

## ABSTRACT

*This article describes an innovative community mobilization strategy that was implemented as part of an alcohol and other drug prevention program that targeted church communities, families, and high risk youth. It focuses on how the program, Creating Lasting Connections, defined communities in terms of social support systems associated with the church system rather than defining communities geographically. The community mobilization strategy emphasized the development and training of local community volunteer teams to act as advocates for the program as well as community engagement through participation and empowerment. Evaluation results are presented that demonstrate the success of this strategy. Significant learnings are also highlighted.*

# Mobilizing Church Communities for Alcohol and Other Drug Abuse Prevention Through the Use of Volunteer Church Advocate Teams

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## INTRODUCTION

During the 1980s, prevention researchers and practitioners increased their attention on community-based prevention. They realized the importance of the community to the prevention of youth alcohol and other drug problems (Benard, 1991). This shift in focus was in line with developmental and social learning theories suggesting that youths face pressures to engage in problem behaviors from many sources outside of the school (Johnson, Pentz, Weber, Dwyer, Baer, MacKinnon, and Hansen, 1990).

Given the importance of community, a central question is how communities can be mobilized and organized to help implement prevention programs. While there is no standard model for mobilizing and organizing communities to deal with alcohol and other drug problems, it is widely recognized that community participation in prevention and intervention programs is crucial to the success of these programs (Clapp, 1995; Massachusetts Department of Public Health, 1994; Wechsler, 1988, 1990). The community-based approach to prevention outlined by Wechsler (1988,

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1990), for example, emphasizes community involvement in identifying and solving problems through the development of indigenous leadership and community empowerment.

This article focuses on an innovative model for mobilizing church communities for prevention and early intervention of alcohol and other drug problems. The model included an emphasis on community engagement and the development of teams of volunteer church advocates as key elements. Church communities were targeted in this project because the definition of community focused not on geographically-bounded communities (such as neighborhoods or precincts), but on natural groupings and support systems based on shared activities and interests.

This targeting of church communities was based on program experience indicating that it makes sense to link up with people for prevention where community already seems to exist. At the same time, there is support both in the general prevention literature and the literature on church and community that this approach is a sound one.

Benard (1991), while not specifically mentioning church communities, notes the importance of the "community" in building resilient youths through a triad of protective factors: caring and support, high expectations, and opportunities for meaningful participation. This list of community protective factors seems particularly appropriate for church communities which typically involve all three (support, high expectations and clear norms, as well as participation).

Maton and Wells (1995) point out that religion is a powerful resource for prevention. These authors describe multiple ways in which religion and religious organizations can help develop community well-being (through prevention, healing, and empowerment), and they call for more research focusing on how this occurs so that the preventive and empowering potential of religious organizations can be enhanced.

Once church communities were selected as sites for the Creating Lasting Connections project, attention was centered on developing and empowering volunteer Church Advocate Teams as pivotal agents in the implementation of the program.

Following a brief discussion of the demonstration project itself, a detailed description of each phase of the church community mobilization strategy will be provided, along with evaluation results that are pertinent to determining the successful implementation of each phase of the strategy. Significant learnings that stem from the implementation experience and evaluation results also are presented.

### THE DEMONSTRATION PROJECT

Creating Lasting Connections was a five-year demonstration project located in Louisville, Kentucky, funded (beginning in 1989) by the federal Center for Substance Abuse Prevention which targeted alcohol and other drug use among high-risk youth. The project, which was designed and implemented by the Council on Prevention and Education: Substances, Inc. (COPES), sought to increase community, family, and individual (youth) resiliency factors<sup>1</sup> which would reduce the likelihood that 12–14 year-old high-risk youths would abuse alcohol and other drugs. Church communities were targeted in rural, suburban, and inner-city settings within the greater Louisville region. In addition to the diversity of community contexts across the urban-rural continuum, the communities also represented diversity in terms of ethnicity.

The program design included specific interventions aimed at increasing resiliency in the three domains<sup>2</sup> mentioned (community, family, and individual). At the community level (which is largely the subject of this article), the program was designed to create lasting connections among church leaders and families in need within their church communities. As will be explained, the definition of community and the selection of communities to participate was an integral part of the strategy to mobilize the church communi-

ties to become vested early in the project and to support high-risk youths and their families throughout the project.

