

# **Strategic Prevention Framework (SPF)**

## **A Guide for Michigan Communities**

**September 2010**

*BSAAS staff developed the initial Michigan Guide for the SPF State Incentive Grant (SPF SIG) project, adapting material provided by the Maine Department of Health and Human Services. The current document was revised and updated to make it more relevant for all prevention stakeholders. The Pacific Institute for Research and Evaluation (PIRE) assisted the State with these revisions and borrowed material from the Nevada and North Carolina SPF SIG projects.*

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## INTRODUCTION

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In 2004, the US Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Substance Abuse Prevention (CSAP) began to promote the use of a five-step planning and implementation model called the Strategic Prevention Framework (SPF). CSAP disseminated the SPF across the country by providing SPF State Incentive Grants (SPF SIGs) to states, jurisdictions, and tribal nations. Through the Michigan SPF SIG, all 16 Coordinating Agencies (CAs) and scores of Michigan communities implemented substance abuse prevention programs, policies, and practices aimed at reducing alcohol-related traffic crash deaths. Michigan's Bureau of Substance Abuse and Addiction Services (BSAAS, formerly the Office of Drug Control Policy) administered Michigan's SPF SIG from its inception in 2004 through its conclusion in 2010.

The conclusion of the SPF SIG does not mean the conclusion of the SPF as a planning and implementation model for substance abuse prevention. BSAAS aims to promote, encourage, and help institutionalize the five-step model for all substance abuse prevention efforts at the state and community level. With that aim in mind, BSAAS developed this Guidance Document to further disseminate information about the SPF and to help sustain its use by Michigan communities.

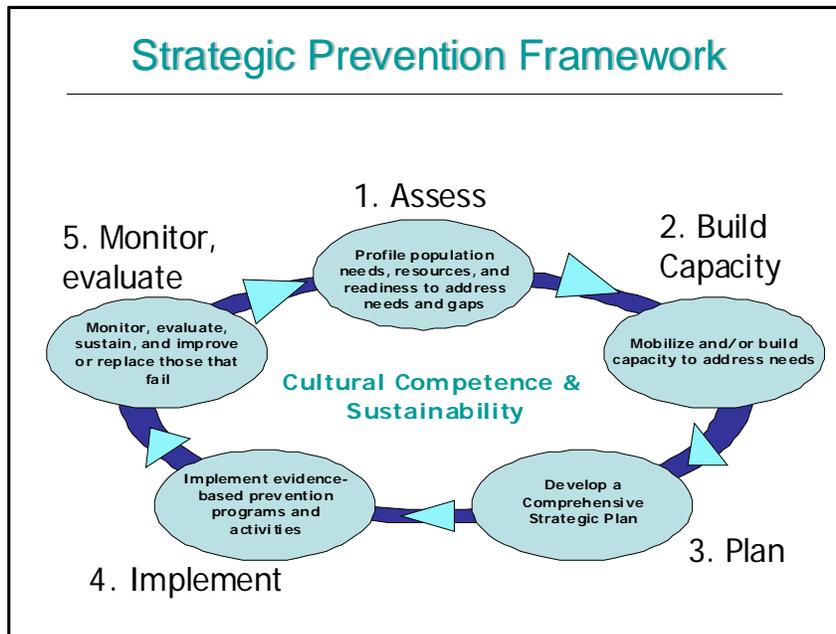
The SPF promotes data-driven decision-making, with an emphasis on epidemiological data and a population-based perspective. In other words, prevention must be evidence-based and must reach beyond small groups of people who participate in prevention programs. Prevention must be aimed at the whole community, across the lifespan. The five steps of the SPF are:

1. Profile population needs, resources, and readiness to address needs and gaps;
2. Mobilize and/or build capacity to address needs;<sup>1</sup>
3. Develop a comprehensive strategic plan to meet those needs;
4. Implement evidence-based prevention programs, policies, and practices; and
5. Monitor, evaluate, sustain, and improve or replace those that fail.

The SPF also emphasizes the importance of infusing two overarching themes, cultural competence and sustainability, throughout the five steps. The SPF challenge is to move from the moderate success afforded by idiosyncratic program implementation to employing collaborative strategies that yield broader population or community change. This requires engagement in systemic coordination and sustained effort at both state and community levels. The continuous process has been depicted as follows:

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<sup>1</sup> Even though capacity building is SPF Step 2, capacity-related issues are relevant for all SPF steps, as we discuss throughout this document.



The purpose of this Guide is to assist you through the implementation of the five steps of the SPF at the community level. The next section provides an overview of the SPF by answering some common questions about the framework. This is followed by a discussion of cultural competence. The Guide will then take you step by step through the activities associated with each of the five SPF steps. Throughout this process, the Guide will help you understand what you are doing and why you are doing it.

Taking on the task of developing, implementing, and evaluating your community's data-driven substance abuse prevention efforts can seem overwhelming at first. However, with technical assistance and some adaptable tools, all the pieces will fall into place. The BSAAS prevention team members are available to answer questions and provide technical assistance about the SPF. A checklist of major SPF activities is included in Appendix A. BSAAS contact information is provided in Appendix B.

We look forward to working with you to assess your community's needs and capacity, and to develop, implement and monitor a strategic plan that will increase your ability to effectively prevent substance abuse in your community.

## COMMON QUESTIONS ABOUT THE STRATEGIC PREVENTION FRAMEWORK<sup>2</sup>

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### How is the Strategic Prevention Framework Different from Other Approaches?

The five steps of the framework are very similar to other approaches for prevention planning. Efforts such as CSAP's "Achieving Outcomes," "Getting to Outcomes," and to a large degree, "Guidelines and Benchmarks for Prevention Programming" endorse this program planning approach. However, an important difference is the high degree of emphasis that the SPF places on targeting **population-level change** through **outcomes-based prevention** focusing on both consequences and consumption.

### What is Population-Level Change?

Population-level change focuses on change for entire populations. By entire populations, we mean collections of individuals who have one or more personal or environmental characteristics in common. The SPF process expects us to work towards influencing whole communities, not just 20, 50, or 200 individuals who participate in a prevention program. In this way, the framework is a public health approach to prevent and reduce substance-related problems, and encourages the use of strategies that will have an impact on the environment in which the full population resides.

### What is Outcomes-Based Prevention?

Outcomes-based prevention is an approach to prevention that focuses on reducing the negative consequences of substance abuse by using data to identify consequences, consumption patterns, and causal factors associated with substance abuse. It is based on the explicit assumption that communities must know what their problems are, which factors cause those problems in their communities, and which strategies are effective in reducing those causal factors. It is a logical approach, grounded in data collection and clear linkages between consequences, consumption, causal factors, and strategies.

*Consequences* are defined as the social, economic and health problems associated with the use of alcohol, tobacco, and illicit drugs. Examples are things such as alcohol-related car crashes and deaths, cirrhosis of the liver, fetal alcohol syndrome, tobacco-related cancers and respiratory diseases, and drug overdose.

*Consumption* includes overall consumption, acute or heavy consumption, consumption in risky situations (e.g., drinking and driving) and consumption by high-risk groups (e.g., youth, young adults, and pregnant women). The way in which people drink, smoke and use drugs is linked to particular substance-related consequences.

*Intervening variables (IVs)* are the factors that cause or contribute to substance-related consequences and consumption in communities. (See the box below for examples.)

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<sup>2</sup> Material in this section is drawn from the following sources: Center for Substance Abuse Prevention, "SPF SIG Overview and Expectations." New Grantee Workshop; and Lowther, Mike and Johanna D. Birckmayer. "Outcomes-Based Prevention." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.

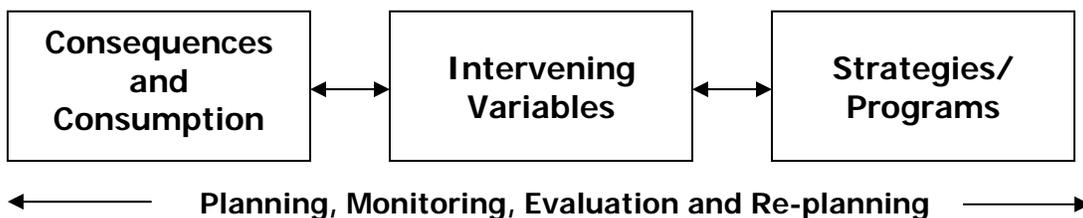
When creating a SPF strategic plan, we need evidence not only for the consequences/consumption patterns, but also for the intervening variables we believe are the causes of the substance abuse. It is through positively influencing intervening variables that we achieve population-level changes in substance consumption and consequences.

#### Examples of Intervening Variables

- ▽ Availability of substances (retail and social)
- ▽ Promotion of substances
- ▽ Social norms regarding substance use
- ▽ Enforcement of alcohol, tobacco, and drug laws and policies

*Source: examples from "A General Causal Model to Guide Alcohol, Tobacco and Illicit Drug Prevention: Assessing the Research Evidence." Multi-State Technical Assistance Workshop. Washington, DC. March 16, 2006.*

Once intervening variables are identified, we select appropriate **strategies** to address the issues in our communities. The basic outcomes-based prevention model is as follows:



Your role in outcomes-based prevention in Michigan is to:

- Use data to understand and prioritize the problem(s) to be addressed;
- Use data to identify and prioritize the intervening variables that are related to the problems;
- Choose effective strategies to address the intervening variables, and implement those strategies with fidelity.
- Monitor/evaluate your implementation fidelity and your outcomes.

This Guide is intended to help you employ outcomes-based prevention to address substance use and abuse in Michigan.

## **CULTURAL COMPETENCY**

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Michigan intends that all five steps of the Strategic Prevention Framework will reflect cultural astuteness. This means that data collection, capacity building, planning and implementation will be inclusive of state and community-level key leaders and stakeholders as well as target population input, and that people working on the project will be able to work effectively in cross-cultural situations. Michigan's cultural competency foci can be summarized as follows:

State Level: Establish and monitor cultural competence policy statewide

Community Level: Implement policy and monitor prevention service delivery

Program Level: Deliver culturally appropriate prevention services

For each of the SPF steps, our cultural competency objectives include the following:<sup>3</sup>

### **Needs Assessment: Determining population and workforce needs and gaps**

- Collaboratively conduct regular needs assessments (generally, every 3-5 years depending on availability of data and the stability of the community) inclusive of specific sub-populations
- Assess resources and capacity to collect/manage/report cultural competence-related information/data
- Assess cross-system process for obtaining client/community input in the development of cultural competence-related plans
- Assess cross-system process for identification and recording population's and client's language preferences, level of proficiency, and literacy
- Develop timetable and plan to provide information/data relevant to population gaps
- Assess workforce development opportunities regarding cultural competence-related planning and service delivery
- Systematic and ongoing examination and use of information/data relevant to cultural competence

### **Capacity and Resources: Providing leadership, involvement, and policy**

- Maintain communication with stakeholders who represent groups served and/or foster their membership on planning committees
- Foster formal and informal alliances/links with community and other partners to address cultural competence issues
- Commit resources and capacity to collect/manage/report cultural competence-related information/data

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<sup>3</sup> Portions Adapted from: "Generic Logic Model: Cultural Competence in Proficient Prevention Service Delivery in the SPF SIG."

- Develop a quality assurance mechanism of stakeholder satisfaction regarding cultural competence-related planning and service delivery
- Institutionalize linguistically competent services to foster effective communication with diverse groups
- Ensure that administrators and service providers have the requisite attitudes, knowledge, and skills for delivering culturally competent services
- Establish and monitor cultural competence policy statewide

### **Planning: Mechanisms and processes for cultural competence planning**

- Determine perspectives and attitudes regarding the worth and importance of cultural competence, and mutual commitment to providing culturally competent services
- Collaborative long- and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal consumers
- Cross-system goal-setting, policymaking, and other oversight vehicles to help ensure the delivery of culturally competent “services”

### **Implementation: Intervention, strategy, and policy selection**

- Collection and use of cultural competence-related information/data
- Assess cross-system infrastructure – the organizational resources required to deliver or facilitate delivery of culturally competent services
- Provide prevention best practice guidelines that account for differences related to culture in the delivery of prevention services
- Support evidenced-based services/interventions delivered in a culturally competent manner
- Advocate for service delivery adaptations tailored to population in service areas (including adaptations to improve access to services)

### **Evaluation/Monitoring: Systems and activities needed to proactively track and assess level of cultural competence**

- Monitor interventions to ensure fidelity/adaptation of evidenced-based programs
- Solicit flow and feedback of cultural competence-related information/data for use in policy, program, operations, and service delivery planning and implementation
- Conduct regular administrative/organizational evaluation regarding cultural competence
- Require/facilitate regular provider assessments regarding cultural competence (client, community, and staff input)
- Incorporate recommendations from monitoring and evaluation reports related to cultural competence

## STEP 1: NEEDS ASSESSMENT

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The first step in the SPF is needs assessment. A needs assessment helps you prioritize substance abuse problems, ground planning in actual needs and resources, and identify gaps for implementing solutions to address the needs.<sup>4</sup> The assessment should give you concrete information about your community that will help you form a comprehensive picture or profile to guide the rest of your planning process. Without the breadth and depth of comprehensive data collection, your prevention plan may overlook some problems, and focus the community's resources on inadequate interventions. Data also can illuminate previously unidentified challenges and resources. The better you understand your community and the more complete your data collection, the more likely your prevention project will be successful.



**Strategic  
Prevention  
Framework Step 1:  
Assess**

In addition to increasing understanding of substance abuse in your community, completing the SPF needs assessment will allow your community to target its resources and maximize its impact on substance abuse. For example, are you targeting the appropriate age groups? Are there certain towns or geographic areas on which you should focus? Are there certain substances of greater concern than others? Where could your efforts be more effective?

The assessment process will function as a tool in a larger effort to strengthen your prevention infrastructure. It is designed to be a community-wide effort and not the sole responsibility of the designated lead agency staff. It will help collaborating organizations think more deeply about the specific strengths and needs in your community and to engage in a dialogue about how to best address those needs. The SPF will lead to the implementation of evidence-based strategies that correspond with your needs. These strategies may be new to you or may strengthen the prevention work begun through other initiatives such as the SPF SIG or the Michigan Coalition to Reduce Underage Drinking (MCRUD). BSAAS believes the process will serve to synergize prevention efforts.

**Tip: Actually assess your needs!**

If you start your needs assessment knowing which programs, policies, or practices you want to implement, then you are not really assessing your needs. You are justifying your choice of strategies!

This chapter is divided into four sections. In Section 1, we discuss collecting data about problems in your community. In Section 2, we discuss how to prioritize those data so that you can focus on the most pressing problems. In Section 3, we discuss collecting more data about the identified priorities, as well as data about the intervening variables

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<sup>4</sup> Please see the chapter on Step 2 for information about assessing capacity.

that contribute to the problems. In Section 4, we discuss how to prioritize those data so you can focus on the most appropriate intervening variables.

## **Section 1: Data Collection about Community Problems**

The data collection portion of your needs assessment will be like a choose-your-own-adventure book. That is, your subsequent actions will be determined by your answers to the questions: “What do we know about our community, what don’t we know, and how do we get information to fill our gaps in knowledge?” There are many points throughout the process where you will have answered as many questions as you can with the information that you have. To answer more questions, or gain a depth of understanding, you may need to collect additional information – e.g., hold focus groups, interview local leaders, or re-examine existing data to identify patterns or to understand the reasons the data appear as they do. The tools in the appendices will help you answer the important questions and indicate points where you should pause to identify knowledge gaps.

