Strategic Prevention Framework

Overview

Developed by Paula Feathers, MA
December 2011
Strategic Prevention Framework Overview

Training Description

The Strategic Prevention Framework has caused a major evolution in the way communities provide substance abuse prevention services. This important training will provide valuable guidance to participants by giving them a general overview how the Strategic Prevention Framework can be used to produce outcomes. Participants will become familiar with outcome-based substance abuse prevention and review how the components of the framework help them to be strategic in their prevention efforts. The importance of local data collection and the leveraging of community resources will be emphasized as well. This training will also help prepare participants to use the Strategic Prevention Framework to focus on the state selected goals:

- Goal 1: Reduce the early onset of alcohol use among 9-20 year olds
- Goal 2: Reduce access to alcohol and binge drinking among 9-20 year olds
- Goal 3: Reduce binge drinking and heavy drinking among 18-25 year olds

Training Objectives

After this training, participants should be able to:

- Explain how to approach prevention strategically.
- Define outcome-based substance abuse prevention.
- Review how each component of the Strategic Prevention Framework contributes to outcome-based substance abuse prevention.
- Describe important milestones of each component.
- Explain the importance of data collection to the SPF process.
- Describe the importance of system development to the SPF process.
Strategic Prevention Framework Overview

Agenda
4 Hour Workshop

<table>
<thead>
<tr>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome and Training Overview</td>
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<tr>
<td>Training Assessment</td>
</tr>
<tr>
<td>Training Expectations</td>
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<tr>
<td>The Evolution of Prevention: Outcomes are Everything</td>
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<tr>
<td>Infrastructure and System Development</td>
</tr>
<tr>
<td>Break</td>
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<tr>
<td>Being Strategic</td>
</tr>
</tbody>
</table>

How Assessment, Capacity, Strategic Planning, Implementation, and Evaluation Contribute to Outcome-based Substance Abuse Prevention
The Evolution of Substance Abuse Prevention

Pre-SPF Needs Assessment
• Primarily focused on individual level Risk Factors
• Conducted by an organization for the organization
• Programs were the primary strategy selected

SPF Needs Assessment
• Focus on Community-level indicators first
• Leveraging of resources to complete a thorough community needs assessment
• Programs, practices, and policies selected based on data

Guiding Principles of the Strategic Prevention Framework
► Data drives decisions
► Comprehensive approach using the public health model
► System is developed or strengthened that works towards outcomes

Notes

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The Evolution of Substance Abuse Prevention

Outcome-based Substance Abuse Prevention

Georgia’s Goals areas are:
Goal 1: Reduce the early onset of alcohol use among 9-20 year olds
Goal 2: Reduce access to alcohol and binge drinking among 9-20 year olds
Goal 3: Reduce binge drinking and heavy drinking among 18-25 year olds

Defining Outcomes

“‘Do the outcomes first’ is sage advice” (W.K. Kellogg Foundation, 2004). Conducting an activity is not the same thing as achieving results as an accomplishment of that activity. The ultimate goal in programming is positively impacting the organization; system or community the problem was identified in.

Outcomes can be broken into three separate types: short-term, intermediate-term (also called mid-term), and long-term.

<table>
<thead>
<tr>
<th>Definition</th>
<th>Examples:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Short-Term</strong>: Knowledge and Skills, acquired as a result of an activity. Sometimes activities are considered short-term outcomes.</td>
<td>Should be attainable within 1-3 years.</td>
</tr>
<tr>
<td><strong>Medium/Intermediate-Term</strong>: Use of knowledge, skills, and level of functioning in appropriate settings.</td>
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</tr>
<tr>
<td><strong>Long-Term</strong>: Reduces, solves or alleviates the problem.</td>
<td>Should be achievable within 4-6 years.</td>
</tr>
</tbody>
</table>

