



Long Term Effects of the Raising Healthy Children Program

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The Seattle Social Development Project- A Test of the Raising Healthy Children Program

Description: Seeks to promote bonding to school and family by increasing youths' opportunities, skills and recognition for prosocial involvement at school and home.

Target: Grades 1-6 (ages 6-12)

Funded by: The National Institute on Drug Abuse, Robert Wood Johnson Foundation, Office of Juvenile Justice and Delinquency Prevention, Burlington Northern Foundation



- The Raising Healthy Children program is guided by the **Social Development Model** (Hawkins & Weis, 1985; Catalano & Hawkins, 1996)
- It is an integrative, life-course developmental theory based in
 - social learning theory
 - social control theory
 - differential association theory

The Social Development Strategy

The Goal...

Healthy Behaviors

...for all children and youth

Ensure...

Healthy Beliefs
and
Clear Standards

...in families, schools,
and peer groups

Build...

Bonding
-Attachment
-Commitment

...to families, schools,
and peer groups

By providing...

Opportunities

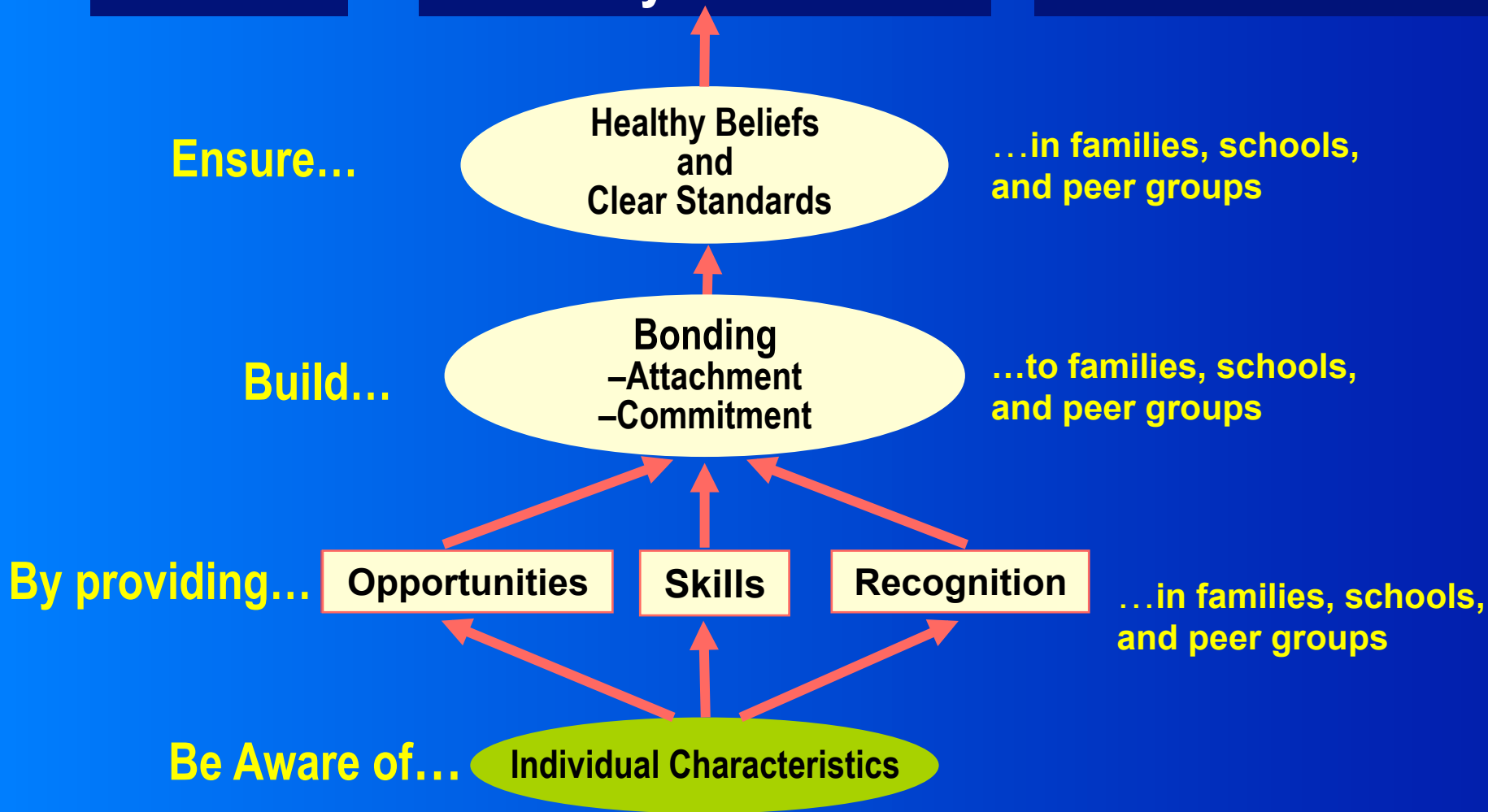
Skills

Recognition

...in families, schools,
and peer groups

Be Aware of...

Individual Characteristics



Social development in a parent child interaction



**Parent-Child
Interaction
Coded for**

**Opportunities
Involvement
Rewards
Bonding, etc.**



Study Design

- Started full intervention and control conditions in 1981 in 8 Seattle elementary schools.
- Expanded in 1985 to 18 Seattle schools to add a late intervention condition, a parent training only condition, and additional control students.

- A quasi-experimental study

Full treatment (grades 1-6) = 149

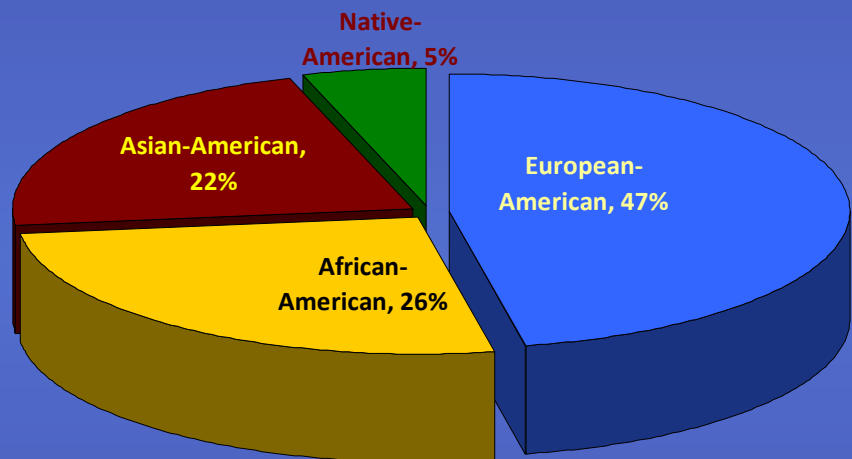
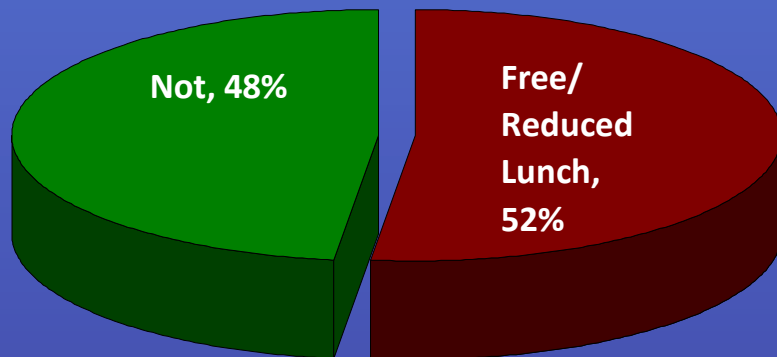
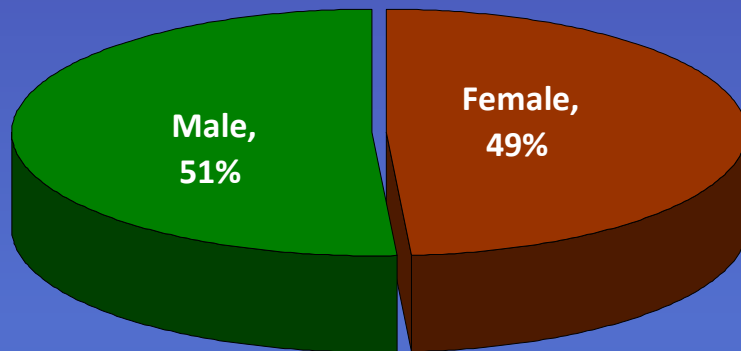
Late treatment (grades 5-6) = 243

