



Building Community Collaborations for Families: What Works?

Focus on *Communities That Care*

Results from a seven-state experimental trial involving 24 small to medium sized communities show that within four years of adopting Communities That Care, communities can reduce the incidence of delinquent behaviors and of alcohol, tobacco, and smokeless tobacco use, as well as the prevalence of alcohol use, binge drinking, smokeless tobacco use, and delinquent behavior among young people by the spring of grade eight.¹

In October 2009, Richard Catalano, PhD, co-developer of Communities That Care and director of the Social Development Research Group at the University of Washington, led a special Urban Health Institute (UHI) symposium aimed at exploring how community-level interventions can improve the health and well being of children and families.

Communities That Care (CTC) is a prevention system designed to reduce adolescent substance use and delinquency through the selection of effective preventive interventions tailored to a community's specific profile of risk and protection. It has been replicated in over 300 communities across the United States, the United Kingdom, Australia, Canada, and the Netherlands.

The CTC system works by guiding a community coalition of decision makers through an assessment and prioritization process that identifies the risk and protective factors most in need of attention in their communities, and links those priorities to prevention programs proven to work in addressing them.

Data on youth in grades six through twelve is collected through the CTC Youth Survey and analyzed to determine priority factors on which to focus the community's efforts and resources. The CTC Youth Survey identifies levels of multiple risk and protective factors for community youth. Risk factors are conditions that increase the likelihood that children will become involved in problem behaviors in adolescence and young adulthood, while protective factors buffer the effects of exposure to risk. Examples of risk factors include the availability of drugs and firearms, family conflict, extreme economic deprivation, lack of commitment to school, and early and persistent antisocial behavior. Protective

factors center on strong bonding to family, school, community, and peers. Appropriate prevention programs are then chosen from the CTC Prevention Strategies Guide. The CTC Prevention Strategies Guide includes descriptions of 56 programs—all of which have been found to effectively reduce substance abuse, delinquency, teen pregnancy, school drop-out, and violence.²

Each community coalition develops a unique action plan to implement and evaluate the prevention programs. This action plan involves building and sustaining collaborative relationships among policy makers, organizations, service providers and practitioners, and adjusting programming to meet the community's goals.

CTC is evaluated through the Community Youth Development Study (CYDS), a five-year intervention study designed to determine the effectiveness of CTC in promoting healthy youth development and reducing levels of youth drug use, violence, delinquency, teenage pregnancy, and school dropout. Early findings from the first group-randomized trial confirmed CTC's theory of change that it takes two to five years to observe community-level effects on risk factors and five or more years to observe effects on adolescent delinquency or substance use.³

Results from this ongoing study have also shown that:

- Mean levels of targeted risks for students in seventh grade were significantly lower in CTC communities compared with controls.³
- Significantly fewer students in CTC communities than in control communities initiated delinquent behavior between grades 5 and 7.³
- Every dollar spent on CTC resulted in \$5.30 savings from crime and tobacco use.⁴

While the CYDS does not include data on the efficacy of CTC in larger cities like Baltimore, the findings suggest a need for increased collaboration among service providers and greater adoption of evidence-based prevention programs, policies, and practices.

Results from research currently being conducted in Pennsylvania, where CTC has been implemented in 47 counties, is likely to be more applicable to Baltimore.⁵

Panelists responding to Dr. Catalano's lecture included Bishop Douglas I. Miles of Koinonia Baptist Church; Rafael Lopez, executive director of the Family League of Baltimore City Inc.; and Dr. Philip Leaf, UHI senior associate director and director of the Johns Hopkins Center for the Prevention of Youth Violence. All three panelists are deeply engaged in programs and strategies to promote positive youth development in Baltimore and agreed that mobilizing community leaders behind evidence-based prevention planning is crucial to improve outcomes for children and families.

What follows is a snapshot of the discussion following Dr. Richard Catalano's lecture about CTC for the UHI.*

How could CTC work in Baltimore? What would CTC look like here?

- Due to its size, Baltimore would require multiple CTC communities.
- Baltimore would first prioritize their efforts to targeted areas, and expand over time.
- To differentiate the risk profiles in different neighborhoods, the CTC Youth Survey can include a zip code component so data can be organized by neighborhood and school.

“What CTC does in the communities where it works is creates a decision making process that includes both experts and real community participation.”

– Philip Leaf,
Senior Associate Director, UHI

“When it comes to our children; when it comes to strengthening our communities—that’s always put on the back burner. We need to start looking at approaching our youth in a holistic manner.”

– Bishop Douglas I. Miles, Koinonia Baptist Church

How do we create accountability for community-level interventions implemented in Baltimore?

- Understand that implementing change is extraordinarily difficult.
- Remember that it is the children and families that are supposed to benefit from these programs.
- Recognize and address the reality that it is often the gate keepers that are keeping effective services from consumers.

“The heavy lifting of change in communities is extraordinarily difficult because ultimately people have a vested interest in the maintenance of their organization.”

– Rafael Lopez,
Executive Director,
Family League of Baltimore City, Inc.

“The challenge for the 21st century now becomes how we can, as responsible stewards of public funds, actually pick the best programs for kids in our communities.”

– Richard Catalano,
Director, Social Development Research Group

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* Visit www.jhsph.edu/urbanhealth to view the symposium in its entirety.

1. Hawkins JD, Oesterle S, Brown EC, Arthur MW, Abbott RD, Fagan AA, Catalano RF. Results of a type 2 translational research trial to prevent adolescent drug use and delinquency: a test of Communities That Care. *Arch Pediatr Adolesc Med.* 2009 Sep;163(9):789-98.
2. Hawkins JD, Catalano RF. *Communities That Care: Prevention strategies guide.* South Deerfield MA: Channing Bete; 2004.
3. Hawkins JD, Brown EC, Oesterle S, Arthur MW, Abbott RD, Catalano RF. Early effects of Communities That Care on targeted risks and initiation of delinquent behavior and substance use. *J Adolesc Health.* 2008 Jul;43(1):15-22.
4. National Institute on Drug Abuse. Prevention Town Hall Webcast. <http://www.visualwebcaster.com/event.asp?id=61945>. Accessed November 14, 2009.
5. Greenberg M, Feinberg M. An Evaluation of PCCD's Communities that Care Delinquency Prevention Initiative. <http://prevention.psu.edu/projects/CTC.html>. Accessed November 14, 2009.

The mission of the Johns Hopkins Urban Health Institute is to serve as a catalyst that brings together the resources of Johns Hopkins Institutions with the City of Baltimore, and especially East Baltimore, to improve the community's health and well-being and, in so doing, serve as a model of community-university collaboration regionally and nationally.

