## *The Community Youth Development Study: Testing the Communities That Care Prevention System*

Social Development Research Group
School of Social Work
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## The Community Youth Development Study

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Funded by:
National Institute on Drug Abuse
Center for Substance Abuse Prevention
National Cancer Institute
National Institute on Child Health and Development
National Institute on Mental Health

## The *Communities That Care* Prevention System

- Helps communities apply the advances of prevention science to guide youth development and prevention work.
- Measures community levels of protection and risk by surveying young people.
- Matches the community's profile of risk and protection with tested, effective actions.

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## The *Communities That Care* Prevention System

- Local control builds ownership to create sustainable change.
- Focuses on outcomes to insure success: Are fewer teens using drugs? Fewer smoking? Fewer committing violent acts?

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## The *Communities That Care* Prevention System

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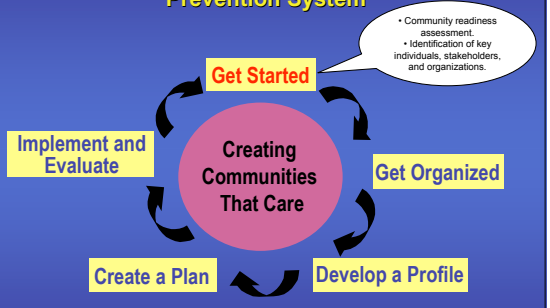
## The *Communities That Care* Prevention System

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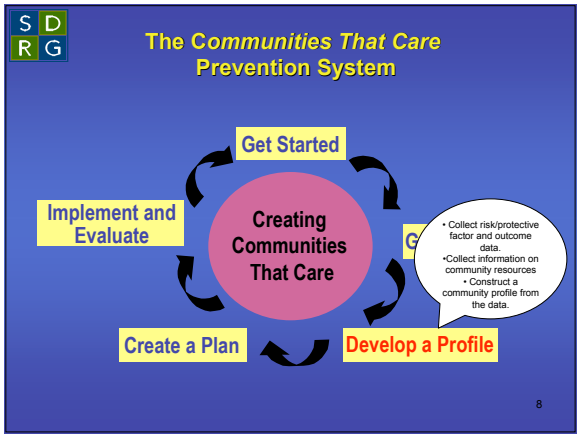
The Communities That Care Prevention System
Get Started
• Training key leaders and board in CTC
• Building the community coalition.
Get Organized
Develop a Profile
Create a Plan
Implement and Evaluate
Creating Communities That Care
7


The Communities That Care Prevention System
Get Started
Implement and Evaluate
Creating Communities That Care
• Collect risk/protective factor and outcome data.
•Collect information on community resources
• Construct a community profile from the data.
Create a Plan
Develop a Profile
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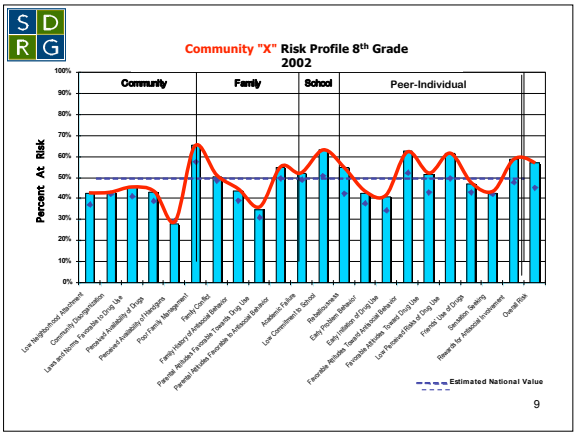
Community "X" Risk Profile 8th Grade 2002
Community
Family
School
Peer-Individual
Percent At Risk
Estimated National Value
9

