Translation Efforts

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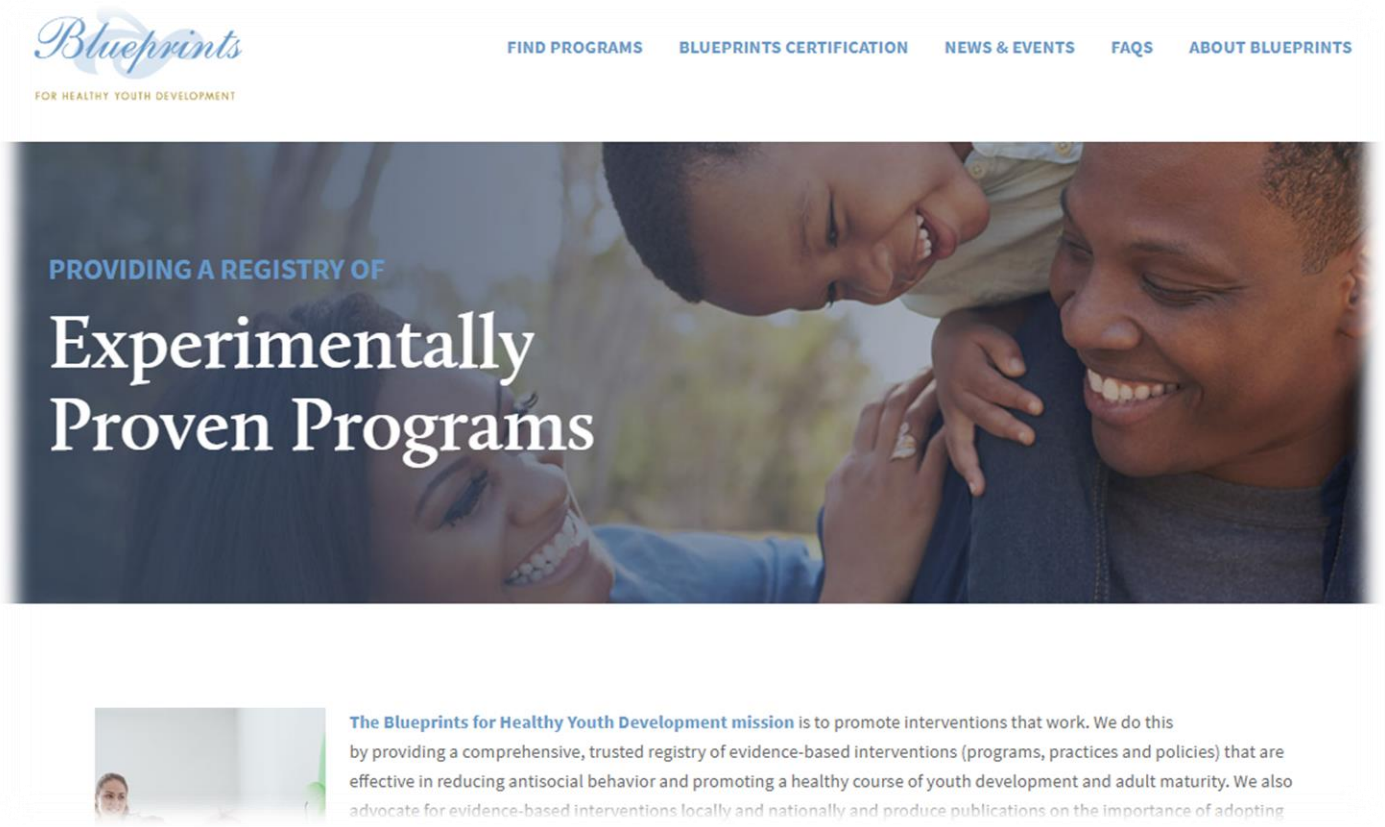
- Principal Investigator, Blueprints for Healthy Youth Development

National Academies Seminar on Evidence Translation

- November 8, 2023
- Washington, D.C.

What is the goal or purpose of translation efforts?

