Regional Coalitions Facilitate Information Sharing

Ever wonder how the prevention team in the adjoining county did their needs assessment? What model programs they have used? What problems they have encountered in their prevention efforts and how they have overcome them? The answer is a regional coalition!

Regional coalitions are made up of prevention coordinators from neighboring counties who are interested in sharing ideas and resources to strengthen their prevention efforts on a local, regional and statewide basis. Such a coalition was formed of ten counties in Northern California in early 2003, with the Prevention by Design regional trainer in attendance. Topics covered in their quarterly meetings include:

- Organization of prevention in individual counties – Some counties’ prevention services are organized under the department of Behavioral

Uses of local data for community AOD prevention planning

Prevention by Design’s September 2004 newsletter discussed formal data as critical to effective action on community AOD problems. Formal data are collected according to certain procedures and standards, often on a repeat basis, in the form of archival, survey, interview, observational, and testimony data. These data types, when properly collected and presented, are usually accepted as reliable descriptions of community AOD problems even though people may disagree over what actions to take.

Below we look briefly at challenges and prospects involved in obtaining and using these data to describe community AOD-related problems. How available are these data for community AOD prevention planners? How are they collected and managed? How can they be used for effective prevention planning? Who does / can / should do this work at the local community?

Key issues encountered in the field --

1. Need for a community epidemiology to identify AOD prevention problems.
Public health and safety prevention initiatives typically depend on epidemiological information (information about the incidence and prevalence of diseases and disorders) to identify standard health concerns for groups and geographic areas. This information is provided through a surveillance system that routinely collects and reports information about the problems/disorders.

California is in the early stages of preparing a community epidemiology and surveillance system for AOD prevention planning and evaluation as tobacco control and lead poisoning programs have done, and still has work to do:

- California lacks epidemiological AOD data at local levels.

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Uses of Local Data

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- County level health and welfare data lacks specificity about AOD data
- California law enforcement agencies provide only basic AOD data
- California ABC and SBOE provide only basic data on alcohol sales, enforcement
- Population AOD experiences are routinely reported only for grade-schoolers

Initial steps are being taken to provide epidemiological data that can be used at county and city levels:
- CalOMS is developing a statewide set of local prevention outcome indicators to monitor AOD problems in conformance with anticipated federal requirements.
- AOD County Indicators from EMT (www.emt.org) provide periodic information on county-level health and welfare services.
- California Health Kids Survey (CHKS) data on AOD experiences are increasingly available to local planners.

2. Generating local data to support AOD prevention projects and policies.

AOD prevention initiatives at the local community level call for data not provided by state-level and county-level sources. Localized data are needed to support highly focused prevention initiatives. County ADPs and local prevention providers can do much to generate these data to support their own initiatives, and Prevention by Design’s Regional Trainers can help:

- Data mapping: Culling local data sources to document local AOD problems.
- Data inventories: Identifying data available from local sources.
- Data warehouse: An accessible repository for federal, state, and local data designed for easy access by local prevention planners.
- Data toolkits for community use: Data collection instruments and procedures that local planners can use to support specific prevention initiatives.

3. Access to archival data sources. County-level archival data are often not available at city, district, and neighborhood levels, and access to sources of archival data from city and county public agencies may be difficult. These data barriers occur in both county and city agencies:

- Agency reluctance to part with the data for security or privacy reasons

Effective use of data is the AOD prevention field’s new frontier . . .
DATA DRIVES PREVENTION IN SAN DIEGO

Data has important roles in the beginning, middle and end of the story of an initiative to decrease drug-related crime in the East County region of San Diego County. Dan Skiles, at the Institute for Public Strategies, describes the central role of data in this campaign.

“We really started with key informant interviews in the region to understand people’s concerns about alcohol and drug problems, along with their ideas about what should be done. Crime-Free Multi-Housing training surfaced as a strong issue for several constituents, though for different reasons.”

This program currently trains property managers to use crime prevention through environmental design (CPTED) techniques to reduce drug problems. Screening applicants, using lease addendums with clear drug policy and other features compose the voluntary program. “The police just get the good guys, but the bad apples can bring down the neighborhood,” said Skiles.

“The police wanted to expand the program because they knew it worked to reduce calls for service. The managers wanted to professionalize their field, reduce damages and improve property values.”

In addition to interviews, Skiles tracked media coverage, city council comments, and even filmed a building tour with a manager who described pre and post training changes. “Among other things, this manager had to restore walls where tenants had made holes in the walls to stash drugs.”

Skiles and his team facilitated a process to develop policy goals on the issue, ultimately resulting in a recommendation to establish mandatory training standards for managers. However, they quickly met with political opposition.

“We faced a lot of questions that had to be answered. The idea of a manager survey had been considered for a long time, and we decided to see how people felt about the policy proposals.” After much consultation about survey form and distribution with community partners, IPS hired a professional company to conduct a mail-in survey; 192 surveys—or a 32% return—were completed. The results showed strong support among current managers for the mandatory training.

The team shared survey results in a briefing with community partners, elected officials and others. Now advocates are pursuing more data: a projected cost benefit analysis of the ordinance.

“We’ve adjusted our immediate policy goal, given a strong opposition to a regional ordinance.