(W.K. Kellogg Foundation, 2004)
The Evolution of Substance Abuse Prevention

Outcome-based Substance Abuse Prevention: Community Level Outcomes

Goal:
Reduction of early onset of alcohol use among 9-20 year olds

Intervening Variable
Social Access

Intervening Variable
Social and Community Norms

Intervening Variable
Perception of Risk

Notes

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5
The Evolution of Substance Abuse Prevention

Outcome-based Substance Abuse Prevention: Community Level Outcomes

Goal:
Reduce access to alcohol and binge drinking among 9-20 year olds

Intervening Variable
Retail Access

Intervening Variable
Social Access

Intervening Variable
Perception of Risk

Notes
The Evolution of Substance Abuse Prevention

Outcome-based Substance Abuse Prevention: Community Level Outcomes

Goal:
Reduce binge drinking and heavy drinking among 18-25 year olds

Intervening Variable
Price and Promotion

Intervening Variable
Social and Community Norms

Intervening Variable
Enforcement

Notes
The Evolution of Substance Abuse Prevention

Outcome-based Substance Abuse Prevention: Outcomes

Below are examples of commonly used substance abuse prevention strategies. Identify what the outcomes for the strategy are.

1. Increasing Driving While Intoxicated check points:

<table>
<thead>
<tr>
<th>Short Outcomes</th>
<th>Medium Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

2. Compliance checks with alcohol merchants to make sure they are carding anyone who looks under 30.

<table>
<thead>
<tr>
<th>Short Outcomes</th>
<th>Medium Outcomes</th>
<th>Long Term Outcomes</th>
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</thead>
<tbody>
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</table>

3. Parent program that teaches parents to communicate and set boundaries for their middle school aged child.

<table>
<thead>
<tr>
<th>Short Outcomes</th>
<th>Medium Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
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<td></td>
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</tbody>
</table>
Infrastructure and System Development

Achieve Outcomes Through Collaborative Processes

Draw a picture of how the system your group chose works. Consider: motivation, roles, and other factors that keep a system functioning.

Define what a system is:
Approaching Prevention Strategically
Examples of Substance Abuse Prevention Systems

**Federal Funders:**
- Center for Substance Abuse Prevention
- Office of Juvenile Justice and Delinquency Prevention

**State:**
- Department of Behavioral Health and Developmental Disability/Office of Prevention Services and Programs

**Community:**
- Organizations/service providers
- Schools
- Community Members
Being Strategic

Benefits of a Strategic Planning Process

- Consensus building
- Improved decision making
- Enhanced organizational effectiveness
- Reduced conflict
- Creates public value

What Strategic Is

- Systemic information gathering about internal and external environment (data).
- Examining successes and failures.
- Clarifying future direction.
- Establishment of priorities for action.
- Acquisition and use of knowledge and skills.

Source: Bryson, 2004
Being Strategic

Using the activity assigned to your group, describe how you would approach it strategically using the guiding bullets below. Provide specific examples for each bullet that would give you a strategic approach and help you produce results (aka-outcomes).

Our assignment is:

• Systemic information gathering about internal and external environment (data).

• Examining successes and failures.

• Clarifying future direction.

• Establishment of priorities for action.

• Acquisition and use of knowledge and skills.
Using The Strategic Prevention Framework to Achieve Outcomes

Using the SPF in Your Community

Georgia’s goals are:

Goal 1: Reduce the early onset of alcohol use among 9-20 year olds

Goal 2: Reduce access to alcohol and binge drinking among 9-20 year olds

Goal 3: Reduce binge drinking and heavy drinking among 18-25 year olds

The strategic prevention framework will be used to achieve these goals in your communities.
Using The Strategic Prevention Framework to Achieve Outcomes

Public Health Model

Key Principles:

• Population level change

• Comprehensive strategies address host, environment, and the agent

• Public health’s core focus is preventing rather than treating disease. The primary concern is the health of the population, rather than the treatment of individual diseases.

