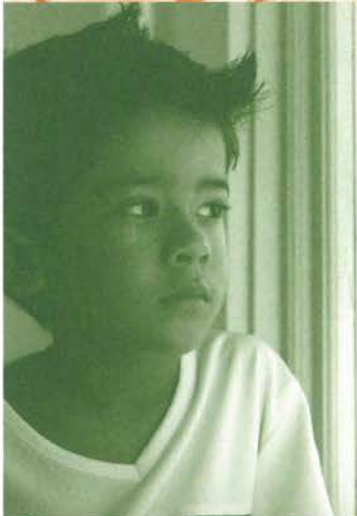


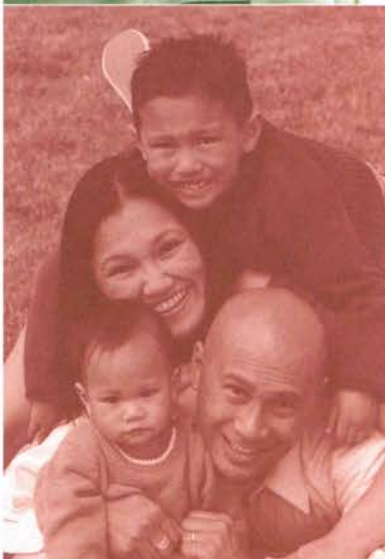
SAPST evaluation survey results

Saint Cloud – March 2012

SPF SIG recipient training



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July 2012

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Introduction

Wilder Research, with funding and assistance from the Minnesota Department of Human Services, Alcohol and Drug Abuse Division (ADAD) and in collaboration with the Regional Prevention Coordinators (RPCs), is conducting an evaluation of the Substance Abuse Prevention Specialist Training (SAPST) to assess participant changes in knowledge, overall satisfaction with the training, and suggestions for improvements. The goal of SAPST is to assist participants to design and implement scientifically defensible prevention strategies. As a result of participating in this training, participants will be better able to:

- Understand the history of substance abuse and substance abuse prevention efforts in the United States
- Define science-based prevention and understand its relevance
- Identify effective prevention principles, programs, and strategies that have been evaluated using the scientific process
- Use a systematic, scientific process to build effective prevention programs
- Determine the effectiveness of existing programs using the criteria described in the training

The Minnesota Prevention Resource Center (MPRC) coordinates the logistics for the SAPS trainings conducted across the state, in collaboration with the RPCs, who also conduct the trainings and ADAD, who also funds the trainings.

Evaluation design

Because SAPST is an intensive 40-hour training, it was necessary to develop an evaluation that solicited feedback from participants at different stages of the training. The four components include:

- Training registration information
- Daily survey
- Overall survey
- Follow-up survey two months after the training

The evaluation gives participants an opportunity to confidentially offer their opinions on the training as a whole, including aspects of the training that participants find most helpful and areas where trainings could be improved. Trainers and other stakeholders feel it is important to gather feedback daily about specific training modules, as well as feedback about the training overall. Stakeholders are also interested in learning how training participants integrated SAPST into their work upon completion of the training.

In March 2012, the RPCs led a five-day SAPS training in Saint Cloud, Minnesota. This training was provided to Minnesota Strategic Prevention Framework State Incentive Grant (SPF SIG) grantees of the Department of Human Services' ADAD division. All training participants were either project coordinators or community members actively engaged in a local coalition or its activities.

This report summarizes the findings from three of four evaluation components mentioned above: registration, overall end of training, and a two month follow-up. The purpose of the daily evaluations is for trainers to review and make modifications to the following days based on any feedback received. Therefore, daily evaluations are not included in this report.

Characteristics of training participants

Most participants who provided demographic information were female (97%) and between 22 and 49 years of age. All participants identified as White and non-Hispanic (100%) (Figures 1-4).

1. Gender (N=13)

	% of participants
Female	97%
Male	8%
Refused to answer	-

2. Age (N=13)

	% of participants
Under 18	1%
18-21	1%
22-29	31%
30-39	31%
40-49	23%
50-59	15%
60 or older	-
Refused to answer	-

3. Race (N=13)

	% of participants
American Indian or Alaska Native	-
Asian	-
Black/African American	-
Native Hawaiian or Other Pacific Islander	-
White	100%
Refused to answer	-

4. Ethnicity (N=13)

	% of participants
Hispanic	-
Not Hispanic	100%
Refused to answer	-

Registration feedback

Before the training began, participants were asked about their current role/occupation, whether they were a member of a community coalition, and what type of areas they have prevention work experience.

