National Institute for Health Development

Frontline Politeia

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FRONTLINE POLITEIA: Community cooperation and prevention plan assessment

Report

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Report

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Summary

This report summarises the results of local-level prevention plan assessments conducted as part of the Frontline Politeia project, as well as lessons learned from cooperating with local communities during the project.

Aim: Creating guidelines for assessing the quality of community prevention plans (in the form of a prevention plan assessment form), analysing prevention plans obtained from communities participating in the Frontline Politeia project, and summarising feedback on community cooperation during the project.

Scope: Feedback on cooperation with communities from 18 pilot communities in 8 countries. Prevention plans from 13 communities in 7 countries

Main findings: The quality of prevention plans assessed fell within a medium to good range. Communities generally received high scores for basing their plans on up-to-date needs assessments – a benefit of the data collection using the CTC Youth Survey done as part of the Politeia project. However, some challenges were encountered in defining appropriate outcome and process indicators for prevention activities and ensuring that these activities were grounded in evidence or theory. The weakest aspects of the plans were related to how they were formed and which activities were planned to enforce the plan, including details like stakeholder involvement, communication, advocacy, and the plan's alignment with the wider prevention agenda. The eventual quality of the prevention plans was also related to community readiness and motivation.

Main lessons learned from cooperating with communities during the project highlighted the importance of strong leadership, assessing community readiness, fostering clear communication and understanding local dynamics.

Introduction

This report is part of the Frontline Politeia project, which utilised prevention training and local-level needs assessment to aid communities in planning strategies to prevent problem outcomes such as youth risk behaviour and mental health problems.

As part of the project, participating communities received:

a) Results of a local-level needs assessment, providing reliable information about the prevalence of youth problem behaviour and underlying risk and protective factors (needs assessment results available here: Survey reports – Google Drive);

b) Training for prevention practitioners based on the European Prevention Curriculum (EUPC) and the Universal Prevention Curriculum Series for Implementers;

c) If needed, further individual support for improving or creating a prevention plan (i.e. planning future prevention activities in the community based on local needs and new knowledge obtained in the prevention training).

The quality of the final prevention plans obtained from communities was then assessed using the prevention plan assessment tool developed as part of the project. The assessment was carried out by the project teams in each partner country. Additional data was collected on each country's experiences in cooperating with communities.

The current report aims to:

a) Describe the development and components of the prevention plan assessment tool;

b) Describe cooperation with communities and outline the results of the prevention plan assessment by country, including a summary of the main strengths and weaknesses of the plans obtained from the communities.

c) Provide a cross-national analysis and discussion of findings, including which areas of the prevention plans were generally better-developed, and on which areas the communities struggle in strategic planning.

d) Discuss lessons learned from cooperating with communities in the context of the Frontline Politeia project, and how the readiness of these communities played a role in shaping the quality of prevention plans.

1 Method

1.1 Prevention plan assessment form

The prevention plan assessment form was developed to provide a framework for assessing the quality of local-level prevention plans. The necessity for such a tool arises from the diverse array of frameworks currently used by communities for the development of their action plans, with significant variations both within and across different regions and countries. Typically, broader plans exist at the county or local government level, which extend beyond the description of a single or a few interventions, necessitating a more comprehensive framework for evaluating and enhancing their quality. Currently, it can be difficult for community advisors or state-level representatives to provide practical guidance on improving the quality of prevention activities and plans. The aim of this assessment tool is to establish a simple and uniform structure that sets the direction of expectations and, upon completion, helps offer guidance and support for improving the quality of the plan.

Questions in the assessment form were based on the EDPQS Toolkit 2: Quality Assessment Checklist (1), and The Community Tool Box by the Center for Community Health and Development at the University of Kansas (2). Questions were condensed and adapted to address the entire prevention plan rather than individual prevention activities.

The assessment criteria were divided into four broad domains: 1) Goals and indicators; 2) Evidence- and data-based approach; 3) Practical considerations; 4) Wider context of the action plan.

Each domain included a number of indicators, each of which could be rated on a scale from 0 to 2, with a higher score indicating better quality. Additional comments about each indicator could also be left in the form. Table 1 shows each indicator and assessment scale included in the form.

