

*Ensuring Healthy  
Development for all Youth  
The Power of Prevention*

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**Grand Challenges**  
for Social Work

*Presentation at the School of Social Work, University of North Carolina-Chapel Hill,  
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# *Unleashing the Power of Prevention!*



An Action Plan to Advance  
Prevention Practice and Policy

# Early Prevention Approaches

- Strategies:
  - Information
  - Fear arousal
  - Affective education
  - Just say “no”
- Outcomes:
  - No decreases in drug use or delinquency
  - Some programs *increased* drug use and other forms of antisocial conduct (Lipton, Martinson, & Wilks, 1975; Tobler, 1986)

**Lesson:**

**Untested and well-intentioned  
ideas can sometimes make  
things worse!**

# Paradigm Shift: A Public Health, Risk-Focused Approach to Prevention

- To prevent a problem before it happens, address its predictors
- Advances in etiological research on individual and social determinants of behavioral health have identified malleable risk and protective factors as potential targets for preventive intervention

# Risk Factors for Child and Adolescent Problem Behavior by Level of Influence

Risk Factors	Substance Abuse	Delinquency	Violence	School Dropout
<u>Individual Factors</u>				
Early behavior problems	X	X	X	X
Rebellious attitudes	X	X	X	X
Favorable attitudes toward problem behaviors	X	X	X	X
Sensation-seeking orientation	X	X	X	
Impulsivity	X	X		
Attention deficits	X	X		
Biological and genetic factors	X	X	X	
<u>Interpersonal Factors</u>				
<i>Family Factors:</i>				
Favorable parental attitudes toward problem behavior	X	X	X	
Family history of involvement in problem behavior	X	X	X	
Inconsistent supervision, monitoring, and discipline	X	X	X	X
Family and parent-child conflict	X	X	X	X
Poor attachment with parents	X	X	X	X
<i>School Factors:</i>				
Poor academic performance in early grades	X	X	X	X
Low commitment to school	X	X	X	X
Low school engagement	X	X	X	X

This table is adapted from the Social Development Research Group (Catalano, Haggerty, Hawkins, & Elgin, 2011; Hawkins, 2006; Hawkins, Catalano, & Miller, 1992) and from Jenson & Bender (2014); Jenson, Alter, Nicotera, Anthony, & Forrest-Bank (2013); Jenson & Fraser (2011); and O'Connell, Boat, & Warner (2009).

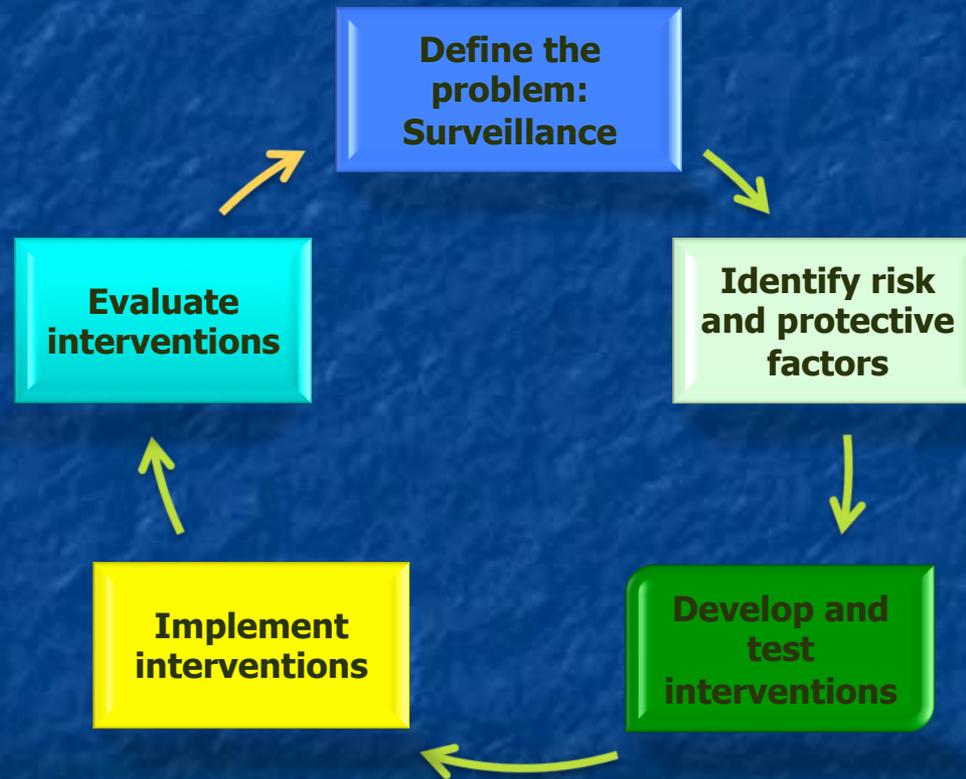
# Risk Factors for Child and Adolescent Problem Behavior by Level of Influence

