



**The Evaluation of Tier Two's Tag It Activity:
Part of the National Youth Anti-Drug Media Campaign**

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The Evaluation of Tier Two's Tag It Activity: Part of the National Youth Anti-Drug Media Campaign

Executive Summary

From August 2010 to February 2011, KDH Research & Communication (KDHRC) conducted a large-scale, multipurpose evaluation of Tier Two's Tag It, part of the National Youth Anti-Drug Media Campaign (NYADMC). Tag It is a three-session activity designed to be implemented by youth-serving, community-based organizations to raise awareness of positive and negative influences in youths' lives and foster skills for youth to avoid negative influences like drug use. Tag It aligns with the tenets of the NYADMC's brand for youth "Above the Influence" (ATI) which, according to campaign documents, positions "above the influence" as the state of being directly opposite of "under the influence" of drugs and alcohol. Tag It fits into the NYADMC's recently redesigned strategy, referred to as Tier Two, to prevent youth drug abuse by augmenting national-level anti-drug advertising with local partnerships and youth activities.

The Tag It evaluation had two components. The first component examined data on youth who completed pretest surveys, attended sessions of Tag It, and completed post-test surveys. More specifically, we explored patterns of youths' attendance at the Tag It sessions and their perceptions of participating in Tag It, how demographic and other characteristics of the youth participants influenced these patterns, and how youths' changes from pretest to post-test relate to attendance at and perceptions of the Tag It activity. A diverse group of 597 youth, ranging in age from 12 to 17, participated in the Tag It evaluation. The sample was 56.0 percent female and 47.1 percent white, and eighty one percent of participants attended all three Tag It sessions.

The second component of the evaluation examined data from those who facilitated the Tag It sessions with youth to explore facilitators' perceptions of Tag It and their experience facilitating it, as well as their perceptions of youths' reactions to Tag It. Sixty facilitators participated in the Tag It evaluation across 18 youth-serving, community-based organizations and 48 sites of those organizations. Sixty-six percent of the facilitators were female, and 83 percent were under 45 years of age. Nearly half the facilitator survey was white.

Youth findings: Broadly speaking, youth found Tag It favorable, useful, and recommendable, and youth participation in Tag It was associated with positive changes in anti-drug beliefs and awareness of ATI. We provide greater detail below.

Ninety-one percent of youth participants found Tag It at least somewhat favorable, and 76 percent of youth who attended Tag It found it to be useful in their lives. What is more, in alignment with the learning objectives of Tag It, teens' reported ability to identify positive and negative influences in their lives increased from pretest to post test. Sixty six percent of youth

strongly agreed that they could identify positive life influences at pretest. At post-test, that percentage grew to 72.5 percent. Similarly, the percentage of participants who strongly agreed that they could identify negative influences grew from 51.6 at pretest to 58.0 at post-test. There was a significant and positive relationship between youths' changes in perceived ability to identify negative influences and finding Tag It favorable or useful. Similarly, youth who found Tag It useful and would recommend it to others were significantly more likely to report changes in their perceptions that their strategies to stand up to or avoid negative influences are effective.

From pretest to post-test, youths' perceptions of the risks of drug use increased. For example, the percentage of participants who think that youth face some or great risk if they get buzzed or high at least once a month by using weed, alcohol, or pills increased from 87 percent at pretest to more than 92 percent at post-test.

Youth showed a positive increase in their awareness of the ATI campaign and their willingness to act on it. For example, 77 percent of respondents reported at pretest that they had seen, heard, or read in the past 30 days any advertising about the ATI campaign. At post-test, the percentage reporting this awareness increased to 88 percent. More specifically, participant awareness of the ATI campaign through billboards or signs in the community increased from 35.6 percent before exposure to Tag It to 45.0 percent after it. And awareness of the ATI campaign from Internet ads or browsers; social networking websites; parents, teachers, coaches, or other adults; and friends or kids in school also jumped from pretest to post-test.

Beyond just awareness, however, youths' stated intentions to act on the campaign increased from pretest to post-test. For example, the percentage of participants who said that, in the next 30 days, they are likely share some something about ATI increased from 66.0 to 73.9. Indeed, youth participants who strongly favored Tag It and would recommend Tag It to other youth indicated a greater likelihood to act on the ATI campaign

Facilitator findings: Overall, Tag It was well-received by facilitators at youth-serving, community-based organizations. Indeed, Tag It received a composite favorability score of 82.3 on a scale of 100, but a majority of scores exceeded this value. More than one third of respondents' scores equaled 100 and more than half equaled 92.3. Seventy-six percent of respondents reported that they would highly recommend Tag It to other youth-serving organizations. Ninety-eight percent of respondents reported that they are willing to implement Tag It again. Facilitators also believed that Tag It supported their organizations' missions. All but one respondent indicated that Tag It was at least somewhat useful in helping the youth served by their organizations, and 47 percent noted that Tag It is very useful in this capacity. Every respondent suggested that Tag It was at least somewhat useful in assisting their organizations in meeting their missions to help youth.

What is more, facilitators perceived that Tag It had beneficial effects for participating youth. Nearly half of respondents perceived that youth were very interested in participating in Tag It, and all but one respondent perceived that youth were at least somewhat interested. All respondents agreed that youths' participation in Tag It increased their ability to define influences and to provide examples of common influences in their lives. Further, 94 percent of respondents agreed that youths' participation in Tag It increased their ability to understand the difference between positive and negative influences. Roughly 90 percent of respondents agreed that participation in Tag It both increased youths' ability to recognize the power of influences to affect their decision making and to recognize that drugs are a common negative influence in the lives of youth, and nearly 90 percent of respondents agreed that youths' participation in Tag It increased their ability to think critically about negative influences, like drugs.

Taken together, findings from the youth and facilitator components of the Tag It evaluation suggest that Tag It may be a beneficial component of the NYADMC's Tier Two strategy to prevent youth drug abuse. Youth participation in Tag It was associated with positive changes in anti-drug beliefs and awareness of ATI. While the magnitude of change from pretest to post test on these measures was generally slight, all moved in a positive or beneficial direction. And because these variables represent complex cognitive structures in youth that are challenging to change, the observed changes are encouraging

A particularly significant and positive finding is that youth who participated in Tag It became more aware of drug prevention advertising in general, and ATI specifically. In tandem, their willingness to act in relationship to ATI increased substantially. For example, youth were more willing at post-test to talk about ATI, blog or write things online about ATI, share something about ATI, or do a project about ATI.

Taken together, these two findings are the key takeaway from the evaluation. Youth who participate in Tag It are more aware of drug abuse prevention advertising, and youth who are more aware are more likely to act on their knowledge of the advertising and reach out to others, in either real life settings (talk about ATI, share something about ATI) or virtual settings (blog/write things online about ATI, download something about ATI). Tag It may prime youth to be receptive to the messages of drug abuse prevention programs and encourage them to share information with others, setting them into a self-reinforcing cycle of anti-drug information gathering and sharing.

The findings from the facilitator data reinforce our understanding of the youth data. Their broad ratings of Tag It were strongly positive. And facilitators believed, nearly uniformly, that youths' participation in Tag It led to positive changes in youths' ability to identify and act on influences.

The replication of this evaluation with both experimental and control groups in additional and more diverse communities serves as the key recommendations for future research. Adding a control group, which is defined as youth who take the pretest and post-test but receive no exposure to Tag It, to this otherwise robust evaluation design will allow ONDCP and its contractors to isolate the effects of Tag It participation and youths' assessment of Tag It on changes in their perceptions of influences in their lives and their recognition of and intended actions toward the ATI campaign. What is more, replicating this study with organizations and affiliated sites that have youth populations with different risk factors will provide a more robust, empirical assessment of Tag It. If implemented, these two key recommendations for future research will allow ONDCP and its contractors to build on the research support gathered in the current evaluation to pave the way for potentially greater impact and dissemination of Tag It and Tier Two more generally.

Chapter 1: Introduction and Research Questions

In August 2010, Draftfcb, through a contract with the Office of National Drug Control Policy (ONDCP), funded KDH Research & Communication (KDHRC) to conduct a large-scale, multipurpose evaluation of Tag It, an initiative of the National Youth Anti-Drug Media Campaign (NYADMC). Tag It is an activity that is designed to be implemented by youth-serving, community-based organizations to raise awareness of positive and negative influences in youths' lives and foster skills for youths to avoid negative influences like drug use. Tag It aligns with the tenets of the NYADMC's "Above the Influence" (ATI) brand, which uses advertisements that present "above the influence" as a direct opposite to being under the influence of drugs and alcohol. Tag It fits within the NYADMC's recently expanded strategy, referred to as "Tier Two," which aims to prevent youth drug abuse by augmenting national-level anti-drug advertising with local partnerships and youth activities.