Control = 206

Parent training only (grades 5-6) = 210



SSDP: Gender, Ethnicity & SES



Of these about 5% were Hispanic

SES: Eligible for free/reduced lunch (5th, 6th or 7th grades)



SSDP Panel Ages and Retention

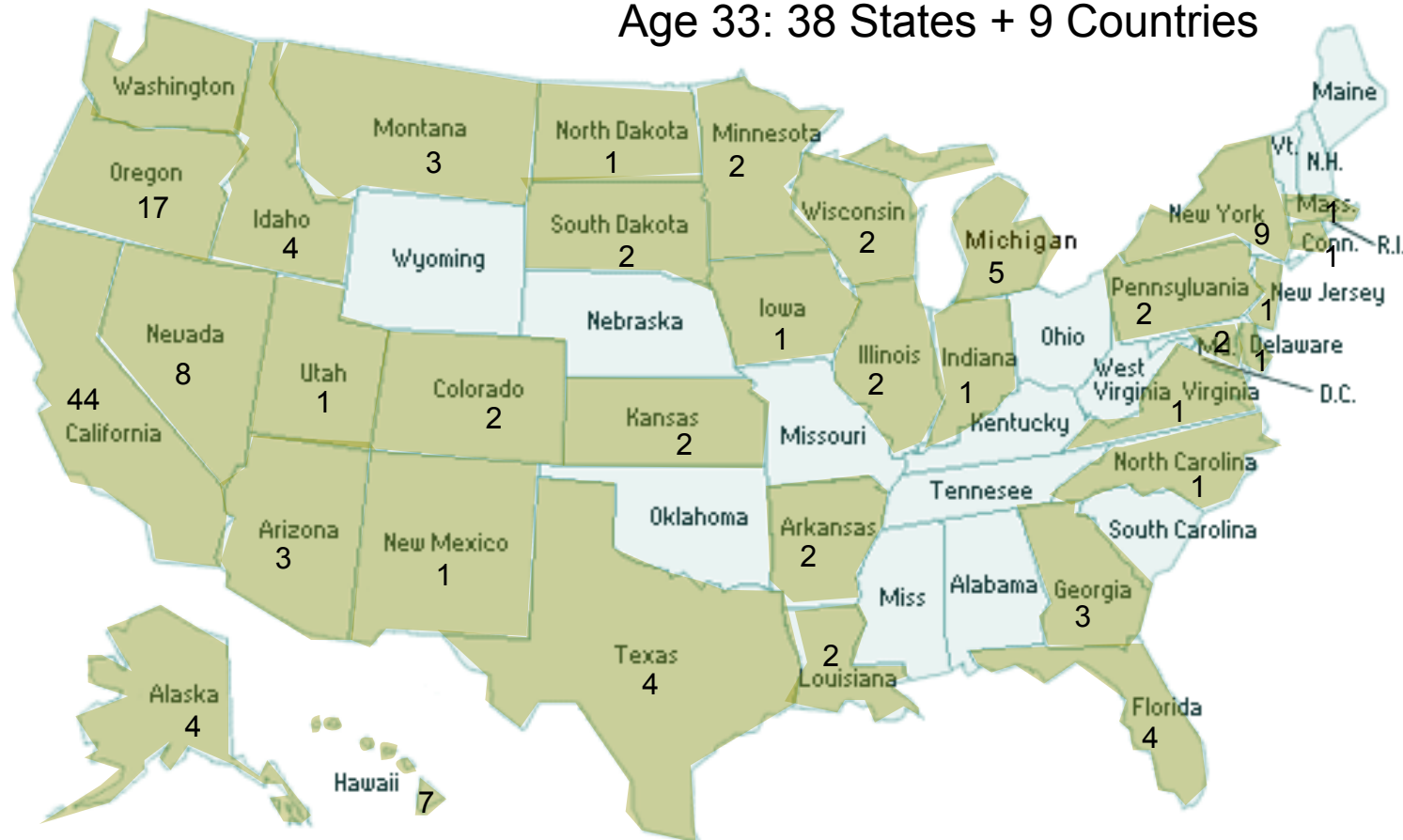
Longitudinal data have been collected from these youths from 1985 to 2008 (age 33).

	Elementary	Middle	High	Adult
MEAN AGE	10 11 12	13 14	15 16 (17) 18	21 24 27 30 33
%	87%	69% 81% 96%	97% 95% -- 94%	95% 93% 92% 91% 92%

Panel retention has been high.

Seattle Social Development Project

Age 33: 38 States + 9 Countries



Plus...

Canada
Germany
China
Thailand
Netherlands
Brazil
Hong Kong
Japan

At age 33, 90% of all interviews were conducted in-person.
The remainder were web (7%), paper (2%) or telephone (1%).

The Intervention: Raising Healthy Children



Core components

- *Teacher In-Service Training*
- *Parent Workshops*
- *Child Social, Cognitive and Emotional Skills Training*





Teacher In-Service Training



Proactive classroom management (grades 1-6)

- Establish consistent classroom expectations and routines at the beginning of the year
- Give clear, explicit instructions for behavior
- Recognize and reward desirable student behavior and efforts to comply
- Use methods that keep minor classroom disruptions from interrupting instruction



Interactive teaching (grades 1-6)

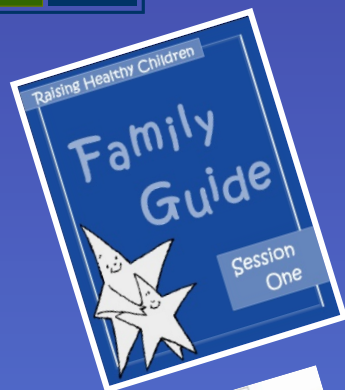
- Assess and activate foundation knowledge before teaching
- Teach to explicit learning objectives
- Model skills to be learned
- Frequently monitor student comprehension as material is presented
- Re-teach material when necessary



Cooperative learning (grades 1-6)

- Involve small teams of students of different ability levels and backgrounds as learning partners
- Provide recognition to teams for academic improvement of individual members over past performance

Parent Workshops



Raising Healthy Children (grades 1-2)

- Observe and pinpoint desirable and undesirable child behaviors
- Teach expectations for behaviors
- Provide consistent positive reinforcement for desired behavior
- Provide consistent and moderate consequences for undesired behaviors



Supporting School Success (grades 2-3)

- Initiate conversation with teachers about children's learning
- Help children develop reading and math skills
- Create a home environment supportive of learning

