



Communities that Care  
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Bedford, PA

Using the Research Base for Prevention  
Science to Promote Community Well Being:  
**Communities that Care**

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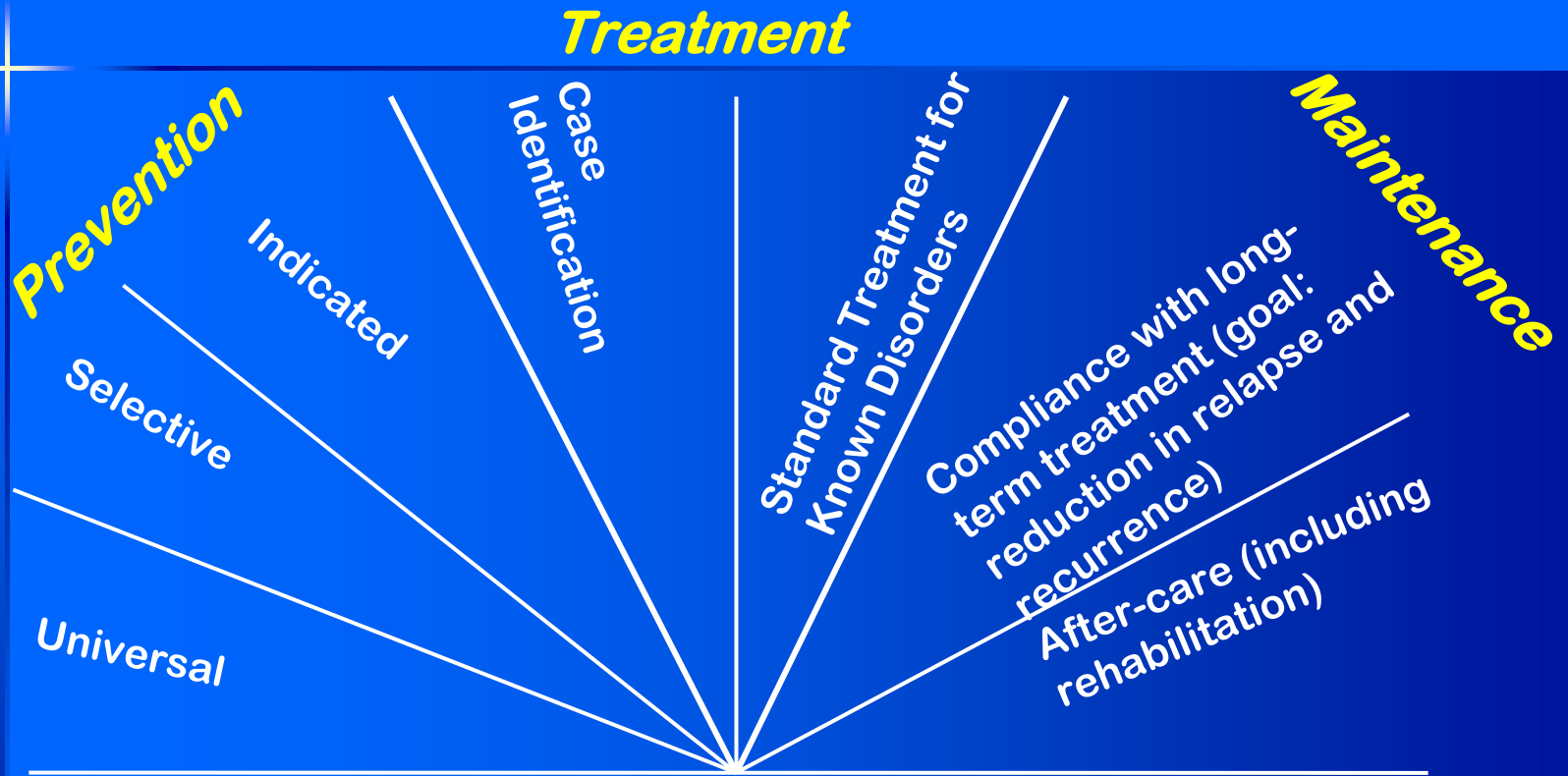
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# Intervention Spectrum



# Prevention Makes Sense!

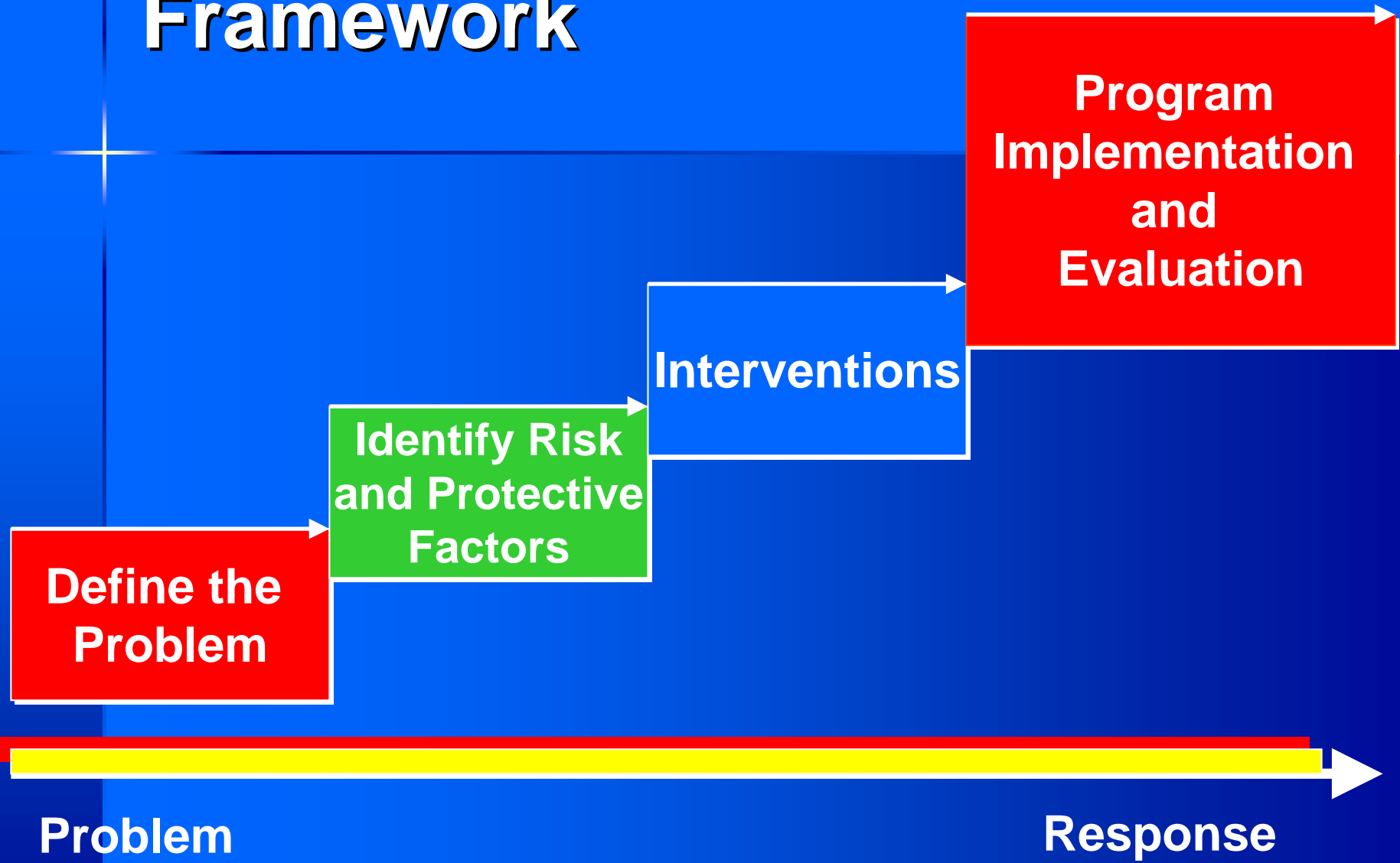


YOU NEVER KNOW HOW LONG YOU'VE GOT! YOU COULD STEP INTO THE ROAD TOMORROW AND -WHAM- YOU GET HIT BY A CEMENT TRUCK! THEN YOU'D BE SORRY YOU PUT OFF YOUR PLEASURES!



S D  
R G

# Prevention Science Framework



Problem

Response

# 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 substance abuse and other problems.

## Prevention Services Research

- Apply lessons learned about etiology and efficacious interventions in real world settings.

# Keys to Diffusion of Innovation

- Effective Program that makes a difference



- Capacity to disseminate with fidelity



- Market demand-funders, practitioners and consumers must want it.

## Prevention Services Research

Implementation Fidelity is  
Required if Efficacious  
Programs are to be Effective in  
Community Settings