We evaluated Tag It from August 2010 to February 2011. The evaluation had two components that we ran simultaneously. The first component collected and examined data from youth who took pretest surveys, attended sessions of Tag It, and completed post-test surveys. Using these data, we explored patterns of youths' attendance at the Tag It sessions and their perceptions of participating in Tag It, how demographic and other characteristics of the youth participants influenced these patterns, and how youth changes from pretest to post-test relate to youths' attendance at and perceptions of the Tag It activity. More specifically, we used these youth data to explore the following research questions.

- To what extent did youth who attended Tag It sessions assess Tag It favorably?
- To what extent did youths' attendance at and assessment of Tag It relate to their demographic and psychosocial characteristics?
- To what extent did attendance at Tag It change youths' understanding of positive and negative influences in their lives?
- To what extent did attendance at Tag It change youths' understanding of the risks of drugs?
- To what extent did attendance at Tag It change youths' strategies and intentions for decision-making related to influences in their lives?
- To what extent did attendance at Tag It change youths' awareness of anti-drug messages in general and ATI specifically?
- To what extent did attendance at Tag It change youths' perceptions of ATI?
- How do youth changes from pretest to post-test relate to their attendance at and perceptions of the Tag It activity?

The evaluation's second component collected and examined data from those who facilitated the Tag It sessions with youth. Below we list the research questions for the facilitator component of the evaluation.

- What were facilitators' perceptions of the demands of implementing Tag It? We define demands as time to prepare, time spent with youth, and use of technology and other equipment.
- What were facilitators' perceptions of the Tag It Activity Guide?
- How and to what extent did facilitators modify Tag It during its facilitation?
- What were the facilitators' perceptions of youths' reactions to Tag It?
- What were facilitators' overall assessments of Tag It and what factors relate to these assessments?

We address each of these research questions in the remainder of this report, which we organized into multiple chapters and appendices. In the next chapter – Chapter 2 – we supply a background discussion of NYADMC, Tier Two, Tag It, and how they relate to the purpose of the Tag It evaluation. In Chapter 3, we provide the evaluation's methodology, including its design and implementation, data analysis approach, and limitations. In Chapter 4, we present the findings from the youth evaluation. In Chapter 5, we supply the findings from the facilitator evaluation. In Chapter 6, we discuss the implications of the evaluation findings for Tier Two, Tag It, and future research. Finally, we conclude the report with several appendices, including the youth survey measures, the facilitator survey measure, approval from the KDHRC Institutional Review Board to conduct the evaluation, and data tables and figures.

Chapter 2: Background

To understand why and how we evaluated Tag It, it is important to understand the evolution of the National Youth Anti-Drug Media Campaign (NYADMC), including the development and implementation of its recently expanded Tier Two strategy, of which Tag It is a key component. In this chapter, we provide this background information and hook it to the purpose and broad approach of the evaluation.

The National Youth Anti-Drug Media Campaign (NYADMC)

The NYADMC, which began in 1998, is a large-scale, national effort that is conducted by the Office of National Drug Control Policy (ONDCP) through congressional mandate to use mass media and other public communications to prevent drug abuse among youth ages 12 to 17. The NYADMC places a special emphasis on drug abuse prevention among 14 to 16 year-olds. More specifically, the NYADMC aims media messages through national paid advertising in multiple channels, such as television, radio, print, and internet/multimedia, at two audiences: youth and parents and other influential adults in youths' lives. With respect to youth, the NYADMC aims messages directly at them to discourage their first time use of illicit drugs and to convince youth drug users to stop using. With respect to parents and other influential adults, the NYADMC aims media messages at them to build their efficacy to talk about the risks of drug use with youth and to encourage parental behaviors, such as monitoring, that may decrease youth drug use.

One of the key historical components of the NYADMC was the "My Anti-Drug" brand for youth, which was launched in 2001. Within this brand, the NYADMC began to evolve. Indeed, by late 2002, the NYADMC was focused heavily on the negative consequences of marijuana use. That same year, based on national survey data that showed a spike in marijuana initiation among 14 to 16 year olds, the NYADMC targeted strong anti-marijuana messages to this age group. An evaluation of the effectiveness of the "My Anti-Drug" branded NYADMC ads suggested that they had no effect on drug use attitudes and behaviors (Orwin, 2006).

In response, in 2005, the NYADMC launched the "Above the Influence (ATI)" brand, which incorporates greater information about social influences and pressures that may play a critical role in the initiation and continuation of adolescent drug use (Hansen, 1992). As described by the NYADMC, ATI is designed to promote teen's aspirations to a drug free lifestyle.

Advertisements created under the ATI brand present "above the influence" as the state of being that directly contrasts with being "under the influence" of drugs and alcohol. ATI positions drugs in a larger context of negative influences that limit youths' potential. Though originally focused primarily on marijuana, ATI advertisements now include all substances of first use, including alcohol and prescription drugs.

The NYADMC’s expansion strategy

The NYADMC has used national-level prevention messaging through mass media advertising since its inception, and there is some evidence that this approach, now referred to as “Tier One” of the NYADMC, has been effective in promoting awareness of and exposure to ATI advertising. Indeed, using data from the NYADMC tracking study, which is an ongoing, nationally-representative study of the performance of the NYADMC advertisements, NYADMC contractors concluded that, in October 2010, 85 percent of youth aged 12 to 17 in the U.S. reported awareness of ATI advertising. With the same data, NYADMC contractors estimated that, from June to September 2010, 96 percent of youth ages 12 to 17 in the U.S. saw a NYADMC advertisement, and the average youth were exposed to the advertising 30 times in that four month period.

ONDCP sought to build on the awareness of and exposure to ATI advertising through Tier One by expanding the NYADMC to include “Tier Two.” Tier Two aims to establish partnerships with community-based, youth-serving organizations (referred to as “partner organizations” henceforth), such as Students Against Destructive Decisions (SADD) chapters, Boys and Girls Clubs, Girls, Inc., Y’s (formerly YMCAs), ASPIRA (Latino-serving youth organizations) and Drug Free Communities grantees, and to provide them with three types of resources: ATI-branded paid local advertising, the ATI Activity Toolkit to support community-based youth activities, and technical assistance to conduct youth events and outreach to local news media. We discuss Tier Two resource below.

- **ATI-branded paid local advertising:** uses youth-generated artwork and messaging built on the ATI brand. The NYADMC places local ATI advertisements in key out-of-home locations that are often seen by youth. Such locations include billboards, bus shelters, mall posters, wall murals, high schools, and subways. Paid local advertising also includes online advertisements on local digital radio stations.
- **The ATI Activity Toolkit:** is a handbook of youth activities developed by the NYADMC that partner organizations may use to raise awareness of positive and negative influences in youths’ lives and foster their skills to avoid negative influences, such as drug use. The NYADMC disseminates the Toolkit at no cost to partner organizations.
- **Technical assistance for partner organizations:** is provided by the NYADMC to partner organizations on how they may best implement the Toolkit activities in their communities and obtain media coverage of local NYADMC events.

Like Tier One, Tier Two is implemented with the support of NYADMC contractors. Draftfcb, an advertising firm in Manhattan, handles the ATI brand strategy and the NYADMC’s advertising components, such as developing and placing local paid advertising. Fleishman Hillard, a public relations firm based in Washington D.C., handles the non-advertising components, including most aspects of Tier Two partnership formation and technical assistance.