Needs assessment can be extensive and time consuming. To make sure that your efforts are useful, assessing needs and collecting data should be done strategically to ensure that you understand your community’s problem areas, as well as the local conditions that are contributing to those problems, and that you are doing so with the resources that are available to you. That is, you need a clear plan for collecting the information critical to your assessment in as efficient a way as possible, and a plan to periodically review your needs assessment to identify new needs that may arise. There is so much information out there that it is easy to get off track. You need to stay focused on your priorities for your project.

### **Tip: When to Stop Gathering Data**

“The more you know, the more you know you DON’T know!” It is sometimes hard to gauge when you should stop gathering data and start analyzing what you have collected. Try not to get hung up on one detail or target population if it is keeping you from moving ahead with your analysis. It is OK if there are still things missing or areas where you want to gather more information. Remember that your strategic plan can always include longer-term strategies to gather more information about concerns that were not captured by this assessment.

Much of the time spent on Step 1 involves pulling together disparate sources of data and deciding on methods for gathering data not currently available. To minimize the time investment for future needs assessments, this might be a good time to consider the creation of a data repository (web-based or some other means that is easily accessible) if there is not one currently in existence. The data could then be accessible to community groups and providers as they do their own planning or pursue grant opportunities.

## Establish an Assessment Committee

Before you begin to collect or analyze data, you should establish an assessment committee or Community Epidemiological Workgroup (CEW) to oversee and conduct the needs and capacity assessment for your community. Representatives from your collaborating organizations should be included on this committee. You may want to include some members from the community as well. The key is to ensure that you have geographic coverage, members who can speak to the substance abuse issues across the full life span of the community, and members who have an array of experiences so your work can be conducted in a culturally competent way. And, of course, members of the CEW should have knowledge of, and access to, data sources that will serve as the foundation of your needs assessment.

 **Action Step:**  
Establish a Community  
Epi Workgroup (CEW)

One of your first agenda items should be to agree on a decision-making process for the committee and to determine an acceptable timeline for the assessment. You will need to establish roles and articulate who will be responsible for completing each portion of the assessment. Make sure that these agreements are recorded and that everyone understands the goals and objectives of the needs and capacity assessment so that the process runs as smoothly as possible. Appendix C provides a simple table you may wish to use to track roles and responsibilities of your committee members.

 **Action Step:** Gather and review assessments previously conducted in your community.

## Gather Existing Data and Assessments

The SPF requires data-guided decision making. To do this, you should gather and review any previous needs assessments that have been conducted throughout your region/community over the last five years that are relevant to substance abuse issues. What you find will help you determine trends and shape your subsequent data collection efforts. Appendix D provides a table to help you compile the findings from the prior assessments.

One initial reference document for you to consider is the State's epidemiological profile document, "The Burden of Substance Abuse on the State of Michigan." The State's epidemiological study examined substance use and consequence information from the following sources and may provide useful information about your community:

- Alcohol Related Disease Impact (ARDI)
- Behavioral Risk Factor Surveillance System (BRFSS)
- Bureau of Juvenile Justice Youth Risk and Behavior Survey (YRBSS)
- Center for Disease Control and Prevention (CDC Wonder)
- Fatality Analysis Reporting System (FARS)
- Michigan Department of Community Health (MDCH) Vital Statistics
- National Survey on Drug Use and Health (NSDUH)
- Pregnancy Risk Assessment Monitoring System (PRAMS)

- Substance Abuse and Mental Health Services Administration (SAMHSA)
- State Epidemiological Data Sets (SEDS)
- The Kaiser Family Foundation, State Health Facts (KFF)
- The Michigan Substance Abuse Risk and Protective Factors Student Survey
- Treatment Episodes Admissions (TEDS)
- Uniform Crime Reporting System (UCR)
- United States Census Bureau (Census)
- Youth Risk and Behavior Survey (YRBS)
- Michigan Healthy Youth Profile (MiPHY)

As you review existing needs assessments, begin to organize your thoughts about substance abuse problems in your community. What have the previous assessments said about substance abuse problems? What kinds of problems have they identified? But don't stop there; work with your CEW, interview stakeholders, and hold brainstorming sessions with community members. At this point, you are simply developing ideas of how substance abuse affects your community. To help organize your thoughts, we recommend that you divide your information into indicators of *consequences* of substance abuse and indicators of *consumption*. Here is an example of how you can organize your consequence and consumption indicators.

### Consequences

	<b>Alcohol</b>	<b>Tobacco</b>	<b>Illicit Drugs</b>
<b>Mortality</b>	Car crash deaths Cirrhosis of the liver Homicide	Lung cancer deaths	Drug overdose Homicide
<b>Morbidity</b>	Cirrhosis of the liver Fetal alcohol syndrome Alcohol addiction	Lung cancer Emphysema	Drug overdose Drug addiction
<b>Injury</b>	Car crash injuries Boating injuries	Burns	Burns
<b>Other</b>	Violent crime Property crime DUI arrests School dropouts	Fires	Violent crime Property crime DUI arrests School dropouts

### Consumption

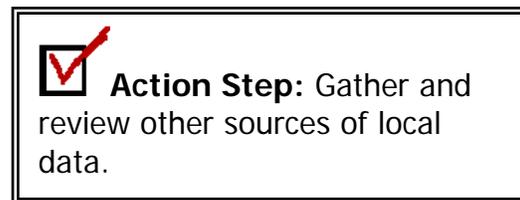
<b>Alcohol</b>	<b>Tobacco</b>	<b>Illicit Drugs</b>
Underage drinking Heavy drinking Binge drinking Drinking and driving	Cigarette use Smokeless tobacco use	Marijuana use Cocaine/crack use Heroin use LSD use Methamphetamine use Other illicit drug use Use of prescription drugs without a prescription Drugging and driving

Once you have organized your ideas about substance abuse and its consequences, you will need to identify sources of data. Re-review the needs assessment documents

that you possess, including the State’s “The Burden of Substance Abuse on the State of Michigan.” These documents will give you a good idea of where you can find data about each of the substance abuse and consequence indicators that you identified.

In addition, you may need to look for other sources of data. You will likely rely on *archival* data. Archival data are data that already exist. There are national, regional, state, and local sources of archival data (e.g., law enforcement agencies, the Centers for Disease Control and Prevention, the National Highway Traffic Safety Administration). These data are usually free (or inexpensive) and may be fairly easy to obtain. Several examples include rates of DUI arrests, unemployment rates, emergency room (ER) admittances, and juvenile drug arrest rates. Many sources can be accessed using the Internet. However, you may have little choice in the available data format because someone else probably collected the data for another purpose. You may want to ask around about gaining access to local sources of information. These can include (but are not limited to):

- Police reports
- School incident and discipline reports
- Court records
- Medical examiner data
- Hospital discharge data
- Emergency department data



All these sources of information have pluses and minuses. Many are not computerized and may raise privacy concerns. You may have to reach agreements with the organizations or agencies to gain access to the records. However, these records can be rich sources of information to help you pinpoint substance-related consumption and consequences in your community. For example, obtaining the number of emergency room visits that involved the non-medical use of prescription drugs would be an appropriate and data-driven way to identify whether the consumption of prescription drugs is a concern in your community.<sup>5</sup>

Appendix E provides data sources that you may find useful. To help you organize your data, we have included worksheets in Appendices F-I for substance use and consequences among youth and adults. These worksheets can also help you prioritize your data, which is discussed in the next section. In addition, we have provided a Needs Assessment Report Template (Appendix J) to help you document the results of your needs assessment.

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<sup>5</sup> “Data Collection Methods: Getting Down to Basics” June 12, 2006. Center for Application of Prevention Technology. Module #2, “Using Existing Data: Sources of Local Data.”

## Section 2: Prioritizing Your Community Problems

Collecting data about your community was the first stage in your needs assessment. For the next stage, you will need to carefully review the data you have collected and use those data to prioritize the issues that are most important for your community to address. It is very likely that you have lots of information to sort through and that you have lots of problem issues that you can address. But how do you determine which issues are most important for you to address now?

We recommend that you and your CEW establish a decision-making process to prioritize your consequence and consumption indicators. There are many criteria you can consider when prioritizing the indicators, including the following:

- Prevalence
- Severity
- State Rank
- Trend

*Prevalence* is an objective measure of the extent to which an indicator occurs in your community. To help compare prevalence across different indicators, you can standardize them by converting them to rates. A rate is simply the number of events divided by (per) a standard population number. The most common rate is per 100 (i.e., percent). This is most useful when comparing substance use and other events that occur relatively frequently. Many negative consequences of substance abuse, however, are best converted to rates per 1,000 or even 100,000. Use whichever kinds of rates make the data most useful and meaningful to you.

*Severity* is a measure of how serious a problem is per event. In many cases, you will need to make this determination based on a subjective assessment of what you consider serious. (For example, is marijuana use more or less serious than underage alcohol use or than tobacco use?) It is important to gather different perspectives from your community members about how serious a given issue is. In some cases, objective data (e.g., monetary costs to society) may exist to help you determine the severity of an event; this can make your task easier and possibly less controversial.

*State ranking* is a way of seeing whether your community is experiencing a problem as much as other communities. A very low or very high ranking in comparison with other Michigan communities could indicate whether you have a problem that is in particular need of greater attention or, on the other hand, a problem that is being addressed relatively effectively already.



**Action Step:** Prioritize your community's problems.

*Trend* is a way of taking into account whether the problem appears to be increasing over time. A problem that appears to be increasing may warrant more immediate attention than a problem that is decreasing or remaining stable.

By using the four criteria above, you can probably identify a handful of problems that you feel are the most important for you to address. You might find the Priority Problem Ranking Tool in Appendix K helpful for this activity. We recommend considering three additional criteria to help you make a final decision about the one or two problems to which you will devote your resources:

- Changeability
- Evaluability
- Capacity

*Changeability* refers to the likelihood that an outcome can change (improve) within a given time frame. Some outcomes may be more difficult to change than others over a short period of time. For example, let's say you are interested in reducing the rates of lung cancer. We know that cigarette smoking has a cumulative effect over time on the risk for lung cancer, so affecting smoking rates will eventually affect lung cancer rates, but not for many years. For a short-term initiative – one that demands results within a few years – lung cancer rates would not be very changeable. (This should not dissuade communities from choosing big, long-term problems to address. It just means those communities will need to be patient when it comes to documenting results.)

*Evaluability* refers to how easy it is to measure or evaluate a change in an outcome. In many cases, you will not need to give much weight to evaluability, especially if you are considering indicators for which data are collected regularly (e.g., every couple of years) and are easily accessible. In such cases, you can monitor your outcomes every few years. Some initiatives, however, may have strict time frames for collecting evaluation data (e.g., some may require you to collect your outcome data annually). In such cases, you will need to consider more heavily the evaluability of your indicators before making a decision about your final priorities.

*Capacity* refers to your community's ability to address the problem. Do you have the resources? Do you have local expertise on the issue? Can you arrange training? As with changeability and evaluability, a key issue when thinking of capacity at this stage is the time frame of your initiative. If you are undertaking a long-term initiative, then your capacity at the beginning stages may not be so important. You may be able to take time to develop whatever capacity you need. If, on the other hand, your initiative is relatively short (e.g., 1 – 3 years) and you are expected to generate concrete results by the end, then you should consider whether you have the capacity to immediately address the indicators before you make your final selection. (Note that capacity assessment and building will be discussed in more detail in Chapter 2.)

Once you assess your handful of problem issues against the criteria of changeability, evaluability and capacity, you will be able to choose the one or two problem areas to which you will devote your resources. Remember, the problems that you do NOT choose are not unimportant. You are simply making a decision to devote your current resources to those problems that are prevalent and serious, perhaps more pressing in your community than other communities, on the rise, changeable, evaluable, and within the grasp of your community's existing abilities.

The goal of this section was to help you prioritize your community's issues into the key problems that you will address. At this point, therefore, you should have only one or two problems that you have identified as your most pressing problems.<sup>6</sup> These one or two priority problems will become the focus of the rest of this document.

### Section 3: Data Collection about the Identified Priorities

Now that you've chosen your community problem(s), it is time to dig deeper. You know what the problem is, but how much do you actually know about the problem in your community? You can start asking the following questions:

- *Who* is involved in the problem (e.g., age, gender, income, race/ethnicity)?
- *Where* does the problem occur (e.g., area/town)?
- *When* does the problem occur (e.g., time of day, season)?
- *Why* is the problem occurring?

We suggest you develop an information collection plan that describes how you will gather the information you need to answer these questions. Appendix L will help you to document what gaps exist in your assessment and how you will shape your data collection.



**Action Step:** Create a plan to collect deeper information about who, where, when, and why.

To answer the first three questions (who, where, when), we recommend that you rely on as much objective information as possible. For instance, if you used surveys and police records to identify meth use as your priority problem, you should go back to those sources to find out more information. Are there certain age groups that are more affected? Does the problem occur in certain parts of the county? Are there certain times of year (or times during the week) when meth use is highest? The more you know about who, where, and when, the better you will be prepared when you develop your strategy to address the issue.

Answering the fourth question (why) will probably be the most challenging part of this stage of the needs assessment. Why people engage in risky behaviors is difficult to explain and understand. Nevertheless, there is information about factors that contribute to substance abuse. These factors – or **intervening variables** – will be the focus of this part of the needs assessment. We suggest you take another look at the figure on page 4 to reacquaint yourself with how intervening variables (IVs) fit into the model of outcomes-based prevention.

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<sup>6</sup> If the needs assessment (or any other SPF process) is for a project with particular requirements, those requirements should be followed. If the requirements include focusing on issues which data indicate are not problems in the community, then it is probably not an appropriate community for the project and they should discuss this with their funder.

Remember, intervening variables represent a group of factors that social scientists have identified as influencing the occurrence and magnitude of substance abuse and its consequences. The SPF is built on the idea that making changes to these variables at the community level will contribute to changes in substance abuse and related problems. Some important intervening variables for substance abuse prevention are:

- Enforcement of laws and policies
- Retail access/availability
- Social access/availability
- Price and promotion of substances
- Perceptions of risk and harm
- Social norms:
  - Community norms
  - Family norms

The intervening variables listed above are broad categories of factors known to be associated with substance abuse. Identifying the IVs can help you focus on the causes of substance abuse problems in your community, but they don't provide you with the details you need to really address your problems. The details are in the *contributing factors (CFs)*. It is your job to first identify the IVs that broadly affect the problems in your community, and second to identify the particular CFs that contribute most to the community problems.

 **Action Step:** Identify the broad categories of intervening variables that are related to your community's priority issue, and then identify the specific contributing factors that contribute most to the priority.