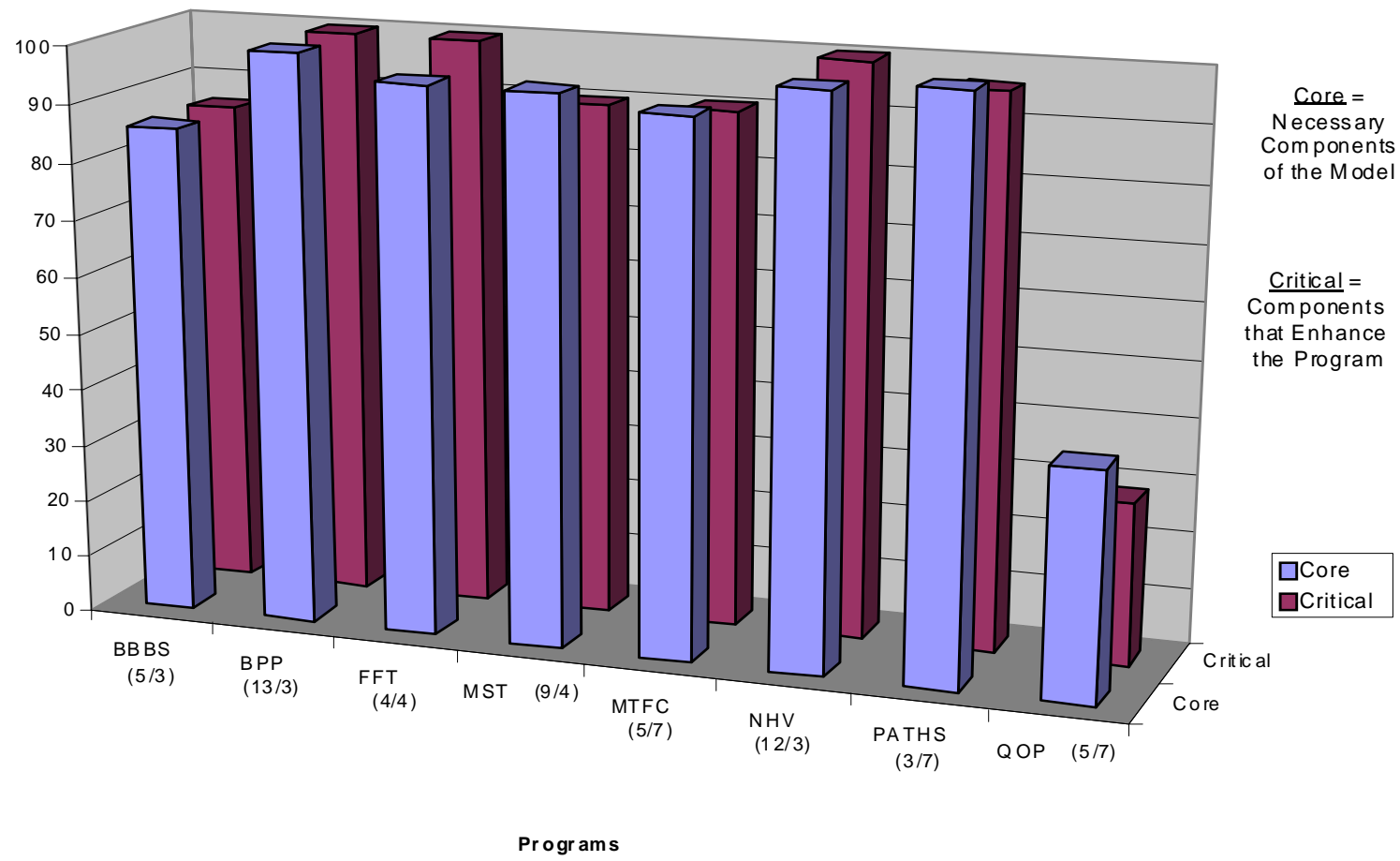
## Prevention Services Research

# What Boosts Implementation Fidelity?

- Published material including manuals, guides, curricula.
- Certification of trainers.
- High quality, readily available technical assistance.
- Dissemination organization committed to distribution and delivery of tested program.
- Data monitoring system to provide feedback on implementation fidelity and outcomes.

# With these Elements in Place Implementation Fidelity Can Be Achieved (Elliott & Mihalic –Blueprints Project)

Chart 2  
Core and Critical Component Progress - 2 years  
Percentage of All Core and Critical Components Achieved



# Prevention Services Research

## But...

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

(Gottfredson et al 2000, Hallfors et al 2000, Hantman et al 2000, Mendel et al 2000, Silvia et al 1997; Smith et al 2002)

# Challenges for States and Communities in Using Prevention Science

- Matching tested, effective programs to local need
- Tested, effective programs/systems compete with “best practice,” usual or new practice
- Tested, effective programs require training, technical assistance, and monitoring to be delivered with fidelity

# History of Models for Achieving the Vision of Science Informing Practice-Early Models



- **Scientists know best-Experts inform communities what to do**
- **Communities know best-Providing resources to support community coalitions without a structure or process**



# History of Models for Achieving the Vision of Science Informing Practice-More Recent Models



- Mutual self interest, collaboratively identifying, generating and testing potential solutions to salient social problems
- Providing the skills and tools for community decision making
  - Education and tools to empower communities to become advocates for tested, effective programs to meet their needs



# What Has NOT Worked in Community Based Preventive Trials ?

**Providing resources to support community coalitions without a structure or process (community knows best)**

Sources of failure (Hallfors et al. 2002; Klerman et al. 2005; Merzel & D'Afflitti, 2003):

- lack of clearly defined goals based in data, with high-quality data sources to monitor progress;
- no use of tested and effective programs, with attention to monitoring of implementation quality and fidelity;
- no evaluation of impacts on outcomes meaningful to the community

# What Has Worked in Randomized Community- Based Prevention Trials?

Preventive interventions focused on malleable community level risk/protective factors (mutual self interest)

# Examples

- Communities Mobilizing for Change on Alcohol- (Wagenaar et al., 2000)
- Community Trials Intervention to Reduce High Risk Drinking- (Holder et al., 2000)
- Project Northland- (Perry et al., 2002)
- Midwestern Prevention Project – (Pentz et al., 2006)

# What Has Worked in Randomized Community-Based Prevention Trials?

Strategies that build local partnerships or coalitions to promote use of tested and effective programs to address community prevention needs (skills and tools for community decision making)

# Examples

**PROSPER - PROmoting School–  
community university Partnerships  
to Enhance Resilience- (Spoth et al.,  
2007)**

**Communities that Care- (Hawkins et al., in  
press; Feinberg, Greenberg, and Osgood, 2007)**

# Communities That Care (CTC) Activation and Education

- Activates and educates communities about prevention science advances
  - Key leaders
  - Key implementers/planners in multiple sectors and grass roots
- Asks them to decide whether to apply this research base to address community health and behavior issues

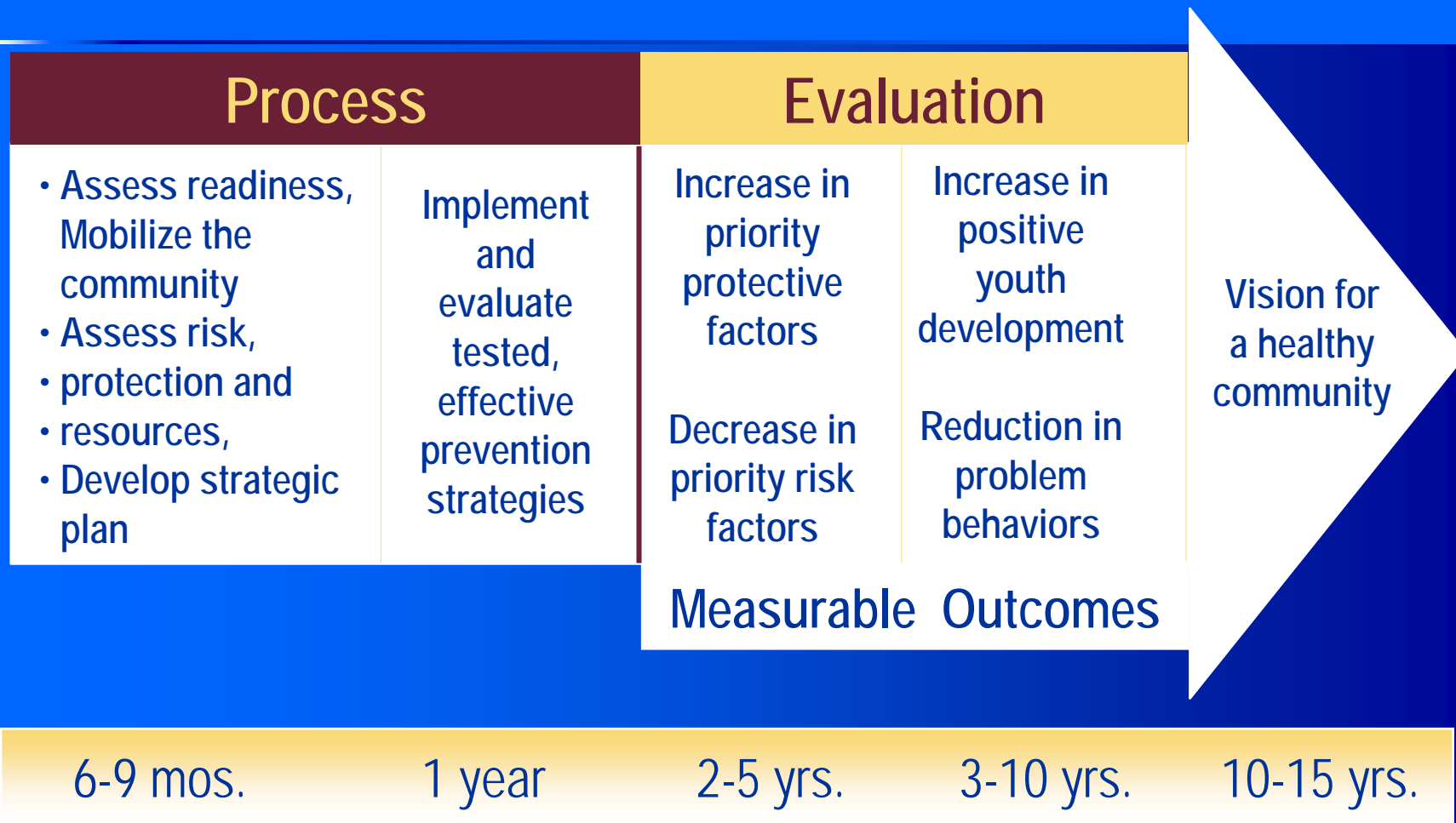
# CTC Tools for Decision Making

- Organize and influence decision makers
- Assess need (risk and protection), set priorities and goals
- Match need with tested, effective practices, programs and policies
- Assess fidelity and outcomes to monitor goal achievement

