



Importance of key people readiness for prevention in ensuring prevention effectiveness

Josipa Bašić
Miranda Novak
Josipa Mihić

4th EUSPR Conference, Paris, 13-15 November 2013

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Background of this research

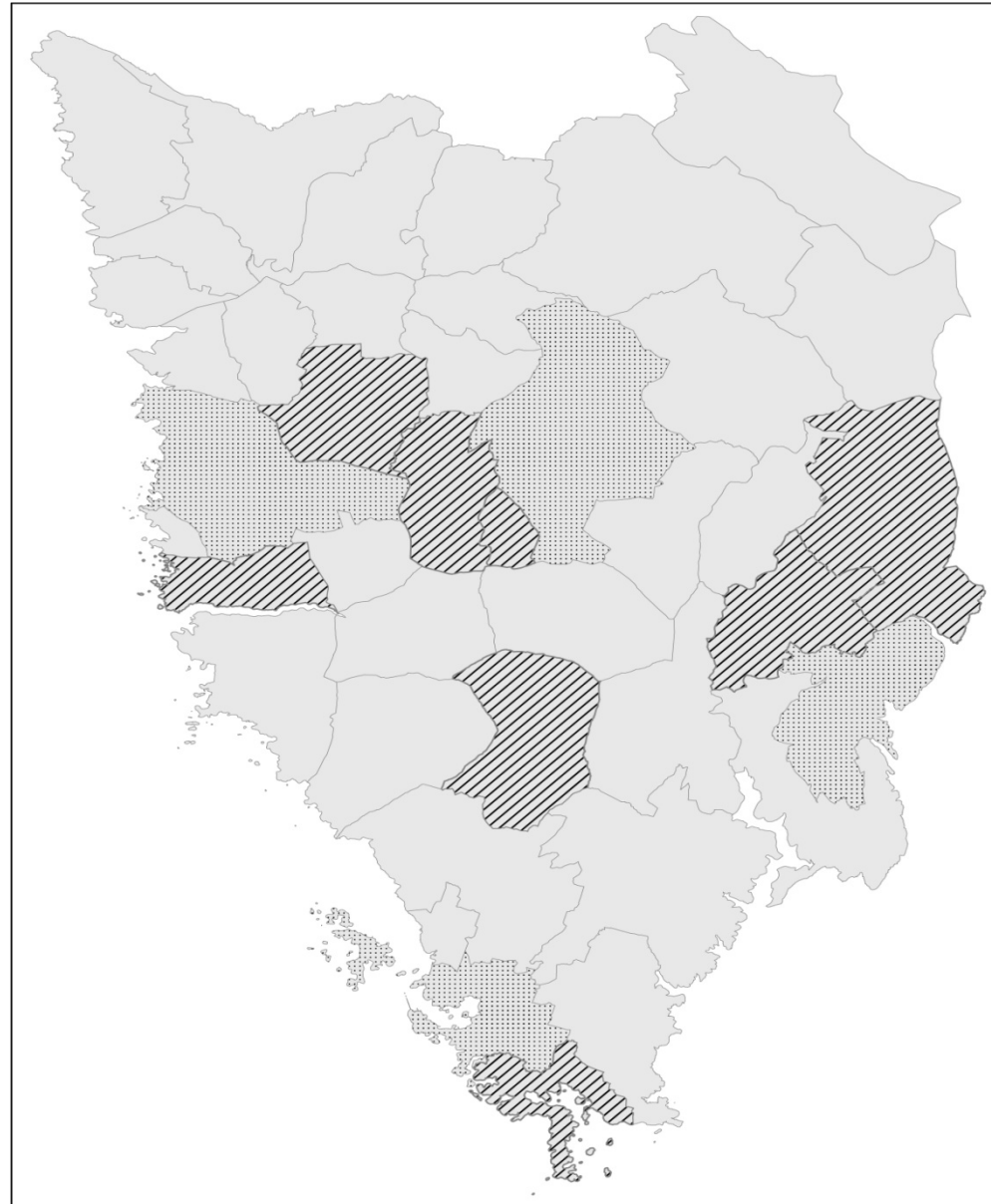
Two scientific projects:

1. Communities that care as a model of prevention of behavioral disorders in Croatia (2002-2006) and
2. Communities that Care: development, implementation and evaluation prevention in community (2007-2013) (Josipa Basic, project manager)



- Faculty of Education and Rehabilitation Sciences, University of Zagreb, Croatia
- in cooperation with Istrian County and Department of Health and Social Care, Croatia

Map of Istria County (4 areas)