Blueprints for Healthy Youth Development



Goal:

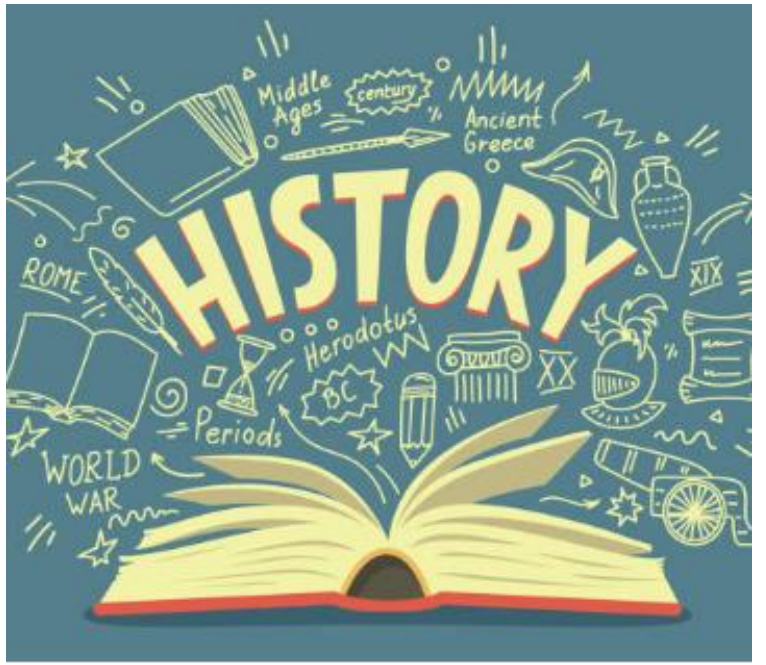
To provide researchers, communities and policymakers/agencies with a trusted guide to interventions that work.

www.BlueprintsPrograms.org

CR Consumer Reports

- Started in 1996 by Dr. Delbert S. Elliott, *[CrimeSolutions launched in 2002.]*
- Focused initially on programs that were effective in addressing violence and drug use outcomes.
- Expanded scope in 2010 to include mental and physical health, self-regulation, educational attainment and other positive developmental outcomes.
- Reviewed 2,977 studies and 1,612 programs.
- 113 have met Blueprints standards.

Blueprints
FOR HEALTHY YOUTH DEVELOPMENT



What are the most important elements of translation?

1. Clear scientific standards.
2. A rigorous expert review process.
3. Rating for all programs (meets standards, does not meet standards).

Standards

1. **Specificity** – target population defined; theoretical rationale or logic model explained (how program achieves desired change in outcomes).
2. **Evaluation quality** – RCT or QED with minimal threats to internal validity. (Steeger et al., 2021).
3. **Intervention impact** – consistent, statistically significant positive impact.
4. **Dissemination readiness** – availability of training materials, protocols, explicit implementation procedures. (Buckley et al., 2020).

Blueprints Review Process

A report says a program works → Report undergoes internal review by Blueprints experts → Report sent for external review by Blueprints Advisory Board Members

Pamela Buckley, PhD
Educational Psychology

Charleen Gust, PhD
Social Psychology

Fred Pampel, PhD
Sociology

Christine Steeger, PhD
Developmental Psychology

Program Name:

Author(s):

