



Using Data to Build Effective Community Prevention Systems: Results from the Community Youth Development Study



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1



Advances in Prevention Science



- **Randomized controlled intervention trials have identified a growing number of efficacious preventive interventions**

2



Preventive interventions that address shared risk factors for different adolescent health risking behaviors have produced reductions in multiple outcomes, including drug use and crime.

(Hawkins et al, 1999; Botvin et al., 2002 ; Flay et al, 2004; Haggerty et al., 2007; Schweinhart et al, 1992; 2005).

3



But...



Prevention approaches that do not work or have not been evaluated have been more widely used than those shown to be effective.

(Gottfredson & Gottfredson, 2002; Hallfors et al 2002, Ringwalt et al., 2002; 2009.)

4



Community Coalitions



- Could build community ownership and investment in using evidence-based practices
- Could promote dissemination and careful implementation
- With a few exceptions, have not been shown to be effective

5



The Communities That Care Prevention System



- A coalition/board of diverse community stakeholders applies prevention science to guide the work.
- Measures community levels of protection and risk by surveying young people themselves.
- Addresses the community's risk and protective priorities with tested, effective programs and policies.

6



The Communities That Care Prevention System



- Ensures that new programs and policies are implemented with fidelity.
- Focuses on measured outcomes : Are fewer teens using drugs? Fewer smoking? Fewer committing violent acts?
- Local control builds ownership to create sustainable change.

7



Communities That Care: A Tested and Effective Operating System for Community Wide Prevention



- CTC is a *proven* method for mobilizing communities to prevent underage drinking, tobacco use and delinquent behavior.
- CTC has been tested in a randomized controlled experimental trial involving 12 pairs of matched communities (24 communities) across 7 states from Maine to Washington.
- CTC's effects have been independently replicated in a statewide dissemination trial in Pennsylvania.

8




Population Level Effects of CTC





- Compared with control communities, CTC significantly reduced the incidence of tobacco use, alcohol use and delinquent behavior community wide by end of 8th grade.
- Compared with control communities, CTC significantly reduced the prevalence of smokeless tobacco use, current drinking, binge drinking and delinquent behavior community wide in 8th grade.

9




The Community Youth Development Study






J. David Hawkins, Ph.D.
Principal Investigator

Funded by:
National Institute on Drug Abuse
Center for Substance Abuse Prevention
National Cancer Institute
National Institute on Child Health and Human Development
National Institute of Mental Health




Community Youth Development Study




- A Community Randomized Trial of CTC
- 24 towns (randomly assigned to CTC or control)
- 7 States
- Telephone interviews with prevention coalition chairs and community leaders
- 4407 5th Graders- Surveyed annually through 8th grade

11



CYDS State Collaborators



- **Colorado Alcohol & Drug Abuse Division**
- **Illinois Division of Community Health & Prevention**
- **Kansas Alcohol and Drug Abuse Services**
- **Maine Office of Substance Abuse**
- **Oregon Office of Alcohol & Drug Abuse Programs**
- **Utah Division of Substance Use**
- **Washington Division of Alcohol & Substance Abuse**

12



CTC Towns: Coalition of Stakeholders

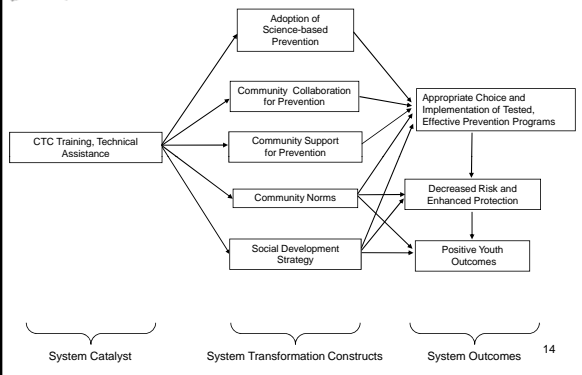


- Received Training
 - 6 trainings over 6-12 months
- Collected Data on Local Risks and Protection
 - CTC Youth Survey
- Implemented Appropriate Prevention Programs
 - on average 3 per community per year