The Communities That Care Prevention System
Get Started
• Define outcomes.
•Prioritize factors to be targeted.
• Select tested, effective interventions.
• Create action plan.
• Develop evaluation plan.
Creating Communities That Care
Get Organized
Create a Plan
Develop a Profile
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The Communities That Care Prevention System
• Form task forces.
• Identify and train implementers.
• Sustain collaborative relationships.
• Evaluate processes and outcomes.
• Adjust programming.
Get Started
Implement and Evaluate
Creating Communities That Care
Get Organized
Create a Plan
Develop a Profile
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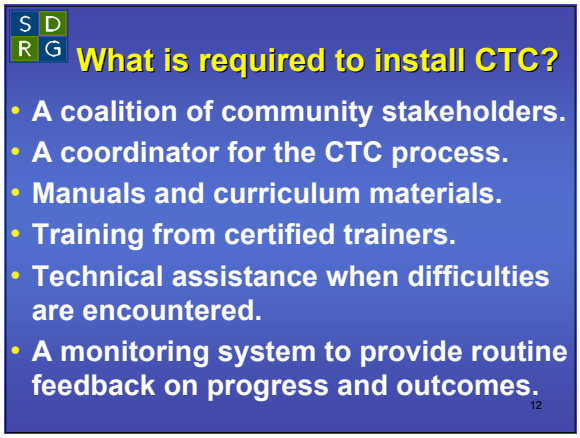
What is required to install CTC?
• A coalition of community stakeholders.
• A coordinator for the CTC process.
• Manuals and curriculum materials.
• Training from certified trainers.
• Technical assistance when difficulties are encountered.
• A monitoring system to provide routine feedback on progress and outcomes.
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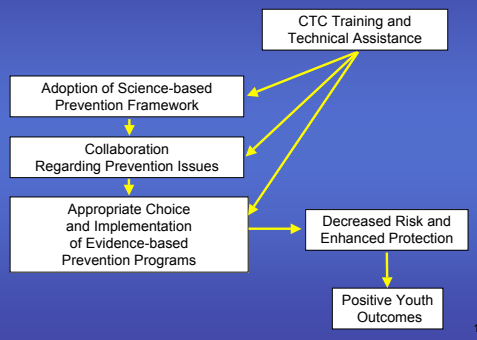
## Communities That Care Theory of Change

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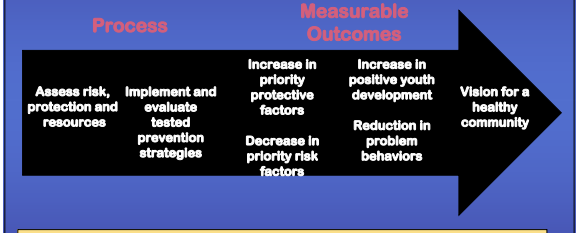
## Communities That Care Process and Timeline




6-9 mos. 1 year 2-5 years 5-10 years

## The Community Youth Development Study (CYDS)

- A 24 community-randomized controlled trial to test the Communities That Care system.

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## CYDS Primary Aim

To test the efficacy of the Communities That Care system in

- reducing levels of risk
- increasing levels of protection
- reducing health and behavior problems among adolescents

…using a true experimental design.

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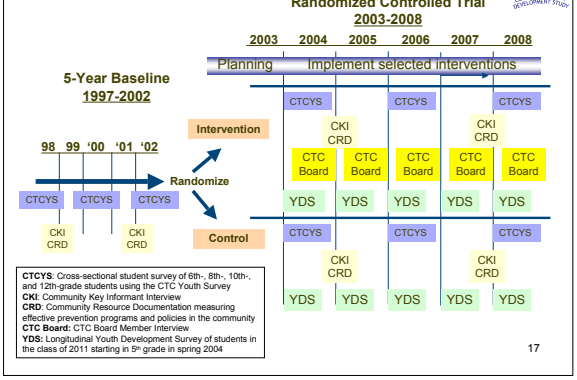
## STUDY DESIGN