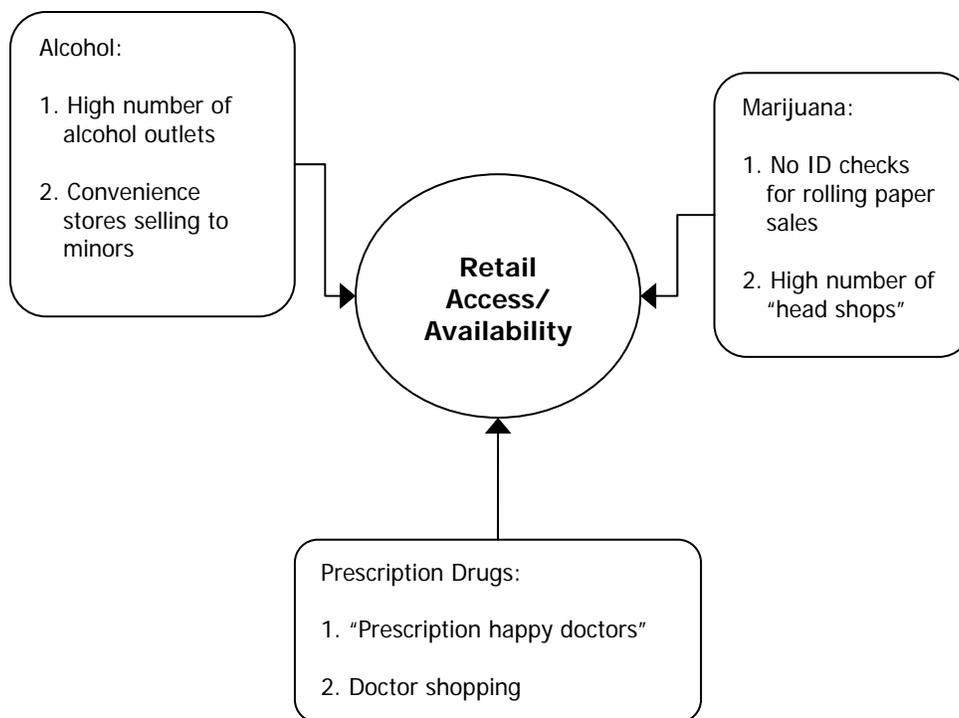
Let's use marijuana use as an example to illustrate the importance of knowing your IVs and your CFs. Let's say that two communities (A and B) identify Perceptions of Risk as an intervening variable that affects marijuana use. But what does "perceptions of risk" mean for those communities? For Community A, it may be that users of marijuana do not perceive any risk of being caught by police for using, even though law enforcement actually arrests a lot of community members for marijuana use. For Community B, marijuana users may not perceive any risks of physical harm from marijuana use, even though recent medical evidence suggests that use is more dangerous than previously believed. Both communities identified perceptions of risk as their intervening variable, but the contributing factors are quite different (and as we discuss later, will lead to different strategies for reducing perceptions of risk).

Another thing about the IVs and CFs is that they help distinguish between issues that are related but different. Take the marijuana example, again. In Community A, stakeholders found that people don't perceive a risk of being arrested, even though actual enforcement is high. This might lead community stakeholders to develop ways to publicize the high level of enforcement that already exists (thereby increasing perceptions of risk). This is different from another community (Community C) in which

actual enforcement is low (e.g., local police do not pay much attention to marijuana use because they believe they have other priorities). For Community C, stakeholders may need to persuade law enforcement that marijuana use and its consequences are priorities for the community (thereby increasing enforcement).

To recap, Community A identified Perceptions of Risk (IV), with its community members perceiving that chances of getting arrested are low (CF). Community B identified Perceptions of Risk (IV), with its community members perceiving that the physical risks associated with marijuana use are low (CF). Community C identified Law Enforcement (IV), with police not enforcing marijuana laws because they don't believe marijuana is a community concern (CF). All three scenarios will require different approaches to addressing the CFs, IVs, and ultimately the problem of marijuana use in their communities. As another example, the figure below shows several different CFs related to the IV of retail access/availability of alcohol, marijuana, and prescription drugs. Appendix M provides a similar format to this figure as a tool to help you brainstorm and identify the contributing factors in your community that are associated with each intervening variable.

### Sample Contributing Factors for Retail Access/Availability



Just as you collected data to identify the priority problem and to understand the "who, where and when" of the problem, you will need to collect data to understand the "why." Because you are digging deeper and will be asking very particular questions to learn more about the IVs and CFs, you will likely need to use methods that tap into community perceptions and expertise, including the following:

- Focus groups
- Interviews with community experts
- A scan of businesses, public areas, local media or other environments
- Surveys

Each of these data collection methods has benefits and drawbacks, as shown below. (See Appendix N for more information about these four and other methods.) Selecting which methods to use, and how you choose to use them, will be determined in large part by what knowledge gaps you identify after your review of existing data and your preliminary exploration of intervening variables and contributing factors.<sup>7</sup>

Summary of Data Collection Methods		
Type	Pros	Cons
Focus groups	Supplement quantitative data findings with personal experiences and perspectives. Can provide the story behind consequence/consumption data.	Time consuming to develop questions, arrange groups and analyze results. It can be difficult to recruit participants.
Expert Interviews	Collect on-the-ground knowledge of policies and practices.	Data may reflect interviewee's perceptions/biases.
Environmental scans	Efficient way to measure availability and promotion.	Difficult to conduct for a large geographic area.
Surveys	Collect the information you want; allows for statements such as "20% of residents responded that...", can be compared to other data.	Require technical knowledge to design. Can be very time consuming and too few responses can make results invalid. Can be costly.

### Focus Groups

Focus groups can be used to gather qualitative information from your community about issues and attitudes. They are typically led by a facilitator who presents a small number of targeted questions and facilitates the discussion. Participants share ideas and observations that can clarify issues for you or present new perspectives. Compared with surveys and other methods, focus groups allow you to delve more deeply into a topic area or to probe for more information. Focus groups also can lead you to topics or points that you had not considered. Recruiting and conducting effective focus groups can be challenging and time consuming.

**Tip: Conducting Focus Groups with Youth.** You will need to obtain parental permission for youth to participate in your focus group. To make this easier, consider asking the parents of your youth participants to be in your parent group. Then hold the youth and parent focus groups concurrently in order to facilitate participation.

<sup>7</sup> If collecting original data, please remember to consider any applicable human subjects requirements. See Appendix O.

Your focus groups may be targeted to different age groups (see box for tips on holding youth groups) or you may wish to bring people from certain geographic areas or community sectors together. Think about concentrating on demographic groups in your community for which you have little data. Your assessment committee will be especially useful in making decisions about whom to invite and how to encourage them to participate. Remember, your primary goal at this stage of your needs assessment is to learn as much as you can about your chosen priority issue. More specifically, you can use focus groups to explore each of the intervening variables and identify critical contributing factors in your community. You will find forms for collecting and analyzing focus group information in Appendices P and Q.

**Tip: Conducting Interviews.**

Expert interviews allow you to ask the interviewee specific questions that may address a specific knowledge gap. Open-ended questions provide general themes for discussion, but allow community experts to introduce their own ideas and issues.

### Interviews with Community Experts

Community expert interviews can provide you with the perspectives of people who observe and monitor community functioning. Examine your gaps in knowledge about why your priority issue occurs in your community and then contact experts who can help fill those gaps. Principals, teachers, school counselors, caseworkers, law enforcement officials, parks and recreation staff, shelter staff, probation officers, pharmacists, business people (including alcohol retailers), youth, doctors, hospital staff, and emergency responders are examples of community experts. One risk is that you may get a slanted or one-sided perspective on a problem. For this reason it is important to consider multiple perspectives and what your other data tell you.

### Environmental Scans

Environmental scanning is a technique often employed in a planning process. Before an organization seeks to develop a vision and goals for its desired future, there is an important advantage in assessing the environment that it serves. You could conduct an environmental scan to better understand how your priority issue is manifest throughout the community. For example, if your priority issue is underage drinking, you could examine the practices that businesses use to promote and sell alcohol products to minors. You could also examine the extent to which alcohol ads are aimed at minors by reviewing local media coverage, advertising, and public service announcements in print, radio, and television throughout your community.

An environmental scan can be difficult to conduct in a way that represents your entire community, particularly if it covers a wide geographic region. Because you may not have the resources to conduct a communitywide scan, one way to focus your efforts is to target areas with a high density of incidents of your priority issue(s). Appendix R provides a sample of how one might approach community environmental scanning pertaining to alcohol sales and promotion.

## Surveys

Surveys are a collection of questions that are asked of many people in the same manner, and each one of those questions usually has a fixed set of possible responses from which to choose. They allow you to collect specific information on individual attitudes, beliefs, and behaviors. Surveys can be administered by mail, face-to-face, over the telephone, or via the web. There are several benefits of surveys. First, because respondents answer the same questions, their answers can be easily compared. Second, surveys also may allow you to make comparisons to national or state data.<sup>8</sup> Third, surveys are an excellent way of gathering and analyzing information from lots of people. There are also disadvantages of collecting survey data. For instance, conducting a survey requires technical knowledge of survey design and administration and can be costly to administer. Moreover, it can be difficult to get enough people to respond to a survey, and often requires significant follow-up activity because too few responses can make your results invalid.

**Tip:** For additional assistance with interpreting data, see the section in Step 5 on “analyzing the information.”

*It is often advantageous to use existing surveys* because they have many of the kinks worked out already. However, if there is not a relevant survey available, you may want to create one yourself. Appendix S contains a list of resources and considerations for developing a survey.

To summarize Section 3, your primary goal is to learn as much as you can about your priority issue. You are digging deeper to explore *who* the problem affects, *where* and *when* it occurs, and, most important, *why* it occurs. You can probably answer who, where, and when with the objective data you had gathered to choose the priority initially. In contrast, you may need to use multiple methods to answer why (e.g., focus groups, interviews, environmental scans, and surveys). As you explore why, organize your data into the intervening variable categories, and then gather data to understand the specific contributing factors that are most responsible for the high occurrence of the problem in your community.

### **Section 4: Prioritizing Your Contributing Factors<sup>9</sup>**

Just as you once had many (maybe dozens) of problem issues from which to choose, you may now have many CFs that demand your attention. You may be focusing on one priority issue, but you may have used data from focus groups, interviews, and surveys to identify seven different CFs that contribute to the problem in your community. And just as you needed to prioritize your problem issues, you now need to prioritize your CFs. As much as you'd like to address all of them, you probably don't have the resources to do so. So your task now is to select the few CFs that you

 **Action Step:** Select contributing factors that have a strong relationship to the priority issue, are prevalent in your community, and for which there is community will to change.

<sup>8</sup> Adapted from “How Do We Know We Are Making A Difference? A Community Alcohol, Tobacco, and Drug Indicators Handbook” Boston, MA: Join Together, 2005.

<sup>9</sup> Because the CF is more detailed, you should prioritize at this level, rather than the IV level.

have the best chance of leading to change in your priority issue. See Appendix K for a tool that can be modified for ranking CFs. When prioritizing your CFs, we suggest you consider many factors, including the following:

- Prevalence of the CF. As with the priority problem, you may have “hard” data about the prevalence of the CF. For instance, court records will indicate if a community has a high rate of dismissing DUI cases (a potential contributing factor for alcohol-related traffic crashes). Similarly, your environmental scan, coupled with police records, may identify that your community has a cluster of neighborhood bars that serve adults too much alcohol, resulting in alcohol-related traffic crashes. Use quantitative data whenever possible to assess the extent to which the CF exists in your community. Those that exist to a high degree should probably be given priority.
- Relationship between the CF and priority issue. Some CFs will be more closely linked to the priority problem than others. For instance, suppose your priority issue is alcohol-related traffic crash deaths and your data indicate that the largest group of deaths occurs among 25 – 34 year olds. Your focus groups and interviews may identify several CFs related to traffic crash deaths, including over-serving at bars , low levels of law enforcement, and retail practice that encourages sales to minors.. Among those, retail practice that encourages sales to minors is probably least associated with traffic crash deaths, especially among 25 – 34 year olds. Review your CFs carefully and choose the few that seem most strongly linked to the priority issue.
- Capacity to change the CF. As with the priority issue, your ability to address the CF is determined in large part by the extent of your community’s resources, capacity, and community readiness. You need to ask yourself whether your community has the capacity to begin implementing strategies for each of the CFs you have identified. Perhaps you have existing collaborations with law enforcement, but not with local businesses. Therefore, you may want to give enforcement a higher priority than retail access and outline what steps will be taken to build your relationships with community business leaders in your strategic plan. Or, if retail access emerges clearly as a high priority, it may justify a greater investment of time and effort to build relationships with retailers. Assessing your capacity at this stage will allow you to determine if you can address the CF with your current capacity or if you need to build capacity as part of your strategic plan.
- Political will to change the CF. In some cases, you may identify a CF that is directly connected to the priority problem, but you don’t think there will be the community or political will to change it. For instance, you may have found that a high rate of binge drinking (priority problem) occurs during tailgate parties prior to college football games (CF). You will need to decide if you can work with your community stakeholders, law enforcement, and football team supporters to address this CF.

Congratulations! You have completed the first step of the SPF! You have selected your priority issue and you know, through data collection, who is most affected, where and when the problem occurs, and why the problem exists. You have also chosen the contributing factors that are most responsible for the problem and on which you can have the greatest impact. Now that you know what you are working towards, you can turn your attention more squarely on building capacity to meet your needs.

## STEP 2: BUILDING CAPACITY

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Step 2 of the SPF is community mobilization and capacity building. The idea is that after priority problems are identified, communities can begin to build capacity and mobilize communities to address those priorities. Thus, having capacity building be Step 2 in the process makes sense. It is generally understood, however, that capacity building and mobilization actually can occur *anywhere* throughout the five SPF steps. For instance, you needed some capacity (i.e., expertise and community know-how) in data systems to conduct your needs assessment in Step 1. You also considered capacity issues when you selected your priority and again when you selected your contributing factors. You will need to have, or obtain, capacity to engage in effective strategic planning (Step 3), implement your evidence-based strategies (Step 4), and evaluate your initiative (Step 5). If there is one thing that is crystal clear about the SPF, it is that capacity is an issue that pervades the whole model.

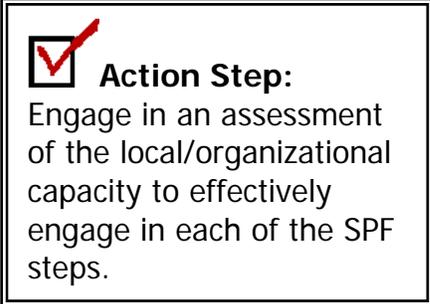


**Strategic  
Prevention  
Framework Step 2:  
Mobilize/Build  
Capacity**

Capacity includes the human, technical, organizational and financial resources necessary to monitor affected populations and to implement substance abuse prevention in a culturally and socially sensitive way. It also includes being ready, willing and able to identify and successfully utilize information from, and also network with, external organizations and resources at the local, state, and national levels.<sup>10</sup>

### Assessing Your Capacity to Conduct the SPF Steps

A critical element of having the capacity to conduct the five SPF steps successfully is knowing your current capacity. You will probably need to take stock of your capacity throughout the SPF. As we mentioned, you already assessed capacity in Step 1 when you were planning your needs assessment. You may also have conducted an informal capacity assessment during Step 1 when you were choosing your priority issue(s) and your contributing factors. Now that you have identified your priority issue(s) and your contributing factors, you may need to conduct a more formal capacity assessment to determine whether your community has all the capacity you need to move forward or whether you need to take steps to build capacity. Similarly, you may need to conduct a formal or informal capacity assessment to help decide which strategies you will use to address your contributing factors. And, again, once your strategies are chosen, you may need more capacity assessment to determine precisely which skills and resources are necessary to successfully implement them. The bottom line is that you will always be concerned with capacity throughout the SPF process –



**✓ Action Step:**  
Engage in an assessment of the local/organizational capacity to effectively engage in each of the SPF steps.

