

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Name of Program/Strategy: Sembrando Salud

Report Contents

1. Overview and description
 2. Implementation considerations (if available)
 3. Descriptive information
 4. Outcomes
 5. Cost effectiveness report (Washington State Institute of Public Policy – if available)
 6. Washington State results (from Performance Based Prevention System (PBPS) – if available)
 7. Who is using this program/strategy
 8. Study populations
 9. Quality of studies
 10. Readiness for Dissemination
 11. Costs (if available)
 12. Contacts for more information
-

1. Overview and description

Sembrando Salud is a culturally sensitive, community-based tobacco- and alcohol-use prevention program specifically adapted for migrant Hispanic/Latino adolescents and their families. The program is designed to improve parent-child communication skills as a way of improving and maintaining healthy decisionmaking. Designed for youth 11 to 16 years of age, the 8-week curriculum for adolescents and their families is delivered by bilingual/bicultural college students in classrooms and meeting rooms in school-based settings.

The program interventions are a mix of interactive teaching methods including group discussions led by a leader, videos, demonstrations, skill practice, and role-playing. Adolescents are exposed to how problems can be identified and analyzed, solutions generated, and decisions made, implemented, and evaluated. There is also a focus on developing parental support for the healthy discussions and behaviors of adolescents through enhanced parent-child communications. Parental communication skills, such as listening, confirmation, and reassurance, also are developed.

The program develops new behavioral skills, such as refusing alcohol and tobacco offers, and communicating with peers and adults alike. Program Development Support The National Cancer Institute, U.S. Department of Health and Human Services, funded development of Sembrando Salud.

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

2. Implementation considerations (if available)

3. Descriptive Information

Areas of Interest	Substance abuse prevention
Outcomes	
Outcome Categories	Alcohol Drugs Tobacco
Ages	6-12 (Childhood) (11-12 specifically) 13-17 (Adolescent) (13-16 specifically)
Genders	Male Female
Races/Ethnicities	Hispanic or Latino
Settings	School Community
Geographic Locations	Urban Suburban Rural and/or frontier Tribal
Implementation History	
NIH Funding/CER Studies	
Adaptations	
Adverse Effects	
IOM Prevention Categories	Selective

4. Outcomes

5. Cost effectiveness report (Washington State Institute of Public Policy – if available)

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

6. Washington State results (from Performance Based Prevention System (PBPS) – if available)

Scale	Result	Direction	N	Instruments used for this
Favorable Attitudes 1	significant	improvement	68	Sembrando Salud 10-12 [Org127_2], AM Favorable Attitudes [Y2]
Favorable Attitudes 2	significant	improvement	64	Sembrando Salud 10-12 [Org127_2], AM Favorable Attitudes [Y2]
Bonding/Attachment	significant	improvement	66	Sembrando Salud 10-12 [Org127_2], AM Bonding/Attachment [Y1]
Refusal Skills	significant	improvement	41	AM Refusal Skills [Y4]
Refusal Skills	significant	improvement	25	Sembrando Salud 10-12 [Org127_2]

7. Where is this program/strategy being used (if available)?

Washington Counties	Oregon Counties
Pierce	

8. Study Populations

9. Quality of Research

Evaluation Methodology

A randomized pretest–posttest control group study was implemented to determine whether the intervention held true to its design and affected parent–child communication. Schools within geographic regions were prerandomized to a treatment condition (tobacco and alcohol use prevention) or an attention-control condition (first aid/home safety). Each condition was designed to be equivalent in all respects (except for the content) and included eight weekly, 2-hour sessions with parents attending three of the eight sessions jointly with their adolescent. Each week was formatted into small-group evening sessions held on school grounds or at a neighborhood community agency.

The treatment condition had three distinct characteristics: 1) information about the health effects of tobacco and alcohol use, 2) social influences on tobacco and alcohol use, and 3) training in refusal skills. In addition, the treatment condition offered a systematic approach to solving problems in general—and specifically as problem-solving relates to tobacco and alcohol use—and concentrated on developing

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

parental support for healthy decision-making and behaviors through enhanced parent–child communication.

The Sembrando Salud program in San Diego County, Calif., identified the participants. Twenty-five schools within 17 school districts were eligible to participate; ultimately, participating families came from 22 schools in 15 schools districts. Two schools did not participate because of academic changes in the school calendar, and the third school was ineligible owing to its small number of migrant families. One district did not wish to share its rosters of migrant family names, and the other had an insufficient number of eligible families. Ultimately, 660 Hispanic migrant families residing in San Diego County participated, with 367 families randomized into the treatment condition and 293 families assigned to the attention-control condition. The participants were oriented predominantly toward Mexican culture, and the average family income fell well below the poverty level.

Data was collected through face-to-face surveys offered in English and Spanish. Baseline surveys were conducted before program implementation, with parents and adolescents assessed simultaneously in separate areas. The same survey was given to all participants following the completion of the group educational sessions. The project-developed survey incorporated previously developed scales and items translated into Spanish and “back translated.” The survey collected demographic information (e.g., age, gender, household size), adolescents’ perception of parent–child communication (e.g., how often parents listen to them and communicate with them about their whereabouts and their day), parents’ perception of parent–child communication, and level of acculturation.

Evaluation Outcomes

A culturally sensitive, family-based intervention for migrant Hispanic youth was found to be effective in increasing perceived parent–child communication in families with fewer children. Specifically, parents and children enrolled in the treatment condition reported greater improvements in communication than those in the attention-control condition. The intervention appeared to be more effective in smaller families, owing presumably to the increased opportunity for parents to monitor and communicate with participating youths. Researchers determined that the intervention effect could be translated into a future 5 percent to 10 percent decrease in susceptibility for smaller families, owing to the effect size and to the previously established relationship between communication and susceptibility to tobacco and alcohol use.

The study had notable limitations. First, it targeted a hard-to-reach population, with 60 percent of those eligible not participating. This factor makes it difficult to generalize the findings to those who were not reached. Additional limitations include the short-term nature of the follow-up, which does not allow any determination of long-term effects, and reliance on self-report measures, which raises the concern that the promising results of the intervention are due to the desire of parents and their children to be presented in a positive light.

Supplementary Materials

Elder, John P., Donald J. Slymen, Nadia R. Campbell, Deborah Parra–Medina, Sunny Choe, Virginia Lee, and Guadalupe X. Ayala. 2002. “Tobacco and Alcohol Use Prevention Program for Hispanic Migrant

Excellence in Prevention – descriptions of the prevention programs and strategies with the greatest evidence of success

Adolescents.” American Journal of Preventative Medicine 33(4):269–75.

Litrownik, Alan J., John P. Elder, Nadia R. Campbell, Guadalupe X. Ayala, Donald J. Slymen, Deborah Parra–Medina, Francisco B. Zavala, and Chris Y. Lovato. 2000. “Evaluation of a Tobacco and Alcohol Use Prevention Program for Hispanic Migrant Adolescents: Promoting the Protective Factor of Parent–Child Communication.” Preventive Medicine 31(2):124–33.

10. Readiness for Dissemination

11. Costs

12. Contacts

For information on research/implementation:

John Elder, Ph.D., M.P.H.
Center for Behavioral and Community Health Studies (BACH)
9245 Sky Park Court, #221
San Diego, CA 92123
Phone: (619) 594-2395
Fax: (619) 594-2998
Email: jelder@mail.sdsu.edu