Strategic Prevention Framework

Planning Training

Developing a Data Driven Strategic Plan
Acknowledgments

The New Mexico Strategic Prevention Framework Planning Training was designed and developed by Paula Feathers (prifeathers@yahoo.com) of the Center for Substance Abuse Prevention's Southwest Center for Applied Prevention Technologies in collaboration with Michael Coop (michaelcoop@newmexico.com) of Coop Consulting who also serves as New Mexico's Strategic Prevention Framework Coordinator and State Epidemiology Workgroup Coordinator.

The following individuals and organizations contributed to the development of this training:

Jeanette Will (The Life Link), New Mexico Office of Substance Abuse Prevention (Directed by Don Maestas), Ann DelVecchio (Alpha Assessment Associates), Southwest Center for Applied Prevention Technologies, Jim Roeber (NM Substance Abuse Epidemiology Unit), Dan Green (NM Substance Abuse Epidemiology Unit), and Rosalyn Fry.

The training was originally developed for the Strategic Prevention Framework State Incentive Grant in January of 2006. This version was revised February 2007.

PowerPoint and participant manuals can be found at:

http://captus.samhsa.gov/southwest/SWCAPTNew.cfm

Listed as: "Planning Training-Block Grant"

*Agenda

Welcome, Introductions, and House Keeping	9:00
Group Work Agreement	9:10
Review Objectives	9:20
Review Strategic Prevention Framework, Assessment and Capacity phases	9:30-10:30
Prioritizing Intervening Variables	10:30-11:30
Lunch (On Your Own)	12:00-1:00
Planning Process (Developing Goals, Objectives, strategy selection and benchmarks)	1:00-4:15
Closure	4:15-4:25
Training evaluation	4:25

*Times are approximate

Developing a Data Driven Strategic Plan
Table of Contents

Developing a Data Driven Strategic Plan
Course Overview

Course description

This workshop is designed to provide participants with descriptions and information needed to develop a data driven Strategic Plan after the completion of a community assessment, including readiness and resources. By the end of the workshop, participants will be able to produce a Strategic Plan that is data-driven and that identifies evidence-based strategies that address contributing factors identified in the local needs assessment.

Course objectives

By the end of this workshop, participants will be able to:

1. Prioritize Intervening Variables according to severity and existing capacity.

2. Develop goals for each Intervening Variable the community will address.

3. Explain how to select evidence-based strategies for each contributing factor.

4. Consider cultural competence and sustainability throughout the strategic planning process.

5. Explain what strategy benchmarks are.

6. Develop measurable objectives for each contributing factor.

7. Identify a process to review progress towards benchmarks and action steps included in the strategic plan.

SPF Process Step 3: Planning

Develop a Comprehensive Strategic Plan

Communities must develop a strategic plan that articulates not only a vision for the prevention activities, but also strategies for organizing and implementing prevention efforts. The strategic plan must be based on the reduction of the data identified substance abuse related problem/consequence. Goal statements for each prioritized Intervening Variable will be developed followed by objectives for each contributing factor of that Intervening Variable. Developing benchmarks will assist in setting measurable performance measures which progress will be monitored. Plans must be adjusted as the result of ongoing assessment and monitoring activities. The issue of sustainability should be constant throughout each step of planning and implementation and should lead to the creation of a long-term strategy to sustain policies, programs, and practices.

- By clearly documenting your program's strategies for achieving outcomes, the completed Strategic Plan will be a useful accountability and management tool.

- Programs are required to ensure that their Strategic Plans are actively monitored and regularly reviewed.

- For Office of Substance Abuse Prevention Grant recipients, strategic plans will be submitted for review and approval by program managers.

Two key points to remember:

1) The planning process is at least as important as the planning document itself.

2) The planning process is never "done" -- the planning process is a continuous cycles that's part of the management process itself.

Notes:

Strategic Prevention Framework Goals

- **Prevent** the onset and reduce the progression of substance abuse.
- **Reduce** substance abuse related problems
- **Build** capacity and infrastructure
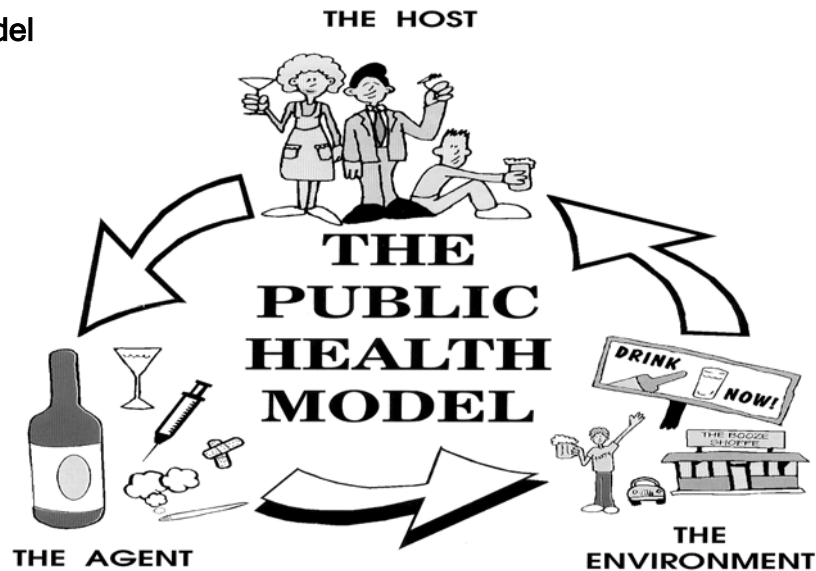- **Infuse** data across all planning steps

Notes:

Key Principles of the SPF

- Core Values:
  - Cultural Competency
  - Sustainability

- Public health model

- Outcomes-based prevention

Notes:

Public Health Model

Definitions

PUBLIC HEALTH: The science and practice of protecting and improving the health of a community, as by preventive medicine, health education, control of communicable diseases, application of sanitary measures, and monitoring of environmental hazards.
Source: (http://www.answers.com/topic/public-health)

EPIDEMIOLOGIC TRIAD: The traditional model of infectious disease causation, which has three components: an external agent, a susceptible host agent, and an environment that brings the host and agent together so that disease occurs.

