

Supporting Community-Based Substance Abuse Prevention:

Lessons learned from 10 years of the ASAP Center

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Contents

| | |
|---|-----------|
| Putting it in Perspective | 3 |
| What Is Prevention?..... | 3 |
| What Is Community-Based Prevention? | 4 |
| What Are Evidence-Based Prevention Practices? | 5 |
| What is Prevention Support?..... | 5 |
| What Does the Greater Cincinnati Region Look Like? | 7 |
| How We Support Community-Based Prevention | 9 |
| What We Do | 9 |
| Consultation | 11 |
| Training, Workshops, and Other Educational Events | 11 |
| Library and Resource Center..... | 12 |
| Networking | 12 |
| Mini-Grants | 12 |
| Areas of Concentration | 13 |
| How AOCs Evolve | 14 |
| Where our AOCs Are in their Lifespan | 15 |
| How We Know it's Time to Move on | 15 |
| Specific EBPs Used by ASAP | 17 |
| Asset Building..... | 17 |
| Lifestyle Risk Reduction | 18 |
| Does it Work? | 19 |
| The Data Tell Us it Works | 19 |
| Short-Term Outcomes..... | 19 |
| Intermediate Outcomes | 20 |
| Long-Term Outcomes | 22 |
| Our Partners Tell Us it Works | 24 |
| What Works Best for Partners | 25 |
| Areas for Improvement | 26 |
| What it Takes to Support Community-Based Prevention: Lessons Learned | 29 |
| Challenges to Prevention Support | 31 |
| How to Structure the Organization | 32 |
| Something We Didn't Expect..... | 34 |
| Tips for Replicating the ASAP Center Model of Prevention Support..... | 34 |
| Where We Go from Here..... | 37 |

| | |
|--|----|
| Recommended Readings | 39 |
| References..... | 41 |
| Appendix A: ASAP Definitions..... | 45 |
| Appendix B: How the ASAP Center Structures Our Work | 47 |
| Appendix C: Areas of Concentration..... | 49 |
| Appendix D: Interviewees | 51 |
| Appendix E: Interview Questions and Selected Responses | 53 |
| Partner’s Story of Involvement..... | 53 |
| About ASAP/About Prevention | 53 |
| Selected Responses | 54 |
| Appendix F: Logic Model for the Community-Based Prevention Strategy | 55 |

ASAP: A Support System for Community-Based Prevention

For decades, community groups have been trying to prevent substance abuse within their neighborhoods. At the same time, prevention professionals and researchers have been developing programs that have been shown to be effective in preventing substance abuse. These groups have operated in silos: the research and evidence-based practices don't often get to the community groups. And, the activities of the community groups don't often come to the attention of prevention professionals and researchers.

When The Health Foundation of Greater Cincinnati started, it looked at community needs for health and identified substance use disorders as one of its four focus areas of grantmaking. The Health Foundation realized at the time that prevention was a large part of this, and also recognized the potential of community groups in working in prevention. But it also knew those community groups would need help. The Health Foundation created the Assistance for Substance Abuse Prevention (ASAP) Center in 2000 to strengthen community-based prevention efforts by helping them connect to prevention evidence-based practices. The ASAP Center provides information, materials, training, consultation, technical assistance, and mini-grants to community groups working to prevent substance abuse in their neighborhoods.

In 2008, the Centers for Disease Control and Prevention (CDC) proposed the innovative Interactive Systems Framework (ISF) to link prevention research to the community (Wandersman, 2008). Within this framework, prevention research is connected to the prevention delivery system—both the prevention professionals and community groups interested in prevention—through a prevention support system. This prevention support system would help individuals and organizations build and enhance their capacity to participate in prevention efforts.

The ASAP Center has been this prevention support system in the Greater Cincinnati region for a decade. But we, too, were operating in the silo of our region. There has been little coordination in the prevention field as a whole to support individuals and organizations who were interested in prevention but who were not prevention professionals. The ISF gives the field a new way of thinking about prevention, and opened the door for us to share the results of our work and help other communities develop a prevention support system.

What have we learned about prevention support? This report starts where the ASAP Center began, with an understanding of substance

abuse prevention and the community in which we work. Next, it describes what the ASAP Center does to support community-based prevention. Using data from ASAP Center and other community surveys and interviews of staff and community partners, the report outlines the effects the ASAP Center has had on our community. It provides tips and suggestions for people interested in building a prevention support system. Finally, the report discusses where the ASAP Center will go from here.

A Note about Language

The ASAP Center offers prevention support services to people from all walks of life: youth, educators, youth-serving professionals and volunteers, community volunteers, faith leaders, and other community members, to name a few. We try to use language that everyone can understand, relate to, and apply to their situation. Over the past decade, the ASAP Center has developed our own vocabulary. Our most commonly-used terms are defined within the document. The complete list can be found in Appendix A.

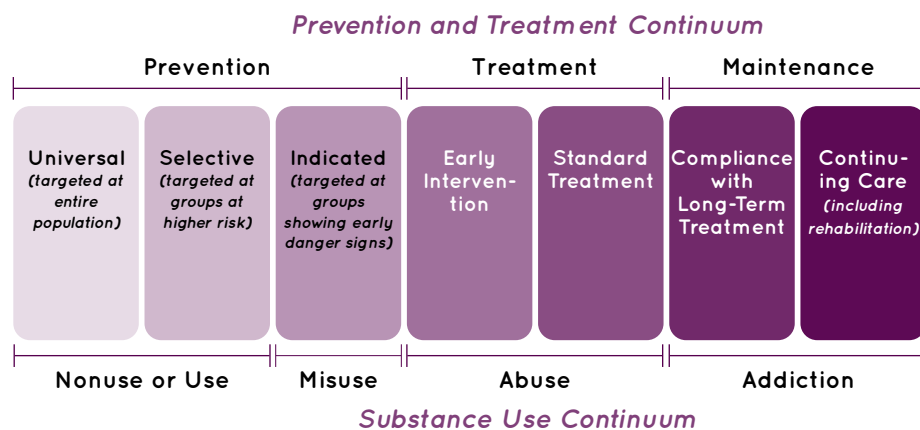
Putting it in Perspective

Although prevention support has been happening in isolated ways around the country for decades, the concept of prevention support is relatively new to many people. Before we talk about what the ASAP Center does, it is important to also define prevention and different aspects of prevention. It is also important to define the Greater Cincinnati area, as the geography and culture of our region played significant roles in how the ASAP Center structured our work.

What Is Prevention?

Prevention is part of the broad continuum of care for substance use disorder services for people at all ages of life. This continuum of care is made up of all activities that reduce substance use disorders in a community: prevention, treatment, and continued maintenance (see Figure 1).

Figure 1: Continuum of care for substance use disorders



Adapted from Mrazek & Haggerty (1994)

Each stage in the continuum presents a unique opportunity to enhance a person's quality of life at any age, and all stages are addressed in a healthy community. Substance use disorders, like heart disease and Type II diabetes, are lifestyle-related health problems which all have behavioral and genetic factors that influence how these problems develop in individuals. A public health approach, which presents solutions to all factors that influence a health problem, is a natural fit for lifestyle-related health problems. The public health approach uses prevention, intervention, and treatment to deal with these health problems.

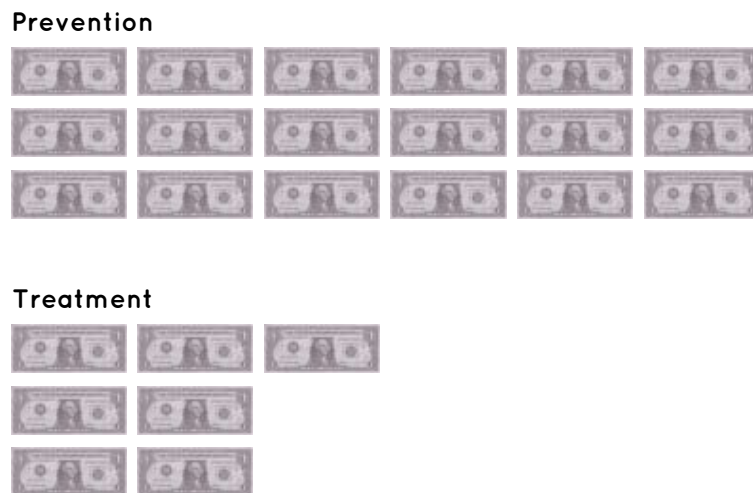
Substance Use Disorders are unhealthy behaviors related to the use of alcohol, tobacco, and other drugs that fall along the substance use continuum at the points of misuse, abuse, and addiction. The continuum includes:

- **Nonuse:** Choosing not to drink alcohol, use tobacco, or use prescription drugs (except as legally prescribed by a healthcare professional).
- **Use:** Legal use of alcohol, tobacco, or other drugs.
- **Misuse:** Includes underage drinking or tobacco use, occasional binge drinking by adults, using illegal drugs, using prescription drugs in a way not prescribed, or drinking alcohol with certain prescription drugs.
- **Abuse:** A pattern of misuse of alcohol or other drugs over at least a one year period.
- **Addiction:** A persistent pattern of abuse that includes significant negative consequences, functional impairment, or psychological distress.

Because it is more common for substance use disorders to be addressed through treatment and maintenance activities, the ASAP Center focuses on preventing the misuse and abuse of substances (the earliest parts of the continuum). The ASAP Center looks at prevention for children, teenagers, young adults, adults, and older adults, because people are never too young or too old to develop substance use disorders. For simplicity’s sake, this report will use the term “substance abuse prevention” to refer to the scope of our work.

Substance abuse prevention efforts have been shown to decrease the rate of substance use disorders (see, for example, Benson, Roehlkepartain, & Sesma, 2004; Botvin, 1990; Cheon, 2008; Johnson, Pentz, Weber, Dwyer, Baer, & Flay, 1990; Shamblen & Derzon, 2009) in a variety of settings. Substance abuse prevention also makes financial sense: An investment in prevention can save money for communities by stopping substance use disorders before they start, which decreases the social and treatment costs associated with substance use and addiction (see Figure 2).

Figure 2: For every \$1 spent, average cost savings of treatment and prevention



Sources: Harwood, 2008; Miller & Hendrie, 2009; National Center on Substance Abuse and Addiction at Columbia University, 2009)

Partners are the individuals and organizations that are interested in substance abuse prevention, but are not prevention professionals, and are involved with the ASAP Center.

What Is Community-Based Prevention?

Many different types of people do prevention activities within a community. Some are prevention professionals, or people who have been formally trained and certified in substance abuse prevention. They are paid by an organization specifically to do this work. The Director and Assistant Director of the ASAP Center are certified prevention professionals.

The ASAP Center focuses our work on youth, youth group leaders, educators, clergy, volunteers, and others who recognize the role they play in substance abuse prevention in their communities. We call them our Partners. They usually have not been formally trained in prevention activities. They also usually are not paid for this work. However, they have seen the need for prevention in their community and are working to address it. Many times, our Partners do not have the financial and other resources that prevention professionals have.

What Are Evidence-Based Prevention Practices?

The social service sector has been increasingly focused on outcomes and effectiveness in its work and the field of prevention is no exception (Wandersman, 2008). Over the past 20 years, researchers have identified a number of evidence-based practices (EBPs) that have been shown to be effective in preventing substance abuse and the problems that result from abuse. SAMHSA's National Register of Evidence-Based Programs and Practices (NREPP) contains more than 50 prevention activities that are supported by empirical research and available for implementation (SAMHSA, 2009b). Despite the growing interest in prevention EBPs, there continues to be a gap between the types of prevention activities that research has shown to be effective and those implemented in community settings (Saul, 2008). For a number of reasons, it is often very difficult for community organizations to implement EBPs. As one author noted:

Just because researchers, funders, theoreticians and policymakers have decided that EBPs should be employed wherever possible does not mean our local delivery systems have the capacity . . . to see these processes through (Emshoff, 2008).

