



Speaker 1:

Jessica Goldberg:

Basic plan to guide prevention efforts. My name is Jessica Goldberg, I'll be one of your facilitators for today's webinar and I'm with the Northeast and Caribbean Prevention Technology Transfer Center or PTTC for region two. We're going to ask folks to please as they're joining us to type your name into the chat box that you see at the bottom left of your screen. That's going to help us know who is joining us for today's conversation, also make sure that we're able to send along any followup materials from today's webinar that we have. So please make sure we do have your name and where you're calling in from in that chat box on the bottom left of your screen. We'll also ask if anyone's joining you in the same room whose name wouldn't show up in the participant list, could you also type their names for us so we can be sure to get you everything that you need after the close of today's presentation.

Jessica Goldberg:

And if you're just joining us, we want to welcome you to today's webinar and also ask you to give us your thoughts in the poll question that you see at the top of the screen. So what are some of the benefits to creating a comprehensive strategic prevention plan? I know we have some folks on the line who've been doing this work in the field for some time and probably have a great perspective on why it is important for us to approach our prevention efforts in a comprehensive and strategic way. So feel free to share your thoughts and we want to get you grounded in today's topic. We're hoping we'll have a really exciting, robust conversation, get your creative energy going and thinking about the topic. So share your thoughts with us in that poll if you don't mind and also let us know who you are, where you're calling in from in the chat box on the bottom left of your screen. We're going to get started in just a moment and I'm just wanting to welcome anyone who's just joined us again into our virtual webinar room.

Jessica Goldberg:

And to orient you we are looking for responses in that poll question at the top of the screen about the benefits to creating a comprehensive strategic prevention plan. We've got an answer rolling in, a couple of answers which is great. Please keep them coming. So it's good to have a roadmap when problems arise. Absolutely. How many times in my experience have I gone back to that strategic plan or that logic model just to make sure that what we're doing in a coalition, in a community are aligned with the goals that we've set, the outcomes we're hoping to achieve and the priority issues or problems that we've identified throughout our assessment process. Some of you may have joined us for a webinar series we did not long ago on conducting a community-based needs assessment. And also last week's webinar that we covered building capacity within a community in order to take on addressing those issues that arise throughout the needs assessment process.

Jessica Goldberg:

And so this is the next webinar and an installment going through a data informed planning process, like the strategic prevention framework. And we are now on the step of that process that involves creating a prevention plan. For other responses to our poll, so it helps to implement your plan with fidelity and keeps you on track in addressing the priority problems in your community. Absolutely, I think we have mind readers on the phone because that's absolutely what I was just hoping to get across just much more eloquently. It ensures effectiveness and helps keep up with the goals. Absolutely. And it looks like



a planning process that someone actually went through help to identify issues that you hadn't really anticipated. Right. If you're going through the process with fidelity and as intended, you're going to find information, you're going to find needs and assets or gaps that you may not have even been able to predict were there.

Jessica Goldberg:

So great responses, please do keep them coming in. And if you haven't had a chance yet to write your name in the chat box at the bottom of the screen, we're going to ask you again to do that. It really helps us on the back end to know who's in the room and to make sure that we're able to provide you with all of the follow-up information and materials that we may have. And just a couple of other responses to our polls, so it can assess all aspects. You can assess all aspects of the SPFT to ensure your plan is covering all bases and will be sustainable. Absolutely. We're actually going to talk about that early on in today's conversation. And how this step in planning is actually a plan within a plan and how important it is to understand how each of these steps sort of inform one another and don't happen in isolation, right.

Jessica Goldberg:

They are very much interconnected, interwoven and just as someone else has said, it connects our strategies to data, which is a really, I think great and important point. Well, so since we are underway and we're just past the hour, I think I'll get us started for the webinar. So we'll just bring up our main slides if you please and let me welcome you here again to today's webinar, Developing a Comprehensive Strategic Plan to Guide Prevention Efforts. So my name is Jessica Goldberg and I am a training and technical assistance provider with the Northeast and Caribbean PTTC and with the education development center. I'll be joined by my co-trainer Shai Fuxman who is also a TTA specialist and here with the PTTC in Education Development Center. And I'll introduce him in just a moment.

Jessica Goldberg:

And so I just want to let folks on the line know that we will be recording today's webinar and we're going to be making that recording link available for anyone who has attended or registered for today's presentation. We'll also be sharing out our contact information after the call. So if you have any questions or concerns or comments after the fact, we want to invite you to please feel free to reach out. And we're also going to invite you and encourage your questions throughout today's conversation. So you can feel free please, to put your questions or comments in the chat, going to respond to them in turn and we'll be sharing out as I've said, the presentation materials after today's webinar. And so I'll just share a little bit more about the Prevention Technology Transfer Center Initiative. Some of you who've joined us for recent webinars may have heard us talk about this before, but the PTTC network is a new system that is charged with providing training and technical assistance services to the prevention field in order to improve the implementation and delivery of substance abuse prevention intervention.

Jessica Goldberg:

So we are charged with providing skills, training and prevention, technical assistance services in order to meet needs of the field that are based in prevention science, that are using evidence-based and promising practices. And you can see it's a full nationwide network. And so we are leveraging the expertise and resources that are available across all of the different regions of the system and across this network. And so you can see our PTTC in the light blue toward the upper right-hand corner for New York and New Jersey. And then also we serve the United States Virgin islands and Puerto Rico as well. And so we're going to have many upcoming virtual and face-to-face learning opportunities throughout



the next many months. So we ask you to keep your eyes open and out for information about the upcoming events that we're going to offer.

Jessica Goldberg:

And so I'll tell you a little bit more about who you're going to be hearing about or hearing from today. So first my co-presenter is Shai Fuxman and Dr. Fuxman is a senior research scientist here at EDC, which is collaborating and providing TTA support to Rutgers on the PTTC initiative. So he's been in the role of a senior training and technical assistance provider for many years, and he supported the work of states and communities to prevent substance misuse behaviors and related problems. He's also a researcher and has extensive experience in the field of public health and education.

Jessica Goldberg:

So he'll be joining us and you'll be hearing from him in just a moment. And again, I'm Jess Goldberg and I am a TTA specialist. I've been working in supporting prevention efforts, the local, regional, state and national levels for the last decade. I've been first as a community health specialist with the Massachusetts State technical assistance system, supporting communities in needs assessment, strategic planning, creating logic models to guide their change efforts and then with the Center for the Application of Prevention Technologies or CAPT and now with the PTTC. And we're both very happy to be here and to have this conversation with you as part of today's webinar.

Jessica Goldberg:

And I'll tell you just a little bit about what to expect for the rest of today's call. We're going to try to articulate the importance of developing a comprehensive logical and data-driven prevention plan. We already heard from the poll that we asked in our lobby before the webinar began some great reasons and some great benefits of developing this type of plan. But we're going to continue to articulate the importance of doing just that. We'll talk through some of the nitty gritty of the planning stage and the strategic prevention framework. So the process for establishing criteria to prioritize risk and protective factors to address. So often, as you know, many of you who have participated in community needs assessments, the data that you'll find will bear out multiple risk and protective factors that might be influencing or contributing to the problems that you're seeing in the communities.

Jessica Goldberg:

So this process will offer up some suggested criteria that you can use in order to prioritize which factors to address and make sure that you're targeting and using your resources in a way that will maximize impact and efficiency. And we're also going to talk about a criteria for identifying prevention strategies or interventions that are the right fit for a community. And this is very subjective as you can imagine for each community is different but there is a way in which we can think about identifying and selecting strategies that will be the best possible fit for our communities context. And then finally, as always be thinking about how to focus on cultural competence throughout the planning process and to undertake our [preliting 00:09:57] activities in a way that's going to maximize sustaining the effective processes and outcomes that we've been able to achieve. So that's what you can expect for the rest of today's conversation.

Jessica Goldberg:

So to start us off, as I said, we're going to talk through why it is so important to take time to develop a comprehensive logical and data-driven plan to guide our prevention efforts. And we're going to ask to



hear from you on the line, through our chat function in the bottom left of your screen, to hear if you participated in prevention planning efforts in the past, about how this has informed and strengthened your work. On our webinar last Tuesday, we talked about cultural competence as part of building capacity and we know that we also want to incorporate that focus of cultural competence and sustainability into our planning process as well. As we're doing this work something just initially that we want to call out is that the cultural groups that our interventions will serve must be receptive to those strategies as well as really meaningfully involved in and part of guiding the implementation and planning process for each of those strategies.