HOST: A person or other living organism that is susceptible to an infectious agent under natural conditions.

AGENT: A factor that is essential for a disease. Examples of agents include microorganisms, chemical substances, forms of radiation, and, in the case of injury, physical force. Agents can cause a health problem by either by being introduced, being present in excess, or being present at deficient levels.

ENVIRONMENT: An extrinsic factor, such as geology, climate, insects, sanitation, or health services, that affects an agent and the opportunity for exposure.

Source: University of Minnesota: Epidemiology Terminology:
http://www.umncphp.umn.edu/Surveillance/epief.htm

Consequence Logic Model

Substance-Related Consequences	Substance Use	Intervening Variables	Strategies (Examples)

The way in which people drink, smoke and use drugs is linked to particular substance related consequences
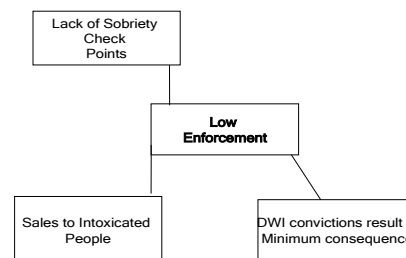
Links factors that influence substance use patterns to substance related consequences

Programs, practices or policies that address factors strongly related to and influencing the occurrence and magnitude of substance use and related risk behaviors and their consequences

Social, economic, and health problems associated with the use of alcohol, tobacco, and illicit drugs.

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.
Contributing Factors:	The specific issues in a community that comprise an Intervening Variable. They are identified through focus groups, surveys, observation, and other data gathering processes and are the key link to the identification of programs policies and practices prevention programs will address.
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.

Lack of Sobriety Check Points

Low Enforcement

Sales to Intoxicated People

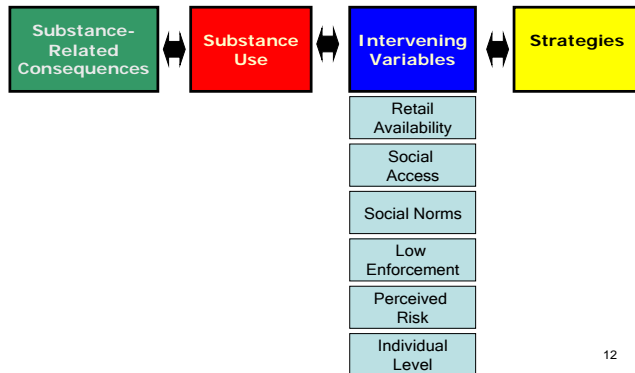DWI convictions result in Minimum consequence

Assessment

- Identified substance abuse related consequence(s) based on data.
- Identified substance uses that are linked to the consequence(s).
- Identified intervening variables that have been linked to substance use.
- Identified contributing factors based on data that create the intervening variable in your community.

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Notes:

SPF Community Logic Model
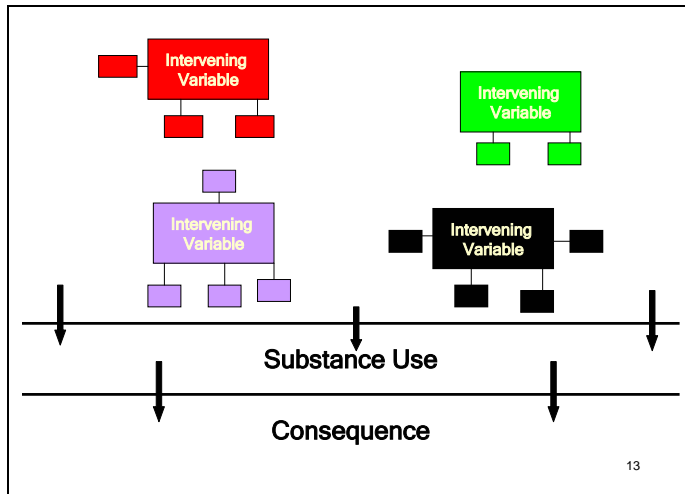
Substance-Related Consequences	Substance Use	Intervening Variables	Strategies

Intervening Variables:
- Retail Availability
- Social Access
- Social Norms
- Low Enforcement
- Perceived Risk
- Individual Level

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Notes:

Intervening Variable

Intervening Variable

Intervening Variable

Intervening Variable

Substance Use

Consequence

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Notes:

Capacity Check In

In your communities, answer the following questions:

1. What good things have you learned about your community as a result of your capacity efforts?

2. What has been challenging?

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Notes:

Community Activity Directions:

1. For each of your Intervening Variables, list all contributing factors your data has identified.

2. Record your answers on flipchart paper.

Intervening Variables Review

Example:

| No ID checks | 18 to enter 21 to drink |

Easy Retail Access

| Open 7 days A week | 24 hour Sale in convenience stores |

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Strategic Planning and the SPF

•Our Logic Model and process is <u>data driven</u>.

•Capacity is built around Intervening Variable contributing factors identified in assessment.

•The Strategic Plan will take everything we have learned from our data and turn that into a prevention implementation guide.

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Notes:

Strategic Planning

• Strategic Planning involves the development of a strategic plan that includes programs, practices, and policies that create a logical, data driven plan to address the contributing factors identified during assessment.

• Strategic planning includes: developing goals, objectives, strategies, and benchmarks.