Primary Criteria

Yes ? No

☐ ☐ ☐ *1. High-Quality Design:*

☐ ☐ ☐ *2. Sample Ns Tracked:*

☐ ☐ ☐ *3. Measures Independent:*

☐ ☐ ☐ *4. Measures Valid/Reliable:*

☐ ☐ ☐ *5. Behavioral Outcome Measure:*

☐ ☐ ☐ *6. Intent-to-Treat:*

☐ ☐ ☐ *7. Proper Level:*

☐ ☐ ☐ *8. Baseline Outcome Controls:*

☐ ☐ ☐ *9. Baseline Equivalence:*

☐ ☐ ☐ *10. Differential Attrition Minimal:*

☐ ☐ ☐ *11. Tested Baseline-by-Condition Attrition:*

☐ ☐ ☐ *12. Posttest Effect on Behavioral Outcome:*

☐ ☐ ☐ *13. Iatrogenic Free:*

Model Criteria

☐ ☐ ☐ *14. Long-Term Effect on Behavioral Outcome:*

Secondary Criteria

☐ ☐ ☐ *15. Effects on R&P Factors:*

☐ ☐ ☐ *16. Sample General:*

☐ ☐ ☐ *17. Fidelity of Implementation:*

☐ ☐ ☐ *18. Effect Sizes:*

☐ ☐ ☐ *19. Mediation Analysis:*

Summary

☐ ☐ ☐ *20. Recommended for BP Board:*

☐ ☐ ☐ *21. For Board Review Only, Is There a Trial Registration:*

Blueprints Advisory Board

Expertise in research design and methodology from different disciplines

Elizabeth Stuart, PhD
Biostatistics
John Hopkins University

Elizabeth Tipton, PhD
Statistics and Data Science
Northwestern University

Abigail Fagan, PhD
Sociology & Criminology
University of Florida

Frances Gardner, Dphil
Child and Family Psychology
Oxford University

Pamela Buckley, PhD
Principal Investigator

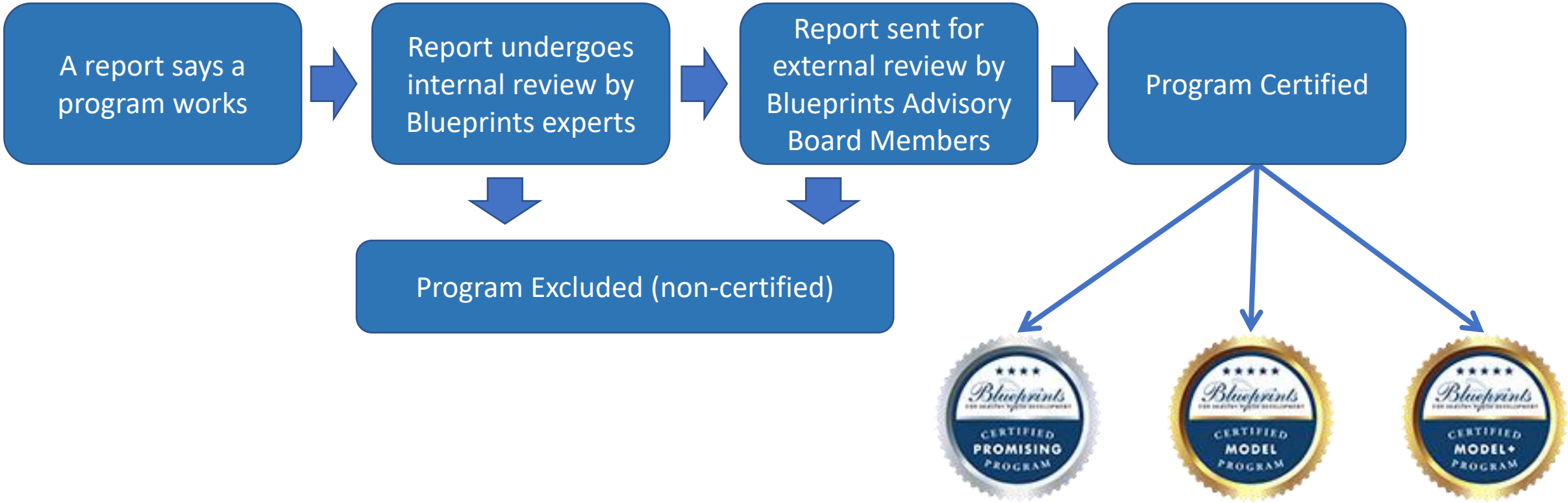
Velma McBride Murry, PhD
Human & Org Development
Vanderbilt University

