From Prevention Science to Health Promoting Communities

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thanks to:
National Institute on Drug Abuse
Center for Substance Abuse Prevention
National Institute of Mental Health
National Institute on Alcohol Abuse and Alcoholism

National Cancer Institute
National Institute on Child Health and Human Development
Despite prevention science 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!
Unleashing the Power of Prevention

• A summary of evidence on effective prevention of 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
  ▪ Selected as a Grand Challenge initiative by the Academy of Social Work and Social Welfare
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%

Through seven action steps ...
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 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 evidence-based prevention programs and policies that address community needs.
Action Steps and Goals

4. 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
Action Steps and Goals

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

7. Create workforce development strategies to prepare practitioners in health and human service professions for new roles in promotion and preventive interventions
• Unleashing the Power of Prevention available from the National Academy of Medicine at: http://nam.edu/perspectives-2015-unleashing-the-power-of-prevention

Action Step 3

Implement capacity-building tools that guide communities to assess and prioritize risk and protective factors, and select evidence-based prevention programs and policies that address community needs.
The Challenge
Different Communities, Different Strengths and Needs

- Different Norms & Values
- Different levels of risk and protection
- Different youth problem behaviors
- Different resources & capacity
What is Communities That Care?

A system for building local capacity to choose and implement effective prevention programs that address prevalent risks and strengthen protection against behavioral health problems.
A large trial of Communities That Care produced reductions in drug use and delinquency.
How do CTC communities get these results?
Building Protection into Daily Interactions with Young People

SOCIAL DEVELOPMENT STRATEGY

- Opportunities
- Skills
- Recognition

HEALTHY BEHAVIORS

- Clear Standards
- Bonding

Individual Characteristics
Communities That Care
Core Elements

• **Uses a public health approach** to prevent youth problem behaviors by addressing risk and protective factors in the population.

• **Community owned and operated**: carried out 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 & policies

• **Outcome Focused**: measures changes in community levels of adolescent behavior problems; improvements in child & youth well-being
CTC - A Continuous Improvement Process

1. Get Started
2. Get Organized
3. Develop Community Profile
4. Create a Plan
5. Implement & Evaluate
- Activate catalysts
- Community ready?
- Identify key community leaders
- Invite diverse stakeholders
- Conduct community youth survey
- Prioritize risk and protective factors
- Identify existing resources and gaps
- Define clear, measurable outcomes
- Select tested, effective policies and programs
- Form coalition
- Learn about prevention science
- Write vision statement
- Organize work groups
- Develop a timeline
- Conduct community youth survey
- Prioritize risk and protective factors
- Identify existing resources and gaps
- Define clear, measurable outcomes
- Select tested, effective policies and programs
How CTC is organized

Key Leaders

Community Board

Executive Committee

Facilitator/Coordinator

6 Workgroups

Workgroups:
- Risk & Protective Factor Assessment
- Community Outreach & Public Relations
- Youth Involvement
- Resource Assessment & Evaluation
- Funding
- Community Board Maintenance

Community
CTC solves real problems in each community by giving kids a real voice.
CTC Youth Survey: Giving Youth a Voice

- Assesses young peoples’ experiences and perspectives.
- Provides valid and reliable measures of risk and protective factors across state, gender, age and racial/ethnic groups. (Arthur et al., 2002; Glaser et al., 2005)
- Identifies levels of risk and protective factors and substance use, crime, violence and depression for state, district, city, school, or neighborhood.
- Provides a foundation for selection of appropriate tested, effective actions.
- Monitors effects of chosen actions by repeating survey every two years.
Each CTC community selects the right evidence-based programs for its unique needs.
Blueprints for Healthy Youth Development

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
### Numbers exposed to effective programs

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</table>

*Includes PALS, BBBS, Stay SMART, and Tutoring programs

Note: Total eligible population = 10,030.

(Fagan et al., 2009)
CTC Implementation Fidelity Monitoring System

- Training for all program implementers
- Fidelity “checklists” to rate adherence
- Observations to rate adherence and quality
- Documentation of attendance
- Local monitoring and quality assurance by community coalitions
- External monitoring
CTC Achieves High Implementation Fidelity

Percentage of material taught or core components achieved averaged across all programs and communities

The Test of Communities That Care
2003-2013

24 incorporated towns
~ Matched in pairs within state
~ Randomly assigned to CTC or control condition

Longitudinal panel of 4407 students
~ All 5th graders in public schools
~ Surveyed annually from grade 5
Effects On Initiation Sustained Through Age 21

Percent who had NOT Initiated THROUGH AGE 21*

** ARR = Adjusted Risk Ratio

Among baseline (grade 5) non-initiators:
- Gateway Drug Use: 76%
- Delinquent Behavior: 77%
- Violence: 91% of sample.

* ARR = 1.66
  p = .037

ARR = 1.33
p = .034

ARR = 1.139
p = .049

Gateway Drug Use:
- Control: 12%
- CTC: 18%

Antisocial Behavior:
- Control: 35%
- CTC: 43%

Violence:
- Control: 55%
- CTC: 62%
Is the Benefit Worth the Cost?
Cost Benefit Summary

Communities That Care is Cost-Beneficial – even when effect sizes are reduced by 50%

- For every $1 spent - $4.17 return on investment
- Low risk of negative investment return—likely to get a benefit greater than costs 80 times out of 100

Washington State Institute for Public Policy, 2016
From CTC to CTC PLUS

Traditional CTC
- Conducted by certified national trainers
- Delivered during 6 full day sessions
- Training new coalition members was difficult
- Refresher training was costly
- No coaching/ta was available

CTC PLUS
- CTC workshops streamed online for easy access
- Workshops led by a local facilitator trained by UW
- Workshop content available to coalition members online
- Proactive coaching/ta from Center for CTC at UW
Web streamed workshops

- Content provided by experts in brief videos followed by checks for understanding and activities to ensure learning and application
- Workshops divided into 50 modules with facilitator guides
- 122 videos of 3 types:
  1. Big idea
  2. Instructional
  3. Testimonial
Reflection

What did I hear worth remembering?

What do we want to ask or discuss with David?
Discussion Questions

- Could the CTC system be useful to advance prevention work in St. Louis?
- Who would need to be involved and supportive to make CTC successful?
- What would be the biggest obstacles to making CTC succeed?
- How could these be overcome?
- What one next step will I take to advance the promotion of children’s mental and behavioral health in St. Louis?
Thank you!

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www.communitiesthatcare.net
CTC and the Strategic Prevention Framework

Strategic Prevention Framework

Communities That Care
Sustained Effects through High School

- In CTC communities:
  - 33% had never used alcohol (v. 23% control)
  - 50% had never smoked cigarettes (v. 43% control)
  - 42% had never engaged in delinquency (v. 33% control)
  - 34% had never engaged in violent behavior (v. 41% control)