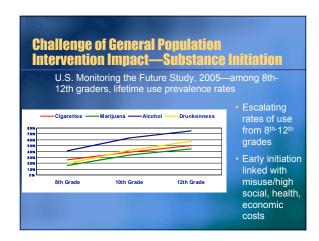


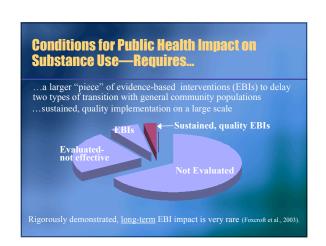
Overview of Presentation

- 1. PROSPER's Public Health Framework
- 2. PROSPER Support System Background & Evaluation
- 3. Implementation—Findings and Strategies
- 4. Sustainability—Findings and Strategies
- 5. PROSPER Future Directions

1. PROSPER's Public Health Framework







Models for Linking with Support Systems...

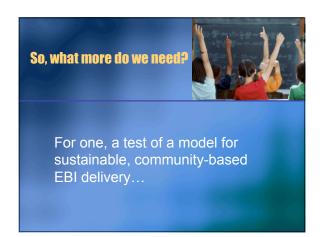
- Cooperative Extension System
 - Largest informal education system in the world
 - Over 3,150 agents in nearly every countyScience with practice orientation
- Public School System
 - Universal system reaching nearly all childrenStates have networks for programming support
 - Increasing emphasis on accountability/empirical

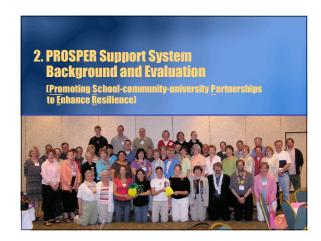
Models for Linking with Support Systems— First Generation Partnership Design School/Community Implementers Assisted by Extension State University Prevention Research Team and Extension Specialists

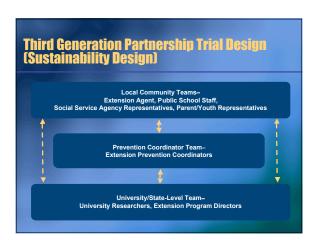












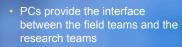
What do the local PROSPER teams do?

- Meet regularly to plan activities/review progress
- Recruit participants for family-focused evidencebased intervention (EBI)
- Hire and supervise intervention implementers
- Handle all logistics involved with EBI intervention implementation
- Market PROSPER in their communities
- Locate resources for sustaining interventions after PROSPER grant funding ends



How are local PROSPER teams linked to university-based prevention researchers?

- Teams receive technical assistance from Prevention Coordinators (PCs)
- PCs are university staff with backgrounds in prevention or Extension programming





What are the EBIs on PROSPER menu?

- Family-focused
 - Adolescent Transitions Program
 - Preparing for the Drug Free Years
 - Strengthening Families Program: For Parents and Youth 10-14
- School-based

 Life Skills Training
 Project Alert
 All Stars
- Family intervention implemented first

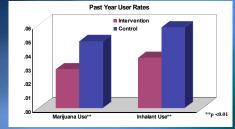
What are the phases of PROSPER implementation?

- Phase 1: Organization—team formation/planning (6-8 months)
- Phase 2: Initial operations—EBI implementation (6-8 months forward), following EBI selection from
 - 6th grade family-focused EBI
 - 7th grade school-based EBI
- Phase 3: Early sustainability planning (Year 3 forward)
- Phase 4: Ongoing operations/sustainability—institutionalization within

PROSPER Study Overview*

- Aime
 - Evaluate the effectiveness of partnership implementation of EBIs on youth and family outcomes
 - Learn what factors are most important in partnership effectiveness, particularly sustained, quality implementation
- Design
 - RCT of 28 school districts (14 IA, 14 PA) assigned to full partnership and "delayed intervention" (comparison) conditions
- Participants
 - Two cohorts of 6th grade children (approximately 6,000 students per cohort)
- students per cohort)
 *Funded by NIDA and conducted in collaboration with Pennsylvania State University (Mark Greenberg, Mark Feinberg, Co-Pls)

Illustrative Substance-related Outcomes at 1½ Years Past Baseline



Source: Spoth, Redmond, Shin, Greenberg, Clair, & Feinberg (2006). Substance use outcomes at 1½ years past baseline from the PROSPER community-university partnership trail. (Manuscript under review.)

3. Implementation Findings and Strategies



Factors Influencing Team Functioning

Four Respondent Types

- Team Members
- Agency Directors
- Middle School Principals
- Prevention Coordinators

Average of 15 total respondents per community

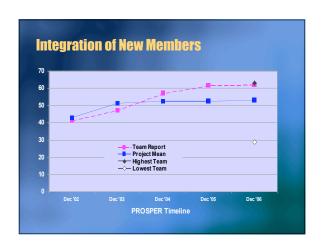
- Age: Range 24 62 (*M* = 45)
 Gender: 40% Male / 60% Female
- Race: 97% White
- Education: 90% College Degree

Selected Team Functioning Findings

Example of Integration of New Members

- Degree to which new members are effectively integrated
- Higher scores indicate the team effectively integrates







Effective Community Teams— Small & Strategic

Core Components

- Selection
- Utilization
- Training
- Support



Effective Community Teams—Selection

Small & Strategic (7 to 9 members selected from community resources and agencies)

- ✓ Team Leader: Extension youth/family educators
- ✓ Co-Leader: Local public school representatives (MS)
- ✓ Local and mental health agency

