



American Sociological Association  
San Francisco  
August 16, 2014

# Can a Sociology of Community Risk and Protective Factors Improve the Lives of Children and Adolescents?: Communities That Care (CTC)

Richard F. Catalano, Ph.D.

Bartley Dobb Professor for the Study and Prevention of Violence  
Social Development Research Group

School of Social Work

University of Washington

President-Elect, Society for Prevention Research

[www.sdrdg.org](http://www.sdrdg.org)



# Objectives

- Why should sociologists care about prevention?
- What are the key frameworks/research guiding Communities That Care?
- How does Communities That Care achieve impact?



# Global Shift in Causes of Mortality

- Due to the success of concerted worldwide efforts to address infectious disease and child health, more children have survived into adolescence and 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



# Leading Causes of Mortality 15-24 Year Olds (2011, U.S.)

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

**48.8/100,000  
or 72% of all  
deaths**



# Leading Causes of Mortality 15-24 Year Olds, AI/AN (2010, U.S.)

	Total deaths (per 100,000)
1 Intentional self harm (suicide)	20.9
2 Motor Vehicle Crashes	18.0
3 Accidents	9.9
4 Assault (homicide)	11.5
5 Drug-related overdose	3.2
6 Alcohol-related overdose and disease	2.6
7 Malignant Neoplasms	2.0
8 Diseases of Heart	1.9
9 Pregnancy, childbirth and the puerperium	0.7
10 Cerebrovascular diseases	0.5
-- All other causes (Residual)	9.7

