Field Education Kickoff
September 18, 2013

Using the Research Base for Prevention Science to Achieve Collective Impact on Youth Development

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Objectives

- Why should we care about prevention?
- What are the key frameworks guiding prevention efforts?
- How does Communities That Care (CTC) incorporate the research base for prevention science?
- How well does CTC achieve prevention outcomes?
<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Motor Vehicle Crashes</td>
<td>15.9</td>
</tr>
<tr>
<td>2</td>
<td>Accidents</td>
<td>11.5</td>
</tr>
<tr>
<td>3</td>
<td>Intentional self harm (suicide)</td>
<td>10.7</td>
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<tr>
<td>4</td>
<td>Assault (homicide)</td>
<td>10.3</td>
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<tr>
<td>5</td>
<td>Malignant neoplasms</td>
<td>3.7</td>
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<tr>
<td>6</td>
<td>Diseases of heart</td>
<td>2.2</td>
</tr>
<tr>
<td>7</td>
<td>Congenital malformations, deformations and</td>
<td>1.0</td>
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<tr>
<td></td>
<td>abnormalities</td>
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</tr>
<tr>
<td>8</td>
<td>Influenza and pneumonia</td>
<td>0.5</td>
</tr>
<tr>
<td>9</td>
<td>Cerebrovascular diseases</td>
<td>0.4</td>
</tr>
<tr>
<td>10</td>
<td>Pregnancy, childbirth and the puerperium</td>
<td>0.4</td>
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<tr>
<td></td>
<td>All other causes (Residual)</td>
<td>11.1</td>
</tr>
</tbody>
</table>
Life Course Perspective

Problem behaviors begun in adolescence have implications for morbidity and mortality across the life course eg.,

- Preventing tobacco use among young people is critical to ending the tobacco epidemic
- 80% of adult smokers began smoking by 18 years of age
- Adolescents are uniquely susceptible to social and environmental influences

Thomas Frieden quoted in USDHHS Preventing Tobacco Use Among Youth and Young Adults: A report of the Surgeon General, 2012
Prevention
A Mission Congruent with Social Work Values

- Preventing problems and promoting well-being in the *population*
- Enhancing social justice by decreasing disparities in well-being between vulnerable populations and the larger society
Intervention Spectrum

Prevention
- Selective
- Universal

Promotion

Indicated

Case Identification

Standard Treatment for Known Disorders

Treatment

Maintenance
- Compliance with long-term treatment (goal: reduction in relapse and recurrence)
- After-care (including rehabilitation)

Is Prevention A Viable Role for Social Work?

A long history of commitment to community based assessment of need and community and family strengthening to prevent problems (Almgren, Kemp, & Eisinger, 2000)
Preventing Mental, Emotional and Behavioral Disorders Among Young People: Progress and Possibilities

A summary of the progress of prevention science
40 Years of Prevention Science Research Advances

Etiology/Epidemiology of Problem Behaviors
- Identify risk and protective factors that predict problem behaviors and describe their distribution in populations.

Efficacy Trials
- Design and test preventive interventions to interrupt causal processes that lead to youth problems.
## Risk Factors for Adolescent Problem Behaviors

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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</thead>
<tbody>
<tr>
<td><strong>Community</strong></td>
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<tr>
<td>Availability of Drugs</td>
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<tr>
<td>Availability of Firearms</td>
<td></td>
<td>✓</td>
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<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
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<td>Media Portrayals</td>
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<tr>
<td>Transitions and Mobility</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Low Neighborhood Attachment and Community Disorganization</td>
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<td>✓</td>
<td>✓</td>
<td></td>
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<tr>
<td>Extreme Economic Deprivation</td>
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</table>
Risk Factors for Adolescent Problem Behaviors

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<th>Risk Factors</th>
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<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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<tbody>
<tr>
<td>Family History of the Problem Behavior</td>
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<td>✓</td>
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<td>Family Management Problems</td>
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<td>✓</td>
<td>✓</td>
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<tr>
<td>Family Conflict</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
<td>✓</td>
<td>✓</td>
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<td>✓</td>
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</tbody>
</table>
## Risk Factors for Adolescent Problem Behaviors

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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</thead>
<tbody>
<tr>
<td><strong>School</strong></td>
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<tr>
<td>Academic Failure Beginning in Late Elementary School</td>
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<tr>
<td>Lack of Commitment to School</td>
<td>✓</td>
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<td>✓</td>
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</table>
## Risk Factors for Adolescent Problem Behaviors