Jessica Goldberg:

So a plan within a plan. So as you can see, planning is a distinct step within the strategic prevention framework, which always sort of baked my noodles since the SPF here, which is pictured in that graphic on the screen. The strategic prevention framework is itself a data-driven planning process. I've come to think about this distinction as one of micro and macro processes and maybe some of you on the line have either grappled with this or already come to terms with how these two planning processes relate. But as we walk through the SPF or a similar data informed planning process, we're creating an overarching broader framework for addressing the substance use problems in our communities. And so this type of process, like the SPF guides our efforts. And we plan within that process in this third step of the SPF or the planning step to better understand the specific factors at play within our communities that are affecting our substance abuse related problems and behaviors.

Jessica Goldberg:

And then also to think about, again, selecting those specific interventions that we're going to implement as part of our overarching efforts. So I think about planning as having three distinct and key tasks, which are establishing criteria for prioritizing risk and protective factors that are associated with our priority problems. And we're going to be discussing this next as part of today's conversation, then selecting prevention informants in preventions that are evidence-based, that are most likely to influence the identified risk factors or just sit with those risk factors conceptually and align with the rest of the efforts for the rest of the work that we're doing and that are also feasible and practical and relevant to the population that the intervention will serve and the community that we are working within. And then developing that comprehensive logical and data-driven prevention plan is this other component of the planning step.

Jessica Goldberg:

It can include a logic model. It can include strategies for addressing resource and readiness gaps, anticipated evaluation activities that you might be taking on as part of your overall efforts. And then how issues of cultural competence and informing your work in such a way that it enhances and promotes sustainability that will be addressed throughout this overarching comprehensive plan. And so this is what we mean when we say a plan within a plan and these are the concrete, specific tasks that would be going on within the planning step of a larger planning model.

Jessica Goldberg:

So here you see the beginnings of a logic model. This image may be familiar to you and this is really a roadmap. The roadmap that we use and we've been using as part of our conversations here this far through the PTTC webinar series, walking through the strategic prevention framework. And at the first step that you see on the logic model is really about assessing substance use, right, it's problems and



related behaviors. And that's done during the first step of the SPF process or the assessment step. During assessment we also will be collecting data to find out about the risk and protective factors that are present in our communities. And this is a really key part of the process. Right. In the past, when we were looking at problems faced by communities, you may have heard me say this before we typically went straight to finding solutions as a field and going right to selecting those interventions.

Jessica Goldberg:

But the data-driven approach to prevention requires us to be using that data, that information that we gleaned during the assessment step to learn about the problems in our community, and look specifically at the factors that influence and contribute to that problem. And so it's so important that we do this. As first glance it may be that it appears a problem related behavior within a community could be, let's say adult alcohol use, but it could be that when we look more closely at that assessment data from traffics that tallies actually shows that underage drinking is more of an issue within that particular community. And that we might find out why and what is driving that issue is access to alcohol through social avenues. And once we know for... On that example, what the problem and the risk factors are based on data, we can then select the best possible strategy, right.

Jessica Goldberg:

And I keep using the word strategies, you'll see us use that word today, but many people also think of strategies and interventions. Let's just say are difference in nomenclature but meaning the same thing for the purpose of today's conversation. And so this is the process that we've been walking through today. We'll start looking a little bit more at prioritizing risk and protective factors and selecting strategies. And you can see that this gray circle encompassing the beginnings of our logic model around assessing and building capacity. We've already talked a great deal about that in our previous webinars but that's something that is informing and overarching the entire process that we're walking through. So just something to point out and remember here because we'll be looking at this visual throughout the rest of today's conversation. And finally something else we discussed last week but I think bears repeating in our... And we also talked about this again at the beginning of the process with our needs assessment webinars are these two elements, resources and readiness, and that's where you find capacity and what we mean when we say community capacity.

Jessica Goldberg:

So in the assessment phase, we focused on understanding the existing resources be they human or organizational, technological or financial that communities have to address their identified problems as well as determining where the resource gaps are. And the same with readiness, we talked about how through the assessment, you would have determined kind of what the overall level of readiness in your community was as well as the readiness level of specific partners or sectors to engage in particular efforts. And so we did this, so we know where specifically to target our energies and building capacity. And this really must be done in advance of the planning stage because the strategies or interventions we select to implement has to fit with the appropriate stage of readiness and with the available resources within a community.

Jessica Goldberg:

And because change takes time, we may need to be moving our communities through different stages of readiness and taking steps to increase our resources before we might be able to effectively implement a particular strategy. So we're going to talk about strategy selection a little bit later on today,



but just wanted to couch this in the discussion that we had about capacity assessment and buildings. So we have that common thread carry throughout the rest of the conversation and the importance of understanding a community's context, its capacity and the available resources and level of readiness at its command. But I think first, I'm going to hand it over to my co-presenter, Shai to talk a little bit about prioritizing risk and protective factors. So Shai over to you.

Shai:

Great. Thank you, Jess. So as Jess mentioned, we're going to take the logic model that you just discussed and take a closer look at specifically the risk factors and protective factors and figure out how to select which ones we specifically want to address through our interventions. So as Jess mentioned you have the problems that you've identified through data and the related behaviors and what you want to do is ultimately select your strategies. In the past historically what we've done is we looked at the problem and figure out how do we address the problem. We've now learned that when it comes to substance use as well as other risky behaviors, it's really important to understand what lies underneath the problem. How do we address a problem from the ground or from the root. So the metaphor that I like to use is especially this time of year at least in the Northeast, when it's sunny we like to garden, one of the issues that we have are weeds.

Shai:

So one way to address weeds is just to go over them with a lawn mower knowing that if you do that they'll just kind of keep... You are kind of addressing the issue except it's going to keep growing. So instead what we want to do is really understand what are the roots of the weed and how do we, how can we, get to the root so to really address the problem and make sure that continue to pop up. So that's kind of where the risk and protective factors comes in, is understanding what is really behind the problem, both in terms of risk factors, but also what are some of the issues that might help reduce the problem and that those are the protective factors. And then with that, once we understand that we can focus on strategies, talking strategies that specifically help to address the risk factors or the ones that help to promote the protective factors.

Shai:

So the question is then how do we identify the ones that we want to address? In reality, for any given problem, there's going to be all kinds of risk factors. If you remember from... If you've been with us in past presentations we've talked about risk and protective factors as happening at individual level. There are risk factors associated with family members or the family dynamics, peers, who are the peers that you spend time with? Or your relationship with peers, there's the school and community level risk factors and then the societal factors. So you really, there's all kinds, there's a whole host of complex web of forces that impact our behavior including the negative behaviors. And so to figure out what is it that we want to address specifically in our community can be tricky.

Shai:

So that's where we're focusing, fine. So these are two specific criteria that we can use to help select our specific risk factors. And I should say there's two areas in which that can help us to identify the risk factors. One is our data and the other one is the literature. The literature helps us to better understand, so for example, if you have a problem of underage drinking in your community, and you want to understand what have researchers found to be some of the risk factors more strongly associated with underage drinking, whether it's parental, parent related risk factors, parental monitoring, parents



providing access to alcohol, is it having to do with the way the student engages in the school setting? Is it the students who tend to be more excluded or the ones who struggle academically or socially, the ones who tend to drink more.

Shai:

That is the first way of understanding what lies underneath the problem that you're looking at, but then you want to customize it specifically to your community, what is happening. You know the literature gives you the whole universe of possibilities and you want to use your data in order to identify the specific risk factors in your community. And then further usually if you want to go even deeper to figure out what exactly are the ones that we want, which ones that we want to focus on. And so again, two criteria that we oftentimes talk about is looking at how important is the risk factor in the community or how much of an impact is it having in changeability? To what extent can we actually address it? So let me give you an example, oftentimes for substance use the risks associated with substance use come down to issues around poverty or unemployment.

