Objective  Summarizes the research and intervention design of a new trial to evaluate an adaptation of Project Northland, a multicomponent, community-wide alcohol prevention program for culturally diverse youth living in a large city. The original Project Northland was successful in reducing alcohol use among a sample of mostly White, rural adolescents.  Methods  We highlight the steps taken to adapt the intervention strategies for culturally diverse inner-city youth, families, and neighborhoods. The research design is a randomized controlled trial to evaluate the effectiveness of the adapted Project Northland for reducing the early onset and prevalence of alcohol use among young urban adolescents.  Conclusion  The information gained from this trial, including the process of adaptation of prevention strategies, will be beneficial for alcohol-use prevention efforts within diverse urban communities across the country.

Key words  adolescents; alcohol; prevention; cultural adaptation.

Early-onset drinking among youth is risky for a variety of health and social reasons, including its association with illicit drugs, violence, stealing, driving under the influence, academic problems, feeling depressed, and deliberately trying to hurt or kill oneself (Greenblatt, 2000). All young people, regardless of race or place of residence, are at high risk for early-onset drinking (Komro, Hu, & Flay, 1997). In the high school sample of the Youth Risk Behavior Survey, 28% of White and African American youth reported drinking alcohol before age 13, compared with 34% of Hispanic youth (Grunbaum et al., 2002). Place of residence (i.e., central city, suburban, rural) does not play a significant role in rates of alcohol use among high school students (Komro et al., 1997). Clearly, delaying the initiation of alcohol use among all adolescents is an important public health goal. Unfortunately, the early onset of alcohol use has been one of the most difficult social behaviors to prevent (Komro & Toomey, 2002). Among existing alcohol prevention programs, few have successfully targeted racially and ethnically diverse youth living in central city areas. Current research suggests that significant, long-term reductions in adolescent alcohol use require multiple-component, community-wide efforts focusing on demand- and supply-reduction strategies—that is, to reduce the adolescents’ desire to use alcohol as well as their means to access it (Komro & Toomey, 2002; Pentz, Bonnie, & Shopland, 1996). Supply strategies may be especially salient in minority and low-income neighborhoods, where alcohol outlets proliferate and where high alcohol content beverages are readily available and heavily marketed to inner-city youth (Alaniz & Wilkes, 1998; Altman, Schooler, & Basil, 1991; Brown-Taylor, 2000; LaVeist & Wallace, 2000).

Project Northland is a multiple-component, community-wide preventive intervention that was designed during the 1990s to prevent early-onset alcohol use among young adolescents living in rural areas of Minnesota (Perry et al., 1993). Project Northland’s original intervention, for sixth- through eighth-grade students, includes 3 years of...
1. social–behavioral curricula,
2. peer leadership and extracurricular social opportunities,
3. parental involvement and education, and
4. community-wide task forces (Komro et al., 2001; Perry et al., 1993; Perry et al., 1996).

The intervention was evaluated using a community trial design that included 24 school districts and their adjoining communities in northeastern Minnesota (Perry et al., 1996). The northeastern part of Minnesota is primarily rural and Caucasian in population but has high rates of alcohol use and alcohol-related problems (National Institute of Alcohol Abuse and Alcoholism [NIAAA], 1991; Perry et al., 1993). The 24 school districts were blocked by size and randomly assigned to intervention and control conditions. The study cohort was in sixth grade when the intervention began. At the end of 3 years, a significantly smaller percentage of eighth-grade students in the intervention communities reported drinking or beginning to drink than students in the reference communities (Perry et al., 1996), a finding primarily due to changes in peer norms and role models, functional meanings around alcohol, and parent–child communication (Komro et al., 2001). Among students who reported never having drank alcohol at the beginning of the sixth grade, students in the intervention group were not only less likely to drink 3 years later but also had lower rates of cigarette and marijuana use (Perry et al., 1996).

Project Northland is recommended as a model program by the Center for Substance Abuse Prevention and as an exemplary program of the United States Department of Education (http://modelprograms.samhsa.gov/matrix_all.cfm). Project Northland is being disseminated by Hazelden Publishing and Educational Services and is being implemented in over 1,500 schools around the country (A. Standing, personal communication, September 12, 2003). Because of the positive significant outcomes achieved in the original trial, the substantial interest in replicating Project Northland in other parts of the country, and the high rates of early alcohol initiation among some minority youth living in inner cities, it seemed critical and timely to evaluate the effects of Project Northland in an urban environment with ethnically diverse youth.

