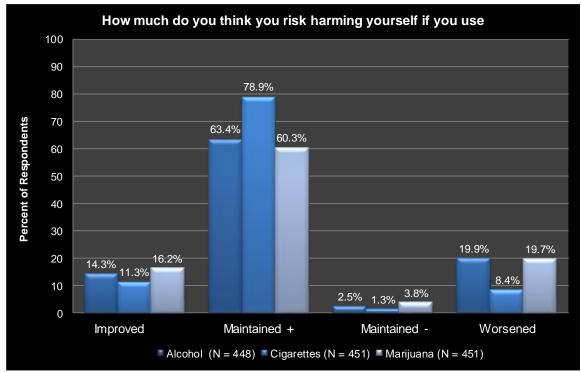


Figure 7. Change in Perceived Risk of Harm: LifeSkills Training

LifeSkills Training participants' positive perceived risk outcomes are as follows: Alcohol – 77.7%; Cigarettes – 90.3%; and Marijuana – 76.5%.

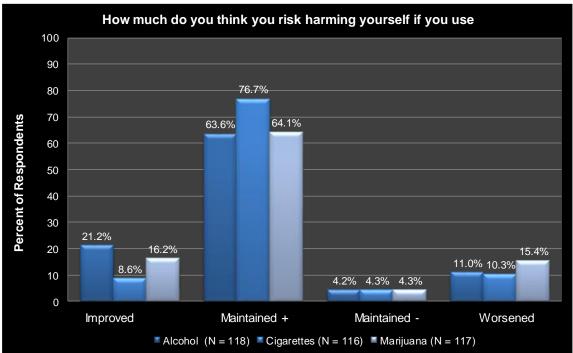


Figure 8. Change of Perceived Risk of Harm: All Stars

All Stars participants' positive perceived risk outcomes are as follows: Alcohol – 84.8%; Cigarettes – 85.3%; and Marijuana – 80.3%.

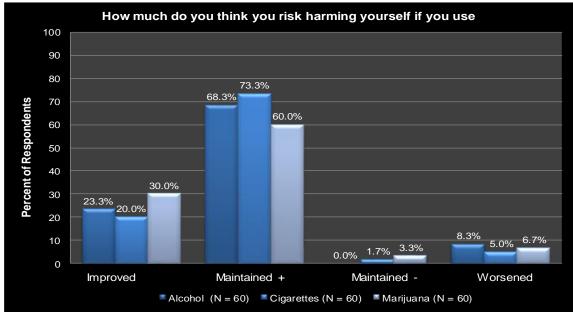


Figure 9. Change of Perceived Risk of Harm: Project ALERT

Project ALERT participants' positive perceived risk outcomes are as follows: Alcohol – 91.7%; Cigarettes – 93.3%; and Marijuana – 90.0%.

CONCLUSION

Attrition appeared low in these programs. Additionally, there was no evidence of differential attrition among any subgroups. Thus, these programs appear well tolerated by youth.

This evaluation of the Youth Development project answers the following questions:

- Has alcohol/cigarettes/marijuana usage changed in the target population?
- Answer: No

There was no statistically significant change in past 30-day use in Youth Development participants as a whole or for the LifeSkills Training, All Stars, and Project ALERT participant groups. However, this means that use of alcohol, cigarettes, and marijuana showed no evidence of increasing as would be expected due to maturation. This suggests that there could be some benefit derived from the programs in deflecting the increases normally seen in adolescents.

- Has the percentage of the target population who indicate positive attitudes at baseline (pre-test) maintained or increased after the intervention (post-test)?
- Answer: Yes, in 78.6% of all participants.

Table 2 below presents positive outcome percentages for attitudes toward alcohol, cigarettes, and marijuana use for all Youth Development participants, LifeSkills Training participants, All Stars participants, and Project ALERT participants. At least 78.6% of participants across all programs maintained or increased positive attitudes regarding substance use (i.e., that alcohol, cigarette, and marijuana use is wrong or very wrong) from pre-test to post-test.

Table 2. Positive Outcome Percentages for Attitudes Toward Substance Use by Participant Group

Positive Outcome Percentages for Attitudes Toward Substance Use						
Participant Group	Alcohol	Cigarettes	Marijuana			
Youth Development Participants	83.7%	90.4%	89.6%			
LifeSkills Training Participants	78.6%	88.3%	88.1%			
All Stars Participants	96.6%	95.8%	96.5%			
Project ALERT Participants	91.7%	95.0%	95.0%			

- Has perceived risk of harm from alcohol/cigarettes/marijuana use maintained a positive response or increased from pre-test to post-test?
- Answer: Yes, in 77% of all participants.

Table 3 presents positive outcome percentages for perceived risk of harm from use of alcohol, cigarettes, and marijuana for all Youth Development participants, LifeSkills Training Participants, All Stars participants, and Project ALERT participants. More than 77% of participants in all groups maintained or increased positive responses regarding perception of risk of harm from substance use (i.e., that using alcohol, cigarettes, or marijuana posed moderate to great risk of harm). In all groups, the percentage of students believing regular cigarette use and alcohol use pose risk of harm is higher than the percentage believing marijuana use poses risk of harm.