Risk Factors	Substance Abuse	Delinquency	Aggression	School Dropout
<i>Peer Factors:</i>				
Associating with deviant peers	x	x	x	x
Rejection by conforming peers	x	x	x	x
<u>Environmental/Community Factors</u>				
Laws and norms favorable to antisocial behavior	x	x	x	
Availability and access to drugs and firearms	x	x	x	
Poverty and limited economic opportunity	x	x	x	x
Community disorganization	x	x	x	
Media portrayals of antisocial behavior	x		x	
Transitions and mobility	x	x	x	x

This table is adapted from the Social Development Research Group (Catalano, Haggerty, Hawkins, & Elgin, 2011; Hawkins, 2006; Hawkins, Catalano, & Miller, 1992) and from Jenson & Bender (2014); Jenson, Alter, Nicotera, Anthony, & Forrest-Bank (2013); Jenson & Fraser (2011); and O'Connell, Boat, & Warner (2009).

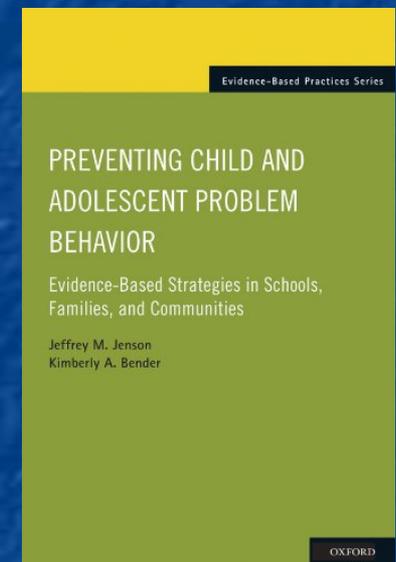
# Public Health, Risk Focused Prevention

*The Public Health Approach to Prevention*



# Three Decades of Prevention Research

- Controlled trials using a public health approach have identified 60 effective policies and programs for preventing behavioral health problems
- **Effective programs:** [www.blueprintsprograms.com](http://www.blueprintsprograms.com)  
Jenson & Bender (2014)
- **Effective policies:** Anderson et al. 2009;  
Catalano et al. 2012; Hingson & White 2013;  
Vuolo et al., 2015
- **Effective prevention saves money:** [www.wsipp.wa.gov/](http://www.wsipp.wa.gov/) Lee, S., Aos, S., & Pennucci, A. (2015). *What works and what does not? Benefit-cost findings from WSIPP.*



# All these behavioral health problems have been prevented in controlled trials

**Anxiety**

**Depression**

**Autism**

**Alcohol,  
tobacco, other  
drug use**

**Risky  
driving**

**Aggressive  
behavior and  
conduct  
problems**

**Delinquent  
behavior**

**Violence**

**Self-  
inflicted  
injury**

**Risky  
sexual  
behavior**

**School  
dropout**

# Despite this progress...

*Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be effective (Ringwalt, Vincus, et al. 2009)*

*Solution: Unleash the  
Power of Prevention...*

*to ensure behavioral health of children  
through action grounded in research  
advances*

# Ensuring Healthy Development for All Youth



**Grand Challenges**  
for Social Work

*Unleashing the Power of Prevention!*

# What is *Unleashing the Power of Prevention?*

- A summary of evidence pertaining to behavioral health problems and an action plan aimed at increasing the use of preventive interventions
- Developed by the *Coalition for the Promotion of Behavioral Health*
  - Published as a Discussion Paper by the National Academy of Medicine
  - Selected as a Grand Challenge initiative by the Academy of Social Work and Social Welfare in January, 2015