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<sup>10</sup> Maine SPF/SIG TA Team definition of capacity.

concerned about whether you have it, and concerned about building it where it may be lacking.

Below are some capacity-related questions we suggest you ask yourself and your community members as you go through each step:

### Needs Assessment

- What capacity do you have to assess your community's needs?
- Are you collaborating with people who know your community and know data?
- Do you have the data available to conduct your needs assessment – data about substance abuse consequences, consumption, and intervening variables?
- Do you have the skills to collect data on your contributing factors (i.e., conduct focus groups, interviews, and surveys)?
- Do you have the skills to analyze, interpret, and synthesize your needs assessment data?
- Do you have the skills to communicate your community's needs to local stakeholders and potential funding sources?

### Strategic Planning

- What capacity do you have to develop a solid strategic plan?
- Are you collaborating with people who have a vision for how far-reaching prevention strategies can be successful in your community?
- Are you collaborating with people who can identify culturally appropriate, evidence-based prevention strategies to address your intervening variables and contributing factors, including environmental strategies that are aimed at influencing whole communities?
- Are you collaborating with people who understand the community well, including its culture and sub-cultures, and who know how specific strategies can fit into the community landscape?
- Do you have the skills to build a clear and concise logic model that links your priority issue, to your intervening variables and contributing factors, to your strategies?
- Do you have the skills to communicate your strategic plan to local stakeholders and potential funding sources?

### Implementation of Evidence-Based Strategies

- What capacity do you have to implement your evidence-based strategies?
- Do you have the skills needed to implement the specific strategies you've chosen, with fidelity?

- Are you collaborating with people who can adapt your strategies, if necessary, to meet the cultural needs of your community (without jeopardizing the integrity of the strategy)?

### Evaluation/Monitoring

- What capacity do you have to evaluate/monitor your initiative?
- Are you collaborating with people who are familiar with various evaluation and monitoring methods?
- Do you have the data available to conduct an evaluation – data on substance abuse consequences, consumption, and intervening variables?
- Do you have the skills to collect data on your contributing factors (i.e., conduct focus groups, interviews, and surveys)?
- Do you have the skills to analyze, interpret, and synthesize your evaluation data?
- Do you have the skills to communicate your evaluation results to local stakeholders and potential funding sources?

### **Assessing Community Readiness**

Another aspect of capacity building is knowing whether your community is ready to take the necessary steps to implement a population-based prevention initiative. For instance, you may want to implement a broad-based initiative aimed at establishing community regulations, increasing law enforcement, and creating quick and sure penalties for substance abuse, but your community may not be ready for such ambitious actions. Knowing your community's readiness to act may be an important step towards creating an effective and lasting prevention initiative.



**Action Step:**  
Engage in an assessment of the community's readiness to address the prioritized problem and intervening variables.

There are many instruments available to measure community readiness, and all of them have common stages. Below are the stages of community readiness identified through the scoring process of the community readiness assessment developed by the Triethnic Center for Prevention Research at Colorado State University.<sup>11</sup> Following the stages of readiness are suggested strategies to move communities from a lower stage to a higher one.<sup>12</sup> It is important to keep in mind that it is suggested that communities should not 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.

<sup>11</sup> <http://www.triethniccenter.colostate.edu/docs/Article1.pdf>

<sup>12</sup> National Institute on Drug Abuse. (1997). *Community readiness for drug abuse prevention: Issues, tips and tools*. Rockville, MD: National Institute on Drug Abuse.

## Stages of Community Readiness

Stage and Name	Description
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 for Increasing Readiness

Stage and Name	Strategies
1. Community Tolerance/No Knowledge	<ul style="list-style-type: none"> <li>• Small-group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use</li> <li>• 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</li> </ul>
2. Denial	<ul style="list-style-type: none"> <li>• 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</li> <li>• Use of local incidents in one-on-one discussions and educational outreach programs that illustrate harmful consequences of substance abuse</li> </ul>
3. Vague Awareness	<ul style="list-style-type: none"> <li>• 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</li> <li>• Local media campaigns that emphasize consequences of substance abuse</li> </ul>
4. Preplanning	<ul style="list-style-type: none"> <li>• Educational outreach programs to community leaders and sponsorship groups that communicate the prevalence rates and correlates or causes of substance abuse</li> <li>• Educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles</li> <li>• Local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming</li> </ul>
5. Preparation	<ul style="list-style-type: none"> <li>• Educational outreach programs open to the general public on specific types of prevention programs, their goals, and how they can be implemented</li> <li>• Educational outreach programs for community leaders and local sponsorship groups on prevention programs, goals, staff requirements, and other startup aspects of programming</li> <li>• A local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse</li> </ul>
6. Initiation	<ul style="list-style-type: none"> <li>• 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</li> <li>• Publicity efforts associated with the kickoff of the program</li> <li>• A special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities</li> </ul>
7. Institutionalization/ Stabilization	<ul style="list-style-type: none"> <li>• 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</li> <li>• Periodic review meetings and special recognition events for local supporters of the prevention program</li> <li>• Local publicity efforts associated with review meetings and recognition events</li> </ul>

Stage and Name	Strategies
8. Confirmation/ Expansion	<ul style="list-style-type: none"> <li>• 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</li> <li>• Periodic review meetings and special recognition events for local supporters of the prevention program</li> <li>• Presentation of results of research and evaluation activities of the prevention program to the public through local media and public meetings</li> </ul>
9. Professionalization	<ul style="list-style-type: none"> <li>• Continued in-service training of staff</li> <li>• Continued assessment of new drug-related problems and reassessment of targeted groups within community</li> <li>• Continued evaluation of program effort</li> <li>• Continued update on program activities and results provided to community leaders and local sponsorship groups, and periodic stories through local media and public meetings</li> </ul>

Although we'd like to congratulate you for completing Step 2 of the SPF, we really can't...because you're never done working on capacity issues. Just take your time and seek guidance and technical assistance when you need it.

## STEP 3: STRATEGIC PLANNING

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Step 3 of the SPF is strategic planning. Strategic planning makes it possible to execute an organization's mission and vision in an effective, orderly way. It keeps the group on track, helps people develop and implement a prevention plan that is meaningful to their community, and outlines what everyone should be doing to move toward the goals. A good strategic plan will also provide a means of evaluating progress.

Moreover, the strategic plan will provide the tools for successfully recruiting the funding that will be needed to carry out future work.<sup>13</sup> "Planning involves developing a comprehensive, logical and data-driven plan to address the problems identified in Step 1 with the current and future capacity developed in Step 2 of the SPF."<sup>14</sup>



Your strategic plan is the document that will guide you through the rest of your initiative. It should serve as a path for you to follow, so it needs to be as clear and concise as possible, with the understanding that you cannot predict what complications will arise and what tweaking will have to take place as a result. We want you to spend the duration of your project implementing and evaluating your work, not revising your strategic plan because the first one didn't work. To do that, there are a lot of questions to consider, including:

- What strategies are likely to have the most impact on the contributing factors in your community?
- Do you have the capacity to implement a particular strategy?
- What capacity do you need to build and how will you build it?
- Who will implement the strategies and what steps do you need to take to implement them well?
- Are your strategies culturally appropriate and can they be sustained over time?

We have provided worksheets in this document to help you answer the questions above and to help document what you learn. We recommend that you collaborate with community stakeholders who are vested in the outcomes of your work to help you complete these worksheets and participate in your strategic planning discussions. As you progress through the strategic planning process, we strongly encourage you to talk with your CA and with BSAAS staff, to help ensure that your plan is as strong as possible.

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<sup>13</sup> Building Drug Free Communities: A Planning Guide. Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001. p.56

<sup>14</sup> US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. "SPF SIG Overview and Expectations: New Grantee Workshop"

Strategic planning activities may include the following:

- Assemble a planning team
- Review your needs and capacity assessment
- Create a logic model
- Review evidence-based strategies
- Select evidence-based strategies
- Consider your capacity to implement the strategies
- Develop an action plan to implement your strategies
- Create a funding plan
- Write your plan

We discuss each of these activities below.

### **Getting Started – Forming a Collaborative Team**

Just as you convened an assessment committee for the needs and resources assessment, you will need to pull together a planning team. This may be the same as your assessment team, but this is also an opportunity to involve new community members and organizations that were highlighted as important during your assessment. Moreover, your ability to create a culturally competent substance abuse prevention plan is maximized by involving the various sub-populations present in your community in all phases of the implementation process, as well as in the interpretation of outcomes.<sup>15</sup> As you assemble the team, be sure that its members represent the various sub-populations of particular interest to your community.

Comprehensive strategic change begins with a group of mutually committed stakeholders working together over a period of time to lay a foundation for sustained programming and policy. The over-arching SPF goal is to foster population change for long-term community betterment. This is to be accomplished by substance abuse prevention efforts that cut across economic, gender, ethnic, age, family and professional populations and mobilize citizens around common concerns. We suggest you create, or use if you already have one, a Community Strategic Prevention Planning Collaborative (CSPPC). The CSPPC is a representative group of substance abuse professionals, youth and coalition members who would meet routinely to oversee your strategic planning activities. Whenever possible, CSPPCs should capitalize on other existing groups in your community (e.g., Multi Purpose Community Collaboratives, Drug Free Community Coalitions, and the Michigan Coalition to Reduce Underage Drinking) and thus enhance existing capacity. On occasion it may be necessary to form a new team if there is no functioning team in a system. The following guidelines are intended to help communities get started so that they can begin to build consensus around substance abuse issues related to public health and safety.

 **Action Step:**  
Establish a Community Strategic Prevention Planning Collaborative (CSPPC)

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<sup>15</sup> “21st Century SIG/Prevention Block Grant – Definitions” 29 Aug 2006  
<<http://wind.uwyo.edu/sig/definition.asp>>.

In *Safe, Supportive, and Successful Schools: Step by Step*, the authors identified knowledge, perspective, technical skills, personal skills, and legitimacy as the five criteria needed to build an effective team.<sup>16</sup> We have adapted these recommendations to the SPF. Your team should be made up of members who are:

- *Knowledgeable* about your community (e.g., people from public safety, education, public health, mental health, and substance abuse treatment and prevention).
- *Representative* of all segments of your community, including racial and ethnic groups.
- *Influential* within your community (e.g., sanctioned leaders, power brokers, persuaders, dealmakers, peacemakers, and gatekeepers for support and resources). Consider including others on your team, such as parents, teachers, students, administrators, and clergy.
- *Equipped* with the technical skills and other talents needed to accomplish tasks. (e.g., "Who has skills in facilitation, evaluation or effective communication?").
- *Respected* by the community they represent. ("Who is important to have as a partner, given the culture, history, and traditions of your community? Who can garner support for your team and the plan?")

As part of the effort to represent the entire community on the team, be aware of other agencies and organizations that share common goals with you and also work with your targeted populations. Where feasible, the CSPPCs should include, but are not limited to, representation from the following prevention partners and stakeholders serving the targeted community:

- Alcohol/Tobacco/Other Drugs (ATOD) Community Coalitions
- Coordinating Agencies (CA)
- Intermediate School Districts (ISD) and Local Education Administration (LEA)
- Local and/or County Department of Human Services (DHS)
- Drug Enforcement Agency (DEA)
- High Intensity Drug Traffic Area (HIDTA)
- Michigan Liquor Control Commission (MLCC)
- County Public Health Department (PHD)
- Community Mental Health (CMH)
- Michigan Coalition to Reduce Underage Drinking (MCRUD)
- Tobacco and Alcohol Retailer Associations
- Agencies serving Older Adults (e.g. Commission on Aging)
- Local Law Enforcement Departments (e.g. Police/Sheriff Departments)

Examples of other potential CSPPC members might be:

- Youth centers
- County recreation programs
- Universities and colleges

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<sup>16</sup> Osher, D., Dwyer, K., & Jackson, S. (2003). *Safe, Supportive, and Successful Schools*. Frederick CO: Sopris West.

- Businesses
- Religious leaders and organizations
- Juvenile justice, and the courts
- Parent groups, including PTAs, PTOs and other groups
- Civil rights and advocacy organizations
- Foundations

## Review Your Needs and Capacity Assessments

At one of your first planning meetings, you will want to review the purpose of the strategic plan and review the findings of your needs and capacity assessment. The Assessment Report you prepared should be sufficient, but you may wish to share more detailed findings as well. In fact, some of the information provided below is repeated from the needs assessment section because we want you to have several opportunities to ensure your priority issues are clearly connected to your intervening variables and contributing factors and, ultimately, to your strategies.

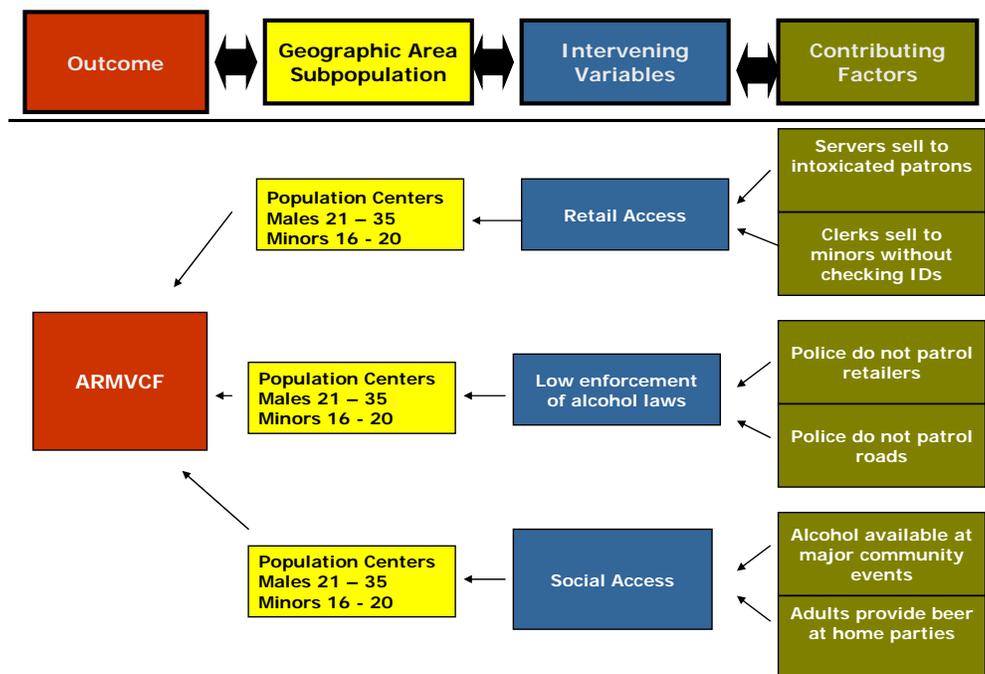
During your needs assessment process, your community stakeholders examined data on consequences of substance abuse and substance use patterns. You identified target subpopulations and geographic areas on which to focus your project and collected data on intervening variables/contributing factors associated with your priority issues. You then prioritized the contributing factors and selected those that appear most strongly linked to your priority issues. That brings you to the first major task in strategic planning: creating a logic model.