This is not a new problem or one that is unique to prevention. Much has been written about the importance of “bridging the gap” between research and implementation (Altman, 1995; Kaftarian & Wandersman, 2000; Saul, 2008). However these conversations have been limited by the fact that it is often difficult to describe and standardize the mechanisms through which this actually occurs.

What is Prevention Support?

The ASAP Center supports community-based prevention activities. To us, this means that we help Partners tap into resources, including evidence-based practices, to be more effective. We offer workshops, a resource library, and one-on-one consultations to community groups. Through these and other activities, we teach and connect people to substance abuse prevention resources.

Recently, the Centers for Disease Control and Prevention (CDC) proposed the Interactive Systems Framework (ISF), an innovative framework that would link prevention research to the community (Wandersman, 2008). Within the framework, three interacting systems each play a unique role in transferring research findings to community settings:

- ✦ The Prevention Synthesis and Translation System identifies the core elements or findings from prevention research and packages them in a format that is approachable and replicable.
- ✦ The Prevention Support System enhances the capacity and technical skills of individuals and organizations as they consider implementing prevention practices and begin participating in prevention efforts.
- ✦ The Prevention Delivery System carries out prevention efforts.

Although pieces of these three systems can be found in many communities, this is not how the prevention system generally functions. Traditionally, the prevention research system publishes information to be accessed by prevention professionals. Prevention professionals provide direct services and do not build community capacity to carry out prevention efforts. Outside of the very specific, rigid structure of community anti-drug coalitions, there has been little support for people interested in prevention but who are not prevention professionals.

The ISF offers a new way of thinking about prevention activities and capacity building that reflects the importance of adapting prevention activities for use in the community, as well as the challenges that individuals and organizations face as they try to do so. The ISF helps describe the role that the ASAP Center plays in our community. We are part of the Prevention Support System that connects our Partners

Partner Spotlight: Kids-N-Character



After earning her law degree, Kim Strong Lytle realized she didn't want to practice law. Her interests lay more in the direction of social work. In 1999, she took a job at the Alcohol and Chemical Abuse Council of Butler County as a mediator in their Conflict Resolution Services program. She immersed herself in her work and became a very skilled mediator. However, she struggled with the limits of what she could do to help young people and their families in that role.

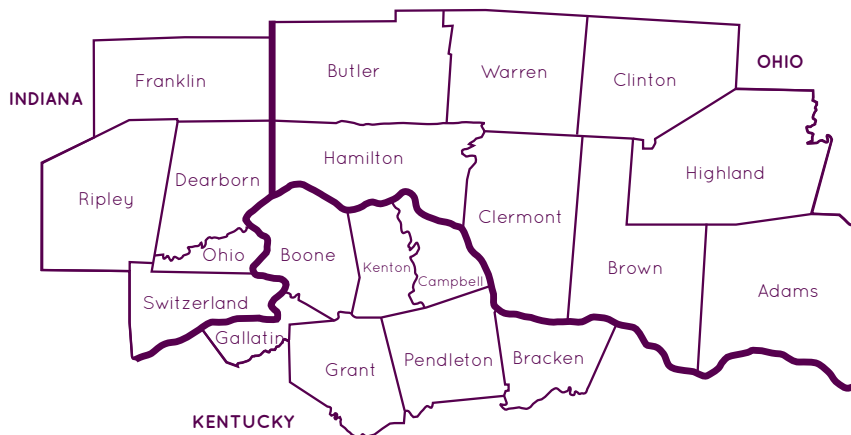
In her personal life, Kim had a passion for youth drama programs, coming from growing up with a mother who was a drama teacher. Kim started a youth drama group that provided holiday productions at her church, Cornerstone United Methodist Church (UMC), in 2005. It didn't take

(the Prevention Delivery System) to national and regional prevention resources (the Prevention Synthesis and Translation System).

What Does the Greater Cincinnati Region Look Like?

The ASAP Center works in the Health Foundation's service area, a 20-county region surrounding Cincinnati, Ohio. This region includes five counties in Southeastern Indiana, seven counties in Northern Kentucky, and eight counties in Southwestern Ohio (see Map 1). The total regional population is about 2.3 million people, with 88% of this population concentrated in Dearborn County in Indiana; Boone, Campbell, and Kenton Counties in Kentucky; and Butler, Clermont, Hamilton, and Warren Counties in Ohio.

Map 1: The ASAP Center's 20-county service area



long for Kim to realize the potential for combining drama, faith, and working with youth to make a real difference in the lives of young people.

Kim knew a little bit about what was at the time the newly created ASAP Center through her work at the Council. Her supervisor encouraged her to contact us to see how we could help her implement her vision. When we introduced Kim to the developmental asset framework and the research behind it, she immediately knew that what she had in mind could make a real difference. She adopted the framework as the foundation of her program.

She worked with us to get a grant for Cornerstone UMC for the Cornerstone ARK (Asset

Responsible Kids) program. The program went well but Kim saw that it was limited by being part of a specific congregation. She decided to form a 501(c)(3) organization and move her programming into the broader community. Thus Community ACTS (Accepting, Connecting, Training, Serving) was born.

Kim collaborated with Faith Works, Inc. in Butler County to apply for an ASAP Center mini-grant to begin Kids-N-Character, an after-school and summer program through Community ACTS that uses creative and performing arts, character education, and community service projects to strengthen developmental assets. The program is going strong. Kim's next step is to develop a curriculum so that others can replicate the program.

Hamilton County, the only county considered to be urban, is home to the City of Cincinnati, population 333,336. Butler County, although a suburban county, has two mid-sized cities (Hamilton, population 62,477, and Middletown, population 51,422) that have many demographic characteristics of urban centers. Boone, Campbell, and Kenton Counties in Kentucky; Dearborn County in Indiana; and Clermont and Warren Counties in Ohio have suburban population areas clustered near Hamilton County. Warren County also has a suburban area at its northern edge toward the Butler County line. The remaining counties in the service area are entirely rural, and Adams, Brown, Clinton, and Highland Counties in Ohio are designated Appalachian.

This diverse mix of urban, suburban, and rural counties in three states has always presented a challenge to the ASAP staff. The urban areas look different from the suburban areas, and both are different from the rural areas. Indiana, Kentucky, and Ohio are also all different, and what works in a suburban or rural area in one state won't necessarily work in a similar area in another state or even in the same state. The prevention professional system in each state is also structured differently. From the beginning, ASAP's work with our Partners has been highly specialized and targeted to the specific neighborhood or community in which each Partner works. At the same time, all Partners are willing and excited to meet with other Partners from different geographic areas to get different perspectives and discuss problems and solutions.

How We Support Community-Based Prevention

The ASAP Center aims to be an approachable authority that introduces state-of-the-art substance abuse prevention activities to grassroots community organizations and helps them fold these activities into their existing work. We want to see the community's culture shift toward a health and wellness model, in which everyone in the community knows, sees, and lives out their role in preventing the problems associated with substance abuse and addiction (see Appendix B for more information).

The Health Foundation of Greater Cincinnati developed the ASAP Center after talking to its advisory group for its Substance Use Disorders focus area. The advisory group, made up of substance use disorder treatment and prevention professionals from the region, recommended that the Health Foundation build capacity for substance abuse prevention among grassroots organizations. The advisory group noted that community members who were interested in substance abuse prevention often lacked the awareness, skills, and resources necessary to implement evidence-based practices (EBPs) for prevention. Also, the group noted that treatment providers had little funding and resources dedicated to prevention. In 2000, the Health Foundation created the ASAP Center as an organization that employs certified prevention professionals to provide mini-grant funding, training, consultation, and technical assistance to community-based organizations interested in prevention.

The Health Foundation originally thought of the ASAP Center as a short-term project that would last about six years, the time it was thought to take to develop self-sustaining prevention activities in community organizations. At the six-year mark, the Health Foundation evaluated the work of the ASAP Center and realized that the ASAP Center's work needed to continue. The Health Foundation and the ASAP Center have come to understand that effective prevention support is not a short-term project or program that can be completed, but an ongoing role in the community.

What We Do

Ultimately, the ASAP Center expects community organizations to integrate substance abuse prevention into their everyday activities. The heart of our work is capacity building to give our Partners—most of whom are not traditional prevention providers—the support they need and want as they work in prevention. Because each Partner and his or her community have unique needs, we offer flexible, customized support and meet individuals, organizations, and communities where they are.

Remember the fable about Johnny Appleseed? ASAP is like that...spreading the seeds and [helping] them grow. It's really about relationships. We trust each other, and have confidence that there are several possibilities that work well.

—ASAP Center Partner

A week in the life of the ASAP Center staff...

The work of the ASAP Center is varied and flexible to meet the needs of our Partners.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------|--|--|---|---|--|--|
| 8:00–9:00 | | Meet with consultant re: ASAP evaluation | RTHS Orientation with new congregation representative | Prevention & Faith Community advisory group minutes | | Drive to Georgetown, OH |
| 9:00–10:00 | Review mini-grant close-out report | Statewide Prevention Coalition Association advocacy conference call | | Drive to Falmouth, KY | Revise presentation for Ripley County workshop | Meet with Brown County Family and Children’ First Council re: asset building |
| 10:00–11:00 | Drive to Lawrenceburg, IN | | Prevention & Faith Community advisory group meeting | Meeting re: rural asset building | Abriendo Puertas meeting | |
| 11:00–Noon | CASA meeting | ASAP Staff meeting | | Drive to Cincinnati | Meeting with potential mini-grant recipient | Drive to Cincinnati |
| Noon–1:00 | Community meeting re: PRIME for Life | | | | | |
| 1:00–2:00 | Youth Forum Planning | Meeting with Health Foundation communications staff | Meeting to discuss RTHS budget and Prevention and Faith Community project | Prepare agenda, outline, and materials for Healthy Youth, Healthy Communities workshops | Prepare mini-grant close-out letters | |
| 2:00–3:00 | Meeting with Batesville re: data needs | | Drive to Versailles, IN | Meeting with Health Foundation data staff re: rural data | Review training and workshop schedule for next quarter | |
| 3:00–4:00 | Drive to Cincinnati | Prepare for Prevention and Faith Community advisory group meeting (finalize agenda, outline toolbox resources) | Planning for Infusing Assets into Congregations workshop #4 for Ripley County | | Contact potential participants for CADCA video | |
| 4:00–5:00 | Meeting with Health Foundation data staff | | | | | |
| 5:00–6:00 | | | | | | |
| 6:00–7:00 | Phone calls to Prevention and Faith Community advisory group | | | | | |
| 7:00–8:00 | | | Drive to Cincinnati | | | |

This also means that working at the ASAP Center is not a nine-to-five, Monday-Friday job. ASAP staff arrange their schedules to meet the needs of volunteers and community members who may be involved in prevention activities outside of “regular” jobs. Our staff have developed strong working relationships with individuals and organizations in the community, which is critical in providing prevention support.

The ASAP Center’s capacity building work falls into five categories:

- + Consultation
- + Training, workshops, and other educational events
- + Library and resource center
- + Networking
- + Mini-grants

Consultation

The ASAP Center offers individual and organizational consultation to help Partners build general capacity in their organizations, staff, and volunteers to do prevention work. The consultations might involve introducing staff and volunteers to the concept of prevention, helping an organization choose an EBP for their prevention work, helping an organization develop the skills to implement their EBP, developing a sustainability plan for prevention activities, or a variety of other specific topics. Because every Partner has unique needs, ASAP does not have a standard format or agenda for consultations. Instead, we work with our Partners to identify their needs and wants and develop a plan for addressing them.