• Public health context, population health is understood to result from the interaction of a range of factors beyond the individual. In the case of children, youth, and young adults, a public health model would call for the involvement of families, schools, health and other child service systems, neighborhoods, and communities to address the interwoven factors
How Assessment Contributes to Outcome-based Substance Abuse Prevention

“When we see individuals talking to themselves, we often suspect mental illness. When we see organizations talking primarily to themselves, we should suspect some sort of pathology as well.”
John M. Bryson

Goal of Assessment:
Gather useful data to assist in making informed strategic decisions around a selected goal at the local level.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Key Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Formation of community prevention alliance group.</td>
<td>• Local Data collection plan</td>
</tr>
<tr>
<td>• Identify community goal.</td>
<td>• Local data analysis report</td>
</tr>
<tr>
<td>• Develop data collection plan for Intervening Variables.</td>
<td>• Prioritized Intervening Variables and contributing factors that will be addressed one of the community goals.</td>
</tr>
<tr>
<td>• Create data gathering tools (if necessary)</td>
<td>• Data sources for ongoing assessment</td>
</tr>
<tr>
<td>• Collection &amp; analysis of local/regional data</td>
<td>• Community level logic model</td>
</tr>
<tr>
<td>• Prioritization based on data</td>
<td>• Community resource assessment (community program, resource and service base-line inventory)</td>
</tr>
<tr>
<td>• Community readiness assessment</td>
<td>• Gap analysis (resources and services)</td>
</tr>
<tr>
<td>• Resource Assessment directly related to need.</td>
<td>• Community Readiness Score</td>
</tr>
<tr>
<td>• Develop community level logic model for priority(ies)</td>
<td>• Assessment of cultural capacity</td>
</tr>
<tr>
<td>• Development of problem statements</td>
<td></td>
</tr>
<tr>
<td>• Identification of potential geographic target areas/populations</td>
<td></td>
</tr>
<tr>
<td>• Assessment of cultural capacity</td>
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</tbody>
</table>

Local Data Collection Plan
The key to making local data collection strategic is to:

• Identify Intervening Variables and Contributing Factors directly related to the goal.
• Do an initial assessment of what is already being collected locally to identify data resources and gaps.
Community Readiness: The capacity of a community to implement programs, policies and other changes that are designed to reduce the likelihood of substance use.

How Capacity Contributes to Outcome-based Substance Abuse Prevention

In your own words, what does it mean to build capacity?

How would you build capacity strategically based on what you know about the goal below?

Goal: Reduce binge drinking and heavy drinking among 18-25 year olds

Intervening Variable
Price and Promotion

Intervening Variable
Social and Community Norms

Intervening Variable
Enforcement
How Capacity Contributes to Outcome-based Substance Abuse Prevention

Building Blocks for Successful Prevention Programs

- The program is facilitated by knowledgeable and competent staff
- The program is systematically planned and assessed
- The program is based on sound theory and uses practices grounded in research
- The program is sensitive to participants from a variety of backgrounds and cultures
- The program is developmentally appropriate
- The program incorporates the media
- The program uses a code of ethics
How Capacity Contributes to Outcome-based Substance Abuse Prevention

**Goal of Capacity:**
Build or increase the ability of professionals, organizations, departments, and leadership in the community to effectively increase protective/resiliency factors and reduce contributing factors, Intervening Variables, and problems identified in needs assessment.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Key Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Convening leaders and stakeholders, creation and continuation of partnerships</td>
<td>• Meetings</td>
</tr>
<tr>
<td>• Building partnerships: invitation to stakeholders who are not yet involved</td>
<td>• MOAs/MOUs</td>
</tr>
<tr>
<td>• Organizing agency/provider networks</td>
<td>• Training, education sessions, and/or workshops for stakeholders, coalition</td>
</tr>
<tr>
<td>• Mobilization of resources (includes financial and organizational) within a</td>
<td>members, and other service providers</td>
</tr>
<tr>
<td>geographic area.</td>
<td>• Directory of key stakeholders, leaders and service providers</td>
</tr>
<tr>
<td>• Leveraging resources and engaging stakeholders to help sustain activities.</td>
<td>• Capacity report with quarterly updates</td>
</tr>
<tr>
<td>• Developing and implementing a capacity building plan inclusive but not</td>
<td>• Community readiness summary</td>
</tr>
<tr>
<td>limited of the above activities</td>
<td></td>
</tr>
<tr>
<td>• Further define level of community readiness to address identified issues</td>
<td></td>
</tr>
<tr>
<td>• Introduction of training and education to promote readiness, cultural</td>
<td></td>
</tr>
<tr>
<td>competence, leadership and evaluation capacity</td>
<td></td>
</tr>
</tbody>
</table>
How Capacity Contributes to Outcome-based Substance Abuse Prevention