### Risk Factors

<table>
<thead>
<tr>
<th>Individual/Peer</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Teen Pregnancy</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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</thead>
<tbody>
<tr>
<td>Early and Persistent Antisocial Behavior</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Rebelliousness</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
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<tr>
<td>Friends Who Engage in the Problem Behavior</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Favorable Attitudes Toward the Problem Behavior</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<td></td>
<td>✔</td>
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<tr>
<td>Early Initiation of the Problem Behavior</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<tr>
<td>Constitutional Factors</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
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<td>✔</td>
</tr>
</tbody>
</table>
The Social Development Strategy

The Goal...

Healthy Behaviors

- Bonding
  - Attachment
  - Commitment

Healthy Beliefs and Clear Standards

Ensure...

...for all children and youth

Build...

...in families, schools, and peer groups

By providing...

Opportunities  Skills  Recognition

...in families, schools, and peer groups

Be Aware of...

Individual Characteristics
Prevalence of 30 Day Alcohol Use by Number of Risk and Protective Factors

Six State Student Survey of 6th-12th Graders, Public School Students

Number of Risk Factors

Prevalence

0 to 1
2 to 3
4 to 5
6 to 7
8 to 9
10+

Number of Protective Factors

- - 0 to 1
- - 2 to 3
- - 4 to 5
- - 6 to 7
- - 8 to 9
- - 10+
Prevalence of Any Other Illicit Drug Use (Past 30 Days) By Number of Risk and Protective Factors

Six State Student Survey of 6th - 12th Graders, Public School Students

- Number of Risk Factors
- Number of Protective Factors

Prevalence

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

Number of Risk Factors

0 to 1 2 to 3 4 to 5 6 to 8 9 or More

Number of Protective Factors

- 0 to 1
- 2 to 3
- 4 to 5
- 6 to 8
- 9 or More
Prevalence of Other Problems by Number of Risk Factors

Bond, Thomas, Toumbourou, Patton, and Catalano, 2000
Number of School Building Level Risk Factors and Probability of Meeting Achievement Test Standard (10th Grade Students)

Arthur et al., 2006
Epidemiology

- Different neighborhoods have different profiles of risk, protection, and outcomes.
Neighborhoods Vary in Amount of Risk: A Place Based Approach May be Needed

No students in this area.
Insufficient number of students in this area.

Neighborhood #1
Neighborhood #2
Neighborhood #3
Types of Risk may Vary by Community or School

High School A Risk Profile

<table>
<thead>
<tr>
<th>Percent At Risk</th>
<th>Community</th>
<th>Family</th>
<th>School</th>
<th>Peer-Individual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Neighborhood Attachment</td>
<td>60%</td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>Community Disorganization</td>
<td>55%</td>
<td>70%</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Perceived Availability of Drugs</td>
<td>50%</td>
<td>65%</td>
<td>65%</td>
<td>65%</td>
</tr>
<tr>
<td>Perceived Availability of Hardguns</td>
<td>45%</td>
<td>60%</td>
<td>60%</td>
<td>60%</td>
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<tr>
<td>Poor Family Management</td>
<td>40%</td>
<td>55%</td>
<td>55%</td>
<td>55%</td>
</tr>
<tr>
<td>Family Conflict</td>
<td>35%</td>
<td>50%</td>
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<tr>
<td>Family History of Antisocial Behavior</td>
<td>30%</td>
<td>45%</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Parental Attitudes Favorable Towards Drug Use</td>
<td>25%</td>
<td>40%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Parental Attitudes Favorable Towards Antisocial Behavior</td>
<td>20%</td>
<td>35%</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>Low Commitment to School</td>
<td>15%</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Academic Failure</td>
<td>10%</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Rebelliousness</td>
<td>5%</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Early Problem Behavior</td>
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<td>5%</td>
<td>5%</td>
<td>5%</td>
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<tr>
<td>Early Initiation of Drug Use</td>
<td>0%</td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Favorable Attitudes Towards Drug Use</td>
<td>0%</td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Favorable Attitudes Towards Antisocial Behavior</td>
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<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
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<tr>
<td>Low Perceived Risks of Drug Use</td>
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<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Friends' Use of Drugs</td>
<td>0%</td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
<tr>
<td>Sensation Seeking</td>
<td>0%</td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
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<tr>
<td>Overall Risk</td>
<td>0%</td>
<td>2.5%</td>
<td>2.5%</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

