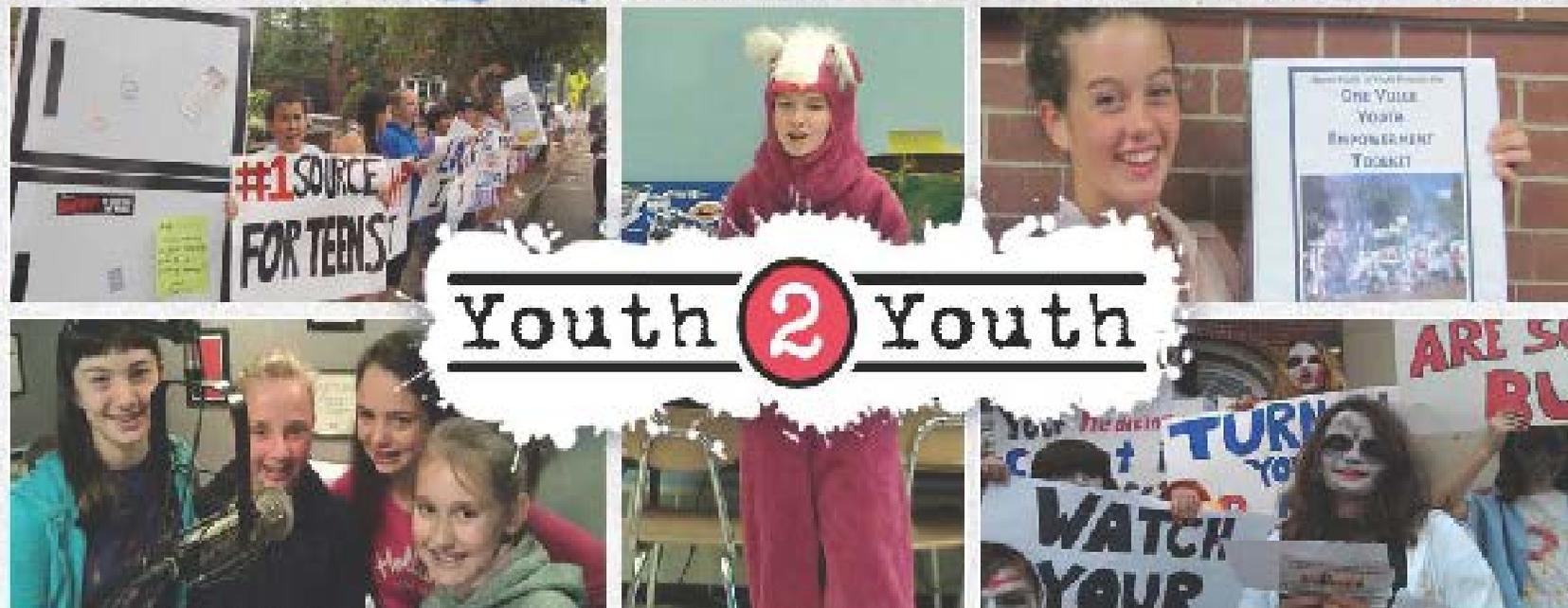


One Voice Youth Empowerment Model Year Three Evaluation Report -2014



Youth **2** Youth



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Acknowledgements

The implementation, growth and evolution of the Dover Youth to Youth program and the development and researching of the impact of the One Voice Youth Empowerment Model would not have been possible without passion and expertise of its originator, *Dana Mitchell*, as well as the assistance and support of many individuals and organizations. Some of these contributors and collaborators include:

- *The City of Dover City Council and City Manager Michael Joyal* have supported and sustained the students of Dover Youth to Youth throughout its existence.
- *The City of Dover Police Department and Police Chief Anthony Colarusso* have been the sponsoring agency for Dover Youth to Youth – providing both facilities and staff.
- *The City of Dover School Department* has been a supporting entity for all of Dover Youth to Youth’s existence while providing facilities, supplies, logistics and critical support for the research of the One Voice Youth Empowerment Model through the facilitation of a comparison group.
- *The Dover Coalition for Youth* provided critical support for Dover Youth to Youth over the past 20 years and *Coalition Director Vicki Hebert* was instrumental in developing the research strategy and supporting the evaluation process.
- *Melissa Silvey*, as the director of the *One Voice for Southeastern NH Coalition*, was a moving force in the replication of the Dover Youth to Youth approach in other communities and encouraging the standardization and documentation of the youth empowerment process in a toolkit to permit easy replication of the program.
- *The Drug Free Communities* grant awarded by the *Office of National Drug Control Policy* and the *Substance Abuse and Mental Health Services Administration* helped with the cost of the evaluation.
- The overall guidance and assistance provided by *SAMSHA’s Service-to-Science* program was instrumental in providing direction and design of the evaluation and research process, with special acknowledgement of the technical support guidance of *Anne Wang*.
- The hundreds of student members of Dover Youth to Youth from 1992 through the 2014 school year all contributed to the success of the youth empowerment program in Dover and the eventual impact of this approach for involving youth.
- *JSI Research & Training Institute, Inc. /Community Health Institute* provided the technical expertise and staff to conduct the research; with special acknowledgement of *Rachel Kohn* for her persistence, expertise and dedication to conducting a fair and thorough evaluation of the One Voice Youth Empowerment Model.

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EXECUTIVE SUMMARY

The One Voice Youth Empowerment Model (One Voice) is a comprehensive, peer-based youth empowerment program developed in Dover, NH. In July 2013, One Voice was listed as an evidence-based program on the New Hampshire Registry of Evidence-Based Programs. One Voice is successful because it engages and empowers youth to make changes in their environment and community that reduce substance abuse and the harm that accompanies it. Students in grades 6-12 are organized in community- or school-based settings and actively participate as part of "the solution" to substance misuse problems. One Voice has three core elements: **Knowledge > Skills > Action**. When used together, these core parts result in youth who are empowered to create change.

The evaluation of One Voice took place over the course of three school years, between 2010 and 2013, in five community- or school-based settings in Strafford County, New Hampshire: Dover Youth to Youth; Somersworth Middle School; Somersworth High School, Strafford School; and Coe Brown Northwood Academy.

A comprehensive evaluation report was written in 2013 and documents in detail the theoretical framework, quasi-experimental research design and preliminary outcomes from the first two years of the program evaluation period. It also provides detailed descriptions of the activities that took place during the first two years and replication sites experience with implementing One Voice.

The primary intent of this report is to present results that incorporated the third year of data collection in the Dover site and to establish whether the long-term outcomes were consistent with the original hypothesis: *If youth engage in the*

core elements of One Voice they will influence social norms and policies at the community level; delay their own initiation in AOD use; increase perception of harm of AOD use among the community; and decrease AOD use at the community level.

During the three evaluation years a total of 129 participants engaged in the One Voice program implemented by Dover Youth to Youth. This evaluation report describes the One Voice intervention activities as well as a statistical analysis of youth outcomes for participants engaged in the Dover Y2Y program for the full three years of the evaluation study.

Baseline surveys were completed by participants within the first two meetings of the start of their participation in One Voice. Follow-up surveys were collected at the end of each subsequent school year during which they participated. Of the 129 participants who completed a baseline survey, 27 completed a matching follow-up survey at the end of their third year of participation.

The results of this three-year evaluation support the notion that, although change can be seen in the first year of participation, the longer a youth is engaged in One Voice the greater is their capacity to expand, practice and use their knowledge and skills to create change.

The percent improvement from baseline to follow-up three for each of the outcomes measured as well as the p-values are presented in the evaluation results of this report. Participants demonstrated statistically significant change in all short-term and intermediate outcomes ($p < 0.05$).

Short-Term Outcomes:

- Knowledge of Consequences of Binge Drinking
- Knowledge of Industry practices
- Media Literacy
- Presentation Skills
- Knowledge of Legislative process
- Media development skills
- Engaging with pro-social peers

Intermediate Outcomes:

- Perceived risk of harm (1-2 alcoholic beverages nearly every day)
- Self-Efficacy (beliefs and behaviors)
- Awareness of manipulative industry practices
- Engagement of pro-social activities

For the One Voice participants, there was a delay in initiation and a reduced rate of use of alcohol and other drugs when compared to their peers. Almost all participants reported that they did not engage in use. Participants also maintained a higher rate of perceived risk of harm of alcohol, marijuana and illicit use of prescription drugs through 12th grade.

Long-term outcomes:

- Decreased AOD use among participants
- Decrease AOD use among the community/peers
- Increased perception of harm among the community/peers

Cohort data from the New Hampshire Youth Risk Behavior Survey (NHYS) was used to compare participants to the general population from which they were drawn. Participants, regardless of grade in school, did not report engaging in use of alcohol, marijuana or prescription drug use or abuse. And the

Dover cohort as a whole showed slightly lower rates of alcohol use than the statewide cohort. When assessing impact on the perception of harm with in the community/peers, it was determined that the 6th grade comparison group – targeted for an in-school media campaign by the One Voice participants – showed significant improvement in understanding the consequences of binge drinking.

Based on the results of this study, it is clear that One Voice provides an effective and highly structured approach to youth empowerment. One Voice is successful because it engages and empowers youth to make changes in their community that reduce substance abuse and the harm that accompanies it. This is done by recruiting youth in grades 6-12 to act as leaders and change agents in the community, providing them with the information and knowledge needed to develop a level of expertise and understanding of the targeted problems, and helping them to acquire very highly developed skills needed to take action. The One Voice participants are youth leaders who are empowered by the knowledge, skills they develop and the action they take in the adult world that results in environmental change.