# *Unleashing the Power of Prevention*

## 10 Year Goals!

- Reduce the incidence and prevalence of behavioral health problems in the population of young people from birth through age 24 by 20%
- Reduce racial and socioeconomic disparities in behavioral health problems by 20%

# Action Steps and Goals

- 1. Increase public awareness of the advances and cost savings of effective preventive interventions that promote healthy behaviors for all**
  - *Goal: In a decade, a majority of the U.S. adult population will report that it is possible and cost-effective to prevent behavioral health problems among children and adolescents*
- 2. Increase the percentage of public funds that are spent on effective prevention programs**
  - *Goal: In a decade, at least 10% of all state and federal expenditures on the education, health, protection, and welfare of children will be allocated to effective interventions for preventing behavioral health problems*

# Action Steps and Goals

- 3. Implement capacity-building tools that guide communities to assess and prioritize risk and protective factors, and select evidence-based prevention programs**
  - *Goal 1: In a decade, at least 1,000 communities in the United States will actively monitor population levels of risk and protection and behavioral health problems among young people*
  - *Goal 2: In a decade, at least 1,000 U.S. communities will implement effective health promotion approaches and evidence-based preventive interventions*

# Action Steps and Goals

## 4. Establish criteria for preventive interventions that are effective, sustainable, equity-enhancing, and cost-beneficial

- *Goal: In a decade, all 50 states will use data from controlled studies and cost-benefit analyses to inform policy decisions regarding investments in prevention, treatment, and control of behavioral health problems*

## 5. Increase infrastructure to support the high-quality implementation of preventive interventions

- *Goal: In a decade, 25 states will have cross-agency "backbone" organizations that provide technical assistance and monitoring services to local community organizations that provide behavioral health services for youth and their families*

# Action Steps and Goals

- 6. Monitor and increase access of children, youth, and young adults to effective preventive interventions**
  - *Goal: In a decade, child welfare, education, health, justice, and other agencies in 20 states will use integrated data structures that enable cross-agency monitoring of behavioral health and preventive interventions*
  
- 7. Create workforce development strategies to prepare practitioners in health and human service professions for new roles in promotion and preventive interventions**
  - *Goal: In a decade, 20 universities will include cross-disciplinary, prevention-focused training programs in behavioral health that will include primary care medicine, nursing, psychiatry, social work, and psychology*

# *Unleashing the Power of Prevention Initiatives*

1. Improve infrastructure for preventive interventions
  - Most states don't know:
    - What programs they operate
    - What level of evidence exists for their programs
    - Whether their programs achieve a positive net ROI
  - Strategies
    - Statewide prevention summits in Utah & Colorado
    - Ongoing consultation and webinars
    - Lessons from the EPISCenter in Pennsylvania (Evidence-Based Prevention and Intervention Support Center  
<http://www.episcenter.psu.edu>)

# *Unleashing the Power of Prevention Initiatives*

2. Implement and test healthy parenting programs in primary care settings
  - Congressional Briefing sponsored by the Coalition for the Promotion of Behavioral Health, National Prevention Science Coalition, and the American Academy of Pediatrics on April 19, 2016
  
3. Develop a prevention workforce in social work
  - Graduate training in prevention practice, policy, and science
  - University-community prevention partnerships
    - *Communities in Action*, University of Washington
    - *Bridge Project*, University of Denver

