A Report on the 2021 Washington State Prevention Providers Workforce Assessment Survey

INTERIM REPORT

October, 2021

(A final report inclusive of all the data is expected 12/31/21)

Survey implemented by Department of Social and Health Services
Division of Behavioral Health and Recovery

Executive Summary --page left intentionally blank

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Methodology

The Prevention Workforce Assessment was administered on a web-based platform from June thru August 2021. The survey questions were developed by the Social Development Research Group (SDRG) and the Northwest Prevention Technology Transfer (Northwest PTTC) in cooperation with the other nine PTTCs across the United States. The Department of Behavioral Health and Recovery (DBHR) reviewed the survey items and added questions on topic areas of their concern. The needs assessment survey was designed to be anonymous and no effort was made to track individual survey participants. The survey was announced by DBHR and the Northwest PTTC by email and social media. While the web-based survey was active, SDRG continued an online multi-strategy marketing campaign to recruit survey participants. Strategies included electronic e-mail invitation directly from the Northwest PTTC, from the state, and through members of the Northwest PTTC Advisory Board. Anyone interested in substance use prevention and mental health promotion was encouraged to complete the workforce needs assessment. DBHR supplied a list of the prevention workforce in Washington directly associated with their programs. Staff from SDRG contacted anyone on the list and encouraged them to participate in the online survey.

To incentivize participation, a lottery was held to select two individuals at random from those who completed the survey and supplied contact information in a form separated from their survey response. DBHR paid the registration fee to the Washington Prevention Summit for the two drawing winners.

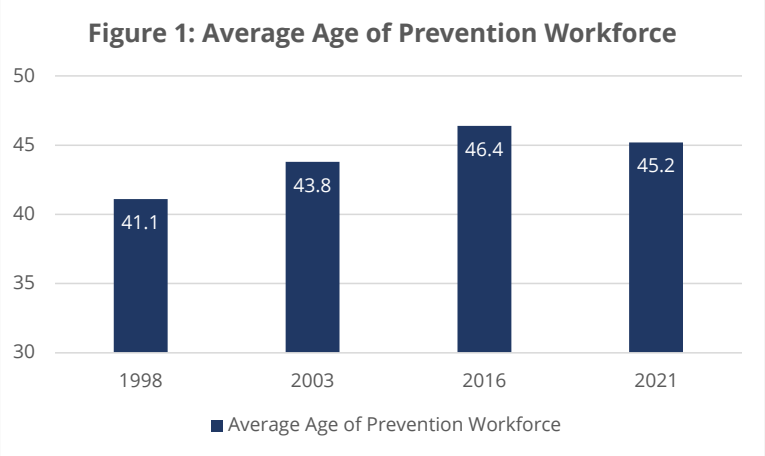
The survey was active for data collection for 12 weeks between June and late August. During this time the survey link was opened for a total of 493 surveys by individuals who identified as from Washington State. 111 failed to complete the initial screening questions and didn't start the survey. Of the remaining 382 surveys, 249 individuals fully completed the survey. 133 surveys were partially completed and were included in the final analysis. The typical time spent on the survey was 15 minutes.

Demographics

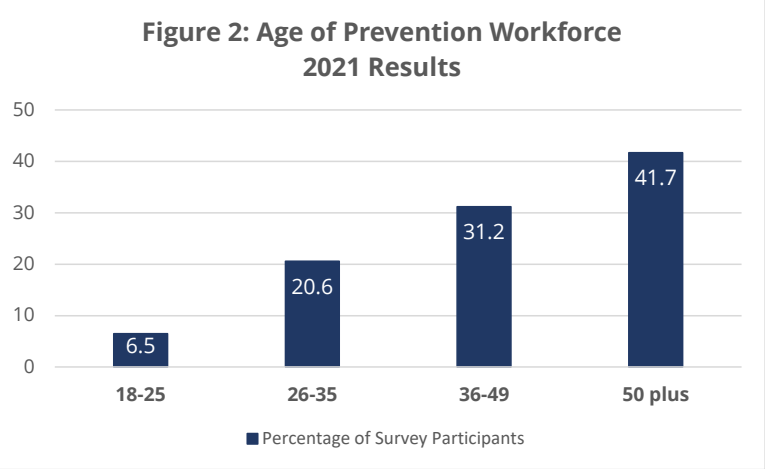
This section provides Information about several demographic characteristics, including age, gender, education, and ethnicity of those who responded to Prevention Workforce Needs Assessment survey. Where possible, there will be comparisons between the current survey results and those collected from previous surveys done in 1998, 2003, and 2016.

Age

The average age for the respondents to the 2021 survey was similar to the average age of the 2016 survey. In 2016, the average age of those who responded to the survey was 46.6 years and in 2021 the average age of the respondents was 45.2 years (see Figure 1 below). The age distribution from the 2021 survey is shown in Figure 2. As with the results from the 2016 survey, over 40% of the prevention workforce is 50 years of age or older. Prevention workers under the age of 35 comprise only 27% of the workforce.



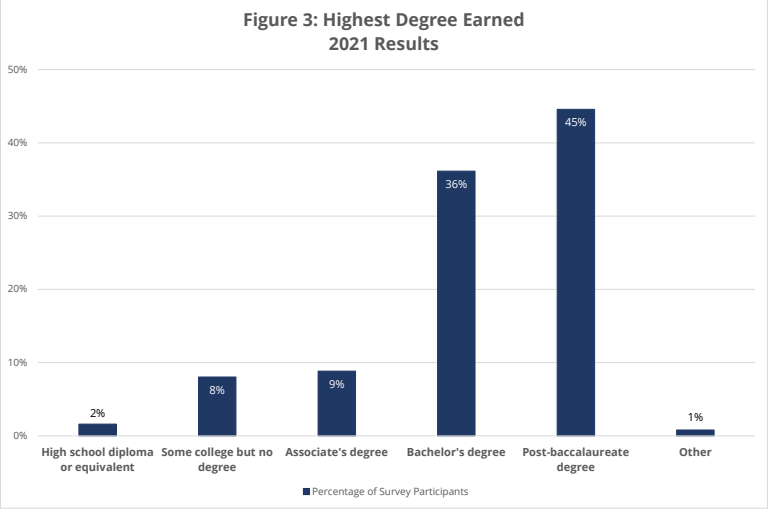
Average age of the workforce is similar to 2016