- ✓ Parent representative
 ✓ As the team grows and matures, additional representatives may be added (e.g., business, government, YMCA, YWCA, faith-based groups, juvenile justice officers, children & youth services, health care organizations)

Effective Community Teams

Organizational Structure

- What kind of team structure do we need to organize the work of the action plan?
- How important is it for all members of the Team to make decisions?
- Can some decisions be made by subgroups?
- How much will we need to communicate with one another?
- What other details of work should be addressed? (e.g., establish meeting times, prepare agendas, take minutes, send out information)

Effective Community Teams

Training

- Learning Communities
- Statewide meetings
- Cross-site networking opportunities
- Professional growth opportunities



Effective Community Teams

TA Support:

- Prevention
 Coordinator
- State ResearchTeam



Success in Family EBI Recruitment

- Comparison study rates range from 1%-6%
- 17 % attended at least one session (N = 1,064; est. 2,650 family members)
- High end of researcher –based recruitment
- Intent-to-treat analysis

Source: Spoth, Clair, Shin, & Redmond (2007). Toward dissemination of evidence-based family interventions: Maintenance of community-based partnership recruitment results and associated factors. *Journal of Family Psychology*, 21, 137-146.

Keys to successful recruitment



- TA on Recruitment
- Structure of the Team
- Multiple Approaches
- Planned Recognition of Supporters

Recruitment— Structure of Team

- Members are identified leaders in the community
- Members have individual ownership in the team and its efforts
- Members are encouraged to their skills







Implementation Study Background

- Poor implementation threatens validity
- Implementation data from two cohorts
- Feasibility: Can community teams deliver high quality interventions?
- Sustainability: Can community teams sustain high implementation quality over time?

Implementation Quality Questions

University-trained observers

- 25% of family-focused sessions
- 15% of school-based sessions
- Reliability observations by prevention coordinators

Implementation Quality Findings

- Average over 90% adherence with family EBIs
- Average over 90% adherence with school EBIs
- High ratings on other quality indicators
- Quality maintained across first two cohorts
- Recent confirmation of sustained quality over three more cohorts

Source: Spoth, Guyll, Lillehoj, Redmond, Greenberg (In press). PROSPER study of evidence-based intervention implementation quality by community-university partnerships. *Journal of Community Psychology*.

Monitoring Quality Implementation of EBIs

Objectives

- Facilitate understanding that quality inputs result in quality outcomes
- Encourage positive attitudes about quality implementation
- Support continuous monitoring



Monitoring Quality Implementation of EBIs

Educate PROSPER participants about the importance of quality monitoring at:

- Statewide meetings
- Learning communities
- During facilitator and observer trainings
- "Feedback sessions" after program (e.g. SFP) session is completed
- Facilitator supervision

4. Sustainability Findings and Strategies

Initial Financial Sustainability

- 100% of PROSPER teams obtained external funding within a year
- Funds obtained from a variety of sources

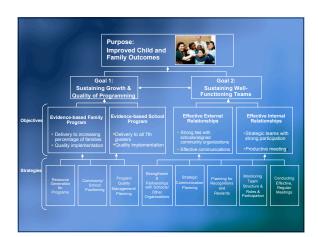
 state, city, business, religious and service organizations, and private individuals
- Collectively, over \$500,000 for sustained family EBI, over last two years

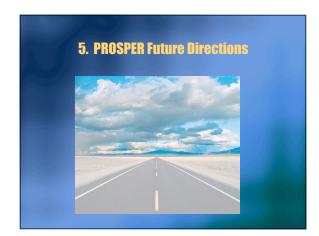
Fort Dodge Example

Based on program costs of \$300 per family:

- 2006- 2007—raised enough money to cover attendance for 134 families or 38% of eligible participants
- 2005-2006—135 Families (39%)
- 2004-2005—101 Families (27%)







Summary—Factors That May Be Contributing to Positive Early Findings

- Use of existing delivery systems infrastructure, combined with strong administrative support and stable staffing
- Local champions and local buy-in
- Proactive, ongoing technical assistance
- Highly focused goals and partnership activities regarding specific evidence-based interventions
- Partners' commitment to collaboration and effective problem solving
- Well-coordinated university-community

Key Challenges Confronted in Achieving Positive Findings

- Ongoing support from all levels of the organizations involved
- Addressing barriers re administrative, budgetary, other organizational changes
- Competing demands on key personnel and on resources required
- Leadership and other team member turnover (maintaining team investment and continuity)
- The high level of sustained effort required for EBI implementation

*Sources: Hallfors et al., 2002; Mihalic et al., 2002; Spoth & Molgaard, 1999

Challenges Factored into Future Plans

- Multi-state research network applying PROSPER Model
- Adaptation of Partnership Model and interventions to health behaviors and other health problem prevention

Challenges Factored into Future Plans

- Reflective practice and planned research re strategies
 - To accommodate complex, dynamic systems/organizations
 - To enhance systems supports
- Manuals and training protocols under development
- Certification process addressing readiness
- Benchmarking to monitor and guide progress
- Development of PROSPER Central infrastructure and capacity-building

Provention Coordinator Team Extension Prevention Coordinator Team Project Director, Data Coordinator/Evaluator, Extension Administrator/Liaison PROSPER Central PPSI/PRC Prevention Scientists and ISU/PSU Cooperative Extension

<u>'</u>	





Please visit our websites at..

www.prosper.ppsi.iastate.edu

www.ppsi.iastate.edu

www.prevention.psu.edu