Within the family and individual domains, the focus was on parents/guardians and their 12-14 year-old children. The interventions within these domains included a series of trainings conducted by program staff which focused on increasing resiliency in the areas of alcohol and other drug knowledge and beliefs, family management, and communication. First, the parents who were recruited into the program were offered an intensive 12- to 16-hour training. This component included a history of substance abuse prevention programs, examination of personal and group feelings and attitudes toward alcohol and other drug issues, and an in-depth look at the dynamics of chemical dependency and its effects on families.

Next, parents and guardians participated in a 12- to 16-hour training curriculum entitled *Not My Child*. In this training, families were asked to examine and enhance their ability to develop and implement expectations and consequences with their children in all areas of concern. The curriculum focused on the principles of inclusion, acceptance, understanding, respect, and autonomy.

Following a component which focused on recruiting the youths into the program through a family social activity, the next interventions included *Straight Communications* trainings (which also took about 12 to 16 hours). These trainings gave opportunities first to parents and youth among their respective peer groups, and then to parents and their children together, to develop skills needed to implement constructive decisions and to enhance self-esteem. The training also provided opportunities to explore and practice various communication styles within role-plays. The *Straight Communication* training was adapted from the *Say It Straight* program developed by Dr. Paula Englander-Golden (Englander-Golden, Elconin, and Miller, 1985; Englander-Golden, Elconin, Miller, and

Schwartzkopf, 1986), which was based on Virginia Satir's *Peoplemaking* (1983).

Because of the nature of the issues and emotions addressed in the trainings, the program staff knew that multiple supportive components for the participants and their families were needed. So, in addition to the training components outlined above, the program included provision of early intervention services to families as needed during the training phase. In the follow-up phase (following the trainings), case management services also were provided to all families. These services included regular telephone contact to encourage families to participate in community activities and to access community services for any family or personal problem.

The evaluation of the Creating Lasting Connections program (Johnson, Berbaum, Bryant, and Bucholtz, 1995) focused on studying both the processes and outcomes of the major program components, which were church community mobilization, parent/guardian and youth training, and early intervention and case management services. Hypotheses were formulated based on the program's objectives in the areas of community engagement, family and youth resiliency, and youth alcohol and other drug use. Community volunteer advocates from the church were essential to the implementation of the rigorous evaluation, which included random assignment of families to experimental (program) and comparison groups.

The process and outcome evaluation results of the larger evaluation are detailed in Johnson, Berbaum, Bryant, and Bucholtz (1995) and Johnson, Strader, Berbaum, Bryant, Bucholtz, Collins, and Noe (1996). The findings from the evaluation of the Creating Lasting Connections program strongly indicate that a church community based intervention that integrates system- and client-level program components can strengthen resiliency among high-risk youth and their families. More importantly, the findings show that community based prevention can delay onset and reduce fre-

quency of alcohol and other drug use among youth within a one-year period.

This article includes selected evaluation results from the larger evaluation to determine successful implementation of each phase of the church community mobilization strategy. Adequate performance in the program was determined by staff before the fact, *a priori*, (Rossi and Freeman, 1989; Suchman, 1967). To assess successful implementation, the actual performance was compared with these *a priori* expectations.

### CHURCH COMMUNITY MOBILIZATION STRATEGY

There are many strategies in the literature for mobilizing communities and their leaders (Rothman, 1979; Rothman and Tropman, 1987; Kettner, Daley, and Nichols, 1985), yet there is often a problem in defining the boundaries of communities. One source on organizing communities for prevention (Massachusetts Department of Public Health, 1994) noted that the term community has both a geographical connotation and a social one, but that the bottom line is that community defines the way people come together.

Recent models of community organizing for prevention of alcohol and other drug problems tend to emphasize community participation in problem identification, intervention planning, and implementation (Clapp, 1995). The Creating Lasting Connections program design, however, went a step further by actually defining community not in geographical terms, but in terms of natural groupings and support systems built around the shared activities and interests of church congregations. At the root of this definition of community was the idea that it made sense to link up with people for prevention where "community" already seemed to exist. This idea grew out of extensive program experience indicating that the use of geographical boundaries in defining communities did not ensure shared activities or interests, and that

school communities (and programming) often excluded parents and guardians.