Training, Workshops, and Other Educational Events

Although the majority of ASAP’s work is one-on-one with Partners, there are times when it makes sense to do more general work with many people at once. For example, it is not usually efficient to introduce each Partner individually to the basics of a specific EBP. Instead, ASAP holds community-wide capacity building training and workshops. This allows ASAP to introduce many people to prevention topics at once and to find Partners we might not otherwise have met. The ASAP Center has reached more than 4,000 people over the past decade through our educational events. Examples of ASAP Center educational events include:

- + *Becoming Part of the Solution: Addressing Substance Abuse in Our Community*
- + *PRIME For Life Facilitators Training*
- + *Faith Partners’ Congregational Substance Abuse Team Ministry Training*
- + *Asset Building Workshop* with Dr. Peter Benson
- + *Prevention with Older Adults*
- + Search Institute’s *Healthy Communities * Healthy Youth Conference*

Library and Resource Center

The ASAP Center has a library and resource center of prevention materials available to Partners at no charge. The ASAP library features a collection of just under 600 different prevention tools, curricula, and resources. We encourage Partners to borrow and review several resources from the library as they develop their own prevention approach. Through the resource center, the ASAP Center offers more than 100 different prevention-related materials—such as brochures, booklets, surveys and assessments, activities, and other tools—free of charge to community organizations.

Networking

The ASAP Center learned early in our work that Partners often feel isolated and that they are the only ones doing this work in their area. We saw a role for ourselves in bringing Partners together for support and shared learnings. The ASAP Center establishes collaborative workgroups and community meetings to bring people doing similar projects or with similar problems together. Our Partners repeatedly tell us they benefit from the support and ideas of others in prevention.

Mini-Grants

Connecting community groups to prevention resources only takes them so far. Prevention activities, while not extremely pricey, do cost something. For some community organizations, a price tag of a few hundred dollars puts prevention activities out of reach. The ASAP

Partner Spotlight: Norwood Service League



Norwood Service League, Inc. (NSL) is a grassroots organization that began in 1917. NSL performs community analyses, establishes and builds relationships, implements community projects, identifies and links people to resources, and cultivates partnerships. The agency provides emergency resources, referrals, and youth mentoring services to more than 600 households each year. NSL's mission is to build community capacity and create strong neighborhoods where families thrive, people share a mutual respect for and support each other, businesses are vibrant, and there are clean, safe, nurturing places for all.

Because Hispanic families are a large part of its service population, NSL has participated in *Abriendo Puertas*, a collaborative that grew out

Center provides mini-grants of up to \$5,000 to help Partners begin or expand substance abuse prevention activities. Although mini-grant recipients receive a small amount of money, 75% sustain their prevention activities after our funding ends. Our Partners have told us that the mini-grant funding, when combined with our consultation and technical assistance, helped them build skills and confidence to pursue other sources of funding.

Areas of Concentration

The majority of prevention efforts are typically directed at youth and schools. But as the ASAP Center began our work in supporting community-based prevention, we quickly identified populations that are underserved or that have unique prevention needs. Instead of duplicating efforts and focusing on youth, we decided to help community groups whose prevention needs were not being addressed. The ASAP Center talked with people in the community and narrowed our focus to four “Areas of Concentration” (AOCs):

- ✦ Faith
- ✦ Hispanic/Latino
- ✦ Rural
- ✦ Older Adults

For more information on the AOCs, please see Appendix C.

The ASAP Center’s two full-time staff each coordinate two AOCs. In addition to helping to organize workflow and communication, this has

*The **Areas of Concentration (AOCs)** are groups of individuals or organizations with similar interests. The AOCs were selected because of unique opportunities or challenges in prevention.*

of the ASAP Center’s Hispanic/Latino Area of Concentration, since 2002.

Hispanic and Latino adolescent girls have been shown to have substantial increased risk of substance abuse. NSL and Abriendo Puertas wanted to address this and build a more supportive environment for these young women and the whole community. Through the ASAP Center, NSL was introduced to *¡Soy Unica! ¡Soy Latina!*, a nationally recognized initiative started by the Substance Abuse and Mental Health Services Administration (SAMHSA). This initiative brings together parents, professionals, and adolescent girls in the Hispanic/Latino community to develop and strengthen developmental assets that have been shown to prevent substance abuse.

NSL and its community partners organized multiple meetings and workshops, including a series of community forums and regional *¡Soy Unica! ¡Soy Latina!* events. NSL also applied for and received an ASAP mini-grant to create and implement a neighborhood leadership and peer support after-school group for Hispanic and Latino girls in Norwood.

NSL and female teen volunteers continue to meet and recommend next steps for involvement in their neighborhood. Abriendo Puertas also has plans for more *¡Soy Unica! ¡Soy Latina!* events in the region. Teens also talk with local business owners about their future activities and have gotten financial support to continue their efforts.

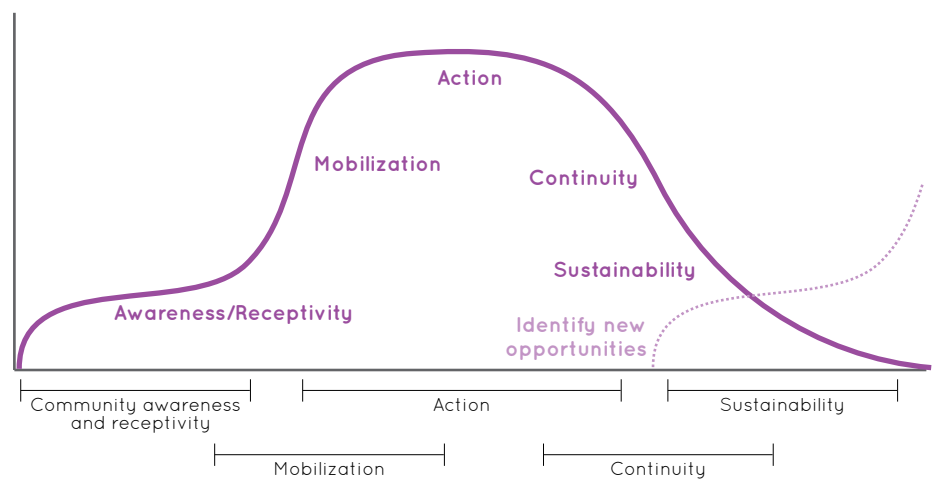
allowed them to develop a deeper understanding and knowledge of each area—a level of expertise that would not be possible with a more general approach.

How AOCs Evolve

Each AOC has evolved in a unique way, reflecting the specific needs of the population it addresses. Although each AOC has unique characteristics, they have all followed a similar developmental process, as outlined in the Search Institute’s model of phases of change for prevention support (Roehlkepartain, 2001). These phases are:

- ✦ Awareness and receptivity
- ✦ Mobilization
- ✦ Action
- ✦ Continuity
- ✦ Sustainability (see Figure 3)

Figure 3: How the AOCs evolve

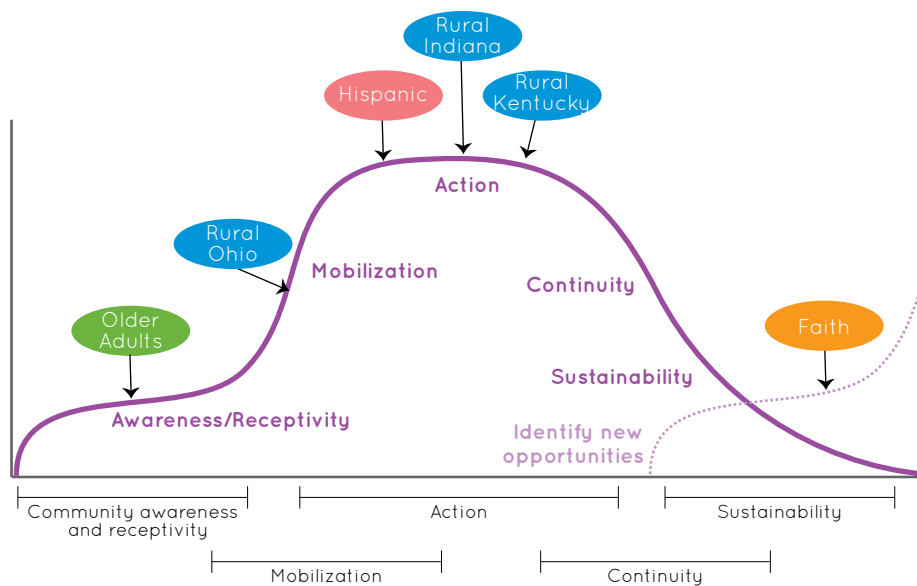


The AOCs each began by building awareness and receptivity. When we started working in our AOCs, we talked to many people who thought that “someone” should do “something” about substance use disorders in their community. However, they usually didn’t realize that they could be that “someone” or know what that “something” was. As people become aware of the potential for prevention activities, they mobilize, which involves networking and sharing information to bring others to the table. As communities begin to adapt and apply prevention efforts in their own settings, the AOC progresses into the action phase. In the final phases of the model, the AOC enters the continuity stage where prevention activities become integrated into the fabric of the community. Finally, the work moves to the sustainability phase, where it continues to survive and grow on its own without as much involvement from the ASAP Center.

Where our AOCs Are in their Lifespan

Currently, the AOCs are at different places in their lifespan, as each has progressed through the phases at a different pace and in a unique way. In the Faith and Hispanic/Latino AOCs, Partners have created collaborative groups to focus on prevention needs for those communities. In the Rural AOC, the needs and communities of the individual Partners are too diverse for a single, collaborative group to be beneficial. In fact, this AOC has separate groups for each state in the ASAP Center's service area. The fourth AOC—Older Adults—has not gathered enough momentum to move beyond the earliest states. These variations reflect the unique character, challenges and strengths of each AOC. Figure 4 shows our AOC lifespan and the current stage of developmental of each AOC.

Figure 4: The AOC Lifespan



How We Know it's Time to Move on

Natural shifts and transitions occur in every relationship, including those that point toward the end of a relationship. In our work, these shifts are dictated by the Partners. We take our cues from them. We know when they are ready to move on when we see that they either:

- + grow comfortable enough in what they are doing and are connected strongly enough to other resources that they become independent in their prevention work; or
- + decide that it is not prevention that they want to do after all.

The ASAP Center has open communication with our Partners and often serves in a coaching role. Because of these factors, we are able to identify and respond to these shifts in a timely manner.

As the ASAP Center sees that a Partner is close to being ready to do the work on his or her own, we encourage that Partner to be more independent and help him or her strengthen connections to other resources. We make it clear to these Partners that we aren't abandoning them. Rather, we talk about how they are moving toward independence and how we will continue to support them but on a more limited basis. We make sure that they know that they can still call on us as needed.

The ASAP Center is also very careful to watch for the pull toward intervention and treatment that some Partners feel. While prevention is important, it is not the right fit for every community group that is trying to address problems related to substance abuse. For many people—especially those who are already in recovery from substance abuse or addiction—intervention and treatment are more tangible. These are things that some find easier to put their fingers on and point to as having an effect: They were addicted, they got treatment, they stopped using. Prevention is harder to grasp: Would a person have become addicted if it hadn't been for a specific prevention program or activity? This is a tough question to answer.

For some Partners, prevention is what they want to do. Their passion lies in cultivating a healthier community that makes low-risk decisions about substance use. For other Partners, prevention is not the answer. The needs of their neighborhoods or communities pull them towards early intervention and treatment to help keep existing substance abuse problems from worsening. Neither of these results is wrong; prevention and treatment are both needed. What's most important is that Partners meet their community where they are and address their individual community's needs. We have learned that it is critical that we share this with our Partners so they can decide where they really want to focus. We have seen this especially in our Faith AOC, where some Partners have found that their passion lies with early intervention and treatment rather than in prevention. There is still a role for prevention in the faith community, and we will continue to work with Partners in the Faith AOC who want to focus on prevention.

It is also important for us to critically examine when a relationship or AOC is not going to bear fruit. With some Partners or some work, there may come a time when no matter what we do, no matter how much support we provide, the Partner or group may not be ready or willing to address prevention. We need to be open to this so we can step back and stop putting effort into something that isn't ready to happen. We don't want to force Partners into prevention—we want them to take ownership and to really desire to do prevention. So when something isn't working, we don't see it as failure, nor do we push it. Rather, we talk to the Partner or Partners and look for other solutions.