**66.8/100,000**  
**or 82.6% of**  
**all deaths**

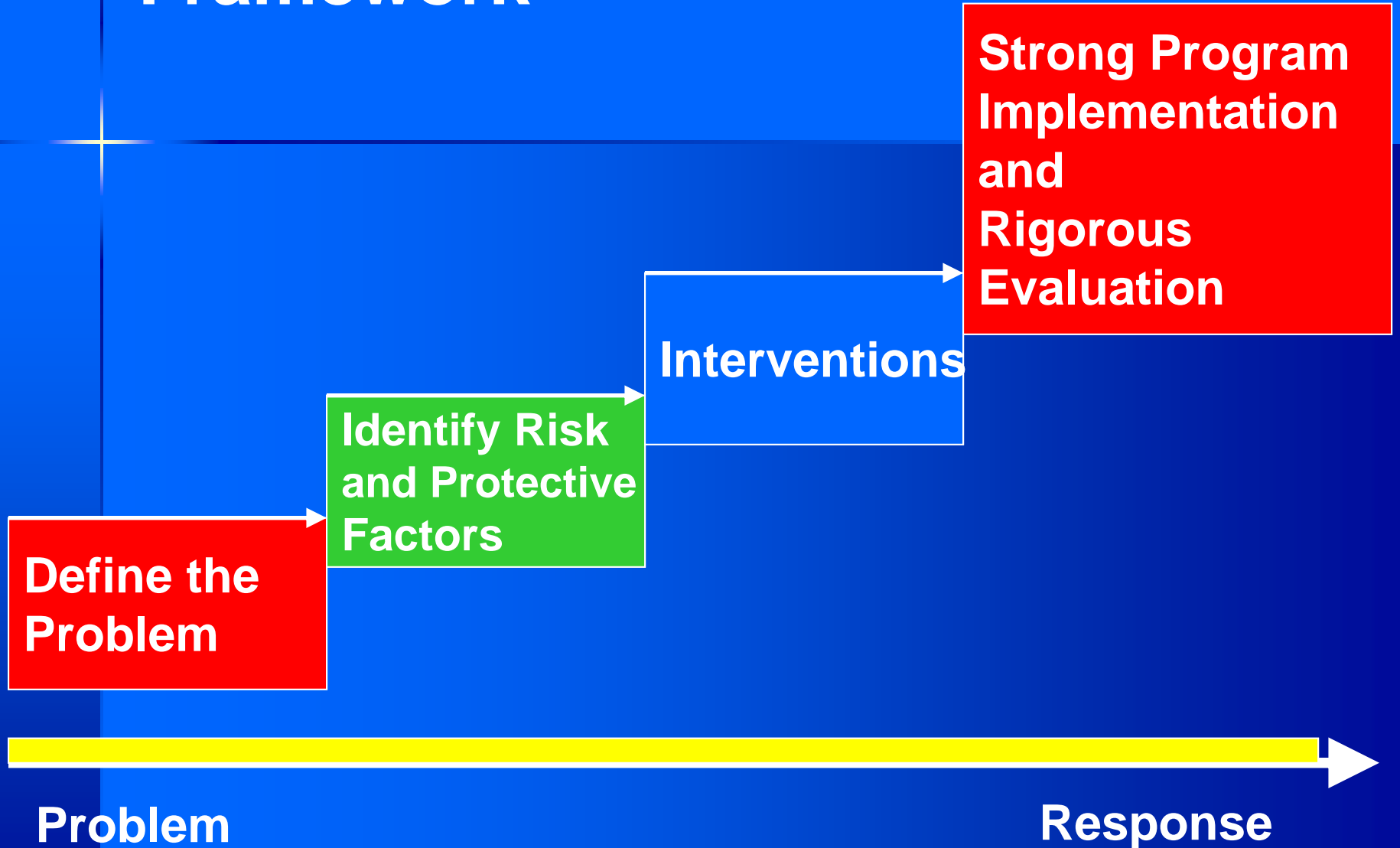


# Prevention is Critical for Health and Well-being

- Behavior problems cause harm in adolescence
- Behavior problems established in adolescence cause harm into adulthood
- Preventing these behavior problems during adolescence can reduce mortality and morbidity over the life course



# Prevention Science Framework





# 40 Years of Prevention Science Research Advances

## Etiology/Epidemiology of Problem Behaviors

- Identify risk and protective factors that predict multiple problem behaviors and describe their distribution in populations.

## Efficacy Trials

- Design and rigorously test preventive interventions to interrupt causal processes that lead to youth problems.





# Most Risk Factors for Adolescent Problems are Environmental

## Community

## Family

## School

## Individual/Peer

(Catalano et al., 2011)

Risk Factors	Substance Abuse	Teen Delinquency	School Drop-Out	Depression & Anxiety	Violence	
<b>Community</b>						
Availability of Drugs	✓				✓	
Availability of Firearms		✓			✓	
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✓	✓			✓	
Media Portrayals					✓	
Transitions and Mobility	✓	✓		✓		✓
Low Neighborhood Attachment and Community Disorganization	✓	✓			✓	
Extreme Economic Deprivation	✓	✓	✓	✓	✓	
<b>Family</b>						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	
<b>School</b>						
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	
<b>Individual/Peer</b>						
Early and Persistent Antisocial Behavior	✓	✓	✓	✓	✓	✓
Alienation and Rebelliousness	✓	✓		✓		
Friends Who Engage in the Problem Behavior	✓	✓	✓	✓	✓	
Favorable Attitudes Toward the Problem Behavior	✓	✓	✓	✓		
Early Initiation of the Problem Behavior	✓	✓	✓	✓	✓	
Constitutional Factors	✓	✓			✓	✓



# Protective Factors Also Affect Multiple Problems

## Individual Characteristics

- High Intelligence
- Resilient Temperament
- Competencies and Skills

## In each social domain (family, school, peer group and neighborhood)

- Prosocial Opportunities
- Reinforcement for Prosocial Involvement
- Bonding
- Healthy Beliefs and Clear Standards



# Science Guided Prevention

**Prevention interventions should target risk and protective factors for multiple problems**

(Coie et al., 1994; Mrazek and Haggerty, 1984; Woolf, 2008; O'Connell, Boat & Warner, 2009)



