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

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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

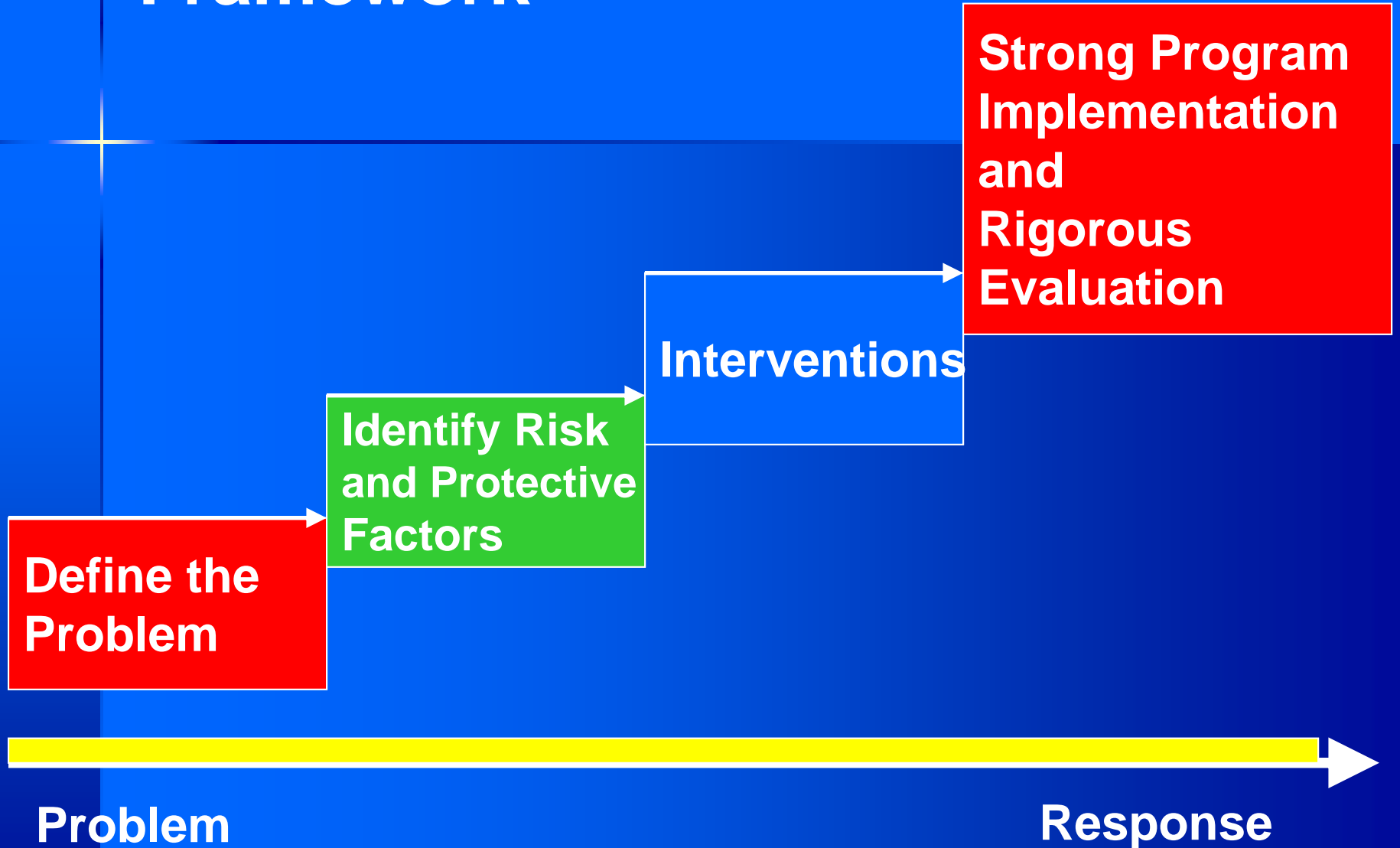


Prevention is Critical for Health and Well-being

- 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 Pregnancy	School Drop-Out	Depression & Anxiety	Violence
Community						
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	✓	✓	✓	✓	✓	
Family						
Family History of the Problem Behavior	✓	✓	✓	✓	✓	✓
Family Management Problems	✓	✓	✓	✓	✓	✓
Family Conflict	✓	✓	✓	✓	✓	✓
Favorable Parental Attitudes and Involvement in the Problem Behavior	✓	✓			✓	
School						
Academic Failure Beginning in Late Elementary School	✓	✓	✓	✓	✓	✓
Lack of Commitment to School	✓	✓	✓	✓	✓	
Individual/Peer						
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, 12th 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

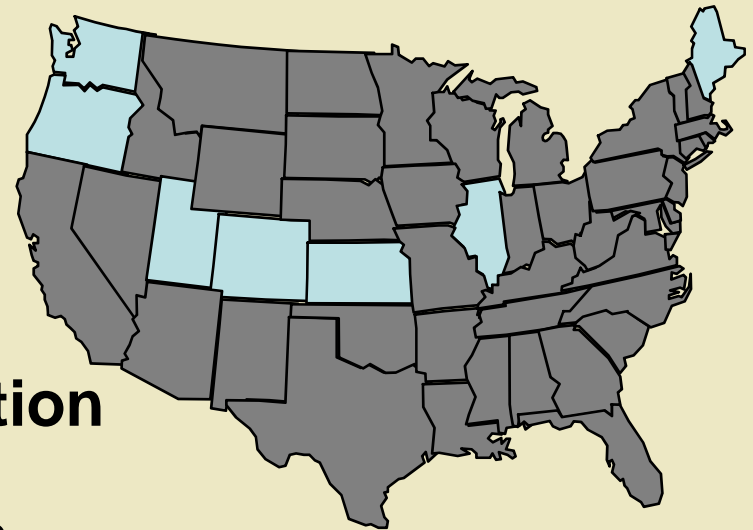
- ~ Matched in pairs within state
- ~ Randomly assigned to CTC or control condition

