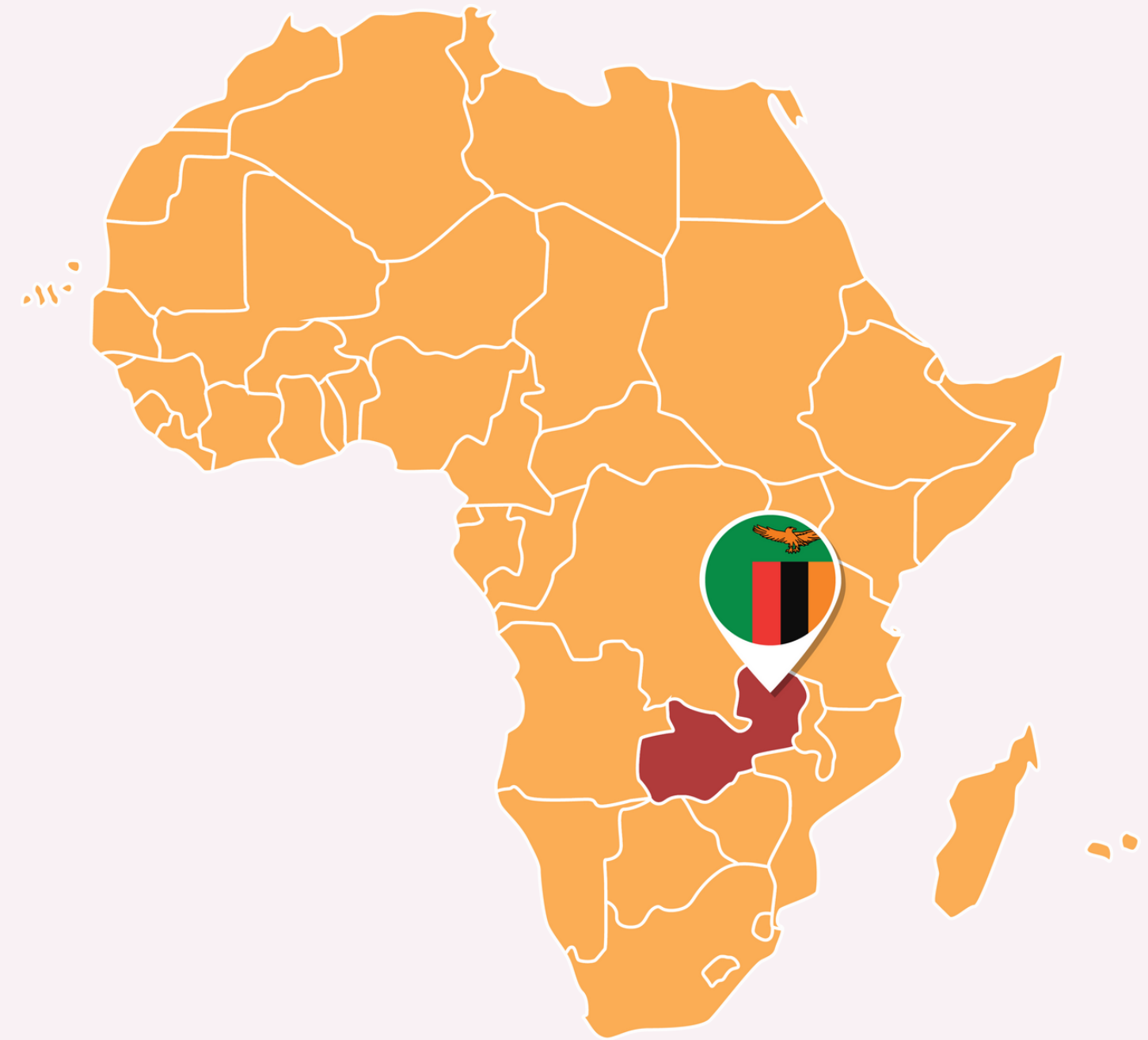


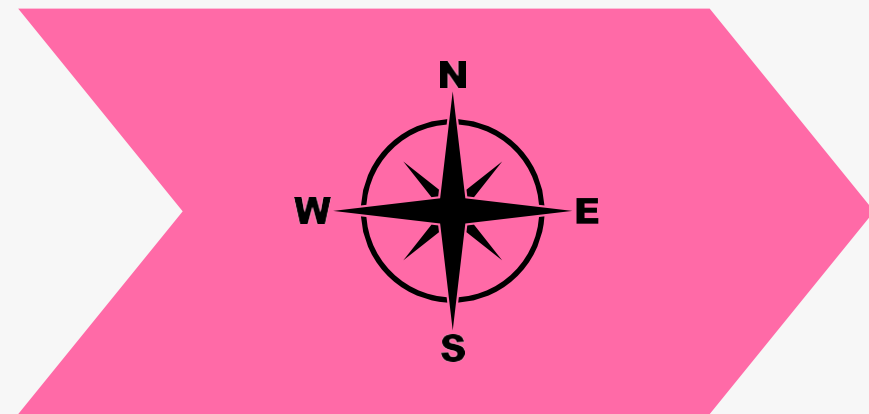
# PREVENTION TOOLKIT FOR YOUTH ALCOHOL USE IN ZAMBIA



# THIS TOOLKIT IS DEVELOPED IN A PARTNERSHIP AMONG



# HOW TO NAVIGATE THIS TOOLKIT



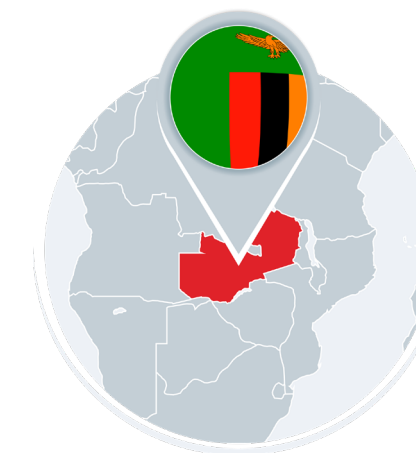
Slide  
navigation:  
Previous  
and Next



Links  
complementary  
to the toolkit

**CLICK HERE** 

# OBJECTIVES OF THE TOOLKIT



## Purpose

This toolkit is designed to support Zambian communities in their efforts to prevent youth alcohol use. It provides tools and strategies that can be applied in schools, families, and the local community.



## How to use

This toolkit brings together cutting-edge knowledge and practices for preventing youth alcohol use. Its contents are designed for sharing with youth groups, families, teachers, and other school staff, as well as at community meetings. They serve as a starting point for a comprehensive approach to reducing youth alcohol use and promoting positive youth behaviors. The toolkit offers a variety of information sources that can be explored and utilized to focus on preventing youth alcohol use.

# PROBLEM OVERVIEW

## **What is the harmful use of alcohol?**

The harmful use of alcohol is a term utilized by the World Health Organization to describe any use of alcohol that causes harm to the drinker or those surrounding the drinker. It is monitored by levels of alcohol consumption.

## **What is the illicit use of alcohol?**

Illicit alcoholic beverages do not comply with the regulations in the countries where they are consumed. They pose grave health risks to consumers, resulting in numerous cases of illness and, tragically, even death. These health issues often arise due to accidental methanol poisoning.

## **What are the consequences of youth alcohol use?**

Youth alcohol use has severe consequences, especially for vulnerable populations. It leads to health issues, widens health disparities, and strains healthcare systems and communities. For young people, alcohol use is linked to delinquency, school dropout, addictive behaviors, and cognitive impairment. Additionally, alcohol impairs decision-making, leading to risky behaviors and potential injury or death. Specific consequences include unintentional injury, violence, suicide attempts, sexual assault, risky sexual behavior, and property damage. Overall, youth alcohol use poses significant risks to both individual well-being and community health.



# WHAT ARE THE CONSEQUENCES OF YOUTH DRINKING?

**Homicide, Suicide, and Unintentional Injuries:** Alcohol is a significant factor in many unintentional deaths and injuries among youth, including drownings, burns, and falls.

Studies have shown that a significant portion of these incidents involve alcohol, with intoxicated youth being particularly vulnerable.

**Sexual Violence and Unplanned Sexual Activity:** Alcohol consumption increases the likelihood of engaging in unprotected sexual activity and being involved in sexual violence. This puts young people at risk of unplanned pregnancies, sexually transmitted diseases, and HIV/AIDS.

**Long-term Consequences:** Initiating alcohol use at a young age is associated with a higher risk of developing alcohol dependence and experiencing serious lifelong problems. Additionally, early heavy alcohol use may negatively affect brain development, potentially altering brain structure and neural pathways in ways that can have long-lasting consequences.