In early 2010, the NYADMC pilot-tested the Tier Two components with four partner organizations: The Mary Mitchell Center Boys and Girls Club for the Bronx, New York; The Boys & Girls Club for Milwaukee, Wisconsin; the Drug-Free-Communities grantee Oregon Partnership; and Boys and Girls Club for Portland, Oregon. After using the pilot-test results to refine the Tier Two components, the NYADMC expanded Tier Two to 20 communities in the U.S. in the late summer and early fall of 2010. The NYADMC selected communities for the Tier Two expansion using three criteria:

- 1) **Geographic location:** The NYADMC aimed to obtain a diverse set of communities from urban, suburban, and rural locations in the U.S. Communities were defined as discrete media markets where NYADMC contractors could purchase local paid advertising.
- 2) **Community level drug use rates:** The NYADMC examined data on youth drug use from the National Survey on Drug Use and Health to identify and select communities with high prevalence of teen drug use.
- 3) **Organizational capacity and willingness of potential partners:** The NYADMC aimed to identify at least two partner organizations in each community with the organizational capacity (staffing, space, clientele, community presence) and willingness (alignment with mission, time, key point person) to implement Tier Two.

In each community, the NYADMC selected two partner organizations, which equaled 40 in total. The organizations included Students against Destructive Decisions (SADD) chapters, Boys and Girls Clubs, Girls, Inc., Y's (formerly YMCAs), ASPIRA (Latino-serving youth organizations) and Drug Free Communities grantees. The NYADMC invited a key representative, such as an executive director or program director, from each of the 40 partner organizations to the ATI Summit in Washington, D.C. on September 28 and 29, 2010. At the summit, ONDCP and its NYADMC contractors presented the key representatives with information on Tier Two and specific training and instruction on the ATI Activity Toolkit.

Evaluation of Tier Two's Tag It Activity

As the NYADMC expanded Tier Two in 2010, Draftfcb, through a contract with ONDCP, funded KDHR to evaluate a key aspect of Tier Two, namely, the Tag It activity in the ATI Activity Toolkit. As noted above, the ATI Activity Toolkit is a handbook of ATI-branded youth activities developed by the NYADMC that partner organizations may use to raise awareness of positive and negative influences in youths' lives and foster skills for youths to avoid negative influences like drug use. The core activity in the ATI Activity Toolkit is Tag It, which has five learning objectives for youth. After participating in Tag It, youth should:

- Be able to define influence and provide at least three examples of common influences in their lives
- Understand the difference between positive and negative influences
- More easily recognize the power of influence and positive and negative influences around them that play into their decision-making process

- Recognize that drugs are a common negative influence in the lives of youth
- Feel empowered to think more critically about negative influences, like drugs, and ways to stay above them.

To meet these learning objectives, Tag It is implemented in three sessions. In session one, youth watch a series of videos in which other youth discuss their definitions of “influence” and the impact of positive and negative influences in their lives. In session two, youth literally tag the influences in their lives and share them with others. Using over-sized post-it notes branded with the ATI symbol, youth “tag” negative influences in their neighborhoods, local malls, parks, and schools, take a photo of what they have tagged, and then share the photos with their peers. In session three, youth reconvene, share their photos from session two, and discuss their awareness of drugs as a negative influence and ways to avoid drug use and other risky behaviors.

These learning objectives are the foundation for the Tag It evaluation. What is more, we used these learning objectives to devise the evaluation’s research questions, which we provide in Chapter 1. More broadly, though, the evaluation of Tag It relates to the evolving nature and expansion of the NYADMC. Indeed, evaluating the extent to which youth are positively impacted by their participation in Tag It – a new and crucial element of Tier 2 and the NYADMC more broadly – and the degree to which facilitators consider Tag It favorably will help ONDCP and its NYADMC contractors to refine and extend Tag It, and Tier 2 more broadly, in the continuing evolution of NYADMC. In Chapter 3, we describe the methodology of the evaluation.

Chapter 3: Methodology

In this chapter, we discuss the methodology of the Tag It evaluation. We divide the methodological discussion into three sections that correspond with major time periods in the evaluation. The sections include pre-intervention, intervention, and post-intervention. The pre-intervention period is the time frame before data collection and the start of the Tag It sessions with youth. The intervention period includes pretest survey data collection with youth, the implementation of the Tag It sessions, and post-test data collection with youth and facilitators. The youth surveys and the facilitator survey were programmed in and taken by participants through an online survey service.

The post intervention period ranges from the close of data collection to data analysis and report writing. Note that throughout the evaluation, paid local advertising using teen-generated artwork and messaging built on the ATI brand ran in communities with organizations that participated in the evaluation. Paid advertising included banners in high schools, mall posters, and tear-away poster pads in community centers from which youth could tear off a poster and take it with them. NYADMC contractors also provided technical support to the partner organizations to implement Tag It and obtain local media coverage for related events.

Pre-intervention: To evaluate Tag It, we collected data from two groups: (1) youth, ages 12 to 17, who enrolled in the evaluation and participated in Tag It and (2) facilitators, who are the people who implemented the Tag It sessions with the youth. As mentioned previously, as part of Tier Two, the NYADMC created partnerships with youth-serving, community-based organizations. These organizations played a critical role in the evaluation. Indeed, they were primarily responsible for identifying sites, or local chapters, of their organizations where the evaluation and Tag It would occur. Of the 40 partner organizations that attended the ATI Summit in Washington, DC, in September 2010, we recruited 18 into the evaluation and trained them in evaluation tasks. Partner organizations then named sites where the evaluation and Tag It would take place. Forty-eight sites participated in the evaluation (Table 3.1. All data tables are located in Appendix E.).

Each sites had three responsibilities in the evaluation: (1) to name a staff person with whom we would have primary contact during the evaluation (henceforth referred to as the site contact), (2) to recruit youth and facilitators into the evaluation, and (3) to conduct the Tag It sessions. KDHRC sent an evaluation box to each site that contained a step-by-step checklist of evaluation tasks and necessary materials to complete them.

The recruitment and enrollment of youth in the evaluation occurred simultaneously from October 4 to October 15, 2010. To recruit youth into the evaluation, we provided each site contact with copies of IRB- approved (FWA00011177, IRB 00005850) recruitment fliers, which we

combined with parent consent forms, and procedures for distributing, tracking, and returning us the signed consent forms. We provide the recruitment fliers/parental consent form in Appendix A of this report. The sites distributed the recruitment fliers and parent consent forms to youth at their sites and sent reminders about participation during a two-week recruitment period. Upon receipt of completed parent consent forms, the site contacts shipped them to us.

To enroll youth into the evaluation, we used two procedures. The first was the procedure that we formulated prior to the evaluation. The second was an alternate enrollment procedure that we implemented once youth enrollment was underway. In the original procedure, youth emailed us directly and expressed their interest in evaluation participation. Upon receipt of an email from the youth, receipt of his or her signed parent consent form, and verification that they matched, we fully enrolled the youth in the evaluation. Subsequently, we emailed youth directly to provide instructions to complete each evaluation task, such as completing the online pretest survey and the online post-test survey.

After receiving feedback from some organizational representatives at the Summit that youth at their sites did not have routine access to email, we established the alternate enrollment procedure. In the alternate procedure, we fully enrolled a youth into the evaluation after receipt of a signed parent consent form. We then sent a roster of enrolled youth by site to its site contact, who worked with the youth directly, through individual meetings or a group event, to ensure that they completed the surveys. Each site could choose to use either the original or alternate enrollment procedure, but they could not use a mix of both. Prohibiting their ability to combine the two procedures allowed us to analyze the extent to which the use of different enrollment procedures impacted youth participation in the evaluation. With that in mind, the data suggest no statistically significant evidence that youth participation varied by procedure.

During the recruitment and enrollment of youth in the evaluation – and throughout the subsequent intervention and post-intervention evaluation phases – we were in routine email and phone contact with the site contacts to answer their questions and ensure their progress on the evaluation tasks.

Intervention: The intervention phase, which began on October 18 and ended on November 28, 2010, consisted of four components: the execution of the online youth pretest survey, the implementation of Tag It at the sites, the execution of the online youth post-test survey, and the execution of the online facilitator survey. We discuss each component below.

The execution of the online youth pretest survey was the first component of the intervention phase. It occurred over a seven-day period from October 18 to October 24, 2010. During this period, we emailed youth who were enrolled through the original procedure and provided them with instructions for completing the online survey and a link to the pretest survey. We also

provided them with periodic email reminders of the deadline to complete the pretest survey. At the sites using alternate enrollment procedures (referred to as “alternate sites” henceforth), the site contacts worked with enrolled youth to ensure that they completed the pretest. The pretest survey included 46 questions in multiple choice and Likert-scale forms that aligned with the evaluation’s research questions (see Chapter 1). We provide the youth pretest survey in Appendix B.