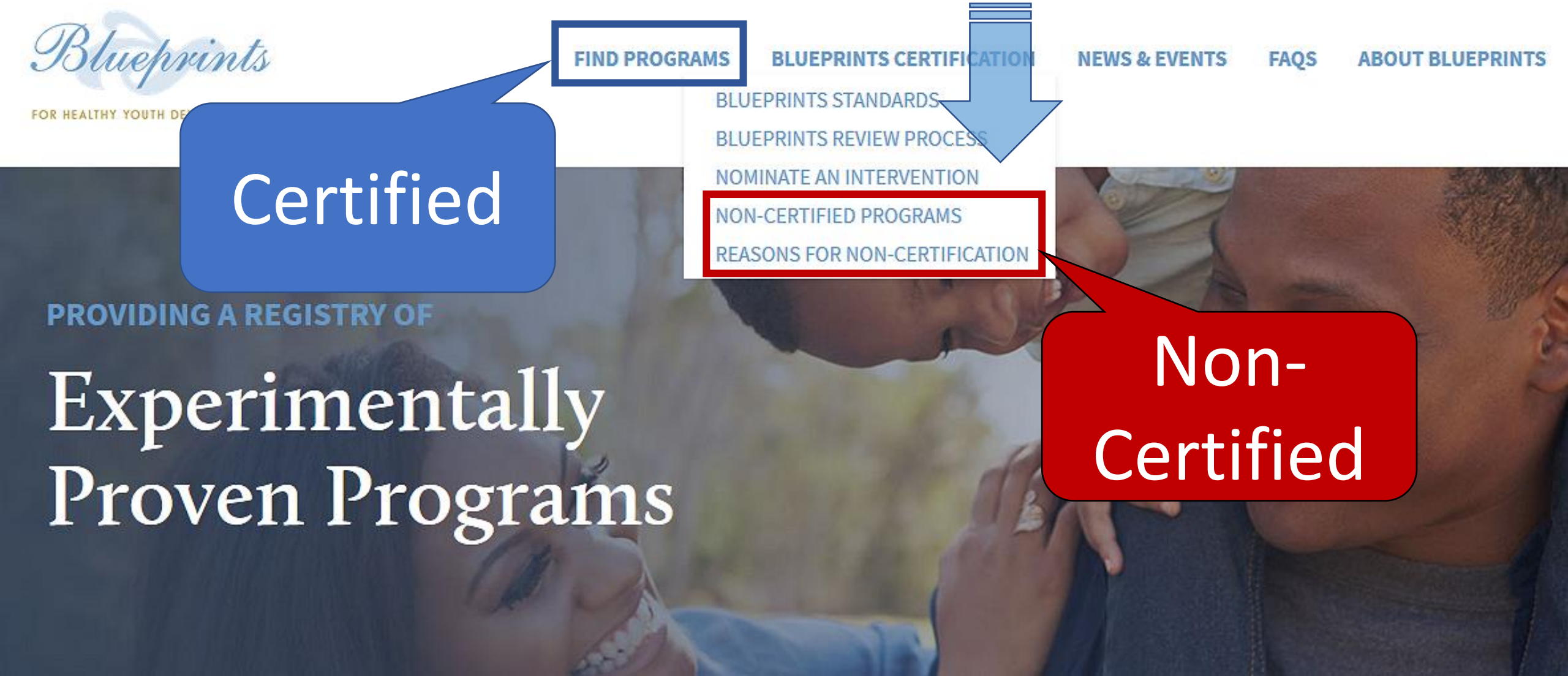
Larry V. Hedges, PhD
Statistics and Data Science
Northwestern University

Karl G. Hill, PhD
Prevention Science,
Life Span Development
University of Colorado

Patrick Tolan, PhD
Education & Human Development
University of Virginia

Blueprints Review Process





Certified and Not-Certified Interventions are presented in <u>different parts of our website</u> and <u>not on the same list</u>!

How has your thinking evolved since beginning this work?

Highlight studies to express three themes:

1. Harmonize across clearinghouses (confusion over ratings).
2. Expand focus from internal validity ("What works") to consider external validity ("For whom, what settings?")
3. Passive summarizing of research is insufficient. Outreach is needed to enhance uptake of evidence-based interventions.

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https://doi.org/10.1007/s11121-022-01407-y

How Consistently Do 13 Clearinghouses Identify Social and Behavioral Development Programs as "Evidence-Based"?

Jingwen Zheng[1] · Mansi Wadhwa[1] · Thomas D. Cook[1,2]

Accepted: 1 July 2022 / Published online: 30 August 2022

Abstract
Clearinghouses develop scientific criteria that they then use to vet existing research studies on a program to reach a verdict about how evidence-based it is. This verdict is then recorded on a website in hopes that stakeholders in science, public policy, the media, and even the general public, will consult it. This paper (1) compares the causal design and analysis preferences of 13 clearinghouses that assess the effectiveness of social and behavioral development programs, (2) estimates how consistently these clearinghouses rank the same program, and then (3) uses case studies to probe why their conclusions differ. Most clearinghouses place their highest value on randomized control trials, but they differ in how they treat program implementation, quasi-experiments, and whether their highest program ratings require effects of a given size that independently replicate or that temporally persist. Of the 2525 social and behavioral development programs sampled over clearinghouses, 82% (n = 2069) were rated by a single clearinghouse. Of the 297 programs rated by two clearinghouses, agreement about program effectiveness was obtained for about 55% (n = 164), but the clearinghouses agreed much more on program ineffectiveness than effectiveness. Most of the inconsistency is due to clearinghouses' differences in requiring independently replicated and/or temporally sustained effects. Without scientific consensus about matters like these, "evidence-based" will remain more of an aspiration than achievement in the social and behavioral sciences.