This is happening right now with our Older Adult AOC. Although prevention is important at all stages of life, including after a person turns 65, it has become obvious that Partners in our region are not ready. We did some work in this AOC early on, but only started convening a workgroup to begin coordinated, community-wide activities in 2005. We have tried a number of things to move Partners involved in this AOC past the awareness/receptivity phase, but, as a group, they aren't moving. They see the need for intervention and treatment but for the most part aren't ready to move into prevention. Because ASAP's focus is on prevention, we don't have the resources to work with groups solely interested in intervention. We have talked openly with these Partners about this. They are now working on what their next steps are and how—and if—the ASAP Center and prevention will figure into that future.

Specific EBPs Used by ASAP

Through our AOCs, the ASAP Center works with targeted groups on coordinated prevention activities specific to those groups and their neighborhoods. There are also effective approaches to preventing substance use disorders that are more general and can be used with people of all ages and cultures. The ASAP Center has two selected broad evidence-based practices (EBPs) that meet the needs of the majority of our Partners. We have found that these EBPs are useful in building and supporting interactive, community-based initiatives. They provide an accessible, easy-to-understand introduction to prevention, especially for people who are unfamiliar with prevention, who think it is too difficult, or who think they have no role to play. We focus many of our community-wide educational events around these two EBPs.

Asset Building

The Search Institute, a nonprofit, independent research organization in Minneapolis, Minnesota, has identified what it calls the “40 developmental assets.” The assets are experiences and qualities that have been shown to have a positive influence on the lives and choices of youth and communities. The asset building framework is an evidence-based approach to prevention that has become the single most widely used approach to positive youth development (Search Institute, 2009). When using asset building, communities look at what assets their youth have and don't have. Then, the community plans activities that help build the assets that are lacking while further strengthening the assets that are there. The ASAP Center helps communities with all stages of implementing asset building. (For more information about asset building, please visit the Search Institute at www.search-institute.org.)

Lifestyle Risk Reduction

The goal of lifestyle risk reduction is to challenge beliefs and attitudes about alcohol and other drugs that lead to high-risk substance use and to develop and encourage attitudes that lead to healthy choices. PRIME for Life is an EBP based on the lifestyle risk reduction model. It helps people understand their personal risk of developing alcohol and other drug problems and how they can make choices to lessen those risks. Although it was designed for groups that typically make high-risk choices, it is useful for people of all ages and can be applied in a number of settings (PRIME for Life, 2009). Many states, including Indiana and Kentucky, use PRIME for Life for people convicted of driving under the influence (DUI). The ASAP Center offers workshops introducing PRIME for Life to the community and helps Partners present PRIME for Life to their neighborhoods. (For more information about PRIME for Life, please visit www.primeforlife.org.)

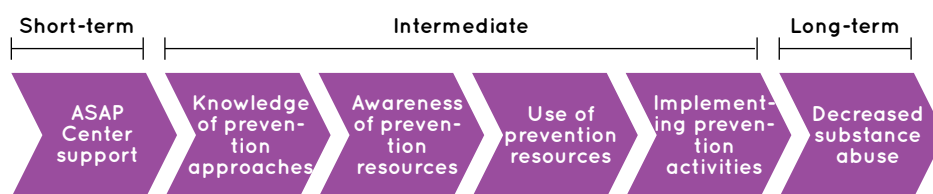
Does it Work?

Our Partners have told us they feel the ASAP Center is a tremendous asset to the community. Although the Centers for Disease Control and Prevention (CDC) introduced the term “Prevention Support System” recently, the ASAP Center has been operating in that role for nearly a decade. In that time, the ASAP Center has strengthened the capacity of our Partners to engage in evidence-based prevention activities. In doing so, the ASAP Center’s staff and Partners have accumulated a wealth of knowledge about what works in community-based substance abuse prevention and how evidence-based prevention can be adapted and used in community settings. But how do we know this?

The Data Tell Us it Works

Researchers have recommended that evaluations of prevention activities measure long-term outcomes to monitor the big-picture of changes in the community as well as short-term and intermediate outcomes to measure the direct effects of prevention work (Gabriel, 2000). The ASAP Center monitors long-term, intermediate, and short-term outcomes to give us an accurate picture of how our prevention support works (see Figure 5).

Figure 5: The ASAP Center’s outcome sequence



Short-Term Outcomes

The ASAP Center continually tracks short-term outcomes—sometimes called “outputs” by people in the evaluation field—related to our support, such as the number of educational events we host and the quantity of materials people get from our resource center. This information helps us to understand the volume and scope of our work. Our outcomes for 2000–2009 show us:

- + 485 organizations received consultations from ASAP staff;
- + 172 workshops, trainings, and events;
- + 48,146 pieces of prevention material; and
- + 49 mini-grants for a total of \$305,119.

Intermediate Outcomes

Since 2002, the ASAP Center has consistently measured four intermediate outcomes to help us monitor our Partners' growth. We have observed that our Partners go through a series of steps as they engage in prevention activities:

- + developing knowledge of current prevention approaches,
- + increasing awareness of prevention resources,
- + beginning to use prevention resources, and
- + implementing prevention activities.

Through surveys, the ASAP Center watches how our Partners are moving through the steps. If they are moving through the steps, it means they are bringing evidence-based practice (EBP) prevention activities and integrating prevention into their communities. The survey responses show that Partners are developing the capacity for prevention and are progressing through the steps (see Figures 6, 7, and 8).

(Note: Figures 6, 7, 8 [below and on the next page], and 9 [on page 22] show the results of the Partner Surveys from 2003, 2004, 2005, and 2008. We did not conduct Partner surveys in 2006 and 2007 because we realized we had been over-surveying and needed to give our Partners a break. We also wanted to find information more specific to the individual AOCs, and surveyed groups involved in specific AOCs during 2006 and 2007.)

Figure 6: Change in Partners' knowledge of prevention evidence-based practices

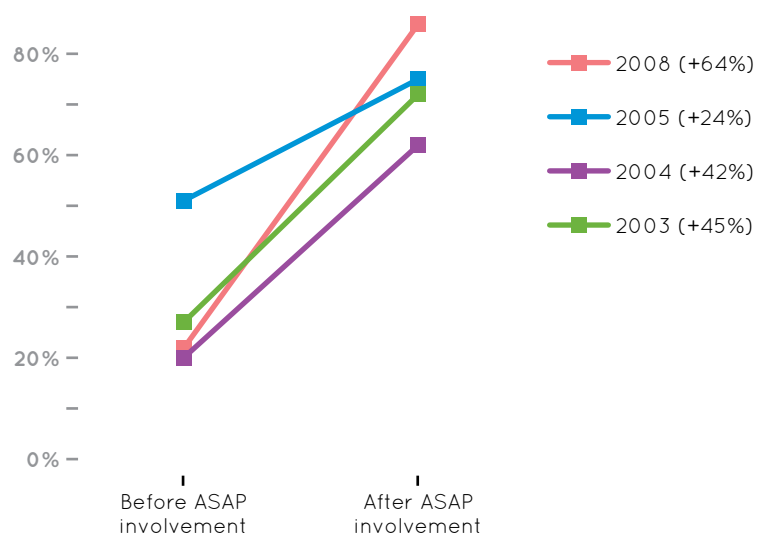
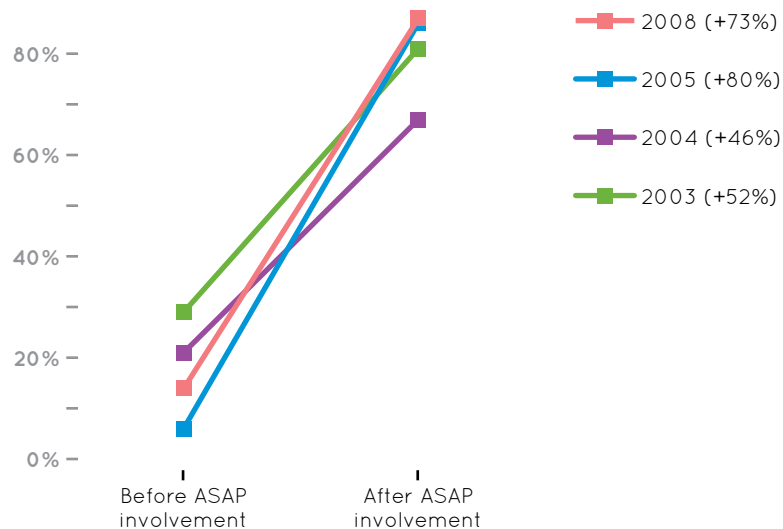
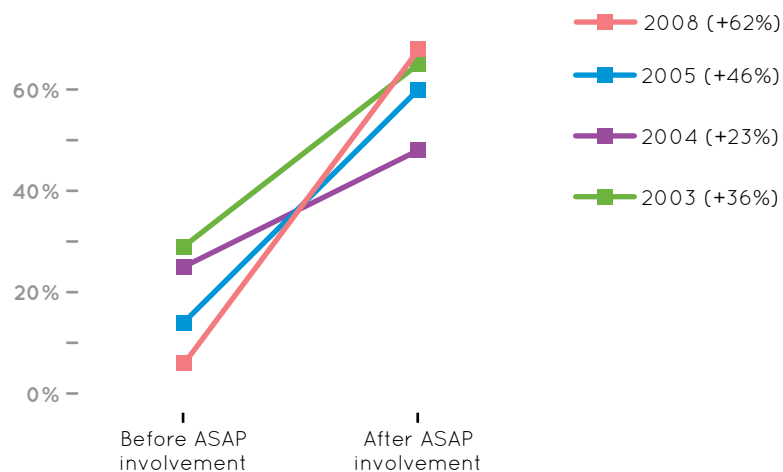
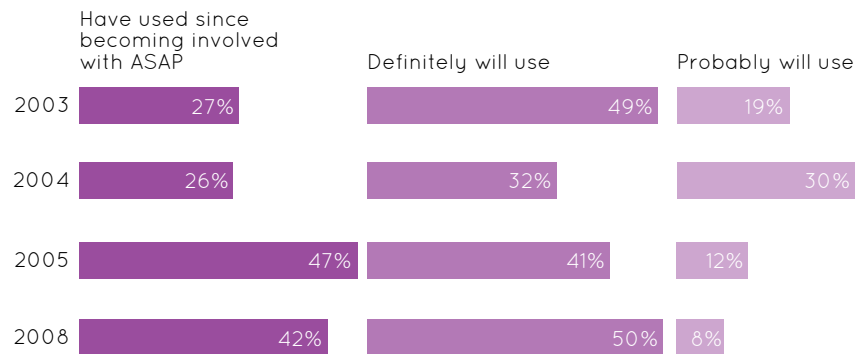


Figure 7: Change in Partners' awareness of prevention resources**Figure 8: Change in percent of Partners using prevention resources**

The ASAP Center expects our Partners to put their knowledge into practice, so we ask on the annual survey if they have implemented or intend to implement prevention practices as a result of their involvement with the ASAP Center (see Figure 9 on the next page). The percentage of Partners who reported that they have used prevention EBPs as a result of involvement with the ASAP Center has increased from 27% in 2003 to 42% in 2008. The majority of our Partners who had not used EBPs by the time of the survey told us that they intended to do so in the future.

Figure 9: Partners who have used or who will use prevention evidence-based practices as a result of involvement with the ASAP Center



Long-Term Outcomes

The ASAP Center is one of several organizations working to develop healthier attitudes about substance use in our community, which will eventually lead to decreased substance abuse. We monitor regional indicators of alcohol, tobacco, and other drug use to keep track of the community’s progress as a whole, not to gauge our own success or failure. We know that there are many things that influence substance use that are outside of our control. At the same time, we believe that the ASAP Center plays a unique role in helping to shape our community’s attitudes toward alcohol, tobacco, and other drug use.

