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

FINAL REPORT

December 2021

Survey implemented by the Division of Behavioral Health and Recovery

Executive Summary

More than 80% of the prevention providers workforce are satisfied with their current position.

Only 20% of the prevention providers workforce responding to the needs assessment indicate some level of prevention certification.

More than 50% of the prevention workforce has six or more years of work experience in the field of substance use disorders or mental health promotion.

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%)**

Acknowledgements

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Methodology

The Prevention Workforce Assessment was administered on a web-based platform from June thru August. The survey questions were developed by the Social Development Research Group (SDRG) and the Northwest Prevention Technology Transfer Center (Northwest PTTC) in cooperation with the other nine PTTCs across the United States. The Division 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 those 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 20 weeks between June and late August. During this time the survey link was opened for a total of 509 surveys by individuals who identified as from Washington State. 113 failed to complete the initial screening questions and didn't start the survey. Of the remaining 396 surveys, 257 individuals fully completed the survey. 139 surveys were partially completed and were included in the final analysis. The typical time spent on the survey was 15 minutes.

Demographics of Prevention Workforce

This section provides Information about several demographic characteristics, including age, gender, education, and ethnicity of those who responded to the 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 for 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 45.3 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, more than 40% of the prevention workforce is 50 years of age or older. Prevention workers under age 35 comprise only 27% of the workforce.

Figure 1: Average Age of Prevention Workforce

Year	Average Age
1998	41.1
2003	43.8
2016	46.4
2021	45.3

■ Average Age of Prevention Workforce
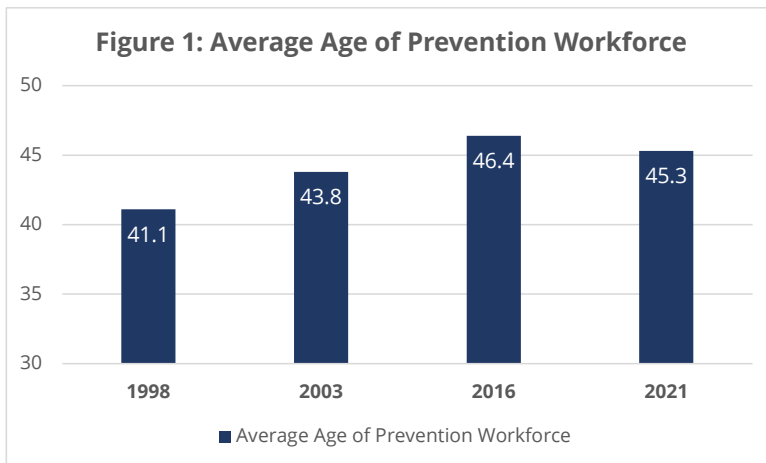
Average age of workforce similar to 2016

Figure 2: 2021 Age Distribution of the Prevention Workforce

Age Group	Percentage
18-25	6.3
26-35	20.4
36-49	31.8
50 plus	41.6

■ Percentage of Survey Participants
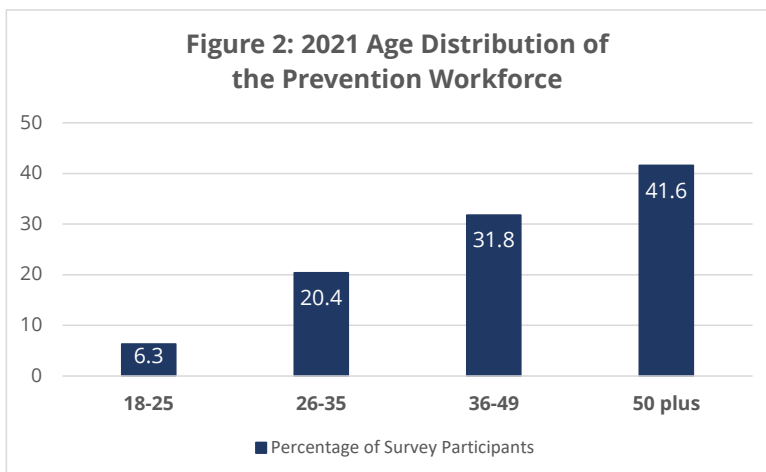
Age 50 years and older comprise the largest proportion of the prevention workforce

Education

Responses to the 2021 workforce survey show the prevention workforce in Washington State has a high level of formal education. 37% of those who responded to the question regarding highest level of education received indicated they have a baccalaureate degree, and 44% 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 postbaccalaureate education is higher than in 2016 but hasn't returned to the levels seen in 1998 and 2003. However, the result suggests that the prevention workforce has a high level of education beyond secondary education.

Figure 3: Highest Degree Earned 2021 Results
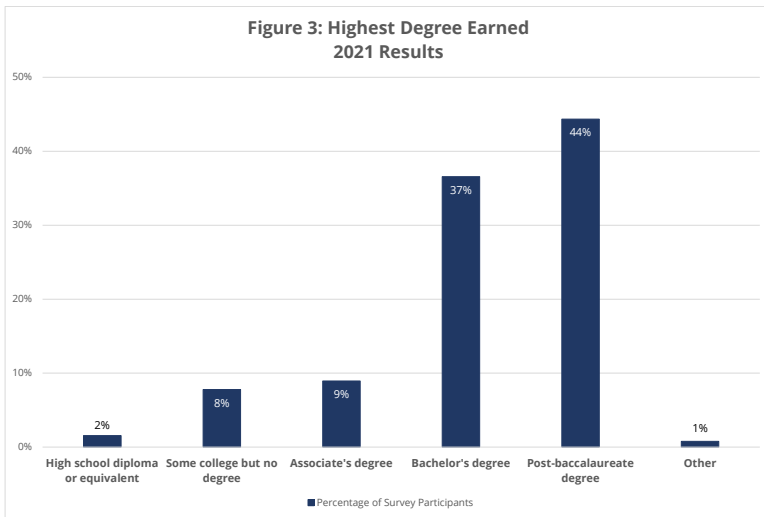
81% of the workforce has earned a bachelor's degree or a higher level of education

