Risk factors are characteristics of community, family, school, and individual/peer group environments that can increase the likelihood of negative behaviors including drug use, delinquency, teen pregnancy, school dropout, violence, and depression/anxiety. For example, children who have little attachment to the neighborhoods in which they live or children who live in areas with high crime rates (elevated risk factors of low community attachment and neighborhood disorganization under the community domain) are more likely to exhibit problem behaviors of substance abuse, delinquency, and violence.

Protective factors are community, family, school, and individual/peer group environments that have a positive influence and “protect” or “buffer” against the negative influences associated with risk factors (see Figure 2). Though closely related, protective factors are not the opposite of risk factors, but rather reduce the effects of existing risk factors. Risk factor reduction is essential, but for many communities, these reductions can take years of hard work, and in some cases, such as economic deprivation, may not even be possible on a local level when it is an increasing risk factor on a national level.

Adapted from Communities That Care youth Survey reports developed by the Social Development Research Group, University of Washington

Figure 1
Risk and protective factors can be identified in a community through the Indiana Youth Survey, archival data, and supplemental data obtained from local agencies and organizations. Measures included in the Indiana Youth Survey from the Communities That Care (CTC) Survey can predict alcohol, tobacco and other drug use, as well as delinquency, teen pregnancy, dropping out of school, problem gambling, and violence. This data is useful when helping schools and communities pick the prevention activities that are most likely to work when promoting positive youth development and reducing barriers to learning. Once elevated risk and depressed protective factors have been identified in the community, the particular factors of concern may be addressed through the implementation of evidence-based programs, policies, and practices.

When selecting a strategy intended to decrease alcohol, tobacco, and other drug use, problem gambling, and/or other problem behaviors and their negative consequences, it is vital for the strategy selected to be evidence-based. “Evidence-based” strategies refer to researched programs, policies and practices that demonstrate strong evidence (e.g., journal articles, evaluations) of influencing risk factors and protective factors and positively impacting problem behaviors in different communities under similar conditions. According to the Center for Substance Abuse Prevention (CSAP), evidence-based strategies may be found on federal lists or registries of evidence-based interventions, such as www.nrepp.samhsa.gov/, www.findyouthinfo.org, http://www.colorado.edu/cspv/index.html. Programs can be individual strategies or system change/environmental strategies. Individual strategies focus on directly addressing the individuals who are at risk. Environmental strategies focus on addressing the environment surrounding the at-risk individuals. Examples of environmental strategies include compliance checks and policy changes. Understanding and identifying a community’s elevated risk and depressed protective factors is essential for the selection of the best evidence-based programs, policies, and practices which will promote academic success, positive youth development, and prevention of health and behavior problems among the youth in that particular community.

Communities That Care is a community-based process of identifying and addressing elevated risk and depressed protective factors through data-driven, evidence-based strategies. CTC is implemented over a 1-2 year period through a five-phase process:

1) **Get Started** – Assessing community readiness
2) **Get Organized** – Getting a commitment to the CTC process from community leaders and forming a prevention coalition
3) **Develop a Profile** – Assessing prevention needs using epidemiologic data
4) **Create a Plan** – Choosing tested and effective prevention policies, practices, and programs based on assessment data
5) **Implement and Evaluate** – Implementing the new strategies with fidelity and evaluating progress over time

Using the CTC planning framework not only aids in decreasing risk factors and their negative consequences while promoting protective factors, but use of the framework also helps schools comply with the No Child Left Behind Act. NCLBA stipulates that federally funded prevention and intervention programs use a data-driven process to ensure that programs achieve the desired results. Though the Indiana Youth Survey is administered in the schools and many of the youth target population attend school, schools are not solely responsible for the problem. It is vital for evidence-based interventions to be implemented not only into the schools, but also into the remaining three domains of family, community, and individual/peer environments. The schools make up only one domain that affect students each day, and it is necessary for the every domain within a youth’s life to be addressed in order for the desired results of decreased risk factors and elevated protective factors to be reached. When problem areas are not only identified, but also addressed through implementation of targeted, evidence-based programs, a healthy environment is fostered that enables the youth to excel in both academics and non-school activities.

It is important to remember that CTC utilizes a community-wide approach and is effective because it develops a broad base of support and teamwork which bring long-lasting, positive results. Safe and healthy communities are the result of community-wide approaches that influence the values, practices, and policies of that particular community. No single organization, strategy, person, or institution alone can effectively change and address the challenges of a community. It takes all parts of the community, including the four domains of family, community, schools, and individual/peer environments, working together in order for the desired results of decreased risk factors and problem behaviors and increased protective factors to be fully realized.