Increasing Community Readiness

Below are activities suggested to increase community readiness. It is critical to remember community readiness scores are based on a single issue and different dimensions can have different levels of readiness.

**Stage 1: Community Tolerance/No Knowledge**

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

**Stage 2: Denial**

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

**Stage 3: Vague Awareness**

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

**Stage 4: Preplanning**

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

Increasing Community Readiness

Stage 5: Preparation

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

Stage 6: Initiation

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

Stage 7: Institutionalization/Stabilization

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

Stage 8: Confirmation/Expansion

- In-service educational programs on the evaluation process, new trends in substance abuse, and new initiatives in prevention programming, with trainers either brought in from the outside or with staff members sent to programs sponsored by professional societies.
- Periodic review meetings and special recognition events for local supporters of the prevention program.
How Capacity Contributes to Outcome-based Substance Abuse Prevention

Increasing Community Readiness

Stage 8: Confirmation/Expansion continued...

- Presentation of results of research and evaluation activities of the prevention program to the public through local media and public meetings

Stage 9: Professionalization

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

How Capacity Contributes to Outcome-based Substance Abuse Prevention

Example of Community Capacity Development

Used with Permission from Ardena Orosco, Mescalero Tribal Prevention Program.
How Strategic Planning Contributes to Outcome-based Substance Abuse Prevention

**Goal of Strategic Planning:**
Use the data from the assessment, including resource and readiness, to identify strategies that will have the greatest impact on identified needs.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Key Products</th>
</tr>
</thead>
</table>
| • Further define geographic target population  
  • Articulate a vision  
  • Involves key stakeholders  
  • Identify risk and protective factors that affect outcomes identified  
  • Define long-term and short-term measurable outcomes from assessment, select key strategies and performance targets  
  • Identifies programs, practices, or policies and incorporates level of readiness and resources into the three “Ps” (use of strategy level logic models highly encouraged)  
  • Draft strategic plan  
  • Preliminary action plan and timeline development  
  • Creation of evaluation plan | • Community vision and mission aligned with state goals.  
  • Planning meetings and development sessions  
  • Preliminary action plan and timeline  
  • Comprehensive strategic plan  
  • Evaluation plan and performance measures  
  • Logic model  
  • Performance outcomes |
How Strategic Planning Contributes to Outcome-based Substance Abuse Prevention

Example of using data to identify strategies:

- **Goal:** Reduction of under 21 alcohol access
- **Local Contributing Factor:** Ids are not consistently checked properly
- **Strategies:**
  - Server Training
  - Enforcement stings
  - Media

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How Strategic Planning Contributes to Outcome-based Substance Abuse Prevention

Process of Reaching Long-term Outcomes

Below is an example of how one can utilize logic models to plan and organize how long term outcomes can be achieved. Strategies and outcomes should be directly related, meaning the strategy (theoretically) contributes to the long term outcomes.