Shai:

Obviously communities that are impacted by poverty or unemployment, there's all a whole host of symptoms related to that. One of them being substance use. So obviously we oftentimes can identify poverty or unemployment as a risk factor. And so that's very important. However, it's not changeable. Oftentimes as a community coalition, addressing poverty is going to be very difficult. And so that might not be a risk factor specifically that you want to focus on, but maybe you can see what are some other risk factors associated with poverty. So for example, a student struggling at school because of lack of support at home because the parents are struggling with unemployment or poverty. So thinking for the down the line. So that's where you want to think about importance and changeability. Another example, kind of the opposite way risk factor that might be high in terms of changeability but low on importance again, let's use the example of underage drinking.

Shai:

Let's say you have your law enforcement engaged in your coalition and they're willing to do all kinds of sting operations in order to increase enforcement of liquor store laws. And so you decide that's a very easy, police officers are willing to do it, it's easy, they'll do it on their shifts, it doesn't really take much resources. But what if you found out that in your community, young people tend to get alcohol from their parents, tend to raid their parents' liquor cabinets. And so the sting operation kind of approach to address the risk factor of access to alcohol through liquor stores that's definitely a doable...

PART 1 OF 4 ENDS [00:25:04]

Shai:

Liquor stores that's definitely a doable, easy to do way of addressing a risk factor, but it's not the right risk factor because that's not the issue in your community. The issue is not that they're accessing alcohol through liquor stores. It meant that they're accessing alcohol at home, and therefore this specific strategy is not really going to help you much, so that's how you can think of the balance of importance in changeability.

Shai:



Let's dig deeper into this issue. There's some specific questions that you may want to ask in order to determine importance. And the questions are going to show up on your slide. So first of all, how much does the risk factor influence the problem? So you want to be thinking about the link between the problem and the risk factor. Is there a lot of research showing that there's a specific casual relationship between a particular risk factor and the problem. So for example, parental monitoring, there's plenty of research showing that lack of parental monitoring has a strong impact on substance use among young people. So that risk factor, if that's a risk factor that you find to be true and that are present in your community, that parents oftentimes don't monitor their kids' behaviors, then you know that's one that will likely have an influence on the problem because there's plenty of evidence of that connection.

Shai:

Secondly, does it influence other behavioral health issues? Sometimes, you can get more out of your prevention efforts by thinking not only of the substance use problem individually or in isolation, but thinking about, are there other issues that are impacted by the risk factor that you've identified? For example, if you notice that there are, in particular school, many students are reporting feeling unsafe, or unengaged, there's isn't a positive environment or a positive culture of acceptance in a particular school, we know that, that in itself can be a risk factor for substance use, but also can impact other risk factors, as well, for suicide, violence, et cetera.

Shai:

So looking at school-related risk factors, we know might impact other health issues as well. So that's another consideration for importance. Unless it doesn't have an impact on developmental stage of the population, different risk factors, impact young people or people differently at different developmental stages.

Shai:

So for example, the example I used before, parental monitoring if you're focusing on high school students who first of all, for one are living at home and their parents still have great influence on them, any kind of low parental monitoring is going to be a risk factor that impacts this particular population. However, if you're trying to focus on college students, particularly those living on campus, and if you have a lot of students who are out of town, their parents are far away, they're not really that influential in a day-to-day life. That might not be an important risk factor in your case, low parental monitoring. You might want to think about something risk factors associated with the college environment and who's impacting the students more so than their parents, given that their parents are far away.

Shai:

So that's a way to think about, there are three different questions to ask yourself in terms of importance. And then we talked about changeability. So what are some questions to help you think through that? And so, you basically want to think about, what are the risk factors that I can actually do something about that I'm likely to actually change. And so the first question is, suitable Evidence-Based Interventions. Are there specific interventions that have been found to actually have impact on a specific risk factor? Oftentimes, we come up with challenges for which there aren't Evidence-Based Interventions just yet. And so then one option is to think innovatively to come up with something that might not have been tried before. That's one option.

Shai:



Sometimes that's an important option, but alternatively, you might want to think about maybe there's another risk factor that is also important to address that for which there is an Evidence-Based Intervention. And you're more likely to have success with that because you know exactly what works. So identifying the Evidence-Based Interventions is one factor to consider when selecting the risk factors you want to address.

Shai:

Is there adequate capacity to change the risk or protective factor? So that goes back to what Jess was talking about before things like QA readiness, the human resources, the financial resources. So for example, changing a policy. You might decide that there's one of the risk factors is that there's easy access. One of the issues, for example, all the committees are dealing with now is vaping. And it's very easy in many communities for young people to have access to vaping, to go to any convenience store and buy the vaping device, to buy the actual substance that goes into the vaping device.

Shai:

And so you may decide, I want to deal with access. That's what I want to do. And so I want to pass a policy that makes it much more difficult for young people to access, to buy vaping related products. So way for example, is to only allow those products to be sold in tobacco only stores, for which young people are not allowed to go in at all, or to strengthen or have policies that regulate better, the age verification for people buying these products. So that is an important risk factor, the access, and the strategy of changing policy might be a good one. There's evidence for that, but then the question is, is there the capacity to change policy? And that answer will vary from community to community. In some communities there's the readiness, you have access to the right influencers, to the right champions who can make this policy change.

Shai:

And that's something that you have the capacity as a community to do something about it because people are in favor of that, as opposed to another community for which they might not have the capacity, they might not have their readiness, they might not have the ability to do the marketing that they need to do to convince people to support this particular policy. And so that's another consideration is that the capacity, and it's going to change your current a reasonable amount of time. So obviously you want to be thinking long-term, but not too long-term. You don't want to be thinking about an issue that a specific intervention for which you're not going to see any fruits for another several years. Like, for example early with a particular intervention, focusing on young children, not to say, and not, I'm discouraging you to obviously provide interventions for young children including those that build their capacity there, social-emotional competencies.

Shai:

So that later in life, they're better equipped to make healthy decisions, but if your coalition has one shot, you have a particular funding grant and you really want to do something that will have an impact. That's something to think about. Do I want to do something with the young children that, for which I'll have a very hard time demonstrating to stakeholders, to funders or others that we're making a difference. And so in this context specifically, that's something to think about as well again, in terms of changeability.

Shai:

So with that, I'm going to turn it over to Jess.



Jessica Goldberg:

Thanks, Shai. That's great. Those examples are so helpful. So now we want to give everyone on the line, just an opportunity to engage with what you've heard and have a chance to apply that information, to what we hope will feel like a real world example. So we want to ask you to help a community coalition, think about which bits identified risk factors might be important in impacting their problems. So let's say a community coalition identifies the age group of 18 to 20-year-olds as a priority population, a focus for preventing underage drinking. So we're going to ask you, and I believe we have a poll layout for this, which of these risk factors on your screen could be of high importance in this community. So you don't have a lot of information, but we want to ask you to take a moment and postulate, which of these could be high importance and which would likely be not.

Jessica Goldberg:

So if you want to cast your vote, you can just click on one of the three, or multiple of the three boxes that you see on the screen. And we want you to ask you to cast your vote in that whole box. And then if you want to let us know why you chose or did not choose the particular factor that's high importance, you could let us know by typing into the chat on the left side of the screen. So it looks like in terms of which could be high importance, we see community norms being endorsed as probably likely of high importance in that community. Again, you don't have a lot of information, but it could be, it looks like a fair number of folks that have voted would say that could be likely, and also that low parental monitoring or ease of retail access might also be high importance.

Jessica Goldberg:

So this is a tough one, but I'll just remind you that the age group that we're looking at that this community's data has borne out as a priority population is 18 to 20-year-olds. So sort of those young adults transition age adults, early adulthood. And we're just curious to see, so if you have any commentary about why you might have chosen what you did and feel free to put that in the chat, feel comfortable to put that chat, please do because it's true. We don't have a lot of information here, but one thing that we were thinking in creating this poll is that it's possible 18 to 20-year-olds might not be living within their family home with their parents. And so low parental monitoring of alcohol or of alcohol use may be less important. So that was our thinking on this.