Having defined community in terms of social support and shared interests, the mobilization strategy involved a number of phases designed to select church communities and to empower Church Advocate Team volunteers to identify, recruit, and retain families in the program. The mobilization strategy was conceived as a five phase process:

- I. Church community site selection.
- II. Development of volunteer Church Advocate Teams.
- III. Training of the volunteer Church Advocate Teams.
- IV. Development and implementation of a family recruitment plan.
- V. Program retention activities (retaining families in the program) by the volunteer Church Advocate Teams.

In each of these phases there were assessments used to determine successful implementation of the strategy. The objectives associated with the phases and the measures used to determine successful implementation of the strategy are summarized in Table I.

#### *Phase I: Church Community Selection*

Phase I was a site selection process focusing on the identification and selection of community sites. The first step of the process involved identifying church communities that were within the established boundaries of the targeted service delivery area (40–50 mile radius of Louisville, Kentucky) and that were interested in learning more about the project. A questionnaire was mailed to 132 churches in this area to obtain information on demographics, types of services offered, and interest in and readiness to participate in Creating Lasting Connections (McKelvy, Schneider, and Johnson, 1990). Forty-two churches (32%) returned the survey, and 28 of these expressed an interest in participating in the program.

A second step within Phase I involved the selection of church communities from

**TABLE I****Objectives and Measures of Success for Community Mobilization Strategy by Phases**

Phase	Objective	Measure
I.	<ul style="list-style-type: none"> <li>To identify, assess, select, and recruit 3 to 10 church communities with potential to be successful demonstration sites</li> </ul>	<ul style="list-style-type: none"> <li>Number of church communities identified</li> <li>Number of church communities that responded to survey</li> <li>Assessment scores</li> <li>Number of sites recruited</li> </ul>
II.	<ul style="list-style-type: none"> <li>To identify and recruit volunteer Church Advocate Teams with at least 8 members in each demonstration site</li> </ul>	<ul style="list-style-type: none"> <li>Number of church sites in which at least 8 Church Advocate Team volunteers were recruited</li> </ul>
III.	<ul style="list-style-type: none"> <li>To train volunteer Church Advocate Teams members effectively</li> </ul>	<ul style="list-style-type: none"> <li>Program implementation analysis of Church Advocate Team volunteers' reports of whether the training was designed to prepare them for their roles and was implemented as designed</li> </ul>
IV.	<ul style="list-style-type: none"> <li>To develop a family recruitment plan at each site and to implement it successfully</li> </ul>	<ul style="list-style-type: none"> <li>Comparison of program staff expectations and Church Advocate Team volunteers' reports of most useful recruitment tactics</li> <li>Number of families recruited at each site (minimum of 24)</li> </ul>
V.	<ul style="list-style-type: none"> <li>To engage the church communities to be empowered to successfully implement the program and its evaluation and to participate in program retention efforts</li> </ul>	<ul style="list-style-type: none"> <li>Program retention rates</li> <li>Ethnographic analysis of volunteer Church Advocate Teams that assessed empowerment and participation</li> </ul>

those that had indicated an interest, based on the communities' appropriateness as demonstration sites. There were four separate criteria for site selection. The first criterion concerned the number of individuals with targeted high-risk characteristics who were accessible within the church community's sphere of influence. The second dealt with the social services/programs which were offered by the church community and their relatedness to Creating Lasting Connections. The third criterion entailed examination of the program offerings of each church community by whether or not the services were delivered by members of the community itself, in cooperation with other communities, or contracted or referred to external sources (such as mental health agencies). This criterion was deemed important because it was known that church community volunteers in the program would be expected to assist youths and families with a variety of services, so experience in having previously done so was viewed as positive. The fourth selection criterion concerned a

church community's willingness and readiness for program implementation. In terms of readiness, a "readiness index," which was constructed from five questions asked in the church surveys, measured community priorities, willingness, and resources (McKelvy et al., 1990).

Church communities that indicated an interest in participating in the Creating Lasting Connections program were then offered the opportunity to participate in one of two orientation meetings. Eleven church communities sent representatives to these meetings. This process enabled program staff to further evaluate the readiness and ability of the interested sites to implement the program.

A final selection criterion that measured a church's potential for the project was developed following an on-site visit. Besides the 11 churches represented at the orientation meetings, two additional churches also expressed interest in site visits. The site visit clarified issues for members of the church communities and allowed the staff to assess the church community's

ability to meet the requirements for being a demonstration site. A staff assessment score was developed and filled out by each staff member involved in the visit. The final scores ranged from 1 (fair) to 2 (average) to 3 (good) to 4 (excellent) for each of eight assessment criteria, yielding total scores from 8 to 32.