# FOUNDATIONS FOR PREVENTING YOUTH ALCOHOL USE AND ABUSE

## MODULE 1



# MODULE 1

## TOOL 1:

# THEORETICAL CONSIDERATIONS FOR YOUTH ALCOHOL USE PREVENTION

- PHARMACOLOGY OF ALCOHOL USE
- INTERGENERATIONAL TRANSFERENCE OF ALCOHOL USE
- EXPECTANCY OF ALCOHOL USE



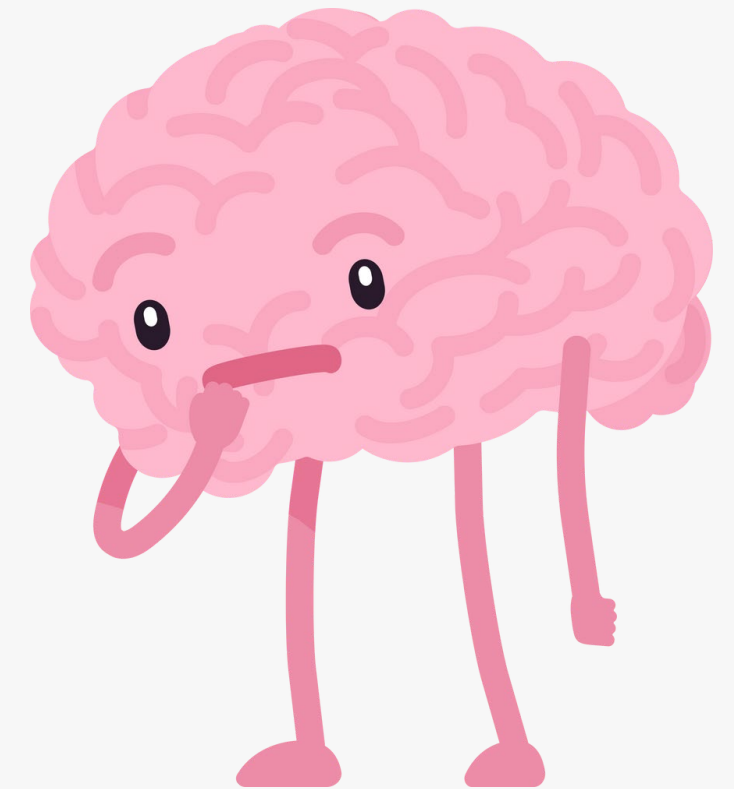


# PHARMACOLOGY OF ALCOHOL USE

## What is it?

- How Alcohol Works in the Brain: Alcohol is like a unique key that activates a part of our brain that gives us **good feelings**. This part is called the "pleasure center."
- The "Good" Feelings: When we drink alcohol, it makes our brain release a chemical called dopamine. This chemical makes us feel happy and excited. It's like a little reward for our brain.

Depressive effects: Besides making us feel happy, alcohol also has another trick. It can make us feel more relaxed and less anxious. This happens because alcohol **slows down** some parts of our brain that control stress and worry - it just happens because it is a **depressive drug**, and it also relaxes other important parts, impairing cognitive reasoning and reflexes, so this "good" feelings can lead to unpleasant consequences .



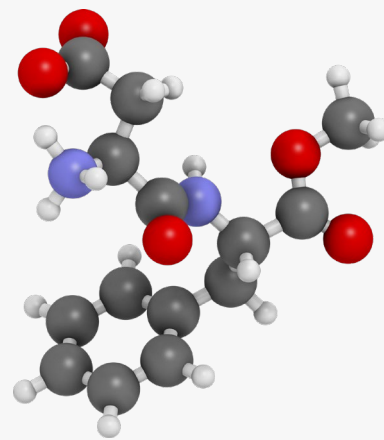
# PHARMACOLOGY OF ALCOHOL USE



## **Remember: Alcohol is a depressive drug!**

- Regular alcohol use, even in moderate amounts, can result in:
  - Depression: Alcohol is linked to an increased risk of mood disorders.
  - Physical Health Issues: Liver damage, heart problems, and weakened immune function.
  - Social Consequences: Relationship strain, accidents, legal issues.

# WHAT IS METHANOL?



- **Methanol is a highly toxic substance found naturally in small amounts in many alcoholic beverages, usually harmless at low levels. However, illicit alcohol, such as those made from "industrial methylated spirits" containing a mixture of methanol and ethanol, can be extremely dangerous, potentially leading to severe and fatal illness. Methanol, specifically, is often added to illicit drinks to increase their potency, resulting in health issues like blindness and other serious conditions, sometimes proving lethal. Additionally, some illicit beverages are contaminated with harmful substances and animal products during production, accelerating fermentation but posing significant risks of poisoning and infection when consumed.**

# AND WHAT ABOUT ILLICIT ALCOHOL?



## Types of Illicit Alcohol:

- **Moonshine or Bootleg Alcohol:** This is homemade alcohol produced in unlicensed and unregulated settings. It often lacks quality control and may contain dangerous impurities.
- **Counterfeit Alcohol:** Some individuals or illegal organizations produce counterfeit alcoholic beverages that mimic well-known brands. These counterfeit products can contain harmful substances.
- **Smuggled Alcohol:** Alcohol illegally imported into a country to avoid taxes or regulations can be of questionable quality and safety.
- **Home Distillation:** Home-distilled alcohol can be unsafe and contain toxins if not correctly made - that is why it is unsafe because it is impossible to have accurate measures at home.

# WHAT HAPPENS TO YOUR BODY IF YOU CONSUME ILLICIT ALCOHOL?

## Methanol and Health Risks:

- Usually, consuming illicit alcohol implicates drinking methanol. Methanol can be produced in fermentation, and its presence in distilled spirits might be a health hazard. Drinking methanol can be extremely dangerous and even lead to death.
- Methanol consumption is linked to blindness, especially when it's illegally added to alcoholic drinks.
- Adulteration of alcohol includes the non-disclosed use of ethylene glycol and methanol to fortify (raise the alcohol level) and/ or improve taste.



# WHAT HAPPENS TO YOUR BODY IF YOU CONSUME ILLICIT ALCOHOL?

- **Fatalities from Home-Made Alcoholic Beverages:**

- For example, recently Iran registered a big methanol-related mass poisoning outbreak with hundreds of deaths.

- **The Danger of Unintentional Consumption:**

- Sometimes, due to cultural norms, people may unintentionally consume methanol and other toxic substances, thinking they are safe to drink.
- It's crucial to be aware of the risks associated with these products and avoid their consumption.





# IMPORTANT INFORMATION ABOUT ILLICIT ALCOHOL

Main Drivers and Enablers of the Illicit Alcohol Trade	Consumers	Business Environment	Government
Lower-priced products	Greater availability or more convenient locations of illicit alcohol	Aspirational access to premium brands	Social acceptability of illicit trade
Limited knowledge about the risks of illicit alcohol and how to identify illicit beverages	Local customs and traditions, especially involving artisanal alcohol	Price gap between licit and illicit alcoholic beverages	High excise taxes and excessive restrictions on legitimate alcoholic beverages
Availability of production inputs for alcoholic beverages	Inadequate or partial regulations and laws about alcoholic beverages	Excessive regulations and restrictions on legitimate alcoholic beverages	Ineffective enforcement
Low penalties for activities related to illicit alcohol			

Source: EuroMonitor International Report, Size and Shape of the Global Illicit Alcohol Market , 2018

# INTERGENERATIONAL TRANSFER

## What is it?

Some studies have given us clues that our family traits, like how you might inherit your mom's smile or your dad's laughter, could be passed down from one generation to another. Researchers have found that alcohol use is like this too. But let's not forget that it's not just about what's in our genes. Our surroundings, the places we live, the people we're with – they also play a big role in shaping our story.



## What you should do about it?

Remember and be aware that your individual habits play a role in establishing your children's behavioral components later in life. You are an example, so drinking and encouraging them to drink will have a significant impact on their life.

# INTERGENERATIONAL TRANSFER

## What is it?

In comparison to individuals in the general population, male and female alcoholics exhibit a higher likelihood of having a parent (either a father or mother) who has a history of alcoholism.

MCampbell, & Oei (2010).

## What you should do about it?

You should not ask your children to buy you an alcoholic beverage or to get it for you from the refrigerator.



# EXPECTANCY THEORY

## What is it?

Expectancy theory regards beliefs about what people think will happen when they consume alcohol (e.g., feeling more confident or fitting in, or having a better time at parties).



## What does it have to do with youth alcohol consumption in Zambia?

People who believe that drinking will bring good results (positive expectations) will be more likely to drink and to drink more, while those who think that drinking will lead to bad outcomes (negative expectations) will be less likely to drink and to drink less.



## Expectancy Theory: What is it? An example...



### Step 1: Beliefs and Expectations

Mwila believes that if she drinks alcohol at the party, she might feel more outgoing and have a great time. She expects it could help her dance without inhibitions and have lively conversations with new people.

### Step 2: Decision Making

Based on her beliefs and expectations, Mwila decides to have a few drinks at the party. She thinks this will make her feel more confident and help her blend in with the festive atmosphere.

### Step 3: Experience

As Mwila starts drinking, she feels more relaxed and less self-conscious. She finds initiating conversations and enjoying the music easier without feeling shy.

