

Iowa Partnerships For Success Grant: Evidence-Based Practice Selection Workbook



**Strategic
Prevention
Framework
of Iowa**

Acknowledgements

This Guide is the result of a collaborative effort by the members of the Iowa Evidence-Based Practices (EBP) Workgroup. The workgroup is made up of the following members and organizations:

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Sections of this guide were adapted from material developed by the following organizations/sources:

Community Anti-Drug Coalitions of America (CADCA). *Assessment Primer: Analyzing the Community, Identifying Problems and Setting Goals* (2010).

Community Anti-Drug Coalitions of America (CADCA). *The Coalition Impact: Environmental Prevention Strategies* (2009).

Substance Abuse and Mental Health Services Administration (SAMHSA). *Identifying and Selecting Evidence-Based Interventions* (2009).

Centers for Disease Control and Prevention (CDC). *Social-Ecological Model* (2007).

National Institute for Alcohol Abuse and Alcoholism. *3-In-1 Framework for College Drinking Prevention* (2007).

Nebraska SPF SIG Program. *Strategy Approval Guide* (2009).

North Carolina SPF SIG Program, *Creating a Strategic Plan Based on Your Need Assessment Findings: A How To Guide* (2008).

South Dakota SPF SIG Program. *Evidence-based Prevention Selection Guide* (2011).

US Department of Justice. *OJJDP Blueprints for Violence Prevention* (2001).

Wisconsin SPF SIG Program. *Planning Guidance*.

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Introduction

What is evidence-based practice?

In the substance abuse prevention field, evidence-based practice (EBP) generally refers to approaches to prevention that are validated by some form of documented evidence. What counts as "evidence" varies. Evidence often is defined as findings established through scientific research, but other methods of establishing evidence are considered valid as well. Evidence-based practice stands in contrast to approaches that are based on tradition, convention, belief, or anecdotal evidence. See page 17 for additional definitions.

What is the purpose of this document?

The purpose of this selection guide is to provide IPFS funded counties with a set of guidelines to help them select the most appropriate and "best fit" prevention strategies for implementation in their county. This document includes a list of pre-approved EBPs compiled by the EBP Workgroup. Counties are invited to select EBPs from this listing whenever possible. In the event an EBP is not included on the pre-approved list, the county may request approval for another EBP.

How does this document fit within the SPF model?

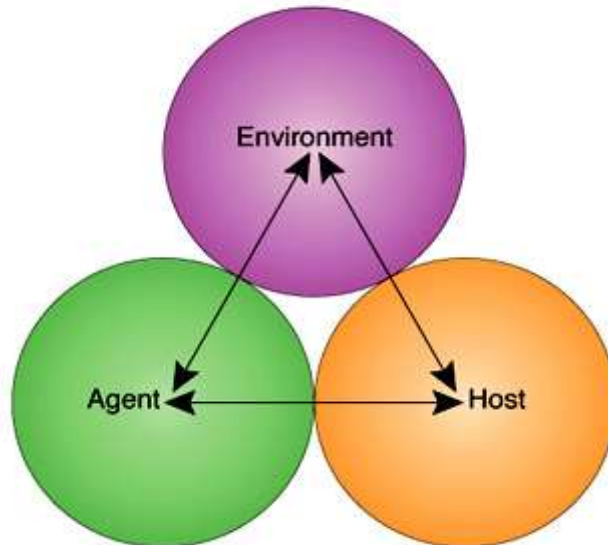
At this point, each funded county should have completed their assessment process. Now they will be determining the intervening variables and contributing factors (see definition on page 8) that best match the priority for the county and select the prevention strategies to complete the logic model for the priority. To ensure a greater likelihood of success for the county, this document is designed to help to select strategies that build upon what was learned through the assessment process, including needs, community readiness, coalition capacity, and existing prevention efforts.

Who should be involved in your strategy selection process?

