

***ONE VOICE YOUTH EMPOWERMENT MODEL:
Building Knowledge, Skills, and Advocacy Among
Middle and High School-Aged Youth***

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TABLE OF CONTENTS

EXECUTIVE SUMMARY	1
BACKGROUND	3
Targeted Population and Materials	3
Theoretical Foundation	4
EVALUATION DESIGN.....	7
Statistical Methods for Outcomes Analysis.....	8
Internal and External Validity.....	8
EVALUATION RESULTS.....	10
Short-Term Effect (1-Year).....	10
Maintenance of Effect.....	14
LONG-TERM OUTCOMES.....	15
DISCUSSION	17
Limitations.....	17
REFERENCES.....	19
APPENDIX:	
Appendix A: One Voice Logic Model	
Appendix B: One Voice Monitoring and Evaluation Plan	
Appendix C: List of Fidelity Checklists and Sample Checklist	
Appendix D: One Voice Participant Pre-Test Survey	
Appendix E: One Voice Presentation Skills Rating Form	

EXECUTIVE SUMMARY

An evaluation was conducted of the One Voice Youth Empowerment Model (One Voice), an innovative, manualized program designed to positively influence social norms around alcohol and other drugs (AOD) among youth aged 11-17. One Voice reduces substance use initiation rates (delayed age of first use) and increase the perception of harm of AOD use by empowering participating youth with information and the skills to become active agents of change in their community. Developed in Dover, NH in 1992 by staff and students participating in the Dover (NH) Youth to Youth program, One Voice was recognized as evidence-based and placed on the New Hampshire Registry of Evidence-Based Interventions in July 2013.

The theoretical underpinnings include: (1) developing high levels of knowledge surrounding targeted issues and substances; (2) building advocacy skills needed to take action and developing those skills to a high level of proficiency; and (3) providing opportunities to take action utilizing learned knowledge and skills. Students in grades 6-12 are allowed to join following a one-week, 40-hour preliminary training camp. For eight to twelve months each year teams of 15-20 students meet once per week for 2 hours and receive training and plan action projects targeting their community and schools. Student teams are coordinated by two adult advisers.

Students take action in one of four broad categories: Media, Policy Change, Educational Activities, and Community Awareness projects. Training is rigorous and focuses on background knowledge of selected target substances and the skills needed to effectively implement and conduct selected action projects. Public speaking, media development, media literacy and legislative procedures are common topics of training.

Implementation of the program is facilitated by a comprehensive set of resources and instructions, including the One Voice Youth Empowerment Toolkit (Toolkit). The Toolkit contains a series of modules that either: 1) provide instruction on best practices for organizing and administering a youth advocacy group; 2) describe how to help youth develop knowledge in specific areas such as industry practices or the consequences of alcohol use; 3) instruct how to build specific core skills such as public speaking or media development; or 4) provided step-by-step instructions on how to engage participating youth advocates in specific action projects.

Each Module in the Toolkit is designed to be practical and hands-on and provides everything a group adviser needs to conduct that particular activity or training. This includes instructions, lesson plans, PowerPoints, exercises, handouts, sample templates, fidelity checklists and evaluation tools.

The One Voice Model is based on a three-tiered theory of change:

- 1. IF** One Voice is implemented with fidelity **THEN** youth advocates will increase their knowledge about the consequences of use; increase knowledge of alcohol and tobacco industry practices; increase presentation skills and skills around media; increase knowledge of the legislative process; and develop a network of pro-social peers.
- 2. IF** the above happens **THEN** the youth advocates will increase their perception of harm of use; increase self-efficacy (perception that they can influence change, competency in skills); increase knowledge of the influence of media and the alcohol industry in the

targeted area; and increase feeling accepted by non-using peers and engagement in pro-social activities.

- 3. IF** the above happens **THEN** youth advocates will influence social norms and policies at the community level; delay their own initiation of AOD use; increase perception of harm of AOD use within the community; and ultimately decrease AOD use at the community level.

The evaluation of One Voice took place over the course of four years from 2011 to 2015. Customized quantitative tools were developed to collect program monitoring and evaluation data. Complimentary qualitative data were collected to confirm and contextualize the outcome results.

The dataset included responses for 6th graders in Dover Middle School in the intervention group (63) and the comparison group (88). Data were collected from three points in time: Baseline; 1 year post-test (Time 1); and 3 year follow-up (Time 2). The analyses accounted for the multiple time periods.

We explored change over time in short-term, intermediate and long-term outcomes between the two groups: participants; and comparison group. Repeated measures analyses were conducted in SAS version 9.3 (SAS Institute, Inc., Cary NC) using the General Linear Models Procedure (GLM). The assessment of program impact relies on results for the group by time interaction (was there significant change within or between the group from baseline to 2 follow-up periods) to show the significant impact of the intervention on outcomes over time.

The results indicate that both the short-term and intermediate outcome objectives were achieved. Compared to the comparison group, youth participating in the One Voice Model 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; and developed a network of pro-social peers. 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 manipulative industry practices, and increased engagement in pro-social activities as compared to the comparison group.

In the long-term, based on the participant surveys and local implementation compared to the New Hampshire Youth Risk Behavior Survey, participants indicated that they had either not engaged in use or substantially delayed their initiation with alcohol and other drugs when compared to their peers. In addition, higher perception of harm of use correlated with lower use rates among the participants.

The One Voice Youth Empowerment Model provides a solid framework for organizing and engaging youth as advocates in the community and allowing them to address substance abuse issues. From a philosophical standpoint, the underlying theory is sound and clearly resulted in significant change in key measures in the participating students during the evaluation. In addition, from a practical standpoint, One Voice has a highly developed set of resources to enable implementation and replication by others.

BACKGROUND

Youth are often an underutilized and untapped key resource in community efforts to prevent the harm from risky behaviors such as underage drinking, smoking or prescription drug abuse. It is well accepted that mobilizing all elements of the entire community (police, parents, media, schools, etc.) to take on targeted high risk behaviors is a sound and fundamental strategy for prevention.¹ These prevention efforts, especially those targeting youth, should involve youth. There is nothing new about the idea of youth participating in prevention activities in a community or, more commonly, in a school environment. However, this work often happens in loosely organized club settings and may result in only two or three activities being done during the year. Typically, the way youth are participating in prevention efforts lacks intensity and provides little in the way of skill development, training, and structure. When youth are participating in a low-intensity school club or are the token voice in an adult coalition, there is “involvement”. However, youth *involvement* is **not** the same thing as youth *empowerment*.^{2,3} It is from this perspective that the One Voice Youth Empowerment Model (One Voice) was developed by staff at Dover Youth to Youth, a community-based afterschool drug-prevention program coordinated by the Dover Police Department Community Outreach Bureau for middle and high school students.

One Voice is an innovative, manualized program designed to positively influence social norms around alcohol and other drugs (AOD). One Voice reduces substance use initiation rates (delayed age of first use) and increases the perception of harm of AOD use by empowering youth with information and the skills to become active agents of change in their community. One Voice, developed in Dover, NH in 1992, was recognized as evidence-based and placed on the New Hampshire Registry of Evidence-Based Interventions in July 2013.

Targeted Population and Materials

The target population for the One Voice program is youth between the ages of 11-17. Participation may begin in any grade from as early as 6th grade and can continue through senior year in high school. Recruitment of participants starts in late elementary or early middle school – ideally, 5th or 6th grade.

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 initial training week.

At the start of the school year One Voice participants are assigned to an “action team” comprised of 15-25 members. Each team meets for 1-2 hours once per week after school or in the evening to plan activities, train, and conduct business. Through these action teams, participants continue development of knowledge of drug abuse issues and skills training under the mentorship of two adult advisors. In addition to meeting in their action teams participants meet 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 and participation over the course of five to seven years is commonplace.

Implementation of One Voice is guided by the One Voice Youth Empowerment Toolkit (Toolkit), a comprehensive four part manual that follows the **Knowledge > Skills > Action** model. It contains Modules that: 1) describe how to help youth develop **knowledge** in specific areas such as industry practices or the consequences of use of alcohol; 2) build specific core **skills** such as public speaking or media development; 3) engage participants in specific **action** projects; and 4) guide adult advisers in the administration of the program. Each component is designed to be practical and hands-on and provides everything a group advisor needs to conduct that particular activity or training. This includes step-by-step instructions, lesson plans, PowerPoint slides, exercises, handouts, sample templates, fidelity checklists and evaluation tools. Toolkit modules include:

- Alcohol Information and Background (*Module 2A-1*)
- Developing Skills: Presentation Skills (*Module 2B*)
- Developing Skills: Media Production (*Module 2C*)
- Developing Skills: Working with the Press (*Module 2D*)
- Developing Skills: Activism Skills (*Module 2E*)
- Developing Skills: Policy Change (*Module 2F*)
- Developing Knowledge: Pop Culture Influences (*Module 2G*)
- Presenting: “8 Things About Alcohol” (*Module 3A-1*)
- Presenting: Advertising & Media Influences (*Module 3A-2*)
- Presenting: Freeze Action Theater (*Module 3A-3*)
- Presenting: Short Theatrical Skits (*Module 3A-4*)
- Presenting: History of Tobacco Lies (*Module 3A-5*)
- Presenting: The Samantha Skunk Lessons (*Module 3A-6*)
- Creating Radio PSAs (*Module 3B-1*)
- Creating Video PSAs (*Module 3B-2*)
- Community Awareness: Sticker Shock (*Module 3C-1*)
- Community Awareness: Gear Exchange (*Module 3C-2*)
- Community Awareness: Fridge Campaign/Project (*Module 3C-3*)
- Community Awareness: The Brain Campaign (*Module 3C-4*)
- Community Awareness: Love Your Os Campaign (*Module 3C-5*)
- Community Awareness: Zombie Demonstration (*Module 3C-6*)
- School Awareness: Logo Lampoon Contest (*Module 3D-1*)
- School Awareness: Got Info? (*Module 3D-2*)
- School Awareness: Plaster the Walls (*Module 3D-3*)

The Toolkit was prepared with the idea that the adult advisers may be inexperienced in coordinating a youth empowerment group. The Toolkit was also designed to be useful to more experienced advisers of established youth groups that want to expand the capacity, or increase the intensity, of their program. The Modules within the Toolkit help advisers to be effective regardless of his/her expertise in teaching such topics as media development, public speaking or working with the press.