Guiding Good Choices (grades 5-6)

- Establish a family policy on drug use
- Practice refusal skills with children
- Use self-control skills to reduce family conflict
- Create new opportunities in the family for children to contribute and learn

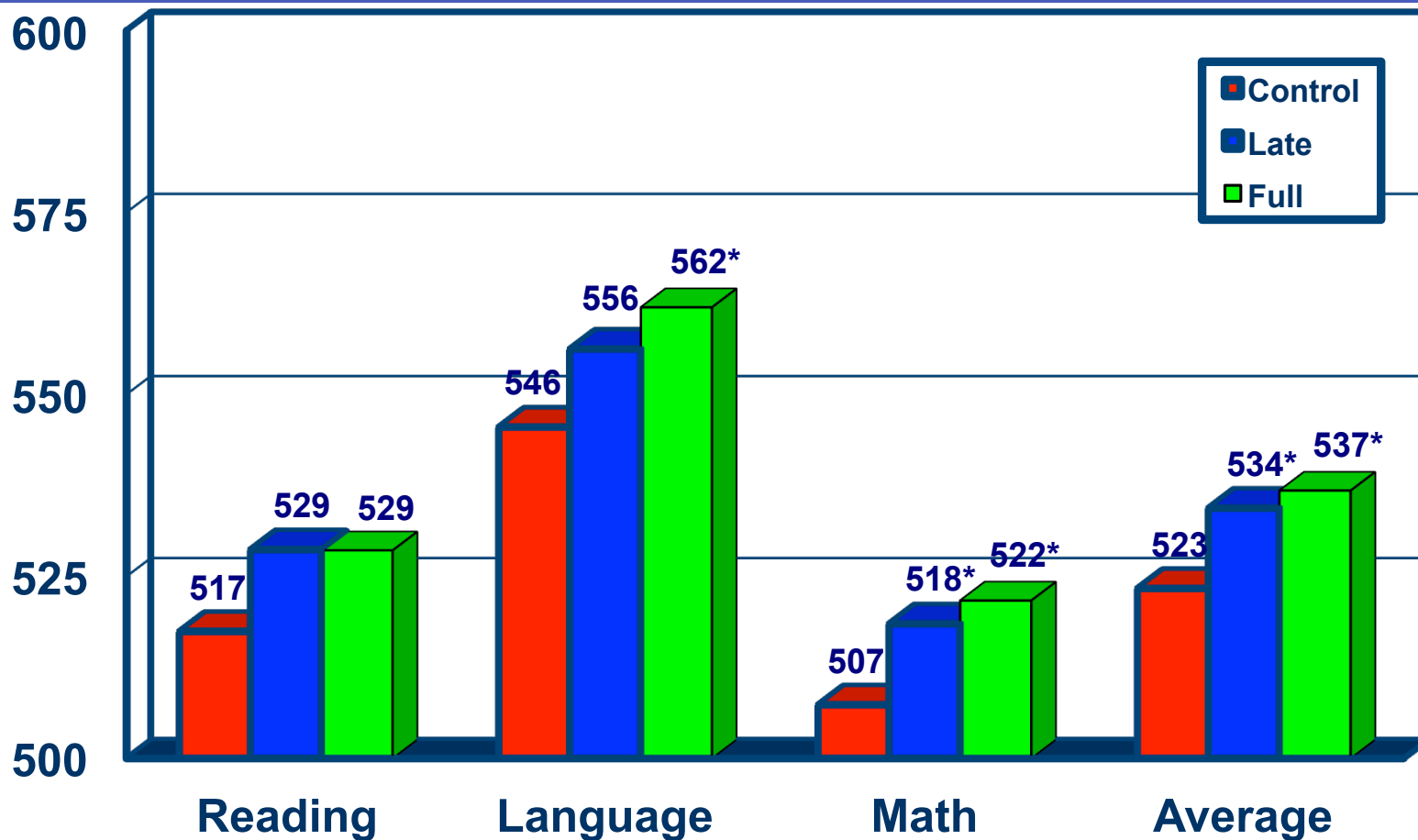




Child Social, Cognitive and Emotional Skills Training

- Listening
- Following directions
- Social awareness (boundaries, taking perspective of others)
- Sharing and working together
- Manners and civility (please and thank you)
- Compliments and encouragement
- Problem solving
- Emotional regulation (anger control)
- Refusal skills

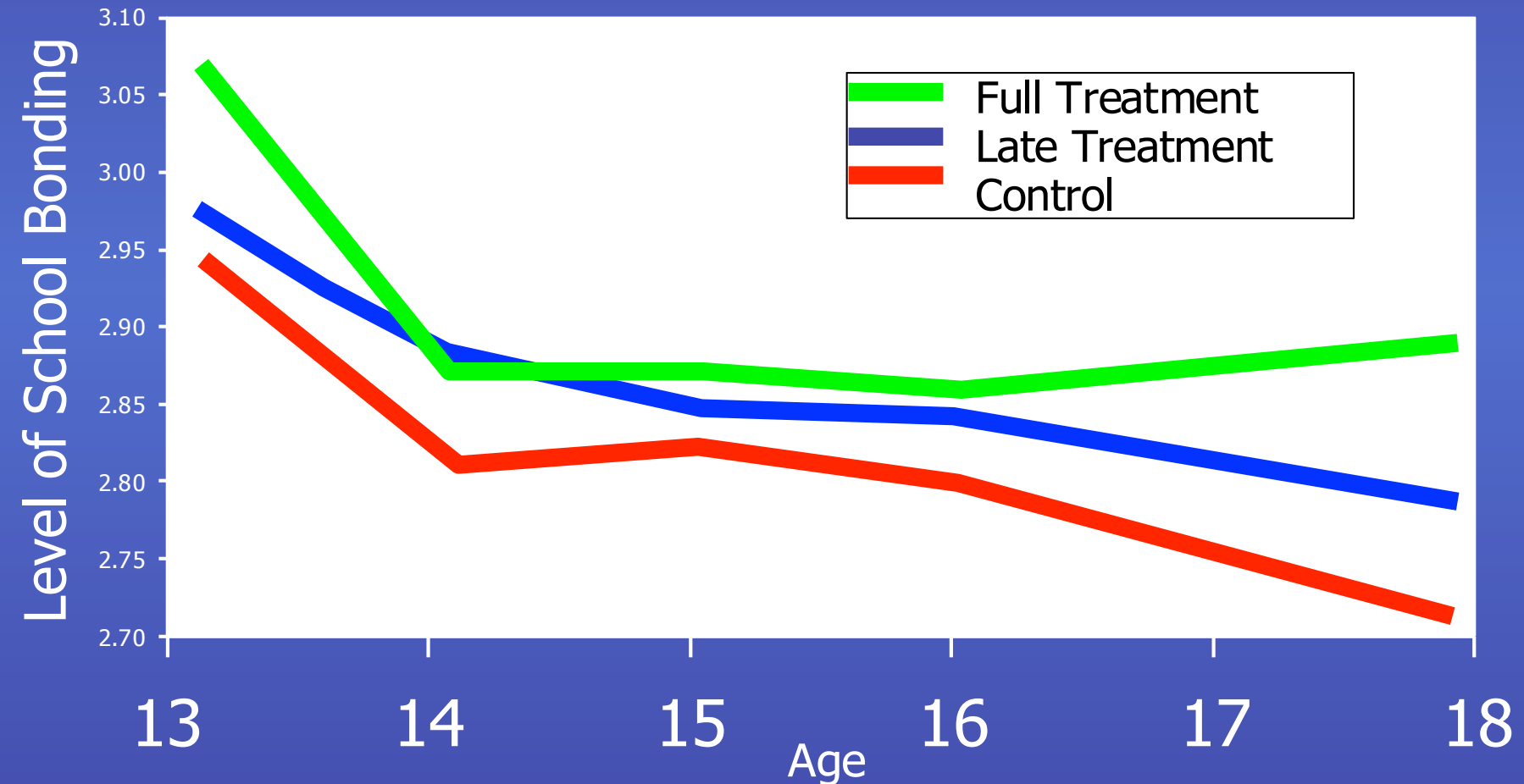
Effects by End of Grade 6: California Achievement Test Scores



* $p < .05$ compared with controls; N = 548 to 551.