The aims of this article are twofold: first, to describe the research and intervention design of a new randomized controlled trial to evaluate an adaptation of Project Northland for urban youth; and second, to describe how the intervention was adapted to be more salient and relevant for urban youth within an ethnically and racially diverse population.

**Project Northland: Chicago Action for Healthy Youth**

**Research Design**

The adapted and enhanced Project Northland for Chicago is being evaluated using a randomized trial of schools and surrounding neighborhoods in Chicago. Through an extensive, year-long process, 61 schools were recruited, signed on to participate, and randomly assigned to an intervention or control condition. The control group is actually a delayed program; it will receive program materials and training after the active study phase, in 2005. The intervention group will be exposed to 3 years of the adapted Project Northland curricula, family interventions, youth-planned extracurricular activities, and community organizing. The interventions will be evaluated with a cohort of sixth graders beginning in the 2002–2003 academic school year. At baseline, the Chicago study sample of sixth-grade students (N = 4,164) is culturally diverse, with 42% African American, 30% Hispanic, 14% White, 5% Asian, 2% Native American, and 7% of mixed race and ethnicity. The cohort will be followed through the end of their eighth-grade year. Outcomes will be measured via surveys of students, parents, and neighborhood leaders; alcohol purchase attempts; and direct observations of alcohol advertising near schools. Process evaluation measures will assess teacher compliance and feedback; peer, parent, and community participation; and track strategies implemented in the community-organizing process.

**Intervention Design**

The Project Northland Chicago intervention includes

1. implementation of 3 years of peer-led classroom curricula,
2. parental involvement and education,
3. peer leadership and youth-planned extracurricular activities, and
4. community organizing and environmental neighborhood change.

Project Northland Chicago aims to change the personal, social, and environmental factors that support alcohol use among young adolescents (see Figure 1). The theory of triadic influence (Flay & Petraitis, 1994; Komro et al., 1997) and Perry’s (1999) planning model for adolescent health promotion programs integrate these factors from several social behavioral theories, and they are used to guide the adaptation and enhancement of Project Northland Chicago.
The Project Northland Chicago intervention period is designed to be implemented consecutively from sixth to eighth grade. Each year of intervention involves school, family, and community components. Table 1 summarizes the intervention strategies and the level of modifications made for urban and multiethnic youth, families, and neighborhoods. Figures 2 and 3 provide examples of some of the adapted materials.

**Cultural Adaptation Process**

The original Project Northland interventions are being adapted to be culturally relevant and salient for a multiethnic population using the two dimensions of surface and deep structures described by Resnicow, Baranowski, Ahluwalia, and Braithwaite (1999). Surface structure involves matching intervention materials and messages to observable characteristics of a population. Deep structure involves incorporating the cultural, social, historical, environmental, and psychological forces that influence health behaviors in the particular population. Examples of surface-structure changes include adaptations to audiovisual materials to involve people, language, music, locations, and clothing familiar to (and preferred by) the target populations (Resnicow et al., 1999). Both surface- and deep-structure changes are generally achieved through involvement of the target population in intervention development (Resnicow et al., 1999). We have involved youth, parents, guardians, teachers, and community members throughout the stages of the adaptation process.

In the next section, we highlight the steps we have taken, and are currently taking, to adapt the Project Northland prevention strategies. Table 1 provides a summary of adaptations made to each component of the intervention.
## Table I. Project Northland Chicago Intervention Components by Grade