**What is possible in a decade?**

# Pennsylvania's evidence-based prevention programs in 1999...

**Map Layers**

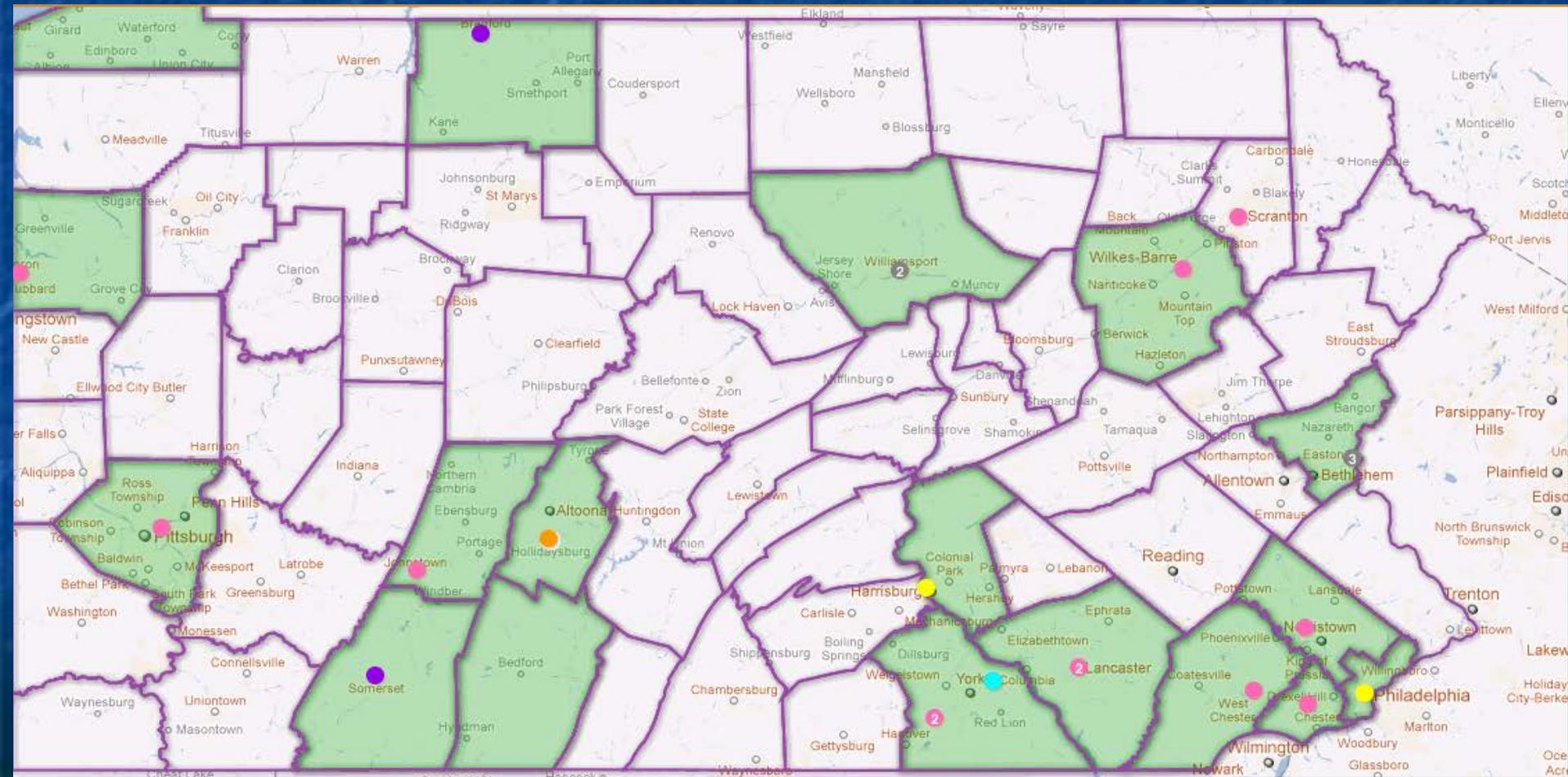
**Grant Programs**

- Select all types
- BBBS  MTFC  FFT  IYS  LST
- MST  OBPP  PATHS  SFP  Other

*Numbers within markers indicate the number of grants awarded to the agency  
Markers without a number indicate the number of grants awarded to the agency with only 1 grant*