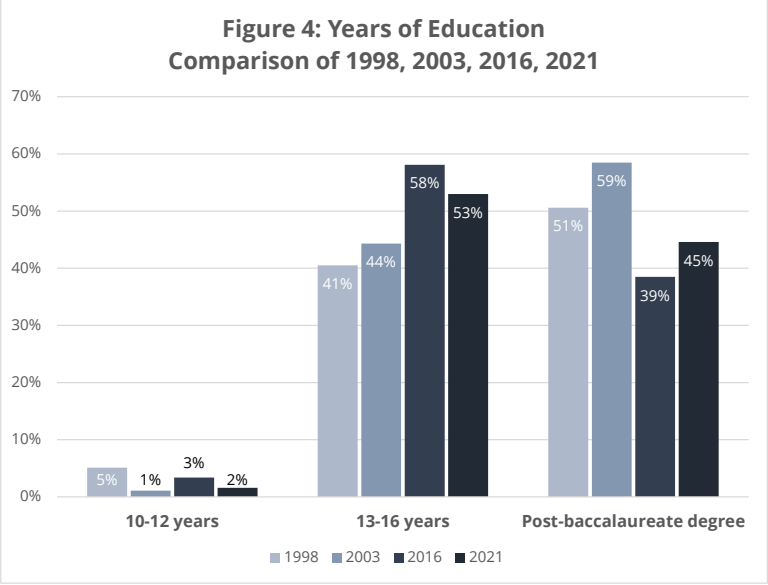
The largest proportion of the prevention workforce is 50 years old or over

Education

Responses to the 2021 workforce survey show the prevention workforce in Washington State has a high level of formal education. 36% of those who responded to the question regarding level of education received indicated they have a baccalaureate degree, and 45% earned a degree beyond a bachelor's degree. The most common degrees earned were in the fields of Psychology (25%), Social Work (13%), Education (11%), and Public Health (10%). When compared to the level of education from previous surveys (Figure 4), the level of post-baccalaureate education is higher than in 2016 but hasn't returned to the levels seen in 1998 and 2003. However, the results suggest that the prevention workforce has a high level of education beyond secondary education.



81% of the workforce has earned a bachelor's degree or higher level of education



The current prevention workforce continues to be highly educated

Ethnicity

The percentage of respondents who report Hispanic or Latino/a ethnicity has more than doubled since 2016. The percentage of participants who responded to the ethnicity question and reported Hispanic ethnicity in 2016 was 5.4%, and in 2021 the percentage increased to 11.6%. This increase reflects the changing demographic of Washington State where it is estimated that 13% of the population is of Hispanic or Latino/a ethnicity.

Race

244 survey participants of the 382 who started the survey provided racial background information; the majority were Caucasian/White (81%). The second largest racial group to respond was two or more races (9%). Asian/Pacific Islanders made up 4% of survey participants and African Americans 2%. These numbers were similar to those reported in 2016 (see Table 1) and to Washington State as a whole, but some groups are still underrepresented. The percentage of prevention professionals who identify as African American/Black is half the proportion of the state, and Asian/Pacific Islanders less than a third. However, more participants opted to select two or more races or the Other race option than the state percentage. Overall, representativeness of non-White prevention professionals is moving closer the state population.

Table 1: Ethnicity: 2021 and 2016 Survey Participants Compared to Washington State

Ethnicity	**Washington State***	**2021 Survey Participants (n=244)**	**2016 Survey Participants (n=194)**
Hispanic	13%	12%	5%
Race			
African American	4%	2%	3%
Asian/Pacific Islander	10	4	1
Caucasian/White	79	81	85
American Indian/Alaskan Native	2	1	8
Two or more races	5	9	*n/a*
Other	*n/a*	3	*n/a*

Non-White racial groups represented 20% of Washington State's prevention professionals

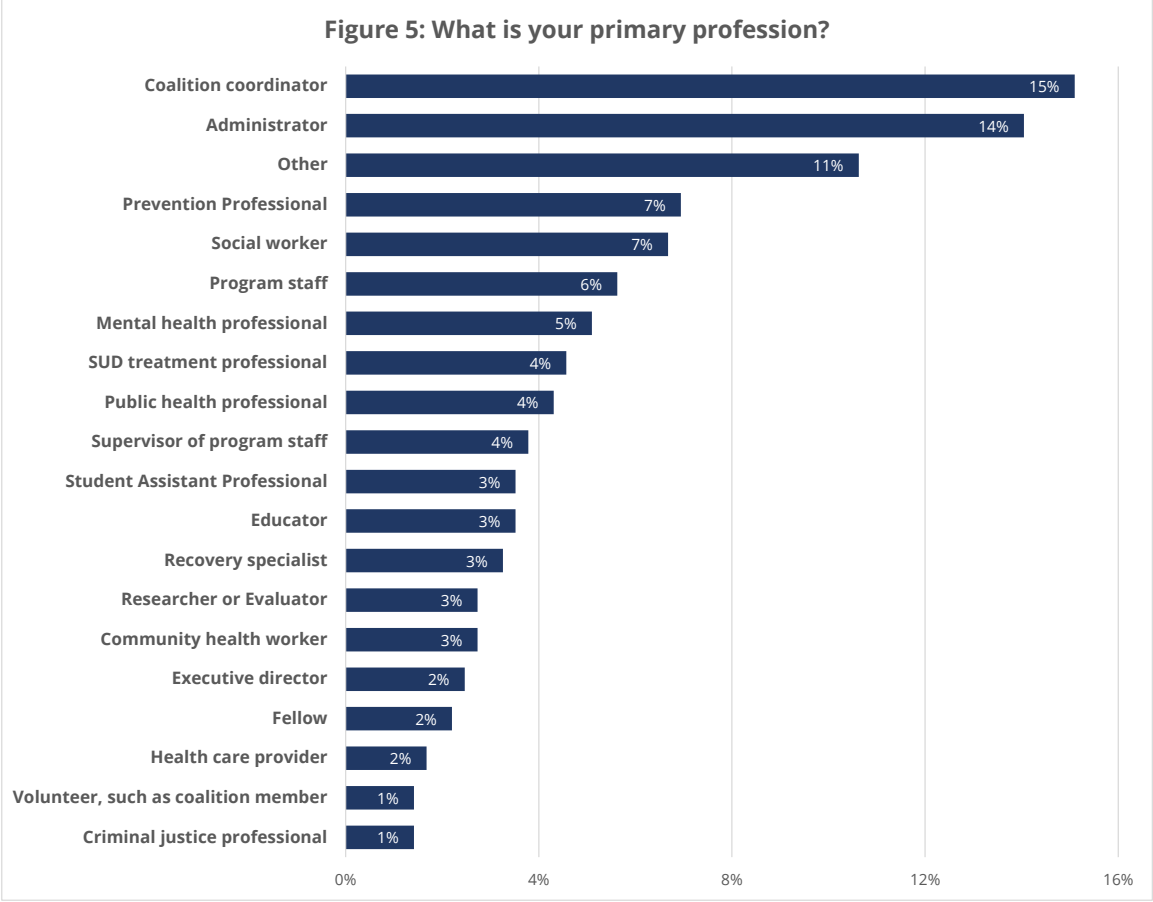
* https://ofm.wa.gov/washington-data-research/statewide-data/washington-trends/population-changes/population-race

Gender

The percentage of persons identifying as female in the 2021 workforce survey continues to increase. Of the 249 respondents to the gender question, 195 (78%) identified as "Female." This number was 74% in 2016 and 72% in 2003. 37 (15%) persons identified as "Male," 6 (2%) as "Non-binary," and 11 (4%) preferred not to say or self-describe. No one self-identified as "Transgender" in the 2021 survey.

