



Healthy Families Healthy Youth Year 3 - Final Report

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Executive Summary

The Healthy Families Healthy Youth (HFHY) Program has been implemented since the Spring of 2016, and has now completed its third year. The program was initially developed in 2016 by the Arizona Governor's Office of Youth, Faith and Family (GOYFF) in collaboration with substance abuse professionals in Arizona. Adaptations to the program have been made over time to reflect the changing drug trends in Arizona, and to respond to the feedback of participants and coordinators. Since the program's inception, the Southwest Interdisciplinary Research Center (SIRC) Office of Evaluation and Partner Contracts was contracted as a third party to evaluate the program.

As a developmental point for youth, 7th grade is a critical time for interventions related to substance use. The program was designed for 7th grade students and their parents to aid in their communication about the avoidance of drugs and alcohol. The program has multiple goals including: increasing knowledge of the effects of drug use, improving youth and parent(s)/caregiver(s) communication about substance use, and increasing awareness of current drug trends. Research has shown that these points of intervention are all critical protective factors for the initiation of substance use. The culminating experience of the program is the development of a prevention plan to help aid youth in the avoidance of drugs and alcohol in the coming year. For Year 3, the implementation timeline was shifted and the program was implemented in the spring.

This was an absolutely beneficial program. Can't thank you enough.



Family prevention planning at Eloy Junior High School

Year 3 of the HFHY Program maintained the same format as previous iterations. The program itself was designed to be delivered over the course of two and a half hours, and was implemented outside of regular school hours. The first portion of the program was an introductory session delivered by a school administrator to both adults and youth. The youth and adults were then divided into separate sessions where they were provided information about drugs and

avoidance strategies as well as conversation prompts to help initiate a dialogue. After these separate sessions, youth and adults were brought back together to share a meal and work through some of the conversation prompts. It was during this meal that families developed their family prevention plans.

Participants:

There were a total of 617 adults and 615 youth who completed the pre-survey, and 590 adults and 588 youth who completed the post-survey with a total of 575 adults and 566 youth with matched pre and post-surveys. Ultimately, 106 adults and 105 youth completed the follow-up survey several months later. There were 104 adults and 100 youth with matched pre and follow-up surveys. This final report summarizes the outcomes from adults and youth with matched pre and post-surveys, as well as those adults and youth with matched pre, post and follow-up surveys.

Findings:

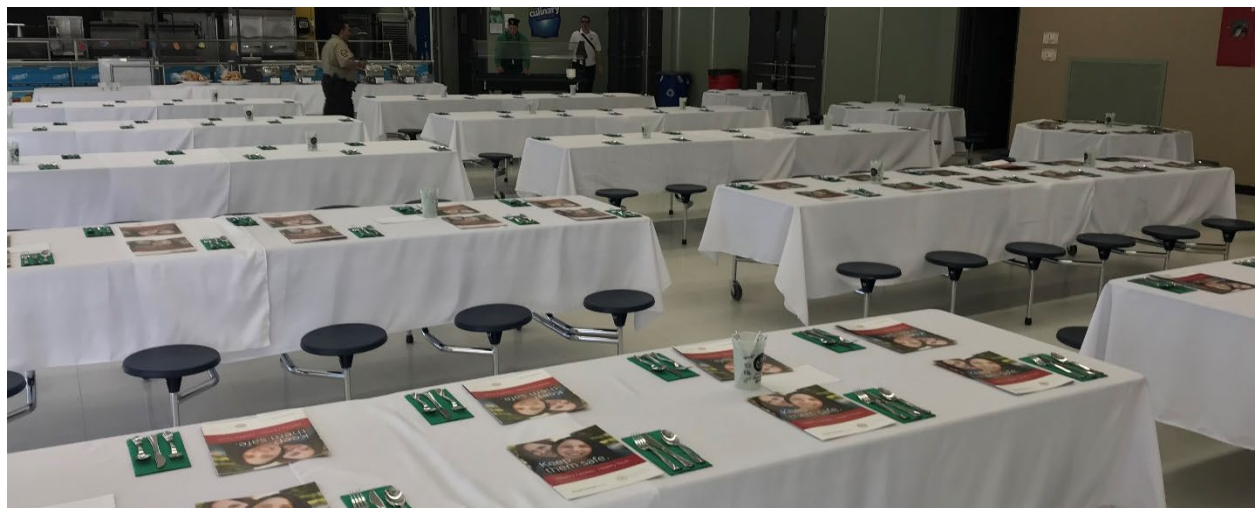
There were multiple positive outcomes for youth and adults immediately following the completion of the HFHY Program. Both adults and youth experienced increases in various dimensions related to substance use communication and drug perceptions. Weeks after taking part in the HFHY Program, adults maintained several of the improvements they experienced from participating in the program. The results for youth were more mixed, but they still experienced improvements in multiple dimensions from pre to follow-up survey time points.

I learned more about the drugs and ways our youth use them. The program allowed my child & I to talk more freely & open about drugs/alcohol. I also learned about quite a few things from my child just talking about things.

Adults	
Immediate Outcomes	Longer-Term Outcomes
<ul style="list-style-type: none"> Increased familiarity with pressure points and two-way conversations 	<ul style="list-style-type: none"> Maintained high levels of familiarity with pressure points and two-way conversations
<ul style="list-style-type: none"> Experienced improvements in dimensions related to program influence, including a 19.3% increase in those families with a plan to avoid drugs and alcohol 	<ul style="list-style-type: none"> Experienced significant improvements in constructs related to program influence, including those with a family plan to avoid drugs and alcohol
<ul style="list-style-type: none"> Increase in the perceived danger of various substance use behaviors for youth 	<ul style="list-style-type: none"> Improved communication about substances, with 100% of participants indicating they have warned their youth about substance use
<ul style="list-style-type: none"> Reported high levels of satisfaction with participation in the program 	<ul style="list-style-type: none"> Demonstrated positive changes in perceived substance use risk for youth, family norms and frequency of substance use conversations

Youth	
Immediate Outcomes	Longer-Term Outcomes
<ul style="list-style-type: none"> Increased familiarity with pressure points, and knowledge about youth susceptibility to addiction Experienced improvements in dimensions related to communication about substance use, including a 12.5% increase in those youth who have been asked their thoughts and opinions about substance use Increase in the perceived risk of various substance use behavior including a 17% increase in the number of youth who believe daily drinking is a <i>Great risk</i> Demonstrated high levels of satisfaction with participation in the program 	<ul style="list-style-type: none"> Maintained high levels of familiarity with pressure points and youth susceptibility to addiction Experienced significant improvements in constructs related to communication about substance use, maintained large increases in those youth who were asked their thoughts and opinions about substance use Documented a 26% increase in the number of youth reporting doing fun things with their parents/caregivers Increase in the frequency of substance use conversations, with 26% reporting a conversation in the past week

Two things I learned during this program is that when you are peer pressured, you can just walk, away, say no, etc. Also, I learned that you can listen to music when you're stressed or overwhelmed.



Miami Jr. High Event Set up

Background

The Healthy Families Healthy Youth (HFHY) Program was developed in 2016 by the Arizona Governor's Office of Youth, Faith and Family (GOYFF) in collaboration with substance abuse professionals in the state of Arizona. The program was designed for 7th grade students and their parents with the goals of increasing knowledge of the effects of drug use, improving youth and parent(s)/caregiver(s) family norms, and increasing awareness of current Arizona drug trends. The culminating experience for participants is the development of a family substance use prevention plan which is intended to guide youth throughout the next year. The Southwest Interdisciplinary Research Center (SIRC) Office of Evaluation and Partner of Arizona State University (ASU) has served as the third-party evaluator to measure the effectiveness of the pilot program.

The HFHY Program was initially piloted in one school in each of Arizona's 15 counties, and schools were chosen by the county school superintendents. In Year 1 there were 496 adults and 452 youth who completed post-surveys as a part of the program. Both adults and youth experienced positive outcomes in Year 1, and as such, the continued implementation and expansion of the program was deemed appropriate. It was determined that the program would be expanded in Year 2, and a total of 53 schools were selected for participation in the program. These schools represented 14 Arizona counties (Mohave County chose not to participate in Year 2). In Year 2, there were 1,139 adults and 1,127 youth who completed a pre-survey at the beginning of the program. Once again, participants experienced positive results. The encouraging findings from Year 2 provided additional evidence for program efficacy and built a strong case for the continuation of the program into Year 3.



Event at Rim Country Middle School in Gila County

In the previous years of program implementation, adults and youth both experienced substantial improvements in dimensions related to the program curriculum. Adults and youth both experienced increased familiarity with pressure-points and two-way conversations, critical aspects of the program. Further, adults and youth also reported significant improvements in family norms about substance use and substance use communication. Both adults and youth also reported leaving the HFHY Program with a family prevention plan to help avoid drugs

and alcohol in the coming year. Given the positive outcomes from Years 1 and 2, the program was offered for Year 3. In 2019, the HFHY Program was implemented in 27 schools in Arizona representing ten counties. In the first two years, the program was implemented in the fall, but for 2019 the program was implemented in the spring, and programming continued through the end of April. Similar to the previous years of the HFHY Program, participating schools were selected by county school superintendents. There were 11 new schools participating in Year 3 of the program. Appendix 1 provides a breakdown of all the schools that participated in the program as well as their implementation dates, and Appendix 2 shows the county participation in HFHY Year 3.

Format

The program was designed to take place outside of the regular school day over the course of two and a half hours. It begins with a brief introductory session presented by a school administrator, usually the principal. The introduction is for both youth and adult participants. Following the introduction, adults and youth are divided into separate sessions. During these separate group sessions, adults and youth are given information about drug use and avoidance strategies, as well as conversation prompts to help initiate dialogue later in the program. After these separate sessions, youth and adults are brought back together to share a meal and discuss topics. During this meal, families develop their family prevention plan.

Modifications

After each successive implementation of the HFHY Program, modifications were made based on the feedback from participants and facilitators. For Year 3 of the HFHY Program, only minor modifications were made to program content. This was to ensure the continued efficacy and relevance of the materials being presented to families across Arizona. The biggest change for Year 3 of the HFHY Program was the implementation schedule. In previous years, the program was implemented in the fall, during August and September. For 2019, due to funding timelines, the program was implemented in the spring. In addition to moving the program into the spring, the timeline was also extended to accommodate school calendars. As a result of the timeline

Table 1: New Schools for Year 3

New Schools	County
Cactus Middle School	Pinal
Freedom Elementary	Maricopa
Liberty Elementary	Maricopa
Patagonia Elementary School	Santa Cruz
Rim Country Middle School	Gila
Pima Jr. High School	Graham
Rainbow Valley Elementary	Maricopa
Red Rock Elementary	Pinal
Safford Middle School	Graham
Sequoia Village School	Navajo
St. David Elementary School	Cochise

expansion, events took place through the end of April. The first event took place on 2/11/2019 and the final two events were completed on 4/30/2019. A list of all the schools and their implementation dates are shown in the appendix.

Further, the timeline for the distribution of the follow-up survey was amended to accommodate the new timeline. Ideally, the follow-up survey would be administered three months, or 90 days, after program completion. The challenges of the project timeline, however, shortened this timeframe for many of the schools participating in the program. Follow-up surveys were therefore distributed in May of 2019 for all the participating schools. The intent was to minimize participant attrition, and to account for the summer holiday break which would have made the distribution of the surveys extremely difficult, and potentially reduce the response rate. Though the timeline was shortened for the follow-up survey, the data gathered from the delayed follow-up survey still allow the measurement of the long-term effectiveness of the program.



Sample incentives for HFHY Program

Methodology

Since the program's pilot in 2016, SIRC has been responsible for the evaluation of the HFHY Program. In Year 1 of the program, the evaluation consisted of two surveys, one taken after the program to measure satisfaction, and one completed three months later to gauge programmatic impact. Recognizing the importance of implementing evidence-based programming, the GOYFF has maintained a long-term goal of having the HFHY Program recognized as an Evidence-Based or Evidence-Informed program. In pursuit of this goal, Year 2 of the program featured a substantially more rigorous evaluation. The same evaluation procedures were utilized for Year 3. In both Years 2 and 3, youth and adults were asked to complete three surveys. The first two surveys were completed on the night of the program (pre and post), and the third follow-up survey completed several weeks after the program event.

Given the positive outcomes from the previous two cycles of the HFHY Program, the program was included on the list of approved programs to be used across the state.

Family Packets

Immediately upon arriving at the HFHY Program, families were given a Family Survey Packet which contained multiple surveys and instructions. The packet contained the pre-surveys, post-surveys, and follow-up surveys for both youth and adults. The Family Survey Packet also contained the adult information letters, youth assent letters, follow-up survey instructions, and pre-paid return envelope for the follow-up surveys. Each item in the Family Survey Packet was also color coded to simplify

instructions and survey collection. Once families received their packets they were asked to write the name and address of the parents on the front label of the envelope to facilitate in the distribution of the follow-up surveys three months after the completion of the program.



Consent Process

Year 3 utilized the same consent process as Year 2. In accordance with the standards set by the ASU Institutional Review Board, all required assent, consent, and permission forms were collected from participants. The consent and survey administration were led by Collaborative Institutional Training Initiative (CITI) Certified ASU-SIRC staff. During the introduction portion of the HFHY Program, when adults and youth were together, parents were instructed to open the Family Survey Packet and review the Adult Consent and Permission Letter. This letter provided parent(s)/guardian(s) with more information about the program, and had two places to sign. The first signature granted consent for the adult to take part in all three surveys, and the second signature was for the parent(s)/guardian(s) to grant permission for their youth to take part in all three surveys. Further, at no point during the survey administration would surveys be given directly to youth; it was the responsibility of the parent(s)/guardian(s) to give the surveys to their youth if they wished. Surveys would only be accepted from those individuals who had signed the Adult Consent and Permission Letter.

After signing the Adult Consent and Permission Letter, adults would give their youth the Youth Pre-survey, and proceed to complete the Adult Pre-survey. Youth who were given the Youth Pre-survey were then asked to read the Youth Pre-survey Information Letter, the first page of the survey. By continuing with the survey, youth were giving their assent to participate in the survey.

Having already consented to take all three surveys by signing the Adult Consent and Permission Letter, for the proceeding Adult Post and Follow-up Surveys, adults were provided information letters for each surveys. These letters once again provided background to the project and indicated that by continuing with the survey, adults were once again giving their consent to participate.

Instruments

The survey instruments utilized for the HFHY Program have been refined over the three years of the program. The post and follow-up surveys utilized in Year 1 were shorter and were designed to measure satisfaction and the impact of the program. In an effort to increase the rigor and build the body of evidence for having the program recognized as Evidence-Based/Evidence-Informed, a more comprehensive survey instrument was used in Years 2 and 3. The surveys for years 2 and 3 included validated scales that aligned closely with programmatic objectives.

These scales came from a variety of sources including the Arizona Youth Survey, a biannual survey for 8th, 10th and 12th graders. Other scales were incorporated from the existing academic literature on substance use prevention. Only minor changes to the previously validated scales were made to ensure the relevance of each question. Further, each scale used on the HFHY survey instruments was retested in Year 2 to ensure the construct validity. For both youth and adults, many of the survey questions were shared across all three surveys. The purpose was to gain a better understanding of the impact of the program over time.

After receiving feedback from coordinators and facilitators, extra efforts were made to shorten and simplify the surveys in Year 3. There are a total of eight surveys associated with the HFHY Program, and SIRC team members reviewed each question on every survey to ensure relevance. Reviewers revisited the findings from Year 2 and eliminated multiple questions where participants had nearly universal agreement prior to participation in the program. The research team also went to great lengths to affirm that the questions were phrased in concise and simple language. For Year 3, only minor changes were made to the survey instructions for the pre, post

ASU Southwest Interdisciplinary Research Center

ADULT INFORMATION LETTER - Healthy Families Healthy Youth Program, Pre-Survey

Dear Parents,

I am Dr. Wendy Wolfensteg with the Southwest Interdisciplinary Research Center at Arizona State University. I am doing a research study to learn your opinions and see how the Healthy Families Healthy Youth Program can be improved.

You and your child are invited to participate in the study and take three surveys. Tonight there will be a pre-survey before the program and a post-survey after the program, then in three months there will be a follow-up survey. Each survey will take 10-15 minutes to complete. You and your child's participation in the surveys is voluntary. You and your child may decide not to participate at any time. You may also remove yourself or your child from the surveys at any time; there will be no penalty. Also, if your child chooses not to participate or to withdraw from the surveys, there will be no penalty, and they can still participate in the program.

We can't promise any benefits to you or your child for participating in the surveys. However, what you tell us will help make the program better for families in Arizona. We will take several steps to protect you and your child's privacy. We will not collect you or your child's name on the surveys. No one will be able to connect you or your child's name to your responses. All data will be stored anonymously. Only people working on this project will have access to the collected data. Answers on the surveys will be anonymous. The results of this study may be used in reports, presentations, or publications but you and your child's name will not be known.

If you have any questions concerning the research study or your child's participation in this study, please call me at (602) 496-1086.

Sincerely,

Wendy Wolfensteg

By signing here you agree to take all three surveys

Print Your Name: _____ Date: _____

Signature: _____

By signing here you are giving permission for your child to take all three surveys:

Print Child's Name: _____ Print Your Name: _____

Signature: _____ Date: _____

If you have any questions about you or your child's participation in this research, or if you feel you or your child have been placed at risk, you can contact the Chair of the Human Subjects Institutional Review Board with the Office of Research Integrity and Assurance, at (480) 965-6788.

ASU IRB # 21-0100004001 | Approval Period 07/2019 - 07/2021

Documents in Family Survey Packets

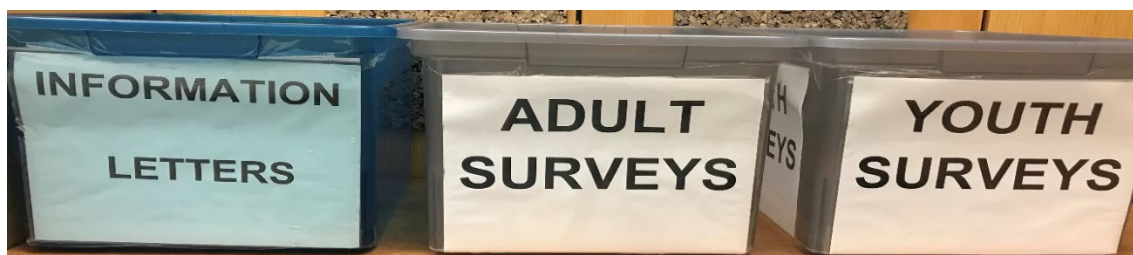
and follow-up surveys. The instructions and surveys were designed to take roughly 15 minutes to complete to provide ample time for administering the program. Though survey completion still took approximately the same amount of time in Year 3, the revisions enabled a smoother survey process.

Ultimately, the HFHY surveys consisted of 12-19 questions, and all of the surveys (pre, post and follow-up) had similar formats for both adults and youth. The first set of questions were knowledge based, and were meant to capture familiarity with various concepts that were to be taught during the HFHY Program. After the knowledge questions, there were a series of questions directly related to attitudes and behaviors, and indirectly related to drug and alcohol use. Next, adults and youth were asked multiple open-ended questions which provided participants the opportunity to provide more in-depth feedback about the program. Finally, on the pre-surveys, participants were asked a series of demographic questions related to race, ethnicity, gender and age. Demographic data were not collected on any subsequent surveys as the responses could be linked based on the unique survey code, modified from existing validated scales.

Distribution

All adult and youth survey materials were distributed in the Family Survey Packet when families arrived the night of the event. At the beginning of the program adults were given detailed instructions on how to complete the surveys. All survey instructions were delivered by SIRC staff. The survey distribution procedures were unchanged in Years 2 and 3.

Prior to completing any surveys, parents completed Adult Consent and Permission Letters. These were collected separately from the pre-surveys to maintain anonymity and ensure adult consent/permission. After that, adults and youth were requested to complete the pre-surveys. These surveys were then collected by SIRC staff. Families then began the program. Immediately upon completion of the program, adults and youth were requested to complete post-surveys. As families turned in their post-surveys, they also returned their Family Survey Packets, which contained all the remaining materials for the follow-up survey. All surveys completed on the event night were turned into the survey tubs and collected by the ASU research team.



Survey Tubs used at HFHY Events

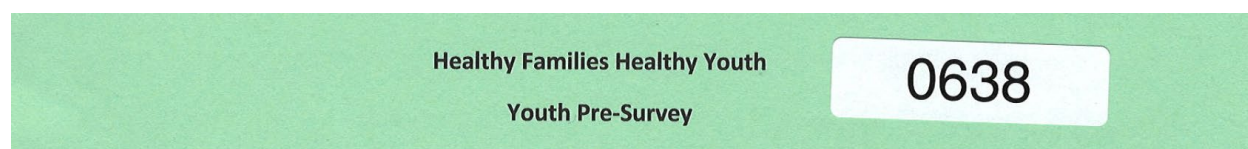
The Family Survey Packets were left with the schools for dissemination of follow-up materials. SIRC researchers informed the families that the completed surveys were taken to ASU and stored in a double-locked storage cabinet while the Family Packets remained at the school.

The distribution of Family Survey Packets, which contained the follow-up materials, occurred at the discretion of each school's Data Coordinator. SIRC and GOYFF provided some guidance on

distribution methods and timing, and sent multiple reminders to the Data Coordinators. Some chose to send the materials with students, while others decided to mail the packets directly to families. Detailed instructions on how to complete the Youth and Adult Follow-up Surveys were included in the survey packets. Participants were instructed to place completed surveys in the postage-paid envelope, pre-addressed to SIRC.

Survey Matching

When previously designing the HFHY evaluation, it was determined that matching the pre, post and follow-up surveys was critical. By matching the surveys, it would facilitate comparisons over time and enable more powerful statistical analyses. In order to facilitate survey matching, each survey in the Family Survey Packet was given a unique Family ID prior to distribution. The family ID made it possible to match the surveys across the three waves of data collection.



Response Rate

There were a total of 617 adults and 615 youth who completed the pre-survey. Although researchers from SIRC took efforts to ensure every individual who took part in the pre-survey also completed the post-survey, some families left the program early, resulting in a small amount of attrition from pre to post. There were 590 adults and 588 youth who completed the post-survey. Ultimately there were 106 adults and 105 youth who completed the follow-up survey several weeks later.

Using a unique Survey ID code attached to each survey, the pre and post-surveys were matched. For analysis, there were 575 adults and 566 youth with matched pre and post-surveys. This accounts for a 93.2% response rate for adults and a 92.0% response rate for youth.

As previously discussed, three months after completing the program, families were requested to take part in the follow-up survey. Using the unique Survey ID code attached to each survey, the pre, post and follow-up surveys were matched. As might be expected, there was a substantial attrition rate from the pre to follow-up. There were 104 adults and 100 youth who had matched responses on all three surveys. This equates to a 17.0% response rate for adults and a 16.3% response rate for youth.

This final report summarizes the outcomes from 575 adults with matched pre and post-surveys and the 104 adults with matched pre and follow-up surveys. For youth, the outcomes are for 566 youth matched pre and post-surveys and the 100 youth matched pre and follow-up surveys.

Analysis Plan

There was a substantial amount of data collected as a part of the adult and youth pre, post and follow-up surveys. As a result, an analysis plan was developed to ensure the most comprehensive assessment of the program.

Given the extended timeline of the HFHY Program, the initial findings from the HFHY Program were not reported in the Preliminary HFHY Report. For that reason, the Final Evaluation Report highlights these preliminary findings for adults and youth, as well as facilitators and coordinators.

This HFHY Year Three Final Report is a cumulative analysis of all the data collected for the program, including the follow-up survey. As the program implementation timeline was expanded, the analysis for the Year Three Final Report includes data from all three surveys. Additional attention was placed on the pre and follow-up surveys. These analyses are meant to highlight the long-term impact of the program.

The final report also includes an analysis of the open-ended questions asked on the pre, post and follow-up surveys. A thematic analysis was done on these questions to capture salient themes and ideas. Additional analyses were run for program evaluation components on the post and follow-up survey, as well as other stand-alone questions relevant to the program.

Limitations

Although there were numerous positive outcomes from the HFHY Program, there are also several shortcomings which should be considered when examining the data. Self-selection bias is an issue not only relevant to participation in the program, but also to completion of the surveys. Self-selection bias occurs when participation in a program is voluntary, and corresponds to the desired outcome of that program¹. Participation in the HFHY Program was voluntary, and a major objective was to improve communication about drugs and alcohol; it may have attracted participants who were already interested in and knowledgeable about the topic. Additionally, self-selection is also relevant to the individuals who attended the entire program and completed the post-survey, as well as those who completed the follow-up survey.

A further limitation came in regard to the administration of the pre and post program surveys. Given the consent and assent requirements for the survey, adults and youth completed the program next to one another. This proximity may have influenced how some youth, and potentially adults, responded to the surveys.

There was a high level of attrition from pre to follow-up. By losing the input of a high proportion of the participants, generalizability of the findings may be limited. There were no incentives given for the follow-up survey.

¹ Lavrakas, P. J. (2008). *Encyclopedia of survey research methods*. Thousand Oaks, Calif.: SAGE Publications.

Theoretical Framework

The purpose of the Healthy Families Healthy Youth program is to increase communication about substance use between parents and their adolescents by developing a plan to avoid substance use. HFHY was administered after hours, in a school environment to 7th graders and their family. This evaluation coupled with the ecodevelopmental theory provides a foundation for incorporating microsystems and mesosystems into prevention program curricula. The “ecodevelopmental theory is a conceptual model that describes the interconnections among various sources of risk and protection in adolescents’ lives”². The ecodevelopmental theory is comprised of three integrated elements: 1) social-ecological theory, 2) developmental theory, and 3) social interactions³. The social-ecological theory consists of four levels: 1) macrosystem, 2) exosystem, 3) mesosystem, and 4) microsystem. The Healthy Families Healthy Youth Program draws upon the three elements, emphasizing the exosystem, mesosystem, and microsystem.

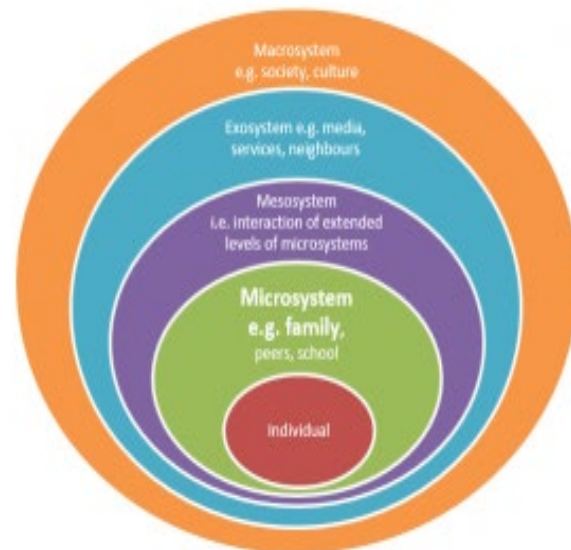


Figure 1: Ecodevelopmental Model

The basis for the conceptual framework of this evaluation was to focus on the ecodevelopmental theory drawing from the microsystem (family, school, and peers), mesosystem (relationship between the different microsystems), and the exosystem (environmental settings). A variety of variables in each microsystem influence an adolescent’s development. However, of the various microsystems, the most influential on adolescent development is the family⁴. In this evaluation, risk and protective factors were examined for substance use with a slight focus on family-school and family-peer relationship (mesosystems) and a primary focus on family (microsystem). The nationally recognized risk and protective factor model and framework was developed by Hawkins, Catalano, and a team of researchers at the University of Washington⁵. That framework is used as the basis for the Communities That Care Survey, upon which the Arizona Youth Survey is based and from which item/factor scales were also used for these surveys.

² Prado, G. J., Schwartz, S. J., Maldonado-Molina, M., Huang, S., Pantin, H. M., Lopez, B., & Szapocznik, J. (2009). Ecodevelopmental x intrapersonal Risk: Substance use and sexual behavior in Hispanic adolescents. *Health Education & Behavior*, 36 (1), 45-61. doi: 10.1177/1090198107311278.

³ Ortega, J., Huang, S., & Prado, G. (2012). Applying ecodevelopmental theory and the theory of reasoned action to understand HIV risk behaviors among Hispanic adolescents. *Hisp Health Care Int*, 10 (1). 42-52. doi: 10.1891/140-412.10.1.42

⁴ Prado, G. J., Schwartz, S. J., Maldonado-Molina, M., Huang, S., Pantin, H. M., Lopez, B., & Szapocznik, J. (2009). Ecodevelopmental x intrapersonal Risk: Substance use and sexual behavior in Hispanic adolescents. *Health Education & Behavior*, 36 (1), 45-61. doi: 10.1177/1090198107311278.

⁵ Hawkins, J. D., Catalano, R. F., and Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1):64–105.