# Wide Ranging Approaches Have Been Found To Be Efficacious (Catalano et al., 2012 Lancet)

Prevention Programs/Policies	Violence	Drug Use	HIV STI	Unintended Pregnancy	Vehicle Crash Risk	Obesity	Mental Health
1. Prenatal & Infancy Programs(eg., NFP)		✓		✓			
2. Early Childhood Education	✓	✓					
3. Parent Training	✓	✓			✓		✓
4. After-school Recreation	✓						
5. Mentoring with Contingent Reinforcement		✓					
6. Cognitive Behavior Therapy							✓
7. Classroom Organization, Management and Instructional Strategies	✓	✓		✓			✓
8. Classroom Curricula	✓	✓		✓		✓	✓



# Wide Ranging Approaches Have Been Found To Be Efficacious (Catalano et al., 2012 Lancet)

Prevention Programs/Policies	Violence	Drug Use	HIV STI	Unintended Pregnancy	Vehicle Crashes	Obesity	Mental Health
9. Community Based Skills Training/Motivational Interviewing			✓	✓			
10. Cash Transfer for School Fees/Stipend			✓	✓			
11. Multicomponent Positive Youth Development	✓			✓			
12. Policies (eg., MLDA, Access to Contraceptives)		✓		✓	✓		
13. Community Mobilization	✓	✓					
14. Medical Intervention			✓	✓			
15. Law Enforcement					✓		
16. Family Planning Clinic				✓			



# Despite this Progress...

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

(Ringwalt, Vincus et al., 2009)



# The Challenge that Led us to Develop Communities that Care

- How can we build prevention infrastructure to increase use of tested and effective prevention policies and programs **with fidelity and impact at scale...**

while recognizing that communities are different from one another and need to decide locally what policies and programs they use?



# The Communities That Care Prevention System

Through training and technical assistance CTC develops a coalition of diverse stakeholders and builds community capacity to:

- Assess and prioritize risk, protection, and behavioral health outcomes through population sample of 6, 8, 10, 12<sup>th</sup> grade students
- Address priority risks with tested, effective preventive interventions
- Sustain high fidelity implementation of preventive interventions to reach all those targeted





# Communities That Care Process and Timeline

## Process

- Assess readiness, Mobilize the community
- Assess risk, protection and resources,
- Develop strategic plan

Implement and evaluate tested, effective prevention strategies

## Evaluation

Increase in priority protective factors

Decrease in priority risk factors

Increase in positive youth development

Reduction in problem behaviors

Vision for a healthy community

Measurable Outcomes

6-9 mos.

1 year

2-5 yrs.

3-10 yrs.

10-15 yrs.



# Communities That Care (CTC) is Proven Effective for Community Wide Prevention

CTC has been tested in a randomized controlled trial across 7 states.

(Hawkins et al., 2008; 2009; 2012; 2014)

CTC's effects have been independently replicated in a statewide test in Pennsylvania.

(Feinberg et al., 2007; Feinberg et al., 2010)



# Community Youth Development Study (CYDS): A Test of Communities That Care

## 24 incorporated towns

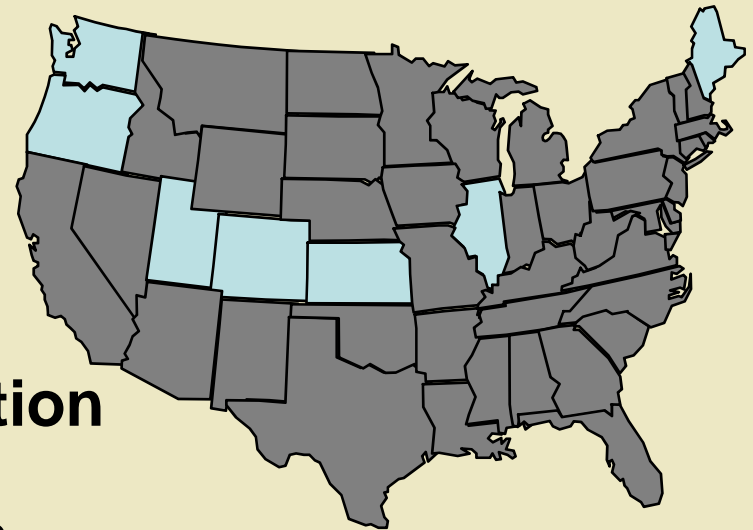
- ~ Matched in pairs within state
- ~ Randomly assigned to CTC or control condition