Primary Profession

Figure 5 shows the primary profession of those who responded to the survey. The two largest groups were Coalition Coordinators (15%) and Administrators (14%). More than 70% of the workforce self-identified in the other categories. Such diversity in the profession of the prevention workforce means that targeting trainings to a specific profession leaves out a large group the workforce in that are in other professions.



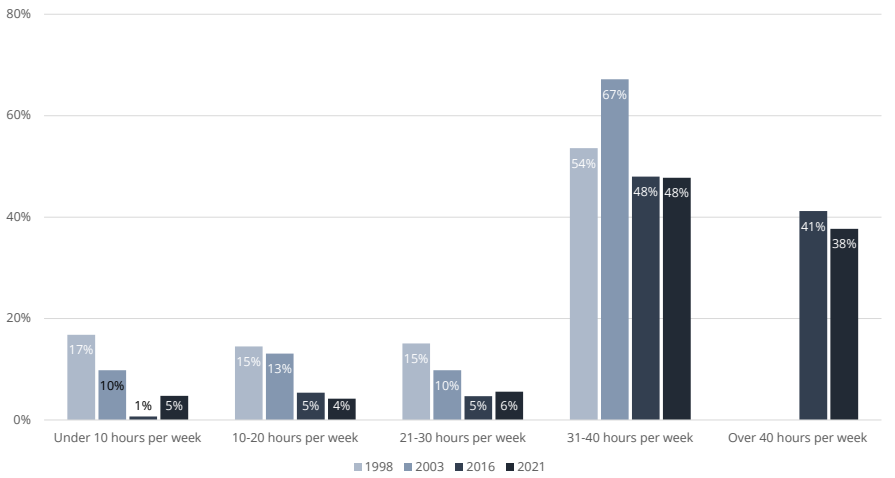
The Work Environment

This section provides information about the survey participants' work environment. Questions refer to work location, years in the prevention field, and job satisfaction. As with the previous section, where possible, there will be comparisons between the current survey results and those collected from previous surveys done in 1998, 2003, and 2016.

Hours Worked Per Week

The hours work per week in 2021 were similar to hours worked in 2016 (see Figure 6). 48% of those surveyed work between 31 to 40 hours in a week and 38% reported working more than 40 hours.

Figure 6: How many hours do you work each week? Comparison of 1998, 2003, 2016, 2021



38% of the prevention workforce works beyond the standard 40-hour work week

Current Salary

The current salary reported in 2021 varied, with most prevention workers earning between $35,000 and $75,000 (see Figure 7). Almost 1 in 5 workers earned more than $75,000 annually. Figure 8 reports salary by the current number of hours worked per week to better understand the salary distribution. As the number of hours worked per week increases, so does the salary range. From these data we see that 44% of those working between 31-40 hours per week earn $55,000 or more, and 39% of these workers make between $35,000 and $54,999.

Figure 7: What is your current salary range? 2021 Results

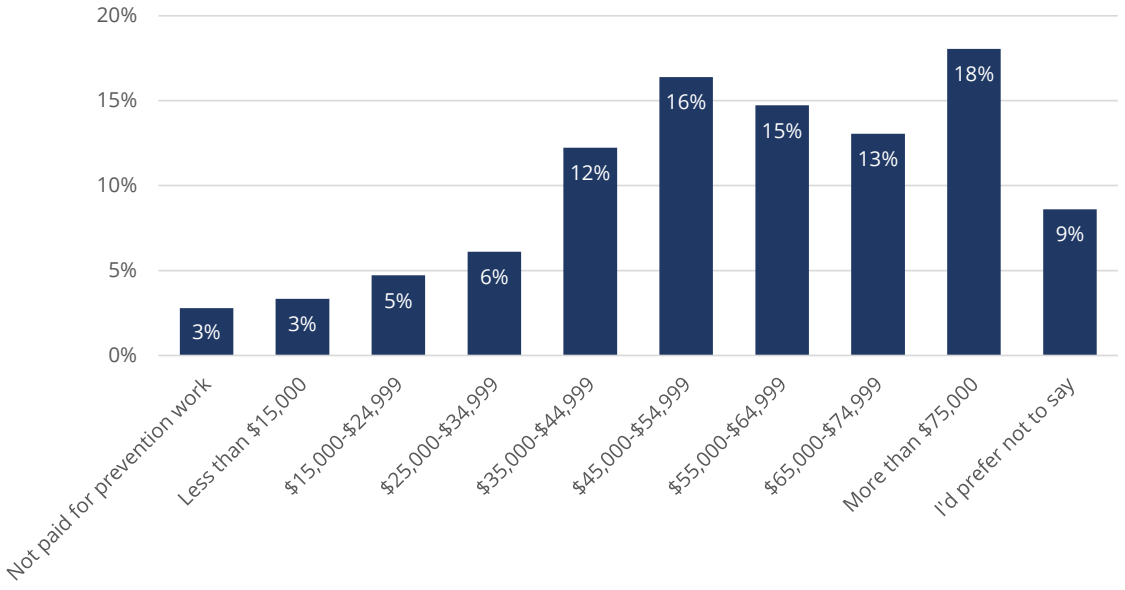
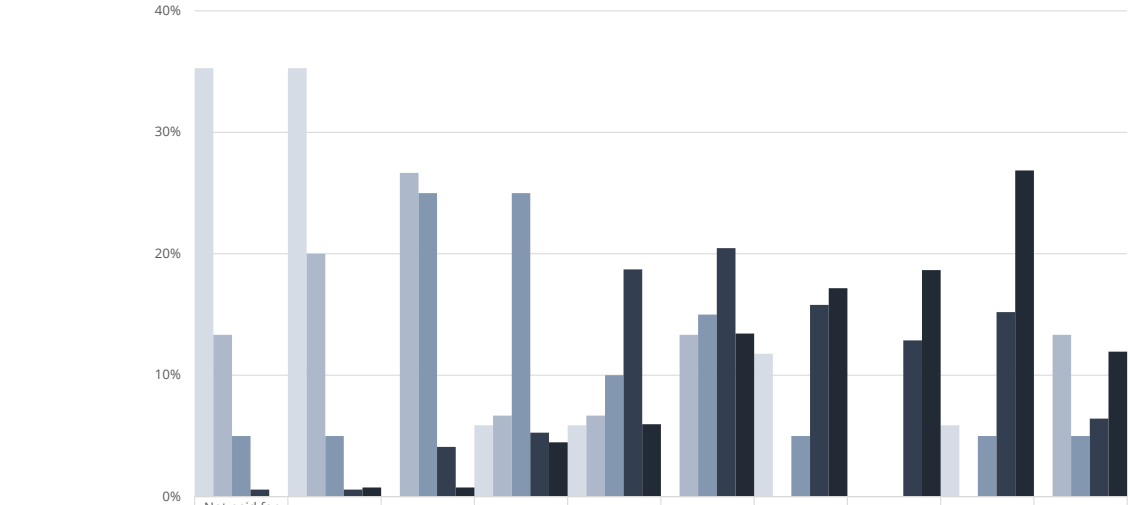