Strategy: Social Hosting

<table>
<thead>
<tr>
<th>Long Term Outcome:</th>
<th>Medium Term Outcome:</th>
<th>Short Term Outcomes:</th>
</tr>
</thead>
</table>
| Reduction in youth accessing alcohol use ages 12-20 | •Community support of a social hosting ordinance.  
•Parental support of a social hosting ordinance.  
•Leadership support of a social hosting ordinance.  
•Adaptation of a social hosting ordinance.  
•Enforcement of social host ordinance.  
•Reduction in the number of students who report adults | •Community increase in knowledge of problems associated with house parties  
•Parental increase in knowledge of problems associated with house parties  
•Community leaders increase in knowledge of problems associated with house parties  
•Development of a social hosting ordinance |
How Implementation Contributes to Outcome-based Substance Abuse Prevention

**Goal of implementation:**
Do every step of the SPF and begin implementation of strategic plan.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Key Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collection of process data and additional pre-implementation data.</td>
<td>• Finalized action plan and timeline</td>
</tr>
<tr>
<td>• Full action plan development, timeline, identify partners responsible for each strategy.</td>
<td></td>
</tr>
<tr>
<td>• Acquisition of relevant materials for implementing evidence-based policies, programs and practices.</td>
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<tr>
<td>• Implementation of plan.</td>
<td></td>
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<tr>
<td>• Monitoring the activities and holding people responsible to commitments.</td>
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<tr>
<td>• Adapting process or plan as needed.</td>
<td></td>
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<tr>
<td>• Consultation and collaboration with evaluation team.</td>
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<tr>
<td>• Implementation of evaluation plan.</td>
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</table>

Notes

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How Evaluation Contributes to Outcome-based Substance Abuse Prevention

Goal of evaluation:
Measure effectiveness of process and program, practice, and/or policy outcomes.

<table>
<thead>
<tr>
<th>Activities</th>
<th>Key Products</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Collection of process data (program, practice, policy)</td>
<td>• Monthly reports</td>
</tr>
<tr>
<td>• Collection and monitoring of outcome data</td>
<td>• Evaluation presentations to community</td>
</tr>
<tr>
<td>• Consultation and collaboration with evaluation team</td>
<td>• Recommendations for quality improvement</td>
</tr>
<tr>
<td>• Collection of required data (outputs, participant feedback, measure change in outcomes)</td>
<td>• MDS</td>
</tr>
<tr>
<td>• Review of effectiveness of policies, projects and practices</td>
<td></td>
</tr>
<tr>
<td>• Development of recommendations for quality improvement</td>
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</tbody>
</table>
How Evaluation Contributes to Outcome-based Substance Abuse Prevention

Evaluation Process

Develop a Plan:
• Questions or Outcomes

Collect the information

Use information

Analyze the information

Evaluation Planning Form

• Who wants the evaluation?
• Why is the evaluation being undertaken?
• What will be evaluated?
  • Condition/Need/History
  • Goals / Objectives / Outcomes
  • Activities
  • Clients / Customers / Participants
• Resources/Inputs:
  • Budget
  • Staff
  • Organization
  • Setting
  • Equipment/Materials/Technology
How Evaluation Contributes to Outcome-based Substance Abuse Prevention

Simple Logic Model

Outcomes
- Knowledge
- Attitudes
- Skills
- Behavior
- Condition
- Status
- Circumstances
- Maintenance
- Prevention

Activities
- Education
- Training
- Counseling
- Mentoring
- Internships
- Providing Shelter
- Serving Meals
- Advocating
- Screening

Resources
- Dollars
- Staff
- Materials
- Supplies
- Volunteers
- Facilities
- Equipment
- Other
## Resources