The success of Phase I of the mobilization strategy is indicated in part by the fact that six church communities attempted implementation of the Creating Lasting Connections program, as compared to the original goal of 3 to 10 church communities. This is indicated in Table II. Table II also outlines the process stages that took place in Phase I and the number of church communities involved in each stage, including number of churches identified and sent letters, number of churches that responded to the survey, number that expressed interest in learning more about the program, and number of churches that sent representatives to the orientation meetings. These numbers illustrate the successful implementation of a detailed site identification, assessment, and selection process.

It should be noted that some of the original church communities chose to form coalitions with other churches, so that in some of the tables in this article an indication will be given of several churches making up one church community "site."

Another measure of success within Phase I was the comparison of staff assessment scores of the church sites and eventual implementation success. Of the six

churches that attempted implementation of the program, only two had assessment scores below 24, which was considered to be good overall. One site, which had an assessment score of 23, did not recruit enough families to successfully implement the program. Another site, which was a coalition of three churches, had an average assessment score of 21. The program was fully implemented at this site, although it took two years to accomplish (the design being for one year). These results suggest that the staff assessment scores were good indicators of the potential for success.

#### *Phase II: Volunteer Church Advocate Team Formation and Orientation*

Phase II involved the formation and orientation of volunteer Community Advocate Teams. These volunteer teams were composed of members (church staff and church community leaders) who were recruited either by church staff or program staff. The volunteer teams were designed to effectively participate in the program, to actively promote the project, and to recruit families of high-risk youths in the church communities.

The teams were a pivotal part of the church community mobilization strategy for two important reasons. First, since the volunteers often were well-known to other community members (and since they often had good knowledge of others in the community), they were very important to initiating a strong recruitment base. Second, the volunteers provided an im-

**Table II**  
**Summary of Processes Involved in Church Identification and Recruitment**

Process	Number of Church Communities
Identified and sent introductory letters and questionnaires	132
Churches responded to surveys	42
Churches indicated an interest in learning more (and were invited to orientation meetings)	28
Churches sent representatives to orientation meetings	11*
Conducted site visits	13
Demonstration sites selected	6

\*Two other church communities were not able to send representatives, but called later requesting site

portant linkage between community members and the Creating Lasting Connections program staff. The existence of linkages between community leaders and program staff at this phase generated community trust and buy-in.

The process of establishing volunteer teams involved holding an initial Church Advocate Team overview meeting to simultaneously present an overview of the program and to actually recruit volunteers. The scheduling of these overview meetings required having a contact person within the church community who served as a liaison between the project staff and the community. This person took the responsibility for inviting 8 to 10 key people from the church community to the initial meeting. If 5 to 8 volunteers were not recruited for each team during the initial meeting, additional meetings were held.

Seven attempts were made in six church communities to form volunteer teams to implement the program. (The reason for seven attempts at implementation in six church communities was that one community implemented the program twice, in years three and four.) The program achieved success in obtaining eight or more volunteers for all seven advocate teams. The success rates for volunteer recruitment for the seven implementation attempts are shown in Table III.

Table III shows that the project was very successful in this phase in recruiting and forming volunteer teams that would assist in all of the later phases.

### *Phase III: Volunteer Church Advocate Team Training*

The third phase of the church community mobilization strategy involved staff training the volunteer teams. This phase was crucial, given the pivotal role of the volunteers. The training lasted 8 to 10 weeks and included an accelerated version of all program training components to be received by high-risk youths and their families. Familiarity with program content was expected to increase the volunteers' ability to effectively promote the program. The training also looked at personal and community attitudes regarding alcohol and other drug use; helped the volunteers understand youth development and alcohol and other drug use; introduced principles and content of the parent/youth training; allowed the trainers to learn from local representatives how to incorporate local cultural nuances which would be helpful in making the family training culturally relevant within the individual church communities; and, assisted in program planning and management.