Tag It’s implementation by the sites was the second component of the intervention phase. It occurred between October 24 and November 15, 2010. The implementation included the three Tag It sessions. To complete the sessions, the sites used the Tag It procedures in the NYADMC’s ATI Activity Toolkit. After each Tag It session, the site contact sent us an attendance log that documented the time and date of the session, the name of the person who facilitated the session and his or her email address, and the names of enrolled youth who attended the session.

The third component was the execution of the online youth post-test survey. It was available for youth to complete from November 15 to November 28, 2010. To execute the survey, we sent an email link for the survey to youth in original procedures sites or site contacts at alternate procedures sites once we had confirmation that the site had completed the three Tag It sessions. The post-test survey included 33 questions in multiple choice, Likert-scaled, and free response questions forms that aligned with the evaluation’s research questions. We supply the youth post-test survey in Appendix C.

We used three incentive methods to promote youth participation in the evaluation. First, we offered every youth who enrolled in the evaluation a \$50 gift card. Second, we instituted a random drawing among the youth who completed the pretest for one of three \$100 gift cards. Third, we constructed a random drawing among the youth who completed the post-test for one of three Xbox Kinect bundles.

The fourth component of the intervention phase was the execution of the online facilitator survey. To complete this component, we recruited facilitators to enroll in the evaluation and take the survey by generating a list of facilitators from the completed Tag It attendance logs and additional information from site contacts. Then, we sent an email to each facilitator on the list to provide information about the facilitator survey. For those facilitators who expressed interest in taking the survey, we confirmed that their sites had completed the three Tag It sessions. We barred facilitators at sites that failed to complete every session from participating in the survey. If facilitators were from sites that completed the three sessions, we formally enrolled them in the evaluation and emailed them a link to the online facilitator survey. We required that facilitators provide their own consent for participation by reading and agreeing to the KDHRC IRB-approved consent form, which was the first page of the survey. Facilitators could not take the survey unless they provided consent. The facilitators were able to complete the survey between

November 15 and November 28, 2010. We provide the facilitator survey, which includes the consent form, in Appendix D of this report.

Post-Intervention: Once we closed the youth surveys, we exported the data from the online survey service to Microsoft Excel for cleaning and respondent matching. We created two separate databases: the pretest database and the post-test database. We coded and manipulated the data in each database to allow for their merging. Merging the databases was necessary to allow us to compute and analyze pretest to post-test changes among the youth participants.

To merge the databases, we matched the youth pretest responses to the post-test responses using identifying information that we placed in the surveys. After we made all possible matches between pretests and post-tests, we added columns to create coding schemes for organization, site, and location of participation. We also added columns to create composite scores and dichotomous variables to be used in the analysis.

We performed similar operations, such as data cleaning and coding, on the facilitator data. But because we collected data from the facilitators only at one point in time (e.g., after their facilitation of Tag It), we did not need to create a matched data set.

At the end of the data cleaning and coding process, we had one youth database and one facilitator database. We then read the databases individually into SAS, a highly powered statistical analysis package.

We used a mix of descriptive and multivariate statistical techniques to analyze the youth data. The youth analysis had two components. First, we explored the demographic and psychosocial characteristics of youth participants and treated them as independent variables to predict their assessment of Tag It. Second, we related youths' assessment of Tag It to changes in their understanding of positive and negative influences in their lives, youths' understanding of the risks of drugs, youths' strategies and intentions for decision-making related to influences in their lives, awareness of anti-drug messages in general, and the ATI brand specifically, and perceptions of the ATI brand.

Because of the low number of facilitator respondents, we analyzed their survey responses using univariate and bivariate techniques.

There are limitations to this methodology. First, because there is no control group – defined as a group of youth who took the youth pretest and post-test but did not participate in Tag It – we cannot isolate the effects of Tag It on any changes from pretest to post-test. Second, the evaluation populations for both the youth and facilitator data are not necessarily representative of the broader populations of either youth in the U.S. or facilitators of youth programming at community-based organizations. Therefore, the findings may lack generalizability. Still, this methodology allowed us to collect key, primary data from youth and facilitators to explore

patterns of youths' attendance at the Tag It sessions and their perceptions of participating in Tag It, how demographic and other characteristics of the youth participants influenced these patterns, how youth changes from pretest to post-test relate to youths' attendance at and perceptions of the Tag It activity, and how facilitators' perceive and assess of Tag It. We present the analytic results of these issues in Chapters 4 and 5.

Chapter 4: Youth Findings

In this chapter, we provide the youth findings, which are based on data from youth who enrolled and participated in the evaluation of Tag It. We enrolled 889 youth into the evaluation (see Table 4.1. All data tables are located in Appendix E.). Among those enrolled, 701 (or 78.9 percent) completed the pretest and 648 (or 72.9 percent) completed the post-test. Among the 701 youth who took the pretest, 597 also completed the post-test. This group of 597 youth constitutes the panel for the data analysis reported below. The retention rate from pretest to post-test equals roughly 85 percent.

We use these data to explore three key topics in this chapter. First, we examine the demographic and psychosocial characteristics of youth who participated in the evaluation. Second, we explore the youth participants' assessment of Tag It. Third, we examine how Tag It relates to changes in youth participants' perceptions and behavioral intentions toward managing influences in their lives, drug use, and actions on the ATI brand. Taken together, answering these questions provides an evidence-based window into the positive aspects of Tag It and insights on possible areas of expansion or revision.

Demographic and Psychosocial Characteristics of Youth

On the pretest, youth participants provided a wide array of demographic information. For example, their ages ranged from 12 to 17 years old, and we found no statistically significant difference in participation in Tag It evaluation by youths' ages (Table 4.2). Less than half of the participants were male (264 participants) and 56 percent were female (332 participants). There were more white participants (47.1 percent) than blacks (19.7 percent) or those who fit into our defined category of "other" (33.2 percent), which includes non-whites, non-blacks, and those who declined to supply their race. Nearly 23 percent (or 136 in total) of youth participants identified themselves as Hispanic or Latino. Participants were generally well-distributed by grade, although eighth graders provided the single biggest group of youth participants at 20.7 percent of all participants (or 118 in total). The least represented grade is twelfth grade, with 14.2 percent of the evaluation population.

Many of the youth participants come from relatively low socioeconomic backgrounds. Indeed, nearly 45 percent of participants reported that they receive free or reduced school lunch (Table 4.3). The receipt of free or reduced school lunch is a proxy for low-income status. Roughly 61 percent also indicated that they live in homes that are owned by its occupants, a homeownership rate that is below the 2010 national rate of 66.9 (Table 4.4). Still, more than half of youth respondents report that their parents attended college (Table 4.5) and nearly 60 percent live in intact, two-parent households (Table 4.6).

We also collected information on the psychosocial characteristics of youth participants in the evaluation. Taken together, their psychosocial characteristics suggest a population that is, according to predictors that are well-documented in the academic literature, at relatively low risk for teen drug abuse. For example, most participants perceive that they do well in and like school. Indeed, nearly 86 percent report that they receive mostly As and Bs in school (Table 4.7). To understand the extent to which youth like school, we created a composite score of “school likability” by summing each participant’s scores on a series of Likert-scaled questions about language arts, math, reading and English, science, and social studies and transforming them into a score that ranges from zero to 100. A score of zero indicates that a youth completely dislikes school, while a score of 100 means that youth perfectly likes school. On average, youth participants received a 72.6 in school likability (Table 4.8).

Given that youth participants generally like school, it is unsurprising that they report a relatively high degree of school attendance. More than 86 percent of participants (or 509 in total) note that they attend school every day and roughly 99 percent (or 586) go to school at least nearly every day (Table 4.9).

Key predictors of illicit drug and alcohol initiation among youth are a lack of trusted adults, such as a parent, teacher, coach, or other adult, in their lives, and low participation in extracurricular organizations. The data suggest that the overwhelming majority of participants (95 percent) have a trusted adult (Table 4.10), and more than 93 percent of youth participants said that they belong to an organization or participate in after-school activities (Table 4.11).

