Unleashing the Power of Prevention: From Nothing Works to Effective Prevention

Richard F. Catalano, Ph.D.

Bartley Dobb Professor for the Study and Prevention of Violence
Co-Founder Social Development Research Group (SDRG)
School of Social Work, University of Washington

www.sdrg.org
President, Society for Prevention Research
Objectives

- Why should we care about prevention?
- What is the state of Prevention Science in 2016?
- What is *Unleashing the Power of Prevention*?
- How can communities use Prevention Science to prevent substance misuse and related problems?
Shift in Causes of Mortality

- There has been a global shift in the leading causes of mortality from infectious to non-communicable diseases and conditions
- Behavioral health problems are implicated in this shift
# Leading Causes of Global Mortality 10-24 Year Olds

<table>
<thead>
<tr>
<th>Rank</th>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Road Traffic Accidents</td>
<td>25.9 (10.0%)</td>
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<tr>
<td>2</td>
<td>Self-inflicted injuries</td>
<td>16.4 (6.3%)</td>
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<tr>
<td>3</td>
<td>Violence</td>
<td>15.7 (6.0%)</td>
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<tr>
<td>4</td>
<td>Low RTI</td>
<td>15.3 (5.9%)</td>
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<tr>
<td>5</td>
<td>Tuberculosis</td>
<td>14.2 (5.5%)</td>
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<tr>
<td>5</td>
<td>HIV/AIDS</td>
<td>14.2 (5.5%)</td>
</tr>
<tr>
<td>7</td>
<td>Drowning</td>
<td>10.6 (4.1%)</td>
</tr>
<tr>
<td>8</td>
<td>Fire-related</td>
<td>6.7 (2.6%)</td>
</tr>
<tr>
<td>9</td>
<td>Meningitis</td>
<td>5.3 (2.0%)</td>
</tr>
<tr>
<td>10</td>
<td>War</td>
<td>4.6 (1.8%)</td>
</tr>
</tbody>
</table>

LOW RTI=lower respiratory tract infections. Patton et al., 2009

89.5/100,000 or 69% of all deaths
### Leading Causes of U.S. Mortality 15-24 Year Olds

<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>
</tr>
<tr>
<td>4</td>
<td>Assault (homicide)</td>
<td>10.3</td>
</tr>
<tr>
<td>5</td>
<td>Malignant neoplasms</td>
<td>3.7</td>
</tr>
<tr>
<td>6</td>
<td>Diseases of heart</td>
<td>2.2</td>
</tr>
<tr>
<td>7</td>
<td>Congenital malformations, deformations and abnormalities</td>
<td>1.0</td>
</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>
</tr>
</tbody>
</table>

**48.8/100,000 or 72% of all deaths**

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</tr>
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<tr>
<td>1</td>
<td>Intentional self harm (suicide)</td>
<td>20.9</td>
</tr>
<tr>
<td>2</td>
<td>Motor Vehicle Crashes</td>
<td>18.0</td>
</tr>
<tr>
<td>3</td>
<td>Accidents</td>
<td>9.9</td>
</tr>
<tr>
<td>4</td>
<td>Assault (homicide)</td>
<td>11.5</td>
</tr>
<tr>
<td>5</td>
<td>Drug-related overdose</td>
<td>3.2</td>
</tr>
<tr>
<td>6</td>
<td>Alcohol-related overdose and disease</td>
<td>2.6</td>
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<tr>
<td>7</td>
<td>Malignant Neoplasms</td>
<td>2.0</td>
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<td>8</td>
<td>Diseases of Heart</td>
<td>1.9</td>
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<td>9</td>
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</tr>
<tr>
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<td>Cerebrovascular diseases</td>
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66.8/100,000 or 82.6% of all deaths
Keeping the Population Healthy
(Hacker & Walker, 2013: AJPH)

- Only 10% of health outcomes are a result of the medical care system
- 50% to 60% of health outcomes are due to behavioral health problems

Conclusion

- Preventive activities must reach beyond the clinical setting and incorporate community and public health systems
What Do we Know about the Effectiveness of Prevention?
Early Prevention Efforts: Drug Abuse Prevention as Case Study

- **Strategies:**
  - Information
  - Fear arousal
  - Just say “no”

- **Outcomes:**
  - No decreases in drug use
  - Some programs *increased* drug use (Tobler, 1986)

*Lesson: Untested good ideas can make things worse.*
Paradigm Shift
A Public Health Approach to Prevention