The evaluation included an implementation analysis of the volunteer orientation

**Table III**  
**Success Rate of Volunteer Church Advocate Team (CAT) Recruitment**

Site	Church Community Profile	CAT Recruitment Goal	Number of Volunteers Recruited
1	Urban/African-American/1 church	8	15
2	Suburban/White/1 church	8	10
3	Rural/White/6 churches	8	11
4	Suburban/White/1 church <sup>a</sup>	8	8
5	Rural/White/1 church	8	8
6	Urban/African-American/3 churches	8	18
4a	Suburban/White/1 church <sup>a</sup>	8	8
Total			78

<sup>a</sup>The program was implemented in this church community in years 3 and 4.

training. The analysis relied on volunteers' reports that training prepared them for their role and was implemented as designed. This analysis was conducted because it was assumed that team volunteers had to be receptive to the training, including trainer behaviors, training content, group exercises, and setting. Questionnaire data were obtained from 35 of the 55 volunteers who returned a mailed survey (64% response rate). Based on prior training experience, the program director set at 75% the desired rate of agreement by participants that certain aspects of the trainers' performance and training content were implemented.

Results in Tables IV and V indicate overall satisfaction with the training. Of the group, 97% said they would recommend the training to a friend while 91% said they could use it in everyday life.

All trainings were conducted by two individuals who served as co-trainers. According to Table IV, most of the volunteers agreed that the first of two trainers implemented the 13 training behaviors deemed important. The second trainer successfully implemented seven of nine behaviors.

In addition to their overall reported satisfaction with the training, the volunteers showed a high degree of agreement overall with program staff expectations that desired training behaviors and training setting, content, and methods were implemented (see Table V).

*Phase IV: Recruitment of Families*

The fourth phase involved developing and implementing a plan for recruiting families into the Creating Lasting Connections program. The program staff developed a generic recruitment strategy that served as a guide for developing the individual plans in the church communities. It was important that the plan be tailored to each particular site because each was, of course, different, and the success of the recruitment plan required the input of the volunteer teams to be effective.

Recruitment tasks and activities were identified and volunteers carried out the tasks based on a time line method. Plans included the following tactics: recruitment scheduled during church social events and celebrations; endorsements from church leaders; information meetings; advertising

**Table IV**  
**Percent of Church Advocate Team Volunteers Who Agreed on the Presence of Desirable or Undesirable Behavior of Creating Lasting Connections Trainers**

Survey Items	Expected Agreement Rate	Trainer 1	Trainer 2
Spoke clearly	≥75%	94%	97%
Explained things well	≥75	94	91
Held my attention	≥75	91	74
Knew his subject	≥75	94	91
Answers helped me understand	≥75	94	74
Cared about me as a person	≥75	91	89
Enthusiastic about training	≥75	91	86
Instructions hard to follow	≤25	20	23
Too little time for discussion	≤25	3	-
Too little time for questions	≤25	3	-
Used words I did not understand	≤25	3	-
Session too long	≤25	3	-
Talked too much	≤25	6	9

N = 35 (number of volunteers who responded).  
 - = Missing data.  
 ≥ = Greater than or equal to.  
 ≤ = Less than or equal to.



in bulletins and other media; telephone contacts; personal letters and other mailings; and, face-to-face recruitment.

The evaluation of Creating Lasting Connections (Johnson et al., 1995) included a comparison between program staff intentions and volunteers' reports of which family recruitment tactics were useful. This

comparison was aimed at determining whether there were discrepancies between program staff expectations and volunteers' reports of what was useful (Table VI).

The program staff encouraged volunteers to use the "personal factor" in recruiting families, and suggested the following order of emphasis for strategies: 1) meet in

**Table V**  
**Percent of Church Advocate Team Volunteers Who Agreed**  
**on the Presence of Desirable Training Content, Group Exercises, and Setting Attributes**

	Expected Agreement Rate	Actual Agreement Rate
Room adequate	≥75%	94%
Session right length	≥75	74
Information was interesting	≥75	97
Information was helpful	≥75	97
Group exercises important for learning	≥75	86
Knew already, but more likely to use	≥75	54
Alcohol and other drug session was useful to me	≥75	89
Alcohol and other drug session easy to understand	≥75	97
Alcohol and other drug session was interesting	≥75	97
Right number of sessions	≥75	57
Learned much from group exercises	≥75	89
Right number of people in group	≥75	83
Would recommend training to friend	≥75	97
Will be able to use in everyday life	≥75	91
Church Advocate Team training helped to contact/recruit families	≥75	77
Group exercises too hard	≤25	11
Learned more than I wanted to know	≤25	20
Already knew much of presentation	≤25	23
Too many sessions	≤25	6
Too few people in group	≤25	3

N = 35 (number of volunteers who responded).