In respect to role, many respondents (58%) indicated they were from state, local, or tribal government. Others were from youth-serving organizations (17%; Figure 5).

Participants also identified their previous alcohol, tobacco, or other drug (ATOD) prevention experience. Half (50%) of participants indicated experience with prevention program planning; less than half (42%) had previous experience with implementing prevention programming and providing direct prevention services to youth. Fewer (25%) had experience in providing direct services to adults, seeking funding for prevention programming, or community organizing (Figure 6).

5. Role/occupation (N=12)

	% of participants
State/local/tribal government	58%
Youth-serving organization	17%
Schools	8%
Healthcare	8%
Youth	0%
Parent	0%
Business community	0%
Media	0%
Law enforcement agency	0%
Spiritual/fraternal org.	0%
Civic/volunteer group	0%
Other	8%

6. ATOD prevention experience (may choose multiple areas) (N=12)

	% of participants
Prevention program planning	50%
Implementing prevention programming	42%
Direct prevention services to youth	42%
Direct prevention services to adults	25%
Seeking funding for prevention programming	25%
Community organizing	25%
Working "behind the scenes"	8%
Providing treatment services	0%
Other	17%

Participants were also asked why they choose to attend the SAPS training and what they hoped to learn. Because this was a SPF SIG grantee specific training and all attendees were either project coordinators or part of a SPF SIG coalition, several participants mentioned that it was a grant requirement. Others were looking to gain knowledge about strategies and working within coalitions (Figures 7 & 8).

7. Why did you choose to attend the SAPS training? (N=11)**Open-ended responses**

New grantee/required for grant (6 respondents).

I have chosen to attend the SAPST training because I think it will be a wonderful way to gain knowledge about evidence-based community health strategies.

To gain knowledge in a coalition I am involved with.

We believe this training is vital to our work with the teenagers in our area.

As the primary person who works with students around prevention and intervention, I feel that this knowledge will increase my abilities to be successful.

I feel it is an excellent opportunity for formal training in an area I have been working for more than three years.

8. What do you hope to learn from the SAPS training? (N=8)

Open-ended responses

Evidence-based strategies.

Community strategies.

Better ways to intervene in the use of drugs and alcohol.

Addressing ATOD use in our community.

Strategies for providing successful prevention efforts in the area of ATOD use.

I hope to gain some of the language I need to articulate what makes sense to me intuitively as a result of experience in the field. For example, I want to be prepared to make the case for prevention -especially of underage and binge drinking- when speaking to community members in various capacities.

New program and data collection ideas.

Addressing substance abuse in our county.

Overall feedback

Knowledge outcomes

Overall, participants said their knowledge increased across almost all training topics. Most participants (63-75%) indicated that their knowledge increased “a great deal” in the the role of media in prevention, the cultural context of prevention, media advocacy, and developmentally appropriate prevention strategies.

About half (50-53%) of participants reported their knowledge increased “a great deal” in several of the remaining topic areas, including: capacity building; community readiness assessment; logic model development; evaluation; evidence-based prevention research; needs assessment; prevention program planning; and program sustainability. Fewer respondents indicated they learned “a great deal” regarding ethics (44%), risk and protective factors (38%), and the impact of drugs on adolescent brain development (38%) (Figure 9).

Half of participants said they had learned “a lot new information/ideas” (50%) and 38 percent said they learned “some new information/ideas” (Figure 10).

9. Degree of knowledge increase in specific areas (N=16)

Please indicate the degree to which your knowledge increased as a result of the SAPS training.	A great deal	Somewhat	Not at all	Not Applicable
The role of media in prevention	75%	13%	13%	-
Cultural context of prevention	69%	31%	-	-
Media advocacy	69%	19%	13%	-
Developmentally appropriate prevention strategies	63%	31%	6%	-
Capacity building	56%	31%	13%	-
Community readiness assessments	56%	44%	-	-
Logic model development	56%	31%	13%	-
Evaluation	50%	44%	6%	-
Evidence-based prevention research	50%	38%	13%	-
Needs assessments	50%	38%	13%	-
Prevention program planning using SAMHSA's Prevention Framework	50%	44%	6%	-

Note: Row total may vary from 100% due to rounding.