“I have gained a sense of confidence that I would not have otherwise. I would not be the person I am today without One Voice.” – Participant

“I learned how to participate in changing my community for the better by performing skits and PSAs.” – Participant

One Voice Youth Empowerment Model

Youth empowerment is an attractive strategy for a variety of reasons. In most communities, youth are a vast untapped resource in the effort to prevent the harm from underage drinking and other issues. Youth empowerment is also a “two-fer” in that it provides impacts on two levels:

1. *The impact on the youth advocates themselves as they gain skills and experiences that can be used to impact their environment.*
2. *The impact that a group of youth might have on the community as they try to reduce the harm of problems like underage drinking or tobacco use.*

The One Voice Model for youth empowerment has three core elements: **Knowledge > Skills > Action**. When used together, these core parts result in youth who are empowered to create change.

All three elements are critical to achieve true youth empowerment. When youth are involved in prevention activities and do not understand the issues and background info, they are not learning to assess problems and consider solutions - because they lack the **knowledge** element of the empowerment equation.

When youth are involved in **action** projects but are not provided the appropriate **skills**, those youth advocates may miss an opportunity to learn and are likely to be ineffective.

BACKGROUND

The One Voice Youth Empowerment Model (One Voice) is an innovative program designed to develop the knowledge about substance use and communication skills of youth aged 11-17 to become active agents of change in their community. One Voice was developed in 1992 and has been implemented and refined in Dover, NH since then. One Voice has also been implemented in 14 NH communities. Implementation materials have been distributed to 50 other locations across the United States. One Voice was recognized as evidence-based on the New Hampshire Registry of Evidence-Based Interventions in July 2013.

This report will present findings of a three-year evaluation study and demonstrate the longer-term effectiveness of this successful and highly adaptive model. First, some background on One Voice so that the reader can get a clear picture of how the model was developed and the intended goals.

In late 2008, the Strafford County and the Portsmouth, NH area Strategic Prevention Framework (SPF) Coalition chose Dover Youth to Youth’s (Y2Y) One Voice Youth Empowerment Model as a core strategy to impact underage drinking in the region. Through a statewide review process facilitated by the New Hampshire Bureau of Drug and Alcohol Services (BDAS) the region officially received approval to establish youth empowerment groups in up to seven area middle and high schools.

Funds were provided through the SPF Coalition, as well as other state and local sources, to each of the interested middle and high schools to enable them to hire adult staff (called advisors) to implement One Voice and pay for some supplies. Additional funds were provided to Dover Y2Y for the purpose of providing technical assistance to the seven schools. At that point Y2Y began to formalize and structure its training tools and the system for replicating the program. The centerpiece of that effort was the One Voice Youth Empowerment Toolkit (Toolkit). Having a formal program implemented at the same time in multiple settings set the stage for the development and implementation of a comprehensive program evaluation.

In 2009, the One Voice originators embarked in a process of program evaluation with the financial assistance of a Service-to-Science grant award and an opportunity to work with the local public health consulting firm, JSI Research &

Targeted Participants

In the Dover Y2Y program participants may begin in any grade from as early as 6th grade and have the opportunity to continue participating through their senior year in high school. Over 90% of Dover Y2Y's current members started in grade 6. Recruitment of participants starts in late elementary or early middle school – ideally, 5th or 6th grade.

In Dover there are typically 300 students to recruit from the 6th grade each year. Training starts with a one-week, 40-hour basic training summer camp where new members receive training on the knowledge and skills that will be required to institute change. They also have an opportunity to participate in prevention activities during that week.

At the start of the school year, typically in late September or early October, One Voice participants are assigned to an “action team” comprised of 15-25 members and each team meets once per week before or after school to plan activities, train, and conduct business. Through these teams participants continue development of knowledge of drug abuse issues and skill training under the mentorship of two adult advisors. Participants meet in their action teams each week for two hours and additionally during the week to work on selected activities and projects. Participants are involved in this program for a minimum of eight, and as much as twelve months of the year. Sustained participation for up to seven years is commonplace.

Training Institute, Inc./Community Health Institute (CHI), which provided evaluation services. CHI was hired in 2009 to develop and implement a comprehensive three-year program evaluation design.

Aims of the Program

The primary goal of One Voice is to ***decrease substance use and abuse by shifting perceptions of risk, increasing knowledge and skills of youth, and implementing policy change and other environmental strategies in the community.*** The intent of the program is to impact the community through the youth advocates, referred to as “*participants*” in this report, who have been empowered to take action.

Youth participating in One Voice become highly informed, develop core life and advocacy skills, and become very committed to use the knowledge and skills they have gained to take action. Participating students are encouraged to volunteer to be advocates in their school and community. They acquire extensive knowledge about targeted substances. They also practice leadership, volunteerism, message development, and using research to guide their activities.¹ The community benefits as youth advocates increase awareness, challenge social norms, implement environmental changes, and hopefully, reduce the harm of problems like underage drinking.²

The program features strategies and a philosophical foundation that includes:

- Empowering the student members to find and implement solutions to the drug problem.³
- Utilizing peer leaders, student role models, and drug-free youth groups to influence and educate fellow students.⁴
- Promoting the view that being drug free is positive, healthy and “cool”.⁵
- Undermining the perception that everyone is taking drugs by promoting this large, high-profile, anti-drug peer group and making non-drug use more visible.
- Shifting attitudes and changing the environment through calculated strategies and action steps based on those strategies.^{6,7}

Over the course of years, student advocates acquired knowledge and are

Logic Model

The One Voice Logic Model depicts the program's theory of change, showing how program activities lead to expected outcomes. There are three problems addressed by One Voice:

1. Youth are a key untapped resource and disenfranchised in the effort to prevent high-risk behavior.
2. Youth lack the knowledge and skills needed to effectively mobilize and develop their own voice and capacity to influence change in social norms, policies, and other aspects of the environment in their community.
3. In the targeted risk behavior area of alcohol and other drug use (AOD), there are high rates of AOD use, low rates of perception of harm from AOD use and misperceptions about the consequences of use.

One Voice Goals

- Develop knowledge and skills of youth participants to enhance their sense of empowerment.
- Create an environment where participants are empowered to take action to influence environmental changes around targeted risk behaviors.
- Change social norms around targeted risk behaviors among youth participants and the community at large.
- Reduce alcohol and other drug use among youth participants and their peers between the ages of 12-18 by increasing perceptions of harm and misperceptions of use.

systematically trained in public speaking techniques, media and message development, working with the press, activism event organizing, leadership, and the legislative process.⁸

EVALUATION APPROACH

The primary focus of One Voice is to enhance participant self-efficacy to influence and/or create change in their own community through the development of knowledge and practice of core skills. The hypothesis that drove the evaluation design and analysis was as follows:

If you develop the skills and knowledge base of the participants regarding risk behaviors such as alcohol or other drug use, enhance their confidence, and give them opportunities to take action, then they are put into a position of being positive agents of change among their peers and their community. They become empowered.

Monitoring and Evaluation Design

A carefully crafted logic model depicts the program's theory of change and shows how the program activities lead to expected outcomes. Customized evaluation tools were developed to collect program monitoring and evaluation data. A compliment of qualitative data was used to inform the development of valid and reliable instruments as well as to contextualize the outcome results.

A detailed monitoring and evaluation plan was developed in parallel with the survey tools design process to ensure that the research tools used collected only the data needed for this program evaluation. Given the high level of engagement needed for participants in One Voice, the evaluator sought to minimize the amount of time participants spent completing surveys or participating in focus groups.

The evaluation of One Voice took place over the course of three school years: 2010-2011, 2011-2012 and 2012-2013 in five community- or school-based settings in Strafford County, New Hampshire: Dover Youth to Youth; Somersworth Middle School; Somersworth High School, Strafford School; and Coe-Brown Northwood Academy. A comprehensive evaluation report was written in 2013 and documents

Three-Tiered Theory of Change

First, **IF** One Voice is implemented with fidelity **THEN** youth advocates will increase their knowledge about the consequences of use and knowledge of alcohol and tobacco industry practices; increase presentation skills; increase skills around media; increase knowledge of the legislative process aimed at changing the social norms around AOD use; and develop a network of pro-social peers.

Second, **IF** the above happens **THEN** the youth advocates will increase their own perception of harm; increase feelings of self-efficacy and empowerment (perception that they can influence change, competency in skills); increase knowledge of the influence of media and industry in the targeted area; increase feeling accepted by non-using peers; and increase engagement in pro-social activities.

Third, **IF** the above happens **THEN** youth advocates will influence social norms and policies at the community level; delay their own initiation in AOD use; increase perception of harm of AOD use among the community; and decrease AOD use at the community level.

The short-, intermediate-, and long-term outcomes objectives follow this same three-tiered approach.

in detail the theoretical framework, quasi-experimental research design and preliminary outcomes from the first two years of the program evaluation period.⁹

This Year Three evaluation report describes the One Voice intervention activities as well as a statistical analysis of youth outcomes for participants engaged in the Dover Y2Y program for the full three years of the evaluation study.

All participant surveys were coded with a unique ID so that the surveys could be matched using this code. Participants completed a baseline and up to three follow-up surveys that were collected at the end of each school year.