Similar to the assessment process, all the county collaborators should have input into the selection of the evidence-based prevention strategies. Remember the principle that "people support what they help create." By involving all county collaborators in the selection process, it will help to ensure that everyone has bought into the ultimate goals of the county's strategic plan for prevention. In addition, it is particularly important to include the local evaluator in this process because they will be tasked with gathering evaluation data on each of the chosen strategies; and they may be able to help with increased understanding some of the challenges related to evaluating each strategy.

Public Health Model

The Public Health Model embraces a comprehensive approach to community change. Instead of focusing efforts on changing individuals, one at a time, through prevention efforts, the public health model looks at changing the environment that surrounds those individuals.



<https://environmentalsanitation.wordpress.com/2012/03/14/interaksi-antara-inang-agen-lingkungan/>

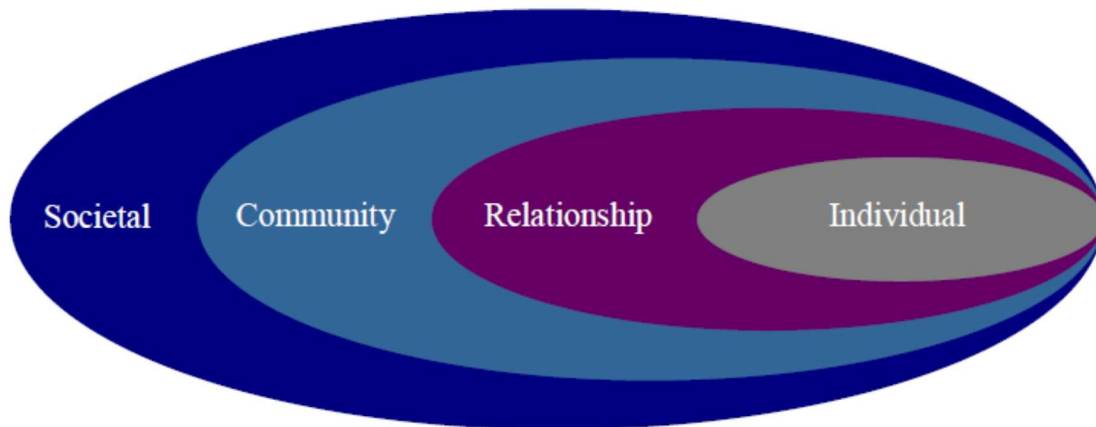
IPFS will require county partnerships to focus on four strategies that will bring about environmental change and one that focuses on individual (host) change.

Population Level Behavior Change

Social-Ecological Model

To begin, think about the types of strategies that will stimulate the greatest changes to your intervening variables (see definition on page 8), and ultimately the prevention priorities. A comprehensive prevention plan should identify a mix of interventions that target the intervening variables in multiple contexts and at multiple levels. The social-ecological model (Bronfenbrenner, 1979) is a multi-faceted public health model grounded in the understanding that to achieve sustainable changes in behavior, prevention efforts must target the individuals within the target population at the different levels of influence surrounding them.

Figure 1: Social-Ecological Model



The social-ecological model consists of four levels that a prevention effort should strive to impact.

Individual level: This level encompasses the knowledge, attitudes, and skills of the individuals within the target population. This level can be influenced by individual-level interventions (such as educational and skill-building programs) as well as county-wide media and social marketing campaigns. An example of an individual level intervention would be a 6-week program targeted at high-risk students to improve their self-confidence and teach them the skills needed for resisting alcohol and drug use.

Relationship level: This level includes the family, friends, and peers of the individuals within the target population. These persons have the ability to shape the behaviors of the individuals in the target population. This level can be influenced by enhancing social supports and social networks as well as changing group norms and rules. An example of a relationship level intervention would be an educational program targeted at parents of 12-14 year olds to teach them how to better communicate with their children and establish rules around alcohol use.

