

State of Connecticut

Department of Mental Health & Addiction Services



**Coalition Guidance for Preparing a  
Strategic Plan to address Underage  
Drinking at the Community Level**

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**M. Jodi Rell  
Governor**



**Patricia Rehmer, M.S.N.**  
Commissioner

**Dianne Harnad, M.S.W.**  
Director of Prevention and Health Promotion



## Introduction

Data on alcohol consumption and consequences indicates that alcohol abuse, particularly underage drinking, in Connecticut's communities is a pressing issue. With SPF funding, community coalitions are addressing the problem of underage drinking at the local level using CSAP's Strategic Prevention Framework, infusing cultural competence and sustainability into all facets of the process.

## Purpose of the Guidance Document

The third step of the Strategic Prevention Framework is *Strategic Planning*. This document provides an outline for the Community Strategic Plan, as well as some guidance on the strategic planning process. The Community Strategic Plan will provide a blueprint for the Coalition's efforts to prevent underage drinking including the underlying principles of the five steps, cultural competence and sustainability. Using this document, the coalition will be able to compile the specific information needed by DMHAS to approve its Community Strategic Plan and move on to implementation and evaluation. It will also assist in developing a plan that is accessible to the community in question, and if used as part of a marketing strategy, can increase buy-in to the work of preventing underage drinking. While creating the plan coalitions will:

- Prioritize risk factors related to underage drinking in the community
- Conduct research to identify and select evidence-informed (evidence-based) approaches that have been shown to influence priority risk factors
- Assess local resources and capacities needed to implement selected approaches
- Create a logic model that links consequences and consumption patterns, risk factors, strategies, resources and outcomes
- Prepare a narrative strategic plan that describes how underage drinking will be addressed in the community over the next three to five years
- Construct evaluation measures and methods, including working with an evaluator.

Strategic planning is "big picture" thinking and results in a simple diagram, a logic model; however, the process of considering alternatives and arriving at consensus can be arduous. It's non-linear and messy. Planning is the time to work through diverse points of view and negotiate compromise. Avoid the temptation to jump ahead and begin detailing specifics of operationalizing your plan. SPF's planning step is first and foremost about what to do and why. Action plans and detailed timelines are part of step 4, implementation, not strategic planning.

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## **WHAT COMES FIRST: THE CHICKEN OR THE EGG?**

A common mistake made by coalitions is starting by selecting the intervention to use before defining the problem and what specific change is desired. In an ideal world, a coalition would first identify the alcohol, tobacco and/or other drug-related problem(s) or issue(s) in the community. It would then decide what it wants to accomplish (an outcome that can be measured). The coalition would select strategies or approaches to accomplish the outcome. Finally, the coalition chooses activities that when combined make up the strategy.

**PROBLEM → OUTCOME → STRATEGIES → ACTIVITIES**

From: Community Anti-Drug Coalitions of America and National Community Anti-Drug Coalition Institute. *Planning Primer: Developing a Theory of Change, Logic Models, and Strategic and Action Plans* <http://www.cadca.org/files/PlanningPrimer-06-2009.pdf>

The Community Strategic Prevention Plan represents the community's commitment to invest resources that are specifically directed at underage drinking. It must paint a comprehensive picture of how the Coalition conducts data driven decision-making to create a plan that will result in a measurable reduction of underage drinking and the associated reasons it exists.

### **Outline of the Community Strategic Plan**

The plan must include:

- A description of the problem, reason it occurs and the context of the problem
- A summary of the DMHAS approved needs assessment
- A description of the evidence-informed strategies and the activities that compose the strategies that will address the problem and underlying risk factors
- A description of the resources that will be employed to address the problem as well as strategies that will be employed to sustain resources after funding may be discontinued
- Short and long term outcomes that will occur due to plan implementation
- An general timeline for implementing the plan components
- A description of the coalition, including members names, affiliations and contributions to the process
- A logic model

## Logic Models

The Plan will include a logic model. A logic model is a graphic planning tool that depicts relationships between a problem, contributing risk factors, proposed solutions, resources and measures of success. It's essentially a roadmap that describes the starting point, the proposed end point and the tools to accomplish the end point. For coalition members, it can confirm agreement on accomplishments and desired plans as well as assist with decisions at the beginning of the implementation of prevention strategies. For community members, it summarizes what the Coalition is doing and identifies areas where additional resources and support are needed (and can help solicit input and recruit assets).

