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Strategic Prevention Planning Process Description, Process, and Sample Forms

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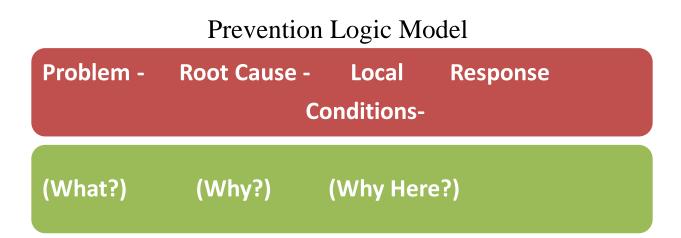
Introduction – Strategic Prevention Planning is a process wherein members of a coalition from diverse organizations and sectors of the community work collaboratively to quantify problems, determine root causes and underlying factors, identify critical local conditions, and identify and match evidence-based prevention models and strategies that address priority root causes and local conditions.

The basic Prevention Logic Model shown below lays out the major components of developing a prevention program. When an issue, e.g., substance abuse, social emotional distress, comes to the attention and concern of a community the first step is to collect and analyze data that quantify the problem. This process answers the question, "**what?**" Using a combination of quantitative data and anecdotal information, root causes and underlying factors are identified to answer the question, "**why**?" The third step is to identify local conditions that exacerbate or mitigate the root causes. This step answers the question, "**why here**?" Using the results from the first three steps, coalition members can identify strategies that have been demonstrated to reduce priority root causes and/or alter local conditions. The planning process involves the steps as shown in the Strategic Prevention Planning Model shown below.

Why? - Root cause analysis identifies which factors, e.g., risk and protective factors, have the strongest relationship to problem indicators, e.g., substance, depression. Attachment A shows an example of root cause analysis.

Why Here? - One approach to identifying local conditions is to conduct a group process with representatives of selected sectors or organizations to review needs and root causes and rate the extent to which each factor is an immediate concern for their respective sector or organization. Members then rate each root cause on the extent they believe their sector or organization can address each factor. Attachment B shows sample factor information sheet and sample rating forms used by planning group members.

Response - Once priority factors and root causes are identified, potential strategies can be matched to the need. This step utilizes the expertise and experience of coalition members and should be supplemented with literature reviews and searches of web-based services such as Blueprints for Healthy Youth Development or prevention catalogs of CDC, SAMHSA, and other agencies.



Strategic Prevention Planning Model

Needs Assessment ~

Risk and Protective Factors Student Survey Planning Group Member input Community Input Archival Data Evaluation Data Other Surveys

Resource Assessment

Resource Map Planning Group Member input Gaps Analysis _____ Compare prevalence of needs to availability of resources – largest gaps become priorities Identify Strategies Science-based Promising Approaches Demonstration Projects **Attachment A**



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Root Causes of Problem Behaviors Evalumetrics Youth Survey

Strategic prevention planning requires analysis of the prevalence of problem behaviors, such as substance use, as well analysis of the root causes of these problems. For example, the Evalumetrics Youth Survey (EYS) includes data with which to conduct analyses of risk and protective factors and other factors as root causes. Attachment 1 provides a summary of results of analyses of each factor and its relationship to target problems, e.g. alcohol use, marijuana use or bullying in a regional survey population. These analyses support the original Hawkins and Catalano model in that almost every factor, as measured by the survey, is related to significantly greater prevalence of use of substances and other problem behaviors. However, several factors will have a stronger relationship. These can be considered the most important root causes. These factors help explain "why?" there are specific problems prevalent among students in any given school or community.

The sample root cause analyses show the relationship of each factor to substance use and other health risk behaviors. First, students who scored below the risk level ("No Risk") for each factor are compared to the students who scored at or above the risk level ("Risk"). The relationship between the factor and reported use is expressed as a ratio. The ratio is calculated by dividing the proportion of at-risk students who reported drinking by the proportion of no risk students who reported drinking. For example, in the table 26.3% of students scored at risk from sensation seeking. Those who scored at or above the risk level were 2.45 times more likely to report drinking alcohol in the past 30 days, 6.38 times more likely to report marijuana use, and 9.7

times more likely to have used drugs other than alcohol, tobacco, or marijuana. Sensation seekers were also 3.76 times more likely to report they had bullied other students.