Figure 4: Years of Education Comparison of 1998, 2003, 2016, 2021
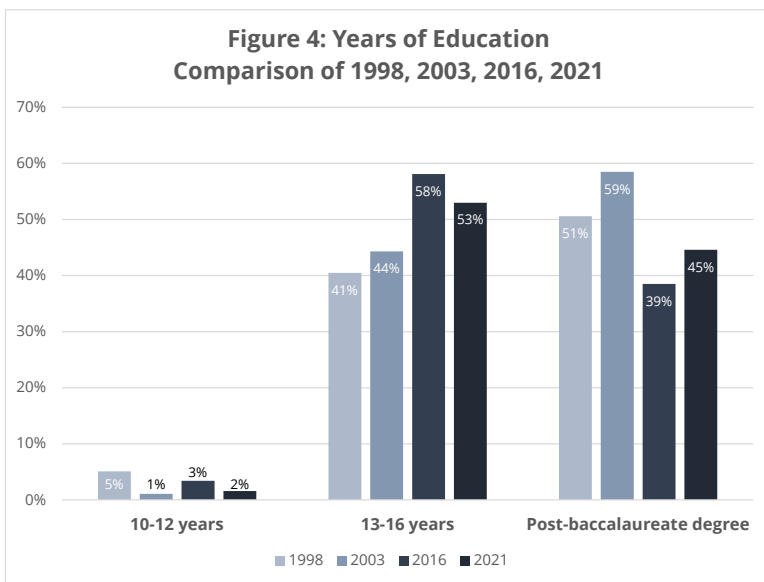
The current prevention workforce continues to be highly educated

Ethnicity

The percentage of respondents who report Hispanic or Latino/a ethnicity has more than doubled from 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 11.3%. 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

257 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 were two or more races (9%). Asians/Pacific Islanders made up 4% of survey participants and African Americans 2%. These percentages 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's population, and Asian/Pacific Islander respondents are less than a third of the state's proportion of this population. 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 to the proportion for the state population.

Table 1: Ethnicity and Race Percentages in Washington State and Survey Participants

Ethnicity	Washington State* (%)	2021 Survey Participants (% - n=257)	2016 Survey Participants (% - n=194)
Hispanic	13	11	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*

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

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

Gender

The percentage of persons identifying as female in the 2021 workforce survey continues to increase. Of the 257 respondents to the gender question, 202 (79%) identified as "Female." This percentage was 74% in 2016 and 72% in 2003. 38 (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 (13%). More than 70% of the workforce indicated other categories. Such diversity in the profession of the prevention workforce makes targeting trainings to a specific profession difficult. By targeting a training to a specific job category, a large percentage of the workforce in other professions is left out.

Figure 5: What is your primary profession?

Profession	Percentage
Coalition coordinator	15%
Administrator	13%
Other	10%
Prevention Professional	7%
Social worker	7%
Program staff	6%
Mental health professional	5%
SUD treatment professional	4%
Student Assistant Professional	4%
Public health professional	4%
Supervisor of program staff	4%
Educator	3%
Recovery specialist	3%
Researcher or Evaluator	3%
Community health worker	3%
Executive director	2%
Fellow	2%
Health care provider	2%
Volunteer, such as coalition member	1%
Criminal justice professional	1%

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 was similar to hours worked in 2016 (see Figure 6). 48% of those surveyed work between 31 to 40 hours in a week and 37% reported working more than 40 hours.

Figure 6: How many hours do you work each week?
Comparison of 1998, 2003, 2016, 2021
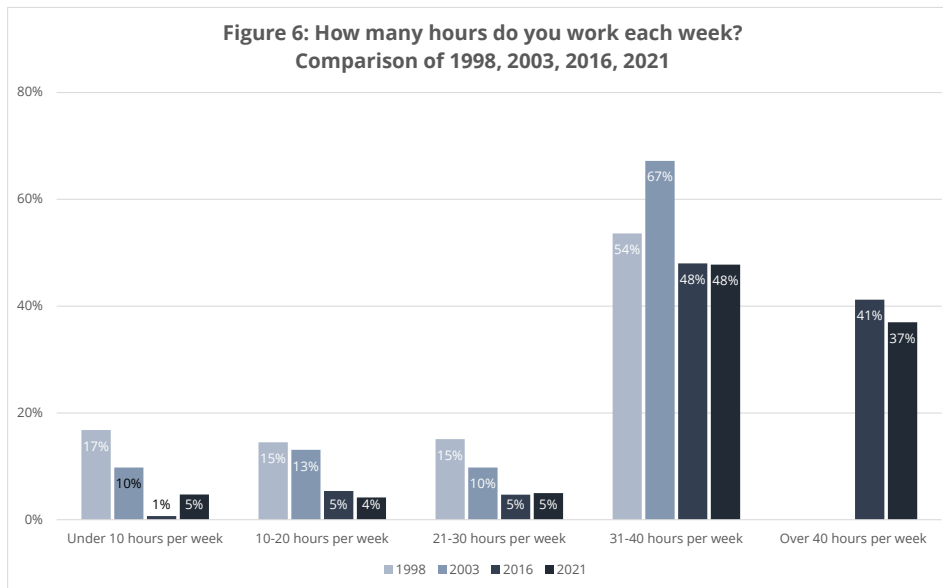
37% of the prevention workforce works beyond the standard 40-hour work week

Current Salary

The current salary reported in 2021 varied, with most prevention workers earning between $35,000 and $65,000 (see Figure 7). Almost 1 in 3 workers earned more than $65,000 annually. Figure 8 reports salary by the current number of hours worked per week to better depict the salary distribution. As the number of hours worked per week increases, so does the salary range. From these data we see that 43% of those working between 31-40 hours per week earn $55,000 or more, and 40% of these workers make between $35,000 and $54,999.

