

NWX-OS-OGC-RKVL (US)

Moderator: Jaclyn Ruiz
January 29, 2015
2:30 pm CT

Coordinator: Thank you. Welcome and thank you for standing by. This call is currently being recorded. Thank you. You may begin.

Jaclyn Ruiz: Thank you, (Crystal). Today we'll be interviewing Dr. Kevin Haggerty as part of our Developer Interview Series. The Office of Adolescent Health will be hosting a series of interviews with developers of those programs identified by the Department of Health and Human Services Teen Pregnancy Prevention Evidence Review as having shown effectiveness in reducing teen pregnancy, sexually transmitted infections, or sexual-risk behaviors.

The goal of these interviews is to ask developers some of the most frequently asked questions by OAH grantees. The webinar series was developed as a technical assistance product for use with OAH grant programs to provide additional guidance on selecting, planning, and implementing an evidence-based program for Teen Pregnancy Prevention.

This webinar should not be used on its own, but as a complement to various other resources available online. Additional resources are identified later in this PowerPoint presentation. Please note that inclusion on the HHS TPP

Evidence Review does not imply endorsement from OAH. Program selection is up to grantees.

As I mentioned, today's interview will be with Dr. Kevin Haggerty. He is the Director of the Social Development Research Group at the University of Washington's School of Social Work. Dr. Haggerty specializes in prevention programs at the community, school, and family level.

For more than 25 years, he has focused on developing innovative ways to organize the scientific knowledge base for prevention, so that parents, communities, and schools can better identify, assess, and prioritize customized approaches that meet their needs.

For more than two decades, he has been Project Director of the Raising Healthy Children study, a school-based approach to social development. Welcome, Dr. Haggerty.

Dr. Kevin Haggerty: Thanks so much, Jaclyn.

Jaclyn Ruiz: Can you please briefly describe your program Raising Healthy Children?

Dr. Kevin Haggerty: Sure. Raising Healthy Children is a bit unique in the OAH set of teenage pregnancy prevention programs, because it's more of a framework than an actual curriculum. And it really works within the school and family environments to create conditions that promote well-being.

So it's a more comprehensive, multi-faceted approach to prevention than a curriculum. So the main goals really are to promote bonding to both school and a family, and to increase academic success and especially get people on a trajectory to graduate from high school, because we see that's really related to

reduced teenage pregnancy, and to reduce mental health, emotional, and behavioral disorders amongst young people.

Some of the key components that are unique in this regard are that the program really involves whole school staff development trainings. So over a three year period teachers and staff members at elementary and middle schools are trained in specific areas to promote well-being that include proactive classroom management, cooperative learning, social skill development, motivation, and instructional strategies for engagement and learning in the elementary and middle school.

There's a family component to Raising Healthy Children as well that includes programs that are geared toward helping families help their children succeed in school, provide strong family management in a program called Raising Healthy Children Parenting Program, and to help reduce drug use in a program called Guiding Good Choices.

And then finally there are the social skills or individualized training program for students that is guided throughout elementary and middle school. So the key population is within the elementary and middle school environments. And we provide training, coaching, technical assistance and capacity building to help schools implement this framework.

Jaclyn Ruiz: And so Dr. Haggerty it sounds as if it's more focused on sort of a behavioral change. Because of that are there any sort of technology requirements that may be needed as part of this program or is it more just observation? Any sort of specifics on that?

Dr. Kevin Haggerty: No, it's - I would call it more environmental change, and that environmental change comes from changed parenting behaviors and changed

teaching behaviors. So, for example, one of the things we would be doing is doing coaching observations of teachers in classrooms to see that they're incorporating those strategies that are being taught in the Raising Healthy Children staff development sessions.

Jaclyn Ruiz: Thank you for that clarification. Can you briefly talk about the previous evaluation results?

Dr. Kevin Haggerty: So the previous evaluation results are quite interesting, because I'll start from the end and go forward and we've been following a group of young people since the mid-1980s until they're age 33.

And at age 24, for example, we see more involvement in community groups, high college completion, more constructive self-efficacy, more volunteerism. And we actually see reduced mental health problems: generalized anxiety disorder and depression and anxiety for people in that age group.

At age 21, it's really important to note that we see fewer lifetime sex partners, fewer pregnancies and births among females, and this is particularly true amongst African-Americans in the population. And we see fewer sexually transmitted diseases as well or sexually transmitted infections, both at age 21 and age 24.