Table 1. Prevention plan assessment form

1. GOALS AND INDICATORS
1-A. Descriptions of goals
(2) The action plan communicates concrete goals, including short-term goals for risk and protective factors (1-5y) and long-term goals regarding behavioral health problems (5-10y)
(1) The action plan communicates some goals but more clarity would be needed
(0) The action plan does not communicate any goals OR the goals are extremely broad
1-B. Descriptions of activities
(2) The action plan includes a clear description of the planned activities (including what will be done, where, how, by whom and to whom)
(1) The action plan includes a mostly adequate description of the planned activities, but more detail would be needed
(0) The action plan lacks several important details about the planned activities
1-C. Outcome indicators

(2) The action plan refers to appropriate outcome indicators to assess the impact of the activities

(1) The action plan refers to some outcome indicators, but certain aspects are not covered OR better alternatives could be found for some indicators

(0) The action plan does not refer to any outcome indicators OR the indicators are not appropriate for the planned activities

1-D. Process indicators

(2) The action plan refers to appropriate process indicators to assess if activities are happening as planned

(1) The action plan refers to some process indicators, but certain aspects are not covered OR better alternatives could be found for some indicators

(0) The action plan does not refer to any process indicators OR the indicators are not appropriate for the planned activities

2. EVIDENCE- AND DATA-BASED APPROACH

2-A. Internal consistency

(2) It is clear how each activity should contribute to the goals set in the action plan

(1) The goals and activities described in the action plan are mostly linked but more clarity would be needed

(0) There are obvious discrepancies between the goals and activities OR goals/activities are not described well enough to make a judgement

2-B. Needs assessment

(2) Activities are informed by empirical and up-to-date data on the target population needs (ideally including data on problem outcomes and risk- and protective factors)

(1) Needs of the target population have been examined but there are some gaps in the data OR some questionable links between the data and the chosen activities

(0) Needs of the target population have not been examined OR the data does not support the chosen goals or activities

2-C. Evidence-based activities

(2) The effectiveness of most chosen activities has been proven OR activities are informed by evidence-based theories of behaviour change and evaluation of effectiveness is planned

(1) The action plan includes some evidence- and/or theory-based activities, and some activities without proven effectiveness.

(0) The action plan includes mostly activities without proven effectiveness OR includes activities that have been proven ineffective/harmful

2-D. Appropriateness for target group

(2) The activities take into account relevant characteristics of the target group (e.g. language, culture, developmental stage, knowledge, skills, appropriate settings)

(1) The activities mostly seem appropriate for the target group but there are minor concerns about the suitability of some activities

(0) There are major issues with the suitability of some activities OR activities are not described well enough to make a judgement

2-E. Ethics of prevention activity selection

(2) The chosen activities have clear benefits for participants, with no or little risk of affecting participants negatively

(1) The benefit of some activities is unknown but there is no or little risk of affecting participants negatively

(0) The action plan contains activities that risk affecting participants negatively

3. PRACTICAL CONSIDERATIONS

3-A. Funding

(2) There is a reliable funding source for each activity included in the action plan

(1) Funding for some activities is unclear/unreliable

(0) No funding information OR funding for most activities is unclear/unreliable

3-B. Human resources

(2) The action plan mentions necessary staff members needed to carry out the activities and discusses appropriate training and support for staff members

(1) More clarity would be needed regarding the availability of staff members, training and support

(0) No information on human resources

3-C. Responsibilities

(2) The action plan identifies the person/organisation responsible for each activity AND relevant partners

(1) More clarity would be needed regarding responsible parties and partners

(0) No information on responsible parties and partners

3-D. Timeline

(2) The timeline of each activity is clear and reasonable. In case of longer activities, the timeline distinguishes between different stages of the activity.

(1) The timeline for most activities is clear, but more clarity would be needed for some OR there are minor concerns about the adequacy of the timeline to achieve the set goals

(0) No information on the timeline OR major concerns about the adequacy of the timeline

3-E. Ethics of implementation and assessment

(2) The planned activities respect the autonomy and privacy of participants, ensure data security, and prevent inequality, discrimination or labelling

(1) More clarity would be needed regarding the protection of participants' rights and equal treatment for some activities

(0) Important ethical concerns regarding implementation and assessment have not been addressed OR no information on ethics

4. WIDER CONTEXT OF THE ACTION PLAN

4-A. Links with the wider prevention agenda

(2) The action plan is in line with the wider prevention agenda (local, regional, national or international priorities, strategies and policies)

(1) The action plan is mostly in line with the wider prevention agenda

(0) The action plan is not in line with the wider prevention agenda

4-B. Stakeholder involvement

(2) Key stakeholders from multiple sectors and settings of prevention were involved in developing the action plan

(1) Most key stakeholders from relevant sectors were involved in developing the action plan

(0) Several important stakeholders were not involved in developing the action plan

4-C. Communication and advocacy

(2) The prevention plan includes specific communication and advocacy activities that support implementation.