*School 2002 * District 2002

Estimated National Value
Types of Risk may Vary by Community or School

High School B Risk Profile

<table>
<thead>
<tr>
<th>Percentage of Youth at Risk</th>
<th>Community</th>
<th>Family</th>
<th>School</th>
<th>Peer-Individual</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Neighborhood Attachment</td>
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<tr>
<td>Community Disorganization</td>
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<tr>
<td>Laws &amp; Norms Favor Drug Use</td>
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<tr>
<td>Perceived Availability of Drugs</td>
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<tr>
<td>Perceived Availability of Handguns</td>
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<tr>
<td>Poor Family Management</td>
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<tr>
<td>Family Conflict</td>
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<tr>
<td>Family History of Antisocial Behavior</td>
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<tr>
<td>Parent Attitudes Favor Drug Use</td>
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<tr>
<td>Parent Attitudes Favor ASB</td>
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<tr>
<td>Academic Failure</td>
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<tr>
<td>Low Commitment to School</td>
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<tr>
<td>Rebelliousness</td>
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<tr>
<td>Early Initiation of ASB</td>
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<tr>
<td>Early Initiation of Drug Use</td>
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<tr>
<td>Attitude Favorable to ASB</td>
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<td>Attitude Favorable to Drug Use</td>
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<td>Perceived Risk of Drug Use</td>
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<td>Interaction with Antisocial Peers</td>
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<td>Friends' Use of Drugs</td>
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<td>Rewards for ASB</td>
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<td>Depressive Symptoms</td>
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<tr>
<td>Intention to Use Drugs</td>
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<tr>
<td>Gang Involvement</td>
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<td>Total Risk</td>
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</tbody>
</table>
Prevention interventions should target malleable risk and protective factors

(Coie et al., 1994; Mrazek and Haggerty, 1984; Woolf, 2008; O’Connell, Boat & Warner, 2009)
Reflect and Share

- What surprises you about the information presented so far?

- How could you use these ideas in your own work whether administration, treatment or prevention?
Illustrates Wide Ranging Tested, Effective Prevention Programs and Policies for Multiple Problems


Worldwide application of the prevention science research base in adolescent health

Adolescent Health Series Article 3

“Failure to invest in the health of the largest generation of adolescents in the world’s history jeopardises earlier investments in maternal and child health, erodes future quality and length of life, and escalates suffering, inequality, and social instability.”
What is an efficacious intervention?

<table>
<thead>
<tr>
<th>Evaluation Quality</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ At least one randomized controlled trial OR a quasi-experimental trial without design flaws</td>
<td>▪ Impact on adolescent problem behavior</td>
</tr>
<tr>
<td>▪ Population of focus is clearly defined</td>
<td>▪ Absence of any negative effects</td>
</tr>
<tr>
<td>▪ Risk and protective factors that program seeks to change are identifiable</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Intervention Specificity</th>
<th>Implementation Tools</th>
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</thead>
<tbody>
<tr>
<td>▪ Training materials are available</td>
<td>▪ Training materials are available</td>
</tr>
<tr>
<td>▪ Information on the financial and human resources required</td>
<td>▪ Information on the financial and human resources required</td>
</tr>
<tr>
<td>▪ Benefit-cost information desireable</td>
<td>▪ Benefit-cost information desireable</td>
</tr>
</tbody>
</table>
Wide Ranging Approaches Have Been Found To Be Efficacious

<table>
<thead>
<tr>
<th>Prevention Programs/Policies</th>
<th>Violence</th>
<th>Drug Use</th>
<th>HIV STI</th>
<th>Unintended Pregnancy</th>
<th>Vehicle Crash Risk</th>
<th>Obesity</th>
<th>Mental Health</th>
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</thead>
<tbody>
<tr>
<td>1. Prenatal &amp; Infancy Programs (eg., NFP)</td>
<td></td>
<td>✓</td>
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<td>✓</td>
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<tr>
<td>2. Early Childhood Education</td>
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<td>✓</td>
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<tr>
<td>3. Parent Training</td>
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<td>4. After-school Recreation</td>
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<tr>
<td>5. Mentoring with Contingent Reinforcement</td>
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<td>✓</td>
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<tr>
<td>6. Cognitive Behavior Therapy</td>
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</tr>
<tr>
<td>7. Classroom Organization, Management and Instructional Strategies</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Classroom Curricula</td>
<td>✓</td>
<td>✓</td>
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Wide Ranging Approaches Have Been Found To Be Efficacious