Effects on School Bonding from Age 13 to 18

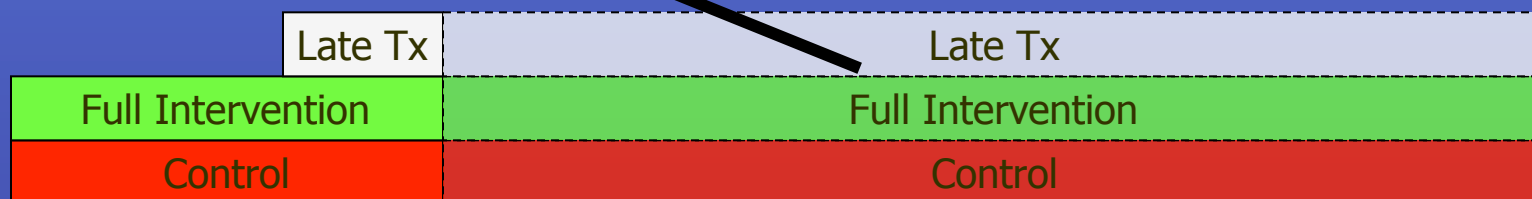


Effects by Age 18 Compared to Controls

By age 18 Youths in the Full Intervention had

less heavy alcohol use:
less lifetime violence:
less grade repetition

25.0% Control vs. 15.4% Full
59.7% Control vs. 48.3% Full
22.8% Control vs. 14.0% Full



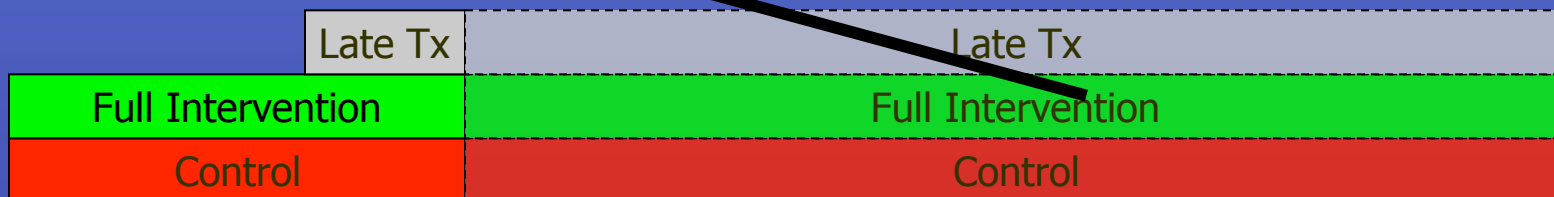
Grade 1 2 3 4 5 6 7 8 9 10 11 12

Age 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Effects By Age 21 Compared to Controls

By age 21, full intervention group had:

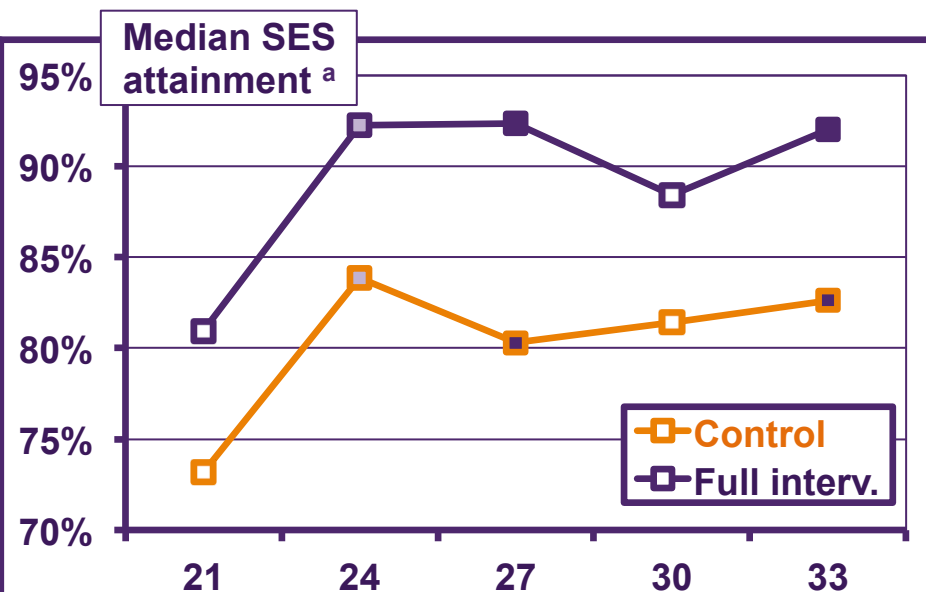
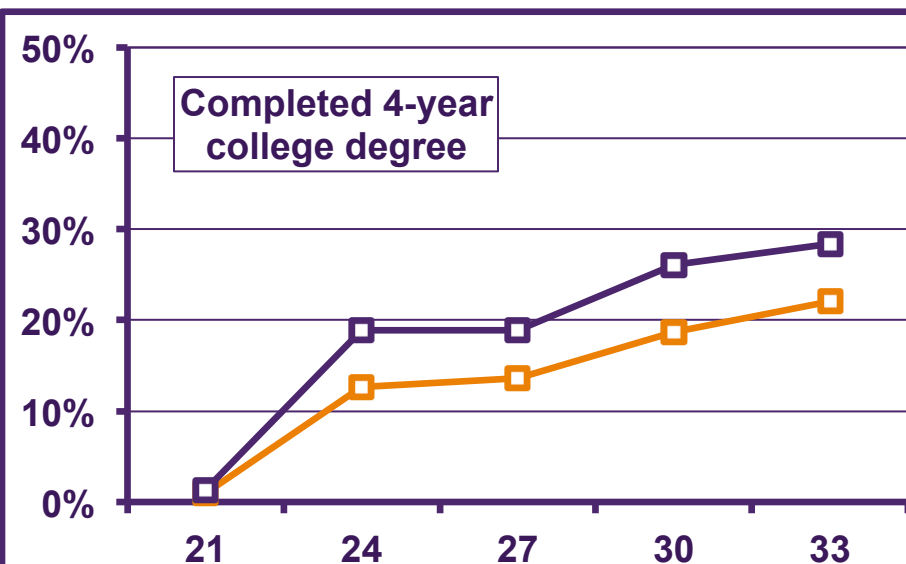
More high school graduates:	81% Control vs. 91% Full
More attending university:	6% Control vs. 14% Full
Fewer selling drugs:	13% Control vs. 4% Full
Fewer with a criminal record:	53% Control vs. 42% Full



Grade 1 2 3 4 5 6 7 8 9 10 11 12

Age 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27

Socioeconomic Attainment



^a Attainment of median education or income, per Census of corresponding year.