Community/County level: This level includes the unique environments in which the individuals in the target population live and spend much of their time, such as schools, places of employment and worship, neighborhoods, sports teams, and volunteer groups. This level can be influenced by changes to rules, regulations, and policies within the different community organizations and structures. An example of a community level intervention would be the adoption of an “alcohol free” policy by a local company for all of their work-related functions and events. An example at the school level would be school sponsored activities, alcohol-free alternatives, such as before and after school events, field trips, activities held on school grounds, and school sponsored groups including drama, band, speech, debate, choir, and others outside of sports teams.

Societal level: This level includes the larger, macro-level factors that influence the behaviors of the individuals in the target population, such as laws, policies, and social norms. This level can be influenced by changing state and local laws, policies, and practices, as well as other initiatives designed to change social norms among the target population as a whole, such as a media campaign. An example of a societal level intervention would be requiring mandatory beverage server training.

In addition to the Social Ecological Framework, there are key areas of strategic intervention for 18-20 year olds (college student population) each of which is linked to a particular definition of the college alcohol problem. There are four alternative areas of strategic intervention to be considered:

1. Changing people's knowledge, attitudes, and behavioral intentions regarding alcohol consumption
2. Eliminating or modifying environmental factors that contribute to the problem
3. Protecting students from the short-term consequences of alcohol consumption ("health protection" or "harm reduction" strategies)
4. Intervening with and treating students who are addicted to alcohol or otherwise show evidence of problem drinking.

This typology is consistent with the "3-in-1 Framework" to comprehensive and integrated prevention programs espoused by the NIAAA Task Force on College Drinking in its report, *A Call to Action: Changing the Culture of Drinking at U.S. Colleges*. The Task Force divided programs and policies according to three broad levels: 1) the student population as a whole; 2) the broader college and community environment; and 3) individual students. The value of both the "3-in-1" and ecological frameworks is that they can be a useful introduction to encourage presidents, administrators, college prevention specialists, and community members to think in a broad and comprehensive fashion about college drinking. http://www.collegedrinkingprevention.gov/NIAACollegeMaterials/Handbook/Sect2_EffectiveSteps.aspx

Many areas of strategic intervention can be pursued at one or several levels in the social ecological framework. For example, consider intervention activities focused on the objective of increased observance and enforcement of the minimum drinking age law (also known as the age-21 law):

- At the State or community level, the alcohol control commission could increase the number of decoy (or "sting") operations at local bars and restaurants.
- At the community level, local police could implement a protocol for notifying college officials of all alcohol-related violations involving students.
- At the college itself, the campus pub could require that all alcohol servers complete a training course in responsible beverage service.
- At the group level, the college might require that residential groups and special event planners provide adequate controls to prevent alcohol service to underage students.
- At the individual level, a media campaign could publicize these new policies, the stepped-up enforcement efforts, and the consequences of violating the law.

Implementing multiple strategies at these various levels would greatly increase the likelihood of the objective being achieved.

Types of Prevention Strategies

Prevention strategies typically fall into two categories: environmental and individual. For the purpose of IPFS, environmental strategies are also referred to as county-level strategies while individual strategies are also referred to as program-level strategies.

Environmental strategies target the broader physical, social, cultural, and institutional forces that contribute to problem behaviors. These strategies are found in the outer layers (or levels) of the social-ecological model.

Individual strategies target the knowledge, attitudes, and skills of individuals.

The social-ecological model promotes a multi-strategy approach targeting the individual, as well as the different levels of influence surrounding them. Particular attention should be given the implementation of evidence-based environmental strategies. According to the Community Anti-Drug Coalitions of America (CADCA), environmental strategies can produce widespread and lasting behavior change by making appropriate (or healthy) behaviors more achievable for the individuals in the target population. Furthermore, these strategies can result in behavior change that reduces problems for the entire county, including those outside the target population.