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Notes:

Strategic Planning

Other considerations:

•Community Readiness

•Cultural Competence

•Sustainability

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Notes:

Introduction: This training suggests developing your community's strategic plan by using a 5 step process. Steps 1 and 2 must occur sequentially, but steps 3-5 may occur interchangeably. For example, you may not be sure of your objective without knowing the strategy you will use. For the purposes of this training, they will be discussed in a linear order.

Strategic Planning Process

1. Prioritize Intervening Variables.

2. Develop goal statements for Intervening Variables.

3. Develop objectives for each contributing factor.

4. Select strategies for each contributing factor.

5. Identify benchmarks for each selected strategy.

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Notes:

Step 1: Prioritizing Intervening Variables

• Before the strategic plan can be developed, Intervening Variables must be prioritized.

• Prioritization will be based on:
  – Severity
  – Capacity
  – Community Readiness

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Notes:

Prioritizing Intervening Variables	Notes:
4 questions to answer to determine <u>severity</u>: 1. How do you weigh your data? 2. How will you judge how good your sources are? 3. How will you balance your findings from quantitative data vs. qualitative data? 4. How will you address polarized findings? Source: Ann Del Vecchio, Ph.D 23	

Term	Definition
"Weighing your data"	Judging how "good" your data is. Judging would include where you got it and how good you think the source and method are. Source: Ann Del Vecchio, PhD (Alpha Assessment Associates)
Qualitative Data	Information that is difficult to measure, count, or express in numerical terms. For example, how safe a resident feels in his or her apartment is qualitative data. Source: Bureau of Justice Assistance. Center for Program Evaluation. http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary_t.htm
Quantitative Data	Information that can be expressed in numerical terms, counted, or compared on a scale. FOR EXAMPLE, the number of 911 calls received in a month. Source: Bureau of Justice Assistance. Center for Program Evaluation. http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary_t.htm
"Rule of 3" (triangulation)	The combination of methodologies in the study of the same phenomenon or construct; a method of establishing the accuracy of information by comparing three or more types of independent points of view on data sources (for example, interviews, observation, and documentation; different times) bearing on the same findings. Source: Bureau of Justice Assistance. Center for Program Evaluation. http://www.ojp.usdoj.gov/BJA/evaluation/glossary/glossary_t.htm
Polarized Findings	Data that contradicts each other. For example, one data source may identify stores as a source youth obtain alcohol from and another source says they do not obtain it from stores.

Prioritizing Intervening Variables

Severity:

• Which Intervening Variable/contributing factors have the greatest community impact on the selected consequence?

• *According to research the following Intervening Variables will have the most impact on alcohol related issues:
  1. Enforcement
  2. Perceived Risk of Getting Caught
  3. Retail Access/Retail Availability

*Holder, H. (Nov. 2006). Effective alcohol policy and the prevention of drinking and driving in our communities: what science & practice tell us. PowerPoint presentation/workshop.

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Notes:

Prioritizing Intervening Variables

Community Readiness:

•What is the readiness of your community? Does ground work need to be laid?

•Political will: Does work need to be done in the political arena before a strategy can be implemented?

•Initiatives that can experience quick success may be needed first to assist with community mobilization.

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Notes:

Prioritizing Intervening Variables

Capacity:

• Based on your capacity assessment, which Intervening Variables have enough capacity to begin implementing strategies?

• If there is a severe need, but a lack of capacity, capacity needs to be built before efforts begin.

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Notes:

Group Activity: Prioritizing Intervening Variables

Directions: 1. Based on the assessment data you have for each Intervening Variable, prioritize them based on :
  - Severity
  - Capacity
  - Community readiness

2. Record your response on flip chart paper.

3. Group discussion.

Example:
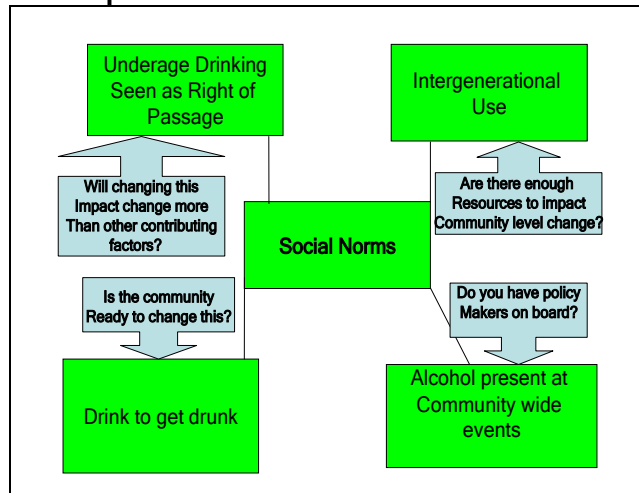
Notes:

Step 2: Developing Goals for Each Intervening Variable

Goals:

• Provide general purpose and direction.

• The end result of ultimate accomplishment toward which an effort is directed.

• Should reflect perceived present and future need.

• Capable of being effectively pursued.

Source: http://www.for.gov.bc.ca/hfd/library/documents/glossary/G.htm   31

Notes:

Step 2: Developing Goals for Each Intervening Variable

Example:

Alcohol is not illegally or inappropriately available to adolescents and young adults in social settings.

•Provides general purpose and direction
•Ultimate accomplishment
•Reflect current and future need
•Capable of being pursued   32

Notes:

Group Activity: Developing Goal Statements for Intervening Variables

Directions: 1. Write a goal statement for your top prioritized Intervening Variable.

2. Record your answer on flip chart paper.

Step 3: Developing Objectives for Contributing Factors

Objectives:

• A concrete statement describing what the project is trying to achieve.

• The objective should be written so that it can be evaluated at the conclusion of a project to see whether it was achieved or not.

• A well-worded objective will be SMART.

Source: http://www.portfoliostep.com/390.1TerminologyDefinitions.htm

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Notes:

Step 3: Developing Objectives for Contributing Factors

• The SPF strategic plan's objectives will be directly tied to data identified contributing factors.