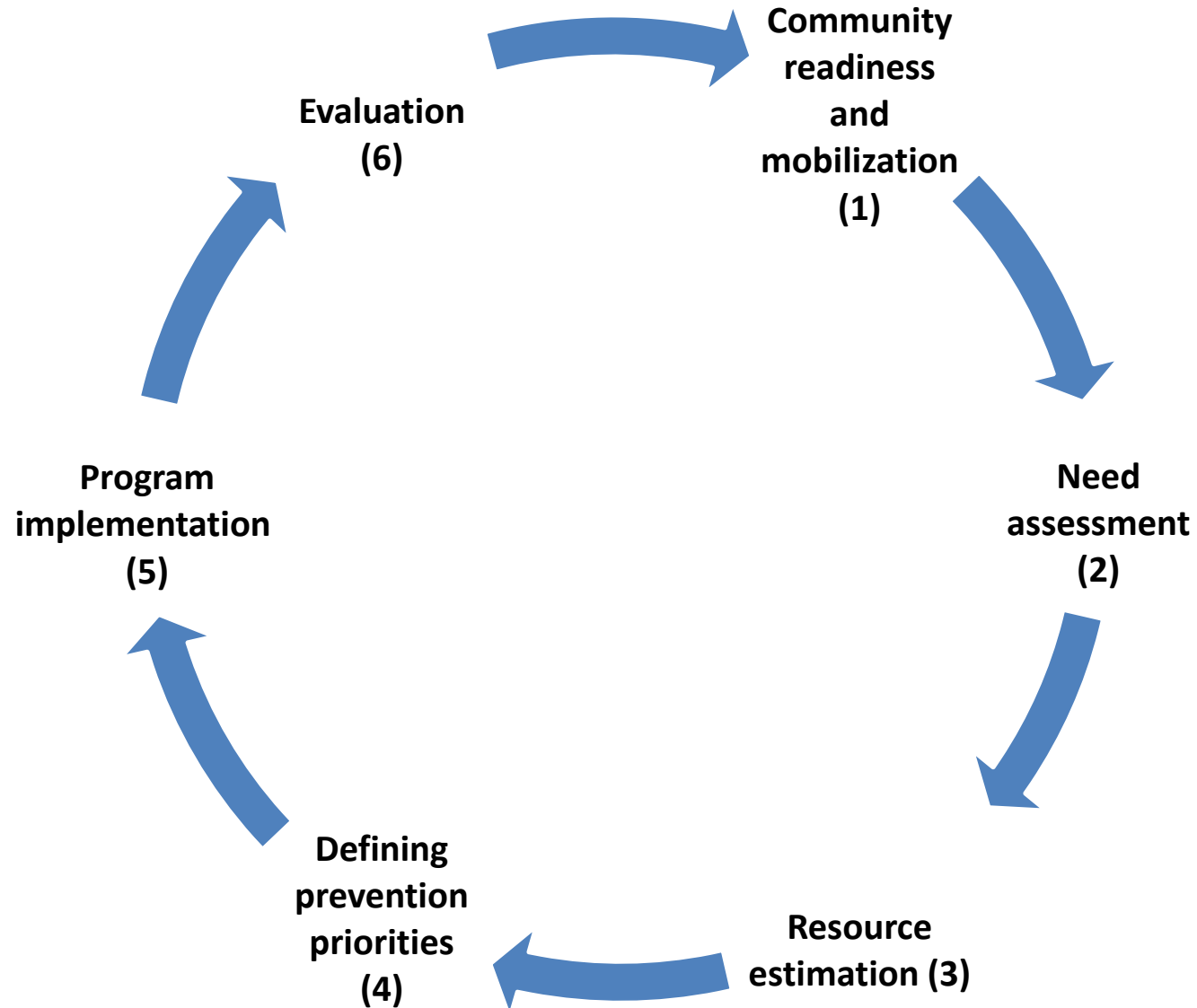


US CtC

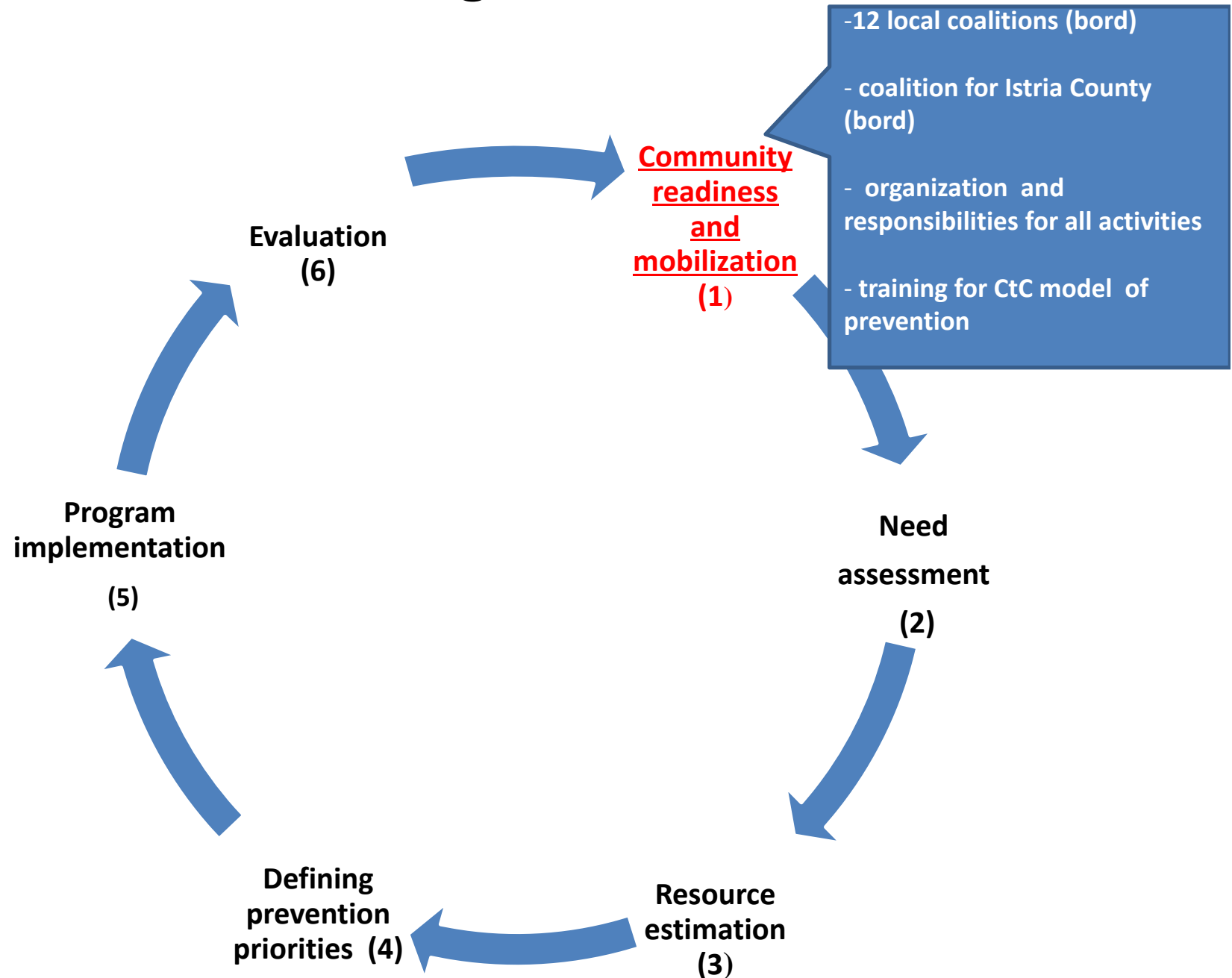
Communities that care - CtC (Social Development Research Group, SDRG, University of Washington, US) are implemented through these steps:

1. Establishment: introduction and involvement – the aim is to support community and establish Board for prevention in community;
2. Need assessment and potential : – education of board members for preparing basic profile of community based on risk and protective factors or potential on which they will based their plan of activities;
3. Planning and Implementing - introduction with methods and techniques for development of strategic plan for preventive activities in community , particularly with evidence-based strategy for risks decrease and protective factors increase (Hawkins, 2005).