# The *Communities That Care* Operating System



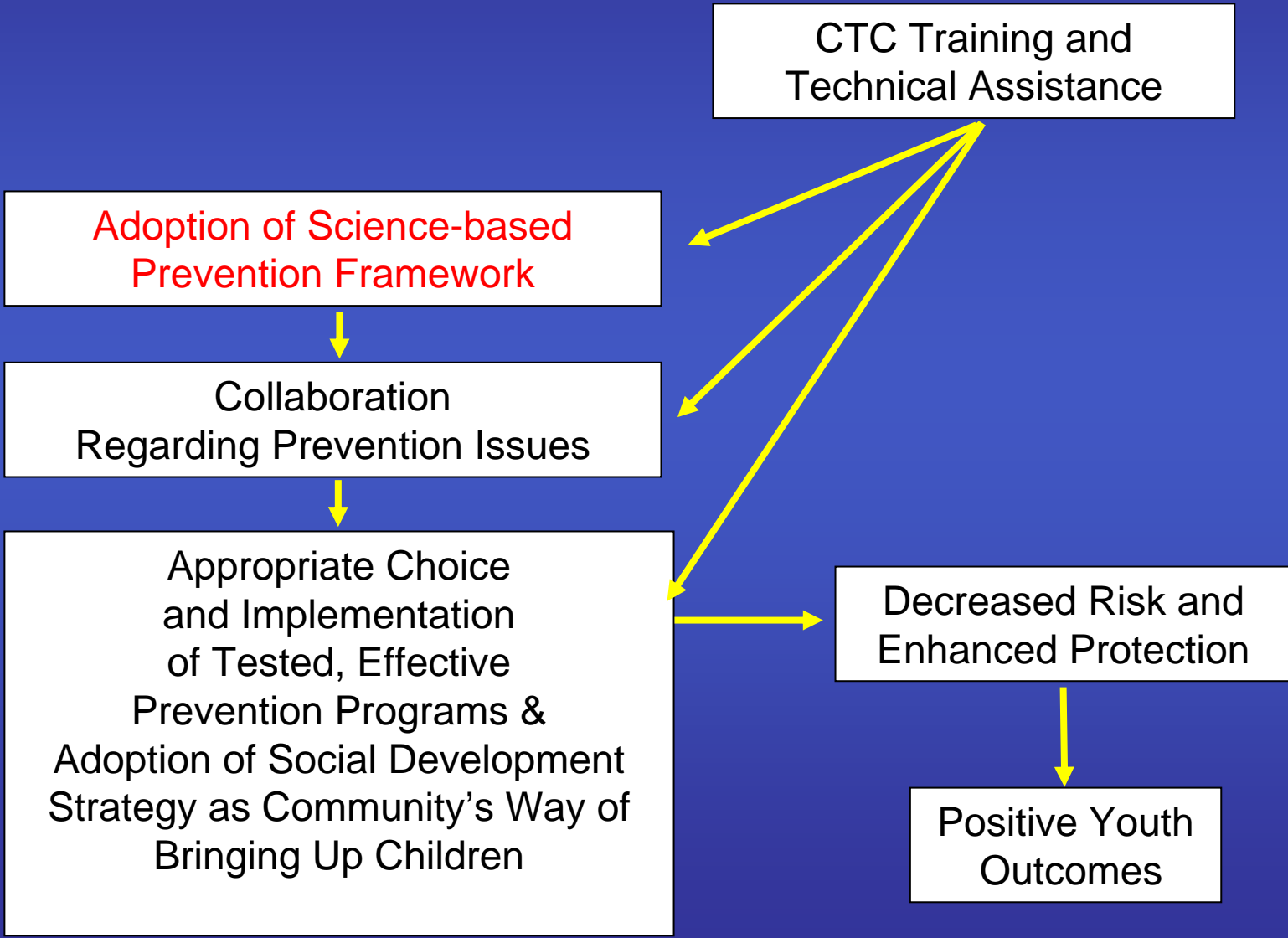
# Process and Timeline







# Communities That Care Logic Model





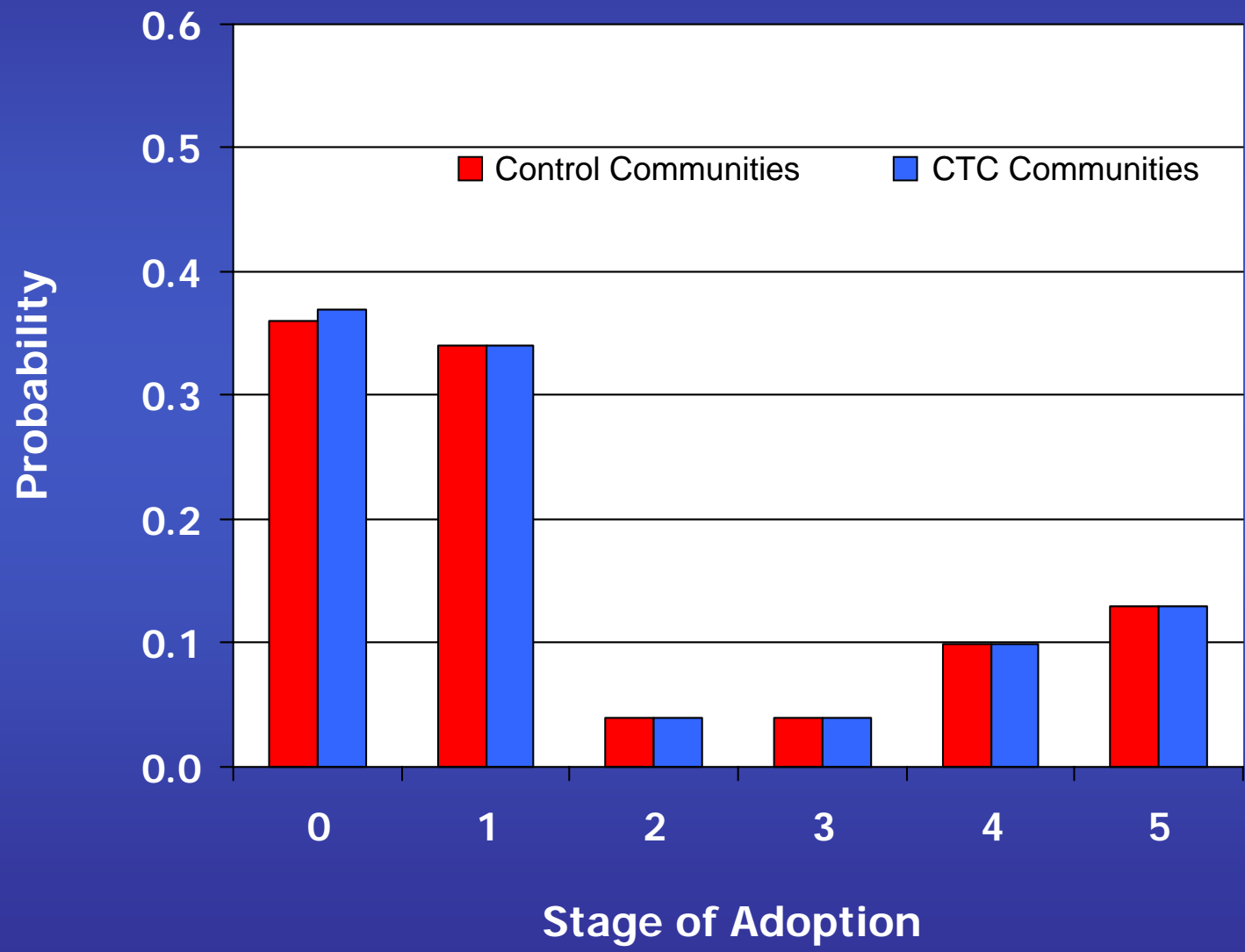
# Adoption of Science-Based Prevention



- 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.