Another predictor of youth drug use is a relatively high proclivity toward sensation seeking behavior and low self-perceptions. We asked four categorical questions on sensation seeking that included the extent to which a participant likes to do scary things, likes new and exciting experiences even if he or she has to break the rules, wants to explore strange places, and prefers friends who are exciting and unpredictable. We summed the categorical responses for each participant and transformed them in a composite score that ranges from zero to 100. A score of zero indicates no reported sensation seeking behavior. A score of 100 indicates the highest reported level of sensation seeking behavior. On average, participants received a composite score of 62.8 in sensation seeking behavior, suggesting that youth in the study have a relatively mild proclivity toward sensation seeking (Table 4.12).

With respect to self-perceptions, we asked participants a series of five-point Likert-scaled questions on the extent to which they agreed that they are satisfied with themselves, have a number of good qualities, are worthwhile, have positive attitudes about themselves, and are able to do things as well as most people. The data suggest relatively high self-perception. Indeed, the composite self-perception score was 84.3 out of 100 (Table 4.12).

Drug use in a youth's environment also correlates with the likelihood of their usage and impacts how they may perceive drug prevention programs. To that end, we asked participants the extent to which members of their immediate family abuse drugs or alcohol, the extent to which their close friends use weed, alcohol, and pills to get buzzed or high, and the extent to which youth in their grades in their schools use weed, alcohol, and pills. The results suggest a population that is unlike the national norm. For example, only 11 percent of participants noted that they have an immediate family member that abuses drugs or alcohol (Table 4.13). Only 24 percent reported that they have a close friend that uses weed, alcohol, and pills (Table 4.14). Roughly 18 percent strongly agree that most youth in their grade at school use weed, 17 percent strongly agree that most youth in their grade at school use alcohol, and only 5.3 percent strongly agree that they use pills (Table 4.15).

Youths' Assessment of Tag It

A key component of the evaluation is youths' assessment of Tag It, which we examined in three ways. First, we analyzed which and how many Tag It sessions youth attended, which constitutes the dosage of their Tag It experience. Second, we examined the extent to which youth found Tag It useful and would recommend it to a friend, classmate, or other teens. Third, we analyzed the extent to which youth favorably rated Tag It. To assess Tag It favorability, we created a composite score of the degree to which youth liked each session of Tag It, how much they perceived learning from it, how much they felt that the session gave information to help them make good decisions in their lives, how much they believed that the session helped them think carefully about drugs, and how much they believed that the person who led the session did a good job. We then related youths' attendance at Tag It sessions, the extent to which participants found Tag It to be useful and recommendable, and Tag It's favorability to participants' demographic and psychosocial characteristics. We present these relationships below.

Attendance at Tag It. Youth's attendance at Tag It was relatively high. More than 81 percent of participants attended all three Tag It sessions (Table 4.16). Another 10 percent attended two of the three. Less than four percent attended only one. Roughly 4.2 percent of participants failed to attend any session of Tag It, but they still took the pretest and post-test surveys.

When considering how the demographic characteristics of youth participants relate to attendance at Tag It, we found that race is a significant factor. Indeed, white participants were significantly less likely to attend all three sessions than non-white respondents (Table 4.17). Hispanic youth were statistically less likely to attend two sessions than non-Hispanics, but no less likely to attend zero, one, or three. Age, gender, and grade had no effect on attendance. With respect to attendance at all Tag It sessions, youth who reported that they receive free or reduced school lunch were significantly more likely than others to attend.

Several psychosocial characteristics also significantly predicted attendance. For example, participants who reported receiving mostly A's in school were more likely than other youth to attend all three sessions of Tag It (Table 4.18). Participation with organizations and in extracurricular programs, the reported receipt of free or reduced school lunch, and respondents' self-perceptions also positively and significantly related to attendance at every Tag It session.

Environmental drug use also played a part in the extent to which participants attended Tag It. Indeed, though having close friends who use drugs and alcohol failed to relate strongly to attending one or two of the Tag It sessions, it strongly and negatively correlated with attendance at all three sessions of Tag It. There is a similar relationship between participants who strongly agree that youth in their grades at their school use weed and their attendance at Tag It. While these environmental drug use factors do not appear to dampen youths' attendance at one or two sessions of Tag It, they have a strong relationship to lack of attendance at all three.

Youths' Perceptions of the Usefulness of Tag It and Their Willingness to Recommend It. Youth had a relatively high perception of the overall value of Tag It. Indeed, more than 41 percent of participants found Tag It to be very useful in their lives (Table 4.19). Another 35 percent noted that Tag It is useful and 16 percent said it was at least somewhat useful. And the extent to which youth would recommend Tag It to others nearly mirrors their responses on its usefulness. In fact, roughly 88 percent of respondents said that they would at least somewhat recommend Tag It, and 55.6 percent noted that they would really recommend it (Table 4.20).

There are several significant predictive factors of participants' willingness to recommend Tag It. For example, older participants and those in later grades are more likely to recommend Tag It than younger participants in lower grades (Table 4.21). Whites are more likely to recommend Tag It than non-whites, and youth who participated in extracurricular activities, live in homes owned by their occupants, live with both parents, and have parents with relatively high levels of education are more likely to recommend Tag It than others. In contrast, participants who report relatively high proclivity for sensation seeking are less likely than others to be willing to recommend Tag It.

Students' self perceptions are positively related to the extent to which participants found Tag It useful and would recommend it. In other words, those who have high self-perceptions are more likely to find Tag It useful and recommendable (Table 4.22).

Youths' favorability of Tag It. Youth generally found Tag It to be favorable, though there was variability in youth favorability ratings across sessions. For example, youth tended to like session two more than the other sessions. For example, 48.1 percent of respondents very much liked session one (Table 4.23). The percentage jumped to 71.5 percent in session two (Table 4.24). But it contracted to 60.7 percent in session three (Table 4.25).

Participants also reported that session two taught them the most of the three sessions. In fact, 51.0 percent of respondents in session one reported learning very much from session one, 58.2 percent learned from much from session two, and 53.2 learned from very much from session three. Diverging from this pattern, more participants believed that session one helped them think carefully about drugs. In session one, 62.4 percent of respondents (or 325 in total) believed very much that it helped them to think carefully about drugs. That percentage dipped to 60.3 percent for session two and 58.3 for session three.

We also created composite scores for each session to mathematically represent youths' overall favorability of each session. We created the composite scores for each youth by averaging their responses to the six specific questions about the session. In Table 4.26, we present the findings of the composite scores, which further suggest that youth most favored session two, which received 79.5 score on a scale of zero to 100. Youth tended to like session three (76.2) more than session one. One potential reason for the relatively low score on session one hinges on the implementation of Tag It. Session one represented the first time that facilitators, and their site locations more broadly, had used Tag It and, therefore, they may have faced start-up challenges that suppressed the youths' relatively favorability of the session.

We correlated the favorability scores with youth demographic and psychosocial characteristics. The correlation analysis revealed two key findings. First, compared with girls, boys are significantly less likely to rate Tag It or any of its sessions favorably (Table 4.27). In fact, boys' relatively low favorability of Tag It overall was one of the strongest statistical findings in the evaluation. Second, school likability very strongly predicts Tag It favorability. Indeed, those who like school are much more inclined to see Tag It positively (Table 4.28).

How participation in Tag It relates to changes in youth participants' perceptions and behavioral intentions

In the preceding section of this chapter, we treated youth demographic and psychosocial characteristics as independent or predictive factors in their assessment of Tag It. As noted above, we operationalized youths' assessment of Tag It as the number of sessions they attended, the extent to which they found Tag It to be useful or recommendable, and their calculated favorability of Tag It. In this section of the chapter, we treat their assessment of Tag It as independent or predictive factors of categories of changes, from pretest or post-test, in measures of youths' perceptions and their behavioral intentions to act on them. The categories include perceptions of and intended actions toward influences in their lives; perceptions of drug use and its risks; perceived ability to act on and manage influences in their lives; awareness of drug prevention messages, particularly the ATI campaign; and perceptions of and intended actions toward the ATI campaign. We discuss each set of findings below.

Changes in youths' perceptions of and intended actions toward influences in their lives. On the pretest and post-test surveys, we explained youths' identification and perceptions of influences in their lives, their understanding of the outcomes of positive and negative influences in their lives, and their intended actions to manage their influences. All are chief tenets of Tag It. We provide the findings in these areas below.