In order to provide input to selecting priority factors to be addressed with prevention or intervention, a weighted summary score is calculated for each factor. The table in attachment 1 provides the results of combining the ranking of factors for each of the most prevalent factors including alcohol, marijuana, tobacco, other drugs as well as bullying depression and self-injury. The rankings are based on a weighted score combining the root cause ratio and the prevalence of each factor summed across the target problem areas. The result of this analysis indicated that, overall, adverse childhood experiences, i.e., an ACE score of two or more, has the strongest overall relationship to problem behaviors. More than one in three (38.3%) high school students had an ACE score of two or more. These students were 5.56 times more likely to report they had made a plan for suicide, i.e., suicide ideation, 4.21 times more likely to report self-injury, e.g., cutting or burning themselves, and were more likely to report substance use.

Root cause analysis can be calculated using the prevalence data for any problem and for any school or community.

Attachment 1 – Root Causes	Factor Prevalence	Alcohol	Cigarette	Marijuana	Other Drug	Bullied Others	Depressed	Suicide Ideation	Self Injury	Total	Weighted
ACE 2+	38.3%	1.62	2.23	1.73	3.87	2.63	2.61	5.56	4.21	24.46	9.37
Sensation Seeking	26.3%	2.57	6.38	6.38	9.71	3.76	1.14	2.06	1.83	33.81	8.89
Attachment to Family	33.2%	1.56	2.10	2.10	6.24	2.48	1.71	3.24	2.91	22.33	7.41
Opportunities for Prosocial Involvement	24.7%	1.24	3.58	3.58	3.66	1.60	1.32	1.88	1.82	18.69	4.62
Rewards for Prosocial Behavior	26.1%	1.22	2.05	2.05	1.97	1.69	1.65	2.37	1.94	14.95	3.91
Low Neighborhood Attachment	20.6%	1.33	2.96	2.96	3.22	1.66	1.57	2.72	2.25	18.69	3.85
Impulsiveness	14.8%	1.70	3.28	3.28	6.74	3.57	1.24	2.12	1.62	23.56	3.49
Fam History of Antisocial Behavior	9.5%	2.18	4.63	4.63	10.11	4.58	1.44	3.69	2.64	33.89	3.21
Community Disorganization	14.8%	1.62	2.77	2.77	6.11	2.24	1.56	1.96	2.09	21.11	3.12
Perceived Risks of Drug Use	13.2%	2.26	4.55	4.55	4.49	3.02	1.16	1.72	1.70	23.47	3.10
Favorable Attitudes Toward Drug Use	5.6%	2.96	10.89	10.89	16.43	4.43	1.18	2.53	2.18	51.48	2.88
Favorable Attitudes Toward Antisocial Behavior	8.3%	1.77	5.59	5.59	10.14	4.63	1.08	2.66	2.25	33.70	2.81
Opportunities for Prosocial Involvement	13.2%	1.52	2.29	2.29	3.49	2.63	1.78	3.57	2.95	20.52	2.71
Parental Attitudes Favorable Antisocial Behavior	7.3%	2.18	3.81	3.81	11.88	4.29	1.48	3.28	2.86	33.59	2.46
Rebelliousness	8.0%	1.82	4.46	4.46	6.48	4.17	1.36	2.81	2.11	27.67	2.23
Laws and Norms Favorable to Drug Use	9.9%	2.27	3.88	3.88	4.14	2.60	1.31	2.14	1.78	22.01	2.18
Lack of Supervision and Rules	8.9%	1.64	2.29	2.29	7.28	2.94	1.38	2.64	2.50	22.97	2.05
Personal Transitions/Mobility	9.6%	1.23	2.50	2.50	5.19	2.50	1.68	2.53	2.08	20.20	1.94
Opportunities for Prosocial Involvement	11.2%	1.42	3.10	3.10	2.77	2.03	1.09	1.95	1.53	16.98	1.90
Rewards for Antisocial Involvement	8.0%	2.35	5.67	5.67	0.50	3.43	1.30	2.70	1.87	23.50	1.89
Parental Attitudes Favorable to Drug Use	5.3%	2.95	5.88	5.88	9.26	4.13	1.49	2.30	2.49	34.37	1.83
Family Conflict	8.6%	1.46	2.29	2.29	2.10	3.19	2.05	3.73	3.04	20.16	1.74
Rewards for Prosocial Involvement	11.8%	1.00	1.24	1.24	2.34	1.75	1.88	3.16	1.86	14.48	1.71
Belief in Moral Order	6.2%	0.23	5.26	5.26	6.33	4.62	1.04	1.42	1.93	26.09	1.61
Perceived Availability of Drugs	4.9%	0.22	5.53	5.53	13.54	3.12	0.13	2.45	1.95	32.45	1.59
Friend Use Drugs	4.0%	2.31	8.67	8.67	10.55	3.52	1.13	2.04	2.27	39.18	1.58
Poor Discipline	8.3%	1.49	2.64	2.64	4.37	1.83	1.09	1.81	1.77	17.63	1.47
Interaction With Antisocial Peers	3.4%	1.94	7.19	7.19	14.71	3.76	1.26	2.64	2.28	40.97	1.41
Rewards for Prosocial Involvement	8.3%	1.43	2.37	2.37	3.16	1.70	1.19	2.43	1.69	16.36	1.36
Little Commitment to School	8.0%	1.44	0.34	0.34	4.79	2.57	1.21	1.81	1.41	13.92	1.12
Antisocial Behavior	2.9%	0.19	8.38	8.38	2.73	4.86	1.07	3.08	2.32	31.01	0.89
Social Skills (P10-PI)	3.2%	0.31	1.81	1.81	1.35	1.02	0.57	1.24	0.91	9.01	0.28