9. Degree of knowledge increase in specific areas (N=16) (continued)

Please indicate the degree to which your knowledge increased as a result of the SAPS training.	A great deal	Somewhat	Not at all	Not Applicable
Program sustainability	50%	38%	13%	-
Ethics	44%	38%	19%	-
Risk and protective factors in substance abuse prevention	38%	50%	13%	-
Impact of drugs on adolescent brain development	38%	56%	6%	-

Note: Row total may vary from 100% due to rounding.

10. Degree of new information/ideas learned through training (N=15)

How much new information or ideas did you receive in the training?	% of respondents
A lot of new information/ideas	50%
Some new information/ideas	38%
A little new information/ideas	-
No new information/ideas	6%
Missing	6%

Most helpful areas

When asked about the most helpful aspect of SAPST, participants identified learning about the Strategic Prevention Framework (SPF) model in general, as well as specific training topics such as logic models and capacity building strategies. In addition, participants noted it was helpful to meet the others involved in the initiative and network (Figure 11).

11. Most helpful aspect of the training (N=13)

Most helpful aspect of the training

How this will apply exactly to my job.

Meeting the other participants. Facilitation skills.

How the model works; discussion regarding media.

How we can partner with other agencies to make this happen.

Everything and anything that related directly to the tasks at hand for my work.

Capacity building strategies.

Gaining a deeper understanding and appreciation of how prevention works.

I learned about logic models.

Coalition roles, attitudes, picking processes, etc.

I gained resources and great contact people to utilize.

The SPF model.

Meeting the coordinators.

What the social norms should be.

Suggestions for improvement

Participants were asked to identify additional topics they would like to have discussed during the training. Participants' suggestions included information about existing community assessment data sources; evaluation; and policy, systems, and environmental change strategies. One participant also requested additional assistance with coalition facilitation (i.e., creating meeting agendas) (Figure 12).

12. Additional topic suggestions (N=12)

Topics would have liked to discuss

Ideas of what types of assessment data may already be in our communities.

Erickson's developmental model.

How to make a case for your program even if evaluations aren't showing significant behavior change.

Agenda development for coalition meetings.

Policy, systems, and environmental change strategies.

More environmental strategies.

None (5 respondents)

Participants provided suggestions for both improving the content of the training, as well as suggestions for improved training logistics. Some examples included greater organization and updating of materials, more table space, greater variety of training methods, and more real-world examples (Figure 13).

13. Suggestions for improvement (N=9)

Content

Some of the curriculum dragged on too long. Provide info more quickly.

Include more real world examples.

Very specific to individual and not population change.

Logistics

More organized. More room for each of us.

It gets really long being in training all day everyday for a week.

Maybe break into a 2-part training. Very long and lots of info.

Breaking up the training, allow for reflection or independent work. [The training model] caters to extroverts.

Update the manual. Focus more on population-level prevention. Remove human development (Module 6).

None – awesome!

Satisfaction

Overall, participants were satisfied with SAPST. Respondents “strongly agreed” that the information applied to their work (63%), and that they received sufficient training to apply what they learned to their own work (75%). Respondents also noted that the trainers were knowledgeable (81%) and there were enough opportunities to ask questions (75%) (Figure 14).

14. Overall satisfaction with training (N=15-16)

How much do you agree or disagree with the following statements?	Strongly agree	Agree	Disagree	Strongly disagree
Overall, I am satisfied with this training.	53%	47%	-	-
The information presented was useful.	56%	44%	-	-
The training was well organized.	56%	38%	6%	-
The information presented in SAPST applies to my work.	63%	38%	-	-
I received sufficient training so I can apply what I learned to my own work.	75%	19%	6%	-

14. Overall satisfaction with training (N=15-16) (continued)

How much do you agree or disagree with the following statements?	Strongly agree	Agree	Disagree	Strongly disagree
The trainers were knowledgeable.	81%	19%	-	-
There were enough opportunities to ask questions.	75%	25%	-	-
I felt comfortable contributing to the discussion.	56%	44%	-	-
The location was comfortable (sound level, temperature, etc.).	56%	44%	-	-

Recommend to others

Fifteen of 16 respondents (94%) indicated that they would recommend the SAPS training to others. Respondents mentioned that they would recommend the training for background information, so those working in the field could all “speak the same language.” Others felt the training was thoughtfully designed (Figure 15).