Jessica Goldberg:

So that again, we don't know specifically, this is a community that we are inventing for the purpose of this conversation, but that it could be within the community, that the norms that were particularly favorable to alcohol use whether or not you're of age and that it could be that in this particular community, again, during your needs assessment or this community's needs assessment, you have to sort of bear this out with data to know whether or not it's true, that it's possible that 18 to 20-year-olds were able to procure alcohol, despite minimum age purchase restrictions because there was an ease of retail access within the community, maybe retailers, weren't carding, people who came in to purchase alcohol, or weren't able to recognize false identification when presented with it. So in our thinking, we thought maybe that creating norms and ease of retail access could be possibly high importance, but it may be possible that their low parental monitoring was less of a factor.

Jessica Goldberg:

Now you could argue back and free to, if you disagree. I know that many young adults do live with them in the home. So you may find that in your community or in communities that you're aware of, low



parental monitoring does remain an important risk factor for this age group. Again, it would vary via context that if we knew more about this particular community, we might be able to say with more definitive confidence, whether or not these risk factors would be high or low importance. But thank you for weighing in for sure.

Jessica Goldberg:

We also have another poll question for you. And because there's a lot of texts on the screen. I might ask if we could go back to our main slides first, just so that we can have you read the scenario together and then ask you to weigh in and vote.

Jessica Goldberg:

So here's your second knowledge check a similar idea, but a different question and this time relating to change ability, and we're giving you a little bit more background about what's happening in this community. So a community has identified LGBTQ youth as a priority population for preventing tobacco use through electronic vapor products. The norms in this community are favorable towards youth, as community members, including youth do not consider vaping to be a big deal. We found this out in this community through some data collection, key informant interviews, or focus groups with different community stakeholders, including youth. So it's not a big deal. And the prevention practitioners in this community do recognize it's an issue they're skyrocketing use rates, but they aren't sure what to do since few strategies exist to address this issue that we know that have been verified as effective, the tried and true.

Jessica Goldberg:

So there's sort of a question as to what should be done? And so now the question that we want to put to you is how changeable would you say this risk factor is? And I actually wonder if this scenario rings true to life for anybody on the line because it definitely has been real for some of the communities that I know I've been working with in the last several months. So we can now bring up the poll slide if you please, and ask you again, just to weigh in. So we're going to give you a scale of one to five with one being, not very changeable at all. And five being very changeable, given what you've heard and what you saw from this scenario, where would you plot this particular risk factor in terms of its changeability? So it's the community norms that are favorable to use that we're considering.

Jessica Goldberg:

And it sounds like as data has shown, it's not particularly a big deal in the eyes of many community members that young people and particularly LGBTQ youth are using vapor products, but that the prevention practitioners recognize that's an issue. The youth rates are growing, but they're not entirely sure what to do. So we have some votes coming in. A lot of folks are plotting it right in the center. So not unchangeable per se, but maybe not the most changeable of risk factors, right? And then some other folks think that it actually could be relatively straightforward to change or that you could make some real progress and change given the risk factor and the conditions that we've heard about in this community. So we understand that this particular community feels like there's no real evidence-based strategies that it can apply, which I know Shai has discussed was one of the criteria you'd be looking at for changeability.

Jessica Goldberg:



And then as our continued votes come in, it looks like the midsection is winning out. That it's neither incredibly unchangeable or highly changeable, but something in between. And I think that that's likely where I would plot it myself. We know community norms can take a long time to change. So this could be a really important risk factor. We didn't ask you to weigh in on this particular scenario as to whether these norms were important, but it could be, but they're not super changeable. And so, what do you do in that case? And one thing we would suggest or offer is that given that this is not necessarily a highly changeable, you may want to be considering whether or not there is another, or are other risk factors that are more changeable within a community that applies to this same priority issue.

Jessica Goldberg:

And then take a step back in your planning to determine how you would build your community capacity to change this factor before you would move on, right? So it could be a good place to put your energy, to work to changing this risk factor. And it could be something that you maintain vigilance around, but also build your community capacity in order to be able to make a more effective change as you build the resources and readiness level that you would need to be impactful. And so, those were just a couple of quick knowledge check. So thank you so much for playing along with us. I think we can go back to our slides and we're going to shift gears now from talking about prioritizing risk and protective factors to talking about selecting strategy that are the right fit for a particular community.

Jessica Goldberg:

And so here are the beginnings of our logic model again, and we're now at the third box where we select interventions again, as I said earlier, way back in our prevention history interventions were selected based on maybe our best guesses as that's what would be effective, but that the field has now evolved to the point where we do have evidence of effectiveness for many types of strategies.

Jessica Goldberg:

And so thinking back to that comprehensive plan that we're making in this step, it's going to include multiple risk and protective factors and interventions to address them. And so there's interventions may be for different audiences. You may have some universal strategies where everyone in a particular community or group is going to receive that intervention. You may have some selective strategies that are just for folks that have been identified by a shared elevated level of risk for developing a substance use related problem, or could be for an indicated population that has already shown some signs or symptoms of developing that problem.

Jessica Goldberg:

So the key here is to be thinking about the comprehensive mix of strategies, that you will implement to address the different risk and protective factors that have risen to the top, risen up and been prioritized as the most important and most changeable ones in your community. So we think of interventions or strategies as programs, practices, and environmental strategies that include policies as I'm sure you know, these are just a few examples of those types of strategies. And so they have education-based programs. So those might be things that you are familiar with, like life skills, curriculum, or responsible beverage server, training programs, parent education programs as well might fit into that category. Then there are school and community bonding activities. So you can think about that as mentoring programs or campaigns that are implemented within a school environment to try to build cohesion and change and create a school climate that is more cohesive and connected and there's communication or public education strategy.



Jessica Goldberg:

So this is where you may find more of that social marketing or media advocacy work that we've been prevention and policy work. That can be so important because it's so sustainable. So this might be enforcing policies that prevent access to alcohol among youth under 21, as an example. And then the enforcement piece is making sure that those policies are actually adhered to, and so penalties, for example, for anyone that would serve alcohol to underage youth. So if you have other thoughts on some strategies that aren't featured here, you can feel free to put them in the chat or population groups that we haven't mentioned yet. And we're going to ask you to keep in mind that not all interventions are equal, that some are based in evidence, meaning that they've been researched and found to be effective. And we're going to talk a little bit more about that in a moment, but just to say here that those are those types of strategies that we should most often be using.

Jessica Goldberg:

There's definitely times and places for promising and innovative practices, but generally speaking, we should, as prevention is to be prioritizing the use of strategies that are known to be effective. And this image might be familiar, but it shows the different contacts that had an influence on people's health and that in any public health approach, we need to implement those different combinations of interventions in each of these levels. So you're going to find risk factors in each level. And we need to be thinking about the strategies that might address those risk factors or address the protective factors that we want to bolster in each of the levels. So the individual level refers to things like curriculum for youth in schools or education for certain groups of youth at risk, and then some screening or referral, things that you would do one-on-one with a particular individual.

Jessica Goldberg:

And the family level includes things like parenting education for all parents in the community, or for parents of youth that might have share a higher level of risk. It could be a particular social marketing campaign targeting parents, things of that nature. And then at the community level that you'll be more likely to see some environmental strategies like community ordinances or local policies or enforcement strategies related to them. And then at the societal level, that's where you would maybe be thinking about laws that are broadly applicable all across the area, across the society, that you are a part of social media strategies. And again, some media advocacy that would be applicable at a higher level, a more societal level of our populations. So again, you'd want to be addressing the most important and changeable risk and protective factors that you've identified.

Jessica Goldberg:

Remember, again, that it's multiple strategies and multiple settings that are in order, in order to have that comprehensive mix, that minimizes gaps in prevention efforts, it's most likely to impact the problems and the factors that we need to change. And so communities will select interventions that address the risk factors they chose during that prioritization process. So again, like for example, if a community's problem is underage drinking, so their priority risk factor is retail access. Then they're going to want to find and put into place strategies that address retail access.

Jessica Goldberg:

And there're many reasons that communities might select a specific program or practice or environmental strategy. One is that there is evidence of effectiveness, so meaning that the intervention has evidence based on research that has shown it to be effective in similar situations or with similar



populations. Another reason on why communities may select a particular intervention is that it's the right conceptual fit for a community.