### Step 4: Reinforcement

Mwila's experience aligns with her initial beliefs and expectations. She notices that she's having a good time and connecting with others more easily. This positive outcome reinforces her idea that alcohol can help her socialize and enjoy herself at parties.

### Step 5: Future Behavior

Since Mwila's positive experience matches what she expected, she will likely follow a similar pattern at future parties. She might think, "Last time I had fun when I drank, so I'll probably have a good time again." **The goal here would be to let Mwila know that she can have just as good a time without having to rely on alcohol.**

# MODULE 1

## TOOL 2

Background - Some important definitions in the science of youth alcohol use prevention



# A Fundamental Premise for Preventing Youth Problem Behaviors (like alcohol use)

To prevent the problem before it happens, the factors that predict the problem must be changed. Here are some essential aspects:

- Risk factors
- Promotive factors
- Protective factors



# WHAT ARE RISK FACTORS?

Measurable characteristics in the individual, group, or environment that predict and are associated with an adverse health outcome.



# WHAT YOU SHOULD DO ABOUT IT?

Measure those risk factors in the community and establish a plan that addresses the risk factors that are most salient in the community.



## WHAT ARE RISK FACTORS?

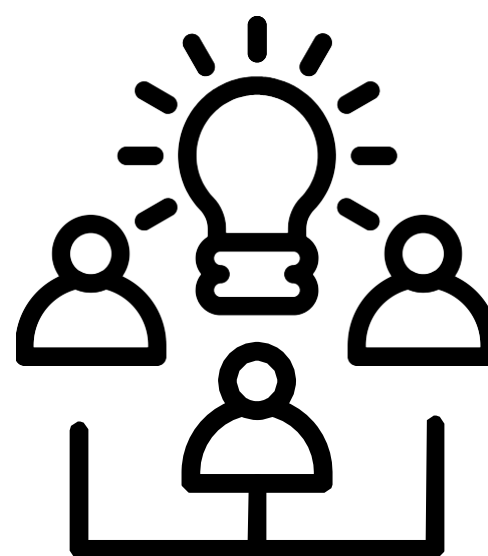
Examples: early onset of alcohol use, school dropout, poor family management, lack of family communication, lack of prosocial opportunities, favorable attitudes toward drug use, and delinquent behaviors are all considered risk factors for youth alcohol use and misuse.

These risk factors can combine to cause serious problems not only in the individual but in the community and whole society.



# WHAT ARE PROTECTIVE FACTORS?

Protective factors are characteristics or activities that impede, moderate, or buffer the effects of a risk factor on youth alcohol use. For example, opportunities for prosocial bonding, participating in group activities like sports or community service projects inhibit the effects of risk factors on youth alcohol use.



# WHAT YOU SHOULD DO ABOUT IT?

By increasing protective factors in the lives of your community's youth, you can reduce the impact of risk factors. See what activities are in your community that can provide youth with positive guidance and recognition.

# MODULE 2

# PREVENTION

# INTERVENTIONS

# Background - Some important definitions in the science of youth alcohol use prevention

## Module 2

### Tool 1

What are the types of preventive interventions that can be used to prevent youth alcohol use?



# Types of Preventive Interventions: What are they?



## Universal

Targeted to the general public or a whole population or group. Not based on identified level of risk.



## SELECTIVE

Targeted to individuals or a population subgroup whose risk is significantly higher than average.



## INDICATED

Targeted to high-risk individuals identified as having higher than average risk AND minimal but detectable signs of the disease (e.g., alcohol addiction), BUT do not yet meet diagnostic thresholds of the disease.

## What to do?

Try to find a mix of universal, selective, and indicated prevention programs with the best available evidence of effectiveness for your community (see Module 2 Tool 2 program and interventions).

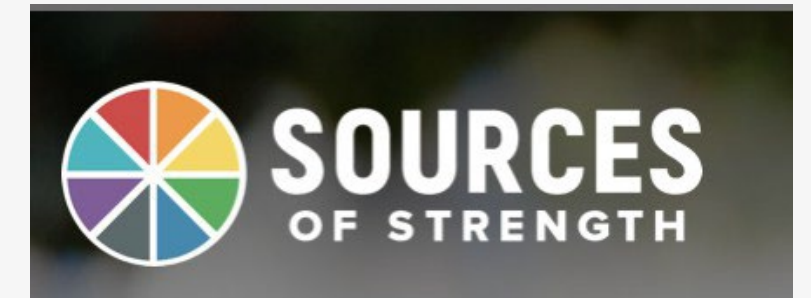
# Types of Preventive Interventions

## How do we target your alcohol use and misuse?

### Prevention Programs

These are organized courses and/or trainings to help individuals stay healthier and avoid health or behavior problems. Prevention programs are administered by trained professionals within specific settings. To be scientific-based, they usually undergo a long process for evaluation.

- e.g., Familias Unidas, Raising Health Children, Steps to Respect, Diabetes Prevention Program, Positive Action, Sources of Strength, Blues Program, etc....



# Types of Preventive Interventions

## How do we target your alcohol use and misuse?

### Preventive Strategy / Best Practices

These are activities that are aimed at stopping health problems from happening or getting worse. They're like tactics that help people avoid problems or risky behaviors. For example, increased police presence in problematic areas, putting up signs about the legal drinking age in stores, use of secret shoppers to check if businesses follow the rules, making neighborhoods more walk-friendly, offering needle exchange programs, and finding ways to bring healthy food to underserved areas.



# Types of Preventive Interventions

## How do we target your alcohol use and misuse?

### Prevention Policy

Prevention policies are like official rules that are created to help stop health or behavior problems from happening or getting worse in a whole group of people. They usually have consequences if you break these rules. Examples include laws that raise the legal drinking age, forbid selling single cigarettes, require seat belts in cars, set taxes on alcohol, and demand that certain health data must be reported.

- e.g., raising the drinking age for alcohol, prohibiting single-cigarette sales, seat belt laws, liquor taxes, and data reporting requirements...



# Types of Preventive Interventions

## How do we target your alcohol use and misuse?

### Prevention System

A prevention system is like a well-organized team of different actions that work together in a way that is better than how they would work on their own, or without a coordinated effort. Prevention systems are community-wide efforts that require the input and collaboration of the community. There are many different types of prevention systems that can work with prevention programs and strategies/base practices for the prevention of youth alcohol use.

- For example: the Strategic Prevention Framework (SPF), Communities That Care (CTC), Promoting School-community-university Partnerships to Enhance Resilience (PROSPER), and Getting To Outcomes (GTO).





# PROGRAMS

TOOL 2:  
PROGRAMS AND  
INTERVENTIONS -SOME  
EXAMPLES FROM AROUND  
THE WORLD





# BRIEF MOTIVATIONAL INTERVIEWING

**Brief motivational interviewing** is a counseling technique that involves empathetic listening and understanding. It aims to help individuals positively change their behavior, particularly related to alcohol consumption. In this approach, counselors create a supportive environment to encourage people to explore their motivations for change.



