

**NORTH CAROLINA STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT:
FINAL EVALUATION REPORT: EXECUTIVE SUMMARY
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THE PACIFIC INSTITUTE FOR RESEARCH AND EVALUATION**

Project Background

In June 2005, North Carolina received a five-year Strategic Prevention Framework State Incentive Grant (SPF SIG) from the Center for Substance Abuse Prevention (CSAP) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services (known hereafter as the Division) administered the NC SPF SIG project from July 2005 through June 2011. The Strategic Prevention Framework (SPF) is a five-step prevention planning model that promotes data driven decision-making. The five steps of the SPF are as follows:

1. Profile population needs, resources, and readiness to address needs and gaps;
2. Mobilize and/or build capacity to address needs;
3. Develop a comprehensive strategic plan;
4. Implement evidence-based prevention programs, policies, and practices; and
5. Monitor, evaluate, sustain, and improve or replace those that fail.

The Division and its partners (referred to as the Initiative) conducted the SPF at the state level and selected **alcohol-related traffic crashes and deaths (ARTCDs)** as the priority issue to be addressed throughout the state. Eighteen (18) counties were then selected to receive funds to conduct the SPF at the county level and to implement efforts to reduce ARTCDs in their communities.

State-Level Implementation and Capacity Enhancement

At the state level, the Initiative accomplished the following:

- Collected epidemiological data and selected the statewide priority of preventing and reducing ARTCDs (Step 1);
- Enhanced its prevention capacity through the development of four Centers for Prevention Resources (Step 2);
- Developed a statewide strategic plan to reduce ARTCDs (Step 3);
- Implemented the project in 18 North Carolina communities (Step 4); and
- Conducted evaluation activities that culminated in this final evaluation report (Step 5).

Community-Level Implementation and Capacity Enhancement

At the community level, the following was accomplished:

- All 18 funded communities completed their needs assessments and strategic plans, and identified local factors that contributed to ARTCDs (Steps 1 and 2). Common contribution factors included low perceptions of risk of the physical harm of drinking and driving, low perceptions of risk of being arrested for drinking and driving, social and community norms that accept drinking and driving, and low levels of law enforcement.

- All funded communities built capacity to implement their strategic plans (Step 3).
- All funded communities implemented a series of strategies aimed at reducing ARTCDs, and evaluated their efforts (Steps 4 and 5). The most common strategies implemented by communities were social marketing or educational activities, aimed at influencing knowledge and attitudes about ARTCDs in their communities. Efforts to develop and support local policies aimed at changing community environments around drinking and driving included collaborations with law enforcement agencies, local court systems, and alcohol merchants.

Interviews with state and community stakeholders indicated that, across the board, the biggest gains in the communities were the relationships that were developed that are necessary to mobilize communities to address ARTCDs. Partnerships were formed between traditional prevention providers, law enforcement, health departments and hospitals, media, retailers, and others. Two of the biggest barriers to implementing the SPF in many of the communities were the lack of continuity in project leadership and lack of community readiness.

Aggregate Community Outcome Data Findings

The evaluation collected three types of data regarding community outcomes: (1) data from each individual community on its target contributing factors, (2) survey data from the 18 funded communities and 18 comparison communities on issues related to drinking and driving, and (3) data from the 18 funded communities and 18 comparison communities on alcohol-related traffic crashes.

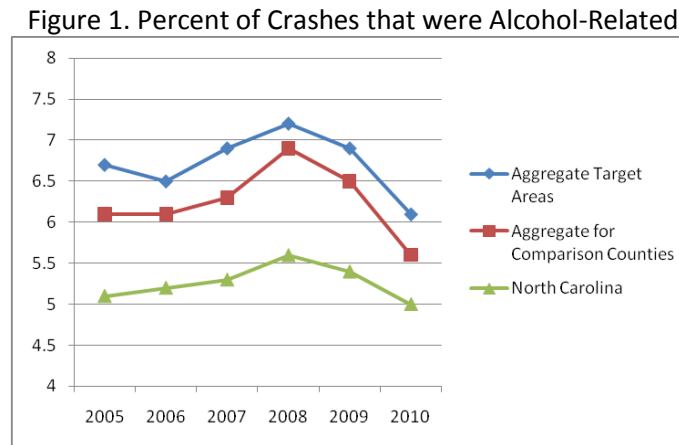
(1) Contributing Factor Data. At the beginning and ending of the project, each community collected data on local factors known to contribute to ARTCDs (referred to as contributing factors). Examples of contributing factors included perceptions that the risk of physical harm from drinking and driving is low, perceptions that the risk of being arrested for drinking and driving is low, and actual law enforcement efforts to prevent drinking and driving are low. Across the counties, among the 57 contributing factors for which we had sufficient information to make a determination of whether change occurred, 25 factors showed positive change, eight showed negative change, 16 showed no change, and eight were mixed. A statistical test of the distribution of positive versus negative changes found that there was more change in the positive direction versus the negative direction than one would reasonably have expected by chance. Thus, the overall pattern of observed contributing factor changes indicated that SPF SIG counties tended to show improvements in their targeted contributing factors.

(2) Community Surveys. A telephone survey of the 18 funded counties and 18 comparison counties found *perceptions* that (1) there was a relatively high level of drinking and driving in both county groups, but more so for the SPF SIG counties; (2) there was a slightly higher level of drinking and driving now than two years ago in both county groups, but more so for the SPF SIG counties; and (3) there was somewhat more effort by the police to prevent drinking and driving now than two years ago, but less so for the SPF SIG counties. When looking at the data across the 36 counties that were surveyed, the following patterns were found:

- Drinking and driving was considered to be an important issue in the counties and that the level of importance had increased recently;
- Community members perceived that there had been efforts to prevent drinking and driving in their counties and that these efforts had increased a little over the past two years;
- There was a high level of perception of risk concerning drinking and driving and that this perception of risk had increased recently

- There was a strong norm of disapproval towards drinking and driving and that this norm had gotten stronger recently;
- There was a very low level of self-reported drinking and driving and indication that people were becoming less likely to drink and drive.

(3) *Crash data:* To assess changes in ARTCDs, annual and monthly data were examined from the NC DOT. As illustrated in Figure 1, the percent of traffic crashes that were alcohol-related in SPF SIG counties, comparison counties, and all NC counties combined gradually increased between 2005 and 2008, and then decreased in 2009 and 2010. SPF SIG communities demonstrated reductions in alcohol-related traffic crashes during the project period. However, no statistically significant differences were detected between SPF SIG counties and comparison counties.



Conclusions

The evaluation data collected for North Carolina’s SPF SIG indicate that during the project period (1) the state and communities were able to carry out the five-step SPF planning and implementation model, (2) prevention capacity increased at the state and community levels, (3) funded communities made measurable progress on addressing the factors that contribute to alcohol-related traffic crash deaths, and (4) SPF SIG communities demonstrated reductions in alcohol-related traffic crashes, but no more so than the comparison communities. When taking into consideration the full scope of SPF SIG activities, it appears that the project, together with other statewide efforts to decrease drinking and driving, contributed to positive statewide outcome trends.

More Information

For a copy of the final evaluation report, please visit www.ncspfsig.org. For more information about the SPF SIG project, please contact:

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