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

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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?
There has been a shift in the leading causes of mortality from infectious to non-communicable diseases and conditions. Behavioral health problems are implicated in this shift.

<table>
<thead>
<tr>
<th>Cause</th>
<th>Total deaths (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Motor Vehicle Crashes</td>
<td>15.9</td>
</tr>
<tr>
<td>2 Accidents</td>
<td>11.5</td>
</tr>
<tr>
<td>3 Intentional self harm (suicide)</td>
<td>10.7</td>
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<tr>
<td>4 Assault (homicide)</td>
<td>10.3</td>
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<tr>
<td>5 Malignant neoplasms</td>
<td>3.7</td>
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<tr>
<td>6 Diseases of heart</td>
<td>2.2</td>
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<tr>
<td>7 Congenital malformations, deformations and abnormalities</td>
<td>1.0</td>
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<tr>
<td>8 Influenza and pneumonia</td>
<td>0.5</td>
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<tr>
<td>9 Cerebrovascular diseases</td>
<td>0.4</td>
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<tr>
<td>10 Pregnancy, childbirth and the puerperium</td>
<td>0.4</td>
</tr>
<tr>
<td>-- All other causes (Residual)</td>
<td>11.1</td>
</tr>
</tbody>
</table>

48.8/100,000 or 72% of all deaths

## Leading Causes of Mortality 15-24 Year Olds, American Indian/Alaskan Natives (2010, U.S.)

<table>
<thead>
<tr>
<th>Cause</th>
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</thead>
<tbody>
<tr>
<td>1. Intentional self harm (suicide)</td>
<td>20.9</td>
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<tr>
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<td>18.0</td>
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<tr>
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<tr>
<td>5. Drug-related overdose</td>
<td>3.2</td>
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<tr>
<td>6. Alcohol-related overdose and disease</td>
<td>2.6</td>
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<tr>
<td>7. Malignant Neoplasms</td>
<td>2.0</td>
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<td>-- All other causes (Residual)</td>
<td>9.7</td>
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</table>

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
- Preventive activities must reach beyond the clinical setting and incorporate community and public health systems
- Behavioral health problems established in adolescence cause harm into adulthood
- Preventing these problems will reduce health care and other costs as well as human suffering
What Do we Know about the Effectiveness of Prevention?
Early Substance Abuse Prevention Efforts

- Focused on knowledge and attitude change
- They were ineffective: No decrease in substance use
- Some drug information programs increased substance use (Tobler, 1986)

**Lesson**: Untested good ideas can sometimes 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 to reduce risk and enhance protection
Many Common Risk Factors for Behavioral Health Problems

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Community</th>
<th>Family</th>
<th>School</th>
<th>Individual/Peer</th>
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</thead>
<tbody>
<tr>
<td>Availability of Drugs</td>
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<td>Availability of Firearms</td>
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<td>Media Portrayals</td>
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<td>Transitions and Mobility</td>
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<tr>
<td>Low Neighborhood Attachment and Community Disorganization</td>
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<tr>
<td>Extreme Economic Deprivation</td>
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<tr>
<td>Family History of the Problem Behavior</td>
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<td>Family Management Problems</td>
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<tr>
<td>Family Conflict</td>
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<td>Favorable Parental Attitudes and Involvement in the Problem Behavior</td>
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<td>Academic Failure Beginning in Late Elementary School</td>
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<tr>
<td>Lack of Commitment to School</td>
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<tr>
<td>Early and Persistent Antisocial Behavior</td>
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<tr>
<td>Alienation and Rebelliousness</td>
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<tr>
<td>Favorable Attitudes Toward the Problem Behavior</td>
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<td>Early Initiation of the Problem Behavior</td>
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<td>Constitutional Factors</td>
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</table>
Many Common 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>Out</th>
<th>School Drop-Out</th>
<th>Violence</th>
<th>Anxiety</th>
<th>Depression &amp; Anxiety</th>
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<tr>
<td><strong>Individual</strong></td>
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<tr>
<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>Self Efficacy</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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<td>Opportunities for Positive Social Involvement</td>
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<tr>
<td>Recognition for Positive Behavior</td>
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<tr>
<td>Bonding to Prosocial Others</td>
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A Public Health Approach to Prevention Science has Produced Effective Programs and Policies

- 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/
Effective Prevention Programs
Examples:

Good Behavior Game, Positive Action, Coping Power, Raising Healthy Children, Fast Track

Life Skills Training, Project Northland, ATLAS, Towards No Drug Use, Keep Safe

Familias Unidas, Strengthening Families 10-14, Strong African-American Families, Guiding Good Choices, Positive Family Support, BASICS, SBIRT
Effective Prevention Policies

Examples

Policies to reduce availability
- Increase price (tax)
- Reduce retail alcohol and cigarette outlet density
- Commercial host liability for serving intoxicated or underage customers
- Limits on hours or days of retail alcohol and tobacco sales

Policies to reduce underage drinking
- Increase minimum legal drinking age
- Compliance checks on underage sales in retail establishments
- 0.0% blood alcohol level for those driving under 21
- Suspended drivers license for those with alcohol driving violations
- Social host liability for serving alcohol to minors
Example
Nurse Family Partnership
David Olds, Ph.D.

