

Name of Program/Strategy: Hip-Hop 2 Prevent Substance Abuse and HIV (H2P)

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

Hip-Hop 2 Prevent Substance Abuse and HIV (H2P) is designed to improve knowledge and skills related to drugs and HIV/AIDS among youth ages 12-16 with the aim of preventing or reducing their substance use and risky sexual activity. The program incorporates aspects of hip-hop culture--including language, arts, and history--as a social, cultural, and contextual framework for addressing substance use and HIV risk behaviors.

H2P uses a curriculum consisting of 10 modules, called "ciphers," delivered in 10 2-hour sessions. Through the curriculum's use of hip-hop culture, an interactive, multimedia CD, and a mix of traditional teaching methods, students learn information about drugs, HIV/AIDS, and sexual behavior; resistance and refusal skills; effective communication and negotiation skills; information about healthy alternatives to sex and drugs; and prevention self-efficacy skills.

School staff (e.g., teachers, counselors) deliver the first four modules in after-school or in-school sessions and the remaining modules at H2P camp, a 3-day retreat offering students structured learning and recreational activities, team-building experiences, mentoring, and opportunities for creative expression. Prior to serving as instructors, school staff participates in a 1-day training to learn about the genesis, ideology, and cultural components of hip-hop.

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	1: Perceived risk of harm from drug use 2: HIV knowledge 3: Self-efficacy to refuse sex 4: Disapproval of drug use
Outcome Categories	Alcohol Drugs Tobacco
Ages	13-17 (Adolescent)
Genders	Male Female
Races/Ethnicities	Black or African American Hispanic or Latino Race/ethnicity unspecified
Settings	School Other community settings
Geographic Locations	Urban
Implementation History	H2P was implemented during the 2005-2006 and 2006-2007 school years in an urban middle school in Prince George's County, Maryland. Both implementations were evaluated.
NIH Funding/CER Studies	Partially/fully funded by National Institutes of Health: No Evaluated in comparative effectiveness research studies: No
Adaptations	No population- or culture-specific adaptations were identified by the applicant.
Adverse Effects	No adverse effects, concerns, or unintended consequences were identified by the applicant.
IOM Prevention Categories	Universal Selective

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

4. Outcomes

Outcome 1: Perceived risk of harm from drug use

Description of Measures	Perceived risk of harm from drug use (use of alcohol, tobacco, marijuana, and other drugs) was measured by self-report using 4 items from the H2P Participant Survey developed for the studies. These questions were modified from items in the Perceived Harm Scale of the Monitoring the Future questionnaire and the Perceived Drug Use Scale from the Student Survey of Risk and Protective Factors. For each item (e.g., "How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?"), participants responded using a 4-point scale (no risk to great risk). The survey was administered at pretest, at posttest immediately after the intervention, and 6 months after the intervention was completed.
Key Findings	<p>In two studies implemented in the same school in 2 consecutive years, 7th- and 8th-grade students were randomly assigned to an intervention group receiving H2P or to an assessment-only control group.</p> <p>In the first study, from pretest to posttest, H2P participants had a significant increase in perceived risk associated with marijuana use compared with control group participants ($p < .05$). No other statistically significant results were found from pretest to posttest. From pretest to 6-month follow-up, H2P participants had a significant increase in overall drug risk perception compared with control group participants ($p < .05$), with no other statistically significant results found.</p> <p>In the second study, H2P participants perceived greater risk of harm associated with marijuana use than participants from the control group at posttest ($p = .009$). No other significant differences between the two groups were observed at posttest or at 6-month follow-up.</p>
Studies Measuring Outcome	Study 1, Study 2
Study Designs	Experimental, Quasi-experimental
Quality of Research Rating	2.7 (0.0-4.0 scale)

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

Outcome 2: HIV knowledge

Description of Measures	HIV knowledge was measured by self-report using 10 items from the H2P Participant Survey developed for the studies. For each item (e.g., "You can get AIDS by kissing someone who has AIDS," "Birth control pills protect a woman from HIV"), participants responded with "true," "false," or "don't know." The survey was administered at pretest, at posttest immediately after the intervention, and 6 months after the intervention was completed.
Key Findings	<p>In two studies implemented in the same school in 2 consecutive years, 7th- and 8th-grade students were randomly assigned to an intervention group receiving H2P or to an assessment-only control group.</p> <p>In the first study, no statistically significant differences on HIV knowledge were found between the groups at posttest. From pretest to 6-month follow-up, however, H2P participants had a significant increase in HIV knowledge compared with the control group ($p < .01$).</p> <p>In the second study, H2P participants had significantly greater HIV knowledge than the control group at posttest ($p < .05$), with no statistically significant differences between the groups at 6-month follow-up.</p>
Studies Measuring Outcome	Study 1, Study 2
Study Designs	Experimental
Quality of Research Rating	2.4 (0.0-4.0 scale)