**Boundary Layers**

- Counties  State House Districts
- School Districts  State Senate Districts

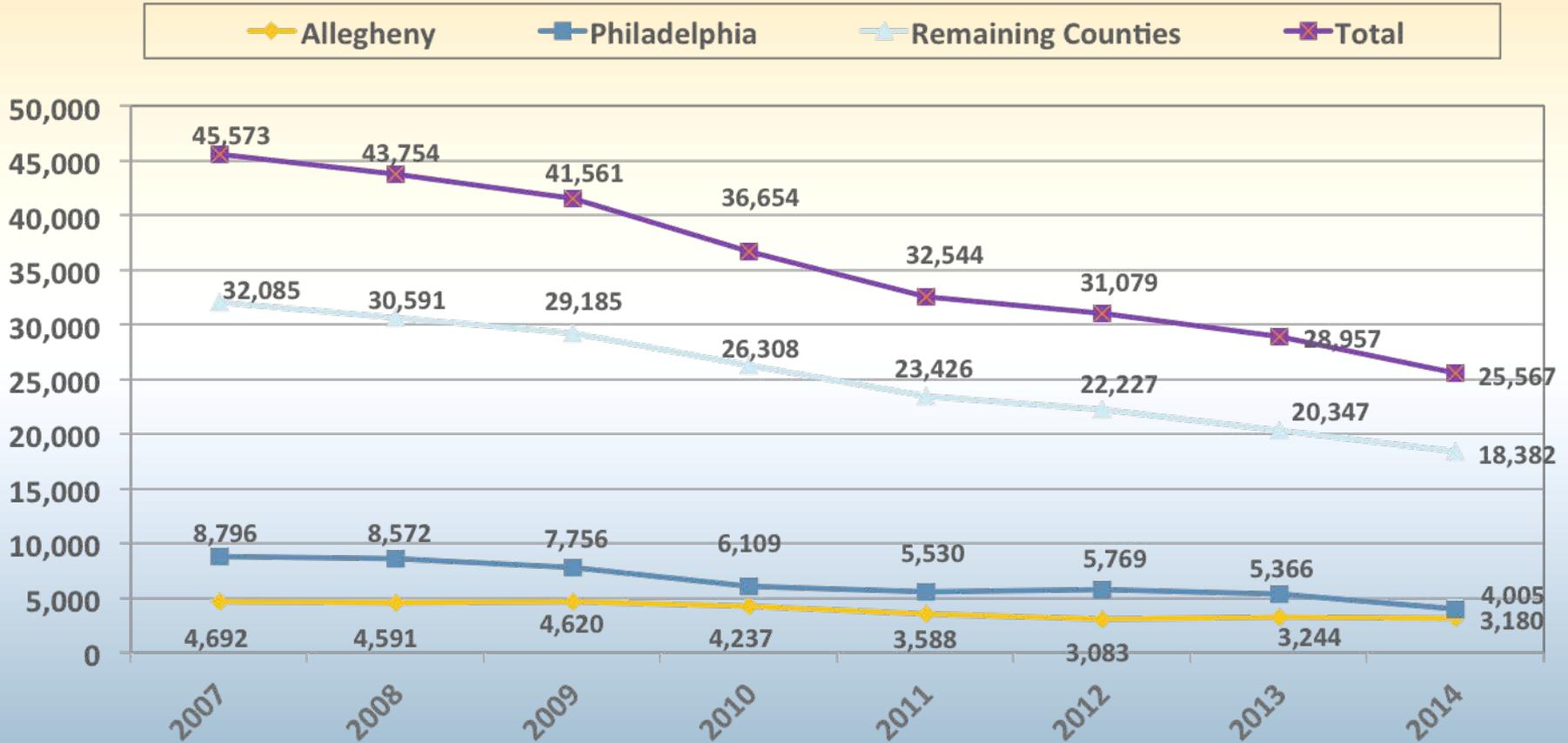




# PA Juvenile Delinquency Dispositions of New Allegations 2007-2014

(Excludes disposition reviews and placement reviews)