- Home visitors are trained public health nurses
- Guideline-driven and family-centered
- Visit from pregnancy through child age 2
- Visit 2-4 times a month: weekly during 1st mo., every other week through pregnancy, weekly for 1st 6 weeks postpartum, & every other week until 2\textsuperscript{nd} birthday
- Caseload of 25 families per full-time nurse
Evidence of NFP Effects: Elmira Follow-Up

Produced reductions of 40% - 60% in...

- Child abuse and neglect
- Arrest rate and convictions of the mothers (for poor, unmarried women only)
- Problems associated with drug and alcohol abuse by mothers (poor, unmarried women only)
- 25% reduction in smoking during pregnancy (poor, unmarried)
- Arrest rate of children when adolescents (for children of poor, unmarried women only)
- Reduction in alcohol, cigarettes and marijuana use of children when adolescents
- Benefit over cost: $1.61 return on $1 invested (WSIPP, 2016).
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
Preventing Teen Opioid Misuse

Source: NIDA Notes (December 2015)
Examples of Programs that Prevent Multiple Behavioral Health Problems

<table>
<thead>
<tr>
<th>Program</th>
<th>Drug use</th>
<th>Delinquency</th>
<th>Violence</th>
<th>School</th>
<th>Risky Sex</th>
<th>Mental health</th>
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</thead>
<tbody>
<tr>
<td>Life Skills Training</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Strong African American Families</td>
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<tr>
<td>Familias Unidas</td>
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<td>✓</td>
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<tr>
<td>MST (Multisystemic Therapy)</td>
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<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Good Behavior Game</td>
<td>✓</td>
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</table>
Conclusions and Implications

- We now have effective prevention policies and programs
- Power of prevention 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?

Coalition for the Promotion of Behavioral Health
By Unleashing the Power of Prevention!

An Advocacy Action Plan to Advance Prevention Practice and Policy

Coalition for the Promotion of Behavioral Health
Unleashing the Power of Prevention

- A summary of evidence pertaining to behavioral health problems and an action plan aimed at increasing the widespread use of preventive interventions

- 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 are an Effective Force for Bringing Effective Programs and Policies 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
Effective Preventive Community Coalition Approaches (Fagan et al., 2011)

- **CMCA**-Communities Mobilizing for Change on Alcohol (no effect under age 18) (Wagenaar et al., 2000)
- **CTI**-Community Trials Intervention to reduce high risk drinking (no effect under age 18) (Holder et al., 2000)
- **Project Northland** (Perry et al., 2002)
- **MPP**-Midwest Prevention Project – (Pentz et al., 2006)
- **KI**-Kentucky Incentives for prevention (Collins et al., 2007)
- **PROSPER**-Promoting school–community -university partnerships to enhance resilience (Spoth et al., 2007)
- **CTC**-Communities that Care (Hawkins et al., 2009; 2011; Feinberg et al., 2007)
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
- **Data Driven**: the community makes its decisions using the community’s own data
- **Evidence Based**: adoption and expansion of effective programs
- **Outcome Focused**: reductions in community levels of adolescent risk taking behavior; improvements in child & youth well-being
- **Tested and Effective in a randomized trial and a quasi-experimental trial**
High School "N" Risk Profile 10th Grade

Survey Participation Rate: 79.7%

Percent At Risk

Community | Family | School | Peer-Individual | Peer-Individual

Estimated National Value

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 »

Social Development Research Group
University of Washington
School of Social Work
**CYDS Timeline: Youth Outcomes**

April ‘03  
Start of Study

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

Grade 7  
Targeted risk  
Delinquency (initiation)

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

Grade 8  
Increased protection  
Delinquency (initiation & prevalence)

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

Grade 10  
Targeted risk  
Delinquency (initiation & prevalence)

Spring ‘09  
No CYDS funding or TA for 1 year

Grade 12  
Delinquency (initiation)

Spring ‘11  
No CYDS funding or TA for 3 years

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

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!