Figure 8: What is your current salary range? BY How many hours do you work each week? 2021 Results

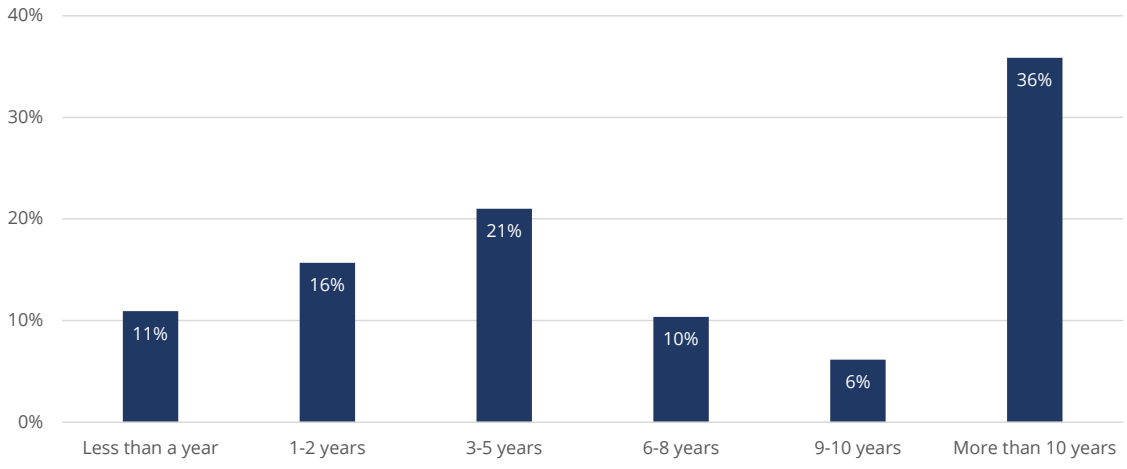


	Not paid for prevention work	Less than $15k	$15k-$24,999	$25k-$34,999	$35k-$44,999	$45k-$54,999	$55k-$64,999	$65k-$74,999	More than $75k	I'd prefer not to say
Under 10 hours per week	35%	35%		6%	6%		12%		6%	
10-20 hours per week	13%	20%	27%	7%	7%	13%				13%
21-30 hours per week	5%	5%	25%	25%	10%	15%	5%		5%	5%
31-40 hours per week	1%	1%	4%	5%	19%	20%	16%	13%	15%	6%
Over 40 hours per week		1%	1%	4%	6%	13%	17%	19%	27%	12%

Years in Prevention Work

The prevention workforce in Washington State has years of experience in the field. More than 50% of the prevention workforce has 6 or more years of work experience in the field of substance use disorders or mental health promotion (Figure 9). 21% of the work force has between 3 to 5 years of experience. 27% of the workforce appears to be relatively new to prevention, with 2 years of experience or less. This group may be particularly keen to future training opportunities.

Figure 9: How many years have you worked or volunteered in the field of substance use disorders or mental health promotion?
2021 Results



27% of the workforce appears to be relatively new to prevention, with 2 years of experience or less

Prevention Certification

Professional certification in the prevention workforce in Washington State is not common. Nearly 70% of the prevention workforce responded that they do not have any type of professional certification (Table 2). 16% of the workforce have earned the Certified Prevention Specialist (CPS) certification or are a Certified Prevention Professional (CPP), only 2% are Certified Health Education Specialist (CHES), and less the 1% responded to having earned an Associate Prevention Professional (APP) certification. 13% of the sample reported some sort of certification outside a CPS, CPP, CHES, or APP certification.

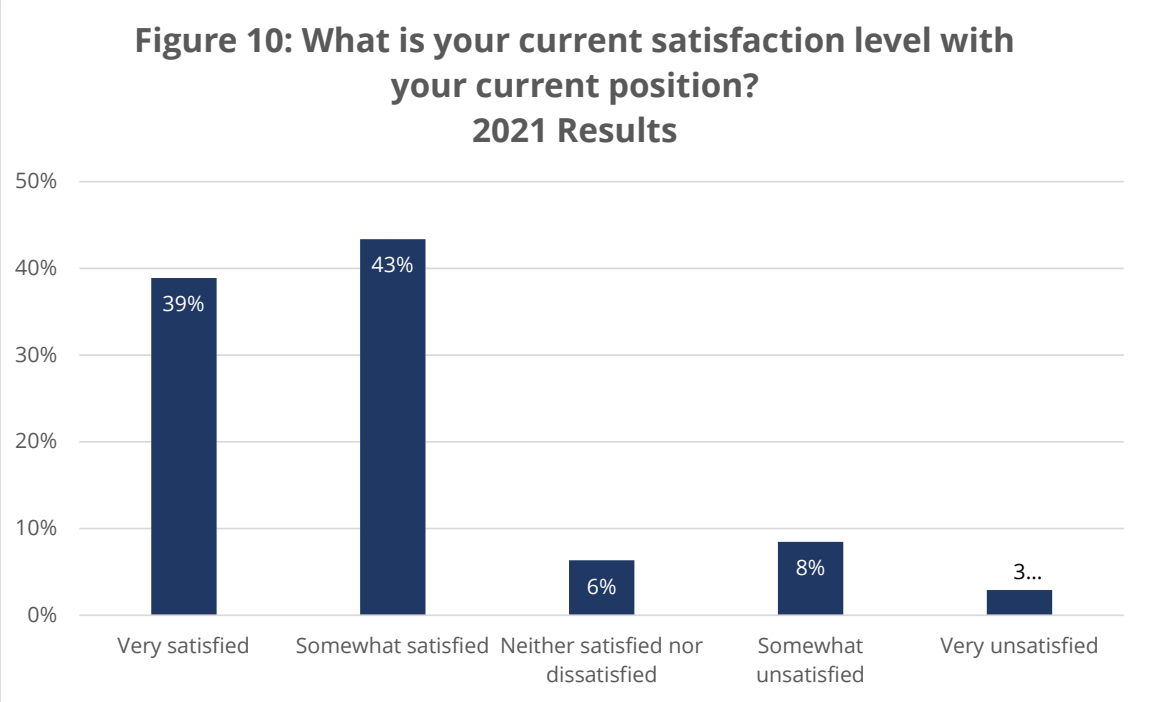
Table 2: Prevention Certification

Prevention Certification	n (%)
No Certification	245 (70)
Certified Health Education Specialist	6 (2)
Master Certification Health Education Specialist (MCHES)	0 (0)
Certified Prevention Professional (CPP or CPS)	56 (16)
Associate Prevention Professional (APP or PPS)	3 (1)
Other	50 (13)

Job Satisfaction

Job satisfaction in the prevention workforce appears to be high. 39% of the workforce are 'Very satisfied' with their current position and 43% are 'Somewhat satisfied' (Figure 10). Only 11% have some level of dissatisfaction with their current position. Similar numbers were found when survey participants were asked if they agreed with the statement "*I'm valued at my workplace*" and to the question "*Prevention is valued at my workplace.*" 84% of the 270 workforce participants either 'Strongly agree' (43%) or 'Agree' (41%) that they are personally valued in their workplace, and 84% also responded that prevention is valued in their workplace (43% 'Strongly agree' and 42% 'Agree' – difference from total is due to rounding).