Research shows that presence of strong parent-child relationships in communication result in fewer externalizing behaviors⁶. In a study conducted by Prado et al.³, “the findings suggest that adolescents with high ecodevelopmental risk should be targeted for substance abuse prevention” (p. 57). “Adolescents who initiate substance use tend to select friends who are similar in terms of substance use”⁷. However, parental control, family cohesion, parental monitoring (family-peer) and parental academic (family-school) involvement have been found to decrease the risk of substance use amongst adolescents⁸.

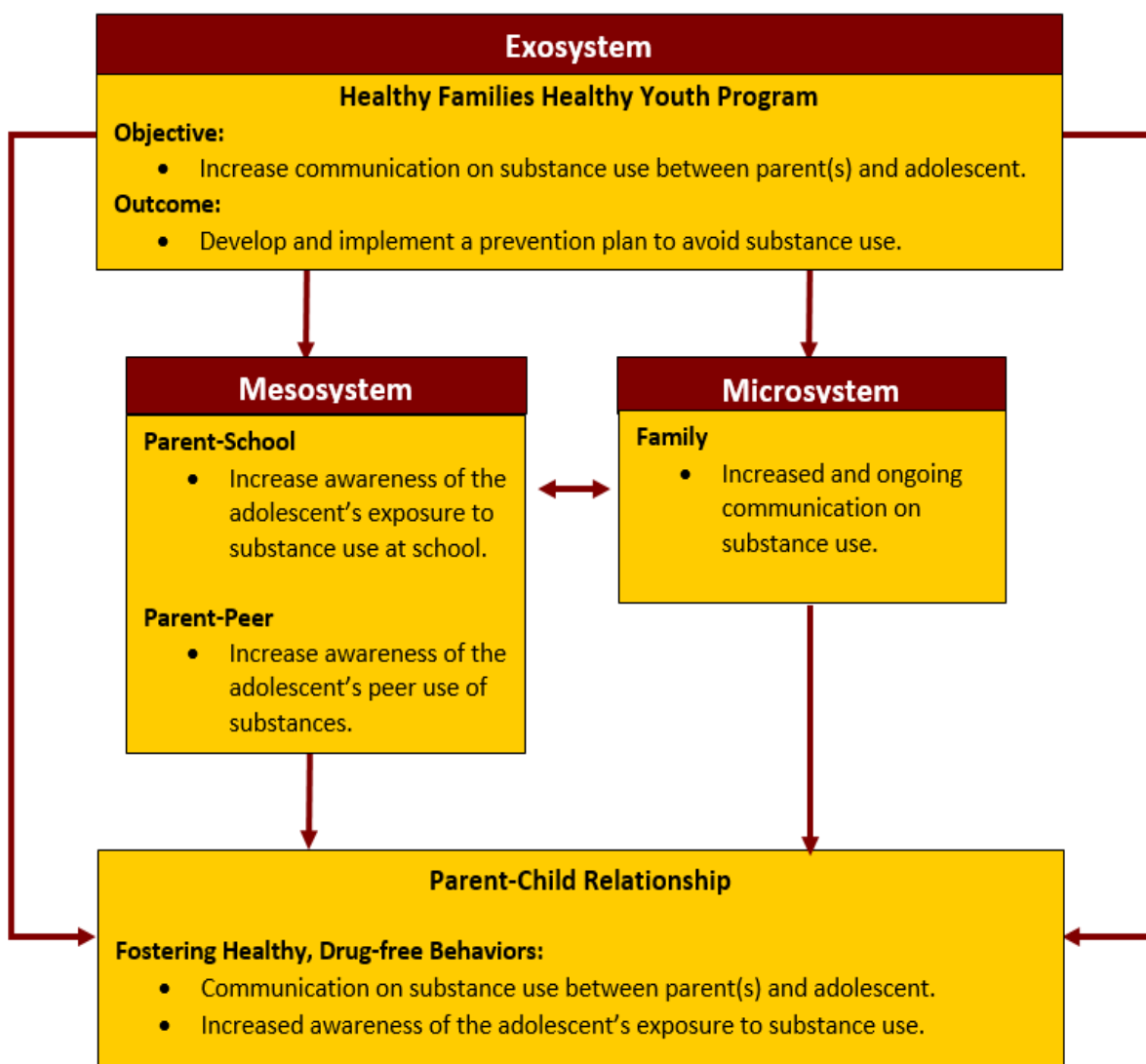


Figure 2: Theoretical Framework

⁶ Davidson, T. M. & Cardemil, E. V. (2009). Parent-child communication and parental involvement in Latino adolescents. *Journal of Early Adolescence*, 29 (1). doi: 10.1177/0272431608324480.

⁷ Kelly, A. B., Chan, G. C.K., Toumbourou, J. W., O'Flaherty, M., Homel, Patton, G. C., & Williams, J. (2012). Very young adolescents and alcohol: Evidence of a unique susceptibility to peer alcohol use. *Addictive Behaviors*, 37, 414-419. doi: 10.1016/j.addbeh.2011.11.038.

⁸ Kopak, A. M., Chia-Chen Chen, A., Haas, S. A., & Gillmore, M. R. (2012). The importance of family factors to protect against substance use related problems among Mexican heritage and White youth. *Drug and Alcohol Dependence*, 124, 34-41. doi: 10.1016/j.drugalcdep.2011.12.004.

Adults

There were 617 adults who took part in the pre-survey for the HFHY Program, with a total of 590 adults with completed post-surveys. Using a unique Survey ID code attached to each survey, the pre and post-surveys were matched for 575 adult pre and post-surveys. The pre-post analyses were conducted using the data from the 575 adults with matched pre and post-surveys.

For follow-up, approximately three months after completing the program, pre and follow-up surveys were matched using a unique Survey ID code attached to each survey. There were 107 adults who completed the follow-up survey, and 104 adults who had matched pre and follow-up surveys. The follow-up analyses were conducted using the data from the 104 adults with matched pre and follow-up surveys.

Demographics

The pre-survey for the HFHY Program included demographic questions about race, gender, ethnicity, and age. It is important to note, the demographics reported hereafter are for all 617 participants who completed the pre-survey. This was done to provide a picture of all those individuals who took part in the program. In addition to the demographics of all participants in the program, the demographics for those individuals who completed the follow-up survey are also reported.

Race

Demographic data were collected on the adult pre-survey. The first demographic question asked participants: *What is your race?* On the pre-survey, there were a total of 540 individuals who answered this question, and there were 92 responses by those individuals with all three surveys matched. Of the 540 individuals who responded to this question on the pre-survey, the majority (75.2%) identified as *White*. The other most commonly identified races were *More than one race* (7.2%) and *Race not known or other* (3.7%). When compared to the state of Arizona, there were lower percentages of *White*, *African American or Black*, *American Indian* and *Asian* participants in the HFHY Program than the general population. The state census does not account for *race not known*, *other* or *prefer not to respond* hence these figures could not be compared.

Looking at those who completed the pre and follow-up survey, this group reported their race as *White* (83.7%), *Race not known or other* (4.3%) and *Native Hawaiian* (1.1%) more frequently than the sample as a whole. Those completing the follow-up also reported being *African American*, *Native Hawaiian*, *Asian*, *American Indian* and *More than one race* less frequently than the initial sample. A detailed breakdown of participant race is displayed in Table 2.

Table 2: Adult race totals for HFHY

Race	Pre Count	Pre Percentage	Matched Surveys Count	Matched Surveys Percentage	State of AZ Estimates ⁹
White	406	65.8%	77	83.7%	82.8%
African American or Black	17	3.1%	2	2.2%	5.1%
Native Hawaiian/Other Pacific Islander	3	0.6%	1	1.1%	.3%
Asian	3	0.6%	0	0.0%	3.7%
American Indian	10	1.9%	0	0.0%	5.3%
More than one race	39	7.2%	5	5.4%	2.9%
Race not known or other	20	3.7%	4	4.3%	N/A
Prefer not to respond	42	7.8%	3	3.3%	N/A
Total	540		92		

Gender

Participants were also asked: *What is your gender?* A total of 575 individuals answered this question on the pre-survey and there were 96 responses by those with pre and follow-up surveys. On the pre-survey, the majority (66.7%) identified as *female*, 25.2% identified as *male*, 1.7% selected *Other identity* (none of those selecting this option specified their identity), and 1.6% shared they *Prefer not to respond*. There were more females completing the follow-up survey (79.2%) identified as *Female*. When compared to the state of Arizona, a higher percentage of females took part in the HFHY Program. A breakdown of participant gender is shown in Table 3.

Table 3: Adult gender totals

Gender	Pre Count	Pre Percentage	Matched Surveys Count	Matched Surveys Percentage	State of AZ Estimates ¹
Male	145	25.2%	17	17.7%	49.7%
Female	411	66.7%	76	79.2%	50.3%
Other identity	10	1.7%	3	3.1%	N/A
Prefer not to respond	9	1.6%	0	0.0%	N/A
Total	575		96		

⁹ <https://www.census.gov/quickfacts/AZ>

Ethnicity

Participants were next asked: *What is your ethnicity?* A total of 558 individuals answered this question on the pre-survey, and there were 95 responses by those with pre and follow-up surveys. Over half of those completing the pre-survey (53.6%) identified as *Hispanic or Latino*. The majority of the remaining participants identified as *Not Hispanic or Latino* (40.0%), or *Ethnicity unknown* (1.4%) and an additional 5.0% indicated they *Prefer not to respond*. When compared to the state of AZ, a higher percentage of *Hispanic or Latino* individuals participated in the HFHY Program than are represented in the population at large. A breakdown of participant ethnicity is shown in Table 4.

Table 4: Adult ethnicity for HFHY

Ethnicity	Pre Count	Pre Percentage	Matched Surveys Count	Matched Surveys Percentage	*State of AZ Estimates ¹⁰
Hispanic or Latino	299	53.6%	60	63.2%	31.6%
Not Hispanic or Latino	223	40.0%	33	34.7%	68.4%
Ethnicity unknown	8	1.4%	1	1.1%	N/A
Prefer not to respond	28	5.0%	1	1.1%	N/A
Total	558		95		

*These estimates are for the entire state of Arizona.

Age

Finally, participants were asked to answer *What is your age?* A total of 573 individuals answered this question on the pre-survey, and there were 98 adults with all three surveys. Of those, the majority (69.7% pre and 73.5% matched surveys) were between the ages of 25 to 44. The next most frequently reported age range was 45 to 64 (26.3% pre and 24.5% matched surveys). A breakdown of participant age is shown in Table 5.

Table 5: Adult age totals

Age	Pre Count	Pre Percentage	Matched Surveys Count	Matched Surveys Percentage
15 to 17	3	.5%		
21 to 24	3	.5%	1	1.0%
25 to 44	405	69.7%	72	73.5%
45 to 64	153	26.3%	24	24.5%
65 and over	9	1.5%	1	1.0%
Total	573		98	

¹⁰ <https://www.census.gov/quickfacts/AZ>

Adult Preliminary Findings

Knowledge

As a part of all three surveys, adults were asked a series of knowledge questions meant to gauge familiarity with various drug prevention strategies. Adults experienced increases on all knowledge questions. Participants had the greatest level of improvement in regard to the concept of Pressure Points, a central concept in the HFHY Program. When asked: *_____ are another name for the stressors a youth experiences*, only 42.1% of participants on the pre-survey were able to identify the correct answer Pressure Points, but by the post-survey 81.9% correctly answered the question. This represents a 39.8% increase from pre to post.

There were improvements from pre to post on all other questions, though the knowledge gains were smaller. The vast majority (99.3%) of adults entered the program with a recognition that parents need to set boundaries for their children, leaving very little room for improvement, though the proportion of correct responses did increase to 99.6%. There were also moderate gains for adults on questions related to parent and children being friends, normality of youth experimentation with drugs and alcohol, and the importance of two-way conversations about drugs and alcohol. Table 6 provides a detailed breakdown for adult knowledge questions from pre to post.

Table 6: Adult change in knowledge from pre to post

Question	Pre (% Correct) N=575	Post (% Correct) N=575	Pre-Post Difference
It is the job of parents/caregivers to set boundaries for their child (True)	99.3%	99.6%	+ .3%
Parents and children should be friends at all times (False)	75.3%	77.9%	+2.6%
It is normal for youth to experiment with drugs and alcohol (False)	85.0%	87.2%	+2.2%
It is important to have a {two way} conversation when discussing drugs and alcohol	87.2%	88.8%	+1.6%
{Pressure points} are another name for the stressors a youth experiences	42.1%	81.9%	+39.8%

Program Impact

Adult HFHY participants were asked a series of questions meant to capture their level of understanding of various dimensions related to youth substance use, communication about substances and perceived agency in preventing youth substance use. These were meant to capture several programmatic objectives. This question utilized a five-point Likert Scale, and participants were asked to rate their level of agreement with a series of questions with answers (1=*Strongly disagree*, 2=*Disagree*, 3=*Neither agree nor disagree*, 4=*Agree*, and 5=*Strongly agree*). For the purposes of this analysis, a positive outcome is a response of 4 or 5 which indicates a participant's agreement.

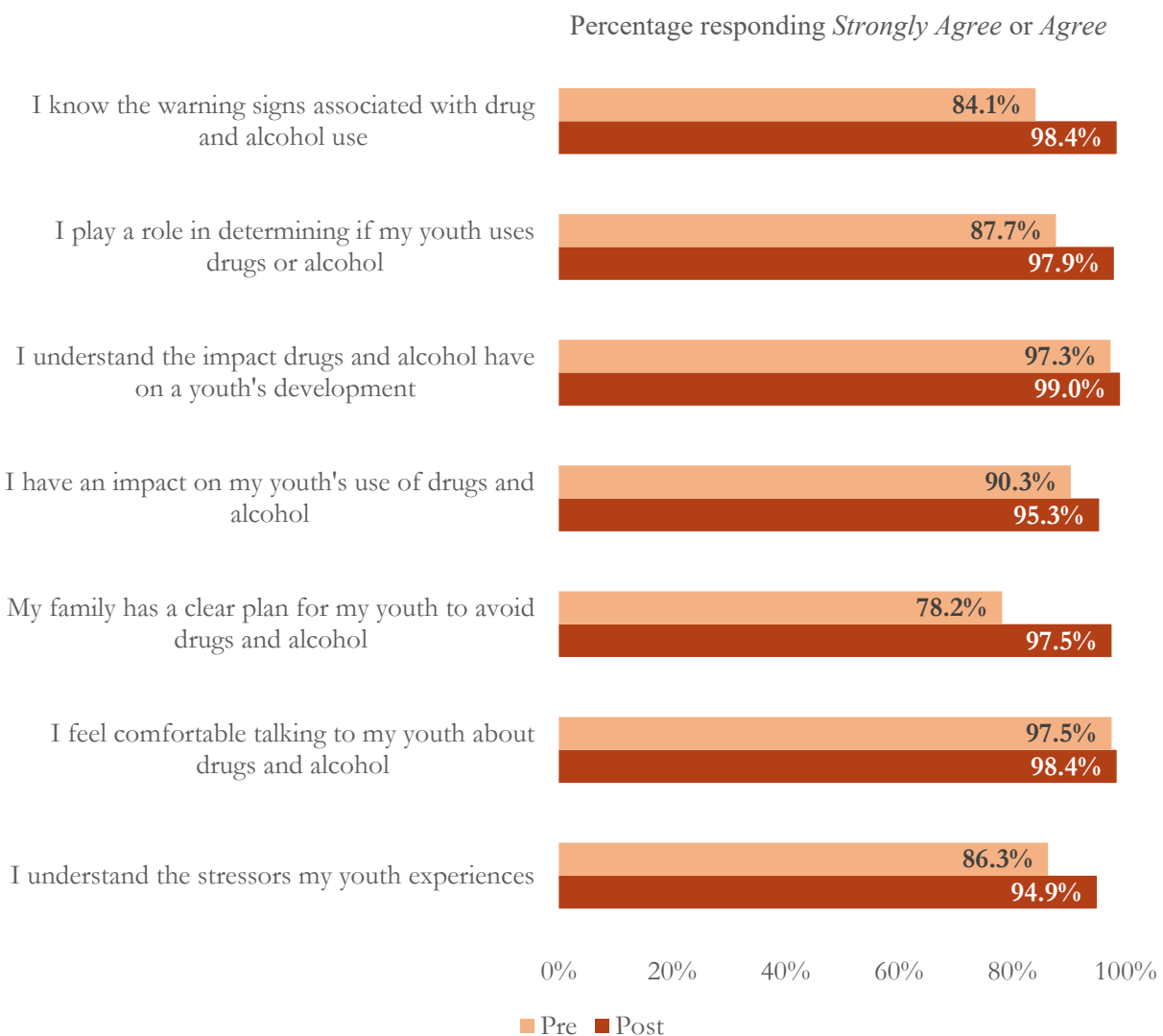


Figure 3: HFHY Program Impact

There were numerous positive outcomes related to programmatic impact of the HFHY Program, and adults experienced improvements on every question related to program impact. One such positive outcome was in regards to having a family plan to avoid drugs and alcohol, and 97.5% of participants indicated they had such a plan. This represents a 19.3% increase from pre to post. Adults also expressed improved knowledge of how to recognize the warning signs associated with substance use (a 14.3% increase). Additionally, by the post-survey, 99% of participants shared they understood the impact drugs and alcohol have on a youth's development. Further, participants also experienced an increased understanding of the stressors currently faced by their youth (an 8.6% increase). Overall these outcomes indicate a positive impact associated with participation in the HFHY Program.

Perceived youth exposure to substances

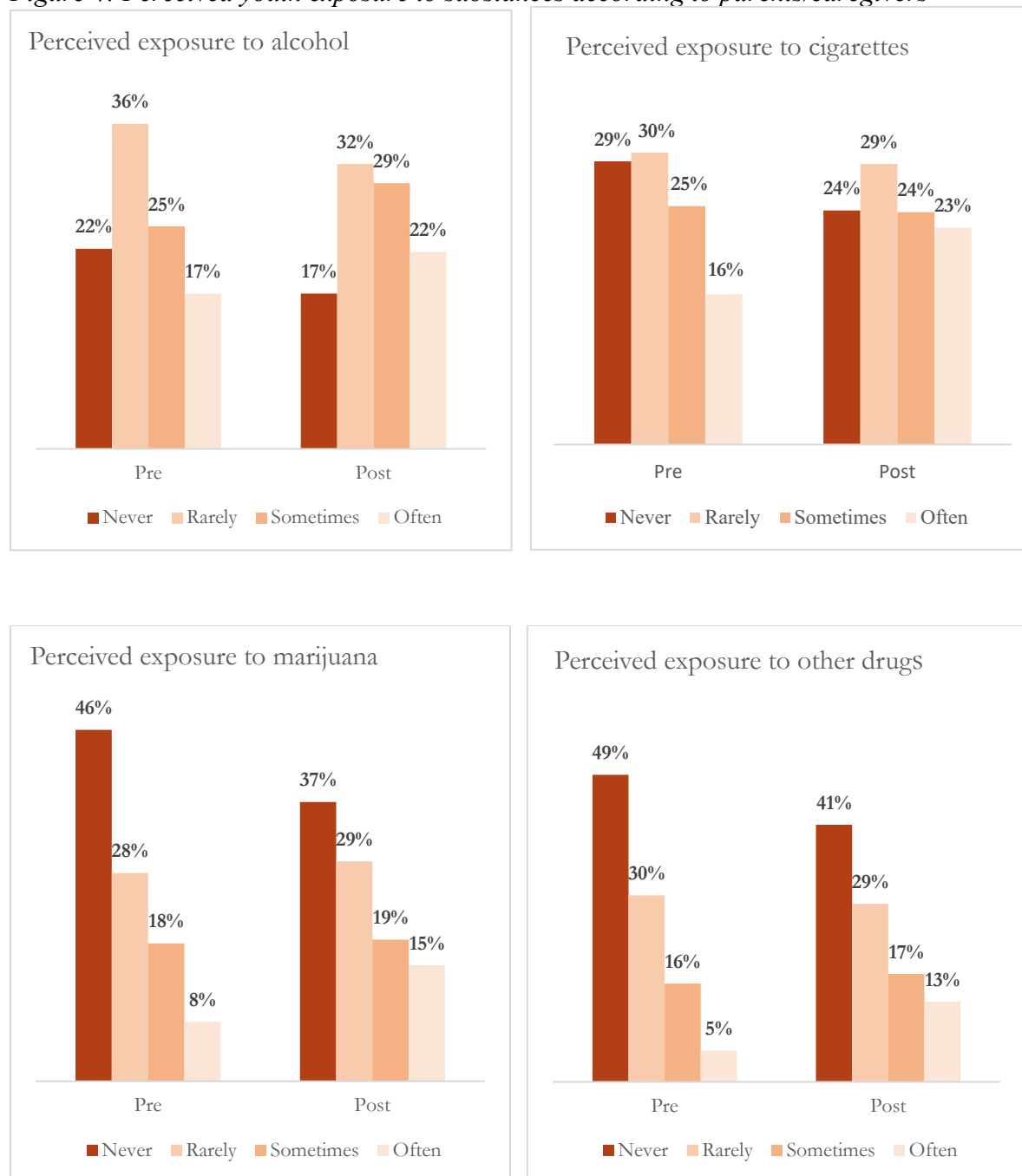
Another objective of HFHY is to help parents understand the prevalence of substance use for 7th grade youth. For that reason, adults were asked a series of questions related to the perceived exposure of their youth to various substances including, alcohol (beer, wine and liquor), cigarettes/tobacco, marijuana, or other drugs. These questions utilized a four-point Likert Scale (1=*Never*, 2=*Rarely*, 3=*Sometimes*, 4=*Often*).

Figure 4 shows the distribution of answers related to perceived youth exposure to various substances. These charts illustrate the shifts in perceived youth exposure immediately after taking part in the HFHY Program. Prior to taking part in the program, many adults believed their youth were not in situations where they were exposed to substances. By the post-survey, fewer parents felt that their youth were *Never* in situations where various substances were available. There was also an increase in the perception that youth were *Often* in situations where substances were available to them. These results indicate that adults are more aware of potentially risky situations to which their youth may be exposed.



Safford Middle School

Figure 4: Perceived youth exposure to substances according to parents/caregivers



Risk for youth

Another objective of HFHY was to make adults and youth more aware of the dangers of drug and alcohol use, particularly for the developing child. To measure this awareness, adults were asked a series of questions about the potential risk of various substance use behaviors for youth. These questions utilized a four-point Likert Scale (1=*No risk*, 2=*Slight Risk*, 3=*Moderate risk*, 4=*Great risk*). A higher score indicates that the adult believes that the behavior is riskier. For the purposes of this analysis, a positive outcome was identified as those individuals who responded *Moderate risk* or *Great risk*.

By the post-survey, more adults expressed their belief that various substance use behaviors were a *Moderate* or *Great risk*. Though parents came into the program with high anti-drug norms, there were improvements from pre to post across each of these attitude questions. The question with the greatest increase from pre to post was related to trying marijuana once or twice. Going into the program, less than 80% of participants felt it was a *Moderate* or *Great risk* for a youth to try marijuana once or twice. By the end of the program, 85% of participants shared that it was a *Moderate* or *Great risk*.



Wade Carpenter Middle School

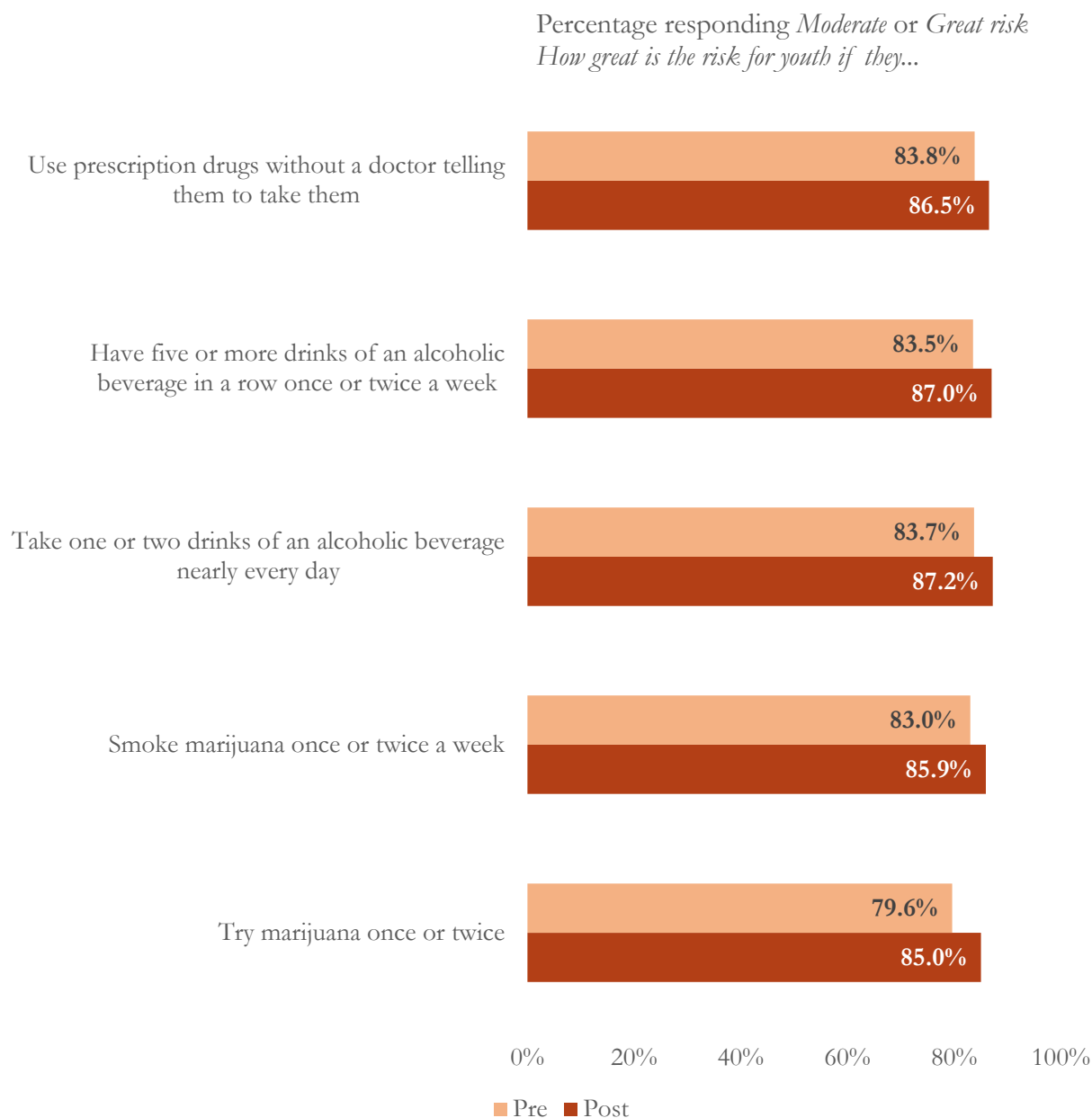


Figure 5: Perceived youth risk regarding substances according to parents/caregivers

Post program satisfaction

After participating in the HFHY Program adults were asked to answer two sets of questions meant to gauge their satisfaction with various aspects of the program. Overall, adults expressed high levels of satisfaction with the program. For the first set of questions, a positive outcome was a response of *Satisfied* or *Very Satisfied*. No question had a level of agreement under 98.0%. Almost all participants (99.5%) of participants indicated they were satisfied with the program facilitators. Further, 99.0% of participants expressed satisfaction with what their youth learned during the program. The program overall received very high satisfaction as well, with 98.0% of participant indicating their satisfaction.