Theoretical Foundation

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 that results from problems like underage drinking or tobacco use.*

The One Voice Model for youth empowerment has three core elements: **Knowledge > Skills > Action**. 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 be effective. An unprepared or unskilled youth speaker is no more impactful than an unprepared adult speaking to a class or audience. They are both likely to fail to have impact from their action. And finally, if students develop a level of knowledge and expertise on their subject, and develop high levels of advocacy skills needed to take action, they are not truly empowered unless given the opportunity to use the skills to take **Action** in the real world.⁴

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 (and sometimes their adult supporters) do not generally have the resources, logistical capacity or experience required to spontaneously develop and implement a youth empowerment program that will develop the knowledge and skills needed to influence change in social norms, policies, and other aspects of the environment in their community.
3. In the targeted area of alcohol and other drug use, there are high rates of AOD use, low rates of perception of harm from AOD use, and misperceptions about the consequences of use.

Youth participating in One Voice become highly informed, develop core life and advocacy skills, and become very committed to using the knowledge and skills they have gained to take action. Participating students 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.⁵ The community benefits as youth advocates increase awareness, challenge social norms, implement environmental changes, and hopefully, reduce the harm of problems like underage drinking.⁶

The program features strategies that include:

- Empowering the student members to find and implement solutions to the drug problem.⁷
- Utilizing peer leaders, student role models, and drug-free youth groups to influence and educate fellow students.⁸
- Promoting the view that being drug free is positive, healthy and "cool".⁹

- 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.^{10,11}

Over the course of their participation, student advocates acquire knowledge and are systematically trained in public speaking techniques, media and message development, working with the press, activism event organizing, leadership, and the legislative process.¹²

The One Voice Model is based on a three-tiered theory of change:

1. **IF** One Voice is implemented with fidelity **THEN** youth advocates will increase their knowledge about the consequences of use; increase knowledge of alcohol and tobacco industry practices; increase presentation skills and skills around media; increase knowledge of the legislative process; and develop a network of pro-social peers.
2. **IF** the above happens **THEN** the youth advocates will increase their perception of harm of use; increase self-efficacy (perception that they can influence change, competency in skills); increase knowledge of the influence of media and the alcohol industry in the targeted area; and increase feeling accepted by non-using peers and engagement in pro-social activities.
3. **IF** the above happens **THEN** youth advocates will influence social norms and policies at the community level; delay their own initiation of AOD use; increase perception of harm of AOD use within the community; and ultimately decrease AOD use at the community level.

To identify how the One Voice approach differs from other youth empowerment models, we studied the list of interventions reviewed by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) and compared them to One Voice. The criteria used to identify these programs were: Areas of Interest (substance abuse prevention), Outcome Category (alcohol and tobacco), Ages (13-17), Settings (school), and Study Design (quasi-experimental). It should be noted that two of the programs reviewed use experimental study design, namely Project Success and Life Skills. The four components of the review were adopted from the Centers for Disease Control and Prevention's *Best Practices Users Guide: Youth Engagement – State and Community Interventions* (2010).¹³

The evidence presented in Table 1 represents the four practices identified by the youth engagement users guide: 1) counter-marketing and media advocacy; 2) social norm change; 3) community and school approach; and 4) local policy work.

TABLE 1: COMPARISON OF CORE COMPONENTS OF YOUTH EMPOWERMENT PROGRAMS				
PROGRAM NAME	COUNTER-MARKETING AND MEDIA ADVOCACY	SOCIAL NORM CHANGE	COMMUNITY & SCHOOL APPROACH	LOCAL POLICY WORK/ADVOCACY
One Voice Youth Empowerment Model	✓	✓	✓	✓
Storytelling For Empowerment	✓	✓	✓	
Reward and Reminder	✓		✓	
All Stars		✓	✓	
Life Skills		✓	✓	
Project SUCCESS		✓	✓	
Protecting You/ Protecting Me		✓	✓	

These four components are essential to One Voice which is successfully engaging youth using these approaches. Over the last 10-12 years One Voice has become nationally recognized for its capacity to empower youth - and the process it employs to do so.

EVALUATION DESIGN

The hypothesis that drove the evaluation design and analysis was as follows:

If you develop the knowledge base of youth to a level of expertise regarding risk behaviors, such as alcohol or other drug use; and develop their advocacy skills to a high level; and provide them with opportunities to take meaningful action, then they are put into a position of being positive agents of change among their peers and their community. They become empowered.

The evaluation of One Voice took place over the course of four years from 2011 to 2015. Customized quantitative tools were developed to collect program monitoring and evaluation data. Complimentary qualitative data were collected to confirm and contextualize the outcome results.

A detailed monitoring and evaluation plan was developed in parallel with the survey tool design process to ensure that the study collected only the data needed to evaluate this program.

The following tools were developed for this evaluation study, as well as for use by program administrators, for monitoring activities and assessment of module fidelity:

- Monthly Activity Logs
- Recruitment Checklist
- Administrative Checklist
- Module Fidelity Checklists
- Pre- and Post-Test Survey
- Presentation Skills Rating Form
- Parent Feedback Survey

- Participant Feedback Survey

All participant surveys were coded with a 6-digit unique identifier, based on the participants' name and date of birth, so that the survey data could be matched from Baseline to Time 1 and Time 2. Participants completed a Baseline, 1- and 3-year follow-up survey.

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 surveys and a pre- and post-test presentation skills assessment.

Statistical Methods for Outcomes Analysis

We explored change over time in short-term, intermediate and long-term outcomes between the two groups: participants; and comparison group. Responses to questions representing the outcomes were generally ordinal (e.g., no risk to great risk) with higher scores indicating more positive responses. These ordinal variables were treated as continuous variables in analyses with mean scores calculated at the three points in time for the two groups. Repeated measures analyses were conducted in SAS version 9.3 (SAS Institute, Inc., Cary NC) using the General Linear Models Procedure (GLM). In our analyses, we tested: 1) between subjects effects (H_0 = no difference between groups), 2) within subjects effects (H_0 = no change over time), and 3) the interaction between group and time (H_0 = no interaction between group and time). Findings were considered significant at the $p < 0.05$ level. We report results for the group by time interaction to show the significant impact of the intervention on outcomes over time.

The dataset included responses for 6th graders in Dover Middle School in the intervention group (63) and the comparison group (88). Data were collected from three points in time: Baseline; 1 year post-test (Time 1); and 3 year follow-up (Time 2). The analyses accounted for the multiple time periods.

Internal and External Validity

To account for threats to internal and external validity, a quasi-experimental study design was deemed most appropriate for the evaluation of program impact.¹⁴ Participation in One Voice begins in the 6th grade and the participants in the study were students at the Dover, NH Middle School (DMS) who had just enrolled in the One Voice program for the first time. The comparison group was comprised of 6th graders from DMS who had never been enrolled in One Voice.

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. The students in the two homerooms, which were placed using random assignment at the beginning of the school year, represent a cross-section of DMS students of this age. The comparison group represented 29% of the 6th 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 participant 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 much a person risks harm if they use certain substances) between the two groups as well.

Participant and Comparison Group Independent Samples T-tests Results:

- | | |
|--|---|
| <ol style="list-style-type: none"> 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 | <ol style="list-style-type: none"> 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 (p<0.05)*

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 DMS and that the participant sample was not any different from their peers on key behavioral variables.

Participants attended the same school (DMS) as the comparison group. The comparison group students were exposed to the One Voice youth advocates as classmates in school and through some of the school-based 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 One Voice’s very active media campaign on local radio stations. The One Voice 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 One Voice 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 of consequences and perception of harm.

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 as described in the results below.

Survey Tool Design

When available, questions were drawn from already validated and broadly used survey instruments (*i.e.*, *CDC Youth Risk Behavior Survey*, *the National Youth Tobacco Survey*, *the Teen Assessment Project Survey*, or *the Botvin Lifeskills Survey*). To improve reliability, the evaluators also solicited and incorporated feedback from the participants and advisors on the length of the survey and any items that were difficult or challenging for the participants to comprehend or complete.