**CTCYS**: Cross-sectional student survey of 6th-, 8th-, 10th-, and 12th-grade students using the CTC Youth Survey
**CKI**: Community Key Informant Interview
**CRD**: Community Resource Documentation measuring effective prevention programs and policies in the community
**CTC Board:** CTC Board Member Interview
**YDS:** Longitudinal Youth Development Survey of students in the class of 2011 starting in 5th grade in spring 2004

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## Demographics of 24 CYDS Communities

| | Mean | Minimum | Maximum |
|---|---|---|---|
| Total Population | 14,616 | 1,578 | 40,787 |
| Percent Caucasian | 89.4% | 64.0% | 98.2% |
| Percent Hispanic Origin | 9.6% | 0.5% | 64.7% |
| Percent African-American | 2.6% | 0.0% | 21.4% |
| Percent Eligible for Free/Reduced Lunch | 36.5% | 20.6% | 65.9% |

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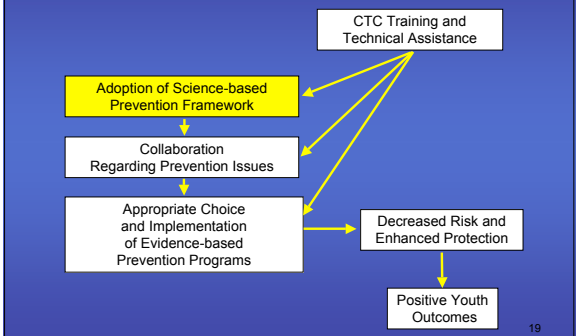
## *Communities That Care* Theory of Change

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## 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.

*Note.* Community Key Informant Survey (CKI).

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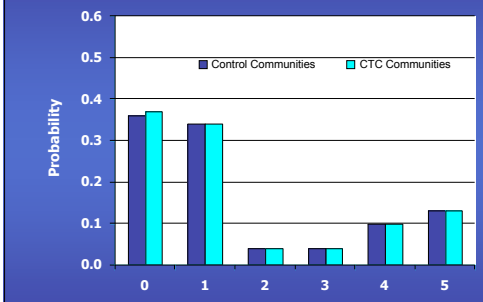
## Baseline Stages of Adoption by Intervention Status




*Note.* Community Key Informant Survey (CKI).

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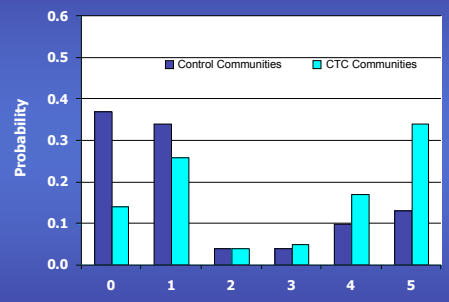
## Post-Intervention Stages of Adoption by Intervention Status




*Note.* Community Key Informant Survey (CKI).

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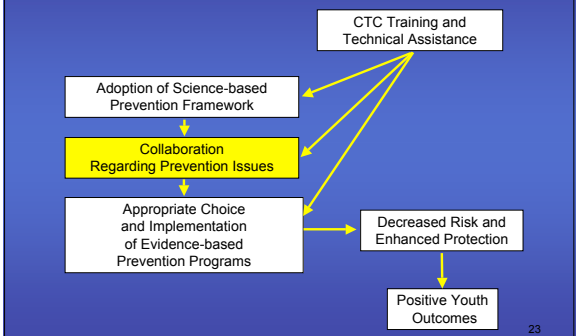
## *Communities That Care* Theory of Change

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## Collaboration on Prevention

- **Sectorial Collaboration**
  - **Assessed by degree to which key leaders report collaborating across seven different community sectors.**

*In the past year, how much has [your organization] collaborated with [community sector] regarding prevention issues?*

*0 = none, 1 = some, 2 = a little, 4 = a lot.*

*Note.* Community Key Informant Survey (CKI).