## Create a Logic Model

To help you visualize how the primary outcome, target populations, geographic areas, intervening variables, and contributing factors are all related, you will first create a logic model that connects all these pieces. The figure below provides an example of such a logic model. The figure shows that the primary outcome (in this case, alcohol-related motor vehicle crashes and fatalities, or ARMVCF) is being targeted for reduction in the county’s population centers among young adult males and minors of both sexes. The figure then shows that the top three intervening variables are retail access, law enforcement, and social access. Finally, the figure shows that, in this county, retail access refers specifically to on-site retailers (e.g., bars, restaurants) selling alcohol to intoxicated patrons and off-site retailers (e.g., convenience stores, supermarkets) selling alcohol to minors; law enforcement refers to police not patrolling retailers and not patrolling roads; and social access refers to alcohol availability at community events and adults providing alcohol to minors at house parties.

 **Action Step:** Create a preliminary logic model that connects the primary outcome (your priority issue), the target populations and geographic areas, intervening variables, and contributing factors.

## Example of a Logic Model



Remember, your logic model may look very different from the one in the figure above, *even if your priority issue is also alcohol-related traffic crashes and fatalities*. For example, you may have only chosen to focus on two intervening variables. Each intervening variable may have only one contributing factor, or many more than one. You may have different target populations that are connected to different intervening variables. The figure below shows a second example of a logic model which is not quite as “neat” as the one above. The important thing is that your logic model should reflect your data and your community!

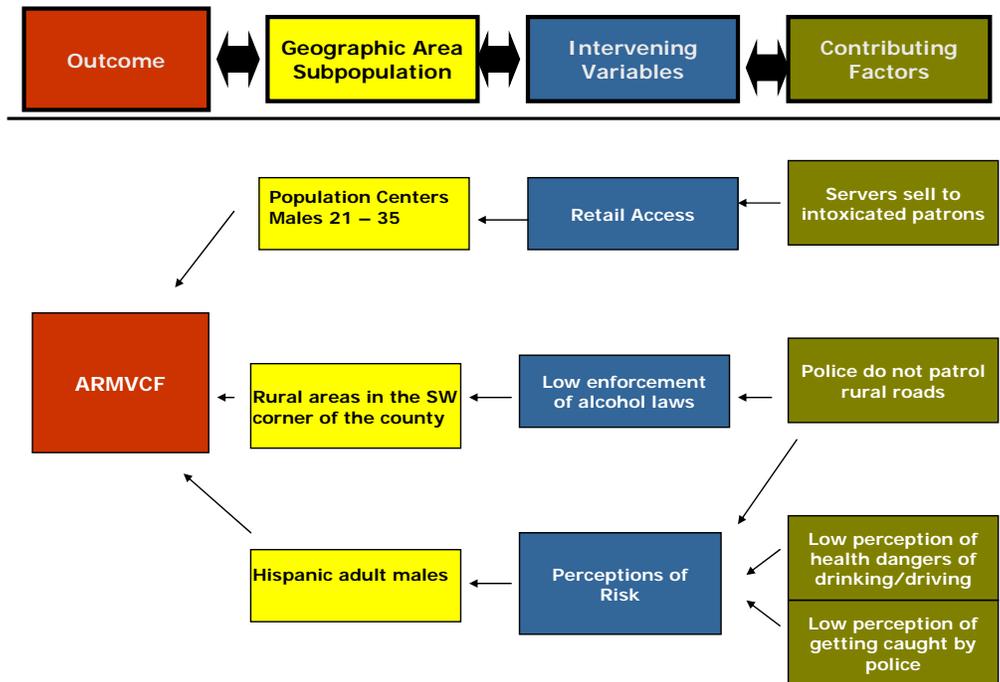
It also important to note that you might have other kinds of logic models, in addition to the outcome-oriented model described above. You may, for instance, want a logic model that is focused on your capacity building targets, in which case your capacity building need would be listed on the far left. You would then identify the factors that contribute to your capacity needs. (This logic model might be referred to as a *capacity* logic model, rather than an outcome logic model.) The key to this, or any logic model, is to display clear connections between your needs and the factors that contribute to them.

It is very important to identify carefully and accurately the contributing factors because when you select strategies, you will only select strategies that can make an impact on the contributing factors for your community. The selection of strategies must be targeted and precise, based on what you are trying to change, but we will address that soon. For now, use and adapt the Logic Model Worksheet in Appendix T and fill in the boxes for the

**Tip:** Begin now to think about available data to measure the change in your contributing factors. You may need to develop your capacity to gather data. Don't wait until you get to the evaluation step!

geographic areas and subpopulations, intervening variables, and the contributing factors. Don't forget the arrows!

### Second Example of a Logic Model



If you've conducted your needs assessment well and created your logic model based on it, you should have a good understanding of the important intervening variables and contributing factors that are potentially causing the high rates of your priority issue in your community. Now that you've answered the question of why this is happening, you now have to struggle with the question of what to do about it. You have a good understanding of your community, but not necessarily a good understanding of the strategies that will help you address your community needs. Therefore, you next have to immerse yourself in learning about the strategies that currently exist that may be useful to your community. It's still collecting data, or at least knowledge. It involves doing the research, reading as much as you can, talking to knowledgeable people in the field, and thinking about how everything you're learning fits with what you already know. So put on your critical thinking caps and plan for things to get a bit messy as you dig deep, learn lots, talk about it with others, and apply it to your community.

### Reviewing Evidence-Based Strategies

Reviewing strategies is a very important stage in the SPF. You need to know what your options are to make the best decisions. You'll want to review a wide array of environmental strategies that are associated with your priority issue. You'll also want to consider any curriculum-based approaches that may be helpful, particularly if your focus is on underage youth. We suggest you look at websites from different federal agencies (e.g., Substance Abuse and Mental Health Services Administration [SAMHSA], Centers for Disease Control and Prevention [CDC], Department of Education, Office of Juvenile

Justice and Delinquency Prevention) to help identify evidence-based strategies<sup>17</sup> that may fit your needs. A good source of information for substance abuse prevention, in particular, is SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP; <http://www.nrepp.samhsa.gov>).

You will need to learn about the strengths and weaknesses of the different strategies and you will need to learn what's involved in actually implementing the strategies. Your task is to read and review as much relevant information as possible. You should also seek out other experts in the field who can help you determine what's involved in implementing the strategies. This may include law enforcement at the state or local level, advertising and media experts, local newspaper reporters, lawyers, judges, prevention specialists, and health care providers.

 **Action Step:** Identify and review evidence-based interventions (EBIs) that address selected IVs/CFs

### Selecting Evidence-Based Strategies

Once you have carefully reviewed strategies that will target your contributing factors and you feel knowledgeable about what would be involved in implementing the strategies, you then have to make some decisions about what you're going to actually do. Obviously you can't do everything (or mostly likely you can't). There just isn't enough time, money, and people to do everything that might be desired and ideal. So it becomes necessary to weed out those strategies that are less likely to work at this time. (Appendix U contains resources related to strategy selection and guidance.) Questions to consider when choosing your strategies include:

 **Action Step:** Assess cultural fit and organizational and community capacity to implement identified programs and strategies

- Are they associated with your contributing factors? Remember, *the path to changing your priority issue must go through the contributing factors*; each strategy must be likely to influence at least one of your contributing factors.
- Are they likely to change your priority issue, or at least the contributing factors, within the amount of time you have allotted for your project? If you have a grant, your funding agency may be expecting measurable results by the end of the project.
- Do you have the capacity and resources, and is your community ready (culturally, socially and politically), to implement the strategies? Remember, any strategy is only as good as the ability of the community to implement it.
- Is there a good cultural "fit" between the strategy and your community? If not, the strategy may not be appropriate or may need modification. Culture may include, but is not limited to race, ethnicity, age, rural/urban setting, class, religion, and sexual orientation.

<sup>17</sup> According to SAMHSA, evidence-based is defined as: 1) inclusion in a Federal List or Registry of evidence-based interventions; 2) being reported (with positive effects) in a peer-reviewed journal; or 3) documented effectiveness supported by the consensus judgment of informed experts, as described in a specific set of guidelines. Please see SAMHSA's "Identifying and Selecting Evidence-Based Interventions" (January 2009). <http://prevention.samhsa.gov/evidencebased/evidencebased.pdf>

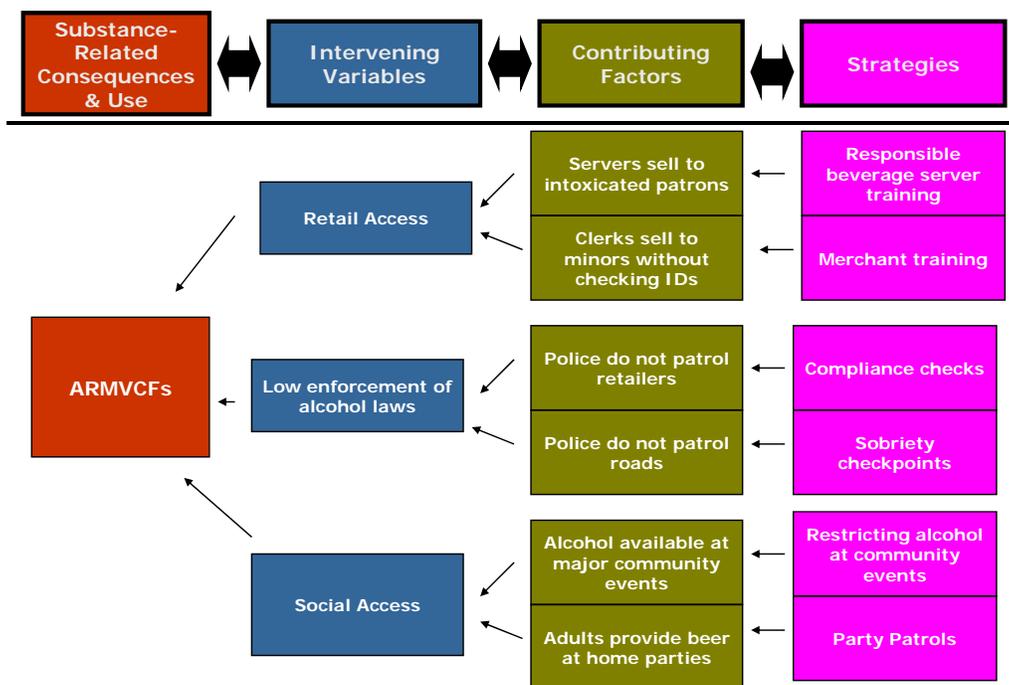
If you answer “no” to any of these questions, you should consider a different strategy.

The selection of strategies should be done in collaboration with your CSPPC and other stakeholders who are knowledgeable and/or willing to be involved in implementing them. If you want to implement a media strategy, then talk to media consultants or members of the media industry (e.g., your local newspaper) who do it for a living to find out what’s involved and the approximate cost. If you want to establish high visibility enforcement, talk to officers about what this would look like. As you learn about the strategies and what’s involved, you’ll find that some are quite involved and others perhaps less so. But always keep in mind your end goal is to select the best mix of approaches to have a positive influence on your priority issue in your community. It is important to create a plan that looks good on paper and is possible for your community to implement quickly and effectively.

Congratulations! Now that you have selected the strategies you will implement, you can return to the logic model that you started earlier and complete the column under “strategies.” Use the Logic Model Worksheet (found in the Appendix T) to display the connections between your intervening variables, contributing factors, and strategies. Remember, your logic model should reflect your data and your community, so it may not fit exactly into the Logic Model Worksheet. The figure below provides an example of a logic model that includes strategies.

**Action Step:**  
Choose priority IVs and CFs and EBIs and update logic model

### Example of a Logic Model That Includes Strategies



## Back to Capacity

At this point, you should have a pretty good idea of what’s required to implement the strategies you’ve selected. This next exercise will help you think even more about, and identify, the resources that are necessary and available to you. Be as precise as possible. For example, do you know someone with media experience who is willing to help you? Do you have a relationship with a local news reporter? Do you have a good working relationship with the local police department or know a local judge or district attorney?

You may need to build some capacity to implement your strategies well. It may require developing some relationships, getting some training, or hiring some people. At this stage, you want to consider all the steps that are involved in implementing a strategy and then think about what’s needed to implement those steps. With whom do you need to meet to secure their cooperation? Who will do each task? Who will need training for a particular task? What can you do and what needs to be “out-sourced” to experts? Do not expect that one person can do it all. Think about building capacity for both the short term and the long term. Build relationships that will last and that will allow you to continue to do this prevention work even after the grant is over (sustainability).

### Develop Action Steps

Once you know what evidence-based strategies and capacity-building activities you need to address your priority issues and contributing factors, you should create a plan to implement your strategies and activities. A common format for an action plan is:



**Action Step:** Complete a plan and timeline for implementation of overall plan and chosen EBIs.

Sample Action Plan Format <sup>18</sup>					
Priority Issue	Contributing Factors	Prevention Activities and Capacity Building Activities	Timeline	Who is responsible	Measures

### Create a Funding Plan

A key component of the Strategic Prevention Framework is the development of a long-term plan to **sustain** policies, program and practices.<sup>19</sup> In this step, the question to address is, “Now that you know



**Action Step:** Complete a funding plan for the next several years.

<sup>18</sup> “Building Drug Free Communities: A Planning Guide”, Alexandria, VA: Community Anti-Drug Coalitions (CADCA), 2001. p.79

<sup>19</sup> US Department of Health and Human Services. Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention. SPF SIG Overview and Expectations: New Grantee Workshop”

what you plan to do and when, how do you plan to fund it?"

Sample Funding Plan Format				
Planned activities/strategies (pull these from your action plan)	Estimated level of funding necessary	Potential funding sources	Steps to secure funding	Who is responsible

### Write Your Plan

Appendix V provides a format for you to use to create a strategic plan. At this point, you should have all the information needed to write it.



Remember, you are encouraged to consider having key community partners sign a memorandum of understanding or agreement (MOU/MOA). The purpose of this provision is to help leverage commitments from partners and to ensure that components of the strategic plan are acted upon. An MOU/MOA is not a legal document and is not enforceable in court.

*“Memoranda of agreement are usually used to clarify and/or specify the terms of a cooperative or collaborative arrangement involving two or more organizations. They may have to do, for example, with sharing space, with working together toward common goals, with each organization contributing something toward a common effort, or with agreements to serve on one another's boards.”<sup>20</sup>*

Discuss the terms of the agreement with all your collaborators and then circulate a draft of the memorandum for feedback. Being clear and specific in your memoranda helps avoid misunderstandings throughout your collaboration and ensures that everyone’s expectations are the same. Once the appropriate parties have signed the agreement, attach a final copy as an appendix to your strategic plan.

Congratulations! Working through the assessment and planning process is a huge undertaking and hopefully one that you have found helpful in moving your community forward in its efforts to tackle substance abuse problems. The idea is not that you will have a perfect assessment and strategic plan at the end of this process. Both should be considered “living documents” and part of your agreement with your partners might include setting timelines for revisiting and revising the assessment and plan on a regular basis. But, at this point, you should be ready to implement some effective strategies and see an impact on the problem in your community. Your efforts will be appreciated by the communities, as they will enjoy a better quality of life as a result of your work.

Next stop....Implementation!

<sup>20</sup> "Community Tool Box." University of Kansas. 29 Aug 2006 <<http://ctb.ku.edu/>>.

## STEP 4: IMPLEMENTATION

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Step 4 of the SPF is implementation of your evidence-based strategies.<sup>21</sup> This is the step in which all your careful data collection, capacity building, and strategic planning come to fruition in the form of actual strategies to address your community's priority issue.