Partner Spotlight: Kennedy Heights Arts Center

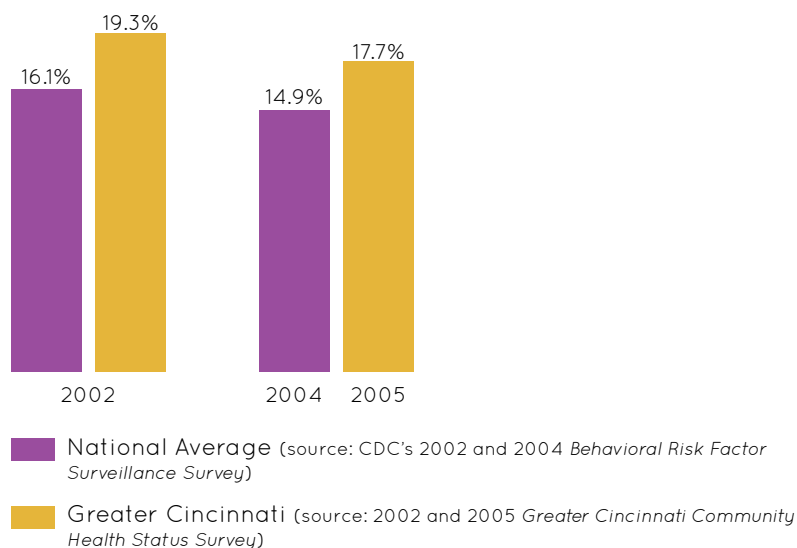


In 2003, 50 residents of Kennedy Heights and Pleasant Ridge donated \$1,000 each to purchase and renovate an abandoned building in their neighborhood to create the Kennedy Heights Arts Center. They saw the Arts Center as a way to reduce drug-related crime by giving children and young adults options for how to spend their time. Families volunteered their time and efforts to create the Arts Center, which provides arts education and programs for children and adults and hosts community events.

In 2006, the Arts Center volunteers used an ASAP Center mini-grant to start a summer program to help strengthen developmental assets in neighborhood youth by connecting them to adult role models, creative activities, and youth programs. The summer program brought middle

One way we track changes in substance use in the community is by looking at the percentage of adults who binge drink. Binge drinking is defined as having five or more alcoholic drinks on one occasion. One drink is defined as a 12-ounce beer, a 5-ounce glass of wine, or a 1-ounce shot of liquor. Some mixed drinks, like martinis or margaritas, may contain the equivalent of two to four drinks in one glass. Although rates of adult binge drinking in our region decreased between 2002 and 2005, they remain higher than the national average (see Figure 10).

Figure 10: Adult binge drinking rates



school-aged youth and adult volunteers together for a community service learning program.

In early 2007, Arts Center staff and volunteers reviewed the results of their first summer program and began to plan future activities. They recognized a need to solidify the summer program and offer ways for youth to further connect with community members where they live and work. They also saw the need to market the program to the community and potential supporters. But first, they wanted to see if the summer project really achieved the results they wanted to see.

The Arts Center raised money to more rigorously evaluate their program. Once this was complete, they knew what they had to do to improve and expand the program. However, funding was

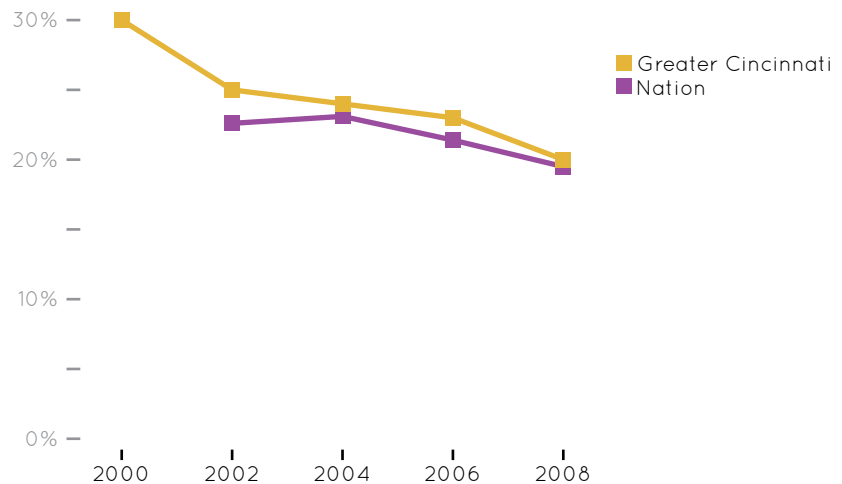
limited. Using the results of their evaluation, they applied for and received a second ASAP mini-grant to extend their work.

Because of its relationship with the community, the Kennedy Heights Arts Center is able to get youth and adults involved in prevention who otherwise wouldn't. It is fostering a caring neighborhood that values youth, promotes positive adult relationships, and cultivates adult role models—four of the developmental assets.

The Arts Center built a solid foundation through the ASAP Center mini-grant and continues its work because it has shown to supporters that its work is effective.

The other way we track substance use is to look at changes in young people's use of and attitudes about alcohol, tobacco, and other drugs. For example, Figure 11 shows that between 2000 and 2008, the percent of youth who had used alcohol at least once in the last 30 days decreased from 30% to 20% (Coalition for a Drug-Free Greater Cincinnati, 2008). These are slightly higher than national rates, which decreased from 23% in 2002 to 20% in 2008 (PRIDE, 2009).

Figure 11: Use of Alcohol at Least Once in the Last 30 days among 7-12th graders



Sources: Greater Cincinnati data are from the Coalition for a Drug-Free Greater Cincinnati's *Student Personal Drug-Use Survey*, available on OASIS at www.oasisdataarchive.org. National data are from PRIDE, available at www.pridesurveys.com/Reports/index.html

Collaborators

are substance abuse prevention professionals who work with the ASAP Center to implement community-based prevention strategies.

Our Partners Tell Us it Works

Although we have heard anecdotally from Partners that ASAP is having a positive effect on the community, the Health Foundation and the ASAP Center wanted to know more. And, as the ASAP Center entered our 10th year of operations, we wanted to hear from our Partners if we were still moving in the right direction and what we could do better. In 2009, the ASAP Center hired an independent consultant to talk to Partners and other community collaborators.

We compiled a list of 37 past and present Partners and collaborators—the prevention professionals we work with—who could talk about different aspects of the ASAP Center's work over the past decade. These potential interviewees represented the different cultures we work with (ethnicity, gender, age, and geography) and organizations in different phases of prevention work or with various levels of involvement with the ASAP Center.

Of the 37 potential interviewees, 24 agreed to participate: 18 Partners and 6 collaborators. Interviewees represented all three states and the Faith, Hispanic/Latino, and Rural Areas of Concentration (AOCs). We decided not to include Partners involved solely in the Older Adult AOC, because most of the people involved were focused on treatment rather than prevention. Information about the interviewees can be found in Appendix D.

We developed a list of questions that would help us discover the benefits of ASAP's work, our strengths, and suggestions for how we can improve (see Appendix E for the questions and responses to selected questions). The consultant also asked interviewees about their experiences with prevention, including lessons they have learned and advice they would give to others.

After the interviews, the consultant conducted two focus groups to gather more information about the ASAP Center's mini-grant process and about how the ASAP Center can improve its communications with the community. Information from the interviews and focus groups is included in this report. While we tried to select a sample that provided good representation of our Partners, we did not randomly choose interviewees and focus group participants. Nor did everyone we invited participate. The information presented here probably does not represent the opinions and experiences of ASAP's Partners as a whole. However, it did give us valuable insights into our work.

We were pleased to learn that most interviewees have sustained their prevention activities. Many have integrated their prevention efforts directly into their organization's regular activities. The majority of the people interviewed described their prevention efforts as "successful" and said that they felt positive energy and momentum around prevention in their communities.

What Works Best for Partners

Partners and collaborators tell us that the ASAP Center is a highly regarded organization in the community. They describe the ASAP Center as a professional, trusted resource for information on substance abuse prevention and the developmental assets. When asked how ASAP has been helpful, most people talked about the training, workshop opportunities, and information that ASAP offers, which they perceive as reliable, trustworthy, and neutral. In addition to the resources, many respondents mentioned ASAP's consultation and support.

Partners and collaborators see the ASAP Center as a leader in the field of substance abuse prevention and our staff as outstanding professionals and experts. Many interviewees mentioned the importance of their

Quotes from Partners

- *It was our first time ever to even have a grant. It was just the push we needed. What was wonderful was that [they] walked us through it. In the process, our organization has just grown because...[the ASAP Center] believed in our vision.*
- *If there's a project that I need help on, she's there. She does great work. She does the extra that you're not paid to do. That's the type of extra that we need.*
- *I haven't been to a training at ASAP that WASN'T worthwhile. Anything that ASAP does is energizing to people.*
- *ASAP allows me to know that I have backup. They've empowered me with information and materials. I don't have a budget for this kind of thing. ASAP has made my job more effective.*
- *They are so generous with materials/ resources. Sometimes I'd get off the phone and think, "ARE YOU KIDDING ME? There's that kind of resource out there?!"*

Quotes from Partners

- *I'd like to see them do more. Just more. More money, more grants... I'd like to see them create more and different collaborations. That would give them a broader scope.*
- *[We] are limited in knowing who else is doing this, and [knowing] would be really useful. ASAP could help build relationships and that would deepen the programming.*
- *I'd like support with evaluation, so we can continue to keep track. It's helpful, and we can show other people that what we're doing works.*
- *They need to do something surrounding a clear communication plan. Even if it's just a slogan that says what ASAP does.*
- *I would like to be able to look at a report to get ideas of what other people are doing...something that's very focused on the application.*
- *They need to become the go-to people for things related to prevention or substance abuse.*

relationships with our staff. They described our staff as approachable, responsive, and sensitive to the needs of the community. In describing interactions with ASAP staff, Partners used words like “coaching,” “relationship,” “encouragement,” “empowering,” and “mentor.”

Partners and collaborators also described the ASAP Center’s mini-grants as invaluable opportunities. Professional collaborators in particular noted that the ASAP Center’s mini-grants to community-based organizations for prevention are unique. During the interviews and the focus group with mini-grant recipients, participants noted that mini-grant funding is particularly effective for starting and strengthening prevention efforts. It is also worth noting that all five mini-grant focus group participants reported that their mini-grant programs have been sustained. One example is a summer youth program that started three years ago because of an ASAP mini-grant. Today, that program has grown into an independent organization.

Areas for Improvement

Nearly all interviewees said they would like the ASAP Center to expand in some way. At the same time, they noted that the small staff size would probably make this difficult. A number of Partners and collaborators offered suggestions for overcoming staffing challenges, such as using volunteers, recruiting student interns, or seeking outside funding to support additional staff.

We specifically asked interviewees what we could do to improve the ASAP Center. The most commonly suggested area for improvement was ASAP’s communications with the community. Partners and collaborators would like to see two things: better communication from ASAP and more opportunities to meet and share with other Partners.

Partners and collaborators want the ASAP Center to communicate better with the community so that people understand what ASAP is and what resources are available. Even long-term Partners and collaborators admitted to being confused about what the acronym “ASAP” stands for and what is the full range of ASAP services and AOCs. Partners would like to see ASAP’s staff play a more visible role and promote themselves as the experts that they are. They would like to see the ASAP Center become more assertive in offering professional opinions, convening groups, and sharing their knowledge and experience. Partners believe this would provide increased legitimacy to their prevention work and help to bring others to the table.

Partners said that they would also like ASAP to offer more opportunities for networking and sharing ideas among Partners, which they find valuable. Several suggested that it would be helpful to have regular

meetings with other ASAP mini-grant recipients, an email digest with descriptions of prevention efforts in the area, or a list of contacts in the community.

Outside of better communication, Partners said that they would like more support evaluating their work. Partners would like to use evaluation to monitor and improve their programs and to build a case for future funding support. Although the mini-grant focus group did not specifically ask about evaluation, participants were eager to share their evaluation strategies and results with the group when the topic emerged. During that conversation, participants recommended that the ASAP center support data collection and encourage creative evaluations, such as short films, stories, and other qualitative formats.