**Figure 7: What is your current salary range?
2016 and 2021 Results**

Salary range	2016	2021
Not paid for prevention work	3%	3%
Less than $15,000		3%
$15,000-$24,999	5%	5%
$25,000-$34,999	12%	6%
$35,000-$44,999	19%	12%
$45,000-$54,999	18%	17%
$55,000-$64,999	16%	15%
More than $65,000	28%	31%
I'd prefer not to say		9%
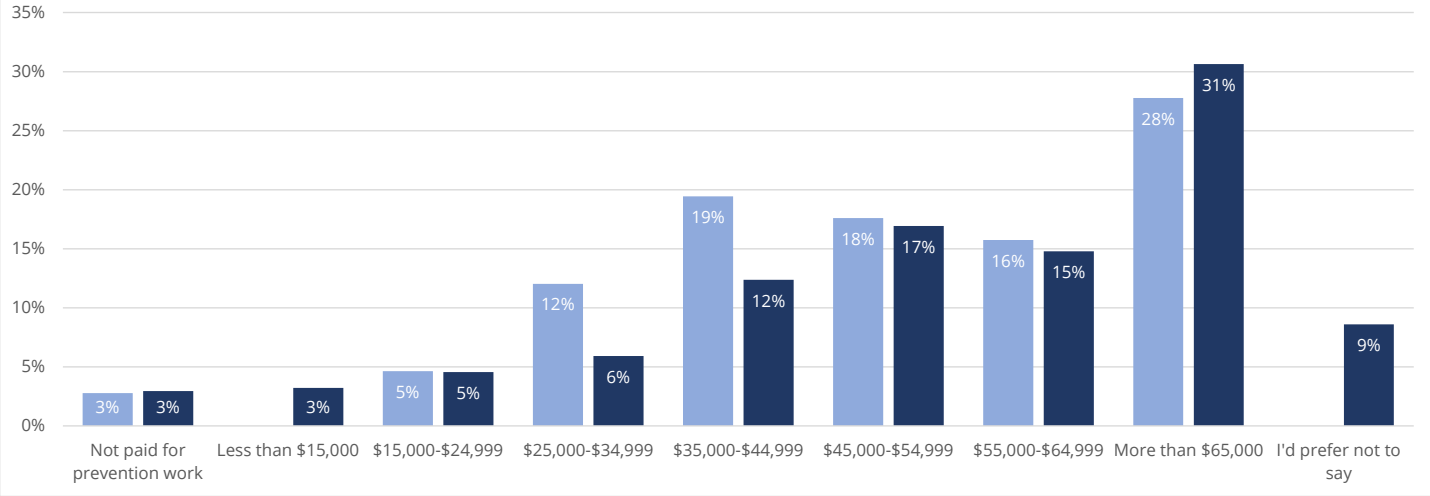
**Figure 8: What is your current salary range? BY How many hours do you work each week?
2021 Results**

	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	19%	19%	25%	6%	6%	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%	18%	22%	16%	12%	15%	7%
Over 40 hours per week		1%	1%	4%	7%	13%	17%	20%	26%	12%
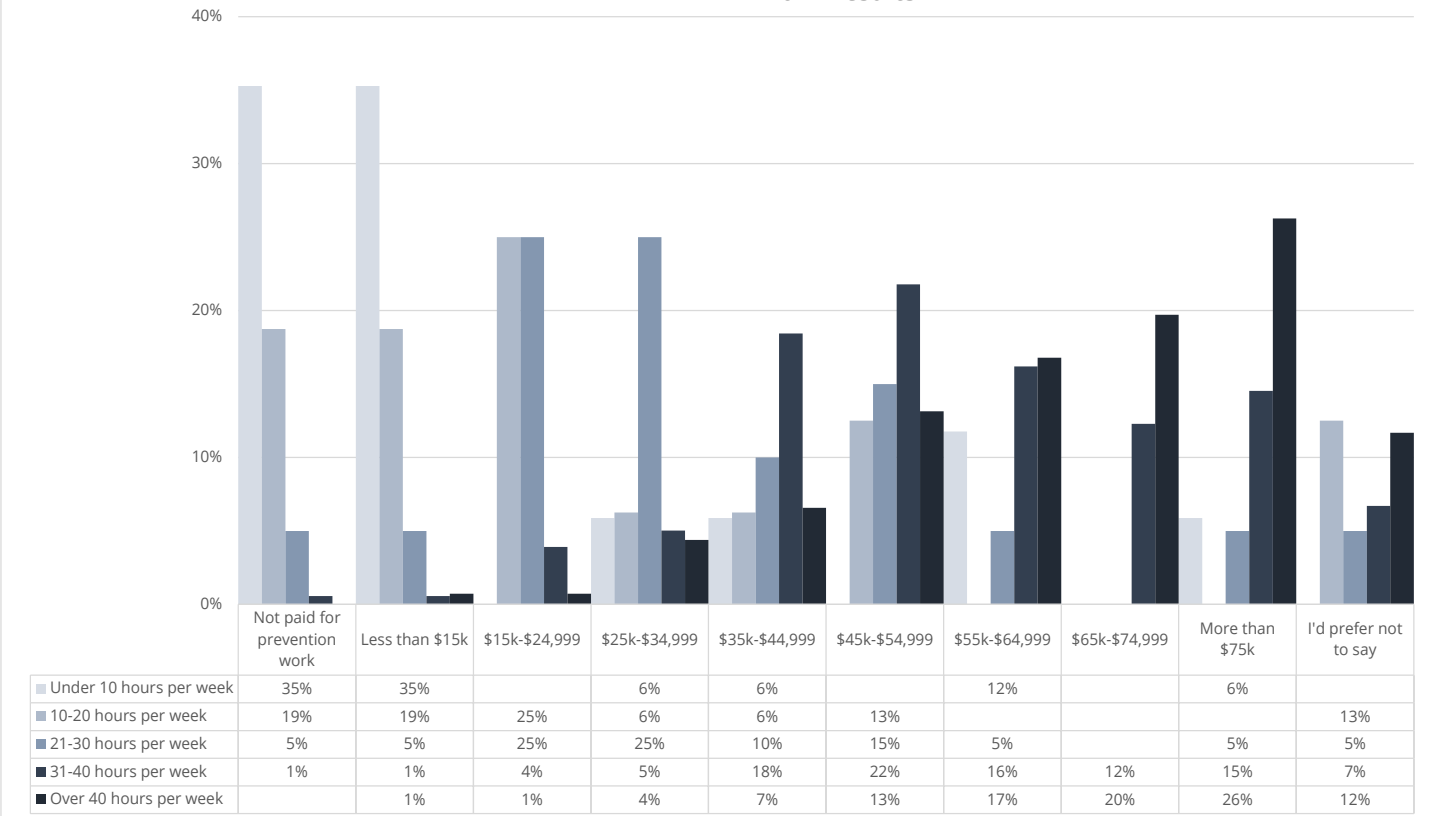
Salary Range of Coalition Coordinators