The narrative of the strategic plan will be a description of the logic model. It offers a context for what the coalition is doing to address underage drinking over the next three to five years as well as provides insight into key aspects and considerations that contributed to significant decisions.

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Each of the above components is described within the guidance document. Additionally, tasks and information necessary to complete the prioritization of risk factors and selection of evidence-informed strategies are included in Addenda A&B of this document.

The Strategic Plan will provide the foundation for work that communities will engage in over the next few years. Each community's Strategic Prevention Plan is a work in progress that will be updated as projects are refined to incorporate implementation, monitoring, and evaluation activities as well as continued capacity building.

**While DMHAS will be reviewing the strategic plans, the state is not the primary audience for the plan. It is important to decide who in the community will read and use the plan. The plan should be written with this target audience in mind. Avoid jargon, present information in a manner that is easily understood by the reader, and strive for a user friendly document. In other words, make the strategic plan culturally relevant for the community.**

## ***Section I: Introduction***

The first component of the Community Strategic Plan is an introduction that consolidates and summarizes the principal points of the Strategic Plan. If widely distributed, this component can serve as a marketing tool for the Coalition, publicizing the efforts to reduce underage drinking.

The introduction must cover the information in the plan in enough detail to accurately reflect the plan's contents, yet be written so that it can be read **independently of the whole Strategic Plan**. It must not refer by number to figures, tables, or references contained in the Strategic Plan. Because the introduction may be read in place of the full plan, all uncommon symbols, abbreviations, and acronyms must be spelled out. The introduction should answer the following questions:

- Who is the Coalition?
- Who is being served by this coalition? (Community demographics, description of strategy targets)
- What is the problem the Coalition is addressing?
- What are the reasons the problem exists (risk factors)?
- What is the Coalition going to do about the problem and the risk factors?
- What are the Coalition's overall goals (short and long term outcomes)?

The introduction should be thought of as the *problem statement* of the plan. A clear problem statement helps the Coalition gain community support to sustain its efforts by clarifying how the Coalition intends to make a difference.

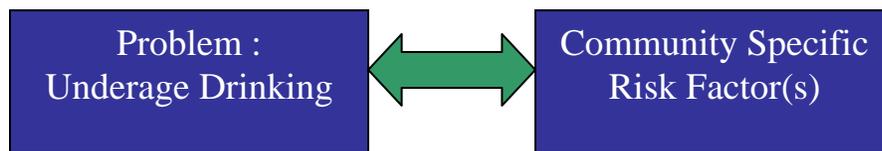
**Remember- the introduction should be a few succinct, attention grabbing paragraphs that describe the specifics of the community and its underage drinking behaviors, priority risk factors and the solutions the Coalition is proposing.**

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## II. Problem and Risk Factor Summary

At this point the Coalition will have completed the activities of the needs assessment step. Data on the problem (from student surveys) and the risk factors, both qualitative and quantitative, has been identified, gathered, organized and analyzed. The needs assessment summary will be drawn from these activities.

Substance abuse prevention research has identified eight risk factors that contribute to underage drinking. After the Coalition has analyzed data on these eight risk factors, providing a deeper understanding of why underage drinking in the community exists, it is time to decide which risk factors to address so that the problem can be impacted. This is the beginning of the creation of the logic model.