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<tr>
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<tbody>
<tr>
<td>Classroom curricula</td>
<td>Slick Tracy</td>
<td>Amazing Alternatives!</td>
<td>PowerLines</td>
</tr>
<tr>
<td>Format</td>
<td>• Six 30-min sessions</td>
<td>• Nine 45-min sessions</td>
<td>• Eight 45-min sessions</td>
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<td></td>
<td>• Comic activity books</td>
<td>• Peer-led activities</td>
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<td></td>
<td>• Peer-led activities</td>
<td>• Audiotape vignettes</td>
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<td></td>
<td>• Four homework assignments</td>
<td>• Group discussions</td>
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<td></td>
<td>• Creation of posters by student pairs</td>
<td>• Problem solving</td>
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<td></td>
<td>• Role plays</td>
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<tr>
<td>Topics</td>
<td>• Facts and myths about alcohol</td>
<td>• Skills to identify and resist</td>
<td>• Community influences</td>
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<td></td>
<td>• Influence of advertising</td>
<td>• Skills to use alcohol</td>
<td>• Skills</td>
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<td></td>
<td>• Peer pressure</td>
<td>• Promotion of alcohol-free alternatives</td>
<td>• Positive role models</td>
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<td></td>
<td>• Consequences</td>
<td>• Significant adaptations to reflect an urban environment</td>
<td>• Enhance exposure to positive role models</td>
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<tr>
<td>Adaptations</td>
<td>• Extensive visual adaptations to comic books</td>
<td>• Creation of new culturally and regionally appropriate role-play scenarios and audiotape vignettes</td>
<td>• More skills building and normative education</td>
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<td></td>
<td>• Slight modifications to comics and activities so more relevant to urban-life situations</td>
<td>• Retaping of audiotapes with African American and Hispanic actors</td>
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<td></td>
<td></td>
<td>• Enhanced and modified curriculum activities</td>
<td></td>
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<tr>
<td>Parental education</td>
<td>Slick Tracy</td>
<td>Amazing Alternatives!</td>
<td>PowerLines</td>
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<tr>
<td>and involvement</td>
<td>• Four 30-min homework assignments included in the comic activity books</td>
<td>• Four 30-min homework assignments</td>
<td>• Four home sessions with interactive activities for child and parents</td>
</tr>
<tr>
<td>Format</td>
<td>• Two 10-min interactive activities for parents and child to work on together</td>
<td>• Two 10-min interactive activities per assignment</td>
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<td></td>
<td>• Communication</td>
<td>• Family connection</td>
<td>• Family bonding</td>
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<td></td>
<td>• Family rules about alcohol use</td>
<td>• Supervision</td>
<td>• Communication</td>
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<tr>
<td></td>
<td>• Influences to use alcohol and skills to resist negative influences</td>
<td>• Media literacy</td>
<td>• Supervision</td>
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<td></td>
<td>• Parental monitoring</td>
<td>• Creation of family rules</td>
<td>• Parenting skills</td>
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<td></td>
<td>• Parents as role models</td>
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<tr>
<td>Adaptations</td>
<td>• Extensive visual adaptations to comic books</td>
<td>• Incorporated as a homework assignment instead of pamphlets mailed directly to parents</td>
<td>• New program added to enhance parental skills and family bonding</td>
</tr>
<tr>
<td></td>
<td>• Slight modifications to comics and activities to be more relevant to urban-family life situations</td>
<td>• Simplification and enhancement of original materials</td>
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<td></td>
<td>Slick Tracy Poster Fair</td>
<td>Amazing Alternatives!</td>
<td>Parent forum</td>
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<tr>
<td>Format</td>
<td>• Event held at each school for students to display their alcohol-related posters</td>
<td>Family Fun Event</td>
<td>• Event held at school or other community setting</td>
</tr>
<tr>
<td>Topics</td>
<td>• Knowledge and awareness of alcohol-related issues</td>
<td>• Event held at school or other community setting</td>
<td>• Family bonding</td>
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<td></td>
<td></td>
<td>• Model a fun alcohol-free event for families</td>
<td>• Communication</td>
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<td></td>
<td></td>
<td>• Opportunity for parents to discuss alcohol-related issues</td>
<td>• Supervision</td>
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<td></td>
<td></td>
<td>• Positive messages to adolescents and parents about being alcohol-free</td>
<td>• Parenting skills</td>
</tr>
<tr>
<td>Adaptation</td>
<td>• Activities held during the day instead of at night</td>
<td>• Minor modifications to games to update them</td>
<td>• New program added to enhance parental skills and family bonding</td>
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</table>
Adaptation of Project Northland

Projects modified to reflect urban life and acknowledge more fully cultural considerations, such as extended family network.