### Cultural Inclusiveness/Sensitivity/Competence

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
<th>Focus Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organizational Values</strong></td>
<td>An organization’s perspective and attitudes regarding the worth and importance of cultural competence, and its commitment to providing culturally competent services.</td>
<td>* Leadership, Investment and Documentation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Information/Data Relevant to Cultural Competence</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Organizational Flexibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Evaluation</td>
</tr>
<tr>
<td><strong>Governance</strong></td>
<td>The goal-setting, policy-making, and other oversight vehicles an organization uses to help ensure the delivery of culturally competent “services”.</td>
<td>* Community Involvement and Accountability</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Board Development</td>
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<tr>
<td></td>
<td></td>
<td>* Policies</td>
</tr>
<tr>
<td><strong>Planning and Monitoring/ Evaluation:</strong></td>
<td>The mechanisms and processes used for: a) long- and short-term policy, programmatic, and operational cultural competence planning that is informed by external and internal consumer; and b) the systems and activities needed to proactively track and assess an organization’s level of cultural competence.</td>
<td>* Client, Community and Staff Input</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Plans and implementation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>* Collection and Use of Cultural Competence-Related Information/Data</td>
</tr>
<tr>
<td>Domain</td>
<td>Description</td>
<td>Focus Areas</td>
</tr>
<tr>
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<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Communication</td>
<td>The exchange of information between the organization/providers and the clients/population, and internally among staff, in ways that promote cultural competence.</td>
<td>✴ Understanding of Difference Communication Needs and Styles of Service population</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✴ Culturally Competence Oral Communication</td>
</tr>
<tr>
<td></td>
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<td>✴ Cultural Competence Written/Other Communication</td>
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<tr>
<td></td>
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<td>✴ Communication with Community</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✴ Intra-Organizational Communication</td>
</tr>
<tr>
<td>Staff Development</td>
<td>An Organization’s efforts to ensure staff and other service providers have the requisite attitudes, knowledge and skills for delivering culturally competent services.</td>
<td>✴ Training Commitment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✴ Training Content</td>
</tr>
<tr>
<td></td>
<td></td>
<td>✴ Staff Performance</td>
</tr>
<tr>
<td>Organizational</td>
<td>The organizational resources required to deliver or facilitate delivery of culturally competent services.</td>
<td>✴ Financial/Budgetary</td>
</tr>
<tr>
<td>Infrastructure</td>
<td></td>
<td>✴ Staffing</td>
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<tr>
<td></td>
<td></td>
<td>✴ Technology</td>
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<tr>
<td></td>
<td></td>
<td>✴ Physical Facility/Environment</td>
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<tr>
<td></td>
<td></td>
<td>✴ Linkages</td>
</tr>
<tr>
<td>Services/</td>
<td>An organization’s delivery or facilitation of Evidenced-based Prevention Services in a culturally competent manner.</td>
<td>✴ Community/Population Input</td>
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<tr>
<td>Interventions</td>
<td></td>
<td>✴ Needs Assessment</td>
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<td></td>
<td>✴ Program Planning</td>
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<td></td>
<td></td>
<td>✴ Program, Practice, Intervention. Strategy, Policy Selection</td>
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<td></td>
<td></td>
<td>✴ Evaluation</td>
</tr>
</tbody>
</table>

32
Data Indicators:

- A specific, observable, and measurable characteristic or change that shows the progress a program is making toward achieving a specified outcome.

- A numerical measure of a quality or characteristic of some aspect of a program; evidence that something is occurring, that progress is being made. ([http://sanctuaries.noaa.gov/education/evaluation/glossary.html](http://sanctuaries.noaa.gov/education/evaluation/glossary.html))

- Is the unit of measurement (or pointers) that is used to monitor or evaluate the achievement of project objectives over time. Indicators can include specification of quantifiable targets and measures of quality. ([http://www.cardnoacil.com/glossary.htm](http://www.cardnoacil.com/glossary.htm))

- Ways of quantifying objectives: for example, road accident numbers are one indicator of safety ([http://www.konsult.leeds.ac.uk/public/level1/sec17/index.htm](http://www.konsult.leeds.ac.uk/public/level1/sec17/index.htm))

- Established quantifiable objective measures

Risk Factor: In substance abuse prevention, risk factors are grouped into domains: individual, family, peer, school, and community. Risk factors can increase a person’s chances for drug abuse. Risk factors can influence drug abuse in several ways. The more risks a child is exposed to, the more likely the child will abuse drugs. Some risk factors may be more powerful than others at certain stages in development, such as peer pressure during the teenage years; just as some protective factors, such as a strong parent-child bond, can have a greater impact on reducing risks during the early years. A risk factor for one person may not be for another.