Source: Juvenile Court Judges' Commission

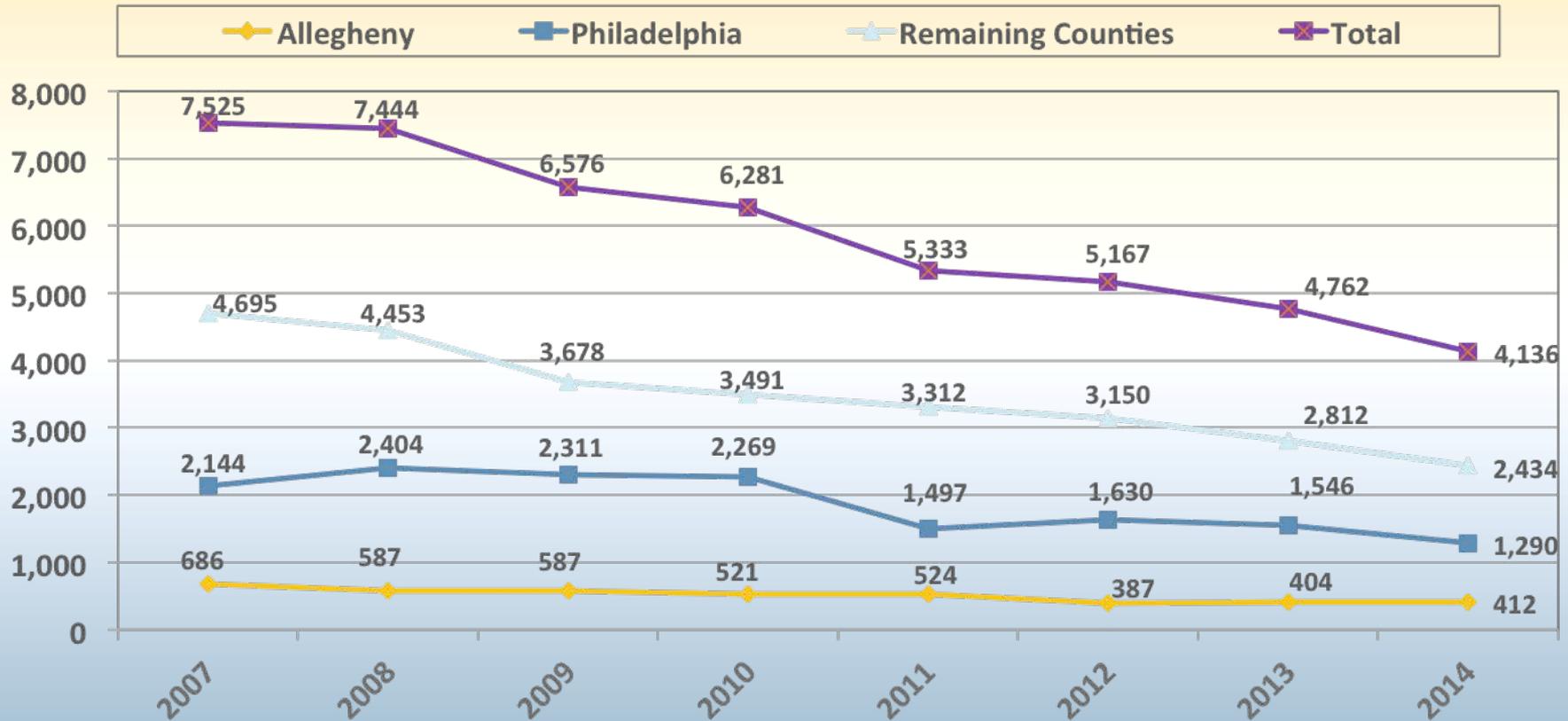


- Between 2007 and 2014, the number of juvenile delinquency dispositions from new allegations decreased 44%, from 45,573 to 25,567.

# PA Juvenile Delinquency Placements 2007-2014

(Includes disposition reviews but excludes placement reviews)