13



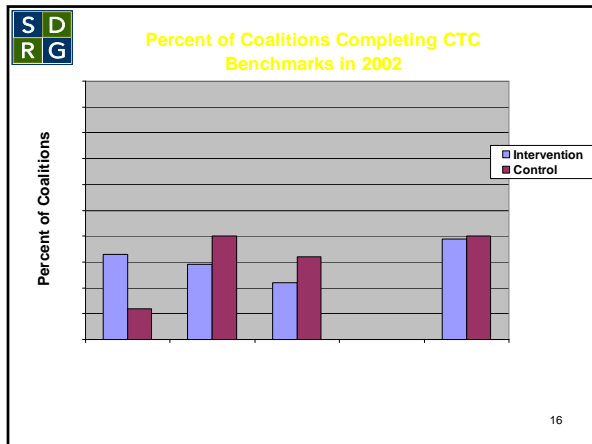
Communities That Care Logic Model

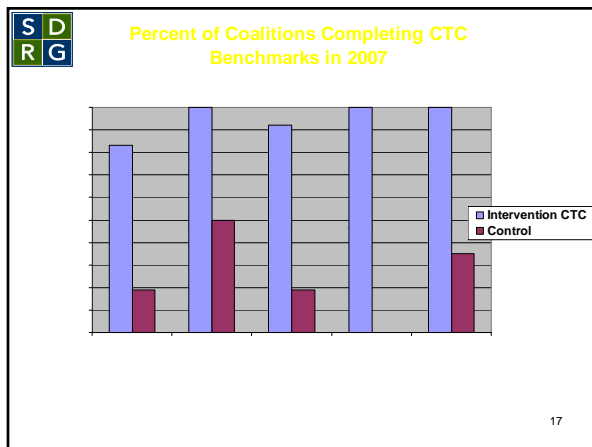




Community Coalition Interviews


- **Measures prevention coalition functioning**
- **Chairs of all identified youth-focused prevention coalitions in intervention and control communities were interviewed in 2002 (pretest)**
- **Chairs of all identified youth-focused prevention coalitions in intervention and control communities were interviewed in 2007 (posttest)**
- **Coalitions in intervention and control communities were compared in 2002**
- **12 CYDS coalitions and 24 control community coalitions were compared in 2007**






Community Key Informant (CKI) Survey

- **Designed to provide measures of community-level constructs from the perspective of community leaders**
- **10 Positional leaders and 5 Referred leaders from each community**
- **Participants (N = 731)**
 - > 2001 n = 354, 2004 n = 340, 2007 n = 336
 - > 58% male
 - > Mean years lived in community = 16.8 (SD = 17.3)
 - > 45% of respondents had at least a bachelor's degree
 - > Mean age of respondents = 49.0 years (SD = 10.1)