One component of the evaluation was to assess the capacity of One Voice to improve key advocacy skills needed to effectively take action or promote a message to others. We chose to assess the effectiveness of One Voice in developing Presentation and Public Speaking skills. Inter-rater reliability of the One Voice presentation skills assessment tool was analyzed for correlations between the results from three independent raters. The raters scored youth on four constructs in the presentation skills scoring rubric: speed control, volume control, animation of voice, and animation of body. A pair-wise correlation test was run between the scores of the first two raters, who were involved in the design of the form. Any inconsistencies in how they rated youth on the four constructs were addressed (resulting in a negotiated combined score for each youth) and modifications to scoring instructions made prior to having an independent rater review and rate the presentation videos. A second pair-wise comparison between the combined results of the first two evaluators to the scores of the independent rater established that there was a high level of inter-rater reliability.

EVALUATION 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.

Short-Term Effect (1-Year)

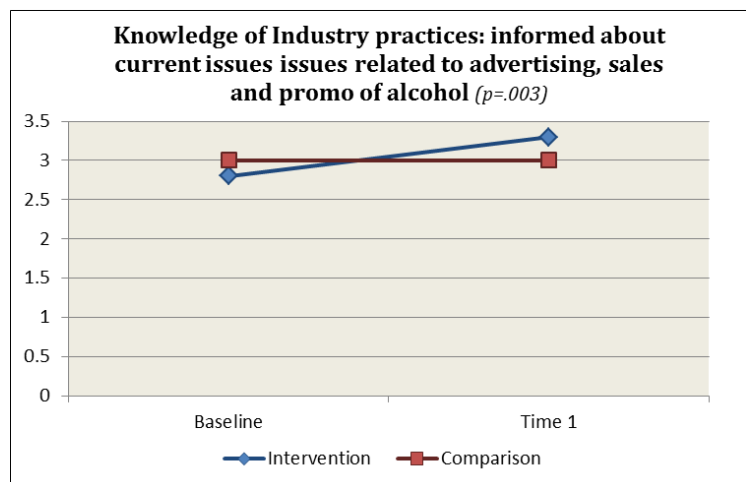
All 6th grade participants who started the One Voice program in the 2011 or 2012 school year completed a baseline survey within the 1st two weeks of their participation (n=63). A follow-up survey was completed by most of the participants at the end of the school year (n=49). The comparison group completed the exact same baseline and follow-up surveys at the beginning and end of the school year (n=88 for both comparison data points).

Table 2 provides a summary of the group by time analysis from Baseline to Time 1 for the intervention and comparison groups. Compared to the comparison group, the intervention group showed significantly greater increases over time for short-term and intermediate outcomes.

TABLE 2: GROUP BY TIME ANALYSIS FROM BASELINE TO 1-YEAR FOLLOW-UP <i>Intervention n=63; Comparison n= 88</i>	Group by Time (Baseline to T1)		
	F test	F test df	p value
Short-Term Outcomes:			
Knowledge of Industry Practices (informed about current practices and issues)	9.56	1,120	0.003
Perceived risk of harm (if a person drank alcoholic beverage each weekend)	3.9	1,118	0.05
Presentation Skills (observed score)	27.02	1,75	<0.0001
Media development Skills(knowledge about creating PSA for radio or TV)	16.04	1,121	0.0001
Engaging with pro-social peers (work with peers to make a change or improve school or community)	9.36	1,120	0.003
Intermediate Outcomes:			
Self Efficacy Behaviors Scale (worked to make a difference)	27.92	1,121	<0.0001
Self Efficacy Beliefs Scale (believe they can make a difference)	4.44	1,121	0.04
Self-Efficacy Legislative Process (confident in ability to advocate for policies)	3.93	1,119	0.05
Presentation Skills Confidence (comfort level with speaking or presenting; hard to talk in front of group)	5	1,116	0.03
	6.29	1,111	0.008
Engagement in pro-social activities (involved as a volunteer in making my community a better place; last 12 months engaged in specific activities to reduce alcohol in school or community)	9.49	1,121	0.003
	35.9	1,118	<0.0001

One fundamental aspect of participation is learning about alcohol and tobacco industry practices and strategies to get people to buy their products. The intervention group showed significant increase in being informed about current issues while the comparison group remained unchanged ($F(1,120)=9.56; p=0.003$). Critical thinking about the messages they see in advertising and media is key to helping the participants form their own opinion about alcohol and other drugs as well as to understand how messages or policies could be changed through their advocacy efforts.

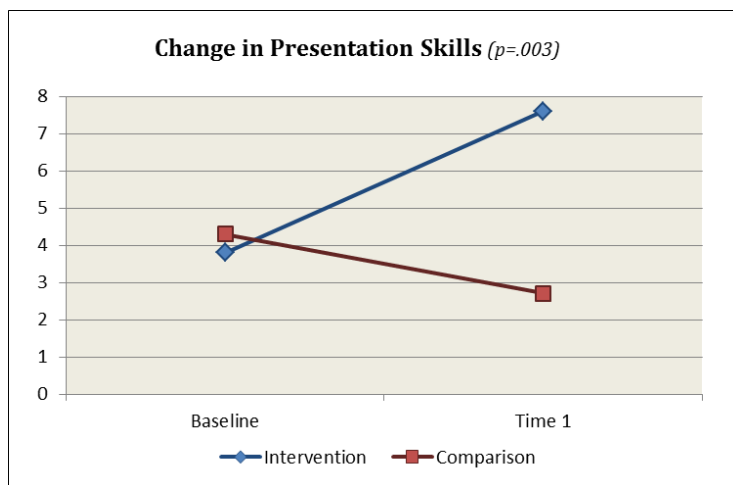
An example of an activity that is related to advertising is *The Gear Exchange*. This presents an opportunity for kids or other community members to turn in any clothing, athletic gear, or other items that advertise tobacco, alcohol or promote the use of other drugs. This includes promotional items such as a Budweiser T-shirt, a Joe Camel hat, or clothing with a marijuana leaf design. Items are exchanged for clothing, CD cases, water bottles and other gear with positive drug-free messages.



These types of activities encourage participants to establish a network of peers who are supportive of a pro-social identity as a non-user of tobacco, alcohol or other drugs.

Participants are more likely to develop team collaboration skills and work with peers in an organized way to make a change or improve their school or community than the comparison group ($F(1,120)=9.36; p=0.003$).

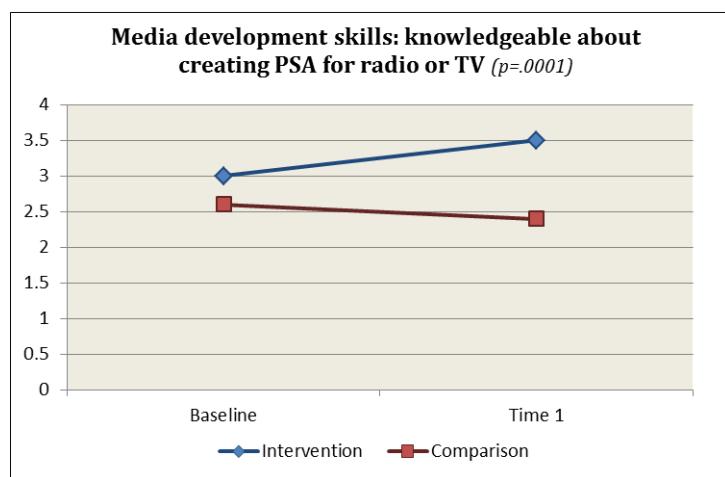
In order to successfully engage in activities like these, and find their own voice, the participants receive presentation skills training. Improving the presentation skills of the participants is a central component to the One Voice model. Using direct observation and an independent scoring protocol, 6th grade participants and comparison group students were videotaped reading the same two paragraph script and received a competency score in four key presentation skill areas. Participant presentations were videotaped at the beginning of their participation in One Voice, prior to receiving the presentation skills training module, and then again at the end of the school year to evaluate change in presentation skill competency.



Throughout their participation in One Voice the youth advocates continually receive ever-more advanced training on advocacy skills like public speaking and presentation delivery. They also receive instruction on a variety of drug and alcohol related topics to build their knowledge and understanding of the issues. They are then given the opportunity to utilize their presentation skills by making presentations to younger peers, assemblies for peers, parent

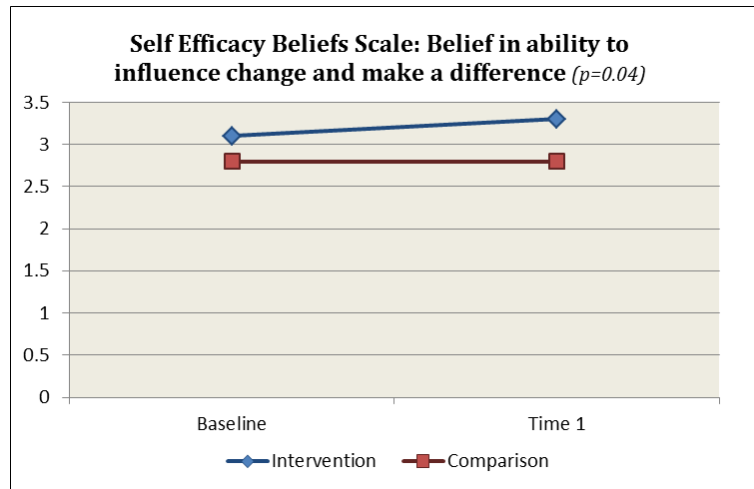
groups, legislators, and other groups. There was a significant improvement in four key presentation skills (speed control, volume control, animation of voice, and animation of body) for the intervention group from Baseline to Time 1 when compared to the comparison group ($F(1,75)=27.01; p<0.0001$).