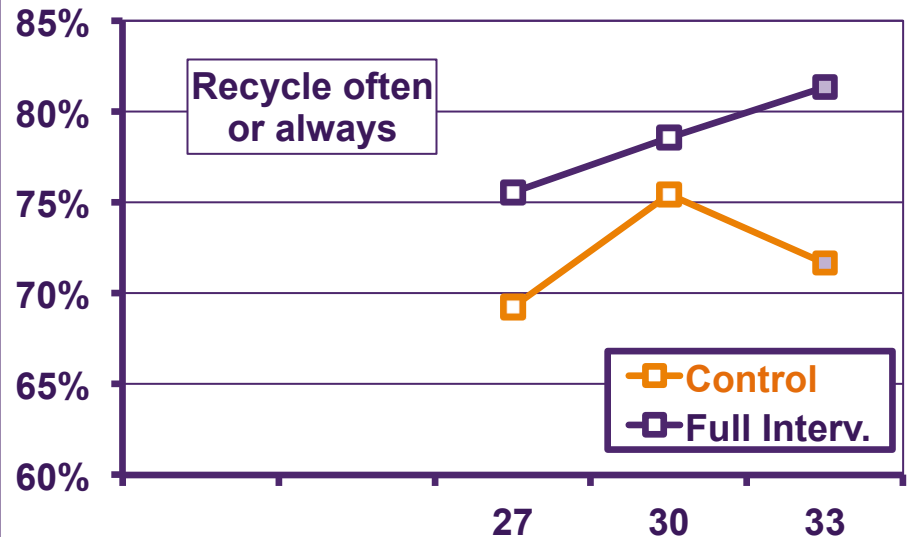
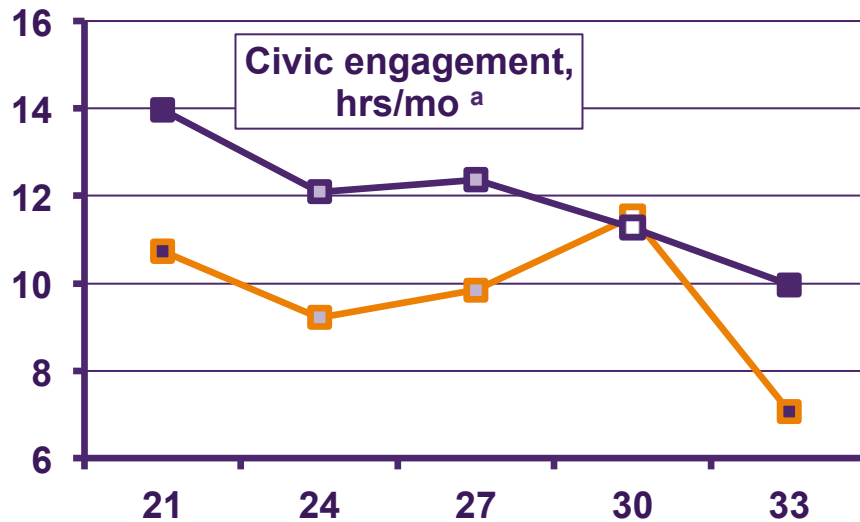
Shaded data points:

$p < .10$

$p < .05$

Analyses control for having been born to a teen mother.

Civic Engagement



^a Hours per month involved in community groups or volunteer activities.

Shaded data points:

■ $p < .10$

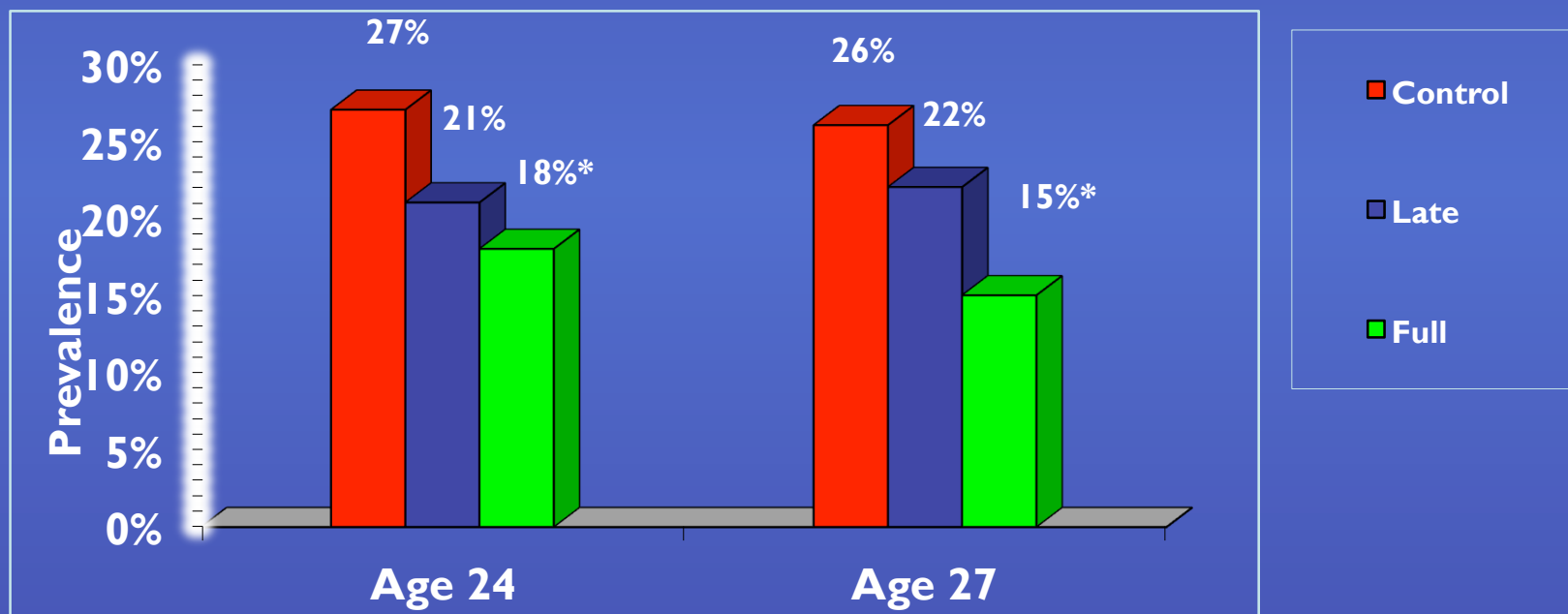
■ $p < .05$

Analyses control for having been born to a teen mother.