In order to control for confounding factors (such as grades in school, age, gender, risk behaviors or proclivity to volunteer) a quasi-experimental study design was deemed most appropriate for the analysis of youth outcomes. A comparison group from within the primary intervention community of Dover was enlisted and comprised of the students from two 6th grade classes in the Dover Middle School who were not part of One Voice intervention. Youth in the comparison group completed the baseline and follow-up survey and a pre- and post-test presentation skills assessment. Their scores are compared to the sixth graders in the intervention group.

Customized quantitative tools were developed to collect program monitoring and evaluation data. Complimentary qualitative data were collected to confirm and contextualize the outcome results.

Using the logic model as a guide, the evaluator set out to design survey tools that were responsive to the needs of the evaluation and would be useful for monitoring the program on an ongoing basis. The Monitoring and Evaluation Plan (M&E Plan) is comprised of two sections. The first is designed to measure how One Voice was implemented: what activities were performed, the process measures or output used to determine how it was implemented, the person responsible and the source or measure of the information.

The second section of the M&E Plan focused on the outcome measures for the program evaluation and is further segmented by short-term, intermediate, and long-term outcomes. This section includes the outcome objective, outcome measure, data source, item number as it appears on the pre-post survey tool and the corresponding Toolkit module or activity that would directly influence change in this outcome area.

Participant Description

Most participants were in 6th grade (57.4%) or 7th grade (14.0%). Just under two-thirds (56.7%) of participants were female. Ninety percent (91.1%) of participants self-reported that they got mostly As and Bs in the past 12 months in school.

A few (16.7%) indicated that they participate in other groups that are specifically designed to influence attitudes about drinking alcohol or drugs such as DARE, Kids Who Care, Boy Scouts, or the NH Teen Institute. Forty percent (40.5%) have been in the One Voice program for more than one school year. Most participants (88.4%) indicated that they had never participated in a legislative process prior to participating in One Voice. And 55.1% indicated that they had engaged in specific activities to reduce alcohol in school or community in the past year.

Statistical Methods for Outcomes Analysis

Paired-sample t-test analysis was used to determine if there was statistically significant difference in knowledge, beliefs, skills or behavior from Baseline (B) to the first follow-up period (F1) and then from B to the third follow-up period (F3). The t-test assesses whether the difference in the mean is statistically important, based on a 95% significance level ($p < .05$).

During the three evaluation years (SY10-11, SY11-12, SY12-13) a total of 129 participants engaged in the Dover program completed baseline surveys. Table 1 reflects the total number of surveys completed for the Dover participants and the Comparison group. Baseline surveys were completed by participants within the first two meetings of the start of their participation in One Voice. Over the course of the three-year study, a total of 90 participants completed a follow-up survey at the end of their first year of participation (F1). Thirty-nine (39) participants were still enrolled in the program and completed a survey at the end of their second year of participation (F2) and 27 were enrolled at the end of the third year of participation (F3).

| STUDY GROUP | GRADE | BASELINE | FOLLOW-UP 1 | FOLLOW-UP 2 | FOLLOW-UP 3 |
|-------------------------|-----------------|-----------------|--------------------|--------------------|--------------------|
| PARTICIPANTS: | All Grades | 129 | 90 | 39 | 27 |
| COMPARISON GROUP | 6 th | 88 | 82 | | |

Comparison group surveys (B and F1) were collected at the beginning and end of two school years (2011-2012 and 2012-2013). There were 88 students in the comparison group from the two Dover Middle School 6th grade class rooms who completed the pre-test survey and 82 completed a post-test surveys.

“I never would have grown out of the shy person I was without this program. My first presentation was to 10 or 15 college students; I only had one short part but I was scared.” – Participant

Participant and Comparison Group Independent Samples T-tests Results:

1. Gender
2. Grades in School
3. Participate in other groups that influence attitude about drinking alcohol or drugs
4. Involved with Y2Y in past school years
5. Involved as a volunteer in making my community a better place
6. **Work with peers to make a change or improve school or community***
7. **Last 12 months engaged in specific activities to reduce alcohol in school or community***
8. Past 30 days times you engaged in any community service as a volunteer
9. Past 30 days how many days did you smoke cigarettes
10. Past 30 days how many days did you have a drink of alcohol
11. Past 30 days number of times used marijuana
12. During life number of times taken a prescription drug not prescribed to you
13. Past 30 days number of times taken a prescription drug not prescribed to you
14. During life number of times taken over-the-counter drugs to get high
15. Past 30 days number of times taken over-the-counter drugs to get high
16. Past 12 months has anyone offered sold or given you illegal drugs on school property
17. **Hours doing homework or studying***
18. Hours watching TV
19. Hours spending time at home with no adults present
20. **Self-Efficacy Behaviors***
21. **Self-Efficacy Belief***
22. Consequence of Binge Drinking Score

**Participants more likely to endorse these items*

COMPARISON GROUP RESULTS

The goal of the comparison group analysis is to examine a group of youth similar to the intervention group and see if their knowledge and skill scores change over time. Since the comparison group is similar to the intervention group, the assumption is the change in scores in the comparison group would be similar to what the intervention group would have experienced without the intervention. If the intervention group does better than the comparison group, then it is evidence of an intervention effect.

To make a fair comparison, we focused on middle school youth in the intervention group and created a similarly aged comparison group. The middle school participants received their first “dose” of intervention during the study period. Since most first year members of Dover Youth to Youth program are in 6th grade, it was determined that the comparison group would consist of 6th graders as well. The comparison group was drawn from the 6th grade class at Dover Middle School (DMS) who have never been enrolled in Youth to Youth. There are approximately 300 sixth grade students each year at DMS. The evaluator requested that two 6th grade classrooms be randomly assigned to act as the comparison group and the DMS principal selected a two-class team (totaling 50 students). The students in these two homerooms were randomly assigned at the beginning of the school year and, therefore, represent a cross-section of students of this age. The comparison group represented about 1/6 of the sixth grade student body at DMS.

In order to test for internal validity, independent sample t-test analysis were performed across 22 variables to determine if the participant and comparison groups were the same or different at the baseline. There were no significant differences between the two groups in 17 of the 22 areas (77.3%). The Dover intervention group was more likely to *have worked with peers to make a change or improve school or community*, engaged in *specific activities to reduce alcohol in school or community* in the past year and spent *more hours doing homework or studying*. The participants also had *higher rates of self-efficacy* in the behaviors and beliefs about their ability to make a difference in their community. In all other behavioral measures (such as grades, substance use, or volunteer hours) the participants and comparison group were the same at baseline. Further analysis determined that there were no differences in perceptions of harm (how

| ONE VOICE YOUTH EMPOWERMENT MODEL 6 TH GRADE PARTICIPANT AND COMPARISON GROUP OUTCOMES | | |
|--|---|-------------------------------------|
| | SIGNIFICANT CHANGE (<i>p</i> <.05) | |
| | 6 TH GRADE PARTICIPANTS (<i>N</i> =45) | COMPARISON GROUP (<i>N</i> =79) |
| SHORT-TERM OUTCOMES: | | |
| Knowledge of consequences of use | <i>No change</i> | ✓ |
| Knowledge of Industry practices | ✓ | <i>No change</i> |
| Knowledge of Legislative process | ✓ | <i>No change</i> |
| Presentation Skills | ✓ | <i>No change</i> |
| Media Literacy | ✓ | ✓ |
| Media development skills | ✓ | <i>No change</i> |
| Engaging with pro-social peers (groups) | ✓ | <i>No change</i> |
| INTERMEDIATE OUTCOMES: | | |
| Perceived risk of harming | ✓ | <i>No change</i> |
| Self-Efficacy (beliefs and behaviors) | ✓ | <i>No change</i> |
| Awareness of manipulative industry practices | ✓ | <i>No change</i> |
| Engagement and range of pro-social activities | ✓ | <i>No change</i> |

much a person risks harm if they use certain substances) between the two groups as well.

It is not surprising that the participants who signed up for a voluntary program designed to change or improve their community would score higher on variables related to propensity to volunteer or feel that their actions can make a difference. Comparison group analysis indicates that the baseline data are reflective of a typical 6th grade student at the Dover Middle School (DMS) and that the participant sample was not any different from their peers on key behavioral variables.

Since Dover Y2Y middle school age participants attended the school (DMS) where 100% of the comparison group also goes to school – the comparison group is exposed to the youth advocates generally in school and some of their activities, projects and media with specific drug prevention messaging. Members of the comparison group were exposed to and/or participated in the Logo Lampoon artwork contest, the Plaster the Walls anti-tobacco campaign in March of each year, and were all very likely to be exposed to Dover Y2Y's very active media campaign on local radio stations. Their radio PSAs alone were broadcasted on local radio stations between 200-400 times each month.

In addition, it can be assumed that 90% or more of the comparison group were exposed to one or two presentations by Dover Y2Y in the six-month period prior to being assigned to the comparison group. This exposure includes a heavy emphasis on media literacy surrounding advertising, tobacco use consequences, and risks of underage drinking. Thus, we would expect some improvement in the comparison group, particularly in the measures relating to knowledge.

As seen in the sidebar, the 6th grade participants demonstrated significant improvement in 10 of the 11 short-term or intermediate outcomes measured. For the comparison group there were two areas of change. As expected, the comparison group improvements were only in the areas that related to the messaging provided in the school. Without actual participation in the program other knowledge and skills did not improve. Given the similarity between the two groups at baseline and the fact that both groups were exposed to the same school environment, it can reasonably be implied that the One Voice program had a positive impact on the participants.