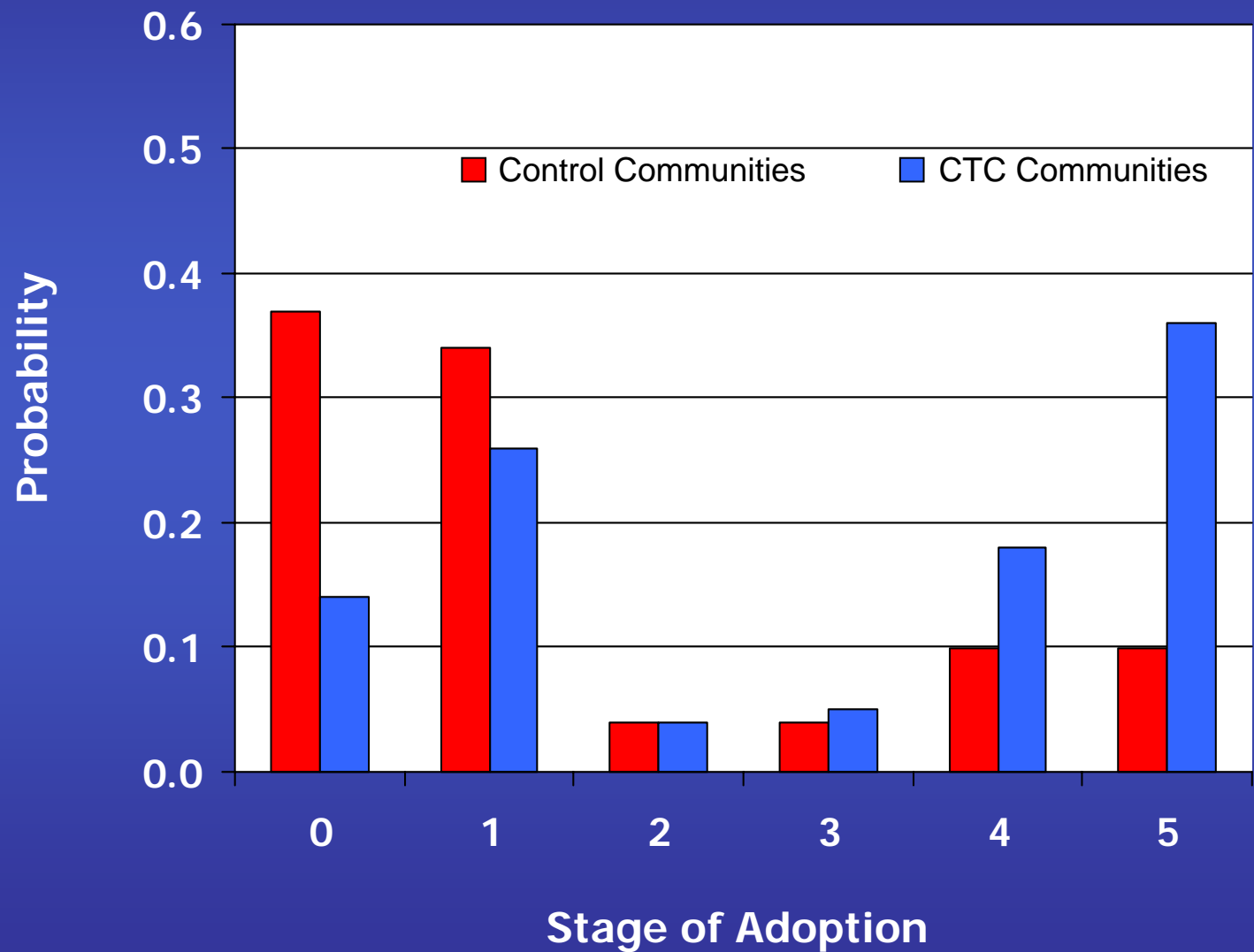


# Stages of Adoption by Intervention Status (2001)



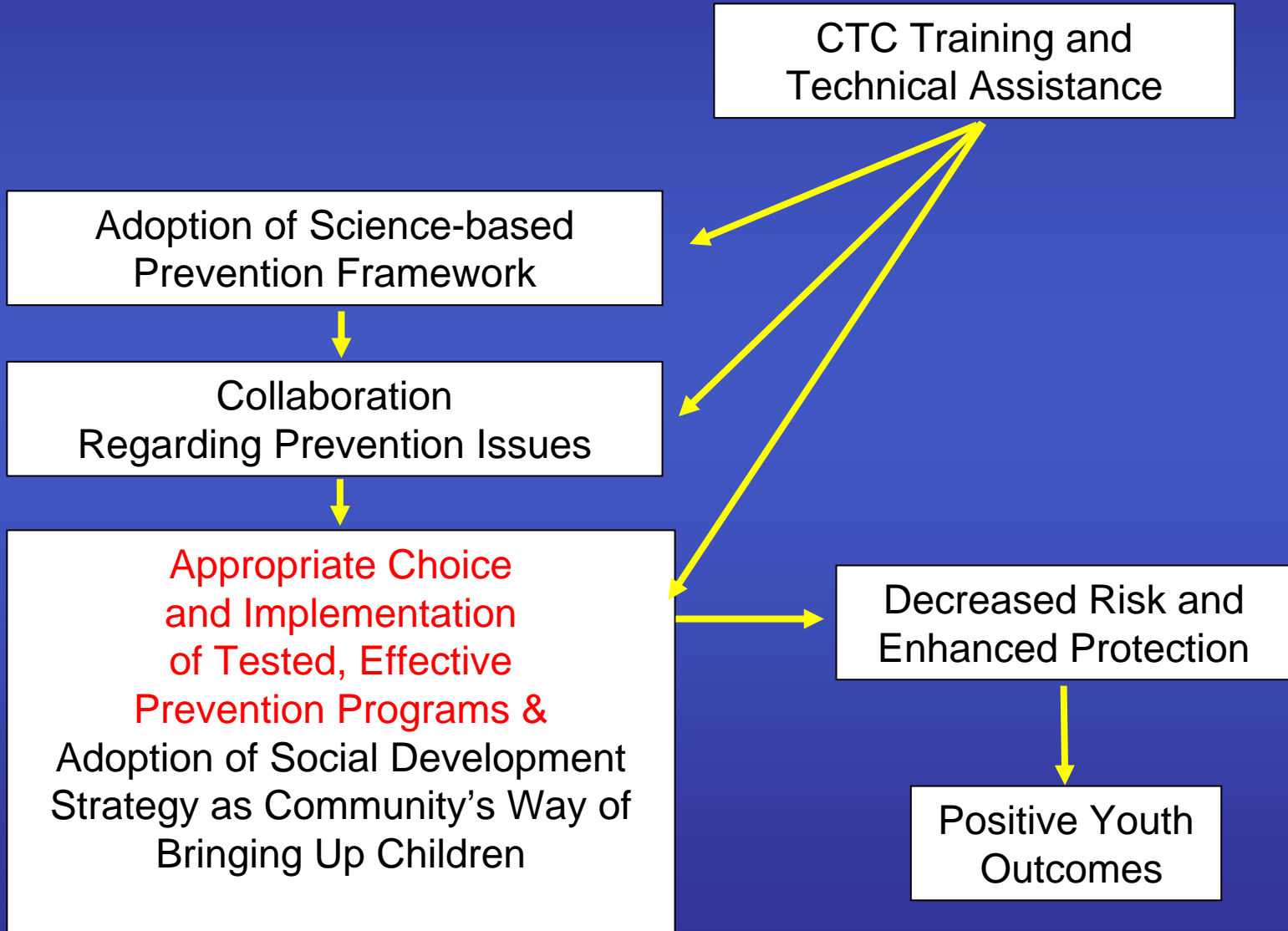


# Stages of Adoption by Intervention Status (2007)





# Communities That Care Theory of Change





# Program Selection

**CTC Community Board members selected prevention programs from 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

# Tested, Effective Programs Selected in 2004-2007

<u>PROGRAM</u>	<u>2004-05</u>	<u>2005-06</u>	<u>2006-07</u>
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
<b>TOTAL</b>	<b>27</b>	<b>38</b>	<b>37</b>

\*Program funded through local resources in one or two communities

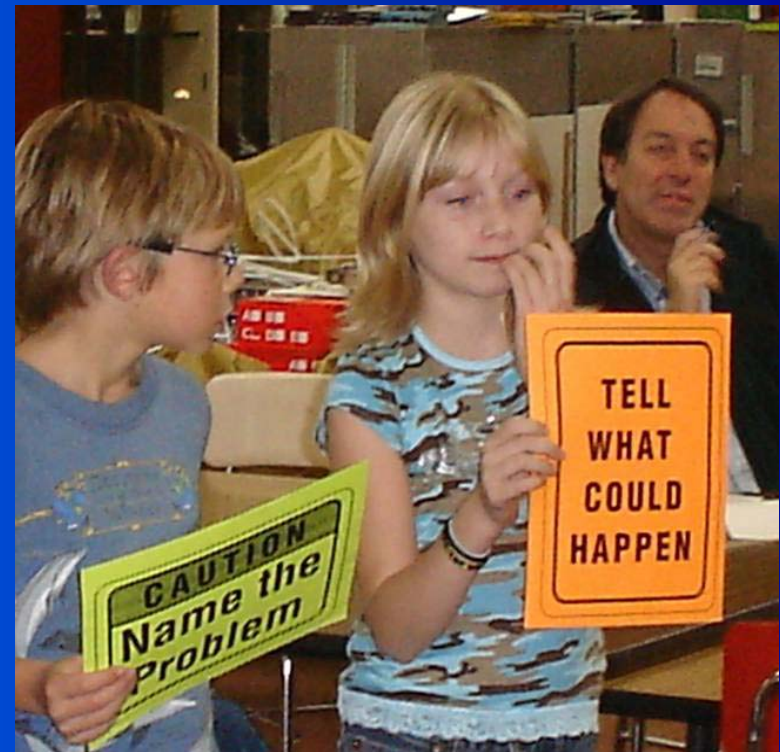
# Exposure in the Community

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

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

# Tools Assisted Community Members to Assess Fidelity

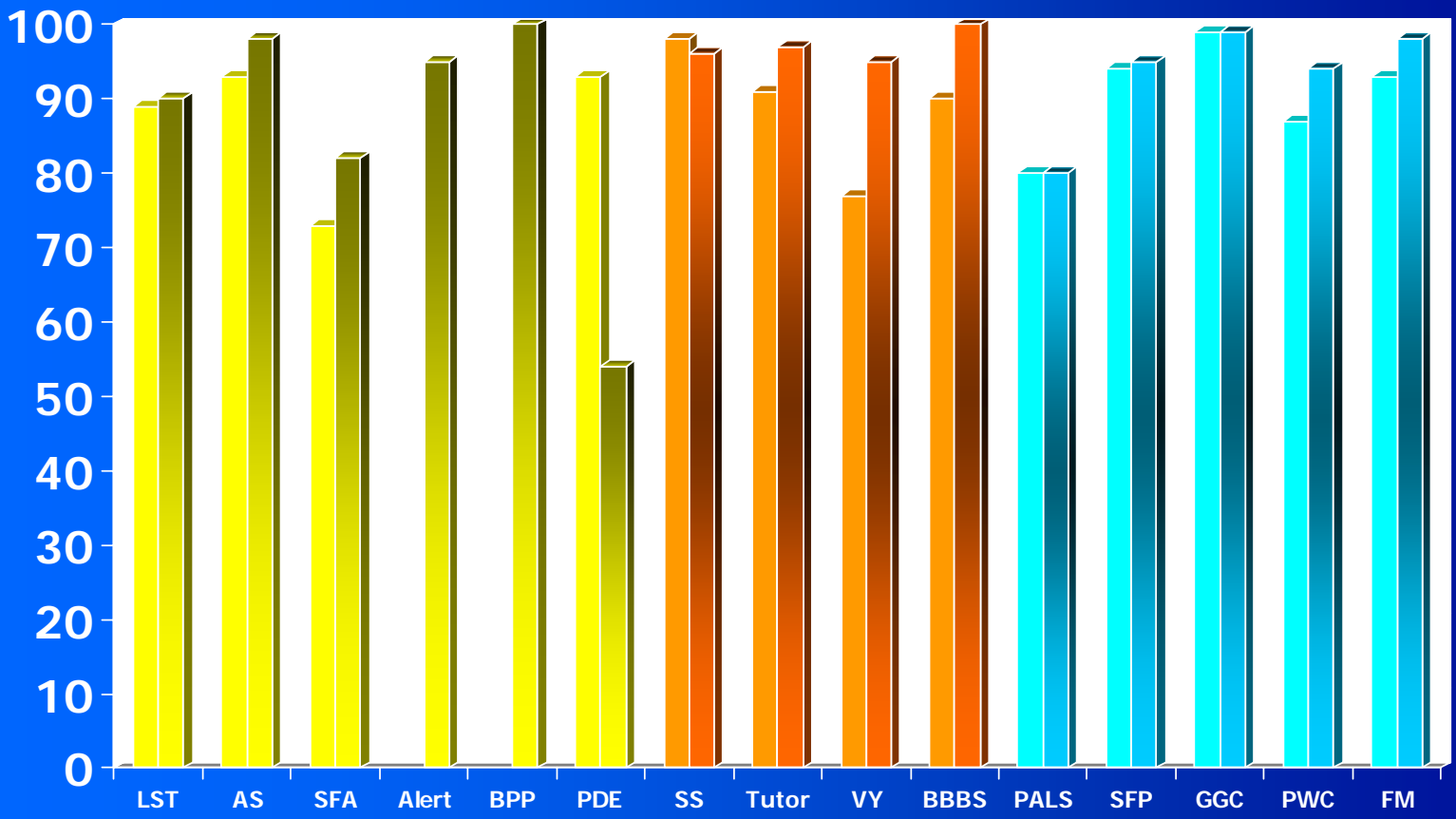
- Used to assess attendance, adherence and dosage of all 16 programs implemented
- Over 6,000 checklists completed by program implementers and observers in 12 intervention communities
- Community volunteers observed 10-15% of sessions for 10 programs