It would be a daunting task for any group of community members, no matter how well funded or committed, to address all eight risk factors. Additionally, it is doubtful that all eight risk factors contribute equally to the underage drinking problem in the community. In order to sort out which risk factor(s) to address the Coalition must first engage in the *Prioritization Process* outlined in Addendum A of this guidance document. Once this process is complete, Section II of the Strategic Plan, the problem and risk factor summary can be written.

Section II must include the following four components:

- A summary of the data that was identified, gathered organized and analyzed
- A summary of student survey data related to underage drinking with an emphasis on the 4 core measures: 30 day use, age of onset, parental disapproval and perception of harm. Include the context (when possible) of the data compared to other towns, sub-regions and the state.
- A summary description of what the data revealed about each risk factor including:
  - The magnitude and severity of the risk factor- the context (when possible) of the risk factor in town and compared to other towns, sub-regions and the state
  - The sub populations most involved with this risk factor
  - Where issues related to this risk factor occur most and least
  - Multicultural considerations related to the risk factor
  - Disparities that exist between groups and cultural variables that may occur related to this risk factor or this risk factor data

- The risk factor(s) prioritized by the coalition using the prescribed prioritization process including multi-cultural considerations that impact the decision.

This section is not intended to include the full needs assessment completed by the Coalition. It is intended to provide *summary information*. By providing this summary information it allows the plan's audience to have some context as to why the risk factors selected were a top priority based on the data, *highlighting the data driven decision making* process. This summary can be provided in table format if so desired.

### ***Section III. Evidence-Informed Strategies and Activities***

The strategic prevention framework is a public health approach. This approach emphasizes community level, or environmental interventions, rather than individual level interventions. With membership from a broad array of citizens the Coalition is uniquely positioned to provide the political will and resources necessary for the implementation of such strategies. **Connecticut grantees implementing the Strategic Prevention Framework are required to implement at least one environmental program, practice or strategy per prioritized risk factor.** These strategies must have evidence that they are effective at addressing the risk factor(s) the Coalition has prioritized. However, it is well established that more than one strategy can address each risk factor. Implementing multiple, complementary strategies for a single risk factor is a comprehensive approach that may increase the likelihood of achieving objectives.

**Over the life of the project Coalitions must spend time informing the public about their existence and activities and that underage drinking is a public health problem. The Coalition also spends time recruiting membership. Often Coalitions will create media tools to assist them with these activities. While these are vital activities they are not the activities to be discussed in this section. Rather, they are classified as capacity building activities.**

Most strategies are composed of multiple activities. Standing alone the activity does not have a great impact on the risk factor. When the activities are joined together, forming a strategy, the impact can be great. The sample below illustrates this.

| Risk Factor        | Strategy          | Activities  |
|--------------------|-------------------|---|
| Enforcement Levels | Compliance Checks | -Train Youth<br>-Coordinate with Police<br>-Conduct checks 2X a year<br>-Provide media coverage     |
|                    | Party Patrols     | -Train police<br>-Educate public about social hosting<br>-Conduct patrols<br>Provide Media coverage |

Section III must answer the following questions for each strategy selected:

- Why was this strategy selected? Which of the prioritized risk factors is it addressing?
- What is the reach of the strategy? Is it delivered to the entire community (environmental)?
- Cite literature or sources that support the use of the strategy.
- What activities will be conducted in the implementation of this strategy?

- Which activities will have fidelity to the strategy and which are innovations? Describe why the innovations are necessary.
- Include cultural considerations that play a role in the strategies and activities.
- How will strategies be sustained if current funding is no longer available?

Now that the strategies and activities for the prioritized risk factors have been identified as instruments of change, the next section of the logic model has been built. The diagram of the narrative plan, the logic model, has expanded to this:



*\*Addendum B of this guidance document provides information that will assist the coalition in strategy selection.*

## ***Section IV. Resources/Inputs***

In the previous section, the coalition presented strategies and activities that will be implemented to address the risk factors. In order to effectively implement the strategies there must be sufficient resources or inputs (capacity). The building of community capacity must align with community priorities that were established in the assessment step. Systems of prevention services work better in partnerships rather than as lone structures. The best prevention results from partnerships; without collaboration, even the best prevention efforts will not leverage collective resources and can miss achieving their goals.