• This assists in making them measurable.

• Directly ties to your community's issues.

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Notes:

Step 3: Developing Objectives for Contributing Factors

Example:

Intervening Variable: Social Access

Goal: Alcohol is not illegally or inappropriately available to adolescents and young adults in social settings.

Contributing Factor: Parents provide alcohol to youth and their friends

Objective: Reduce the percentage of parents reported to provide alcohol to their minor children by 5% by May 30, 2008.

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Notes:

Step 3: Developing Objectives for Contributing Factors

Example:

Objective: Reduce the percentage of parents reported who provide alcohol to their minor children by 5% by May 30, 2008.

- •**S**pecific
- •**M**easurable
- •**A**ttainable
- •**R**ealistic
- •**T**ime bound

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Notes:

Group Activity: Developing Goal Statements for Intervening Variables

Directions: 1. Write a goal statement for your top prioritized Intervening Variable.

2. Write an objective based on one of the contributing factors for the Intervening Variable chosen above.

3. Record on flip chart paper.

4. Share goals and objectives with others.

Step 4: Selecting Strategies for Each Contributing Factor

1. Identify contributing factor.
2. Perform a research or literature review on evidence-based practices, policies, or programs that have been successfully used to address contributing factor.
3. Consider cultural appropriateness and sustainability of outcomes of strategy.
4. Ensure there is a logical connection between selected strategy and contributing factor.
5. Identify benchmarks needed to successfully implement strategy. 41

Notes:

Step 4: Selecting Strategies for Each Contributing Factor

What is evidence-based?

• Included on Federal Lists or Registries of evidence-based interventions

• Reported (with positive effects) in peer-reviewed journals

• Documented evidence of effectiveness

Source: Identifying and selecting evidence-based interventions: Guidance document for the strategic prevention framework state incentive grant. (2007). Department of Health and Human Services: Substance Abuse and Mental Health Services.

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Notes:

Step 4: Selecting Strategies for Each Contributing Factor

Goal: Alcohol is not illegally or inappropriately available to adolescents and young adults in social settings.

Objective: Reduce the percentage of parents reported to provide alcohol to their minor children by 5% by May 30, 2008.

Strategy: Disseminate "Parents Who Host Lose the Most" information cards to 4,000 APS High School Parents. 43

Notes:

Developing a Data Driven Strategic Plan
Selecting Strategies for Contributing Factors

Group Activity: Selecting Strategies for Contributing Factors

Directions:
1. Review the contributing factors and strategies

2. Determine if there is a logical connection between the contributing factor and the strategy. Be prepared to defend your answer

3. Record your answers

4. Group discussion

Contributing Factor		Strategy	Logical Connection?
High density alcohol outlets	⬌	Merchant Education	
Low enforcement of sales to intoxicated patrons	⬌	In school curriculum regarding dangers of underage drinking	
High number of alcohol house parties	⬌	Party Patrols	
Underage parties in rural areas	⬌	Merchant Compliance checks	
Parents allow or are uninvolved in their children's use of alcohol	⬌	Family program that assists in creating protective factors	
Low retailer compliance to ordinances	⬌	Educate retailers on the harmful effects of alcohol on youth	
Youth express fear of losing friends if they don't drink	⬌	In school and after school program that enhances refusal skills	

Developing a Data Driven Strategic Plan
Selecting Strategies for Contributing Factors

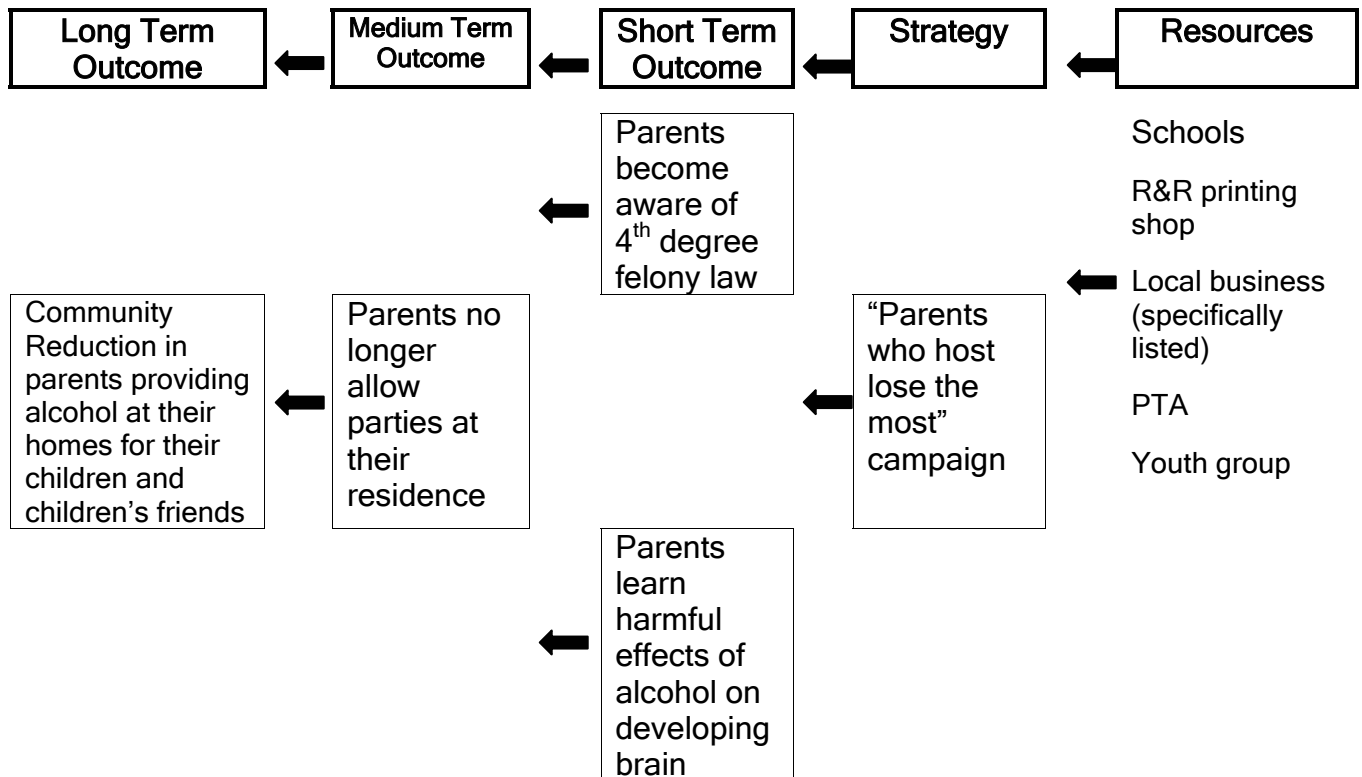**Group Activity:** Selecting Strategies for Contributing Factors-Cultural Competence