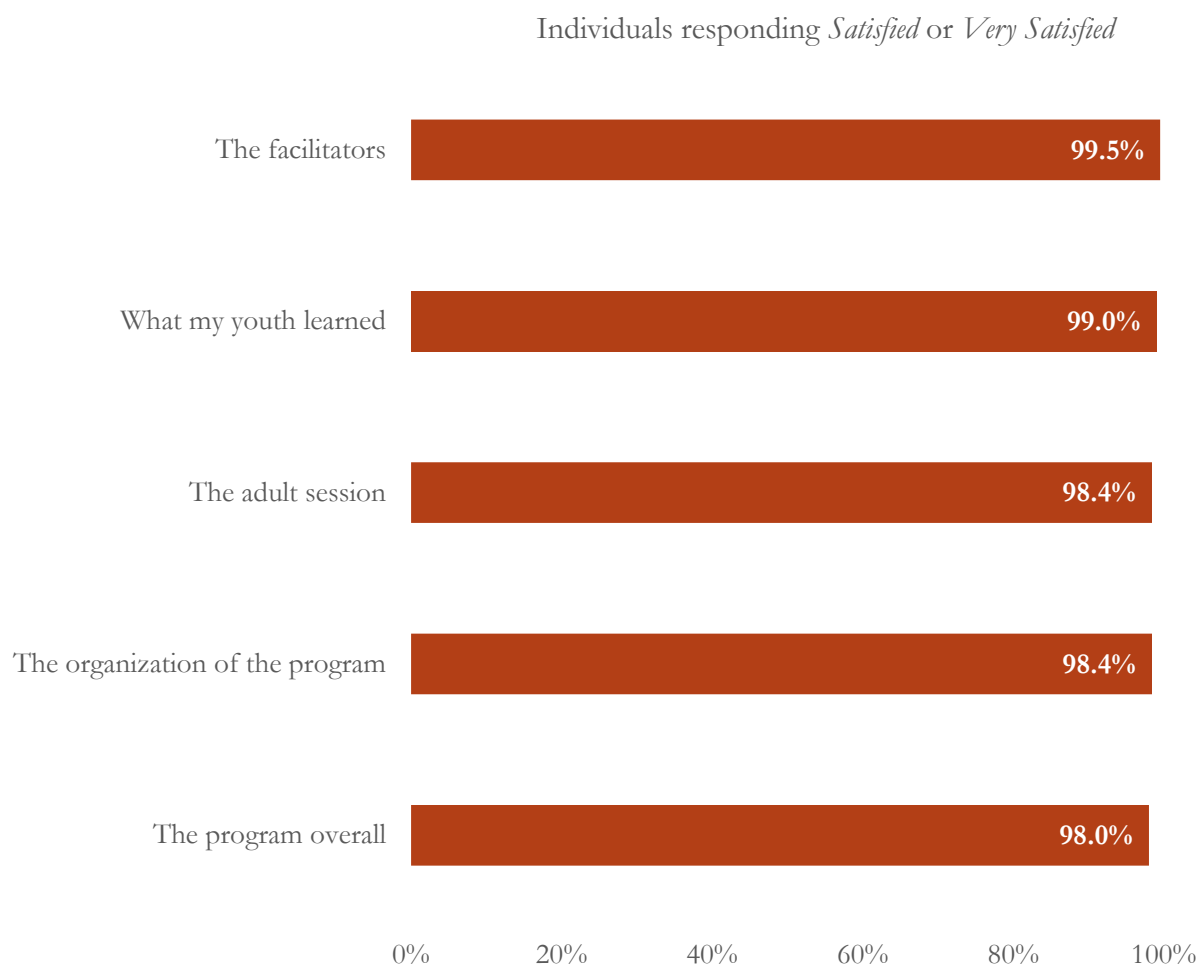


Figure 6: Parent/caregiver satisfaction with HFHY - set 1

For the second set of satisfaction questions, a positive outcome was recorded when an individual responded *Agree* or *Strongly agree*. Again, adults expressed high levels of satisfaction with participation in the program. Nearly all participants (96.8%) indicated that they would recommend the program to other parents, and nearly 96% of participants indicated that the skills they learned will be useful for their family.

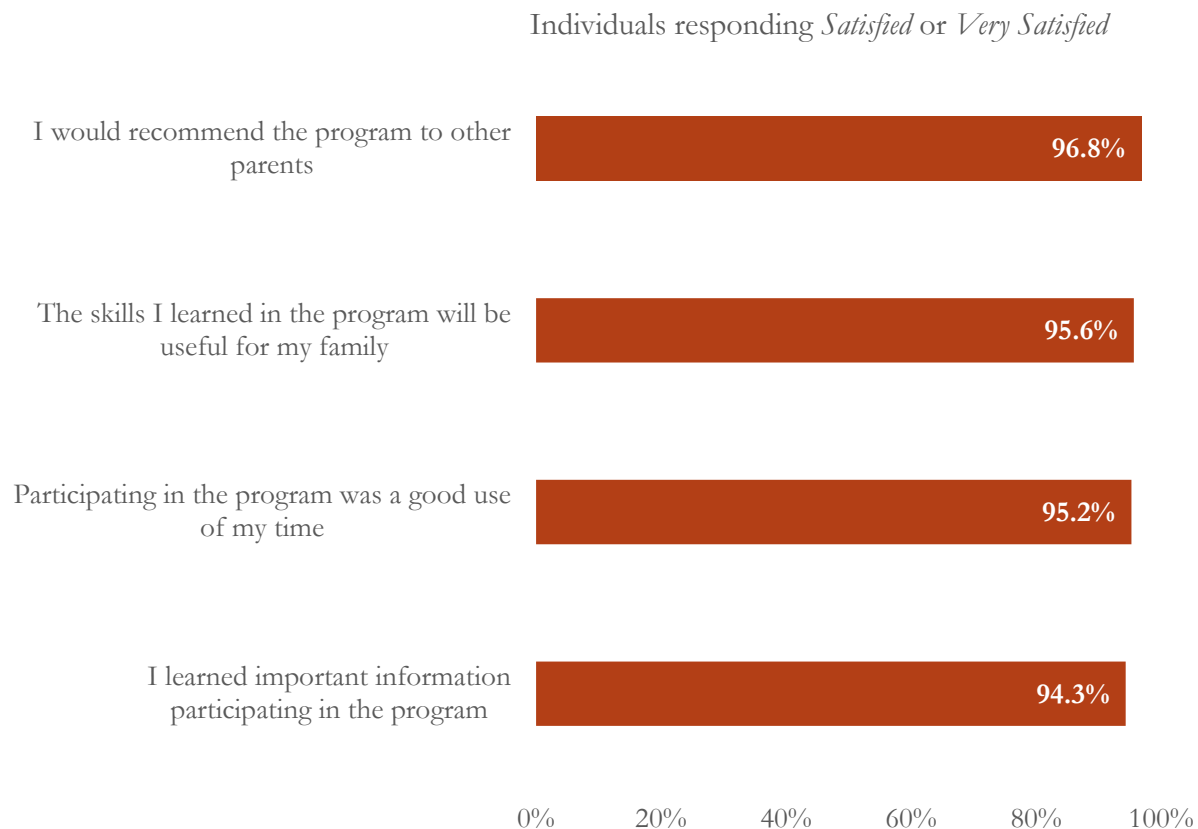


Figure 7: Parent/caregiver satisfaction with HFHY-set 2

Adult Pre to Follow-up

In order to examine the long-term efficacy of the program, adults and youth were asked to take a follow-up survey several weeks after taking part in HFHY. There were a total of 104 individuals with matching pre and follow-up surveys. The proceeding analyses are for only those individuals with matched pre and follow-up surveys. In addition to the questions asked on the pre, post, and follow-up surveys, there were a series of questions asked only on the pre and follow-up surveys.

Knowledge

Similar to the post, adults were asked a series of knowledge questions meant to gauge their understanding of content covered in the HFHY Program. From pre to follow-up, participants experienced improvements on four of the five questions. The question where adults did not improve was: *Parents and children should be friends at all times*. Adults actually decreased from pre to follow-up, with .9% fewer individuals answering this question correctly.

Table 7: Adult change in knowledge from pre to follow-up

Question	Pre (% Correct) N=104	Post (% Correct) N=104	Pre Follow-up Difference
It is the job of parents/caregivers to set boundaries for their child (True)	99.0 %	100%	+1.0%
Parents and children should be friends at all times (False)	78.8%	77.9%	-0.9%
It is normal for youth to experiment with drugs and alcohol (False)	83.7%	90.0%	+6.3%
It is important to have a {two way} conversation when discussing drugs and alcohol	87.0%	88.0%	+1.0%
{Pressure points} are another name for the stressors a youth experiences	54.8%	73.3%	+18.5%

Program impact

On the follow-up survey adults were once again asked the same series of questions related to the impact of the program. These questions utilized a five-point Likert Scale, and participants were asked to rate their level of agreement with answers (1=*Strongly disagree*, 2=*Disagree*, 3=*Neither agree nor disagree*, 4=*Agree*, and 5=*Strongly agree*).

There were numerous positive long-term outcomes related to the program impact, and participants maintained many of the positive gains they experienced from the program. For all but one question, participants experienced an improvement from pre to follow-up. That question, *I have an impact on my youth's use of drugs and alcohol*, had participants experience a 1.6% decrease from pre to follow-up. Outside of this question, the results were positive. There was a

19.0% increase in those reporting a family plan to avoid drugs and alcohol, a 15.9% increase in the understanding of warning signs of drug and alcohol use, and an 11.9% increase in understanding of youth stressors. The results shown in Figure 7 illustrate some of the long-term benefits of participating in the program.

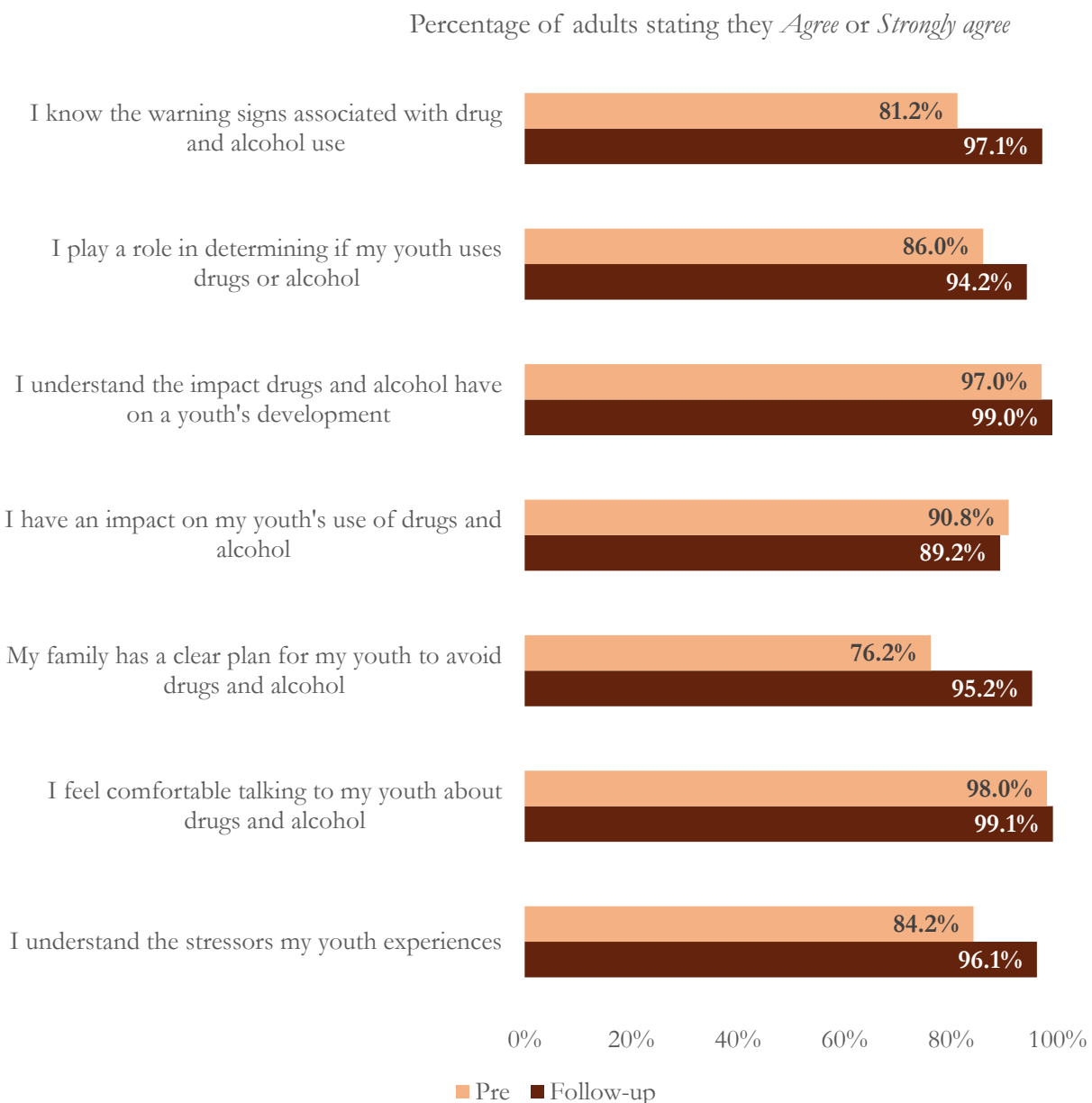


Figure 8: Program impact among parents/caregivers pre to follow-up

Adult and youth communication about substance use

Communication between adults and youth about substance use is an important protective factor in preventing youth substance use. On the pre and follow-up survey there were a set of questions asked to capture adult and youth communication about substance use. These questions used a five-point Likert Scale (1=*Strongly disagree*, 2=*Disagree*, 3=*Neither agree nor disagree*, 4=*Agree*, and 5=*Strongly agree*). For the purposes of this analysis, a positive outcome is a response of 4 or 5 which indicates a participant's agreement.

Adults improved on all dimensions related to communication about drugs and alcohol, a critical component of the HFHY Program. The question with the largest improvement was: *An adult in my family has asked my child's thoughts and opinions about substance use*. Before the program, only 79.2% of indicated they *Agree* or *Strongly agree* with this statement. By the follow-up, 98.0% indicated they agreed with that statement, an 18.8% increase. There was also a 7.9% increase in those sharing they had spoken to their child about how to handle offers of substances, and a 7.0% increase in rule setting about substance use from pre to follow-up.

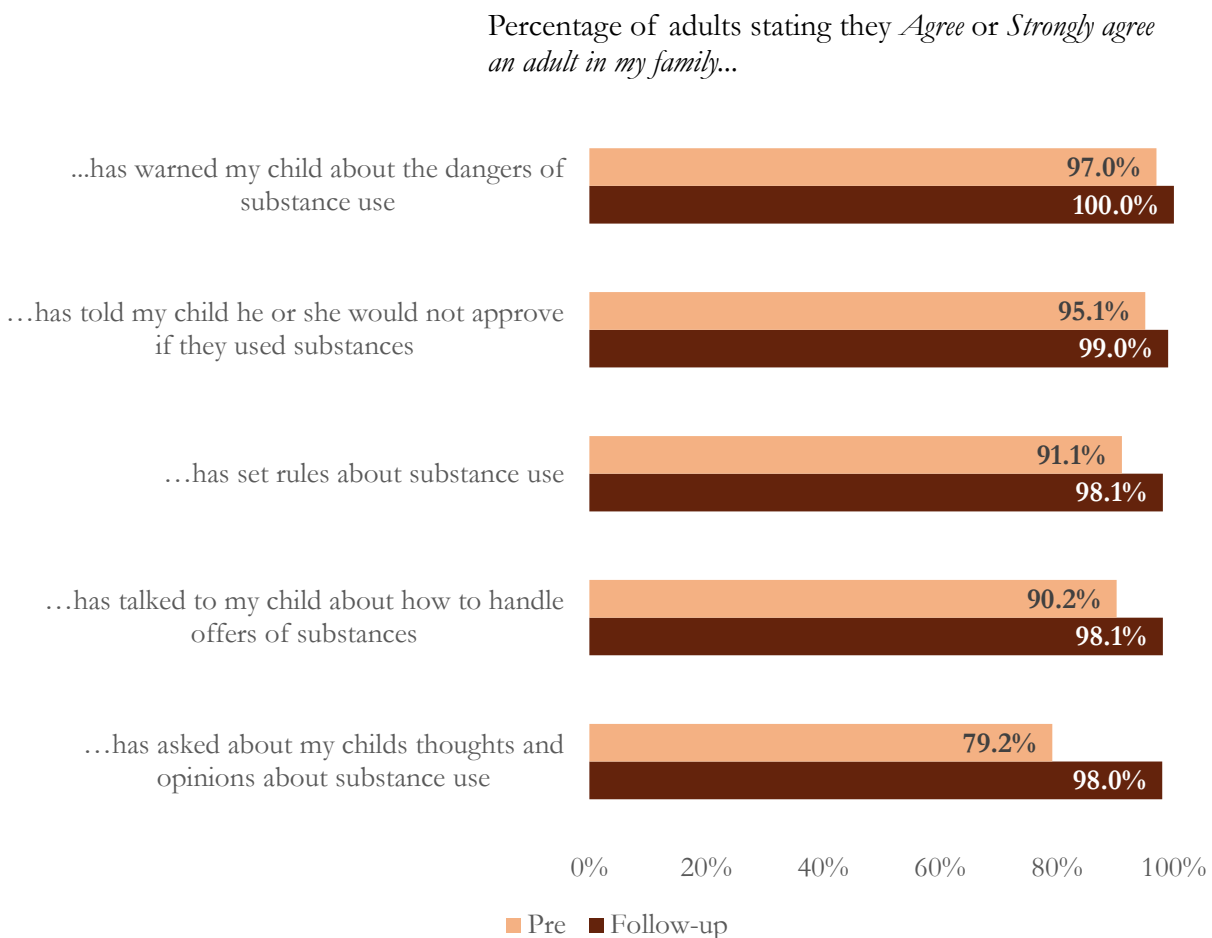


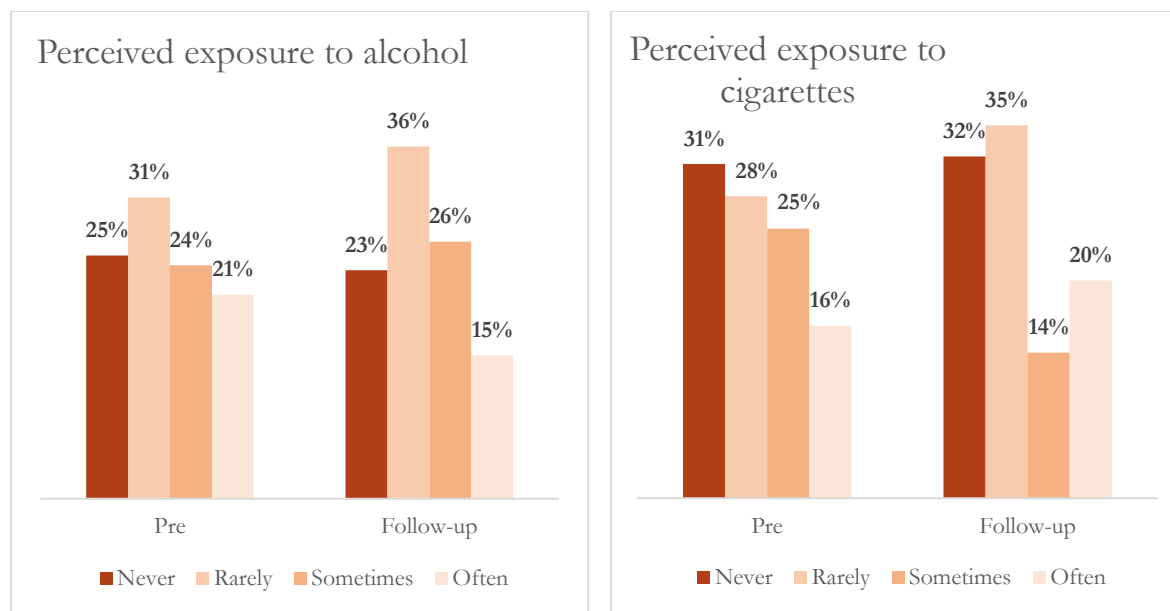
Figure 9: Parent/caregiver communication about substances pre to follow-up

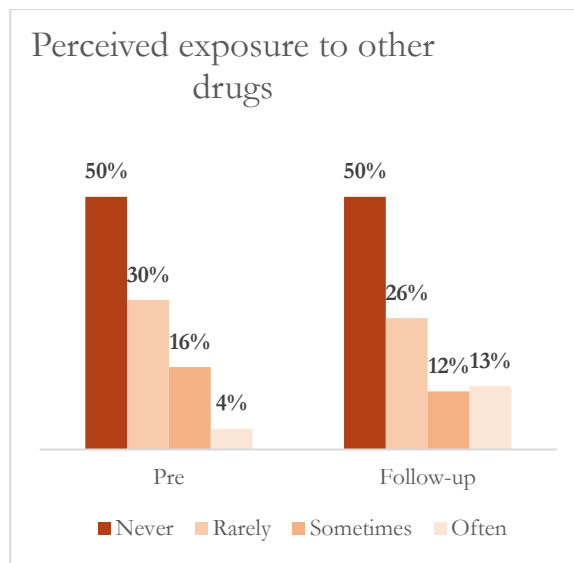
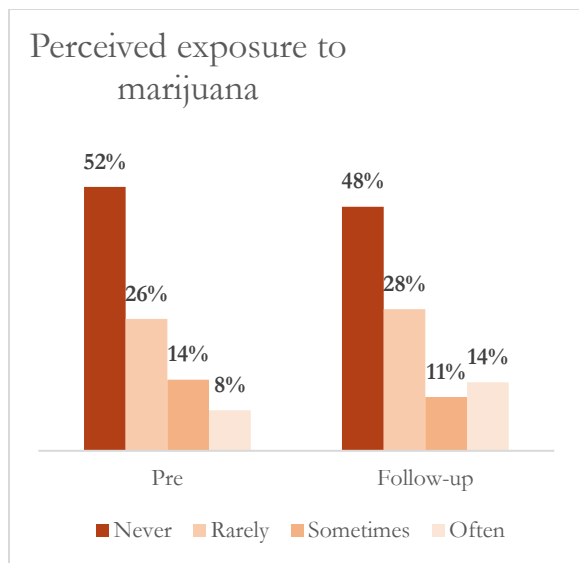
Perceived youth exposure to substances

On the follow-up survey adults were also asked a series of questions related to the perceived exposure of their youth to various substances including: alcohol (beer, wine and liquor), cigarettes/tobacco, marijuana or other drugs on the follow-up survey. These questions were measured using a four-point Likert Scale (1=*Never*, 2=*Rarely*, 3=*Sometimes*, 4=*Often*).

Figure 9 shows the distribution of answers related to perceived youth exposure to various substances. These charts illustrate the shifts in perceived youth exposure to various substances several weeks after taking part in the HFHY Program. Prior to taking part in the program, many adults believed their youth were not in situations where they were exposed to these various substances. By the follow-up survey, for two substances (alcohol and marijuana) on the survey fewer adults felt that their youth were *Never* in situations where these substances were available to them. Further, for all the substances, except alcohol, adults felt that their youth were *Often* in situations where the substances were available with greater frequency. This increase was particularly pronounced for *Other Drugs* which had a 9.0% increase from pre to follow-up. These results indicate that adults are more aware of the potentially risky situations to which their youth may be exposed.

Figure 10: Perceived youth exposure to substances pre to follow-up





Willcox Middle School

Risk for youth

Questions regarding adult's perception of risk for youth substance use were also asked on the follow-up survey. Once again, these questions utilized a four-point Likert Scale (1=*No risk*, 2=*Slight Risk*, 3=*Moderate risk*, 4=*Great risk*). A higher score indicated that the adult believes that the behavior is riskier. For the purposes of this analysis, a positive outcome was identified as those individuals who responded *Moderate risk* or *Great risk*.

By the follow-up, more adults expressed their belief that various substance use behaviors were a *Moderate* or *Great risk*. Though parents came into the program with high anti-drug norms, there were improvements from pre to follow-up across each of these behavior questions, shown in Figure 10. The question with the greatest increase from pre to post was related to trying marijuana once or twice. Going into the program, 85.2% of participants felt it was a *Moderate* or *Great risk* for a youth to try marijuana once or twice, by the follow-up the proportion increased to 93.3% (a 8.1% increase). Adults also reported increases in the perceived risk of all the substance use behaviors.

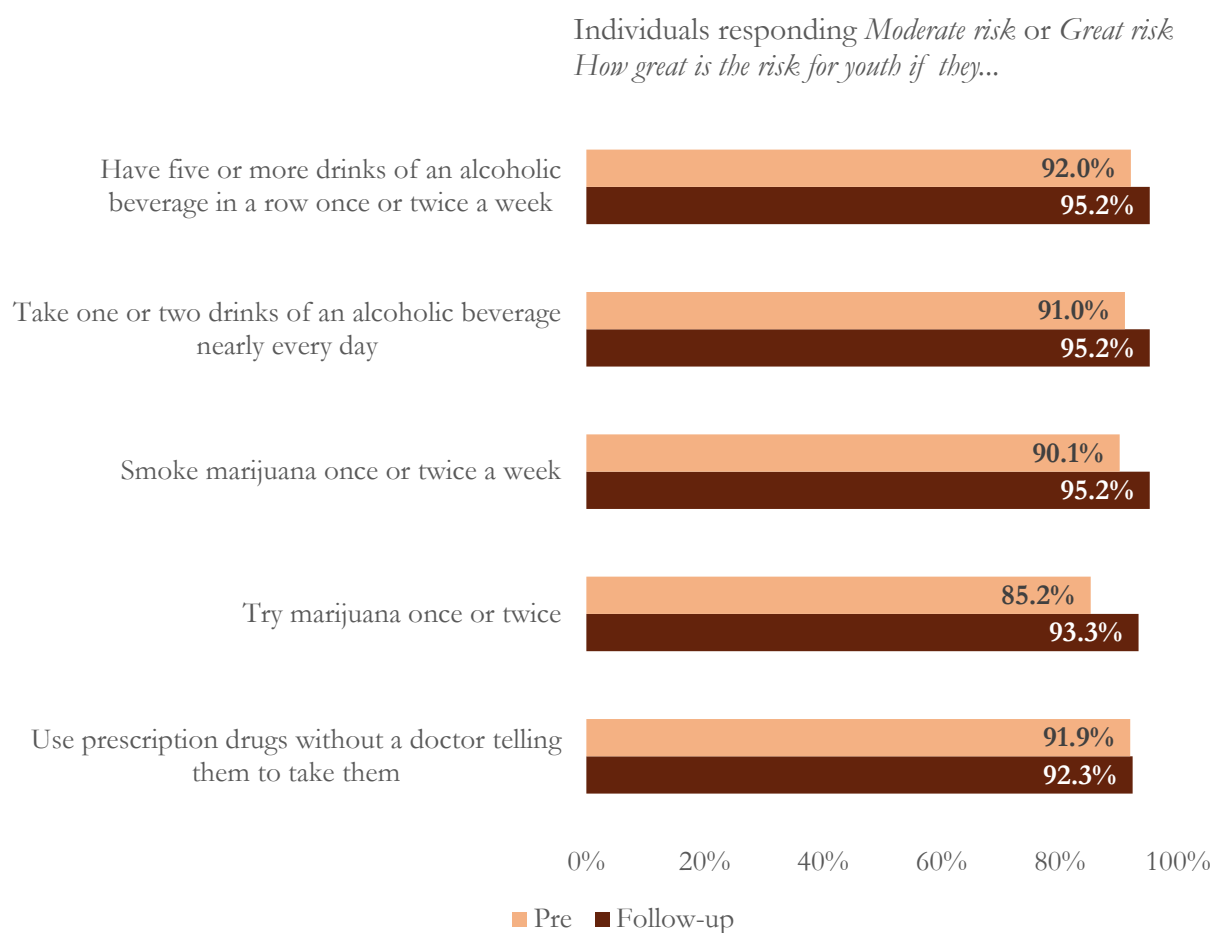


Figure 11: Perceived youth substance use risk according to parents/caregivers pre to follow-up

Family Norms

On the pre and follow-up surveys there were a set of questions asked about familial norms. These questions utilized a Likert Scale (1=NO!, 2=No, 3=Yes, 4=YES!). For these questions, a positive outcome was identified as when an individual responded YES! or Yes.

Parents came into the HFHY Program reporting high family norms about rule setting and communication with their children. However, despite the initially high levels of agreement, adults did experience modest improvements long-term. For three of the four questions, 100% of those individuals with matched pre and follow-up surveys had a positive outcome. There was also a modest increase in the other question, *My child feels comfortable asking me about any stressful situations they might have* (1.2%). Figure 11 depicts these outcomes.