**For more information see:** [CLICK HERE](#) 

# GUIDING GOOD CHOICES

## Guiding Good Choices

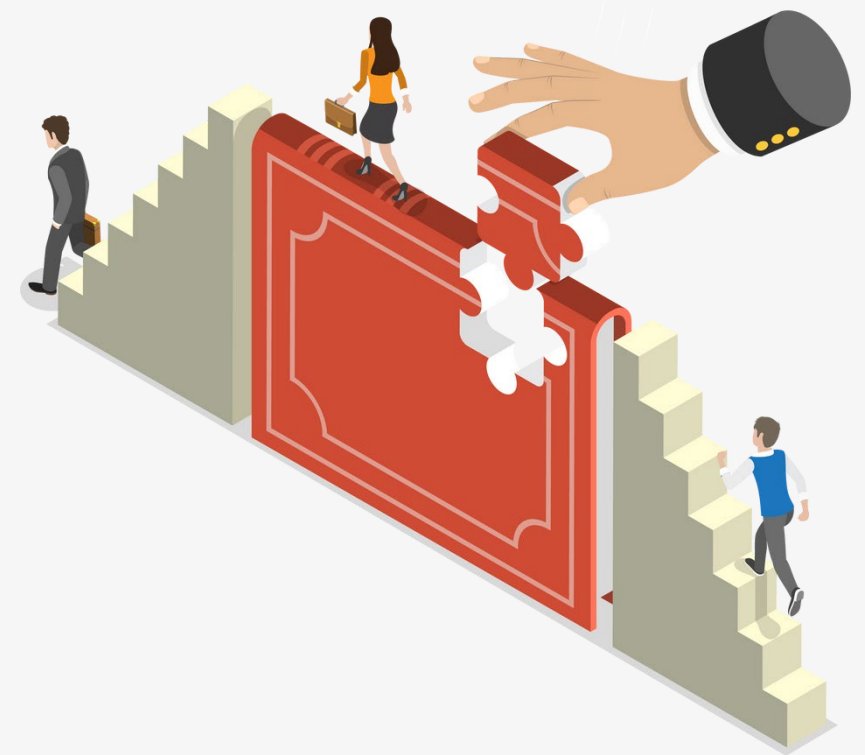
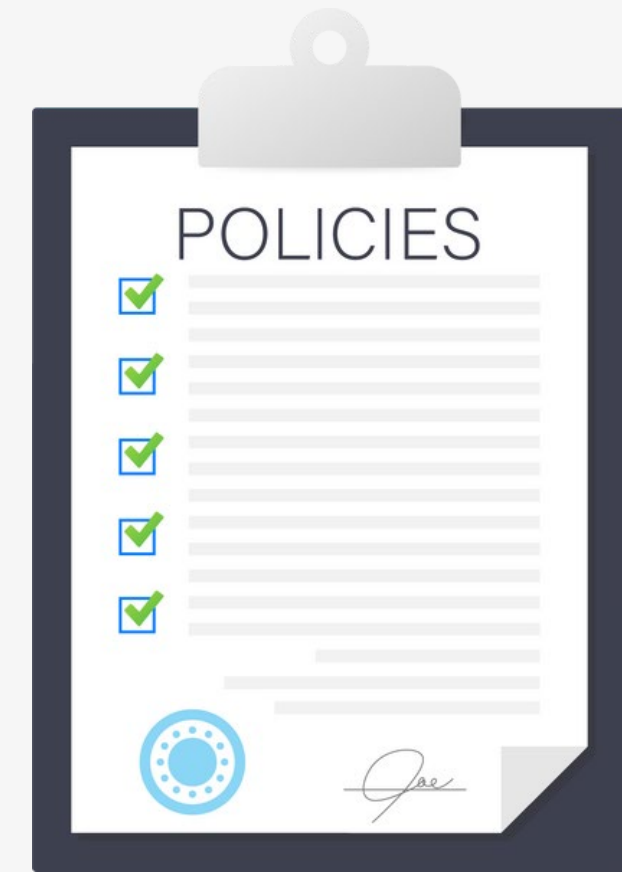
*In five or six sessions, parents and caregivers learn specific actions that promote healthy development and reduce risky behavior in the teen years. Home practice and weekly family meetings build family connections and help families apply skills in real life. Guiding Good Choices® emphasizes strong family bonds as the key that motivates preteens to follow family guidelines and stay on a course toward better health and educational outcomes as teenagers.*

**For more information see:** [\*\*CLICK HERE\*\*](#) 

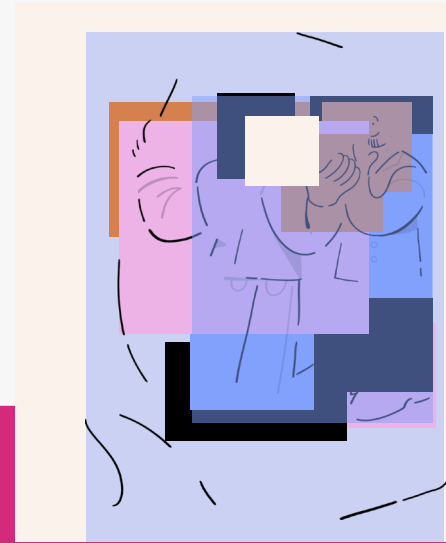
# MODULE 2

## TOOL 3

### POLICY



# PREVENTION POLICY



## What is it?

A codified law or ordinance that inhibits the onset or escalation of a health problem in a target population. Violation of policies typically incurs a penalty of some sort (e.g., fine).

Examples include: raising the drinking age for alcohol, restricting single-beverage alcohol sales, liquor taxes, data reporting requirements.



## What you should do about it?

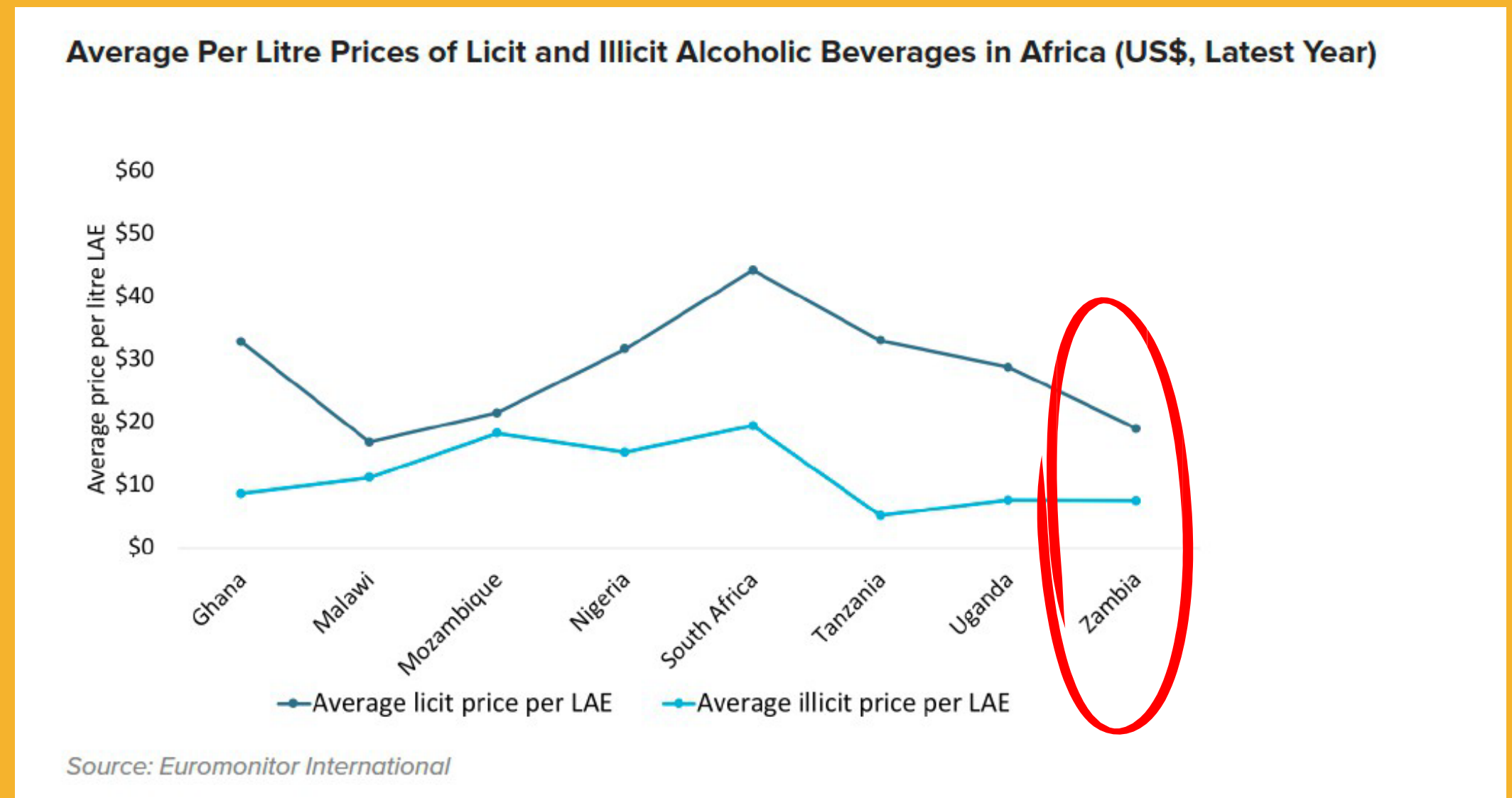
- You can learn about the policies at local and national levels that affect health-related behaviors.
- Advocate on behalf of laws and policies that have been identified as having a positive effect on health (e.g., prohibiting alcohol sales to minors).



According to  
Euromonitor  
International,  
**illicit alcohol in  
Zambia is VERY  
CHEAP!!!**

It's twice as cheap  
as legal alcohol!!!

## WHAT YOU SHOULD DO ABOUT IT?





**Illicit alcohol in Zambia is  
VERY CHEAP!**

**AND very dangerous!  
But it might cost your  
health.**

## WHAT YOU SHOULD DO ABOUT IT?

- Provide support to law enforcement and other organizations that form and implement alcohol use policy.
- Disseminate knowledge about the harms of illicit alcohol use.
- Change social norms regarding the acceptability of consuming illicit alcohol.

# MODULE 2

## TOOL 4

### Resources for Evidence-Based Interventions

**Where you can go for more information...**





FOR HEALTHY YOUTH DEVELOPMENT

**CLICK HERE**



Blueprints is a registry of evidence-based preventive interventions for youth that have been shown to be promising of highly effective in reducing problem behaviors and promoting positive youth development.

It has been noted as the most comprehensive and scientifically rigorous of all the registries of youth prevention programs.



The Xchange by the European Monitoring Centre is an online registry of thoroughly evaluated interventions for youth alcohol use prevention in Europe.

# *The Center for Communities That Care*

**CLICK HERE**



The Center for Communities That Care prevention system provides valuable resources and information about youth alcohol prevention in the community.