Outcome 3: Self-efficacy to refuse sex

Description of Measures	Self-efficacy to refuse sex was measured by self-report using 6 items from the H2P Participant Survey developed for the studies. A sample item includes the following: "Imagine that you and your boyfriend or girlfriend have been going together, but you have not had sex. He or she really wants to have sex. Still, you don't feel ready. How sure are you that you could keep from having sex until you feel ready?" Participants responded to the items using a 4-point scale (very unsure to very sure). The survey was administered at pretest, at posttest immediately after the intervention, and 6 months after the intervention was completed.
--------------------------------	---

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

Key Findings	<p>In two studies implemented in the same school in 2 consecutive years, 7th- and 8th-grade students were randomly assigned to an intervention group receiving H2P or to an assessment-only control group.</p> <p>In the first study, no statistically significant differences were found across time between the two groups on self-efficacy to refuse sex.</p> <p>In the second study, however, a significantly higher percentage of H2P participants compared with control group participants reported confidence in their ability to show love without sex at posttest ($p = .008$) and 6-month follow-up ($p = .04$). In addition, at 6-month follow-up, H2P participants compared with their control group counterparts reported significantly greater confidence in their ability to resist having sex despite their partner's desire to do so ($p = .005$) and in their ability to abide by their decision not to have sex yet ($p = .007$).</p>
Studies Measuring Outcome	Study 1, Study 2
Study Designs	Experimental
Quality of Research Rating	2.3 (0.0-4.0 scale)

Outcome 4: Disapproval of drug use

Description of Measures	<p>Disapproval of drug use (use of alcohol, tobacco, marijuana, and other drugs) was measured by self-report using 4 items from the H2P Participant Survey developed for the studies. For each item (e.g., "How wrong do you think it is for someone your age to smoke cigarettes?"), participants responded using a 4-point scale (very wrong to not wrong at all). The survey was administered at pretest, at posttest immediately after the intervention, and 6 months after the intervention was completed.</p>
Key Findings	<p>In one study, 7th- and 8th-grade students were randomly assigned to an intervention group receiving H2P or to an assessment-only control group. At posttest, a significantly higher percentage of participants in the H2P group than the control group believed it was wrong for youth their age to drink alcohol regularly ($p = .045$), smoke cigarettes ($p = .03$), or use marijuana ($p = .007$). At 6-month follow-up, the percentage of participants disapproving of marijuana use remained significantly higher in the H2P group than in the control group ($p = .01$).</p>
Studies Measuring Outcome	Study 2

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

Study Designs	Experimental
Quality of Research Rating	2.4 (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. **Who is using this program/strategy**

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	13-17 (Adolescent)	61% Female 39% Male	89% Black or African American 6% Race/ethnicity unspecified 5% Hispanic or Latino
Study 2	13-17 (Adolescent)	58% Female 42% Male	89% Black or African American 11% Race/ethnicity unspecified

9. Quality of studies

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

Study 1

Strategic Community Services, Inc. (2006). Year 02 (2004-05) project evaluation report, Hip-Hop 2 Prevent Substance Abuse & HIV (H2P). Prince George's County, MD.

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

Turner-Musa, J. O., Rhodes, W. A., Harper, P. T. H., & Quinton, S. L. (2008). Hip Hop To Prevent Substance Abuse and HIV among African American youth: A preliminary investigation. *Journal of Drug Education*, 38(4), 351-365.

Study 2

Strategic Community Services, Inc. (2007). Year 03 (2005-06) project evaluation report, Hip-Hop 2 Prevent Substance Abuse & HIV (H2P). Prince George's County, MD.

Supplementary Materials

ADIA Research & Evaluation Associates, Inc. (2005). H2P power analysis.