Jessica Goldberg:

And this is really that the specific intervention is relative or in relevant to the problem and risk and risk or protective factor that have been identified. So educating merchants, for example, is a different kind of strategy than a media campaign. And one of those strategies could be a better conceptual fit for whatever risk factor may have been prioritized. So it's a super important part of the process is that the strategy selected are not disconnected from the larger logical process articulated through the logic model.

Jessica Goldberg:

And then finally, practical fit refers to the appropriateness of a specific intervention for a certain community. So for example, a community may not be receptive to a certain policy change or a school might not be receptive to a particular curriculum. And if you're thinking about practical fit, we'll talk a little bit more about that in a moment, you'll be considering questions like, do we have enough buy-in from the community? Do we have the kinds of resources that we need to implement the strategy effectively? And does our current political climate fit? Is it favorable to choosing the strategy and implementing it without barriers?

Jessica Goldberg:

And so those are three criteria that you can use as you're considering interventions to select. We're going to look at each one in a little bit more close detail. And so, for evidence of effectiveness, the evidence refers to whether, again, there has been research showing that the strategy is effective under a particular set of circumstances. So the best-case scenario is when an intervention has been included on a federal registry like SAMHSA's Evidence-Based Practices Resource Center, or in peer reviewed journals that include research literature on specific intervention.

PART 2 OF 4 ENDS [00:50:04]

Jessica Goldberg:

..... that include research literature on specific intervention. So peer review journals typically present detailed findings, and analysis, that would document whether or not a program, a practice or a policy has an adequate level of evidence, showing that the intervention works. So, and you can think of this graphic as sort of an order, in terms of the strength of the evidence available. And so depending on the problem of community selects, there may or may not be interventions that fulfill the first two conditions. For example, there are many evidence-based underage drinking interventions, that are listed in Federal Registries or in peer reviewed journals, whereas there are fewer interventions that meet the two conditions for the purpose of prescription drug misuse prevention, or electronic vapor product use.

Jessica Goldberg:

So some interventions that are just emerging, may not be included in the Federal Registry or peer reviewed journals, but there may be some documented evidence of effectiveness, supported by other sources of information or by a group of experts that's well versed in the topic. And for certain population groups, there may not be interventions that are evidence-based. Now, for example, there are a few evidence-based programs for indigenous or certain immigrant groups that might be featured



in Federal Registries or in peer reviewed journals. So it's important to consider whether the evidence of effectiveness for a particular intervention is weak or strong.

Jessica Goldberg:

And when we are selecting our interventions priority should be given to those interventions that have a strong evidence of effectiveness. And for groups where there are a few or no interventions, in those registries or peer reviewed journals, sometimes there are historical narratives or cultural traditions or practices, that could be really important, and may provide us with information about what would work effectively within that particular community.

Jessica Goldberg:

So innovative locally developed initiatives, they have promised, especially if we're able to demonstrate and improve and document that it's of their effectiveness, which is why our evaluation efforts are so important, so that we can continue to contribute to the prevention evidence-based. We're actually going to have an upcoming Webinar on evaluation. So for folks that are interested in that topic, we have heard that in the past, from folks on these Webinars, that evaluation is this topic of particular interest. So we're going to be looking more closely at that and upcoming Webinar.

Jessica Goldberg:

We'll give you all the information about that in advance. So in case you're interested, you can plan to attend. And so then we talked about conceptual fit a moment ago, but it refers to interventions that address the priority, risk or protective factor, and problems, that you've identified and connect to the Logic Model. You see our three bucks Logic Model here, it's also going to likely, or we have the expectation, will produce positive outcomes for the problem in factors that we've identified, are related to those problems and factors, and that we can target multiple contexts. So in the example, on the slide, you can see that the problem we identified here, are underage drinking, we also through our assessment process identified two risk factors, so low parental monitoring of alcohol use, and then a low youth perception of harm among youth relating to drinking. So we'll walk through the example, and you can see under strategies, there's a handful of examples that are being offered up, as potential strategies.

Jessica Goldberg:

So there's a media campaign about a parent's role and underage drinking, parent education more generally, and merchant education. And you can see that a couple of those would occur within the family context, right? So targeting parents and then merchant education, which would likely occur within a community context. So we're going to walk through the example and check for conceptual fit. So you can see the three interventions on the screen, that we can consider for the risk factor or parental monitoring in terms of whether they're relevant.

Jessica Goldberg:

So which of these interventions is not an appropriate conceptual fit for parental monitoring? For just looking at parental monitoring, which one wouldn't be a fit? Pretty clear that merchant education wouldn't fit here. And in that the other two strategies, a media campaign or parent education, media campaigns for parents, parent education would potentially be more conceptually appropriate. So you can walk through the Logic Model from left to right, and right to left and see the logic of the intervention, right? If we want to address underage drinking, we know that parents aren't watching their alcohol, and we educate them more about why it's important to monitor alcohol in the home. You



would expect these strategies, to be able to ultimately impact the problem you've identified, because it is so closely related and aligned with the risk factor that has been selected. The community must have had data to support that parental monitoring, was an important and changeable risk factor, for this problem, and therefore, then has selected these strategies, as the appropriate conceptual fit to address that factor.

Jessica Goldberg:

And so some of the questions that the community may have asked itself, do this interventions fit our Logic Model? Do they address the problem? We do see that they do. Would they fit the population that is the focus of the intervention? And do they address all the risk factors listed on the slide for underage drinking are listed here? So no, that answer would not have been the case because the other risk factor that we eliminated for the purpose of the example, was low perception of harm among youth. So if this community had also prioritized that, as an important and changeable risk factor, it would have to add additional strategies, right? That would be more conceptually linked to that risk factor, in order to be able to expect to see change, right?

Jessica Goldberg:

These strategies on the slide, would not necessarily have an impact on that risk factor because they aren't good, there is not a good conceptual fit for that. And so the key point here, is if the strategy, or intervention doesn't address the risk or protective factors, that are influencing the problems the community has prioritized, then the intervention is not going to achieve, or is unlikely to produce positive outcomes or changes in that problem. And then finally, Practical Fit, I want to share a handful of questions with you, that would help you determine whether an intervention is a good, practical fit for community. The first one is, is it feasible? Does the community have the resources? Again, human, organizational, financial needed for the intervention, that you would have assessed and addressed in your needs assessment, and capacity building process. So if you have those resources, if you have then maybe that the intervention is feasible, that that's a question that each community would have to answer on its own.

Jessica Goldberg:

You might also ask, is there a synergism? So does the intervention add to, or reinforce other prevention activities going on with the community? Is the community readiness and will stakeholders, and the other members of your community support your particular strategies? And are they cultural culturally relevant? Will, the different groups that are the focuses, foci of those interventions be receptive to it? Are they involved in the planning and implementation? Can they be involved in the planning and implementation of the strategy? So if you were to be examining a particular strategy, and you could answer yes to all or most of those questions, then you could be able to consider that strategy a good practical fit. And it's often easy to tell when an intervention is not practical for a community, so if you can, let's say for an example that a community implemented a no tolerance policy, that young people resisted because they weren't ready, or that people resisted that they weren't ready, or a party patrol introduction that wasn't suited and relied on youth to share information with police about underage drinking parties.

Jessica Goldberg:

But the police department didn't have the technological capacity, to handle the text messages, that the youth were sending, or they didn't have the appropriate personnel to respond, right? So, in these



situations, ideally the community would have been able to determine, whether the interventions were practical, before implementing, by using their readiness and resource assessment data. And if, because of a prevention program practice or strategy doesn't fit the community's capacity, their resources or readiness to act, then we've said it before, we'll say it again, the community is unlikely to implement the intervention effectively or to see the results that they had intended. And so those are the criteria for selecting strategies. If you have questions or thoughts about those, please feel free to put them in the chat. And so I think I'm going to welcome Shai back to talk a little bit about where cultural competency fits in with all of it.