# FACTS ABOUT TEEN DRINKING

**Facts About Teen Drinking** is a resource for teens, created by the National Institute on Alcohol Abuse and Alcoholism, with research-based information on underage drinking.

Research shows that underage drinking rates are declining. However, it is still important to know how alcohol affects your health, how to identify signs of a problem, and where to get help.



# TOOLKIT FOR MIDDLE SCHOOL ALCOHOL USE PREVENTION BY NIAAA (USA)

This toolkit contains interactive activities to help parents, caregivers, and teachers introduce and reinforce key messages about peer pressure, resistance skills, and other important topics related to underage drinking.



National Institute on Alcohol  
Abuse and Alcoholism

NIAAA for Middle School

**CLICK HERE**



Updated: 2023



Welcome to NIAAA for Middle School

Underage drinking is a significant public health problem in the United States.



# MODULE 3

# COMMUNITY

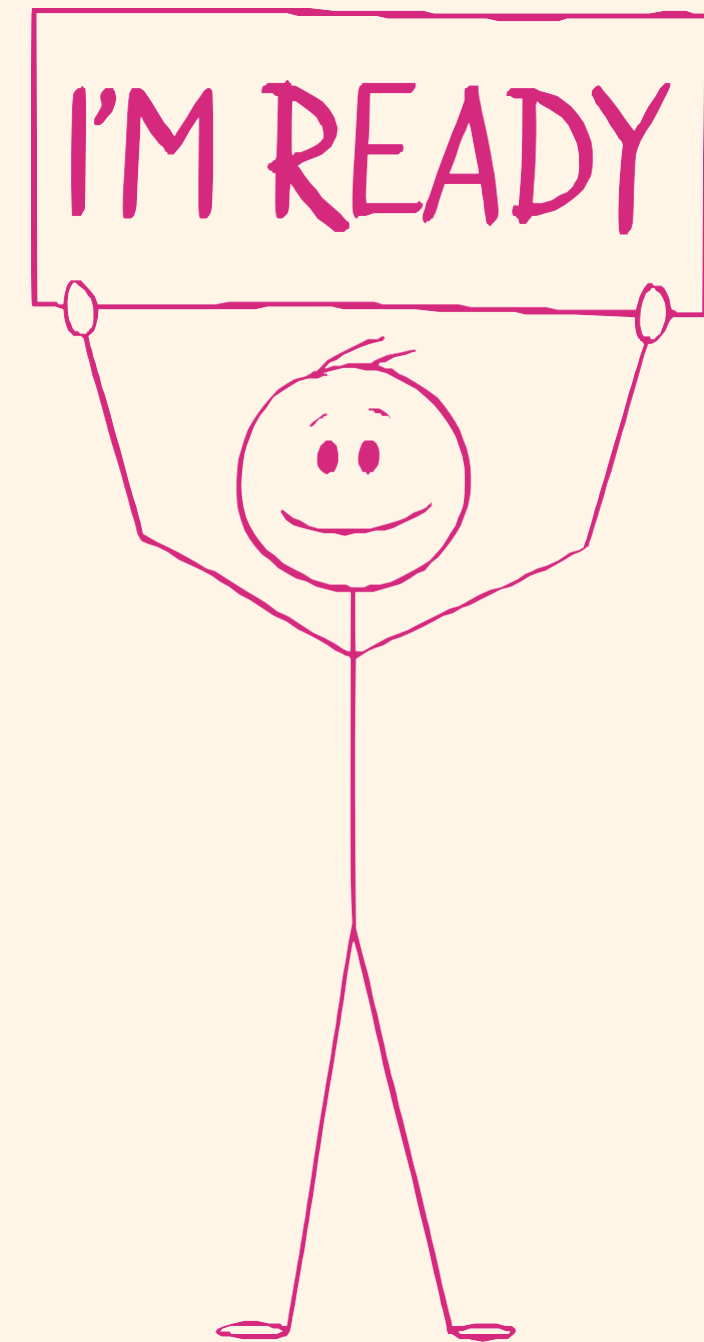
# CAPACITY



# MODULE 3

## TOOL 1

### READINESS

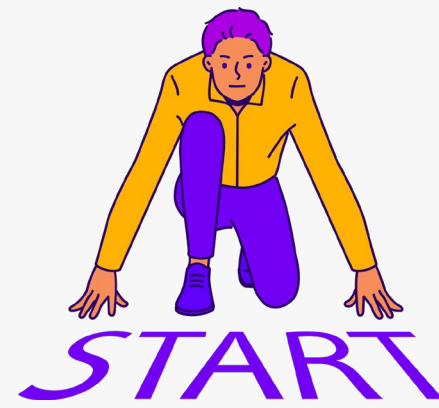




# BUILDING COMMUNITY READINESS


## What is it?

Before we can change a health outcome in the community, we need to be sure that the community is ready to start and maintain prevention efforts.



Community readiness refers to how prepared the community is to take action to address health issues. Typically, communities can be classified into one of several different stages of “readiness.”

# BUILDING COMMUNITY READINESS



Researchers (Oetting et. al, 2001) have identified stages that communities typically go through regarding readiness levels to prevent problem behaviors.

The theory employs an assessment, diagnostic, and community change approach.

Where is your community among these stages?

What can you do to help your community get to a higher level of readiness?

See the table in the next slide!



Stage	Description
<b>1. Tolerance</b>	Many youth display the problem behavior of interest, but this is not seen as a problem in the community.
<b>2. Denial</b>	Many youth display the problem behavior of interest, but the community does not admit that this is a problem.
<b>3. Vague Awareness</b>	People in the community begin to realize that there is a behavior problem in the community, and some begin to talk about doing something about it, but so far no one has stepped up or has done anything serious about it.
<b>4. Pre-Planning</b>	There is recognition of a problem behavior of interest and a few leaders in the community start to meet to discuss the problem.
<b>5. Preparation</b>	Leaders, stakeholders, and organizations in the community are identified to tackle the problem behavior of interest. One or more committees are created, and they meet regularly to consider alternatives and plan a course of action. Data are collected and reviewed for an assessment of needs.
<b>6. Initiation</b>	One or more preventive interventions (eg., programs, strategies, or policies) are identified as being appropriate for the community. Implementation of the intervention(s) is considered, but coordination and planning are still very limited.
<b>7. Institutionalization</b>	Leaders, stakeholders, organizations, and other institutions in the community commit to supporting prevention initiatives (e.g., implementing interventions).
<b>8. Confirmation/ Expansion</b>	The community fully supports the prevention initiatives and works to expand the reach of the initiatives throughout the community with emphasis to higher risk populations.
<b>9. Professionalization</b>	Preventive interventions and activities to support and sustain the initiatives are routinized and built into the normal activities of the community.

# BUILDING COMMUNITY READINESS

## What you should do about it?

- **Designate and identify** -> Appropriate leadership and/or an organization to make things happen, like a local foundation, a non-profit organization, a non-governmental organization, or a church.
- **Establish** -> Key stakeholders who have a vested interest in the community.
- **Determine** -> Champions who will be the community leaders and communication bridge.



# BUILDING COMMUNITY READINESS

## What you should do about it?

- **Allocate** -> Physical capacity, like space for meetings, office supplies, and ways of communication.
- **Develop** -> Ability to collect information (data) and analyze it for informed decision-making.
- **Create** -> Good collaboration among existing organizations, agencies, institutions, and other groups in the community.
- **Share and Follow** -> Meeting rules, by-laws, and organizational structures to allow for smooth, open, and fair procedures.



# BUILDING COMMUNITY READINESS

WHAT YOU SHOULD  
DO ABOUT IT ?

FIRST: IDENTIFY  
THE PROBLEM



PERCEPTION OF  
ALCOHOL USE

What are the attitudes toward alcohol use in the individual, and in the community level?

# BUILDING COMMUNITY READINESS

## ADDITIONAL RESOURCES

### Community Readiness for Community Change

TRI-ETHNIC CENTER  
FOR PREVENTION RESEARCH



**CLICK HERE**



Colorado  
State  
University

The Community Readiness for Community Change Guide by the TriEthnic Center at Colorado State University defines nine stages of a community readiness model and includes a process for conducting a community readiness assessment.



**COLORADO STATE  
UNIVERSITY**



# BUILDING COMMUNITY READINESS

## ADDITIONAL RESOURCES



[CLICK HERE](#) 

The Community Tool Box by the University of Kansas describes the concept of community readiness, why it is important, when it should be used, who should be involved and how to apply the model.



# MODULE 3

## TOOL 2

### COMMUNITY COALITIONS



# COMMUNITY COALITIONS

## What is it?

- A community health coalition is a group of leaders, stakeholders, and concerned citizens in the community that work together to address a particular health issue affecting their community.
- Typically, community health coalitions focus on a limited number of health issues at a time.
- The coalition takes responsibility for identifying the most important needs of the community and plans what action steps should be taken to address those needs.
- The coalition also monitors the activities in the “action plan” to ensure that they are completed with fidelity and accountability.
- The coalition acts as the link between external entities (e.g., government officials, university researchers, national organizations) so that the community has a voice in all matters that affect the community. This is often called “Community Based Participatory Research” (CBPR).