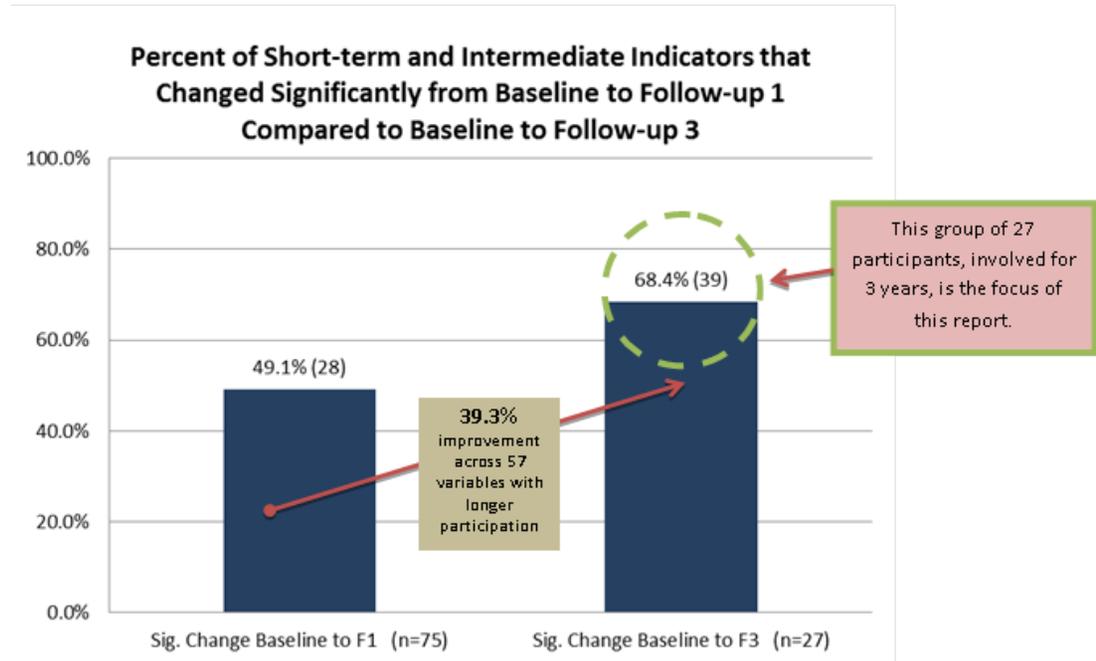
Short-Term & Intermediate Outcomes

The outcome results presented below reflect the short-term, and intermediate changes for participants in One Voice. The table includes the percent improvement from baseline to follow-up 3 for each of the outcomes measured.

| ONE VOICE PARTICIPANTS | PERCENT IMPROVED* | SIGNIFICANT CHANGE (p<.05)** |
|---|-------------------|------------------------------|
| <i>Short-Term Outcomes: Baseline to F3</i> | | |
| Knowledge of Consequences of Binge Drinking | 13.0% | .002 |
| Knowledge of Industry Practices | 20.1% | .000 |
| Media Literacy | 33.9% | .006 |
| Presentation Skills [†] | 85.8% | .000 |
| Knowledge of Legislative Process | 53.3% | .003 |
| Media Development Skills | 19.5% | .030 |
| Engaging with Pro-Social Peers | 25.6% | .000 |
| <i>Intermediate Outcomes: Baseline to F3</i> | | |
| Perceived Risk of Harm (1-2 alcoholic beverages nearly every day) | 33.3% | .002 |
| Self-Efficacy (beliefs and behaviors) | 16.0% | .002 |
| Awareness of Manipulative Industry Practices | 5.7% | .057 |
| Engagement of Pro-Social Activities | 74.8% | .000 |
| * Percent change from Baseline to F3 | | |
| ** P-value derived from Paired-Samples T-Test | | |
| † Baseline to F1 | | |

EVALUATION RESULTS

Among the 75 participants who completed a baseline and F1 survey, the initial evaluation analysis found that there was significant change in 28 (49.1%) of the 57 short-term and intermediate constructs evaluated. With data now available for participants who were engaged in One Voice for at least three years, it is possible to assess the sustained effect of the program. A total of 27 participants completed a baseline survey that had a matching F3 survey. Those participants showed significant improvement in 39 (68.4%) of the 57 constructs.



Participants demonstrated statistically significant change in all eleven short-term and intermediate outcomes (See *Short-Term and Intermediate Outcomes Sidebar*) with the greatest change seen in the presentation skills which was measures in the first year of participation. Subsequent years provided opportunities to practice and use presentation skills while expanding knowledge and experience in other areas.

Increasing Knowledge about Risk of Harm and Consequences of Alcohol and Drug Use

The students took on several action projects. Working in smaller groups of 6-8, the trainees recorded seven new radio spots, placed informational stickers on cases of beer in three grocery stores, gave nine medicine safety presentations at local day care centers, conducted a “Butt Pick Up” at Henry Law Park, and unveiled their new underage drinking initiative called the “Brain Campaign”. This year-long effort emphasized to kids and their parents that alcohol affects all the parts of the brain and that teens brains are more susceptible to damage from alcohol.



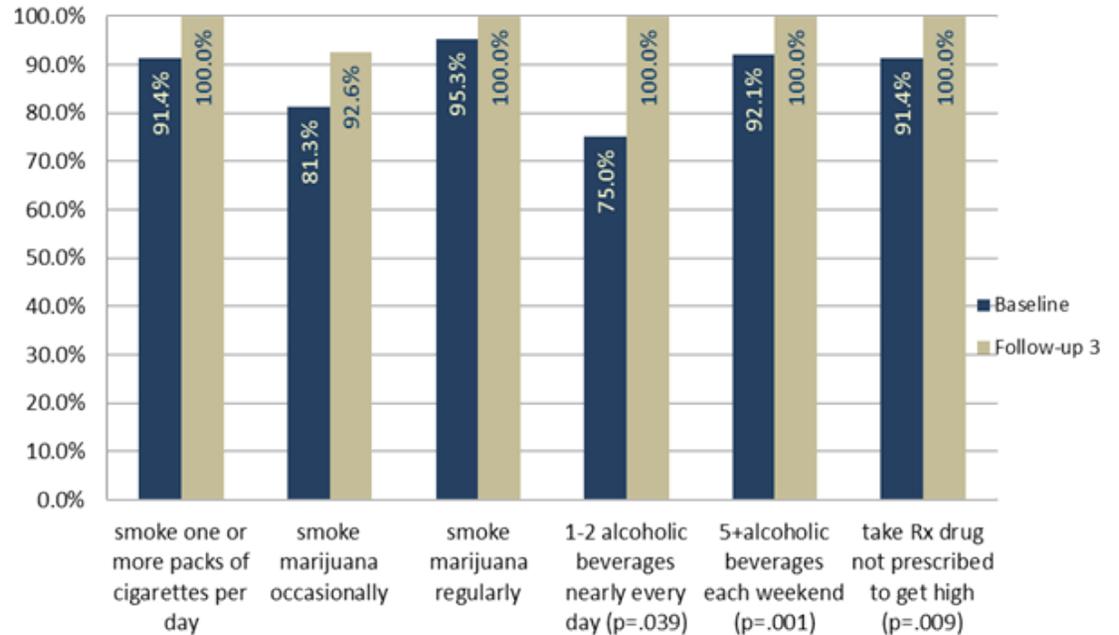
Y2Y students in down town Dover conducting an information demonstration to kick off the Brain Campaign during the 2012 Summer Program.

Knowledge about Risk of Harm for Alcohol and Other Drugs

In a series of six questions, participants are asked to rate from “No Risk” to “Great Risk” how much they think people risk harming themselves (physically or in other ways) if they: *smoke one or more packs of cigarettes per day; smoke marijuana occasionally; smoke marijuana regularly; have one or two drinks of an alcoholic beverage (beer, wine, or liquor) nearly every day; have five or more drinks of an alcoholic beverage (beer, wine or liquor) each weekend; take a prescription drug not prescribed to them to get high or change the way they feel.*

Participants increased their perception that having one or two drinks daily ($p=.039$) or binge drinking on weekends ($p=.001$), or taking prescription drugs not prescribed to them ($p=.009$) poses a moderate to great risk of harm. Although it did increase, perception of harm related to cigarettes or smoking marijuana occasionally or regularly did not change significantly which is consistent with statewide YRBS trends data.¹⁰

Risk of Harm by Substance Abuse
(Moderate to Great Risk of Harm)



ITEMS INCLUDED IN THE CONSEQUENCES OF BINGE DRINKING SCORE:

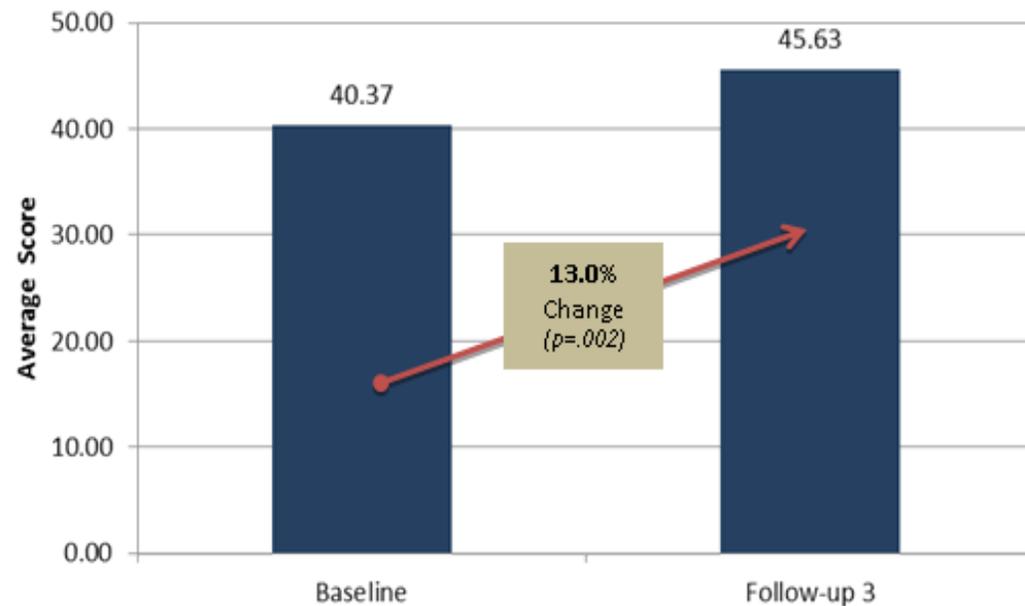
“How much do people your age put themselves at risk for the following problems if they drink 5 or more alcoholic beverages in a row that is within a couple of hours each weekend?”

