

# If it doesn't work why are we still doing it? Ending ineffective prevention practices

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# Session Objectives



**At the conclusion of the session the attendee should be able to:**

- List three examples of ineffective efforts still occurring on college and university campuses.
- Describe two strategies for change advocacy related to evidence- and theory-informed practices.
- Identify three evidence- and theory-informed practices that can be used to replace existing ineffective initiatives.

# Our Time Today



- Promote critical thinking
- Embrace difficult conversations
- Be the Upstander
- Focus on the future and what is possible
- ***Please hold questions for the end***

# Overview



- Why this matters
- Research Says...
- Using Evidence- & Theory-Informed Practice
- Communications
- Alignment of Activity to outcome
- Ending the ineffective
- Next steps



# WHY THIS MATTERS

# Background



- The time has come for us to take a critical look at our efforts of the past
- A good number of past efforts have proven to be unsuccessful or at least ineffective
- We aren't doing this works to be popular.

*"History does not predict the future"*

– Michael P. McNeil

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# Better than nothing?



- Doing “something” is not necessarily better than doing nothing
- We need to carefully plan our efforts rather than be constantly chasing a trend (reactive thinking)
- Ready, Fire, Aim is not the way to create lasting change

# Past, present, and future



- The days of measuring our efforts by process measures are over
- Administrators, governments, students, parents, funders, and other key constituents expect all areas of the institution to contribute to the learning mission
- Outcomes tied to measureable learning are the future of co-curricular efforts in higher education



**RESEARCH SAYS**

# Examples from the literature



- Health Fairs

- Majority of literature is on community & employee settings
- Topics with limited evidence of behavior change include: blood pressure, diabetes, CV risk, stroke risk, obesity
  
- Gosline, M.B. & Schank, M.J. (2003). A University-wide Health Fair A Health Promotion Clinical Practicum. *Nurse Educator*, 28, pp. 23-25.
  
- “Some of the positive comments include...this should be held each semester...students were well prepared and did an excellent job.”
- “...suggestions for improvement were...should be in a bigger room...hold it in a room that is more visible.”

# Examples from the literature



- Beer Goggles

- Much of the literature is sponsored by the manufacturer and with K-12 settings.
- Jewell, J. & Hupp, S.D.A. (2005). Examining the Effects of Fatal Vision Goggles on Changing Attitudes and Behaviors Related to Drinking and Driving. *Journal of Primary Prevention, 26*, pp 553-565.
- “the group wearing the goggles reported significantly greater declines in accepting attitudes toward drinking and driving compared to the other groups at the immediate post-test. However, these differences disappeared after four weeks. Also, the change in attitude was not accompanied by a similar decrease in drunk driving behaviors.”
- “...the authors present strong evidence that this is a prevention strategy that does not result in behavioral change.”

## **Overarching Goal of College AIM**

**Increase the likelihood that *research* will inform interventions to address drinking on campuses by providing a framework for schools to compare and select evidence-based intervention strategies.**



# **EVIDENCE- & THEORY- INFORMED PRACTICE**

# Using Standards



- Standards of Practice for Health Promotion in Higher Education
  - Evidence-informed practice
  - Theory-informed practice
- Council for the Advancement of Standards
  - Alcohol and Other Drug Programs
  - Health Promotion
  - Health Services
  - Student Leadership



# COMMUNICATIONS

# Words matter



## Past language

## Future language

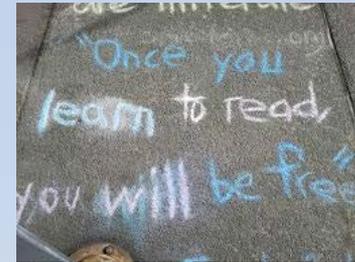
"alternatives" → "choices"

"be aware" → "embrace responsibility"

"target audience" → "focus population"

# Delivering the message

- Chalking
- Original ideas/materials
- Functional free crap





# **ALIGNING ACTIVITY TO OUTCOME**

# What are you trying to achieve?



If you are trying to change behavior

information  $\neq$  behavior change

preaching  $\neq$  behavior change

mock dui  $\neq$  behavior change



# ENDING THE INEFFECTIVE

# They simply don't work



These strategies are not helping us achieve healthier behaviors:

- "Awareness" events
- BAC feedback (returning from drinking)
- Scare tactics
- Fake drinking games
- Mocktails
- Stretching condoms over hand/arm/head



# **MOVING OUR EFFORTS FORWARD**

# Defining and measuring success



- Popular or successful?
- Goals and objectives
- True measures of success

# Steps for planning

Why are we doing this?

Is this mission-driven?

How have we involved key stakeholders?

How will you know if this works?

How will the effort be sustained?

# Updating Efforts



**past**

**future**

tabling



street outreach

workshops



interactive trainings

information



skill-building

# Strategic planning & implementation



# NIAAA Worksheet



## STRATEGY PLANNING WORKSHEET

Use this worksheet or download a copy to capture your thoughts about your current strategies and new ones you'd like to explore. Keep in mind:

**Priorities:** Which alcohol-related issues are of most concern to your campus? Make sure your school's needs and goals are well defined, and keep them front and center as you fill in the worksheet.

**Effectiveness:** Does research show that your current strategies are effective in addressing your priority issues? Might others be *more* effective?

**Balance:** Realistically assess what you can do with your available resources. Strike a balance, if possible, between individual- and environmental-level strategies, and between strategies that will face few barriers and can be put in place quickly and others that may take longer to implement. Consider the financial cost relative to the program's expected effectiveness and the approximate percentage of the student body that the strategy will reach.

### CURRENT STRATEGIES

Strategy Name (and the IND or ENV identifier from <i>CollegeAIM</i> , if applicable)	Individual or Environmental?		CollegeAIM Ratings				Notes and Next Steps: Keep as is? Modify to boost effectiveness? Add complementary strategies? Shift to more effective options?
	✓ IND	✓ ENV	Effectiveness	Cost	Barriers	Reach: Broad or Focused (% of students)	

### POSSIBLE NEW STRATEGIES

Strategy Name (and the IND or ENV identifier from <i>CollegeAIM</i> )	Individual or Environmental?		CollegeAIM Ratings				Notes and Next Steps: Staff training or hiring needed? Other resources? Does the strategy require a plan for conducting an outcome evaluation?
	✓ IND	✓ ENV	Effectiveness	Cost	Barriers	Reach: Broad or Focused (% of students)	

# How Will it Help You?



- CollegeAIM assists users:
  - Identify strategies most likely to reduce drinking and its harmful consequences,
  - See how your current strategies compare with other options,
  - Find new, research-based strategies to consider, and
  - Select a combination of approaches that meets the needs of your students and campus.

*Adapted from the NIAAA, 2015*

# How to Use



- Needs Assessment
  - What does your campus and your student population need to meet your goals and objectives?
- Review the strategies and determine what may work for your population
  - Can your peer education group/your department plan, implement, evaluate, and sustain this strategy?
- We may get it, but we need to bring our collaborative partners and campus long

# Reflective Questions



- How do you plan to use this information to strengthen your campus efforts?
- How do we help move people away from the ineffective?
- How do we influence higher level authorities that are not familiar with the science?
- What is the first step you can take to promote evidence- and theory-informed prevention practice?

# Your Turn



- What questions may we answer for you today?

# Contact Us



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