Participants in One Voice were given opportunities to use their knowledge about the risks of harm from using substances and industry practices, as well as utilizing their presentation skills, through the development of media messaging for public service announcements, including both TV and radio spots. Once again, the Intervention group demonstrated significantly greater improvement in media development skills than the comparison group ($F(1,121)=16.04; p=0.0001$).



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. A scale was developed to measure self-efficacy or the belief that they can 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 self-efficacy belief score. The analysis of change from Baseline to Time 1 showed an increase in self-efficacy of the intervention group when compared to the comparison group ($F(1,121)=4.44$; $p=0.04$).

Advocacy activities are typically lead by more senior participants, however all participants are encouraged to engage regardless of their mastery of skills. One example of participants demonstrating their ability to effect change was their efforts to establish a local city ordinance. Participants proposed a new city ordinance that would have the effect of prohibiting smoking in the band shell area of a Dover, NH city-owned park and adjacent playground. The students submitted their proposal to the Dover City Council in 2013, and a public hearing was held. Three One Voice participants spoke at the hearing and later that night the Council voted 9-0 to pass the proposal.



From Baseline to Time 1, participants also demonstrated greater confidence in their ability to advocate for policies ($F(1,119)=3.93$; $p=0.05$) and increased comfort when speaking or presenting ($F(1,116)=5.0$; $p=0.03$).

When looking at level of engagement and range of pro-social activities participants indicated that they were more likely to be involved as a volunteer in making their community a better place ($F(1,121)=9.49$; $p=0.003$). Participants were also more likely to engage in specific activities to reduce alcohol in their school or community in the last year ($F(1,118)=35.;$ $p<0.0001$).

For example, One Voice participants in Dover initiated the **Fridge Campaign** in 2012, an ongoing awareness campaign using presentations and media to encourage parents to control and restrict access to the alcohol in their home. The students created several radio and TV spots and kicked off the effort with a large student rally and press conference in the downtown area (photo right).



Maintenance of Effect

Participants who started the One Voice program in 2011-2012 were asked to complete a follow-up survey in the Fall of 2015 regardless of if they were still involved with the program. The participants who responded to the follow-up survey had been involved with the One Voice program from between one to five years in total. None of the comparison group students ever enrolled in the intervention.

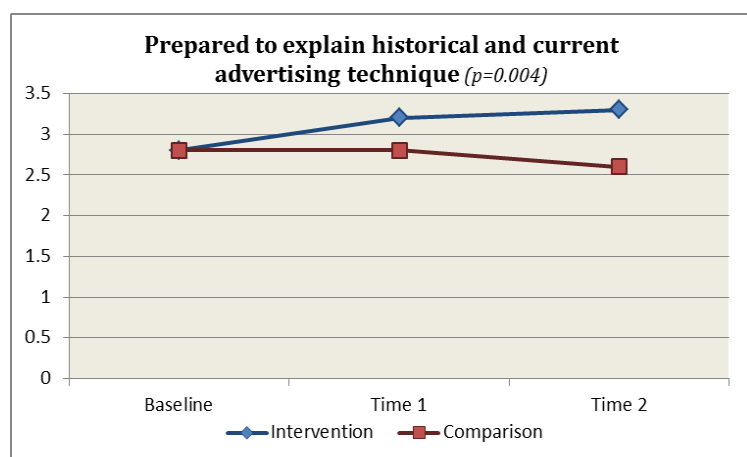
The group by time analysis from Baseline to Time 2 showed that the intervention group had sustained improvement over a period of 4 years (Table 3).

TABLE 3: GROUP BY TIME ANALYSIS FROM BASELINE TO 4-YEAR FOLLOW-UP <i>Intervention n=21; Comparison n= 24</i>	Group by Time (Baseline to T2)		
	F test	F test df	p value
Short-Term Outcomes:			
Knowledge of Industry Practices (prepared to explain historical and current advertising techniques)	14.54	48	0.0004
Knowledge of Industry Practices (informed about current practices and issues)	16.22	48	0.0002
Perceived risk of harm (if a person drank alcoholic beverage each weekend)	7.66	46	0.008
Media development Skills(prepared to hold press conference with news paper radio TV or reporters)	5.98	48	0.02
Media development Skills(knowledge about creating PSA for radio or TV)	19.16	48	<0.0001
Intermediate Outcomes:			
Self Efficacy Behaviors Scale (worked to make a difference)	10.59	1,48	0.002
Self Efficacy Beliefs Scale (believe they can make a difference)	2.37	1,48	0.13
Self-Efficacy Legislative Process (ever participated in legislative process)	10.3	48	0.002
Presentation Skills Confidence (comfort level with speaking or presenting)	8.29	46	0.006
Engagement in pro-social activities (involved as a volunteer in making my community a better place; last 12 months engaged in specific activities to reduce alcohol in school or community)	9.37	48	0.004
	3.36	48	0.07

Although some of this improvement could be attributed to natural maturation, when compared to the comparison group, the intervention group still had a greater amount of change over time.

Of particular note is the observation that the knowledge of industry practices increased over time. The participants were not only more informed about current issues ($F(16.22)= 1,48; (p=0.0002)$) but they now felt more prepared to explain historical and current advertising techniques ($F(14,54)= 1,48; p=0.0004$).

Similarly with their media development skills, in addition to feeling knowledgeable about creating PSAs for radio or TV ($F(16.22)= 1,48; (p=0.0002)$), participants now feel more prepared to hold a press conference with newspaper, radio, or TV reporters ($F(5.98)= 1,48; (p=0.02)$).



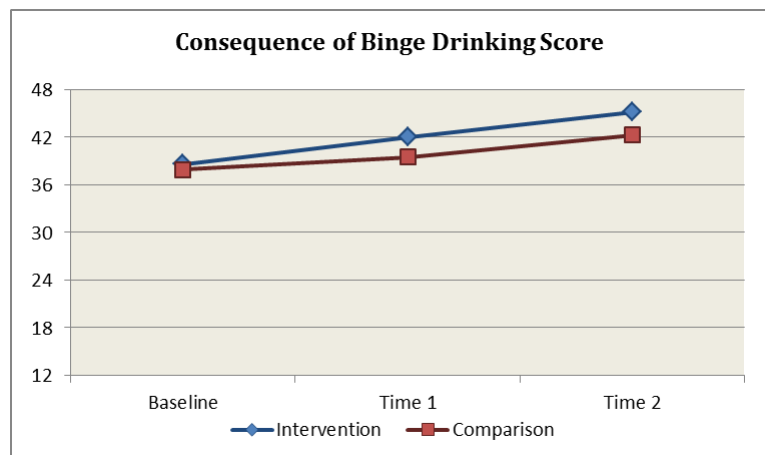
In addition, not only are participants more knowledgeable in how to be involved in the legislative process ($F(4.16)= 1,48; (p=0.047)$); they are also more likely to have ever participated in the legislative process ($F(10.3)= 1,48; (p=0.002)$) and have a higher comfort level with speaking or presenting to a group ($F(8.29)= 1,46; (p=0.006)$)

This is consistent with what is seen in the self-efficacy behaviors scale, which is an indication of whether they have been involved in volunteering, working with peers or engaging in specific activities designed to reduce alcohol abuse in their school or community. The intervention group increased their endorsement of self-efficacy behaviors more than the comparison group ($F(10.59)=1,48; (p=0.002)$). The intervention group was also more involved as a volunteer in making their community a better place than the comparison group ($F(9.37)= 1,48; (p=0.004)$).

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.

One of the long-term outcomes for the program was to increase perception of harm among both the community and peers. This was measured using the consequence of binge drinking score which is a composite score that 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. There was an increase in awareness of the consequences of binge drinking for both groups. Some of this change could be attributed to natural maturation. However, although there was an increase in both groups over time, the participants exhibited a slightly higher awareness of the consequences of binge drinking.

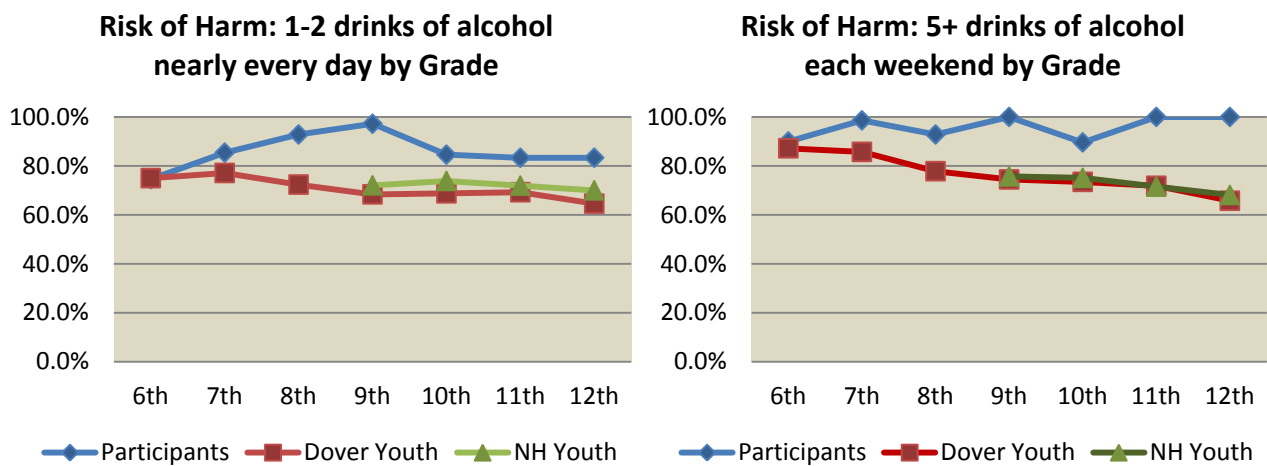


and the possible range of scores was between 12 and 48. There was an increase in awareness of the consequences of binge drinking for both groups. Some of this change could be attributed to natural maturation. However, although there was an increase in both groups over time, the participants exhibited a slightly higher awareness of the consequences of binge drinking.