1 · Clearinghouse · Social and behavioral development programs

Key Findings:

1. 2525 social and behavioral development programs sampled over 13 clearinghouses *(including Blueprints and CrimeSolutions),* 82% (n=2069) were rated by a single clearinghouse. *Little overlap.*
2. Of the 297 programs rated by two clearinghouses, agreement about program effectiveness was obtained for about 55% (n=164). *Similarity in standards of evidence (focus on internal validity).*
3. Differences in requiring replicated and/or sustained effects. *Ratings differ across clearinghouses.*

Table 1. Some differences between clearinghouses

Name	Primary focus	Target population	Funding	Objects rated	Ratings
Blueprints	Socio-behavioral development, education, health	Youth	Non-profit	Programs	Model Plus Model Promising
CrimeSolutions	Socio-behavioral development	All	Public	Programs, Practices	Effective Promising No Effects

Theme #1: Harmonize (confusion over ratings).

885 programs with evaluations published from 2010-2021 and recorded in the Blueprints database.

Key Findings:

1. 2% developed for Black or Af Am youth and 4% targeted Hispanic or Latino populations.
2. 77% of studies reported race; of those, most enrollees were White (35%) then Black or Af Am (28%); 31% collapsed across race or categorized race with ethnicity.
3. 64% reported ethnicity; of those, 32% of enrollees were Hispanic or Latino.

Conclusion: Better reporting is needed to advance programs that reduce racial disparities and to determine whether communities with unique demographic features (e.g., rural location, specific racial, ethnic groups, etc.) have been studied.

Prevention Science (2023) 24:1261–1274
https://doi.org/10.1007/s11121-023-01564-8

Racial and Ethnic Representation in Preventive Intervention Research: a Methodological Study

Pamela R. Buckley[1] · Velma McBride Murry[2] · Charleen J. Gust[1] · Amanda Ladika[1] · Fred C. Pampel[1]

Accepted: 7 June 2023 / Published online: 29 June 2023

Abstract
Individuals who are Asian or Asian American, Black or African American, Native American or American Indian or Alaska Native, Native Hawaiian or Pacific Islander, and Hispanic or Latino (i.e., presently considered racial ethnic minoritized groups in the USA) lacked equal access to resources for mitigating risk during COVID-19, which highlighted public health disparities and exacerbated inequities rooted in structural racism that have contributed to many injustices, such as failing public school systems and unsafe neighborhoods. Minoritized groups are also vulnerable to climate change wherein the most severe harms disproportionately fall upon underserved communities. While systemic changes are needed to address these pervasive syndemic conditions, immediate efforts involve examining strategies to promote equitable health and well-being-which served as the impetus for this study. We conducted a descriptive analysis on the prevalence of culturally tailored interventions and reporting of sample characteristics among 885 programs with evaluations published from 2010 to 2021 and recorded in the *Blueprints for Healthy Youth Development* registry. Inferential analyses also examined (1) reporting time trends and (2) the relationship between study quality (i.e., strong methods, beneficial effects) and culturally tailored programs and racial ethnic enrollment. Two percent of programs were developed for Black or African American youth, and 4% targeted Hispanic or Latino populations. For the 77% of studies that reported race, most enrollees were White (35%) followed by Black or African American (28%), and 31% collapsed across race or categorized race with ethnicity. In the 64% of studies that reported ethnicity, 32% of enrollees were Hispanic or Latino. Reporting has not improved, and there was no relationship between high-quality studies and programs developed for racial ethnic youth, or samples with high proportions of racial ethnic enrollees. Research gaps on racial ethnic groups call for clear reporting and better representation to reduce disparities and improve the utility of interventions.

Keywords Clearinghouse · Registry · Racial equity · Evidence-based intervention · External validity · Diversity · Generalizability

Theme #2: External validity ("What works," "For whom, what settings?")

Theme #3: Passively summarizing research is insufficient

- Lee et al. (2022) – studied how states encourage the use of clearinghouses in their mandates for implementing evidence-based interventions:
  - Clearinghouses are useful to users (e.g., grant writers, practitioners, and some agency directors) who access them.
  - Policymakers need more awareness of clearinghouses.
- Maranda et al. (2021) found a lack of depth and breadth of coverage related to clearinghouses on state agency websites.
- *Take-away – Must invest in tools and personnel to promote continuous dialogue, help users navigate information provided by clearinghouses.*

Communication Channels

1. Website
2. Constantly scan literature and update the website
3. Accept nominations for Blueprints review: https://www.blueprintsprograms.org/nominate-an-intervention/
4. Post on social media (*X* formerly Twitter, Instagram, LinkedIn, Facebook)
5. Answer questions from the public (Email: blueprints@colorado.edu)
6. Distribute quarterly e-newsletter
7. Conduct presentations on use of the Blueprints website
8. Publications and Conference presentations
9. Host a biennial conference (last one held in April 2020)

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