When reviewing the work hours and salary range of Coalition Coordinators, it's clear that the majority of these positions are full-time. Only 6 of the 58 participants (10%) who indicated their primary position as Coalition Coordinator work less than 31 hours a week. Table 2 below shows the salary ranges of the Coalition Coordinators working 31 hours per week or more. None of the full-time Coalition Coordinators reported salaries below $35,000 a year or over $75,000 a year.

Table 2: Full-time Coalition Coordinator Salary Range

	31-40 hours per week (% - n=36)	Over 40 hours a week (% - n=16)
$35,000 to $44,999	17	13
$45,000 to $54,999	25	25
$55,000 to $64,999	36	31
$65,000 to $74,999	19	31
I'd prefer not to say	3	

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 six or more years of work experience in the field of substance use disorders or mental health promotion (Figure 9); 21% of the workforce has between three to five years of experience. 27% of the workforce appears to be relatively new to prevention, with two years or less of experience. This group may be particularly keen to future training opportunities.
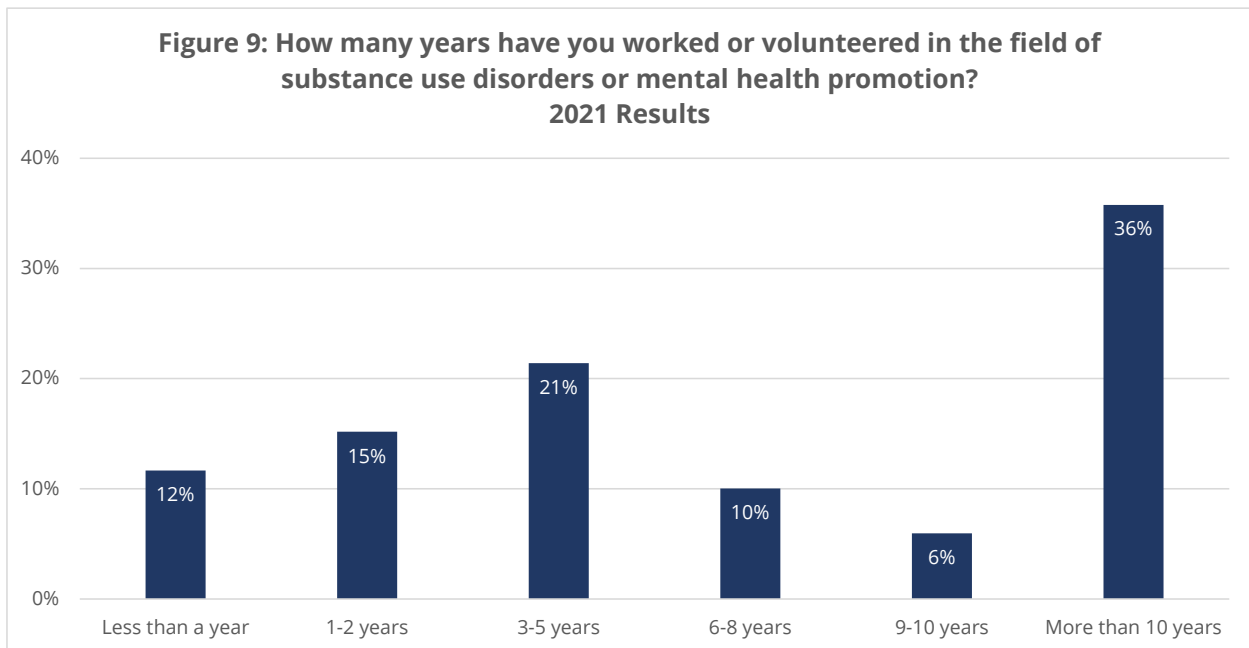
Figure 9: How many years have you worked or volunteered in the field of substance use disorders or mental health promotion?
2021 Results

Category	Percentage
Less than a year	12%
1-2 years	15%
3-5 years	21%
6-8 years	10%
9-10 years	6%
More than 10 years	36%

> *27% of the workforce appears to be relatively new to prevention, with two years or less of experience.*

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 3). 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 Specialists (CHES), and less the 1% responded to having earned an Associate Prevention Professional (APP) certification. 13% of the sample offered some sort of certification outside a CPS, CPP, CHES, or APP certification.

Table 3: Prevention Certification

Prevention Certification	n (%)
No Certification	253 (70)
Certified Health Education Specialist	6 (2)
Master Certification Health Education Specialist (MCHES)	1 (0)
Certified Prevention Professional (CPP or CPS)	58 (16)
Associate Prevention Professional (APP or PPS)	4 (1)
Other	51 (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 278 workforce participants either 'Strongly agree' (43%) or 'Agree' (41%) that they are personally valued in their workplace, and 85% also responded that prevention is valued in their workplace (43% 'Strongly agree' and 42% 'Agree').