Shai:

Sure. Thanks, Jess. So as Jess.... going back to the very beginning of the Webinar or where Jess talked about this process, as you know there's two aspects of the SPF process that you really need to think about throughout the process at the end and at each step. And one of them is cultural competency, the other one being sustainability, which we'll also talk about a bit later. So cultural competency in terms of, where does this come in this particular stage of the process, in planning? So we know we've talked about identifying, figuring out what is the problem you want to address, we've talked about then defining the risk factors that you want to address, that related to your problem, and what are some of the strategies. So with all of these steps or these decision processes, you want to be making sure that you're doing it in a cultural competent way.

Shai:

And in particular, what that means is that you are taking into consideration the multiple perspectives within your community. What are the different cultures that are represented in your community? However you define that community, whether it's a county, a whole state, if that's where you guys are working on, or a particular small town, who is involved, what are the different perspectives? The one thing I would like to talk about when we talk about cultural competence, is that yes, it does refer to people who have different ethnicities, cultures, languages, but also think about things like people who have different sexual orientations, or gender identities, people with disabilities, what are all the different human experiences that are part of your community, that have to be integrated into all of this whole decision-making process? And so let me go through some specific questions to think about.

Shai:

So for example, when you think about being the problem that you want to address, so the question is to ask, is this problem one that impacts the entire population? Or is it a problem that affects only one part of the population, meanwhile, it ignores other problems that another part of the community is suffering from? So, for example, if you have different linguistic groups, is there a particular problem that is impacting one particular linguistic group, maybe the one or ethnic group, maybe the one that you're part of, but you're not realizing that actually the other ethnic group or the other linguistic group is more concerned with another issue. And so that's part of the conversation that you want to come up with, to think about.

Shai:

When you identified risk factors also, are the risk factors... we've talked about things like importance, jinja ability. Are you thinking about them when you're asking yourself about what risk factors are important? Are you thinking about a different... what is not only important to you, but what is important to other people from other cultures within your community? Also, there was a risk factors. Culture in



itself can be both a risk factor, or related to risk factor, or protective factor. So for example, I've worked with, for those of you who heard of me say that..... I talk about my experience working in Native American Communities, one of the issues items they bring up in substance use, as well as in thinking about other issues impacting their communities, is how cultural trauma, has impacted their communities, their families, in an intergenerational way, in a way that today is impacting, is resulting in some of these risk factors that they're seeing.

Shai:

And so cultural trauma, has to be part of the risk factor that you're considering, or loss of cultural identity. Immigrant communities that feel their culture is not being respected, that they're losing.... they're having a hard time connecting with our culture, that can itself be a risk factor, that you want to consider as well. And so that's one way of thinking about cultural competency, in terms of selecting risk factors. And lastly, in terms of selecting strategies, are you choosing strategies that are culturally relevant and appropriate? If you're choosing a strategy that is evidence-based, because you have evidence that it's been effective. Was it effective when it's implemented in your culture, or the cultures you present in your population, or was it implemented in a different type of community?

Shai:

Also are the concepts, and are the strategies, that are built into the strategy culturally relevant to your community? And I also I am going to go back to the risk and protective factors that I also forgot to mention. I mentioned before culture can be associated with risk factors, obviously culture can also be associated with protective factors as well. And this ties into the strategies. So for example, every culture has these important family values, that can in fact be protective factors, for young people engaging in risky behaviors. So sometimes the best prevention strategy, is to focus on promoting those cultural values. So letting the cultures within your community, be, part of the prevention efforts that you're promoting. So that's another way in which you can think about cultural relevant prevention. It seems like I'm going to move now into a poll. Is that right Jess?

Jessica Goldberg:

I think so. Yeah. I think you gave some great examples, Shai, thank you for those. And we want to just offer folks on the line, if you have other ideas or other ways in which you have, or you could, infuse cultural competence in your strategies, throughout the planning process, we just want to open it up because I know we have a real deep bench in terms of experience and perspective on the line. So you could see we brought up a poll box at the top of the screen, and you can type your answers there. If you have other ideas about how cultural competence could be infused throughout the planning process.

Jessica Goldberg:

This is a great opportunity for us to learn from each other, from you, doing the work in the field, and your respective contexts across the region. So if you have thoughts and this is an anonymous poll, so there... feel free to share, share openly, and there's no right or wrong answer. We just want to learn from others on the line in terms of what cultural competence looks like for your planning process. So I'll give you a moment to respond, if you have any thoughts, feel free to put them in the chat.

Jessica Goldberg:

You see some answers already coming in, which is great. Thank you so much. So here's some concrete ideas getting a focus group with representatives for different cultural groups from your community, to



guide your prevention efforts. Absolutely, so important and so important from the very onset of the process, right? Better to have the full engagement and full involvement of those that you mean to serve, or partner with, or reach, because we can really sort of ensure that the process is informed with their perspective, their input and their participation, as opposed to doing what we might think would be useful or right, in a particular context, and then finding after the fact that there was more that we needed to learn, using that perspective of cultural humility throughout the work I think is really key. And I think that's what that example really gets at.

Jessica Goldberg:

So making sure that the strategic planning committee has representation from various cultures. Absolutely, I think you couldn't have said it better, engaging the population of focus throughout the process and reaching out to local champions, living in that community to see if they could spearhead efforts and provide support. Absolutely. That champions piece is so important. It's so key, and making sure that we're being really proactive in finding, and reaching, and building relationships with those champions who can help us as gatekeepers or cultural brokers, it's as much as part of our prevention work, as implementing a specific curriculum via a specific program, right? It's essential. It's not something necessarily that's as concrete, but those relationship building skills are what I know has served the folks that I've worked with in the field, have served me in the field, being able to learn from others and not going into a community thinking that we know what's right, or what's best, but really with a willingness to learn, and identify the problems, the factors, the strengths, the assets, and the readiness, from the perspective of that community.

Jessica Goldberg:

So these are great thoughts. I think another one has just come in. So, co-occurring mental health disorders may need to be included as risk factors in any SPF model, and also as cultural competency considerations when developing strategies. Absolutely. I think really an important, and more so important that we see, mental health being so related and integrated into our work different types of mental health disorders, or issues. And also just thinking about that from how interwoven they are, interconnected and important, thinking about those shared factors, that we may be able to address, through our strategies, that can be so efficient and really maximize our impact.

Jessica Goldberg:

So making sure that we're looking at... I think Shai talked about this really well earlier, when we're thinking about importance of those factors, are they related to other behavioral health issues that we're seeing in our community? That's we can maybe address both right? Feed two birds with one stone is what I heard as a more culturally competent analogy for that. So making sure that we're selecting our risk factors, based on the type of impact and the amount of impact that we could possibly have. So these are great thoughts. Thanks so much for sharing these things. Thanks Shai for your examples. And I think I will hand it back over to you.

Shai:

Great. Thanks Jess. And so now we're going to basically put this all together, everything that we've talked about. So here's the image again, and by now you will be dreaming about every day. You have your problems related behaviors, risk, and protective factors and strategies. We talked about how do you measure problems and related behaviors, magnitude, time trend, severity, comparison in terms of thinking about risk and protective factors associated with the problems and related behaviors, and



thinking about which ones can you impact based on their importance, and changeability. And then looking at how you address those specific risk and protective factors, using evidence-based interventions, that are also... are a good conceptual and practical fit to your community. So this is kind of putting it all together as a process. And it's just that it's not just about the left to right process, you can really think back and forth, just make sure that it all kind of fits together.

Shai:

And that's basically the core of your Logic Model, but let's build on it some more. And so this is just a different way of thinking about how to come up with the same process, the kinds of issues, you want to be thinking about step-by-step, in order to put your comprehensive prevention plan. So, first of all, as we talked about the left side of the Logic Model describing the priority problem, and why specifically did you select it? What was the data that you use to select the problem? And that what we called in Logic Model Universe, we call this the problem statement. This is the statement that describes exactly the problem, and how it was selected. Once you're there, you can move on to the next step, which is the listing risk and protective factors, and describing how you prioritize them.

Shai:

And why were the risks and protective factors you selected also associated with your problem statement? And that's your explanatory theory. Your theory of saying, here's our problem, and here's why.... this is a problem in our community, and this is why we're seeing this problem in the community is happening, or perhaps, here's some of the reasons why we can address this particular problem, by promoting protective factors. So that's how you kind of explain the problem. Next, describe the resources, the resource gaps, the readiness, cultural issues, all these things that you need in order to address the specific risk factors that you've identified. So this is kind of your overall capacity, that you bring to the problem. Next, knowing what the problem is, knowing how these protective factors are associated, and which ones you want to address and what is the cultural, what is... sorry.... what is the capacity that you bring to it? Based on that, identifying the specific interventions that you will select. And how that will change the problem, how that will help address the problem.