The participant survey questions about alcohol use and perception of risk match those used on the New Hampshire Youth Risk Behavior Survey (YRBS) which is implemented every other year for the full student body at the high school.¹⁵ Participant data collected using the One Voice survey 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.

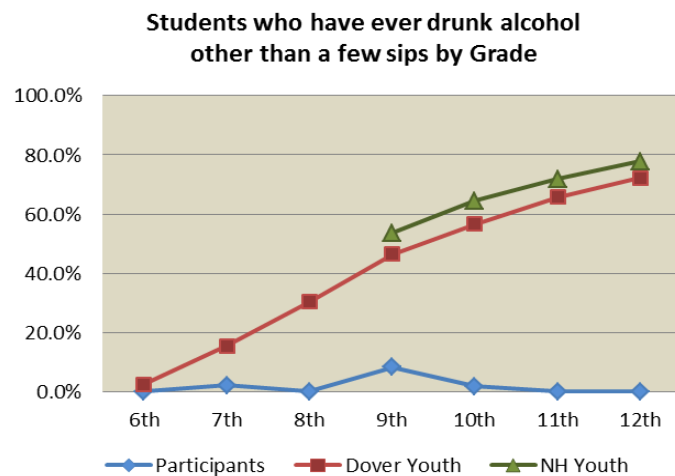
Delayed initiation of substance use and perceived risk of harm was analyzed by grade over multiple years of data collection at the Dover Middle and High School. These questions were asked on participant pre- and post-test surveys collected at the beginning and end of each school year (Participant). An aggregate summary of responses by grade of substance use and risk of harm was created from 3 years of survey data for Participants (2011-2013) and seven years of data for the Dover Youth (2007-2013).

The following charts look at percent of students who perceive moderate or great risk of harm for using substances by grade. The Dover youth showed a gradual decline in perceived risk from 6th through 12th grades, while the 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. Dover Youth showed increased rates of engagement across all substances consistent with statewide trends: while the 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 as their peers. Similar trends were seen for the percentage of students who have ever smoked marijuana and the percent who have ever used prescription drug to get high.

A possible indication of the environmental impact of One Voice in the Dover schools is that the Dover Youth showed slightly lower rates of alcohol use than the statewide cohort.



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 risk of 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 resulting in environmental change.

The results of this evaluation study 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 apply their knowledge and skills to create change.

The results indicate that both the short- and intermediate outcome 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), increased awareness of manipulative tobacco/alcohol industry practices and increased engagement in pro-social activities.

In the long-term, participants indicated that they had either not engaged in use or substantially delayed their initiation with alcohol and other drugs when compared to their peers. In addition, higher perception of harm of use, which has been correlated with lower use rates, was reported among the participants than their peers.¹⁶

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 63 youth completed baseline surveys, three years later there were 21 matched Time 2 follow-up surveys. 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. Attrition does make surveying of former participants more challenging.

Participant Time 1 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 Time 2 follow-ups completed by participants as many were no longer

active with One Voice. A school-based setting could have more success in locating inactive participants for a follow-up, the One Voice study took place in a community setting away from the school making it more difficult for staff to locate and contact former participants.

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 and then re-contacted as many of these same students as possible three years later. What is called for is a broad cohort study that follows participants and non-participants through high school and beyond; although a study like this could be threatened with the potential for substantial confounding exposure and maturation effects (external validity). The best way to control for that would be through 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 One Voice 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.

In spite to these limitations, our conclusion is that the One Voice Youth Empowerment Model provides a solid framework for organizing and engaging youth as advocates in the community and allowing them to address substance abuse issues. The underlying theory is sound and clearly resulted in significant change in key measures in the participating students during the evaluation.

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APPENDIX A:
One Voice Logic Model

One Voice Empowerment Model: Addressing Alcohol and Other Drug Use Logic Model

PROBLEMS	GOALS	STRATEGIES & ACTIVITIES	“IF-THEN” STATEMENTS (THEORY OF CHANGE)	OUTCOME OBJECTIVES
<p>Youth are a key untapped resource and disenfranchised in the effort to prevent high risk behavior.</p> <p>Youth lack the knowledge and skills needed to effectively mobilize and develop their own voice and capacity to influence change in social norms and policies in their community.</p> <p>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.</p>	<p>Develop knowledge and skills of youth to enhance their sense of empowerment.</p> <p>Create an environment where participants are empowered to take action to influence environmental changes around targeted risk behaviors.</p> <p>Change social norms around targeted risk behaviors among youth participants and the community at large.</p> <p>Reduce alcohol and other drug use among youth participants and their peers between ages of 12-18 by increasing perceptions of harm and misperceptions of use.</p>	<p><u>STRATEGY:</u> Build knowledge and skills of youth around the target area of AOD and allow them the opportunity to take action steps by implementing One Voice with 10-20 participants and 2 adult advisors in middle and high schools.</p> <p><u>ACTIVITIES:</u></p> <ul style="list-style-type: none"> • Get buy in from school administration • Identify advisors • Train advisors • Recruit students to Y2Y • Schedule initial meetings • Develop knowledge and skills of the youth, key staff, advisors • Develop and Implement action plan • Participate in summer institute • Periodic additional student training • Technical Assistance provided as needed by individual program sites. • Implement program process, monitoring and outcome evaluation • Promote and Publicize program and evaluation findings. 	<p><u>IF</u> One Voice is implemented</p> <p><u>THEN</u> youth advocates will increase their knowledge about the consequences of use and knowledge of 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</p> <p><u>IF</u> the above happens</p> <p><u>THEN</u> youth 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, increase engagement in pro-social activities.</p> <p><u>IF</u> the above happens</p> <p><u>THEN</u> youth will influence social norms and policies at the community level, decrease their own AOD use, increase perception of harm of AOD use among the community, and decrease AOD use at the community level.</p>	<p><u>SHORT TERM: Participants</u></p> <ul style="list-style-type: none"> • Increased knowledge (e.g., consequences, risks, industry practices, media, etc.) • Increased skills (e.g., presentation skills, critical thinking around media and industry practices, media development skills, etc.) • Increased engagement with pro-social peers <p><u>INTERMEDIATE: Participants</u></p> <ul style="list-style-type: none"> • Increased perception of harm among youth • Increased self-efficacy (perception that they can influence change, competency in skills) • Increase knowledge of the influence of media and industry • Increased engagement in pro-social activities <p><u>LONG TERM: Participants and Community</u></p> <ul style="list-style-type: none"> • Positively influence social norms at the individual participant and community level • Lower rate of initiation of AOD use among participants • Increased perception of harm among the community • Decrease AOD use among the community

APPENDIX B:
One Voice Monitoring and Evaluation Plan

One Voice Youth Empowerment Model Monitoring and Evaluation Plan

STRATEGY: Implementing One Voice Youth Empowerment Model (One Voice)

ACTIVITY	PROCESS MEASURES/ OUTPUT	PERSON RESPONSIBLE	SOURCE/MEASURE
Get buy-in from school administration and key community leaders (police department, local businesses, coalition leaders...)	<ul style="list-style-type: none"> • School agrees to implement One Voice • Contract signed and/or toolkit purchased 	Entity or person establishing the program E.g., One Voice Coordinator, Dana Mitchell	Consistent with toolkit section “Getting Started”
Identify Advisors	2 adult advisors identified and selected per school	School administration	Consistent with toolkit section “Getting Started”
Training and Technical Assistance for Advisors: <ul style="list-style-type: none"> • Initial orientation and training • Periodic technical assistance as needed 	Hours of training and TA requests	One Voice Coordinator (Dana Mitchell)	Administrative, Recruitment, Fidelity Checklists; Monthly Activity Logs;
Recruit Students: <ul style="list-style-type: none"> • Peer presentation • Advisors trained in outreach • Flyers and signs posted • In school announcements • Outreach to parents of potential student members • Distribute registration forms 	Checklist of student recruitment activities <ul style="list-style-type: none"> • Peer presentation done • Advisors outreach to individual students • Flyers and signs put up in public places • 5 or more school announcements made • Outreach to parents of potential students • Distribute and collect registration forms • Other outreach and recruitment efforts • ___ completed • ___ somewhat completed • ___ not completed 	Program Advisor	Administrative and Recruitment Checklists
Schedule and Coordinate Meetings: <ul style="list-style-type: none"> • Schedule initial meeting 	<ul style="list-style-type: none"> • First meeting within 2 weeks of student presentation 	Program Advisor	Monthly Activity Log

