Collaborators

Brian Flay, Principal Investigator (Oregon State University [OSU])

Michael Fagen and Michael Berbaum, Co-Investigators (IHRP)

IHRP/UIC Research Team, including Joseph Day, Naida Silverthorn, PhD, Peter Ji, PhD, and Kelsey Gilmet

OSU Co-Investigators: Alan Acock and Samuel Vuchinich

Carol Allred, PhD, Positive Action, Inc.
I. Comprehensive, universal school-based health promotion (CUSH) in low-income, urban contexts

II. Positive Action (PA) program and prior research on its effectiveness

III. Results to date of Chicago Trial of Positive Action

IV. Conclusions
I. CUSH in low-income, urban contexts

- Why school-based health promotion?
  - Schools = important socializing influence
  - Schools = Point of intersection for multiple social ecologies
  - Educational attainment linked to positive health outcomes (Muir, 2010)
  - Many health behaviors occur in / are directly influenced by school context (e.g., violence, nutrition, exercise)
  - Potential to directly influence schools through policy relative to other ecologies (e.g., peers)
I. CUSH in low-income, urban contexts (cont.)

• Why universal?
  – Avoid potential stigmatization associated with selected and indicated programs
  – Opportunity to focus on changing overall school environment
  – Can capitalize on social networking/context effects
  – Evidence to support greater effectiveness, at least in context of low-income urban schools (Farahnaz et al., 2011)

• Why comprehensive?
  – Potential to strengthen person and contextual resources important for fostering health across multiple domains and thus potentially greater cost-effectiveness
  – May facilitate synergistic gains across different areas of health behavior
  – Preliminary evidence suggests greater effectiveness for school-based health promotion/prevention programs that are more comprehensive in orientation (e.g., Flay et al., 2004; Greenberg et al., 1999), although the rigorous designs need to test this have been rare (Flay, 2000) and existing trends may not generalize fully to low-income, urban context (Farahnaz et al., 2011)
I. CUSH in low-income, urban contexts (cont.)

- Why low-income, urban schools/communities?
  - Youth in these environments are at elevated risk for range of negative health behaviors/outcomes (e.g., violence, obesity)
  - Academic achievement particularly low in schools located in large urban centers
  - Schools tend to receive fewer resources and thus are less likely to mount effective health promotion programs on their own (Metropolitan Area Child Study Research Group, 2002)
I. CUSH in low-income, urban contexts (cont.)

- What does prior research suggest about effectiveness of school-based health promotion programs in low-income urban contexts?
  - Recent meta-analysis of school-based mental health and behavioral programs in low-income urban contexts (Farahnaz et al., 2011)
    - No overall effect on primary outcomes (Hedges $g = .08 +/- .09$)
    - Positive effects when universal and targeting internalizing or broad socio-emotional outcomes ($g = .33 +/- .12$)
    - Iatrogenic effects suggested for selected/indicated programs targeting conduct problems or substance use ($g = -.14 +/- .10$)
I. CUSH in low-income, urban contexts (cont.)

- Similarly mixed results in cluster-randomized trials of school-based health promotion programs carried in Chicago and other urban contexts (Cook et al., 1999, 2000; Flay et al., 2004; Komro, 2008; Metropolitan Area Child Study Research Group, 2002). A few examples:
  - Project Northland Chicago (Komro, 2008)
    - Students, beginning in sixth grade, received 3 years of intervention strategies (curricula, family interventions, youth-led community service projects, community organizing).
    - “Overall, the intervention, compared with a control condition receiving ‘prevention as usual’, was not effective in reducing alcohol use, drug use or any hypothesized mediating variables (i.e. related risk and protective factors)”
    - 16 elementary schools in Chicago and Aurora randomly assigned to: (a) no-treatment control, (b) general enhancement classroom program, (c) general enhancement plus small-group peer-skills training, or (d) general enhancement plus small-group peer-skills training plus family intervention
    - Analyzed effects for higher-risk youth over two year period
    - Generally no significant main effects of intervention conditions on aggression or academic achievement relative to control
    - Evidence of iatrogenic effects on aggression for Chicago schools and for students receiving intervention at later grade levels only
I. CUSH in low-income, urban contexts (cont.)