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

Figure 10: What is your current satisfaction level with your current position? 2021 Results
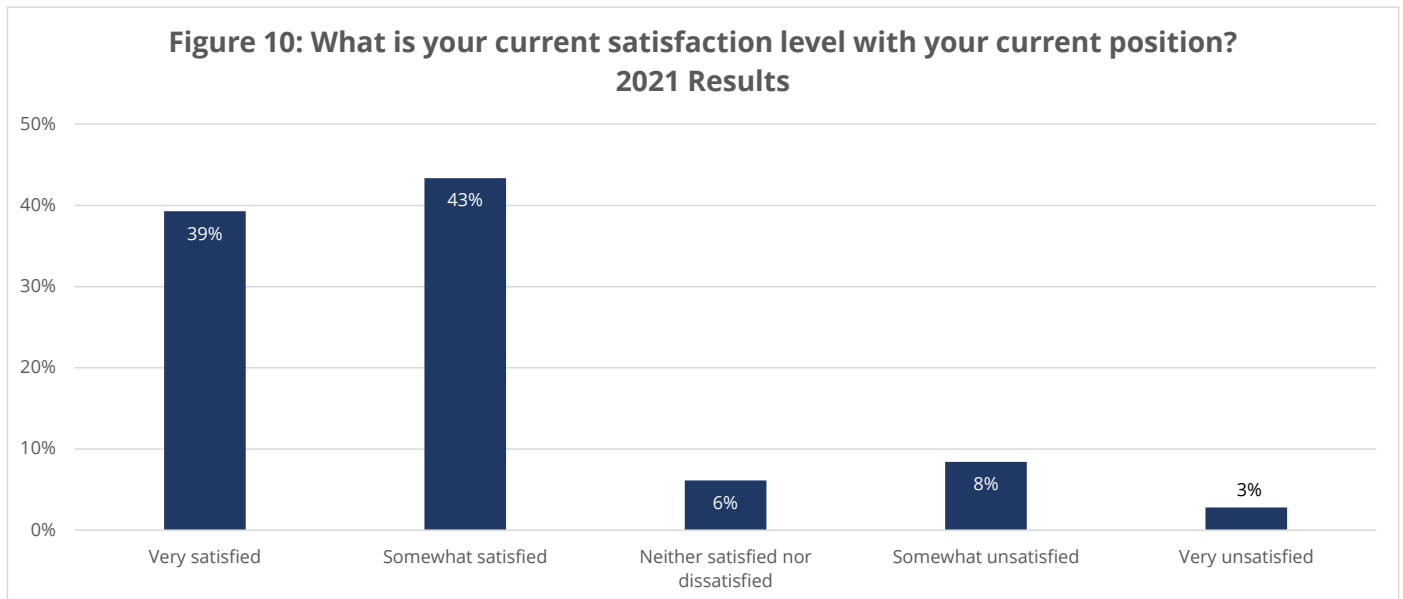
Future in Prevention

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 4 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.

Table 4: Planning to leave the field

Reason Why	n (%)
Staying in current field	275 (70)
Seek other professional opportunities	18 (5)
Seek additional education	19 (5)
Retirement	23 (6)
Other	55 (14)

14% offered other reasons for leaving the prevention field. They were given the opportunity to enter the specific reason they plan to leave the prevention workforce. A review of the responses identified three major reasons: 1) Burnout, stress, and lack of support in the workplace (35%); 2) Low pay and/or lack of employment benefits such as medical coverage or a pension (29%); and 3) Moving on for personal growth or alternative employment (22%). Below are just a few examples of written comments for each for the three major themes.

- Burnout, stress, and lack of support in the work place
  - *Not enough resources or capacity to do job effectively*
  - *Overwhelming work - it never ends.*
- Low pay and/or lack of employment benefits such as medical coverage or a pension
  - *Seeking higher paying employment*
  - *Low Pay/feeling not valued as indicated by low pay*
- Moving on for personal growth or alternative employment
  - *Looking to grow*
  - *New challenges*

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.
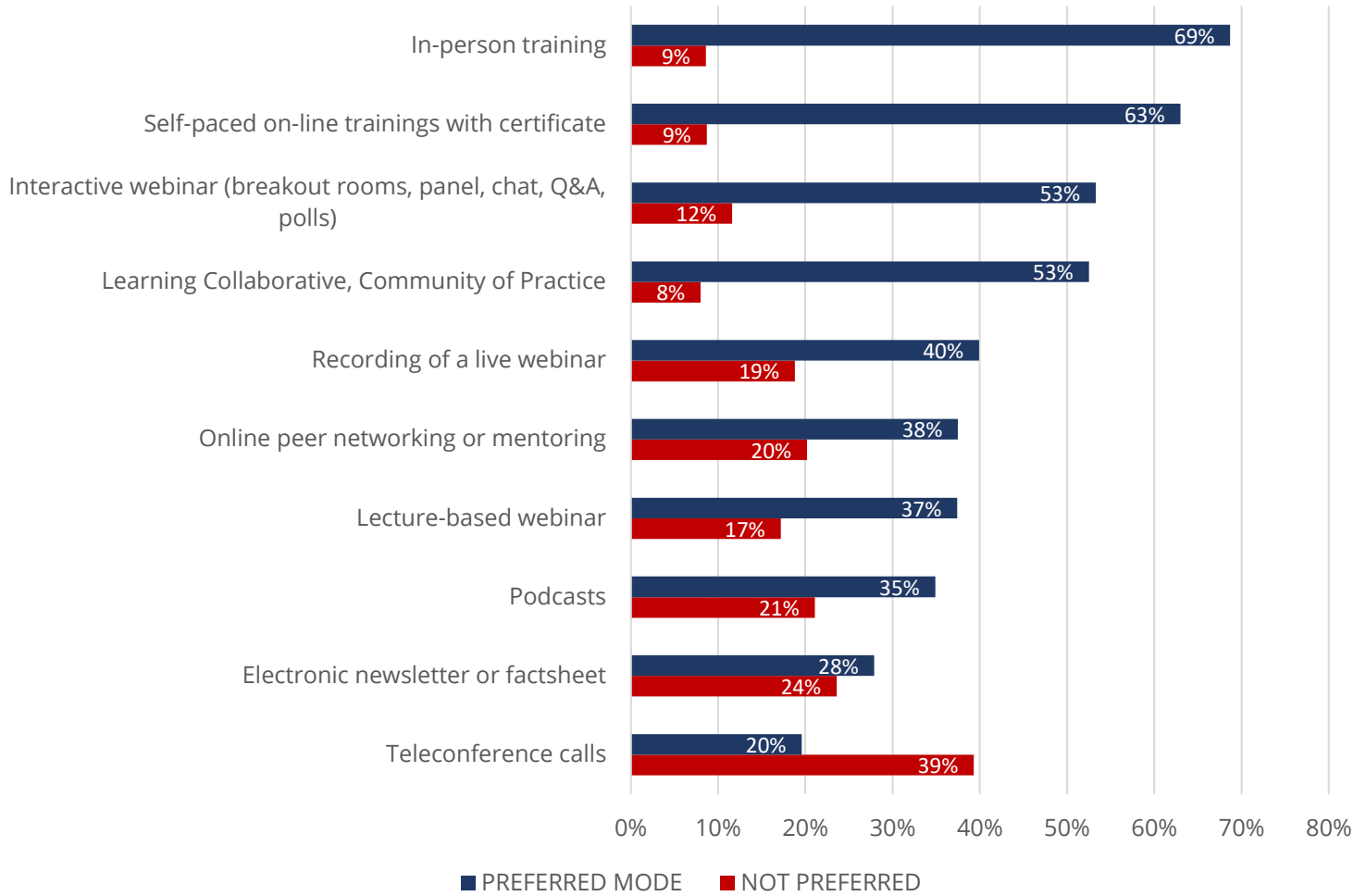
Need for training