What it Takes to Support Community-Based Prevention: Lessons Learned

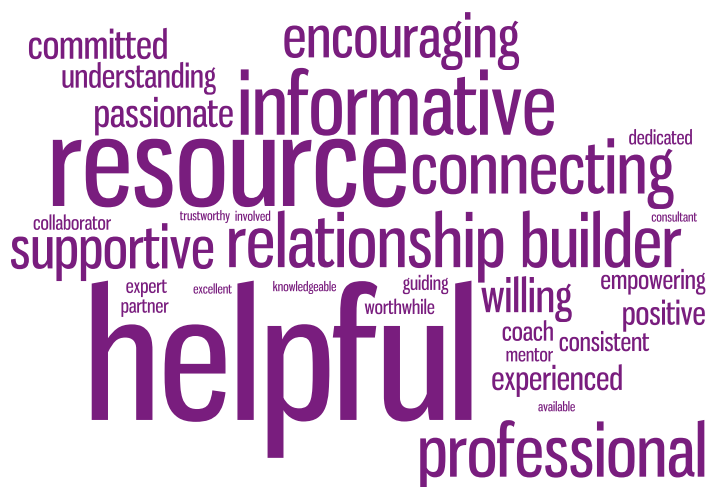
There is no way to underestimate the importance of relationships in prevention support. Relationships are central to the work of the ASAP Center because they provide the context for us to understand and meet the needs of the community. According to our Partners and collaborators, the ASAP Center has been particularly effective at building relationships with community members and prevention professionals. We attribute our success to three factors:

- ✦ outstanding staff,
- ✦ a realistic timeline, and
- ✦ a consistent, flexible source of funding.

Staff are important, because they serve as the bridge between prevention research and community members. Since most of the support we provide takes place in the context of relationships, having the right people is critical. To provide prevention support, we believe staff need to have a strong knowledge of prevention, good listening skills, a willingness to learn, and a knack for building relationships with others. Staff must have the expertise to be perceived as an authority on prevention but still be able to communicate in an approachable, understandable way.

We asked Partners and collaborators to describe the qualities of the ASAP Center staff that have been most helpful. This tells us what qualities community members think are important for prevention support people to have. In their responses, they used the words shown in Figure 12.

Figure 12. How Partners described the ASAP Center staff
(Words are sized in proportion to how many times each word was mentioned. Larger words were mentioned more often, smaller words less often.)



While our staff is responsible for a large part of our success, the ASAP Center would not have been as effective without adequate time and financial resources provided by the Health Foundation. Unfortunately, funding for substance abuse prevention is a small percentage of what is available for addressing substance use disorders and is often the first budget item to get cut. Traditional funding is also dedicated to providing specific programs directed primarily at youth and is rarely available for community capacity building. Little funding is available for community groups who are doing prevention work. In the process, programs and approaches often have to be adapted to meet funders' priorities and interest.

The Health Foundation provides flexible funding that we can use to help community members address their prevention needs, not specific programs required by the Health Foundation. That doesn't mean the Health Foundation writes the ASAP Center a blank check or lets us do anything we want. Rather, the Health Foundation gives us general operating support that we can use to build community capacity and help Partners respond to their community's needs in the best way for their particular community. Without this type of consistent, flexible funding, it is difficult for prevention efforts to gain traction at the community level.

Because the ASAP Center is solely funded by the Health Foundation, our staff have been able to provide a consistent presence for the community, particularly within the ASAP Center's Areas of Concentration (AOCs). The funding arrangement has also allowed the ASAP Center to take a long-range, comprehensive perspective

Partner Spotlight: Dearborn County Citizens Against Substance Abuse



Dearborn County Citizens Against Substance Abuse (CASA) began as a local coordinating council in 1989. CASA is made up of concerned citizens who work together to coordinate a community response to local alcohol and other drug problems. CASA has been an ASAP Center Partner since 2002.

In 2009, CASA hosted a youth summit that included workshops on the dangers of alcohol and other drugs. The youth who attended thought the information was good but the adults were boring. They wanted to learn from people closer to their own age, and some were willing to help make this a reality.

Teen representatives from each school began attending CASA's monthly meetings. They hosted

rather than a short-term, piece-meal approach. Since the long-term objectives of prevention efforts—namely reduced substance abuse in the community—may take years to realize, it is important to take a long-range approach.

Challenges to Prevention Support

The ASAP Center's first decade has not been without its challenges. Perhaps above all, we have had difficulty talking about what we do and how we do it. In addition, many people find it hard to say or believe that prevention works. These are not unique to the ASAP Center; describing prevention and showing that it works, in general, are hard to do.

It has been particularly difficult to explain ASAP's role, since we do not provide direct services but rather support for the community. Fortunately, the Centers for Disease Control and Prevention's (CDC) Interactive Systems Framework (ISF) has given us a vocabulary to apply to the ASAP Center, which we hope will help to clarify our work and our role in the community.

Since describing our work is challenging, evaluating it is also difficult. We are not the only prevention professionals who have struggled to find a balance between the long-term behavior changes that we aim for but can't take sole credit for and the simplistic short-term outputs such as counts of events and attendees that do not capture the depth of the changes taking place in the community. Although the ASAP Center has

activities at their schools through local Students Against Destructive Decisions (SADD) chapters and Family, Career and Community Leaders of America (FCCLA). They also saw an opportunity to work together and influence the community beyond the school walls and to recruit more peers who weren't involved but who cared about the issues.

The teens decided to develop a youth-led, one-day summit to educate their peers about substance abuse issues and invite them to help develop a public awareness campaign to promote drug-free lifestyles. Working with adult volunteers from CASA and staff from the ASAP Center, they began planning the summit. The teens selected three topics for the summit: 1) the 40 developmental assets; 2) effects of alcohol

and other drug abuse on infants, children, and the family; and 3) the "See It, Say It" process. Ivy Tech Community College donated the space to hold the summit. The teens, with support from CASA volunteers, applied for and were awarded an ASAP mini-grant for materials and supplies. The summit was held on February 3, 2010.

The teens who planned the summit and other youth interested in volunteering will meet during the spring to plan public awareness activities, again with support from CASA. Local businesses pledged to market the public awareness activities for at least 3 months. And, instead of treating youth like part of the problem, CASA has found that it's more effective to invite them to be part of the solution.

developed a balanced evaluation that works for the Health Foundation and the ASAP Center, we would like to speak more strongly about the effects of our work. Conducting a more rigorous evaluation, however, would use resources that we would prefer to invest in the community. For now, we will continue to use our balanced evaluation and look for ways we can improve upon it.

The ASAP Center is generally thought of as well-resourced, but our staff are stretched thin by our 20-county service area. We take great care to ensure that our limited availability does not affect the quality of our work. However, the reality is that two people are only capable of maintaining a limited number of relationships. We make an effort to spread ourselves among communities and our AOCs as much as possible, but we have not been able to engage in some areas as much as we would like. We have explored a number of ways to expand our current capacity, whether through hiring additional staff, recruiting volunteers, or using student interns. Unfortunately, none of these seems to be a good option at this time. We do not have funding for additional positions, and do not have adequate capacity to properly support and supervise volunteers or interns. We will continue to revisit these and other options periodically to see if there may be a way to make them work for the ASAP Center.

The ASAP Center staff often have to balance a number of different roles in their work. This most frequently plays out when we work with collaborative work groups. The ASAP Center works hard to build collaborative relationships in which we do not take a leading or authoritative role. We want to build the community's capacity to lead these efforts themselves. When we provide funding, however, Partners often assume we will also want more power or authority over the project, whether we do or not. In our Partners' eyes, we have shifted from collaborator to the person holding the purse strings. This shift can be difficult to negotiate, and our Partners look to us to clarify the boundaries. In some cases, we have not been as clear on what those boundaries are. In others, Partners want us to take more control, and we are reluctant to do that, as our goal is to build capacity in the community.

How to Structure the Organization

As the Health Foundation began thinking about what the ASAP Center would look like, it considered a number of options for structuring the organization. Each option had pros and cons (see Table 1 on the next page).

Table 1: Pros and cons of structural options for the ASAP Center

| Structure | Pros | Cons |
|--------------------------------------|--|--|
| Independent 501(c)(3) | <ul style="list-style-type: none"> Allows the organization to develop a conservative budget and to focus entirely on prevention Freedom to pursue outside sources of funding The ASAP Center would have a distinct identity separate from Health Foundation | <ul style="list-style-type: none"> Maintaining 501(c)(3) status creates administrative burden that is not mission-related Financial support from the Health Foundation could jeopardize public support test for 501(c)(3) status. A new entity competing for already limited funds might threaten collaborators A lack of outside sources of funding for prevention means that sustainability would be challenging Organization might have to shift its mission in order to get funding Administrative burden of reporting to multiple funders The Health Foundation would have less control over the project, which is the sole initiative of one of its funding strategies |
| Foundation operating program | <ul style="list-style-type: none"> Funding is flexible to allow for community capacity building, prevention for all ages The Health Foundation can more closely maintain control of the project, which is critical to one of its funding strategies Allows the Health Foundation to provide resources to organizations that would not otherwise fit into its grantmaking strategies Separation from the traditional prevention system allows for a new perspective in the community Relationship with Health Foundation gives credibility to ASAP's work The Health Foundation will assure that prevention remains the focus of the ASAP Center Back-office, data, evaluation, and communications support from the Health Foundation allows ASAP staff to focus on prevention | <ul style="list-style-type: none"> Relationship with the Health Foundation makes fundraising more challenging Single-funder supported projects have risks for sustainability Higher occupancy expenses due to Health Foundation's Class A office space |
| Grant to existing community provider | <ul style="list-style-type: none"> Provides a source of revenue for prevention programs through Health Foundation grant funding for the work The ASAP Center would have back-office and other support from the existing organization | <ul style="list-style-type: none"> Would cause an existing organization to experience mission creep Prevention activities are often driven out by treatment needs Program would only continue as long as there is external funding specific to this kind of work Organization would have to cover administrative costs not included in Health Foundation funding The Health Foundation would have less control over the project, which is the sole initiative of one of its funding strategies No existing provider currently serves the Foundation's entire service area Splitting the work among several providers would sacrifice collaboration among separate states, counties, and communities |

Depending on each individual community, different structures will make more or less sense to pursue. After talking to the Health Foundation's community advisory group for the Substance Use Disorders focus area, the Health Foundation decided that it would be most beneficial for our region to create the ASAP Center as an operating program of the foundation. This means that the ASAP Center operates as a part of the Health Foundation. ASAP is the sole initiative in the Health Foundation's Improving Community-Based Prevention strategy of its Substance Use Disorders focus area (see Appendix F for the logic model for this strategy). ASAP staff report directly to the Health Foundation's Senior Program Officer for the Substance Use Disorders focus area.

Something We Didn't Expect

The Health Foundation's decision to make the ASAP Center an operating program of the foundation led to an unexpected "pro" that we didn't foresee: Partners have a strong, positive relationship with the Health Foundation that otherwise would not have existed. Why?

Besides awarding grants, the Health Foundation also provides a number of resources to the community at a low rate or for free. These include workshops and consultations with staff on fundraising, communications, data, evaluation, and other topics. Because Partners are involved with the ASAP Center, they hear about and are connected to these resources through our staff, who also make introductions between Partners and Health Foundation staff.

We also heard Partners say that the ASAP Center is what the Health Foundation does to serve their community. Certain parts of our region have fewer healthcare resources than others, which makes it difficult for the Health Foundation to find potential grantees. Partners in these regions recognize this and value the Health Foundation's contribution of the ASAP Center to their communities.

Tips for Replicating the ASAP Center Model of Prevention Support

As more communities begin using the CDC's Interactive Systems Framework, more entities like the ASAP Center will emerge to provide prevention support. Here are some of the critical things to consider if you are entering into prevention support. We developed this list based on our experiences and feedback from our Partners and collaborators on what has made the ASAP Center successful.

- ♦ **Hire the best and brightest.** It is not possible to overemphasize the importance of having the right staff: people who have a rich

experience in prevention and the ability to build relationships with others. This is not a nine-to-five job, so staff need to be passionate about their work in the community and flexible in their schedules.

