

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

Name of Program/Strategy: Across Ages

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1. Overview and description

Across Ages is a school- and community-based substance abuse prevention program for youth ages 9 to 13. The unique feature of Across Ages is the pairing of older adult mentors (55 years and older) with young adolescents, specifically those making the transition to middle school. The overall goal of the program is to increase protective factors for high-risk students to prevent, reduce, or delay the use of alcohol, tobacco, and other drugs and the problems associated with substance use. The four intervention components are (1) a minimum of 2 hours per week of mentoring by older adults who are recruited from the community, matched with youth, and trained to serve as mentors; (2) 1-2 hours of weekly community service by youth, including regular visits to frail elders in nursing homes; (3) monthly weekend social and recreational activities for youth, their families, and mentors; and (4) 26 45-minute social competence training lessons taught weekly in the classroom using the Social Problem-Solving Module of the Social Competence Promotion Program for Young Adolescents developed by Roger Weissberg and colleagues.

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2. Implementation considerations

Implementing Across Ages requires a full-time project coordinator, a part-time outreach coordinator, and one mentor for every one or two students.

3. Descriptive information

Areas of Interest	Substance abuse prevention
Outcomes	1: Reactions to situations involving drug use 2: Attitudes toward school, future, and elders 3: School attendance 4: Knowledge about and attitudes toward older adults
Outcome Categories	Alcohol Education Family/Relationships Tobacco
Ages	6-12 (Childhood) 13-17 (Adolescent)
Genders	Male Female
Races/Ethnicities	Asian Black or African American Hispanic or Latino White Race/ethnicity unspecified
Settings	School Other Community Settings
Geographic Locations	Urban
Implementation History	Across Ages was first funded in 1991 by the Center for Substance Abuse Prevention as a 5-year research and demonstration project. Since 1996, 85 sites have been trained on the program, representing urban, suburban, and semirural communities in 37 States. Approximately a third of these sites have sustained implementation, with funding from a variety of sources, for two or more funding cycles. Approximately 8,300 youth have participated in the program.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: Yes Evaluated in comparative effectiveness research studies: Yes

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Adaptations	Some Across Ages program materials have been adapted for Native American populations and translated into Spanish
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Selective

4. Outcomes

Outcome 1: Reactions to situations involving drug use

Description of Measures	Reactions to situations involving drug use were measured using the Across Ages Youth Survey, a paper-and-pencil instrument. The survey was read aloud to a group of students, who followed along on their survey and answered each question as it was read. Two hypothetical dilemmas involving peer pressure to drink beer or smoke cigarettes were presented. Youth were asked to write five ways they might respond to these situations.
Key Findings	Participants were assigned to one of three conditions: Across Ages, Across Ages without the mentoring component, or a control condition providing no intervention. Reactions to situations involving drug use were significantly better in the Across Ages group than the control group ($p = .042$). No statistically significant difference was found between the Across Ages without mentoring group and the control group or between the groups that received Across Ages with and without mentoring.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.1 (0.0-4.0 scale)

Outcome 2: Attitudes toward school, future, and elders

Description of Measures	Youth's attitudes toward academic achievement, their hopes for the future, and adults in their lives were measured using the Across Ages Youth Survey, a paper-and-pencil instrument. The survey was read aloud to a group of students, who followed along on their survey and answered each question as it was read.
Key Findings	Participants were assigned to one of three conditions: Across Ages, Across Ages without the mentoring component, or a control condition providing no intervention. The composite score on

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	attitudes toward school, the future, and elders was significantly better in the Across Ages group than the Across Ages without mentoring group ($p = .002$) and the control group ($p = .038$). No statistically significant difference was found between the Across Ages without mentoring group and the control group.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	2.4 (0.0-4.0 scale)

Outcome 3: School attendance

Description of Measures	School attendance was measured using school records.
Key Findings	Participants were assigned to one of three conditions: Across Ages, Across Ages without the mentoring component, or a control condition providing no intervention. Students in the Across Ages group had fewer days absent from school than those in both the Across Ages without mentoring group and the control group ($p = .01$). No statistically significant difference was found between the Across Ages without mentoring group and the control group.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	3.1 (0.0-4.0 scale)

Outcome 4: Knowledge about and attitudes toward older adults

Description of Measures	Knowledge about and attitudes toward older adults were measured using the Across Ages Youth Survey, a paper-and-pencil instrument. Items focus on facts about older people, aging, and health issues related to older people as well as on perceptions regarding people over age 50. The survey was read aloud to a group of students, who followed along on their survey and answered each question as it was read.
Key Findings	Participants were assigned to one of three of conditions: Across Ages, Across Ages without the mentoring component, or a control condition providing no intervention. Attitudes toward older people were significantly better in the Across Ages group than the Across Ages without mentoring group ($p = .012$) and the control group ($p = .005$). No statistically significant difference in attitudes was found between the Across Ages without mentoring group and the control group. Both the Across Ages

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	group (p = .008) and the Across Ages without mentoring group (p = .022) had significantly better knowledge about older adults than the control group. No statistically significant difference in knowledge was found between the groups that received Across ages with and without mentoring.
Studies Measuring Outcome	Study 1
Study Designs	Experimental
Quality of Research Rating	1.8 (0.0-4.0 scale)

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

Washington Counties	Oregon Counties

8. Study Populations

The studies reviewed for this intervention included the following populations, as reported by the study authors.

Study	Age	Gender	Race/Ethnicity
Study 1	6-12 (Childhood) 13-17 (Adolescent)	53% Male 47% Female	52% Black or African American 16% White 14% Race/ethnicity unspecified 9% Asian 9% Hispanic or Latino

9. Quality of Research

The documents below were reviewed for Quality of Research. Other materials may be available. For more information, contact the developer(s).