<ul style="list-style-type: none"> Schedule ongoing meetings on a weekly basis Meeting logistics (publish space and time, snacks, agendas) 	<ul style="list-style-type: none"> Administer pre-test survey 		Pre-Test Surveys
<p>Training of Student Members:</p> <ul style="list-style-type: none"> Develop key knowledge and skills at meetings Participate in Summer Training Program Attend youth conferences as available provided by outside sources (PRIDE, CADCA, UDETC) Technical assistance on site from the developer as needed 	<ul style="list-style-type: none"> Implement the toolkit Complete fidelity checklist for toolkit modules used Number of participates at training/summer program Pre and post tests 	Program Advisors and Youth to Youth Trainer	Fidelity checklists Monthly Activity Log Pre and post test
Develop and Implement Action Plan	<ul style="list-style-type: none"> Engage students at an appropriate level for group maturity Implement action plan Complete a minimum of 5 unique activities 	Program Advisors and Students	Monthly Activity Log
<p>Surveying of Students:</p> <ul style="list-style-type: none"> Pre test at first meeting Pre test on an ongoing basis as new students join (within first 2 weeks of participation) Post test as indicated 	<ul style="list-style-type: none"> Administer pre-test at first meeting Administer pre-test on an ongoing basis as new students join Administer post-test last four weeks of school year Submission of completed surveys to evaluator 	Program Advisor and Evaluator	Pre- and Post-test
<p>Reporting:</p> <ul style="list-style-type: none"> Complete Monthly Activity Report 	<ul style="list-style-type: none"> Submission of monthly activity report within first 7 days of the following month Submission of completed surveys to evaluator 	Program Advisor	Monthly Activity Log

**One Voice Youth Empowerment Model
Monitoring and Evaluation**

OUTCOME OBJECTIVE	OUTCOME MEASURE	Data Source	Item	One Voice Module	Results <i>Statistically Significant Change?</i>	
					ALL MS (n=67)	6 th grade (n=26)
SHORT TERM <ul style="list-style-type: none"> Increased knowledge (e.g., consequences of use, industry practices,) 	Knowledge of consequences of use	Pre- Post-test Survey	YEM #1, 4	2A	Yes	No
	Industry practices	Pre- Post-test Survey (Truth campaign)	YEM #2, 3	2A	Yes	Yes
<ul style="list-style-type: none"> Increased skills (e.g., interpretation and understanding of media and industry practices, legislative process, presentation skills, media development skills, etc.) 	Presentation Skills	Pre- Post-test Survey Direct observation/ Presentation Skills Rating Form	YEM #8, 9, 10, 11	2B	NA	Yes
	Media Literacy	Pre- Post-test Survey (Lifeskills: 12, 13)	YEM #16, 17, 23	2C, 2A	Yes	No
	Media development skills	Pre- Post-test Survey	YEM #13, 14	2C, 2D ,2E (Activism Skills)	Yes	Yes
	Legislative process	Pre- Post-test Survey	YEM #6, 6a, 6b, 7	2F	Yes	No
<ul style="list-style-type: none"> Increase engagement in prevention activities 	Tabulation of activities and attendance	Monthly Activity Log	Count of activities; Attendance		Yes	Yes
<ul style="list-style-type: none"> Increased engagement with pro-social peers 	How often engaging with pro-social peers (groups)?	Pre- Post-test Survey	YEM #24a, f-g		Yes	Yes

OUTCOME OBJECTIVE	OUTCOME MEASURE	Data Source	Item	One Voice Module	Results <i>Statistically Significant Change?</i>	
					ALL MS (n=67)	6 th grade (n=26)
<u>INTERMEDIATE:</u> <ul style="list-style-type: none"> Increased Perception of harm 	How much does person risk harming themselves if they	Pre- Post-test Survey (YRBS 2011)	YEM # 5a-f, 26		Yes	Yes
<ul style="list-style-type: none"> Increased self-efficacy (perception that they can influence change, competency in skills) 	How confident/comfortable do you feel You matter in the community	Pre- Post-test Survey (YRBS 2011 #80; Breathe NH Survey #10,12; National Youth Tobacco Survey #64)	YEM #6b, 12, 15, 24b-e, 24h-k, 24l		Yes	Yes
<ul style="list-style-type: none"> Increase negative feelings towards the industry 	Awareness of manipulative industry practices	Pre- Post-test Survey (Truth Survey #b11)	YEM #18-22		Yes	No
<ul style="list-style-type: none"> Increased engagement in pro-social activities 	Number of pro-social activities; Range of pro-social activities	Pre- Post-test Survey (YRBS 2011 #78, 79; TAP #138-146)	YEM # 27a-j, 28		Yes	Yes

OUTCOME OBJECTIVE	OUTCOME MEASURE	Data Source	Item	One Voice Module	Results <i>Statistically Significant Change?</i>	
					ALL MS & HS (n=67)	6 th grade only (n=26)
LONG TERM: <ul style="list-style-type: none"> Lower rate of initiation of AOD use among participants 	30 day use; Age of onset; Lifetime use	Pre- Post-test Survey (YRBS 2011)	YEM # 30 – 35*		2013	2013
<ul style="list-style-type: none"> Increased perception of harm among the community/peers 	Community-level perception of harm (control group and community)	Middle School YRBS			2013	2013
<ul style="list-style-type: none"> Decrease AOD use among the community/peers 	30 day use; Age of onset; Lifetime use (control group and community)	Middle School YRBS			2013	2013
Perspective record analysis	Baseline Demographics for participants, comparison group	Pre- Post-test Survey;	YEM #d1, d2, d2a, d3, d6, 25a, 25f, 25g, 30, 32, 34, 36, 37, 38, 39, 40, 41, 29a, 29d, 29h, Self-Efficacy_Behavior Score, Self-Efficacy_Belief Score, and Consequence of Use Score		No**	No**

**NOTE: 5/30/12 – Changed from age of onset to lifetime use questions for alcohol and marijuana, as the age of onset worked well for High School students but not Middle school students. YRBS does not have a lifetime use question for cigarettes. We will need to use the age of onset as a proxy for lifetime use.*

*** There were no statistically significant differences between the intervention and comparison groups: gender; grade; grades in school; involvement in prevention groups; being involved as a volunteer to improve community; 30-day or lifetime use; and consequences of binge drinking. Although participants tended to have a stronger sense of self-efficacy; had worked with peers to improve community; and had engaging in community volunteering more often.*

APPENDIX C:
*List of Fidelity Checklists
and Sample Checklits*

APPENDIX F: LIST OF FIDELITY CHECKLISTS

- Administration Checklist
- Recruitment Checklist
- Module 2A-1: Alcohol Checklist
- Module 2B: Presentation Skills
- Module 2C: Media Production
- Module 2D: Working with the Press
- Module 2E: Activism Skills
- Module 2F: Policy Change
- Module 2G: Pop Culture Influences
- Module 3A-1: Eight Things
- Module3A-2: Advertising and Media Influences
- Module 3A-3: Freeze Action Theatre
- Module 3A-4: Short Theatrical Skits
- Module3A-5: History of Lies
- Module 3B-1: Radio P.S.A.
- Module 3B-2: Video P.S.A.
- Module 3C-1: Sticker Shock
- Module 3C-2: Gear Exchange
- Module 3C-3: Fridge Campaign Project
- Module 3D-1: Logo Lamoon
- Module 3D-2: Got Info
- Module 3D-2: Plaster the Walls

One Voice Youth Empowerment Model

CHECKLIST: Administration of Youth Empowerment Program

Completed by: _____ **Date:** _____

Team Name: _____

The following questions are designed to prompt you, as a youth team adviser, to take the kinds of steps that are associated with successful management and administration of a youth empowerment program. The focus is on insuring that there is a foundation in place to encourage the team to be run efficiently in terms of information flow, communication, and logistics.

✓ STEPS	Completed	Partially Completed	Did Not Complete	N/A
• My One Voice team has two advisers that work with the students?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have a completed "Application Form / Waiver" on file for each member (from the current school year)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have an email "contact" for each student member of the group or I have other electronic system (such as a spread sheet) that allows quick access to all student phone, address and email information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• I have an email distribution list for all my members and advisers so I can quickly send a message to everyone without having to look up email addresses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Parent emails are on the distribution list as well - if that info was provided on the app form?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• My immediate supervisor and the One Voice Coordinator - and all of the advisers for the team are on my email distribution list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We have a regular and predictable meeting place, day of week, and time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Students know in advance what we will be doing at the meeting in <i>most</i> cases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The entire team receives at least one email from me each week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• At least twice a month (for part of a meeting) we do some training to build knowledge or skill?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Meetings are planned, have an agenda and only rarely are there students who come to a meeting who have nothing to be a part of?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Our team has agreed upon a specific recruitment plan for new members and we have completed the Recruitment Checklist.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We have multiple projects in the "pipeline" or at varying stages of preparation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• The students on my team feel busy and engaged by the program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <u>All student members</u> of my team have completed a One Voice survey for evaluation purposes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• We are caught up on any reporting required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have a "Completed" for all 16 questions, then you are doing the core things that should lead to success or improve your team's chances of being successful!