- ✦ **Meet people where they are.** Not everyone who is interested in substance use disorders is interested in prevention. Over the past decade, we have learned that it is more effective to focus on working with those who are interested in prevention than to try to “convert” those who are interested in other aspects of the continuum. Also, it is important to work at the level of the community and not force them into activities they may not be ready for. This may mean taking it slow and raising awareness and building knowledge before jumping into providing specific prevention programs.
- ✦ **Make networking with the community the top priority.** The ASAP Center could not be successful without the relationships we have built with our Partners. These relationships would not exist if our staff had not taken time to cultivate them.
- ✦ **Collaborate with other prevention professionals.** Working closely with prevention professionals has allowed us to create a sense of momentum around prevention efforts in the community. Other professionals have also helped us to identify groups that are not currently being reached with prevention activities and to find ways to fill those gaps. It also allows us to introduce community members to a wealth of resources they may not otherwise have tapped into.
- ✦ **Focus on specific areas or populations.** The opportunities for prevention support are endless, but the resources are not. Having AOCs has allowed us to intentionally focus our efforts so that we are not spread too thin and therefore do not dilute our efforts. A strong AOC is both strategic and responsive to the needs and interests of the community. Maintaining our efforts in the same AOCs for nearly a decade has afforded us the opportunity to develop stronger relationships with our Partners in those areas. We’ve also developed the expertise that allows us to be more effective.
- ✦ **Give it plenty of time.** Prevention efforts take time and energy, as does relationship building. The ASAP Center and the Health Foundation gave the work time to grow and mature, which was essential for success.
- ✦ **Be open and accepting of when relationships or work need to end.** Although it is important to give the work plenty of time to grow, it is also important to be open to when the work needs to end. Many Partners in our Faith AOC are realizing they want to focus on treatment rather than prevention. It has taken 10 years of working in prevention for some of them to get to this stage. We spent the

last five years trying to move our Partners in the Older Adult AOC beyond the awareness phase and into coordinated prevention work, and we realized they weren't ready. This hasn't been a waste of time, because it has built relationships and collaborations in the community that can support other prevention efforts. Rather than force these Partners into prevention, we have to be willing to let go and look for other groups who are ready.

- ✦ **Convene groups of like-minded people.** We have saved countless hours of work and energy by gathering groups of people with similar interests and encouraging them to work together on prevention activities. Sometimes all it takes is someone to call the meeting.
- ✦ **Define your role.** Prevention support is a new concept and one that is sometimes difficult to understand. We have learned that is very important to be clear about the role of the ASAP Center and about our roles as professionals.
- ✦ **Secure adequate funding, preferably in the form of general operating support.** It doesn't take a ton of money to offer prevention support, but it does take consistent, flexible funding. The ASAP Center's relationship with the Health Foundation allows us to spend our time working with the community rather than chasing grant and donor funds. It also lets us help build community capacity and respond to community needs without having to use specific programs required by the funding. While this is an ideal arrangement for our community, other communities may find other ways to accomplish the same thing.
- ✦ **Evaluate from the beginning and for the long-term.** Because the Health Foundation places a strong emphasis on evaluation, we began to measure the effects of our work from the very beginning. Our evaluation strategy has evolved over the last 10 years as we and the field of prevention have become more sophisticated. We changed our methods when we found a better way to evaluate our work. While the increasing sophistication is a positive thing, the unfortunate side effect is that we do not have consistent, seamless data for the entire life of the ASAP Center. This is something we hope to tackle and streamline as the ASAP Center moves forward.
- ✦ **Communicate, communicate, communicate.** It is difficult to describe prevention, but that should not be an excuse not to try. We need to tell people what we do and how they can participate in prevention. We also need to let Partners know what others are doing so they can make connections and build their confidence and capacity to do this work. Regular and clear communication is critical to keeping community members engaged in prevention efforts.

Where We Go from Here

The ASAP Center's 10th anniversary provides a logical opportunity for us to reflect on our learning, document our accomplishments, and decide about our next steps. We asked our Partners and collaborators what they would like to see us focus on in the coming years. They would like to see the ASAP Center:

- ✦ continue to provide funding and prevention support to community groups,
- ✦ improve our communication plan and increase our visibility in the community,
- ✦ support Partners and mini-grant recipients in evaluating their prevention efforts,
- ✦ offer more networking opportunities among ASAP Partners and grantees, and
- ✦ conduct a formal evaluation of our work and share the results.

In developing recommendations to present to the Health Foundation and its board, ASAP Center staff considered our history, outcomes, and the insights and experiences presented in this report. After gathering and reviewing the feedback from the community, Health Foundation and ASAP Center staff recommend that the ASAP Center:

- ✦ Continue to serve the community. The ASAP Center plays a valuable and unique role in supporting substance abuse prevention in Greater Cincinnati.
- ✦ Reevaluate the Areas of Concentration (AOCs) with targeted input from the community to determine the next steps for the Faith and Older Adult AOCs and to see if there are other AOCs to begin.
- ✦ Present ourselves as experts in prevention without becoming distant or making ourselves unapproachable. Our Partners want us to be an authority figure, but we don't want to lose our peer-to-peer relationships with them. Striking this balance will be difficult and will take time to figure out.
- ✦ Create and implement a communications plan. We heard from partners and collaborators that we need to be clearer about our mission, services, and role in the community, and we agree that this is critical. We will work closely with the Health Foundation's communications staff to develop a plan for communicating with a variety of audiences, ranging from the general public to potential Partners to prevention professionals.
- ✦ Develop more opportunities for networking and information-sharing among community Partners. ASAP should also look at using technology and social media tools to make sharing easier without the time and resource constraints of in-person meetings.

- ✦ Continue evaluating our work in the ways we have been while keeping an eye on changes in prevention evaluation that might help us show our impact in different ways.
- ✦ Provide support, in collaboration with the Health Foundation's evaluation staff, to ASAP Partners who are ready and interested in conducting their own evaluations.
- ✦ Document and share the processes, insights, and outcomes from our work in the community over the past decade. Although the CDC has noted that Prevention Support Systems can help bridge the gap between research and practice, there are few examples available at this time. Since this is the ASAP Center's expertise, there is great potential to make a significant contribution to the field of prevention and expand the knowledge base of prevention professionals, community members, funders, and researchers.

Recommended Readings

If you're not familiar with prevention and are looking for a place to start, these are our favorite resources:

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If you're familiar with prevention, but want to know more:

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Appendix A: ASAP Definitions

Area of Concentration (AOC): Groups of individuals or organizations with similar interests that were selected because of unique opportunities or challenges in prevention.

Best practices: Prevention strategies, activities, or approaches, which have been shown through research and evaluation to be effective in the prevention and/or delay of substance use or abuse (Hogan, Gabrielsen, Luna, & Grothaus, 2002).

Collaborator: A substance abuse prevention professional who works with the ASAP Center to implement community-based prevention strategies.

Community coalition: A formal arrangement for collaboration between groups or sectors of a community in which each group retains its identity but all agree to work together toward a common goal of building a safe, healthy, and drug-free community (Community Anti-Drug Coalitions of America (CADCA), 2000).

Evidence-based practice (EBP): Approaches to prevention or treatment that are validated by some form of documented scientific evidence (Center for Substance Abuse Prevention, 2009)

Partner: An individual or organization that is interested in substance abuse prevention, but is not a prevention professional, and that is involved with the ASAP Center.

Prevention: A proactive process, which empowers individuals and systems to meet the challenges of life events and transitions by creating and enforcing conditions that promote healthy behaviors and lifestyles. Prevention occurs when individuals, families, organizations, communities and systems create or maintain healthy behaviors and environments. It is a planned activity that involves: anticipating challenges to individual and societal well-being; working collaboratively to decrease risk factors; and reinforcing conditions that promote health and reduce disease (Center for Substance Abuse Prevention, 2009).

Prevention activity: A theory, program, practice, or activity that is intended to reduce the incidence of substance use disorders.

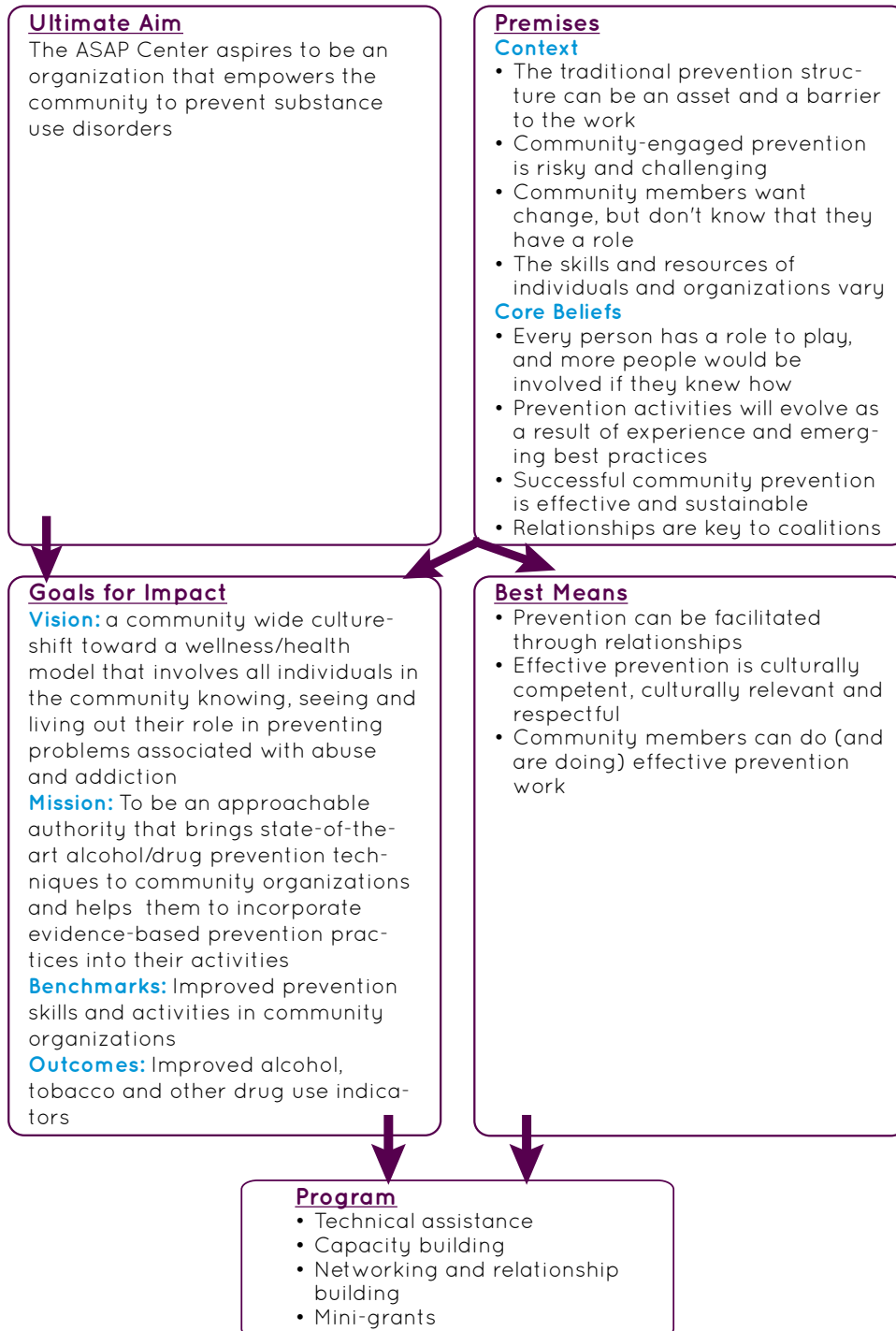
Prevention resource: Printed materials, online resources, curriculum, DVDs, videos, local, regional, state, and national organizations that are used to support prevention activities.

Substance use disorders (SUD): Unhealthy behaviors related to the use of alcohol, tobacco, and other drugs. This includes the misuse (e.g., underage drinking, using a prescription medication in a manner other than what was prescribed, or drinking alcohol with certain prescription medications), abuse, and addiction to substances.