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Domain</th>
<th>Protective Factors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Aggressive Behavior</td>
<td>Individual</td>
<td>Self-Control</td>
</tr>
<tr>
<td>Lack of Parental Supervision</td>
<td>Family</td>
<td>Parental Monitoring</td>
</tr>
<tr>
<td>Substance Abuse</td>
<td>Peer</td>
<td>Academic Competence</td>
</tr>
<tr>
<td>Drug Availability</td>
<td>School</td>
<td>Anti-Drug Use Policies</td>
</tr>
<tr>
<td>Poverty</td>
<td>Community</td>
<td>Strong Neighborhood Attachment</td>
</tr>
</tbody>
</table>

Considerations:

- Risk and protective factors can affect children at different stages of their lives.

- Research has shown that the key risk periods for drug abuse are during major transitions in children’s lives.

- An important goal of prevention is to change the balance between risk and protective factors so that protective factors outweigh risk factors.

Intervening Variable: The generic term for all of the underlying conditions that contribute to substance use. This term was introduced to Center for Substance Abuse Prevention grantees through the Strategic Prevention Framework State and Tribal Incentive Grants. In a meta analysis, J. Birckmayer; H. Holder; G. Yacoubian; & K. Friend (2004) identified six environmental/ Causal Factors and one individual Casual Factor currently supported by research that contribute to alcohol, tobacco, and other drug (ATOD) use. These include:

<table>
<thead>
<tr>
<th>Intervening Variable/Causal Factor</th>
<th>Definition</th>
<th>Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Economic Availability</td>
<td>The price that must be paid to obtain ATODs.</td>
<td>There is strong evidence to support price is strongly associated with ATOD uses and problems. Higher prices are associated with lower use for alcohol, tobacco and other drugs.</td>
</tr>
<tr>
<td>Retail Availability</td>
<td>ATODs are bought and sold through retail markets.</td>
<td>When retail restrictions are placed on alcohol and tobacco, consumption and associated problems decrease.</td>
</tr>
<tr>
<td>Social Availability:</td>
<td>Obtaining ATOD through social sources, like friends, family, and relatives.</td>
<td>Support from this comes mostly from surveys that show ATODs are commonly obtained through social sources.</td>
</tr>
<tr>
<td>Promotion</td>
<td>Retailers attempts to increase demand through the promotion of their products.</td>
<td>Higher levels of exposure to alcohol and tobacco advertising are associated with increased consumption and problems.</td>
</tr>
<tr>
<td>Community Norms</td>
<td>The acceptability or unacceptability of certain behaviors including substance use.</td>
<td>There is evidence to support the relationship between community norms and ATOD use and consequences. It is difficult for researchers to define and measure norms and little research directly addresses the relationship between norms and use.</td>
</tr>
<tr>
<td>Intervening Variable/Causal Factor</td>
<td>Definition</td>
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</tr>
<tr>
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</tr>
<tr>
<td>Enforcement</td>
<td>Enforcement of formal ATOD policies. The mere existence of regulations, laws, and administrative restrictions can influence ATOD use and associated problems, but if there is known consequences, that increases the magnitude of effect.</td>
<td>Enforcement of policies result in reduction of alcohol and tobacco consumption, but seem to have little, if any, impact on illicit drug use.</td>
</tr>
<tr>
<td>Individual-Level</td>
<td>Individual level factors that influence ATOD use and associated problems including: Biological, social control, social learning, and general strain.</td>
<td>ATOD use can be changed directly by manipulating individual factors that increase one’s natural inclination toward ATOD use.</td>
</tr>
</tbody>
</table>

States have adjusted this to meet their needs. Georgia includes Adjudication with enforcement.

**Contributing Factors:** Data points communities use to find out what makes up a particular Intervening Variable in their particular community. Below is an example of contributing factors of an Intervening Variable.