
MODELS FOR PRACTICE

FOCUS AREA: EDUCATIONAL AND COMMUNITY-BASED PROGRAMS

Program Name: Drug-free Communities Support Program
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Problem Addressed: Educational and Community-Based Programs
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SNAPSHOT

The Rural Prevention Network provides interventions in the community, worksites, churches, and schools to combat substance abuse among children and adolescents and their caregivers in five rural counties in Michigan. The Network is a collaboration of five agencies—a local county health department, two rural hospitals, and two rural health centers. Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Drug-free Communities Support Program (DFCSP) is one of the network's programs.

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The five-county region served is one of the most economically disadvantaged in Michigan and is typified by low income, high poverty rates, consistent double-digit unemployment, and low educational attainment.

THE MODEL

Blueprint: Members of the Rural Prevention Network include District Health Department #2, West Branch Regional Medical Center, St. Joseph Health System, and two rural health centers—Sterling Area Health Center and Alcona Health Center. The Rural Prevention Network oversees the Northeast Abstinence Partnership (NEAP). NEAP is a community coalition dedicated to promoting abstinence from sexual activity until marriage. NEAP conducts two main types of programs. This includes the Drug-Free Communities Support Program that promotes abstinence from alcohol and drugs. There is also the Taking Charge Program that promotes abstinence from sexual activity until marriage.

The five counties served by DFCSP include Alcona, Iosco, Oscoda, Ogemaw, and Arenac Counties. The primary target population includes 949 elementary students, 1,266 secondary students, and the adult caregivers of these students. The program is publicized through newspapers, radio public service announcements, community events, health fairs, flyers, brochures, and a web page.

The Rural Prevention Network consists of eight paid health educators and 12 donated Northeast Abstinence Partnership coalition members. The network as well as DFCPS are funded by SAMHSA. Additional external funding includes local matching funds and in-kind funds from community agencies. Potential supporters are approached through letters of solicitation, attendance at community coalition meetings, grant applications, press releases, and informational brochures.

DFCSP is intended as a springboard to capitalize on existing volunteer manpower. The active involvement of teens, parents, teachers, etc., combined with positive outcomes, results in publicity and recognition. This visibility encourages schools and other youth-serving organizations to adopt the programs as part of their curricula. The mission of the Network and its governing body is to mobilize and coordinate resources to enhance health status—not to become long-term service providers of identified community health problems.

The Rural Prevention Network has implemented many activities in an effort to reach the goals of DFCSP. Improved communication and relationships between parents and children are likely to increase parental involvement in students' choices regarding substance abuse and other risky behaviors. At school and community events, DFCSP staff provide parents with information to facilitate effective communication with children in preventing and detecting substance abuse. Together, the Network, the Northeast Community Partnership, and other local substance abuse agencies implemented the "Power of Parenting" forum to address communication and relationship building between parents and children.

DFCSP conducts an annual event offering parents information about substance abuse, tobacco use, and the consequences of teen sexual activity. Service agencies from the area and guest speakers provide resource information. To increase participation, a complimentary dinner and child care are provided.

The Minors in Possession program also includes parents. This is a joint effort between staff and local attorney offices that allow students charged with possession of alcohol or tobacco the option of attending a three-hour program in place of fines and court costs. Parents are encouraged to attend this session; 48 percent of parents attended this past year. Evaluation results of this specific program show a positive improvement in the students' attitudes toward substance abuse.

DFCSP collaborates and pools resources with community partners. Together with Northern Michigan Substance Abuse Services and local law enforcement officials, retailer tobacco compliance checks are conducted to reduce the illegal sale of tobacco products to minors. Collaboration with local tobacco coalitions and the Northeast Michigan Asthma Coalition led to

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the development of Freedom from Smoking Clinics in the community. Along with the Michigan Coalition to Reduce Underage Drinking and AuSable Valley Community Mental Health Services, the Leadership for Teens Camp is offered. This camp provides 20 9th- and 10th-grade students a three-day summer camp centered around presentations and activities related to tobacco, alcohol, and other drug use prevention. In conjunction with schools, DFCSPP implements the Not on Tobacco (N-O-T) smoking cessation program for teens and the Teens against Tobacco Use (TATU) training and prevention program. Network members partner with local teen organizations like Youth Exercising Alternative Habits (YEAH) to address substance abuse and tobacco prevention issues, provide alternative activities, and empower youth to promote changes in school policy and community norms about substance abuse and tobacco prevention issues.

DFCSPP also coordinates community events related to the Great American Smokeout, Kick Butts Day, and World No Tobacco Day at worksites, schools, and faith-based organizations to increase awareness of the dangers of tobacco and secondhand smoke. The Network has facilitated the implementation of the *School Health Index for Physical Activity, Healthy Eating, and Tobacco-free Lifestyles* in schools.

