Evidence Review - Comprehensive Programs

Involving the community, parents, and school policymakers in health education programs is, in the scientific literature, generally understood to be a beneficial action, although some analysts express concern over the fact that researchers have not clearly (nor, therefore, validly) separated the effects of the various components of comprehensive interventions (McBride 2004). As the argument goes, if we cannot specify which elements of a program contribute to its success (or failure), then we cannot be sure what role—if any—community involvement or school policy played in achieving program outcomes. But while McBride (2004), citing the work of Flay (2000), argues for the adoption of curriculum-based programs above community-comprehensive programs (based on superior opportunities for direct interaction with students), Flay's (2000) research actually states that the "effects of community programs may tend to be larger, occur in more domains, and are more likely to be maintained than the results of school-only programs." White and Pitts (1997) refer to a school-based marijuana use intervention whose effects were only seen with the addition of an associated community component. The authors also mention the work of Donaldson et al. (1996) which claims that smoking-related programs are effective in the longer-term only if linked to community-wide activities. In line with this claim, Lee et al. (2001) note the importance of both family discussion of tobacco use and community programming (including television campaigns) in engaging youth in anti-smoking initiatives. Orpinas et al. (2000) call for the involvement of parents and the community in school health education; and Mukoma and Flisher (2004), too, speak of the significance of parental commitments. Indeed, Orpinas et al. (2000) recognize poor parental communication as the strongest predictor of violent behaviour among youth.

Velleman et al.'s (2005) findings indicate that there is significant evidence that family factors are important in both increasing risk and protecting young people from taking up and later misusing substances, and there is some evidence that parental involvement in prevention programs may reduce levels of substance use. Accordingly, the family should play a focal role in substance use prevention programs. However, relative scarceness of materials in peer-reviewed literature on this issue implies that family factors are still seen as marginal ones, covered as a "special issue" (Velleman et al. 2005). Clearly, family influence does not occur in a vacuum; there are other determinants influencing adolescents' behaviour, and thus multi-faceted prevention approaches—which work together with families, communities and schools—are much more likely to succeed (Burkhart 2003 in Velleman et al. 2005).

Orpinas et al. (2000) are clear about the fact that there exists a linkage between community norms and attitudes and student behaviour, suggesting that programs at least need to better address any potential impacts of the community on the efficacy of school health initiatives. Bond et al. (2004b) speak to the need for greater engagement with people, processes (connectedness) and supporting infrastructures in school health programs, as opposed to strict, single-focus health education curricula. Webster-Stratton and Taylor (2001) talk of the need for collaborations between parents, teachers and children; partnerships between parents and teachers; and sensitivity to barriers confronting families with different cultural and socio-economic backgrounds, as key components to substance use prevention. And Greenberg (2004), speaking generally of school-based substance use prevention programs, lists the implementation of randomized controlled trials, a focus on school accountability in delivering positive outcomes, the alignment of school-based strategies with community and governmental strategies (e.g., school-community-government partnerships), and

long-term commitments mandating collaboration between government, researchers and schools, as critical directions in improving school-based approaches.

Deschesnes et al. (2003) go further, saying that intersectoral coalitions, formed in the name of successful cooperation, have already proven effectual in establishing a shared vision, a positive working climate, effective leadership, participatory decision-making, formalized procedures, negotiation mechanisms, and shared agreements among interested partners. This is important, because Deschesnes et al. document research from Australia, America and Quebec wherein educators, administrators and parents have tended to work at cross-purposes due to their lack of corresponding visions of partnership and community linkage. With parents often looking to create reciprocal relationships with schools, while educators look one-sidedly at parents and the community for backing of their pre-established educational objectives, committed intersectoral teams can play the critical role of mediator and unifier (Deschesnes et al. 2003).

In terms of tobacco use, Wagner et al. (2004) along with Lantz et al. (2000) call for school policies that are consistent with health education objectives. The implication is that it is hypocrisy to deliver anti-smoking (or health) educational messages while simultaneously harbouring smoking pits on school grounds or other such conflicting circumstances. Wakefield et al. (2000) have already established that, if strictly enforced, school smoking bans can have a positive impact on smoking behaviour. Enforcement, though, should be applied with sensitivity and consideration: severe punishment for infractions and zero-tolerance policies have been shown (as they relate to cannabis use) to be ineffectual and, at times, critically detrimental to student health outcomes (e.g., Evans-Whipp et al. 2004; Munro & Midford 2001).

Ultimately, Nation et al. (2003) admit that programs that engage children and their environmental context are more likely to produce change. Indeed, a holistic coordinated approach to prevention is needed to increase the impact of individual program strategies (Best et al. 2003).