More than 80% of the workforce is satisfied with their current position



Future in Prevention

When asked about their future in the field of prevention and/or mental health promotion ("*Which of the following best describes the reason you are/or may be planning to leave your current profession?*"), the vast majority plan to remain in their current field (see Table 3 below). Only 6% indicated that they plan to retire from their current position and 10% plan to leave to seek other opportunities outside their current field or to continue their education. 14% offered other reasons for leaving their field and their responses are listed below.

Table 3: Planning to Leave the Field

Reason Why	**n (%)**
Staying in current field	263 (70)
Seek other professional opportunities	18 (5)
Seek additional education	18 (5)
Retirement	23 (6)
Other	54 (14)

Better paying employment along with larger benefit packet

Bullying work environment

Burnout (mentioned 2x's)

Challenges

Chronic workforce issues (more so behavioral health field than prevention). Requires 50+ hours thus poor work-life balance. Frustration and stress to provide quality services, meet client and community needs; moral injury. Likely paid same or more, likely have better benefits and experience significantly less stress, to include better work-life balance, as well as missed feelings of competence and actually doing great work….at this point for health reasons too. The ongoing stress = weight gain, fatigue, brain fog; it's actually irritating to hear/know about "self-care" and somehow inadequate unable to do this because "the work" is so under resourced and causes a ripple effect when tasks are not completed….and et

Current position is vaping and tobacco prevention specialist. I hold a licensed mental health counselor license. Prefer providing therapy.

Currently a student and will transition into a full-time position upon graduation.

Do not enjoy case management for such little pay

Do not feel supported at primary workplace

Eventually transition to self-employment in an unrelated field

Higher paying employment (mentioned 7x's)

I did not have good support to help me learn. Constantly held accountable for deliverables that I had not been trained on or had no privy to the information. Coordinators need to be trained all aspects of their position from contracting to the A-19's. Having a "Manager" position prohibits and restricts the coordinator learning. A political shift in our County, hostility and unwillingness to embrace cultural bias. I LOVE Prevention work and would have stayed forever, but the hostile work environment is toxic.

I do not plan to leave this job. But if I did, it would be for a job with better benefits and a retirement/pension

I don't have plans to leave now but working for a CBO there is no pension and salary is $20,000-$30,000 less than working for city or County govt. We have lost several staff who have gone from CBO to schools or local govt because they pay more

I don't plan to leave my current volunteer position, but I would like to see if I can help to improve how the classes I teach are presented to reduce drop-out rates as well as maybe volunteering other places.

I have been unable to gain employment in the field

I love prevention and my employer, but the coalition here is not doing well and I see little hope for success. It doesn't seem a good fit with my skill set.

I work under a substance abuse prevention grant (CPWI). There are extreme limitations on expanding work to be more inclusive of overall adolescent well-being even though many other factors (e.g. healthy peer and dating relationships) clearly influence substance use behavior. The work can feel quite rigid and communities need flexibility and adaptability.

It's extremely difficult to engage the community in any meaningful and productive way.

Job opportunity with the same employer but a position that better matches my values and career path in outreach case management

Job opportunity in a related field for more money

lack of wages for the amount of stressful work

leadership in this organization falls short in terms of their own experience and capability to be successful in their day to day responsibilities.

Looking to grow

Low Pay/feeling not valued as indicated by low pay and lack of positive acknowledgement by school administration

Medical coverage

Moving

My current workplace doesn't allow me to use my full scope of practice, and I might leave if I found another position that was more challenging or fulfilling.

New challenges

No current plans to leave.

Not enough resources or capacity to do job effectively

Overwhelming work - it never ends.

Permanent collaborator/partner

Potential to transition into related field within current organization.

Prefer not to say (mentioned 2x's)

salary is not what it should be for the amount of work we do. Better paying job.

Seeking New Job

Set end date

Stigma within organization/from co-workers

Stress, unreasonable reporting requirements that are barriers to access to individuals that need services

Substance abuse is a direct result of mental health issues. I do not feel like my funding represents the science

This work is not sustainable for my own mental health

To seek MPH and gain a public health position.

uncertain funding for near future

Work not supported by state agencies. Feels like one step forward and WSLCB will send us three steps back. It's frustrating and makes me like why my efforts are for nothing.

Working on Masters of Public Health/Masters of Healthcare Administration degrees and seeking alternate employment

Would like to do direct services

Training

A primary purpose of the 2021 Prevention Workforce Assessment was to assess the workforce's need for training, preference for training delivery modes, and training topics. The following section reviews the results of these questions. The 2021 survey questions differed from previous survey questions which made any comparison difficult.

Need for Training

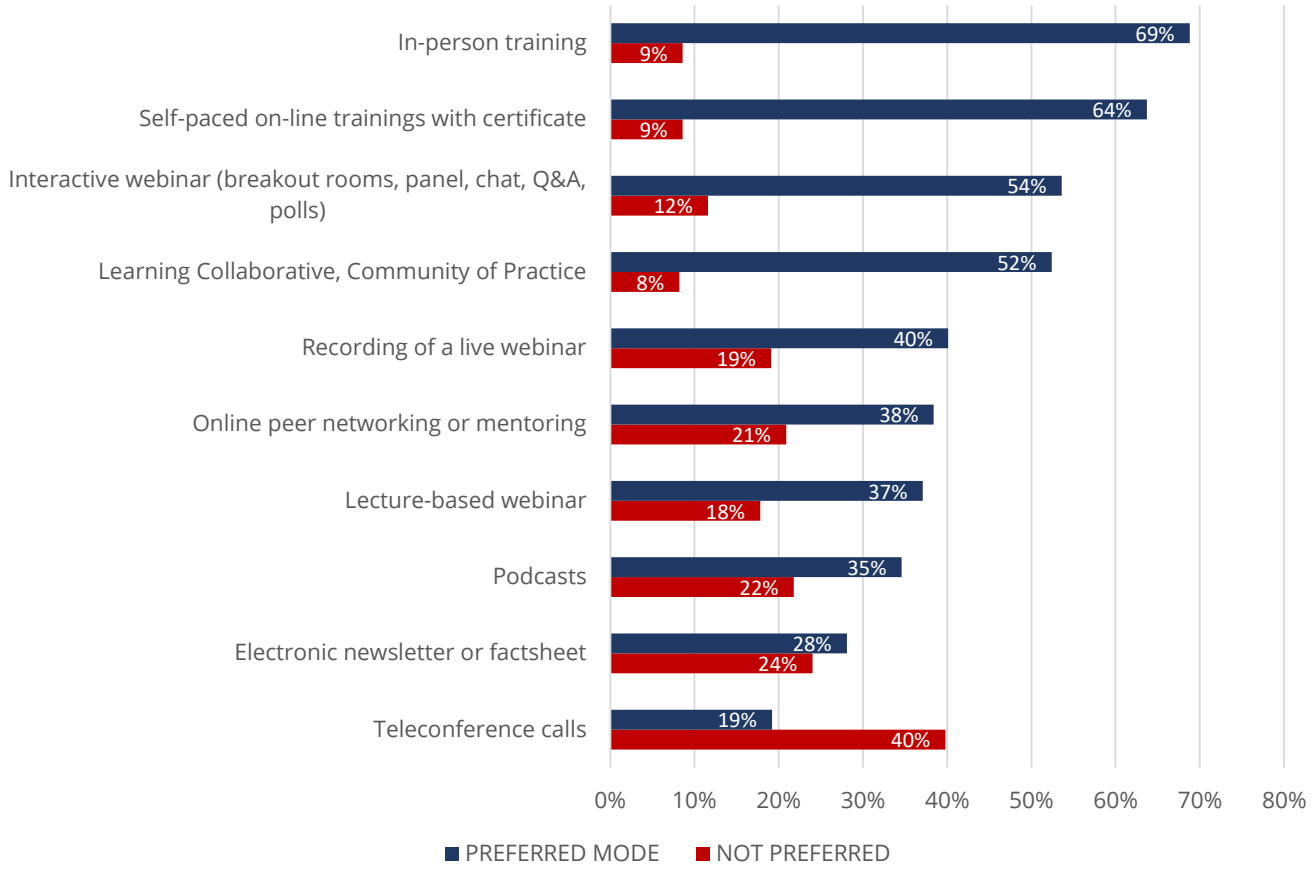
When asked how much they agree with the statement "*I am prepared to do my job,*" 90% of the prevention professionals agreed with the statement. However, when asked "*There is adequate training for prevention professionals,*" only 63% agreed with the statement. The workforce feels prepared and most are satisfied with the training opportunities but there is a substantial proportion that feel training opportunities are insufficient.