The plan will present a profile of resources and capacity available to address underage drinking. In completing this section of the Strategic Plan, the coalition must provide a synopsis of its approach for ensuring ongoing capacity building.

In this section, the plan will specify all of the resources required to conduct each intervention - persons, funds, equipment, and material needed. Special emphasis must be placed on resources that assure cultural competence. Some examples of resources or inputs included in this section of the plan can be:

### **Human Resources**

- Staffing
- Coalition members in the targeted community sector(s)
- Volunteers
- Partnerships with the targeted community sector(s)
- Members who reflect the community's culture/ethnicity i.e., age, gender, ethnicity, language, etc.)

### **Technical Resources**

- Prevention knowledge and skills
- Ability to collect and analyze data on the intervention

### **Multicultural Resources**

- Culturally competent strategies
- Culturally competent training

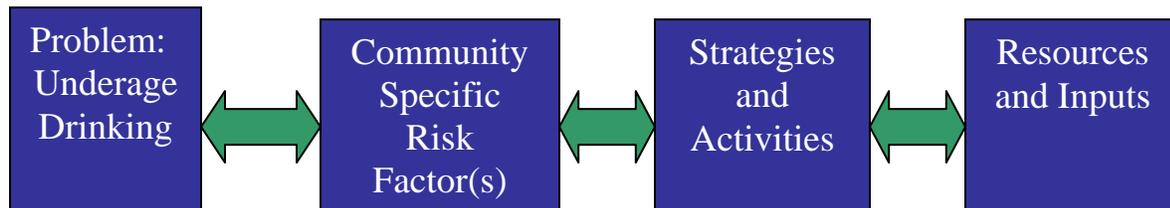
### **Fiscal Resources**

- Monetary
- In-kind

### Material Resources

- Space
- Equipment

Now that the resources that are necessary for successful implementation of the selected strategy have been identified as the tools available in the Coalitions toolbox, the next section of the logic model has been built. The diagram of the narrative plan, the logic model, has expanded to this:



### Areas Needing Strengthening

The strategic plan should also identify and describe areas in which the community needs to strengthen its capacity in order to effectively implement the SPF and address underage drinking, including needs, resources, and cultural competence.

**Remember- Planning involves continually cultivating resources and inputs. The best prevention results from partnerships; without collaboration, even the best prevention efforts will not leverage collective resources and can miss achieving their potential.**

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## *V. Short and Long Term Outcomes*

In order to measure the success of the project the Strategic Plan should include benchmarks that the Coalition is trying to reach. This can be done by establishing what short and long term outcomes the Coalition would like to achieve.

**Short term outcomes should be attainable within 1-3 years and should be related to the risk factors that were identified in the prioritization process as needing to be changed** (e.g., low enforcement, community attitudes).

**Long-term outcomes are the changes that will occur over a longer period of time as a result of the implementation of the plan.** These are changes at the individual level as well as the community level. Changes in the individual and community level can be seen in data related to the four Core Measures (30 day use, age of onset, parental disapproval and perception of harm).

However, evaluating community-based processes, such as environmental strategies designed to deter underage drinking, is a complex task. The evaluation methods are not as clear cut as a pre and post evaluation design where a survey is administered before the start of a program and then a post test is administered at the end. Evaluation of community strategies may include designs like pre-post (merchant education) but also require additional consideration about methods for ongoing assessment (review of trend data).

Outcomes can be measured from the start of an environmental strategy to months, and sometimes even years beyond its official conclusion. These changes can occur and be measured at multiple levels such as individual, family, demographic subgroups (e.g., high school students, parents) school, and community level. It is preferable to reach for outcomes that reflect actual behaviors (as opposed to only knowledge), cover larger groups of people (e.g., town vs. one school), and are demonstrated over a longer period of time (as opposed to those that can disappear quickly).