At age 18, we see some really strong differences between experimental and control conditions related to less violent delinquency, heavy drinking, sexual activity, and school misbehaviors than we see in the control group.

Earlier, at ages 13-18 in that, you know, high school time, we see less growth and frequency of alcohol and marijuana use than in the control condition. And

we see less driving under the influence of alcohol and drugs than in the control group.

Now those are kind of later onset outcomes. So we follow these people in long-term studies, what's one of the longest term outcome studies that we've seen in this type of an approach. But there are immediate effects that we see.

We see strengthened social development in childhood and improved social and academic skills. Kids are performing better in terms of behavior at school.

There's less onset of drug use and delinquency amongst those folks, and there's a greater commitment to school, that bonding to school that's one of our core goals is higher than in the control group, as well as increased academic achievement.

Those are the more immediate effects that we see in an ongoing way in the implementation of Raising Healthy Children.

Jaclyn Ruiz: And you talk about a pretty, what I would consider a pretty broad range of ages that are the target population. Do you want to talk a little bit more about the target population and maybe any other recommendations you have on with what population this program can be implemented?

Dr. Kevin Haggerty: The population that the program is implemented with is what we call universal. It's affecting all kids in the schools. So we're training to really change the environment to be more promoting of strong bonds of attachment and commitment to school, so that they're more likely to follow the guidelines and values of the community, the school community, and the family community.

So all kids in the school are really exposed to staff members who have been trained in the context of Raising Healthy Children. And that seems to actually have that mediating effect of strengthening bonds and commitment to school and increasing academic outcomes.

The family programs are really provided for families who are wanting more support and more help along the way. And they're universally available, but of course we all know that to get people to attend family programs is always a challenge. And so we don't have as full of exposure to the programs as we do in the school programs.

Jaclyn Ruiz: Do you want to expand upon it a little bit, because I'm noticing under evaluated populations you mentioned Seattle and then Raising Healthy Children, and I see some diversity differences. Do you want to talk a little bit about that?

Dr. Kevin Haggerty: Sure. So in the programs that have been evaluated, the - we've been following a longitudinal cohort of students in Seattle from highest crime neighborhoods since the mid-80s. And we are just out of the field. Right now they're age 39. They're - about half of them are white, 26% black, 22% Asian, mostly new immigrant Asian population at that time, 5% Native American.

About 42% reduced - free and reduced lunch. We've also done another longitudinal follow up study of the program in a suburb of Seattle in Edmond. That's a much more white population, about 82% white, compared to the Seattle population.

Replications of the program have been done in urban environments and suburban environments and, also, in rural environments. In Texas where the

population is about a third black, a third Hispanic, and a third white. So very diverse populations. And also in Bedford, Pennsylvania.

Jaclyn Ruiz: Thank you for that. Can you talk a little bit about the settings in which the program was evaluated and any other recommended settings that you think the program can be implemented in?

Dr. Kevin Haggerty: So the settings have been primarily in elementary and middle schools. And in order to effectively implement the program, we really believe that you have to have 80% of the teachers in those schools agree to have the program be implemented in it.

So there has to be some general agreement that this would be a good thing to do, because it's a big investment of time and of resource for staff development over a three year period.

Along with that, comes the coaching of the teachers and they have to be willing to have a coach come into their classroom and help them with their teaching.

Jaclyn Ruiz: And you already said this, but just to sort of reiterate, it sounds as if it can be implemented in a rural, suburban, or urban setting?

Dr. Kevin Haggerty: Yes. We've had experience in all three of those different settings.

Jaclyn Ruiz: Okay. Sounds great. So while adaptations require OAH approval and, at times, even a developer's approval, it can be helpful for some of our organizations to get a sense of any previous adaptations that have been successfully implemented. Can you please provide some examples of the types of minor adaptations that are allowable?

Dr. Kevin Haggerty: Sure. So for example, we do parenting programs and parenting workshops.

When and where those parenting workshops occur is an example of an adaptation. They don't all have to happen at the school.

The cultural relevance, one important thing that we've looked at is alternatives to suspension related to disproportionality, as we've began working with staff in a school building to change the way that they're using suspension in their proactive management strategies.

The kind of language that we use is important. Many of the programs, the parenting programs, have been translated into Spanish. That may mean that there needs to be translations into different languages, depending on what populations you're working with.

You know, other adaptations that we've done are things like booster sessions for new staff or orientation sessions for new staff coming in who weren't at the original staff development sessions with the school implementation. So those are just some kind of general adaptations that we've been involved with.

