

Non-Profit Prevention Research Framework



Non-Profit Prevention Research at State Universities

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Non-Profit Prevention Research Network

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Course description

The goal of this course is for SPF SIG communities to use data gathered during the assessment phase to identify where capacity needs to be built. To keep this a data driven process, capacity will be build around the Intervening Variables identified as needing interventions through the assessment process. It is important to remember in the SPF SIG capacity is about building resources around Intervening Variables, not any specific organization.

Participants will go through a series of activities that will assist them in mapping the following: identified Intervening Variables, current resources for each Intervening Variable, resource gaps, and other factors to consider when addressing Intervening Variables. Participants will also become familiar with community readiness and the importance it plays in effective community mobilization. Lastly, participants will begin to strategize ways to address identified gaps.

These activities will be the bases for the capacity report that will be turned into BHSD/DOH.

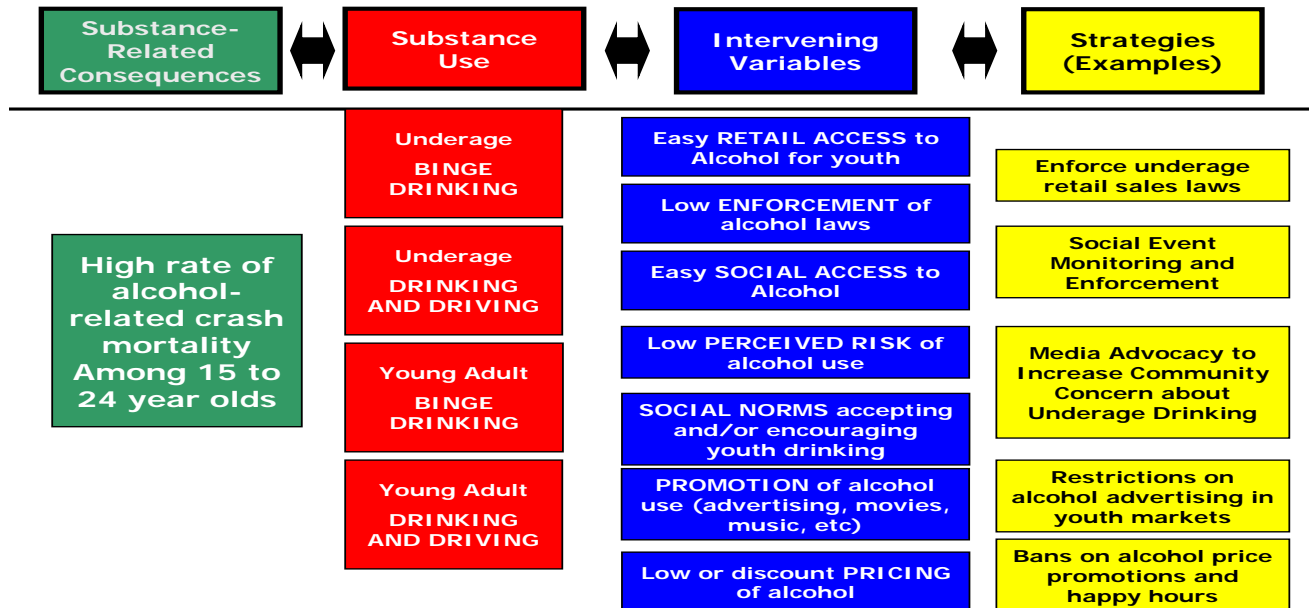
Course objectives

By the end of this workshop, participants will:

1. Explain capacity as it relates to the consequence logic model
2. Define community prevention system
3. Explain what a prevention system addressing Intervening Variables and risky behaviors associated with underage binge drinking and 15-24 year old alcohol related crashes in their community looks like.
4. Describe community readiness.
5. Explain the 9 stages of readiness.
6. Analyze their community in the statewide readiness survey and identify community strengths, weaknesses, and key stakeholders who need to be brought into the system.
7. Identify tools available to gauge community readiness.
8. Identify stakeholder's necessary to implement environmental strategies.
9. Map existing system and identify who needs to be included.
10. Identify strategies to educate and mobilize identified stakeholders.

SPF SIG New Mexico Community Logic Model

Reducing alcohol-related youth traffic fatalities



Terms in the Logic Model

Substance Related Consequences:	The social, economic, and health problems associated with the use of alcohol, tobacco and illicit drugs. Any social, economic, or health problem can be defined as substance use problem if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring.
Substance Use:	The way in which people drink, smoke, and use drugs is linked to particular substance-related consequences.
Intervening Variables:	Factors that have been identified as being strongly related to and influence the occurrence and magnitude of substance use and related risk behaviors and their consequences.
Strategy:	Program, practice, or policy that addresses factors strongly related to and influencing the occurrence and magnitude of substance use and related risk behaviors and their consequences.

What Has Your Data Showed You About Intervening Variables?

Directions: Below each Intervening Variable is listed. Create a picture based on the data you have collected from your assessments to show what issues, trends, behaviors contribute to that Intervening Variable. For example, what have you discovered about retail access in your community?



Easy
Social
ACCESS
to Alcohol

Low
Perceived
Risk of
alcohol use

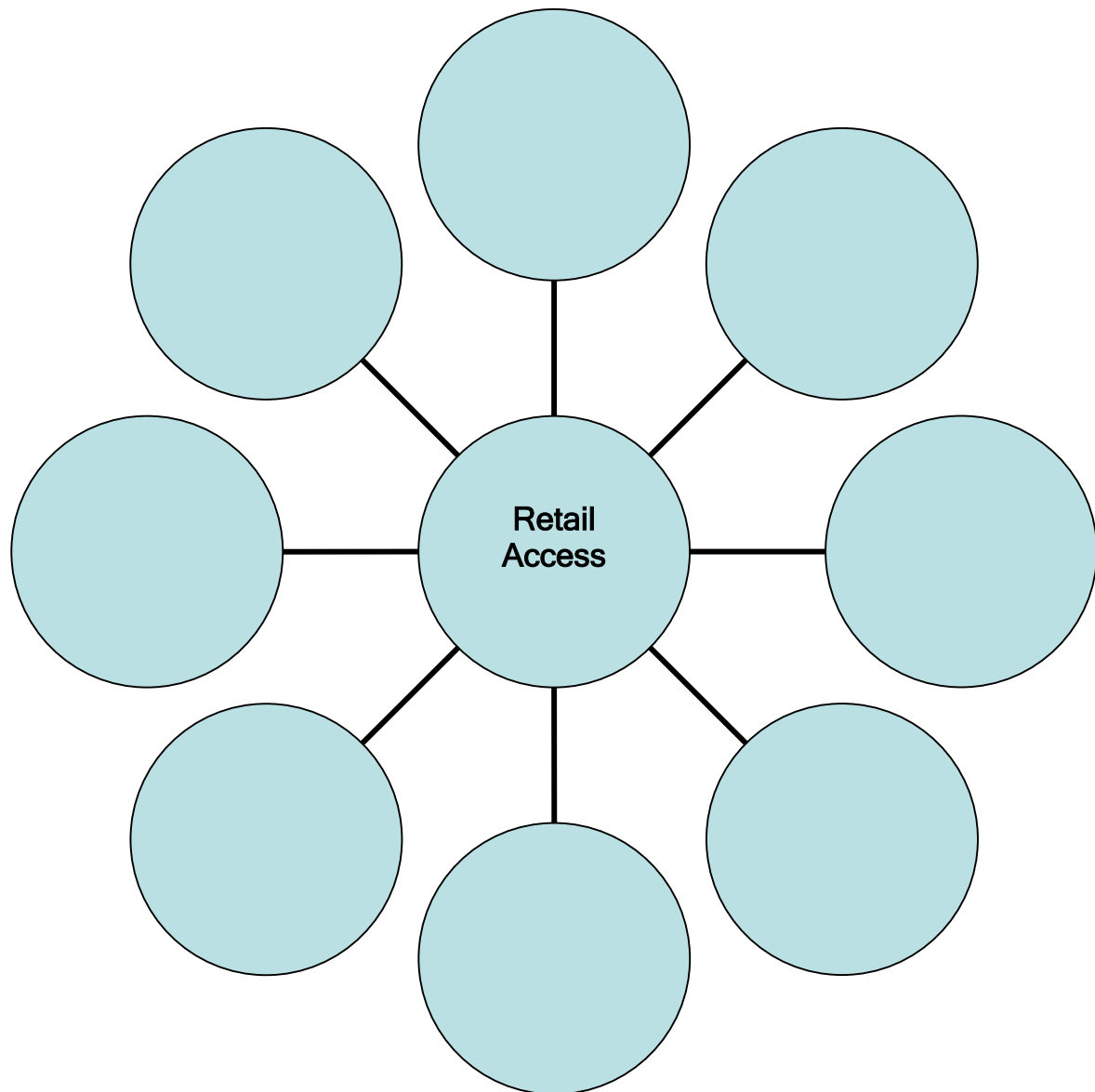
Social Norms
accepting or
encouraging
youth drinking