- Aban Aya (Flay et al., 2004)
  - Sample of “12 poor, African American metropolitan Chicago, Ill, schools (9 inner-city and 3 near-suburban)” assigned to social development curriculum (SDC), school/community intervention (SCI; SDC + school-wide climate and parent and community components), or attention-placebo control
  - Outcomes assessed from 5th through 8th grade with intervention delivered all 4 years
  - Significant positive effects of SDC and SCI, compared to control, for boys (violent behavior, school delinquency, drug use, early sexual intercourse), but not for girls
  - Significantly greater impact on a combined behavioral measure, relative to controls, for SCI compared to SDC (79% improvement vs 51%)
I. CUSH in low-income, urban contexts (cont.)

- Implications for effectiveness of CUSH in low-income urban contexts
  - Importance of fitting programs to broader ecology of youths’ lives
    - May be particularly important to include components beyond health education that are aimed at strengthening school, family, and neighborhood environments
    - Need to attend to potential for iatrogenic effects
      » May be key for interventions to be designed (or capable of being adapted) to fit with the specific ecologies of low-income urban youth
      » May be important to involve members of youth’s day-to-day ecology in the delivery of interventions. Recent meta-analysis of universal school-based social-emotional learning programs found more consistent evidence of effectiveness when delivered by teachers rather than by researchers (Payton et al., 2008)
  - Program implementation may be particularly challenging due to resource limitations of low-income, urban schools and communities
    - Consistent evidence that implementation has a substantial influence on health promotion/prevention program effectiveness (Durlak & Dupre, 2008)
    - Linkages between community/organizational capacity and implementation quality (Durlak & Dupre, 2008)
      » Need to provide low-income schools with adequate resources and technical assistance for implementing CUSH
    - Added implementation challenges in last decade due to competing demands and pressures associated with No Child Left Behind (NCLB)
      » May extend the time frame needed to achieve adequate levels of implementation and for program effects to emerge, which already appears to be substantial for universal programs in low-income urban schools (e.g., Flay et al., 2004)
II. PA program & prior research on its effectiveness

- *Positive Action* (PA) is a comprehensive, universal school-based program designed to
  - promote student character and positive behavior,
  - prevent an array of student problem behaviors, and
  - improve student achievement.
II. PA program & prior research on its effectiveness (cont.)

• Program’s core philosophy is embodied in the Thoughts-Actions-Feelings Circle

• Circle can be positive or negative. Students taught to understand this concept, to identify positive behaviors and realize that they feel good about themselves when they do them and to identify negative behaviors and realize that they feel bad about themselves when they do them.

• Greater involvement in positive behaviors and less involvement in negative behaviors is expected to prove self-reinforcing for students because these tendencies satisfy their intrinsic motivation to feel good about themselves.
II. PA program & prior research on its effectiveness (cont.)
II. PA program & prior research on its effectiveness (cont.)

- Alignment with Self-Esteem Enhancement Theory (SET), an integrative, person-ecological framework for optimizing the role of self processes in health and well-being (DuBois, Flay, & Fagen, 2009)
  - Key assumptions of SET reflected in PA include:
    - Not only the level of self-esteem, but also the adaptive or maladaptive nature of the processes that are relied to acquire/maintain feelings of self-worth are of critical significance (“means do not justify the ends”)
    - Adaptive strategies for feeling good about oneself will be pursued with appropriate contextual supports and opportunities, but may be abandoned in their absence
II. PA program & prior research on its effectiveness (cont.)
II. PA program & prior research on its effectiveness (cont.)

**FIGURE 4.1  Self-Esteem Enhancement Theory**

- **Contextual Opportunities**
  - Supportive Relationships and Management
  - Personal Mastery and Success Experiences

- **Self-Esteem Formation and Maintenance Processes**
  - Behavioral
  - Cognitive
  - Affective/Motivational

- **Self-Esteem (SE)**
  - Global/Overall
  - Multiple Facets

- **High: Favorable Facets/Adaptive SE Formation Processes** (+)

- **Low: Unfavorable Facets/Maladaptive SE Formation Processes** (-)

- **Health and Well-Being**
  - Emotional
  - Behavioral
  - Social
  - Cognitive
  - Physical

- **Individual Differences**

- **Socio-Cultural Factors**

- **(-) Global/Overall SE Low**

- **(+) Global/Overall SE High**

- **Developmental Level**
II. PA program & prior research on its effectiveness (cont.)