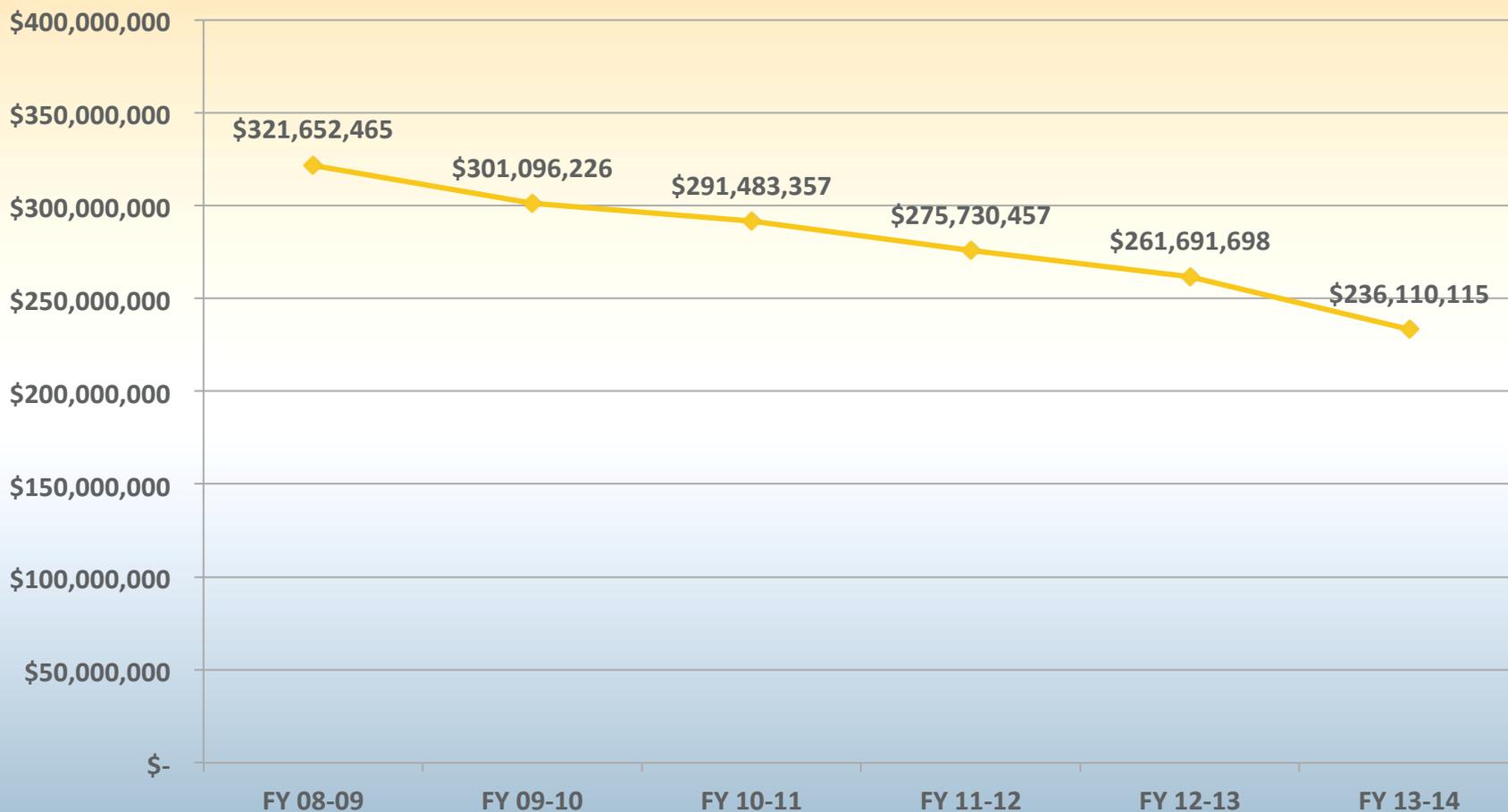
Source: Juvenile Court Judges' Commission



- Between 2007 and 2014, the number of delinquency placements decreased 45%, from 7,525 to 4,136.

## Total Delinquency Placement Expenditures\*: Fiscal Year 08-09 to Fiscal Year 13-14

Source: Office of Children, Youth, and Families (OCYF) Needs-Based Budget



\*Does not include secure detention costs.

- Total delinquency placement expenditures decreased from \$321,652,465 to \$236,110,115, when comparing FY 08-09 to FY 13-14 costs, a difference of \$85,542,350.

# The Prevention Pay-Off!

- Tested and effective prevention programs prevent problems and save lives
- Effective preventive interventions are cost-effective and have the potential to save millions of dollars annually

- *Unleashing the Power of Prevention* is published as a Discussion Paper by the National Academy of Medicine. It is available at: <http://nam.edu/perspectives-2015-unleashing-the-power-of-prevention/>



- *Unleashing the Power of Prevention* is also available at the Academy of Social Work and Social Welfare website: <http://aaswsw.org/grand-challenges-initiative/>



# Coalition for the Promotion of Behavioral Health

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