



Research and Evaluation Designs to Help Communities Improve their Children's Health

C Hendricks Brown
Feinberg School of Medicine, Northwestern University

Funding Acknowledgments:

CDC funded Center for Prevention of Youth Violence (U01CE002712, Gorman-Smith, Brown PI)

NIDA funded Center for Prevention Implementation Methodology (Ce-PIM) for Drug Abuse and HIV Sex Risk Behavior (P30DA027828, Brown PI)



Key Points

1. Where researchers need to start: Learn from community
2. Designs for single communities
3. Designs involving a small number of communities
4. Scientific Equity



Community
Economic
development
& Workforce



Educational and
Behavioral Services

Bronzeville Dream Center Initiative

CDC funded National Academic Center of Excellence in Youth Violence Prevention (Gorman Smith, Brown, Harris)

Communities that Care (CTC) implementation and evaluation of Youth Prevention Programs to Prevent Violence in a single urban community with many other components going on.



Prevention System



Faith-led Trauma
Focused
Postvention
System

1. Where researchers need to start: Learn From and be Guided by the Community

First rule of public health is

“Don’t get kicked out of the community”

– Sheppard Kellam, Admin Policy Mental Health, 2012

Research agenda is one portion of the community agenda.

Second rule of public health is

“Knowledge and Guidance by the community can extend and improve research, not limit it.”

Examples of What Bronzeville Community is Contributing

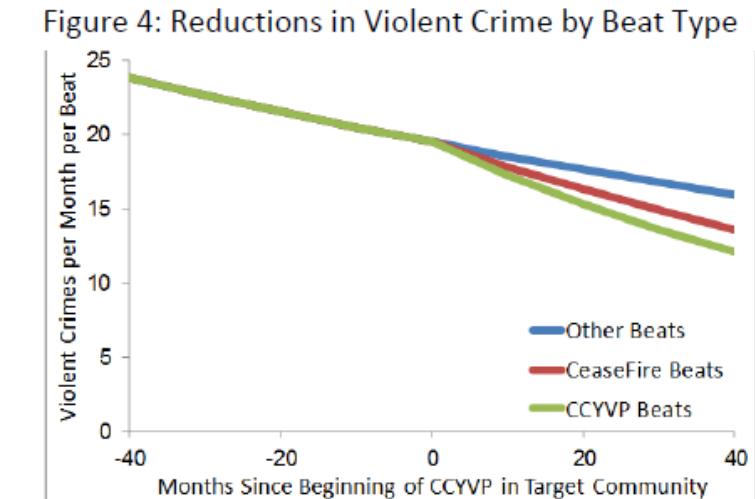
- Community and Political Organization
- Enter into schools and completion of the youth survey
- Additional adult survey
- **Feedback of survey information to shape community norms**
- “Treatment as Prevention” reduce retaliation
- Opportunity to Fill in Scientific Holes

2. Filling Scientific Holes: Design approaches for single community

- Embed CTC within a Tapestry of existing programs and services and socio-political contexts

A. Design: Compare w/ Current Data

Violent Crime Outcome: Regress Point Displacement Design
Wyman et al., 2016



B. Design: Compare w/ Historical Data

Implementation milestones & benchmarks E. Brown 2011
Protocol Deviations from CTC
Control Charts to Monitor and Provide Feedback