Center for Substance Abuse Prevention. (2003). Core Measures Initiative Phase I recommendations. H2P Curriculum Monitoring Forms

H2P Participant Survey

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: Perceived risk of harm from drug use	3.5	3.5	3.0	2.3	2.3	1.5	2.7
2: HIV knowledge	2.9	2.3	3.0	2.3	2.3	1.5	2.4
3: Self-efficacy to refuse sex	2.8	2.3	3.0	2.3	2.3	1.5	2.3
4: Disapproval of drug use	3.0	2.5	3.0	2.3	2.0	1.5	2.4

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

Study Strengths

The reliability coefficients for the scales used are generally high. The scale used to measure the perceived risk of harm from drug use appears to have been developed using items from tools with established validity. A good attempt was made to implement the program as designed (e.g., consistent training was provided to H2P instructors, curriculum monitoring forms were used, the average rate of curriculum completion was 86% to 96% in the studies evaluated). Random assignment to intervention and control groups was used in both studies.

Study Weaknesses

Only face validity was reported for measures related to HIV knowledge, self-efficacy to refuse sex, and disapproval of drug use. The retention rate for each study was low at the 6-month follow-up, and the attrition analyses used in the studies were very weak. The data analysis strategies failed to take into account other confounding variables (e.g., participation of siblings, which could contaminate the effects) or to support treatment effects (e.g., by controlling for pretest scores in the examination of differences at posttest).

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

Center for Substance Abuse Prevention. (2003). Core Measures Initiative Phase I recommendations.

Harper, P. T. H. (2005). H2P student manual. Clinton, MD: Youth Popular Culture Institute and Strategic Community Services.

Harper, P. T. H. (2005). Hip Hop 2 Prevent Substance Abuse and HIV/AIDS: A youth development curriculum 4 adolescents. Clinton, MD: Youth Popular Culture Institute and Strategic Community Services.

Harper, P. T. H. (2008). Hip-hop development: Exploring hip-hop culture as a youth engagement tool for successful community building. Clinton, MD: Billo Communications and Youth Popular Culture Institute.

Program Web site, <http://www.ypci.org/>

Youth Popular Culture Institute, Inc. (n.d.). Certificate of training. Clinton, MD: Author. Youth Popular Culture Institute, Inc. (n.d.). H2P camp protocol. Clinton, MD.

Youth Popular Culture Institute, Inc. (n.d.). H2P curriculum monitoring form. Clinton, MD: Author. Youth Popular Culture Institute, Inc. (n.d.). H2P weekend intervention agenda. Clinton, MD: Author. Youth Popular Culture Institute, Inc. (n.d.). Hip-hop 101 [PowerPoint slides]. Clinton, MD.

Youth Popular Culture Institute, Inc. (n.d.). Hip Hop 2 Prevent SA & HIV: Curriculum training [PowerPoint slides]. Clinton, MD.

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

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
3.0	2.3	3.3	2.8

Dissemination Strengths

The curriculum is comprehensive and well organized, and it includes specific information on the use of all materials. The student manual and the accompanying CDs are engaging and likely to resonate with young people. The training package provides prospective implementers with important background information on the hip-hop culture, underlying theoretical framework of the program, and expected outcomes. The developer provides fidelity and outcome measures to support quality assurance.

Dissemination Weaknesses

More guidance is needed to help program administrators prepare for implementation in the recommended settings (i.e., school, after-school programs, community settings). No information is provided for parents of youth involved in the program. Information on training, such as locations, scheduling, and costs, is not readily available to potential implementers. There are no specific instructions on the use of the fidelity or outcome measures.

11. Costs (if available)

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
Hip-Hop 2 Prevent Drugs. Digital (H2P.D) CD-ROM	\$59.95 each	Yes
Leader guides	\$7.99 each	Yes

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

Youth guides	\$7.99 each	Yes
The WAIT Project Music CD	\$12 each	Yes
Are You With Me? DVD	\$65 each	Yes
8.5-hour, on-site training	\$12,500 for up to 20 participants, plus \$625 for each additional participant and travel expenses for two trainers	Yes
Technical assistance and consultation by phone or email	Free	No
On-site technical assistance and consultation	Varies depending on location and site needs	No

Additional Information

The estimated cost of implementing the intervention with 75 students is \$64,700. This estimate includes a part-time program manager (\$27,000) and part-time program assistant (\$10,000); 2 instructors for every 25 students (\$9,900 for 6 instructors); marketing (\$3,000); supplies (\$600); and costs for the camp, including program staff (\$6,000), the facility (\$3,200), and food (\$5,000).

12. Contacts for more information

For information on implementation:

Sylvia L. Quinton, Esq.

(410) 295-7177

SylviaQuinton@me.com

For information on research:

Warren A. Rhodes, Ph.D.

(302) 736-1671

warhodes@yahoo.com

Learn More by Visiting: <http://www.hiphop2prevent.org>, OR, <http://www.ypci.org/>