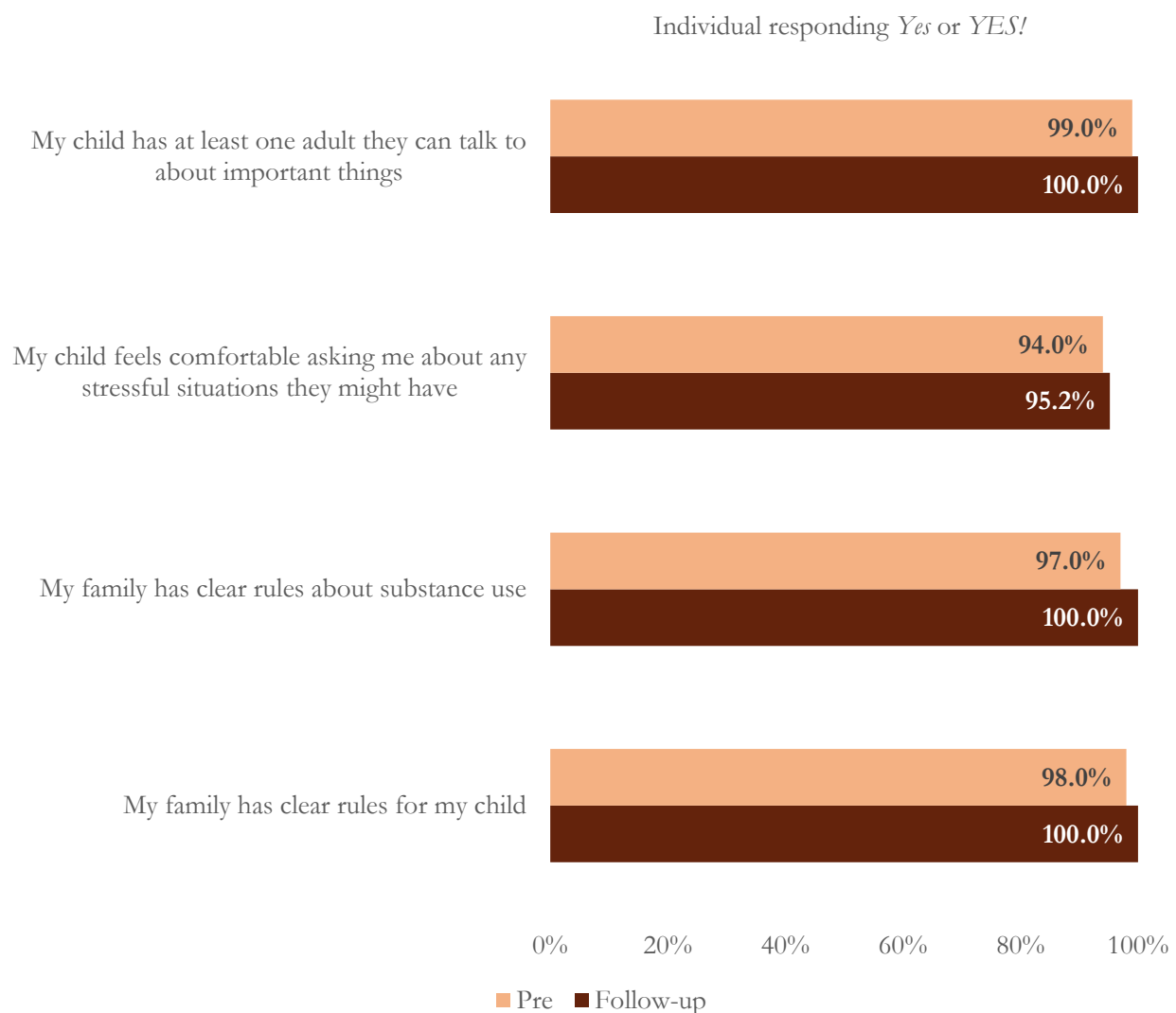


Figure 12: Parent/caregiver perceived family norms pre to follow-up

Frequency of substance use conversations

One of the primary objectives of the HFHY Program is to increase the frequency with which adults and youth have conversations about substance use. From pre to follow-up there were substantial increases in the number of families who had a conversation about substance use in the past week (17% increase). Almost half of participants (49%) reported having a conversation in the past week. Also, on the follow-up, no individuals reported having *Never* had a conversation about substance use.

How recently have you had a conversation with your youth about how to refuse or avoid drugs and alcohol?

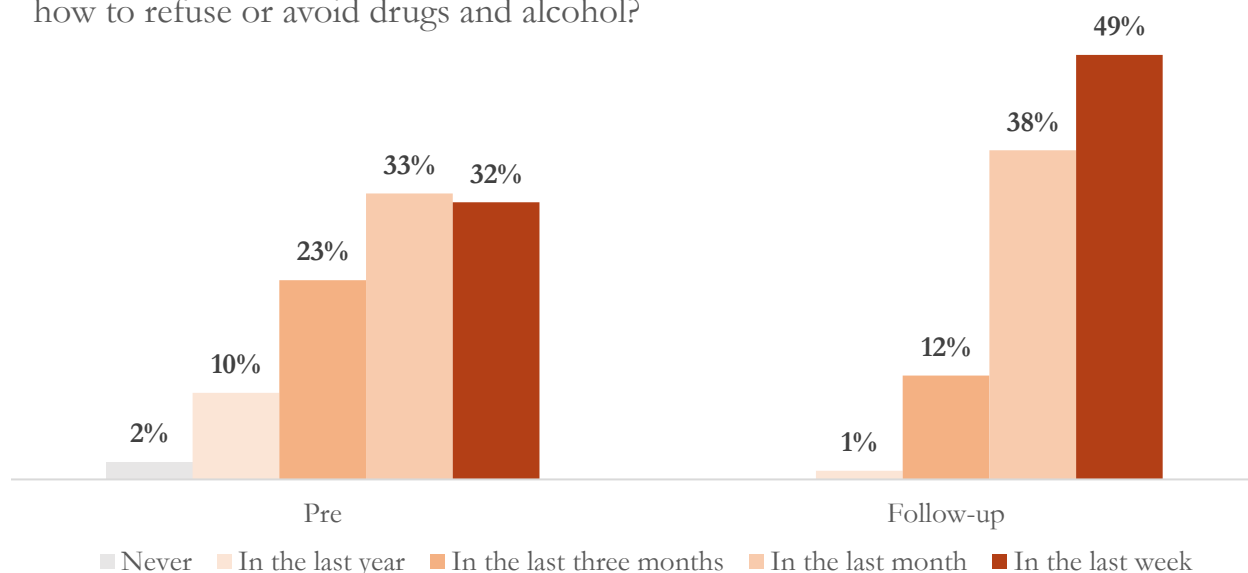


Figure 13: Parent/caregiver reported substance use conversation

Program utility

In addition to the questions asked on both the pre and follow-up, there were two sets of unique questions posed to adults on just the follow-up. These questions were meant to gauge the utility of the program and how useful the program had been in the interceding months. These questions used a five-point Likert Scale (1=*Strongly disagree*, 2=*Disagree*, 3=*Neither agree nor disagree*, 4=*Agree*, and 5=*Strongly agree*).

Participants reported high levels of agreement with the various questions associated with the HFHY Program utility. All participants indicated they were prepared to answer challenging questions from their youth. Further, 99% indicated that their families had set boundaries around substance use and 98.1% shared they had a clear plan for avoiding drugs and alcohol in the coming year. The question with the lowest level of agreement was related to using the prevention plan developed during the program, but this question still had 82.1% of individuals agreeing.

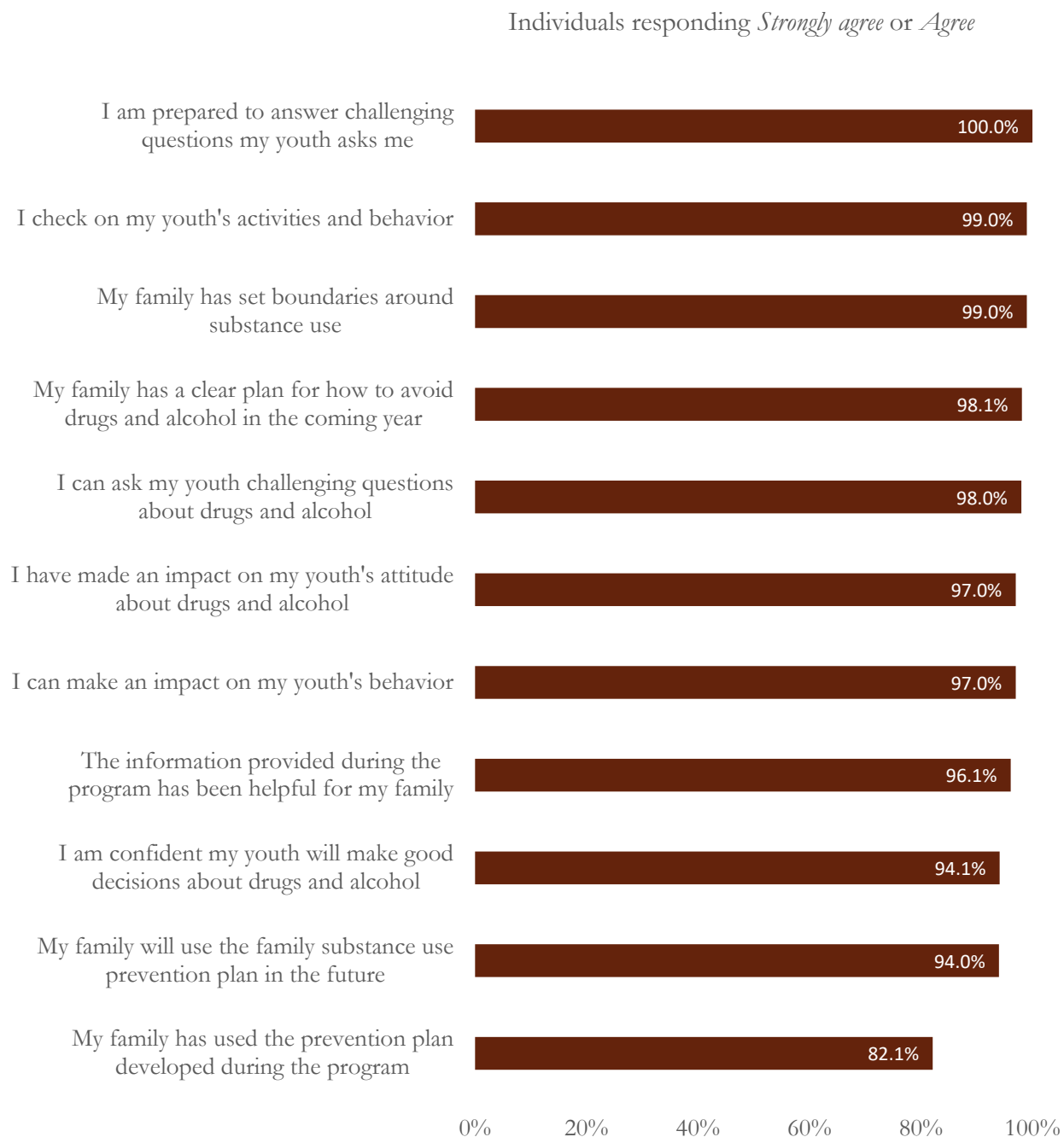


Figure 14: Program utility according to parents/caregivers

Program effect

Similar to the program utility questions, the program effect questions utilized a five point Likert Scale (1=*Strongly disagree*, 2=*Disagree*, 3=*Neither agree nor disagree*, 4=*Agree*, and 5=*Strongly agree*). For the purposes of this analysis, a positive outcome was a response of 4 or 5 which indicates a participant's agreement.

Participants reported high levels of agreement with the various questions associated with the HFHY Program effect. For every question, there was over 90% agreement, and 98.1% of participants shared that their child knows more about drugs and alcohol because of the program. Additionally, 90.3% of participants indicated that their child was comfortable speaking with them about drugs and alcohol, a critical component of the HFHY Program.

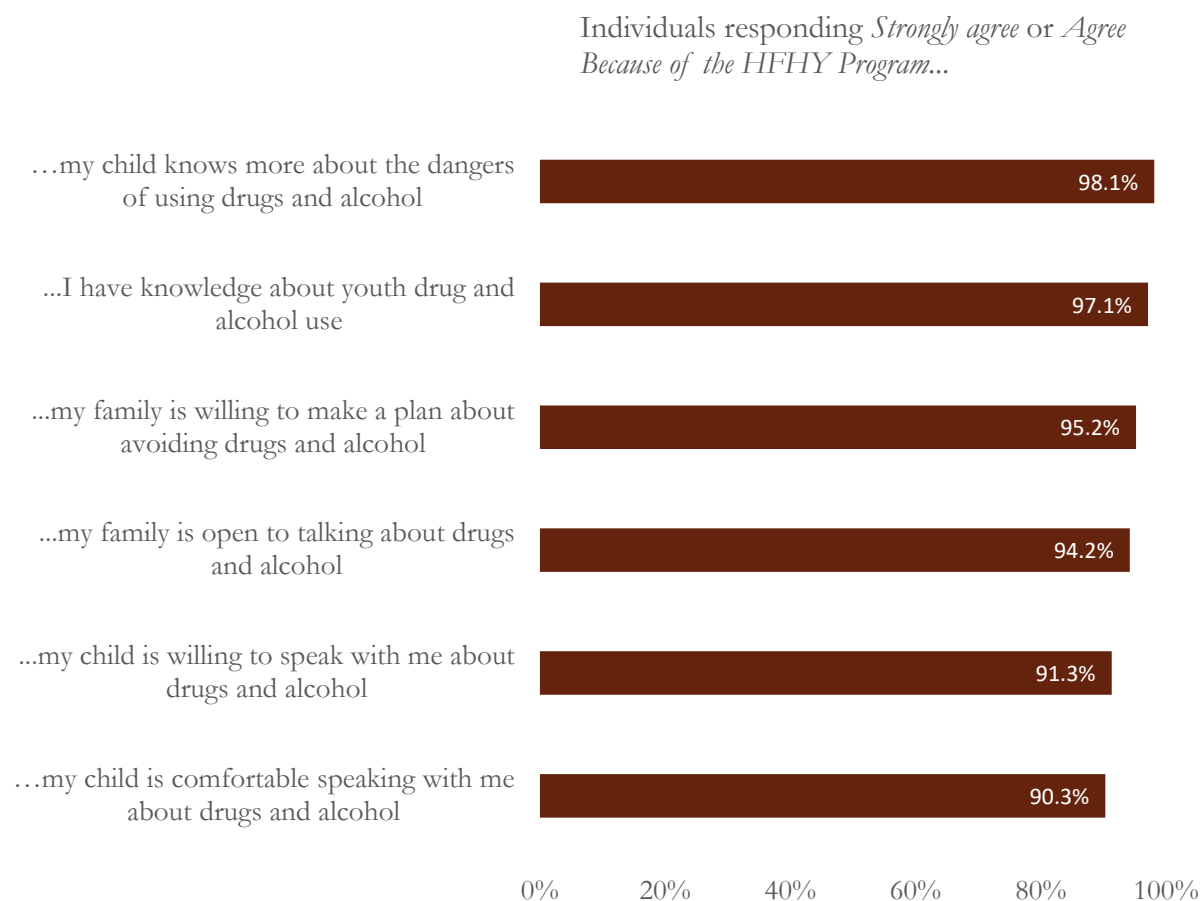


Figure 15: Program effect among parents/caregivers

Adult Open-Ended Response

As a part of all three surveys, adults were asked a series of open-ended questions to gain a clearer understanding of their opinions about the program. These questions were all entered into NVivo qualitative data analysis software to identify salient themes and ideas expressed by HFHY participants. The NVivo analyses also included those responses provided by Spanish speaking participants. Spanish quotes, along with their translations, are included below to ensure the voices of all HFHY Participants are reflected in this report.

Pre-Survey

Adults were asked two open-ended questions as a part of the pre-survey.

How difficult is it to start a discussion about substance use with your child? How does your child respond?

The first open-ended question for adults asked: *How difficult is it to start a discussion about substance use with your child? How does your child respond?*

Not hard at all. Response is always positive.

The vast majority of participants indicated it was not hard to discuss substances with their child. Many participants merely shared “Not hard at all”, but the remaining individuals provided a reason as to why it was not difficult. The most common explanation for why it was not difficult was that the parent and youth are comfortable with the topic and actively listens to one another. These quotes provide some examples of the types of answers adults provided to this question.

Open minded conversation and always welcome.

Se quedan pensativos con los datos que les damos saber que les puede pasar con las drogas.

(Translation: They think about the information we give them about *what can happen if they do drugs.*)

Many of the adults who indicated that it was not difficult to discuss substances explained their children already know about the harmful consequences of drugs and feel confident saying no.

They just feel they already know and will say no.

Numerous participants also shared they have open communication in their home and expressed their comfort discussing any topic.

We have great communication.

We can talk about anything, anytime.

Participants provided several other reasons why they felt it was not difficult to discuss substance use with their youth. Many participants claimed that speaking about drugs was a consistent conversation in their house, which made the conversations easier. Others shared that conversations with their youth were not difficult because their youth was already knowledgeable about substance use. Numerous participants also shared that the level of importance of these conversations makes the conversations easier.

We have talked about this matter. They understand.

We have had a conversation about drugs.

While most participants indicated that speaking to their youth was not difficult, some individuals shared that it was a difficult conversation. Some of those individuals indicated it was difficult because their youth shuts down when broaching the conversation on substance use. Other participants have expressed that their youth is not open to the conversation.

True. It is difficult sometimes because they're not as open.

Whenever I bring it up. She shuts down.

Finally, others indicated that when they try to discuss substance use with their youth, their youth does not respond positively. Some indicated that their youth gets defensive, talks back, loses interest, or starts a fight. Others shared that their youth acts like they know everything which makes discussions difficult.

They respond by telling me I know mom.

She thinks I'm annoying and she rolls her eyes at me.

Others have shared they do not communicate about substance use and or have infrequent conversations about the topic.

Not having this conversation

We have only discussed once.

What do you hope to learn from the HFHY Program?

Adults were next asked, *what do you hope to learn from the HFHY Program*. Many participants' responses reflected their desire to learn tips to better approach the topic with their youth as well as ways to be more aware of the signs of someone on using illegal substances, and recognize if their youth is mirroring that behavior.

Ways to continue keeping open lines of communication.

Que me enseñen la forma correcta de detectar cuando consumen drogas.
(Translation: Teach me the best way on how to detect when using drugs.)

*Ways to become better at
discussing substance abuse.*

*To learn more and we identify
systems if our kids are using drugs.*

Moreover, many parents were very concerned with the peer pressure their youth may encounter and the percentage of teens using and abusing drugs and alcohol and wanted to know more information on the topic.

*About the stressors + peer
pressure.*

*The percentage of 13 years and up using
alcohol on a weekly basis.*

Many adults also shared that they wanted to use the knowledge they received to further educate their youth, as well as use the newfound substance abuse knowledge as a way to become closer to their youth.

*Take all knowledge and be closer to
my child and help their awareness.*

Other adults shared that they wanted to be able to prevent their youth from making bad decisions and to build trust and better lines of communication.

*To prevent my children from making the
wrong decisions.*

*To let my children know that they can talk
to us.*

Many adults were very weary of the impact of the community on their children, specifically regarding substance use and wanted to know what the community is doing to help control the situation. Adults also wanted to know what their children's schools are doing to stop drug use.

What our community is doing to control the drug epidemic.

Furthermore, some adults shared that they hoped to learn useful information and info about potential resources.

Resources to help prevent or help if it gets out of hand.

Supportive information.

Post-Survey

On the post-survey, adults were asked two open-ended questions about their experience participating in the HFHY Program.

List two ways you plan to use what you learned in this program in the future:

When asked to list two ways you plan to use what you learned in this program in the future, adults offered several different answers. Many indicated they plan to apply the communication techniques in the future. Several adults mentioned the family action plan.

Apply better communication.

Talk more to ensure a 2-way conversations.

Many parents shared they found the pressure point cards the most useful, and some adults commented that the activities in the program really helped them understand the dangers children are facing with substance abuse.

Use information on pressure points

Use plans to use a scale system.

Other adults indicated they will use the family plan and intend to use the skills they developed to be aware of what is going on with their child.

We created a family prevention plan.

To be alert of my child's surrounding.

Finally, adults were able to take away how to keep their families safe using communication and the knowledge they gained as a result of the program.

To protect my family from addiction.

*Tener mas contacto con mihijo hablar de cualquier informacion.
(Translation: having more contact with my child and talk about any information)*

Please provide any additional comments or suggestions:

The last open-ended question on the post-survey asked adults for any additional comments or suggestions. The majority of participants provided some type of affirmation for the program.

This was an absolute beneficial program. Can't thank you enough.

This was an awesome event. Thank you.

Thank you for offering this program.

Adults did however provide some constructive feedback on how to improve the program. One point brought forward by several adults was in regards to adding additional activities. Several participants wanted to show the long-term effects of substance use, while others requested more interactive activities.

Maybe show the kids what drugs can do to their bodies.

Have before-after pictures.

Many participants shared suggestions for how the facilitators of the program may improve.

I feel the facilitators could have been prepared for more adult session.

Participants also provided some constructive feedback for how to improve the session. A few parents were critical of the tone of the program, while other suggested having different facilitators to administer the sessions.

Make it less monotone.

It's better when children hear it from different people

May be good to have facilitators that have children.

Tener mas informacion en las escuelas para nuestros estudiantes.

(Translation: Have more information in schools for our students)

Follow-up

There were two questions asked on the follow-up about the value of the skills learned while participating in the HFHY Program.

Follow: List two things you learned in this program that make it useful for all parents and the community

When asked about what participants had learned from participation in the HFHY Program. The majority of participants indicated they had learned more about drugs and the pressures on their children. Adults commented that they are now more “open” to communication with their youth.

I learned about pressure points; how to create a plan to talk more about how to avoid drugs; alcohol.

I learned more about the drugs and ways our youth uses them. The program allowed my child & I to talk more freely & open about drugs/alcohol. I also learned about quite a few things from my child just taking about things.

Numerous adults also indicated their increased confidence in looking for the warning signs of drug use. They mentioned several times they learned about several different drugs in the community and feel more prepared to help their children with drug prevention.

My youth used the program not only because she knows what's bad. But she also learned to help someone else if she needs us

Importance of family in preventing substance use; Importance of staying active emotionally and spiritually together.

I learned to watch the behaviors changes of my children and to keep an open door so that my children can come talk to me about drugs.

Participants also shared they had used a variety of other skills developed during the HFHY Program. Most were able to be more understanding and patient when speaking to their children about substance abuse.

Ability to understand & confidently speak to your child. Knowing the reality of drugs and their availability.

How to speak with my child about substance use and abuse look for signs of substance use.

How to communicate better with my child; How to make a prevention plan.

Aprendi que mi hija me mira como su mama y con respeto y no mas como una amiga, y hablar con mas confianza da la mala y el dono que puede causar las drogas y el alcohol.

(Translation: I learned that my daughter looks at me as her mother and with respect and not only as a friend and speak with more confidence on how bad and harmful drugs and alcohol can be.)

Adults mentioned the use of drug test becoming normalized into their homes after this program.

It is okay & real to have drug tests in the house and we now do! My kids know we will bring them randomly! Side Note: (A sibling has suffered from addiction and wish I had incorporated this a long time ago.)

Furthermore, many participants mentioned the use of continued communication with their youth and a better sense of awareness.

We make it a point to start discussions with our kids more often to check up on them. We also share stories of other kids that slip/struggle hoping to show our kids that consequences are real.

Follow: Tell us two or three ways your prevention plan has been helpful:

When asked about how the prevention plan has been helpful, participants provided numerous ideas. Adults also shared that communication about substance use has improved since taking part in the program. Adults shared how the program helped their family realize their youths struggle with substance abuse.

We communicate more, my child is able to ask questions without being scared to ask.

Our family has always discussed prevention & results of use of drugs & alcohol. Stay in contact w/ our kids about their friends & any offers that may or may not have been offered. Keep line of communication open. We tell our kids in more ways than one, communication is key, always communicate struggles, peer pressure, being overwhelmed as well as positive feelings & emotions.

My daughter learned other ways to say no to drugs and alcohol; we were able to pass down the prevention plan to incorporate my high school son.

Talking beforehand will always have an effect on whether a child even experiments with drugs/alcohol if offered. Open communication is key

Several adults mentioned their communication improved drastically after participating in the program.

Again, the program opened our communication. It was never talked about as often as we talk now. We have weekly conversations now and my child has definitely benefitted from that. I think this program is amazing! Thank you for taking time to develop & implement at our school! Keep up the good work!

1. We found out my son is an alcoholic; 2. we were able to provide help. 3. We were more able to speak to him about it.

Finally, adults commented on the improvement in their child's confidence to handle peer pressure. Participants shared their plans they have been implementing in their homes.

1. To make a plan for our family to prevent drugs and alcohol use + ways to communicate about the risks. 2. To make more family activities together. 3. It has been helpful for my child & me to become better educated on the serious issue drug abuse causes & ways to prevent not only the children in my household from abuse but other youth in the community. Thank You for your help services.

My prevention plan is to integrate my children more into church/prayer/bible reading and have them tell me how drug usage goes counter to what God says in the Bible. I plan to have my children to do a project/power point presentation based on what they share with me

Youth

There were 615 youth who took part in the pre-survey for the HFHY Program, and a total of 588 youth who completed the post-surveys. Using a unique Survey ID code attached to each survey, the pre and post-surveys were matched for 566 youth. The pre-post analyses were conducted using the data from the 566 youth with matched pre and post-surveys.

For follow-up, completed several weeks after completing the program, pre and follow-up surveys were matched using a unique Survey ID code attached to each survey. There were 105 youth who completed the follow-up survey, and 100 youth who had matched pre and follow-up surveys. The follow-up analyses were conducted using the data from the 100 youth with matched pre and follow-up surveys.

Demographics

The pre-survey for the HFHY Program included demographic questions about race, gender, ethnicity, and age. For the preliminary report, demographics were reported for all 615 youth who completed the pre-survey as a part of the program. These numbers will remain unchanged, but the demographics of those youth with all three surveys matched will also be reported.

Race

Demographic data were collected on the youth pre-survey. The first demographic question asked participants: *What is your race?* On the pre-survey, there were a total of 516 individuals who answered this question, and there were 86 responses by those individuals with all three surveys matched. Of the 516 individuals who responded to this question on the pre-survey, the majority (67.6%) identified as *White*. The other most commonly identified races were *More than one race* (9.4%) and *Race not known or other* (3.7%). An additional 6.0% answered *Prefer not to respond*. When compared to the state of Arizona, there were lower percentages of *White*, *African American or Black*, *American Indian* and *Asian* participants in the HFHY Program. The state census does not account for *race not known*, *other* or *prefer not to respond* hence these figures could not be compared.

Looking at the group that completed the pre and follow-up survey, this group reported their race as *White* (73.3%), *Race not known or other* (4.7%) and *Native Hawaiian* (1.2%) and *More than one race* (11.6%) more frequently than the whole sample population. Those completing the follow-up also reported being *African American*, *Native Hawaiian*, *Asian*, and *American Indian* less frequently than the initial sample. A detailed breakdown of participant race is displayed in Table 8.

Table 8: Youth race totals

Race	Pre Count	Pre Percentage	Matched Surveys Count	Matched Surveys Percentage	State of AZ Estimates ¹¹
White	349	56.7%	63	73.3%	82.8%
African American or Black	26	4.2%	3	3.5%	5.1%
Native Hawaiian/Other Pacific Islander	5	0.8%	1	1.2%	0.3%
Asian	4	0.7%	0	0.0%	3.7%
American Indian	10	1.6%	0	0.0%	5.3%
More than one race	58	9.4%	10	11.6%	2.9%
Race not known or other	27	4.4%	4	4.7%	N/A
Prefer not to respond	37	6.0%	5	5.8%	N/A
Total	516		86		

Gender

Participants were also asked: *What is your gender?* A total of 563 individuals answered this question on the pre-survey and there were 91 responses by those with pre and follow-up surveys. The gender breakdown for youth more closely resembled the state of Arizona as a whole. On the pre-survey 50.3% of participants identified as *Male* and 46.7% identified as *Female*. A further 1.2% of participants shared they identified as *Other identity* and 1.6% of participants answered: *Prefer not to respond*. On the follow-up there was an increase in the proportion of individuals identifying as *Other identity* (5.5%). A breakdown of participant gender is shown in Table 9.

Table 9: Youth gender totals

Gender	Pre Count	Pre Percentage	Matched Surveys Count	Matched Surveys Percentage	State of AZ Estimates ¹
Male	283	50.3%	45	49.5%	49.7%
Female	263	46.7%	41	45.1%	50.3%
Other identity	7	1.2%	5	5.5%	N/A
Prefer not to respond	10	1.6%	0	0	N/A
Total			96		

¹¹ <https://www.census.gov/quickfacts/AZ>

Ethnicity

Participants were next asked: *What is your ethnicity?* A total of 534 individuals answered this question on the pre-survey, and there were 89 responses by those with pre and follow-up surveys. Over half of those completing the pre-survey (56.2%) identified as *Hispanic or Latino*. The remaining participants identified as *Not Hispanic or Latino* (35.2%), or *Ethnicity unknown* (3.7%) and an additional 3.7% indicated they *Prefer not to respond*. When compared to the state of Arizona, a higher percentage of *Hispanic or Latino* individuals participated in the HFHY Program. A breakdown of participant ethnicity is shown in Table 10.

Table 10: Youth ethnicity totals

Ethnicity	Pre Count	Pre Percentage	Matched Surveys Count	Matched Surveys Percentage	State of AZ Estimates ¹²
Hispanic or Latino	300	56.2%	58	65.2%	31.6%
Not Hispanic or Latino	188	35.2%	27	30.3%	68.4%
Ethnicity unknown	23	3.7%	1	1.1%	N/A
Prefer not to respond	23	3.7%	3	3.4%	N/A
Total	534		89		

Age

Finally, participants were asked to answer *What is your age?* A total of 560 individuals answered this question on the pre, and 91 with all three surveys. Of those, the vast majority (98.2% pre, 98.9% matched surveys) were between the ages of 12 to 14. A breakdown of participant age is shown in Table 11.