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, only 63% agreed with the statement "*There is adequate training for prevention professionals.*" The workforce feels prepared and most are satisfied with the training opportunities, but there is a 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%) ranked as the top preferred training mode, followed by Self-paced On-line trainings with certificates (63%), Interactive webinars (webinars with breakout rooms, panels, chats, and Q&A, and polls), and Learning Collaborative, Community of Practice (both at 53%). Podcasts (35%), Electronic Newsletters or Factsheet (28%), and Teleconference Calls (20%) were the lowest ranked delivery methods.

When asked "*How well does online training meet your needs?*" most of the workforce feel that 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 prefers 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 'Travel policy restrictions' (31%). 'Do not have funding for training and technical assistance' (30%) also ranked high. These challenges are minimized with online trainings because travel costs and time are eliminated. Eliminating travel time to a training reduces the time burden of a training and makes training opportunities easier to fit into one's schedule.

Figure 11: Training Mode Preference
2021 Results

Training Mode	Preferred Mode	Not Preferred
In-person training	69%	9%
Self-paced on-line trainings with certificate	63%	9%
Interactive webinar (breakout rooms, panel, chat, Q&A, polls)	53%	12%
Learning Collaborative, Community of Practice	53%	8%
Recording of a live webinar	40%	19%
Online peer networking or mentoring	38%	20%
Lecture-based webinar	37%	17%
Podcasts	35%	21%
Electronic newsletter or factsheet	28%	24%
Teleconference calls	20%	39%

■ PREFERRED MODE   ■ NOT PREFERRED

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:*
> 4) *Engagement of priority populations in prevention Programs, Policies, and Practices (82%)*
> 5) *Strategies to reduce SUD stigma (81%)*
> 6) *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 5: 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	75	17	8
Identifying and addressing health disparities to increase health equity	74	19	7
Identifying community assets and resources (human, fiscal, and organizational)	69	24	7
Identifying risk and protective factors that impact disparate populations	69	27	4
Logic models	66	24	11
Identifying and selecting evidence-based Programs, Policies, and Practices	65	29	6
Develop a strategic plan using the Strategic Prevention Framework	65	25	10
Foundations of prevention science	65	26	10
Using data to make decisions	64	30	6
Shared Risk and Protective Factors Theory	61	33	6
Developing a vision for the coalition/community	59	29	12
Development of measurable goals and objectives (including SMARTIE goals)	57	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	83%	11%	6%
Strategies to reduce SUD stigma	80	14	6
Suicide prevention, mental health promotion	76	22	3
Strategies for promoting positive youth development	73	17	10
Cultural competency, humility, and responsiveness in prevention	73	25	2
Virtual facilitation skills	70	20	10
Issues of fidelity, adaptation, and implementation for evidence-based prevention programs	70	24	7
Implementing evidence-based Programs, Policies, and Practices	68	28	4

Workforce Development: Communication	Need Training	Enough Training	Not Interested
Advocating for mental health promotion and suicide prevention	78%	17%	6%
Effectively communicate mental health promotion and suicide prevention	75	19	6
Engaging media to promote your work	71	17	12
Advocating for prevention	71	26	3
Effectively communicate about prevention/promotion	70	27	3
Using media strategies	69	20	11
Public awareness campaign	68	23	10
Facilitating coalition or community meeting	59	28	13

Workforce Development: Community Organizing	Need Training	Enough Training	Not Interested
Developing strategic alliances for systems change	75%	16%	10%
Change management	74	15	12
Identifying/engaging diverse stakeholders or non-traditional partners in prevention planning and programming	72	19	10
Writing a comprehensive community prevention plan	71	13	15
Including youth voice in community coalitions	69	18	13
Mobilizing and engaging of community stakeholders	68	19	14
Coalition leadership	62	19	18

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	75	17	8
Advocating for policy and environmental change	73	13	14

