

ATTACHMENT A.1
Narrowing Our Understanding of Community in the ASAPP

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State Guidance Document on Defining Community
The Prospectus Group, LLC

Defining Community

Defining communities for the purpose of implementing community-based interventions and measuring outcomes has long posed challenges for state and local entities. Community has been defined in a multitude of ways including: community as target, community as agent, and community as resource community as setting (Add citation).

Community as a target refers to the goal of creating healthy community environments through broad systemic changes in public policy and community-wide institutions and services. Community as a resource emphasizes the importance of community participation and ownership, while garnering a community's internal resources to address local health priorities. Similarly, community as an agent draws upon the internal resources of a community to meet community needs; however, the emphasis of this model is on "naturally occurring units of solution" from within the community where the role of outside agencies is to respect and reinforce the internal supportive community structures that exist (Add citation with page #)

Lastly, as a setting, community is defined primarily based on geography and community as a setting defines community geographically and serves as the location in which interventions are implemented. Community-based interventions may be city or county-wide utilizing mass media or policy-related approaches or take place within existing community institutions such as neighborhoods, schools, churches, work sites, voluntary agencies, or other organizations. Importantly, while these various conceptions of community are presented as pure types, no one model is used exclusively in community-based health promotion; rather these programs may reflect an amalgam of the different constructs.

Georgia Strategic Prevention System Approach

Within the context of Georgia's Strategic Prevention System, it is our recommendation that geographic location be used as the primary basis of defining communities for prevention programming. Defining communities geographically serves a practical purpose while allowing for interventions to take place on multiple levels as outlined by the social-ecological model. This approach also allows prevention specialists to draw upon and support existing community assets while inviting and encouraging community participation and ownership.

Identifying Target Communities

Driven by the Needs Assessment process, providers will be gathering information on the substances of abuse in their area, as well as related behavioral health problems and associated risk and protective factors. They will also be gathering data about where these problems are taking place. Location data may be reflective of the community as a whole, i.e. county data. Our recommendation is that location data be drilled down to identify hotspots within the larger community: geographic or population-based communities that show elevated levels of substance abuse, behavioral health problems, and consequences. These hotspots could be identified by zip code, municipality, or township.

Our recommendation for identifying hotspots within the larger community would be to use site-specific data, such as the Georgia Student Health Survey, to compare rates of substance use and abuse across sites in the community. This data would then be analyzed and more generalized observations would be made. One important note to make is that a single school would not be considered a community for ASAPP purposes. However, a single school might be part of the data analysis for a community and could be considered for a possible intervention site.

Step-by-Step Process

1. Gather county-level data on use, use type, and consequences.
2. Review and interpret these data to determine if patterns can be identified. Map out data indicators to determine if geographic patterns exist that indicate they are part of a hotspot that should be addressed by prevention interventions. This might include flagging schools with higher-than-average rates of substance abuse by zip code, or flagging zip codes that have higher-than-average rates of substance abuse consequences (law enforcement data).
3. Smaller geographic locations such as cities, townships, zip codes, or school districts, could be considered a hotspot.
4. Care should be taken in defining a population as a hotspot, as a population might span more than one geographic hotspot.
5. If data indicators such as schools are indeed part of a hotspot, they should then be strongly considered for inclusion as intervention sites.

County XYZ

GSHS data showed that 5 out of 11 schools in County XYZ have higher rates of substance abuse than the others. These schools should then be assessed more closely to find like attributes. The Project Coordinator, along with the CPAW, maps these schools and finds they are all in the same zip code. This indicates that that particular zip code is a hotspot in County XYZ, and should come under consideration as a community at which to direct prevention efforts.

<https://www.cdc.gov/stltpublichealth/cha/data.html>