# Adherence Rates

## 2004-05 and 2005-06 school years

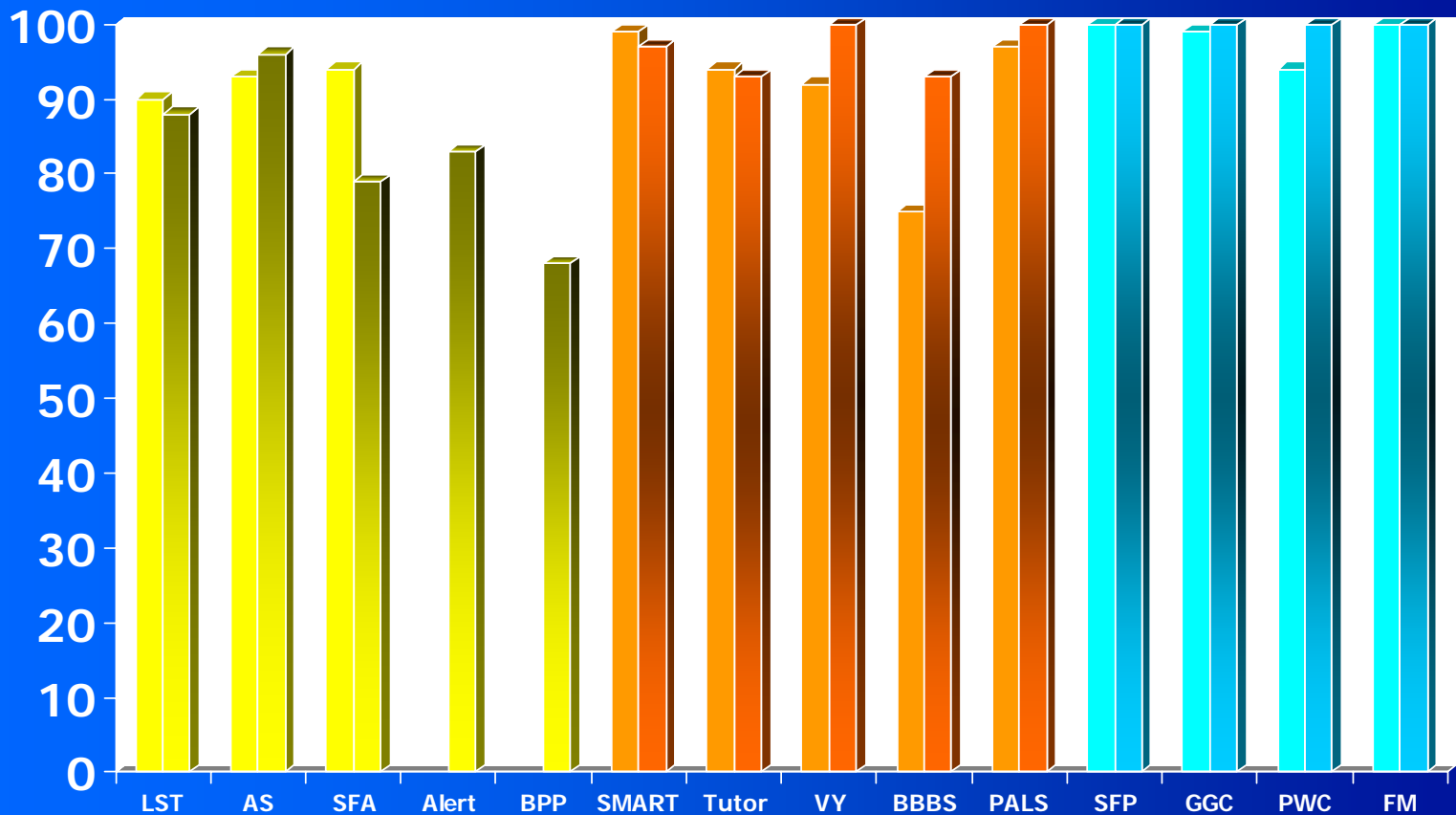
Percentage of material taught or core components achieved



# *Number, Length, and Frequency of Required Sessions*

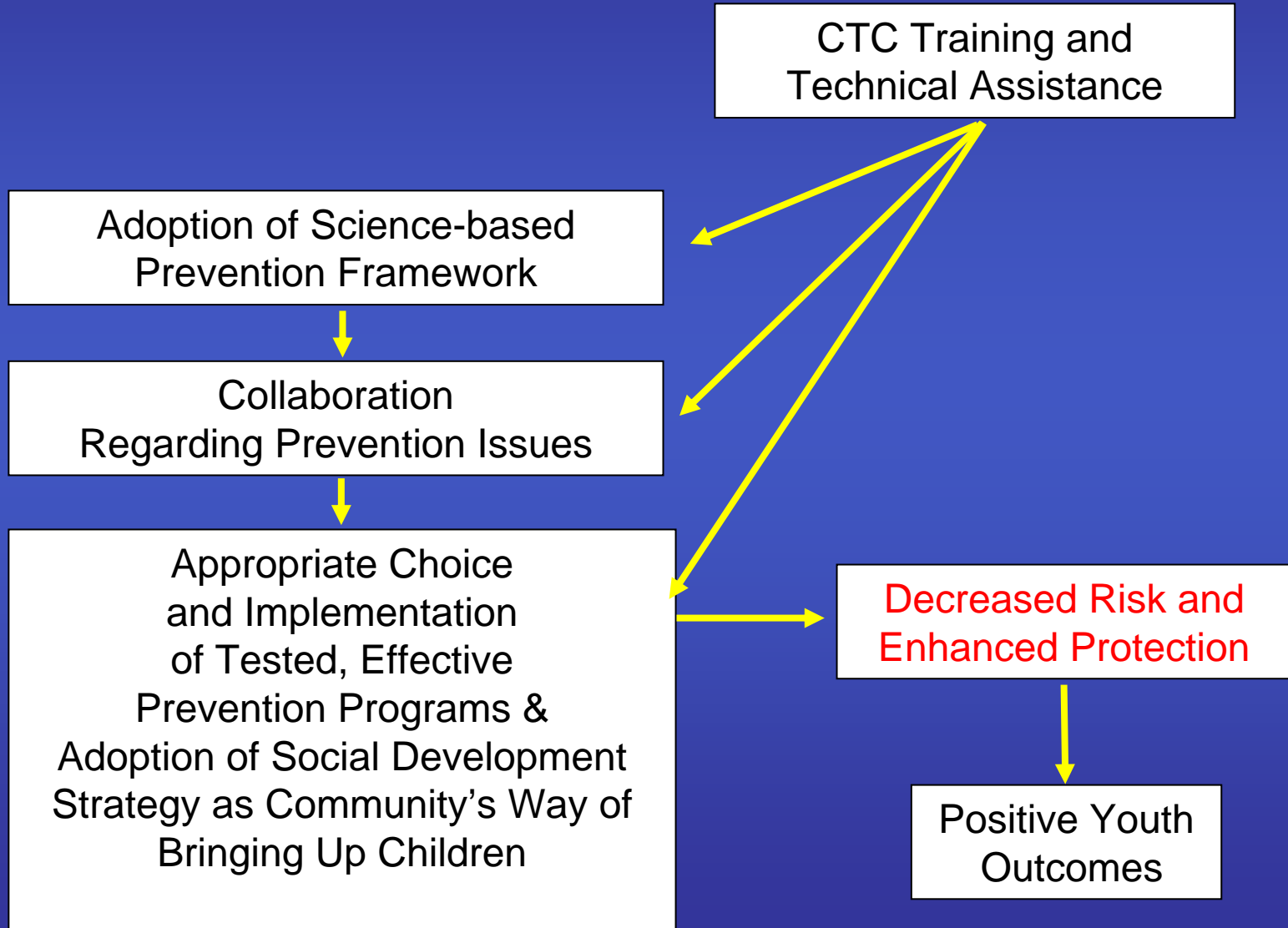
## 2004-05 and 2005-06 school years

Percentage of delivery requirements met





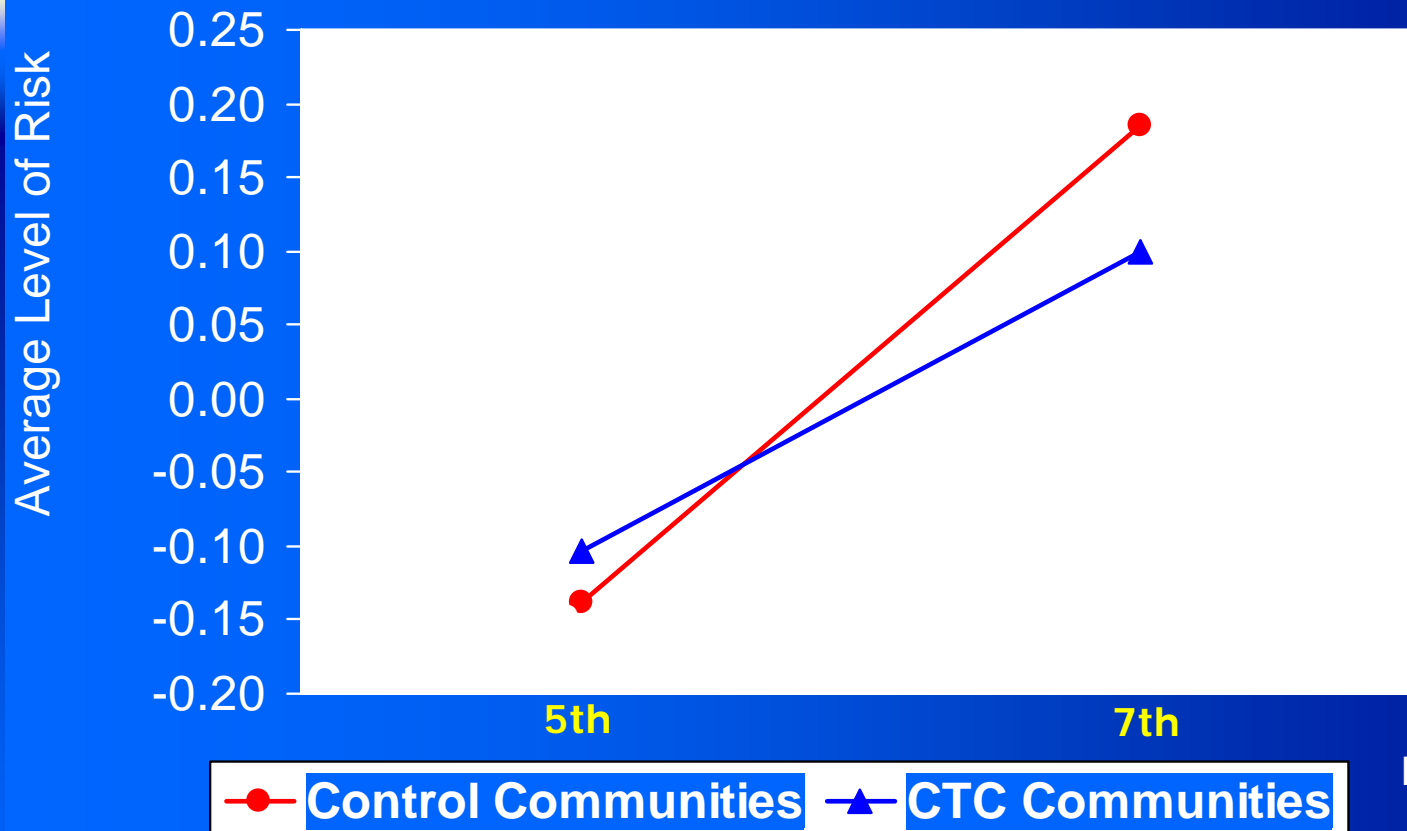
# Communities That Care Theory of Change