References

Adelman, H. & Taylor, L. (2003). Creating school and community partnerships for substance abuse prevention programs. *Journal of Primary Prevention, 23(3), Spring 2003*.

Australian Government (2003). *Schools can't do it alone.* Innovation and Good Practice in Drug Education, Monograph 3. Canberra, Australia: Department of Education, Science and Training.

Berg, A.C., Melaville, A. & Blank, M.J. (2006). *Community and family engagement: Principals share what works.* Washington, DC: Coalition for Community Schools.

Best, A., Moor, B., Holmes, P.I., Clark, T., Bruce, S., Leischow, K., Buchholz, K. & Krajnak, J. (2003). Health promotion dissemination and systems thinking: Towards an integrative model. *American Journal of Health Behavior,* 27, Suppl 3:S206-16.

Bond, L., Patton, G., Glover, S., Carlin, J.B., Butler, H., Thomas, L. & Bowes, G. (2004). The Gatehouse Project: Can a multilevel school intervention affect emotional wellbeing and health risk behaviours? *Journal of Epidemiology and Community Health*, 58, 997-1003.

Deschesnes, M., Martin, C. & Hill, A.J. (2003). Comprehensive approaches to school health promotion: How to achieve broader implementation? *Health Promotion International*, 18(4), 387-396.

Epstein, J.L. (2009). School, family and community partnerships: Your handbook for action. (3rd ed.) Thousand Oaks, CA: Corwin Press.

Evans-Whipp, T., Beyers, J.M., Lloyd, S., Lafazia, A.N., Toumbourou, J.W., Arthur, M.W. & Catalano, R.F. (2004). A review of school drug policies and their impact on youth substance use. *Health Promotion International,* 19(2), 227-234.

Flay, B.R. (2000). Approaches to substance use prevention utilizing school curriculum plus social environment change. *Addictive Behaviors,* 25(6), 861-885.

Greenberg, M.T. (2004). Current and future challenges in school-based prevention: The researcher perspective. *Prevention Science*, 5(1), 5-13.

Henderson, A.T. & Mapp, K.L. (2002). *A New Wave of Evidence: The Impact of School, Family, and Community Connections on Student Achievement*. Austin, Texas: Southwest Educational Development Laboratory.

Joint Consortium for School Health (2009). School-family-community partnerships: A knowledge kit for school and community leaders.

Lantz, P.M., Jacobson, P.D., Warner, K.E., Wasserman, J., Pollack, H.A., Berson, J. & Ahlstrom, A. (2000). Investing in youth tobacco control: A review of smoking prevention and control strategies. *Tobacco Control*, 9, 47-63.

Lee, D.J., Trapido, E., Weatherby, N. & Rodriguez, R. (2001). Correlates of participation and willingness to participate in anti-tobacco activities among 4th-7th graders. *Journal of Community Health,* 26(6), 447-457.

McBride, N. (2004). School drug education: A developing field, and one element in a community approach to drugs and young people: A response to the commentaries. *Addiction,* 99, 296-298.

Mukoma, W. & Flisher, A.J. (2004). Evaluations of health promoting schools: A review of nine studies. *Health Promotion International*, 19(3), 357-368.

Munro, G. & Midford, R. (2001). 'Zero tolerance' and drug education in Australian schools. *Drug and Alcohol Review,* 20,105-109.

Nation, M., Crusto, C., Wandersman, A., Kumpfer, K.L., Seybolt, D., Morrissey-Kane, E. & Davino, K. (2003). What works in prevention: Principles of effective prevention programs. *American Psychologist,* 58(6-7), 449-56.

Velleman, R.D., Templeton, L.J. & Copello, A.J. (2005). The role of the family in preventing and intervening with substance use and misuse: A comprehensive review of family interventions, with a focus on young people. *Drug and Alcohol Review,* 24(2), 93-109.

Wakefield, M.A., Chaloupka, F.J., Kaufman, N.J., Orleans, C.T., Barker, D.C. & Ruel, E.E. (2000). Effect of restrictions on smoking at home, at school, and in public places on teenage smoking: Cross sectional study. *British Medical Journal,* 321(7257), 333-337.

Webster-Stratton, C. & Taylor, T. (2001). Nipping early risk factors in the bud: Preventing substance abuse, delinquency, and violence in adolescence through interventions targeted at young children (0-8 years). *Prevention Science*, 2(3), 165-192.

White, D. & Pitts, M. (1998). Educating young people about drugs: A systematic review. *Addiction,* 93(10), 1475-1487.