- Alcohol poisoning or death
- Use of other drugs
- Being injured
- Injuring someone else
- Unwanted sexual contact or advances
- Problems with the law
- Problems with school
- Problems with work
- Problems with family
- Unhealthy brain development
- Alcoholism or addiction
- Emotional problems or depression

“Alcohol and tobacco are not good and companies are not truthful. I am now passionate about sharing my knowledge with others.” – Participant

A composite score was created from a list of twelve consequences of binge drinking. Each of the 12 items was valued from 1 to 4, with “1” being *No Risk* and “4” being *Great Risk*. A composite score was calculated and the possible range of scores was between 12 and 48. When comparing the composite scores from baseline (40.37) to F3 (45.63), there was significant increased perception that there is great or moderate risk of these consequences as a result of binge drinking ($p=.002$).

**Consequence of Binge Drinking Score
Change from Baseline to F3**



Media Literacy and Industry Practices

Participants’ media literacy improved as indicated by the increase in their perception that they are more prepared to explain historical and current advertising techniques ($p=.000$). They are also better informed about current issues relating to advertising or the promotion of alcoholic beverages ($p=.001$).

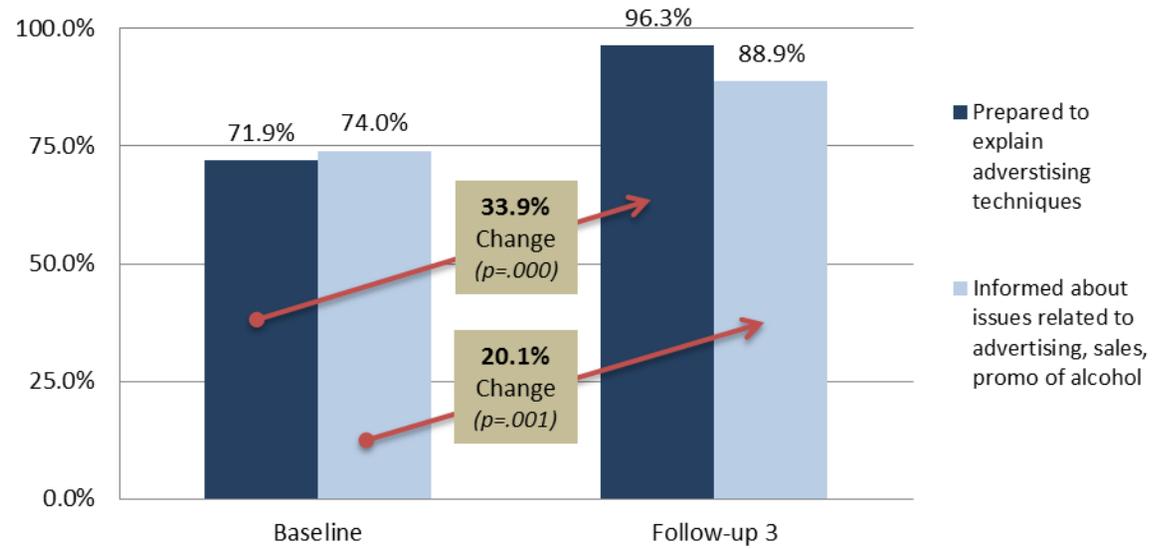
Increasing Media Literacy and Knowledge of Industry Media Practices

The Gear Exchange is an opportunity to turn in any clothing, athletic gear, or other items that advertise tobacco products, alcohol or promote the use of other drugs. This would include such things as: a Budweiser T-Shirt, a Joe Camel hat, or clothing with a marijuana leaf design. These items can be brought to the Gear Exchange and turned in for clothing, CD cases, water bottles and other gear with positive messages. The ice cream sundae and smoothie buffet is \$3.00 per person. However, there is no charge for Drug Free ID cardholders. The buffet is also free to anyone that exchanges anything in the Gear Exchange



Y2Y students staffing the 2013 Gear Exchange Table

**Knowledge of Industry Media Practices
(Change from Baseline to F3)**



| Media Literacy and Industry Practices (p-values) | Length of Participation | |
|--|--|--|
| | 1 Year | 3 Years |
| | Baseline to Follow-up 1 (F1) (n=75) | Baseline to Follow-up 3 (F3) (n=27) |
| Prepared to explain historical and current advertising techniques | 0.006 | 0.000 |
| Informed about current issues related to advertising, sales and promo of alcohol | 0.000 | 0.001 |
| See or hear an ad and think about if what the ad says is true | 0.024 | 0.047 |
| See or hear an ad and reminded that the ad is selling me something | ns* | ns |
| Alcohol companies try to get young people to drink | ns | ns |
| Alcohol companies lie | ns | 0.057 |
| Alcohol companies work hard to warn about hazards of alcohol use | ns | ns |
| Don't drink because alcohol companies use me | ns | ns |
| *change was not statistically significant | | |

Increasing Knowledge about Legislative Process

Marijuana Legalization/Decriminalizing: Youth to Youth students traveled to the State House in Concord twice in February to testify against a variety of bills relating to Marijuana that were being heard by the NH House of Representatives. Two students spoke to the Criminal Justice and Public Safety Committee of the House and argued against three bills, one that would decriminalize marijuana and two others that would legalize the drug outright as has been done in Colorado and Washington State.

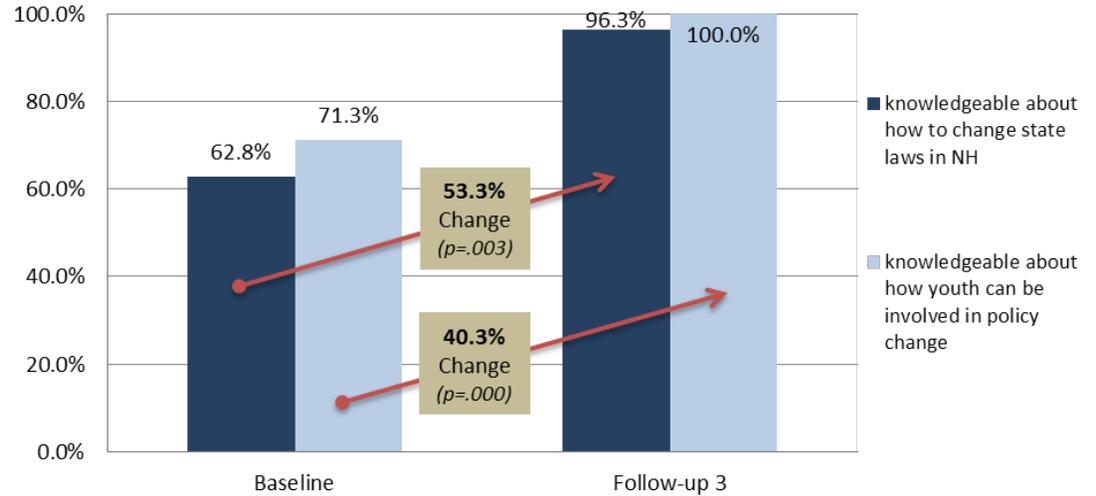


Y2Y members Nick Piscitello and Kaitlyn Hutchins shown above speaking at a public hearing on medical marijuana before the NH House of Representatives on February 2, 2012

Legislative Process

One of the primary purposes of One Voice is to help youth build the knowledge and skills participants need to take action to influence change in their community. There was significant improvement in participants' knowledge about how to change state laws ($p=.003$) and how youth can be involved in getting the government or businesses to change a policy ($p=.001$).

**Knowledge of Legislative Process
(Change from Baseline to F3)**



In addition, the three year participants had more experience participating in the legislative process ($p=.000$) and showed significant increase in their confidence to advocate for policy change ($p=.032$).

| Legislative Process (Paired-Samples T-test p-values) | Length of Participation | |
|--|-----------------------------------|-----------------------------------|
| | 1 Year | 3 Years |
| | Baseline to Follow-up 1 (n=75) | Baseline to Follow-up 3 (n=27) |
| Knowledgeable about how to change state laws in NH | 0.000 | 0.003 |
| Knowledgeable about how youth can be involved in policy change | 0.038 | 0.000 |
| Confident in ability to advocate for policies | ns* | 0.032 |
| Ever participated in legislative process | ns | 0.000 |
| * change was not statistically significant | | |

Improving Presentation Skills

Summer Advocacy Camp: Dover Youth to Youth conducted its annual Summer Training Program for new members. Thirty 6th and 7th grade Dover students who want to join the program in the fall spent the entire week of July 9-13 with older experienced members of the program receiving training and conducting action projects. During the week the students received ten different advanced presentations on advocacy skills like public speaking and on a variety of drug and alcohol related topics to build their understanding of the issues.