Table 11: Youth age totals

Age	Pre Count	Pre Percentage	Matched Surveys Count	Matched Surveys Percentage
9-11	6	1.1%	1	1.1%
12-14	550	98.2%	90	98.9%
15-17	1	0.2%	0	0.0%
18-20	3	0.5%	0	0.0%
Total	560		91	

¹² <https://www.census.gov/quickfacts/AZ>

Youth Preliminary Findings

Knowledge

As a part of all three surveys, youth were asked a series of knowledge questions meant to gauge their familiarity with various drug prevention strategies. The results for youth knowledge were mixed. On two questions, *Most Arizona youth my age use drugs and alcohol* and *Peer pressure is the only stressor that may lead youth to use drugs*, the percentage of youth correctly answering decreased modestly. However, on the two other knowledge questions, *It is easier for youth to get addicted to drugs and alcohol than adults* and *[Blank] are another name for the stressors youth my age experience*, there were substantial increases from pre to post.

Overall, youth experienced increased understanding of the concept of pressure points with a 33.4% increase from pre to post, a major objective of the HFHY Program. Additionally, there was a 18.7% increase in knowledge about youth addition risk.

Table 12: Youth knowledge from pre to post

Question	Pre (% Correct) N=588	Post (% Correct) N=588	Pre-Post Difference
Most Arizona youth my age use drugs and alcohol	55.7%	54.3%	-1.4%
Peer pressure is the only stressor that may lead youth to use drugs	64.6%	63.8%	-0.8%
It is easier for youth to get addicted to drugs and alcohol than adults	65.2%	83.9%	+18.7%
[Blank] are another name for the stressors youth my age experience	23.3%	56.7%	+33.4%

Substance use communication

Youth were asked a series of questions about substance use communication in their family. Open communication about substance use is a central tenant of the HFHY Program. The substance use communication questions utilized a four-point Likert Scale with participants asked to rate their level of agreement with various statements (1=*Strongly disagree*, 2=*Disagree*, 3=*Agree*, and 4=*Strongly agree*). For the purposes of this analysis, a positive outcome is a response of 3 or 4, which indicates a youth's agreement.

There were numerous positive outcomes related to substance use communication for youth. Though there were generally high levels of communication coming into the program, youth reported increases in every question related to substance use communication. The question with the smallest increase was in relation to receiving a warning from a parent or caregiver about substance use, with 98.6% of youth indicating they received a warning before participating in the program. Despite the high initial agreement, there was a small (.5%) increase by the post-survey. The question with the largest increase was *A parent/caregiver has asked my thoughts and opinions about substance use*. Prior to the program only 80.0% of participants indicated their parents/caregivers had asked their opinion, but by the post-survey, 92.5% shared their parents had asked their opinion a 12.5% increase. Overall, these outcomes indicate improvement in substance use communication as a result of participation in the HFHY Program.



Willcox Middle School

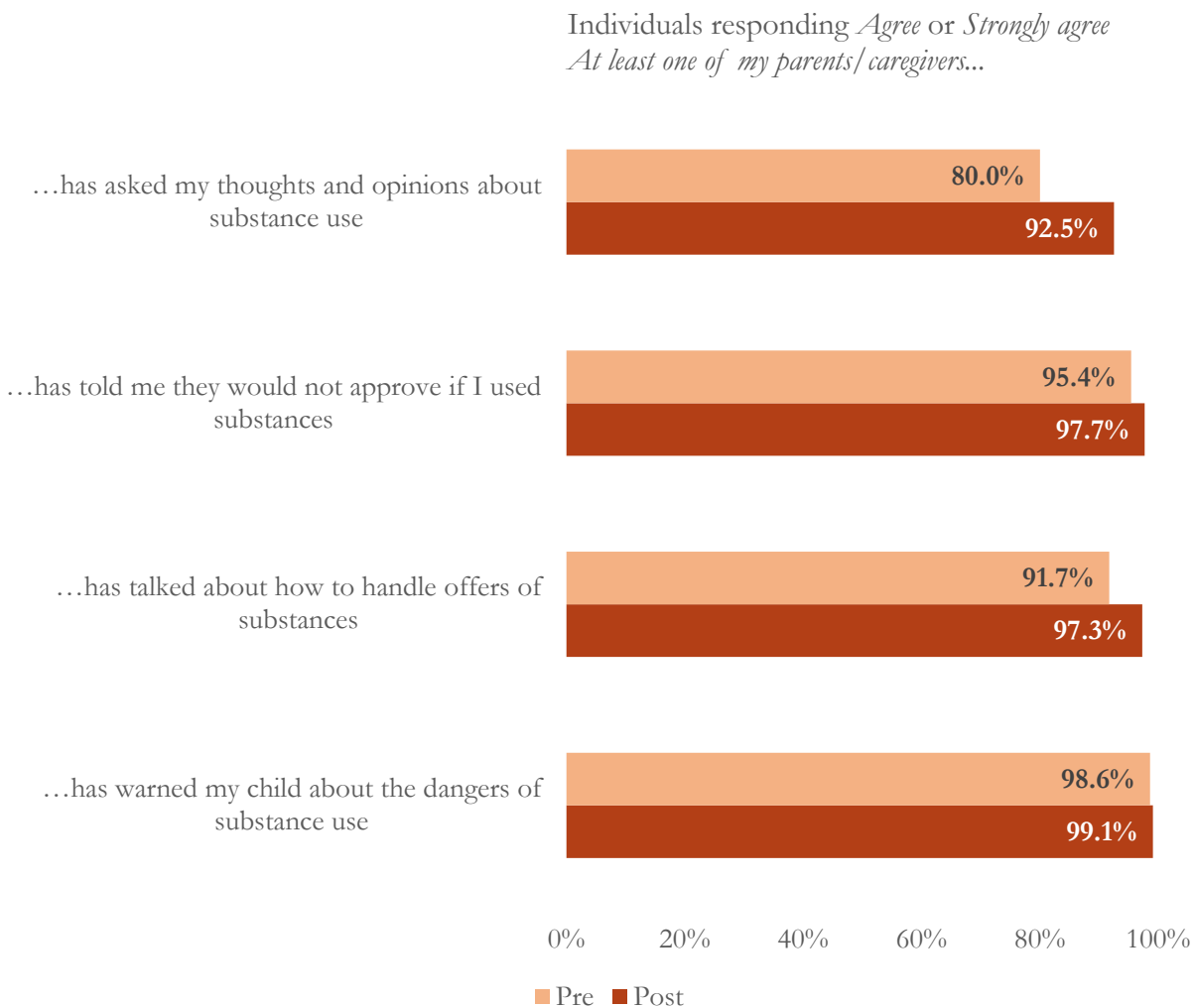


Figure 16: Youth reported communication regarding substance use

Perceived parental disapproval

Youth were also asked multiple questions about their perceived parental disapproval of substance use. These questions utilized a Likert Scale with answers: 1=*Not wrong at all*; 2=*A little bit wrong*; 3=*Wrong*; 4=*Very wrong*. A positive outcome for these questions was a response of 3 or 4, indicating perceived parental disapproval of various substance use behaviors.

Youth came into the HFHY Program with high levels of perceived parental disapproval. For that reason, there were only modest improvements from pre to post for two questions, and a decrease in another. Coming into the program 97.0% of youth indicated that their parents would not approve of smoking marijuana, but only 95.7% shared the same on the post-survey. There were small increases from pre to post related to prescription drugs (0.7% increase) and drinking alcohol (0.7%).

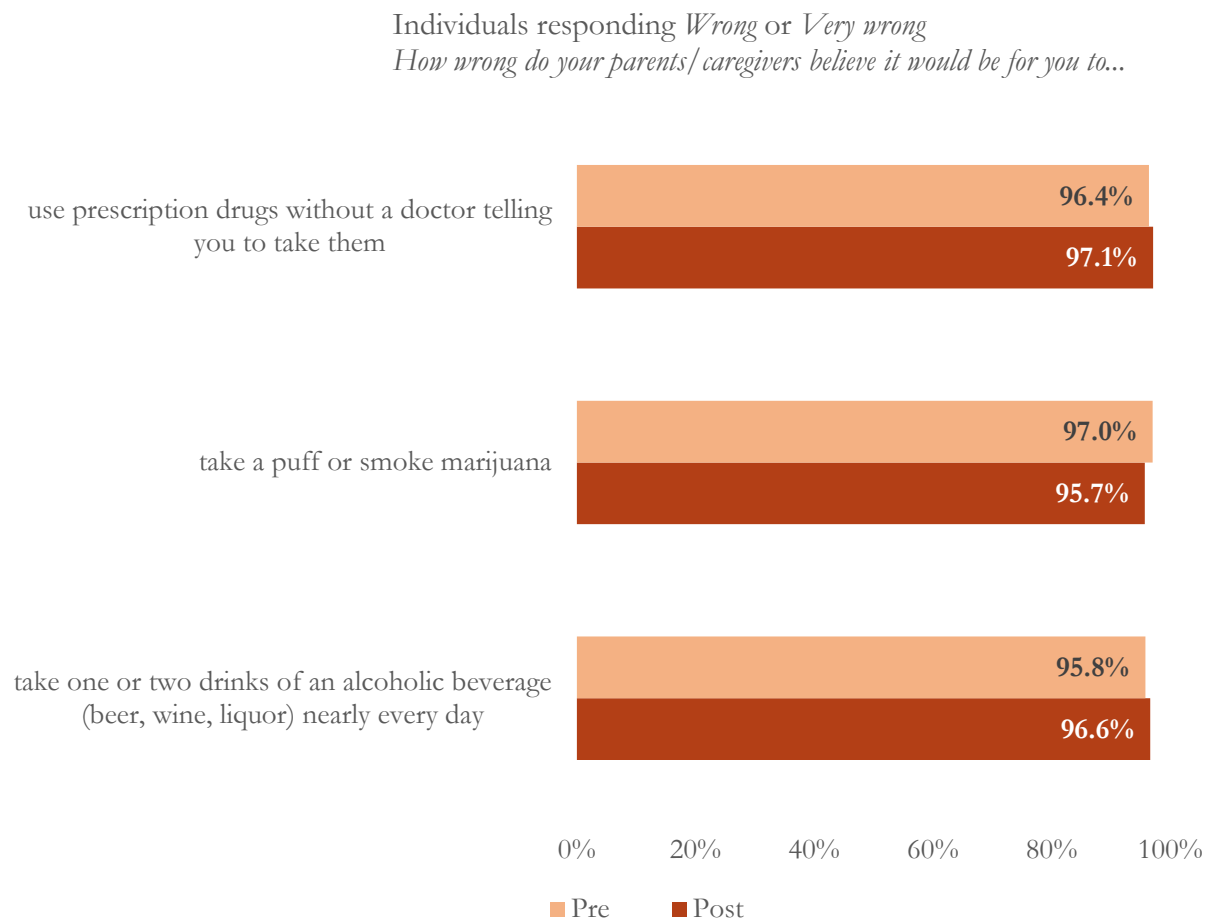


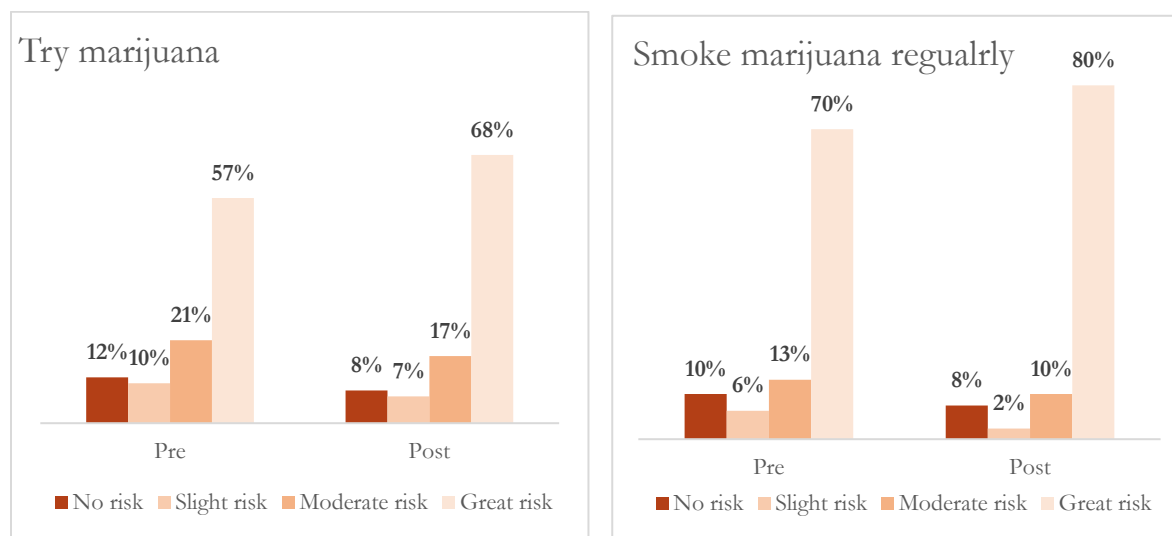
Figure 17: Youth perceived parental disapproval of substance use

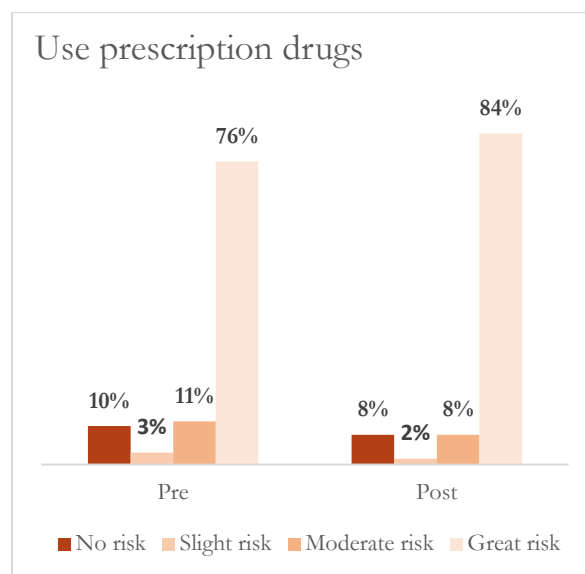
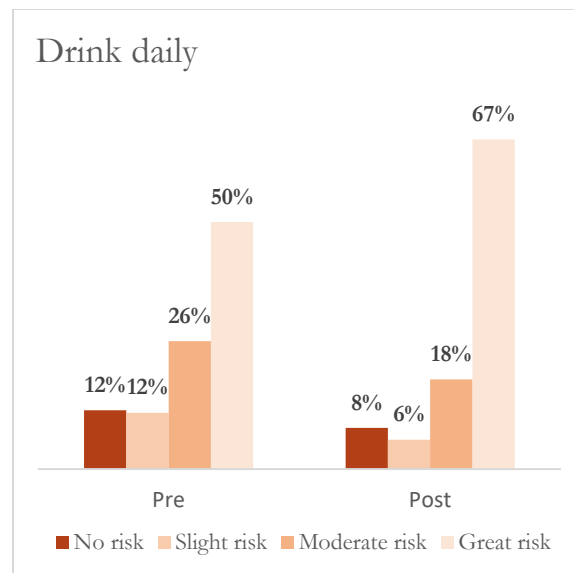
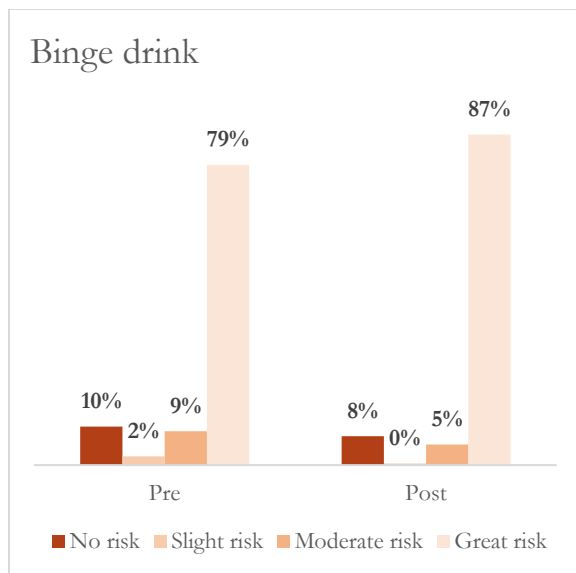
Substance use risk

Youth were also asked five questions about the perceived risk associated with various substances. Two of the questions pertained to the risks associated with marijuana, one about trying marijuana and the other about smoking marijuana regularly (once or twice a week). Two of the questions were about drinking, one about regular drinking (one or two drinks nearly every day) and the other about binge drinking (five or more drinks in a row once or twice a week). The final substance use question inquired about prescription drug use without a doctor's prescription. These questions utilized a Likert Scale with answers: *No risk*, *Slight risk*, *Moderate risk* and *Great risk*.

Figure 18 shows the distribution of answers related to perceived substance use risk. These charts help illustrate how participation in HFHY led youth to perceive greater risk related to substance use. For every substance use behavior, a greater proportion of participants viewed the behavior as a *Great risk*. An additional 17.0% of participants viewed drinking daily as a *Great risk* after participating in the program. By the end of the program, fewer individuals viewed these substance use behaviors as having *Slight* or *No risk*.

Figure 18: Youth perceived substance use risk





Family rules

One of the major HFHY program objectives was the development of family guidelines regarding substance use, and there were multiple questions concerning family rules on the pre and post-surveys. These questions utilized a four point Likert Scale (1=NO!, 2=No, 3=Yes, 4=YES). A positive outcome was identified as those who responded *Yes* or *YES!*.

As shown in Figure 17, most youth coming into the program indicated their family had rules, as well as rules specific for substance use. Youth also shared they felt comfortable communicating with their parents/caregivers about any issues they might have. Despite the high initial agreement related to Family Rules, there were increases from pre to post for each question. These increases ranged from 1.1% to 1.8%.

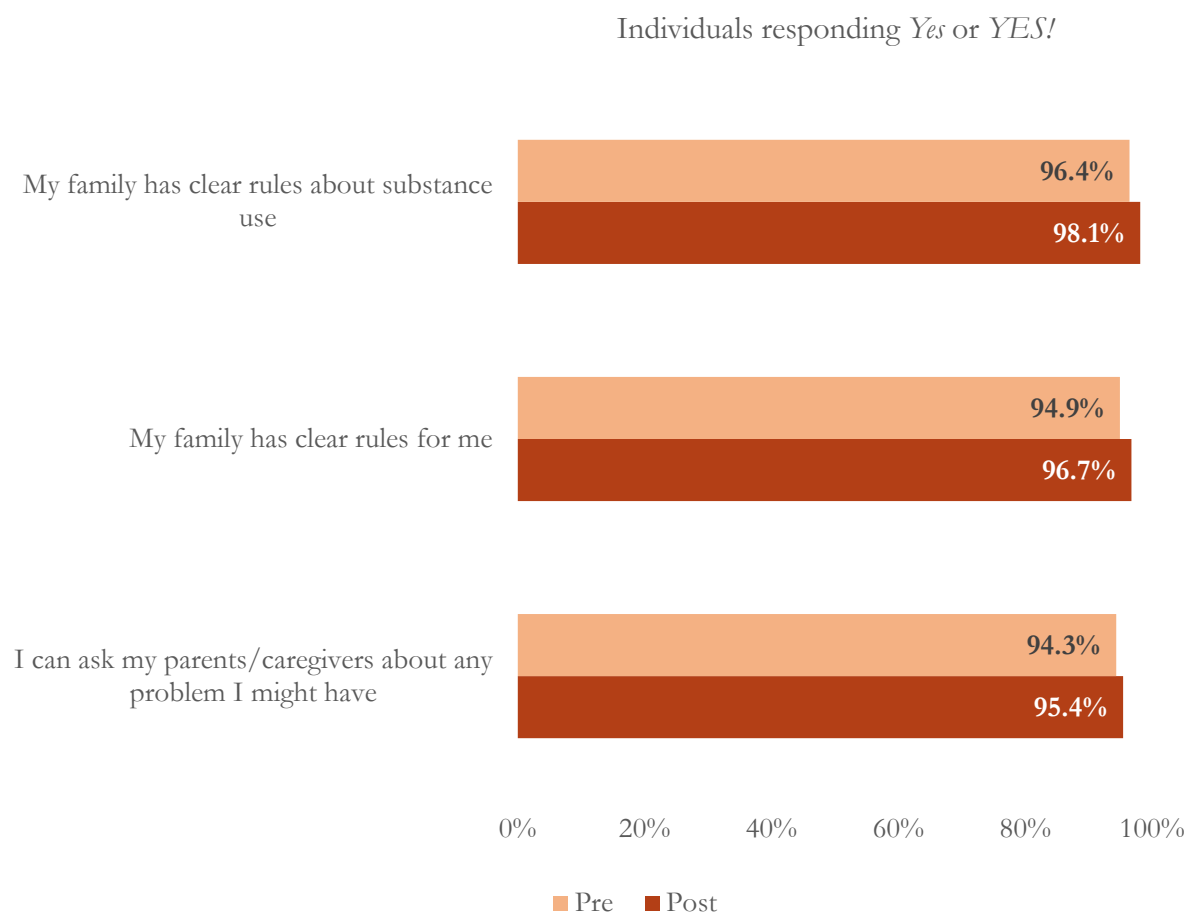


Figure 19: Family rules according to youth

Peer disapproval

Youth perceptions of peer disapproval were also measured by pre and post-surveys. These questions utilized a four-point Likert Scale (1=*Not wrong at all*, 2=*A little bit wrong*, 3=*Wrong*, 4=*Very wrong*). A positive outcome was identified as those individuals answering *Wrong* or *Very wrong*.

After participating in the HFHY Program, there was an increase in the proportion of participants who felt that their peers would disapprove of substance use. This was true for every substance asked on the survey. Coming into the program, 85.3% of youth felt their peers would disapprove of marijuana use, but after participating in the program this increased to 92.8%, a 7.5% increase.

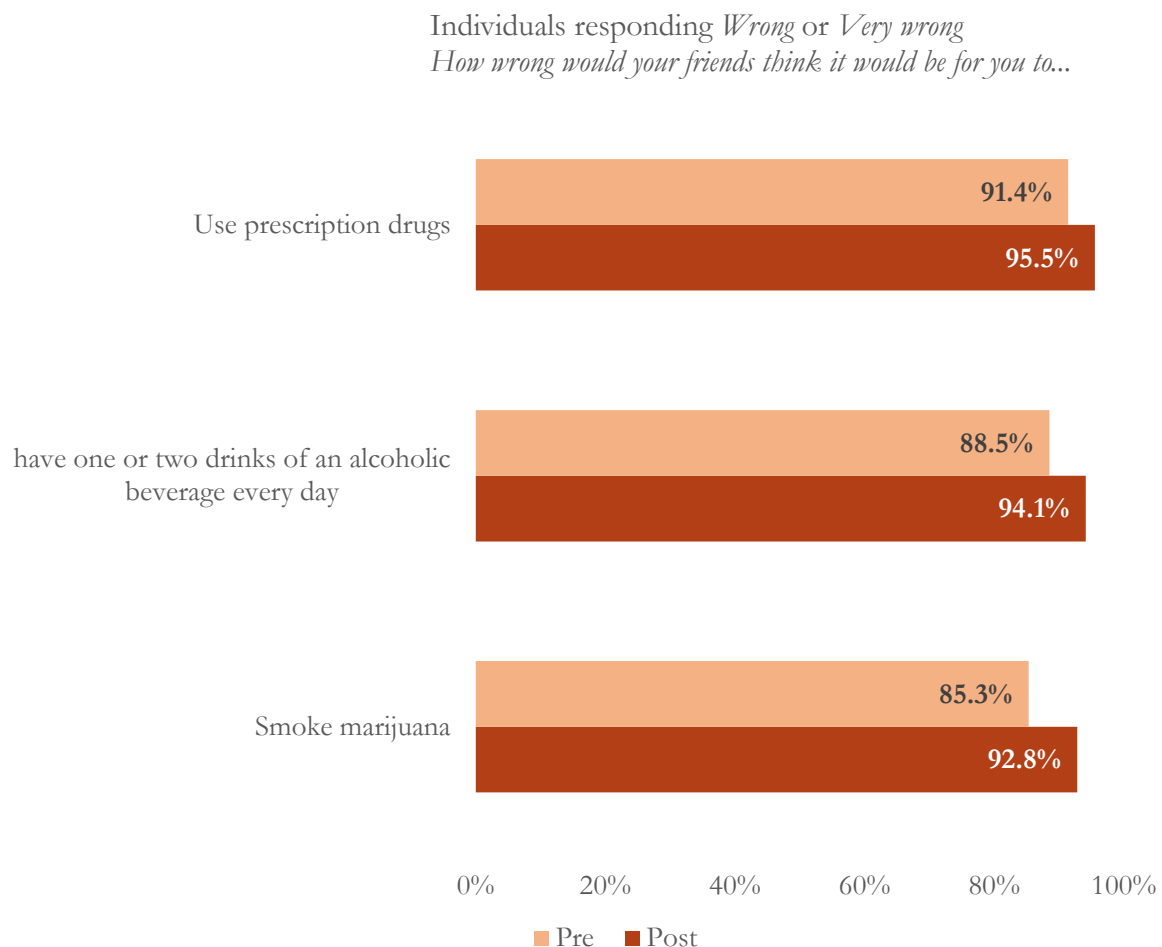


Figure 20: Peer disapproval according to youth

Difficulty communicating about substance use

Youth were also asked to rate how difficult it was for them to communicate about substance use with their parents/caregivers, a central premise of the program. By the end of the program, more youth (39% vs. 44%) felt that it was *Very easy* to talk about substance use with their parents/caregivers.

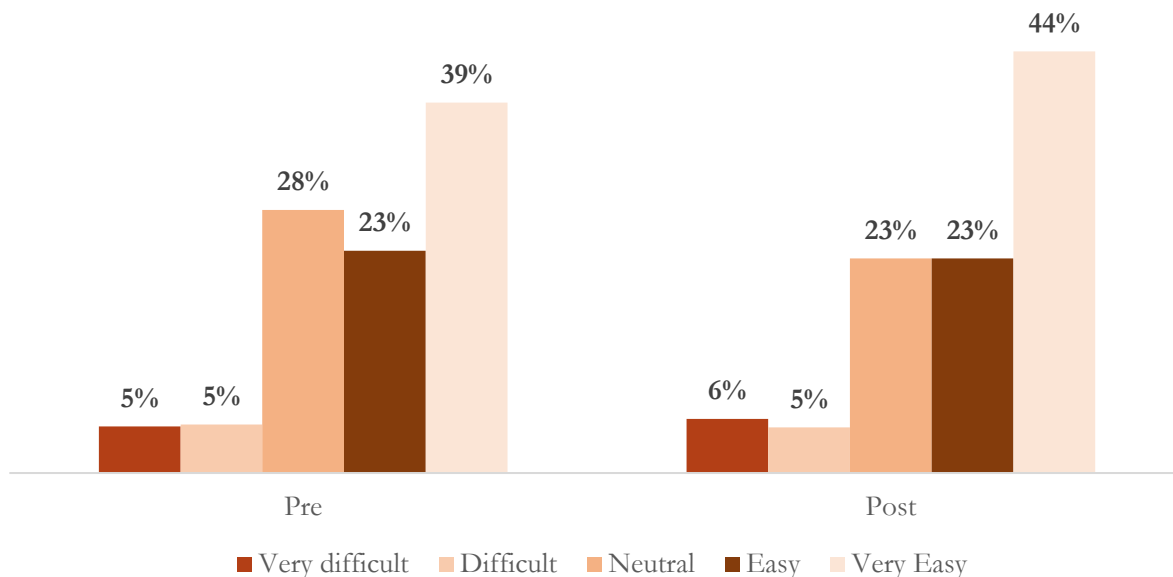


Figure 21: Youth level of difficulty communicating about substance use



Wade Carpenter Youth Session

Post program satisfaction

After participating in the HFHY Program, youth were asked two sets of questions meant to gauge their satisfaction with various aspects of the program. Overall, the youth were very satisfied with their experience participating in the program. For the first set of questions, a positive outcome for the satisfaction question were the responses *Satisfied* or *Very Satisfied*. No question had a level of agreement under 94.0%. Almost all participants (98.6%) indicated they were satisfied with the organization of the program. The program overall received very high satisfaction as well, with 97.6% of participant indicating their satisfaction.