(1) The prevention plan partially includes communication and advocacy activities that support implementation, but some parts need clarification or reconsideration

(0) The prevention plan lacks communication and advocacy activities that support implementation

An interactive online version of the assessment tool along with instructions for use can be accessed here: Community prevention action plan assessment form, and an example of a filled-out form can be seen in Figure 1.

Additionally, the prevention plan assessment form was linked with the EDPQS cycle, allowing evaluators to gain an idea of the progress a community has made across the various EDPQS steps, based on information obtained from their prevention plan. In the interactive assessment tool, the EDPQS progress form fills in automatically based on information entered into the main assessment form (see example in Figure 2). However, it is important to note that the EDPQS progress form presented here was created to integrate the prevention plan assessment form into the EDPQS framework, but it does not replace a full EDPQS assessment, given that not all relevant details for this can be found in the prevention plan.

Community A

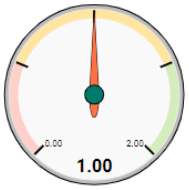
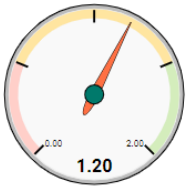
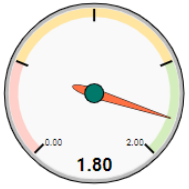
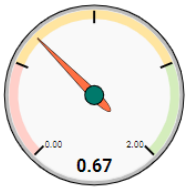
Goals and indicators 	Descriptions of goals	2 The action plan communicates concrete goals, including short-term goals for risk and protective factors (1-5y) and long-term goals regarding behavioral health problems (5-10y)
	Descriptions of activities	1 The action plan includes a mostly adequate description of the planned activities, but more detail would be needed
	Outcome indicators	1 The action plan refers to some outcome indicators but certain aspects are not covered OR better alternatives could be found for some indicators
	Process indicators	0 The action plan does not refer to any process indicators OR the indicators are not appropriate for the planned activities
Evidence- and data-based approach 	Internal consistency	1 The goals and activities described in the action plan are mostly linked but more clarity would be needed
	Needs assessment	2 Activities are informed by empirical and up-to-date data on the target population needs (ideally including data on problem outcomes and risk- and protective factors)
	Evidence-based activities	1 The action plan includes mostly evidence- and/or theory-based activities, and some activities without proven effectiveness.
	Appropriateness for target group	0 There are major issues with the suitability of some activities OR activites are not described well enough to make a judgement
	Ethics of prevention activity selection	2 The chosen activities have clear benefits for participants, with no or little risk of affecting participants negatively
Practical considerations 	Funding	2 There is a reliable funding source for each activity included in the action plan
	Human resources	1 More clarity would be needed regarding the availability of staff members, training and support
	Responsibilities	2 The action plan identifies the person/organisation responsible for each activity AND relevant partners
	Timeline	2 The timeline of each activity is clear and reasonable. In case of longer activities, the timeline distinguishes between different stages of the activity
	Ethics of implementation and assessment	2 The planned activities respect the autonomy and privacy of participants, ensure data security, and prevent inequality, discrimination or labelling
Wider context of the action plan 	Links with the wider prevention agenda	1 The action plan is mostly in line with the wider prevention agenda
	Stakeholder involvement	1 Most key stakeholders from relevant sectors were involved in developing the action plan
	Communication and advocacy	0 The prevention plan lacks communication and advocacy activities that support implementation