2012 Summer Training Program participants.

A Samantha Skunk **Love Your Os** assembly was also conducted during the school year. This theatrical presentation uses costumed characters to tell a story about how smoking cigarettes (or anything else) prevents you from getting enough oxygen, “slows you down” and hurts your ability to play sports. Training was provided to the:

Garrison School 2nd grade on Nov 16th; about 90 in attendance.

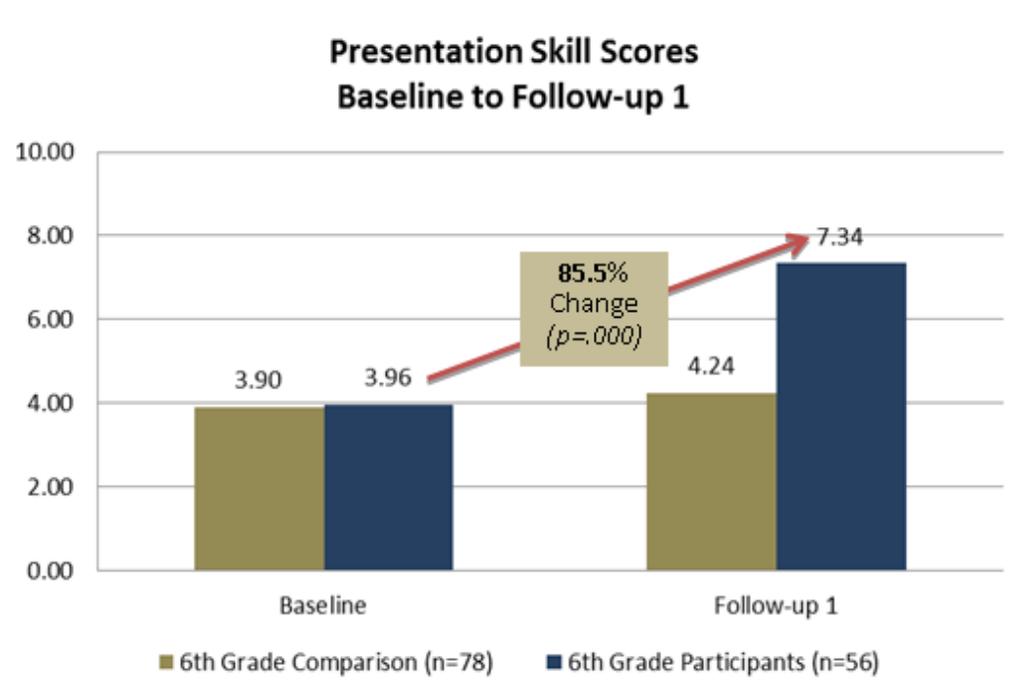
The Woodman Park School on Nov 30th for about 100 students.

The Horne Street School 2nd grade on Feb. 1st. Almost 100 students were present.

Presentation Skills

Improving the presentation skills of the participants is a central component to the One Voice model. Using direct observation and an independent scoring protocol, 6th grade participants were videotaped reading the same script and received a competency score in four key presentation skill areas. Presentations were videotaped at the beginning of their participation in One Voice, prior to receiving the presentation skills training module and repeated at the end of the school year to evaluate change in presentation skill competency. [NOTE: This direct observation assessment was only done for the 6th grade participants in the first year of participation and the 6th grade comparison group.]

The 6th grade participants and comparison group students had similar scores at the start of the school year when the initial presentation assessment was completed. Among the 78 participants who completed a baseline presentation, the average score was 3.96 out of a possible score of 12. By the end of the year, the participants had improved their score by 85.5% ($p=.000$) while there was a slight increase but not significant change in the scores for the comparison group.



Improving Media Development Skills

Radio Public Service Announcements (PSAs):

Youth to Youth students created 20 anti-drug public service spots during the 12-month period. These played regularly on radio stations throughout the area. During the 12 months, an average of 500 plays per month of these radio PSAs occurred.



A team of Youth to Youth students unwinds after a session of recording radio PSAs at a local radio station in 2013.

Media Award: Dover Youth to Youth was selected in October by the New Hampshire Association of Broadcasters (NHAB) to receive its Media Campaign of the Year Award. The students were recognized for their series of three radio PSAs that encouraged quitting tobacco and promoted the 800-number and web site that provides free quitting resources to smokers.

Participants are asked to self-rate their own comfort level with giving a presentation to an audience, their ease with talking in front of a group, and how much they project their voice when speaking to a crowd. Nearly half of all participants indicated they had given a speech or presentation to a large audience before they joined One Voice. There was significant improvement in their comfort level with presenting to a large group ($p=.046$) and the use of voice projection to make a more effective presentation ($p=.047$). Most participants had the opportunity to give a speech or presentation during their participation ($p=.022$) and also felt that it was not as hard to talk in front of a group ($p=.043$).

| Presentation Skills (Paired-Samples T-test p-values) | Length of Participation | |
|--|-----------------------------------|-----------------------------------|
| | 1 Year | 3 Years |
| | Baseline to Follow-up 1 (n=75) | Baseline to Follow-up 3 (n=27) |
| Presentation skills score (6 th grade only) | 0.000 | |
| Comfort level with speaking or presenting | 0.000 | 0.046 |
| Hard to talk in front of group | 0.028 | 0.043 |
| Prior to joining this group given speech or presented to an audience | 0.000 | 0.022 |
| Project my voice when I speak | 0.051 | 0.047 |

Media Development Skills

The development of media skills, such as creating a Public Service Announcement (PSA) or learning how to hold a press conference, contributes to the participants' ability to effect change in their community. During the study period, participants created over 30 radio PSAs and prevention-related videos.

There was statistically significant change in participants' knowledge about creating media ($p=.030$). There was an increase in feeling prepared; however, no significant change in participants' self-reported preparedness to hold a press conference.

"I enjoy being able to participate in something larger than myself for the good of the community. Nowhere else would I have the opportunity to participate in editing, drafting, and presenting public service announcements or legislation." – Participant

Improving Ability to Effect Change

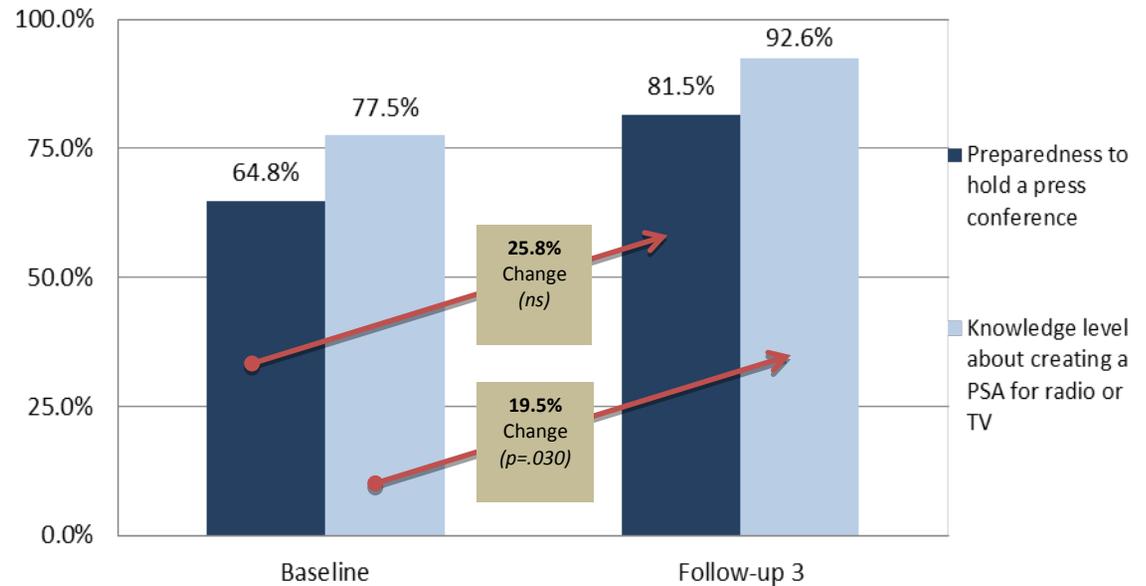
Henry Law Park City Ordinance: Youth to Youth proposed a new city ordinance that would have the effect of prohibiting smoking in the band shell area of Henry Law Park and the small playground area behind the indoor pool. It was submitted to the Dover City Council at the end of October. A public hearing was held on January 23rd. Three students spoke at the hearing and later that night the Council voted 9-0 to pass the proposal.



A three-person team of Youth to Youth students testifying against the legalizing of marijuana before the New Hampshire Senate in 2013.

Dover Youth to Youth, Dover Middle School and the Dover Coalition collaborated to bring Ginger Katz to speak to the entire Dover Middle School about the death of her son from drug abuse. Katz authored a short book about her son written from the point of view of the family's dog. The book is designed to be appropriate for middle school aged kids. The coalition purchased copies of the book and it was read in every DMS classroom to 1,200 students prior to the author presenting to the school. That evening, Katz conducted a special presentation for Dover parents at the Dover Middle School theater.