Measured outcomes must relate to the chosen strategies, risk factors and the problem. The types of outcomes measured will be determined by the types of environmental strategies implemented. In some cases, an outcome may be the passage of a law or an ordinance that supports the strategy (e.g., merchants selling alcohol must complete TIPS, passage of a graduated licensing law). One helpful way to think about different types of outcomes is how immediately the outcome in question is expected to occur after the strategy is implemented. Some common outcomes for environmental strategies are the shorter-term results of changes in laws and policies such as:

- ✓ Improved use of merchant education (TIPS)
- ✓ Reduced access to alcohol by underage youth
- ✓ Decline in the number of alcohol licenses issued
- ✓ Decline in the number of conditional use permits utilized when granting alcohol licenses
- ✓ Increased frequency and efficiency in party patrols
- ✓ Increased documentation of liquor law violations ( which may be followed by a decrease in documentation of violations)

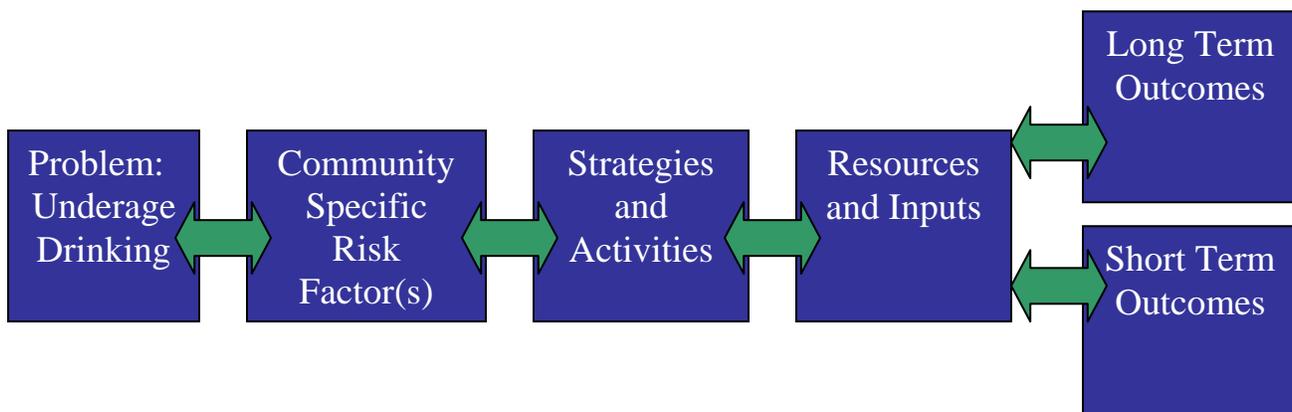
- ✓ Increase in the number of alcohol outlets in compliance with conditions needed to maintain alcohol sales permits (merchant education)
- ✓ Increase in the number of alcohol outlets that implement happy hour restrictions
- ✓ Improved commitment by the media to air ads related to the consequences of underage drinking
- ✓ Increase in the number of public events that restrict access to alcohol
- ✓ Decrease in availability of alcohol to youth at special events and in public places (e.g., number of patrons under age 21 being able to purchase, get, or consume alcohol)

While these shorter-term outcomes are important to measure, they are not the same as changes in the actual rates of underage drinking (long term outcomes). Several examples of the longer-term outcomes of a comprehensive underage drinking prevention plan are:

- ✓ Age of onset of alcohol use
- ✓ 30-day use of alcohol by youth
- ✓ Parental disapproval of use
- ✓ Perception of risk or harm

The above examples of long term outcomes related to underage drinking are often referred to as the four Core Measures.

Coalitions must decide what outcomes, both short and long term they are planning to achieve. Once this is done the last boxes of the narrative diagram, the logic model, can be completed.