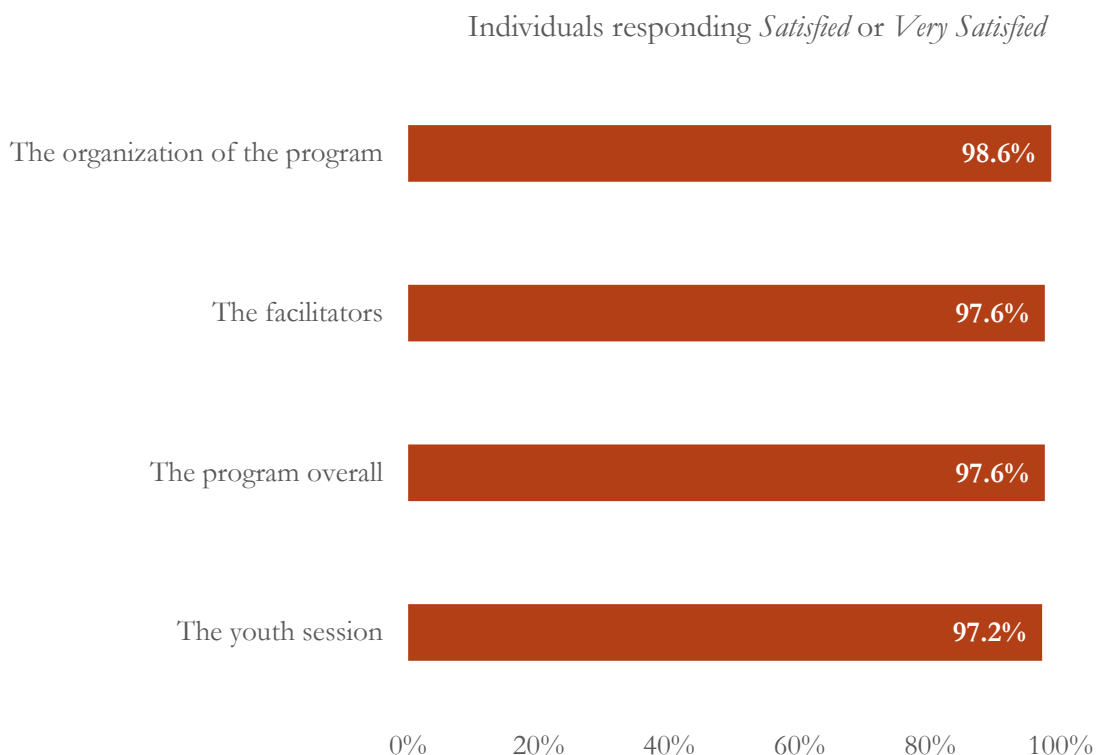


Figure 22: Youth satisfaction with HFHY - set 1

For the second set of satisfaction questions, a positive outcome was recorded when an individual responded *Agree* or *Strongly agree*. Again, youth expressed satisfaction with participation in the program. The vast majority of youth (98.8%) indicated that they would recommend the program to other youth/families, and 97.4% of participants indicated that the skills they learned will be useful for their family.

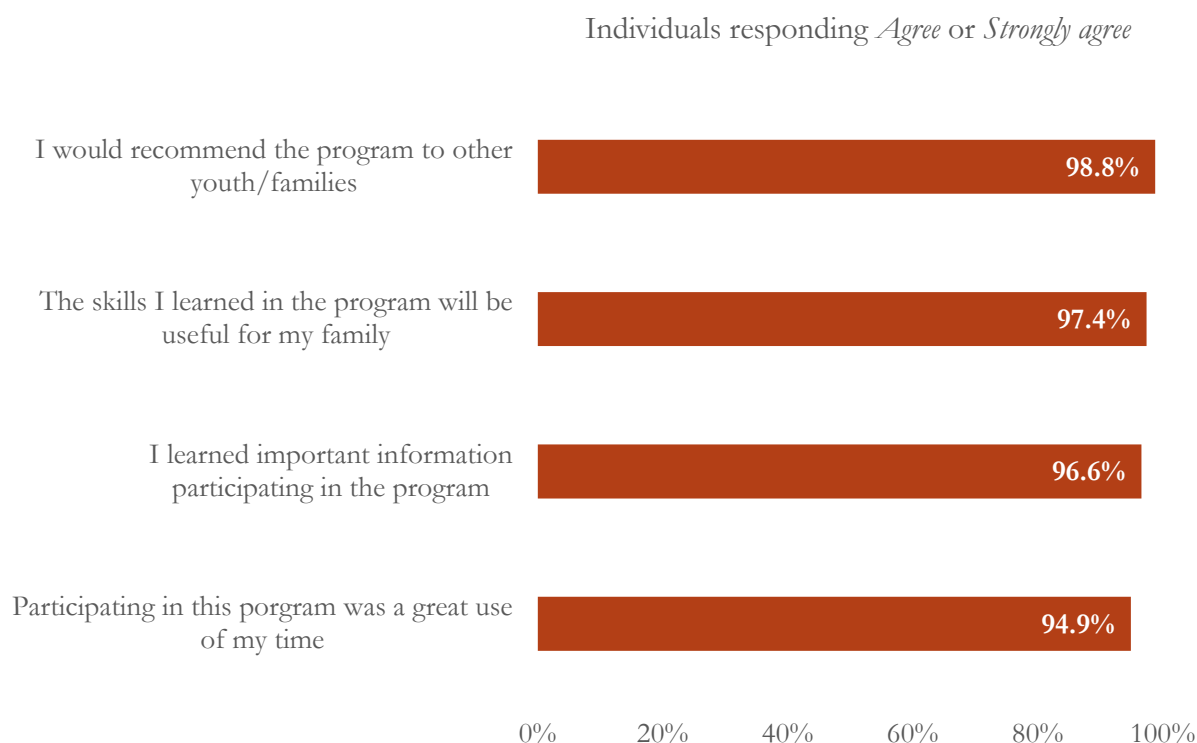


Figure 23: Youth satisfaction with HFHY - set 2

Youth pre to follow-up

Knowledge

As a part of all three surveys, youth were asked a series of knowledge questions meant to gauge their familiarity with various drug prevention strategies. The results for youth knowledge were mixed. On one question, *Most Arizona youth my age use drugs and alcohol*, the percentage of youth correctly answering decreased from pre to follow-up. However, for two of the knowledge questions, *It is easier for youth to get addicted to drugs and alcohol than adults* and *[Blank] are another name for the stressors youth my age experience* there were substantial increases from pre to follow-up. The question and *Peer pressure is the only stressor that may lead youth to use* effectively remained the same from pre to follow-up

Overall, youth experienced increased conceptual understanding of pressure points with a 22.4% increase from pre to post, a major objective of the HFHY Program. Additionally, there was nearly a 15% increase in youth who understand that youth get addicted to drugs and alcohol more easily than adults.

Table 13: Youth knowledge change from pre to follow-up

Question	Pre (% Correct) N=100	Post (% Correct) N=100	Pre to follow- up Difference
Most Arizona youth my age use drugs and alcohol	53.2%	45.9%	-7.3%
Peer pressure is the only stressor that may lead youth to use drugs	69.1%	70.0%	0.9%
It is easier for youth to get addicted to drugs and alcohol than adults	73.4%	88.0%	+14.6%
[Blank] are another name for the stressors youth my age experience	23.1%	45.5%	+22.4%

Substance use communication

On the pre and follow-up surveys youth were asked a series of questions about family substance use communication. The substance use communication questions utilized a four-point Likert Scale with participants asked to rate their level of agreement with various statements (1=*Strongly disagree*, 2=*Disagree*, 3=*Agree*, and 4=*Strongly agree*). For the purposes of this analysis, a positive outcome is a response of 3 or 4, which indicates a youth's agreement.

There were mixed outcomes related to substance use communication for youth. There were generally high levels of communication coming into the program, and youth reported increases in three question related to substance use communication. One question *...has told me they would not approve if I used substances* there was a 1.9% decrease from pre to follow-up. There was no change in the question about parents sharing their disapproval of substance use. There was a 4.2% increase in youth who shared their family has talked about how to handle substance offers and a 14.9% increase in those youth who have had their parents ask their thoughts and opinions about substance use.

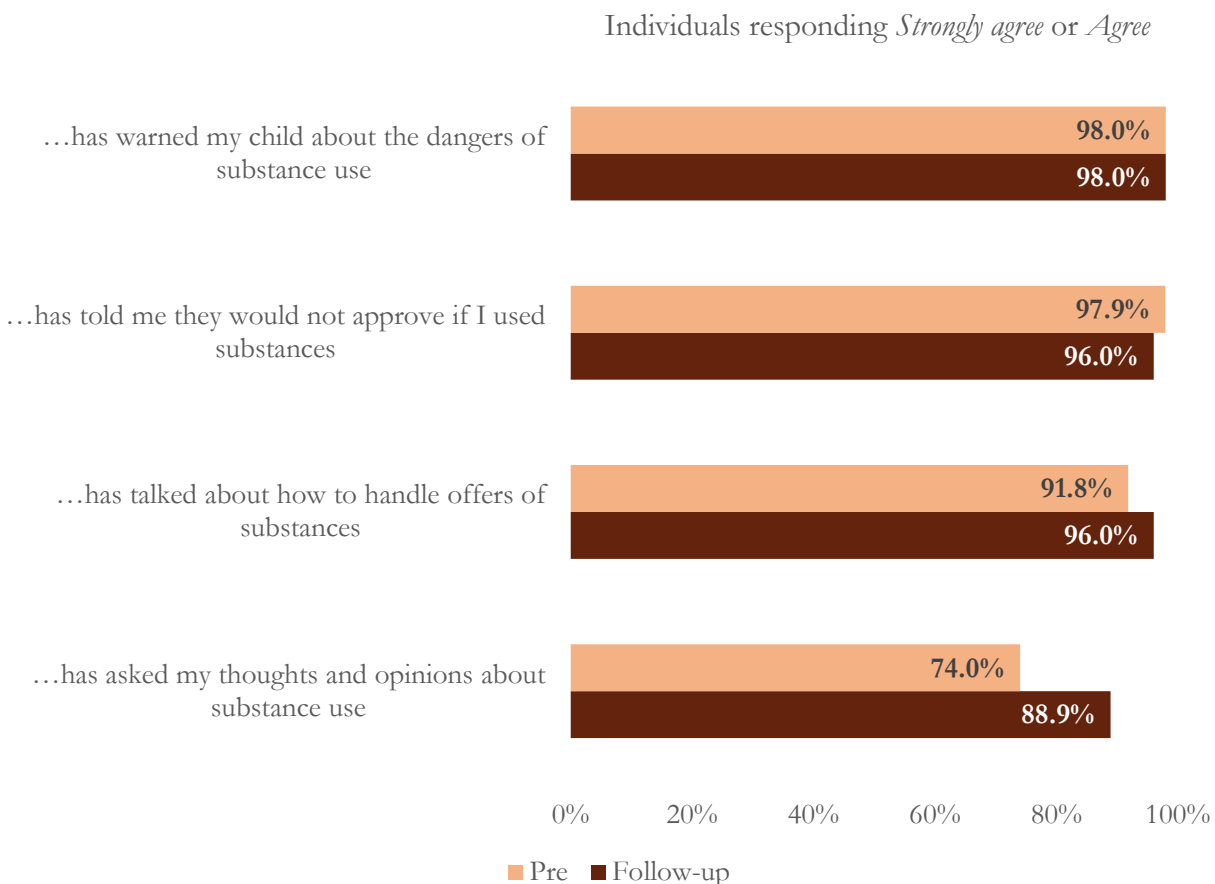


Figure 24: Substance use communication according to youth

Spend time doing fun things

On the pre and follow-up surveys only, youth were asked if their parents spent time with them doing fun things. This was a point of emphasis during the program, meant to help adults better engage with their youth. This was measured with one question and utilized a four-point Likert Scale (1=*Strongly disagree*, 2=*Disagree*, 3=*Agree*, and 4=*Strongly agree*). By the follow-up survey, substantially more youth agreed that their parents spent time with them doing fun things. There was a 26.0% increase from pre to follow-up on this question (those responding *Strongly agree* or *Agree*).

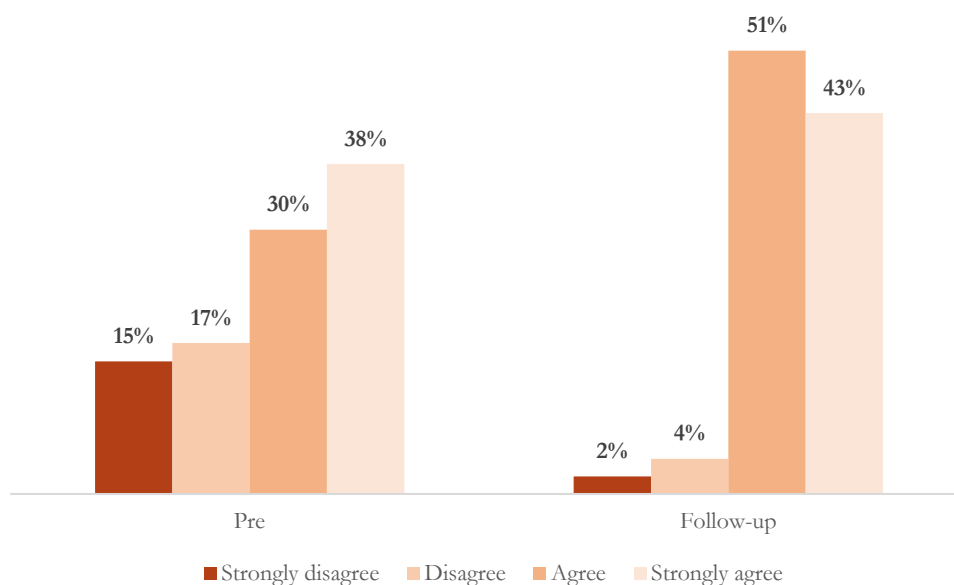


Figure 25: Doing fun things with parents/caregivers according to youth

Perceived parental disapproval

On the follow-up youth were also asked multiple questions about their perceived parental disapproval of substance use. These questions utilized a Likert Scale with answers: 1=*Not wrong at all*; 2=*A little bit wrong*; 3=*Wrong*; 4=*Very wrong*. A positive outcome for this question was a response of 3 or 4, indicating perceived parental disapproval of various substance use behaviors.

Youth came into the HFHY Program with high levels of perceived parental disapproval. This could be one possible reason the results for this question were mixed. From pre to follow-up there were decreases in perceived parental disapproval of marijuana smoking (-1.9%) and prescription drug use (-1.7%). There was however an increase of 3.2% in the number of youth who believe their parents would not approve of regular alcohol consumption.

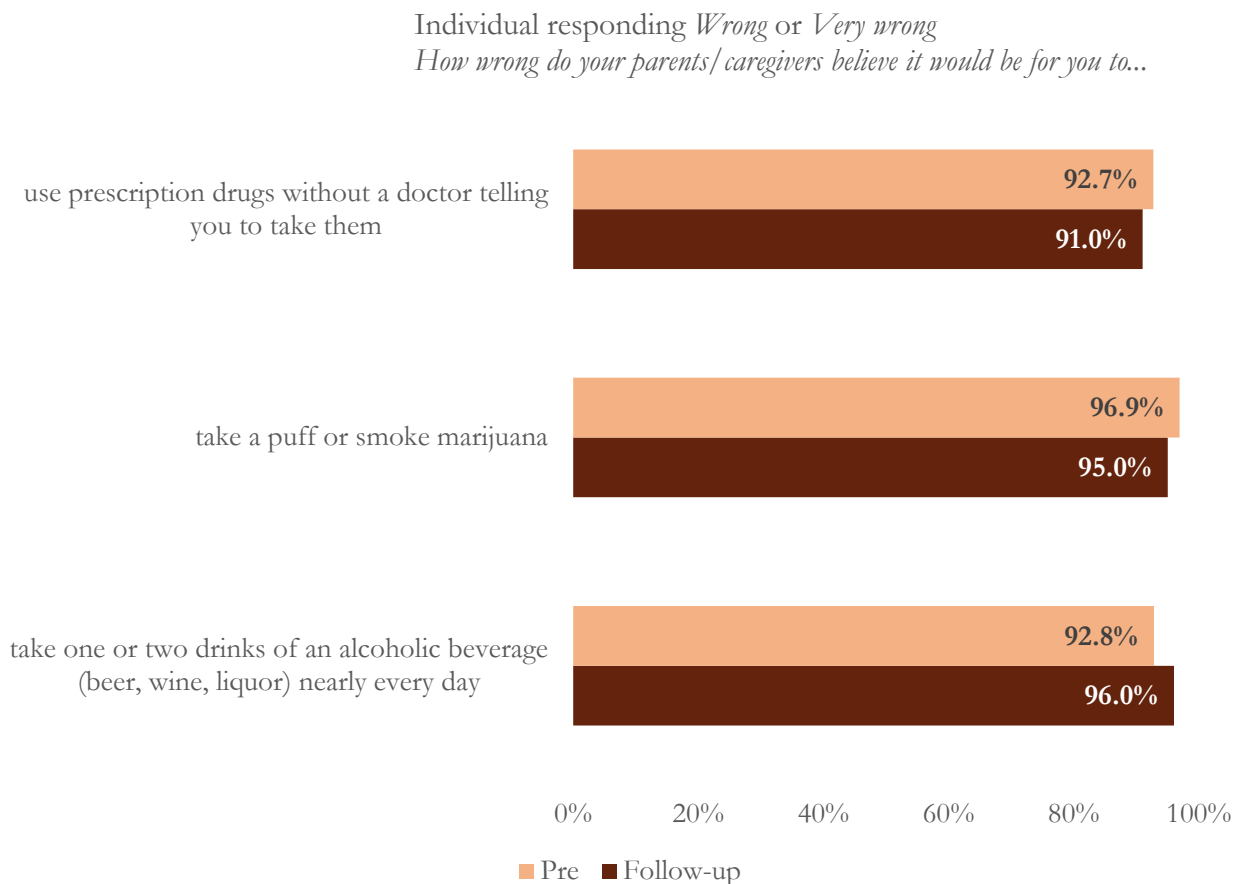


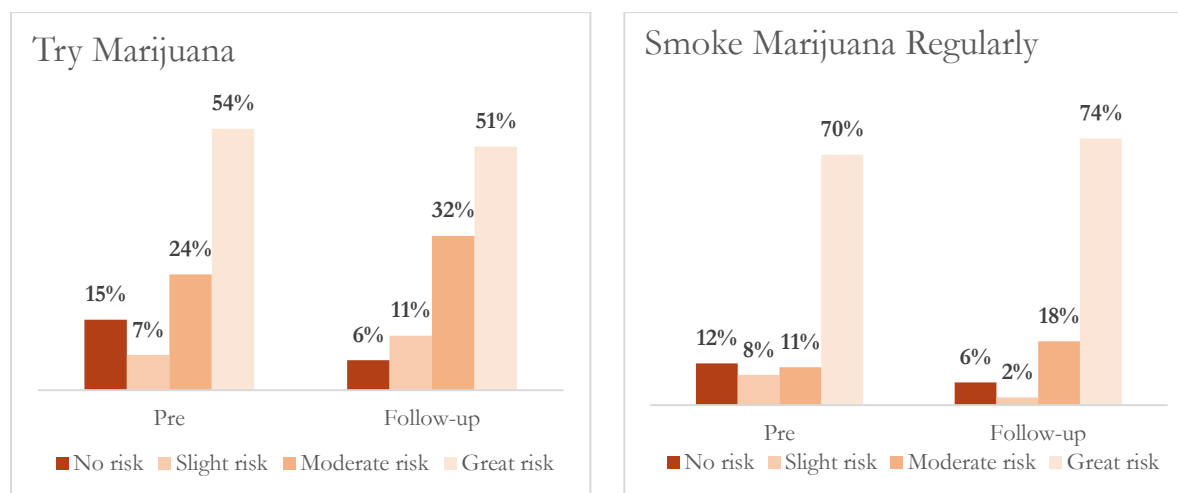
Figure 26: Youth perceived parental disapproval of substance use

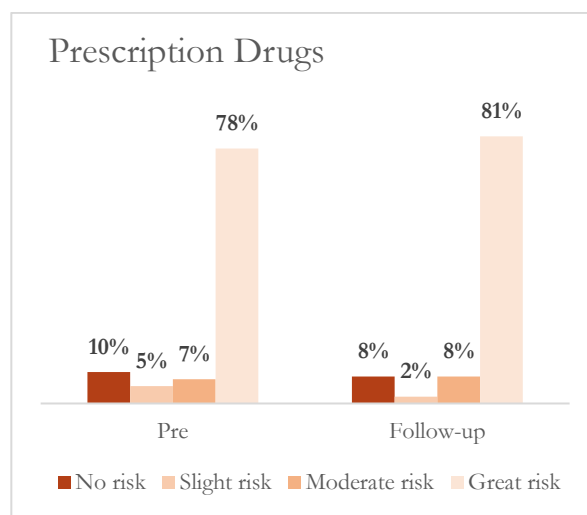
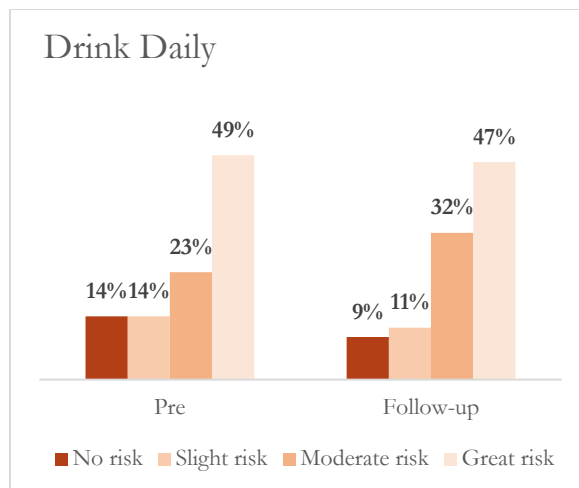
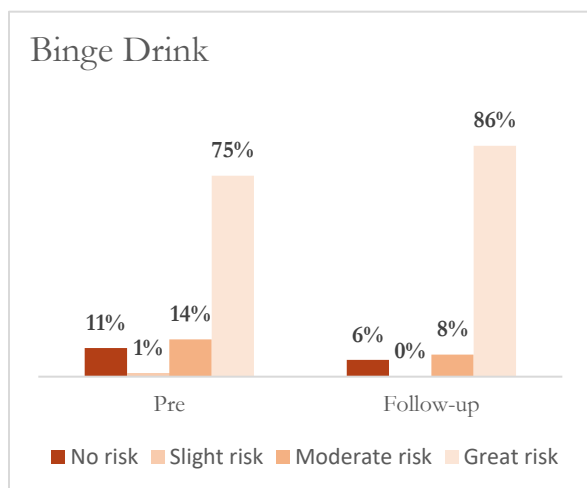
Substance use risk

Youth were also asked multiple questions about the perceived risk associated with the use of various substances. Two of the questions pertained to the risks associated with marijuana, one about trying marijuana and the other about smoking marijuana regularly (once or twice a week). Two of the questions were about drinking, one about regular drinking (one or two drinks nearly every day) and the other about binge drinking (five or more drinks in a row once or twice a week). The final substance use question was in regards to using prescription drugs without a doctor's permission. These questions utilized a Likert Scale with answers: *No risk*, *Slight risk*, *Moderate risk* and *Great risk*.

Figure 25 shows the distribution of answers related to perceived substance use risk. These charts help illustrate how participation in the HFHY Program led youth to perceive greater risk in substance use behaviors. For each behavior, a greater proportion of participants viewed the behavior as a *Great risk* or *Moderate risk*. Further, by the follow-up fewer individuals viewed these substance use behaviors as having *Slight* or *No risk*.

Figure 27: Youth perceived substance use risk - pre to follow-up





Substance use conversation

One of the primary objectives of the HFHY Program is to increase the frequency with which adults and youth have conversations about substance use. From pre to follow-up there was an increase in the number of families who had a conversation about substance use in the past week (7.0%) as well as an increase in families who had a conversation in the past month (6.0%). Over a quarter of participants (26.0%) reported having a conversation in the past week. Also on the follow-up, no individuals reported having never had a conversation about substance use.

How recently have you had a conversation with your youth about how to refuse or avoid drugs and alcohol?

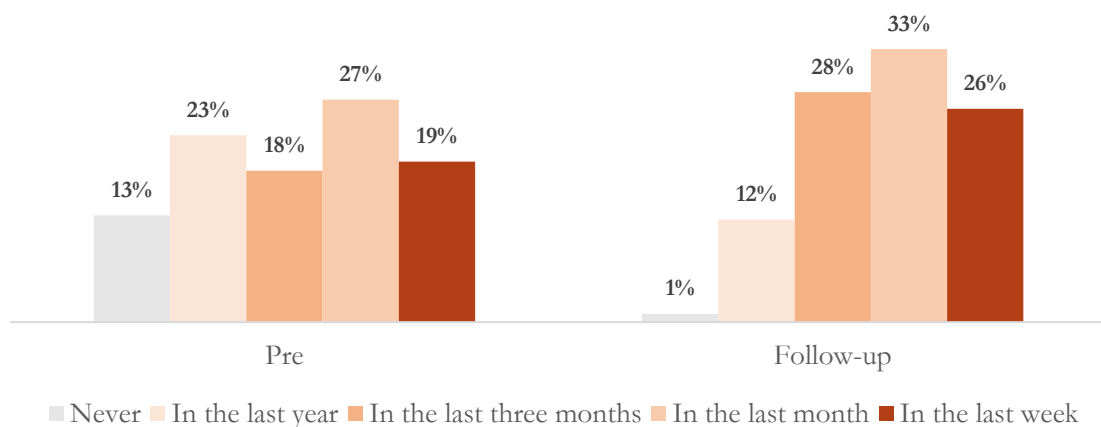


Figure 28: Substance use conversation according to youth - pre to follow-up



Miami Jr. High family conversation

Family rules

As one of the major objectives of the HFHY Program was the development of family guidelines about substance use, there were multiple questions asked about family rules on all three surveys. These questions utilized a four point Likert Scale (1=NO!, 2=No, 3=Yes, 4=YES). A positive outcome was identified as those who responded *Yes* or *YES*.

Once again, youth came into the program with very high rates of having family rules, which could account for the regression from pre to follow-up. Though there were no substantial changes from pre to follow-up, there was a decrease in the proportion of youth sharing they can ask their parent/caregiver about problems they may have.

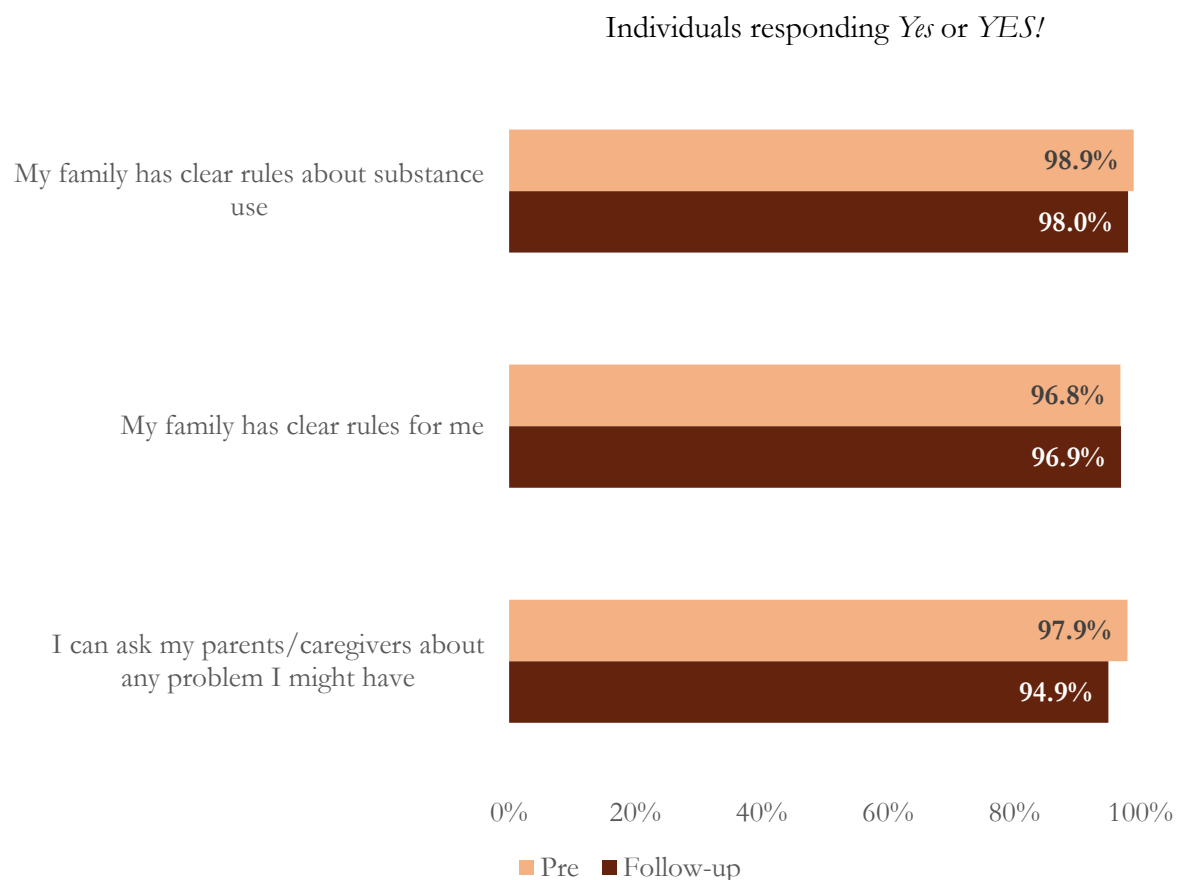


Figure 29: Family rules according to youth - pre to follow-up

Youth peer disapproval

Youth perceptions of peer disapproval were also measured on the follow-up survey. These questions utilized a four-point Likert Scale (1=*Not wrong at all*, 2=*A little bit wrong*, 3=*Wrong*, 4=*Very wrong*). A positive outcome was identified as those individuals answering *Wrong* or *Very wrong*.