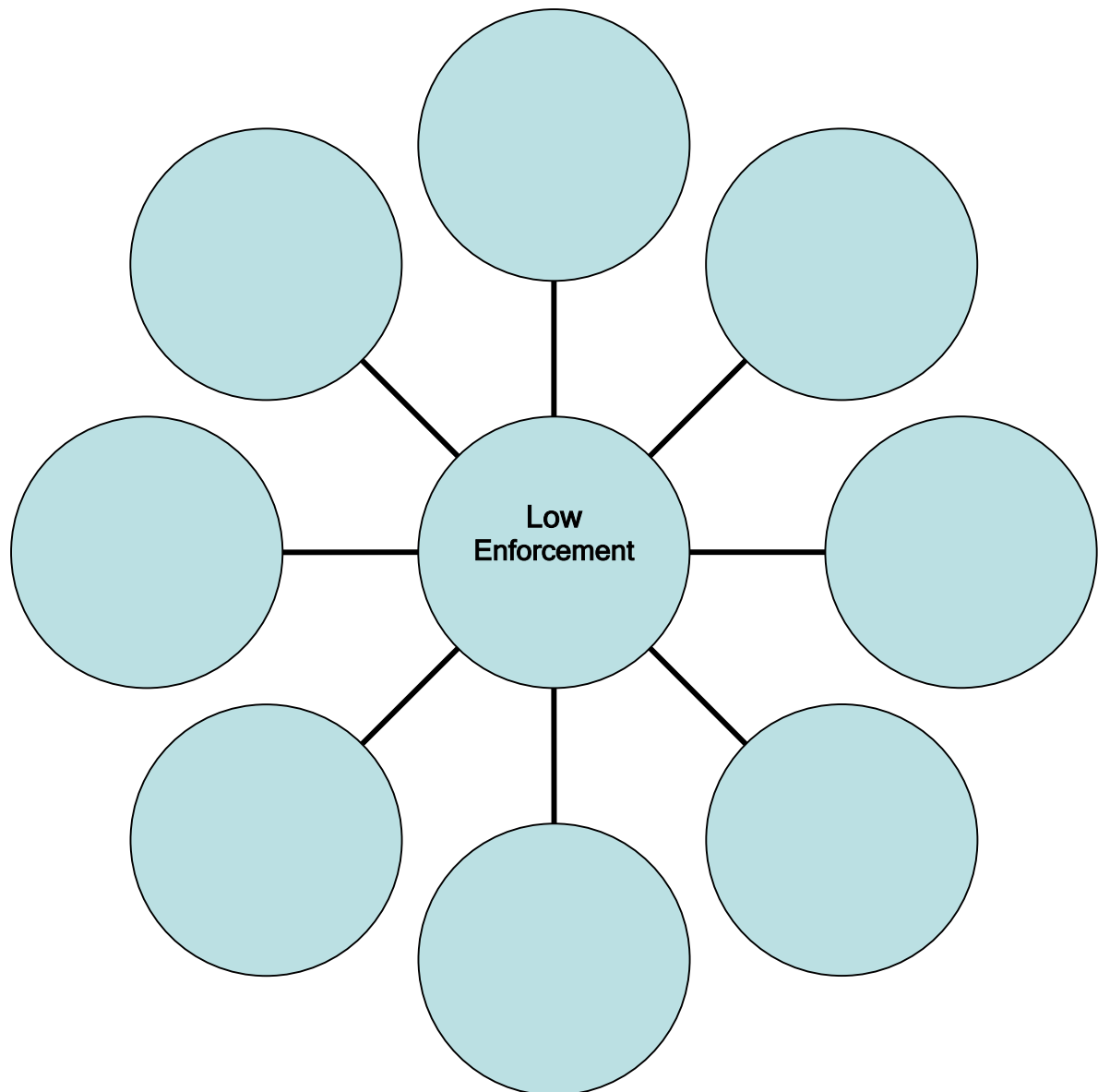
Promotion
of Alcohol
use

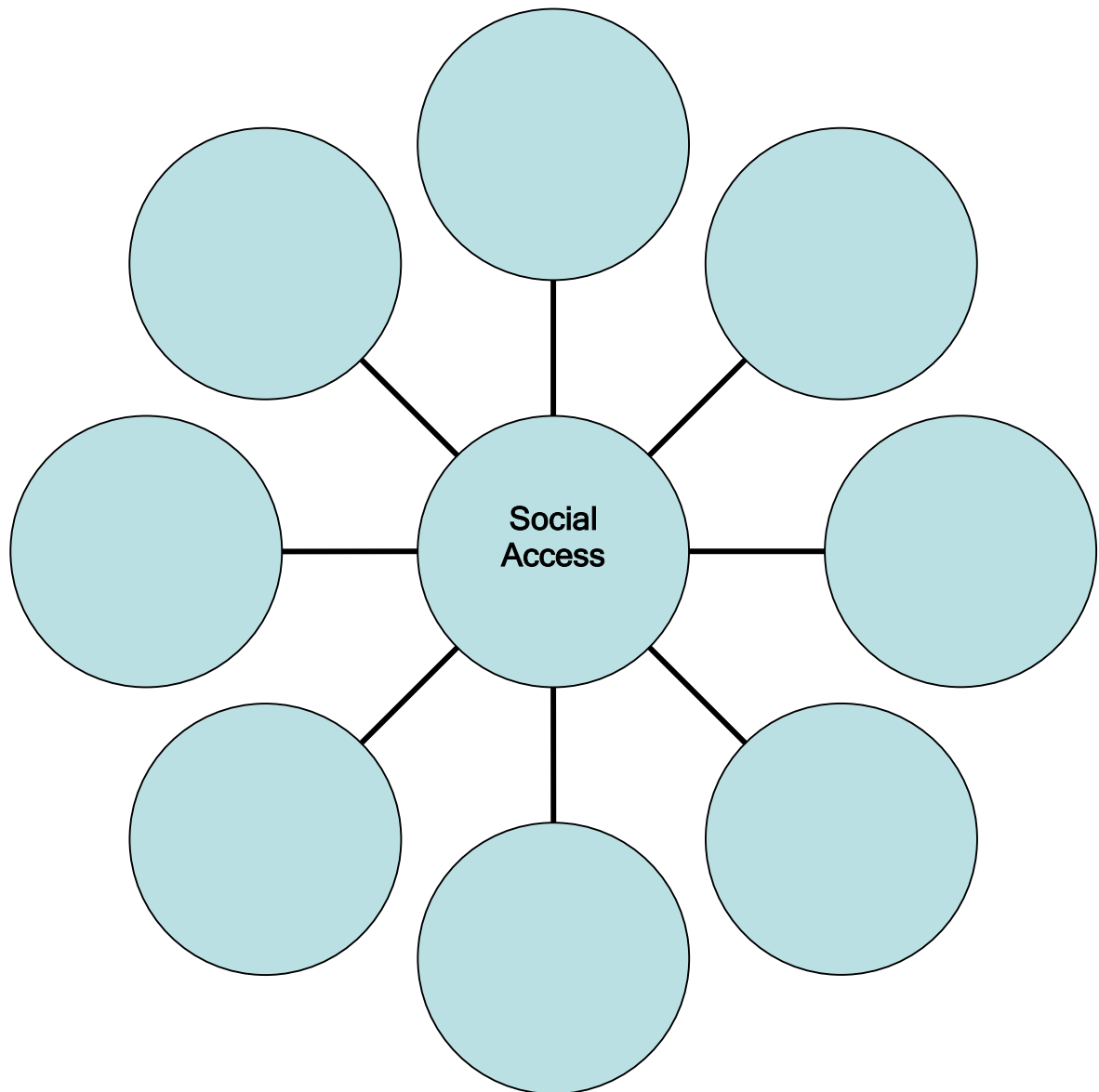
Low or
Discount
Pricing

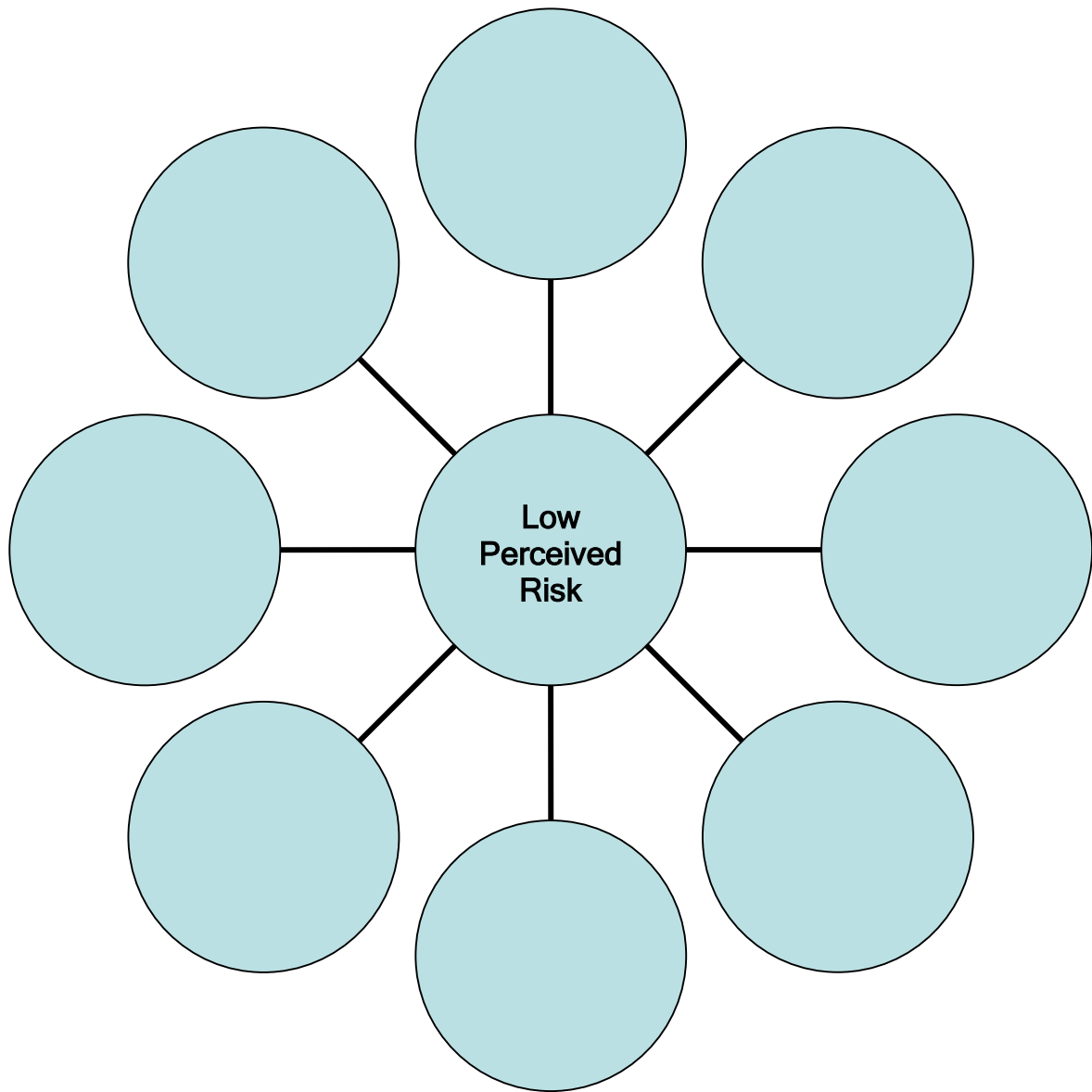