- Incorporation of a fun modern dance activity

**Format**
- Parent postcards
  - Five postcards mailed directly to parents
- Topics
  - Introduction/community involvement
  - Awareness/setting rules
  - Communication
  - Access in home
  - Supervision
- Adoptions
  - Replace more dense format of the original “Northland Notes for Parents” newsletters
  - Postcards are more colorful, eye-catching, and larger
  - Offer brief behavioral tips for parents

**Student-planned extracurricular activities**
- 7th-grade activities
  - Students will plan two social or community service projects
  - Open to their entire class
- Topics
  - Skills building
  - Healthy norms
  - Positive relations
  - Emphasize community service to provide positive community interactions
- Adaptation
  - Emphasize community service to provide positive community interactions

**Community organization**
- 1st year
  - 10 community organizers in Chicago
  - Each organizer establishes neighborhood action teams
- Topics
  - Action teams focus on environmental factors that influence young adolescent alcohol use
- Adaptations
  - More resources devoted to community organizing
  - Strategies relevant to urban neighborhoods

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<td><strong>Parent postcards</strong></td>
<td><strong>Parent postcards</strong></td>
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<td>- Positive Parenting Norms</td>
<td>- Positive Parenting Norms</td>
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<td>- Monitoring</td>
<td>- Monitoring</td>
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<tr>
<td>- Family Connections</td>
<td>- Family Connections</td>
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<tr>
<td>- Positive Community Involvement</td>
<td>- Positive Community Involvement</td>
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<tr>
<td>- Role Models</td>
<td>- Role Models</td>
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<tr>
<th>1st year</th>
<th>2nd year</th>
<th>3rd year</th>
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<tr>
<td>10 community organizers in Chicago</td>
<td>Continuation of community organizing activities</td>
<td>Continuation of community organizing activities</td>
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<td>Each organizer establishes neighborhood action teams</td>
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<td>Topics</td>
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<tr>
<td>- More resources devoted to community organizing</td>
<td>- Strategies relevant to urban neighborhoods</td>
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**Adaptation Steps for All Intervention Strategies**

As a first step, a review of the literature was accomplished regarding ethnicity, alcohol use, and prevention. Two of the major groups involved with this study are African American and Hispanic youth and families. Resnicow et al. (1999) suggested core cultural values that should be considered when developing programs for African Americans, including such values as communalism; expressiveness and respect for verbal communication skills; commitment to family; and reliance on intuition and experience versus that of empiricism. For Hispanics, core cultural values include family, respect for elders, and the importance of positive social interactions (Resnicow et al., 1999). Although many of these important cultural values are similar to those found in rural Minnesota, values such as respect for elders and the
importance of the extended family have been incorporated into the adapted version of the Project Northland programs, with particular attention to how the family programs are delivered. Sensitivity to the importance of intuition and experience versus that of empiricism influenced adaptations to written materials for parents and community materials, which now emphasize examples of personal experiences over the presentation of research results.

According to the research literature, there seems to be similarity and substantial overlap of risk factors for alcohol use, regardless of race or ethnicity (Botvin, Baker, Dusenbury, Botvin, & Diaz, 1995; Collins, 1995; Epstein, Botvin, Diaz, & Schinke, 1995; Griffin, Scheier, Botvin, & Diaz, 2000; Newcomb, 1995), a finding that supports the generalizability of prevention programs for multiethnic populations. The generalizability of prevention approaches was supported by the positive outcomes achieved with Botvin’s Life Skills Training classroom curriculum with multiethnic inner-city youth (Botvin, 1995). However, some risk and protective factors may be unique to particular minority groups or may have differential influence, whereas other forces may operate across ethnic groups (Griffin et al., 2000; Newcomb, 1995). For example, one study found that African American youth were more concerned than their Caucasian peers about their parents’ disapproval of drinking, whereas White youth were more concerned than African American youth about their friends’ disapproval (Ringwalt & Palmer, 1990). This finding suggests that family programs may be even more salient for African American populations. Another important study found that protective factors, including positive youth and adult role models, were especially important and salient among inner-city minority youth (Griffin et al., 2000). Etiological and prevention research that has included multiethnic inner-city youth provides support for the relevance of the original theoretical model of Project Northland, with adaptations including additional emphasis placed on the larger social environment, positive role models, and the importance of family interactions (Figure 1).

Community Advisory Committee
A community advisory committee was created to provide the research team with cultural and logistical advice in adapting and implementing the intervention and evaluation components. Previous drug-prevention scientists have emphasized the importance of including community members in the process of intervention development for multiethnic communities (Dusenbury & Diaz, 1995). Representatives of the communities can make important contributions by helping to determine the types of strategies that are likely to be acceptable, by providing the research team with credibility in the community, and by helping to identify ways the community can benefit by participation (Dusenbury & Diaz, 1995).