- To prevent a problem before it happens, address its predictors
- Longitudinal research identified predictors
  - Risk factors
  - Protective factors
- Develop and test in controlled trials programs and policies that target risk and protective factors
Much Commonality in Risk Factors for Behavioral Health Problems

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Pregnancy</th>
<th>School Drop-Out</th>
<th>Depression &amp; Anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Availability of Drugs</td>
<td>✓</td>
<td>✓</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Availability of Firearms</td>
<td>✓</td>
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<tr>
<td>Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime</td>
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<td>Media Portrayals</td>
<td>✓</td>
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<tr>
<td>Transitions and Mobility</td>
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<tr>
<td>Low Neighborhood Attachment and Community Disorganization</td>
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<td>✓</td>
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<tr>
<td>Extreme Economic Deprivation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Family</td>
<td></td>
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<tr>
<td>Family History of the Problem Behavior</td>
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<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
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<td>School</td>
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<td>Academic Failure Beginning in Late Elementary School</td>
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<td>Lack of Commitment to School</td>
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<td>Individual/Peer</td>
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<td>Early and Persistent Antisocial Behavior</td>
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<td>✓</td>
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<td>Alienation and Rebelliousness</td>
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<td>Friends Who Engage in the Problem Behavior</td>
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<td>Favorable Attitudes Toward the Problem Behavior</td>
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</table>
## Much Commonality in Protective Factors for Behavioral Health Problems

<table>
<thead>
<tr>
<th>Protective Factors</th>
<th>Substance Abuse</th>
<th>Delinquency</th>
<th>Safe Sexual Behavior</th>
<th>School Dropout</th>
<th>Violence</th>
<th>Depression &amp; Anxiety</th>
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<tbody>
<tr>
<td><strong>Individual</strong></td>
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<td>Cognitive Competence</td>
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<td>Emotional Competence</td>
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<td>Social/Behavioral Competence</td>
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<td>Belief in the Future</td>
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<td>Self-determination</td>
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<td>Pro-social Norms</td>
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<td>Spirituality</td>
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<td><strong>Family, School and Community</strong></td>
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<tr>
<td>Opportunities for Positive Social Involvement</td>
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<td>Recognition for Positive Behavior</td>
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<tr>
<td>Bonding to Prosocial Others</td>
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</tbody>
</table>
A Public Health Approach to Prevention has Produced Effective Programs and Policies
(IOM/NRC, 2009, Catalano et al, 2012; Surgeon General, 2016)

- Controlled Trials focused on reducing risk and enhancing protection have identified over 60 effective programs and policies
- Effective programs: www.blueprintsprograms.com
- Effective policies: Catalano et al. 2012; Hingson & White 2013; Vuolo et al., 2015; Surgeon General’s Report on Alcohol, Drugs and Health, to be released: November 17, 2016
- Effective prevention saves money: www.wsipp.wa.gov/
Recognition of Evidence-Based Interventions (EBI)
All these behavioral health problems have been prevented in controlled trials.

Anxiety
Depression
Autistic behaviors
Alcohol, tobacco, other drug use

Risky driving
Aggressive behavior and conduct problems
Delinquent behavior
Violence

Self-inflicted injury
Risky sexual behavior
School dropout
Traffic Crashes
Risky Alcohol Use

Prevention Policy Example: Raising the Minimum Legal Drinking Age

Problem

Drink Driving

Raise Min. Legal Drinking Age

Response

Reduced Alcohol Consumption, Reduced Crashes, Crash Injury, and Fatalities

Wagenaar and Toomey, 2002
Prevention Program Example
Nurse Family Partnership

Problem: Poor Birth and Early Childhood Outcomes

Risk: Poor Diet and Drug Use Prot.: Parenting Competence and Bonding

Protocol for Nurse Visits During Pregnancy And 2 yrs. Post Birth

Response:
Mom: Less welfare, More employment, Fewer arrests and subsequent births, problems with drug use
Child: Less child abuse/neglect, Less arrests at 15

Olds et al., 2002
LST Program Elements

- Middle/JHS School
- Year 1: 15 sessions
- Year 2: 10 sessions
- Year 3: 5 sessions
- Interactive methods
- Provider Training
- Technical Assistance
Effectiveness

- 32 published studies
- Randomized Trials
- Short and long-term
- SA and violence
- Diverse populations
- Different providers
- Multiple replications
- $17.25 benefit: $1 cost
Combining Proven Prevention Programs Can Leverage Effects: School and Family Programs and Teen Opioid Misuse

Source: NIDA Notes (December 2015)
Conclusions and Implications

- Public health approach to prevention developed effective prevention policies and programs (EBI)
- Many EBI affect multiple behavioral health problems
- Leverage impact by combining appropriate EBI
- Power of prevention is within our grasp
Despite this progress...

