RESEARCH BRIEF

Social Development Research Group



No. 27: May 2021

SIGNIFICANT BENEFITS AND LONG-TERM IMPACT OF COMMUNITY-DRIVEN PREVENTION

In a study of the long-term impacts of the Communities That Care prevention system on healthy youth development, we found that positive effects for young people can last into adulthood and provide considerable economic benefit over time.

In a recent examination of the Community Youth Development Study, which began in 2003, we found that that young adults who grew up in communities that used Communities That Care (CTC), a coordinated, scientific approach to preventing problem behaviors in youth, had greater lifetime abstinence from substance use, violence, and other antisocial behaviors 12 years after first being exposed to the community-wide intervention.

The current study focused on evaluating CTC's effects on the primary outcomes of substance use and delinquency for participants at age 23. We also examined whether CTC affected other outcomes, including college completion and mental health concerns like depression and anxiety. We found that CTC had a statistically significant overall effect on the study's primary outcomes and also on the combined set of primary and secondary outcomes. These findings were due largely to greater lifetime abstinence from delinquency, illegal drug use, and alcohol use among participants from CTC communities, and greater rates of college completion, particularly among females from CTC communities.

We also conducted a benefit-cost analysis examining effects on primary and secondary outcomes, and found that CTC generates \$11.14 in long-term benefit per dollar invested.



The study

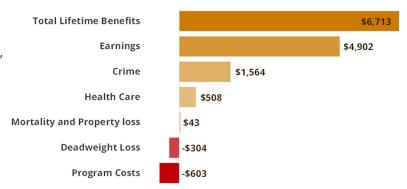
The Community Youth Development Study includes 4,407 youth participants who grew up in 24 rural communities in Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington. Communities were randomly assigned to the control or intervention condition before the study began. Intervention communities were trained to use the CTC system to select and implement evidence-based prevention programs that addressed risk factors found to be higher among their youth. Control communities did not receive training in CTC and conducted prevention as usual. Over a 4-year period when participants were in Grades 6 through 9, intervention communities implemented three to five evidence-based programs each year. These included school programs like Life Skills Training, after-school programs like Big Brothers Big Sisters, and programs for parents like Guiding Good Choices. CTC training began in 2003, and selected programs were launched in 2004 when study participants were in sixth grade. Effects on risk factors, protective factors, and behavioral health outcomes have been assessed from participant surveys, conducted annually from grades 5 through 12 (except for grade 11) and biannually every other year from ages 19 through 23. Measured behaviors included cigarette smoking and alcohol, inhalant, and nonmedical marijuana use, as well as antisocial behavior, criminal behavior, violence, major depression, anxiety disorder, and educational attainment.

The findings

At age 23, lifetime abstinence rates for primary outcomes of substance use and delinquency were 3.5% to 6.1% higher among participants from CTC communities compared to controls—relative

improvements of 13% to 55%. Among secondary outcomes, 4-year college completion was 1.9% greater among young adults from CTC communities, a 20% relative improvement. Effects on college completion were even stronger among females from CTC communities. CTC did not have an effect on major depression or anxiety disorder; lifetime prevalence was approximately the same across CTC and control conditions. Benefit-cost analyses indicated CTC was cost beneficial. It was expected to generate \$6,110 in long-term benefits per participant, above the implementation cost of CTC at \$603 per participant. Benefits were due largely to increased earnings and lower crime and healthcare costs.

CTC Lifetime Benefits



The impact

We believe that broader dissemination of CTC, which has a well-developed program of technical assistance to support implementation in communities or as a statewide system to promote the adoption of evidence-based prevention programs, could improve public health and individual lives—and provide a strong return on investment.

For additional information on this study, please refer to the original article:

Kuklinski, M. R., Oesterle, S., Briney, J. S., & Hawkins, J. D. (2021). Long-term impacts and benefit-cost analysis of the Communities That Care prevention system at age 23, 12 years after baseline. *Prevention Science, 22*, 452-463. https://doi.org/10.1016/j.childyouth.2020.105031

This work was supported by a research grant from the National Institute on Drug Abuse (R01 DA015183), with co-funding from the National Cancer Institute, the National Institute of Child Health and Human Development, the National Institute of Mental Health, the Center for Substance Abuse Prevention, and the National Institute on Alcohol Abuse and Alcoholism.

For more information about CTC, visit www.communitiesthatcare.net.