Addressing Coalition Questions & Concerns

Alysa Stuart, MPH – Substance Use Prevention Program Manager

Whitney Rosas – Substance Use Prevention Health Educator

Community Health
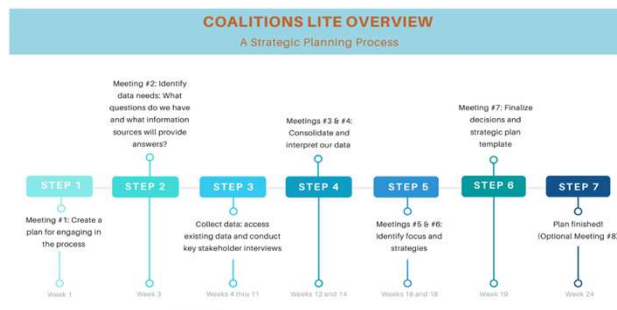
Salt Lake County Health Department

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Community-Centered Evidence Based Prevention (CCEBP) Frameworks & Strategies

Addressing Root Causes & Upstream Strategies

- Strategic Prevention Framework (SPF)
- Communities That Care (CTC)
- Drug Free Communities (DFC)
- Coalitions Lite (SLCoHD's)

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Slide 3

Strategic Prevention Framework

Coalition Models

Communities That Care (SDRG/CDC) – Evidence-based, Process Focused, Risk / Protective Factors, Programming, coaching, training and technical assistance included, funding attached

CADCA (CDC) – Evidence-based, Root Causes, Environmental Strategies, SUD Prevention, Sustainable federal funding (Drug Free Communities)

Coalitions Lite (SLCoHD) – Research-based, Risk / Protective Factors, Assessment and Strategic Planning, Public Health prevention & promotion, typically used as stepping-stone to move to a more evidence-based framework
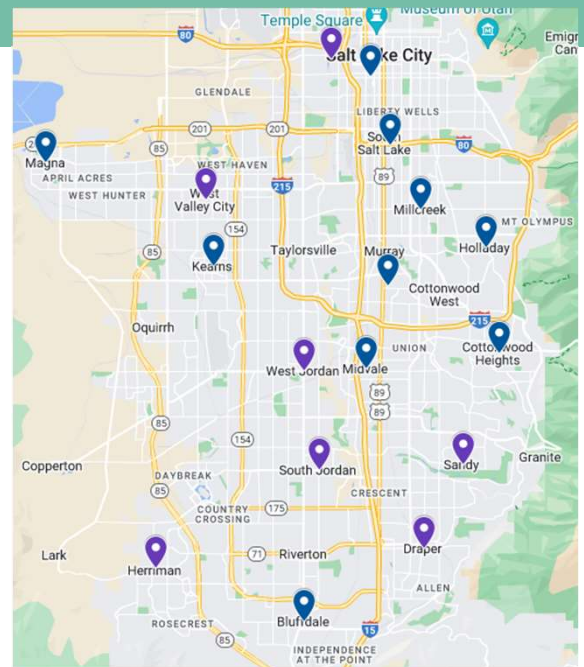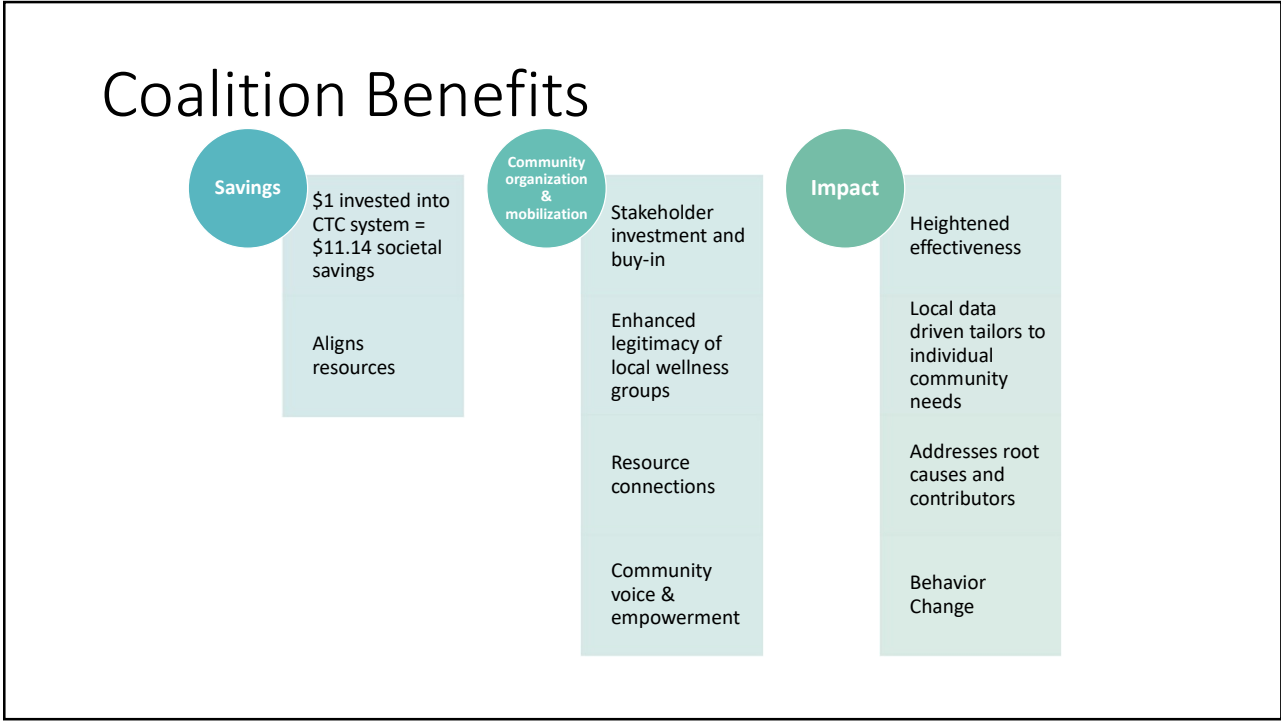
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Slide 4