Original members of the Project Northland Chicago Community Advisory Committee include a Chicago Public Schools teacher who has extensive prevention research experience, the manager of the Safe and Drug-Free Schools and Communities Program for the Chicago Public Schools, the executive director of a community-based health care organization serving a primarily Hispanic population, and the special assistant to the commissioner for Hispanic affairs at the Chicago Department of Public Health. Two formal meetings were held with the community advisory committee during the first year of the study. During these meetings the committee members provided feedback on programs and protocols. Additional communication occurs through

Figure 3. Example of parent postcard.
e-mail or by telephone throughout the development and study phases. Formal meetings are held annually.

**Familiarity With Chicago**

An initial important step for the research team and the project's local community organizers was to develop a familiarity with political and community structures, schools, and organizations in Chicago and the study neighborhoods. Initial contacts involved members of the community advisory committee and contacts within the Chicago Public Schools. In addition, the director of the community organization component introduced the project to key community contacts, developed relationships with key stakeholders, and began the process of understanding more about community dynamics specific to Chicago. The Chicago-based community organizers spent their initial months of employment assessing the neighborhoods in which they would be working, by attending community meetings and by conducting hundreds of one-on-one meetings with local residents.

**Translation**

Some participants in the project include parents and community members who do not read or speak English. The primary foreign languages include Spanish, Polish, and Chinese. Therefore, program materials are translated into these languages. We have employed a variety of people to conduct translations; most have been Chicago-based translators working in the study schools and communities. In addition, community members or school staff serve as interpreters at community meetings. We hired Spanish-speaking community organizers to work with schools and community areas that have a high percentage of Spanish-speaking parents and residents.

**Adaptation Steps for School and Family Programs**

When developing school and family programs, we offer or suggest information that includes choices for families to make. This process is designed to convey respect and to avoid making overarching assumptions regarding family values. The program activities provide a framework that facilitates parents' or guardians' reflections of their own family environment and what might support their children's health. Participant involvement—including students, parents, guardians, and teachers—in the development process is key to this process. We employ a series of steps to incorporate participant involvement and feedback, as described in this section.

**Focus Groups**

An initial step in the revision process was to recruit two schools with multiethnic student populations to serve as pilot schools. One school has a primarily African American student body, and the other has an ethnically and racially diverse student body with a sizable Hispanic population. Focus groups are conducted with youth before the adaptation process and after participation in a pilot implementation of the revised program. Focus groups are conducted with four classrooms of students in the relevant grade from the two pilot schools (n range = 80–120 students) before the adaptation process. We ask students about young people's habits regarding pop culture, their favorite hangout spots, activities that they share with their parents or caregivers; and we seek feedback about the original program materials, activities, and characters. A team of six trained research staff conduct focus groups in each classroom, dividing each classroom into three small groups with one focus group leader and one notetaker. Detailed notes are taken for each focus group question. Analyses of focus groups include a summary of response patterns within and across the focus groups. Information is deemed most important and is thus incorporated into program adaptation if at least one-third of the students within a focus group respond similarly and if there is consistency across the majority of focus groups in specific responses. The initial focus groups confirmed that a comic book motif would be appropriate and attractive to this population, that students were confident and interested in working on homework assignments with their parents, and that the comic book characters were appealing.

**Pilot Test With Direct Observations and Feedback**

A pilot test of each of the revised classroom and home-based programs are conducted in the two pilot schools. Teachers and peer leaders are trained to conduct the program in the classrooms. Direct classroom observations of each session are conducted by trained study staff to evaluate the level of implementation fidelity, timing, and logistics. After completion of the pilot, teachers complete evaluations of the program; focus groups are conducted with student participants; and in-depth interviews are conducted with a small group of parent-caregiver participants. Focus groups are conducted with the student participants in a classroom setting during the school day. Primary topics of the focus groups include details about the acceptability and completion of the classroom and home-based components. In addition, questions are asked about the acceptance and identification with program characters and messages. In-depth telephone interviews with a small group of parent participants (n range = 5–10) are conducted after completion in the pilot family programs. Questions are asked regarding the relevance, appropriateness, and use...
of program materials and messages. To date, results from focus groups, teacher feedback, classroom observations, and parent interviews have indicated that the revised intervention materials have been well received. Teachers have rated the majority of session activities as “very effective.” They also rated student level of participation and interest as “high” for the majority of sessions. One teacher commented, “Some students who rarely participate in classroom activities did take part.” During postimplementation focus groups, students were positive about the programs and could recite the main messages of the programs. Students offered minor recommendations for changes in the visuals of the programs.