- Tested and effective interventions for preventing behavioral health problems are not widely used.

In fact...

- Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be effective (Ringwalt, Vincus, et al. 2009)
How do we Ensure the Healthy Development of all Youth?
By Unleashing the Power of Prevention!

- An Advocacy Action Plan to advance prevention practice and policy

- Developed by the **Coalition for the Promotion of Behavioral Health**
  - Published as a Discussion Paper by the National Academy of Medicine in June, 2015
Unleashing the Power of Prevention
10 Year Goals!

- Reduce the incidence and prevalence of behavioral health problems in the population of young people from birth through age 24 by 20%
- Reduce racial and socioeconomic disparities in behavioral health problems by 20%
Action Steps

1. Increase public awareness of the advances and cost savings of effective preventive interventions that promote healthy behaviors for all

2. Increase the percentage of all public funds that are spent on effective prevention programs

3. Implement capacity-building tools that guide communities to assess and prioritize risk and protective factors, and select appropriate evidence-based prevention programs
Action Steps

4. Every state to establish criteria for preventive interventions that are effective, sustainable, equity-enhancing, and cost-beneficial

5. Increase infrastructure to support the high-quality implementation of preventive interventions

6. Monitor and increase access of children, youth, and young adults to effective preventive interventions

7. Create workforce development strategies to prepare practitioners for new roles in promotion and preventive interventions
Initiatives

1. Collaborate with states to improve community-level prevention capacity and state-level coordination and infrastructure

2. Implement effective prevention programs for parents in primary care settings

3. Work with universities, states, and communities to develop a prevention workforce
Challenge for Going to Scale: Different Communities, Different Needs

Different Norms & Values

Different youth problem behaviors

Different levels of risk and protection

Different resources & capacity
Community Coalitions can be Effective in Bringing EBI to Scale

- Build a diverse, representative, cross-sector community coalition
- Assess and prioritize risk, protection and substance use and related problems
- Match evidence based programs and policies to priorities and assess community fit of chosen programs and policies
- Enhance implementation fidelity
- Plan for long-term sustainability
An Example: Communities That Care

- **Uses a public health approach** to prevent youth problem behaviors by addressing risk and protective factors
- **Community owned and operated**: run by a coalition of community stakeholders from all sectors concerned with children and youth
- **Data Driven**: the community makes its decisions using the community’s own data
- **Evidence Based**: adoption and expansion of effective programs that meet local need
- **Outcome Focused**: reductions in community levels of adolescent risk taking behavior; improvements in child & youth well-being
- **Tested and Effective**: in a 24 community randomized trial and a statewide quasi-experimental trial
High School "N" Risk Profile 10th Grade

Survey Participation Rate: 79.7%

Percent At Risk

Community | Family | School | Peer-Individual

Low Neighborhood Attachment | Community Disorganization | Perceived Availability of Drugs | Poor Family Management
Family History of Antisocial Behavior | Parental Attitudes Favorable Towards Drug Use | *Academic Failure | Low Commitment to School
Rebelliousness | Early Problem Behavior | Early Initiation of Drug Use | Favorable Attitudes Toward Drug Use
Favorable Attitudes Toward Antisocial Behavior | Low Perceived Risks of Drug Use | Friends' Use of Drugs | Sensation Seeking
Rewards for Antisocial Involvement

Overall Risk

SOCIAL DEVELOPMENT RESEARCH GROUP
UNIVERSITY of WASHINGTON
School of Social Work
Blueprints for Healthy Youth Development

BLUEPRINTS: YOUR RESOURCE FOR
HEALTHY YOUTH DEVELOPMENT PROGRAMS

FIRST TIME HERE?
TRY OUR STEP-BY-STEP SEARCH APPROACH
GET STARTED >>

FIND WHAT WORKS

Match your children’s needs to cost-effective programs that meet the highest scientific standard of evidence for promoting youth behavior, education, emotional well-being, health, and positive relationships.

View videos: "Why Use Blueprints" and "How Blueprints Helps."