An evaluator will be able to help you plan how these short and long term outcomes will be measured (e.g., surveys, data review, interviews). Specific steps to conducting an outcome evaluation typically depend on the evaluation questions being asked. Steps in outcome evaluation typically include:

1. Identify what will be measured
2. Select an evaluation design

3. Decide who will be assessed
4. Choose methods for measurement
5. Determine when the assessment will occur
6. Gather the data
7. Analyze the data
8. Interpret the data and report to audience

Connecticut must provide data to the federal government about the Core measures. Coalitions should be collecting data on the Core measures. The most common way to track the Core measures is through self-report youth surveys in the schools. Because these Core measures are individually oriented outcomes for youth, the school setting is usually the most efficient way to gather this data. It will be important to consider how to collect these data at a local level, meaning in the coalition's community(s). It is critical to get access to this data at consistent points over time. This is necessary for describing the patterns (or trends) of the measures. However, there are other data collection strategies available especially for the community-level outcomes.

Data collection strategies such as key leader surveys, focus groups, case studies, telephone surveys, and observations are all important ways to gather data. They should be used if the evaluation questions suggest that method is recommended.

When choosing data to be tracked over time (in addition to the Core measures) consider the data used at the beginning of the project when the community assessment was completed. Most likely, there was the use of archival trend data. These data are usually collected at similar points in time for the same populations (e.g., youth under 21, gender, etc). Usually, there are national, regional, state, and local sources for this information that can be accessed. Examples include data from health departments, law enforcement agencies, schools, and RACS. These data are usually inexpensive to get and may be fairly easy to obtain. Some of this data is in the epidemiological profiles completed by the RACS.

Section V of the plan must include a formal evaluation plan, answering the following questions:

- I. Short-term outcome evaluation (or risk factors)
  - a. What is the extent of the change the coalition is hoping for? By when?
  - b. Who is the target population or group who will be impacted?
  - c. What short-term outcomes will be tracked over time?
  - d. What tools (or sources of information) will be used to gather this information?
  - e. How frequently will this data be collected?
  - f. Who will collect this information?
- II. Long-term outcome evaluation
  - a. What is the extent of the change the coalition is hoping for? By when?

- b. What long-term outcomes tracked over time?
- c. What tools (or sources of information) will be used to gather this information?
- d. How frequently will this data be collected? From whom?
- e. Who will collect this information?

Coalitions should contract with a professional with the necessary skills (e.g., university affiliate or evaluation consultant) to plan and carry out the formal evaluation plan. The services that professional evaluators provide may include drafting an evaluation plan, helping to write reports, and identifying some ways that the data might inform improvements in the community's strategic plan.

## *VI. Overall Timeline for Implementing the Plan Components*

The timeline must be organized by the short term outcomes described in the previous section. For each outcome, the timeline must describe the major activities/tasks planned in implementing selected strategies, practices, or programs in measurable increments over the course of the project. The dates of strategy implementation should follow information gathered in the needs assessment. For instance, if youth gather at the beach in the summer at parties where alcohol is present, party patrols should occur in the summer months. This timeline must be presented in table form with the following column headings:

- Outcome
- Strategy
- Activity/Task
- Target Completion Date (Month/Year)
- Responsible Coalition Member

| Outcome                              | Strategy          | Activities  | Completion Date  | Coalition Member                                |
|--------------------------------------|-------------------|---|--|---|
| Increased enforcement of liquor laws | Compliance Checks | -Train Youth<br>-Coordinate with Police<br>-Conduct checks 2X a year<br>-Provide media coverage (local newspaper, town website) | -Sept 2010<br>-August 2010<br><br>-Dec 2010 & July 2011<br>-After each check | GPP TA<br>Agnes<br><br>Don Smith<br>Agnes       |
|                                      | Party Patrols     | -Train police<br>-Educate public re social hosting<br>-Conduct patrols<br>-Provide Media coverage                               | -March 2011<br>-April, May 2011<br>-June, July<br>August, Sept. 2011         | Don Smith<br>Mayor<br>Tim<br>Don Smith<br>Agnes |

This timeline will not contain all the details necessary to make strategy implementation a success. Such detail will be included in the DMHAS action plan which will be created after the strategic plan is accepted by DMHAS.