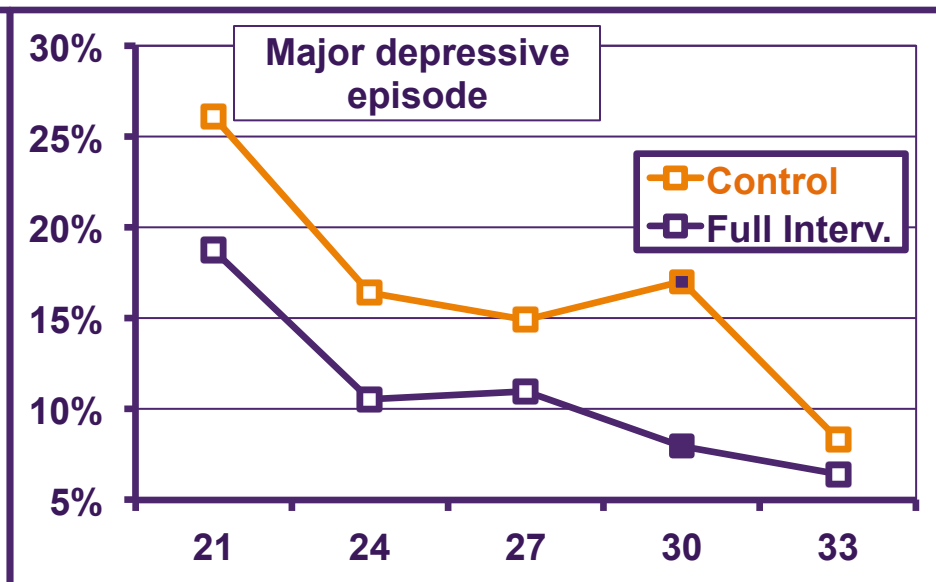
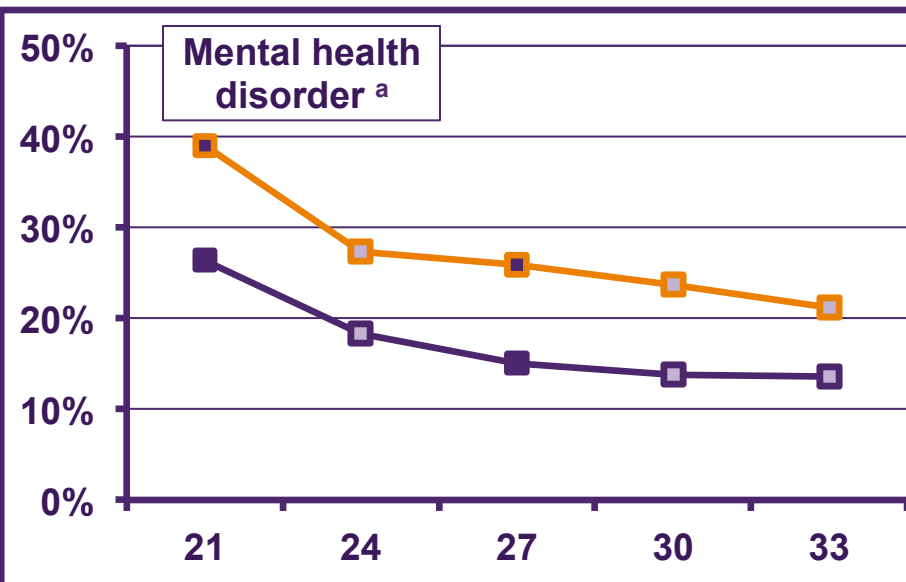
*The Raising Healthy Children program
had effects on mental health at ages
24 and 27.*

Proportion in 3 Conditions Who Met Criteria for General Anxiety Disorder, Major Depressive Episode, or Post Traumatic Stress Disorder Diagnosis at Ages 24 and 27



* $p < .05$

Mental Health Disorder



^a Includes major depressive episode, generalized anxiety disorder, social phobia, and PTSD.

Shaded data points:

■ $p < .10$

■ $p < .05$

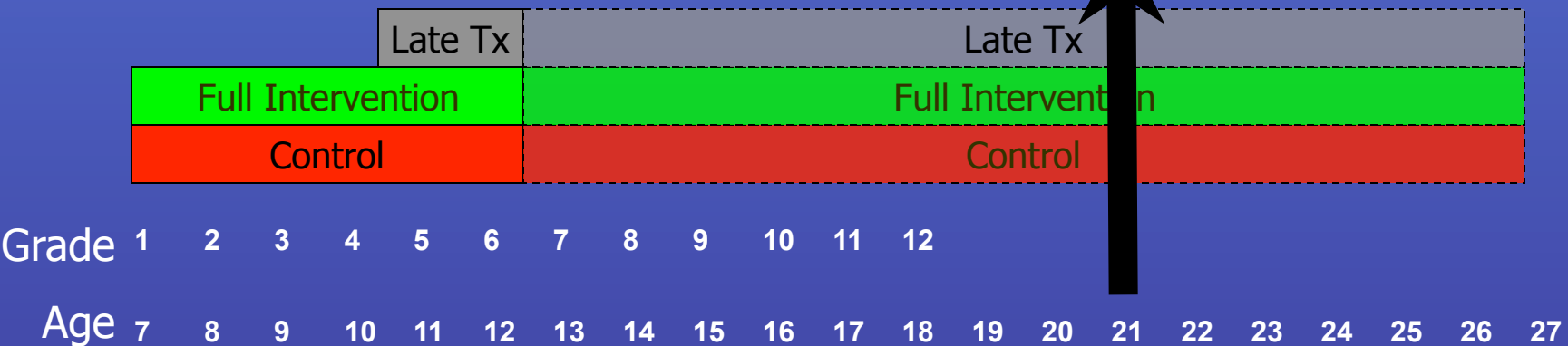
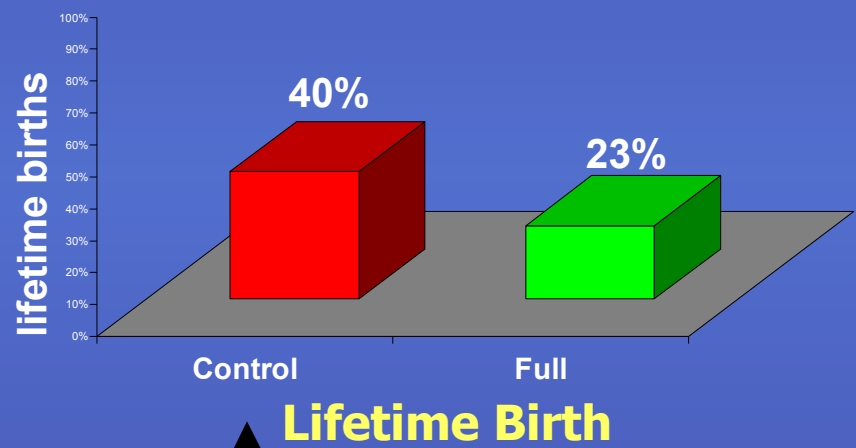
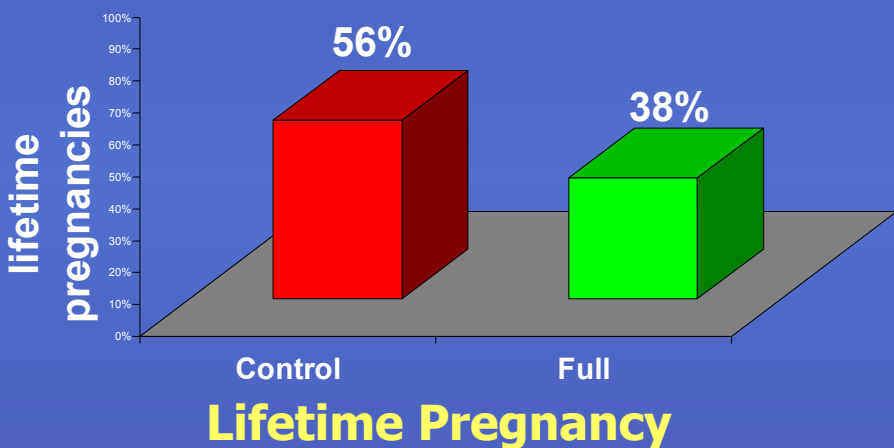
Analyses control for having been born to a teen mother.