Technical assistance (TA): An activity that provides or strengthens skills, knowledge, and resources necessary to implement a specific prevention approach.

Appendix B: How the ASAP Center Structures Our Work

This diagram uses Steve Patty's Dialogue Box Framework, which is used to give projects and organizations a structure through which to organize and talk about their work.



Patty, S. (2008). Dialogue Boxes. Retrieved 10/5/09 from: http://dialoguesinaction.com/dialogue_boxes/dialogue%20boxess%20pdf3.pdf

Appendix C: Areas of Concentration

As the ASAP Center began working with our community, we recognized four groups that had specific prevention needs that were not being addressed. We organized our work around these groups, which we call our Areas of Concentration (AOC). They are:

- ✦ Faith
- ✦ Hispanic/Latino
- ✦ Rural
- ✦ Older Adult

Faith was the ASAP Center's first AOC, created when ASAP staff saw an opportunity to collaborate with other prevention professionals to engage the faith community in preventing and reducing substance use disorders. The ASAP Center provides support to congregations looking to bring prevention into their ministry. The ASAP Center's work with the faith community was recently featured in a Community Anti-Drug Coalitions of America (CADCA) documentary. The ASAP Center also participates in Reviving the Human Spirit (RTHS), a collaborative initiative of professionals, faith leaders, and community volunteers that was launched in 2001 out of the Faith AOC. RTHS connects members of the faith community to tools and resources to support substance abuse prevention ministries. RTHS also cooperates with Faith Partners, a national organization that works with congregations to provide support for the development of congregational team ministries.

Regional and national survey findings indicate that Hispanic and Latino adolescent females are shown to have substantial increased risk of substance abuse. One of the ways the ASAP Center is working to prevent this is to connect Partners in our **Hispanic/Latino** AOC to the *¡Soy Unica! ¡Soy Latina!* initiative, a bilingual public education initiative for girls that was supported by SAMHSA from 2002–2007. The ASAP Center is a founding member of Abriendo Puertas (which means “opening doors” in Spanish), a community collaborative of volunteers and professionals who are advocates for the Hispanic/Latino community. Members of Abriendo Puertas work together to provide culturally specific prevention information and activities and to empower individuals and families in the Hispanic/Latino community to take responsibility for their own health.

The ASAP Center's three-state service area adds a level of complexity to the **Rural** AOC, because each state has a different structure and support system for prevention efforts. Partners who work in states that provide more community prevention support (Kentucky and Indiana) have moved into the action stage, while Partners in Ohio are still mobilizing.

A number of ASAP's rural Partners also fit under other AOCs, like rural congregations or Partners who work with the rural Hispanic/Latino community. Because our rural Partners are spread out over a wide area, it is often not practical for them to participate in collaborative efforts through these other AOCs. Similarly, we have learned that it is more effective and beneficial to take workshops and information to our rural Partners rather than to expect them travel to us. Therefore, we connect all individuals and groups who are interested in prevention within a rural county or community together, regardless of the specific populations they serve. We have learned that this is an effective way of sharing resources and of creating a sense of momentum around prevention efforts in rural areas.

The **Older Adult** AOC has been the most challenging. The ASAP Center convened the Voices, Views, and Visions of Positive Aging (3Vs) workgroup to increase prevention activities for older adults. This group brought together people with expertise in prevention and in aging to raise awareness of substance use disorders and identify the needs and opportunities for prevention activities for older adults. Unfortunately, we ran into two significant obstacles early on. First, while we found a lack of awareness of prevention as we began our other AOCs, it was more widespread in the Older Adult AOC. Many people believe that prevention is for children and teenagers, not for adults and especially adults ages 65 and over. Second, we found that professionals who provide services to older adults didn't know about substance abuse prevention, and prevention professionals didn't have knowledge of aging. Plus, many of our Partners in this AOC are oriented toward the treatment and maintenance end of the continuum of care, and not at the prevention end. While there is interest in the community, the 3Vs workgroup struggled to find an effective strategy and overcome the obstacles. We have also seen that prevention professionals are not generally able to use their resources to focus on older adults, because most prevention funding is targeted at youth. There is a need for prevention activities oriented toward older adults, and this need will increase as the Baby Boomers age. However, our experience tells us that the community is not yet ready to support prevention activities for older adults.

Appendix D: Interviewees

ASAP Staff developed a list of 37 possible interviewees, of which 24 responded (73% response rate). Respondents were fairly representative of the larger list. There were similar response rates among Areas of Concentration (AOCs), but some variation in response rates among states (see Tables 2 and 3).

Table 2: Interview Participation Rate by AOC

| AOC | Number who participated | Number invited | Response Rate |
|------------------------|-------------------------|----------------|---------------|
| Faith (including RTHS) | 9 | 13 | 69% |
| Hispanic | 3 | 4 | 75% |
| Rural | 9 | 14 | 64% |
| None | 1 | 4 | 25% |
| More than one AOC | 2 | 2 | 100% |
| Total | 24 | 37 | 65% |

Table 3: Interview Participation Rate by State

| State | Number who participated | Number invited | Response Rate |
|---------------------|-------------------------|----------------|---------------|
| Indiana | 2 | 6 | 33% |
| Kentucky | 4 | 6 | 67% |
| Ohio | 17 | 23 | 74% |
| More than one state | 1 | 2 | 50% |
| Total | 24 | 37 | 65% |

Appendix E: Interview Questions and Selected Responses

Partner's Story of Involvement

1. How did you become connected to the ASAP Center?
2. What did you think/know about prevention before working with ASAP? What made you interested in getting involved? Did you have doubts about getting involved?
3. Are you still doing the work? Why/why not?
4. What kinds of things are/were you doing? What have you tried?
5. Do you think about prevention differently now than when you started? How so?
6. Looking back, what's been the best part about the work? What's been the most difficult?
7. What advice would you give to someone who's just starting to think about doing this kind of work?
8. Do you feel like you've been successful? Why/why not?

About ASAP/About Prevention

1. If you were talking to someone you met at a (professional) conference, how would you describe the ASAP Center? What would you say they do?
2. What does Vicki/Mary do that's helpful? What would you like her to do more of? (See top 3 responses to this question on the next page.)
3. Are there things that ASAP does or requires that are NOT helpful?
4. Are there things ASAP isn't doing that could be helpful to you? (See top 3 responses to this question on the next page.)
5. Describe your community. What types of activities seem to have worked best with them?
6. If you were in charge, what would ASAP focus on in the next year? The next decade?

Selected Responses

Table 5: Top 3 response categories to “What does Vicki/ Mary do that’s helpful?”

| Response | Number of respondents who said this | Percent of respondents who said this* |
|--|-------------------------------------|---------------------------------------|
| Information and Training · Share information · Share knowledge · Provide resources | 20 | 83% |
| Consultation and Support · Encouragement · Coaching · Assistance · Connections to others | 19 | 79% |
| Funding | 10 | 50% |

* Respondents could give more than one response, so percentages will not add up to 100%.

Table 6: Top 3 response categories to “Are there things ASAP isn’t doing that could be helpful to you?”

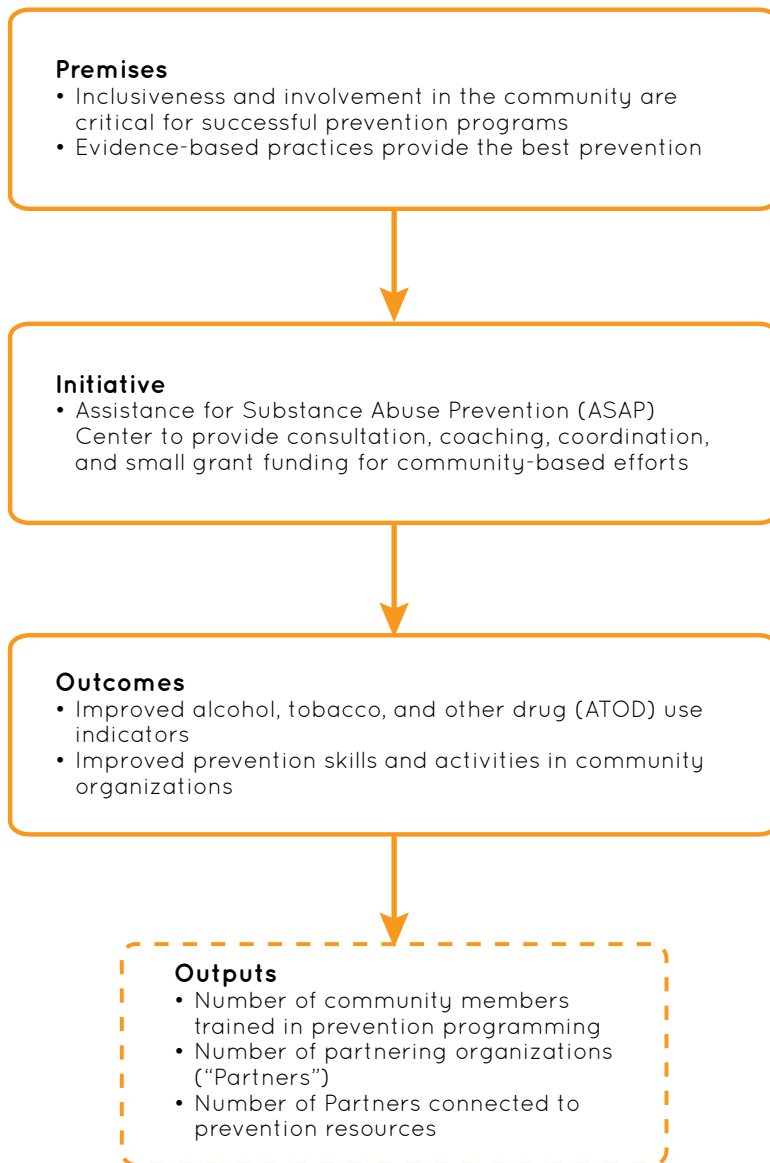
| Response | Number of respondents who said this | Percent of respondents who said this* |
|--|-------------------------------------|---------------------------------------|
| Communications · Increase public profile · Regular report to the community · Share what Partners are doing · Brochure, materials, etc. | 24 | 100% |
| Expand Work · Expand AOCs · Hire more staff | 8 | 33% |
| Support for Evaluation | 7 | 29% |

* Respondents could give more than one response, so percentages will not add up to 100%.

Appendix F: Logic Model for the Community-Based Prevention Strategy

The Health Foundation of Greater Cincinnati supports the ASAP Center through its Substance Use Disorders focus area. The logic model for the strategy which contains the ASAP Center is below.

Substance Use Disorders: *Improving Community-Based Prevention Activities Using Evidence-Based Best Practices* Logic Model



About The Health Foundation of Greater Cincinnati

Since 1997, The Health Foundation of Greater Cincinnati has invested over \$111 million to address health needs in the 20-county region surrounding Cincinnati. The majority of our work falls within our four focus areas:

- + Community Primary Care
- + School-Aged Children's Healthcare
- + Substance Use Disorders
- + Severe Mental Illness

The Assistance for Substance Abuse Prevention (ASAP) Center is one of the projects we fund through the Substance Use Disorders focus area. For more information, please visit www.asapcenter.org.

We help create enduring projects that will improve health, and grantee sustainability is vital to our mission. We help grantees move toward sustainability by offering workshops, staff consultations, and other technical assistance. We also help grantees find other funders who might be interested in their work.

For more information about the Health Foundation and our grantmaking interests, capacity building programs for nonprofits, and publications, please contact us at 513-458-6600, toll-free at 888-310-4904, or visit our web site at www.healthfoundation.org.

Our **mission** is to improve the health of the people of the Cincinnati region.

Our **vision** is to be one of the healthiest regions in the country.

Our **values** are:

- » Innovation. We are a catalyst in creating innovative solutions to promote enduring change.
- » Caring. We are committed to serving vulnerable and underserved populations.
- » Education. We believe in the power of education to transform communities.
- » Stewardship. We operate in an accountable, ethical, and transparent manner.

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