• Major components of the program include:
  – Teacher delivered scripted lessons in classroom using K-12 curriculum (2-4 15-20 minute lessons per/week)
  – Teacher and school staff modeling/reinforcement of “PA behaviors” inside and outside of the classroom
  – School-wide activities (e.g., PA assemblies) led by principal and PA Committee
  – Family strengthening via parental involvement in school-based PA activities, family classes, and parental teaching of PA lessons at home
  – Community component (not implemented to date in Chicago Trial)
II. PA program & prior research on its effectiveness (cont.)
II. PA program & prior research on its effectiveness (cont.)

- In the classroom curriculum and all other materials, the *Positive Action* content is taught through six focus units.
  
  **Unit 1:** Self-Concept: What It Is, How It’s Formed, and Why It’s Important (Philosophy & Circle)
  
  **Unit 2:** Physical and Intellectual Positive Actions for a Healthy Body and Mind (includes motivation to learn)
  
  **Unit 3:** Social/Emotional Positive Actions for Managing Yourself Responsibly
  
  **Unit 4:** Social/Emotional Positive Actions for Getting Along with Others by Treating Them the Way You Like to Be Treated (Social-Emotional Skills & Character)
  
  **Unit 5:** Social/Emotional Positive Actions for Being Honest with Yourself and Others (Mental Health)
  
  **Unit 6:** Social/Emotional Positive Actions for Improving Yourself Continually (Setting & Achieving Goals)
II. PA program & prior research on its effectiveness (cont.)

- Prior research provides generally encouraging support for PA’s effectiveness.
- Only Character Education program rated by What Works Clearinghouse of Institute of Education Sciences as demonstrating evidence of positive effects on both youth behavior and achievement.
- Designation derived primarily from findings of cluster randomized trial of PA’s effectiveness over 4 years of implementation in a sample of 20 Hawaiian elementary schools (Beets et al., 2009; Snyder et al., 2010).
II. PA program & prior research on its effectiveness (cont.)

![Graphs showing the effect of PA on standardized test scores and percentage proficient in math and reading over years. The graphs compare control means, PA means, and state means.](image)
II. PA program & prior research on its effectiveness (cont.)

<table>
<thead>
<tr>
<th>TABLE 3—Average Rate per School for Substance Use, Violent Behaviors, and Sexual Activity Among Fifth-Graders: Positive Action, Hawaii, 2005-2006</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Control Group, Mean (SD)</strong></td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Student self-report</strong></td>
</tr>
<tr>
<td>Substance use</td>
</tr>
<tr>
<td>Violent behaviors</td>
</tr>
<tr>
<td>Sexual activity</td>
</tr>
<tr>
<td><strong>Teacher report of student behavior</strong></td>
</tr>
<tr>
<td>Substance use</td>
</tr>
<tr>
<td>Violent behaviors</td>
</tr>
</tbody>
</table>

*Note. Data were calculated from a school-level matched-pair t test for average counts per school (N=20). For the control group, n = 10; for the intervention group, n = 10.*

*a One-tailed paired-sample t test with 9 degrees of freedom.
II. PA program & prior research on its effectiveness (cont.)


<table>
<thead>
<tr>
<th></th>
<th>Substance Use&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Violent Behaviors&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Sexual Activity&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>RR (90% CI)</td>
<td>P</td>
<td>RR (90% CI)</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1–2 y of participation</td>
<td>1.74 (1.36, 2.26)</td>
<td>&lt;.001</td>
<td>3.64 (2.69, 5.16)</td>
</tr>
<tr>
<td></td>
<td>0.73 (0.47, 1.14)</td>
<td>.122</td>
<td>0.58 (0.36, 0.92)</td>
</tr>
<tr>
<td>3–4 y of participation</td>
<td>0.36 (0.25, 0.50)</td>
<td>&lt;.001</td>
<td>0.26 (0.18, 0.37)</td>
</tr>
</tbody>
</table>

**Student self-report**

| Gender              | RR (90% CI)               | P                           | RR (90% CI)                 | P                           | OR (90% CI)                 | P                           |
|                     | 1.15 (0.88, 1.50)         | .199                        | 1.74 (1.48, 2.05)           | <.001                       |                             |                             |
| 1–2 y of participation | 0.57 (0.27, 1.22)         | .111                        | 0.72 (0.51, 1.01)           | .054                        |                             |                             |
| 3–4 y of participation | 0.48 (0.24, 0.97)         | .043                        | 0.59 (0.44, 0.78)           | .001                        |                             |                             |