After participating in the HFHY Program, there was an increase in the proportion of participants who felt that their peers would disapprove of binge drinking and prescription drugs use, but a slight decrease in those who perceived peer disapproval of marijuana use.

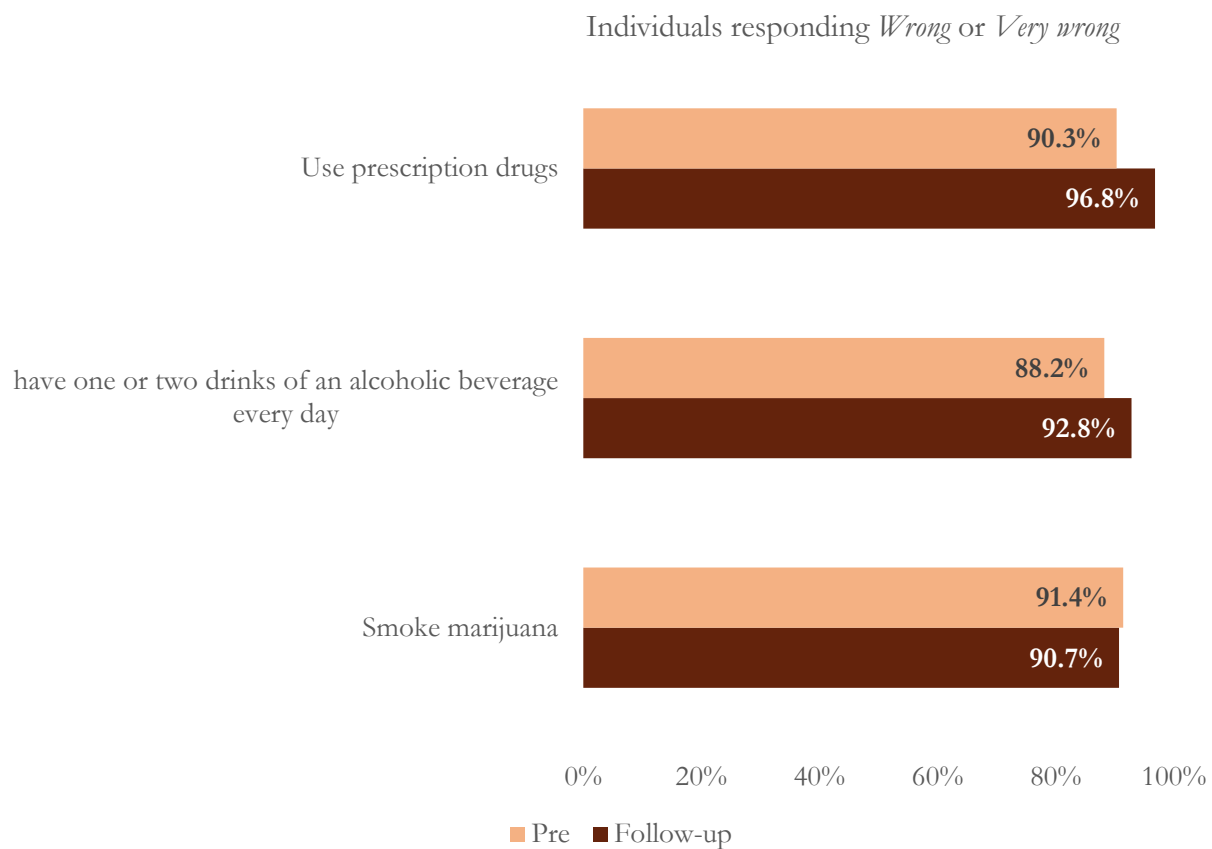


Figure 30: Perceived youth peer disapproval - pre to follow-up

Program utilization

On the follow-up survey, youth were asked two sets of questions about their utilization of the skills and tools developed during the program. This was measured using a four-point Likert Scale (1=*Strongly disagree*, 2=*Disagree*, 3=*Agree*, and 4=*Strongly agree*). Overall, youth reported high rates of utilization of those HFHY skills. A total of 95.9% of youth reported their family had made rules about substance use. Additionally, 80.2% of youth participated in activities that could help them avoid drugs and alcohol.

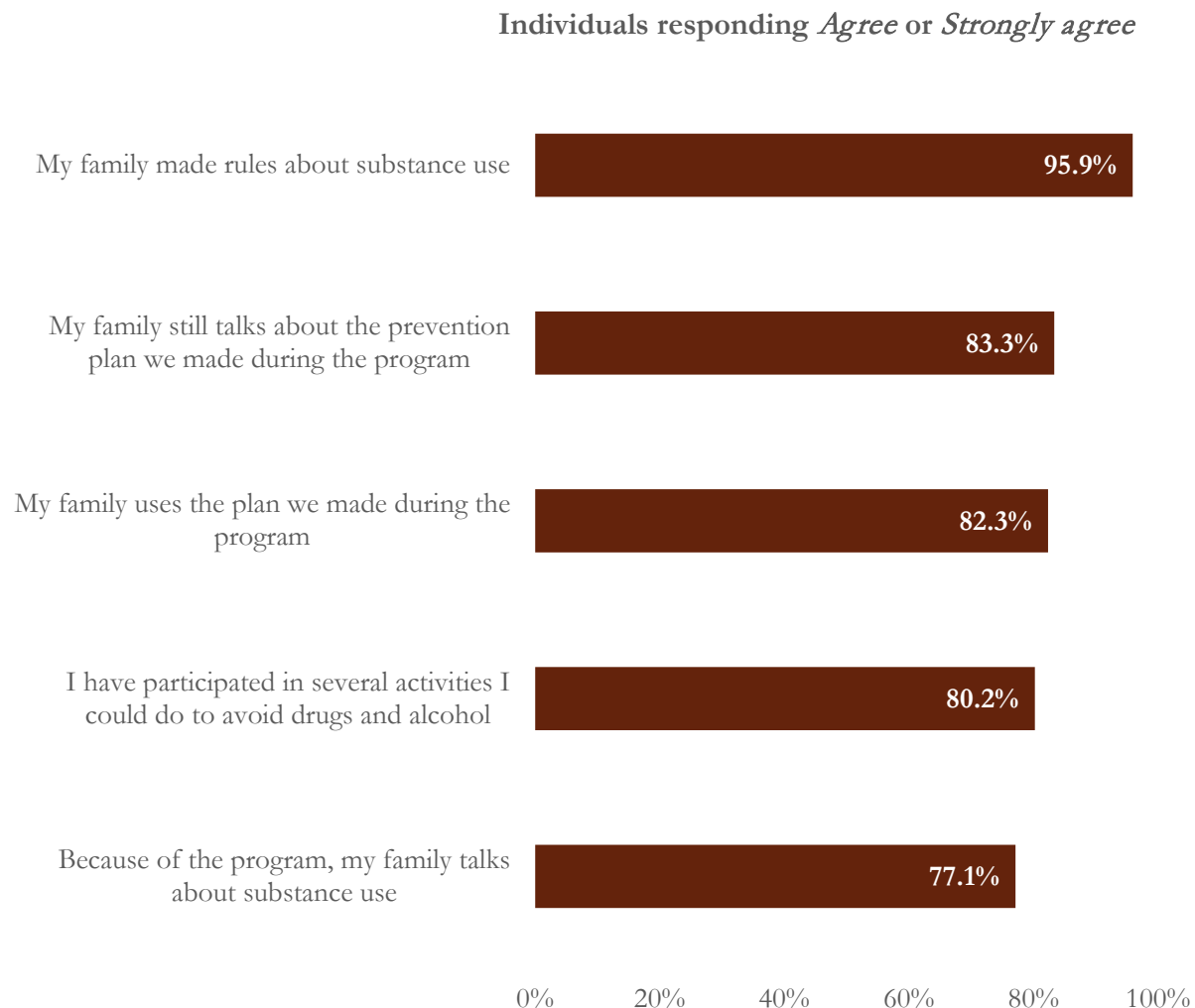


Figure 31: Program utilization by youth - set 1

For the second set of skill utilization questions, youth once again reported high levels of utilization of skills, and retention of knowledge from the program. All the participants (100%) reported they understood their choices regarding drug and alcohol use had consequences.

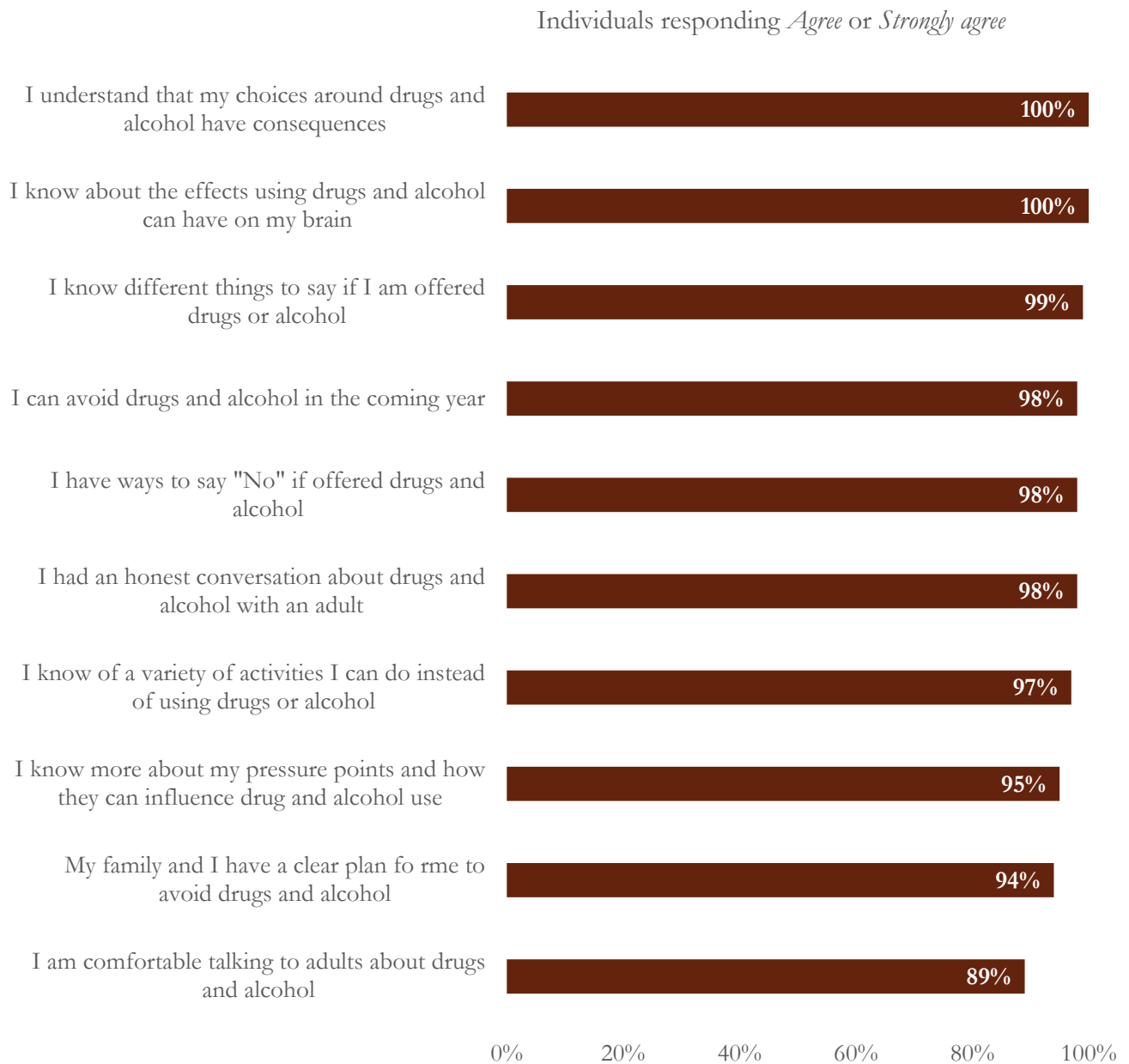


Figure 32: Program utilization by youth - set 2

Youth Open-Ended Response

As a part of all three surveys, youth were asked a series of open-ended questions to gain a clearer understanding of their opinions and the impact of the program. All responses were entered into NVivo qualitative data analysis software to identify salient themes and ideas expressed by HFHY participants.

Pre-Survey

Youth were asked three open-ended questions as a part of the pre-survey.

What would be the hardest part of talking about substance use with your parents/caregivers?

The first open-ended question for youth asked: *What would be the hardest part of talking about substance use with your parents/caregivers?*

The majority of participants shared that it was difficult to discuss substance use with their parents. Some stating that their parent's reaction was the hardest part. Others indicated that it would be difficult or awkward to communicate about substance use

Them yelling at you or getting mad

The hardest part would be trying to get them to understand.

Many youth also shared they fear letting their parents down and not meeting their expectations.

The hardest part is how awkward it is because of expectations.

Many youth indicated it was difficult to talk to their parents about substance use because their school has substances.

The hardest part about talking about substances is if your school has had drugs in it

Numerous youth shared they simply do not talk to their parents about drugs because it makes them uncomfortable.

For me it would be mentioning the topic because I don't like talking about this kind of stuff.

Further, many youth indicated communicating about substance use was difficult because they know of family members and friends who have had trouble with substance use.

When a family member almost die using one. But he's safe.

Heroin because some family has been on it & had problems.

A few youth also shared that it was a very difficult conversation to have with their parents for fear of disappointing them and being ashamed.

The hardest part would be to see that they are disappointed in me

They would be ashamed of you.

They would not want to talk to you for a while

Some youth also shared that this was a difficult conversation because their parents would ask if they are using drugs. The youth also mentioned communicating with their parents is difficult because they don't know where to begin on the topic.

Bringing it up, they would ask "why are you doing drugs?"

Bringing it up.

Beginning the conversation and knowing how to specifically talk about it.

While some indicated conversations about substance use were difficult, others found such conversations easy. Youth shared a variety of reasons why substance use conversations were easy including: they feel comfortable, it is simple, and their religion.

There wouldn't be a hard part because they let me ask questions freely.

There is no hard part I feel comfortable sharing with them.

Well if I did drugs I'll tell them right away furthermore If I don't do them the Ill tell them right then in there two.

Many youth simply shared their curiosity about what the effects of drugs as well as their parent's previous drug usage.

Asking how it would effect.

Asking if it could really harm you.

Asking them if they have ever tried a substance.

Asking how you would feel after you use it and when you know you are addicted.

When you have discussions with your family about substance use, how does it make you feel?

The second open-ended question asked youth: *When you have discussions with your family about substance use, how does it make you feel?* Discussing substance use made participants feel a variety of different ways. For this question, responses were nearly evenly split between positive and negative feelings associated with substance use discussions.

For those who did share negative feelings about discussing substance use, the most frequent response was the discussions made them feel sad because they fear their parents don't trust them.

Bad, or makes me feel they don't trust me.

Others shared that this discussion was uncomfortable because they feel very self-conscious and scared.

A little bit self-conscious, and nervous too. I'm afraid of being addicted to drugs and scared at the mention of it. I've heard a lot about the danger and horrors of alcohol and drugs.

When I have a conversation with my family it makes me feel nervous of what they think of me.

Bad, because people get hooked to it.

Numerous youth shared discussing substance use made them feel sad, but specifically sad for those who use drugs and who have been harmed by them.

Sad for my fellow children dead to it.

Sad that other people go through this but also happy I know how to stay out of it.

Many youth also shared that the discussions about substance use made them feel sad because they have family members that struggle with substance abuse.

Sad because my family had problems because of drugs. I don't want to be like them.

Several also shared that these conversations were weird, and uncomfortable as well as awkward because they don't do drugs.

Weird because I don't like it and don't know why they would bring it up.

Sometimes it makes me feel awkward.

Weird because I know I don't get involved with that stuff.

While many shared that conversations about substance use brings out negative feelings, many indicated positive experiences with these conversations.

A few individuals shared that conversations about substance use make them feel better, and that they feel safe because they can speak to their parents about the topic.

Safe, I can have a learning experience from my parents.

We talk about it all the time and it makes me feel a lot better when they the tell me not to do them.

The discussions I have make me feel safe.

Of those that felt positive about those conversations, many shared that those conversations made them feel more knowledgeable on how to handle the pressure of drug use.

Yes, it makes me feel better because then I know what to do.

We talk about it all the time and it makes me feel a lot better when they tell me not to do them.

Numerous youth also shared feeling comfortable having these conversations with their peers as well. Participants shared social media helps prompt discussions about substance use, and that it is a topic of conversation with their peers.

Discuss when one of my peers tells me about it.

Every time an overdose case pops up on social media. (Often)

Youth also shared that substance use conversations make them focus on their futures

Think about my future life.

Name two things you want to learn:

The final open-ended question on the pre-survey was about two things youth hoped to learn from the program.

The most frequent cited hope for the program was to become more knowledgeable about drugs and the signs of substance use.

How many kids my age are doing drugs; - multiple signs to tell if they are doing drugs.

How the drugs came to be; - where they came from.

How to prevent from it; - how you would act if you tried it.

Many participants wanted to learn more about the effects of drugs and risk it can place on an individuals' life.

1. How many people die a week off of drugs; 2. If they did it.

Several youth wanted to learn how youth get access to drugs, why people sell them to youth and why people in general use them.

About OD; make is easyr to talk.

How do kids get a hold of drugs? Why sell it to kids?

Where do you find it and why do they sell it. Why do people take drugs.

Another idea mentioned as a hope for the HFHY Program was to understand why drugs are so addicting.

Why is it so addicting? why do people say it fun and get high?

Many participants wanted to know how drugs and alcohol effect the body.

How does substance abuse affect your body.

1. What they can do to your body. 2. the effects on your mind.

Several students wanted to learn more about different drugs and how they effect your life.

Different kinds of drugs the difference between bad and good drugs.

How drugs affect kids in their system and how do you know what drug not to use

Other youth wanted to learn how to take information learned during the program to help prevent others from taking drugs as well as persuade people to stop drug use.

How to prevent it for others; - Why people make them.

Different ways how to prevent drugs & alchohol.

1. how to persuade people to stop doing drugs.

Participants commented that they looked forward to learning about how to avoid drugs and peer pressure from friends.

How to avoid peer pressure to drugs. - How to pick right friends who won't do that stuff.

What to do when someone offers me Drugs Learn how to back out of pure pressure.

1) How to avoid drugs; 2) How to avoid alcohol.

Several youth also indicated they hope to gain better communication skills, with some specifically referring to communication with their families.

Communication better.

Talk with my family.

Post-Survey

Youth were asked one open-ended question on the youth post-survey to gain a better understanding of their experience with the program.

Name two things you learned during the program that will help you.

When asked about two things you learned during the program that will help you, youth provided a variety of answers. Many shared that “Everything” about the program was beneficial. Of those who provided a specific answer, the most frequently shared idea was information about the consequences of drugs and how to better communicate. This aligns very closely to the responses provided by adults on the post-survey.

1. I can talk to guardian/adult about a problem I may have; 2 I learned that I know how to talk to my mom better and that we are making a plan.

1. to not be afraid to tell my parents about my feelings; 2. not to be afraid to tell an adult about anything

Better communication with my parents; Getting addicted with drugs could harm yourself, family, and friends.

Many participants mentioned the tools the program provided to them with technique and skills to say no to drugs.

You should have a code if you need to get picked up from somewhere; ways to say no.

1. How to avoid drugs.; 2. How to say no to drugs (excuses, better things to do).

1. finding out what my pressure points are.; 2. Finding ways to avoid dealing with drugs.

Many youth indicated that the time in the program helped them understand to not do drugs.

Dont do drugs; Dont start because its easier to get addicted at a younger age.

Dont do drugs; Drugs can harm you in many ways and the break relationships.

Don't use heroine or you'll die; using somebody's drugs without the docter's permission is bad.

We don't have to use drugs and don't take drugs from anyone

Other youth shared that the information presented in the youth session provided them with key lessons from the program.

The talk with other 7th grades or when we got separated from the adults. I got to hear the opinion about drugs and alcohol from people my age

Many youth also pointed specifically to the pressure points activity as a key area of learning from the program.

I think it was when we had to write our pressure points it made me realize what really made me stress.

Information about the effects of drugs was another aspect of the program which was a key learning for many youth.

I feel like learning about drugs was most beneficial because it showed what they can do to us.

Youth also indicated that the development of the plan, as well as the communication with adults was the most beneficial.

I think when adult and youth come together to come up with a plan because if you lean this stuff without coming up with a plan it is not as useful than if you did.

Telling students how to be able to talk to parents about these uncomfortable subjects

A few youth provided other answers about what they found most beneficial including: learning, helping their future, surveys, and activities.

Learning many things for our future is very good for ourselves.

There were a few youth who indicated there was nothing they found beneficial, or they were unsure. Some of those who gave this answer shared that they already knew this information.

None really, because I learned this early on.

Participants commented that one of the key learnings from the program was how to deal with peer pressure and in turn say no to drugs.

1. Dont do drugs talk to a trusted adult; make up an excuse to get out of pressure of drugs.

1. It's riskier to try drugs as a child than an adult; 2. I can surround myself with positive, trusted people to keep from negative influence of pressure points and peer pressure.

Always say no to drugs no matter what; Don't ever listen to the people that call you a sissy for not taking drugs or alcohol.

Come up with an excuse to leave if someone offers you alcohol and drugs; Tell an adult if anyone offers you alcohol or drugs.

Two things I learned during this program is that when you are peer pressured, you can just walk away, say no, etc. Also, I learned that you can listen to music when you're stressed or overwhelmed.

Follow-up Surveys

Youth were also asked two open-ended questions as a part of the follow-up survey.

How could the HFHY Program be better for you?

When asked what could be done to make the program better, numerous youth indicated the program was beneficial. Of the youth who provided suggestions for improving the program, the most frequently cited suggestion was to provide more ideas and to give examples and more engaging activities.

Give examples.

Have some activities.

Many youth expressed a desire for the program to happen more frequently.

If they would come more often.

It could be better by being more often.

Some students mentioned that the information would be better to give to all students, with others specifically stating it should be done with different grade levels.

If we didn't go we wouldn't know.

It would be better if it was for 6th and 8th grade.

Youth also suggested that the survey questions should be clearer in the future.

These questions could be easier to understand.

Youth also expressed a desire for more videos.

More videos.

Youth also wanted the program to provide more information about the consequences of substance use.

Can be better for me if they showed the consequences.

Finally, several participants mentioned how much they enjoyed the program and thought it helped everyone.

It already is a perfect program.

Program helps everyone.

Has the plan you developed during the HFHY Program been helpful? If yes, why? If no, why not?

Finally, youth were asked if the plan they developed during the program was helpful, and 78 individuals provided responses. The majority of those individuals shared that, yes, it had been helpful. However, those individuals who did indicate it had been helpful did not provide a rationale as to why. There were some who indicated that the program was not helpful, though they were in the minority.

Facilitators and Coordinators

Post-Survey

Individuals who had a leadership role in the Healthy Families Healthy Youth Program were asked to voluntarily complete an anonymous survey online, one week post-program completion. The online survey link was emailed to adult and youth leaders, program coordinators, data coordinators, and other program support staff. A total of 51 individuals completed the survey. Overall, the responses to the survey were positive.

Participants

Of the 51 facilitators and coordinators who completed the post-survey, the majority identified as one of the following roles: *Adult Leader* (33.3%), *Program Coordinator* (25.5%), *Youth Leader* (19.6%), or *Data Coordinator* (19.6%). The remaining 2.0% identified as *Other*.

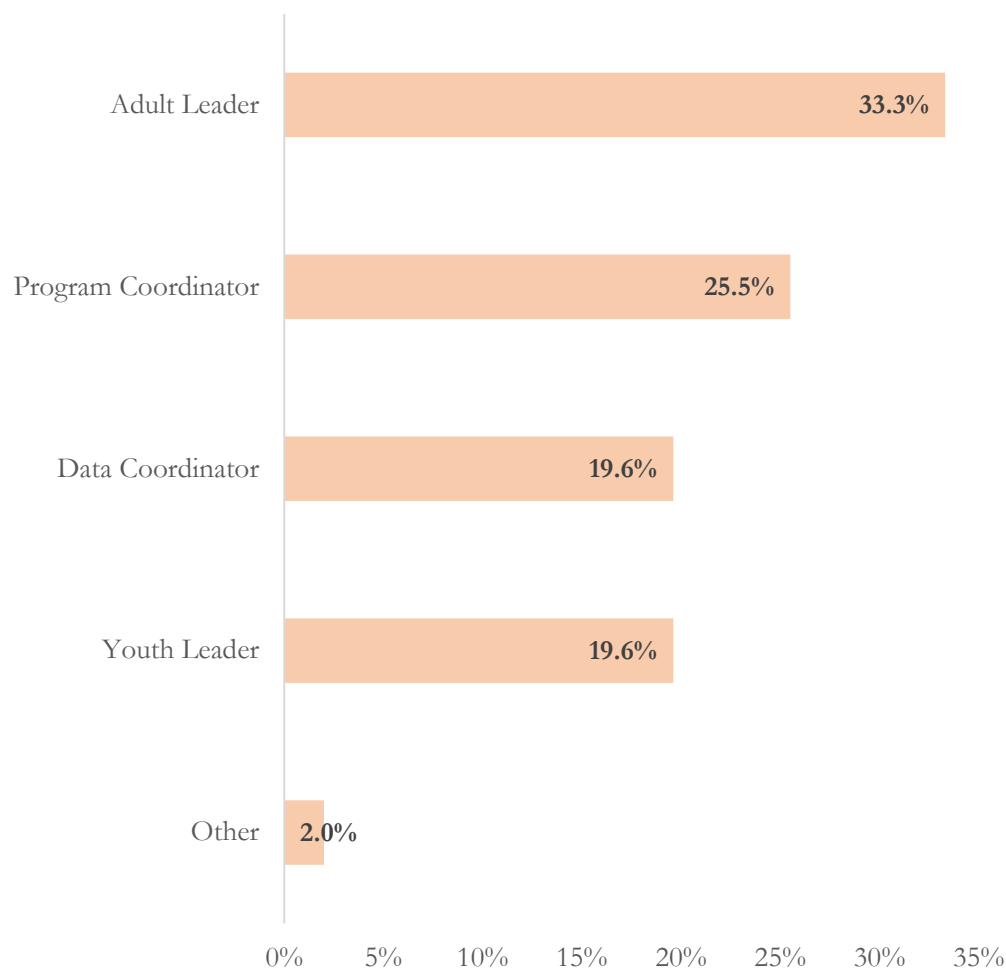


Figure 33: Facilitator and coordinator role

Program perceptions

Facilitators and coordinators were asked a series of questions about their perception of the program. There were high levels of agreement on each question, and no question had less than 90% agreement. Two questions, *I expect the families to use the prevention plan they developed during the program* and *More families would benefit from participating in the HFHY Program*, had 100% agreement among the facilitators and coordinators.