Where is Your System Currently?

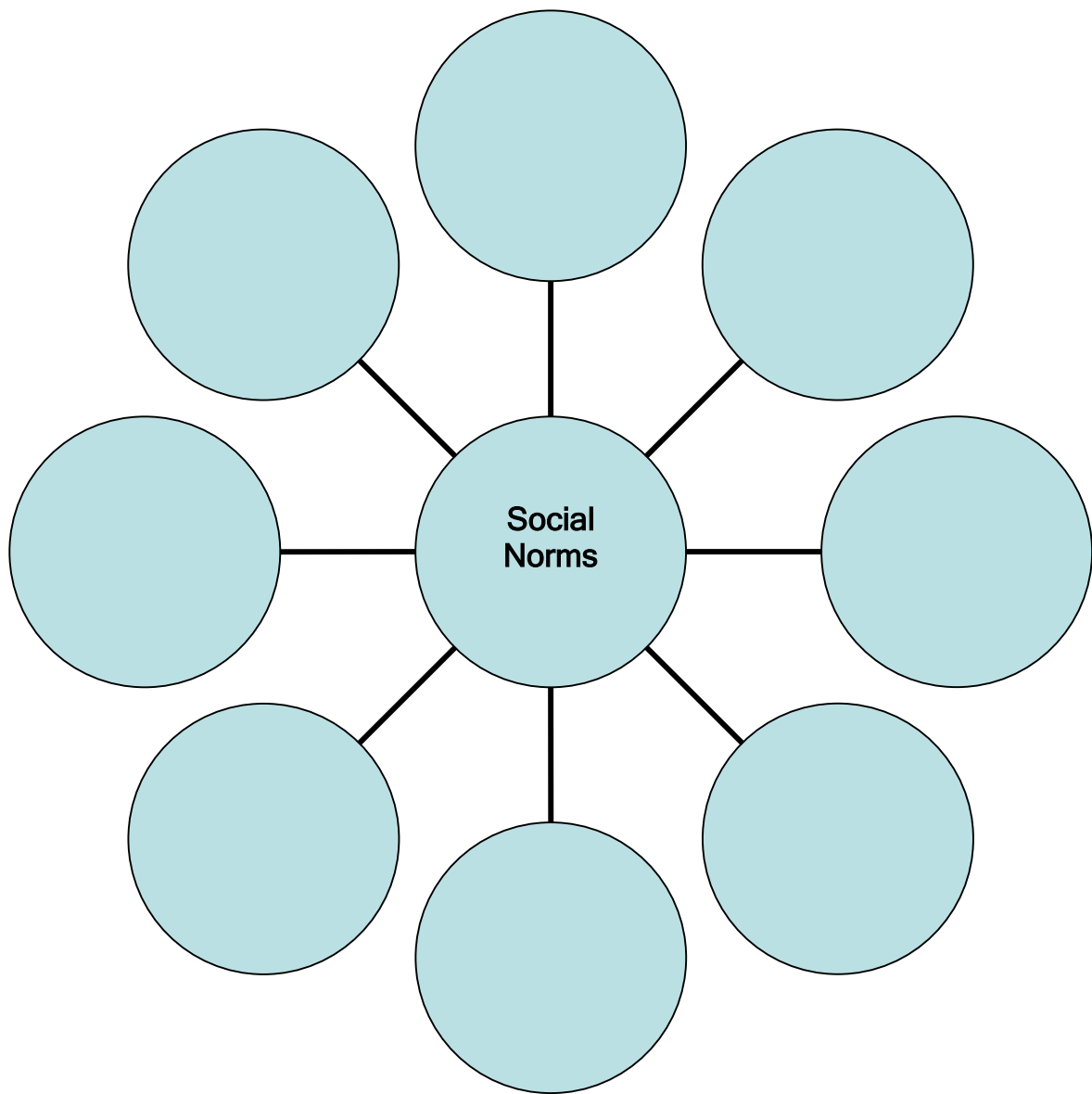
Directions: Use the following charts to help you identify what resources currently exist for each Intervening Variable.