Directions:
1. Answer: How can you ensure cultural competence in strategy selection in your community?

2. Record your answers on flip chart paper.

3. Large group discussion.

Recommendation: Develop a logic model for each strategy to ensure outcomes align with activity.

Example:

Intervening Variable: Social Access
Contributing Factor: Parents providing alcohol to their children and their friends in their home.

Long Term Outcome	←	Medium Term Outcome	←	Short Term Outcome	←	Strategy	←	Resources
				Parents become aware of 4th degree felony law	←			Schools
								R&R printing shop
							←	Local business (specifically listed)
Community Reduction in parents providing alcohol at their homes for their children and children's friends	←	Parents no longer allow parties at their residence	←			"Parents who host lose the most" campaign		PTA
								Youth group
				Parents learn harmful effects of alcohol on developing brain	←			

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Step 5: Identify Benchmarks for Each strategy

- Each strategy will be made of benchmarks.

- Benchmarks are the details of the strategy that have to be accomplished.

- Benchmarks should not be listed as a strategy in the strategic plan.

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Notes:

Step 5: Identify Benchmarks for Each strategy

Strategy: "Parents Who Host Lose the Most" Parental Media Campaign

Benchmarks:
- MOA with schools to gain access to parents
- Identify best markets to distribute info sheets to parents.
- Develop information sheets
- Distribute to 4,000 APS High School Parents

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Notes:

Developing a Data Driven Strategic Plan
Identifying Benchmarks for Strategies

Group Activity: Identifying Benchmarks for Strategies

Directions: 1. Choose a strategy.

2. Identify benchmarks of that strategy based on your community's readiness.

3. Record your answers on flip chart paper.

Strategy	Benchmarks
Life Skills in grades 3-5	
Media coverage of enforcement activities	
Banning alcohol at community events	
Employers establish work policies that discourage drug use.	
After school leadership & mentoring for selected students grades 9-12	

Strategic Plan Review Process

•Plans will continuously need to be
 monitored and reviewed.

Why?
•Evaluate progress
•Accountability
•Make necessary changes
•Account for new data
•Management

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Notes:

Selecting Strategies

Considerations in selecting strategies

Many different considerations enter into such a selection. Some of the key local considerations include:

- The nature of the most serious and/or prevalent problems to be addressed;
- The strategies that will be most appropriate for and acceptable to the target populations;
- The political, cultural, and social priorities and sensitivities of the locale; and
- The resources available.

In addition there are two extremely important considerations that apply to every locale and that should definitely be included in the decision making process. These are assessments of the potential strength and the potential reach of strategies.

Strength

In this context, we define strength as the magnitude of the effects of a strategy. Many prevention strategies have demonstrated effects that are called "statistically significant." It is important not to confuse statistical significance with practical significance.

When considering questions related to the strength of a strategy's effect, it is important to examine effects on the actual outcomes of concern to prevention–substance use and related problems.

Unfortunately, to date, many strategies only demonstrate effects on intervening variables, or what are assumed to be risk factors for substance use or problems. In some cases, the intervening variables selected for intervention have not proved to be causally related to substance use. Programs designed to increase self-esteem, for example, were effective in changing this intervening variable but did not decrease substance use.

Selecting Strategies, Continued

Considerations in selecting strategies, (continued)

Reach

Reach is defined as the number of people affected by a prevention strategy. Some strategies, by their very nature, affect only a small number of people. As an example, the sort of parenting program discussed above is likely to be made available to a limited number of families. Fewer still are likely to participate in or to complete the program. By contrast, an increase in the excise tax on tobacco affects every smoker and every person who is contemplating smoking.

Sometimes strategies that have a broad reach have only small effects on any one person. A tobacco tax may be just one consideration among many that affects whether and how much people smoke. But because a tax affects so many people, small individual effects with broad reach can have very powerful effects on public health.

Sometimes strategies with broad reach also have strong effects—and the strongest effects on the very people most at risk. For example, thousands of people may hear about a widely publicized sobriety checkpoint. Most people, including those who do not drink or who never drink and drive, will ignore it. The ones most likely to pay attention to the existence of the checkpoint and to change their behavior are the people most likely to drink and drive. Whether they actually see the checkpoint or are stopped by it may not matter at all.

Obviously, strength and reach have different weights in different situations. Some organizations and agencies have a mission to make a meaningful impact on a small group of people. Others must demonstrate a public health impact that implies a measurable effect on whole populations. Most prevention planners and decision makers have an obligation to demonstrate efficient use of public resources. This requires awareness of the strength and reach of the prevention strategies under consideration and a critical assessment of their efficacy and efficiency.