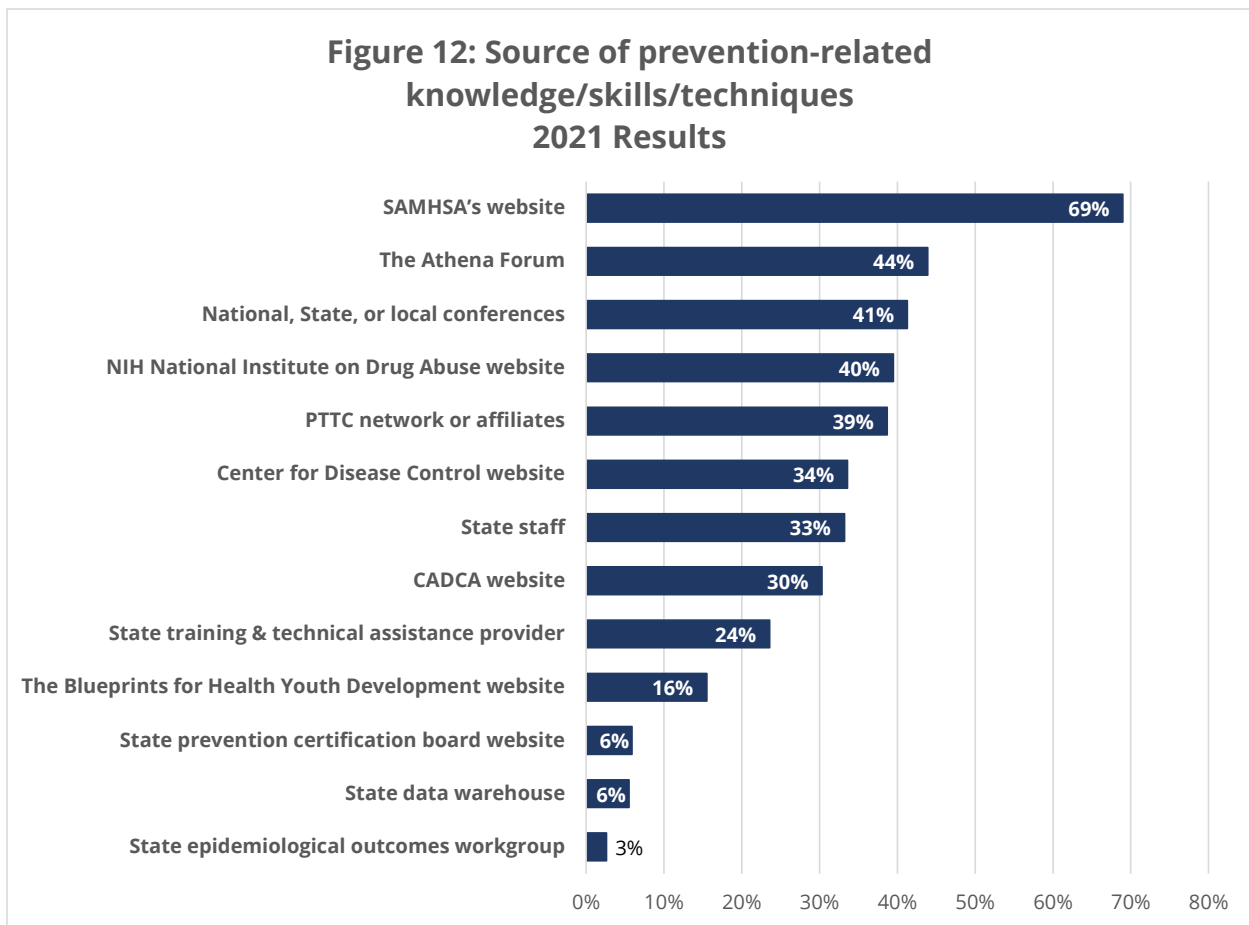| Workforce Development: Professional Growth and Responsibilty	Need Training	Enough Training	Not Interested
Preventing burnout	76%	18%	7%
Knowledge of suicide prevention	72	23	6
Knowledge of mental health promotion	71	23	6
Racial equity and inclusion	71	28	1
Knowledge of current issues of substance misuse	70	27	3
Mentoring or coaching of prevention staff	69	17	14
Project management	68	21	11
Recruitment and retention of prevention staff	65	20	15
Public speaking and presentation skills	63	30	7
Ethical principles relevant to prevention	58	39	4
Knowledge of Adverse Childhood Experiences (ACES)	55	41	4

Table 6: Training needs by job type

Workforce Development: Planning and Evaluation	Coalition Coordinators (n=57)	Student Assistance Specialists (n=16)	All Other Responses (n=251)
Developing a vision for the coalition/community	56%	81%	58%
Shared Risk and Protective Factors Theory	53	81	62
Using data to make decisions	64	82	63
Development of measurable goals and objectives (including SMARTIE goals)	67	59	54
Identifying and selecting evidence-based Programs, Policies, and Practices	68	65	64
Logic models	65	65	66
Develop a strategic plan using the Strategic Prevention Framework	60	77	65
Evaluating your prevention Programs, Policies, and Practices	80	77	74
Identifying community assets and resources (human, fiscal, and organizational)	75	82	67
Identifying risk and protective factors that impact disparate populations	70	71	69
Identifying and addressing health disparities to increase health equity	80	77	72
Coalition sustainability strategies	84	65	74
Foundations of prevention science	55	71	66

Workforce Development: Prevention Education and Service Delivery	Coalition Coordinators (n=57)	Student Assistance Specialists (n=16)	All Other Responses (n=251)
Cultural competency, humility, and responsiveness in prevention	79%	75%	71%
Implementing evidence-based Programs, Policies, and Practices	61	81	69
Suicide prevention, mental health promotion	84	88	73
Issues of fidelity, adaptation, and implementation for evidence-based prevention programs	67	81	69
Strategies to reduce SUD stigma	89	88	78
Engagement of priority populations in prevention Programs, Policies, and Practices	89	88	81
Strategies for promoting positive youth development	80	75	71
Virtual facilitation skills	75	60	69