Making a Difference: DFCSPP is evaluated through several surveys using a multi-method outcome evaluation technique. One of the surveys—the Community Asset Development for Youth Survey (CADY)—was administered in 1997 and again in 2004. Other surveys include the Michigan Alcohol and Other Drugs School Survey, specific school surveys, the Taking Charge Survey, and a short survey for parent programs.

The Michigan Alcohol and Other Drugs School Survey was administered to 8th, 10th, and 12th graders. Several schools in the target area have participated in the survey since 1998–1999 and plan to do so in 2004–2005. Other schools conducted individual surveys and shared relevant data. Results from 1998 and 2001 show delayed age of onset of use of cigarettes, alcohol, inhalants, and marijuana. Fewer 8th and 10th grade students reported use of marijuana, alcohol, cigarettes, smokeless tobacco, and inhalants. However, more 12th grade students reported such use from 1998–2001. The perception of risk or harm from cigarettes, alcohol, and marijuana increased for 8th and 10th graders but decreased among 12th grade students. As a result of the evaluation, the program has expanded its focus toward marijuana and other illegal drug use prevention education among older high school students.

The Safe and Drug-Free Schools Survey was conducted in one school during 1999, 2000, and 2001. Approximately 500 students were surveyed. Results show an increase in peer disapproval of use of tobacco and alcohol from 1999 to 2001. During the same time period, there was a decrease in disapproval of use of marijuana and other illegal drugs.

The Taking Charge Survey is a pretest/posttest survey administered to all students participating in the Taking Charge Program. The program aims to strengthen individual ability to resist peer pressure, avoid substance abuse, and make positive changes in the community. In 2002–2003, the survey was administered to 1,411 students, and results showed approximately an 8 percent increase in the number of students agreeing with the statement, “I am confident that I can resist peer pressure to use alcohol, tobacco, or other drugs.” A 23 percent improvement was also seen among students stating, “Drinking alcohol or using drugs can make it difficult for me to reject unwanted sexual pressure.”

Short-term evaluations of process objectives are based on the number of participants and on participant surveys. Parent programs are evaluated through a short survey. Although the Parent Night event was not well attended, 234 parent contacts were made. DFCSP is reformatting Parent Night to include a wider variety of speakers, teen programs, supervised child care, and a free dinner to facilitate parent participation.

Evaluation of DFCSP’s goal to establish and maintain relationships with local, state, and federal agencies shows it has been successful in maintaining current relationships. For example, in 2003, it participated with law enforcement and local attorneys in 42 tobacco retailer education classes and 104 tobacco compliance checks. New relationships have been formed with the Michigan Coalition Regarding Underage Drinking (MCRUD), faith-based organizations, law enforcement, local hospitals, and other substance abuse agencies.

Beginnings: The original stakeholders of the Rural Prevention Network are still involved: Alcona Health Center, Sterling Area Health Center, District Health Department #2, and St. Joseph Health System. A new stakeholder, West Branch Regional Medical Center, joined in 1999. In 2002, Northeast Abstinence Partnership became the governing coalition for the Network. Additional agencies, such as AuSable Valley Community Mental Health and the Northeast Michigan Community Partnership, have since joined. Other agencies including Alpena General Hospital, the Asthma Coalition of Northeast Michigan, the American Cancer Society, and Catholic Human Services became involved through the Alcona Council on Tobacco.

At DFCSP’s inception, it was administered through a different coalition—the Community Health Improvement Partnership (CHIP). However, funding was discontinued and a new partnership—NEAP—was formed. Since 2002, NEAP has been the governing coalition for the program enabling the continuance of DFCSP.

Tobacco use is a recognized problem in the communities served by the program. In 1995, the region’s Community Health Assessment Survey revealed greater consumption rates of alcohol and greater tobacco use than

surrounding communities and the overall state rate. According to the 1995 Northern Michigan Community Health Assessment Survey, 35 percent of adults, age 18–24, smoked cigarettes compared to 21 percent statewide.

Challenges and Solutions: Due to the unstable financial situation of the state and funding cuts, DFCSP has undergone several changes. The Community Health Improvement and Assessment state funds were terminated. As a result of this funding cut, the Community Health Improvement Partnership was forced to disband until further funding was obtained. To continue providing direction and collaboration, the primary responsibilities of CHIP were absorbed by NEAP. Many of the same partners that composed CHIP are active members of the Rural Prevention Network and its governing body. NEAP adopted the objectives and program goals of CHIP that pertain to DFCSP, and the program continues.

Sustainability is always a challenge, and plans for the future depend on funding availability. The program continues to evolve based on the needs of the community. Success demonstrated by the four-year strategic plan will be beneficial in gaining further funding. In this way, the program will be an ongoing part of the Rural Prevention Network along with the Northeast Abstinence Partnership's future plans.

PROGRAM CONTACT INFORMATION

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