Shai:

And that's basically your theory of change. So if, a good way of thinking about theories of change, it's the, if then statements, if we do this, if we engage parents and help them understand parent monitoring, then they will talk to their children about the dangers of substance use. And if the parents talk to the children about substance use, then the children are less likely to use substances. So that's kind of the theory of change and how that kind of connects the strategies or the interventions to addressing the risk factors. And how that kind of all fits into a nice theory of change. And with that, you move on to the last step, which is, again, if you have the "if, then" theme to your theory of change, now you can also know what are the specific outcomes that you can expect to see happen, if in fact, your theory of change is correct, and if your intervention works. So, if you're talking about addressing parental monitoring, what do you expect to see is an increase in parental monitoring, in the community based on the strategies that you've implemented and that's going to be your short-term outcome.

Shai:

And if you do see the increase in parents are monitoring, then you can expect to see substance use among young people go down, that's your long-term outcome. And so that kind of weaves together the whole process from thinking about the problem, all the way to understanding what you're going to do, is



going to... understanding what is the impact of your strategies? What you going to expect to see? And that helps to also inform your evaluation, based on those outcomes you can decide how you going to measure, those outcomes to know if in fact your program is having the right impact. So this is another visual representation of basically everything that we've been talking about, adding to the initial image, the short-term outcome and long-term outcomes. And basically this is what a Logic Model looks like. I should say for those of you who've heard the term Logic Models often, there is no one template of....

PART 3 OF 4 ENDS [01:15:04]

Shai:

... because often there is no one template for logic models. This is one template. This is kind of includes all the key ingredients. If these ingredients that we think are important, other logic models might look somewhat different if you've done them before. For example, I know that oftentimes logic models have inputs and outputs as well. What did they going to do and what did he expect to see out of it? For example, an input is a number of parents that you reach and the output is a number of parents who are engaged in your program. That's different ingredients of a logic model.

Shai:

But the idea, basically... This webinar's not necessarily designed to go in different logic models, but the idea is just to kind of help you think through the logic of your work and how to present it in a nice visual.

Shai:

I wanted to mention a couple of reasons why developing logic models in case you're not convinced yet why developing logic models is important. What is the benefit? First of all, the obvious one is that developing a logic model helps to make visual your logic. And it makes sure that you have what... You're doing is largely connected to what you're trying to accomplish. That you know exactly what the problem is and that what you actually need to do is actually address directly the problem, through that intermediary relationship with the risk factors. And based on that, you know exactly what you expect to see. That whole logic is important to kind of be able to put it out there.

Shai:

And not only for you or the small group of people putting together a logic model, it's not only important for you to see the logic, but also it's something that you can show other stakeholders. If you're trying to get the buy-in of people or help people understand what is it that you're doing? This is a good way of demonstrating that.

Shai:

And lastly, that helps to get the buy in because people know exactly not only what are we doing, but why are we doing it? And what can we see? What is the result that we expect that can help you get buy in? And lastly as both Jess and I mentioned, this is also very helpful when you think about evaluation.

Shai:

Oftentimes when you don't have a logic models, you might hire an evaluator who might have great instruments, who knows exactly, what kinds of measures they want to measure. And they go, and they collect great data only to find out that the data they collected does not actually measure the kinds of things that you were hoping to see. For example, that might be measuring, perception of harm of



substances, because that's a great measure. That's a great type of data to have only to find out that what actually you were focusing is changing parents, monitoring behaviors, so you want to make sure that the data that you're collecting for evaluation purposes matches okay. Fits into those logic models.

Shai:

Another reason why to have the logic model and also anything about the logic models is that they kind of all connected neatly. The long-term outcome usually refers directly to the original problem. In the example that I gave, underage drinking, it might be the problem that you've addressed. The long-term outcome is going to be the reduction in underage drinking. That's kind of how those two things go together. And then the risk factor, I hope people are not getting sick of things sample, but just because it's, on my mind, the Parental monitoring, increasing parental monitoring, if the risk factor that you decided to go for is the low parental monitoring, or to flip it on the positive side, if the protective factor you decided to increase his parental engagement and parental monitoring, then that's what you mentioned, the short-term outcome. And so that kind of works out neatly.

Shai:

I should have anticipated this. And then show this earlier. But basically this is example, as I mentioned, underage drinking is a problem with low bar to monitoring is the risk factor you decided to do to address the strategy that you specifically decided to connect the risk factor to the short-term outcome is media campaign about a parent's role in reducing underage drinking and therefore the short term outcome you expect to see if the media campaign is successful is more parents, being better informed in it and feeling more confident about their role in talking to their children and monitoring their behaviors. That's the short term outcome you expect to see, and then the long-term outcome. Again, if your logic works, if it all gels together, then you expect to see a reduction underage drinking.

Shai:

And lastly, we talked about cultural competence and how that influences or should be influenced, should be considered in every stage of the process and sustainability of being the other one. And the other main issue that you want to be thinking about. And so how does sustainability tie into planning?

Shai:

Again, this is one of those things that we've learned the hard way. A lot of us who've been in the prevention field for a long time. We know that in the past we left sustainability to the end. You do the whole program and at the very end of a funding cycle, or at the very end of a particular implementation of an intervention, we then start thinking, well, how can we now sustain this? And sometimes that's too late. Sometimes, we sucked in an intervention that is very difficult to sustain because let's say it's very costly or because it involves individuals having to be hired just for the intervention.

Shai:

And you realize, it was a great program. It worked while you had the funding, but then once the funding goes away, you don't have the staff to run it. And it becomes un sustainable. That's why it's important to be thinking about the sustainability early on. And that's where just this point about practical fits in when you selecting strategies and you thinking about the practical fit, not only what fits with our capacity today, but what is something that's going to work for us in the long run that we can make sure that our efforts are sustainable.



Shai:

Again, the kinds of question that we want to be thinking about it when you're selecting strategies, what is the kind of ongoing financial and human resources that you would need to sustain the program? And do you have them, do you anticipate having them in the long-run or is there an intervention that it does not require a significant long-term financial sustainability, for example, changing a policy?

Shai:

The nice thing about changing policies is that, you may work really hard to get the change of policy, but once you've changed the policy, it's there forever or presumably for a very long time. And once the policy is in place, it's sustainable because you don't really need to do anything other than just make sure it's informed or, if you're doing a school-based program, if that's what your focus is, one approach is to come up with a curriculum, a substance use prevention curriculum that is added on to do everything to all the other subjects and to everything that is already going on, well, that's going to be hard to sustain because first of all, you need someone to teach that part of your curriculum. You need to find the time to fit into the school day. And you need to make sure that this constant buy-in to maintain that, given all the other pressures that schools have.

Shai:

That's one approach as opposed to a more sustainable approach, which is thinking about how can we incorporate prevention into the regular school day curriculum or into a particular program so that, there already is someone who's teaching a particular subject, they just need to add to their subject, these messages of prevention and therefore that can become more sustainable.

Shai:

These are kinds of the considerations you want to be thinking about in terms of both the financial and human resources also, is it, related to this school example, is it a strategy that is implemented by people in their current roles, or do you need to hire people just for the implementation of the program? Again, if you think about having teachers implement programs, they're already there, the school's already paying their salaries. You don't need to add to that as opposed to bringing, prevention coordinators to the school.

Shai:

And then also thinking about long-term impact, it not only is the program sustainable, but it's the impact of the program. The long-term outcome isn't sustainable over time. And again, policy change might be a good way of thinking about that. The kinds of changes that have a long-term impact.

Shai:

Going back to my example of reducing the availability of vaping products, if you pass a policy that requires vaping products to only be sold in certain stores then, or having stores make sure that they verify a person's age to make sure that people under the age are now buying the products. Once the policy is there, you've established a long-term impact because, you've changed the way in which vaping products are sold. The impact of that is sustainable beyond the policy or, beyond your efforts. Those are just a couple of ways of thinking about sustainability early on in the planning process. With that, I'm going to pass things over to Jessica.