Table 3. Positive Outcome Percentages for Perceived Risk of Harm from Substance Use by Participant Group

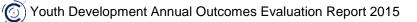
Positive Outcome Percentages for Perceived Risk of Harm from Substance Use						
Participant Group	Alcohol	Cigarettes	Marijuana			
Youth Development Participants	81.2%	90.2%	78.8%			
LifeSkills Training Participants	77.7%	90.3%	76.5%			
All Stars Participants	84.8%	85.3%	80.3%			
Project ALERT Participants	91.7%	93.3%	90.0%			

APPENDIX A

Evidence Based Programs by Organization

The following figure breaks down the Evidence Based Practice used by each organization.

Area Substance Abuse Council	Substance Abuse Treatment Unit of Central Iowa	Garner-Hayfield Community School District	Mason City Youth Task Force
All Stars	LifeSkills Training	All Stars	Positive Action
Henry County Extension	Promise Partners	United Action for Youth	Kossuth Connections
Project ALERT,			



APPENDIX B

Youth Development Survey

YOUTH DEVELOPMENT SURVEY							
Administrative Section							
<i>1.a. Is this a pre-test or a post-test?</i>	Pre-test Post-test						
<i>b.</i> What program year is this survey for? (For single-year programs, circle "1".)	1 2 3 4 5						
2. What month is it?							
<i>3. What day of the month is it?</i>							
<i>4. What year is it?</i>	20						
5. What is your agency?							
6. What is the prevention program?							
7. How long is this program running for this group (in weeks)?	Weeks						
<i>8. What is this program's <u>curriculum</u> level?</i>	Elementary Curriculum						
[Please select the school level that the curriculum being taught to this student is designed for, regardless of what grade this student is in school.]	Middle School Curriculum						

	High School Curriculum			
9. What is the location of implementation? [Numerical Code]				
<i>10. What IOM population category is this program group?</i>	Universa	alSel	ectiveIndicated	
L	Demographics	;		
<i>11. What is your current age?</i>	8 or younger 9 10 11	12 13 14 15	16 17 18 19 or older	
12. What grade are you in?	5 th 6 th 7 th	8 th 9 th 10 th	11 th 12 th Adult/Not in School	
<i>13. Are you a male (boy) or a female (girl)?</i>	Male (Boy)	Female (Girl)	
14. Are you Hispanic or Latino?	Yes No			

		White					
	<i>L</i>	Black/African American	1				
	/	American Indian/Alaska	a Native				
<i>15. Which of the following best describes you? (please choose one)</i>	/ /	Asian Native Hawaiian/Other Pacific Islander					
	\$	Some other race					
	/	More than one race					
My Beliefs and Attitudes							
How wrong do <u>you</u> think it is for someone your age to:							
16. Drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?							
Very wrong V	Wrong _	A little wrong	Not wrong at all				
17. Smoke cigarettes?							
Very wrong V	Vrong _	A little wrong	Not wrong at all				
18. Smoke marijuana?							
Very wrong Wr	rong	A little wrong	Not wrong at all				
19. Use any illegal drug other than alcol	hol, cigarett	es, or marijuana?					
Very wrong Wr	rong	A little wrong	Not wrong at all				
20. Use prescription drugs that were not prescribed for you, or in a way other than the directions?							
Very wrong Wr	rong	A little wrong	Not wrong at all				
21. Use over the counter medications dif	ferent from	the directions?					
Very wrong Wr	rong	A little wrong	Not wrong at all				
How much do you think you risk harming yourself (physically or otherwise) if you:							

22. Drink 3 or more drinks (glasses, cans or bottles of beer; glasses of wine, liquor or mixed drinks) of alcohol nearly every day?							
No risk Slight risk	Moderate risk	Great risk					
23. Smoke cigarettes every day?							
No risk Slight risk	Moderate risk	Great risk					
24. Smoke marijuana once a week?							
No risk Slight risk	Moderate risk	Great risk					
How much do you think you risk harming yourself (physically or otherwise)if you:(This section is continued from the previous page.)							
25. Use any other illegal drug (other than alcohol, cigar	rettes, or marijuana)	once a week?					
No risk Slight risk	Moderate risk	Great risk					
26. Use medication prescribed for someone else?							
No risk Slight risk	Moderate risk	Great risk					
27. Use over the counter medications different from the directions?							
No risk Slight risk	Moderate risk	Great risk					
My Experiences							
(For the <u>Pre</u> -Test) In the <u>past 30 days</u> , have you:							
(For the <u>Post</u> -Test) In the past 30 days, or since you started the program – whichever is a shorter time – have you:							
28. Had at least one drink of alcohol (glass, bottle or can of beer; glass of wine, liquor or mixed drink)?	Yes	No					
29. Had 5 or more drinks of alcohol (glasses, bottles or cans of beer; glasses of wine, liquor, mixed drinks) in a row, that is within a couple of hours?	Yes	No					

31. Smoked cigars?	Yes	No
<i>32. Used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco)?</i>	Yes	No
33. Used marijuana (pot, grass, hash, bud, weed)?	Yes	No
<i>34. Taken any <u>other</u> illegal drug (like cocaine, methamphetamines, barbiturates, heroin, hallucinogens) without a doctor's prescription?</i>	Yes	No
<i>35. Used prescription medications that were not prescribed for you by your doctor?</i>	Yes	No
<i>36. Used over the counter medications different from the directions?</i>	Yes	No
During the past 12 months, have you:		
<i>37.</i> Talked with at least one of your parents about the dangers of tobacco, alcohol, or drug use? By parents, we mean your biological parents, adoptive parents, stepparents, or adult guardians, whether or not they live with you.	Yes	No