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<th>Prevention Programs/Policies</th>
<th>Violence</th>
<th>Drug Use</th>
<th>HIV STI</th>
<th>Unintended Pregnancy</th>
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<td>9. Community Based Skills Training/Motivational Interviewing</td>
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<td>10. Cash Transfer for School Fees/Stipend</td>
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<td></td>
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<td>11. Multicomponent Positive Youth Development</td>
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<td>12. Policies (eg., MLDA, Access to Contraceptives)</td>
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<td>✓</td>
<td>✓</td>
<td></td>
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<td>13. Community Mobilization</td>
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<td>14. Medical Intervention</td>
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<td>15. Law Enforcement</td>
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<td>16. Family Planning Clinic</td>
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## Cost-Benefit of Selected Programs

*Steve Aos, Associate Director, Washington State Institute for Public Policy [www.wa.gov/wsipp](http://www.wa.gov/wsipp)*

<table>
<thead>
<tr>
<th>Program</th>
<th>Benefit</th>
<th>Cost¹</th>
<th>Benefit Minus Cost</th>
<th>Benefit per Dollar Cost</th>
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<tr>
<td>Nurse-Family Partnership</td>
<td>$30,325</td>
<td>$9,421</td>
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<tr>
<td>Chicago Child-Parent Centers</td>
<td>$39,160</td>
<td>$8,124</td>
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<tr>
<td>Seattle Social Development Project</td>
<td>$6,237</td>
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<td>Strengthening Families Program 10-14</td>
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<td>Life Skills Training</td>
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<td>Functional Family Therapy</td>
<td>$37,739</td>
<td>$3,190</td>
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¹Cost estimates are per participant, based on 2003 U.S. dollars for SFP 10-14;²⁰⁰⁷ U.S. dollars for the Chicago Child-Parent Centers;¹¹⁵ and 2010 U.S. dollars for all other interventions¹¹⁴
Cost-Benefit of Selected Programs*

*Steve Aos, Associate Director, Washington State Institute for Public Policy www.wa.gov/wsipp

<table>
<thead>
<tr>
<th>Program</th>
<th>Benefit</th>
<th>Cost¹</th>
<th>Benefit Minus Cost</th>
<th>Benefit per Dollar Cost</th>
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<tr>
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<td>$3,190</td>
<td>$34,549</td>
<td>$11.86</td>
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</table>

¹Cost estimates are per participant, based on 2003 U.S. dollars for SFP 10-14;¹⁹ 2007 U.S. dollars for the Chicago Child-Parent Centers;¹¹⁵ and 2010 U.S. dollars for all other interventions¹¹⁴
Calls by Funding Agencies for Evidence Based Practice

- Often provide a limited number of options for evidence based practices
- Do not recognize the need for local decision making
- Do not build local capacity
The Challenge

- How can we build community capacity to increase use of tested and effective prevention policies and programs with and impact at scale...

while recognizing that communities are different from one another and need to use data to decide locally what effective policies and programs they use?
Why Community Coalitions to Prevent Adolescent Problems?

- Risk/protective factors are located in community, family, school, peer and individual
- Risk/protection vary by neighborhood
- Community coalitions representing multiple sectors of influence can coordinate multiple resources and actions
- Multiple sector involvement more likely to reach all children and youth and may have population wide effect
- However, not all approaches are effective
Communities That Care: A Tested and Effective System for Community Wide Prevention

CTC is a proven method for building community capacity to use prevention science to make decisions to effectively prevent underage drinking, tobacco use, and delinquent behavior including violence in their community.

- CTC has been tested in a randomized controlled trial involving 12 pairs of matched communities across 7 states from Maine to Washington.
- CTC’s effects have been independently replicated in a statewide test in Pennsylvania.
- CTC is listed on Blue Prints for Healthy Youth Development
CTC Effects on Problem Behavior Initiation in a 24 Community Randomized Trial

In a panel of 4407 youth followed from grade 5, by grade 8 youth in CTC communities were:

- 33% less likely to start Smoking Cigarettes
- 32% less likely to start Drinking
- 25% less likely to start engaging in Delinquent Behavior

...than those from control communities

Effects sustained and extended to violence reduction in 10th grade
Benefits of CTC Compared to Costs

