

HIGH-IMPACT RESEARCH OPPORTUNITY:

Testing the impact of prevention programs that have shown promise in particular settings

Before promising pilot programs can be rolled out on a large scale, they need to be tested within different settings and populations so that researchers and practitioners can understand what the programs really accomplish and for whom. Philanthropy can support that analysis, bridging the gap from a new idea to full-scale implementation. In many ways, this research is a win-win. Learning what works is always the goal, and it's exciting if a new program shows real impact. But even if the results aren't so positive, learning what *doesn't* work is still an important step toward impact.

Donors interested in this opportunity can look for programs with (1) well-supported theories of change, (2) promising evidence of impact, and (3) data limitations that can be addressed with additional research. The examples that follow have strong evidence from well-designed studies, making them among the most promising targets within the over 50 interventions we reviewed. However, one has demonstrated results only in a particular population, while the other has not consistently replicated effects on substance use—but has repeatedly shown other positive impacts.

PROMISING INNOVATION TARGET:

Integrate prevention programs at the community level

The theory: Taken as a whole, the evidence indicates that any single prevention program is unlikely to deliver major reductions in substance use. However, combining programs to weave a web of support may make a greater difference than the individual programs on their own. The hope is that programs can reinforce each other in a way that's multiplicative rather than additive.

The model: Promoting School-community-university Partnerships to Enhance Resilience (PROSPER), a partnership program between local communities and land-grant universities, is a system to deliver a suite of programs within a community. The programs themselves are chosen by community representatives from a list of evidence-based approaches provided by researchers. Community representatives select one family-focused program to deliver in 6th grade and one school-based program to deliver in 7th grade. A team based out of a state university helps the community implement the selected programs.

What we know: In a randomized controlled trial of PROSPER implementations in Iowa and Pennsylvania, researchers found that the program decreased use of a number of substances (not including tobacco or alcohol) by approximately 4 to 6 percentage points.¹⁹¹

What we hope to learn: One important question is whether these results are replicable and generalizable to different populations. The trial was conducted in a population of mostly Caucasian, relatively affluent adolescents in rural areas. Further research is needed to test PROSPER in different settings and better understand the populations for which it can be reliably effective. More research is also needed to understand how much of the effect is due to the delivery system—which is the core of the PROSPER approach—or the specific interventions chosen by the communities.

Implications for funders: The idea of integrating different programs to create a supportive community is an exciting one, but still too new to replicate widely. This is a great avenue for further research, whether focused on new populations, new combinations of approaches, new delivery systems, or all of the above.

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Dr. Richard Spoth out of Iowa State University developed PROSPER and is currently leading research efforts on the program. (Visit www.ppsi.iastate.edu to learn more.) A similar program with promising results is Communities That Care, currently studied by the University of Washington's Social Development Research Group. (Visit www.sdrp.org to find out more.)





For more on working with grantees to understand their impact, see our guide *Beyond Compliance: Measuring to learn, improve, and create positive change*.

For more on supporting early-childhood efforts, see our early-childhood toolkit for funders, *Invest in a Strong Start for Children*.

PROMISING INNOVATION TARGET:

Focus on healthy child development for positive impacts in adolescence and beyond

The theory: Many of the known risk factors for SUDs are also known risk factors for other negative outcomes such as high school drop-out or teen pregnancy. Promising approaches might target those risk factors early, tackling SUD prevention as part of a broader set of healthy development goals.

The model: The Good Behavior Game (GBG) is designed to improve first-grade classroom behavior and help children see themselves as members of a classroom community. In GBG classrooms, there are clear, consistent, and transparent rules for behavior. Children are divided into teams of 2-5 students, and the team gains or loses points based on the behavior of its members. The hope is that giving kids tools to manage their behavior early can help them make good choices—such as steering clear of substance use—over the long term.

What we know: GBG has demonstrated positive impacts, particularly for boys, but it doesn't always reduce substance use. Substance use is only one of several problem behaviors that GBG targets. In one of the first GBG studies, low-income African American students in Baltimore were randomized into GBG classrooms and tracked from first grade to age 19. The young men in the GBG classrooms showed significant reductions in illicit drug use (excluding alcohol and marijuana) at age 13 and increased academic achievement and reduced behavioral problems at age 19. (The researchers did not report information about substance use at age 19.) The impact was greatest among male children who ranked highest on measures of aggressive and disruptive behavior. There was no effect on female children.¹⁹²

What we hope to learn: The biggest question about GBG is whether it can reliably and consistently get results in different settings. The same researchers in the same Baltimore schools mentioned above tried to replicate their results with the next class of first-graders entering school, but they did not see the same impacts. Other studies on GBG have been conducted in Oregon and in Europe. Positive impacts on disruptive and aggressive behavior have been consistently replicated, but impacts on substance use have not.

Implications for funders: GBG has been a good and helpful program for children. It's just not clear whether or not it's also a good way to prevent substance use. Philanthropists can support research to understand how, when, and for whom it might impact substance use in particular, knowing that even without an effect on substance use, the program is likely to be a positive influence in children's lives.

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The Johns Hopkins Center for Prevention and Early Intervention is researching strategies such as the Good Behavior Game to improve classroom behavior and outcomes and to prevent behavioral problems, including substance abuse, among youth. To contact the Center and support their work, visit their website at <http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-prevention-and-early-intervention/>.