

Grant Proposal

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## Coalition Grant Proposal

### **Assessment**

Upon assessing the Franklin county area, there is a significant need involving alcohol and marijuana accessibility for high school students. Data collected from the 2015 Maine Integrated Youth Health Survey, highlights the ease of access for juniors and seniors in Franklin county high schools. The survey shows that 65% of students in grades 11 and 12 say marijuana is very easy to get while 70% of students in grades 11 and 12 say alcohol is very easy to get.

With this data, it is clear that underage students have significant access to illegal substances. To prioritize the problem, it would be beneficial to focus the grant on the accessibility of alcohol to minors, as 70% is a substantial number of students. There seems to be more room for progress if the grant focuses on alcohol, as it is a substance that the community may be more open to discussing, rather than marijuana. This allows for parents to be the driving force which is crucial to seeing improvement.

Franklin county is a great place to start our plan of lowering the ease of access of alcohol to minors because of its solid protective factors. Franklin county is comprised of small towns, that exhibit a culture of strength in community that would be beneficial to the success of our program. These small towns have at their core their school systems, which will play a major part of our mission. In addition, although mainly rural, Franklin county has ample resources - such as Franklin Memorial Hospital, The University of Maine at Farmington, Franklin County Sheriff's, and smaller stakeholders such as individual school systems, and behavioral health agencies.

Just as there are protective factors, there are risk factors. Although the small town culture was listed above as a protective factor, it has the chance to impose some challenges. If the community is too tight knit and unable to recognize a significant alcohol problem, this will create some barriers. In order to get around this, it will be beneficial to tackle this problem within the community in a non authoritarian way, but rather pose it as a something that will be a strength for the community.

### **Capacity**

A key part of the capacity of Franklin county to target this issue is the readiness of the community. It is known that the school systems of Franklin county are understanding this the severity of the issue and are willing to support such efforts. Given the culture of the community, it can be assumed that with the support of the area school systems, the community, especially parents will be more responsive and willing to engage in our prevention efforts.

As far as building capacity, it is important to stick with our number one resource - the school systems. With their support of our efforts, they are a great source of meeting space and the means to communicate with parents and the community as a whole. The school system has valuable resources that should be tapped into to keep our prevention plan sustainable over time. By establishing that community support and involvement through the school - using it as a central, core space - the program has much better chance of being successful not just now but in the future. By establishing this community support, there becomes an opportunity for collaboration between the school and its staff, students, parents, the community, and our coalition. The readiness and the resources are there, it is up to us to use them in an effective way that will impact the future of Franklin county.

## **Planning**

As stated before, the number one risk factor for this community is the ease of social access to alcohol for high school aged students. By understanding this risk factor, it can be determined that there is a high level of changeability. This can be decided based on the willingness of the school system to contribute and provide resources to our efforts, a significant protective factor. Given the culture of Franklin county, the school system will have major pull in the attitudes of parents, giving our efforts the chance to take off.

It can be determined that the best way to go about the intervention is for an education based program. This program would be geared towards parents in the community, to increase their knowledge about the significance of the problem and in hopes to change some of their behavior that might have a direct influence on the accessibility of alcohol itself.

In terms of the logic model:

**Problem:** high rates of easy alcohol accessibility by minors

**Risk & Protective Factors:** High social access & the support of the school system

**Intervention:** Education based programs for parents and community

Education programs are the most effective ways to go about this intervention due to their low cost but high results. Our capacity assessment demonstrates the resources are in place for the intervention - meeting space (the school), ample and effective communication with parents and community (the school), people to lead the program (our staff), with useful and effective strategies and data (Maine Integrated Youth Health Survey).

## **Implementation**

The first step to implementing this prevention plan is to increase community awareness. This ties in with introducing the intervention to the primary stakeholder. The prevention plan, the education based program for parents and community members, must be fully researched and established before contacting the school systems to use their supports. When this is complete, there needs to be an agreement within the school systems of the community to use their facilities for meeting spaces as well as using their platform as an effective way to communicate with parents. During this time, there needs to be partnerships made based on skill sets to get the job done - for example organizing the meetings, contacting parents, advertising to community members, and leading the education intervention. This may involve some training to take place, especially within our own coalition, in partnership with the school systems to get comfortable with their specific culture as well as being completely comfortable with leading the community in this intervention. Staff will need to be prepared to introduce up to date data and strategies that parents and community members can effectively use, while being engaging enough for participation, which is required for success in the program.

This partnership with the school system requires ample communication between them and our coalition in determining how to adapt our education program to fit their specific needs and what they believe their parents and community will benefit from. By developing this plan, adaptations can be made without hurting the fidelity of the program. It would be in our best interest to work with a program developer to ensure that the intervention is effective, engaging, and will create results.

To carry out this plan, a responsible staff member must be put in charge to ensure the action plan is being followed, especially in a timely manner in cooperation with the school

system. This same staff member will be involved with monitoring the program, with collecting some evaluation feedback after a designated time from the members of the group. This will help us gauge the effectiveness in a short term manner, in efforts to make any quick adjustments for the community if need be. More formal evaluation will be conducted through the school system.

### **Evaluation**

Evaluation is key because it can determine the effectiveness of the program, which in time can assure sustainability, but allowing to see what is working is what could be adjusted. For this specific prevention program, outcome evaluation is most effective. Given that our data for recognizing the problem was based off of the Maine Integrated Youth Health Survey that is conducted yearly in the school system, it would be beneficial to use that as our evaluation framework. We would look for what changes have occurred in the data. The goal would be for the percentage of students who say alcohol is easy to get, to go down each year that the prevention program is put into place. Because the school system is on board with our prevention efforts, they would be willing to share the data with our coalition to appropriately assess our program.

Our long term outcome goal would be that in the following year from our first prevention program, the percentage of students saying alcohol was very easy to get would drop from 70% to 67%. This would show that our program had an effect on the attitudes and behaviors of parents in terms of having them acknowledge the problem and take steps to alleviate it, for example: locking away alcohol in the household.

In terms of reporting the evaluation results, it would be in the coalition's best interest to share the results with the school system first due to their large stake in the program. This would

allow for the communication to remain open, ensuring a good relationship. The results can be reported by simply going over the Maine Integrated Youth Health Survey as a team and discussing the percentages and asking the questions: Did we reach our goal? Is this program doing what we set out for it to do? Etc.

Afterwards, it may be wise to share a condensed version of the data with the parents and community members. This can be done with simple fact sheets, showing a comparison between the years - the percentages before and after the program was implemented. By sharing this with the public, it may increase awareness of the integrity of the program as well as interest from the community. The data should be presented by the leader of the prevention group as well as a representative from the school system, displaying a united front to the public.

## References

[http://data.mainepublichealth.gov/miyhs/2015\\_report\\_fact\\_sheets](http://data.mainepublichealth.gov/miyhs/2015_report_fact_sheets)