ATTACHMENT B

Planning Process



For

Lack of Attachment to Family

Strong attachment to family has been shown to be a powerful mitigating factor for socialemotional distress, trauma, and many problem behaviors. The Evalumetrics Youth Survey measured 30 risk and protective factors including lack of attachment to family, which is one the most prevalent factors and one of the strongest predictors (root causes) of problem behaviors.

Among middle school students, one in four (24.1%) had a significant lack of attachment to their family. As part of this multi-item scale, 35.6% said they do not share their thoughts and feelings with their families; 12.6% do not feel close to their families; and 10.3% said they do not enjoy spending time with their families. Middle School females were more likely to have significant lack of attachment to family (28.6%) including being more likely to say they do not share their feeling (38.8%) and to not feel close to their family (15.2%,). Middle school students who gender identified as "other" were more than twice as likely to lack attachment to family (61.9%) including more than two of three (69.4%) saying they do not share their feelings with adults in their family and four in 10 (44.2%) saying they do not feel close to their family.

Among high school students, one in three (33.4%) had a significant lack of attachment to family. More than one in three (37.6%) said they do not share their feelings with their families while 19.6% said they do not feel close to adults in their family and 15.4% said they do not enjoy spending time with family. Female high school students were more likely to lack attachment to family (34.1%). High school students who gender identified as "other" were almost twice as likely to lack attachment to family (68.0%) including more than half (58.3%) saying they do not share their feelings with adults in their family and half (50%) saying they do not feel close to their family.

Strategic Planning Factor Rankings -I

Give each of the following factors a score from 1 to 10 to represent <u>how significant or</u> <u>important it is as a problem in your community</u>. A score of 1 represents little or no significance and a score of 10 means it is a very significant problem for your sector. Rate each factor separately. More than one factor can have the same rating or score.

Anytown USA	Rating
High School Students - N=	(1-10)
ACE 2+	
Family History of Antisocial Behavior	
Impulsiveness	
Lack Attachment to Community	
Lack Attachment to Family	
Opportunities for Involvement in Community	
Rewards for Positive Involvement in Community	
Sensation Seeking	

Date of Rating _____

Rater name _____

Rater sector (Check all that apply)

Business	Parent
Civic/Volunteer	Religious/Fraternal
Healthcare	School
Law Enforcement	State/Local/Tribal Government
Media	Youth
Other Substance Abuse	Youth-Serving Organization

Other

Strategic Planning Factor Rankings -II

Give each of the following factors a score from 1 to 10 to represent <u>the extent to which your</u> <u>community could influence the factor if resources were available</u>. A score of 1 represents little or no significance and a score of 10 means it is a very significant problem for your sector. Rate each factor separately. More than one factor can have the same rating or score.

Anytown USA	Rating
High School Students - N=	(1-10)
ACE 2+	
Family History of Antisocial Behavior	
Impulsiveness	
Lack Attachment to Community	
Lack Attachment to Family	
Opportunities for Involvement in Community	
Rewards for Positive Involvement in Community	
Sensation Seeking	

Date of Rating _____

Rater name _____

Rater sector (Check all that apply)

Business	Parent	
Civic/Volunteer	Religious/Fraternal	
Healthcare	School	
Law Enforcement	State/Local/Tribal Government	
Media	Youth	
Other Substance Abuse	Youth-Serving Organization	

Other _____