Training Modes

Figure 11 reports the preferences for different modes to deliver prevention-related trainings. In-person trainings (69%) are the preferred training mode, followed by Self-paced On-line trainings with Certificates (64%) and Interactive webinars (webinars with breakout rooms, panels, chats and Q&A, and polls) (54%). Podcasts (35%), Electronic Newsletters or Factsheet (28%), and Teleconference Calls (19%) were the lowest ranked delivery methods.

When asked "*How well does online training meet your needs?*" most of the workforce feels like online training is working. 37% responded that online training works "Very well" and 58% responded that online training works "Somewhat well." 95% of the workforce believes online training is functioning well to meet their training needs. Given the challenges with the COVID-19 pandemic during the past 18-months that suddenly forced all trainings online, this number is encouraging. However, the workforce continues in preferring in-person training and most of those surveyed are now comfortable with attending in-person trainings (71%). One advantage to online training is that it can meet the needs Washington State's large geographically dispersed prevention workforce. When asked about challenges to accessing training activities, the top three constraints were financial constraints to travel (47%), I cannot fit it into my schedule (41%), and do not have funding for training and technical assistance (30%). These challenges are minimized with online trainings because the travel cost and time are eliminated. Eliminating travel time to a training reduces the time burden of a training, making training opportunities easier to fit into someone's schedule.

Figure 11: Training Mode Preference
2021 Results



Training Topics

Topic areas for trainings were organized by the six-subject areas of the International Certified Prevention Specialist (ICPS) offered by the International Certification and Reciprocity Consortium (IC&RC). They are:

1. Planning and Evaluation
2. Prevention Education and Service Delivery
3. Communication
4. Community Organizing
5. Public Policy and Environmental Change
6. Professional Growth and Responsibility

The top three rated training topics are

1) ***Engagement of priority populations in prevention Programs, Policies, and Practices (82%)***
2) ***Strategies to reduce SUD stigma (81%)***
3) ***Environmental strategies to address health disparities (79%)***

Table 4 below presents the percentage indicating the need for training within subject area, and Table 5 reports the need for training by coalition coordinators, student assistance specialists, and all other respondents. Appendix A relates the current training topics from the 2021 Workforce Assessment to training topics from the 2003 and 2016 assessments.

Table 4: Training Needs by IC&RC Topic Area

Workforce Development: Planning and Evaluation	Need Training	Enough Training	Not Interested
Coalition sustainability strategies	75%	11%	14%
Evaluating your prevention Programs, Policies, and Practices	74	18	8
Identifying and addressing health disparities to increase health equity	74	19	7
Identifying risk and protective factors that impact disparate populations	69	27	4
Identifying community assets and resources (human, fiscal, and organizational)	69	24	7
Logic models	65	24	11
Develop a strategic plan using the Strategic Prevention Framework	64	25	11
Foundations of prevention science	64	26	10
Using data to make decisions	64	30	5
Identifying and selecting evidence-based Programs, Policies, and Practices	64	30	7
Shared Risk and Protective Factors Theory	61	32	6
Developing a vision for the coalition/community	59	29	11
Development of measurable goals and objectives (including SMARTIE goals)	56	37	7

Workforce Development: Prevention Education and Service Delivery	Need Training	Enough Training	Not Interested
Engagement of priority populations in prevention Programs, Policies, and Practices	82%	12%	6%
Strategies to reduce SUD stigma	81	13	6
Suicide prevention, mental health promotion	76	22	2
Cultural competency, humility, and responsiveness in prevention	72	25	2
Strategies for promoting positive youth development	72	18	10
Virtual facilitation skills	70	20	10
Issues of fidelity, adaptation, and implementation for evidence-based prevention programs	69	24	7
Implementing evidence-based Programs, Policies, and Practices	67	29	4

Workforce Development: Communication	Need Training	Enough Training	Not Interested
Advocating for mental health promotion and suicide prevention	78%	17%	5%
Effectively communicate mental health promotion and suicide prevention	75	19	6
Engaging media to promote your work	72	16	12
Advocating for prevention	70	26	3
Using media strategies	68	20	11
Public awareness campaign	67	23	10
Facilitating coalition or community meeting	59	29	13
Effectively communicate about prevention/promotion	54	21	2

Workforce Development: Community Organizing	Need Training	Enough Training	Not Interested
Developing strategic alliances for systems change	74%	16%	10%
Change management	73	15	12
Identifying/engaging diverse stakeholders or non-traditional partners in prevention planning and programming	71	19	10
Writing a comprehensive community prevention plan	71	14	15
Including youth voice in community coalitions	69	19	13
Mobilizing and engaging of community stakeholders	67	19	14
Coalition leadership	62	20	19

Workforce Development: Public Policy and Enviromental Change	Need Training	Enough Training	Not Interested
Environmental strategies to address health disparities	79%	10%	11%
Implementing and evaluating environmental change strategies	75	11	14
Prevention and Social Determinants of Health	74	17	8
Advocating for policy and environmental change	72	13	14