We review and rate programs that promote positive youth development.
Find a program that matches your needs with the tools below, or view our entire List of Programs »
Effective Programs Implemented in CTC Trial

School-Based
- All Stars Core
- Life Skills Training (LST)
- Lion’s Quest SFA (LQ-SFA)
- Project Alert
- Olweus Bullying Prevention Program
- Towards No Drug Abuse (TNDA)
- Class Action
- Program Development Evaluation Training

Selective After School
- Participate and Learn Skills (PALS)
- Big Brothers/Big Sisters
- Stay SMART
- Tutoring
- Valued Youth

Family Focused
- Strengthening Families 10-14
- Guiding Good Choices
- Parents Who Care
- Family Matters
- Parenting Wisely
CYDS Timeline: Youth Outcomes

April '03
Start of Study

Spring '06
3 years of CTC
2nd year of programs

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

Spring '08
Completed Year 5 of the study
End of CYDS funding and TA

Spring '09
No CYDS funding or TA for 1 year

Spring '11
No CYDS funding or TA for 3 years

- Grade 7
  - Targeted risk
  - Delinquency (initiation)

- Grade 8
  - Increased protection
  - Delinquency (initiation & prevalence)

- Grade 10
  - Targeted risk
  - Delinquency (initiation & prevalence)
  - Violence (prevalence)

- Grade 12
  - Delinquency (initiation)
  - Violence (initiation)
  - Alcohol (initiation)
  - Cigarettes (initiation)
  - Binge drinking (prevalence)
  - Smokeless tobacco (initiation & prevalence)

* Survey only
Figure 1. Risk Profile, 8th Grade, Communities that Care Youth Survey, Chile and US

**Chilean Communities, 2014 (n=380)**

**US CYDS Controls, 2012 (n=1539)**

**US BH Norms, 2010**

*Indicates statistically significant difference between Chile and US-CYDS*
Figure 2. Protective Profile, 8th Grade, Communities that Care Youth Survey, Chile and US

- Community
- Family
- School
- Individual-Peer

*Indicates statistically significant difference between Chile and US-CYDS

- Chilean Communities, 2014 (n=380)
- US CYDS Controls, 2012 (n=1539)
- US BH Norms, 2010
Communities in Action
A collective impact project serving Southeast and Central Seattle
The Call

- Spring 2012
- UW School of Social Work partners with over 200 human services agencies to provide practice-based learning
- Agencies expressed a need for the coordination of community service to promote healthy child and youth development
The Response

• UW School of Social Work looked to the best evidence we have for making a community impact and chose CTC

• Adapted CTC to incorporate practicum agencies, practicum students and community members in the process
Recommendations = UW’s unleashing of the power of prevention

- Serve as a partner for agencies addressing our risk and protective factors
- Engage community members and organizations in supporting prevention
- Maintain resource bank of prevention programs related to priority areas
- Promote collaboration among human services agencies, schools, government, policy makers, and community residents
- Promote the Social Development Strategy
  - Family Engagement
  - Youth Involvement

- Expand the reach of parenting, youth development, Pre-K programs:
  - Guiding Good Choices
  - The Incredible Years
  - LifeSkills Training

- Train middle-school staff in evidence-based practices using the Social Development Strategy

- Provide technical assistance to school-based EBPs related to priority areas:
  - Promote implementation with fidelity

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Lessons Learned! Going to Scale also Requires that Public Systems Create Enabling Contexts

Effective Interventions × Effective Implementation Methods × Enabling Contexts = Positive Child and Family Outcomes

Even when communities select tested, effective programs well-matched to their priority needs, to achieve scale and community wide impact, public systems must create *enabling contexts* for those programs.

Courtesy of Brian Bumbarger
Pennsylvania State University and Independent Consultant
Public Systems Must Build Capacities to Create Enabling Context to Unleash the Power of Prevention

Unleashing the Power of Prevention Action Steps

2. Increase the percentage of all public funds that are spent on effective prevention programs.
4. Every state to establish criteria for preventive interventions that are effective, sustainable, equity-enhancing, and cost-beneficial
5. Monitor and increase access of children, youth, and young adults to effective preventive interventions
6. Create workforce development strategies to prepare practitioners for new roles in promotion and preventive interventions
Join the Coalition for the Promotion of Behavioral Health!

Jeff Jenson Ph.D., Chair,
Coalition for the Promotion of Behavioral Health
Graduate School of Social Work
University of Denver
Jeffrey.Jenson@du.edu

Thank You!

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