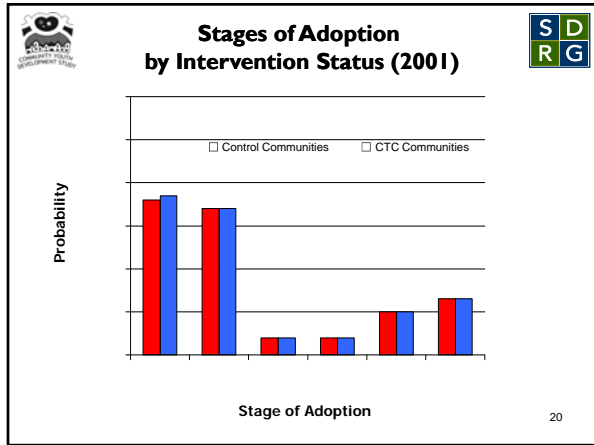


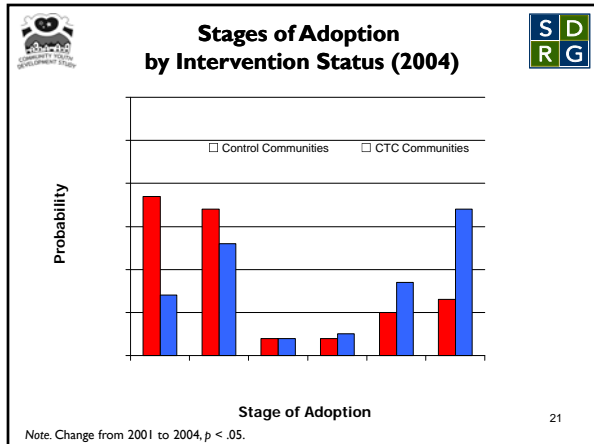
Adoption of Science-Based Prevention

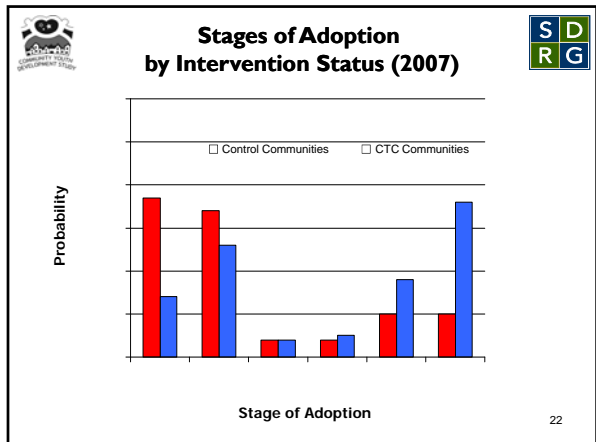


- Stage 0: No Awareness
- Stage 1: Awareness of Prevention Science Terms and Concepts
- Stage 2: Using Risk and Protection Focused Prevention Approach as a Planning Strategy.
- Stage 3: Incorporation of Community Epidemiological Data on Risk and Protection in Prevention System.
- Stage 4: Selection and Use of Tested and Effective Preventive Interventions to Address Prioritized Risk and Protective Factors.
- Stage 5: Collection and Feedback of Process and Outcome Data and Adjustment of Preventive Interventions Based on Data.

Note. Community Key Informant Survey (CKI). 19



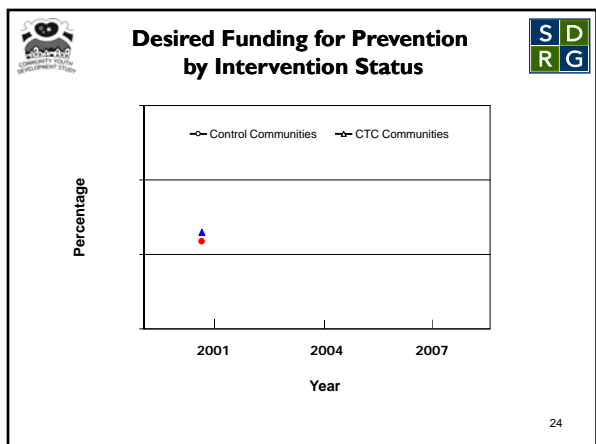


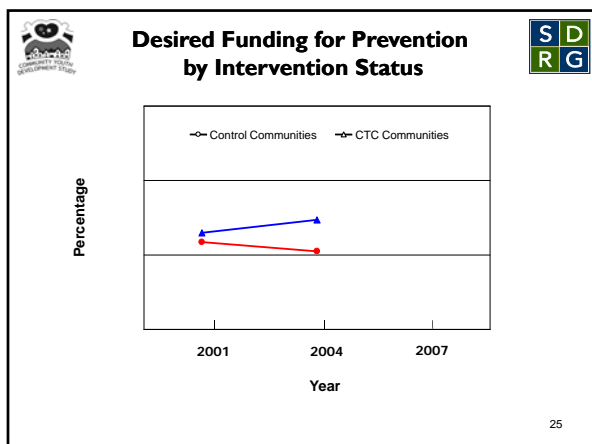


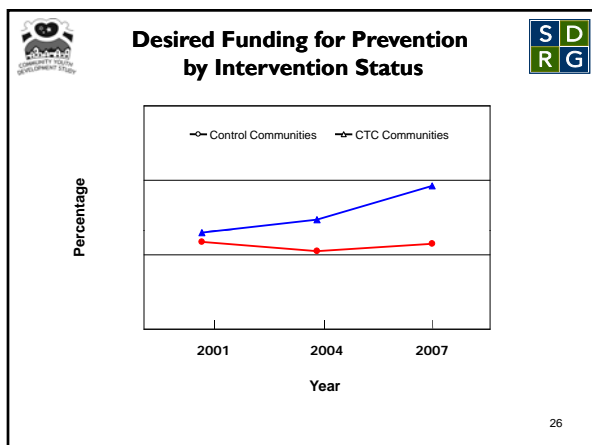
Community Support: Desired Funding for Prevention

- *If you were deciding how to spend money for reducing substance abuse, what percentage would you allocate to each of the following approaches?*
 - Law Enforcement
 - Treatment
 - Prevention