Excerpt from: Selecting From Among Prevention Strategies. Kathryn Stewart. National Center for the Advancement of Prevention "Prevention Planning for Youth Substance Abuse Initiatives" 11th Annual National Prevention Network Research Conference. August 31, 1998 San Antonio, Texas

Selecting Strategies, Continued

Environmental strategies - RAN

Strategy can include policies, programs, practices

All environmental strategies should fit within a theoretical model developed through the research of Michael Klitzner and presented at numerous national conferences and in particular in the paper, *Integrating Environmental Change Theory in Prevention Theory*. There are three factors that shape both positive and negative behavior in the shared environment:

Regulations Formalized laws, rules, and policies that serve to control availability and codify norms and that specify sanctions for violations.

Availability This can be defined in terms of how much time, energy, and money must be expended to obtain a commodity (alcohol, marijuana, cigarettes). The more resources required, the lower the availability.

Norms These are the basic orientation concerning the rightness or wrongness, the acceptability or unacceptability, and/or deviance of specific behaviors for a specific group of individuals.

Resources for Programs, Practices, and Policies

Alcohol Policies Project

In 1981, the Center for Science in the Public Interest (CSPI) launched the Alcohol Policies Project to help focus public and policy maker attention on high-leverage policy reforms to reduce the devastating health and social consequences of drinking. Since then, the project has worked with thousands of organizations and individuals to promote a comprehensive, prevention-oriented policy strategy to change the role of alcohol in society.

Website:
www.cspinet.org/booze

The site provides information on their current project initiatives and issues which include:

- Advertising
- Alcopops
- College & Binge Drinking
- Labeling
- Taxes
- Youth and Alcohol
- Grassroots Alcohol Advocacy
- Changes in Label Warnings and Point-of-Sale Health Warnings

Alcohol Policy Information System (APIS)

The Alcohol Policy Information System (APIS) is an online resource that provides detailed information on a wide variety of alcohol-related policies in the United States at both State and Federal levels. The site provides policy descriptions, comparison tables, and other detailed information about policy topics such as those listed below:

- Taxation and pricing
- Blood Alcohol Concentration (BAC) Limits
- Underage Drinking : Underage Possession; Underage Consumption of Alcohol; Underage Purchase of Alcohol; Minimum Ages for ;Sellers; False Identification; Use/Lose; Loss of Driving Privileges; Hosting Underage Drinking Parties

Website:
www. alcoholpolicy.niaaa.nih.gov

Resources for Programs, Practices, and Policies

AlcoholPolicy MD.com

This site is for health professionals and others who want to fight alcohol problems, especially underage drinking, by changing clinical practice and the social environment. An alcohol policy overview includes resources covering:

- AMA Alcohol Policies
- Other alcohol policies
- Policy papers
- Environmental Prevention

Website:
www. alcoholpolicysolutions.net

FACE

FACE is a national non-profit organization that supports sensible alcohol policies and practices through the development of messages, strategies and training designed to create public awareness and action on alcohol issues. FACE has made available a wide variety of informational downloads including:

- Community Alcohol Personality Survey (CAPS)
- College Community Alcohol Personality Survey
- Alcohol & Billboards
- Alcohol Sales & Community Events
- Compliance Checks
- Billboard Tips
- Enforcing Minimum Drinking Age
- Keg Registration
- Outlet Density
- Social Host Liability Laws

Website:
www.thefaceproject.org

The Higher Education Center for Alcohol and Other Drug Abuse and Violence Prevention

The Higher Education Center's purpose is to help college and community leaders develop, implement, and evaluate programs and policies to reduce student problems related to alcohol and other drug use and interpersonal violence. Central to this approach is a mix of environmental management strategies to address the institutional, community, and public policy factors that contribute to these problems.

Website:
www. edc.org/hec

Resources for Programs, Practices, and Policies

The Guide to Community Preventive Services

The Community Guide is being developed by the nonfederal Task Force on Community Preventive Services (Task Force), appointed by the Director of the Centers for Disease Control and Prevention (CDC). This group was convened in 1996 by the Department of Health and Human Services to provide leadership in the evaluation of community, population, and healthcare system strategies to address a variety of public health and health promotion topics such as physical activity.

This site provided recommendations that address specific health conditions including Motor Vehicle Occupant Injury. Specific Reducing Alcohol-Impaired Driving "interventions" or strategies are looked at and rated as Recommended (Strong Evidence), Recommended (Sufficient Evidence) and Insufficient Evidence to Determine Effectiveness. Strategies listed include:
- .08 Blood Alcohol Content (BAC) Laws
- Intervention Training Programs for Servers
- Lower BAC laws for Inexperienced Drivers
- Minimum Legal Drinking Age Laws
- Sobriety Checkpoints
- Mass media campaigns
- School-based programs
- Designated Driver Programs

Website:
www.thecommunityguide.org

Institute of Medicine. Reducing Underage Drinking: A Collective Responsibility

Reducing Underage Drinking: A Collective Responsibility is a report to Congress, released by the National Academies' Institute of Medicine (IOM) and National Research Council, on September 9, 2003. This IOM Report reviews existing prevention programs and approaches and developing a strategy to reduce underage drinking. Emphasis is placed on adopting an inclusive strategy to address this issue, one that invites everyone to take responsibility for combating the problem.

Website:
www. nap.edu/books/0309089352/html

Resources for Programs, Practices, and Policies

The Marin Institute is an alcohol industry watchdog and resource for solutions to community alcohol problems. The institute focuses on environmental prevention, media advocacy, and alcohol policy.

