

# background

Report # 59

Community-Based Prevention Of Problem Behaviors

July 2004

## Preventing Problem Behaviors

# A Community Issue

*Some community-wide programs work, many fail*

**R**eports of youth violence, school failure, drug use, and pregnancy strongly suggest that the need to find ways to prevent problem behavior among the nation's young people is greater today than ever before.

The good news is that science-based prevention programs can help, when given a chance. The best programs — some community-based, some focused on the family — curb behaviors such as the use of alcohol, cigarettes, and other drugs, decrease alcohol-related auto accidents involving teenagers, and lower teen pregnancy rates.

Unfortunately, evidence-based programs are not widely used. Many do not embrace the principles that researchers report lead to success and many fail to achieve hoped-for results.

### Keys To Success

Evidence-based interventions can be costly and difficult to implement, leading many agencies to create or adapt their own prevention programs. Fortunately, research offers practical information for improving these programs.

Key characteristics of effective prevention programs include comprehensive programming, which attacks a problem behavior with range of interventions, using varied teaching methods, and employing a well-trained staff. Successful programs are based on sound theories about the causes of specific problems and on scientifically-tested strategies that have been shown to work.

The best programs are also socially and culturally relevant, timed to

the stages of a child's life when they are most effective, and provide opportunities for children to develop strong, positive relationships, usually with caring adults. An evaluation that examines outcomes is another element of success.

### Community Intervention

Preventing drug and alcohol abuse, violence, and other serious problems is no small matter and demands a broader focus than individual psychological issues. Some programs successful in combating these programs involve program staff and community residents and use several strategies across many settings.

Some community interventions are research-driven. They are usually directed by professionals at universities or research institutions and involve rigorous, well-designed studies. Others are community-driven. They are often offered in schools and other local settings by agencies or community coalitions.

Both strategies have been shown to

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reduce rates of certain problem behaviors among adolescents. But, in practice, many community-level programs fail to significantly curb the behaviors they target.

### Research-Driven Prevention

Research-driven programs typically use designs that include comparison or control communities to precisely measure the impact of the intervention. Several programs of this type have been effective.

- Alcohol, cigarette, and marijuana use were significantly lower among adolescents in 26 Kansas City, MO, communities who participated in the Midwestern Prevention Project, which included school-based social skills training, parent training in communication skills, and changes in local laws regulating the availability of alcohol and tobacco. Lower marijuana and cigarette use was also seen three years after intervention.<sup>1</sup>
- Smoking was significantly lower

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among Oregon adolescents in a school-based anti-smoking program and a community program compared to those who were exposed only to the school-based program.<sup>2</sup> The community program included a public awareness campaign, anti-tobacco activities, a component designed to encourage parents to discourage smoking, and activities to reduce youth access to tobacco.

- A California initiative, Prevention of Alcohol Trauma, reduced alcohol-related accidents among adolescents. It featured community education, tougher enforcement of drunk driving laws, and training of bar employees to be more responsible about who they serve. Alcohol-related auto accidents fell about 10% a year over the project's five-year lifespan, and alcohol-related crash arrests dropped 6%.<sup>3</sup>

**Community-Driven Prevention**

Some community-driven coalitions have reported success in reducing problem behaviors among adolescents and in improving child health. For example:

- Enlisting a hospital, public libraries, public schools, neighborhood organizations, and the United Way, the Hampton, VA Healthy Families Partnership offered services such as home visits, parent education, and pregnancy prevention to curb teen pregnancy and improve infant health: 85% of mothers in the program had no risk factors compared to 50% of control group mothers. Only 18% of program mothers had birth complications, compared to 40% of the control mothers.<sup>4</sup>
- CINCH, a coalition to improve child health outcomes in eastern Virginia communities, increased immunization rates from 49% to

66% in Norfolk over a two-year period. It began with community needs assessment. Household surveys funded by the Center for Disease Control were done and local institutions, agencies, and businesses funded interventions. CINCH later expanded its region and mission.<sup>5</sup>

**Many Programs Ineffective**

Such successful programs show that some community-level approaches can work. But too many other community-level programs fail to achieve meaningful outcomes.

One study of anti-drug programs, for example, reported that only nine of 17 achieved positive outcomes. Programs with positive outcomes tended to be multi-component interventions. Those that failed to show hoped-for results tended to be more narrow in scope and focused on community public education or organizing or training community leaders for prevention.

Despite poor outcomes, studies suggest improving rather than abandoning community-level prevention programs. Suggested improvements include expanding the use of best practices and bridging the gap between prevention science and practice.

The gap between what is known about prevention – what works and what does not – and what is practiced serves to limit the effectiveness of community-level prevention. For example, findings that Drug Abuse Resistance Education (DARE) programs are less effective than other anti-drug programs has not stopped DARE from being adopted by 70% of U.S. school districts.

Factors that tend to widen the gap between prevention science and practice include lack of community readiness; complex, difficult-to-implement community-level interventions; lack of resources; and funding priorities.

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**OCD Co-Directors:** Christina J. Groark, PhD.; Robert B. McCall, PhD.

**background Editor:** Jeffery Fraser, e-mail: [jd.fraser@att.net](mailto:jd.fraser@att.net)

University of Pittsburgh Office of Child Development, 400 N. Lexington Avenue Pittsburgh, PA 15208; (412) 244-5447; fax: (412) 244-5440

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