Figure 1. *Example of a filled-out prevention plan assessment form*

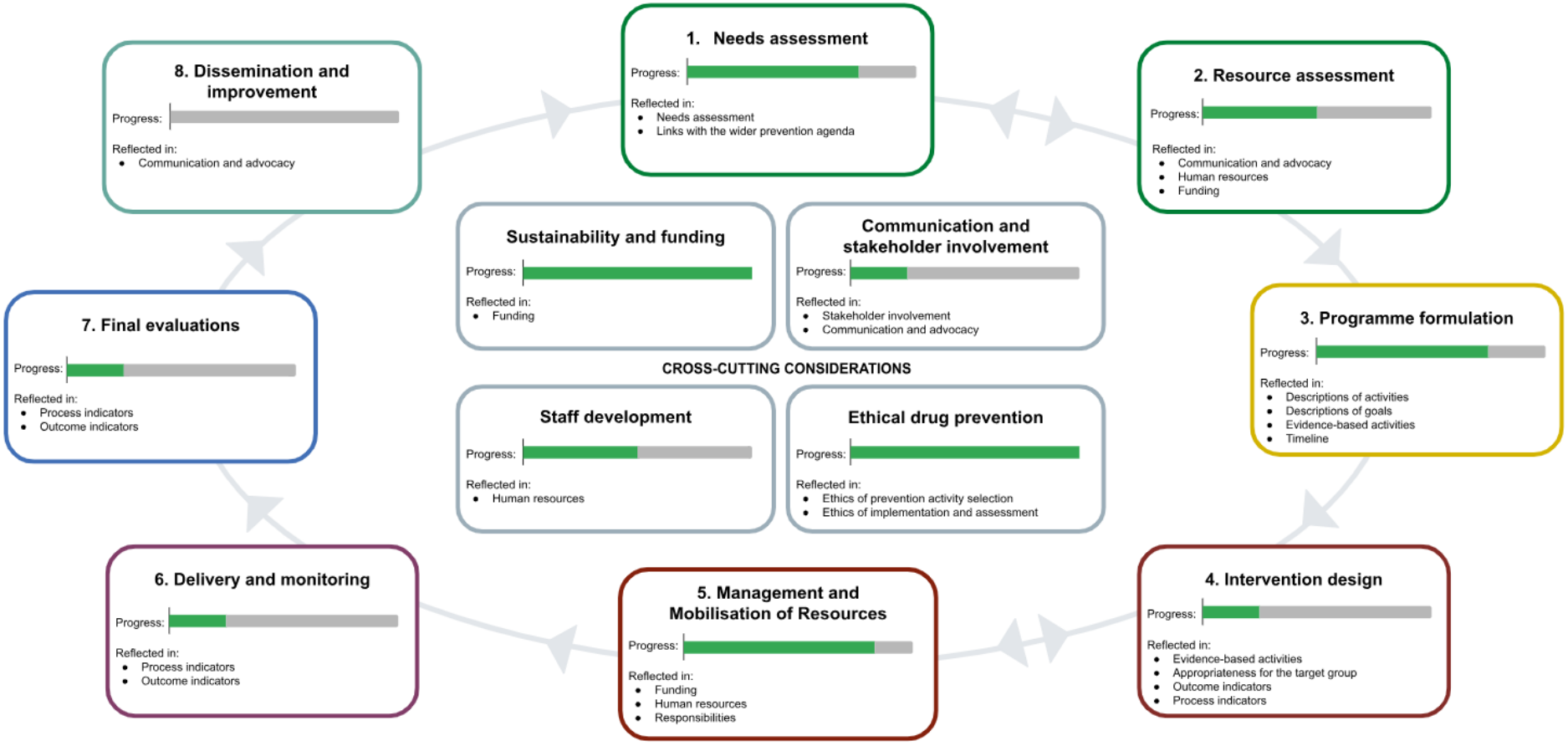


Figure 2. Example of an automatically filled-out EDPQS progress form

1.2 Assessing cooperation with communities

In addition to assessing prevention plans, we also collected feedback on cooperation with communities during the Frontline Politeia project. For this, a form was developed, including a quantitative measure of community readiness and open-ended questions for collecting qualitative data about different aspects of cooperation.

The measure of community readiness consisted of four statements:

1) This community has necessary capacity to implement prevention interventions
2) The community leaders recognize the magnitude and urgency of the problem and prevention needs
3) Key stakeholders in the community identify and support community's prevention efforts
4) This community is open for new ideas and change

These statements could be assessed on a scale from 1-5 (Strongly disagree - Strongly agree). An average score was then calculated for each community for further analysis.

The open-ended questions included topics related to the Politeia training (whether training took place, how many people attended, background of participants, and possible obstacles), communication methods with the community, additional activities carried out (i.e. local needs assessment, focus groups or additional support), barriers and challenges encountered during cooperation, community strengths, and main lessons learned.

The form was filled out by each country’s project team.

2 Results by country

2.1 Estonia

Cooperation with communities

Cooperation with Community A during the project was highly positive, as they exhibited a strong sense of readiness and commitment to health promotion and prevention activities. The community had a dedicated team led by a local health promotion specialist. Any minor organisational barriers encountered in data collection were effectively resolved due to the community's strong connections with local schools. The community participated in the Politeia training with a team of youth workers, educational staff, a regional police officer, and local municipality members.