# Tools Assisted Community Coalitions to Prioritize Risk Factors

- 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

# CTC Changed Prioritized Risk Factors

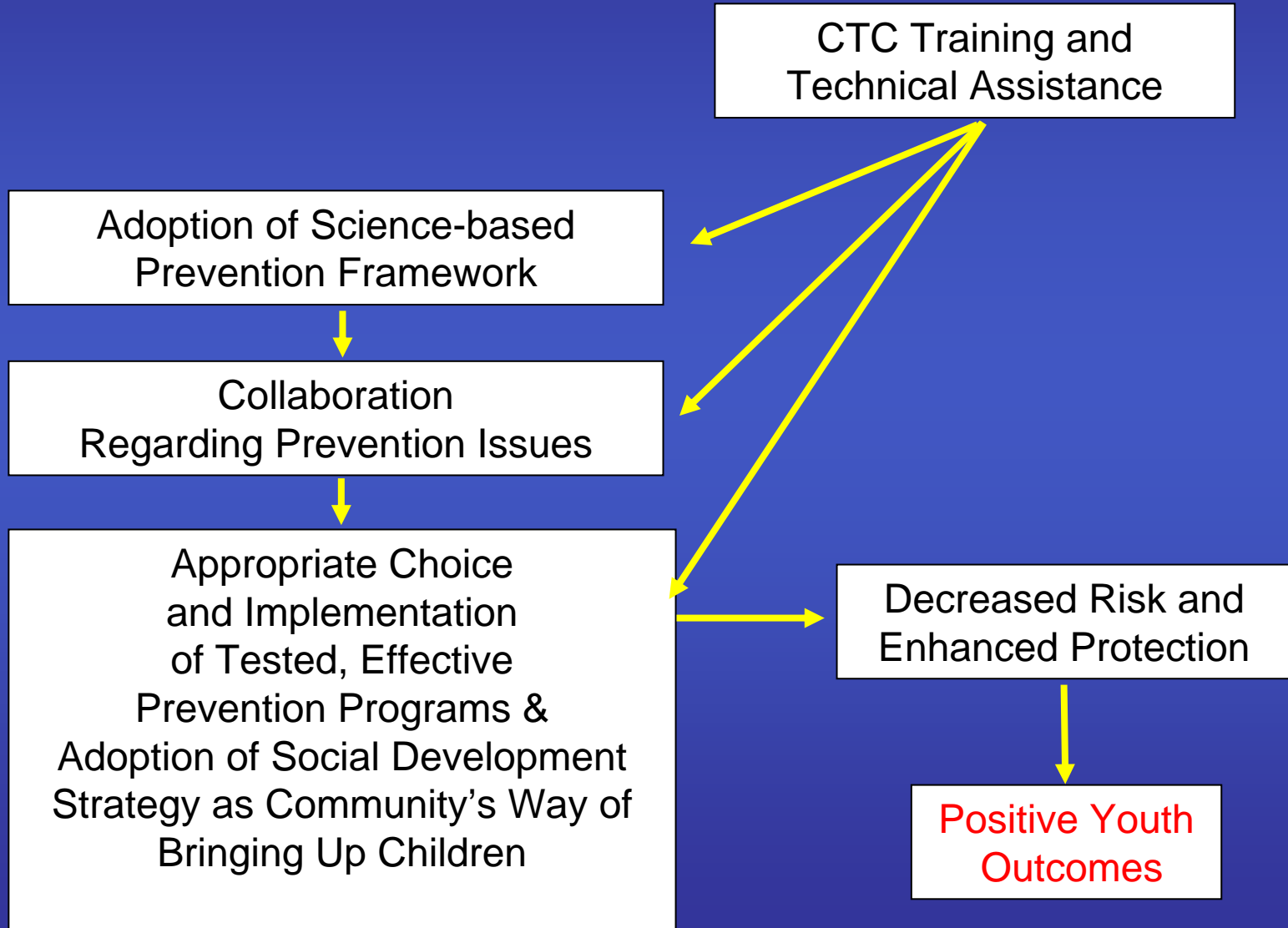


Hawkins et al., in press

*Note.* Values are model-fitted levels of standardized average risk for students in the Youth Developmental Study panel sample. Nonsignificant difference in means at Grade 5,  $t(11) = 0.61, p > .05$ . Significant difference in means at Grade 7,  $t(11) = -3.13, p = .01$ .



# Communities That Care Theory of Change





# Effects of CTC on Onset of Drug Use and Delinquency

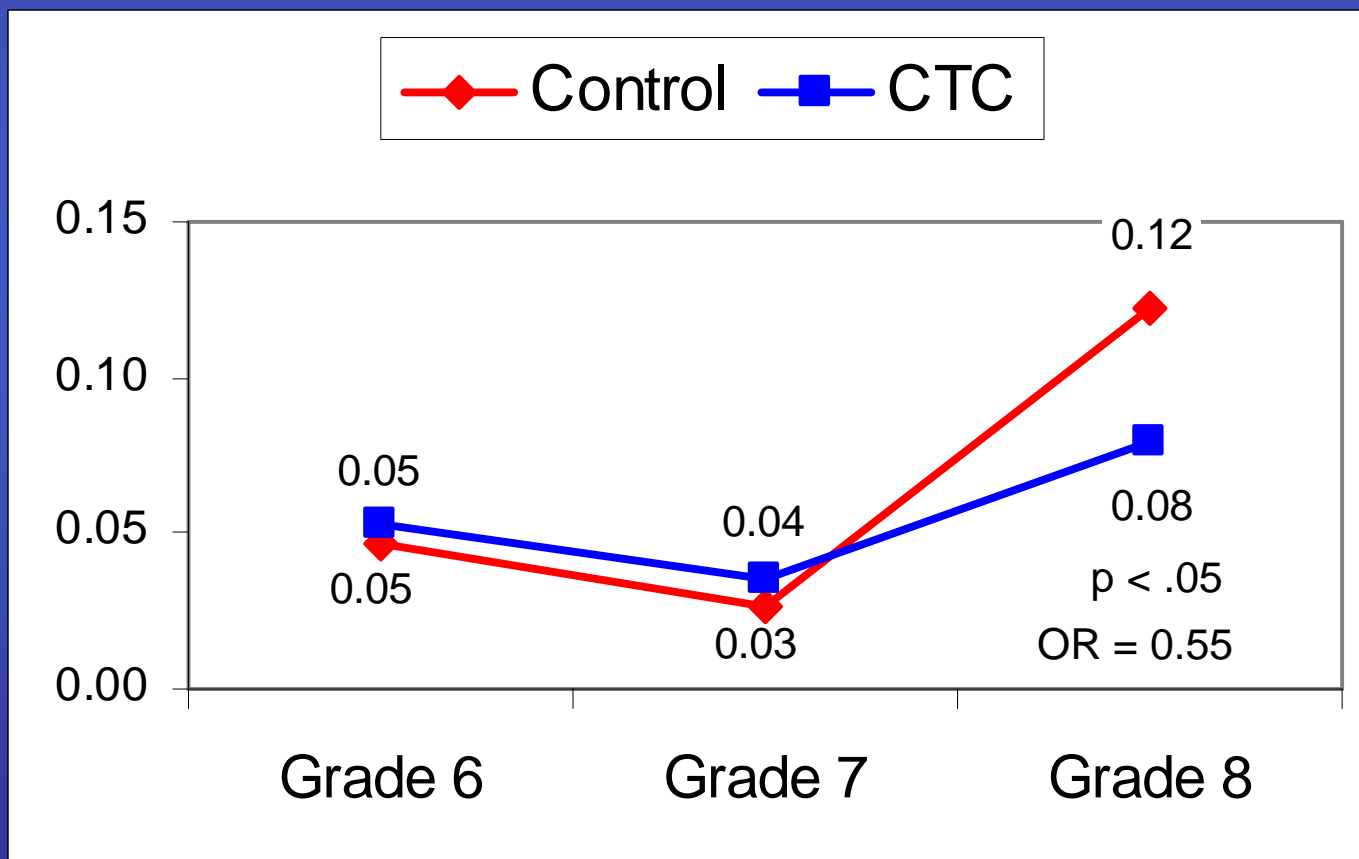
- Onset of substance use and delinquency between grade 6 and 8:
  - Alcohol use\*
  - Cigarette smoking\*
  - Smokeless tobacco use\*
  - Marijuana use
  - Other illicit drug use
  - Delinquent behavior\*
- Among 5<sup>th</sup> grade students who had not yet initiated.