Workforce Development: Professional Growth and Responsibilty	Need Training	Enough Training	Not Interested
Preventing burnout	76%	17%	7%
Knowledge of suicide prevention	72	23	5
Knowledge of mental health promotion	71	23	6
Racial equity and inclusion	71	28	1
Knowledge of current issues of substance misuse	71	26	3
Mentoring or coaching of prevention staff	68	18	14
Project management	68	21	11
Recruitment and retention of prevention staff	64	21	15
Public speaking and presentation skills	62	31	8
Ethical principles relevant to prevention	57	39	4
Knowledge of Adverse Childhood Experiences (ACES)	55	41	4

Table 5: Training Needs by Job Type

Workforce Development: Planning and Evaluation	Coalition Coordinators (n=57)	Student Assistance Specialists (n=13)	All Other Responses (n=248)
Developing a vision for the coalition/community	57%	80%	59%
Shared Risk and Protective Factors Theory	52	80	62
Using data to make decisions	64	81	63
Development of measurable goals and objectives (including SMARTIE goals)	69	56	54
Identifying and selecting evidence-based Programs, Policies, and Practices	67	63	63
Logic models	65	63	65
Develop a strategic plan using the Strategic Prevention Framework	59	75	65
Evaluating your prevention Programs, Policies, and Practices	79	75	73
Identifying community assets and resources (human, fiscal, and organizational)	74	81	67
Identifying risk and protective factors that impact disparate populations	70	69	68
Identifying and addressing health disparities to increase health equity	79	75	73
Coalition sustainability strategies	83	63	74
Foundations of prevention science	53	69	66

Workforce Development: Prevention Education and Service Delivery	Coalition Coordinators (n=57)	Student Assistance Specialists (n=13)	All Other Responses (n=248)
Cultural competency, humility, and responsiveness in prevention	79%	80%	70%
Implementing evidence-based Programs, Policies, and Practices	60	80	68
Suicide prevention, mental health promotion	85	87	73
Issues of fidelity, adaptation, and implementation for evidence-based prevention programs	67	80	69
Strategies to reduce SUD stigma	91	87	78
Engagement of priority populations in prevention Programs, Policies, and Practices	89	87	81
Strategies for promoting positive youth development	79	73	71
Virtual facilitation skills	75	64	69

Workforce Development: Communication	Coalition Coordinators (n=57)	Student Assistance Specialists (n=13)	All Other Responses (n=248)
Effectively communicate about prevention/promotion	69%	92%	68%
Public awareness campaign	71	54	67
Using media strategies	75	77	66
Engaging media to promote your work	81	77	69
Facilitating coalition or community meeting	57	69	59
Advocating for prevention	69	92	70
Effectively communicate mental health promotion and suicide prevention	81	69	74
Advocating for mental health promotion and suicide prevention	85	77	76

Table 5: Training Needs by Job Type (continued)

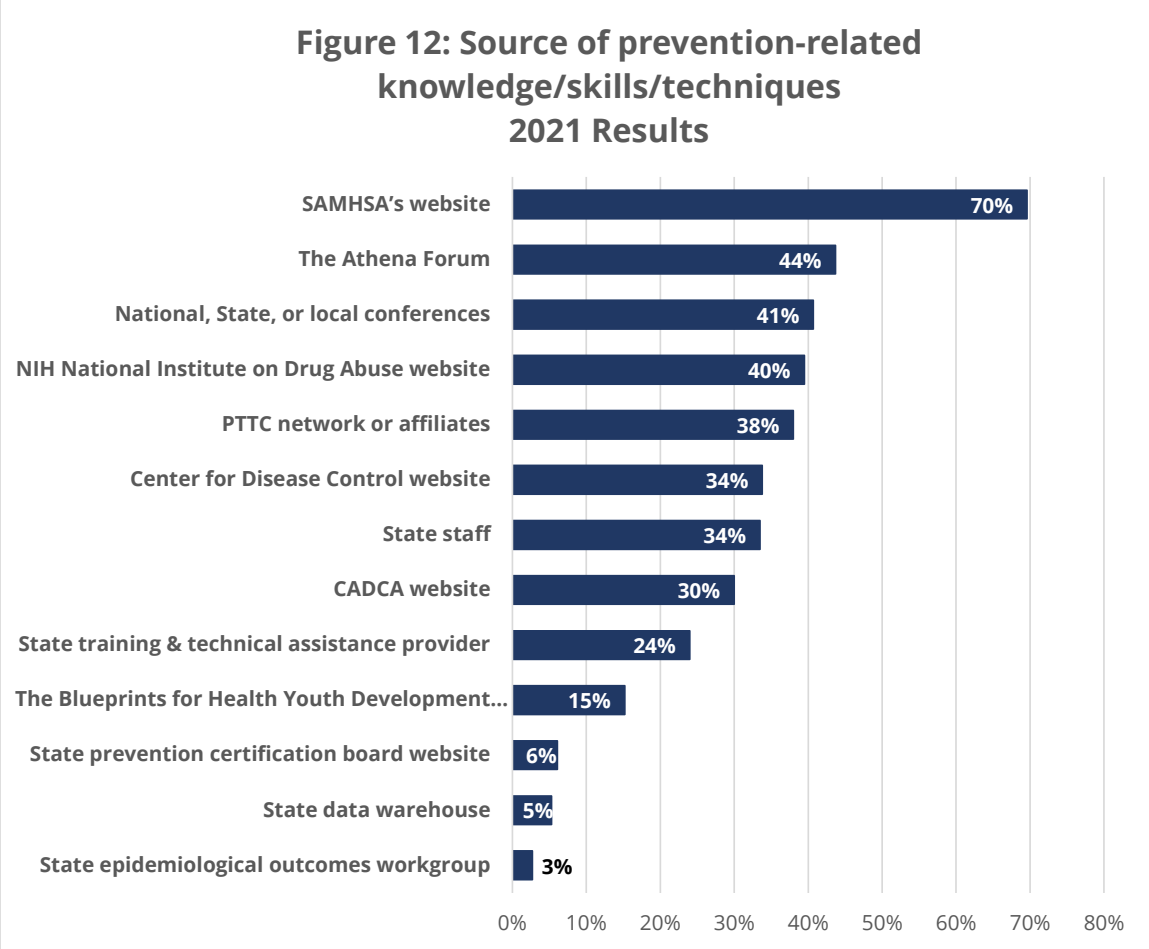
Workforce Development: Community Organizing	Coalition Coordinators (n=57)	Student Assistance Specialists (n=13)	All Other Responses (n=248)
Mobilizing and engaging of community stakeholders	72%	69%	66%
Identifying and engaging diverse stakeholders or non-traditional partners in prevention planning and programmi	68	69	72
Developing strategic alliances for systems change	74	69	74
Coalition leadership	66	54	61
Change management	80	69	72
Writing a comprehensive community prevention plan	74	69	70
Including youth voice in community coalitions	70	62	69