Some examples of looking at factors in the community that shape alcohol-related problems and corresponding policies are provided:

Influence on Drinking Choices		
Community Factors		Sample Prevention Policies
Hospitals, schools and churches highlight alcohol in promotions for events and fundraisers (e.g. wine tasting and beer fests)	➔	Adopt an institutional policy to feature food and entertainment rather than alcohol in event promotions
Community customs encourage alcohol use at celebrations	➔	Public venues require responsible beverage service (RBS)
Promotions for alcohol appear on bus shelters and benches	➔	Transit Authority eliminates alcohol ads from public transit
Unlimited beer sales at professional sporting events	➔	Sport stadiums limit quantity served cutting off beer sales at least an hour before games end

Website:
www.marininstitute.org

Underage Drinking Enforcement Training Center (UDETC)

The Center's mission is to provide science-based, practical, and effective training and technical assistance services to States and communities working to combat underage drinking through law enforcement and environmental strategies. The following resources can be downloaded:

- Environmental Strategies to Prevent Alcohol Problems on College Campuses
- Guide to Zero Tolerance and Graduated Licensing: Two Strategies that Work
- Regulatory Strategies for Preventing Youth Access to Alcohol: Best Practices
- Strategies to Reduce Underage Alcohol Use: Typology and Brief Overview

Website:
www. udetc.org

Resources for Programs, Practices, and Policies

OJJDP Model Programs Guide

Office of Juvenile Justice and Delinquency Prevention's Model Programs Guide (MPG) is designed to assist practitioners and communities in implementing evidence-based prevention and intervention programs that can make a difference in the lives of children and communities. The demonstrated effectiveness rating is based on two criteria: 1) the quality of design and 2) the scientific evidence suggesting a deterrent effect. OJJDP categorizes their programs as exemplary, effective, and promising.

Website:
dsgonline.com/mpg_non_flash/mpg_index.htm

CSAP Model Programs
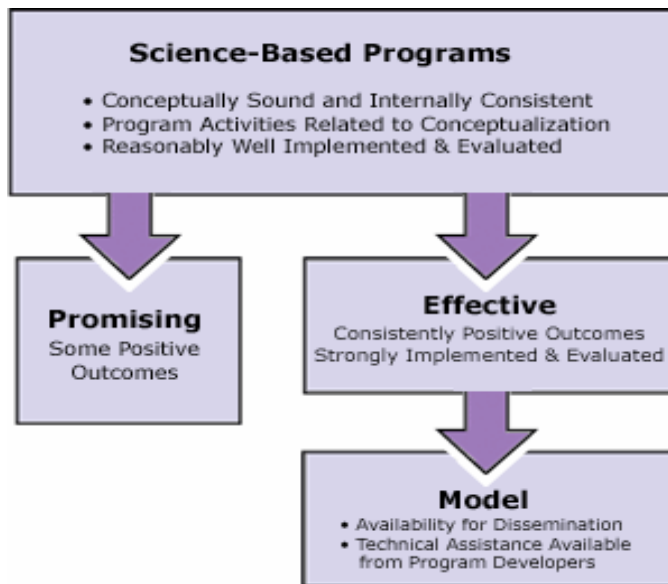
Model Programs are well-implemented, well-evaluated programs, meaning they have been reviewed by the National Registry of Evidence-based Programs and Practices (NREPP). Developers, whose programs have the capacity to become Model Programs, have coordinated and agreed with SAMHSA to provide quality materials, training, and technical assistance for nationwide implementation. SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP) is a voluntary rating and classification system for mental health and substance abuse prevention and treatment interventions. The system is designed to categorize and disseminate information about programs and practices that meet established evidence rating criteria.

Website:
modelprograms.samhsa.gov

Resources for Programs, Practices, and Policies, Continued

CSAP Evidence-Based Programs addressing alcohol use

Program	AGE	Gender	Ethnicity	Target Setting	Key Outcomes	Strategies
Border Binge-Drinking Reduction Program Universal	24 and under	Male and Female	Multiple Ethnic Groups	Rural and Urban communities	• Reduced number of young Americans returning to the U.S. with illegal BACs after night of drinking in Mexico • Reduced number of alcohol-related injury crashes among underage drinkers • Reduced number of arrests for violence and other problems • Increased awareness of new enforcement program	• Community involvement • Information sharing • Media education • Skill development
Communities Mobilizing for Change on Alcohol (CMCA) Universal	13-20	Male and Female	Multiple Ethnic Groups	Rural, Suburban, and Urban communities	• Reduction in sales to minors • Reduction in sales to minors • Increased identification checks by vendors • Increased identification checks by vendors • Community mobilization	• Environmental strategy • Limit minors access to alcohol through community mobilization
Challenging College Alcohol Abuse Universal Indicated	18-24 and parents	Male and Female	African American American Indian/Alaska Native Asian American Hispanic/Latino Native Hawaiian and Other Pacific Islander (NHOPI),White	Rural, Suburban, and Urban college and university campuses and communities	• Reduced negative consequences of alcohol and illegal drug use • Decreased positive perceptions of alcohol use • Reduction in alcohol and illegal drug-related crimes • More accurate perception of students alcohol and illegal drug use • More accurate perception of negative consequences	• Social norms media marketing campaign • Environmental management • Moderation skills training • Alcohol-specific prevention program

Resources for Programs, Practices, and Policies, Continued
CSAP Evidence-Based Programs addressing alcohol use

Program	AGE	Gender	Ethnicity	Target Setting	Key Outcomes	Strategies
Class Action Universal	High school students (grades 9 - 12)	Male and Female	American Indian/Alaska Native White	Rural settings, schools with seven American Indian reservations and urban and suburban settings	• 33% reduction in the usual increase in alcohol use and intentions to use alcohol in high school, through the 12th grade • 50% reduction in the usual increase in binge drinking during high school through 12th grade • 80% reduction in underage alcohol purchases from alcohol package sale outlets (i.e., liquor and convenience stores)	• 8- to 10-classroom weekly sessions • Students divided into six "legal" teams to prepare and present hypothetical civil cases in which someone has been harmed as a result of underage drinking • Students build legal cases and present them to a jury of their peers • Class Action encourages community involvement through the use of outside speakers within classroom sessions • Student research on alcohol-use in their own community, and student involvement in community events
Community Trials Intervention to Reduce High-Risk Drinking (RHRD) Universal	All age groups within a community	Male and Female	Multiple Ethnic Groups	Rural, Suburban, and Urban communities	• Reduced driving when over the legal limit • Reduced amount consumed per drinking occasion • Reduced traffic crashes in which driver had been drinking • Reduced assault injuries	• Community mobilization to support prevention interventions • Facilitating responsive beverage service • Training local retailers and increasing enforcement to reduce underage access • Increase enforcement and sobriety checkpoints to increase actual and perceived risk of arrest • Develop local restrictions on access via zoning and other controls

