

PREGNANCY PREVENTION INTERVENTION IMPLEMENTATION REPORT

Program Name: *Raising Healthy Children*

Developers:

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Program Description and Overview

The *Raising Healthy Children* program is a social development approach to positive youth development. The approach incorporates school, family and individual programs to promote key elements that research has shown are critical for creating strong connections and bonds that children need to succeed in school and life; opportunities, skills, and recognition. The program creates strong connections in students' lives by committing to comprehensive school wide action to strengthen instructional practices and family involvement.

1. Affect the entire social environment of the student, classroom, family, and peers.
2. Develop a broad base of support and teamwork.
3. Bring results that are long lasting.

Program Overview:

This model is a multiyear, school-based youth development program that seeks to reduce childhood risk factors for school failure, drug abuse, and delinquency. Targeted risk factors include children's bonding with their families and schools, academic achievement, interpersonal problem-solving skills, refusal skills, and positive classroom behaviors.

- Component 1: Interpersonal Problem Solving Curriculum
- Component 2: Refusal-Skills Training Curriculum
- Component 3: Catch 'Em Being Good Curriculum
- Component 4: How to Help Your Child Succeed in School Curriculum
- Component 5: Guiding Good Choices
- Component 6: Training on Instructional Strategies and Classroom Behavior Management

Core Components

Content Components

School Program Components

- *School-wide implementation teams* to manage the adoption of expectations and discipline strategies for the classroom, playground, lunchroom, and hallways.
- *Social, Cognitive and Emotional Learning*--provides workshops for teachers on strategies that:
 - Conduct direct instruction and reinforcement of social and emotional skills
 - Reinforce and recognize social skills usage in the classroom
 - Encourage problem-solving with students, with teacher facilitating when necessary
 - Assist students with identifying feelings and emotions
 - Plan to provide opportunities for students to practice social skills in the classroom

Family Support Program Components

- *Raising Healthy Children* (five sessions) K-2nd grade families
 - Observing and pointing out desirable and undesirable child behaviors
 - Teaching expectations for behavior
 - Providing consistent reinforcement for desired behavior
 - Providing consistent and moderate consequences for misbehavior
- *Supporting School Success*[™] (five sessions) 3-6th grade
 - Initiating conversations with teachers about children's learning
 - Helping children develop math and reading skills

- Creating a home environment to support learning
- *Guiding Good Choices*™ (five sessions) 4th–6th grade
 - Establishing a family policy on drugs
 - Practicing refusal skills with children
 - Using self-control skills to reduce family conflict
 - Creating opportunities for children to contribute to the family
- *Family support enhancement*. Additional support to families to help them support their child’s academic success.

Peer Program Components

- Refusal skills
- Social and emotional skill development
- Interpersonal problem-solving skills
- Listening
- Conflict resolution
- Recognizing feelings
- Consequential thinking

Pedagogy Components

Creating the Learning Environment

Classroom management strategies—provides workshops for teachers on strategies that:

- Establish consistent expectations for behavioral and routines at the beginning of the school year give clear explicit instructions for behavior
- Give clear, explicit instructions for behavior
- Recognize desirable behavior and efforts to comply
- Keep classroom disruptions from interrupting instruction
- Reduce “dead time” and keep students actively engaged

Facilitating the Learning Activities

Instructional Strategies--provides workshops for teachers on strategies that:

- Assess and activate foundation knowledge before teaching
- Teach to explicit learning objectives
- Engage students during direct instruction
- Model new skills effectively
- Execute guided practice
- Manage independent practice
- Provide feedback and praise

Implementation Components

- Theme/Messages
 - *Raising Health Children* focuses on creating a caring community of learners through a comprehensive school wide action to strengthen instructional practices and family involvement.
- Implementation Schedule
 - School wide model
 - Implemented via 3 implementation guides over a 3-year period, including family and student components
- Program Leaders
 - Students
 - School staff
 - Family

Target Population

Target population evaluated

- 18 elementary schools

- School wide model

Potential additional target populations noted by developers

- Middle school grades 7th – 8th
- High school grades 9th – 12th

Program Setting

Program setting evaluated

- Elementary school youth in grades K - 6
- School-wide setting
- Involves all school staff

Potential additional program settings noted by developers

- None identified

Program Duration

- Traditional school year – 9 months

Curriculum Materials

Curriculum materials are available at <http://www.sdr.org/rhcsurvey.asp#3>.