Cooperation with Community B encountered several challenges. The primary issue was a lack of unity among community members regarding the importance of organised prevention activities, leading to resistance against participating in the training. Despite two attempts to organise the Politeia training, it became clear that community members did not recognize its benefits, resulting in the eventual cancellation of the training. Additionally, communication errors during the survey and initial outreach contributed to the community's scepticism. Finally, competing priorities, such as an EUPC DOP training in a neighbouring region, led some participants to prioritise external opportunities over working with their own community members. Lessons learned highlight the importance of assessing a community's readiness for prevention activities, emphasising clear communication, and the presence of an existing local team.

Prevention plan assessment

One community prevention plan was obtained from Community A, the full assessment of which can be accessed here: Estonia prevention plan assessment.

Main strengths:

- The action plan was based on an up-to-date needs assessment conducted as part of the Frontline Politeia project, using data from the Communities that Care Youth Survey.
- Well-defined short-term and long-term goals and indicators.
- In line with the wider prevention agenda of the region.
- Sufficiently detailed timeline.

Main challenges:

- Lack of detail in describing the planned prevention activities, making it difficult to fully judge their appropriateness or ethics.
- No information on funding.
- More detail would have been needed on the parties responsible for each activity.

2.2 Sweden

Cooperation with communities

Cooperation with communities was characterised by positive collaboration and shared enthusiasm for the project. Due to these communities participating in the Communities that Care (CTC) prevention system, they had existing prevention teams eager to engage. This enabled the project to bring together a diverse group of participants from various sectors, including schools, NGOs, the fire brigade, county administration, municipality sectors, and businesses. The project, including the Politeia training, served as an effective means to align this diverse group on the same level of knowledge. The common thread in all communities was their readiness and the presence of established prevention teams, which greatly facilitated the project's success.

Prevention plan assessment

Prevention plans were obtained from four communities (assessment here: Sweden prevention plan assessment). All plans were of high quality, likely since all these communities participate in the CTC system and have received prolonged training and support in prevention planning.

Main strengths:

- Based on the latest data from the Communities that Care Youth Survey.
- Included well-described evidence-based activities.
- Covered all necessary practical considerations.

Main challenges:

- Planning communication and advocacy activities that would support the implementation of the plan.

2.3 Spain

Cooperation with communities

Cooperation with Community A was positive, driven by the enthusiasm of highly motivated participants in the project. Despite facing a challenge of limited availability due to demanding workloads, the project adapted to accommodate their schedules. The training involved a diverse group, including social workers, educators, street educators, municipal prevention program coordinators, and occupational therapists. Aligning the project with the community's specific needs for enhancing prevention work was crucial, and the support from the city council played a key role in its success.

In contrast, cooperation with Community B presented significant challenges. Despite seeming initially suitable due to prevalent substance use issues linked to leisure and tourism, it was clear after several meetings with implementers that collaboration on prevention efforts in this territory was not feasible.

Prevention plan assessment

At the time of writing this report, there was no local prevention plan in the participating community. However, an evaluation was done based on two local-level prevention projects from Community A: the Social Intervention Project with Adolescents and the Comprehensive Care Centre for Drug Dependency (Spain prevention plan assessment).

Main strengths:

- Clear description of planned activities for these projects.
- Good coverage of practical considerations, including funding, timeline, responsibilities, and ethics of implementation.
- Activities took into account relevant characteristics of the target group.

Main challenges:

- Slightly unclear how activities fit in with the wider prevention agenda and whether all important stakeholders were involved in planning the activities.
- More details would have been needed on process and outcome indicators for evaluating the activities.
- Short- and long-term goals of the projects could be described in more detail.

2.4 Croatia

Cooperation with communities

Cooperation with Community A involved a successful Politeia training, with participants including social workers, school doctors, professionals in kindergartens and primary schools, along with a police officer. While the primary barrier encountered was obtaining parental consent for children under 14 to participate in the research, the community benefited from the motivation and expertise of professionals working in primary and secondary schools. The presence of a local stakeholder familiar with potential participants proved helpful. It was also emphasised that all members of a City Council for Prevention should partake in EUPC DOP training, as the quality of the action plan was impacted by their participation.

