4-H Healthy Living Logic Model – Prevention of ATOD (Alcohol, Tobacco and Other Drugs)

Situation



Inputs





Outputs

Outcomes

Actions

Description of challenge, problem, or opportunity:

- •Early substance use in childhood/adolescence affects later drug use
- •Children and youth with more access and availability to alcohol and drugs are more likely to use them
- Child and youth substance use is affected by social norms
- parents with positive relationship with their children who provide adequate mentoring and supervision help protect their children from substance use
- •Excessive alcohol is the third leading cause of preventable death in the US and is a risk factor for many health and societal problems
- •12-20 year olds drink 11% of alcohol consumed in the US
- •Tobacco and prescription drug use increase during youth
- •White 12th graders are more than twice as likely as their black and Hispanic to use tobacco
- •In 2008, about 15.2 million Americans 12 year or older have taken a prescription pain killer, tranquilizer, stimulant or sedative for non medical purposes

What we invest:

- •Evidence-based and evidence-informed curricula
- Land Grant and Public Universities
- ·Human resources
- •Existing 4-H Youth Development and Families curricula, delivery modes, and programs
- •National reports and standards that establish benchmarks for Healthy Living Outcomes
- ·Support of national partners
- Research and literature focused on health issues, youth, family and community development
- Financial support
- Relationships with national, regional, state and local health experts, networks, advocates and facilities
- Youth leaders and partnerships with young people
- ·Electronic resources
- Corner stones of a healthy lifestyle

What we do:

- •Provide tobacco cessation information, resources and support to youth and their families
- •Provide multi-component programs targeted to different development stages to intervention in ATOD use
- •Model non-use among youth with family and friends
- •Engage in community mobilization campaigns to prevent and reduce ATOD use
- Design and implement programs with multiple components such as using environmental changes, policy changes, social marketing campaigns, and curricula that meet ATOD prevention standards for skill-building and self-efficacy and involve families in meaningful ways

Who we target:

- •Youth, families, staff, volunteers, community leaders, partner organizations, and collaborators
- Special focus on new and underserved youth/families

What we produce:

- •Cooperative and experiential learning, nonformal education programs
- Peer mentoring
- ·Family engagement
- Projects, trainings, workshops, internships and apprenticeships
- Applied research
- Evaluations
- Convened coalitions
- •Grant proposals developed and awarded
- Needs assessment
- •Social marketing campaigns
- •Disseminated and replicated programs
- Published curricula and peer-reviewed articles/resources

Occurs when there is a change in knowledge or the

participants learn:

Knowledge

Youth

•Increase perception of risk and refusal skills to ATOD use •improve knowledge , attitudes, skills and aspirations toward ATOD avoidance

Youth and families

Improve their understanding and communication of the consequences of substance use, risk-taking, personal responsibility, and the influences of the media targeting youth and young adults in advertising and promotion

Occur when there is a change in behavior or the participants act upon what they've learned and:

Youth

- Increase use of refusal skills when confronted with ATOD use opportunities •Reduction in use of alcohol, tobacco, and
- other drugs among 10-17 year olds
 Increase positive peer-led messaging related to not using ATOD
 Reduction in proportion of youth who drove drunk or rode with a driver who had been drinking alcohol
 Reduction in proportion of youth who engaged in binge drinking of alcoholic drinks

Parents, families and community policy makers

•Engaged in communicating the consequences of access to alcohol and normalizing under-aged drinking and tobacco use Occur when a societal condition is improved due to a participant's action taken in the previous column.

Conditions

Youth

 Increase age and proportion of youth who remain alcohol, tobacco and drug free

Children, youth and families

Restrict minor's access to tobacco and reduced ATOD use or abuse and reduction in exposure to environmental tobacco smoke for children lncrease community partnerships or coalitions that conduct comprehensive substance ab

Youth and families

Reduction in unintentional and intentional injuries, including alcohol-related motor vehicle crash deaths and injuries, resulting from alcohol and illicit drug-related use

Community and policy makers

 Reduce minor's access to alcohol and tobacco

ASSUMPTIONS — 4-H makes valuable contributions to youth; Extension contributes to the health and well-being of youth and their families; youth and their families are more involved in meaningful learning experiences; 4-H HL program development and implementation will focus on the risk and protective factors; health behaviors are complex and there will continue to be risk and protective factors on which 4-H will have little impact; youth will have more variety in choices and opportunities, 4-H HL programs will evolve; youth and their families can improve their health through increased healthy living knowledge, taking advantage of resources, and reducing risk factors; youth and their families have the ability to reach optimal physical, social/emotional health, and well-being

EXTERNAL FACTORS — Demands on family time will continue to be a factor in the programs they choose to participate in over time; families will continue to face resource constraints; changes in society and health practices, services/access will impact young people and their families; research will continue to inform the connections between healthy living and positive youth development; obesity prevention and health improvements will continue to be a core mission of USDA/AGRI and state Extension systems.