# COMMUNITY COALITIONS

## What should you do about it?

- See if a community health coalition already exists that can take on an additional (hopefully related) health issue that has been identified as a concern to community members.
- If a coalition doesn't already exist, see about the possibility of creating a new one to focus on the health issue of concern. There are several sources of information and models that can be used to help guide this process:



Strength in Numbers: A Guide to Building Community Coalitions

[CLICK HERE](#) 



Section 5: Coalition Building.

[CLICK HERE](#) 

*The Center for*  
**Communities That Care**

The Communities That Care Prevention System

[CLICK HERE](#) 



Developing Effective Coalitions: An Eight Step Guide.

[CLICK HERE](#) 

# MODULE 3

## TOOL 3:

# INTERVENTION IMPLEMENTATION





# IMPLEMENTATION FIDELITY

## What is it?

**Implementation Fidelity** refers to the ability to deliver and receive preventive interventions (e.g., programs, best practices, strategies, and policies) in such a way as to allow the intervention to have maximum impact. There are several components of implementation fidelity. These components should be monitored throughout the implementation process to ensure high-fidelity implementation.





# IMPLEMENTATION FIDELITY

## What does it mean?

Implementation Fidelity means making sure that when we put interventions in place (like programs, actions, ideas, and rules), they actually work the way they're supposed to. It's like making sure the **action plan** is working properly. We need to keep an eye on different parts of the plan as we go to make sure that *"it's doing what it should be doing."*

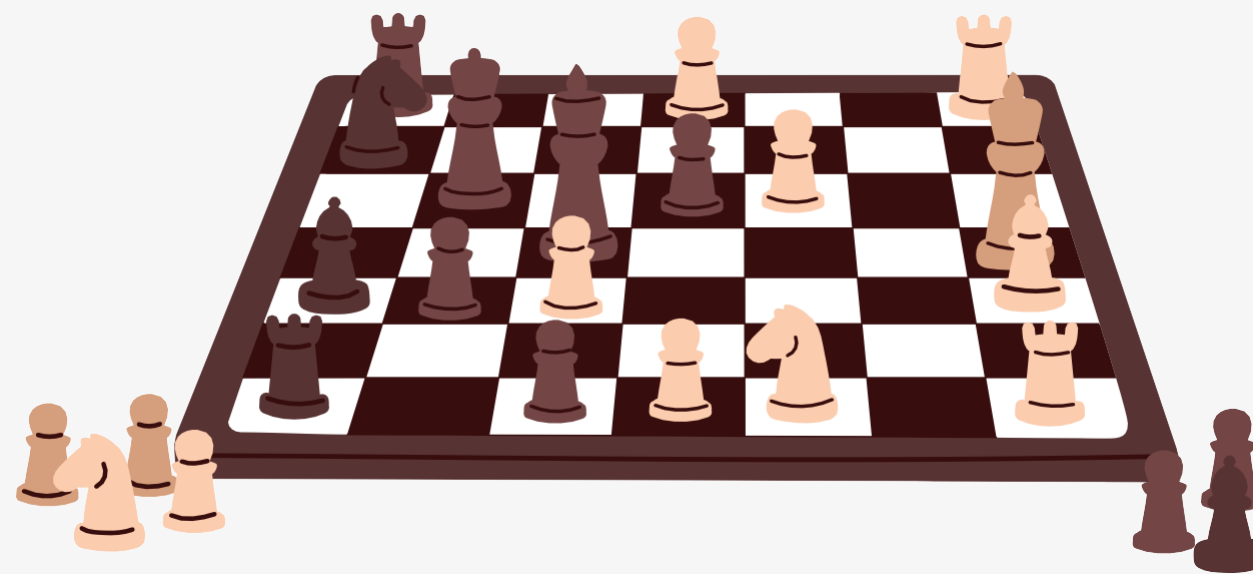
For example, think of it like following a recipe for your favorite dish. You need to make sure you're using the right ingredients and following the steps correctly to get that perfect taste every time. Similarly, with prevention programs, we need to make sure all the pieces are working together just right for the best results.



# IMPLEMENTATION FIDELITY

## Why is it important?

Even the perfect preventive intervention will not achieve the desired effects if it is not implemented with fidelity. With high-fidelity implementation, we can make sure that the intervention has the best chance of having an impact for everybody in the target population. Monitoring implementation fidelity increases accountability, feedback, and the incorporation of “lessons learned” in the process for real-time realignment of the action plan.



# IMPLEMENTATION FIDELITY

## Components

- **Adherence/Compliance:** Core elements of the intervention are delivered/followed as required.
- **Dosage:** the amount of the intervention delivered.
- **Quality delivery:** enthusiasm, skill, and preparation by those delivering the intervention.
- **Engagement (or Receptivity):** attention and involvement in the intervention by participants.



# IMPLEMENTATION FIDELITY

## Components

- **Exposure (or Reach):** The amount (e.g., proportion) of the target population that received the intervention.
- **Adoption (or Uptake):** the intervention is accepted at a large scale by those receiving the intervention.
- **Adaptation:** necessary changes, other than to core behavioral components of the intervention, that are made to improve its impact.



# IMPLEMENTATION FIDELITY

## What to do...

Fidelity Component	MONITORING ACTIVITY	example
<b>Adherence</b>	Identify the activities in each part (e.g., lesson) of the intervention and record how many activities have been successfully completed by the intervention deliverer and/or participant.	80% of all program activities in one lesson of a family-based prevention program were completed by teachers delivering the Familias Unidas program.

# IMPLEMENTATION FIDELITY

## What to do...

Fidelity Component	MONITORING ACTIVITY	example
<b>Dosage</b>	Identify the number of sessions or lessons, or number of hours, that an intervention is supposed to take and divide the actual (observed) number by the supposed number.	65% of all program lessons of a family-based prevention program were delivered by teachers delivering the Familias Unidas program.



# IMPLEMENTATION FIDELITY

## What to do...

Fidelity Component	MONITORING ACTIVITY	example
<b>Quality Delivery</b>	Have independent observers rate the enthusiasm, skill, and preparation of those delivering the intervention.	On a 1 to 5 scale, where 1 = <i>Not well at all</i> and 5 = <i>Extremely well</i> , the average score by independent observers on the Question “ <i>How well did the program facilitator demonstrate enthusiasm in delivering the program lesson,</i> ” was 2.3 across all lessons.

# IMPLEMENTATION FIDELITY

## What to do...

Fidelity Component	MONITORING ACTIVITY	example
<b>Adoption</b>	Qualitatively or quantitatively assess how well the organization doing the intervention is accepting and incorporating the intervention into their daily activities.	During a teacher/staff meeting, everyone was asked to raise their hand if they thought that Familias Unidas was not a good use of their time. Those raising their hands were asked why they thought this and how the intervention could be improved.

# IMPLEMENTATION FIDELITY

## What to do...

Fidelity Component	MONITORING ACTIVITY	example
<b>Engagement (Responsiveness)</b>	Have deliverers of the intervention rate the engagement/responsiveness of those who received the intervention.	Using a 1 to 5 scale, where 1 = <i>Not well at all</i> and 5 = <i>Extremely well</i> , on the Question “ <i>How well did the parents pay attention to the program lesson?</i> ” program facilitators rated parents in the group an average of 4.7 across all lessons.

# IMPLEMENTATION FIDELITY

## What to do...

Fidelity Component	MONITORING ACTIVITY	example
<b>Exposure (Reach)</b>	Identify the number of individuals (or groups, like families) that received a sufficient dosage of the intervention within a given time period, and divide this number by the number of individuals (or groups) in the eligible target population.	70% of all eligible parents in the community in 2023 received at least 50% dosage of Familias Unidas prevention program.

# IMPLEMENTATION FIDELITY

## What to do...

Fidelity Component	MONITORING ACTIVITY	example
<b>Adaptation</b>	Document necessary changes to the content and/or delivery of an intervention across all phases of its implementation.	<p>We documented the following changes in Familias Unidas:</p> <ul style="list-style-type: none"><li>• Changed the word “baseball” to “football” in all lessons.</li><li>• Had facilitators animate some of the presentation slides to make them more engaging.</li><li>• Changed the actors in the program video to better reflect the race/ethnicity of the local population.</li></ul>

# DISSEMINATION

## MODULE 3 TOOL 4:





# DISSEMINATION

## What is it?

→ The targeted distribution of prevention science information and intervention technology to a specific audience so that interventions can be successfully introduced, executed, and brought to scale.



# DISSEMINATION



## What should I do about it?

- Make the preventive intervention attractive (i.e., modern looking, stylized, chic, or trendy) to those who will be delivering and receiving the intervention.
- Utilize local community “champions” and leaders to promote the spread of the preventive intervention.
- Avoid stigmatizing those receiving the intervention so that recipients feel like participating in the intervention is a normal thing to do in the community.
- Incorporate entertainment in the intervention—make it as fun as possible without losing the benefits of the intervention.