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Program	AGE	Gender	Ethnicity	Target Setting	Key Outcomes	Strategies
Protecting You/ Protecting Me® Universal	6-11	Male and Female	African American American Indian/Alaska Native Asian American Hispanic/Latino Native Hawaiian and Other Pacific Islander (NHOPI) White	Rural, Suburban, and Urban elementary schools	• Students less likely to ride with impaired driver • Students gained critical life-saving skills to protect themselves when they have no option but to ride with an impaired driver • Students become more strongly opposed to drinking and driving and to underage drinking • Students increased their media literacy and gained knowledge about their brains and becoming grown-up • High school students teaching PY/PM also demonstrated significant increases in their attitudes toward the risks of underage alcohol and other drug use and declines in their own personal use of alcohol	• Importance of protecting the brains of persons under age 21 years of age from the biological effects of alcohol • Ways to help children avoid the risks associated with riding with drivers who are alcohol impaired
Start Taking Alcohol Risks Seriously (STARS) for Families Universal	11-14 and parents	Male and Female	African American White	Rural, Suburban, and Urban middle schools	• Avoidance of and reductions in alcohol use among youth	• Health care consultations • Key Facts Postcards • Parent/Guardian take-home lessons

Cultural competency issues

- Formal cultural competence-related policies exist regarding:
    - Personnel recruitment/retention
    - Training/staff development
    - Language access/communication
    - Community input
- Mission/goal statement addresses cultural competence
- Cultural competence training
- Formal and informal alliances/links with community and other partners to address cultural competence issues
- Obtains community input in the development of all plans
- Diverse cultural and linguistic communities are meaningfully involved in all components of the system of care – planning, administration, care coordination, service provision, and evaluation, etc.
- Reports to stakeholders on cultural competence activities/issues
- Ongoing monitoring and use of information/data relevant to cultural competence
- Strategic plan addresses cultural competence, including a cultural competence plan
- Conducts regular organizational self-assessments regarding cultural competence
- Cultural competence is a focus of system wide collaboration

Sustainability Issues

- Ongoing mechanisms for using data and evaluation to support planning, development and implementation efforts have been created.
- Ongoing mechanisms for assessing community needs are being implemented.
- Ongoing mechanisms for assessing capacity/coalition development are being implemented.
- Ongoing mechanisms for assessing cultural competency are being implemented.
- Ongoing mechanisms for assessing sustainability are being implemented.
- Ongoing mechanisms for assessing evaluation activities and results are being implemented.
- Strategies have whose outcomes can be sustained over long periods of time are selected.
- Apply and receive funding from multiple sources including but not limited to: grants, donations, and fundraising.
- The needs of the community partners and stakeholders are integrated into the goals and strategies.
- A definition for sustainability has been developed and disseminated.
- Ongoing education and training on needs, strategies and goals is being provided.
- Inter-organizational networks and collaboration
- Ongoing mechanisms for interagency planning and coordination at the State/Tribal and local policy and system level are in place.

Developing a Data Driven Strategic Plan
Resources

Strategic Plan Template: When developing the strategic plan the following are required:

1. Goal statement for each prioritized Intervening Variable

2. Objective for each contributing factor of that Intervening Variable

3. Strategy/ies for each listed contributing factor

4. Benchmarks for each selected strategy

5. Other helpful information that may be included are:

   - Data sources for contributing factors
   - Assessment methods
   - Individuals responsible for activities

Intervening Variable:

Contributing Factor	Objective and Strategy	Benchmarks & Projected Timeline

*Below is an example of a strategic plan developed by San Juan County Partnership as part of their SPF SIG initiative. This example demonstrates how San Juan County Partnership planned prevention efforts around Low Enforcement.

INTERVENING VARIABLE: LOW ENFORCEMENT OF ALCOHOL AND/OR DWI LAWS

Goal: Increase enforcement of underage drinking laws in San Juan County.

	Objectives and Strategies	Benchmarks/Projected Timeline
Contributing Factor • Lack of training / P.D.'s, retailers • low numbers (inconsistent) Compliance checks thru/out yr. • Lack of knowledge of consequences.	**Objective 1:** Increase awareness by 5% of alcohol use, prevention and legal consequences in law enforcement and retailers by January 2007. **Selected Strategies:** ①Provide training to law enforcement officers (including NN PD). ②Provide training to retailers. ③Publicize trainings.	1. Work w/ PD's to design training for officers by August 2006. 2. Work w/ PD's to design training for retail clerks by Sept. 2006. 3. Provide 1 training /mo to PD's & retail clerks beginning October, 2006-June, 2007. 4. Re-assess strategy Feb., 2007. 5. Revise work plan as necessary March, 2007.
	Objective 2: Increase number of compliance checks by 5% by July 2007. **Selected Strategies:** ①Work wi PD's to determine resources available to conduct compliance checks ②Conduct additional compliance checks, as resources are available. ③Publicize results of compliance checks – esp. noting compliant retail outlets.	1. Design work plan for conducting compliance checks by Sept. 06. 2. Implement compliance checks by June, 2007 3. Publicize results often each check

*This plan has been slightly altered from original document submitted by San Juan County Partnership