**Strategic  
Prevention  
Framework Step 4:  
Implement**

The main focus of this section of the SPF Guidance Document is to point you in the direction of tools that can assist you to implement your chosen prevention strategies effectively. Many tools are available, particularly via the web. A few have been included in this document as examples. Additional resources are listed in Appendix U, along with web links where available.

Although your community project may spend the most time and effort implementing your strategies, you will notice that this section of the Guidance Document is relatively short. This is because strategies are so varied and so specific to the problem issue that we cannot provide you with detailed guidance on particular strategies. We can, however, call your attention to several elements of implementation that are critical for success, regardless of the strategies. These elements are planning for implementation, cultural competence, implementation management, preparing for implementation fidelity, and monitoring fidelity. We discuss each of these below.

If you have any questions at any time regarding your implementation process, do not hesitate to contact your regional substance abuse coordinating agency or BSAAS.

### Planning for Implementation

One of the keys to successful implementation is planning **prior** to implementation (“getting your ducks in a row”). Do you know all the components that are recommended for your particular program or strategy? Do you have all the partners in place to successfully carry out the strategy? Have you scheduled adequate training for key players? Do the key players all know what tasks they are responsible for implementing? These are some of the questions that must be answered *prior* to implementation. There may be clear evidence that a strategy can be effective, but it is unlikely to be effective for your community if you have not done your planning homework.



**“Failure to plan is planning for failure”**  
- Winston Churchill

### Cultural Competence

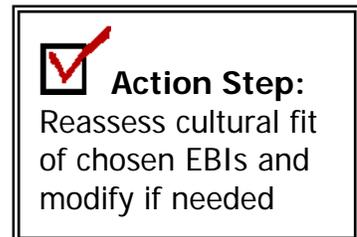
Another important consideration as you move into the implementation phase is cultural competence – i.e., implementing strategies in an appropriate manner to meet the needs

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<sup>21</sup> Throughout this chapter, the term “strategy” will refer to strategies, programs, policies, or practices.

of a culturally diverse population. Cultural diversity can refer to race, ethnicity, age, rural/urban setting, class, religion, sexual orientation, and more. Even if you think everyone in your community is similar, there may be differences about which you are unaware. If you want your intervention to reach your whole community, rather than just a few segments of it, you have to know information about all of the populations who live there. It may be that you have limited resources and can only target a few groups. That is fine, but be clear on whom you mean when discussing your targeted community.

Consider how best to get input about implementation from the population you have chosen to work with and target. If you are targeting teens, you might consider a youth advisory group. For example, if your strategy has been previously implemented with young adults, but not teens, it is critical that you get teen input *before* launching your intervention. There are only a few years separating the two groups, but minor differences can make a big difference to the success of your efforts. There is a saying sometimes heard in community organizing circles, “don’t do it to us, do it with us.” If we have a diverse community, we cannot understand all the nuances of how a strategy might be experienced. Getting input ahead of time from more than a token few is very important. Individuals are usually much more agreeable to participation in an effort and/or receptive to a message if it is clear their voices have been heard in the process.



## Implementation Management Tools

There are many useful tools available for managing implementation. The Community Toolbox (examples of tools and a reference can be found in Appendix W) is hosted by the University of Kansas and is a good place to start (<http://ctb.ku.edu/en>). The tools in Appendix W guide you through a series of questions you need to answer prior to successful implementation of any strategy or program. The Community Toolbox also has a wealth of information on each of the steps in the SPF process – assessment, capacity building, strategic planning, implementation and evaluation. There is also basic information on facilitating meetings, setting agendas, conflict resolution, etc. These tools will not guarantee success, but they will help you have the best chance of being successful.

Think about using tools that help you organize the work involved in implementation, such as charts for tracking who will be responsible for each step and timelines for implementation. The Microsoft Office website has timeline templates in various formats (Word, Excel, etc.) that can be used for creating a visual timeline.

Implementation can get complicated, especially if your coalition is implementing multiple strategies. If the details of implementation in the planning phase appear to be overwhelming, you may have taken on too much. Don’t be afraid to pull back if you are trying to launch multiple strategies or programs. It is better to take on fewer projects and to do them well. If the SPF process and the implementation of evidence-based interventions are new to you, it is probably better to start off slowly. Implement one strategy, learn from the experience and then add another intervention.

## Preparing for Fidelity

Because you have chosen to implement an evidence-based strategy, it will be important to follow the guidelines laid out by the original developers of the strategies, or based on information about best practices from those who have researched the effectiveness of the strategies (i.e., implement with fidelity). These strategies have been shown to be effective under specific conditions and with specific populations. It is important for you to review those guidelines and to make sure that you understand fully what is involved in implementation. Step-by-step guidelines or components are typically spelled out in greater detail for curriculum-based programs than is true for environmental strategies. We have provided resources in Appendix U to assist you in identifying core components for environmental strategies.

In Appendix X you will find tools to help you prepare for, and monitor fidelity. This tool was developed by PIRE for the Michigan SPF SIG project. There is an alternate fidelity form available from the Community Toolbox. Although fidelity assessment is typically considered to be part of the evaluation process, completing the form prior to implementation can serve as a planning checklist. To fill out the form, you will need to research guidelines for each of the strategies you plan to implement.

Note that the forms ask about modifications that you intend to make to the strategy. Although your strategies may be evidence-based, they may not have been evaluated for the particular populations with which you plan to work. You may need to make some adjustments to make sure there is a good fit. For example, you may need to modify a strategy if it was originally designed for a rural population, but your setting is urban. That is fine and probably a good idea, but it is important to explicitly acknowledge the changes you make to developer- or research-based recommendations. In making your planned modifications, however, it is important that you not alter the core elements of the strategy. If you modify too much, you will not be implementing with fidelity. So, if you modify, modify with caution and purpose.

**Tip:** If you have to modify an evidence-based strategy, know why you are making changes and document the changes.

Of course, one of the best ways to prepare for implementation fidelity is to take advantage of whatever training is offered by the program developers or other experts in the strategy. In fact, many curriculum-based programs will require you to attend training if you are going to purchase the curriculum. (This is typically not the case for environmental strategies, which are usually not purchased. Nevertheless, training is often available and recommended.) Although it might be tempting to say you will just “read the manual,” we highly recommend that you be trained by the experts. It may seem costly in the short-run, but it won’t be as costly in the long-run as poor implementation. To help reinforce your learning and prepare for staff turnover, we suggest you allocate training funds each year in your budget.

**Tip:** Don't forget to budget funds for training on your strategies. To help save training costs, consider collaborating with other coalitions.

## Monitoring Implementation

Don't wait until your implementation is over to begin monitoring and evaluating your programs and/or strategies! You might get to the end of a yearlong implementation only to discover that it didn't work, **but** that there were things you could have done differently to make it work. Maybe there were some obstacles that had not been considered in your planning, but that could have been addressed as they arose. For example, in implementing responsible beverage server trainings, you find that there is limited participation from one area of the county. As you explore the issue a little further, you discover that all trainings have been provided in English and many of the retailers' staff members speak a different language. You may not be able to address all the languages spoken, but it is better to recognize the issue early on and make necessary adjustments before implementation is over. Conversely, you may have included an addition to the recommended components that seems to be strengthening your results. Don't wait until the end of implementation to recognize this strength and build on it! (See the various monitoring tools in the Appendices W & X.)



### Action Step:

Monitor implementation of overall plan and individual EBIs

Think about getting feedback from your target audience as you progress through implementation. It might help you to be more effective. There are simple ways to get feedback—for example, satisfaction surveys or talking with a few key stakeholders. If a patient has a fever and has been given medication for three weeks, you don't wait until the end of the three weeks to do a temperature check. You need to do temperature checks fairly quickly and frequently to see if the medication is working and to help identify if there is anything you can do to increase its likelihood of success. As an example, to help address retail alcohol access for minors, one group implemented several rounds of sticker shock activities around specific holidays. They did a short survey to get feedback from retailers after the first round of implementation and were told that it would have been helpful to get the materials at least a month prior to the holiday to allow more time for displaying the information. Getting the feedback led to improvements in subsequent rounds of implementation and the process communicated to key partners that their input was important. Review monitoring results with your CSPPC and make revisions as needed.



### Action Step:

Periodically review assessment of implementation with CSPPC and modify as needed

## Sustainability

As you do your implementation planning and monitoring, keep in mind ways in which you might sustain your efforts as well as share your resources and experiences with other coalitions. For example, if you create an information packet for retailers regarding liquor license laws and compliance checks, make them available on your website. If you conduct a training for local law enforcement and youth decoys, consider taping it and making it available via a website or DVD. We often think of sustainability as finding financial resources to maintain a project, but you might also consider sustainability as planning for the next generation of community substance abuse prevention efforts. How

will they know why you chose a particular strategy? Will they have to create a new implementation plan from scratch for the strategy that you just implemented, or will you have left them a legacy of documentation regarding implementation decisions, key partners, lessons learned, and guidelines and resources for intervention implementation?

Future prevention funding may be uncertain. Plan and document your activities as if there will not be funding and as if you won't be around for the next phase of implementation to explain to your partner what you did this time around. If there is funding, your documentation should assist you with your applications to current and future funders and with your future implementation efforts.

## **Conclusion**

Creating an overall strategic plan is important. It is equally important to make sure you have done adequate planning for effective implementation of specific programs and strategies. Tools and resources have been provided in this document to help you implement strategies effectively. In addition, remember that there are probably individuals in your community who have valuable experience with planning and managing the implementation of strategies that are similar to those in your current project. Seek assistance from your partners because the most effective individuals and groups are those who are able to utilize the skills and resources of others.

Next stop....Evaluation!

## STEP 5: EVALUATION

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Step 5 of the SPF is evaluation of your initiative. This section of the Guidance Document provides you with a brief overview of how evaluation fits into the SPF and how it can be useful to you. The guide will then take you step by step through many different types of activities that you can undertake to evaluate the prevention strategies you have been implementing. Throughout this process, the

guide will help you understand what you are evaluating and why, as well as suggest data sources and provide methods to collect, compile, and analyze data. Please note that some of the tools referenced in this section, such as surveys and focus groups, were already covered in Step 1 because they can be used for either purpose: needs assessment or evaluation.



**Strategic  
Prevention  
Framework Step 5:  
Evaluate**

This guide is designed to help you learn more about the effectiveness of your overall initiative, as well as your specific strategies. If you choose to complete the activities outlined in this guide, the end result will be an evaluation that monitors strengths, weaknesses and effectiveness of your project. This knowledge can be used to help you and your coalition make decisions about how to approach prevention in the future.

If you have any questions at any time regarding your evaluation process, do not hesitate to contact your regional substance abuse coordinating agency or BSAAS.

### **Why Evaluate?**

Evaluation is a systematic way of assessing your initiative. It helps you understand where there has been positive impact on your community's priority issue(s), as well as the associated contributing factors. Given how long it takes to bring about behavioral change, especially at the community level, you are more likely to see short-term change in your contributing factors than in consequences or consumption. The results of evaluation may be used to refine program implementation, concretely illustrate progress toward program goals, and even solicit funding for additional evidence-based programming. The goal of the SPF is to implement evidence-based strategies that "fit" with your population's needs, as identified during the assessment phase (Step 1). Evaluating your progress can help you to determine whether the strategies do, in fact, address your community's needs and whether they have been effective.

In addition to monitoring the effectiveness of your current substance abuse prevention efforts in your community, evaluation can also provide you with information on how to proceed with prevention programming in the future. For example, did any unforeseen circumstances or needs prevent you from implementing a strategy as planned? Were the necessary partners invited to the table so the strategy could be implemented in an effective manner? Did any strategies require more time, money, or staff than anticipated? Did any strategies face a substantial amount of reluctance or excitement

by participants? Did the plan reduce substance abuse? The answers to these questions are important as you prepare for future prevention efforts.

## Designing the Evaluation

This section covers six key steps that you should consider taking when designing your evaluation (see Appendix Y for an evaluation design action planning template):

- Creating an Evaluation Workgroup
- Determining Your Evaluation Question(s)
- Developing/Reviewing an Evaluation Logic Model
- Deciding on Your Outcome Data Collection Design and Methods
- Identifying Your Evaluation Measures
- Writing Down your Evaluation Plan

### Create an Evaluation Workgroup

The first step in designing an evaluation is to pull together a group of people who will oversee the evaluation process.<sup>22</sup> These may or may not be the same people who are responsible for implementing the evaluation activities. A good place to start might be the group that did your initial assessment (Step 1), your Steering Committee or Community Board. Ask the group whether anyone is interested in being part of an evaluation subcommittee, and try to get good community and stakeholder representation. It is also helpful to have someone on the workgroup who is knowledgeable about research practices and someone who is familiar with your initial assessment data. The following list contains representation to consider:

 **Action Step:**  
Establish an Evaluation Workgroup. Consider using members from your CEW.

- Coalition Staff
- School Personnel
- Police Department
- Community Members (e.g., youth, parents)
- Local Businesses
- Experienced evaluators from a local university, college or non-profit organization

These members can be invaluable throughout the evaluation process by providing insight into the feasibility of data collection methods, key contacts needed to get access to data, buy-in for the evaluation process, interpretation of results and the dissemination of findings.

**Tip:** Include internal and external stakeholders in your evaluation planning.

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<sup>22</sup> This section does not assume that you will hire an evaluator for your project. If you have resources to hire an external evaluator, Appendix AC includes references that can help guide you in selecting an appropriate person. If you do hire an evaluator, we recommend that you allow that person to take the lead in developing an appropriate evaluation plan for the project.

## Creating Your Evaluation Team: Key Questions to Consider

How many people should be included on the team?

Who will provide leadership and direction for the team?

How will evaluation team members be engaged in the evaluation processes and coalition goals?

How often will the evaluation team meet?

How often will the team collect evaluation data?

What roles will the evaluation team play in implementing, monitoring, and updating the evaluation plan?

How will your stakeholders be included in the development of your evaluation plan?

Should “outside” technical assistance be sought or is there enough expertise available within the team?

To whom, how often, and in what formats will the evaluation team provide feedback?

## Determine Your Evaluation Question(s)

To determine your evaluation questions, the evaluation workgroup should discuss what areas you want to evaluate. The group should consider *process and outcome questions* – that is, evaluation questions that address what you did (processes) and whether it had an effect on your contributing factors and priority issue(s) (outcomes). *Remember, all evaluation questions should relate directly to your project’s goals.*

 **Action Step:**  
Determine  
evaluation  
outcome and  
process questions

The overarching questions for your *process* evaluation should be “*How well was the overall plan implemented?*” and “*How well were the particular strategies implemented?*” Some specific process questions for you to consider about your overall initiative include the following:

- Did you bring the right people to the table for your assessment, planning, and implementation workgroups? Did those workgroups function well? Did members understand their roles and responsibilities? Did members think the workgroups achieved their goals?
- Did community stakeholders (beyond those in your workgroups) understand the goals of your initiative?
- Did you build prevention capacity in your community? How did you build it? What training did you provide? Do your community trainees plan to use their new knowledge and skills in the future?<sup>23</sup>

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<sup>23</sup> Assessing capacity change could be considered among your process or outcome questions. If enhancing capacity was one of your project’s primary goals, then it should be considered in your outcome evaluation. If it was a process required to achieve your outcomes, then you could consider it in your process evaluation. Either way, the questions will be similar.