Adaptations

Basic allowable adaptations

- None identified

Program Focus

Raising Healthy Children focuses on youth development.

Research Evidence

Study Citations:

Hawkins, J. D., Catalano, R. F., Kosterman, R., Abbott, R., & Hill, K. G. (1999). Preventing adolescent health-risk behaviors by strengthening protection during childhood. *Archives of Pediatrics & Adolescent Medicine, 153*(3), 226-234.

Lonczak, H. S., Abbott, R. D., Hawkins, J. D., Kosterman, R., & Catalano, R. F. (2002). Effects of the Seattle Social Development Project on sexual behavior, pregnancy, birth, and sexually transmitted disease outcomes by age 21 years. *Archives of Pediatrics & Adolescent Medicine, 156*(5), 438.

Hawkins, J. D., Kosterman, R., Catalano, R. F., Hill, K. G., & Abbott, R. D. (2008). Effects of Social Development Intervention in Childhood 15 Years Later. *Archives of Pediatrics & Adolescent Medicine, 162*(12), 1133-1141.

Study Setting:

Eighteen public elementary schools in Seattle, Washington

Study Sample: 376 students who enrolled in the evaluation as elementary school students

- 46% white, 26% African American, 26% Asian American, 6% Native American
- 53% female and 47% male

Setting Design: Quasi-experimental design. The study compared 156 students from elementary schools that implemented the programs in grades 1 through 6 with 220 students from elementary schools that did not have the program. Surveys were administered before the program started and at long-term follow ups conducted when the sample members were 18, 21, 24, and 27 years old.

Study Rating: The study met the review criteria for a **moderate** study rating. It did not meet the criteria for a high study rating because students were not assigned to the intervention and comparison groups at random.

Study Findings: When the study participants were 18 years old:

- Participants in the intervention were significantly less likely to report ever having had sexual intercourse and reported significantly fewer lifetime sexual partners.
- The study found no statistically significant program impacts on lifetime pregnancy or births.
- The study also examined program impacts on measures of substance use, criminal involvement, and school outcomes. These outcomes were not considered for the review because they fell outside the scope of the review.

When the study participants were 21 years old:

- Participants in the intervention reported a significantly higher age at first intercourse and significantly fewer lifetime sexual partners. Female participants were significantly less likely to report a lifetime pregnancy or birth.
- The study found no statistically significant program impacts on frequency of condom use, condom use at first intercourse, STD diagnoses, or causing a pregnancy (for males).

When the study participants were 24 years old:

- Participants in the intervention were significantly less likely to report having ever been diagnosed with an STD.
- The study found no statistically significant program impacts on lifetime number of sexual partners, number of sexual partners in the past year, condom use, pregnancy, or births.
- The study also examined program impacts on measures of substance use, criminal activity, mental health, socioeconomic status, employment outcomes, community involvement, and civic engagement. Findings for these outcomes were not considered for the review because they fell outside the scope of the review.

When the study participants were 27 years old:

- Participants in the intervention were significantly less likely to report having ever been diagnosed with an STD.
- The study found no statistically significant program impacts on lifetime number of sexual partners, number of sexual partners in the past year, condom use, pregnancy, or births.
- The study also examined program impacts on measures of substance use, criminal activity, mental health, socioeconomic status, employment outcomes, community involvement, and civic engagement. Findings for these outcomes were not considered for the review because they fell outside the scope of the review.

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