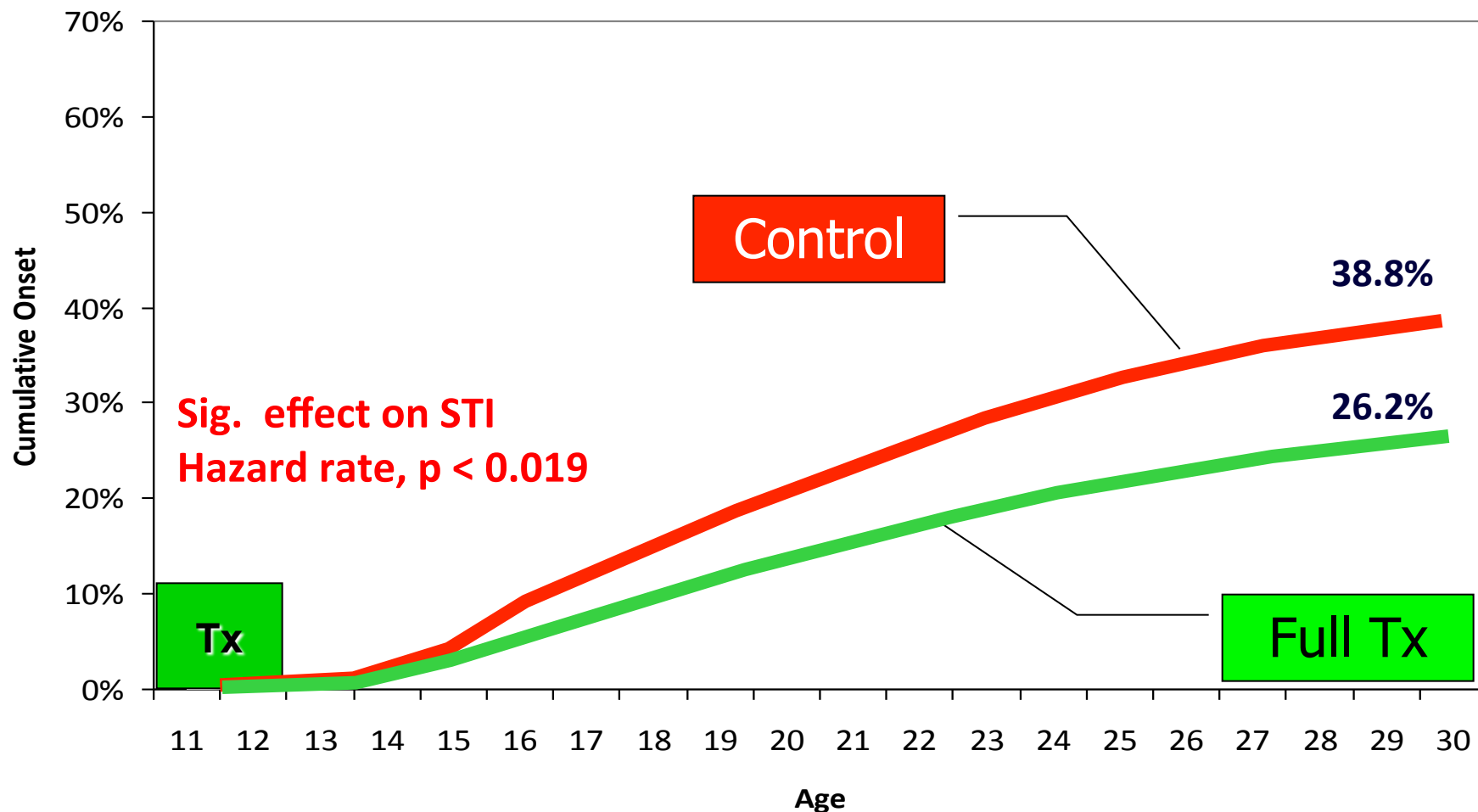
*The Raising Healthy Children
Program also affected sexual
behavior*

Effects Compared to Controls: Fewer Pregnancies and Births Among Females by Age 21