The program materials and activities have been designed to have universal appeal, with the ability of families to tailor the messages and activities to their own family culture. Feedback from parents has indicated that the program materials and activities are relevant and salient. The majority of parents thought the programs were easy to complete. All parents believed the programs to be culturally appropriate and able to address issues around alcohol that they believed were important for young people. Parents were quoted as saying that the programs “created more open conversation” and that “this project is interesting; my family enjoyed it.”

**Adaptation of the Community Strategy**

The adapted Project Northland for Chicago will expand the concept of community task forces used in the original study by using a direct-action community-organizing model (Forster et al., 1998; Perry et al., 2000; Veblen-Mortenson et al., 1999; Wagenaar et al., 1999, 2000). Direct-action community organizing has been successfully conducted in diverse, multiethnic inner-city neighborhoods (Levinton, Snell, & McGinnis, 2000). Low-income neighborhoods may be especially receptive to community organizing around alcohol issues (Lenk, Toomey, Wagenaar, Bosma, & Vessey, 2002). Ten full-time, ethnically and racially matched community organizers were hired to work with schools, youth, families, and community members. Community organizers were required to demonstrate culturally competent skills through their past work experience with racially and ethnically diverse populations and through their understanding of, and identity with, their own culture (Alkon, Tschaun, Ruane, Wolff, & Hittner, 2001). In addition, the organizers demonstrated open-mindedness, respectful attitudes toward others, and excellent communication skills. The city of Chicago recognizes 77 distinct community areas; the Project Northland Chicago organizers are working within 20 such areas.

To adapt the community-organizing design, information was gathered through numerous meetings with Chicago professionals working in public health, law enforcement, prevention, and substance-use policy. In addition, advice was sought from current and past community organizers in Chicago. This input was used to advertise and promote the community-organizing job positions throughout the city so that the project could recruit a diverse team with previous organizing experience. Current liquor laws and ordinances were reviewed, and information was gathered on previous community efforts. Rather than address city ordinances as in the original Project Northland, community action teams in Chicago will focus on neighborhood-based institutional and informal policies to reduce youth access to alcohol and marketing of alcohol to youth.

Each community organizer conducted a community assessment to become familiar with their assigned communities’ alcohol issues, identified resources, and key organizations. The organizers began with outreach activities by attending community meetings and by conducting one-on-one meetings with hundreds of community residents. Through this process, the organizers formed an understanding of specific community concerns and identified key community members to invite to join their action teams. The organizers have worked especially hard to identify parents with whom to involve in the community action teams. Action teams have been formed in each intervention community to address neighborhood and schoolwide issues related to young adolescents access to, and use of, alcohol. The community organizers have held action team meetings and are engaged in actively involving community members in this process. Teams are identifying major access and advertising issues that are relevant to their specific communities. Several teams are beginning to take on actions in the community, with community members engaged in monitoring and observing activities in parks and at community events where youth drink. Several teams have begun to visit alcohol retailers to ask them to sign pledges committing to not sell alcohol to underage persons. In some cases, the community organizers work with others in the community to raise awareness of the seriousness of youth alcohol use and how it is associated with other serious community issues, such as youth violence.

In summary, the adaptation process employed in this study provides a guideline for others in the development of multiple-component, community-wide prevention strategies for multiethnic communities. This investigation is a critical and timely evaluation of an adapted and enhanced Project Northland for urban and multiethnic
Adaptation of Project Northland

youth, families, and neighborhoods. Chicago, the third largest city in the United States, with a culturally diverse population, provides an excellent setting to evaluate this adaptation process. Its strong evaluation design, with a randomized design and with multiple levels of measures, should provide insight into how, if, and why the adapted Project Northland Chicago intervention is successful. The information gained from this trial, including the process of adaptation of prevention strategies, will be beneficial for alcohol-use prevention efforts within diverse urban communities across the country.

Acknowledgment

This research was funded by a grant from the National Institute on Alcohol Abuse and Alcoholism, awarded to Kelli A. Komro, PhD, PI.

Received June 20, 2003; revisions received September 30, 2003, and December 12, 2003; accepted January 4, 2004

References


Berkeley, CA: National Institute on Alcohol Abuse and Alcoholism.


variables. *Health Education Research: Theory & Practice, 16*(1), 59–70.