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Study 1

LoSciuto, L., Rajala, A. K., Townsend, T. N., & Taylor, A. S. (1996). An outcome evaluation of Across Ages: An intergenerational mentoring approach to drug prevention. *Journal of Adolescent Research*, 11(1), 116-129.

Taylor, A., & LoSciuto, L. (1997). *Across Ages: An intergenerational mentoring approach to drug prevention*. Final report, grant #SPO2779. Philadelphia, PA: Temple University.

Supplementary Materials

Aseltine, R. H., Dupre, M., & Lamlein, P. (2000). Mentoring as a drug prevention strategy: An evaluation of Across Ages. *Adolescent and Family Health*, 1(1), 11-20.

LoSciuto, L., & Taylor, A. (n.d.). *Across Ages: An intergenerational approach to prevention*. Evaluation protocol. Philadelphia, PA: Temple University.

Taylor, A. S., & Lamlein, P. (n.d.). *Across Ages: An intergenerational approach to prevention*. Fidelity instrument. Philadelphia, PA: Temple University.

Quality of Research Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the Quality of Research for an intervention's reported results using six criteria:

1. Reliability of measures
2. Validity of measures
3. Intervention fidelity
4. Missing data and attrition
5. Potential confounding variables
6. Appropriateness of analysis

For more information about these criteria and the meaning of the ratings, see Quality of Research.

Outcome	Reliability of Measures	Validity of Measures	Fidelity	Missing Data/Attrition	Confounding Variables	Data Analysis	Overall Rating
1: Reactions to situations involving drug use	4.0	3.5	2.5	2.0	3.0	3.5	3.1
2: Attitudes toward school, future, and elders	1.5	2.0	2.5	2.0	3.0	3.5	2.4
3: School attendance	4.0	3.5	2.5	2.0	3.0	3.5	3.1

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4: Knowledge about and attitudes toward older adults	3.0	2.8	2.5	2.0	3.0	3.5	2.8
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Study Strengths

Researchers used existing instruments to develop the survey scales and took steps that ensured generally good reliability and validity. The randomized controlled study design minimized the potential for confounding variables. Appropriate statistical methods were used.

Study Weaknesses

Although the 23% attrition rate was not extreme, the authors did not explain any steps taken to account for it. Intervention fidelity varied by program component as well as over time. For example, the fidelity of the parent workshops was lower than that of other program components but increased over time. Fidelity of the classroom component appeared stronger in years 1-3 than in years 4-5, but the dose of classroom training remained about 50% of planned during the course of the study.

10. Readiness for Dissemination

The documents below were reviewed for Readiness for Dissemination. Other materials may be available. For more information, contact the developer(s).

Dissemination Materials

Across Ages: An Intergenerational Approach to Drug Prevention [DVD] Across Ages product list, Across Ages training packet, Across Ages Web site, <http://www.acrossages.org>

Henkin, N. Z., Perez-Randal, C., & Rogers, A. M. (1993). Elders as mentors: A training program for older adults. Facilitator's guide. Philadelphia, PA: Temple University Center for Intergenerational Learning.

Henkin, N. Z., Perez-Randal, C., Rogers, A. M., & Taylor, A. (1993). Elder mentor handbook. Philadelphia, PA: Temple University Center for Intergenerational Learning.

LoSciuto, L., & Taylor, A. (n.d.). Across Ages: An intergenerational approach to prevention. Evaluation protocol. Philadelphia, PA: Temple University.

National Collaboration for Youth. (n.d.). Making a difference in the lives of youth. Washington, DC: Author.

Taylor, A. S., & Bressler, J. (2000). Mentoring across generations: Partnerships for positive youth development. New York: Kluwer Academic/Plenum.

Taylor, A. S., & Lamlein, P. (n.d.). Across Ages: An intergenerational approach to prevention. Fidelity instrument. Philadelphia, PA: Temple University.

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Readiness for Dissemination Ratings by Criteria (0.0-4.0 scale)

External reviewers independently evaluate the intervention's Readiness for Dissemination using three criteria:

1. Availability of implementation materials
2. Availability of training and support resources
3. Availability of quality assurance procedures

For more information about these criteria and the meaning of the ratings, see Readiness for Dissemination.

Implementation Materials	Training and Support Resources	Quality Assurance Procedures	Overall Rating
3.7	2.8	3.5	3.3

Dissemination Strengths

The program development manual includes detailed instructions for each step of the implementation process. Specialized handbooks are available for parents, youth, and teachers. Training and follow-up support are available upon request. An outcome evaluation protocol and a detailed fidelity instrument are provided to support quality assurance.

Dissemination Weaknesses

It is unclear whether some components of the materials are required for implementation or are supplemental. While training is highly recommended by the developer, there is no mechanism in place requiring completion of training before implementation materials are available for use, and no forum exists for ongoing training or peer networking across multiple program sites. Quality assurance items are optional. The evaluation protocol assumes that implementers understand how to use a coding scheme and analyze data.

11. Costs

The information below was provided by the developer and may have changed since the time of review. For detailed information on implementation costs (e.g., staffing, space, equipment, materials shipping and handling), contact the developer.

Item Description	Cost	Required by Program Developer
Program materials set	About \$350	Yes
2-day training	\$1,500 per day	Yes
Technical assistance	\$500 per day	No

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Fidelity instrument	\$25 each	Yes
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Additional Information

Across Ages costs approximately \$2,500-\$3,000 per child per year. A typical yearly budget for the program ranges from \$60,000 to \$100,000.

12. Contacts

For information on implementation or research:

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Learn More by Visiting: <http://www.acrossages.org>