Workforce Development: Public Policy and Enviromental Change	Coalition Coordinators (n=57)	Student Assistance Specialists (n=13)	All Other Responses (n=248)
Advocating for policy and environmental change	88%	69%	69%
Implementing and evaluating environmental change strategies	96	77	70
Prevention and Social Determinants of Health	86	85	71
Environmental strategies to address health disparities	88	85	76

Workforce Development: Professional Growth and Responsibilty	Coalition Coordinators (n=57)	Student Assistance Specialists (n=13)	All Other Responses (n=248)
Ethical principles relevant to prevention	36%	46%	63%
Racial equity and inclusion	66	77	72
Knowledge of current issues of substance misuse	68	85	70
Recruitment and retention of prevention staff	57	31	68
Preventing burnout	82	54	76
Public speaking and presentation skills	63	77	61
Mentoring or coaching of prevention staff	59	69	70
Knowledge of Adverse Childhood Experiences (ACES)	54	62	54
Project management	73	62	67
Knowledge of mental health promotion	75	77	70
Knowledge of suicide prevention	71	77	72

Prevention-Related Knowledge/Skills/Techniques

When the workforce looks for knowledge, skills, and techniques related to their work in prevention, 70% refer to the SAMHSA website and 44% to the Athena Forum (see Figure 12). 88% of the 263 participants who responded to this question indicated they received prevention-related information from the top three most endorsed sources – SAMHSA's website, the Athena Forum, and National, state, or local conferences. Those not endorsing one of the top three most common sources (n=31 [12%]), looked to State staff, State training & technical assistance providers, the Blueprints for Healthy Youth Development website, and the CDC website for their prevention-related information.



The top three rated sources for prevention-related information were:

1) ***SAMHSA's website (70%)***
2) ***The Athena Forum (44%)***
3) ***National, State, or local conferences (41%)***

Recommendations--page left intentionally blank

Review of 2016 Recommendations

Appendix A – Crosswalk of 2021, 2016, and 2003 Prevention Competencies

IC&RC Subject Area 1:	Planning and Evaluation	
2021 Competencies	**2016 Competency**	**2003 Competencies**
Developing a vision for the coalition/community	Identify and Describe Community Demographics and Norms	Define the community by identifying its demographic characteristics and core values.
Shared Risk and Protective Factors Theory		Attain knowledge of current research-based prevention theory.
Using data to make decisions	Data Gathering	Assess community needs by collecting and utilizing the most current local data
Development of measurable goals and objectives (including SMARTIE goals)		
Identifying and selecting evidence-based Programs, Policies, and Practices	Select Strategies to Meet Identified Needs	Select effective programs and practices in order to meet the needs of the target population
Logic models		
Develop a strategic plan using the Strategic Prevention Framework		
Evaluating your prevention Programs, Policies, and Practices		Conduct appropriate evaluation of prevention programs.
Identifying community assets and resources (human, fiscal, and organizational)	Determine Coalition and Community Readiness for Prevention.	Identify and address community readiness issues.
Identifying risk and protective factors that impact disparate		
Identifying and addressing health disparities to increase health equity		
Coalition sustainability strategies		
Foundations of prevention science	Knowledge of Basic Prevention Science and Theories	Apply sound prevention theory and practice.

Appendix A – Crosswalk of 2021, 2016, and 2003 Prevention Competencies (con't)

IC&RC Subject Area 2:	Prevention Education and Service Delivery	
2021 Competencies	**2016 Competency**	**2003 Competencies**
Cultural competency, humility, and responsiveness in prevention	Ensure Service Delivery is Culturally Appropriate for Diverse Populations.	Deliver culturally competent education and training/Develop cultural competence to ensure inclusion of diverse populations.
Implementing evidence-based Programs, Policies, and Practices	Implement Evidence-based Interventions As Intended by Program Developers	Maintain fidelity when replicating research based prevention.
Suicide prevention, mental health promotion		
Issues of fidelity, adaptation, and implementation for evidence-based prevention programs	Change Implementation of Strategies Based on Evaluation Information.	Refine the prevention program by incorporating findings
Strategies to reduce SUD stigma		
Engagement of priority populations in prevention Programs, Policies, and Practices		
Strategies for promoting positive youth development		
Virtual facilitation skills		

IC&RC Subject Area 3:	Communication	
2021 Competencies	**2016 Competency**	**2003 Competencies**
Effectively communicate about prevention/promotion		Develop and disseminate appropriate information in education and training activities
Public awareness campaign		Conduct prevention awareness campaigns to strengthen public and organizational policy and
Using media strategies	Utilizing Media to Promote Efforts	
Engaging media to promote your work		Establish working relationships with media by serving as a credible
Advocating for prevention	Advocate for Prevention	Identify policy makers using formal and informal processes/Inform decision makers about effective prevention practice
Facilitating coalition or community meeting		

Appendix A – Crosswalk of 2021, 2016, and 2003 Prevention Competencies (con't)

IC&RC Subject Area 4:	Community Organizing	
2021 Competencies	**2016 Competency**	**2003 Competencies**
Mobilizing and engaging of community stakeholders	Identify and Involve Stakeholders in Planning	Engage community leaders by including them in the planning.
Identifying and engaging diverse stakeholders or non-traditional partners in prevention planning and programming		Employ appropriate training techniques to address educational needs of audience./Recognize existing community norms to ensure sensitivity to the unique needs of the community.
Developing strategic alliances for systems change		Model collaboration to ensure effective prevention services.
Coalition leadership	Participate in Creating and Sustaining Community-based Coalitions	Develop the capacity of the community through ongoing mentoring and training to sustain positive change resulting from the prevention project.
Change management		
Writing a comprehensive community prevention plan		
Including youth voice in community coalitions		

IC&RC Subject Area 5:	Public Policy and Environmental Change	
2021 Competencies	**2016 Competency**	**2003 Competencies**
Advocating for policy and environmental change	Collaborative Policy Development	Plan policy initiatives working in collaboration with appropriate community.
Implementing and evaluating environmental change strategies		
Prevention and Social Determinants of Health		
Environmental strategies to address health disparities		

Appendix A – Crosswalk of 2021, 2016, and 2003 Prevention Competencies (con't)

IC&RC Subject Area 6:	Professional Growth and Responsibility	
2021 Competencies	**2016 Competency**	**2003 Competencies**
Ethical principles relevant to prevention	Knowledge and Skills in Ethical Practice and Professional Responsibility	Practice ethical behavior by adhering to legal and professional standards and codes of ethics.
Racial equity and inclusion		
Knowledge of current issues of substance misuse		
Recruitment and retention of prevention staff		
Preventing burnout		
Public speaking and presentation skills		
Mentoring or coaching of prevention staff		
Knowledge of Adverse Childhood Experiences (ACES)		
Project management		

IC&R	No Equivalent	
2021 Competencies	**2016 Competency**	**2003 Competencies**
No Equivalent	No Equivalent	Tailor education and skill development activities to knowledge and skill levels of the intended audience.
No Equivalent	No Equivalent	Support the community by providing technical assistance in order to implement a plan for achieving prevention goals