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## Collaboration on Prevention

- **Prevention Collaboration**
  - **Assessed by 9 items measuring prevention-specific collaborative activities.**

*There is a network of people concerned about prevention issues who stay in touch with each other.*

*Organizations in [community] share money or personnel when addressing prevention issues.*

*Organizations in [community] participate in joint planning and decision making about prevention issues.*

*1=strongly agree, 2=somewhat agree, 3=somewhat disagree, 4=strongly disagree*

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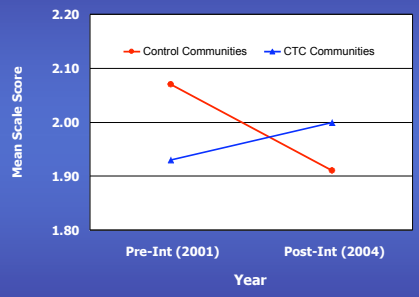
*Note.* Community Key Informant Survey (CKI).

## Change in Sectorial Collaboration by Intervention Status

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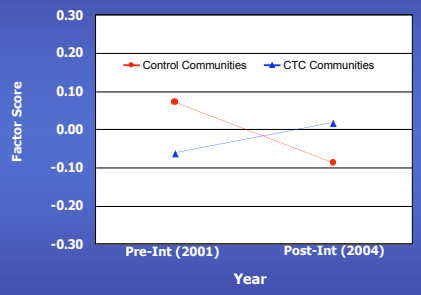
*Note.* Community Key Informant Survey (CKI).

## Change in Prevention Collaboration by Intervention Status

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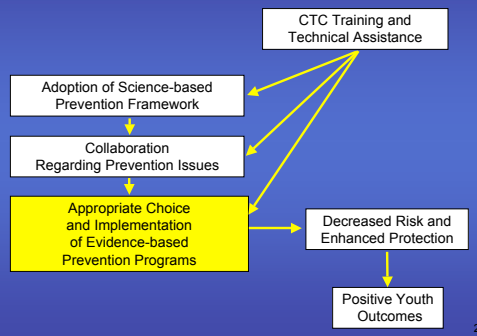
*Note.* Community Key Informant Survey (CKI).

## *Communities That Care* Theory of Change

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## 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
- ~ Involved at least one high-quality research study
- ~ Targeted children or families in Grades 5-9
- ~ Provided materials and training

*Note.* See "http://preventionplatform.samhsa.gov"

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## Programs Selected in 2004-2007

| PROGRAM | 2004-05 | 2005-06 | 2006-07 |
|---|---|---|---|
| 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 |
| TOTAL | 27 | 38 | 37 |

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

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## Implementation Fidelity Assessment Checklists

- Obtained from developers (9) or created by research staff (7)
- Provided similar information across all programs to measure 4 elements of fidelity
- Over 6,000 checklists were completed by program implementers and coordinators
  - ~ Minimal missing data (8.2% in 2004-05 and 2.1% in 2005-06)
- Checklists were collected and reviewed by communities, then sent to SDRG

## Program Observations

- Observed 10-15% of sessions in 10 of 16 programs
- Completed fidelity checklists to verify adherence information
  - ~ Rate of agreement between observers and implementers was 93% (*range: 77%-100%)*
- Observers also rated the quality of delivery and participant responsiveness

## Participant Exposure

Number of Participants Receiving Prevention Services

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

*Note*: Total eligible population of 6th, 7th, and 8th-grade students in 2005-06 was 10,031.

