Community-Based Approaches to Bullying Prevention and Healthy Youth Development: The Communities That Care System

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Communities differ in:
- Levels of youth delinquency
- Levels of risk and protective factors related to delinquency
- Resources and capacity
- Norms and values

Youth behavior is affected by community context

Why Use a Community-based Prevention Approach?
Communities That Care

• Provides a process and tools for community coalitions to **effectively** prevent youth problem behaviors and enhance positive development

• Relies on local control and choice to:
  – build **ownership**
  – enhance **collaboration**
  – create **sustainable** community-level change
Communities That Care

• Utilizes local epidemiologic data to guide prevention efforts
  – Matches the community’s profile of risk and protection with a coordinated array of tested, effective programs and policies which address multiple needs
• Focuses on evidence-based approaches and outcomes to insure accountability
• Ensures that new programs and policies are implemented with fidelity
The Communities That Care Prevention System

Creating Communities That Care

Get Started
Get Organized
Implement and Evaluate
Create a Plan
Develop a Profile
The Community Youth Development Study: Testing Communities That Care

PI: J. David Hawkins, PhD

14-year RCT funded by:
National Institute on Drug Abuse
Center for Substance Abuse Prevention
National Cancer Institute
National Institute of Child Health and Human Development
National Institute of Mental Health
National Institute on Alcohol Abuse and Alcoholism
Organizations Represented by Community Board Members

- Business: 25
- Citizen Advocacy Organization: 13
- Community Coalition: 11
- Community Member: 17
- Health Agency: 15
- Human Service Agency: 43
- Juvenile Justice System: 9
- Law Enforcement: 23
- Local Philanthropic Organization: 3
- Media: 4
- Parent: 13
- Religious Group: 21
- School: 104
- Substance Abuse Prevention Organization: 8
- State, Town, City or Municipal Government: 20
- Youth: 15
- Youth Recreation Program: 2

Total Membership in Year 1: 376 Members in 12 CTC Communities
Example Risk Profile: Community A


Year of Administration (Response Rate)
- 2000 (82.6%)
- 2002 (73.5%)
- 2004 (84.2%)
- 2006 (85.1%)

Less than 50% of students responded to the questions measuring this factor.
Example Risk Profile: Community B


Community
Family
School
Peer-Individual

Year of Administration (Response Rate)
- 2002 (67.8%)
- 2004 (76.6%)
- 2005 (75.2%)
- 2007 (70.8%)

Less than 50% of students responded to the questions measuring this factor.
Programs Selected*

<table>
<thead>
<tr>
<th>Community A</th>
<th>Community B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guiding Good Choices</td>
<td>Strengthening Families Program for Parents and Youth 10-14</td>
</tr>
<tr>
<td>Family Matters</td>
<td>Olweus Bullying Prevention Program</td>
</tr>
<tr>
<td>Lion’s Quest Skills for Adolescence</td>
<td>Participate and Learn Skills (PALS)</td>
</tr>
</tbody>
</table>

*Using a menu of options from the CTC Prevention Strategies Guide; CTC now recommends the Blueprints for Healthy Youth Development list*
CTC Implementation Fidelity Monitoring System

• Training for all program implementers
• Fidelity “checklists” to rate adherence
• Observations to rate adherence and quality
• Documentation of attendance
• Local monitoring and quality assurance by community coalitions
• External monitoring
High Implementation Fidelity was Achieved

Percentage of material taught or core components achieved averaged across all programs and communities

CTC at Scale: The Pennsylvania Experience

• CTC adopted as a statewide initiative in 1994
• Over 120 communities have been trained in CTC
  – About 60 active CTC coalitions currently
  – Nearly 200 evidence-based programs replicated
• Proactive, regional technical assistance is provided to CTC coalitions via the EpisCenter* to:
  – Support healthy coalition functioning
  – Ensure high quality implementation of evidence-based programs
  – Promote sustainability of CTC coalitions and programs

*http://www.episcenter.psu.edu/; see also Brown et al., 2010; Rhoades et al. 2012
Advantages of the CTC Approach

- **CTC helps communities:**
  - Identify “what works”
  - Increase local support for and use of effective prevention services....including school-based programs
  - Create an integrated and coordinated system of services
  - Ensure high quality implementation quality via structured protocols, continuous quality improvement, and community “pressure”
  - Sustain prevention efforts over time
  - Realize community-wide reductions in problem behaviors

For a summary of papers describing these results from the CYDS, see: http://www.colorado.edu/cspv/blueprints/
Long-term Outcomes in the CYDS
(Hawkins et al. 2014 JAMA Pediatrics)
Percentage of Youth **Abstaining** From Behaviors, Grades 5-12

- **Alcohol**
  - CTC: 32.2%
  - Control: 23.3%
  - RR = 1.31, p < .05

- **Delinquency**
  - CTC: 41.7%
  - Control: 33.0%
  - RR = 1.18, p < .05

**THANK YOU!**
- For more information on CTC: [www.communitiesthatcare.net](http://www.communitiesthatcare.net)
- Contact me at afagan@ufl.edu