- Benefits of CTC:
  - Delinquency: $4,982
  - Smoking: $911
  - Total: $5,893

- Costs:
  - Total: $1,112

Net Benefit Per Child in CTC Community:
- Delinquency: $4,982
- Smoking: $911
- Total: $5,893

Net Benefit: $4,780

Benefit-Cost Ratio:
\[
\frac{\text{Benefit}}{\text{Cost}} = \frac{\$5,893}{\$1,112} = 5.30
\]

$1.00 invested in CTC yields $5.30 in benefits

Kuklinski et al., 2012
The Communities That Care Operating System

Get Started
Readiness

Implement and Evaluate

Get Organized

Create a Plan

Creating Communities That Care

Develop a Profile Assessment
How Does the *Communities That Care* Operating System Work?

**Get Started**

**Get Organized**

**Implement and Evaluate**

**Create a Plan**

**Develop a Profile**

- **Months 1-3**
  - Assess in diverse groups:
    - Key community issues: View of prevention, History of collaboration, Use of tested, effective programs
    - Identification of key individuals, stakeholders, and organizations.
The *Communities That Care* Operating System

**Get Started**

- Develop a Profile
- Create a Plan
- Get Organized

**Implement and Evaluate**

Months 4-5
- Build the community coalition.
- Train key leaders and prevention board members in CTC
- Educate the community about CTC

**Creating Communities That Care**
The Communities That Care Operating System

Implement and Evaluate

Get Started

Creating Communities That Care

Create a Plan

Develop a Profile

Months 6-7
• Analyze risk/
  • protective factor and outcome data from HYS.
• Construct a community profile from the data.
How Does CTC Assess Local Need?

In Washington State Healthy Youth Survey

- Surveys all 6th, 8th, 10th, and 12th graders
- Identifies levels of 21 risk and 9 protective factors and academic and behavioral outcomes
- Guides planners to select tested, effective actions
- Monitors the effects of chosen actions
The *Communities That Care* Operating System

**Get Started**

**Get Organized**

**Create a Plan**

**Develop a Profile**

**Months 8-9**
- Prioritize risk and protective factors and outcomes to be targeted.
- Review and match tested, effective interventions to priorities.
- Create action and evaluation plan.
<table>
<thead>
<tr>
<th></th>
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</table>
Parent Training
Middle & High School

- Parenting Wisely (Kacir and Gordon, 1997)
- Iowa Strengthening Families Program (Spoth et al., 1998)
- Focus on Families (Catalano et al., 1999; 1997; Haggerty et al., 2008)
- Family Matters (Bauman et al., 2001)
The Communities That Care Operating System

Create a Profile

Create a Plan

Get Organized

Get Started

Implement and Evaluate

Years 2-5
- Form task forces.
- Identify and train implementers.
- Sustain collaborative relationships.
- Evaluate processes and outcomes for programs annually.
- Evaluate community outcomes every two years.
- Adjust programming.

Creating Communities That Care
Six Trainings over 6-9 Months and Weekly TA Build Community Capacity to:

- Build coalition of diverse stakeholders and key leaders (2 trainings)
- Assess and prioritize risk, protection, and problems with a student survey
- Assess current implementation of tested, effective prevention programs
- Match locally prioritized risks with tested, effective preventive programs
- Support/sustain fidelity and reach monitoring of chosen preventive programs
How Does CTC Stay on Track?

Assess CTC Milestones and Benchmarks: Goals, steps, actions, and conditions needed for CTC implementation to build prevention infrastructure

Weekly TA calls review progress on milestones and benchmarks achievements and barriers
All CTC Sites had High Levels of Program Fidelity

- **Adherence**: implementing the core content and components
- **Delivery of Sessions**: implementing the specified number, length, and frequency of sessions
- **Quality of Delivery**: ensuring that implementers are prepared, enthusiastic, and skilled
- **Participant Responsiveness**: ensuring that participants are engaged and retaining material

(Fagan et al., 2009)
How was High Fidelity Achieved?

- Local monitoring and action
  - Community Program Implementation Training
  - CTC coalitions routinely tracked implementation and provided feedback
  - Changes were made as necessary

- External monitoring/technical assistance
  - Regular telephone, email, and in-person TA to CTC coordinators and coalitions
  - Semi-annual reports summarized program successes, challenges & potential solutions
What Percent of the Population Must Be Reached to Achieve Collective Impact?