**Teacher report of student behavior**

| Gender              | RR (90% CI)               | P                           | RR (90% CI)                 | P                           |
|                     |                           |                             |                             |                             |
| 1–2 y of participation |                           |                             |                             |                             |
| 3–4 y of participation |                           |                             |                             |                             |

*Note. RR = rate ratio; CI = confidence interval; OR = odds ratio. Dose response was calculated based on the number of years of exposure to the Positive Action program. The P value was 1-tailed.*

<sup>a</sup>*Overdispersion random-effects Poisson estimates.*

<sup>b</sup>*Two-level binary random-effects estimates.*
III. Results to date of Chicago Trial of Position Action

- 14 CPS elementary schools
- Random assignment within matched pairs to PA or control condition
- School selection criteria
  - Chicago Public Schools community-based
  - Have not already used Positive Action
  - Not already participating in related projects
  - Enrollment 50-140 students per grade
  - Mobility rate no greater than 40%
  - > 50% of students receive free or reduced price lunch
  - < 50% of students met achievement criteria on the Illinois State Achievement Test
Comparability of Matched Sets of Schools
Chicago Study (No significant differences)

- ES (Program)
- LS (Control)
III. Results to date of Chicago Trial of *Position Action*

- Initial funding for a three-year study period (2003-04 through 2006-07) as part of IES-funded Social and Character Development multi-site trial
- Extension funding for an additional four-year period (2008-2009 through 2011-2012)
- PA schools initiated implementation of program in 2003-2004 school year:
  - NB: Implementation support did not occur during year between grants (2007-2008)
- Training and Technical Assistance
  - Developer: Dr. Carol Allred 3-4 hrs training, initial yr; booster sessions 2 hrs, subsequent yrs; periodic training sessions for cohort classroom teachers and PA school coordinators
  - UIC Project Staff: Ongoing technical assistance
    - Regular on-site consultation visits
    - Assistance with planning and implementation of selected program activities
HAVE A POSITIVE ACTION DAY!
III. Results to date of Chicago Trial of Position Action (cont.)

• Outcome Assessments
  – Individual student level
    • Collected on cohort of students that was in 3rd grade at start of study (Fall ’04) and followed through 8th grade (last year of elementary school)
    • Student, teacher, and parent survey data
    • School records data (discipline, academic achievement)
    • Height and weight measurement (T8 only)
  – 8 time points
    – Year 1: Fall ’04 (T1), Spring ’05 (T2)
    – Year 2: Fall ’05 (T3), Spring ’06 (T4)
    – Year 3: Spring ’07 (T5)
    – Year 4: None
    – Year 5: Fall ’08 (T6), Spring ’09 (T7)
    – Year 6: Spring ’10 (T8)
    • Between 390 and 593 students assessed at each time point; due to high mobility levels, just under 50% of students from T1 were retained by end of grade 5 (T5) and just 21% by end of grade 8 (T8)
III. Results to date of Chicago Trial of Position Action (cont.)

- School level
  - Collected one or more years pre-intervention and ongoing
  - Academic achievement, attendance, discipline
  - Achievement data available for subgroups of students based on gender, racial/ethnic, and free lunch status
III. Results to date of Chicago Trial of *Position Action* (cont.)

- **Analytic Approach**
  - Student level outcomes
    - Latent growth curves were fitted using Time 1 through Time 8 scores and differences in growth curves were predicted by school condition (treatment vs. control)
    - For measures first added at Time 5 or 6, end-point regression analyses were conducted with proxies for each measure at baseline (Time 1) used as covariates
    - All standard errors adjusted for clustering of students within schools
    - Models for normally distributed data, counts, or binary data selected depending on the distribution of scores
III. Results to date of Chicago Trial of *Position Action* (cont.)

- School-level outcomes
  - For first 3 years of implementation, ANCOVAs were conducted using scores for pre-intervention year as covariates and third implementation year scores as outcomes
  - For all 6 years of implementation, latent growth curve analyses were conducted with average of the three years preceding implementation as the initial time point and then testing the condition x time interaction
III. Results to date of Chicago Trial of Position Action (cont.)