- Did you implement all the strategies you intended to implement and reach all the populations you intended to reach?
- What were the perceived strengths and weaknesses of your initiative?

Some specific process questions about your individual strategies could include the following:

- Did you implement the strategies with fidelity?
- Did you reach your intended target population, and did the target population receive as much of the strategy as was necessary to achieve your intended results (dosage)?
- How many people participated in your curriculum-based programs and what were their demographic characteristics?
- How satisfied were your participants about the services they received?
- What environmental strategies were developed, supported, or enforced? Which components were you unable to develop, support, or enforce?

The overarching question for your *outcome* evaluation should be “*What effect did our initiative have on our community’s priority issue and contributing factors?*” Some specific outcome questions for you to consider include:

- Did the priority issue or contributing factors change over time, in the desired direction?
- If so, were the changes statistically significant?<sup>24</sup>
- Did you rule out other possible reasons for the changes (or at least acknowledge them)?
- Were changes similar across all groups within the targeted population or were the changes different among subgroups?

Determining your evaluation question(s) can be intimidating if you are new to evaluation. However, you should be able to stay on track if you focus on making sure that your evaluation plan is directly related to your initiative’s actions (e.g., coalition building, mobilizing communities, and implementing several strategies to influence some key contributing factors). In addition, in the planning phase of your evaluation it can be beneficial to be more comprehensive than less. For example, you might be trying to reduce both retail and social access to tobacco, but may only have the resources and data to monitor efforts targeting social access. Don’t ignore retail access in your evaluation plan. It is better to create an overall evaluation plan and then decide

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<sup>24</sup> Statistical significance is determined by analyzing data using mathematical formulas. It is used to assess the extent to which an observed pattern or change might be due to chance (and, therefore, is not a “real” effect). When the probability of observing a pattern or change is very low (typically less than 5%, often shown as  $p < .05$ ), scientists conclude the pattern was statistically significant—it was not simply due to chance. We recommend consulting with someone who has expertise in statistics to guide your community on this issue and to conduct the appropriate statistical test(s).

the best use of your resources. The evaluation workgroup may also decide to prioritize evaluation questions by focusing on questions that can be readily answered now while building the capacity to answer additional questions in the future. For example, if you currently lack data on compliance check results, you might add the development of a data sharing protocol with local police departments as part of your effort to build capacity, and work toward obtaining that data. As your coalition evolves and you become more confident in your evaluation skills, you can always add more questions to your evaluation or change the questions on which you choose to focus.

Develop/Review an Evaluation Logic Model

Once you've identified your evaluation questions, you can determine what data you need to answer those questions. We suggest that you create an evaluation logic model to help identify the data you will need and the data that are available to you. The evaluation logic model builds on the logic models that you created in the strategic planning section of this document. It displays the connections between the priority issue, intervening variables, contributing factors, and strategies, and includes the data you will need to gather to assess changes over time. In most cases, the data you will gather *will be the same data (but updated) that you gathered to identify your priority problem and contributing factors during the needs assessment step.* The logic model can also include process data you will collect to track the implementation of your strategies. The table below is an example of an evaluation logic model that uses information from the planning logic model from page 34 of this report. (Please note that this logic model simply adds descriptions of the data to the earlier logic model. Also note that you can create a capacity-oriented evaluation logic model if you developed a capacity logic model, as discussed under Step 3.)

<b>Priority Problem</b>	<b>Intervening Variable</b>	<b>Contributing Factor</b>	<b>Strategy</b>
Alcohol-related traffic crashes and fatalities  <i>Data: (1) Percent of crashes and deaths that are alcohol-related; (2) Rate of crashes and deaths that are alcohol-related, per population</i>	Retail Access	Servers sell to intoxicated patrons  <i>Data: (1) Interviews with law enforcement; (2) Observations; (3) Arrests from patrons after leaving particular establishments</i>	Responsible beverage server training  <i>Data: Number of people trained, number of establishments trained</i>
		Clerks sell to minors without checking ID  <i>Data: (1) Interviews with law enforcement; (2) Purchase surveys (using decoys to buy alcohol)</i>	Merchant training  <i>Data: Number of people trained, number of retailers trained</i>
	Law Enforcement	Police do not patrol retailers  <i>Data: (1) Interviews with law enforcement; (2) Records of compliance checks</i>	Compliance checks  <i>Data: Number of compliance checks, number of retailers visited</i>

Priority Problem	Intervening Variable	Contributing Factor	Strategy
		Police do not patrol roads  <i>Data: (1) Interviews with law enforcement; (2) Records of enforcement activity</i>	High Visibility Enforcement  <i>Data: Number of police patrolling roads, number of areas targeted for enforcement, number of media outlets informed of efforts</i>
	Social Access	Alcohol is available at community events  <i>Data: (1) Focus groups with community members; (2) Environmental scan of community events</i>	Restricting alcohol at community events  <i>Data: Number of community events that sell alcohol, number of events that have alcohol sponsors, number of policies in place to restrict alcohol availability</i>
		Adults provide beer at home  <i>Data: (1) Focus groups with youth; (2) Interviews with law enforcement; (3) MiPHY surveys</i>	Party Patrols  <i>Number of parents participating, number of parties found serving alcohol to minors</i>

### Identify Your Outcome Evaluation Design and Methods

There are many different approaches that you could adopt for assessing whether your project has been successful in achieving the outcomes that you hope to reach in your targeted community(ies). The most straight-forward approach that is inherent in the SPF model is to assess progress based upon comparing your baseline community conditions (i.e., the data that led you to target particular substance abuse consequences and contributing factors during your initial needs assessment) to similar information that is collected at later points in time after you have begun to implement your strategies. Remember, the SPF model is depicted as a circular set of steps wherein ongoing evaluation and ongoing needs assessment are inter-related and mutually supportive. In its simplest form, this results in a pre-post outcome evaluation design that allows you to monitor the changes in your community across time that are due both to your project and to other factors that also influence your targeted conditions. This can help you identify and celebrate progress on the targeted issues and make adjustments to meet the evolving community needs.

Because there are factors other than your project that will influence outcomes in your community, such as other prevention efforts occurring at the same time as your activities, it is difficult to directly link your results to your interventions. Including data from a control group (e.g., comparable communities that are not part of your project), or having other comparison data in your evaluation design for comparative purposes can help. Since this level of evaluation often involves greater time, expertise and effort, it is

important to include individuals with evaluation expertise on your project or consult with an evaluator. There is additional information that is relevant to outcome evaluation approaches in the later section of this Guide on *Analyzing Quantitative Outcome Data*.

In addition to making decisions about an appropriate evaluation design, you will need to identify appropriate data collection methods and instruments to assemble the data for your analyses (e.g., surveys, archival data, focus groups, interviews, etc.). Because the logic of the SPF evaluation process emphasizes capturing updated data concerning the targeted community conditions that were identified during the initial needs assessment phase, your evaluation methods and instruments are most likely to repeat those that are described in the *Step 1: Needs Assessment* chapter of this document (please consult that chapter for guidance on these data collection methods).

**Tip:** Don't rely on a single process or outcome measure, because no individual measure is perfect. Use a variety of measures to build a stronger case for the effectiveness of your initiative.

You will want to critique the methods that you used during the needs assessment phase to identify possible ways to improve on the quality of the data you are able to collect for evaluation and ongoing community assessment, but you also should try to maintain reasonable comparability of the data across time. If your critique of the methods used to identify an issue during the needs assessment phase leads you to have significant questions about the accuracy of the information, then you should consider capturing newer, more accurate information as soon as possible. It will not serve your community well to be focusing resources on addressing an issue that may not exist.

### Identify Your Evaluation Measures

Evaluation measures refer to the *specific* information you are going to use to answer your evaluation questions. They are a more precise way of expressing what data you will collect. For instance, in your logic model you may indicate that you will collect data on alcohol-related traffic crashes. You may even identify archival data as your method for evaluation.

But there are actually many different archival measures of alcohol-related traffic crashes, such as the number of crashes that are alcohol-related, the percent of all crashes that are alcohol-related, and the rate of crashes that are alcohol-related per population. Similarly, you may indicate in your logic model that you will collect data on tobacco use. But, again, there are many measures of tobacco use, including survey data on cigarette use during the past 30 days (known as current cigarette use), survey data on daily cigarette use, or tobacco sales tax revenue information. Moreover, there are many different surveys, including the Youth Risk Behavior Survey, Monitoring the Future, National Household Survey on Drug Use and Health, the Behavioral Risk Factor Surveillance Survey, the Communities That Care Survey, or the Michigan Profile for Healthy Youth (MiPHY). So, the “measure” means which exact pieces of information you will use, and their sources, to answer your evaluation questions.

 **Action Step:**  
Determine measures for each of the IVs and specific CFs. If possible, use measures from Step 1

When identifying evaluation measures, your evaluation workgroup will want to make sure that the ones they select are a good “fit” for the your evaluation question. A good fit considers both what you can measure as well as what meaning you can derive from it. As discussed above, when possible, use the same measures you used in Step 1 to identify your priority issue and your contributing factors.

*Process Evaluation Measures.* Process evaluation measures should describe what you did and how you did it. You may already be reporting data to the State or a funding agency that could be used to answer process evaluation questions. Process measures may include the number of project meetings held and the key activities or results of those meetings; the kinds of stakeholders involved in your initiative; the number and type of strategies implemented. Sources for this and other process evaluation information can include your own records, such as meeting notes and attendance sheets; fidelity assessment forms; and interviews with key informants or stakeholders. Remember, tracking relevant, specific information about your implementation efforts is important. If, for example, you say you will reach specific numbers of youth in each of the age categories 10-14 and 15-18, you should document the number of youth you reached in each category. In this case, giving a grand total for ages 10-18 would probably not be sufficient.

*Outcome Evaluation Measures.* Your outcome evaluation measures should be focused on your priority issue and your contributing factors. If you are confident that the measures you used during your needs assessment to identify your priority issue(s) and contributing factors were appropriate and useful (i.e., valid and reliable), then you should plan on using them as your outcome evaluation measures. If you feel, however, your needs assessment measures were not adequate (e.g., they did not provide you with accurate data or the sample was too idiosyncratic), were too difficult to obtain, or were obtained from a source that is not longer available, then you will need to identify other outcome measures that are relevant for assessing changes in your priority issue and contributing factors.

**Tip:** There is no "perfect" evaluation design! Once you have developed a thoughtful evaluation plan, it is far more important to start to evaluate than to wait for the perfect process.

As you determine the process and outcome evaluation measures that you will use, we recommend that you keep a list of all the resources and data sources that are already available to you (and, hopefully, you maintained a list of data resources as part of your needs assessment). Creating this inventory will help you to determine what information you have and what information you need or want to collect. As a further resource to you, Appendix E lists many data sources that are available in Michigan at the state and sub-state levels. Also, please see the section on Step 1 (Assessment) for information on specific data collection tools.

## Write Down the Evaluation Plan

Once the evaluation workgroup has completed the preceding evaluation steps (i.e., determined the evaluation questions, reviewed or developed the evaluation logic model, decided on your evaluation methods and designs, and identified the measures) it is important to write the decisions into an evaluation plan that is approved by the group. This plan should include the specific activities to be completed, who is responsible for completing them, and a target date for completing those activities. It should also relay how the evaluation measures relate to the evaluation questions and to your coalition's overarching objectives. This can be done graphically or through a written description. A comprehensive evaluation plan should also include any relevant decision-making guidelines, interim reporting requirements or meeting schedules, a data collection plan and how you plan to use the evaluation results.

 **Action Step:**  
Develop a timeline and work plan for evaluation activities

Appendix L contains a data collection plan template which you can use to outline how you plan to compile or collect your evaluation measures, who is responsible and when you want to collect them.

## **Analyzing the Information You Collect: Finding Meaning Within Data**

Data can help you in many ways. They can be used to assess the effectiveness of your strategies, monitor the progress you are making towards achieving your goals, identify where improvements are needed, and determine whether midcourse corrections actually improved your implementation. Data can also encourage and motivate staff to make improvements; provide fiscal accountability, and improve public relations by providing information to your stakeholders. But collecting a lot of information in and of itself does not lead you to a depth of understanding. The next step should be finding meaning in your numbers; that is, to analyze the collected data and turn it into something that can help you and your community partners make decisions based on the results. Your analysis should focus on the purpose of the evaluation process, namely the original evaluation questions. However, do not wholly limit your analysis to your evaluation questions or you risk losing interesting themes and unexpected outcomes that you may not have originally expected.

When going through data, spreadsheet software like Microsoft Excel and statistical analysis software like SPSS can assist you in organizing, analyzing and interpreting your data. In addition, Appendices F-I and P-S contain a number of tools and templates that have been compiled to help you examine your data in meaningful and informative ways. These include templates for examining trends in MiPHY data, putting together focus group data, record reviews, and mining multiple data sources for common themes and findings. Use your evaluation logic model to enter and view trends as well.

## Analyzing Process Data

Most process data are used to document your activities and to help make sure you are taking the appropriate steps to reach your goals. We recommend that you compile a database (in Excel, for instance) that allows you to track your key process measures, including when you implement your strategies, the number of people you serve, and their demographic characteristics. You can then use these data to see if you are reaching your intended target audience, to make midcourse corrections if necessary, and to report to your community stakeholders about how many people in your community you are reaching.

 **Action Step:**  
Create a database to track key process measures

As discussed previously, in assessing implementation fidelity of your strategies you should compare your anticipated implementation plan to how the strategy is actually being implemented. Comparing the anticipated and actual activities and outputs for each strategy can help you determine if your program is on track to meeting its goals. A simple matrix like the sample one below can help guide this analysis.

<b>Strategy</b>	<b>Anticipated Key Activities</b>	<b>Actual Key Activity</b>	<b>Change from Plan</b>	<b>Reason for Change</b>
<i>3.1.a Work with police departments (PDs) to enhance enforcement of underage drinking, furnishing, zero tolerance, and hosting laws</i>	<ol style="list-style-type: none"> <li>1. Meet with PDs in Towns A, B and C</li> <li>2. Review Policy</li> <li>3. Suggest Policy Changes</li> </ol>	<ol style="list-style-type: none"> <li>1. Met with PDs in Towns B and C</li> <li>2. Reviewed policies and suggested changes</li> <li>3. In Town B, provided officer training</li> </ol>	<p>Unable to have meeting with Town A</p> <p>Provided officer training on importance of underage drinking in Town B.</p>	<p>Chief in Town A is not on board with implementing model policy.</p> <p>Policy was already in place in Town B, but officers did not support it.</p>

The above example illustrates how process evaluation can help your project adjust how it approaches collaborators. It also can help you to explain why outcomes, such as violations/citations or perceptions of enforcement, may have remain unchanged in that area or are lower than your established target. Templates for analyzing process data can be found in Appendix Z.

You can also examine interviews, focus groups or meeting minutes that may have discussed the strengths and weakness of the strategy implementation. Consolidate these into a single list of strengths and weaknesses so you can view them all together. Although identifying weaknesses and areas for improvement is helpful for improving your program, identifying strengths can help you continue on the right track and eventually use your evaluation results for soliciting positive publicity for your work and funding for future projects. The following matrix contains questions that can help you with this process:

<b>Strengths</b>	<b>Weaknesses</b>
What went according to plan?	What barriers prevented us from implementing our plan?
Who or what helped the project stay on track?	At what point did our strategy deviate/veer off track?
How did we overcome challenges?	What obstacles or challenges did we not overcome?
Who worked well together?	What lessons did we learn?