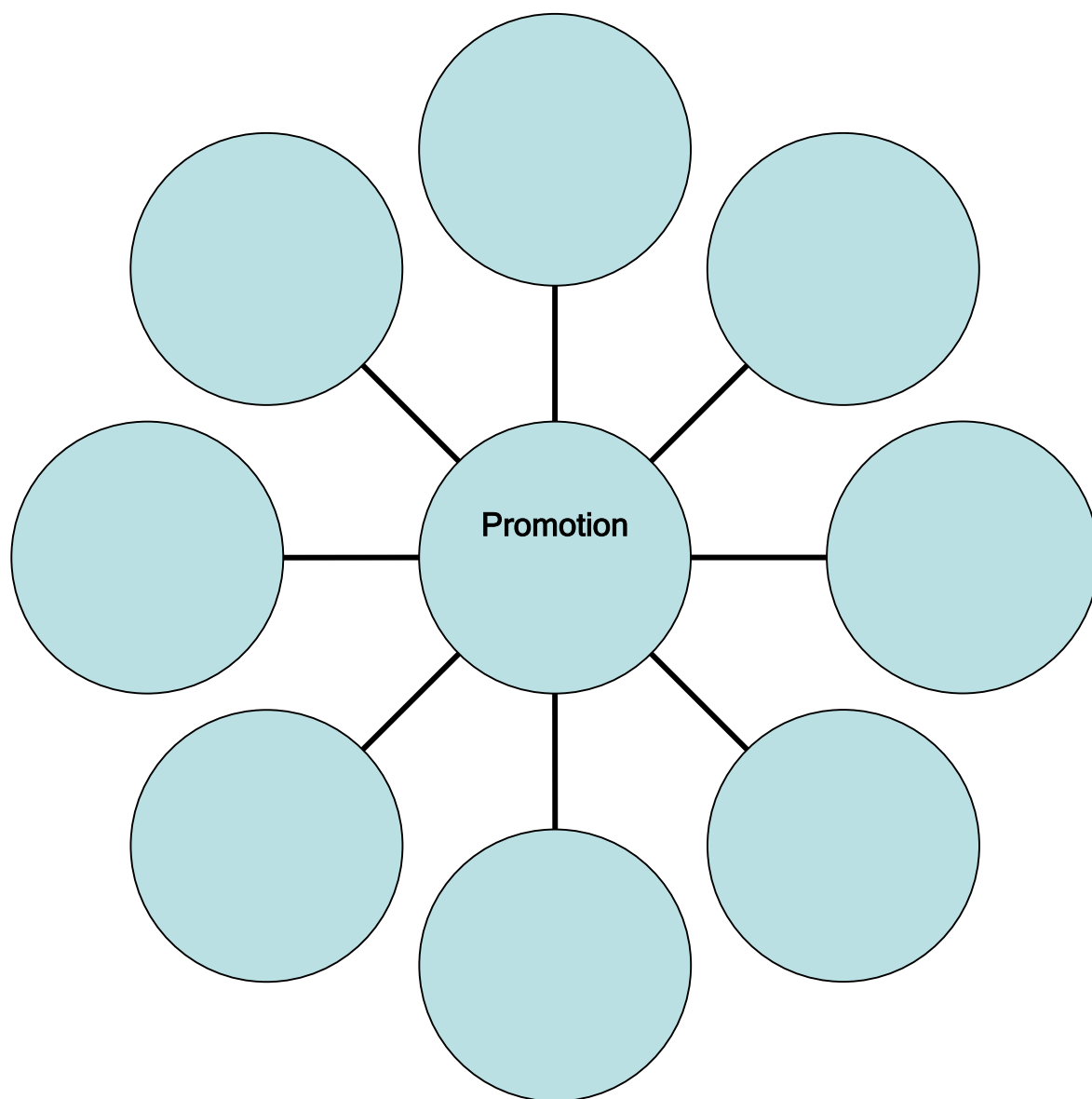


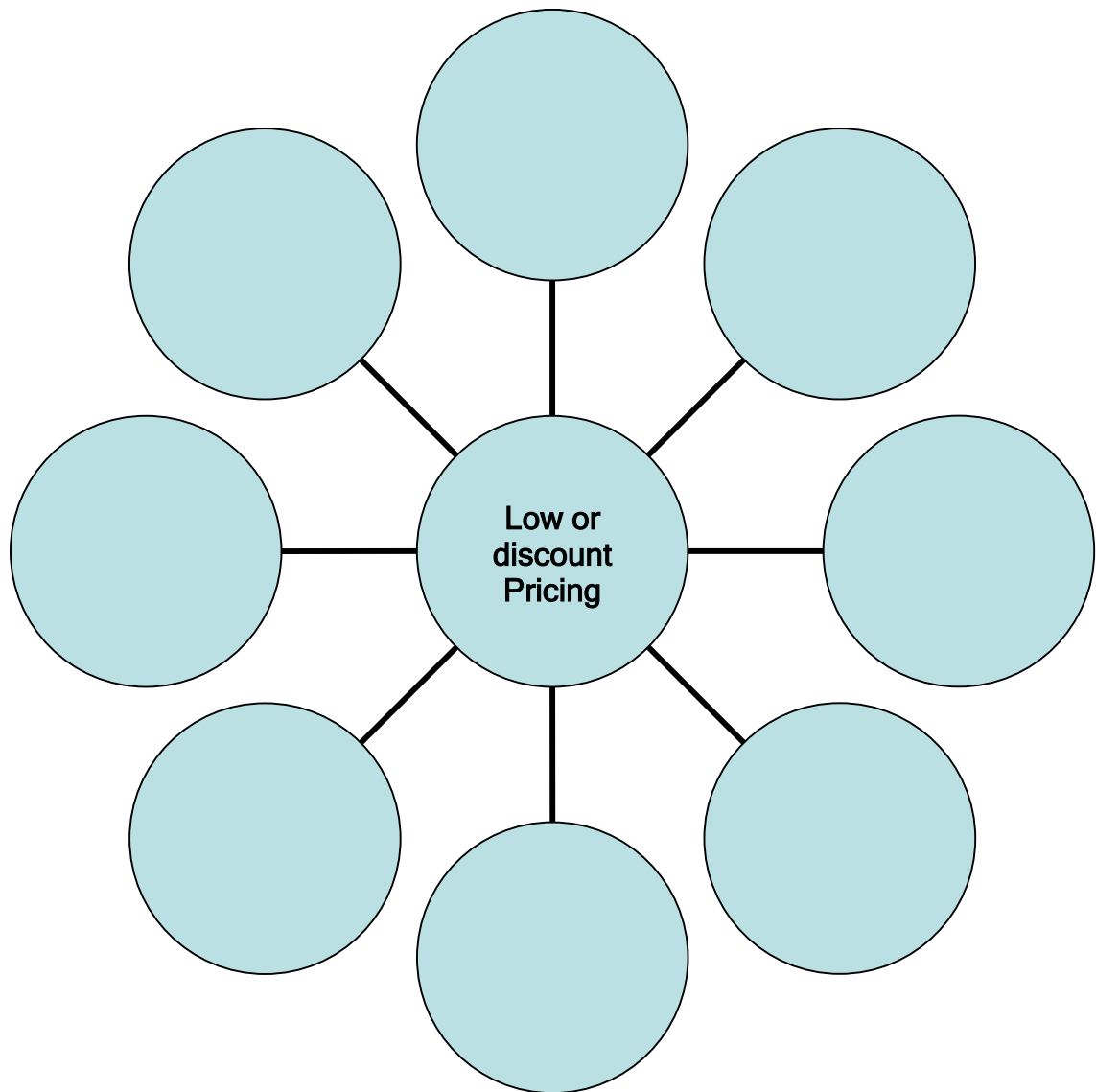












Intervening Variables Community Gaps List

Directions: Use this table to list existing gaps for each Intervening Variable.

Easy RETAIL ACCESS to Alcohol for youth	Low ENFORCEMENT of alcohol laws	Easy SOCIAL ACCESS to Alcohol	Low PERCEIVED RISK of alcohol use	SOCIAL NORMS accepting and/or encouraging youth drinking	PROMOTION of alcohol use (advertising, movies, music, etc)	Low or discount PRICING of alcohol

Community Readiness

Introduction: Community readiness has been identified as one of the first steps that needs to be taken to effectively create change. Often, strategies are implemented in a community who isn't ready for such strategies, leading to failed efforts. By gauging the readiness of the community, capacity can be built to increase readiness and strategies can be identified that fit the community's current stage, and ultimately lead to community buy in and change.

Definition: The capacity of a community to implement programs, policies and other changes that are designed to reduce the likelihood of substance use.

How is Community Readiness Determined?

1. Identify the issue
2. Define the community
3. Conduct key respondent interviews
4. Score interviews to determine level of readiness.
5. Develop strategies based on level of readiness and conduct workshops or trainings.

Community Readiness Assessment

There are several examples of assessments available. Please refer to pages 28-29 to view details of the following instruments.

1. CSAP: *Prevention Platform*
2. Community Partner Institute: *Community Prevention Readiness Index*
3. Tri-Ethnic Center: *Community Readiness Model*
4. Goodman and Wandersman: *Community Key Leader Survey*
5. Minnesota Institute of Public Health: *Community Readiness Survey*

Community Readiness, continued.....

Stages of Readiness Although there are several instruments available to measure community readiness, all of them have common stages. Below are the stages of community readiness identified through the scoring process of the community readiness assessment.

Stage and Name	
1. Community Tolerance/No Knowledge	Substance abuse is generally not recognized by the community or leaders as a problem. "It's just the way things are" is a common attitude. Community norms may encourage or tolerate the behavior in social context. Substance abuse may be attributed to certain age, sex, racial, or class groups.
2. Denial	There is some recognition by at least some members of the community that the behavior is a problem, but little or no recognition that it is a local problem. Attitudes may include "It's not my problem" or "We can't do anything about it."
3. Vague Awareness	There is a general feeling among some in the community that there is a local problem and that something ought to be done, but there is little motivation to do anything. Knowledge about the problem is limited. No identifiable leadership exists, or leadership is not encouraged.
4. Preplanning	There is clear recognition by many that there is a local problem and something needs to be done. There is general information about local problems and some discussion. There may be leaders and a committee to address the problem, but no real planning or clear idea of how to progress.
5. Preparation	The community has begun planning and is focused on practical details. There is general information about local problems and about the pros and cons of prevention programs, but this information may not be based on formally collected data. Leadership is active and energetic. Decisions are being made and resources (time, money, people, etc.) are being sought and allocated.
6. Initiation	Data are collected that justify a prevention program. Decisions may be based on stereotypes rather than data. Action has just begun. Staff is being trained. Leaders are enthusiastic as few problems or limitations have occurred.
7. Institutionalization/Stabilization	Several planned efforts are underway and supported by community decision makers. Programs and activities are seen as stable, and staff is trained and experienced. Few see the need for change or expansion. Evaluation may be limited, although some data are routinely gathered.
8. Confirmation/Expansion	Efforts and activities are in place and community members are participating. Programs have been evaluated and modified. Leaders support expanding funding and program scope. Data are regularly collected and used to drive planning.
9. Professionalization	The community has detailed, sophisticated knowledge of prevalence and risk and protective factors. Universal, selective, and indicated efforts are in place for a variety of focus populations. Staff is well trained and experienced. Effective evaluation is routine and used to modify activities. Community involvement is high.