**\*=Significant at  $p < .05$**



# Onset of Cigarette Smoking

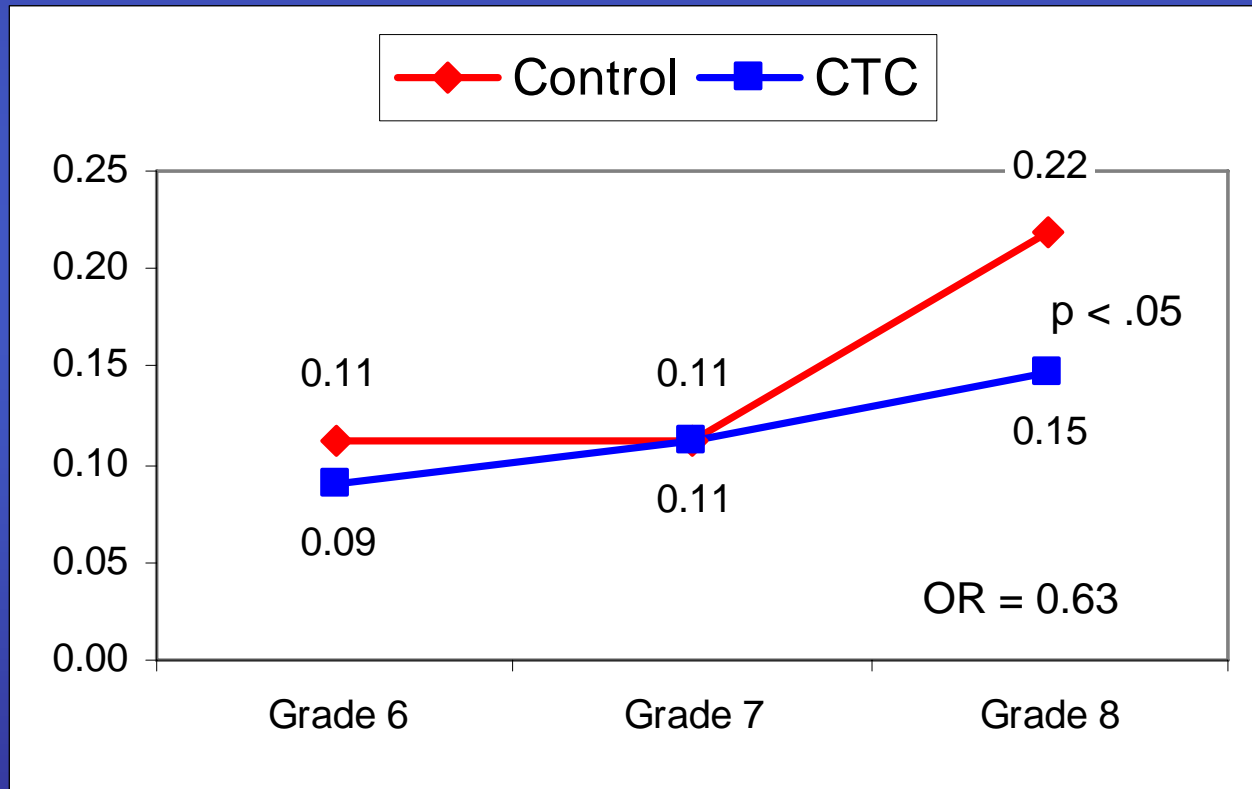
Adjusted Hazard





# Onset of Alcohol Use

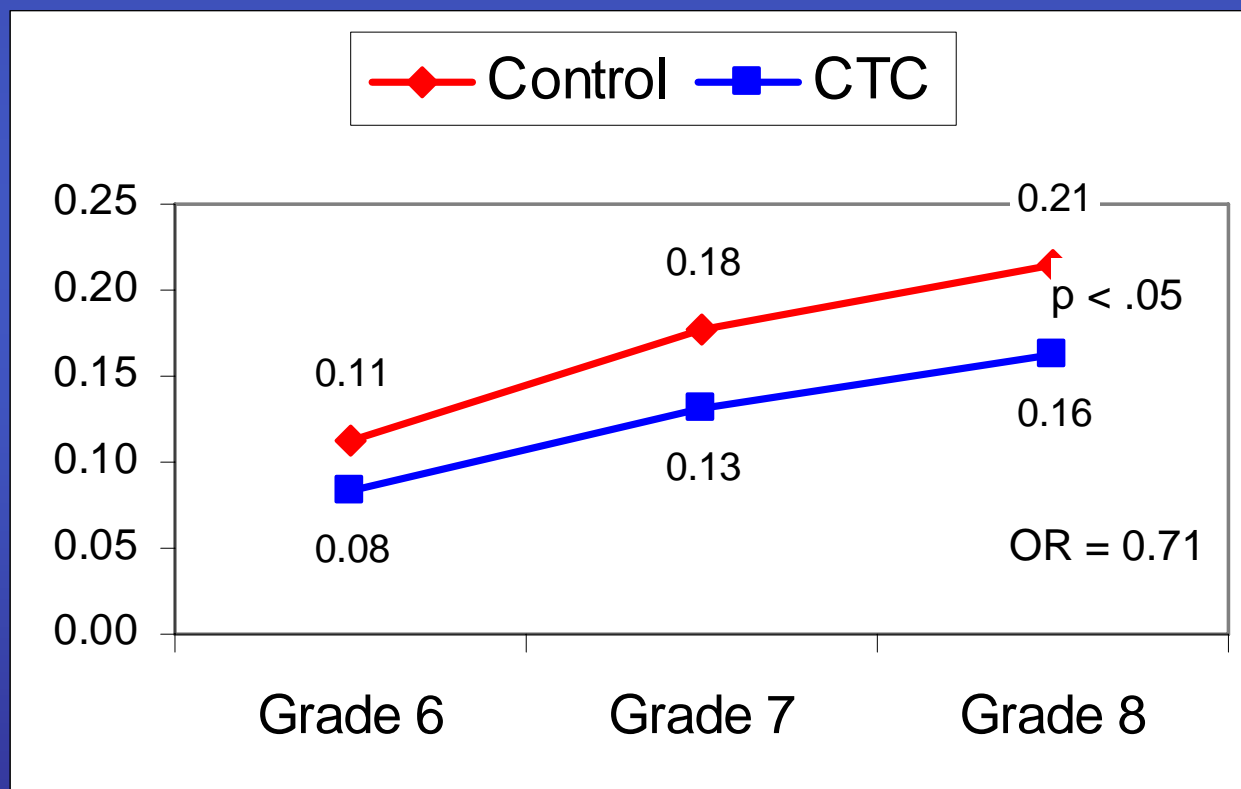
Adjusted Hazard

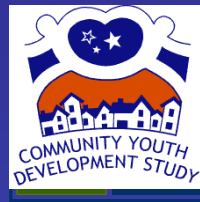




# Onset of Delinquent Behavior

Adjusted Hazard





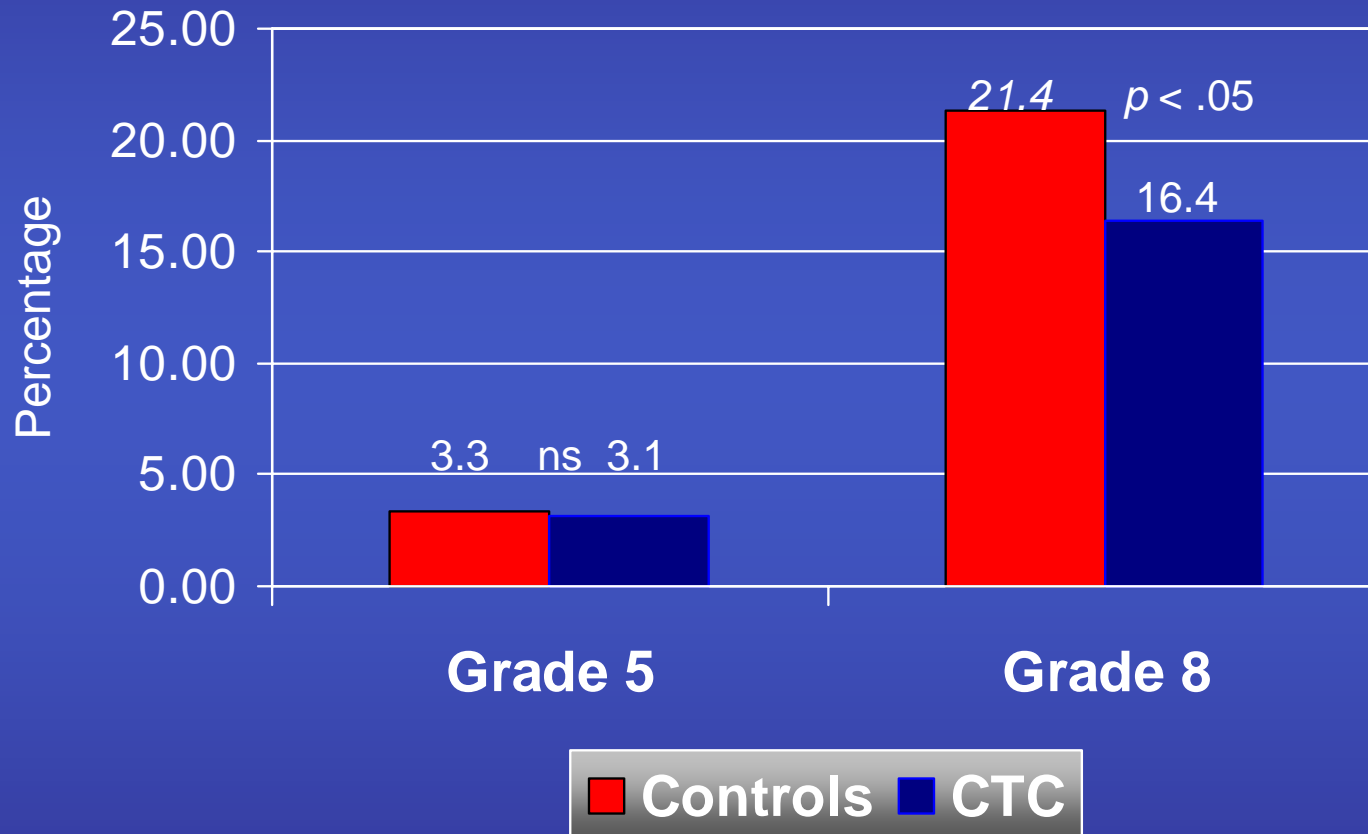
# Effects of CTC on Current Drug Use and Delinquency in the Panel