Cooperation with Community B also featured a successful training, with participants consisting of social workers, professionals in kindergartens and schools, and the director of the Red Cross. Despite the call for training being initiated by the chairman of the City Council for Prevention, a representative from the police did not participate, potentially due to a lack of interest in prevention. Similarly to Community A, the community benefited from motivated professionals and a local stakeholder familiar with potential participants.

Prevention plan assessment

Two prevention plans were received (assessment: Croatia prevention plan assessment).

Main strengths:

- Both plans were linked with the wider prevention agenda.
- Both plans based on up-to-date data on the needs and characteristics of the target group.

Main challenges:

- Activities and their evaluation could have been described in more detail.
- Information on funding, human resources and ethical considerations was occasionally unclear.

2.5 Greece

Cooperation with communities

Cooperation with Community A involved the Politeia training with participants including teachers and prevention practitioners from the Prevention Centre of the area. The experience revealed the need for broader community stakeholder involvement, as it wasn't initially clear what level of involvement was expected from the stakeholders. The strengths of this community lay in the motivation of the local Prevention Centre's team and the community's willingness to participate. The participation of Prevention Centre Heads in EUPC DOP trainings was also important. The definition of a community for the CTC survey was recognized as a challenging process.

Community B recruited a wider variety of participants, including the Prevention DOP, prevention practitioners, teachers, police officers, and a psychologist. Communities C and D, however, would have needed more involvement from various community stakeholders and it was noted that more work should have been done to motivate local stakeholders. The main strengths and challenges faced by these communities were similar to Community A.

Prevention plan assessment

Prevention plans were received from communities A and B (assessment: Greece prevention plan assessment).

Main strengths:

- Both plans were very well thought-through in terms of practical considerations – there was clear information on funding, human resources, timeline of activities and ethics of implementation.
- The activities were well-described and it was clear how each activity should contribute to the goals set in the plan.

Main challenges:

- More clarity would have been needed regarding the goals and indicators of activities.
- The link between the chosen activities and population needs could have been made clearer.
- Several important stakeholders were not involved in developing the plans.

2.6 Finland

Cooperation with communities

Cooperation with Community A benefited from being a small community with relatively well-funded services and many stakeholders already accustomed to working together. However, the challenge here was that the community was highly active in various health promotion areas, with mental health taking precedence, which diverted resources and attention away from substance use prevention, despite clear synergies between the two. Training participants came from diverse backgrounds, including social work, school, leisure time, health care, and parents associations. Engaging law enforcement proved difficult, as they lacked specific resources allocated for municipality-based prevention efforts. Effective communication of the benefits of prevention and strong support for it is deemed essential in this community.

In Community B, participants included individuals from social work, afternoon care, leisure time, and schools. The desire for more involvement from healthcare and law enforcement was hindered by administrative challenges related to healthcare transitioning to a larger regional body. Additionally, the municipal prevention coordinator's lack of effort might have contributed to the low participation. This rather isolated community, where prevention wasn't integrated across all administrative branches and where traditional values and the influence of the church played a significant role, made substance use a taboo subject to some extent. A holistic approach was crucial in helping the community see the potential for broader prevention integration, although budget negotiations remained challenging due to competing priorities set by the mayor.

Prevention plan assessment

One community prevention plan was received from Community A (assessment: Finland prevention plan assessment).

Main strengths:

- The plan included a clear description of the planned activities.
- The plan took into account characteristics of the target population and ethical considerations.

Main challenges:

- While the plan considered data on substance use, the needs assessment didn't include data on risk and protective factors leading to these problem outcomes.
- Information on funding and human resources remained unclear.

2.7 Germany

Cooperation with communities

Both Community A and Community B were long-standing CTC-communities, already familiar with each other to some extent. The presence of a local stakeholder who was acquainted with potential participants proved beneficial. Training participants included social workers (in school and community settings), youth workers, students on internships, and community employees. However, no one from the police could join, and participants expressed reluctance to travel to a larger city, leading to the decision to conduct the training in one of the communities themselves.

Prevention plan assessment

Prevention plans were received from two communities (assessment: Germany prevention plan assessment

Main strengths:

- For both plans, the activities and goals were well-described.
- The activities were based on an up-to-date needs assessment (CTCYS data) and were appropriate for the target group.
- As both plans came from long-term CTC communities, they had good community coalitions, meaning that all key stakeholders were involved in developing the plans.