- Levels of implementation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching at least 4(2) lessons per week*</td>
<td>61%</td>
<td>68%</td>
<td>81%</td>
<td>100%</td>
</tr>
<tr>
<td>Distribute 5 + Word of the Week Cards/week</td>
<td>22%</td>
<td>35%</td>
<td>33%</td>
<td>44%</td>
</tr>
<tr>
<td>Read 5 + notes from ICU Box</td>
<td>42%</td>
<td>48%</td>
<td>36%</td>
<td>32%</td>
</tr>
<tr>
<td>Spoke with Parents about PA per week</td>
<td>25%</td>
<td>45%</td>
<td>66%</td>
<td>65%</td>
</tr>
<tr>
<td>Identified Academic Learning Standards in PA</td>
<td>81%</td>
<td>93%</td>
<td>86%</td>
<td>88%</td>
</tr>
<tr>
<td>Attended a PA assembly each unit (Teachers)</td>
<td>17%</td>
<td>47%</td>
<td>45%</td>
<td>49%</td>
</tr>
<tr>
<td>Attended a PA assembly each unit-Coordinators</td>
<td>43%</td>
<td>17%</td>
<td>43%</td>
<td>50%</td>
</tr>
<tr>
<td>Teacher believes continued use of PA is very or extremely likely to improve student character</td>
<td>61%</td>
<td>63%</td>
<td>90%</td>
<td>86%</td>
</tr>
<tr>
<td>Benefit from teaching PA</td>
<td>90%</td>
<td>91%</td>
<td>100%</td>
<td>87%</td>
</tr>
<tr>
<td>PA implementation at school is better than average according to site coordinators</td>
<td>43%</td>
<td>50%</td>
<td>43%</td>
<td>100%</td>
</tr>
<tr>
<td>Teacher Response Rates</td>
<td>53%</td>
<td>75%</td>
<td>77%</td>
<td>79%</td>
</tr>
</tbody>
</table>

* Note: Benchmark number of lessons was four in grades 3 to 6 and two in grades 7 and 8.
III. Results to date of Chicago Trial of Position Action (cont.)

Readiness Scores by School

Score

School

- 2008
- 2009
- 2010
III. Results to date of Chicago Trial of Position Action (cont.)

- Program impacts after 3 years of implementation
  - Individual student level:
    - Significant impacts on problem behaviors (Li et al., in press, *Psychology & Health*)
      - Students in PA schools, compared to students in the control schools, endorsed
        » 31% fewer substance use behaviors (incidence rate ratio [IRR]=0.69)
        » 37% fewer violence-related behaviors (IRR=0.63)
        » 41% fewer bullying behaviors (IRR=0.59)
    - Evidence of emerging but non-significant effects on health-related outcomes, including substance use, anxiety, and positive health behaviors (eating, exercise)
III. Results to date of Chicago Trial of *Position Action* (cont.)

% Ever Used Substances and % Reduction by Condition: Grade 5 Chicago Randomized Trial
III. Results to date of Chicago Trial of *Position Action* (cont.)
III. Results to date of Chicago Trial of Position Action (cont.)

• School level:
  - Pattern of emerging (marginally significant) effects on discipline, but not on academic achievement

In ANCOVA models predicting year 4 differences from year 1 levels and condition, differences at year 4 are marginally significant for misconducts (two-tailed p = .108) and for suspensions (two-tailed p = .074)
III. Results to date of Chicago Trial of Position Action (cont.)

- Program impacts after 6 years of implementation
  - Individual student level (all student self-report with exception of overweight/obese status; other sources of data not yet analyzed)
  - Significant favorable effects of PA evident on several health-related outcomes (all student self-report)
    - Aggression (IRR = .93, Effect size [ES] = -.23)
    - Delinquent Behavior (IRR = .94, ES = -.23)
    - Extreme Violence-related Behavior (Odds ratio [OR] = .19, ES = -.92)
    - Substance Use (OR = .62, ES = -.26, non-significant, but IRR = .89, p < .05, when analyzing counts)
    - Positive Health Behaviors: Food and Exercise (ES = .24)
    - Anxiety (OR = .62, ES = -.26)
    - Positive Affect (OR = 1.22, ES = .36)
III. Results to date of Chicago Trial of Position Action (cont.)