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



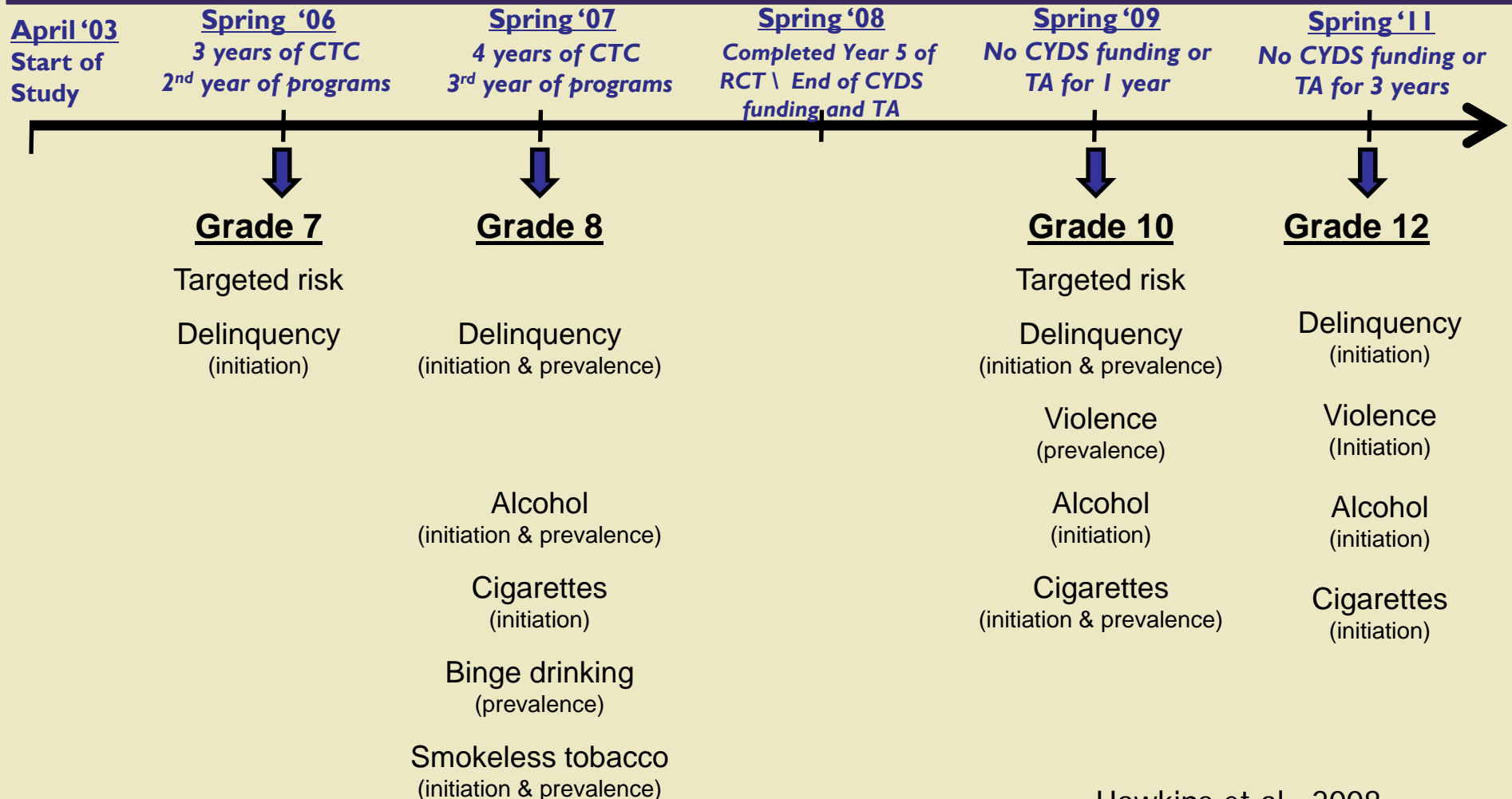
Number of CTC Communities Implementing Effective Programs 2004-2008

Program		2004-05	2005-06	2006-07	2007-08
School-Based	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	-	-
Selective After school	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	-
Family Focused	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
Total number of programs		27	38	37	39

*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>					CTC 12th Grade Total	WSIPP Adjust- ments to Effect Sizes *
	Criminal Justice System	Victimi- zation	Earnings	Health Care	Property Loss		
Benefits	\$897	\$1,729	1,767	\$83	\$1	\$4,477	\$2,305
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
Costs						(\$556)	(\$556)
Net Present Value (NPV)						\$3,920	\$1,749
Benefit Cost Ratio						8.22	4.23
Investment Risk: % trials NPV > \$0						100%	99%

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



Thank You!

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



communities
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