Environmental strategies can achieve this level of behavior change through changes to county policies, practices, systems, and norms. In addition, because environmental strategies require substantial commitment from various sectors of the community, long-term relationships can be established with key county stakeholders. Lastly, costs associated with environmental strategies can be considerably lower than those associated with ongoing education, services, and therapeutic efforts applied to individuals.

In summary, it is strongly recommended that the county use a multi-strategy approach in targeting the IPFS priority, contributing factors and/or intervening variables chosen by the collaborators. As part of this multi-strategy approach it is particularly important to choose one or more environmental strategies designed to impact the community and societal levels (of the social-ecological model) as well as impacting the individuals in the target population. Failure to implement strategies at different levels of the social-ecological model would greatly decrease the likelihood for achieving long-term successes in your county.

Intervening Variables (Why here?)

Intervening variables may be known by other names such as risk factors, causal factors, or contributing factors. The variables below are for environmental strategies in general.

- Retail Access/Availability
- Social Access/Availability

- Promotion
- Perceived Risk /Individual Factors
- Enforcement
- Social Norms/Community Norms *

For evidence-based curriculum the intervening variable is:

- Individual Factors

*To date no environmental strategy EBPs have been approved for IPFS under Social Norms/Community Norms. County funding other than IPFS may be focused on that variable.

Underlying Conditions (But why here?)

As stated above, underlying conditions are specific issues in a county that contribute to the problem. These factors provide the reasons an intervening variable exists in the particular county and offer the key link to identifying appropriate strategies. Current assessment data may be useful to determine the exact factor, or more assessment may be necessary if no data exists about an intervening variable that has been identified. Each intervening variable must have one or more underlying conditions. These answer the question of “but why here?” in the specific county. Here are some examples:

For the intervening variable of Retail Access, an underlying condition may be that a specific type of retailer is not consistently educating its staff about procedures to refuse alcohol sales to minors.

For the intervening variable of Individual Factors an underlying condition may be that 15 and 16 year old male youth have a low perception of risk of harm related to alcohol use and driving.

For the intervening variable of Enforcement, an underlying condition may be that there are not enough officers doing patrols on Friday and Saturday night due to limited resources of police departments.

For the intervening variable of Social Access, the underlying conditions may be the limited number of special events in the community without alcohol served. For events where alcohol is served such as town celebration street dances with beer gardens, policies may not be in place to deter youth access to the alcohol.

Target Population

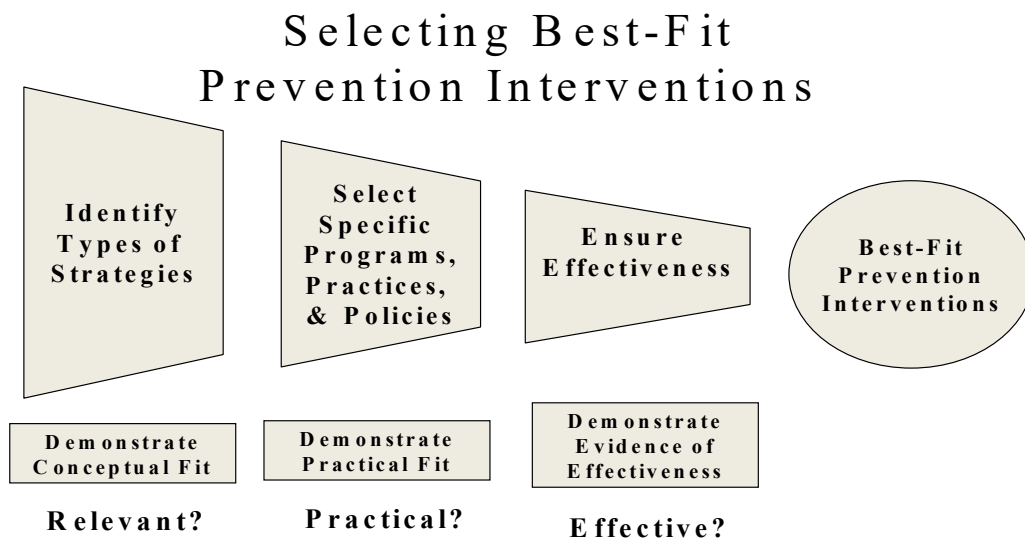
The primary Target Population for IPFS is youth age 12-20. However, the assessment of underlying conditions for the intervening variables may indicate that a subgroup of this population, such as children of substance abusers, may need specific attention and services

to most affect change in the county. Also secondary populations, like key influencers of youth age 12-20, such as parents, may be targeted for some services.