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## VII. Description of the Coalition

This section provides the coalition the opportunity to show who participated in the process, highlights the diversity of the coalition's make-up, and offers a way to "give credit where credit is due". It is an opportunity to demonstrate that the plan was created by a planning group representative of the community's diversity and that the planning efforts and interventions selected incorporate people's preferences, differences, and needs. It is also an opportunity to develop plans for sustaining the Coalition.

The section should include:

- Names of participants
- Affiliation of participant
- Role/tasks played or accomplished by each participant
- Openings available that community members can volunteer to fill
- Acknowledgement of sponsoring or funding entities
- Methods for sustaining the Coalition, even after funding has decreased

Coalition leaders need to pay considerable attention to the planning process from the beginning. They need to design a process that embodies the concept that strong community participation will be a key to the success of their efforts to reduce substance abuse. Studies have shown that coalitions that effectively engage residents and partners develop more resources and achieve more results. Active citizen participation in a planning process is empowering as coalitions reach out to all residents and welcome them as participants in efforts to solve problems in their communities

From: Community Anti-Drug Coalitions of America and National Community Anti-Drug Coalition Institute. *Planning Primer: Developing a Theory of Change, Logic Models, and Strategic and Action Plans* [http://www.coalitioninstitute.org/SPF\\_Elements/Planning/PlanningPrimer-01-2007.pdf](http://www.coalitioninstitute.org/SPF_Elements/Planning/PlanningPrimer-01-2007.pdf)

**Addendum A: Prioritizing Risk Factors**

**Re-Examine Needs Assessment Workbook Data for Each Risk Factor**

Begin the process of prioritizing risk factors by discussing each risk factor and both the quality and type of data you were able to collect. The purpose of this discussion is for each coalition member to have a clear understanding of what the data say about how each risk factor impacts underage drinking in the community.

**Reach Consensus on the Importance of Each Risk Factor**

Consider the importance of each risk factor and come to a consensus about whether each risk factor is of high or low importance in the community.

- What does the data show about how much each risk factor contributes to underage drinking in the community - its magnitude and impact?
- What are the gaps in data?

**Reach Consensus on the Changeability of Each Risk Factor**

Next, discuss the community's readiness and capacity to address each risk factor. As a group come to a consensus about whether each risk factor is of high or low changeability in the community.

- What community resources are available to address this risk factor?
- What are the gaps in community resources?
- How ready is the community to address this risk factor?

**Determine The Community's Priority Risk Factor(s)**

To determine the community's priority risk factor(s), record the coalition's importance and changeability ratings in a grid similar to the one below. Risk factors that fall into the shaded box are the community's priorities.

|            |      | CHANGEABILITY |     |
|------------|------|---------------|-----|
|            |      | High          | Low |
| IMPORTANCE | High |               |     |
|            | Low  |               |     |