CTC Results Achieved by Reaching 20-50%

Number of students or families at least one session

<table>
<thead>
<tr>
<th>Program Type</th>
<th>2004-05</th>
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<th>2006-07</th>
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<td>5165</td>
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<td>After-school</td>
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<td>Parent Training</td>
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<td>665</td>
<td>476</td>
<td>379</td>
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</table>

*Note: Total eligible population of 6th, 7th, and 8th-grade students in 2005-06 was 10,031.*

(Fagan et al., 2009)
Communities That Care: What is required?

- Commitment of key leaders/community members
- .5-1 FTE community coordinator
- Community coordinator training
- Coalition Training in the CTC strategy
- Weekly phone technical assistance
- Assessment survey every two years
- Funding for selected evidence based programs
- Training in selected evidence based programs
- Fidelity and “reach” monitoring
- Evaluation of implementation and outcomes
Communities That Care Process and Timeline

**Process**
- Assess readiness, mobilize the community
- Assess risk, protection and resources
- Develop strategic plan

**Evaluation**
- Increase in priority protective factors
- Decrease in priority risk factors
- Increase in positive youth development
- Reduction in problem behaviors

**Measurable Outcomes**
- 6-9 mos.
- 1 year
- 2-5 yrs.
- 3-10 yrs.
- 10-15 yrs.

**Vision for a healthy community**
Results of Testing Communities that Care

Spring '07
- 3 years of CTC
- 2nd year of programs

Spring '08
- Completed Year 5 of the study
- Ended CYDS funding and technical assistance

April '03
Start of Study

Spring '06

Youth Outcomes in Grade 7:
- Lower levels of targeted risk
- Lower rates of initiation of delinquency

Spring '07
- 4 years of CTC
- 3rd year of programs

Youth Outcomes in Grade 8:
- Higher levels of protection
- Lower rates of initiation of use of alcohol, cigarettes, smokeless tobacco, and delinquency
- Lower prevalence of alcohol, binge drinking, smokeless tobacco
- Fewer delinquent behaviors

Spring '09
No CYDS funding and no technical assistance for 1 year

Youth Outcomes in Grade 10:
- Lower rates of initiation of use of alcohol and cigarette, and delinquency
- Lower prevalence of smoking, delinquency, and violence

Hawkins et al. (2009) Archives of Pediatric Adolescent Medicine
Hawkins, et al., (2012 Archives of Pediatric Adolescent Medicine
Thoughts?

• What questions come to mind?
• Could CTC work in communities you know?
• Other ways you think we could disseminate this information?
What would it take to achieve and sustain these community wide outcomes more broadly across Seattle/King County/Washington State/USA?
Ingredients for Successful Dissemination

Availability of manuals and materials is necessary…

All manuals and materials needed to implement Communities That Care have been purchased and placed in the public domain by SAMHSA and are available at:

http://www.communitiesthatcare.net
Create a Diverse Practice Reference Group of Communities Using CTC
Current Efforts Underway to Disseminate CTC more Broadly

- Creating eCTC materials for web delivery
- SSW MSW Certificate in Prevention
- SSW Initiative in Seattle/King County
- Oregon test of CTC for youth 0-10 to enhance child wellbeing and prevent child-related problems like abuse and neglect
- Providence, RI test of combining CTC processes with system reform for public child serving agencies and schools
Conclusions

- Behavior problems are implicated in adolescent and adult burden of disease.
- Adolescent health can influence health in adolescents and adults.
- Risk and protective factors are targets for preventive intervention.
- Preventive interventions and community based planning processes that have been tested in controlled trials should be used to improve adolescent health.
- Preventing these behavior problems using CTC can reduce mortality and morbidity and achieve collective impact.
Thank You!

More information on CTC can be found at:

CTC materials have been placed in the public domain and available for download at:

http://www.communitiesthatcare.net

Communities That Care on Facebook

http://www.facebook.com/pages/Communities-that-Care/169417303103839

Communities That Care on Wikipedia

http://en.wikipedia.org/wiki/Communities_That_Care

www.sdrg.org
Global Shift in Mortality from Infectious to Non-communicable Diseases and Conditions

- Behavior problems are implicated in shift (alcohol, tobacco, and other drugs, motor vehicle fatalities, violence, mental health, and risky sex)
- Behavior problems cause harm in adolescence
- Behavior problems established in adolescence cause harm into adulthood
- Preventing these behavior problems during adolescence can reduce mortality and morbidity worldwide