Our analysis of youths' identification and perceptions yielded mixed results. On the one hand, from pretest to post-test, their reported ability to identify positive and negative influences grew strongly. Sixty-six percent of youth strongly agreed that they could identify positive life influences at pretest. At post-test, that percentage grew to 72.5 percent (Table 4.29). Similarly, the percentage of participants who strongly agreed that they could identify negative influences grew from 51.6 at pretest to 58.0 at post-test. On the other hand, changes in their perceptions of influences were negative. At pretest, 53.5 percent of youth strongly agreed that there are more positive influences in their lives than negative ones (Table 4.29). At post-test, the percentage fell to 49.2. Similarly, the change in their perceptions that drugs are a negative influence in the lives of many teens declined from 68.9 percent to 65.8 percent. The composite score, which we created with the previously described methodology, for youths' perceptions of influences in their lives also dipped, on average, from 85.6 (out of 100) at pretest to 81.5 at post-test (Table 4.30).

While the change in the perception of influence is negative, it is also modest and nearly entirely attributable to an anomalous set of 31 observations in the data set, in which respondents shifted from strongly agree at pretest to strongly disagree at post-test. One could argue that these 31 participants experienced a radical change of their ability to identify influences, and we have no substantial evidence that such a change failed to occur. However, their responses to other questions on the post-test fail to support such a radical departure overall, suggesting that they may have misinterpreted the identification statements at post-test, coding them as strongly disagree when they actually meant strongly agree. As a result, we ran a second analysis without these observations and found a modest composite change in youths' identification of positive and negative influences from 86.1 at pretest to 87.5 at post-test.

With respect to youths' perceptions of the outcomes of positive and negative influences, the percentage of affirmative responses increased on every statement for the understanding of the outcomes of positive influences, though the percentage change was modest (Table 4.31). The percentage of affirmative responses increased on every statement for the understanding of the outcomes of negative influences, and the changes seemed more robust than those related to understanding the outcomes of positive influences (Table 4.32). The composite score at pretest was 88.9 and the composite at post-test was 90.1 (Table 4.33).

The data reveal similar findings on youths' reported intended actions to manage their influences. Indeed, there was a relatively modest overall change from pretest to post-test on intended actions

to manage influences among youth participants (Table 4.34). The composite score at pretest was 68.0 and at post-test it was 69.2 (Table 4.35).

On the whole, the anomalous observations discussed above appear to hinder the relationship between influence variables and Tag It assessments. Indeed, if one includes the anomalous observations in the identification and perception statements and relates them to youths' attendance at Tag It, then there is a significant and negative relationship. However, if one removes the anomalous observations, then the significance disappears. In the end, there is little relationship between youths' assessment of Tag It and changes in their perceptions of and intended actions toward influences in their lives (Table 4.36). However, there is a significant and positive relationship between youths' favorability of Tag It and changes in their perceived ability to identify negative influences. The relationship is also significant and positive for those who found Tag It to be useful.

Changes in youths' perceptions of drug use and its risks. The data suggest relatively protective attitudes about drug use and its risks at pretest, in that two-thirds strongly agree that the risks of using weed, alcohol and pills are important to know (Table 4.37). Eighty seven percent of participants think that teens face some or great risk if they get buzzed or high at least once a month by using weed, alcohol, or pills (Table 4.38). Despite these protective pretest attitudes, youth still exhibited modest changes from pretest to post-test in a positive and more protective direction. For example, the percentage of participants who think that teens face some or great risk if they get buzzed or high at least once a month by using weed, alcohol, or pills increased from 87 at pretest to more than 92 at post-test. But though the directionality of change is positive, there is no statistically significant relationship between changes in youths' perceptions of drug use and its risks and attendance at all Tag It sessions, the extent to which youths' found Tag It to be useful or recommendable, or its favorability (Table 4.39).

Changes in youths' perceived ability to act on and manage influences in their lives. The findings at both pretest and post-test suggest a population of youth participants who are reasonably confident about their ability to make good decisions. For example, before participating in Tag It, 85 percent of youth indicated that it is very important for a teen to have strategies to stand up to or avoid negative influences in their lives (Table 4.40). Roughly 96 percent noted that having such strategies is at least somewhat important. Because of the relatively high rate of positive responses at pretest, it is unsurprisingly that there was little change from pretest to post-test. At post-test, 86 percent noted that it is very important for a teen to have strategies to stand up to or avoid negative influences in their lives, an increase of one percent from the pretest.

The data reveal less positive responses on youth reported ability to address negative influences and their beliefs in the effectiveness of their strategies to address them. Indeed, 45 percent of youth report having many strategies to stand up to or avoid negative influences in their lives (Table 4.41) and 53 percent belief that their strategies are very effective for standing up to or

avoiding negative influences (Table 4.2). Still, between pretest and post-test, there was a positive change on both measures. For example, youth who noted having many strategies to stand up to or avoid negative influences rose to 46.6 percent, equaling a positive change of 1.5 percent. Similarly, those who considered their strategies to be very effective increased to 55.7 percent at post-test, for a rise of 2.7 points.

The data reveal a potential warning. As noted in Table 4.43, between pretest and post-test, the percentage of participants who indicated that they have many strategies to refuse drugs dropped from 55.0 to 51.8 percent, though the percentage who said that they have at least a few strategies grew from 91.5 to 91.7 and the percentage of participants who reported having no drug refusal strategies stayed the same (1.9). The dip in the percentage in those who have many strategies appears to relate to a growth in the percentage of respondents who indicated that they were not sure if they had specific drug refusal strategies at post-test.

Taken together, there is generally a positive relationship between changes in youths' perceived ability to act on and manage influences in their lives and the extent to which they found Tag It to be favorable. In fact, higher Tag It favorability assessments relate significantly to increases in youths' beliefs in the importance of having strategies to stand up to or avoid negative influences, their beliefs in the effectiveness of their strategies, and the availability of drug refusal strategies (Table 4.44). What is more, youth who noted that Tag It is useful and would recommend it to others are significantly more likely to report changes in the positive perceptions of the effectiveness of their strategies to stand up to or avoid negative influences.

Changes in youths' awareness of drug prevention messages, particularly the ATI campaign.

There was a relatively high level of awareness of drug prevention messaging and the ATI campaign among participants and, between pretest and post-test, that awareness grew substantially. Seventy-five percent of respondents reported at pretest that they had seen, heard, or read in the past 30 days any advertising that aims to keep teens from using weed, alcohol, or pills. At post-test, the percentage reporting this awareness increased to 84 percent (Table 4.45). Similarly, 77 percent of respondents reported at pretest having seen, heard, or read in the past 30 days any advertising about the ATI campaign. At post-test, the percentage was 88 percent.

That awareness of drug prevention messaging and the ATI campaign increased is important, but there is no statistical evidence that significantly relates the increase to youths' assessment of Tag It (Table 4.46). However, there does appear to be an insignificant dosage effect, with awareness growing with each session attended.

The sources of reported awareness of the ATI campaign also changed – and in some cases substantially – from pretest to post-test. For example, participant awareness of the ATI campaign through billboards or signs in the community increased from 35.6 percent before exposure to Tag

It to 45 percent after it (Table 4.47). Similarly, awareness of the ATI campaign saw substantial bounces from pretest to post-test on the Internet ads or browsers; social networking websites; parents, teachers, coaches, or other adults; and friends or kids in school.

Changes in youths' perceptions of and intended actions toward the ATI campaign. In addition to examining changes in awareness of the ATI campaign advertising and its sources, we assessed the relationship between changes in youths' perceptions of the ATI campaign and their intended actions toward it and their assessment of Tag It. The findings are mixed. On the one hand, there was modest change in youths' perceptions of the campaign. For example, the percentage of participants who strongly agreed that the ATI campaign is important to teens decreased from 66.6 prior to their exposure to Tag It to 65.4 after it (Table 4.48). Still, roughly 87 percent of participants at pretest and post-test at least agreed a little that the ATI campaign is important to teens.

On the other hand, the stated intentions to act on the campaign increased substantially from pretest to post-test. For example, the percentage of participants who said that, in the next 30 days, they are likely share some something about ATI increased from 66.0 to 73.9 (Table 4.49). What is more, every question on intended action changed positively from the start of Tag It to the end of it, while the composite scores for intended action on the ATI campaign increased from 58.8 at pretest to 62.4 post-test. The change in the composite scores from pretest to post-test suggests a modest erosion of the perceptions of the ATI campaign (Table 4.50).