Dosage

Dosage for a strategy refers to how many, or what percent of the target population needs to receive the service in order for change on the priority or intervening variable to occur. This concept will need to be addressed in the planning step when writing the Action Plan. The same dosage may not work for all strategies or similar populations. Once a strategy has been selected, technical assistance will be available to discuss dosage specific to the strategy and target population. For most environmental strategies there is an expectation of engaging at least 50% of the target population.

Selecting “Good Fit” Prevention EBPs



A more detailed graphic is available at http://download.ncadi.samhsa.gov/csap/SMA09-4205/evidence_based.pdf

To have a “good fit” within the county, it is preferable that prevention EBPs meet several criteria. An EBP must have evidence of past success and it must also fit conceptually with the targeted intervening variables. EBPs must fit practically within the county and coalition and should be able to be implemented in the county with fidelity (meaning implemented as intended by the author). In addition, a “good fit” EBP should be culturally appropriate and sustainable within the county.

Why Is Assessing Fit Important?

- To ensure that the selected strategies match the needs and the characteristics of the target population.

- To ensure that the plan to impact the priority complements the activities/programs of other county agencies/organizations and are not in conflict with them.
- To ensure that excessive duplication of effort in the county does not occur.
- To ensure that the county can support the plan to impact the priority.
- To ensure that adequate resources exist to implement the plan properly being aware of the necessary frequency of services that will be needed.
- To ensure sufficient capacity in implementing the plan, thereby increasing the likelihood for success.
- Lastly, by addressing the issue of “fit” during the planning process, there is an opportunity to refine how other local efforts (e.g., community coalitions, environmental strategies, prevention programs) can be utilized as resources to increase community buy-in for the plan to impact the identified priority.

There are six components of a “good fit” EBP and they are described in more detail below:

1. EVIDENCE OF EFFECTIVENESS

All selected EBPs must:

- Have documented evidence of effectiveness and preferably have been rigorously tested and shown to have positive outcomes in multiple peer-reviewed evaluation studies; and
- Be effective according to EITHER:
 - a) Iowa’s pre-approved EBP list
 - OR
 - b) Approved by the Evidence-Based Practice Workgroup. The process for submitting an EBP to be reviewed is listed on page 17 of this document.

2. CONCEPTUAL FIT WITH THE COUNTY’S PREVENTION PRIORITIES

A “good conceptual fit” EBP should:

- Specifically address one or more of the intervening variables and underlying conditions chosen by the county.
- Have been shown to drive positive outcomes in the prevention priority, intervening variables and underlying conditions.
- Ideally have evidence of effectiveness within the target population.
- Have logical “If-Then” statements - “If-Then” statements help connect EBPs to the substance abuse changes for which the county is striving. In doing so, this can help the county better understand if an EBP fits conceptually into the overall IPFS prevention plan. Ultimately EBPs need to positively impact the prevention priority,

but there are other milestones along the way that must be reached before this can occur.

For example, social availability has been identified as one of the intervening variables and it was found that parents are providing alcohol to their children. After further exploration, the real issue is that parents don't understand the law. As a result, an EBP is implemented to help educate parents about the laws related to this in their county.

- _ **If** we educate parents about the laws, **then** they will be less likely to provide alcohol to their underage children;
- _ **If** parents are providing less alcohol to their children, **then** minors in the county will have reduced social access to alcohol;
- _ **If** minors have reduced social access to alcohol, **then** their rates of drinking will decrease.

