

December 2017

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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

Primary Health Care:

Potential Home for Family-Focused Preventive Interventions

Although a number of effective family-focused prevention programs exist, they are currently underutilized and their reach is limited. Three main barriers preclude these programs from expanding their reach:

- **Social norms:** Some parents fear being stigmatized or labeled as “bad parents” if they participate in parenting programs.
- **Sponsoring organization’s lack of legitimacy for offering parenting advice:** There is no clear “home” for providing these programs; for example, parents don’t always trust schools or community organizations, and using child welfare services is sometimes seen as indicative of parenting failure.
- **Unstable funding:** There is no source of stable, sustainable funding.

Table 1 lists 16 family-focused prevention programs that have been evaluated rigorously and shown to be effective. These programs serve expectant parents or parents and caregivers raising children from birth through

mid-adolescence. These programs can produce improvements in a range of social behaviors and behavioral health outcomes, reducing problems like substance use, conduct problems, delinquency, aggressive behavior, and anxiety/depression.

Integrating prevention programs such as these into primary healthcare settings can increase their reach and lead to more widespread use without requiring more of a physician’s time when delivered by allied health professionals including social workers, psychologists, and nurses. Primary healthcare settings are generally regarded positively by parents and are already widely used when concerns arise around a child’s health and behavior. For example, when parents are worried about their children, they often consult their primary care physician first. Parents already see their primary care providers regularly for their children’s well child visits, so there is no stigma associated with visiting them.

Key Messages

- Many effective family-focused prevention programs currently exist, yet they are underutilized and their reach is limited.
- Integrating these programs into primary healthcare settings can increase their reach and lead to more widespread implementation.
- Primary health care provides a setting that is positively regarded by parents and already used widely when concerns arise regarding children’s health and behavior.
- Studies of family-focused prevention programs in primary care show that delivery in this setting is feasible.
- Policy changes can create opportunities for funding and sustaining a system within primary health care for preventing health and behavior problems among children and adolescents.

Recommendations:

1. Create an adequately funded research foundation to support integration of effective family-focused prevention programs into primary care.
2. Increase public awareness of the effectiveness of family-focused prevention programs and change public norms regarding participation.
3. Increase awareness, acceptance, and opportunities among primary care providers to incorporate preventive parenting into primary care.
4. Prepare a workforce that can effectively and efficiently deliver proven family-focused prevention programs in primary care settings.
5. Advocate for a specific focus on children's health in efforts to implement healthcare reform.

Studies have shown that it is feasible to deliver family-focused prevention programs in primary care settings. For example, studies of Triple P and Incredible Years show positive effects on parents and children when used in primary care.

Healthcare policies have the potential to help us integrate programs and make them more accessible to families. For example, the Affordable Care Act created opportunities that can contribute to funding and sustaining such a system through (1) more widespread access to health insurance, allowing more families to be reached; and (2) provisions allowing preventive interventions to be reimbursed by insurance.

The recommendations in the box at the top of this page are intended to increase research, awareness, training, and funding to support the integration of prevention into primary care.

Table 1. Family-Focused Preventive Programs Rated as Model or Promising Programs by Blueprints for Healthy Youth Development

| Program (target age) |
|--|
| Family Foundations (0-2) |
| Nurse-Family Partnership (0-2) |
| Family Check-Up (toddler version, 0-2) |
| Triple P System (0-11) |
| Incredible Years—Parent (3-11) |
| Parent Management Training-Oregon Model (3-18) |
| Parent-Child Interaction Therapy (PCIT, 3-11) |
| New Beginnings (For children of divorce, 5-18) |
| Strong African American Families Program (5-18) |
| Strengthening Families (10-14) |
| EFFEKT (12-14) |
| Familias Unidas Preventive Intervention (12-14) |
| Guiding Good Choices (12-14) |
| Positive Family Support—Family Check-Up (12-14) |
| Functional Family Therapy (FFT, 12-18) |
| Multisystemic Therapy-Problem Sexual Behavior (MST-PSB, 12-18) |

For additional information on this topic, please refer to the original article:

Leslie, Laurel K., Mehus, Christopher J., Hawkins, J. David, Boat, Thomas, McCabe, Mary Ann, Barkin, Shari, Perrin, Ellen C., Metzler, Carol W., Prado, Guillermo, Tait, V. Fan, Brown, Randall, and Beardslee, William (2016). **Primary health care: Potential home for family-focused preventive interventions.** *American Journal of Preventive Medicine*, 51(4 Suppl. 2), S106-S118.

The preparation of this article was supported, in part, by the Forum for the Promotion of Children's Cognitive, Affective, and Behavioral Health of the National Research Council and National Academy of Medicine.