# MODULE 4

## SUSTAINABILITY

### TOOL 1:

### SUSTAINMENT



# SUSTAINMENT

## What is it?



The ability of a community to continue to provide ongoing local support for an intervention. This way, its intended benefits can be maintained over time even after external support is terminated.

Adapted from Rabin BA, Brownson RC. Terminology for dissemination and implementation research, *Dissemination and implementation research in health: translating science to practice*, vol. 2; 2017. p. 19–45.

# SUSTAINMENT

## What should you do about it?



Researchers have developed a model to facilitate the sustainment of healthcare interventions called the **Normalization Process Model**. The model provides a direction for communities to embed a preventive intervention into their daily activities. The model generally calls for communities to **embed** new prevention practices into existing activities so that they become routine. It also calls for **active “investment”** by leaders and stakeholders in the community to remind citizens that their community needs their help in keeping the effort moving forward.

# SUSTAINMENT

## What should you do about it?

Finding new sources of funding, identifying new volunteers and leaders in the community, locating those in the community who are in greatest need of preventive interventions, and holding people accountable for their actions are all ways that the Normalization Process Model works to achieve and sustain good health in the community.





# SUSTAINMENT

## What should you do about it?



- Develop and publish a sustainability plan. Get together with local community members and brainstorm the activities and steps needed to keep the prevention initiative alive. Designate responsibilities for individuals and groups, and come up with a timeline for completion of each task (i.e., who does what and by when?).
- Develop and implement intervention “boosters” as needed to those receiving preventive interventions.
- Continue to monitor implementation fidelity in all preventive interventions.

- Continue to monitor changes in risk, promotive, and protective factors; and targeted health outcomes. Keep collecting data and share it with the community.
- Invite community leaders and stakeholders to coalition meetings to see intervention sessions live and in real time.
- Seek new and diverse funding streams.
- Use media outlets to share successes and updates with local population.

# MODULE 4

## TOOL 2:

### COMMUNICATIONS

#### (MEDIA CAMPAIGN)



# MEDIA CAMPAIGNS

Media campaigns are the best way to communicate effective messages about youth alcohol use prevention throughout the community.



## What is it?

**Media campaigns** are a strategy that uses communication science to provide effective dissemination of messages for youth alcohol use prevention throughout the community.

# MEDIA CAMPAIGNS

The first aspect to consider when developing a media campaign is that while you need to provide a persuasive prevention message, the audience may take it as a message “against” their freedom...



If a message is perceived as restricting a particular attitude or behavior, individuals may feel compelled to counter this perceived threat to their freedom by doing the exact opposite.



# MEDIA CAMPAIGNS

**Your community should consider developing your own media campaign like the one presented here.**

**There may be several outlets for distributing your media messages, such as social media, television stations, radio stations, billboards, and local community organizations.**

example:

“Talk. they hear you”  
(by the Substance Abuse and Mental Health services Administration)

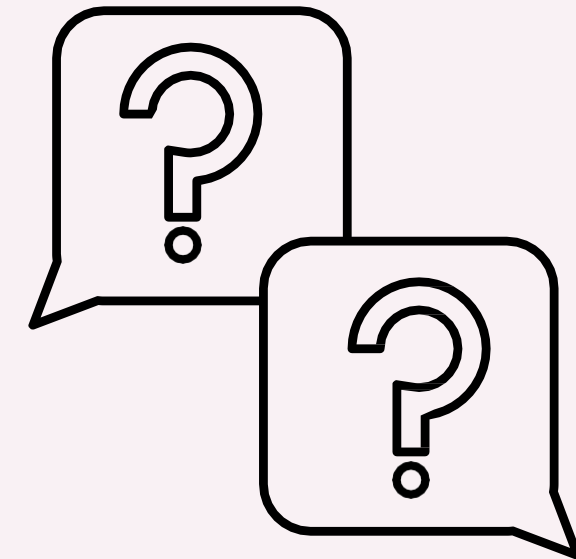


**CLICK HERE** 



# MEDIA CAMPAIGNS

What you can do...



- **Assume Initial Resistance:** Understand that you may experience some initial resistance to the youth alcohol use prevention message.
- **Target and Tailor Messages:** Customize the message to the unique characteristics of the group or individual that you are targeting the message to, thereby enhancing the overall impact of the message.
- **Raise a Question:** The message should raise doubts about the existing beliefs and attitudes toward youth alcohol use.
- **Provide Information:** The messages must offer information that addresses and answers the questions that get raised in the youth's minds.
- **Reinforce Acceptance:** The communications should work to reinforce acceptance of the message, solidifying the intended impact.



# MEDIA CAMPAIGNS

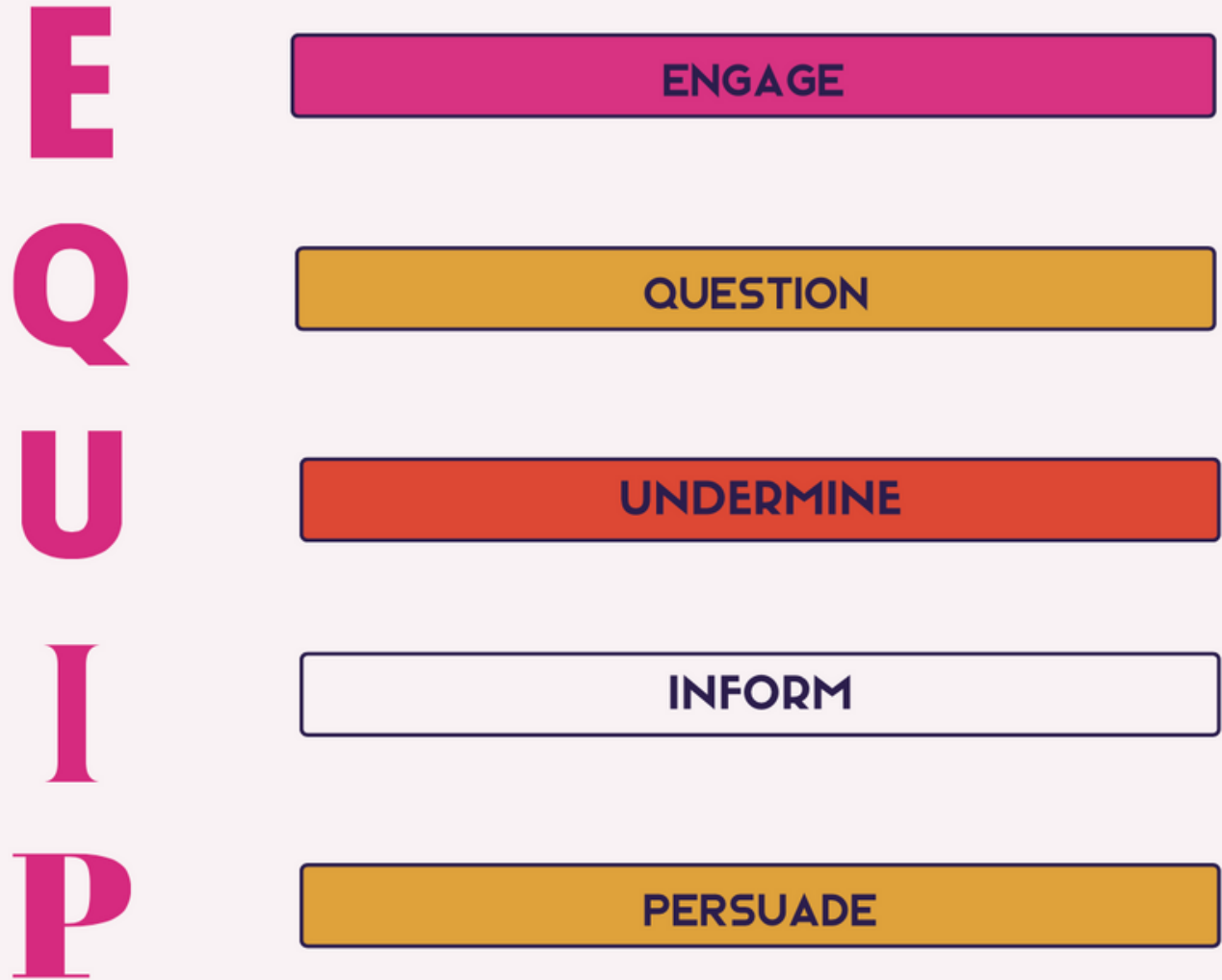
What you can do...

## The equip model

Researchers have developed a model to help guide the development of media campaigns for the prevention of unhealthy behaviors like youth alcohol use. The **EQUIP** model demonstrates five steps that should be followed in messaging the target audience.

More information on the **EQUIP** model can be obtained at:

[CLICK HERE](#) 



# MEDIA CAMPAIGNS

What should you do?