SLCoHD-Supported* Coalitions

Coalitions
Health in the Heights
Central 9th Youth Coalition (CTC)
Promise South Salt Lake Gang & Substance Misuse Prevention Coalition (CTC)
Healthy Millcreek (CTC)
Happy Healthy Holladay (CTC)
Murray Partners 4 Prevention (CTC)
Uplift Midvale (CTC)
Magna United (CTC)
MyKearns (DFC)
Healthy Bluffdale (CTC)
Healthy Draper
Healthy Sandy
Friends of Herriman
Healthy South Jordan
Healthy West Jordan
Healthy West Valley
West Side Coalition

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Coalition Benefits

Savings

$1 invested into CTC system = $11.14 societal savings

Aligns resources

Community organization & mobilization

Stakeholder investment and buy-in

Enhanced legitimacy of local wellness groups

Resource connections

Community voice & empowerment

Impact

Heightened effectiveness

Local data driven tailors to individual community needs

Addresses root causes and contributors

Behavior Change

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Salt Lake County Health Department
Request for Applications
Community-Centered Evidence-Based Coalitions

Introduction: The Salt Lake County Health Department (SLCoHD) believes that community leadership and decision-making is essential to building healthy communities. Community coalitions – alliances of residents and organizations representing a variety of populations and sectors that agree to collaborate to improve the health, wellness, and safety of their community – are one important strategy for communities to make decisions about the health of their residents, neighborhoods, and environments. To learn more about Community-Centered Evidence-Based Coalition frameworks or about SLCoHD's community coalition values, see Appendices A and B.

Eligibility Requirements

Geographic-Based coalitions
- Already formed
- Clear geogrphic definition
- Must have fiscal agent to accept funds
- Have at least 5 committed members of the coalition

Prevention - focused coalitions
Focus on risk and protective factors to substance use

Dedicated coalition personnel
Paid coalition coordinator who can designate at least 20 hours per week for this project.

Cannot be implementing CTC or CADCA
Promote the increase of evidence based coalitions within Salt Lake County

Request For Applications

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Primary Prevention

Shared Risk/Protective Factors

RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
• Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey)	COMMUNITY	• Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
• Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour	FAMILY	• Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
• Academic failure (low academic achievement) • Low commitment to school • Bullying	SCHOOL	• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
• Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement	PEER / INDIVIDUAL	• Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

Data-Driven

- Youth Binge drinking is higher than the state
- Youth Past 30-Day Marijuana use is higher than the state
- Youth Past 30-Day Alcohol use is higher than the state
- Youth reporting moderate depressive symptoms higher than the state
- High risk factor of Parent Attitudes favorable to antisocial behaviors

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Coalition Membership
Procedures & Voting

Implementing CTC involves steering a coalition through the 5 Phases of CTC, guided by the Milestones and Benchmarks

Phase 1: Get Started
Communities get ready to introduce CTC.
- Identify a lead agency and hire a community coordinator/facilitator (full time recommended).
- Using the online tools (see *Tools for Community Leaders* for specifics on Phase 1) and with coaching from a CTC specialist, you can create a small group to explore the advantages of CTC for your community and explore key leader interest. Key community leaders will attend an orientation provided by a CTC specialist in your community. Once key leaders have decided to use the Communities That Care system, your community will start the work of implementing CTC.

Phase 2: Get Organized
Communities form a board or work within an existing coalition. After recruiting community board members, they:
- Learn about prevention science.
- Write a vision statement.
- Organize workgroups.
- Develop a timeline for installing CTC.

Phase 3: Develop a Community Profile
Communities assess community risks and strengths—and identify existing resources. The community board and workgroups:
- Review data from the community's youth survey.
- Identify priority risk and protective factors that predict targeted health and behavior problems.
- Assess community resources that address these factors.
- Identify gaps to be filled in existing resources.

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Resources

- Utah Prevention Coalition Association
  https://utahprevention.org/coalitions/
- Coalition Self Assessment Tool / Healthy People 2000
  https://www.healthypeople.gov/sites/default/files/SelfAssessment.pdf
- Communities That Care – Getting Started
  https://www.communitiesthatcare.net/programs/ctc-plus/
- CADCA – Starting a New Coalition
  https://www.cadca.org/webform/start-new-coalition
- Healthy Salt Lake – County health data, community profiles & promising practices database
  https://www.healthysaltlake.org/tiles/index/display?alias=healthdata

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Questions?

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