23





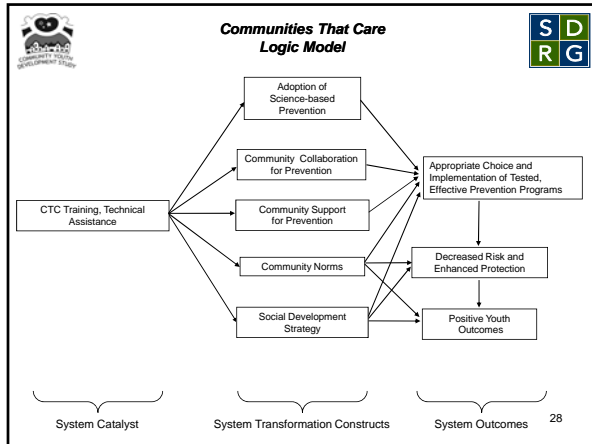


Summary and Implications

Coalitions can disseminate science-based prevention:

- Influence community leaders to understand prevention science and become aware of community prevention efforts
- Influence community leaders to increase their support for community prevention efforts

27



Program Selection

CTC Community Board members selected prevention programs from the CTC Prevention Strategies Guide, a menu* of programs that:

- ~ Showed significant effects on risk/protective factors, and drug use, delinquency, or violence
- ~ In at least one high-quality research study
- ~ Targeted children or families in grades 5-9
- ~ Provided materials and training

* Communities That Care Prevention Strategies Guide

29

Programs Selected in 2004-2007

PROGRAM	2004-05	2005-06	2006-07
All Stars Core	1	1	1
Life Skills Training	2	4*	5*
Lion's-Quest Skills for Adolescence	2	3	3
Project Alert	-	1	1
Olweus Bullying Prevention Program	-	2*	2*
Program Development Evaluation Training	1	1	-
Participate and Learn Skills (PALS)	1	1	1
Big Brothers/Big Sisters	2	2	2
Stay SMART	3	3	1
Tutoring	4	6	6
Valued Youth Tutoring Program	1	1	1
Strengthening Families 10-14	2	3	3
Guiding Good Choices	6	7*	8*
Parents Who Care	1	1	-
Family Matters	1	1	2
Parenting Wisely	-	1	1
TOTAL	27	38	37

30

*Program funded through local resources in one or two communities



Exposure in the Community



Program Type	2004-05	2005-06	2006-07
School Curricula	1432	3886	5165
After-school*	546	612	589
Parent Training	517	665	476

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

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

31



CYDS Implementation Fidelity Monitoring Tools



- Staff training
- Fidelity assessment checklists
- Observations of programs
- Attendance documentation
- Pre/post participant surveys

32



Required Staff Training



- Training from program developers or certified trainers
 - ~ Available for 11 of 16 programs*
- Training from SDRG/CTC staff
 - ~ CTC CPIT workshops emphasize program fidelity, completion of fidelity instruments, and discussion of potential challenges
- All implementers received both trainings

*Exceptions: PALS, Tutoring, Parents Who Care, Family Matters, Parenting Wisely

33



Fidelity Assessment Checklists



- Obtained from developers (9) or created by research staff (7)
- Provided similar information across programs to measure primarily adherence and dosage
- Checklists were completed by program staff, reviewed locally and analyzed at the UW
- 3,000-4,000 checklists were completed annually

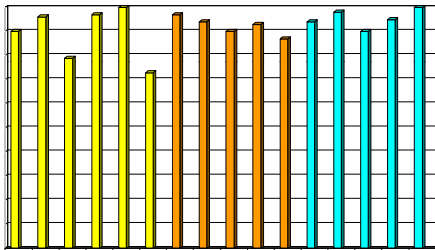
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Adherence Rates Averaged across three school years



Percentage of material taught or core components achieved



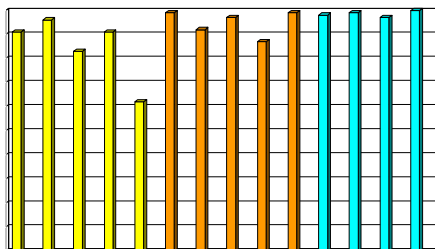
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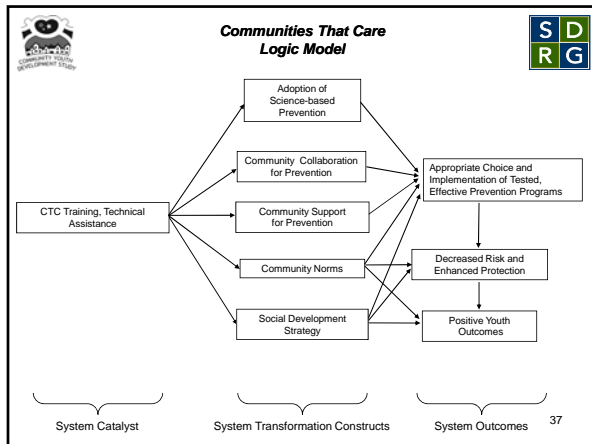
Delivery of Lessons Averaged across three school years (number, length, and frequency of required sessions)