Featured Website of the Month: Center on Alcohol Marketing on Youth

http://camy.org/

Packed with research reports and fact sheets, this web site provides a wealth of information about legislative actions, current alcohol advertising campaigns directed toward youth, and ways that communities can take action to reduce underage drinking.
USES OF LOCAL DATA

- Agency response is incomplete and/or slow
- Data are provided in forms that are difficult for local prevention planners to use
- Data cannot be provided at sub-geographic levels
- Data lack specificity about AOD involvement for subjects or areas of concern

These barriers are being overcome by:
- Asking for data in ways that protect confidentiality
- Working with agency data providers to “mine” the data for AOD content
- Establishing data reporting protocols that are relatively easy for agency staff, and pay something for their time.
- Reworking agency data to meet prevention needs “off line” from the agency

4. Building local capacity for data management. Effective management of local data management for AOD prevention applications requires the services of data specialists with specialized skills and knowledge:

- Obtain consulting services from training/TA specialists (CPI, Prevention by Design, WestCAPT, WestEd, others).
- Contract with data specialists.
- Hire county staff who have data expertise.
- Provide basic training to prevention staff on data management and build data components into AOD prevention initiatives.
- Resistance to calls for agency acquisition of new skills and procedures.
- Resistance to disciplined reliance on data to drive prevention initiatives according to a formal planning process.
- Resistance due to concern about disclosure of sensitive information.

These issues can be addressed by a variety of methods:

- Specialized training for staff including introductory and trial periods
- Incentives including compensation and special recognition
- Participatory planning among agencies involved in changing data policy
- Community “framing” of AOD data to support prevention goals
- Negotiated assurances to limit or avoid use of sensitive information.

Conclusion

These data challenges are a new frontier for county AOD agencies, local prevention planners, and community service providers. The challenges may look daunting at first, but work has begun and the field can expect to make steady progress. Data issues are a priority for the Department of Alcohol and Drug Program’s Prevention Strategic Plan and are a major focus for Prevention by Design’s Regional Trainers (RTs) and the Prevention Data Work Group. Check our Prevention by Design website for continuing discussion and updates on data issues, and look in this and future issues of this newsletter for news and insights on data issues.
REGIONAL COALITIONS

Health, others under Mental Health, others operate as part of Alcohol and Other Drug Services. Discussing the organizational structure of each county gives an idea of how collaboration with various county departments can work best in prevention efforts.

◊ Technical assistance and training – There are a multitude of organizations offering TA and training for prevention efforts throughout the state. What are they? To whom are they available? What is the cost? How is it arranged? Idea sharing among counties can spread the word about opportunities for assistance.

◊ Joint training sessions – Once sources for free or low-cost training are identified, counties can pool resources for TA in such areas as environmental prevention, Responsible Beverage Service (RBS), data gathering and analysis, model programs, and program evaluation, to name just a few.

◊ Reports on state activities – Often a county cannot send staff to all state functions such as the CPC Summit, CADPAAC prevention committee meetings, and DADP events. Having regional meetings provides an opportunity to hear about updates in policies and issues from those who can attend.

◊ Funding – What will the next SIG look like? What performance measures are being considered for the PPGs? What sources of funding are counties using? What elements were included in successful applications for funding? Combining knowledge particularly in counties with similar demographics can result in more successful funding efforts.

◊ Contract monitoring – What systems do counties use for monitoring contracts? Does the DADP have a model that can be used as a framework? What works and what doesn’t? Counties participating in coalitions have the opportunity to discuss their successes and challenges, and brainstorm to develop better systems.

◊ Consultation – During and between meetings members can bounce ideas off each other in order to avoid reinventing the wheel and to benefit from the shared expertise of the group.

◊ End isolation – A Prevention Coordinator’s role can be very isolating. Often the Prevention Coordinator is virtually a “one-person band” with few colleagues to discuss prevention issues. A Regional Coalition can end this isolation by providing you with a group of colleagues with whom you can ask advice, problem solve, and share resources.

DATA DRIVES PREVENTION IN SAN DIEGO

We’re now looking at implementing the ordinance in a high crime area as a pilot. Fortunately we’ve already been collecting data on police calls –both the number and content of the call – that will serve as a baseline in the Rosebud neighborhood. We hope to show results from piloting the ordinance in this area, along with the cost benefit analysis, to help make the case for broader implementation.”

For more information, visit the IPS website at http://www.publicstrategies.org/east
WHO WE ARE

REGIONS AND REGIONAL TRAINERS

REGION I
Counties: Del Norte, Humboldt, Trinity, Tehama, Shasta, Butte, Plumas
Trainer: REBECCA BERNER, rberner2@berkeley.edu

REGION II
Counties: Siskiyou, Modoc, Lassen, Glenn, Sutter, Yuba, Nevada, Sierra
Trainer: DANIELLE CAMPBELL, kidccampbell@sbcglobal.net

REGION III
Counties: Mendocino, Lake, Colusa, Yolo, Sonoma, Contra Costa, Napa, Marin, Solano, Sacramento
Trainer: MELINDA MOORE, mkassocts@aol.com

REGION IV
Counties: Placer, El Dorado, San Joaquin, Stanislaus, Mariposa, Merced
Trainer: PETER CATTRELL, petecattrell@yahoo.com

REGION V
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The opinions, finding, and conclusions herein stated are those of the authors and not necessarily those of the State of California, Department of Alcohol and Drug Programs.