Strategies to Increase Readiness

Below are suggested strategies to move communities from a lower stage to a higher one. It is important to keep in mind that it is not suggested that communities should try to skip stages. For example, if you find your community is in stage 1, do not try to force it into stage 5. Change must happen through preparation and process, not coercion.

Stage 1: Community Tolerance/No Knowledge

STRATEGIES:

- Small-group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use
- Small-group and one-on-one discussions with community leaders on the health, psychological, and social costs of substance abuse to change perceptions among those most likely to be part of the group that begins development of programs

Stage 2: Denial

STRATEGIES:

- Educational outreach programs to community leaders and community groups interested in sponsoring local programs focusing on the health, psychological, and social costs of substance abuse
- Use of local incidents in one-on-one discussions and educational outreach programs that illustrate harmful consequences of substance abuse

Stage 3: Vague Awareness

STRATEGIES:

- Educational outreach programs on national and State prevalence rates of substance abuse and prevalence rates in communities with similar characteristics, including use of local incidents that illustrate harmful consequences of substance abuse
- Local media campaigns that emphasize consequences of substance abuse

Stage 4: Preplanning

STRATEGIES:

- Educational outreach programs to community leaders and sponsorship groups that communicate the prevalence rates and correlates or causes of substance abuse
- Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles
- Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming

Stage 5: Preparation

STRATEGIES:

- Educational outreach programs open to the general public on specific types of prevention programs, their goals, and how they can be implemented
- Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements, and other startup aspects of programming
- A local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse

Stage 6: Initiation

Strategies:

- In-service educational training for program staff (paid and volunteer) on the consequences, correlates, and causes of substance abuse and the nature of the problem in the local community
- Publicity efforts associated with the kickoff of the program
- A special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities

Stage 7: Institutionalization/Stabilization

Strategies:

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Local publicity efforts associated with review meetings and recognition events

Stage 8: Confirmation/Expansion

Strategies:

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies
- Periodic review meetings and special recognition events for local supporters of the prevention program
- Presentation of results of research and evaluation activities of the prevention program to the public through local media and public meetings

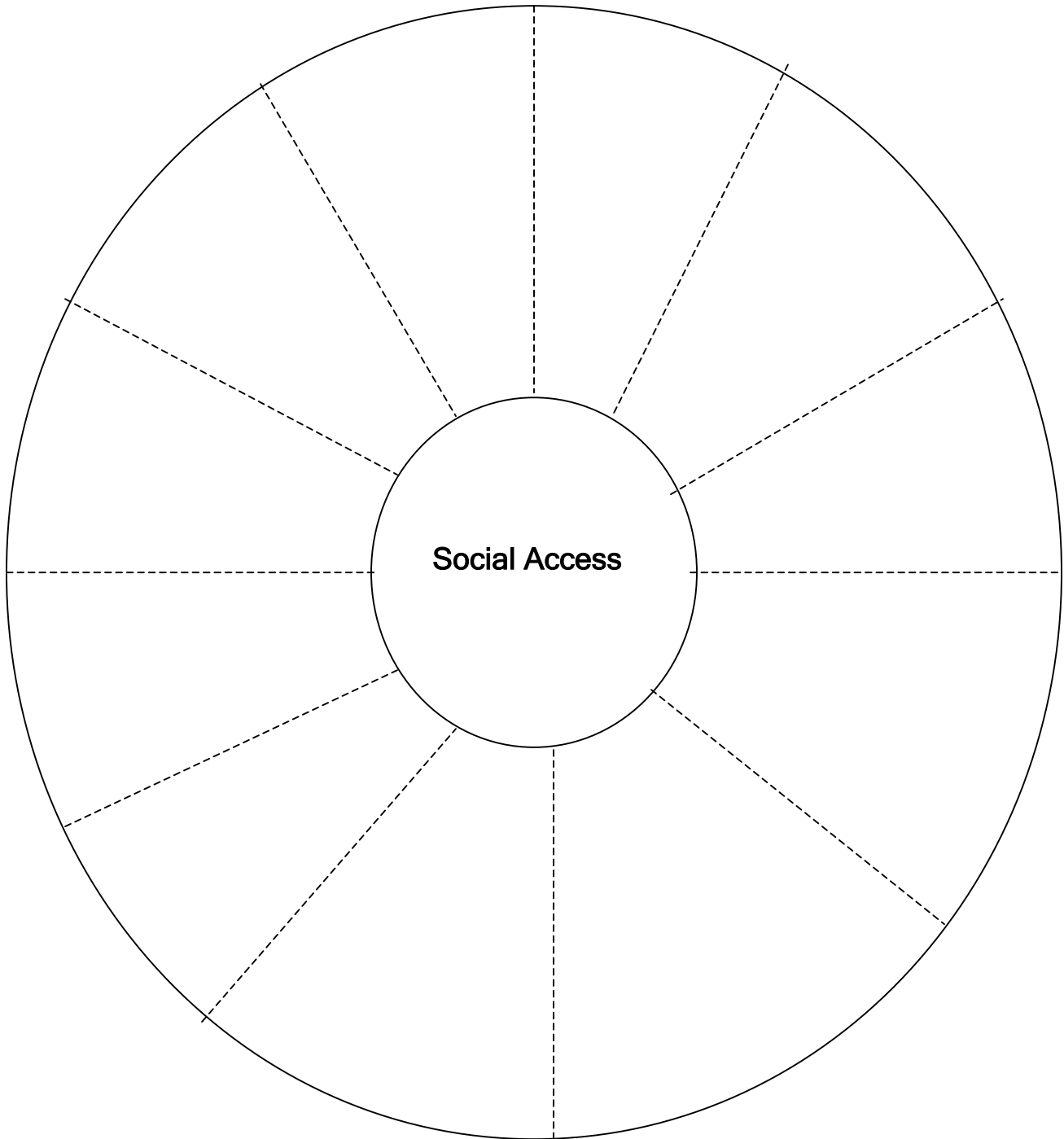
Stage 9: Professionalization

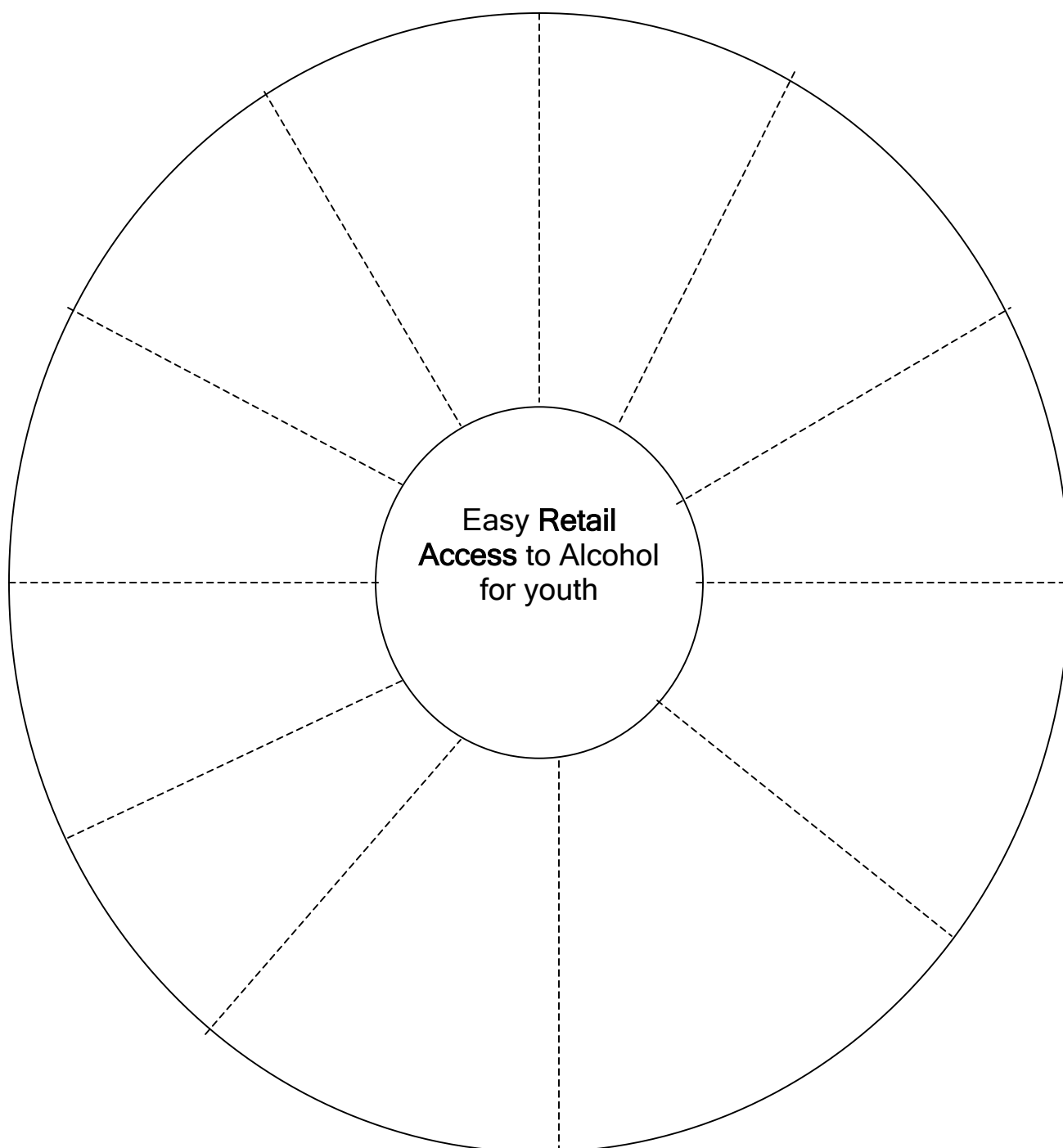
Strategies:

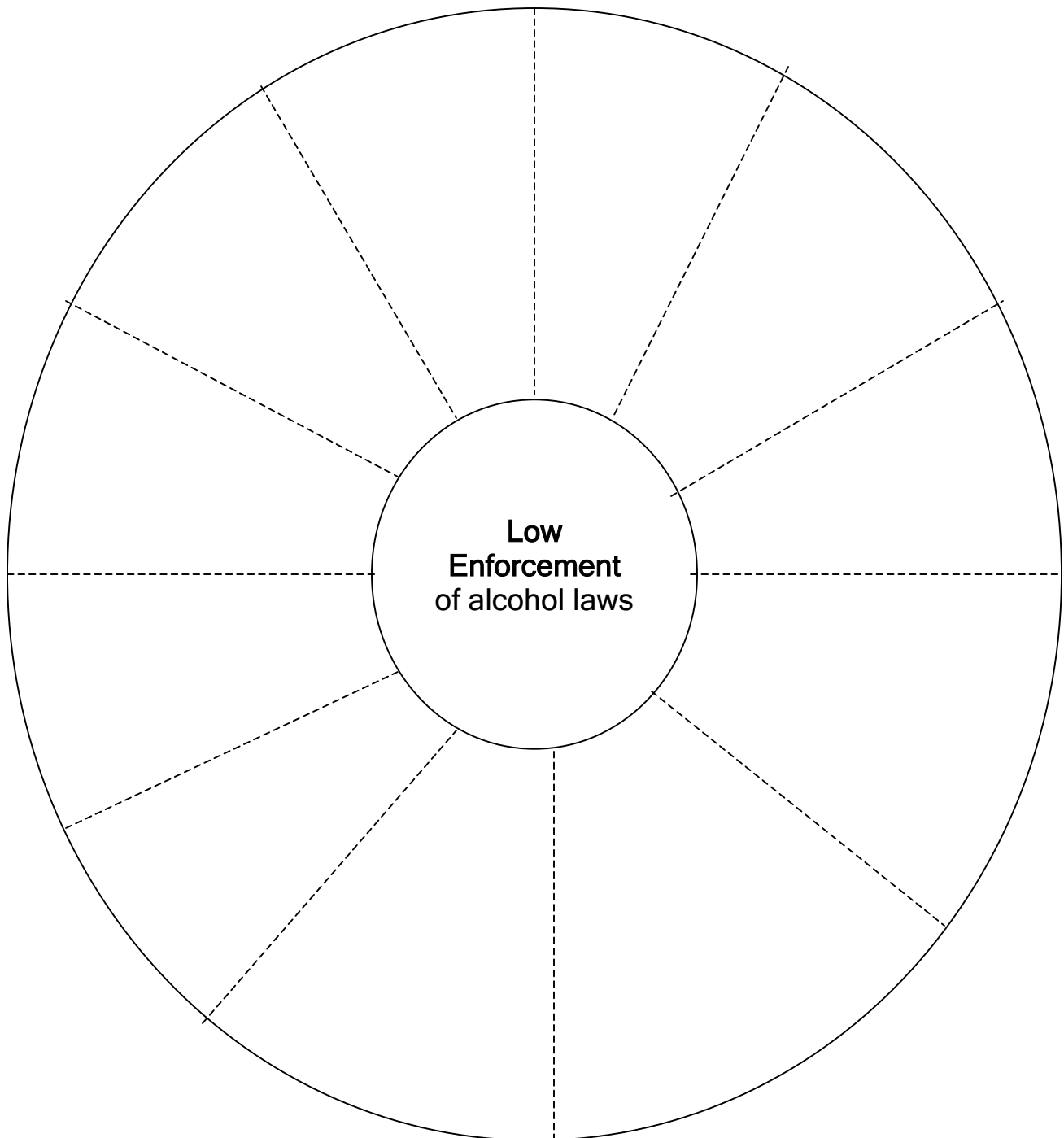
- Continued in-service training of staff
- Continued assessment of new drug-related problems and reassessment of targeted groups within community
- Continued evaluation of program effort
- Continued update on program activities and results provided to community leaders and local sponsorship groups, and periodic stories through local media and public meetings

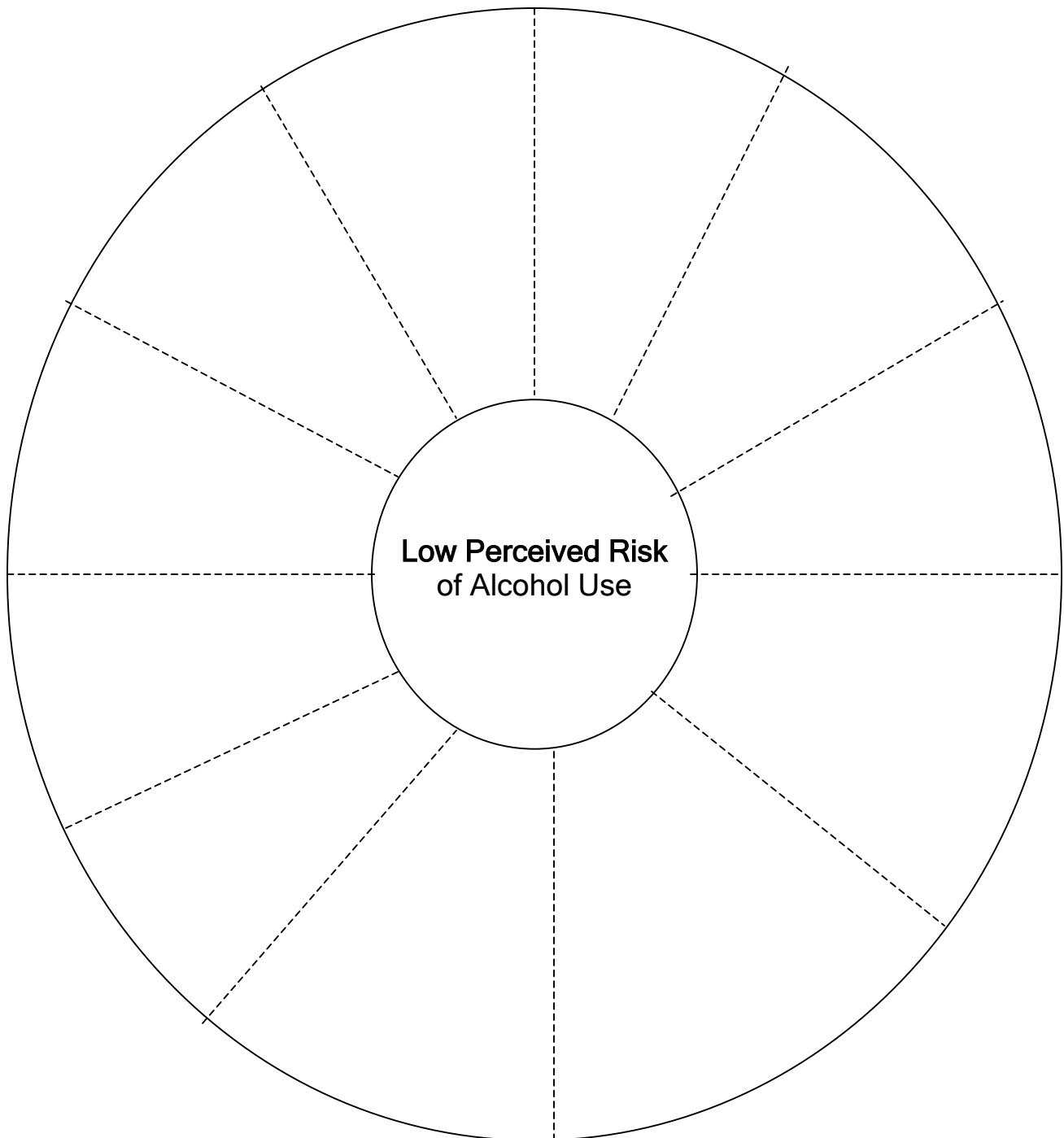
National Institute on Drug Abuse. (1997). *Community readiness for drug abuse prevention: Issues, tips and tools*. Rockville, MD: National Institute on Drug Abuse.

