

The Power of Prevention

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Research on prevention has brought us to the point where we can, in principle, ensure that virtually every young person arrives at adulthood with the skills, interests, values, and health habits needed to live a productive life in caring relationships with other people. From the prenatal period through adolescence, prevention scientists have identified family and school-based interventions that have been proven through randomized controlled trials to prevent all of the most common and costly problems, including academic failure, school dropout, cigarette smoking, drug and alcohol abuse, depression, suicidality, and antisocial behavior. Because these problems are inter-related and stem from the same non-nurturing conditions, most interventions produce benefits on multiple problems and have long lasting effects. In addition, most have a positive and often substantial return on investment.

However, effective interventions are only one part of the equation. The full use of prevention interventions requires effective implementation; children and families cannot benefit from interventions that they do not fully experience. Available data show that the usual methods of transferring evidence-based interventions into service settings (e.g., diffusion/dissemination of information, training, laws/mandates/regulations), when used alone, typically result in only 5 to 15% of consumers experiencing interventions as intended¹. These methods are necessary, but not sufficient. Over the past decade, applied implementation science has identified core sets of effective implementation strategies to transform human service systems and ensure full use of evidence-based interventions. These strategies involve developing the necessary infrastructure and best practices within systems to ensure providers deliver interventions as intended, enabling systems to continually improve the local use of interventions with data and experience, and creating linked team structures to ensure the sustainability of interventions over time.²

Current efforts to prevent psychological, behavioral, and health problems are impeded by the fragmented nature of these efforts. Despite the fact that family and school conditions strongly affect most aspects of human wellbeing, and even though effective interventions are available, the U.S. lacks a system for translating this knowledge into widespread benefits. In essence, all relevant sectors of society must come together around the goal of increasing the prevalence of nurturing families and schools.³ If policymakers, scientists, implementation specialists, community leaders, practitioners and educators forged a coalition around a concerted goal to increase the prevalence of nurturing families and schools for policymaking and practice, we could greatly accelerate this country's movement toward a society with lower levels of psychological, behavioral, and health problems than has ever been achieved in human history... a goal that is entirely possible to achieve.

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