

SDRG 2016 HIGHLIGHTS

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Mission of SDRG

To understand and promote healthy behaviors and positive social development among diverse populations, we:

- Conduct research on factors that influence development
- Develop and test the effectiveness of interventions
- Study service systems and work to improve them
- Advocate for science-based solutions to health and behavior problems
- Disseminate knowledge, tools, and expertise produced by this research

Dear friends,

Recent themes in our nation's political dialogue are strengthening SDRG's commitment to healthy development in diverse populations. We hope our friends and collaborators will join us in advocating for science-based solutions to health and behavior problems and evidence-based preventive interventions. I firmly believe no problem is insurmountable if we apply good science and a healthy measure of creativity. For examples, below we highlight influential work by our some of our staff.



One of our founders, Richard F. Catalano, PhD, served as a science editor of the Prevention Programs and Policies chapter of [Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health](#). The report argues for the use of effective community-based prevention programs and policies and the full integration of services, from prevention through recovery, into the healthcare system. It also provides a comprehensive set of recommendations for key stakeholders, including individuals and families, healthcare providers, associations, systems, communities, the private sector, all branches of government, and researchers.

A critical aspect of our work is promoting investment in effective evidence-based practices for our nation's youth. Questions of value and return on investment have received increasing attention in recent years. SDRG Research Scientist Margaret Kuklinski, PhD, served on a National Academy of Medicine consensus panel that produced [Advancing the Power of Economic Evidence to Inform Investments in Children, Youth, and Families](#). This groundbreaking report sets standards for conducting high-quality cost, benefit-cost, and cost-effectiveness evaluations of prevention and intervention programs. The report also recommends actions stakeholders can take to ensure economic evaluation evidence is useful to and used by public and private sector investors in these programs.

SDRG and its collaborators published **42** articles/book chapters in 2016.



Social Development Research Group

SDRG's first director, J. David Hawkins, PhD, is leading the Collaborative on Healthy Parenting in Primary Care at the National Academy of Science, Engineering, and Medicine. The collaborative seeks to promote the use of tested and effective family-focused preventive interventions in primary care settings. Dr. Hawkins co-authored an article in the *American Journal of Preventive Medicine* that makes the case for doing this: [Primary health care: Potential home for family-focused preventive interventions](#). Providing parenting skills for preventing children's physical, mental, and behavioral health problems through primary care could overcome three main barriers to expanding the reach of these programs:

- Stigma associated with participation in these programs as a possible sign of parenting failure
- Questions about the expertise or legitimacy of sponsoring organizations
- Lack of sustainable funding

This past year has been a fun and challenging one for our [Survey Research Division](#) (SRD), which ended another successful wave of data collection on one of our internal longitudinal projects, the Community Youth Development Study, maintaining a noteworthy retention rate of 88% at age 23, 12 years after the first interview. This fall, SRD had the opportunity to broaden its focus and collect data on several important policy issues, including surveys for the city of Seattle on the \$15 minimum wage law with employers and low-wage workers, and baseline data for [Public Health—Seattle & King County's Best Starts for Kids health initiative](#). These opportunities allowed SRD to pilot new sampling strategies and data collection technologies, including the launch of our first SMS (text message-based) data collection effort.

In 2016, our [Center for Communities That Care](#) focused on high-quality scaling up of the Communities That Care PLUS (CTC) system. State-level work makes this feasible. Partnering with state and regional agencies in Colorado, Michigan, Pennsylvania, and Utah to develop local CTC coaches enables those states to support more communities. Through this work, the Center is training 20 coaches and supporting CTC implementation in 65 communities while continuing to coach the communities it serves directly.

Another exciting development: Research partners in Chicago, IL, Denver, CO, and Richmond, VA, are receiving support from the Centers for Disease Control and Prevention to implement CTC in high-burden urban areas to build healthy youth development and prevent violence. Other special collaborations include using CTC to prevent child abuse and neglect in Oregon communities; adjusting CTC for international implementation in Chile, Colombia, Australia, and Sweden; and collaborating with the Annie E. Casey Foundation on Evidence2Success in Providence, RI, Selma and Mobile, AL, and Kearns Township, UT. The Center's work also continues with Communities in Action in South and Central Seattle, WA (see the article [Translating grand challenges from concept to community: The "Communities in Action" experience](#)) in the *Journal of the Society for Social Work and Research*.)

These many strands of work, advocacy, expert consulting and services, and the scaling of CTC help SDRG prepare for the future. Please support us in this work. We look forward to continuing collaboration in 2017.



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