

Research Brief

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MISSION of SDRG

To understand and promote healthy behaviors and positive social development among children, adolescents, and young adults by:

- ◆ conducting research on factors that influence development;
- ◆ testing the effectiveness of interventions;
- ◆ studying service systems and working to improve them;
- ◆ presenting science-based solutions to health and behavior problems; and
- ◆ disseminating knowledge produced by this research.

Can Communities Implement Prevention Programs with Fidelity to Program Design?

Prevention programs can work. This has been demonstrated in many high-quality efficacy studies testing programs in controlled trials. Results from such research are encouraging. For example, Botvin's Life Skills Training program demonstrated a reduction of 54% in adolescent alcohol use, 73% in heavy drinking, and 79% in drinking to intoxication one or more times per week.¹

There is evidence that participant outcomes are stronger when program implementers adhere to the content, guidelines, and methods specified by program developers. This is important because funders are increasingly focused on supporting programs with proven outcomes. Yet national assessments have documented that most community and school providers fail to deliver prevention programs with adequate fidelity. This inconsistency raises the question: What can be done to ensure that communities implement prevention programs with fidelity? An article recently published in the journal *Youth Violence and Juvenile Justice* describes a program implementation and monitoring system that proved successful in guiding 12 community coalitions to deliver multiple cycles of prevention programs with high fidelity to their original models.²

The Community Youth Development Study (CYDS) is a randomized trial of Communities That Care (CTC), a community-based system designed to prevent adolescent problem behaviors such as substance use, delinquency, and violence. In the study, 12 communities in 7 states used the CTC system to implement 16 preventive interventions for a combined total of 251 program replications over 2 years.

Key Finding

The results from the CYDS study offer strong evidence that communities can successfully implement prevention programs with high implementation fidelity. By utilizing a specific framework and measurement tools developed for the CYDS study, communities were able to monitor the implementation of prevention programs intended to lead to community-wide reductions in substance abuse, delinquency, and other adolescent problem behaviors.

Community Coalitions: To achieve this level of program implementation, the 12 communities received CTC training to establish community coalitions. With the assistance of local CTC coordinators and with ongoing technical assistance, the coalitions prioritized risk and protective factors based on local data obtained via the Communities That Care Youth Survey and selected preventive interventions to address their community's needs.

Program Participation: Table 1 shows the total number of families in parent-training programs and students in after-school and school-based programs who participated in at least one session of a program, and the percentage of participants who attended at least 60% of all delivered sessions. Across the 2 years, communities served an average of 10% of targeted families with parent-training services, 19% of targeted students with after-school programs, and the majority of students with school-based programs.

1. Life Skills Training. In D. S. Elliott (Ed.), *Blueprints for violence prevention: Book 5* (pp. 1-93). Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado.
2. Fagan, A. A., Hanson, K., Hawkins, J. D., & Arthur, M. W. (2008). Implementing effective community-based prevention programs in the Community Youth Development Study. *Youth Violence and Juvenile Justice*, 6, 256-278.

Monitoring System: As part of the CTC process, all 12 intervention sites were trained to use a comprehensive system to monitor/measure five aspects of fidelity: dosage, quality of delivery, participant responsiveness, program participation, and implementation challenges. As shown in Figure 1, the percentage of program material delivered, a

measure of adherence, increased over the 2 years, from an average of 91% in 2004-2005 to an average of 94% in 2005-2006. The monitoring system helped community coalitions ensure high-quality replication of the effective prevention programs, thereby increasing the likelihood of desired participant outcomes.

Table 1: Program Participation and Retention in CYDS Intervention Communities, 2004 – 2006

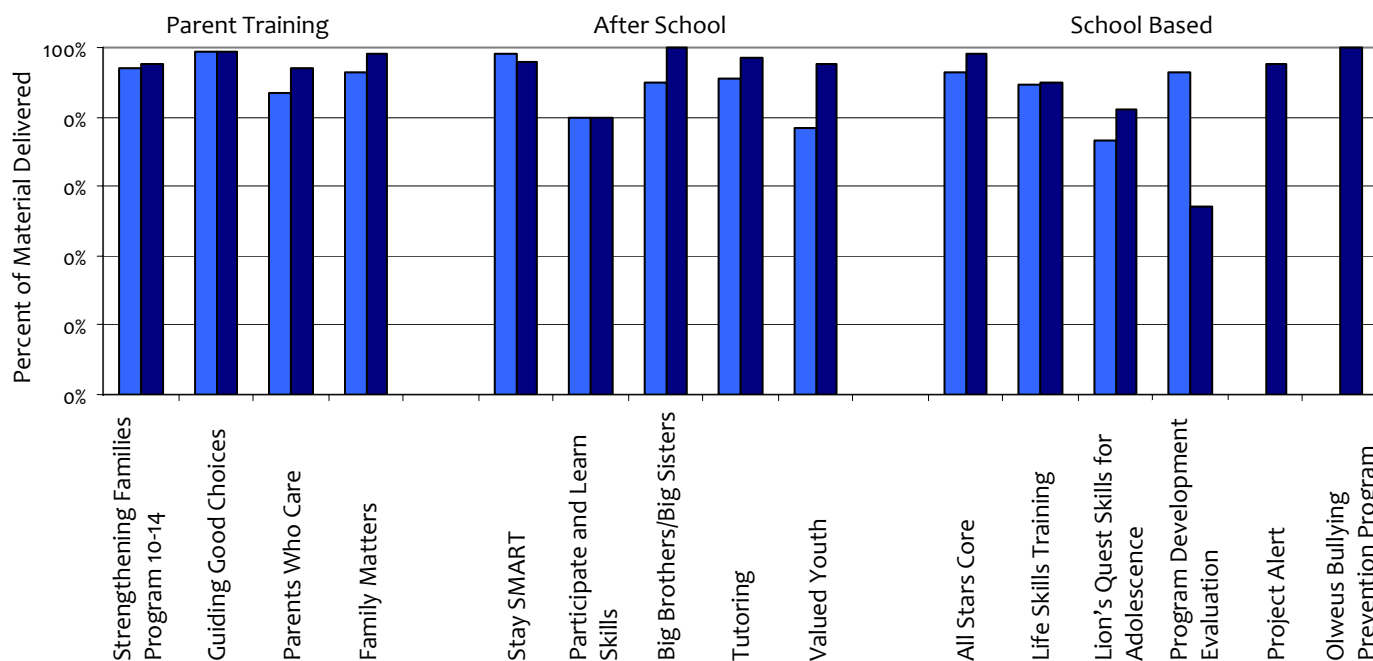
Program Type	2004-2005			2005-2006		
	Participation ^a	Percentage of Target Population (Range ^b)	Retention ^c	Participation ^a	Percentage of Target Population (Range ^b)	Retention ^c
Parent training	517	8% (3 - 28%)	79%	665	12% (6 - 46%)	78%
After school	546	17% (7 - 98%)	77%	612	21% (4 - 96%)	81%
School based	1432	97% (75 - 100%)	96%	3886	81% (6 - 100%)	91%

a. Participation: number of families (parent-training programs) or students (after-school and school-based programs) attending at least one program session.

b. Range: denotes the variation across the different communities offering each type of programming.

c. Retention: percentage of participants attending 60% or more of the delivered sessions.

Figure 1: Program Adherence in the CYDS Intervention Communities, 2004-2006



For additional information on the Community Youth Development Study or the program monitoring system, see: Fagan, A. A., Hanson, K., Hawkins, J. D., & Arthur, M. W. (2008). Implementing effective community-based prevention programs in the Community Youth Development Study. *Youth Violence and Juvenile Justice*, 6, 256-278.