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

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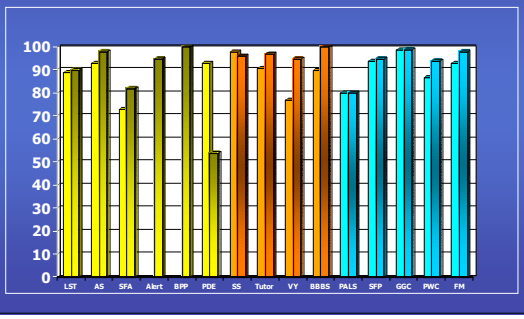
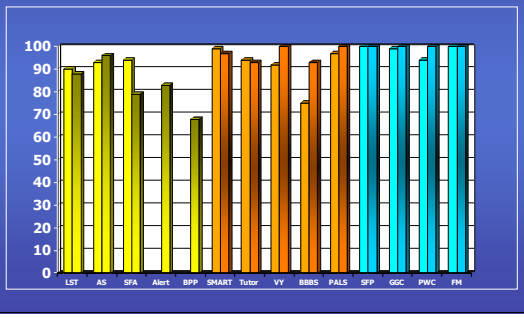
## Adherence Rates
### 2004-05 and 2005-06

Percentage of material taught or core components achieved



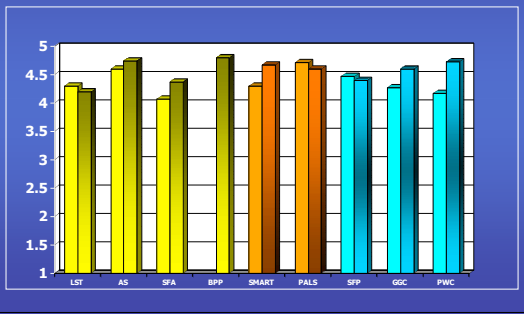

## Dosage: Delivery of Lessons
### 2004-05 and 2005-06

Percentage of delivery requirements met




## Quality of Delivery
### 2004-05 and 2005-06

Average score on 10 items reported by program observers

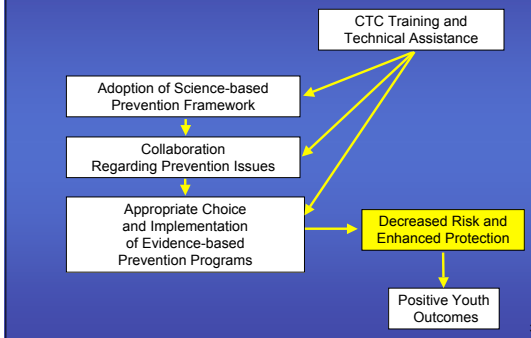


## Participant Responsiveness

- Observers rated participant responsiveness on two items, using a 1-5 scale

  (higher scores indicate better responsiveness):
  - ~ To what extent did the participants appear to understand the material?
  - ~ How actively did group members participate in discussions and activities?
- Across all programs, rates were high: 4.38 and 4.52 in 2004-05 and 2005-06

## Communities That Care Theory of Change

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## Risk Factors Addressed in CTC Communities

| Community | Targeted Risk Factors |
|---|---|
| A | Parental attitudes favorable to problem behavior<br>Low commitment to school<br>Favorable attitudes toward problem behavior |
| C | Family management problems<br>Low commitment to school<br>Friends who engage in problem behavior<br>Favorable attitudes towards problem behavior |
| G | Poor family management<br>Low commitment to school |
| H | Poor family management<br>Academic failure<br>Low commitment to school |
| I | Low commitment to school<br>Friends who engage in problem behavior |
| J | Academic failure<br>Low commitment to school<br>Friends who engage in problem behavior<br>Favorable attitudes toward problem behavior<br>Rebelliousness |

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## Risk Factors Addressed in CTC Communities

| Community | Targeted Risk Factors |
|---|---|
| N | Academic failure<br>Friends who engage in problem behavior |
| O | Laws and norms favorable toward drug and alcohol use<br>Low commitment to school<br>Friends who engage in problem behavior<br>Rebelliousness |
| Q | Family conflict<br>Friends who engage in problem behavior<br>Favorable attitudes towards problem behavior<br>Rebelliousness |
| T | Family conflict<br>Low commitment to school<br>Friends who engage in problem behavior |
| W | Poor family management<br>Academic failure<br>Friends who engage in problem behavior<br>Favorable attitudes towards problem behavior |
| X | Academic failure<br>Low commitment to school<br>Friends who engage in problem behavior |