One Voice Youth Empowerment Model

CHECKLIST: Recruitment for Youth Empowerment Program

Completed by: _____ **Date:** _____

Team Name: _____

The following questions are designed to prompt you to take the kinds of steps that are associated with successful recruitment of students to participate in a youth empowerment program.

✓ STEPS		Completed	Partially Completed	Did Not Complete	N/A
1	Application				
	<ul style="list-style-type: none"> • I have an updated application form that I can use to sign up students onto my team in the current activity or school year? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • The application form has been provided to each member of the team from the prior school or activity year, along with information on how to sign up again for the new upcoming year? [NOTE: this should be done 4-8 weeks prior to the anticipated start of the activity year. Having an annual sign up process is a critical part of keeping your roster current and for updating contact info.] 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Recruitment				
	<ul style="list-style-type: none"> • I have a short written explanation (bio) of my team that includes: what the group is, what it does, adviser info, contact information, projected meeting times and place, how to sign up? [NOTE: a document like this should be no more than one page and is designed as something an interested student could bring home and show a parent - and have the parent understand the nature of the group their child wants to join.] 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Advisers and / or student team members have engaged in targeted recruiting (approaching specific students who would seem to be the type of youth interested in an advocacy program)? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Prior to the start of the new year's activities (or whenever new members are needed) the following recruitment steps have been taken to promote the group and advertise sign up procedures: 				
	<ul style="list-style-type: none"> ○ Signs/posters around the school. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ○ In school announcements. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ○ School extra-curricular info night. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> ○ Other steps taken. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • We have conducted a recruitment presentation to the students that are now eligible to join the team? [NOTE: Ideally this would be conducted by students who have already been active in the group - but this may not be an option for a new group. In those cases members of an outside group could do the presentation of the prospective adult adviser.] 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • We have held an informational or introductory meeting where prospective members may come and ask questions about the group and its activities. [NOTE: first impression matters. Have a plan for how you will conduct this event that includes snacks, activities, and information about plans for the year.] 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<ul style="list-style-type: none"> • Our team has a concrete recruitment plan (this year) to reach out to the students that will be eligible to join the team next year? [example: a high school team having a plan to recruit from this year's 8th graders.] 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have a "completed" for all of these questions, then you are doing the core things that should lead to success or improve your team's chances of being successful!

One Voice Youth Empowerment Model

CHECKLIST: Sticker Shock (Module 3C-1)

Completed by: _____ Date: _____

Team Name: _____

The following checklist is designed to prompt you, as a youth team adviser, to take the kinds of steps that are associated with successfully conducting Sticker Shock.

✓ STEPS		Completed	Partially Completed	Did Not Complete	N/A
1	Getting the stickers to be used.				
	• Training provided on developing your message (see Module 2C) if you are designing your own sticker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Select the message to be incorporated into the sticker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Design the appearance of the sticker.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Purchase/order the stickers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Planning				
	• Select staff to supervise the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Training of staff not familiar with the activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Arrange Transportation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Date and time for placing the stickers selected or targeted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Contact the vendors/merchants to obtain permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Students Trained prior to activity (see lesson plan in Mod 3C-1):				
	• Proper placement of stickers on the product.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Proper decorum and behavior in the store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Proper handling of the product.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• How to explain to others what the "message" of the sticker is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Conduct Sticker Shock.				
	• Quick mini-refresher on basic rules before entering the business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Check in with store manager on duty upon arrival at a business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Assign students to tasks based on specific nature of each business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Assign staff and/or older youth to be responsible for "Quality Control" (checking the work).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Clean up work area of trash and left product neat and in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Follow up activities completed:				
	• Thank you note or in person thank you to the store.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPENDIX D:
One Voice Participant Pre-Test Survey

**ONE VOICE YOUTH EMPOWERMENT MODEL
PARTICIPANT SURVEY – PRE-TEST**

Thank you for agreeing to complete this very important survey. We will use this information to see if the Youth Empowerment Model is helping you build the knowledge and skills you need to take action in your community. The results will be looked at all together and no one person’s responses will be singled out. Your name is not being recorded with your answers.

We do want to be able to keep track of who completed the survey at the beginning of the program and who completed it at the end. In order to do that we need you to fill in the following information that will be used to create a unique code for you alone.

First Initial of your **last** name

The **date** of the month you were born
(if your birthday is on May 17th you would enter ‘17’ in the boxes)

The last two digits of the **year** you were born
(If you were born in 1999, you would write in ‘99’ in the boxes)

First Initial of your **first** name

ALCOHOL ISSUES AND CONSEQUENCES:

There are at least eight significant consequences/risks associated with underage alcohol use, that relate to alcohol’s effect on different parts of the brain.

1. How comfortable do you feel right now to explain the consequences of alcohol and underage drinking (i.e. things such as addiction, alcohol poisoning, impact on depression & mental illness, and judgment or decision making) to a small group of teens?

- Very Comfortable
- Comfortable
- Uncomfortable
- Very Uncomfortable

2. How prepared do you feel right now to explain the historical and current advertising techniques used by the alcohol industry which are highly attractive to teens?

- Very Prepared
- Prepared
- Unprepared
- Very Unprepared

3. How well informed do you feel about current issues relating to the advertising, sale, promotion or use of alcoholic beverages. By “current issues” we mean such issues as alcohol drinks with caffeine in them, lowering the drinking age, sponsorship of college sports or alco-pops.

- Very Informed
- Informed
- Uninformed
- Very Uninformed

**ONE VOICE YOUTH EMPOWERMENT MODEL
PARTICIPANT SURVEY – PRE-TEST**

4. How much do people your age put themselves at risk for the following problems if they drink <u>5 or more alcoholic beverages in a row that is within a couple of hours each weekend:</u>	No Risk	Slight Risk	Moderate Risk	Great Risk	Don't Know or Can't Say
a. Alcohol poisoning or death	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Use of other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Being injured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Injuring someone else	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Unwanted sexual contact or advances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Problems with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Problems with school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Problems with work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Problems with family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Unhealthy brain development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Alcoholism or addiction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Emotional Problems or depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How much do you think people risk harming themselves (physically or in other ways)...	No Risk	Slight Risk	Moderate Risk	Great Risk
a. if they smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. if they smoke marijuana occasionally?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. if they smoke marijuana regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. if they have one or two drinks of an alcoholic beverage (beer, wine or liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. if they have five or more drinks of an alcoholic beverage (beer, wine or liquor) each weekend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. if they take a prescription drug not prescribed to them to get high or change the way they feel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LEGISLATIVE PROCESS:

6. How knowledgeable are you about how to change state laws in your state?	<input type="checkbox"/> Very Knowledgeable <input type="checkbox"/> Somewhat Knowledgeable <input type="checkbox"/> Somewhat Unknowledgeable <input type="checkbox"/> Very Unknowledgeable
6a. How knowledgeable are you about how youth can be involved in getting the government or businesses to change a policy?	<input type="checkbox"/> Very Knowledgeable <input type="checkbox"/> Somewhat Knowledgeable <input type="checkbox"/> Somewhat Unknowledgeable <input type="checkbox"/> Very Unknowledgeable

**ONE VOICE YOUTH EMPOWERMENT MODEL
PARTICIPANT SURVEY – PRE-TEST**

- | | |
|---|--|
| <p>15. How confident are you in your ability to create a Public Service Announcement (PSA) for radio or TV to get a message out to the public?</p> | <input type="checkbox"/> Very Confident
<input type="checkbox"/> Confident
<input type="checkbox"/> Unconfident
<input type="checkbox"/> Very Unconfident |
| <p>16. When I see or hear an advertisement, I think about whether or not what the ad says is true.</p> | <input type="checkbox"/> Never
<input type="checkbox"/> Sometimes, but not often
<input type="checkbox"/> Often
<input type="checkbox"/> All the time |
| <p>17. When I see or hear an advertisement, I remind myself that the ad is trying to get me to buy something.</p> | <input type="checkbox"/> Never
<input type="checkbox"/> Sometimes, but not often
<input type="checkbox"/> Often
<input type="checkbox"/> All the time |

Please indicate how much you agree or disagree with each of the following statements.	Strongly Agree	Agree	Disagree	Strongly Disagree
18. Alcohol companies try to get young people to start drinking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Alcohol companies lie.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Alcohol companies work hard to warn you about the hazards of alcohol use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I don't want to drink alcohol because it would mean alcohol companies are using me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 22. When you think of alcohol companies, list 3 words or phrases that come to mind.**
1. _____
 2. _____
 3. _____



- 23. Please review the ad above and answer the following question. Who is the target audience of this ad?**
- Youth (12 to 18 years old)
 - Parents
 - Children
 - General Population

**ONE VOICE YOUTH EMPOWERMENT MODEL
PARTICIPANT SURVEY – PRE-TEST**

GENERAL MEASURES:

24. To what extent do you agree or disagree with the following statements	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I have been involved as a volunteer in making my community a better place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel I can make a difference in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel adults in my community will listen to me and my peers on important issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel I play an important part in making my community a better place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I have worked with a group of peers in an organized way to make change or improve my school or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. In the last 12 months I have engaged in specific activities designed to reduce alcohol abuse in my school or community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am knowledgeable about public demonstrations and protests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I am confident in my ability to organize a public demonstration or protest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Young people my age are able to make a difference.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I can influence the decisions this organization makes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I like to wait and see if someone else is going to solve a problem so that I don't have to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 25. Has what you learned in school helped you feel it is okay to say "No" to friends who offer you alcohol?**
- Yes
 No
 Not sure
-
- 26. Do you stop and think about all of the things that may happen as a result of your decisions?**
- Never
 Sometimes, but not often
 Often
 All the time

HOW DO YOU SPEND YOUR TIME?

