

# Overview of Evidence Base: Partnership Model and Delivery System



**Background.** There are numerous prevention programs available that aim to reduce risky youth behavior or strengthen families. However, surveys show that most programs lack scientific evidence that they'll be effective. Some programs fail because of ineffective program design, poor implementation, lack of sustainability or shifts in focus. In the end, youth, their families and our entire society pay a great price for programs that don't work, and for ineffective delivery of programs that do work.

Research reviewed in the late 1980's highlighted this problem and suggested that an innovative approach would be necessary to ensure that evidence-based programs could reach more youth and families who would benefit from them. After teaming up with **Cooperative Extension** Agents at Iowa State University for assistance with program delivery, the advantages of this type of partnership became readily apparent. Findings from randomized controlled studies funded primarily by the National Institutes of Health (NIH) over the last two decades have validated the usefulness of this approach. This research guided the refinement of the partnership across three generations of partnership models.<sup>1</sup> The third generation model, conceptualized and evaluated as part of the PROSPER research project, has been a joint effort between researchers at the Partnerships in Prevention Science Institute at Iowa State University and the Prevention Research Center at Pennsylvania State University.

**PROSPER** (PROmoting School-community-university Partnerships to Enhance Resilience) is the resulting **evidence-based delivery system** for supporting sustained, community-based implementation of scientifically-proven programs for youth and their families. Federal and foundation grants are supporting the development of a **National Network of PROSPER States**.<sup>2</sup>

## Key Findings Specific to the PROSPER Partnership Model and Delivery System

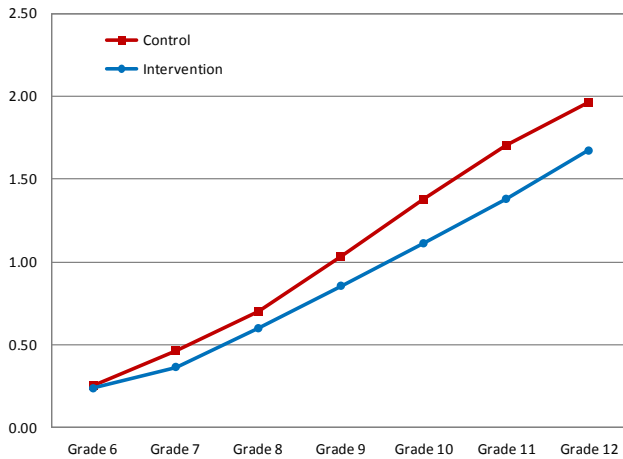
- ◆ **Effective mobilization of community teams** has been documented, as teams successfully progressed through developmental phases generating funding and resources to sustain both the team structure and delivery of family- and school-based EBPs.<sup>3-5</sup>
- ◆ Most community teams have **sustained their programming efforts** for ten years, averaging over \$23,000 per team to support the family program.<sup>6-7</sup>
- ◆ Community teams achieved **high recruitment rates** for program participation, thanks to ongoing technical assistance.<sup>8-9</sup>
- ◆ All programs are carried out with **high levels of implementation quality**, with greater than 90% adherence overall for both the family and school programs, up to six consecutive years.<sup>10</sup>
- ◆ Results show **positive effects on family strengthening, parenting, and youth skill outcomes** that also influence longer-term adolescent behavioral outcomes.<sup>2,11</sup>
- ◆ Youth that participated in programs implemented through the PROSPER delivery system scored **significantly lower on a number of negative behavioral outcomes**, including drunkenness, cigarette use, marijuana use, meth use, and use of other illicit substances, up to 6½ years past baseline.<sup>12-13</sup> (See Figures 1 and 2.)
- ◆ PROSPER communities have a significantly more **positive perception of Cooperative Extension and of school leadership**.<sup>14-15</sup>
- ◆ PROSPER is **cost-efficient and cost effective**.<sup>16-17</sup>

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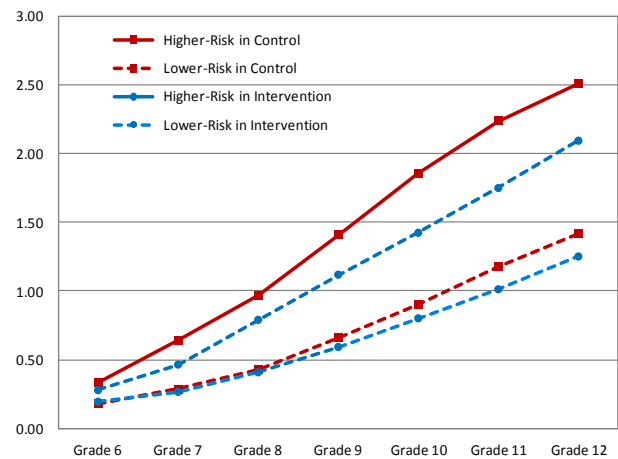
For more information, contact Dr. Richard Spoth, Director of Partnerships in Prevention Science Institute, Ames, Iowa, or email Denise Nebbe at [denisej@iastate.edu](mailto:denisej@iastate.edu) re the April 2012 Overview of Evidence Base Update.

