Community Prevention & Wellness Initiative (CPWI)

The Washington State Division of Behavioral Health and Recovery (DBHR) introduced the Community Prevention and Wellness Initiative (CPWI) in 2011 to reduce underage substance use and related risk factors as well as improve school outcomes among adolescents. CPWI is a community coalition model aimed at bringing together key local stakeholders to support population-level change in the high-risk communities across the state. There are currently 5 CPWI Cohorts with 64 communities at various stages in the CPWI process.

CPWI Program Evaluation

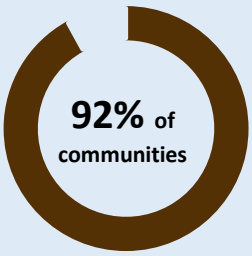
DBHR has partnered with the IMPACT Lab at Washington State University to evaluate CPWI. Substance use, risk factors, and 10th grade grades data are from the Healthy Youth Survey (HYS). This survey is administered every 2 years to students in the 6th, 8th, 10th, and 12th grade in approximately 1,000 public schools across the state. Other school outcome data (i.e. graduation and dropout rates) are from the Washington State Office of Superintendent of Public Instruction.

Did 10th grade substance use & risk factors change from baseline to 2016?

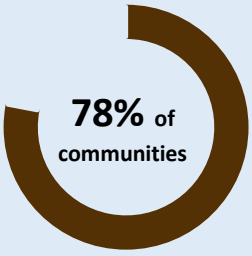
Yes. A majority of results were either positive (statistically significant reduction in substance use or risk factors at p = < .10) or neutral (no significant change p = < .10) for all CPWI communities.

We used chi-square analysis to examine whether substance use and associated risk factors have changed significantly from baseline to 2016 (post-intervention). Baseline for Cohort 1 is 2008 HYS data, while baseline for Cohorts 2 and 3 is 2010 HYS data.

Cohort 1

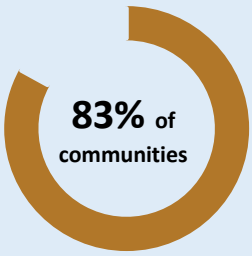


(11 of 12 communities) had significant reduction in any alcohol use in past 30 days. Result was neutral for remaining community.

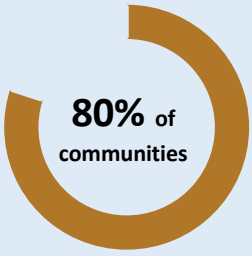


(7 of 9 communities) had significant reduction in any binge drinking in past 2 weeks. Results were neutral for remaining communities.

Cohort 2

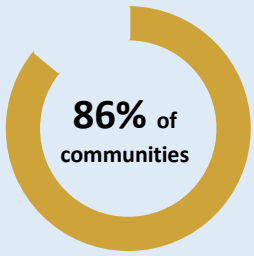


(5 of 6 communities) had significant reduction in early initiation of substance use, and perceived availability of drugs in community.

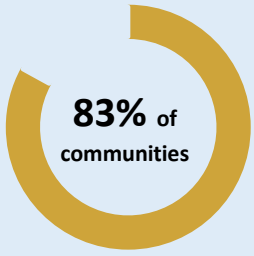


(4 of 5 communities) had significant reduction in any cigarette smoking in past 30 days. Result was neutral for the remaining community.

Cohort 3



(6 of 7 communities) had significant reduction in any cigarette smoking ever. Result was neutral for remaining community.



(5 of 6 communities) had significant reduction in any cigarette smoking in past 30 days, any binge drinking in past 2 weeks, and early initiation of substance use.

Did school outcomes improve in CPWI communities from baseline to post-intervention time point?

Yes. A majority of school outcomes improved from baseline to post-intervention time point. We calculated percent change from baseline (T1) to post-intervention time point (T2).

School outcomes	Cohort 1			Cohort 2			Cohort 3		
	T1	T2	Improved?	T1	T2	Improved?	T1	T2	Improved?
10th Grade Grades (Students Who Reported Getting Mostly As Last Year)	36%	41%	👍	34%	38%	👍	35%	37%	👎
Adjusted 4-Year Cohort Graduation Rate	76%	83%	👍	75%	79%	👎	78%	81%	👎
Adjusted 4-Year Cohort Dropout Rate	14%	10%	👍	15%	13%	👍	12%	10%	👍
Adjusted 5-Year Cohort Graduation Rate	78%	85%	👍	77%	83%	👍	81%	86%	👍
Adjusted 5-Year Cohort Dropout Rate	19%	12%	👍	19%	14%	👍	16%	11%	👍

👍 Improvement in outcomes (percent change of 5% or more)

👎 No change in outcomes (percent change less than 5%)

Note: The percentages presented in the table have been rounded off. Percent change calculation was performed on unrounded percentages.

At baseline, CPWI communities were at significantly higher risk for poor school outcomes than other similar Washington communities. Have CPWI communities closed the gap?

Mixed. Cohort 1 closed the gap in all 5 school outcomes. We used propensity score analysis to compare CPWI communities with other similar WA communities while controlling for initial differences.

Note: ↑ at Time 2 or 👎 do not necessarily indicate that school outcomes have become worse. In fact, in most communities, school outcomes have improved over time (see Table above). Thus, even if a cohort has not closed the gap, there still may have been improvements over time. For this reason, it is important to look at the following two tables along with Tables 1 and 2, and line graphs on pages 8-14, which show trends over time and provide further interpretation of results.

School outcomes	Cohort 1			Cohort 2			Cohort 3		
	T1	T2	Closed gap?	T1	T2	Closed gap?	T1	T2	Closed gap?
10th Grade Grades (Students Who Reported Getting Mostly As Last Year)	↔	↔	N/A	↔	↔	N/A	↔	↑	👎
Adjusted 4-Year Cohort Graduation Rate	↑	↔	👍	↑	↑	👎	↑	↑	👎
Adjusted 4-Year Cohort Dropout Rate	↑	↔	👍	↑	↑	👎	↔	↔	N/A
Adjusted 5-Year Cohort Graduation Rate	↑	↔	👍	↑	↑	👎	↔	↔	N/A
Adjusted 5-Year Cohort Dropout Rate	↑	↔	👍	↑	↑	👎	↔	↔	N/A

↑ CPWI communities were at significantly higher risk than other similar Washington communities for poor school outcomes.

↔ No difference between CPWI communities and other similar Washington communities.

👍 CPWI communities closed existing gaps in level of risk following CPWI implementation.

👎 CPWI communities did not close existing gaps in risk, or the difference between CPWI and other similar Washington communities increased significantly between T1 and T2.

Technical Details

10th grade grades: T1 or baseline is 2008 for Cohort 1 and 2010 for Cohorts 1 and 2. T2 or post-intervention time point is 2016.

Adjusted 4-Year Rates: T1 or baseline is class of 2011. This is the first year for which the new formula for calculating graduation and dropout rates is applied. T2 or post-intervention time point is class of 2017.

Adjusted 5-Year Rates: T1 or baseline is class of 2010. This is the first year for which the new formula for calculating graduation and dropout rates is applied. T2 or post-intervention time point is class of 2016.

This handout was prepared by the IMPACT LAB at WSU. Questions? Please contact Dr. Brittany Cooper at brittany.cooper@wsu.edu