≥ = Greater than or equal to.      ≤ = Less than or equal to.

**Table VI**  
**Description of the Most Successful Recruitment Tactics**  
**as Reported by Church Advocate Team Volunteers**

Recruiting Processes	Creating Lasting Connections Staff Emphasis	Volunteers' Response
In person at an event/meeting	1	57%
Telephone conversation	2	17
In person after scheduled appointment	3	6
Personal letter	4	17
Other (e.g., brochures/handouts)	5	14

N = 35 (number of volunteers who responded).

1 = Most emphasis, 2 = Next most emphasis, etc.

person at an event or meeting, or schedule an appointment; 2) telephone contact; and 3) send a letter, or other non-personal tactic. The tactics the volunteers reported using most successfully included meeting people at an event or meeting (57%); telephone conversation (17%); personal letter (17%); in person, scheduled appointment (6%); and other, such as brochures or handouts (14%).

There was some incongruence between the recruitment tactics that the program staff expected to be most useful and those volunteers reported using most frequently. Table VI shows that staff expected telephone contact and personal contact through scheduled appointments to have been more frequently reported as successful tactics than actually occurred.

In the outcome evaluation of the community domain (Johnson et al., 1995), researchers hypothesized that the program would successfully engage church communities by using volunteer teams to implement a successful family recruitment strategy. The results showed that volunteer teams in six of the seven church communities successfully recruited the minimum number of 24 families required to implement and evaluate the program. Five of the church communities exceeded this minimum number (see Table VII).

*Phase V: Program Retention Activities*

After the family recruitment phase, the volunteer teams assisted in a number of

important activities related to program retention, including 1) assisting in the scheduling of trainings; 2) refining the strategy for presenting the training in their particular community; 3) scheduling evaluation interviews; 4) preparing linkages for successful self-referrals/interventions to service providers; 5) maintaining contact with families throughout the project; and 6) planning and managing a program "graduation" ceremony.

The volunteers' involvement in these activities was considered essential to the retention of families in the program. For example, volunteers who participated in the parent trainings were responsible for contacting parents who missed a training session. This reinforced the parents' involvement in and commitment to the program because they knew that they were missed when they were absent.

Evidence of the parents' and youths' engagement is shown in Table VIII, which shows program training retention rates. Overall, the program was implemented and completed in six program sites with a 79% average training-attendance rate (for 20–25 weeks) across sites. In addition, training retention percentages were 92% for parents and 88% for youth.

Another measure of success in completing Phase V was the extent to which church communities became more empowered as a result of their participation in the project. Deutsch (1994) conducted

**Table VII**  
**Success Rate of Family Recruitment**

Site	Church Community Profile	Family Goal	Actual Recruitment
1	Urban/African-American/1 church	24	3
2	Suburban/White/1 church	24	39
3	Rural/White/6 churches	24	38
4	Suburban/White/1 church <sup>a</sup>	24	28
5	Rural/White/1 church	24	31
6	Urban/African-American/3 churches	24	26
4a	Suburban/White/1 church <sup>a</sup>	24	24
Total			189

<sup>a</sup>The program was implemented in this church community in years 3 and 4.

**Table VIII**  
**Training Retention Percentages for the Creating Lasting Connections Program by Church Community Site**

Site	Parents				Youth			
	Entered Training	Completed Training	Completed Follow-up	Retention %	Entered Training	Completed Training	Completed Follow-up	Retention %
1	20	20	19	95%	24	21	20	83%
2	19	19	19	100	24	24	24	100
3	17	15	15	88	19	17	17	89
4	17	17	17	100	24	22	22	92
4 <sup>a</sup>	15	13	13	87	19	17	17	89
5	16	13	13	81	22	17	17	77

Numbers represent the training group only.

<sup>a</sup>The program was implemented in this church community in years 3 and 4.

an ethnographic analysis of the volunteer teams which included measurement of empowerment and participation. Empowerment in this analysis was defined as volunteers gaining the ability to influence the church community through the recruitment and support of families involved in the program. This definition is consistent with Rappaport's (1987) concept of empowerment as conveying both a sense of personal control or influence and a concern with actual social influence. In addition to empowerment, the ethnographer also focused on the degree of participation by the volunteers.