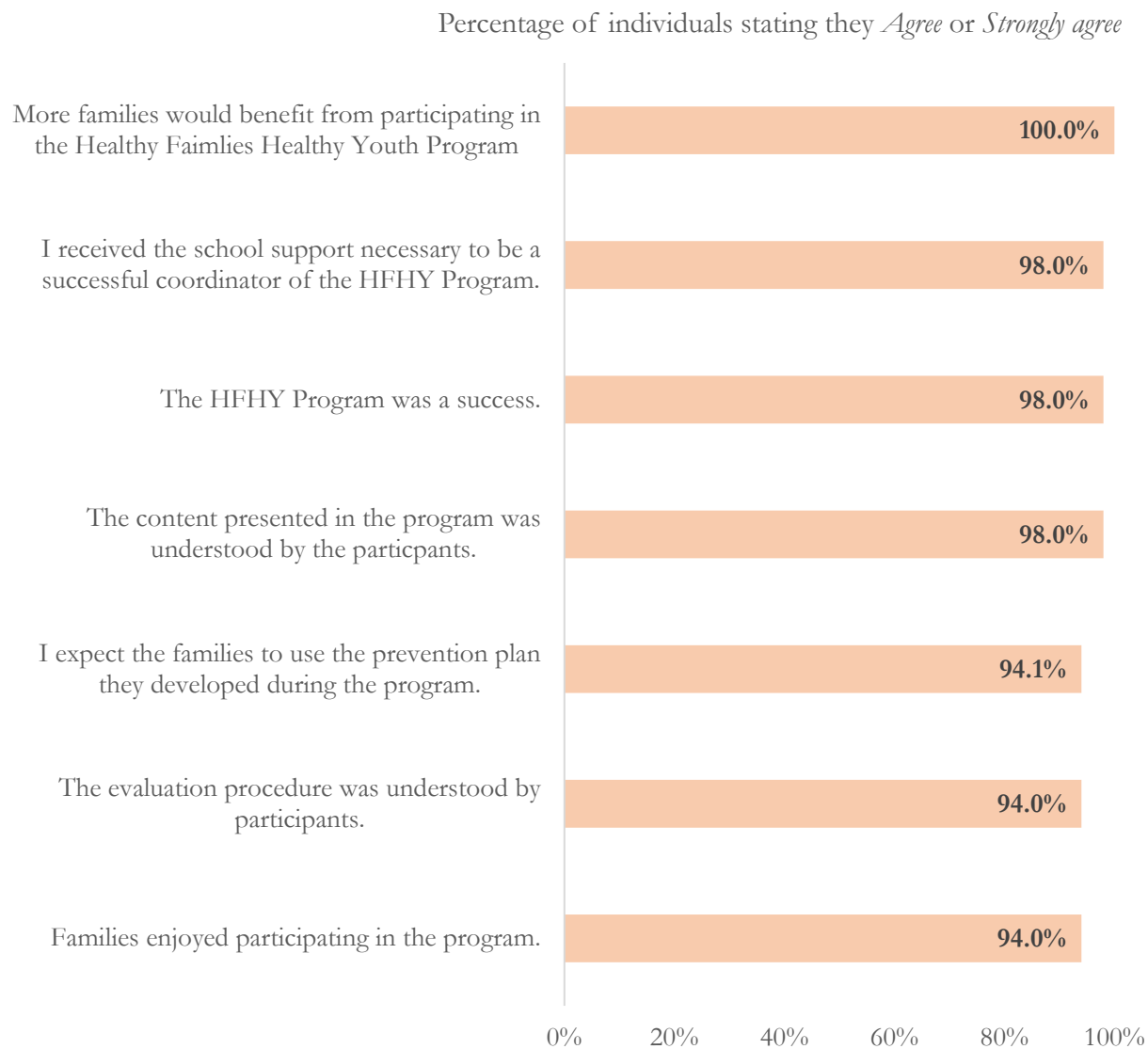


Figure 34: Facilitator and coordinator perceptions of the HFHY Program

Perceived program impact

When asked about the perceived impact of the program, facilitators and coordinators were once again positive. The question with the highest level of agreement was *Parents and youth developed a drug and alcohol prevention plan* with 98% indicating they *Strongly agree* or *Agree*.

Percentage of individuals stating they *Agree* or *Strongly agree*

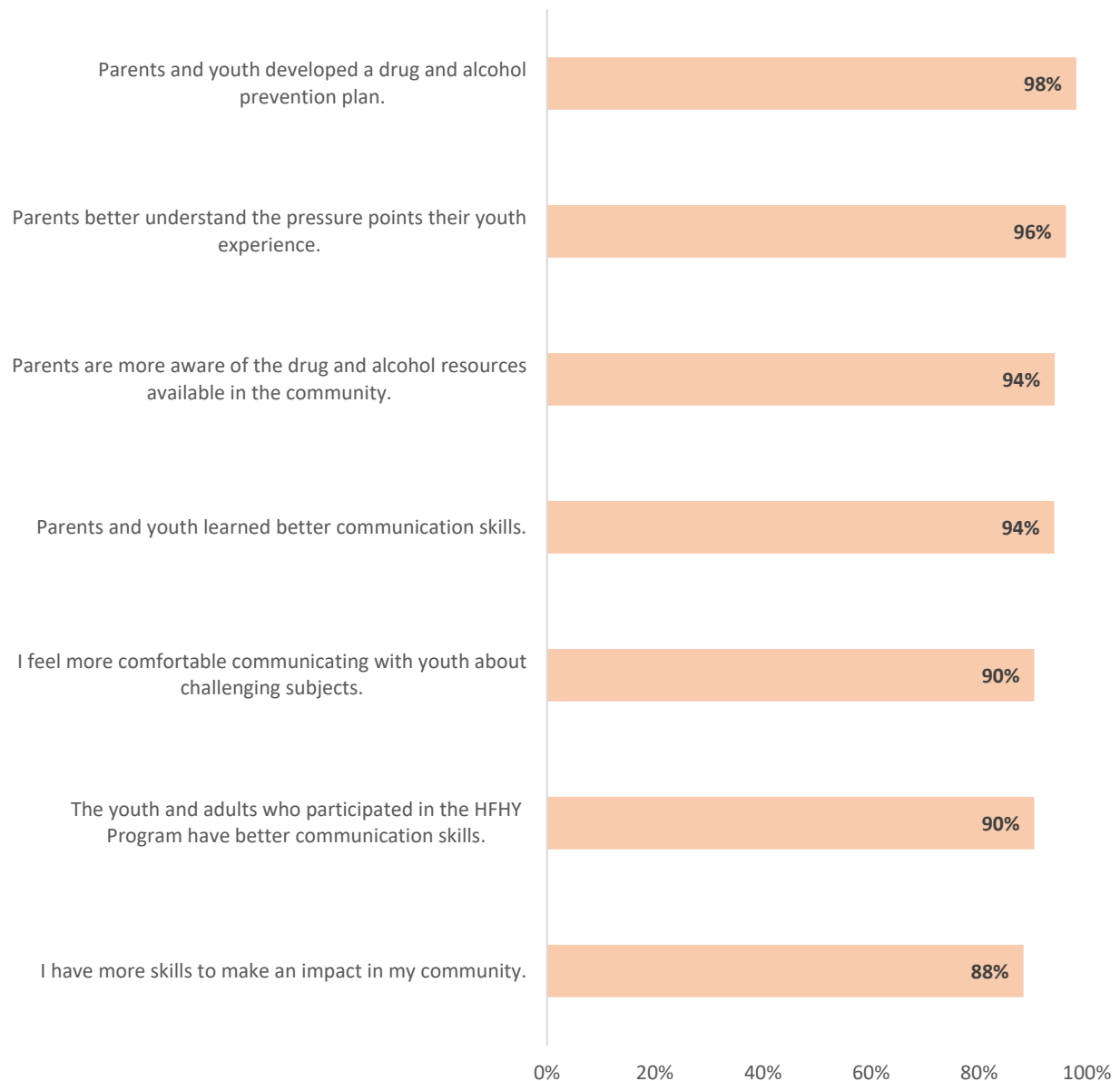
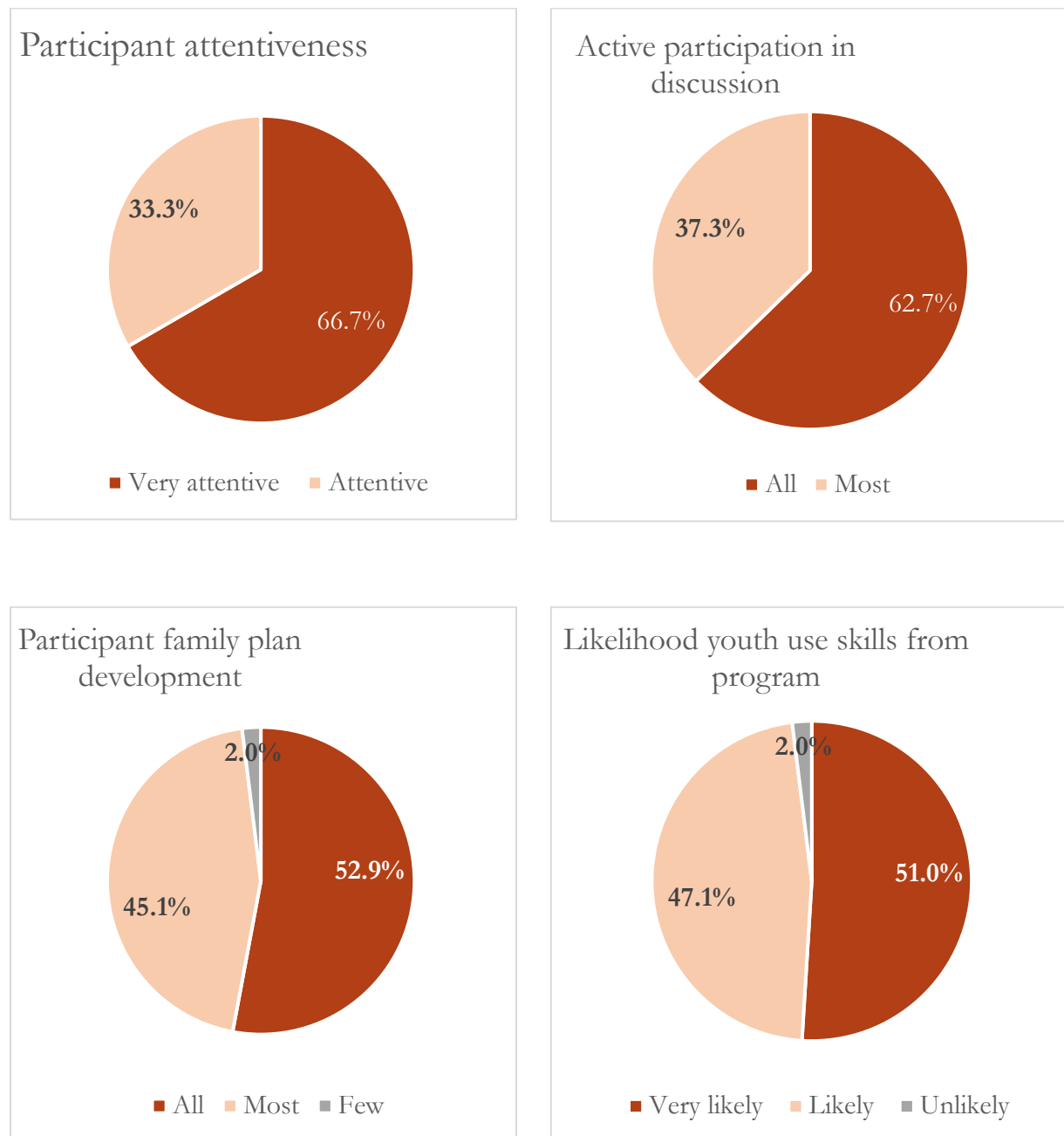


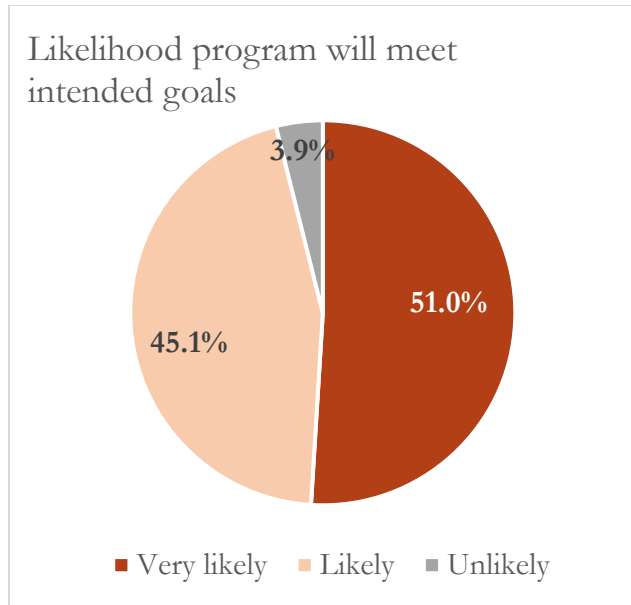
Figure 35: Facilitator and coordinator program impact

Participation

There were also a series of questions meant to gauge the depth of engagement by youth and adult participants. Facilitators and coordinators reported high levels of participation, attentiveness, family plan development, belief that youth will use the skills, and belief that the program will meet its intended goals.

Figure 36: Perceived program participation





Open-ended questions

Beyond the reported survey responses, facilitators and coordinators were asked a series of open-ended questions meant to explore additional outcomes, successes, and challenges.

What skills did the HFHY provide participants?

Overall, respondents' comments indicate the HFHY Program provided parents and youth with better communication on the topic of substance use, brought awareness to families about drugs, and provided families with knowledge and data on substance use.

Ways to talk with your children about difficult subjects, great awareness of the drug epidemic and how to identify signs learning preventative measures BEFORE there is a problem.

Which parts of the HFHY Program do you believe were the most beneficial for participants? Why?

Overall, respondents indicated the HFHY Program, in general, was beneficial. Specifically, they reported that the program provided an environment and appropriate activities for families to communicate about substance use.

The meeting where they actually sat and talked. I watch many barriers be lifted and communication channels built between parent and child.

Are there any additional resources you think would be necessary to help achieve the goals of the HFHY Program? What are they?

Respondents' comments indicated the HFHY program could enhance the achievement of its goals by bringing in other individuals who support substance prevention to deliver information and share community resources.

A recovering alcoholic or addict, not from the community, who would like to share a short piece of information.

Bringing in community support, such as the Sherriff office, or behavioral health services.

Do you have any additional comments or concerns about the program?

Comments varied with participants, but one frequent comment was in regards to shortening the program overall.

It is a great program but the program is too long for a school night 3+ hours. If we want families to keep coming the program should top out at 2 hours but no more than 2.5 hours. I believe the ending should be cut down and just focus on the families coming together to create an exit plan that is comfortable for the child and suitable for the parent. Dialogue will be happening during dinner about what should be done in their family in case something comes up. Here is a mockup of what could make that possible: Intro (7 mins), 1st survey (15 mins), class (50 mins), dialogue/plan building/dinner (40 mins), exit survey (15 mins), and conclusion (7 mins). That is a total of 134 mins = 2 hrs and 15 mins max.

I have spent time trying to figure out how to spread the word. I think the length of the program is part of what dissuades families from attending.

It is very very long. I don't know how to make it faster, but it turns out to be a long night and there are quite a few complaints about that.

Follow-up

Several weeks after the completion of the HFHY Program, HFHY Coordinators were asked to complete a voluntary and anonymous online follow-up survey. A total of 12 coordinators completed the survey. Overall, the responses to the survey were positive, with the majority of respondents either agreeing or strongly agreeing with various statements related to the program. Many of the follow-up survey questions utilized a Likert scale format. Participants were asked to rate their level of agreement, and responses were based on a scale of 1 - 5, with (1) *Strongly disagree*, (2) *Disagree*, (3) *Neither agree nor disagree* (neutral), (4) *Agree*, and (5) *Strongly agree*.

Coordinator program perception

The first section of the survey was comprised of 14 declarative statements used to identify coordinators perceptions of the program. Generally, there were high levels of agreement with each statement, however there were a few statements where participants expressed disagreement. When participants were asked to rate the following question: *I have seen the skills taught in the HFHY Program used in my community* only 30% of participants stated the *Strongly agree* or *Agree*. Further, when rating their agreement with *Families in my community are committed to continuing the lessons learned in the HFHY Program* only 30% of participants indicated they *Strongly agree* or *Agree*.



Photobooth activity set up by facilitators at Duncan Elementary in Greenlee

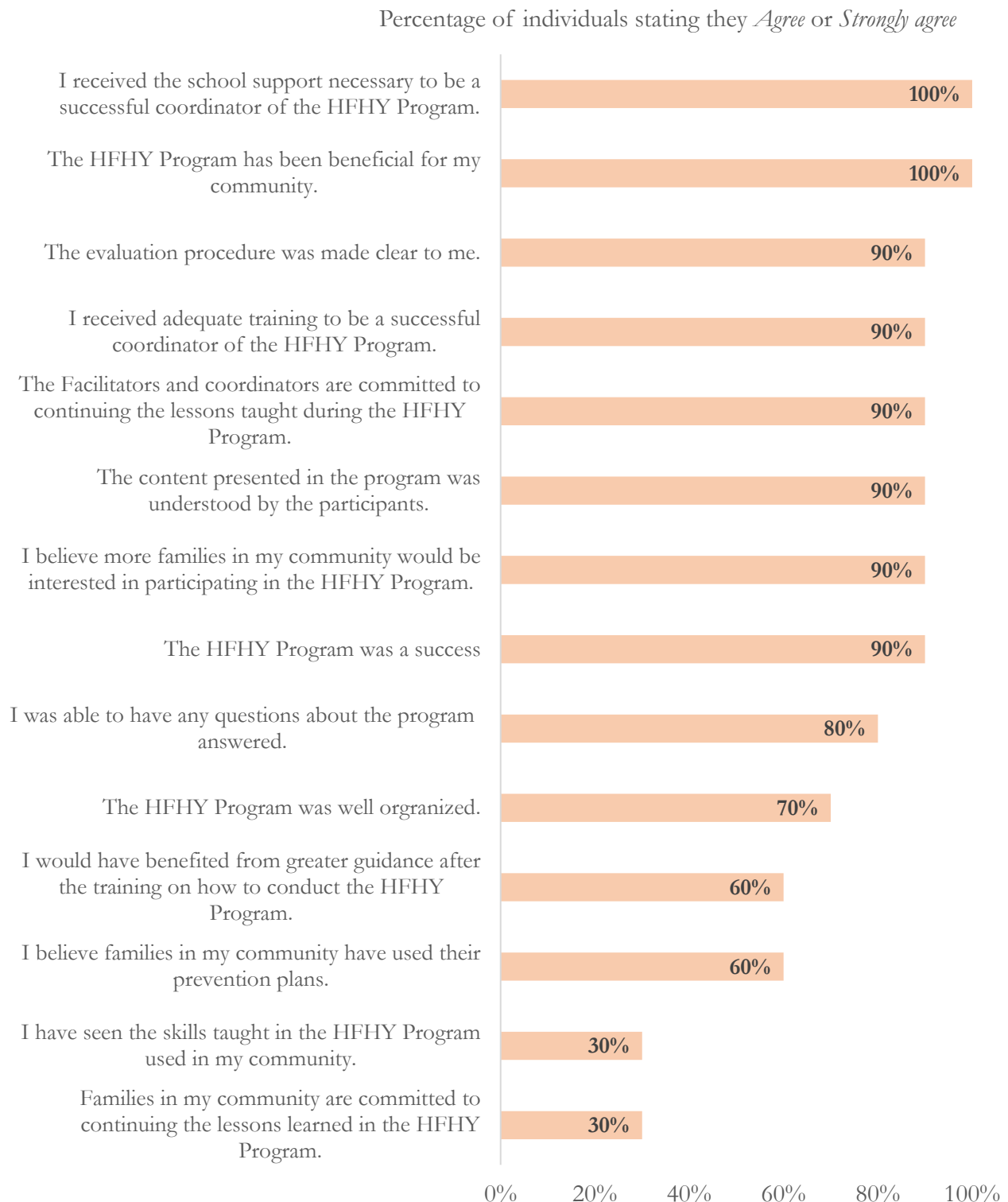


Figure 37: Coordinator program perception

Coordinator program impact

Coordinators were next asked to indicate their agreement with a series of statements related to the impact of the HFHY Program. Once again, coordinators expressed high levels of agreement with most questions related to the impact of the HFHY Program. The question with the lowest level of agreement was: *I have noticed a difference in the behavior of the youth in my community*. Only 30% of participants stated they *Strongly agree* or *Agree*.

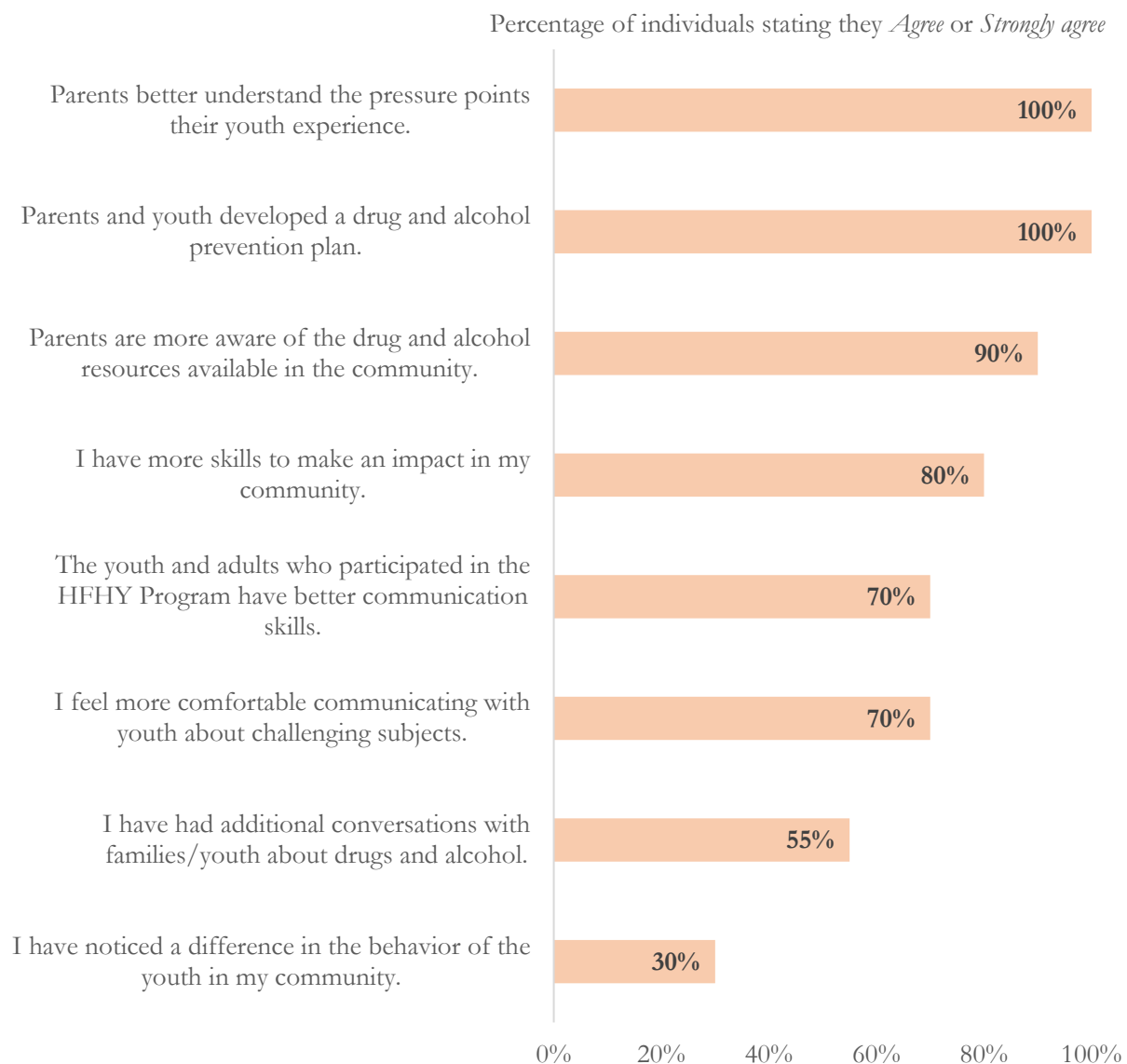


Figure 38: Coordinator program impact

Coordinator open-ended questions

Finally, the coordinators were asked three open-ended questions about the HFHY Program.

How worthwhile was the HFHY Program as an investment of time, effort and money to influence youth to make safer choices?

When asked about the merits of the HFHY Program, specifically in relation to the time, effort, and money, coordinators were generally positive.

I think this program was incredibly worthwhile. The money spent on dinner provided incentive for everyone to attend and the content of the program is incredible. If everyone could hear the conversations that our students had with their parents they would support the program 100%!

There was however one individual who expressed a concern about communication.

It was definitely worthwhile. However, I feel communication needs to be better between schools and the State.

How well did the HFHY Program provide youth with the knowledge and skills needed to make safer choices, and influence their attitudes, beliefs and intentions about drugs and alcohol?

Very well. The youth program was written perfectly so that students make a proactive plan for their futures. It didn't dwell on the effects of drugs too much to be a negative experience. Instead, it educated and empowered the students to make healthy choices.

When asked about how well the HFHY Program provided youth with knowledge and skills, coordinators were once again extremely positive.

It created a stronger bond between my staff and student and let the kids see how important it was to be drug free.

Looking back on the HFHY Program what could be done differently to make a greater impact in your school/community?

When asked about what could be done differently, Coordinators offered several suggestions for how to improve the program.

Many shared it would be beneficial to increase participation/attendance through more communication.

I believe schools need to recruit more aggressively in order to ensure greater participation.

More communication with the school so we can get more families to attend. When the school has to compete with sports, events etc. Our attendance drops. Also we need more clarification from the state regarding the purchases, dates etc.

The only thing I want to work in is increasing attendance. We've done better each year but it is always frustrating to have so many people register initially only to have a third show up. I'm still mulling this over.

Other coordinators expressed a desire for better communication between the schools and GOYFF.

More communication from GOYFF. I think they assumed just because this program had been completed in the past, people would remember what to do. We had to continually ask questions. VERY little was communicated unless asked. The program seemed much less organized this year.

If the program were to be run again next year, is there anything you would do differently? What would it be?

When asked what they would do differently next year, coordinators shared several ideas for how to approach the program. Many indicated they would switch to holding the Program earlier in the year.

I would love to see the program hosted earlier. June/July

Others provided other insights for returning post-surveys [sic. Follow-up].

I would encourage schools to do more recruiting. I would also have kids return the post-surveys to the schools so that we can ensure a higher return rate.

Conclusion

The evaluation of Healthy Families Healthy Youth demonstrates that the program was effective in achieving the goals set forth by the framework:

1. Increase communication between students and their parents/caregivers
2. Increase awareness of substance use by students and their parents/caregivers

Program surveys from pre, to post, through follow-up demonstrate increased knowledge among parents and caregivers as well as student participants.

The percentage of adult participants who understood **pressure points** nearly doubled. The proportion of youth respondents able to define **pressure points** doubled from pre to post-survey.

Survey results demonstrate increased communication between parents and caregivers and youth.

Nearly all adults reported as they left the program that their family had a **clear plan** for youth to avoid drugs and alcohol. By the follow-up survey, almost all parent and caregiver respondents indicated they had **asked their child** about their thoughts and opinions on substance use, demonstrating a near 20% increase. Almost half of adult respondents reported they'd had a **conversation** in the last week. By the follow-up survey, there was nearly a 15% increase in youth who reported their parents asked their thoughts and opinions about substance use. The proportion of youth reporting their **parents spend time with them** doing fun things rose by over a quarter. A quarter of youth participants reported having a **conversation** with their parents or caregivers in the past week regarding substance use.

Program surveys from pre, to post, through follow-up show an increased perception of substance use risk among student participants.

There was also a massive increase in the proportion of youth who understood that the risk of **addiction** is much higher among youth than adults who use drugs or alcohol. Youth perceptions pertaining to the **risk of drinking** rose significantly by the program's end.

Both adult and youth participants reported an overwhelming amount of satisfaction with the Healthy Families Healthy Youth program.

Recommendations

Youth and adults, as well as facilitators and coordinators, provided suggestions for how to improve the HFHY Program.

- Implement the program during the Spring, to coincide with the beginning of the school year
- Shorten program
- Improve recruitment by schools to increase participation
- Increase the amount of communication between schools and GOYFF, specifically in regards to budgets
- Allow facilitators more flexibility in the delivery of the curriculum
- Expand the program to other grades/schools
- Time the program so there are no (or minimal) conflicts with other activities
- Provide more hands-on activities in the youth session



Centennial Middle School Event

Appendix 1: Participating Schools and Schedule

Cochise	Date
Joyce Clark Middle School	3/7/2019
St. David Elementary School	3/5/2019
Willcox Middle School	3/4/2019
Gila	
Hayden Winkelman	2/26/2019
Miami Jr. High	2/11/2019
Rim Country Middle School	2/27/2019
Graham	
Pima Jr. High School	3/5/2019
Safford Middle School (3 events)	2/28/2019
	3/7/2019
	3/19/2019
Greenlee	
Duncan Elementary (K-8)	2/19/2019
Fairbanks Middle School (5-8) (2 events)	3/6/2019
	3/7/2019
Maricopa	
Freedom Elementary	4/30/2019
Liberty Elementary	4/29/2019
Rainbow Valley Elementary	4/30/2019
Navajo	
Sequoia Village School	3/27/2019
Show Low USD - Show Low Junior High School	3/26/2019
Pima	
Challenger Middle School	3/6/2019
Gallego Inter. Fine Arts Magnet School	3/11/2019
Lauffer Middle School	2/27/2019
Pinal	
Cactus Middle School	4/10/2019
Eloy Junior High School	3/5/2019
Red Rock Elementary	4/3/2019
Santa Cruz	
Desert Shadows Middle School	3/5/2019
Patagonia Middle School	2/28/2019
Wade Carpenter Middle Academy	3/7/2019
Yuma	
Centennial Middle School	4/17/2019
Crane Middle School	4/16/2019
Woodard Junior High School	4/15/2019
Total number of events	30

Appendix 2: HFHY County Coverage