E

Engage

Attract and maintain the attention of your audience. Break existing expectancies.

Q

Question

Raise questions about existing certainty in the mind of the receiver about the attitudes related to alcohol use.

U

**UNDERMINE**

Destabilize existing unhealthy attitudes. Break existing expectancies regarding alcohol use.

I

**INFORM**

Provide plausible replacement beliefs that are healthy.

P

PERSUADE

Provide incentives for agreement with your message. Make it fun.

# MODULE 4

## TOOL 3:

### EVALUATION



# EVALUATION

## What is it?

Evaluation consists of activities that are performed to determine if what your are expecting to achieve is actually being achieved. Community prevention initiatives should always include evaluation in their efforts as a check to see if efforts are producing the intended results and to be sure that resources are not being wasted.

## How to do it...

The Center for Disease Control and Prevention's Healthy Communities Program provided information on types of evaluations that your community can conduct to see if your efforts to curb youth alcohol use are being successful. The next three slides in this module describe these types of evaluations.

**CLICK HERE** 

# EVALUATION

**There are generally two major types of evaluation:**

- **Formative Evaluation:** Formative evaluations are conducted during program development and implementation, and are useful if you want direction on how to best achieve your goals or improve your program. Formative evaluations consist of Needs Assessment and Process Evaluation.
- **Summative Evaluation:** Summative evaluations should be completed once your programs are well established and will tell you to what extent the program is achieving its goals. Summative Evaluations consist of Outcome Evaluations and Impact Evaluation.



# EVALUATION

Formative		Summative	
Types of Evaluation	Purpose	Types of Evaluation	Purpose
Needs Assessment	Determines who needs the communication program/intervention, how great the need is, and what can be done to best meet the need. Involves audience research and informs audience segmentation and marketing mix.	Outcome Evaluation	Measures effect and changes that result from the campaign. Investigates to what extent the communication program/ intervention is achieving its outcomes in the target population. These outcomes are the short-term and medium-term changes in program participants that result directly from the program such as new knowledge and awareness, attitude change, beliefs, social norms, and behavior change, etc. Also measures policy changes.
→ Process Evaluation	Measures effort and the direct outputs of programs/interventions - what and how much as accomplished (for example, exposure, reach, knowledge, attitudes, etc). Examines the process of implementing the communication program/intervention and determines whether it is operating as planned. It can be done continuously or as one time assessment. Results are to improve the program intervention.	Impact Evaluation	Measures community-level change or longer-term results (for example change in disease risk status, morbidity, and mortality) that have occurred as a result of the communication program/intervention. These impacts are the net effects, typically on the entire school, community, organization, society or environment.



# EVALUATION

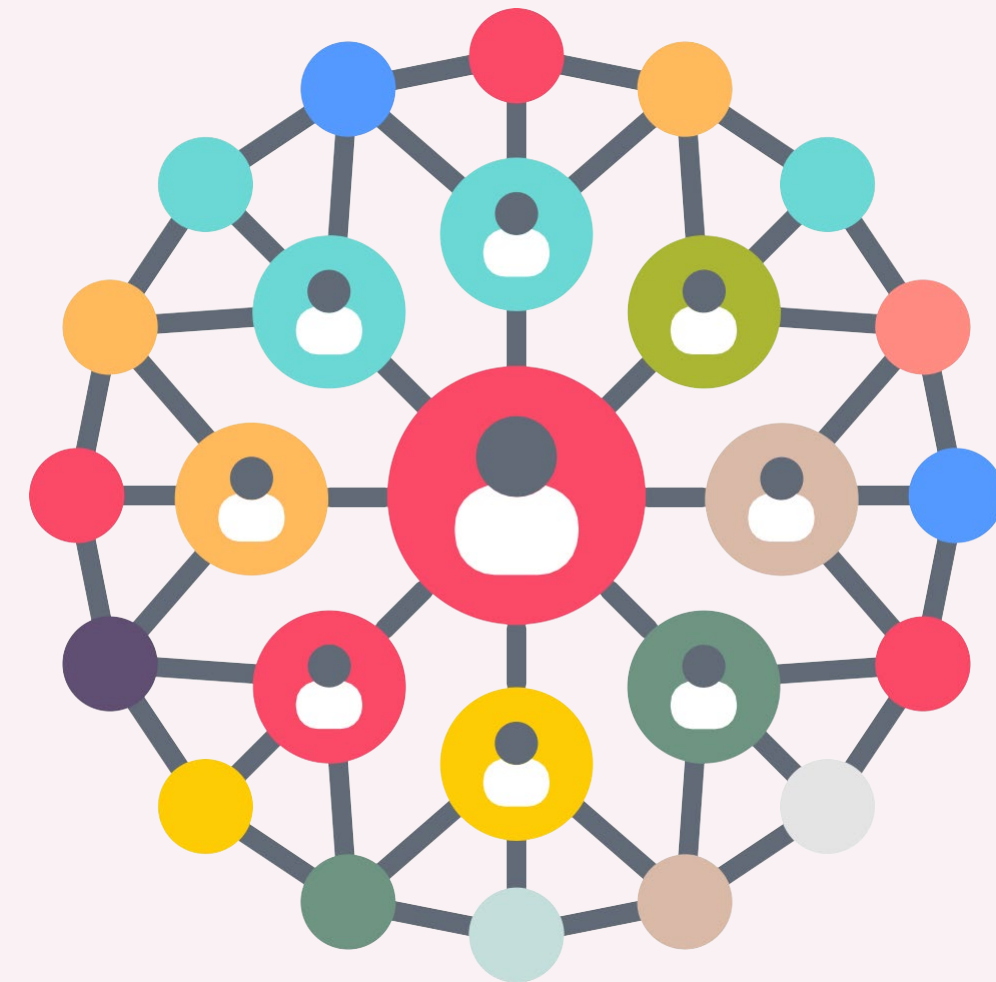
The Center for Disease Control and Prevention's Healthy Communities Program provides the following steps on how to conduct a community-based evaluation:

## (1) Engage stakeholders

→ This first step involves identifying and engaging stakeholders. These individuals have a vested interest in the evaluation. Find out what they want to know and how they will use the information. Involve them in designing and/or conducting the evaluation. For less involved stakeholders, keep them informed about activities through meetings, reports and other means of communication.

**You can access the whole toolkit framework by CDC here:**

**CLICK HERE** 



# EVALUATION

The Center for Disease Control and Prevention's Healthy Communities Program provides the following steps on how to conduct a community-based evaluation:

(2) Identify specific program elements to monitor

In this step you decide what's worth monitoring. Decide which components of the program to oversee, ask yourself who will use the information and how, what resources are available, and whether the data can be collected in a technically sound and ethical manner. Monitor program implementation to let you know whether the program is being implemented as planned and how well the program is reaching your target audience. Select the key evaluation questions—Basic evaluation questions which should be adapted to your program content include: What will be evaluated? What is the program and in what context does it exist? Was fidelity to the intervention plan maintained? Were exposure levels adequate to make a measurable difference? What aspects of the program will be considered when judging performance?



# EVALUATION

**The Center for Disease Control and Prevention's Healthy Communities Program provides the following steps on how to conduct a community-based evaluation:**

## (3) Standards

What standards (type or level of performance) must be reached for the program to be considered successful? What evidence will be used to indicate how the program has performed? How will the lessons learned from the inquiry be used to improve public health effectiveness?

## (4) information

Determine how the information will be gathered. Decide how to gather the information. Decide which information sources and data collection methods will be used. Develop the right research design for the situation at hand.

## (5) data analysis

Develop a data analysis and reporting plan—During this step, you and/or the team will determine how the data will be analyzed and how the results will be summarized, interpreted, disseminated, and used to improve program implementation.

# EVALUATION

The Center for Disease Control and Prevention's Healthy Communities Program provides the following steps on how to conduct a community-based evaluation:

## (6) ensure lessons learned

Effective evaluation requires time, effort, and resources. Given these investments, it is critical that the evaluation findings be disseminated appropriately and used to inform decision making and action. Key stakeholders can provide critical information about the form, function, and distribution of evaluation findings to maximize their use.



THANK YOU FOR GETTING TO  
THE END :)  
THIS TOOLKIT IS A  
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# References

- Jones, B. T., Corbin, W., & Fromme, K. (2001). A review of expectancy theory and alcohol consumption. *Addiction* (Abingdon, England), 96(1), 57–72. <https://doi.org/10.1046/j.1360-0443.2001.961575.x>**
- MCampbell, J. M., & Oei, T. P. (2010). A cognitive model for the intergenerational transference of alcohol use behavior. *Addictive behaviors*, 35(2), 73–83. <https://doi.org/10.1016/j.addbeh.2009.09.013>**
- Oetting, E. R., Jumper-Thurman, P., Plested, B., & Edwards, R. W. (2001). Community readiness and health services. *Substance use & misuse*, 36(6-7), 825–843. <https://doi.org/10.1081/ja-100104093>**