Main challenges:

- Some improvements could be made regarding the links between the plans and the wider prevention agenda and internal consistency of the first community plan (i.e. the link between the goals and activities).
- Information on practical considerations could not be obtained

2.8 Portugal

Cooperation with communities

Cooperation with Community A faced significant challenges, including the unfavourable timing of the training, and an ongoing strike by professors who were reluctant to participate due to the training's lack of career benefits. Additionally, the municipality was preoccupied with transferring competences from the central government in the health field. Despite efforts, these barriers could not be overcome and no training took place. The primary lesson learned was that the training did not align with the community's motives, with the community being primarily engaged in health promotion and health literacy surveys.

On the other hand, cooperation with Community B proved to be a positive experience. The training involved a diverse group, including nurses, coordinators of youth centres, prevention practitioners from an NGO, police, and other prevention staff. The support from two significant entities, the Regional Directorate for Prevention and Fight Against Addictions and a community leader with EUPC training, was instrumental in data collection and training organisation. While the experience was generally pleasant, challenges included involving teachers in the training due to their working hours. The community's archipelago structure presented both challenges and strengths, with familiarity among community members but logistical complexities.

Prevention plan assessment

No prevention plans were received.

3 General conclusion

3.1 Prevention plan assessment

Table 2 shows each community's scores on the four domains forming a part of the prevention plan assessment. The domain scores are calculated as an average of all the indicator scores within each domain and can range from 0 to 2.

Table 2. Comparison of average domain scores

Community	Goals and indicators	Evidence- and data-based approach	Practical considerations	Wider context of the action plan
Estonia A	1.5	0.8	0.8	1
Sweden A	2	2	2	1.67
Sweden B	2	2	2	1.67
Sweden C	2	2	2	1.67
Sweden D	2	2	2	1.67
Spain A	1.25	1.4	1.8	0.67
Croatia A	1.75	1.6	1.4	1.6
Croatia B	1	1.6	1	1.3
Greece A	1.25	1.4	2	1
Greece B	1.25	1.4	2	1
Finland A	1.5	1.8	1	1.67
Germany A	1.74	1.4	-	1.33
Germany B	1	1.6	-	1.33
Average	***1.56***	***1.62***	***1.64***	***1.35***

In general, the quality of prevention plans assessed as part of this project fell within a medium to good range. On average, the communities seemed to have the easiest time with thinking through and describing the practical considerations of their prevention activities. Since aspects like funding, timelines and responsibilities are usually standard components of any action plan, it might be that communities are used to covering these adequately. Most communities also received high scores on the needs assessment indicator (i.e. the prevention plan was based on up-to-date data on population needs), most likely thanks to the data collection conducted as part of the Frontline Politeia project.

Some difficulties emerged with finding the appropriate outcome and process indicators for the planned prevention activities and making sure all these activities were evidence- or theory-based. It may be worth noting, though, that the scores for evidence-based activities tended to be slightly higher in countries with previous experience in employing the CTC prevention system (Sweden, Germany, Croatia).

The weakest domain across the different countries' plans was the wider context of the action plan i.e. aspects related to stakeholder involvement, communication and advocacy, and the links between the prevention plan and the wider prevention agenda. However, low scores in this domain may also have been partially influenced by the difficulty of assessing these aspects based only on information included in the prevention plan. It is therefore worth considering whether this part of the prevention plan assessment form

might need changing or whether the assessment procedure should also include a consultation with the communities in addition to looking at the prevention plans.

3.2 Cooperation with communities

From the experiences in cooperation with communities across the different countries participating in the Politeia project, several valuable lessons can be drawn:

Community Readiness Assessment: Assessing a community's readiness for prevention activities is crucial before initiating any project. Understanding the community's existing priorities and commitments can help select the right communities and tailor the project to align with their needs and challenges.

Leadership and Motivation: Strong leadership, motivation, and support from local leaders and stakeholders are critical for project success.

Communication and Clarity: Clear and effective communication is essential, particularly when introducing new training programs. Ensuring that stakeholders fully understand the benefits and objectives of the project can facilitate their engagement.

Local Stakeholders: Having a local stakeholder who is already familiar with potential participants can greatly assist in building relationships and overcoming barriers to participation.

Diverse Participation: Involving a diverse group of participants from various sectors can enrich the project and bring different perspectives, but it can also present challenges in terms of scheduling and coordination.

Resource Allocation: Communities with allocated resources and budgets specifically for prevention efforts tend to have a more conducive environment for collaboration. Conversely, resource constraints can be a significant barrier to participation and successful project execution.