- Significant favorable effects of several hypothesized mediators of PA’s effects within context of SET
  - Contextual Opportunities and Supports for Adaptive Sources of Self-Esteem
    » Rewards for Prosocial Behavior-Teachers (ES = .78)
    » Rewards for Prosocial Behavior-Parents (OR = 1.24, ES = .68)
    » Sense of School as a Community (ES = .47)
    » Teacher Attachment (ES = .78)
  - Adaptive Foundations for Self-Esteem
    » Adaptive Self-Esteem Formation and Maintenance Processes (OR = 1.15, ES = .44)
    » Self-Esteem Motivation (OR = 1.16, ES = .47)
    » Character and Social Development (OR = 1.22, ES = .63)
    » Social Problem-Solving (OR = 1.16, ES = .47)
    » Normative Beliefs about Aggression (OR = .75, ES = -.89)
    » Negative Peer Group Affiliation (OR = .77, ES = -.81)
    » Positive Peer Group Affiliation (OR = 1.19, ES = .55)
    » Disaffection with Learning Scale (ES = -.39)
  - Self-Esteem
    » School Self-Esteem (OR = 1.11, ES = .33)
    » Peer Self-Esteem (OR = 1.14, ES = .42)
III. Results to date of Chicago Trial of Position Action (cont.)

- Lack of significant effects on several noteworthy outcomes as well
  - Health-related Outcomes
    » Victimization
    » Depression and Negative Affect
    » Life Satisfaction
    » Overweight/Obese Status (54% Control, 51% PA; for boys, 52% Control, 44% PA; for African-American, 55% Control, 48% PA)
  - SET-Predicted Mediators of PA Effects
    » Perceived Neighborhood Context
    » Self-Esteem Control
    » Family Self-Esteem and Parental Attachment
    » Global Self-Esteem
III. Results to date of Chicago Trial of Position Action (cont.)

• Program impacts after 6 years of implementation
  – School level (only achievement data analyzed, not absences or discipline)
  • No significant effects of ISAT Scores (% Meeting or Exceeding); differences are generally in direction favoring PA, however (~4-6 percentage points)
IV. Conclusions

- Health disparities affecting youth from low-income, urban areas are a pressing social problem.
- Comprehensive and universal school-based health promotion programs such as *Positive Action* are a promising strategy for addressing these disparities.
- Meaningful effects, however, may require several years to emerge due to implementation challenges (in schools) and competing contextual adversities and risks (outside of schools).
IV. Conclusions (cont.)

- Future directions for current trial
  - Extend impact analyses at student level to teacher, parent, and school records data and at school level to data on crime and available health indicators (e.g., pregnancy rates)
  - Test role of SET variables in mediating health-related impacts of Positive Action
  - Examine varying levels of intervention exposure (dosage) and individual and contextual risk factors in moderating program effects
  - Investigate effects of strengthened implementation of family component of PA program and introduction of community component
  - Examine long-term effects of program exposure on health outcomes and key mediators of adult health such as educational attainment and employment
  - Follow new cohorts in study schools
    - Examine evidence of improved effects as schools accrue experience with implementing program
    - Better establish whether observed student-level effects are truly “school-wide” by assessing students repeatedly at differing grade levels (cohort sequential design)
Acknowledgement

The Chicago Trial of Positive Action has been conducted with support of funding from the Institute of Education Sciences, U.S. Department of Education, Grants # R215S020218 and R305A080253. The first of these grants was received as part of the Social and Character Development (SACD) research program funded by the Institute of Education Sciences (IES), U.S. Department of Education through Grant # R215S020218 to UIC (2003-2005) and OSU (2005-2008). The SACD Consortium consisted of representatives from IES, the Centers for Disease Control and Prevention (CDC), and the national evaluation contractor, Mathematica Policy Research, Inc. (MPR), and each grantee site participating in the evaluation. The content of this presentation does not necessarily reflect the views or policies of the SACD Consortium members including IES, CDC, and MPR, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Government.
The Social and Character Development (SACD) research program funded by the Institute of Education Sciences (IES), U.S. Department of Education includes a national evaluation study conducted by Mathematica Policy Research (MPR), and complementary research studies conducted by each grantee. The findings reported here are based on the complementary research activities carried out by Brian Flay, Oregon State University, and David L. DuBois, University of Illinois at Chicago, under the SACD program. These findings may differ from the results reported for the SACD national evaluation study. The findings reported in this presentation are based on a smaller sample size of children, classrooms, and teachers, utilized a different set of outcome measures, and sought to answer complementary research questions. The content of this presentation does not necessarily reflect the views or policies of the SACD Consortium including IES, CDC, and MPR, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. Department of Education.