Church community empowerment and participation scales were developed based on preliminary interviews to formulate an idea of how the different church communi-

ties had progressed. The scale was further revised toward the end of the research after more interviews had been conducted and, in some sites, after more activities had occurred. Table IX shows how the levels of observed empowerment and participation changed from during the project to after the project was completed. Church communities began the program with different levels of enthusiasm. Some also had greater levels of experience in receiving educational and training services (this relates back to the readiness scores used in the site selection phase). Other church communities took more time to learn and achieve success. However, the team volunteers in almost all communities felt a positive effect in triggering involvement of families in their communities (Deutsch, 1994).

**Table IX**  
**Ratings of Empowerment and Participation of the Volunteer Church Advocate Teams During and After Completing the Creating Lasting Connections Project by Church Communities**

Church Community	During		After	
	E	P	E	P
1	2.5	2.5	3	2.5
2	3.5	3	1	2
3	2.5	3	3.5	3.5
4	3	3	4	4
5	2.5	2.5	4	4

Only church communities that successfully implemented the experimental design are included.

E = empowerment.

P = participation.

Rating of 0-1 = low, 2-3 = moderate, 4= high empowerment or participation.

Table IX shows that one church community did not sustain its earlier level of empowerment and participation after the Creating Lasting Connections program. Program staff noted two possible explanations for this finding: First, this community site was comprised of six church congregations that formed a coalition to implement the program. Given this, empowerment and participation may have been harder to sustain without a formal mechanism for communicating and disseminating information after the project ended. A second explanation may have been that the volunteer team leader, who played a pivotal role in building and maintaining the coalition during the first nine months of the project, was transferred out of the state, and no one stepped in as team leader for the remaining three months.

## SUMMARY AND SIGNIFICANT LEARNINGS

The definition of community used in the Creating Lasting Connections project centered on mutual support and shared activities and interests, rather than on geographic boundaries. Church communities were selected as sites for implementing the program because they had existing support systems and were communities in which people came together around shared activities and interests. The program attempted to mobilize and engage these communities through the training of local volunteers to act as advocates for prevention programming. Thus, the strategy for mobilizing the communities centered around increasing the empowerment and participation of community volunteer advocates.

The following significant learnings are derived from the project's community mobilization strategy and correspond to the major phases described above.

### *Phase I: Church Community Selection*

- Defining community in social rather than geographical terms creates a foundation from which a successful church

community mobilization strategy can be launched.

- Staff assessments of church community suitability for program implementation can be good indicators of subsequent success in implementation.

### *Phase II: Volunteer Church Advocate Team Formation and Orientation*

- Engaging local church community volunteer advocates in program implementation creates an important linkage between the service organization and the target population.

### *Phase III: Volunteer Church Advocate Team Training*

- Comprehensive community advocate team training is needed to prepare the volunteer advocates for their role in the implementation process.
- Local community volunteer advocates can educate program staff about local cultural nuances, which can help make subsequent trainings more culturally relevant to the communities involved.

### *Phase IV: Recruitment of Families*

- Creating a family recruitment strategy that is flexible and adaptable to a local site's needs and differences is an important element in recruitment success.
- Using local community volunteer advocates to assist in the planning and implementation of a family recruitment plan increases the likelihood of successful recruitment.

### *Phase V: Program Retention Activities*

- Involving the local community volunteer advocates in a variety of retention activities is essential in maintaining family and youth participation throughout a comprehensive 20-25 week prevention program.
- Involving local communities (churches) in a comprehensive community mobilization strategy increases community volunteer advocates' feelings of empowerment to advocate for and create a supportive environment for prevention efforts.

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## ENDNOTES

<sup>1</sup>"Resiliency" (or protective) factors are factors that help many youths, even those living in high risk environments, avoid alcohol and other drug problems.

<sup>2</sup>"Domain" is a term often used in prevention to refer to a sphere of influence in the behavior of children and youth. Typically, a number of domains are identified as having influences on youth, including family, school, peer group, neighborhood, and the larger society.

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## AUTHORS' NOTE

The results of the larger evaluation of the Creating Lasting Connections program have been published in the *Journal of Adolescent Research*, Vol. 11 No. 1, January 1996, 36-37 (Sage Publications, Inc.).

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