3. PRACTICAL FIT WITH THE COUNTY'S READINESS AND CAPACITY

An EBP is a practical fit for your county if:

- The county has the necessary staff and funding to provide services with adequate frequency based on the research
- The county has the necessary collaboration (police, leaders, etc.).
- The county will support this EBP.

4. ABILITY TO IMPLEMENT WITH FIDELITY

All selected EBPs should be implemented as intended, and where possible include:

- A target population that is similar (in demographics and numbers) to the intended (or previously researched) population;
- Implementation of all elements or facets of the EBP, rather than picking and choosing just some of the elements to implement; (Note: IPFS funds cannot be used to increase fidelity or frequency of a strategy already being implemented in the county. The IPFS can offer information to other providers to increase their understanding of what fidelity means for the strategy were it funded by IPFS.)
- Implementation using a similar timeline and in a similar method to the documented evidence; and
- Similar data collection processes.

5. CULTURAL FIT WITHIN THE COUNTY

An EBP has a cultural fit if:

- The target population for the county is similar to the population targeted for the EBP through documented evaluation and research studies.
- The EBP is applicable and appropriate for culturally diverse populations in the county.
- The EBP takes into account the cultural beliefs and practices of the target population.

Supportive materials for the EBP are properly translated and/or appropriate for the target population.

6. HIGH LIKLIHOOD OF SUSTAINABILITY WITHIN THE COUNTY

An EBP has a high likelihood of sustainability if:

- Documented evaluation and research studies have demonstrated sustainable outcomes.
- County leaders and stakeholders believe the EBP is important and are committed to sustaining it.
- The EBP can be sustained with little or no direct cost following implementation.

At a minimum, EBPs that are selected must be evidence-based, fit conceptually, and fit practically within the county. In addition, the EBPs should be able to be (where possible) implemented with fidelity, culturally appropriate for the target population, and sustainable within the county.

If the EBP being considering does not meet all the components of a “good fit” EBP, take a moment to think about what is missing and how these barriers or limitations could be overcome. To help determine whether an EBP is a good fit for the county take each proposed EBP through the “test fit” process which is listed below.

(Adapted from 1- CSAP Guidance: Identifying and Selecting Evidence-Based Interventions, 2- Nebraska NE SPF SIG Strategy Approval Guide, and 3- Selecting From Among Prevention Strategies. Kathryn Stewart. National Center for the Advancement of Prevention “Prevention Planning for Youth Substance Abuse Initiatives” 11th Annual National Prevention Network Research Conference. August 1998)

Strategy Test Fit Form

This form will help the county determine if the proposed strategy meets the “good fit” criteria. This form does not need to be submitted to IDPH.

What approval category does this strategy (EBP) fall under? (place an X next to one of the following options)

- Pre-approved by the IPFS
- Not pre-approved (a “Request for Approval” process must also be completed for this Strategy; see page 17 for additional information)

Who is the target population for this strategy?

Which of the underlying condition(s) will this strategy try to impact?

Which of the intervening variable(s) will this strategy try to impact?

Complete a theoretical “If-Then” proposition for this strategy. (conceptual fit)

Demonstrate that the county has the readiness and capacity to effectively implement this strategy. (practical fit)

Will this strategy be implemented as intended in the county? (ability to implement with fidelity)

- Yes, this strategy will be implemented as intended
- No, some changes will be made to how this strategy is implemented...to better address the target population or the readiness/abilities of our community/coalition (discuss below)

Is this strategy culturally appropriate and culturally relevant for the target population? (cultural fit)

Yes, this strategy is culturally appropriate and relevant as intended

Yes, but it has been modified it to make it more culturally appropriate and relevant for the county (discuss below)

What will be needed to sustain this strategy in the county beyond the IPFS? (sustainability)

Additional funding

Strong support from stakeholders

Almost nothing, it should be sustainable on its own

Other, please specify:

IPFS EBPs

The following individual and environmental strategies have been identified by the Evidence-Based Practice Workgroup and approved by the IPFS Advisory Council for implementation by IPFS funded counties.