15. Reasons participants would recommend training to other (N=9)**Reasons participants would recommend training to other**

Depends. Seems more appropriate to those working with individuals and not populations at large.

Excellent background.

Very comprehensive.

More treatment professionals get caught up in treatment and not realize prevention is so important.

Very good course.

Yes, I think it allows us to have a clearer understanding of methods.

I will bring to my director and coalition.

It helps me, so it could help anyone in a field of prevention.

Great way to get to know others doing similar work.

Intention to obtain certification

Twelve of 16 participants surveyed (75%) intended to obtain Certified Prevention Professional (CPP) certification after the completion of the training. A few participants reported that the certification would help with their credibility in their work, and others mentioned that it would provide additional expertise. Three respondents noted that the training was required for their role. Two respondents indicated that they did not intend to obtain certification, and two did not indicate that they did or did not intend to do so (Figure 16).

16. Reasons participants do or do not intend to obtain CPP certification (N=12)

Reasons participants plan to obtain CPP certification

Provide more authentication to my profession.

To continue work in this field – it would be beneficial.

I want to advance the cause.

Additional training and credentials, and credibility.

Additional expertise.

Professional growth.

It will help me for my coalition.

Required by grant. (3 respondents)

Reasons participants do not plan to obtain CPP certification

I work in population health and PSE. Some is applied, but limited.

Funds – working in treatment it is not necessary to be certified for this.

Training follow-up

Using SAPST

Fourteen participants provided email contact information for the follow-up portion of the SAPST evaluation. Participants were contacted via email by Wilder staff to complete a short survey. A total of eight participants completed the survey two months after the end of the training, for a response rate of 57 percent. The remaining participants did not respond to the survey.

Seven of eight respondents indicated that they had used the information learned in SAPST in their career. When asked how, many respondents mentioned that they used the SPF process in some capacity, often to build coalition capacity (Figure 17).

One respondent indicated that they had not used information from the training in their work. The respondent indicated “The vast majority of information provided was not new for me; I use a variety of techniques and information discussed but not because I didn't know about it previously.”

17. How participants had used information learned in SAPST (N=7)

Please provide one or two specific examples of how you have used what you learned in the training in your work.

Coalition building, assessment gathering.

I have used at least one of the items modeled to us by the facilitators to more effectively manage my coalition meetings. One example is asking participants to evaluate the meeting by writing one "like" and one "wish" on sticky notes and placing them in the "parking lot." I then addressed these items and revisited them at the beginning of the next meeting. I have also used several of the PowerPoint slides to convey information about the Strategic Prevention Framework, specifically the assessment phase, to my coalition to set the context for our work together.

I used the information in training my co-workers. I used the information to aid in grant applications for prevention funding.

I have used and continue to learn about different ways to be keep a group engaged, and keep meeting participants actively involved.

Will use the color activity with my Young Adult Advisory Council. Used the history of prevention information to explain why we focus on some strategies more than others. What we have learned over time.

Looking at how to build our coalition and ideas learned from other coordinators.

The main benefit I gained was learning more about the SPF SIG model. I use it every single day with my work and use its guidance frequently. I have also used the connections that I gained at SAPST daily. I have added multiple references to my list of contacts and they are all utilized frequently. I couldn't have come this far without them.

Identifying stakeholders.

Respondents were asked to identify the SAPST modules they found to be most helpful in their work. Over half (56%) indicated that the prevention program planning and prevention research models were most helpful. Forty-four percent felt modules around media and prevention, evaluation, and the history of ATOD and ATOD prevention were most helpful. Fewer (22%) felt the ethics module was most helpful (Figure 18).