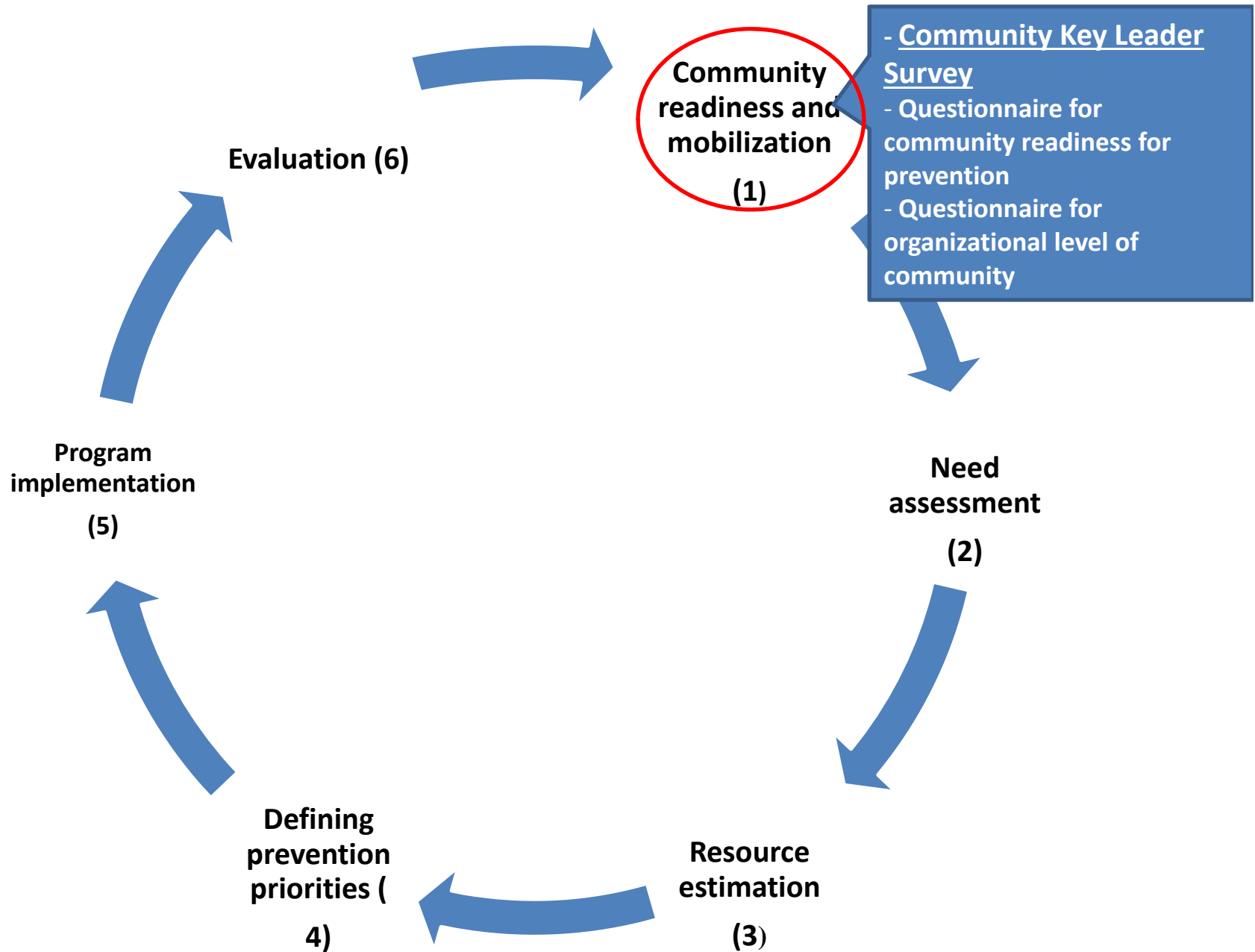
CtC Croatian version



CtC Model/ organization level



CtC MODEL /TOOLS



Why is it important?

- **to develop the model of prevention of risk behaviors - implemented in the local community**
- **community readiness and mobilization/capability for the prevention of risk behaviors can be crucial**
- **Community readiness and mobilization/capability can be described as the level to which the community is adequately prepared to take action on a specific issue (Pentz, 1998, Oetting et al., 1995, Edwards et al., 2000)**

Who is responsible for CtC?

- Responsible for that goals are **“key people”**
- Understanding and assessment of readiness and capability of community **is the key factor in organizing the community to invest efforts in the prevention of risk behaviors in children and youth (education, awareness, political willing, long term investment in human capital, financial support, ...)**
- The most common way to measure community readiness/capacity for prevention includes the **research of key informers**

Aims of this research

- (1) Consider the possibilities for mobilizing the community for prevention **through the willingness of key people**
- (2) Analyze the **power of influence of key people and answer the question whether they are willing to be stakeholders in prevention of Istria and their communities**

CKLS - Methods (1)

Key people readiness for prevention was **measured by CKLS, with 38 variables which reflect 5 areas** (results of factors analyses are pretty same as in US research):

- (1) general **attitude about prevention** in the community
- (2) **knowledge about prevention programs and interest in improving that knowledge**
- (3) their organization's **readiness for various forms of assistance for the prevention and cooperation with others**
- (4) the assessment **of investment efforts of their organizations and cooperation with others**
- (5) estimates of **investment in various forms of assistance for prevention in the last 12 months**

CKLS - Methods (2)

- This presentation will show results of the **research of key people** from **4 wider local areas in Istria, Croatia**.
- Questioner - modified version of the Community Key Leader Survey (Western Region Center for Application of Prevention Technology, USA) was applied **during the three time points**