Media Development Skills (Change from Baseline to F3)



Ability to Effect Change

Participants were asked a series of questions about whether they feel that they can influence change in their community and their competency in using their skills to advocate for policies they support. Specific to their media skills, participants did report a significant increase in their comfort level in being interviewed by a reporter ($p=.047$) as well as a slight increase in their confidence in their ability to create a PSA for radio or TV.

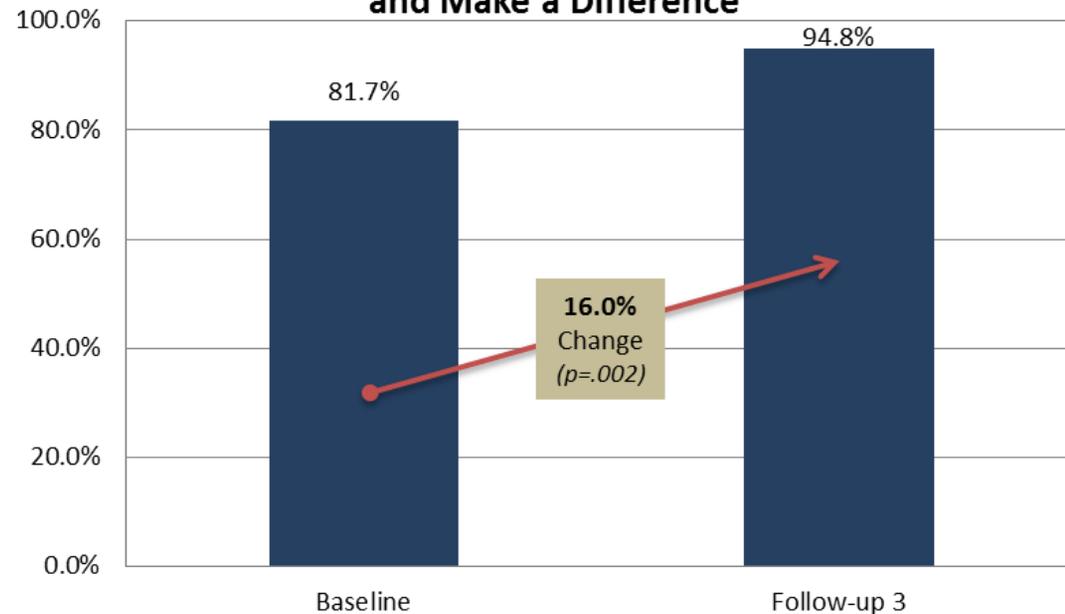
A scale was developed to measure self-efficacy or belief in participants' ability to influence change and make a difference in their community. After determining that the eight items included in the scale were highly correlated, an average was calculated across all eight items to generate the score. There was a 16% increase in participants self-efficacy score ($p=.002$).

Items Included in the Self-Efficacy Belief Scale

"To what extent do you agree or disagree with the following statements:"

- I feel I can make a difference in my community.
- I feel adults in my community will listen to me and my peers on important issues.
- I feel like I have influenced a large number of people on important issues related to alcohol and other risky behaviors in the last 12 months.
- I feel I play an important part in making my community a better place.
- I am knowledgeable about public demonstrations and protests.
- I am confident in my ability to organize a public demonstration or protest.
- Young people my age are able to make a difference.
- I can influence the decisions this organization makes.

Self-Efficacy: Belief in Ability to Influence Change and Make a Difference



Engagement with Pro-Social Peers and Activities

Participants' level of involvement with One Voice is reflected in the 25.6% increase in their having "worked with a group of peers in an organized way to make change or improve my school or community" during the study period (p=.000).

"My favorite part of Youth to Youth would have to be the interaction. The ability this group has to bring people together to do projects and events that positively affect our city...is remarkable. Through Youth to Youth I've been able to meet so many new people, gather new experiences, and become a more developed and well-rounded individual." – Participant

Increasing Engagement with Pro-Social Peers and Activities

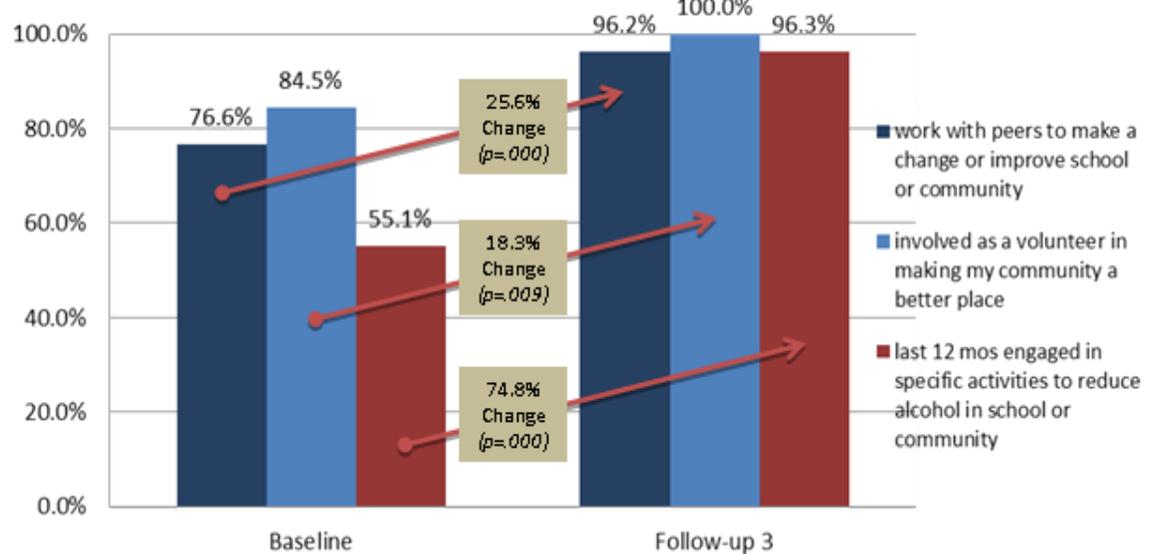
Dover Youth to Youth conducted a two-day youth advocacy training program for youth advocates in the **Mt. Ascutney, Vermont region**. Six Dover Youth to Youth members provided the training for the local program based in Windsor, Vermont. The 25 Vermont youth received advanced training in public speaking, creating radio spots, and the process to propose local or state legislation. The students also received detailed instruction on how to conduct a wide variety of prevention programs in their community



Dover Y2Y students shown promoting Dover's prescription drug take back day in October 2013 with their "If you think Zombies are scary..." event.

Dover Y2Y conducted an all day workshop on Youth Advocacy at the **New England Institute of Addiction Studies** on June 4th on the campus of Eastern Connecticut State University in Willimantic, CT. Seven members of Dover Y2Y taught the attendees about how Youth to Youth was organized and demonstrated how students are taught various advocacy skills and how those skills are applied. The audience consisted of all adult prevention professionals from all over New England.

Engagement with Pro-Social Peers and Activities (Change from Baseline to F3)



When looking at the rate of change in engaging with pro-social peers, participants had a 18.3% increase in involvement as a volunteer to make their community a better place ($p=.009$). The most striking evidence that the program increases pro-social activities is the 74.8% increase in engagement in specific activities to reduce alcohol in their school or community in the past year from 55.1% at baseline to 96.3% in year three ($p=.000$).

"Being able to meet and talk to other groups just like us around the state, and even around the country is such an amazing thing to see happening. Different groups getting together for one common goal can be a pretty powerful thing to take part of." – Participant

Long-Term Outcomes

The One Voice Model was successful in improving the following long-term outcomes:

- Decreased AOD use among participants
 - Participants, regardless of grade in school, did not report engaging in use of alcohol, marijuana or prescription drug use or abuse.
- Increased perception of harm among the community/peers
 - 6th grade comparison group (targeted for an in-school campaign showed significant improvement in consequences of binge drinking)
- Decrease AOD use among the community/peers
 - The Dover cohort showed slightly lower rates of alcohol use than the statewide cohort.



A Youth to Youth staffing the information table on the promenade at the stadium of the NH Fisher Cats, a minor league affiliate of the Toronto Blue Jays.

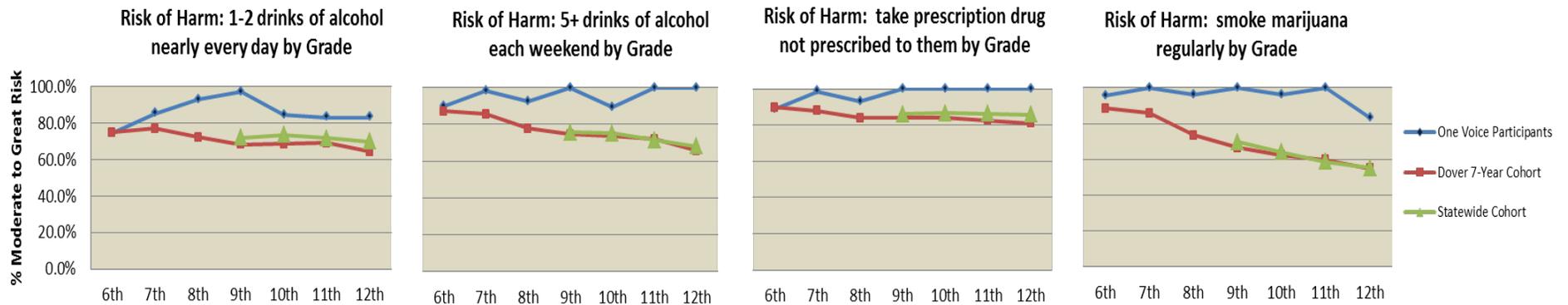
Long-Term Outcomes

It was hypothesized that participants would delay initiating their own AOD use as a result of their involvement in One Voice. Through their actions and involvement, these participants could in turn influence social norms and policies at the community level, increase perception of harm of AOD use among the community and decrease AOD use at the community level. The participant survey questions match those used on the New Hampshire Youth Risk Behavior Survey (YRBS) which is implemented every other year. Participant data were compared to community-level YRBS data to assess 1) if use patterns are different between participants and the community of Dover middle and high school students; and 2) whether there is a delay in initiation of use by participants.