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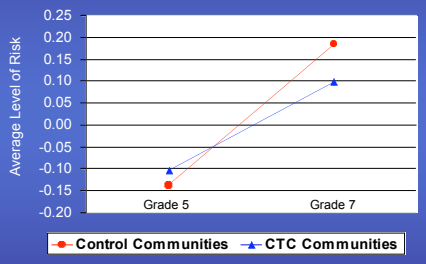
## Pre-post change in community targeted risk factors




*Note.* Youth Developmental Study panel sample.

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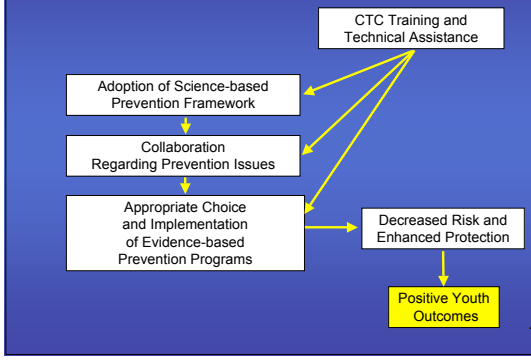
## Communities That Care Theory of Change

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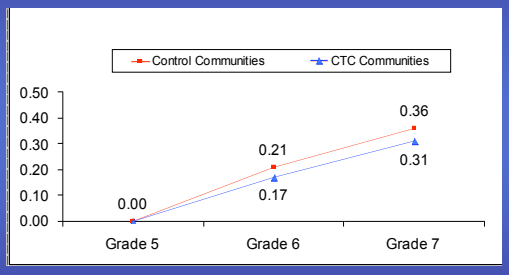
## Initiation of Delinquent Behavior




*Note*. Youth Developmental Study panel sample. Excludes students who initiated delinquent behavior by Grade 5.

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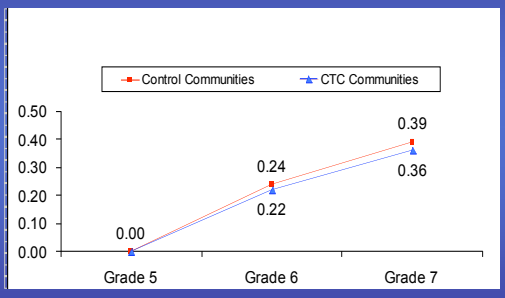
## Substance Use Initiation




*Note*. Youth Developmental Study panel sample. Excludes students who initiated substance use by Grade 5.

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## Summary

- Adoption of science-based prevention and collaboration are higher in CTC communities than in control communities.
- CTC communities and schools are implementing tested & effective programs.
- The new programs are being implemented with fidelity.
- Targeted risk factors are increasing less rapidly in CTC than in control communities.
- The rate of initiation of delinquent behaviors are lower in CTC than in control communities.

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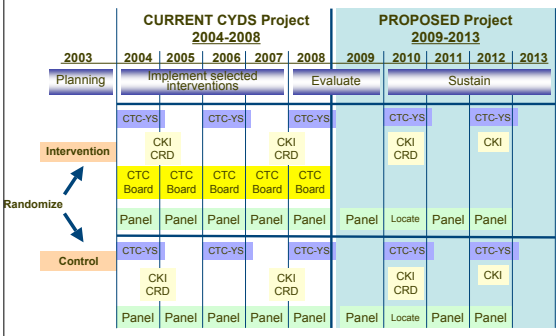
## Study Design

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## Social Development Research Group

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You have questions. We provide answers.

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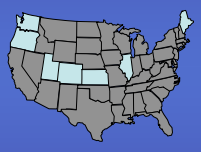
## *Community Youth Development Study: A Test of Communities That Care Progress Report*



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