C. Test “one-off” interventions in different context

Design: Randomized Effectiveness Trial

D. Examine Mediation Mechanism through 28 Neighborhoods – Census Tracts – in Bronzeville

Figure 7: Bronzeville Violent Crime Density

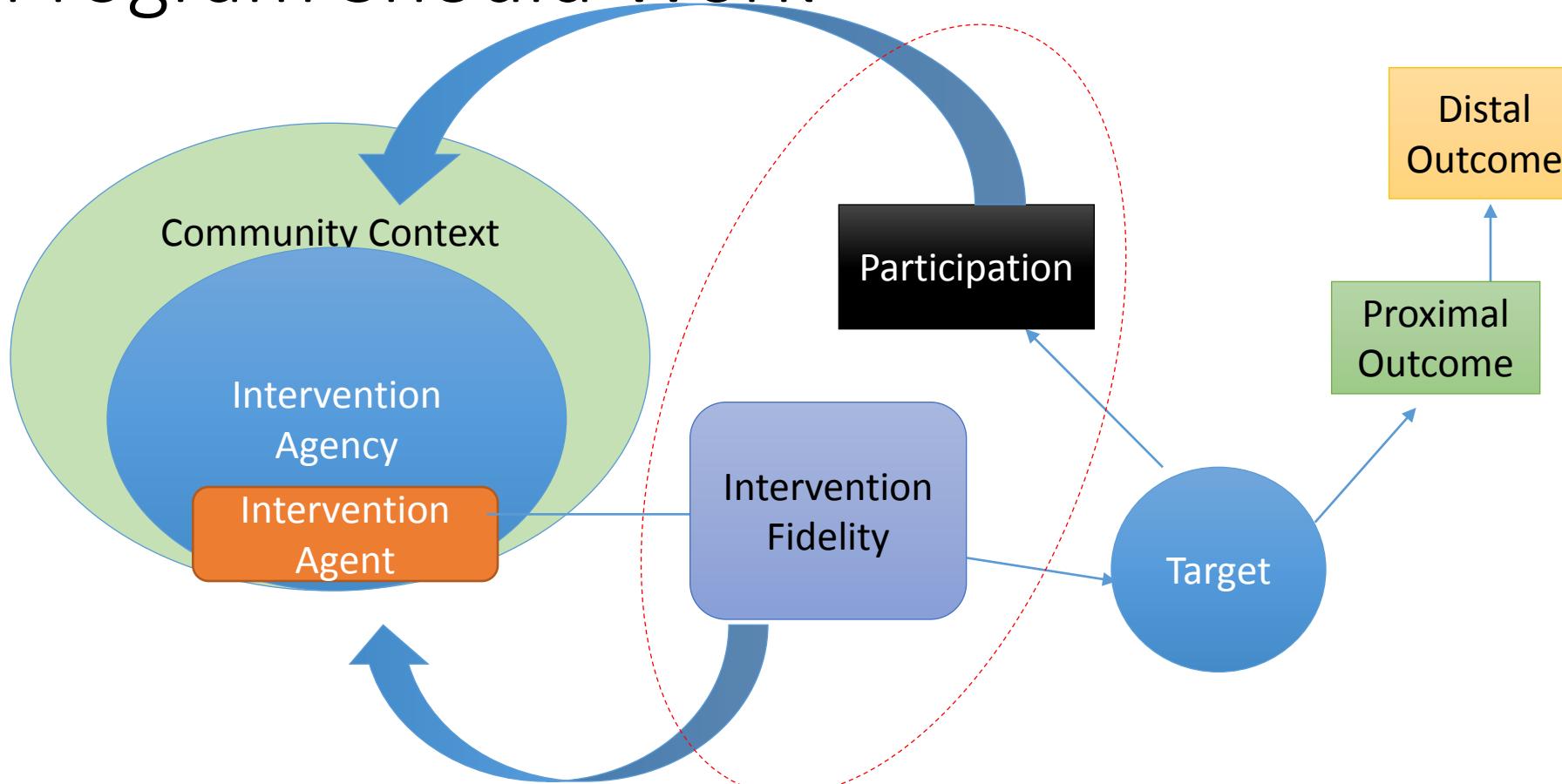
Neighborhood Youth Exposure to CTC & Other Programs