### Analyzing Qualitative Process and Outcome Data

How do you analyze data that are descriptive rather than numeric? You look for patterns in peoples' statements or common themes in what you have observed. For example, suppose you use brief surveys to collect comments from retailers who participate in responsible beverage server training. The following matrix can help to identify patterns in the comments of staff and managers regarding their experiences.

	<b>Positive Responses/Feedback</b>	<b>Negative Responses/Feedback</b>
<b>Staff</b>	<i>This will really help me with my work!</i> <i>I found the guidance was very applicable to the work I do.</i> <i>I did not know about my legal responsibilities.</i> <i>I didn't know about the fines – yikes!</i>	<i>It was really hard for me to attend; I had to rearrange a lot.</i> <i>The volume was too low! I couldn't hear!</i> <i>5:00 PM is a bad time!</i>
<b>Managers</b>	<i>Staff are really using this knowledge.</i> <i>I have noticed my staff are checking IDs more frequently.</i> <i>We are all aware of the policies and legalities and so everyone is on board with our policy.</i>	<i>Staff were not able to attend in the evenings.</i> <i>The training covered too much.</i> <i>As a manager, how do I implement this with staff who were not here?</i>

If both staff and business managers/owners cite the same reasons for satisfaction (or dissatisfaction), you have identified areas where you should continue (or that may need a midcourse adjustment). You could conduct this same type of analysis but compare different training sessions, or apply it to other groups (for example, parents and youth). You can also use this method to analyze interview, observation, or focus group notes.

Two additional templates can be found in Appendix Q (Analyzing Focus Group Data), referenced in Step 1, and Appendix AA (Analyzing Participant Observations).

### Analyzing Quantitative Outcome Data

There are four key ways to analyze outcomes data<sup>25</sup> and you will probably have used some of these methods in the assessment phase. They are as follows:

<sup>25</sup> According to Poister (2003).

*Trends Over Time.* Trend data allow a coalition to compare itself to itself over time. Because data are often tracked at regular intervals, trend analysis is a useful and easy way to gauge performance. This method works well with a consistent source of data, such as MiPHY or other local youth survey. For example, you could look at the rates of alcohol use among youth, or youth perceptions of being caught using alcohol by their parents, in 2008, 2010, 2012, 2014 and 2016. A marked decline after you began your work will provide support that your strategies are working.

#### **Analyzing Data: Key Questions to Consider**

- Are the data reliable and valid?
- Is sample size large enough to represent the group you are looking at?
- Is there a difference when you look at the data according to demographic groups (e.g., age, grade, gender, race, location)?
- Are there substantial differences between current results and your initial data?
- How can unusual or unexpected findings be explained?

Looking at trends over time is especially useful for communities that have conducted the SPF because you will have collected data at the beginning of your initiative as part of your needs assessment. In other words, you will already have baseline measures for your priority issue and contributing factors. Hopefully, updates of those measures will be available to you as your initiative progresses, allowing you to document trends over time. Nevertheless, there are other ways of analyzing quantitative data that might be useful to you.

*Comparisons Against Standards.* Many strategies or model programs have indicators or best practice standards (for examples, see the National Registry of Evidence-Based Programs and Practices) or benchmarks that a project can use to analyze its performance, or determine whether it is meeting expectations.

*External Benchmarking.* External benchmarking allows you to compare your performance against a similar community project on a set of common measures. For example, you could contact another Michigan community with a similar project to determine what their results have been for a particular contributing factor and compare your findings. External benchmarks can also be set by looking at national standards, state rates, or even sub-state trends.

*Comparisons Among Groups.* This type of analysis would allow you to compare findings among different units (e.g., schools, towns, retailers) on a set of common measures to identify strengths and areas needing improvement. For example, suppose you have held responsible beverage server training throughout your area, but some retailers did not participate. After the local police conduct Compliance Checks, you could compare the successful compliance rates among retailers who participated versus those who did not. You could also compare rates of youth alcohol use for schools or school districts where you have been highly successful with these efforts to those where less work has been done.

Four additional templates to help with quantitative data can be found in Appendices F-I. Below is an example of how you can use these templates:

Indicator/Source	Overall Rate (County)	Compared to State?	Trends over time?	Notes/Reactions (e.g., demographics, explanation)
Previous 30-day use of alcohol (MiPHY 2008)	36%	Higher Lower About the same	Increase Decrease No change	We are higher than the statewide rate but saw a decrease of 5 percentage points since 2006, so that is still good progress. Our rate is particularly high among older students.

### Seeing the Whole Picture

When looking at the results of your outcomes analysis, you also want to keep in mind the findings from your process evaluation questions. These often help to explain or add depth to your results. Namely, were the strategies implemented as specified and what strengths and weaknesses did you identify? The process evaluation can help you to understand why you are seeing (or not seeing) the changes you had hoped to see.

Another critical way to strengthen the summary and interpretation of your findings is to “*triangulate*,” which simply means to use multiple methods or measures to double (or triple) check your results. For example, if focus groups *and* a parent survey *and* student MiPHY data all indicate that students are beginning to believe that they will be caught for drinking alcohol, then your confidence in your finding becomes much stronger than if you observe this pattern in just one source of data.

**Tip:** Don't only report or focus on the successes. A great deal can be learned by understanding challenges, failure, dropouts, and barriers to implementation.

### **Using Your Evaluation Results**

Once you have collected and analyzed your evaluation data, you may be scratching your head and thinking “OK, so, how does this information help my community?” Now that you know what your data say about your community and your prevention work, you need to consider how to use it. Both process evaluation results and outcome evaluation results have implications for how you should proceed with your prevention work in the future.

### Process Evaluation Results

Your process evaluation results should help determine how well implemented your overall initiative and your strategies (refer back to your process evaluation questions). For instance, did your coalition workgroups function well? Did you reach your target populations? Did you implement your strategies as you intended? The challenge now is to use those findings to determine how best to move forward. If your findings suggest that your implementation went smoothly, then consider continuing your efforts. If, on

the other hand, you found that some parts of your implementation did not go smoothly, then consider changes you can make in the future.

You might also find that some changes you made during implementation were actually helpful. For example, assume you implemented your workplace strategy at a slower pace than you had initially planned. Perhaps it was difficult to find the proper contact at each employer, or your contact needed to check with others in the organization before inviting you to work with them. However, you successfully overcame these obstacles by making adjustments to your approach – perhaps you offered to meet with the decision-makers at the organization and give a presentation about your work, or you asked another business leader to approach the business on your behalf. In the end, you were successful with your implementation but it required several adjustments along the way.

What do you do with this information? You might consider keeping your planned timeline intact and take advantage of your new knowledge to avoid future delays. Alternatively, you may decide to change your future plans to reflect the activities you actually completed and are likely to try again next time around.

**Tip:** Approach evaluation and monitoring as an active and ongoing process.

If you identified several strengths in your slower-paced implementation, you should consider changing your timeline to include a longer implementation phase in the future. There is no right or wrong answer, but finding meaning within your results should reflect what your data tell you, input from your stakeholders, and a bit of introspection.

### Outcome Evaluation Results

The results of outcome evaluation also have implications for your future prevention efforts. Through your outcome evaluation, you will have determined whether you found changes in your priority issue(s) and your contributing factors. If you determined that your outcomes did not change as you had hoped, you should draw on information from your process evaluation to consider which aspects of your strategies and project implementation could have contributed to this finding and make appropriate changes to help contribute to better outcomes in the future.

On the other hand, if you find that your outcomes are heading in the direction you wish, you should consider the magnitude of the change to determine your next steps. Small changes in outcomes may suggest that changes to your initiative can help improve its impact. It is critical to make sure that evaluation and monitoring are an ongoing process to maximize the impact of your prevention efforts. The following example illustrates this point.

*Coalition Anytown was shocked to see that 45 percent of youth in their area thought alcohol was easy to obtain. They decided that they wanted to reduce youth access to alcohol, and so they decided to implement Responsible Beverage Server training. At the end of the year, 55 employees had been trained, which represented 90 percent of all stores in the Coalition's area. Coalition Anytown was excited to see their updated survey data and they expected to see big decreases. But when the new survey data came out, there was only a small decrease, from 45 percent to 44 percent; the coalition was*

*disappointed. They decided to hold two focus groups with youth to ask them about how they thought youth obtained alcohol. The results surprised them; youth reported that most kids got alcohol from parents, older siblings or friends, or from the parents of friends. In the next year, Coalition Anytown took a different approach. In addition to RBS training, they worked with the local Police Department to emphasize prosecution of furnishers, and they implemented a “sticker shock” campaign about the legal consequences of providing alcohol to minors and “Parents who host lose the most.” The next time survey data were released, Coalition Anytown saw a decrease from 44 percent to 40 percent in youth reporting that alcohol was easy to get. They presented the findings to their key stakeholders, and the Police Department pledged to continue their efforts, the newspaper offered some free coverage, and the school invited them to run a booth during parent-teacher conferences. Coalition Anytown was really pleased at their success. However, when they looked more closely at their data, they realized that the perception that alcohol was easy to get was still high among 12<sup>th</sup> grade students. The Coalition decided they were going to continue to target older students and their parents for the next two years, with the hope that they would see even more reductions among that age group.*

Your evaluation results will provide data for guidance on what changes can and should be made to maximize the impact of your prevention work. Knowing that some adjustments to your strategy implementation will likely occur, it is a good idea to have an improvement plan to guide these changes as you receive feedback through evaluation. Appendix BB is a sample improvement plan template. Questions to consider in developing an improvement plan include:

- What changes are necessary and why?
- How will the changes affect the program or strategy goals/coalition partnerships/staff/resources for implementation?
- When will changes be implemented?
- Who will be responsible for monitoring the changes?

## Sharing Evaluation Results

Your community partners want to know about the progress of your work. They will likely take your results into consideration when making their own decisions about strategies and programs to implement. Sharing your evaluation results with your community partners can help them to feel engaged and invested in the prevention work.

 **Action Step:**  
Review results with  
planning group and  
share with stakeholders

When possible, you can use evaluation results to inform local policy- and decision-makers. If they see that you had a positive influence on substance abuse consequences, consumption, and contributing factors, they can become your allies in future efforts. The general public also has an interest in substance abuse and prevention. Lay people are interested in knowing what is going on in their community and want to hear what your project is doing to reduce substance abuse. You can use your evaluation results to increase positive relationships with your community and generate publicity for the good work of your project and its partners.

Your evaluation results are evidence that can be used to support (or refute) prevention theory and inform best practices. Sharing your results with the BSAAS and other substance abuse prevention specialists will help inform practice here in Michigan. More broadly, experts in the field of prevention, both here in Michigan and nationally, have an interest in evidence-based programs and strategies. Sharing your findings and results through organizational websites, professional email list serves, conferences and even professional journals is a good way to increase knowledge and understanding in the prevention community, while generating publicity and recognition for your project.

Including your positive evaluation results in a grant application can convince funders that your organization and proposed project is worthy of financial support. Grant proposals traditionally document the need for funding, but they should also show that the need can be met by your planned use of the funds and that your community has the capacity to complete the proposed project effectively.<sup>26</sup> There are many funding opportunities targeted toward evidence-based programs. You can use your positive process evaluation results to show that your organization has the capability of implementing prevention efforts according to plan and in a manner that will make good use of the funding to meet your community's needs. Your positive outcome evaluation shows that your organization has the capability of achieving measureable results.

**Tip:** Including evaluation results in press releases can help increase positive publicity for your organization and your initiative.

The format in which you choose to share your evaluation results should depend on the intended audience. A report can be as brief as an executive summary of the evaluation process and findings or as elaborate as a comprehensive research paper with a literature review, organizational overview, evaluation design, evaluation instruments, evaluation findings including data tables and charts, data analysis, conclusions, and recommendations. (See Appendix CC for a sample report outline.) The chart below provides examples of the multiple audiences to consider.

#### **Dissemination of Results: Key Questions to Consider**

- Who is the intended audience?
- What is the most effective way to communicate the information (e.g., written summary, formal report, publication, presentation)?
- What, if any, requirements are there for the report (e.g., formatting and/or timeline)?
- Can the information gathered be used for public relations purposes or to seek increased funding?
- Are reports going to be released incrementally over time, as a "snapshot" at a particular time, or as a final result?
- Who needs to approve the report before it is made public?

<sup>26</sup> <http://www.grantproposal.com/tips.html>

Audience	Methods of Reporting Evaluation Results <sup>27</sup>								
	Abstracts & Briefings	Annual/Evaluation Reports	Fact Sheets	Brochures & Posters	Exhibits	Press Conferences	Press Releases	Town Meetings	Website
Current/Potential Funder	X	X							X
New Potential Funder	X		X						X
Administrator	X	X	X					X	
Board Members	X	X	X					X	
Community Groups			X	X				X	
General Public			X	X	X		X	X	X
Other Organizations			X		X				X
Media			X			X	X	X	X

The key in determining a report format is to ensure that it is clear, understandable, and meaningful to the intended audience, whether it is staff, cross-systems partners, consumers of the service, the public, or decision-makers. A full evaluation report should include enough information so that the evaluation process can be replicated either by the organization or by a similar organization seeking similar information. Often, those details can go in an appendix, or a publically available document posted to your website.

You might also want to consider a newsletter to release to the general public, or to your coalition stakeholders. This document can be shorter and less detailed than a full report. When you are creating a newsletter, avoid using jargon, acronyms, or complicated terms, so that someone who has never heard of your coalition can understand the information that you are presenting. There are many polished newsletter templates available in Microsoft Office. If you are not sure what to write, start by making some lists that answer the following questions, and then use that information to create your newsletter.

- Who are we?
- What do we do?
- Why are our strategies important?
- What evidence suggests that our strategies work (local data and national reports)?
- What upcoming events have we planned?
- Where can people go for additional information/resources?

<sup>27</sup> Adapted from: 1) Borden, L., DeBord, K., & Snipes, S. (2004). *Beyond data*. Department of Family and Consumer Sciences at North Carolina State University. Available online (along with other evaluation resources) at <http://www.cyfernet.org>. 2) Morris, L. L., Gibson, C. T., & Freeman, M. E. (1987). *How to communicate evaluation findings*. Newberry Park, CA: Sage.

You can also release information about your community project, including your evaluation results, to the general public through the media. Many of you are already familiar with using a press release issued to local newspapers, television and radio stations to generate a news story about your coalition. Including your evaluation results as, easy-to-understand statistics can make your story more desirable. You may also choose to post your results on the websites of your project and community partners, where the public may access it.

## **Conclusion**

You and your community will put a great deal of effort into planning and implementing evidence-based prevention strategies. Even if you are not required to evaluate your work, you may wish to do so to assess what has worked well in your community and to pinpoint areas where you want to make changes and improvements for the future. This chapter has provided you with a brief overview of how evaluation fits into the concept of the Strategic Prevention Framework and how evaluation can be useful to you, and it has taken you step-by-step through different evaluation activities appropriate for evaluating prevention projects. By completing any of the activities outlined in this guide, you will have started to conduct basic evaluation efforts to improve the processes and outcomes of your prevention strategies. This guide has also provided examples of how you can use this knowledge to help your community make decisions about how to approach prevention in the future. We hope this helps you realize your community's vision for a happy and healthy future.