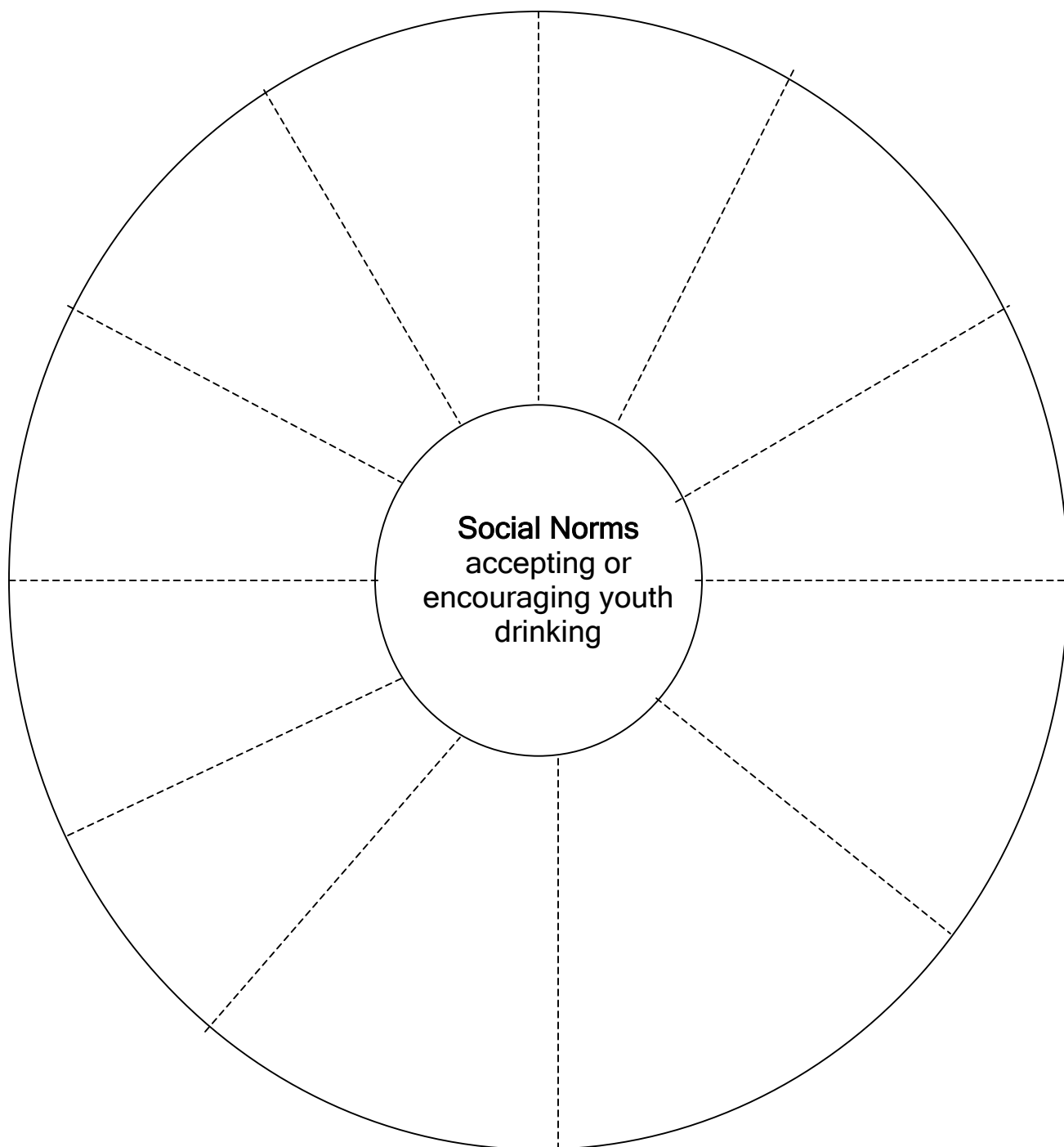
Directions: For each Intervening Variable, identify everyone involved in making an impact on that variable, both positive impacts and negative impacts.