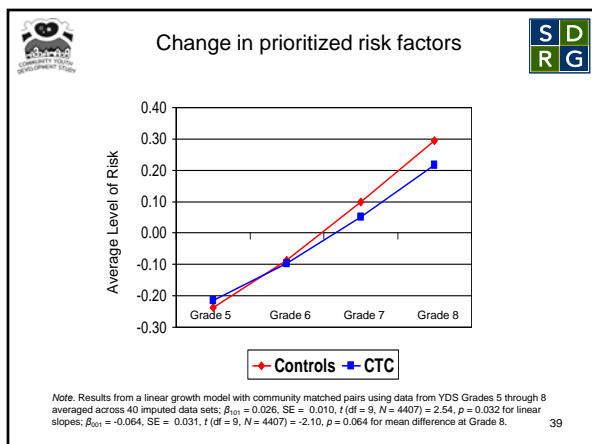
Percentage of delivery requirements met



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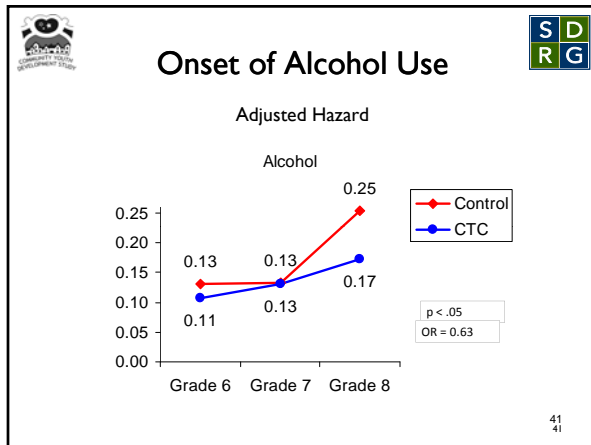
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- Prioritized Risk Factors in CTC Communities**
- Family management problems
 - Parental attitudes favorable to problem behavior
 - Family conflict
 - Low commitment to school
 - Favorable attitudes toward problem behavior
 - Friends who engage in problem behavior
 - Academic failure
 - Rebelliousness
 - Laws and norms favorable toward drug and alcohol use
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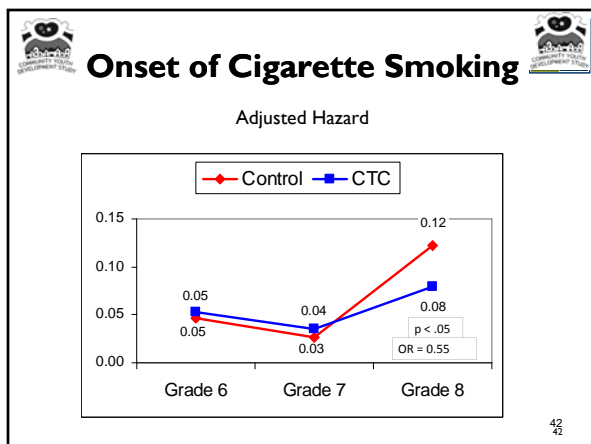


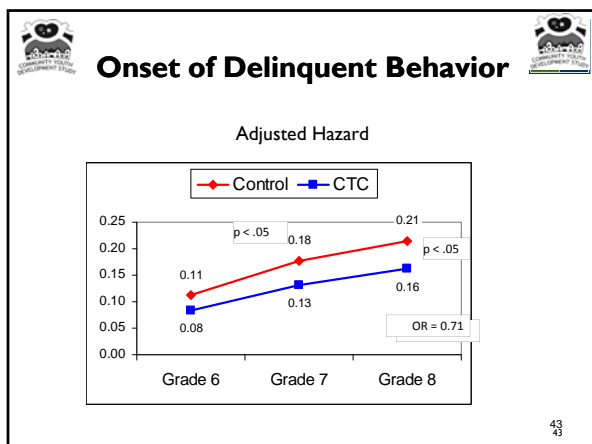
Effects of CTC on Initiation (Incidence) of Drug Use and Delinquency