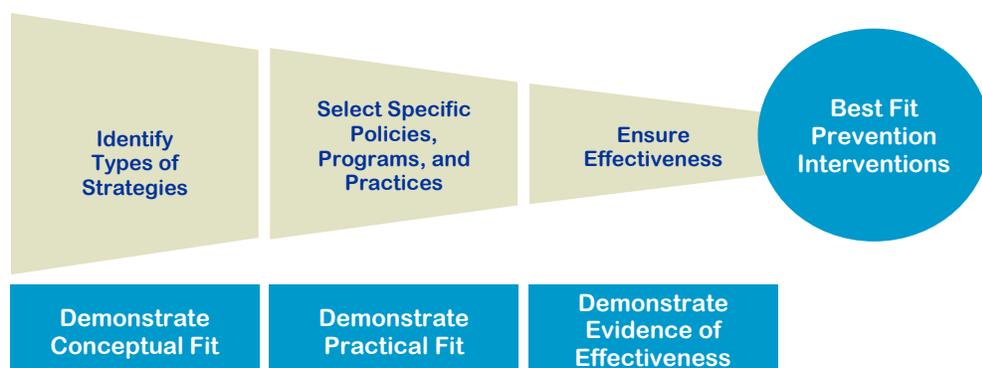
**Additional Considerations**

During the above discussions and decision-making process it is also appropriate to consider availability of data to the coalition and the ability to measure outcomes.

## Addendum B: Conducting Research to Identify and Select Evidence-Informed Approaches

Once coalition members have reached consensus on the community's priority risk factors, they must **conduct research including a literature review** to identify a pool of prevention strategies and approaches that have been proven effective in impacting the selected factors. Broadly speaking, this is where you explore the various ways in which your community might begin to address underage drinking. You are shopping for possibilities and options.

From these options, you will select one or more complementary prevention interventions that target your community's priority risk factors and local circumstances. The process of selecting "best fit" prevention strategies - or how you will address risk factors contributing to underage drinking in your community - involves thinking critically and systematically about three factors, relevance or conceptual fit, appropriateness or practical fit and evidence of effectiveness as depicted in the diagram below.



From: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention Identifying and Selecting Evidence-Based Interventions, Revised January 2009HHS Publication No. (SMA) 09-4205

### Conceptual Fit with the Community's Priority Risk Factors

- A "good conceptual fit" intervention should:
- Demonstrate evidence of effectiveness with the target population
- Specifically address the community's priority risk factors and underlying conditions
- Drive positive outcomes in reducing underage drinking
- Offer multiple opportunities for prevention

**Practical Fit with the Community's Readiness and Capacity**

- A strategy is a "good practical fit" with a community if:
- The coalition has or can acquire the necessary staff and funding
- The coalition has the necessary community contacts (police, leaders, etc.)
- The community will support the approach
- The strategy reflects the community's culture
- The strategy is sustainable

**Evidence of Effectiveness**

- All selected strategies must be effective according to:
- Federal Registries
- Center for Substance Abuse Prevention
- Department of Higher Education
- Experts in the field (NIAAA, NIDA)
- Other research

**Other Considerations**

DMHAS requires that coalitions emphasize environmental prevention approaches that target community level change, as described in the following chart.

|               | <b>Individual<br/>Change</b>                  | vs. | <b>Environmental<br/>Change</b>                |
|---------------|---|-----|--|
| <b>FOCUS:</b> | Individual behavior                           |     | Policy, laws, norms                            |
| <b>GOAL:</b>  | Personal control of alcohol                   |     | Community control of alcohol                   |
| <b>TOOLS:</b> | Education, treatment, small group activities  |     | Media and policy advocacy, social pressure     |
| <b>WHO:</b>   | Professional and client; Educator and student |     | Coalitions, stakeholders, community organizers |

Individual approaches may also be utilized but should not be the focus of efforts.

It is well established that more than one strategy can address each risk factor. Implementing multiple, complementary strategies for a single risk factor is a comprehensive approach that may increase the likelihood of achieving objectives.

When determining which evidence-informed approaches to adopt, coalitions should also consider the reach of each strategy. This includes:

- How many people the selected strategy will impact
- Sectors of the community that will be impacted by the coalition's efforts
- The dosage of the strategy that the target audience will experience
- Instead of implementing many strategies around a small group(s), a strategy would have greater impact if it reached various sectors of the community and different groups or types of people.

#### Sample Interventions

- **Enforcement:** Enforcement of existing underage age drinking laws, prosecution of existing underage drinking laws
- **Communication:** Work with media to publicize incidents of underage drinking
- **Policy:** Restriction of alcohol advertisement or of alcohol related promotional events in community settings