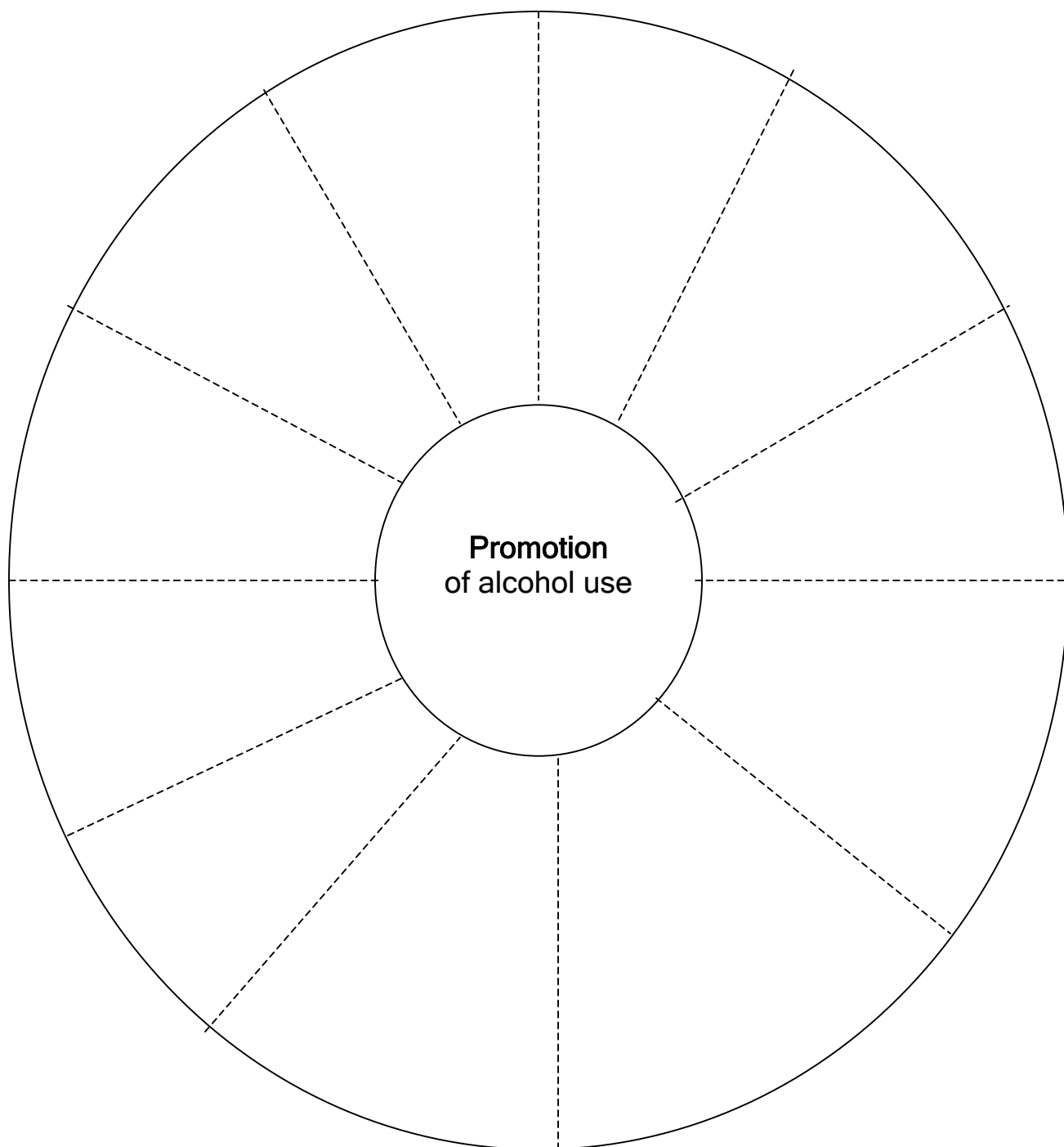


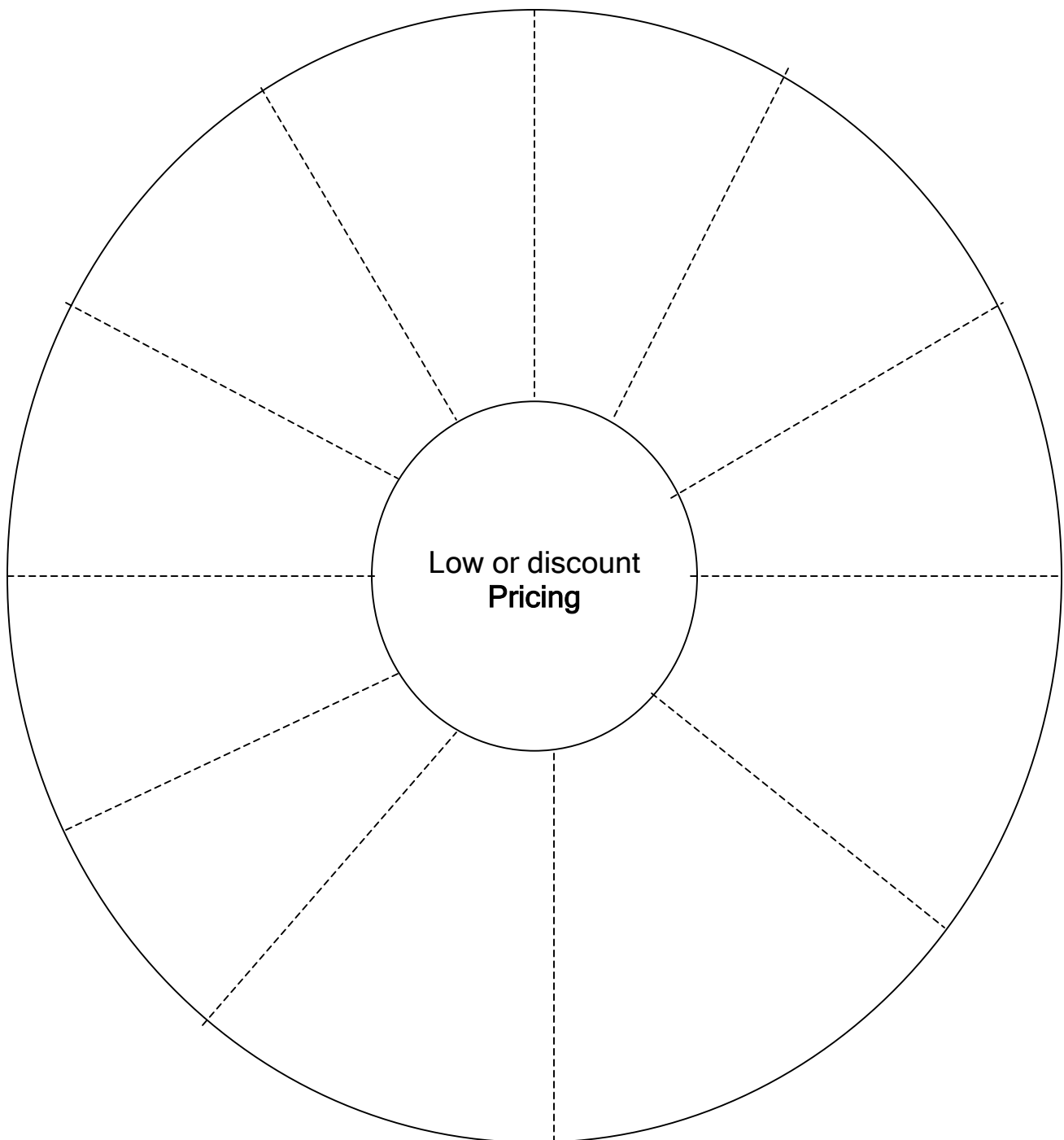












Intervening Variables: Addressing Gaps

Directions: Use this table to record possible strategies for missing key stakeholders. For Example: if retailers are needed under retail access, but are currently not involved in efforts, what could be some strategies for getting them their?

Easy RETAIL ACCESS to Alcohol for youth	Low ENFORCEMENT of alcohol laws	Easy SOCIAL ACCESS to Alcohol	Low PERCEIVED RISK of alcohol use	SOCIAL NORMS accepting and/or encouraging youth drinking	PROMOTION of alcohol use (advertising, movies, music, etc)	Low or discount PRICING of alcohol

Resources

Below is information about community readiness assessment tools available.

Tool	Dimensions covered	Where is data collected?	Instrument Considerations
CSAP <i>Prevention Platform</i> http://preventionplatform.samhsa.gov	Based on Strategic Prevention Framework: <ul style="list-style-type: none"> Assessment Capacity Planning Implementation Evaluation 	<ul style="list-style-type: none"> Coalitions Leadership Organizations (No minimum or maximum # indicated) 	<ul style="list-style-type: none"> Prevention Platform is under constant reconstruction Survey seems to be geared to an organization opposed to a community Verbiage would need to be adapted if given to a non-Preventionists # of Questions: 50 Implementation training: no
Community Partner Institute <i>Community Prevention Readiness Index</i> http://p2001.health.org/Cti01/suhopm4e.htm	<ul style="list-style-type: none"> Conceptual Clarity Policy Development Strategic Planning Networking Evaluation State/Local Collaboration Technical Assistance Funding Commitment Program Models Data Leadership Educational Support 	<ul style="list-style-type: none"> Individuals in the community Coalitions Leadership Organizations (No minimum or maximum # indicated) 	<ul style="list-style-type: none"> Questions may need to be added under each dimension Sample "Questions to Enrich Consideration" of dimensions available. Questions can be adapted for representatives from all areas of the community. Tabulation of scoring appears to be relatively easy You can get an overall picture from survey as well as by dimension. # of Questions: 12 (More can be added) Implementation Training: no
Tri-Ethnic Center <i>Community Readiness Model</i> http://triethniccenter.colorado.state.edu/index.cfm	<ul style="list-style-type: none"> Existing Prevention Efforts Community Knowledge of Prevention Efforts Leadership Community Climate Knowledge About the Problem Resources for Prevention 	<ul style="list-style-type: none"> Identify four to six individuals in community who are connected to the issue. Try to find people who represent different segments of community. 	<ul style="list-style-type: none"> Issue specific-In the initial phases of the SPF SIG implementation, will an issue be identified? May have difficulties at county level b/c community needs to be well defined Time: 6 interviews-1 hour Scoring-aprox.30 hours 3 people needed for entire process You can get an overall picture from survey as well as by dimension # of Questions: 35 Implementation Training: Available

Resources

Community readiness assessment tools, continued....

Tool	Dimensions covered	Where is data collected?	Instrument Considerations
Goodman and Wandersman <i>Community Key Leader Survey</i> http://www.secapt.org/fl ash/science1.html	<ul style="list-style-type: none"> ▪ Awareness ▪ Concern ▪ Action across community levels 	<ul style="list-style-type: none"> ▪ “Key Leaders” (No minimum or maximum # indicated) 	<ul style="list-style-type: none"> ▪ Key leaders are the only source data is collected from, may not give an accurate picture of community readiness ▪ Questions are asked about leader’s organization and personal opinion
Minnesota Institute of Public Health <i>Community Readiness Survey</i> www.miph.org	<ul style="list-style-type: none"> ▪ Perception of ATOD Problem within the community ▪ Permissiveness of attitudes Toward ATOD use ▪ Support for ATOD Policy and Prevention ▪ Adolescent Access to Alcohol and Tobacco ▪ Perception of Community Commitment 	Scientific random sample of 600 adults in community	<ul style="list-style-type: none"> ▪ Costs \$4,900: covers all survey components from start to finish ▪ 4-6 weeks to complete ▪ Survey is meant to be implemented at community level; county level implementation must meet certain prescribed criteria.
			# of Questions: 48 Implementation Training: no
			# of Questions: 52 Must be implemented through the Minnesota Institute of Public Health

Other Sources of Information about Community Readiness:

Identifying Community Resources & Assessing Community Readiness

<http://www.dmhas.state.ct.us/sig/commresources/default.htm>

Community Readiness: A Tool for Effective Community-Based Prevention

http://www.tpronline.org/community_readiness: a too

Community Readiness: A Promising Model for Community Healing

<http://64.233.167.104/search?q=cache:R9H6MzN1STYJ:ccan.ouhsc.edu/Comm-Readiness.pdf+community+readiness&hl=en>

*The Community Prevention Readiness Index**

An Opinion Survey

Express your opinion by selecting a number from the scale for each of the questions:

1	2	3	4	5	6	7	8	9	10
—	—	—	—	—	—	—	—	—	—
VERY WEAK									VERY STRONG

Areas of Inquiry

1. **Conceptual Clarity**-Is there a clear and generally shared idea of what is meant by prevention?
2. **Policy Development**-Have clear policies supporting prevention been enacted by various policy groups?
3. **Strategic Planning**-Is there a coordinated strategic planning effort for prevention in place?
4. **Networking**-Are organizations consciously pursuing a collaborative approach to prevention?
5. **Evaluation**-Is there a coordinated effort to evaluate the results of existing prevention efforts and to share the findings?
6. **State/Local Collaboration**-Are there specific channels through which State-level resources support local prevention efforts?
7. **Technical Assistance**-Is there an organized technical assistance resource available to support local prevention efforts?
8. **Funding Commitment**-Is there a commitment to the funding of prevention efforts?
9. **Program Models**-Are there clear prevention efforts to which people can point as useful models?
10. **Data**-Is there an available, consistent database that is being used for prevention planning?
11. **Leadership**-Are there identifiable advocates of prevention in the community who are recognized as prevention leaders?
12. **Educational support**-Do the educational institutions which train the helping professionals of the community and provide continuing education for them have a demonstrated commitment to prevention?

The results of this index can give those interested in strategic planning for prevention useful information with which they can start to build a clear understanding of conditions related to the consequence.

Directions This table can be used to tabulate scores from the Prevention Readiness Index.

Sample Community Readiness Profile

Average of Ratings

	1	2	3	4	5	6	7	8	9	10
1. Conceptual Clarity										
2. Policy Development										
3. Strategic Planning										
4. Networking										
5. Evaluation										
6. State/Local Collab.										
7. Technical Assistance										
8. Funding Commitment										
9. Program Models										
10. Data										
11. Leadership										
12. Education Support										