That youth who participated in the evaluation left it having a greater likely behavioral disposition to act on the ATI campaign is a positive result. It is more important, however, when one considers how strongly that likelihood relates to youths' assessment of Tag It. Indeed, while there is no statistically significant relationship between changes in youths' perceptions of the ATI campaign and their assessment of Tag It, there is ample evidence that changes in intended actions toward the ATI campaign and Tag It assessments, at least on favorability and its recommendable nature, are positively and significantly related. In other words, youth participants who indicate a greater likelihood to act on the ATI campaign strongly favored Tag It and would recommend Tag It to other youth. In fact, the positive relationship between intended action and the willingness to recommend Tag It is one of the strongest relationships in this analysis, and therefore one of its key takeaway points (Table 4.51).

Chapter 5: Facilitator Findings

In this chapter, we discuss the findings of the survey of people who facilitated Tag It with youth at site locations. Sixty facilitators participated in the Tag It evaluation across 18 organizations and their 48 site locations, equaling more than three facilitators per organization and more than one per site location. The number of facilitators per organization ranged from eight at the Boys & Girls Club of Tampa Bay to one each at the Northern Lights SADD, the Y of Metropolitan Minneapolis, and the Y of Metropolitan Washington DC. Of the 60 facilitators, 50 completed the facilitator survey, yielding a response rate of 83.3 percent (Table 5.1). The data show perfect survey participation at 11 of the 18 organizations, as shown in Table 5.2. For example, South Kingstown Partnership for Prevention reported the use of four facilitators in the Tag It evaluation, and all four completed the facilitator survey. Only ASPIRA of Pennsylvania produced a relatively low facilitator survey response rate. Of their three reported facilitators, only one completed the survey, yielding a response rate of 33.3 percent.

As discussed above, Tag It was facilitated at the 18 organizations' site locations. Each site held three sessions of Tag It. In some cases, more than one person facilitated a session. Therefore, Table 5.3 reports the response rate of instances of facilitators at sessions and shows that the 60 facilitators in the evaluation facilitated in 69 instances. Of those 69 instances, 59 are represented in the facilitated survey data, yielding a response rate of roughly 86 percent.

Except for their organizational and site affiliations and their gender, we have no information on the 60 facilitators before they took the survey. Therefore, we face limits on comparing the facilitators who completed the survey and those who did not complete the survey. Still, Table 5.4 shows that female participation was higher than male participation. Of the 60 facilitators in the evaluation, 38 are women and 22 are men. Of the 38 women, 33 (or 86.8 percent) completed the survey. Of the 22 men, 17 (or 77.3 percent) completed the survey. The difference in participation by gender is statistically insignificant, but it reflects that, not only are women more likely to facilitate Tag It, but they are also more likely to report information about their experiences with Tag It.

Those responding to the survey, however, provided a substantial amount of demographic and personal information. For example, the survey respondents are relatively young. As noted in Table 5.5, half are between the ages of 22 and 34 and 82 percent are under 45 years of age. What is more, nearly half of the population is Caucasian. Indeed, 24 of the 50 respondents fit into this category. Twenty-two percent of the respondents identify themselves as black or African American. The remaining 30 percent fall into an "other" category, which is largely comprised of facilitators who declined to identify their race on the survey. With respect to ethnicity, more than one-fifth of respondents (or 11 in total) identified themselves as Hispanic.

The data also suggest that the survey respondents are reasonably well educated. In fact, Table 5.5 shows that half of the facilitators report having a bachelor's or associate degree. Another 20 percent attended some graduate school or obtained a graduate degree. Only two of the fifty respondents reports having no college experience. One of the two reports having some high school or a high school equivalency degree and the other reports having a high school degree.

On the facilitator survey, we also asked respondents about their years of experience as a youth program facilitator, as a drug program facilitator, and their current job status. The data suggest that their level of experience as youth program facilitators is reasonably strong. Indeed, 58 percent indicated that they had at least five years of experience in this capacity (Table 5.6). What is more, very few respondents are new to program facilitation. Only 12 percent (or six respondents) have less than one year of experience as a youth program facilitator.

Respondents reported less experience working as a drug program facilitator. Only 38 percent (or 19 respondents) have at least five years of experience in this capacity, six percent (or three respondents) report between four and five years of experience, and 50 percent (or 25 respondents) have three or less years of experience in drug program facilitation (see Table 5.6).

Respondents also tended to be paid and full-time staffers at their organizations. As shown in Table 5.6, 98 percent (or 49 respondents) report being a paid staff member. The other respondent declined to answer the question. Sixty-one percent work forty hours or more per week at their organizations. The other respondents work part-time.

Using these facilitator data, we explored six research questions on respondents' experience implementing Tag It, their perceptions of Tag It, and their perceptions of youths' reactions to Tag It. We present the major findings of the facilitator analysis below.

What were facilitators' perceptions of the demands of implementing Tag It?

We defined the demands of implementing Tag It as the time to prepare, time spent with youth, and the use of technology and other equipment. Using this definition, we found that most respondents (74 percent) reported spending up to two hours preparing to facilitate Tag It, including reading the Tag It Activity Guide, meeting with others to discuss Tag It, recruiting youth to participate in Tag It, and obtaining and setting up materials and technology to facilitate Tag It (Table 5.7). Facilitators perceived that recruiting youth to participate in Tag It was the most time consuming task of preparation. In addition, 58 percent of respondents spent one to two hours with youth per Tag It session, and 30 percent of respondents spent at least two hours per session (Table 5.8). We defined time with youth to include holding group meetings and discussion with youth, showing Tag It videos, and performing other tasks that involve the sessions. Session two appears to have been the most time consuming to facilitate with youth.

Respondents reported that they were both comfortable using technology to implement Tag It and had the necessary technology (DVD player, digital camera) easily available at their site. Indeed, 94 percent of respondents felt comfortable or very comfortable using technology (Table 5.9). All respondents reported that their organizations had at least some of the required technology available (Table 5.10).

What were the facilitators' perceptions of the Tag It Activity Guide (Guide)?

Overall, the data suggest that respondents had favorable perceptions of the Guide. Indeed, as noted in Table 5.11, nearly 92 percent of respondents reported that they agreed or strongly agreed with four statements: 1) The information provided in the Guide was clearly written; 2) The information in the Guide was well organized; 3) The information in the Guide helped me prepare to facilitate Tag It; 4) The Guide provided sufficient directions and instructions to effectively facilitate Tag It. However, white respondents were significantly more likely than non-white respondents to have a less favorable view of the Guide.

There was some deviation among respondents in the manner in which they used the Guide to facilitate their Tag It sessions. Eighty-six percent of respondents note that they closely or very closely followed the Guide, while 14 percent followed it less than closely. It appears that there was some dosage effect, that is, the percentage of respondents closely following the Guide increased from session to session, with 88 percent in session two and nearly 90 percent in session three (Table 5.12). White respondents were less likely to closely or very closely follow the Guide than non-white respondents.

What were the facilitators' perceptions of youths' reactions to Tag It?

Facilitators generally perceived that youth who participated in Tag It were interested in it, had a reasonably strong and increasing desire to participate in it, and found it informative. In fact, nearly half of respondents perceived that youth were very interested in participating in Tag It, and all but one respondent perceived that youth were at least somewhat interested (Table 5.13). More than 83 percent of facilitators perceived a moderate or large increase in desire of youth to participate across Tag It sessions (Table 5.14). Nearly all respondents believed that youth who participated in Tag It found it at least somewhat informative (Table 5.15).

What is more, the vast majority of respondents believed that youths' participation in Tag It led to positive changes in their ability to identify and act on influences. In fact, all respondents agreed that youths' participation in Tag It increased their ability to define influences and to provide examples of common influences in their lives (Table 5.16). Ninety-four percent of respondents agreed that youths' participation in Tag It increased their ability to understand the difference between positive and negative influences. Roughly 90 percent of respondents agreed that participation in Tag It both increased youths' ability to recognize the power of influences to affect their decision making and to recognize that drugs are a common negative influence in the

lives of youth. Nearly 90 percent of respondents agreed that youths' participation in Tag It increased their ability to think critically about negative influences, like drugs. These can be considered among the most positive findings of the evaluation.

What were facilitators' overall assessments of Tag It?