## 5-year implementation phase

## 3-year follow-up post intervention

## Longitudinal panel of students

- ~ N=4,407- population sample of public schools
- ~ Surveyed annually starting in grade 5





# CTC Coalition of Stakeholders

- Received 6 CTC Trainings, and monthly TA
- Collected Data on Local Levels of Risk and Protection
- Prioritized Risk Factors to Address
- Implemented Tested Prevention Programs matched to priority risk factors from the CTC menu of effective programs



# Communities Targeted a Variety of Risk Factors

	CTC Community											
RISK FACTORS	1	2	3	4	5	6	7	8	9	10	11	12
Laws and norms favorable to drug use									X			
Low commitment to school		X	X	X		X	X	X	X		X	X
Academic failure				X	X			X		X	X	
Family conflict	X	X					X					
Poor family management			X	X						X		X
Parental attitudes favorable to problem behavior						X						
Antisocial friends	X	X			X				X	X	X	X
Peer rewards for antisocial behavior	X						X					
Attitudes favorable to antisocial behavior	X					X				X		
Rebelliousness	X							X	X			
Low perceived risk of drug use								X				X



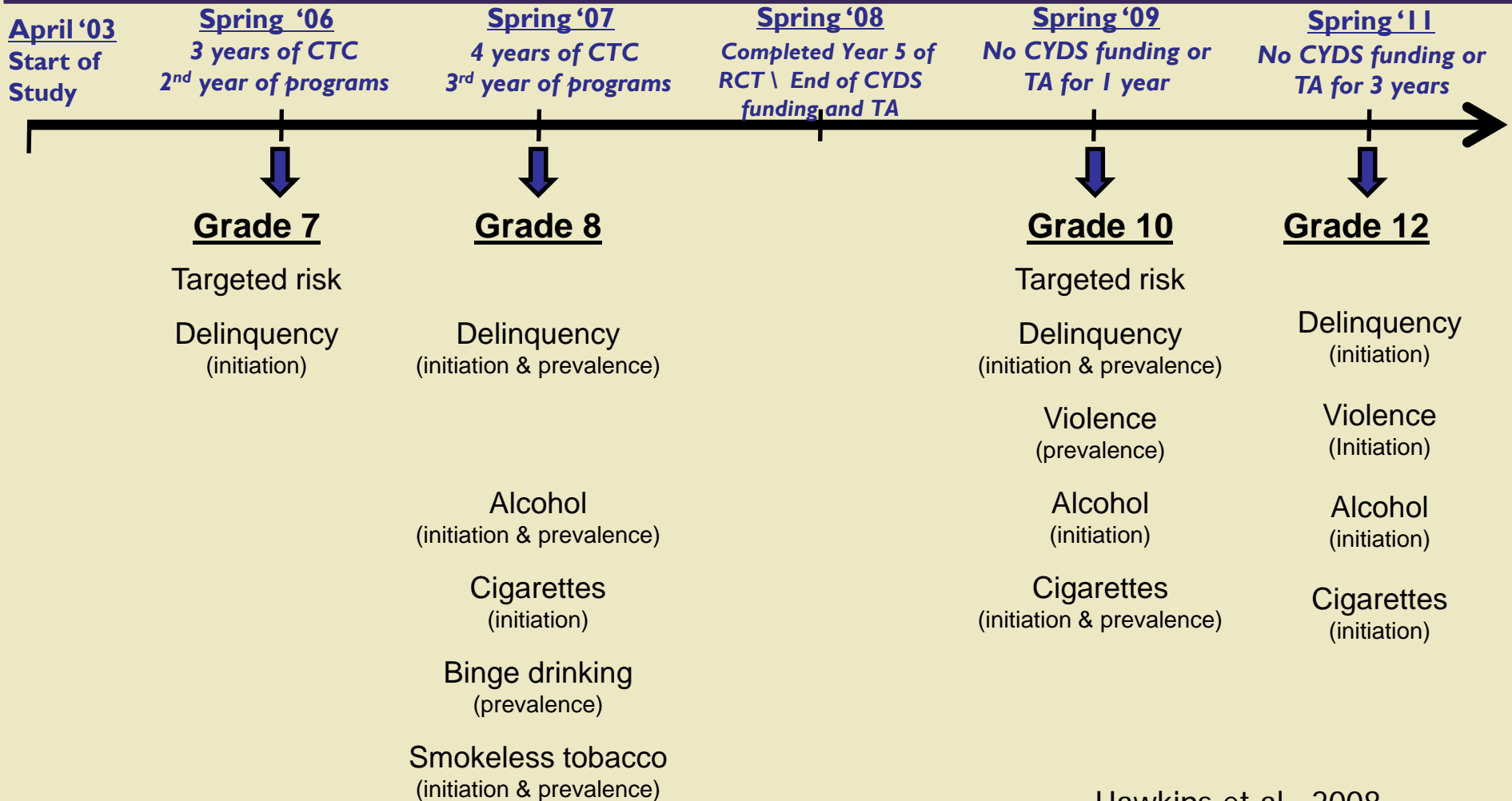
# Number of CTC Communities Implementing Effective Programs 2004-2008