Jaclyn Ruiz: And do you have any staffing recommendations and any additional training opportunities that you offer?

Dr. Kevin Haggerty: So yes, the staffing considerations are really important in Raising Healthy Children implementation. One of the things that we highly recommend is that there's a coach that's at each of the schools that's implementing the program, and that that coach is a really highly-regarded expert teacher that could give strong and constructive feedback to other teachers in the building. So they need to be a trusted master educator in the building.

And we also - you know that there's the parenting component as well. And so in order for that to be effective, we believe that you have to have strong parent educators with a deep knowledge and understanding of parenting to provide those workshops.

The Raising Healthy Children model provides on-site direct training and capacity building in a training of trainers model as well, so that we can train those coaches and master teachers to be able to do the ongoing school staff development, and to do the parent training trainings as well.

Jaclyn Ruiz: And we talked a little bit about, you've mentioned, already, some of the challenges that one should be aware of if they're going to take on Raising Healthy Children. You want to describe any other challenges, as well as discuss any strategies that you know have been known to overcome these challenges?

Dr. Kevin Haggerty: Sure. One of the big challenges for us, as you can imagine, in taking on this comprehensive multifaceted approach, is to make sure that you have strong support from the district, the school, and the staff as you enter into it.

And, as I mentioned, there's a three year training approach for staff development. And one of the things we found is that there are quite a few transitions of staff, there are transitions of principals, there are transitions of teachers. And so that is a consideration in terms of the kinds of challenges we've had to overcome.

Another area of the challenges, recruiting parents into parenting programs and making sure that you get enough parents attending the programs to actually make a difference overall. And then just how to monitor and evaluate that

progress over time and ensuring you have monitoring and implementation fidelity checks that you're using as an important component.

So we really believe that, to be successful, there has to be strong ongoing district support from the superintendent's office, the school board, and the schools for implementation. And there's this strong coaching team that's helping and reinforcing those things at the school levels.

We also think that having a train the trainer model is important to develop the capacity for the school to be able to effectively implement Raising Healthy Children.

And that another area regarding the recruitment of parents, we found it to be effective if you have someone who's specializing in parent recruitment and a family coordinator that's involved in really working and getting families involved in the parenting programs.

We also think that it's important to have strong implementation fidelity training to ensure that the model is being implemented the way it's supposed to be.

Jaclyn Ruiz: Thank you. And then, finally, are there any recent or planned revisions to the curriculum or to the program that you are expecting?

Dr. Kevin Haggerty: Well, of course, as the field of education continues to emerge and change all the time, it's a changing thing, we need to update our examples to include more Common Core examples in the school staff development and ensure that it's aligned with Common Core language that teachers are using in their classrooms.

So it needs to be relevant to teachers who are teaching today's curriculum. We need to update the curriculum to include new intervention outcomes and new research outcomes as those become available.

And one of the areas that we have been really clear on is we need to be developing modules to provide orientation materials for new staff who are onboarding into the process later than other staff members and teachers at schools.

Jaclyn Ruiz: Thank you. On Slide 13 you'll find additional resources on Raising Healthy Children. We hope these resources in conjunction with today's webinar will provide a comprehensive understanding of this evidence-based Teen Pregnancy Prevention program, and will insist you on making not only an informed decision on which evidence-based program to select for your community, but how to best prepare for and implement this program.

I also want to sort of acknowledge, because I know I rushed you into getting into the meat of everything, Dr. Haggerty. You have two other colleagues that assisted you with this presentation?

Dr. Kevin Haggerty: Yes. Thank you for making sure that I mention my colleagues, Dr. David Hawkins and Dr. Rick Catalano, both who were instrumental in the development of the Raising Healthy Children approach, as well as the long-term evaluation of that, the findings over time.

So they have been founders of the Social Development research group here at the University of Washington.

Jaclyn Ruiz: Thank you. And any other final words?

Dr. Kevin Haggerty: Just I really appreciate and thank you for the opportunity to share and am available to folks if they have more questions.

Jaclyn Ruiz: Thank you. And I also, again, want to thank you for taking out the time out of, I'm sure, your very busy schedule to put together this information and present it to our grantees. I know they'll find this information incredibly helpful. So thank you, again.

And, (Crystal), if we can please end the recording?

Coordinator: That concludes today's conference. Thank you for participating. You may disconnect at this time.

END