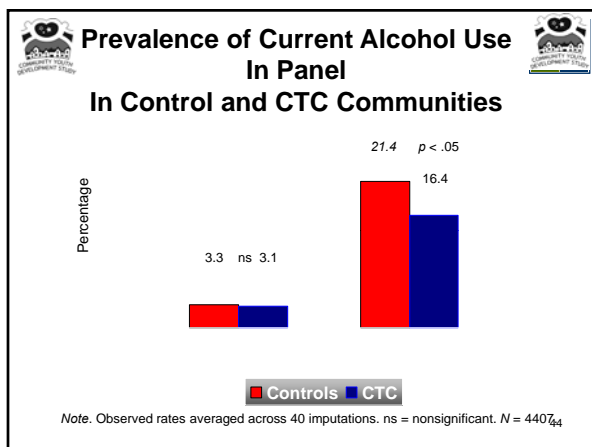
- Onset of substance use and delinquency between grade 6 and 8:
 - Alcohol use *
 - Cigarette smoking*
 - Smokeless tobacco use*
 - Marijuana use
 - Other illicit drug use
 - Delinquent behavior*
- Among 5th grade students who had not yet initiated.

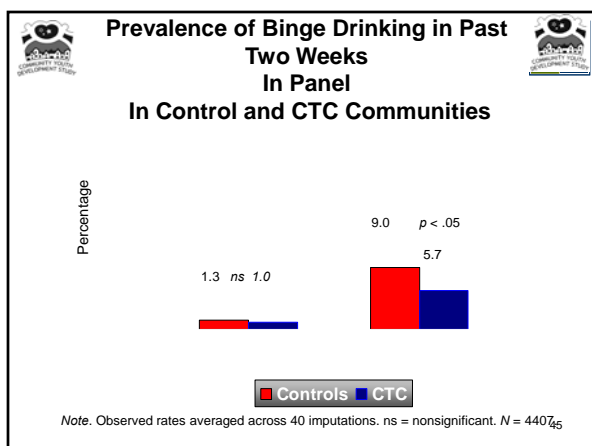
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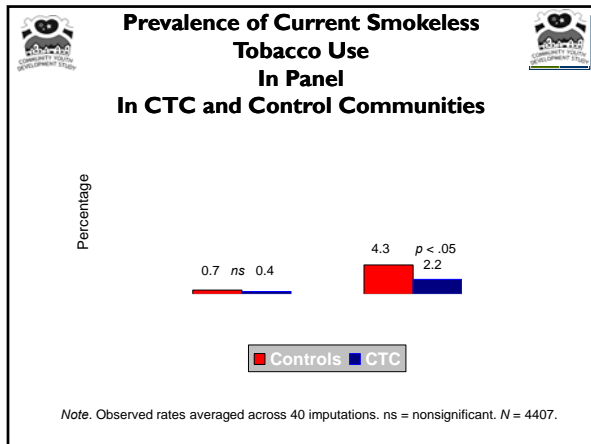


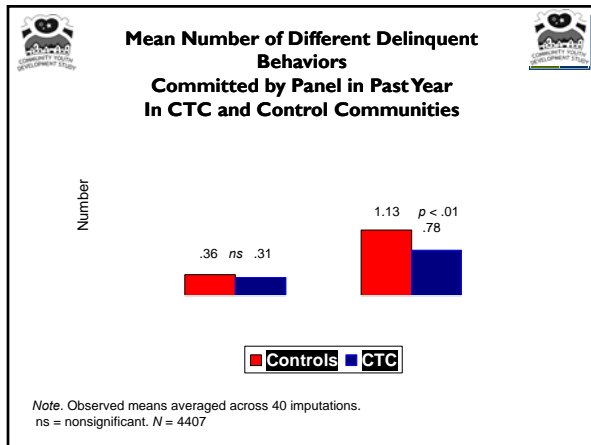












- ### Why Does CTC Work?
- Complete set of manualized trainings.
 - Process for assessing community readiness.
 - Milestones and Benchmarks that guide communities through the CTC process.
 - Standardized assessment process for community needs assessment.
 - Menu of tested and effective preventive interventions.
 - Training and tools for monitoring implementation fidelity and quality and outcomes.
- 48



Communities That Care is owned by the federal government and is available at:

<http://preventionplatform.samhsa.gov/>

NIDA Virtual Town Hall:

<http://www.visualwebcaster.com/drugabuse-TownHall/>

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49
