Common Acronyms:

ATOD—Alcohol tobacco and other drugs

CADCA— Community Anti-Drug Coalitions of America

CIA- Coalition Involvement Agreement- details the level of member involvement within the coalition, sometimes also called an MOU

CJJP– Division of Criminal and Juvenile Justice Planning, administers federal and state grant programs to fund local and state projects to prevent juvenile crime, provide services to juvenile offenders and otherwise improve Iowa's Juvenile justice system

DFC—Drug Free Communities

GPRA– Government Performance and Results Act

JAG– Justice Assistance Grant Program, funds allow states and local governments to support a broad range of activities to prevent and control crime and to improve the justice system.

MOU—Memorandum of Understanding is a legal document describing an agreement between parties indicating an intended common line of action and may not imply a legal commitment

OJJDP—Office of Juvenile Justice and Delinquency Prevention

SPF- Strategic Prevention Framework

Common Coalition Terms:

Activities—What the program does with the inputs (provide class, distribute brochures).

Age of Onset—Age of first use of substance

Agent- In the public health model, the agent is the catalyst, substance, or organism causing the health problem. In the case of substance abuse, agents are the sources, supplies and availability.

Assumptions- Assumptions explain the connections between immediate, intermediate, and long-term outcomes and expectations about how your approach is going to work.

Capacity- The various types and levels of resources that an organization or collaborative has at its disposal to meet the implementation demands of specific interventions.

Capacity Building—Increasing the ability and skills of individuals, groups and organizations to plan, undertake and manage initiatives.

Coalition—A formal arrangement for cooperation and collaboration between groups or sectors of a community, in which each group retains its identity but all agree to work together toward a common goal to building a safe and healthy, drug free community.

Community-level change- This is change that occurs within the target population in your target area.

Cultural competence- (1) A set of behaviors, attitudes and policies that come together in a system, agency or program or among individuals, enabling them to function effectively in diverse cultural interactions and similarities within, among and between groups. (2) A point on a continuum with several guiding principles that enable coalitions to have positive interactions in culturally diverse environments.

Cultural diversity- Differences in race, ethnicity, language, nationality, or religion among various groups within a community. A community is said to be culturally diverse if its residents include members of different groups.

Distributed leadership- A model of leadership in which key functions are shared among all members

Environment- In the public health model, the environment is the context in which the host and the agent exist. The environment creates conditions that increase or decrease the chance that the host will become susceptible and the agent more effective. In the case of substance abuse, the environment is the societal climate that encourages, supports, reinforces or sustains problematic use of drugs.

Evidence-based approach or strategy- An evidence-based approach/strategy has research information to suggest that it really works, that the intervention, not something else, brought about the observed improvements in related behavior and outcome.

Fidelity—Conforming exactly to the program design.

Framework- A framework is a structure that is used to shape something. A framework for a strategy or approach supports and connects the parts.

Goal- A goal states intent and purpose, and supports the vision and mission statements. For example: "To create a healthy community where drugs and alcohol are not abused by adults or used by underage youth."

Host- In the public health model, the host is the individual affected by the public health problem. In the case of substance abuse, the host is the potential or active user of drugs.

Indicator—A measure (type of data) selected as a marker of whether the coalition was successful in achieving desired result.

Input—Resources dedicated to or consumed by the program ($, staff time).

Intervention- An intervention comes between what exists (our assessment) and where we hope things will be (our goal). Intervention refers to what is done to prevent or alter a result—the means by which we change behavior and environmental conditions related to a group's goals.

Logic model- Presents a diagram of how the effort or initiative is supposed to work by explaining why the strategy is a good solution to the problem at hand and making an explicit, often visual, statement of activities and results. It keeps participants moving in the same direction through common language and points of reference. Finally, as an element of the work itself, it can rally support by declaring what will be accomplished and how.

Members- Organizations, groups or individuals that agree to affiliate themselves with the mission of the coalition, participate in coalition meetings on a regular basis, and contribute to communitywide planning and evaluation efforts.

Multisector- More than one agency or institution working together.

Multi-strategy- More than one prevention strategy—such as information dissemination, skill building, use of alternative approaches to substance abuse reduction, social policy development, and environmental approaches—working with each other to produce a comprehensive plan.

Objective- Objectives are the specific, measurable results a coalition plans to accomplish and serve as the basis by which to evaluate the work of the coalition. Each objective should have a timeframe by which it will be accomplished. "To reduce the number of youth in our community who smoke at age 15 from 18.5 percent to 10 percent by 2007."

Outcomes—Benefits for participants during and after program activities. A change in knowledge, skills, attitude, or behavior.

Outputs—The direct products of the program activities (# of classes taught, # of brochures distributed).

Partners- Groups or organizations that work with the coalition on specific issues or projects. Readiness. The degree of support for, or resistance to, identifying substance use and abuse as a significant social problem in a community. Stages of community readiness for prevention provide an appropriate framework for understanding prevention readiness at the community and state levels.

Protective Factors—Those factors that increase an individuals ability to resist the use and abuse of drugs.

Resources- A resource is any or all of those things that can be used to improve the quality of community life—the things that can help close the gap between what is and what ought to be.

Risk Factors—Those factors that increase an individuals vulnerability to drug use and abuse.

Stakeholders- Groups, organizations or sectors of the community with an interest in and/or perspective on a common issue, such as reducing substance abuse.

Strategy- The strategy identifies the overarching approach of how the coalition will achieve intended results.

Sustainability—The likelihood of a program to continue over a period of time, especially after grant monies disappear.

Targets- Defines who or what and where you expect to change as a result of your efforts.

Theory of change- A theory of change creates a commonly understood vision of the problem being addressed and defines the evidenced-based strategies or approaches proven to address that problem.

Sources/Resources:

Community Anti-Drug Coalitions of America

www.cadca.org

Substance Abuse and Mental Health Services

www.samhsa.gov

Center for Substance Abuse Prevention

http://www.samhsa.gov/about-us/who-we-are/offices-centers/csap

Whitehouse Office of National Drug Control Policy

www.ondcp.gov/dfc