Program		2004-05	2005-06	2006-07	2007-08
<b>School-Based</b>	All Stars Core	1	1	1	1
	Life Skills Training (LST)	2	4*	5*	5*
	Lion's Quest SFA (LQ-SFA)	2	3	3	3
	Project Alert	-	1	1	1
	Olweus Bullying Prevention Program	-	2*	2*	2*
	Towards No Drug Abuse (TNDA)	-	-	-	2
	Class Action	-	-	-	1*
	Program Development Evaluation Training	1	1	-	-
<b>Selective After school</b>	Participate and Learn Skills (PALS)	1	1	1	2
	Big Brothers/Big Sisters	2	2	2	1
	Stay SMART	3	3	1	1
	Tutoring	4	6	6	7
	Valued Youth	1	1	1	-
<b>Family Focused</b>	Strengthening Families 10-14	2	3	3	2
	Guiding Good Choices	6	7*	8*	7
	Parents Who Care	1	1	-	-
	Family Matters	1	1	2	2
	Parenting Wisely	-	1	1	2
<b>Total number of programs</b>		<b>27</b>	<b>38</b>	<b>37</b>	<b>39</b>

\*Some funded locally



# CYDS Timeline & Outcomes



Hawkins et al., 2008,  
2009, 2012, 2014



# Benefit-Cost Analysis Summary:

## CTC Effects on Cumulative Initiation – Grade 12

<i>Discounted 2011 dollars</i>	<u>1,000 Monte Carlo Simulations</u>					<b>CTC 12<sup>th</sup> Grade Total</b>	<b>WSIPP Adjust- ments to Effect Sizes *</b>
	Criminal Justice System	Victimi- zation	Earnings	Health Care	Property Loss		
<b>Benefits</b>	<b>\$897</b>	<b>\$1,729</b>	<b>1,767</b>	<b>\$83</b>	<b>\$1</b>	<b>\$4,477</b>	<b>\$2,305</b>
Participants	0	0	960	(17)	1	943	486
Taxpayers	598	0	353	133	0	1,085	562
Other	0	1,729	0	(100)	0	1,629	836
Other Indirect	299	0	454	67	0	820	421
<b>Costs</b>						<b>(\$556)</b>	<b>(\$556)</b>
<b>Net Present Value (NPV)</b>						<b>\$3,920</b>	<b>\$1,749</b>
<b>Benefit Cost Ratio</b>						<b>8.22</b>	<b>4.23</b>
<b>Investment Risk: % trials NPV &gt; \$0</b>						<b>100%</b>	<b>99%</b>

\* WSIPP halves effects when the program developer is involved in the trial – as it was in the CYDS





# Thank You!

Richard F. Catalano, Ph.D.  
catalano@uw.edu  
www.sdrg.org

Learn more about CTC and eCTC at:  
<http://www.communitiesthatcare.net>



**communities**  
*that care*