18. Most helpful SAPST module (N=9)

Multiple answers allowed	% of participants
Prevention program planning	56%
Prevention research	56%
The media and prevention	44%
Evaluation	44%
Introduction/History of ATOD and ATOD prevention	44%
Cultural context of prevention	33%
Using human development in prevention	33%
The ethics of prevention/Bringing it all together	22%
I did not find any modules helpful.	11%

In addition to identifying which of the modules were most helpful, respondents were asked to identify other features of the SAPST they found particularly helpful. Respondents mentioned the hands-on activities, relationship building, and networking opportunities (Figure 19).

19. Other helpful aspects of SAPST (N=9)

Other than specific modules, what part(s) of the SAPST training did you find most helpful?

Networking.

The facilitators did an excellent job modeling good facilitation skills. It is one thing to understand these things in theory but another to put them to good use.

The historical tracking of data to show patterns and results.

I found it most useful that the training was driven by the SPF in mind to make it more clear what we are doing. The training was not particularly helpful to me, but the networking and sharing gained around the table is always beneficial.

Forming relationships with the other SPF SIG coordinators.

Getting to know everyone.

I was very unfamiliar with capacity building. This was the part of SAPST that I tried the hardest to get information from. I wanted to learn more about this and the best ways to expand our coalition in the community.

Risk and protective factors.

Respondents were also asked how the SAPST could be modified to be more useful to their work. Some examples of suggestions included more tailoring of content for the SPF SIG grant, updating training materials, and greater focus on evaluation and data. One respondent requested the training be longer due to the amount of content (Figure 20).

20. Suggestions for improvement (N=9)

How could SAPST training be made more useful to your work?

Not sure at this time/none (3 respondents)

Because the majority of individuals in attendance were SPF SIG grantees, it seemed like we could have spent more time applying the material to SPF SIG. However, I understand that the training is meant to be delivered to a more general audience.

I was surprised at how outdated the materials were. I truly had expected this to be higher intensity and focused on specifics compared to the 101 version.

SAPST is heavily geared to individual, direct service prevention. Remove the human development and other sections that are so geared to someone running a teen center. More information on assessment, data collection, and environmental strategies.

More structure and more of a focus on evaluation.

It would be beneficial to meet with my fellow Coordinators more often. Also, to meet with my contact people at Wilder, and IHI. I support the idea of everyone being on the same page. SAPST introduced me to all of these great people, but we are under-utilized as a group.

Make it longer....I was in overload after a couple of days and don't believe that I retained a lot of what I heard.

Seven of nine respondents indicated that they would like additional training related to youth alcohol, tobacco, and other drug (ATOD) prevention. Of those who would like additional training, examples included working with and engaging youth, and working with coalitions to embrace population-based approaches (Figure 21).

21. Requests for further information (N=6)

Would you like additional training related to youth alcohol, tobacco, and other drug (ATOD) prevention? In what topics?

Young adult advisory committees - how to recruit.

Engaging youth and young adults in general as well as specific tools for doing so (e.g., Photovoice, Environmental Scans, Asset Mapping, etc.).

How to help coalitions move from education and awareness raising strategies to population-based approaches. How to address binge drinking among the 21+ population.

How to engage youth and young adults and sustainability of programs.

Any topic that is related to ATOD use.

Five respondents provided additional comments about the SAPS training and shared their appreciation for the training content and staffing (Figure 22).

22. Additional Comments (N=5)

Please feel free to share any other comments about the SAPST training.

Presenters tried, but clearly some were not well versed in the topic and therefore glossed over sections that were important. I appreciate the effort they put in, but in my opinion, they fell short.

SAPST was a great time. I will always remember the things I learned and the people that I met. I can't wait to do it again.

It was good training, just too long. Not sure if I will be getting the advanced certification or not. Thanks.

Certified Prevention Professional certification

At the time of the follow-up survey, four of nine participants had received the Certified Prevention Professional (CPP) certification. Three of the remaining five participants indicated that they intended to receive certification.

Recommendations

Based on the findings from this evaluation, Wilder Research recommends the following for improving SAPS training:

- Identify opportunities to train about policy, systems, and environmental using a population-based framework.
- Continue to identify strategies for using existing data sources in the training as examples of assessment and evaluation.
- Share more examples of successful strategies or methods that have had positive outcomes from other programs or coalitions.
- Clarify the CPP certification process, and benefits, for participants.
- Continue using SAPST evaluation data (from individual trainings and aggregated across trainings) to assess success of changes and identify additional areas of training strengths and opportunities.