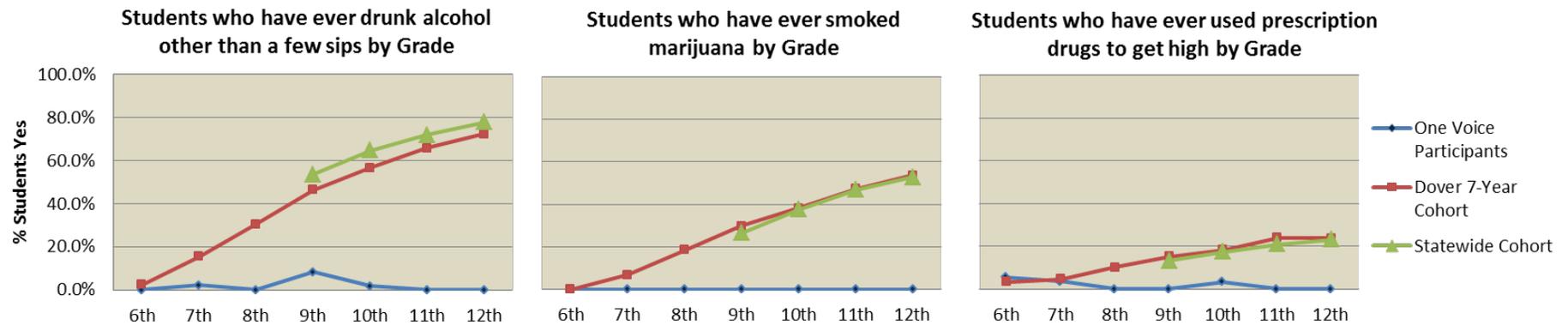
Delayed initiation of AOD use was measured by looking at lifetime use, 30-day use, and age of onset questions on the participant survey over the three study years and youth risk and behavior data collected from Dover youth population (cohort) over the past seven years. Cohort data were collected using the CDC Youth Risk Behavior Survey (YRBS), or equivalent measures developed by the school itself, surveying all students in the Dover Middle and High Schools. For the One Voice participants over the course of the three-year study, there was a significant delay in initiation and a reduced rate of use of alcohol and other drugs when compared to their peers. Almost all participants reported that they did not engage in use. The exception was one or two individuals who took a drink of alcohol or used a prescription drug without a doctor's orders at least one time.

An aggregate summary of responses to risk of harm and self-reported substance use variables were established based on the average response across seven cohort years (Dover 7-Year Cohort). For the One Voice participants, a similar aggregate summary was established from the survey data collected over the three-year study period which asked the same questions as the YRBS survey.

The following charts look at percent of students who perceive moderate or great risk of harm for using substances by grade. The Dover 7-Year Cohort showed a gradual decline in perceived risk from 6th through 12th grades, while the One Voice participants, who started at the same place as their 6th grade peers, and maintained a higher rate of perceived risk of harm through 12th grade.



This same trend is also seen in the self-reported use of substances by grade. The Dover 7-Year Cohort showed increased rates of engagement across all substances consistent with statewide trends: while the One Voice participants, again starting in the same place as their 6th-grade peers, indicated that they did not engage in use at nearly the same rates. An indication of the environmental impact of One Voice in the Dover schools is that the Dover 7-Year Cohort showed slightly lower rates of alcohol use than the statewide cohort.



"This program is very helpful and I've learned so much new information that I'm able to apply in my daily life." – Participant

DISCUSSION

One Voice is successful because it engages and empowers youth to make changes in their environment and community that reduce substance abuse and the harm that accompanies it. The core elements of this evidence-based approach are: (1) Recruit youth in grades 6-12 to act as leaders and change agents in the community; (2) Provide participants with the information and knowledge needed to develop a level of expertise and understanding of the targeted problems; (3) Provide them with the training and guidance needed to empower them with very highly developed skills needed to take action; and (4) Give these youth leaders the opportunity to take action in the adult world that result in environmental change.

The results of this three-year evaluation support the notion that, although change can be seen in the first year of participation, the longer a youth is engaged in One Voice the greater their capacity to expand, practice and use their knowledge and skills to create change.

The results indicate that both the short- and intermediate outcomes objectives were achieved. Participants significantly increased their knowledge about the consequences of use and knowledge of industry practices; increased presentation skills; increased skills around media; increased knowledge of the legislative process aimed at changing the social norms around AOD use; and developed a network of pro-social peers.

In the intermediate outcomes, the results showed significant improvement in perceived risk of harm, increased feelings of self-efficacy and empowerment (perception that they can influence change, competency in skills), awareness of the manipulative industry practices and increased engagement in pro-social activities.

These findings are consistent with those presented in the One Voice Youth Empowerment Model Comprehensive Evaluation Report.⁹

The primary intent of this report was to present results that incorporated the third year of data collection in the Dover site and to establish whether the long-term outcomes were consistent with the original hypothesis: *If youth engage in the core elements of One Voice, they will influence social norms and policies at the community level; delay their own initiation in AOD use; increase perception of harm of AOD use among the community; and decrease AOD use at the community level.*

Limitations

Attrition: The quasi-experimental design was effectively used to establish that the participants in One Voice were not significantly different from their peers. It also helped to demonstrate that participants had much greater rate of change in key outcomes within the first year of their participation. However, studying the longer-term outcomes was challenged by a high rate of attrition over the course of the three-year study period.

Although 129 youth completed baseline surveys, three years later there were 27 matched follow-up surveys (20.9%). With a youth-based program, you would expect an unavoidable level of attrition of student participation and membership due to families leaving the district, loss of interest and other causes. New members are always joining One Voice, so attrition does not threaten the existence of the program itself. What attrition does is throw off the continuity of team training and makes surveying for participants more challenging.

Participant follow-up surveys were administered to all participants who were still active in the program during the time the surveys were distributed. However, it was more of a struggle to get follow-ups completed by participants who were

no longer active with One Voice. A school-based setting can have more success in locating inactive participants for a follow-up because their One Voice meetings were held at the school, and they may be better able to track down former participants still in the school. The Dover Y2Y site, however, is located in a community setting away from the school. So, it is more difficult for staff to locate and contact former participants.

The high rate of attrition could be addressed through modified training for advisors that includes suggestions and strategies for how to best contact non-active participants to maximize their response rates. In addition, as the follow-up survey is implemented at the end of the school year, follow-up surveys should be collected in April/May rather than waiting until the very end of the school year in June.

Cohort Outcomes: The only means of analyzing the cohort from which the One Voice participants are drawn is through the YRBS bi-annual survey. In Dover, the middle and high schools opted to survey 100% of their student body with the YRBS every other year. Using the same tool year after year is the best way to look at trends over time. *The One Voice Participant Survey* contained identical substance use and risk of harm questions as those on the YRBS so that trend data could be established for the participants. However, the participants themselves are part of the school-wide sample which introduces potential contamination of the results. The Dover 6th to 12th grade student population in 2013 was 2,154. With an average annual enrollment of 60 individuals, participants represent less than 3% of the total population. Given the small sample size of the One Voice participants, it is unlikely that the results would be significantly altered by their responses, and would only lower the risk outlook of the Dover student population (type I error). It was determined that the best way to use these YRBS data to establish trend data would be to generate an average by grade across the seven years of

implementation and to compare that to the participants average by grade for those same substance use and risk of harm questions.

Comparison Group: Due to limited resources and time, the study followed the 6th grade comparison group for one year only. What is called for is a broad cohort study that follows participants and non-participants through high school and beyond; although this study could be threatened with the potential for substantial confounding exposure and maturation effects. The best way to control for that would be a quasi-experimental design that allowed for participants and a group of non-participating peers from within the same community to be followed for multiple years through high school and potentially after they have graduated. This would require additional resources that were, to this point, beyond the reach of this community-based organization. Given the support that the Dover Youth to Youth program has within their community, it is not out of the realm of possibility to leverage the resources and support to identify grants and other funding strategies.

CONCLUSION

The evaluation results from the first two years of the study period are available in the Comprehensive Evaluation Report (2013) which was the basis for establishing One Voice as an evidence-based program in the state of New Hampshire. The results reported in this *Year Three Evaluation Report* expand on those findings and include the discovery that long-term outcomes related to 30-day substance use and early age of first use were very significantly improved among the One Voice participants.

Further, the participants who are able to remain with the program for multiple years benefit greatly from the opportunity to hone, refine, and use their knowledge and skills to create change in their own community.

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