## Examples of Long-term Reductions in Risky Behaviors

**Fig. 1 Impact on Illicit Substance Use Index: Trajectories Through 6.5 Years Past Baseline\***



**Fig. 2 Illicit Substance Use Index: Higher- vs. Lower-Risk Subgroups\*\***



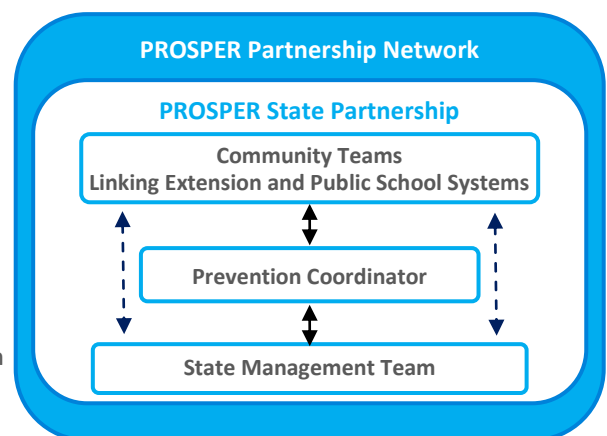
\* Sum of six lifetime illicit use measures (methamphetamines, Ecstasy, inhalants, Vicodin, prescription drug misuse overall, other illicit drug use); Intervention vs. Control difference in slope is statistically significant, as are differences at multiple time points, including 11<sup>th</sup> and 12<sup>th</sup> grades.

\*\* Higher Risk = Lifetime initiation of alcohol, cigarette or marijuana use at baseline; Lower Risk = No initiation at baseline. Intervention effects are significantly stronger for the Higher-Risk Subgroup, as compared to the Lower-Risk Subgroup.

The PROSPER Partnership Model links community teams with a university-based prevention science community using two existing systems — **the Cooperative Extension System at land grant universities and the public school system.**<sup>2,18</sup> The result is community teams working at the local level to implement these proven programs. The PROSPER Partnership Model centers on community capacity building and sustainability so that programs will last over time and, ultimately, support the translation of prevention science into practice.

The original randomized-controlled PROSPER study was funded by the National Institutes of Health Institute on Drug Abuse and included over 11,000 middle school-aged youth and their families from 28 communities of up to 50,000 in population, in Iowa and Pennsylvania. The goal of this project was to demonstrate that evidence-based programs could be effectively delivered through university-school-community partnerships. Ultimately, the findings have proven this model to be effective in delivering programs that reduce risky behaviors and promote healthy choices by youth.<sup>18</sup>

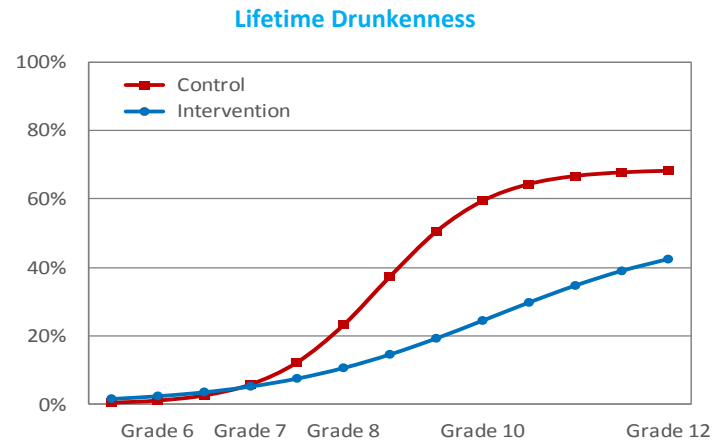
The PROSPER State Partnership has a 3-tiered structure that links university-based prevention experts with community-based teams of volunteers via Prevention Coordinators (Extension-based professionals who support all team efforts). This State Partnership is connected to the **National PROSPER Partnership Network**— a vehicle to build capacity for reaching youth and families across the United States with evidence-based prevention programming.<sup>2</sup>



## Positive outcomes for youth, families, and communities from the Evidence-Based Programs on the PROSPER Menu

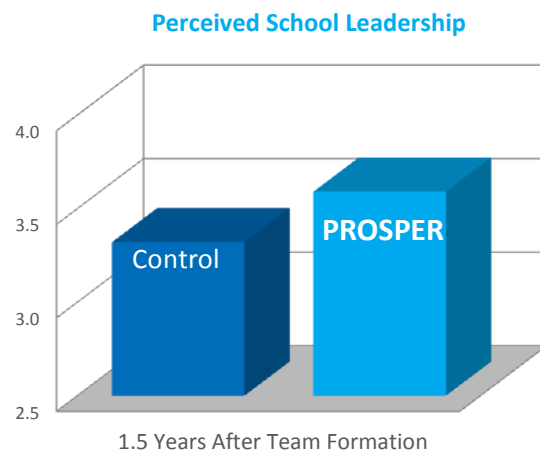
### Youth and Families

- Improved youth life skills, including positive youth protective factor and skill-building outcomes (e.g., significant improvements in relationships with parents and peer resistance skills)<sup>19-21</sup>
- Enhanced parenting skills<sup>19,21</sup>
- Increased family cohesion and well-being<sup>19</sup>
- Reduced exposures to substance use (protective shield effect); reduced gateway and illicit substance initiation<sup>20,22-23</sup>
- Long-term reductions in substance use— e.g., 40% reduced likelihood of having been drunk by 10th grade<sup>22</sup>
- Reduced youth behavior problems— e.g., 40% fewer aggressive and destructive behaviors by 10th grade<sup>24</sup>
- Long-term effects on school engagement and academic success (e.g., higher GPA)<sup>25</sup>
- Reduced Lifetime STD rates and substance use in young adults<sup>26-27</sup>



### Schools and Communities

- **Economic benefits—for example: \$9.60 return on the dollar invested for Iowa's *Strengthening Families Program: 10-14***<sup>28</sup>
- Greater parent involvement with schools
- Training and technical assistance to sustain programming
- More positive perceptions of school leadership
- Expert knowledge increases among community team members<sup>29</sup>



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The PROSPER Model development and evaluation is conducted through a collaborative of prevention scientists from PPSI and PRC, the Cooperative Extension systems of Iowa and Pennsylvania, and local school districts and community volunteers.



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