*Mark the number of **hours per week** you spend in each activity. If there is something you never do, mark "none" for that activity.*

27. How many hours per week do you spend doing the following:	None	Less than 1 hour per week	1-4 hours per week	5-9 hours per week	10-15 hours per week	16-20 hours per week	More than 20 hours per week
a. Doing homework or studying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**ONE VOICE YOUTH EMPOWERMENT MODEL
PARTICIPANT SURVEY – PRE-TEST**

27. How many hours per week do you spend doing the following:	None	Less than 1 hour per week	1-4 hours per week	5-9 hours per week	10-15 hours per week	16-20 hours per week	More than 20 hours per week
b. Doing extra-curricular school activities such as sports, band, clubs, yearbook, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In non-school activities such as music or dance lessons, 4-H, scouts, recreation department activities, religious youth group meetings, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Watching TV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Play video or computer games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using the internet for social purposes (facebook, myspace, aim, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Surfing the Web or using the computer for something other than school or the activities listed above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Spending time at home with no adults present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Spending time with friends outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Working at a job for pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. During the past 30 days, how many times did you perform any organized community service as a non-paid volunteer, such as serving meals to the elderly, engaging in alcohol prevention activities, helping out at a hospital, building homes for the poor, etc.?
- 0 times
 - 1 time
 - 2 or 3 times
 - 4 or 5 times
 - 6 or more times

The next few questions are about cigarettes, alcohol, and other drugs.

29. During the past 30 days, on how many days did you smoke cigarettes?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

30. During the past 30 days, on how many days did you have at least one drink of alcohol?
- 0 days
 - 1 or 2 days
 - 3 to 5 days
 - 6 to 9 days
 - 10 to 19 days
 - 20 to 29 days
 - All 30 days

**ONE VOICE YOUTH EMPOWERMENT MODEL
PARTICIPANT SURVEY – PRE-TEST**

	0 times	1-2 times	3-9 times	10-19 times	20-39 times	40 or more times
31. During the past 30 days, how many times did you use marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. During the past 30 days, how many times have taken a prescription drug (such as OxyContin, Percocet, Vicodin, Adderall, Ritalin, or Xanax) without a doctor's prescription?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. During the past 30 days, how many times have you taken over-the-counter drugs to get high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. During the past 12 months, has anyone offered, sold, or given you an illegal drug on school property?			<input type="checkbox"/> Yes	<input type="checkbox"/> No		

The next few questions are about you.

D1. What is your gender?	<input type="checkbox"/> Male	<input type="checkbox"/> Female
D2. What grade are you currently in? (If you are completing this survey in the summer, what grade will you be in the fall?)	<input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th	<input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Another grade: _____
D2a. During the past 12 months, how would you describe your grades in school?	<input type="checkbox"/> Mostly A's <input type="checkbox"/> Mostly B's <input type="checkbox"/> Mostly C's	<input type="checkbox"/> Mostly D's <input type="checkbox"/> Mostly F's
D3. Are there other groups you participate in that you think influence young people's attitude about drinking alcohol or using drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
D3a. If yes, what are those groups? _____		
D4. How did you hear about this youth empowerment program?	<input type="checkbox"/> Friend <input type="checkbox"/> Teacher <input type="checkbox"/> Other school staff <input type="checkbox"/> Parent or Other adult <input type="checkbox"/> Poster <input type="checkbox"/> Presentation <input type="checkbox"/> Another way: _____	
D5. What school (full name) do you currently attend? _____		

**ONE VOICE YOUTH EMPOWERMENT MODEL
PARTICIPANT SURVEY – PRE-TEST**

D6. Have you been involved with this youth empowerment program in past school years? Yes No

D7. If yes, what was the first school year you participated in this youth empowerment program? _____ (school year)

D8. What are some of the specific skills or information you are hoping to get from participating in the youth empowerment program? _____

THANK YOU!

APPENDIX E:
One Voice Presentation Skills Rating Form

One Voice Empowerment Model Public Speaking Skills Rating Form

Rater Initials: _____

Pre Post

Student ID Code: _____

School: _____

Months in Y2Y: _____

RATING CATEGORY	BEHAVIORIAL RATING ANCHORS & SCORE				SCORE	COMMENTS
	0	1	2	3		
VOLUME CONTROL AND PROJECTION <i>The power of the voice -- the carrying power; shear volume. How loud is it? Projection is using the diaphragm to force air to make the voice louder.</i>	<input type="checkbox"/> Speaking almost completely from the throat and not projecting voice. Very soft, passive and/or timid sounding. In a full classroom of students, many students would struggle to hear. Voice seems to have almost no confidence and authority.	<input type="checkbox"/> Louder and mostly audible throughout, but mostly from the throat. Often does not seem as if the voice would carry within a full classroom of kids and at times some might struggle to hear the speaker. Voice does not carry much authority or confidence.	<input type="checkbox"/> Voice would carry adequately throughout a full size classroom. Projecting some or all from the torso and rarely from throat. May not project with full "authority" or confidence, but can be effectively heard.	<input type="checkbox"/> Projects voice to the extent it "fills the room." Voice would carry beyond a standard classroom of listeners. Voice sounds confident, authoritative and credible.		
SPEED CONTROL <i>The process of speaking at a rate (words-per-minute) that provides for sufficient comprehension and retention and at a pace that is comfortable for the listener. Overall delivery pace.</i>	<input type="checkbox"/> Way too fast. No pauses within or in between sentences. Verbally "machine-gunning" the listener. Or way too slow.	<input type="checkbox"/> Faster than optimum but there may be an occasional short pause. Gives the impression of "rushing through it to get it done". Still too fast.	<input type="checkbox"/> Adequate to good speed control. Regular pauses between sentences and core ideas. Pauses tend to not vary much in length.	<input type="checkbox"/> Very effective, well controlled tempo. Pauses vary in length and occur regularly between and within sentences. Smooth delivery with fluid changes in speed and variation in length of pauses.		

One Voice Empowerment Model Public Speaking Skills Rating Form

Rater Initials:

RATING CATEGORY	BEHAVIORIAL RATING ANCHORS & SCORE				SCORE	COMMENTS
	0	1	2	3		
ANIMATION OF VOICE:						
EMPHASIZE WORDS <i>The technique of selecting and placing emphasis on key words.</i>	<input type="checkbox"/> No special emphasis on any words. Technique not used.	<input type="checkbox"/> Technique attempted but did not add meaning or clarification to presentation.	<input type="checkbox"/> Emphasis effectively placed on at least one word to convey some meaning but not done consistently throughout.	<input type="checkbox"/> Emphasis placed on more than one word or phrase. Using technique for dramatic effect or to emphasize a key point.		
VARY SPEED <i>Varying the pace or speed with in a sentence or paragraph.</i>	<input type="checkbox"/> Technique not used. No variation in speed. Highly rhythmic presentation.	<input type="checkbox"/> Slight variation in speed but still too rhythmic. Speed does not vary significantly during presentation.	<input type="checkbox"/> Technique clearly applied to prevent rhythmic sounding presentation but not to achieve dramatic effect.	<input type="checkbox"/> Smooth variance of speed to achieve dramatic effect or to draw attention to a key point.		
STRETCH WORDS <i>Selecting certain words to stretch out to create an effect or emphasis.</i>	<input type="checkbox"/> Technique not used.	<input type="checkbox"/> Technique attempted but did not stretch word that added meaning or dramatic style.	<input type="checkbox"/> Technique clearly applied on at least one word and added interest to the presentation.	<input type="checkbox"/> Technique applied effectively to one or more word in a highly animated, confident and dramatic style.		
VARY PITCH <i>Vary the pitch of your voice within a sentence or phrase to prevent monotone..</i>	<input type="checkbox"/> Monotone. Technique not used.	<input type="checkbox"/> Some slightly detectable attempt to vary pitch.	<input type="checkbox"/> Clearly using the technique to avoid monotone.	<input type="checkbox"/> Using the technique in a highly animated way consistent with the nature of the material being presented.		

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ANIMATION OF BODY <i>A variety of non-verbal techniques that add expression and emphasis to a presentation and that do not distract the audience.</i>	<input type="checkbox"/> Technique not used. You may see a “Talking soldier at attention” or <i>poor posture or stance</i> much of the time. Almost no use of <i>facial expression</i> and no use of <i>arms and hands</i> for emphasis. No <i>eye contact</i> was made.	<input type="checkbox"/> Some limited evidence of either facial expression or use of body, arms/hands consistent with context of material presented and no eye contact was made.	<input type="checkbox"/> Clear use of either facial expression or body movements to support what is being presented and consistent with the context of the material. The techniques are evident and distracting or nervous movements are limited. Effort to make eye contact at least once.	<input type="checkbox"/> Highly effective use of facial expression and the rest of the body to support what is being presented and all are consistent with the context of the material. Posture and stance is balanced. No distracting fidgeting or nervous movement. Regular eye contact with audience.		
FINAL SCORE:						