- Alcohol use\*
- Binge drinking\*
- Tobacco Use\*
- Delinquency\*

\*=significant at  $p < .05$



# Prevalence of 30 Day Alcohol Use In Panel In Control and CTC Communities

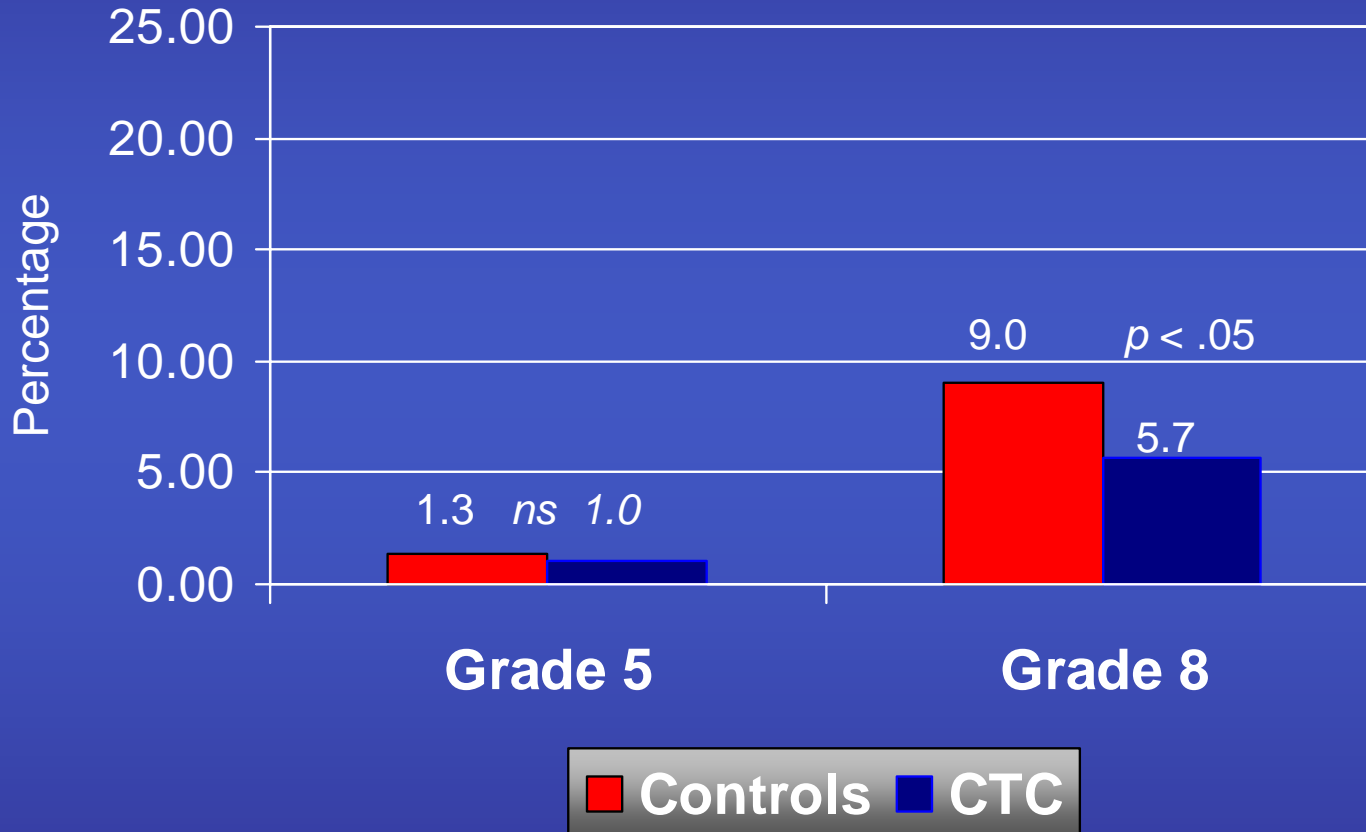


Note. Observed rates averaged across 40 imputations. ns = nonsignificant.  $N = 4407$ .



# Prevalence of Binge Drinking in Past Two Weeks In Panel

## In Control and CTC Communities



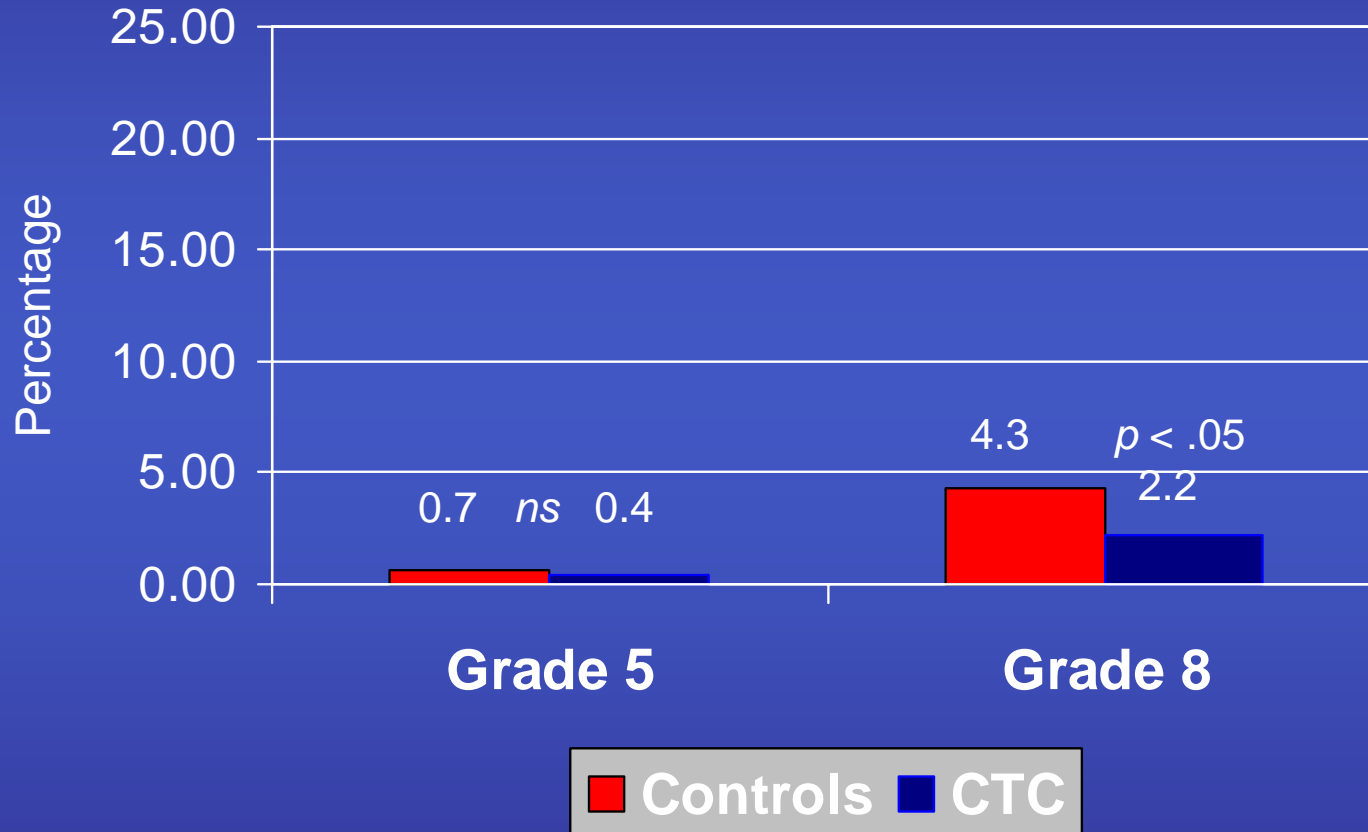
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# Prevalence of 30 Day Smokeless Tobacco Use In Panel



## In CTC and Control Communities

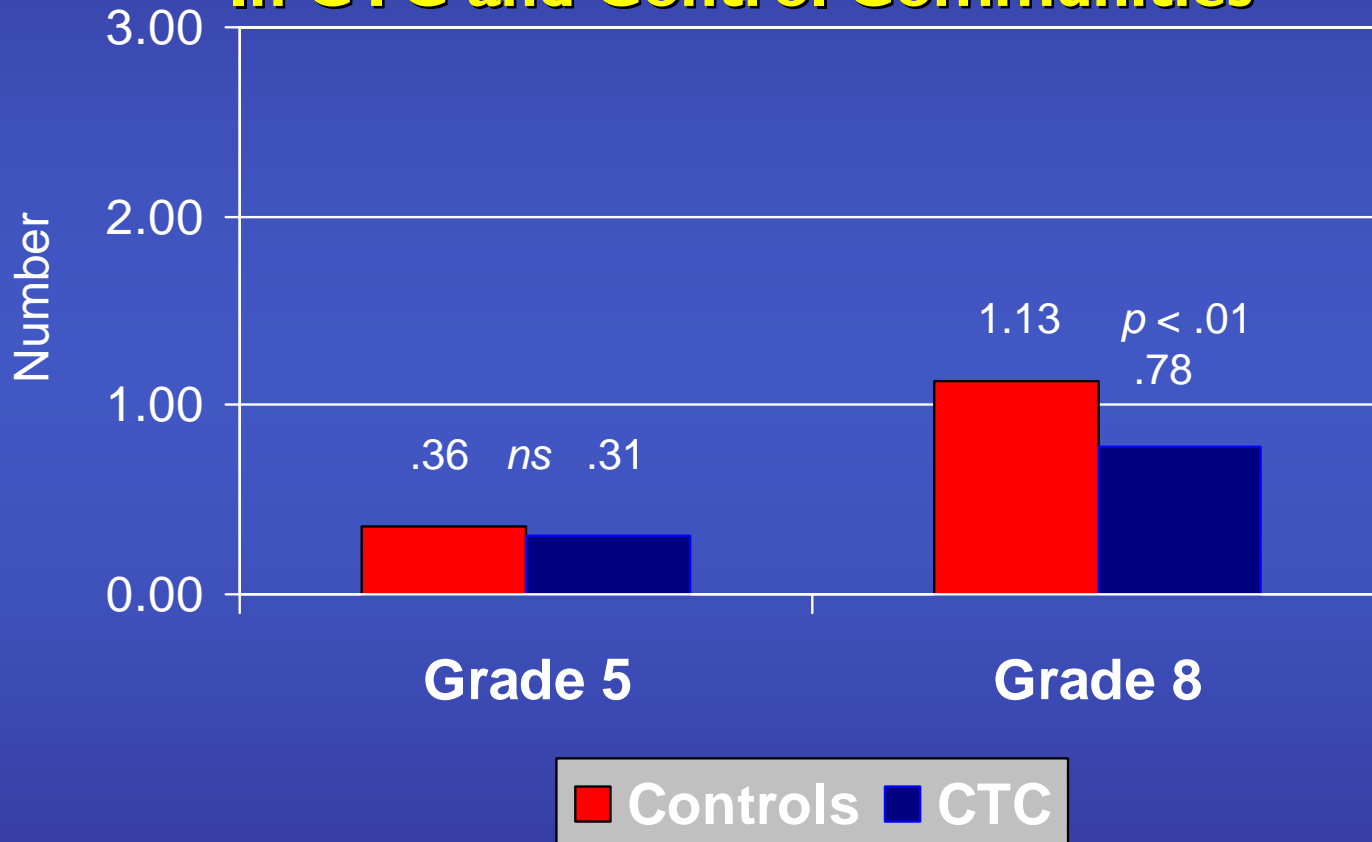


Note. Observed rates averaged across 40 imputations. ns = nonsignificant.  $N = 4407$ .



# Mean Number of Different Delinquent Behaviors

## Committed by Panel in Past Year In CTC and Control Communities



Note. Observed means averaged across 40 imputations.  
ns = nonsignificant.  $N = 4407$



# Communities That Care: Evidence of Effects

- Adoption of science-based prevention is higher in CTC communities than in control communities.
- CTC communities and schools are adopting tested & effective programs.
- The new programs are being implemented with fidelity.
- Exposure to targeted risk factors is increasing less rapidly in the panel in CTC than in control communities.
- By the spring of grade 8,
  - significantly fewer panel students in CTC communities than controls have initiated smoking, smokeless tobacco use, alcohol use, and delinquent behavior.
  - Significantly fewer report drug use, specifically current alcohol use, binge drinking, and smokeless tobacco use.
  - Significantly lower rates of delinquent behavior.



# Summary and Implications

There is evidence that we can advance public health in our communities by using CTC to:

- Promote the collection of data on levels of risk and protection to focus community action on elevated risks.
- Engage in community efforts to strengthen protection and reduce risks.
- Sponsor, endorse and use tested and effective prevention programs.
- Communities that Care can be effective

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