Environmental Strategies

Retail Access

- Alcohol Outlet Density and Location
- Controls on Alcohol Price Through Drink Specials/Promotions Limitations
- Responsible Beverage Service Training (RBST); always implemented with Compliance Checks

Social Access

- Alcohol Restrictions at Community Events
- Alcohol Use Restrictions in Public Places
- Social Host Liability: communities/counties passing ordinances stricter than the state law

Promotion

- Alcohol Advertising Restrictions in Public Places
- Counter Marketing/Counter Advertising Campaign - Iowa Department of Public Health Campaign

Enforcement

- Apply Appropriate Penalties to Minors in Possession of Alcohol
- Compliance Checks of Alcohol Retailers; always implemented with RBST
- Cops in Shops
- Enforce Impaired Driving Laws
- Enforcement of Administrative Penalties
- Policy Around Possession of Fake IDs
- Shoulder Tap Programs

Other Environmental Strategies

- College Campus Policies
- School Policies

Individual Factor Strategies

Evidence-Based Programming/Curricula that is implemented for an entire target population such as a grade level in a school district:

- All Stars
- Brief Alcohol Screening Intervention for College Students (BASICS)
- Class Action
- LifeSkills Training Program
- Lion's Quest
- PRIme for Life
- Project Northland
- Strengthening Families Program: For Parents and Youth 10-14

Note: Refer to the "Iowa EBP Approved Strategy Guidelines" document for additional guidance on each strategy. This document, as well as other resources, is available on the IPFS website at www.iowapfs.org.

EBP Approval Process

This section provides an outline of the EBP approval process and contains information on the reporting requirements. This process was chosen to help ensure that the selected evidence-based strategies, per SAMHSA guidelines, can be successfully implemented within the county to attain population level change of the identified IPFS priority.

There are two evidence-based strategy approval categories listed below. If the selected EBP is not pre-approved, it will need to go through a more detailed approval process. The two Evidence-Based Strategy Approval Categories are:

1. Pre-approved by the IPFS: Pre-approved EBPs consist of those strategies designed to impact the IPFS priority, for which strong and well-documented evidence of effectiveness is available. These EBPs have been recommended by federal agencies, substance abuse prevention organizations, and/or are strongly supported by peer-reviewed literature. All pre-approved EBP's are included on pages 15 and 16 of this document.
2. Not pre-approved, but meets the requirements of one of the other definitions of evidence-based provided by SAMHSA:

Definition 1: The intervention is reported (with positive effects on the primary targeted outcome) in a peer-reviewed journal; or

Definition 2: The intervention has documented effectiveness supported by other sources of information and the consensus judgment of informed experts based on the following guidelines:

- The intervention is based on a theory of change that is documented in a clear logic or conceptual model;
- The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature;
- The intervention is supported by documentation that it has been effectively implemented in the past, and multiple times, in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects; **AND**
- The approval request will be reviewed and deemed appropriate by a panel of the Evidence-Based Practice Workgroup members who are informed prevention experts that includes: well-qualified prevention researchers who are experienced in evaluating prevention interventions; local prevention practitioners; and key community leaders as appropriate. If the strategy is not approved an appeal process will be made available with a panel of out-of- state experts.

Each county will be required to submit a strategic plan, logic model and action plan during the planning step of the IPFS process. If the county selects an environmental strategy that is not already approved, the county must submit a narrative justification for requesting approval of the strategy along with the strategic plan and logic model by February 12, 2016 to Julie Hibben, at julie.hibben@idph.iowa.gov. For technical assistance in understanding the strategy approval process, IPFS Coordinators should contact Julie Hibben.