Jessica Goldberg:



Thanks, Shai. Thanks everyone for walking through this example of a comprehensive logical and data driven plan with us, and for thinking with us around some sustainability ideas and approaches to ensure that we're keeping a focus on sustaining our positive processes or positive outcomes throughout the entire planning process.

Jessica Goldberg:

We're going to just pause for a second in case there are questions we know we covered a lot of ground. A lot of different topics, different ways of looking at the planning process and specific tasks that can be undertaken during that planning process. If you have questions, we invite you to put them into the chat and we'll respond to them and time and turn if we get them. And if we can respond to as many as we will, if there are anything that we aren't able to respond to in real time, we'll be sure to follow up after the fact.

Jessica Goldberg:

Feel free to please do put your questions, and we'd love to have a dialogue. We know there's limitations in the technology, but we've listened to us for the last hour plus. We'd love to hear from you appreciate all of the participation you've given us this far, but if there's questions we have some time and we don't want to end without hearing them as that, you feel free to type them into the chat. And I will just pause for a second as folks share any questions that they have on their mind. We have a question Shai coming in from Dawn. How many problems should we focus on the big question? I wonder if you have any thoughts off the top of your head material now?

Shai:

Well, it really depends on the capacity of your coalition and also on the severity of their problem. Obviously, if you have multiple problems that are having a significant toll on your community, sometimes you just need to pick a couple to address them. Just because we are in the business of saving lives.

Shai:

In essence, what I would say, if you have the luxury to decide to pick what I would recommend is picking a problem, but then really going deep in your understanding of the problem, and to look at multiple risk factors and addressing multiple risk factors. For example again, I know that people can get tired of this, but on underage drinking, just because we've been doing a lot for work in this area, but underage drinking, there's all kinds... If you pick that as your one problem, there's all kinds of risk factors that you might want to be thinking about, is access to retail stores.

Shai:

One of the risk factors you want to address, parents involvement working directly with youth, just kind of understanding, working with law enforcement, thinking about all the different risk and protective factors that you can address. We know that a lot of the communities that we work with are struggling with the opioid crisis, for example, that's one big problem. But there's all kinds of different areas and ways to intervene, all kinds of risks and protective factors to address.

Shai:

And that usually is a good way to go about it. Again, if you have the luxury, if you have kids who are vaping and drinking and using marijuana, you kind of want to address them all. If you do have multiple



malls, that will last thing I'll say, I know we're running out of time is, going back to the idea that some problems might have shared risk factors. For example, underage, high school students are using multiple substances. You might think about these as multiple problems, or you can think about it as one, substance use among young people as being one problem and thinking about all the different shared risk factors. I hope that helped.

Jessica Goldberg:

I think that's a great way of thinking about things Shai. I've invited others on the line. They have other ways about thinking about... In their communities, how many problems to focus on. I've invited people to put their thoughts into the chat. And it looks like we have another question. When a community, when your community or schools are focused on the most current issue, vaping, how can you meet the needs of the opioid crisis? I think that's a great question. It's a big question. And I know we're getting we're hitting time, but I wonder if you have any immediate thoughts or do you want me to offer what came to my mind?

Shai:

Go ahead and I'll add-

Jessica Goldberg:

I'll start us off. Feel free to add. Please feel free to add. I think that's always the challenge, for me, I remember, when communities first started focusing on addressing opioid misuse or overdose, the question was around, how do we keep the focus on primary prevention in our work? And I think that's still remains really important as a conversation, as a consideration. And then now with vaping coming to the forefront, it makes sense that we want to shift to where the emerging priority issues are. And there feels like there's a lot of urgency and intensity around that. And I think having our work grounded in this type of plan can be really crucial for making sure that we can both pivot and be responsive to new emerging needs, but also stay focused on what we believe to be logically and most likely going to enable us to make positive change in the communities.

Jessica Goldberg:

A lot of what we do in primary prevention is preventing the onset of use across substances. And so much of what we do, I think applies will apply to vaping as we learn more and more about preventing that specific issue, but to try to, as much as we can't keep our work linked to that overarching plan, that guiding approach, and not necessarily kind of bend to pressure from our stakeholders or political pressure within communities to drop everything and just focus on the most recent issue as it arises. I know that's a challenge and I'm oversimplifying tremendously, but I do think kind of grounding our work in this logical process does help us to stay focused on what we know through data have been issues in our communities over time, as well as be able to respond to, more emerging issues, now Shai. Is there anything you would add to that?

Shai:

Yeah, I think I would say very quickly is also making the argument for the connection between what we're doing as primary prevention and the opioid crisis. We know that young people who use substances, alcohol, marijuana are more likely to ultimately eat or should I say they are around. And people who use opioids are likely to have started with alcohol and marijuana. In a way, this primary prevention is part of the continuum of ways in which to address the opioid crisis. And focusing on these



risks and protective factors in adolescence, you are in essence supporting the broader opioid efforts to address opioid crisis and other emerging substance use problems that communities might face.

Jessica Goldberg:

Agreed. And we have another question in the chat. Thank you for these questions, everyone. This is wonderful. And I wonder about just in the interest of time, if we could follow up with you Bruce directly, and also just put a plugin for our evaluation webinar, which is going to be coming up in late June, just because I know we're over time, unless Shai, I don't want to cut you off. If you have anything for this particular question that you can offer.

Shai:

Well, the one thing I would say just quick, quickly to Bruce, it's about developing the logic model and understanding what specific issues you're going to address with underage drinking. You're imagining the long-term outcome of underage drinking, but you also measuring the short-term outcomes to see are you actually making an impact on the risk factors are the protective factors relate to underage drinking and seeing those short-term outcomes can help you understand to what extent you're having an impact. That's a very short answer to a very big question. I'll just reiterate what Jess said. That we'll talk more about it and did end June evaluation webinars.

Jessica Goldberg:

That's great. Thank you very much for these questions. We will follow up with more information on those webinars, as Shai said, and we'll talk a little bit too around sustainability to increasing long-term sustainability. If we can entice you back with addressing those questions more fully, then we definitely would love to see you on our next webinars cause it's great. And we thank you so much for putting these questions in the chat. It's so nice to have a dialogue with the folks on the line, and we're sorry that we hadn't left more time. It just, we had so much to cover and, and appreciate you staying engaged with us to the very end.

Jessica Goldberg:

I'm going to just ask you to pause for a second and just think of a point in today's webinar that resonated with you and just want to make sure to reinforce what you've heard, what you might've learned and or relearn today.

Jessica Goldberg:

Please just take a second, just to have a little bit of an anchor on what we've discussed and something that may have resonated you. If there's anything that's still circling in your mind, you can feel free to let us know in the chat too, because we'll be sure to incorporate that into the coming webinars.

Jessica Goldberg:

And then we want to thank you very, very much for joining us here today. Thank you for all of your engagement, your participation, hanging with us to the very end. Thanks to everyone on the background on the backend that makes the webinar possible via the technology and the registration, our partners at Rutgers. Thank you so much. And we will be sharing the PowerPoint out after today's call. If you haven't had a chance to put your name and where you're calling in from in the chat now is your chance to do it, to make sure that we get you all of the information that we'll send out after the webinar.



Jessica Goldberg:

And we want to ask you to please take a moment and fill out the evaluation survey as if this is for folks who've been able to join us for today's webinar as well as for last week's webinar on capacity building in particular. If you were able to fill up or to attend both of those sessions, please take a moment and fill out our evaluation. You see the link on the screen, and we'll ask you to share what you thought because we take your feedback really seriously, and we're going to be using it to improve our virtual training offering.

Jessica Goldberg:

These are our first foray into webinars as a PTTC. We will take your feedback to heart, and we want to make sure that we're providing you with the type of service and the type of training that you need. If you could take a moment and let us know what you thought by filling out our brief evaluation, we'd appreciate it very much. Thank you so much again, for taking part in the webinar. Thanks to my co presenter, Shai, and I hope that you all have a great rest of your day. Take care.

PART 4 OF 4 ENDS [01:36:17]