Time points of measurements - samples:

- 2004 - N = 151
- 2007/2008 - N = 110
- 2009 - N = 69

Who where key leaders? (1)

- Local government /authorities
 - Main local departments/authorities
 - Public and private organizations/institutions: preschool and school, center for social welfare, ...
 - NGOs
-
- Every time point included **different key people informers** who where perceived influential in communities involved (decision makers on different level)
 - **Special care dedicated to the position of key people** - where they work - the same person wasn't in the same position in every time point

Who where key leaders? (2)

Gender:

- Male – 182 (55.2%)
- Female – 148 (44.8%)

Age:

- < 30 years – 16 (4.8%)
- 30 – 50 years – 176 (53.3%)
- > 50 years – 138 (41.8 %)

Who where key leaders? (3)

Education:

- MA or PhD – 18 (5.5%)
- BA – 255 (77.3%)
- Secondary school – 57 (17.3%)

Type of organization:

- Companies, public institutions, school - 173 (52.4%)
- Local authorities 122 (37.0%)
- NGOs – 35 (10.6%)

Results

Robust discriminative analysis – 3 time points

Discriminative function	M			SD			F	P
	1	2	3	1	2	3		
1	-.12	-.21	.94	2.53	2.82	2.25	13.65	.000
2	-.37	-.02	1.20	1.83	1.84	1.30	35.30	.000

- highest results are present in 3rd time point of measurement
- biggest differences are seen in variables representing attitudes towards programs for prevention in community and their role in quality of life
- in 3rd time point there is an increase of collaboration between the organizations in community taking care of prevention of risk behaviors

Robust discriminative analysis - gender

Discriminative function	M		SD		F	P
	M	F	M	F		
1	-.56	.69	2.74	2.32	26.21	.000

Differences between male and female key people are significant

Female:

- better attitude towards prevention,
- prevention is general public interest,
- prevention is interest and obligation of local community,
- know more about prevention programs in settings and are interested for knowledge improvement,
- readiness of their organization for conducting various activities in prevention and collaboration with others

Robust discriminative analysis - age

Discriminative function	M			SD			F	P
	<30	31- 50	>50	<30	31-50	>50		
1	-.48	.07	-.03	2.12	2.75	2.50	21.92	.000
2	2.48	-.06	-.21	2.30	1.92	1.88	12.56	.000

First discriminative function:

Age 31-50:

- better general attitude towards prevention ,
- prevention is general public interest,
- general attitude towards prevention because prevention is an interest and obligation of local community

Second discriminative function:

Age <30:

- better knowledge about the prevention programs in settings and interest for knowledge improvement,
- assessment of organizational investment in different aspects of help in last 12 months

Robust discriminative analysis - education

Discriminative function	M			SD			F	P
	MA/PhD	BA	SS	MA/PhD	BA	SS		
1	-.14	.24	-1.03	3.03	2.51	2.76	4.93	.008
2	.91	.03	-.42	.90	1.27	1.32	33.59	.000

First discriminative function:

BA:

- prevention is general public interest,
- prevention is interest and obligation of local community,
- know about prevention programs and settings and interest for the knowledge improvement,
- readiness of their organization for conducting various activities in prevention and collaboration with others

Second discriminative function:

MA/PhD:

- investment of organizational efforts in different aspects of help for prevention and collaboration with others,
- organizational investment in different aspects of help in 12 months

Robust discriminative analysis – type of organizations

Discriminative function	M			SD			F	P
	Inst.	LG	NGOs	Inst.	LG	NGOs		
1	-.12	.04	.43	2.60	2.72	2.47	5.98	.003
2	.27	-.13	-.89	1.71	1.39	1.13	38.33	.000

First discriminative function:

NGOs + LG:

- better general attitude towards prevention ,
- prevention is general public interest,
- prevention is interest and obligation of local community,
- know more about prevention programs,
- investment of organizational effort in different aspects of help for prevention

Second discriminative function:

Institutions:

- organizational investment in different aspects of help in last 12 months
- investment of organizational efforts in different aspects of help for prevention development and collaboration with others

Conclusions

- Results represent a contribution to further increase of the level of readiness, monitoring the state of readiness and mobilization of key people in Istria
- Adequate readiness through professional public/stakeholders as advocates of prevention of risk behaviors of youth will ensure greater effectiveness of prevention strategies implemented in local communities
- Usage of Community Key Leader Survey is valid and useful tool in organizing community prevention in Croatia



THANK YOU!

basic@erf.hr

novak@erf.hr

jmihic@erf.hr