Neighborhood Adult Networking and Social Processes

Neighborhood Violence

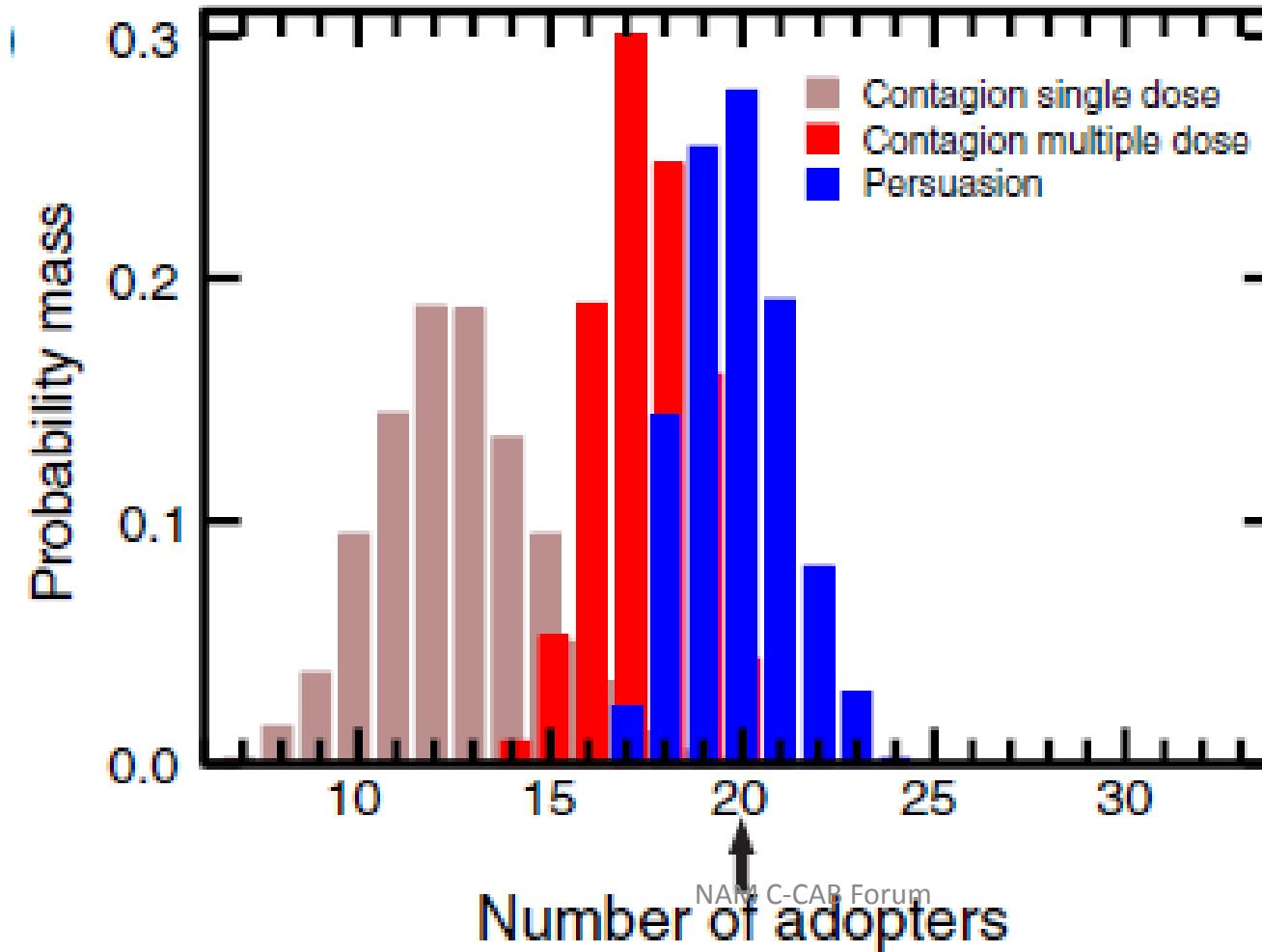


Neighborhood Youth Exposure: How a Program Should Work



Adult Networking & Social Processes

Agent-Based (simulation) Modeling to Test Alternative Diffusion Mechanisms Weiss et al., 2014



3. Roll-Out Randomized Designs involving a small to moderate number of communities

When communities don't want to be left out of a potentially beneficial intervention, i.e., don't want traditional controls

All communities must receive an active intervention

Randomize When a Community Receives Intervention

Fair

True Tradeoff for going early or later

True randomized experiment

Dynamic Wait-Listed Designs – Brown et al., 2006

Stepped Wedge – Brown & Lilford 2006

Roll-Out Designs – Wyman et al., 2016

4. Scientific Disparity → Scientific Equity

- Health Equity: “....everyone should have a fair opportunity to attain their full health potential”
- Scientific Equity: “equality and fairness in the amount of scientific knowledge that is produced to understand the potential causes and solutions to existing health disparities” Brown et al., 2013, Perrino et al., 2015.

Preventive Trials – disparity-specific trials IOM 2009

Hispanics 4% (8/183) African American 9% (11/183)

There is not enough Research Findings to Guide Communities in all they want to do.

Community Research Has the Opportunity to Enhance Scientific Equity

Acknowledgments

Deborah Gorman Smith University of Chicago

Pastor Chris Harris Bright Star Community Outreach

Pastor Rodney Carter Bright Star Community Outreach

David Henry UIC

Luis Amaral Northwestern

Juan Villamar Northwestern

Franklin Cosey-Gay University of Chicago

Laurel Feig, University of Chicago

References

Brown CA & Lilford RJ (2006). The stepped wedge trial design: A systematic review. *BMC Med Res Methodol* 6: 54.

Brown CH, Mohr DC, Gallo CG, Mader C, Palinkas LA, Wingood G, Prado G, Poduska J, Gibbons RD, Kellam SG, Pantin H, McManus J, Ogihara M, Valente T, Wulczyn F, Czaja S, Sutcliffe G, Villamar J, Jacobson C. (2013) A Computational Future for Preventing HIV in Minority Communities: How Advanced Technology Can Improve Implementation of Effective Programs. *JAIDS* 63: *Supplement 1*, S72-S84.

Brown C.H., Wyman P. A., Guo J, and Peña J. (2006). Dynamic wait-listed designs for randomized trials: New designs for prevention of youth suicide. *Clinical Trials*, 3, 259-271

Brown, Eric C., et al. Effects of Communities That Care on prevention services systems: Findings from the Community Youth Development Study at 1.5 years. *Prevention Science* 8.3 (2007): 180-191.

Kellam SG (2012). Developing and maintaining partnerships as the foundation of implementation and implementation science: Reflections over a half century. *Adm Pol MH*, 39:4, 317-320.

Perrino T, Beardslee W, Bernal G, Brincks A, Cruden G, Howe G, Murry V, Pantin H, Prado G, Sandler I, Brown CH. (2015). Toward Scientific Equity for the Prevention of Depression and Depressive Symptoms in Vulnerable Youth. *Prevention Science*, 16(5): 642-651.

Weiss, C. H., Poncela-Casasnovas, J., Glaser, J. I., Pah, A. R., Persell, S. D., Baker, D. W., ... & Amaral, L. A. N. (2014). Adoption of a high-impact innovation in a homogeneous population. *Physical Review X*, 4(4), 041008.

Wyman, PA., Henry, D., Knoblauch, S., & Brown, CH. (2015). Designs for testing group-based interventions with limited numbers of social units: The dynamic wait-listed and regression point displacement designs. *Prevention Science*, 16(7), 956-966.