Local Dynamics and Culture: Communities can vary greatly in their priorities, traditions, and acceptance of certain topics. Understanding the local culture and dynamics is vital for effective prevention initiatives

Challenges with External Entities: Collaborating with external entities, such as police or healthcare, can be challenging due to administrative issues, changing responsibilities, or differing interests. Efforts may need to be made to align external partners with the community's prevention objectives.

There was also a clear relationship between community readiness, participation in the Politeia training, and the eventual quality of the community’s prevention plan (Figure 3). As can be seen from the graph below, communities that scored higher in our readiness measure, generally managed to produce higher-quality prevention plans, while less motivated communities - especially those that did not participate in the training - failed to produce new prevention plans.

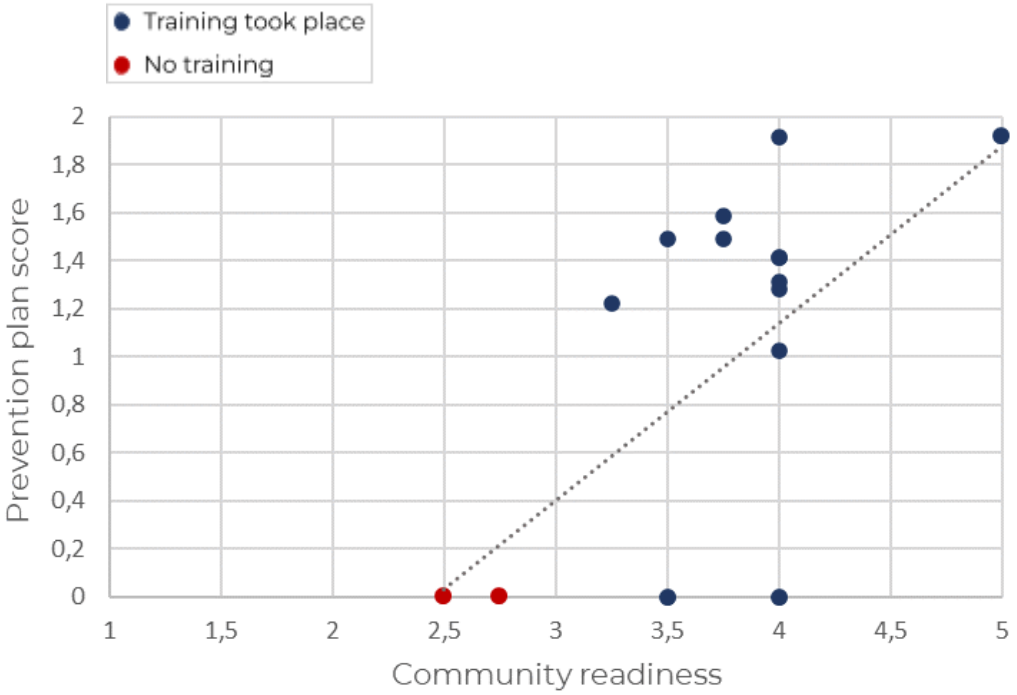


Figure 3. Average prevention plan score as a function of average community readiness score

3.3 Limitations

One limitation of the prevention plan and cooperation assessments is the potential for subjectivity among assessors. The assessment process can vary depending on who conducts it and how lenient or stringent their judgments are.

Another limitation of this study is the representativeness of the data collected. Prevention plans were assessed in a limited number of communities, which may not be fully reflective of the diverse populations and needs within a country. For example, no prevention plans could be obtained from the Portuguese communities participating in the project, and from several other communities in different countries.

Finally, the sensitivity of the assessment tool in capturing changes over time remains uncertain, as the assessment was currently conducted only once.

3.4 Benefits and future uses of the assessment tool

The majority of partners who used the form found it to be concise, convenient, and time-efficient to complete. The straightforward structure and distinct response options included in the form were brought out as benefits of the assessment tool.

In the future, the assessment tool could be employed at regional or national levels, where experts can use it to provide guidance and recommendations to local communities regarding their activities and priorities. The form could also potentially be used by the communities themselves when developing prevention plans, providing guidance on which aspects should be kept in mind when planning prevention activities.

References

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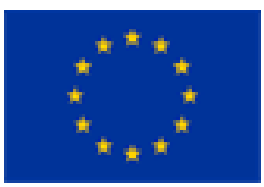

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