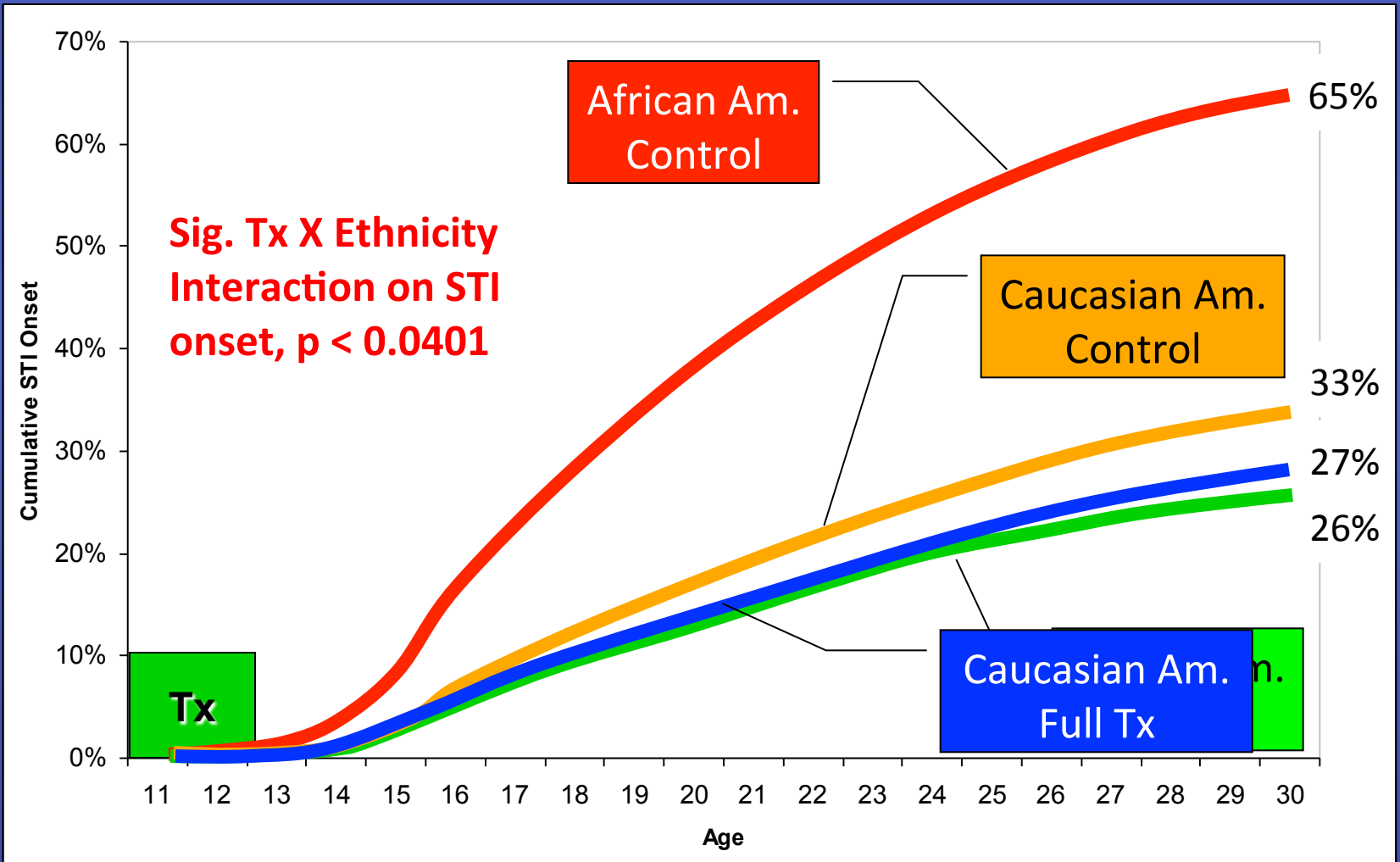
Among females by age 21



Effects on Sexually Transmitted Infection Onset through Age 30



Effects on STI Were Greatest for Those at Greatest Risk

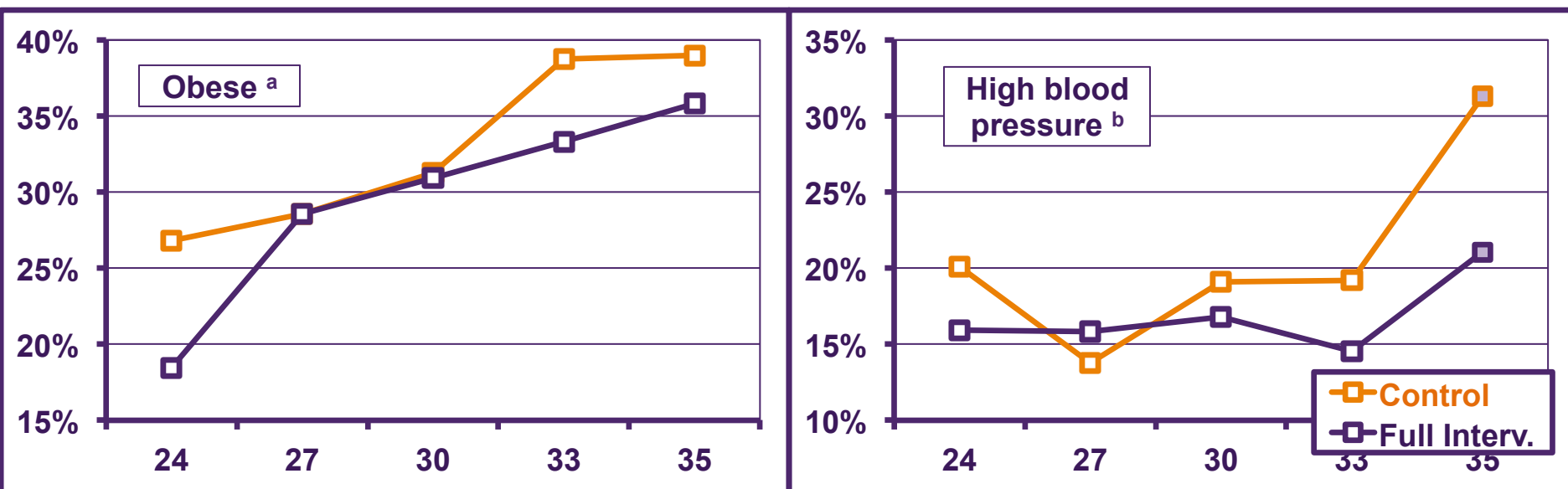


Investment in Raising Healthy Children Reduced Costs of Later Problems

An independent cost-benefit analysis estimated the projected benefits resulting from the effects on high school graduation, crime and substance use



Cardiovascular Risk



^a BMI ≥ 30 . Self-report in presence of interviewer at ages 24-33; weighed by scale at age 35.

^b High blood pressure is $\geq 140/90$. Taken by blood pressure monitor.

Shaded data points:

$p < .10$

$p < .05$

Analyses control for having been born to a teen mother.



Conclusions from SSDP's Test of Raising Healthy Children

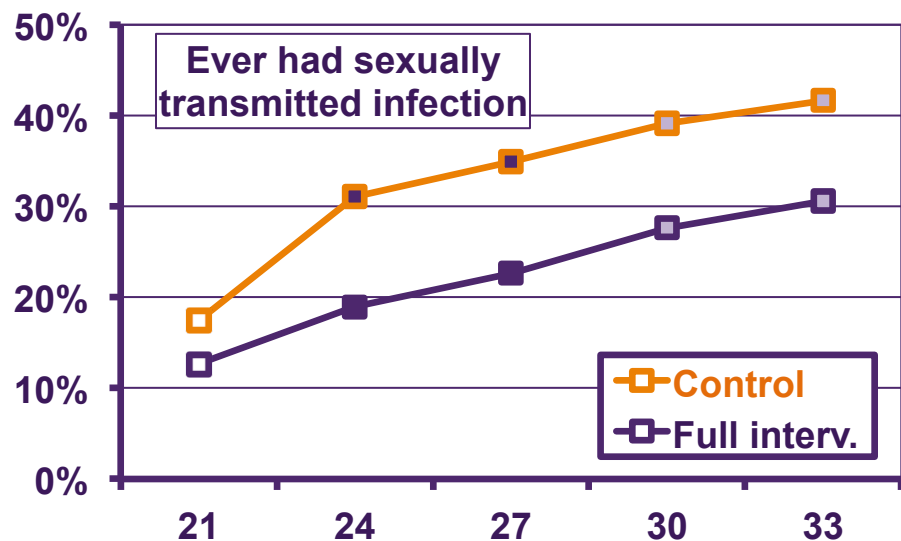
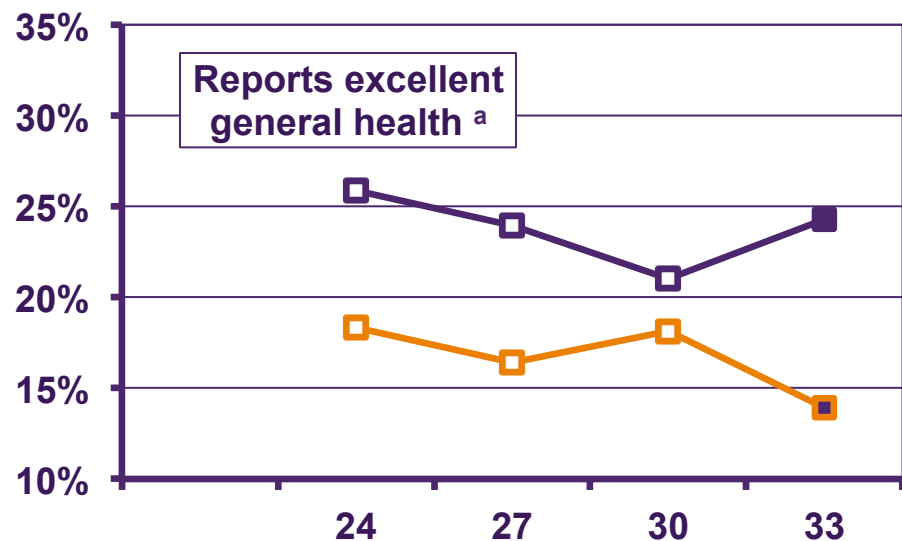
- Increasing opportunities, skills and recognition for ALL children in the elementary grades can put more children on a positive developmental path.
- Parents and teachers trained to use the social development strategy can make a demonstrable difference in children's well being that lasts into adulthood.
- Raising Healthy Children appears to have greatest effects on those at greatest risk.



For More Information on Raising Healthy Children- Seattle Social Development Project

- **J. David Hawkins- Social Development Research Group – jdh@uw.edu**
- **Kevin Haggerty –Social Development Research Group - haggerty@uw.edu**

Physical Health



^a "How would you describe your general health? Excellent, Good, Fair, or Poor."

Shaded data points:

$p < .10$

$p < .05$

Analyses control for having been born to a teen mother.



Seattle Social Development Project

Sample Distribution
in 1990
(9th grade)

By Age 33
79% lived in Washington
State, but most still lived in
King County, Washington