The data suggest a strong overall assessment of Tag It among nearly all respondents. Indeed, all but one respondent indicated that Tag It was at least somewhat useful in helping the youth served by their organizations, and 47 percent noted that Tag It is very useful in this capacity (Table 5.17). Every respondent suggested that Tag It was at least somewhat useful in assisting their organizations in meeting their missions to help youth, and 56 percent found it very useful. Ninety percent of respondents reported that Tag It complemented the services provided by their organization (Table 5.18). Seventy six percent of respondents reported that they would highly recommend Tag It to other youth-serving organizations (Table 5.19). Ninety eight percent of respondents reported that they are at least somewhat willing to implement Tag It again, and 66 percent indicated that they were very willing (Table 5.20).

We also used the composite score methodology described above to create overall Tag It assessment scores. More specifically, we averaged the categorical responses described in the previous paragraph for each respondent and transformed the average into a value scale of zero to 100. A value of zero equals a completely negative overall assessment of Tag It and a value of 100 equals a completely positive overall assessment of Tag It.

Overall, Tag It received a composite score of 82.3 on a scale of 100, but a majority of scores exceeded this value (Table 5.21). Indeed, more than one third of respondents' scores equaled 100 and more than half equaled 92.3. One strongly negative score of 15.4 pulled down the average composite assessment score, registered by a respondent who rejected nearly every aspect of Tag It. One may consider that observation to be a statistical outlier.

What factors relate to facilitators' overall assessment of Tag It?

To better understand the facilitators' overall assessment of Tag It, we correlated the overall assessment composite score described above with several factors, including composite scores that we created numerically of the time spent preparing to facilitate Tag It, their perceptions of the Guide, time spent working with youth during Tag It, how closely they followed the Guide to facilitate Tag It, and their perceptions of changes in youths' ability to understand and manage influences in their lives. We also correlated the overall assessment composite score with other factors, including the percentage of respondents who reported being very comfortable using technology to facilitate Tag It, the percentage who reported have all necessary technology to facilitate Tag It, the percentage who perceived that youth were very interested in participating in Tag It, the percentage of those who perceived a large increase in youths' changing desire to

participate in Tag It, and the percentage of those who perceived the extent to which youth found Tag It to be very informative. Using this approach, the data revealed four key findings.

First, there is a strong and statistically significant relationship between facilitators' perceptions of the Guide and their overall assessment of Tag it. Those who looked positively on the Guide tended to feel positive about Tag It overall (Table 5.22).

Second, there is a very strong, positive, and significant relationship between the respondents' perceptions of how Tag It impacted youth participants and their overall assessment of Tag It. For example, those who perceived that youth had a very high interest in Tag It assessed Tag It itself very highly.

Third, respondents who perceived a large increase in youths' desire to participate in Tag It and the extent to which youth found Tag It very informative also rated Tag It highly.

Fourth, there is a very strong relationship between respondents' perceptions of potential behavioral youth outcomes and their assessment of Tag It. That is, those who believed that youths' participation in Tag It positively increased their ability to understand and manage influences in their lives, including drugs, were significantly related to those who assessed Tag It positively.

Chapter 6: Discussion

In this final chapter, we summarize the chief findings from the youth and facilitator evaluations and discuss their implications for Tier Two, Tag It, and future research.

Summary of youth findings

We analyzed the youth data for pretest/post-test changes on measures related to Tag It's goals: youths' understanding of positive and negative influences in their lives, youths' understanding of the risks of drugs, youths' strategies and intentions for decision-making related to influences in their lives, awareness of anti-drug messages in general, and the NYADMC brand ATI specifically, and perceptions of the NYADMC brand ATI. The changes from pretest to post-test were generally slight, but typically moved in a positive or beneficial direction. Because these variables represent complex cognitive structures in youth that are challenging to change, even the slight improvements observed in this evaluation are encouraging. However, it is important to note that these changes are generally unrelated to youths' assessment of Tag It.

One significant and positive finding, though, is that youth who participated in Tag It became more aware of drug prevention advertising in general, and ATI specifically. Though perceptions of the ATI brand generally remained unchanged, their willingness to act in relationship to ATI increased substantially. For example, youth were more willing at post-test to talk about ATI, blog or write things online about ATI, share something about ATI, or do a project about ATI.

Taken in tandem, these findings provide the first key take-away from the evaluation. Youth who participate in Tag It are more aware of drug abuse prevention advertising, and youth who are more aware are more likely to act on their knowledge of the advertising and reach out to others, in either real life settings (talk about ATI, share something about ATI) or virtual settings (blog/write things online about ATI, download something about ATI). Tag It may prime youth to be receptive to the messages of drug prevention programs and encourage them to share information with others, setting them into a self-reinforcing cycle of anti-drug information gathering and sharing.

Summary of facilitator findings

Our analysis of the facilitator data suggested two take-away findings. First, the vast majority of facilitators in the evaluation provided a positive overall assessment of Tag It. Second, their positive overall assessment statistically relates not only to specific components of Tag It, but, perhaps more importantly, to the belief that Tag It provides a significant benefit to youth who participate in it. For example, we found a significant relationship between facilitators' perceptions of the Guide and their overall assessment of Tag It. What is more, we found that those who assessed Tag It highly reportedly believe that Tag It positively increased youths' ability to understand and manage influences, including drugs, in their lives.

Taken together, these findings provide the second key, though currently untested, take-away of the evaluation, namely, that there may be a bi-directional reinforcing relationship between how facilitators' internalize – or perceive and assess – Tag It and how they externalize it to youth with whom they work. For those who assess Tag It positively, they may be more likely than others invest more time and effort in the facilitation. Greater preparation may lead to better facilitation and more positive experiences by youth. These positive experiences may then be internalized by youth, enabling them to more effectively use the tenets of Tag It to make informed decisions about the positive and negative influences, including drugs, in their lives.

Implications for Tier Two, Tag It, and future research

The evaluation results suggest that, as ONDCP and its contractors consider methods to revise and expand Tag It, they should develop strategies to create substantial support for Tag It among the community-based, youth-serving nonprofit community. One may hypothesize that because Tag It is embedded in large, well-known, national campaign, it will be embraced organically by the nonprofit community. And though the NYADMC's reach, longevity, and recent positive empirical results (cite paper) increase the likelihood of Tag It's use, it still needs to be "sold" to local nonprofits. Indeed, it will be nonprofit executives who will decide if Tag It will be used by their organizations and program facilitators who will decide how Tag It will be used. ONDCP and its contractors should consider outreach methods to nonprofit partners that emphasize the research base, including the findings of this report, of the Tag It materials.

In addition, because of the recruitment strategy, the evaluation included organizations and their affiliated sites that were generally eager to participate in it. Therefore, we have no information on how other organizations, particularly those who serve higher risk populations, will embrace or use Tag It. To that end, in addition to creating buy-in strategies for Tag It, and Tier 2 more broadly, ONDCP and its contractors should consider replicating this study with more organizations and sites in a broader and more diverse array of communities. For example, the data suggest that most youth participants in the evaluation are at relatively low risk for drug abuse. And though we have no information on non-participating youth who received programming at participation sites but opted out of the evaluation, one may hypothesize that they have similarly at-risk characteristics as their participating counterparts. Therefore, replicating this study with organizations and affiliated sites that have youth populations with different risk factors will provide a more robust, empirical assessment of Tag It.

In the end, the largest limitation of this evaluation is relatively easy to address in future research. That is, with respect to youth participation, the evaluation included no control group, which is defined as youth who took the pretest and post-test but received no exposure to Tag It. Because the evaluation lacks a youth control group, we are limited in how much we can isolate the effects of Tag It participation and youths' assessment of Tag It on changes in their perceptions of

influences in their lives and their recognition of and intended actions toward the ATI campaign. If ONDCP and its contractors replicate this evaluation in a broader and more diverse set of communities, then we recommend that the youth component of the evaluation include both an experimental group of participants – namely, those who would be exposed to Tag It – and a control group, who would receive another type of drug prevention intervention. By taking this approach, which is a relatively logistically simple step in a complicated evaluation process, such as the one that we executed in the current evaluation, ONDCP will have more scientifically robust and comparative empirical evidence of the programmatic strength of Tag It. This evidence will allow ONDCP and its contractors to achieve two goals: 1) make stronger statistical claims of its effectiveness and efficiency of Tag It as a drug prevention program and 2) better pinpoint aspects of Tag It for improvement. With this in mind, the replication of this evaluation with both experimental and control groups in additional and more diverse communities serves as the key recommendation of this evaluation.

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