Workforce Development: Communication	Coalition Coordinators (n=57)	Student Assistance Specialists (n=16)	All Other Responses (n=251)
Effectively communicate about prevention/promotion	71%	93%	69%
Public awareness campaign	73	57	67
Using media strategies	76	79	67
Engaging media to promote your work	80	71	70
Advocating for prevention	70	93	70
Facilitating coalition or community meeting	57	64	59
Effectively communicate mental health promotion and suicide prevention	82	64	74
Advocating for mental health promotion and suicide prevention	85	71	77

Table 6 Training needs by job type (continued)

Workforce Development: Community Organizing	Coalition Coordinators (n=57)	Student Assistance Specialists (n=16)	All Other Responses (n=251)
Mobilizing and engaging of community stakeholders	74%	64%	65%
Identifying and engaging diverse stakeholders or non-traditional partners in prevention planning and programmir	70	64	72
Developing strategic alliances for systems change	76	71	75
Coalition leadership	68	57	61
Change management	79	71	73
Writing a comprehensive community prevention plan	74	71	71
Including youth voice in community coalitions	68	64	70

Workforce Development: Public Policy and Enviromental Change	Coalition Coordinators (n=57)	Student Assistance Specialists (n=16)	All Other Responses (n=251)
Advocating for policy and environmental change	89%	71%	69%
Implementing and evaluating environmental change strategies	94	79	70
Prevention and Social Determinants of Health	85	86	71
Environmental strategies to address health disparities	87	86	77

Workforce Development: Professional Growth and Responsibilty	Coalition Coordinators (n=57)	Student Assistance Specialists (n=16)	All Other Responses (n=251)
Ethical principles relevant to prevention	38%	43%	64%
Racial equity and inclusion	64	71	72
Knowledge of current issues of substance misuse	68	86	70
Recruitment and retention of prevention staff	60	36	68
Preventing burnout	83	57	75
Public speaking and presentation skills	65	79	62
Mentoring or coaching of prevention staff	62	71	71
Knowledge of Adverse Childhood Experiences (ACES)	55	64	54
Project management	73	64	67
Knowledge of mental health promotion	75	71	70
Knowledge of suicide prevention	71	71	72

Source of prevention-related knowledge/skills/techniques

When the workforce looks for knowledge, skills, and techniques related to their work in prevention, 69% refer to the SAMHSA website and 44% to the Athena Forum (see Figure 12). 88% of the 369 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=44 [12%]), looked to State staff, the PTTC network or affiliates, State training and technical assistance providers, the Blueprints for Healthy Youth Development website, and the CDC website for their prevention-related information.

Figure 12: Source of prevention-related knowledge/skills/techniques
2021 Results

Source	Percent
SAMHSA's website	69%
The Athena Forum	44%
National, State, or local conferences	41%
NIH National Institute on Drug Abuse website	40%
PTTC network or affiliates	39%
Center for Disease Control website	34%
State staff	33%
CADCA website	30%
State training & technical assistance provider	24%
The Blueprints for Health Youth Development website	16%
State prevention certification board website	6%
State data warehouse	6%
State epidemiological outcomes workgroup	3%

The top three rated sources for prevention-related information were:
1) *SAMHSA's website (69%)*
2) *The Athena Forum (44%)*
3) *National, State, or local conferences (41%)*

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&RC 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

Appendix B – Training Needs:
Urban vs. Rural

Top Three Training Topics for the Prevention Workforce Development by State

Based on the Percentage of Participants Reporting a Need for Training

Urban/Suburban (n=171)

Engagement of priority populations in prevention Programs, Policies, and Practices (84%)

Coalition sustainability strategies (80%)

Environmental strategies to address health disparities (80%)

Rural/Frontier (n=195)

Environmental strategies to address health disparities (83%)

Engagement of priority populations in prevention Programs, Policies, and Practices (81%)

Strategies for promoting positive youth development (81%)

Implementing and evaluating environmental change strategies (81%)

	URBAN			RURAL		
Workforce Development: Planning and Evaluation	**Need Training**	**Enough Training**	**Not Interested**	**Need Training**	**Enough Training**	**Not Interested**
Developing a vision for the coalition/community	66%	24%	11%	61%	30%	10%
Shared Risk and Protective Factors Theory	64	30	6	64	32	5
Using data to make decisions	64	29	7	75	22	3
Development of measurable goals and objectives (including SMARTIE goals)	58	37	5	62	32	6
Identifying and selecting evidence-based Programs, Policies, and Practices	63	29	8	67	28	5
Logic models	64	24	12	66	26	8
Develop a strategic plan using the Strategic Prevention Framework	69	18	13	66	29	6
Evaluating your prevention Programs, Policies, and Practices	78	13	9	75	19	6
Identifying community assets and resources (human, fiscal, and organizational)	72	20	9	72	24	4
Identifying risk and protective factors that impact disparate populations	75	22	3	67	28	5
Identifying and addressing health disparities to increase health equity	78	16	6	73	20	7
Coalition sustainability strategies	80	10	11	73	15	12
Foundations of prevention science	65	25	10	65	29	6
Workforce Development: Prevention Education and Service Delivery	**Need Training**	**Enough Training**	**Not Interested**	**Need Training**	**Enough Training**	**Not Interested**
Cultural competency, humility, and responsiveness in prevention	74%	25%	1%	69%	28%	3%
Implementing evidence-based Programs, Policies, and Practices	68	28	4	64	34	2
Suicide prevention, mental health promotion	73	26	2	73	25	2
Issues of fidelity, adaptation, and implementation for evidence-based prevention programs	71	22	7	69	25	6
Strategies to reduce SUD stigma	79	15	6	81	13	6
Engagement of priority populations in prevention Programs, Policies, and Practices	84	11	5	81	13	6
Strategies for promoting positive youth development	75	16	9	76	17	8
Virtual facilitation skills	75	18	8	69	21	11
Workforce Development: Communication	**Need Training**	**Enough Training**	**Not Interested**	**Need Training**	**Enough Training**	**Not Interested**
Effectively communicate about prevention/promotion	67%	31%	3%	71%	26%	3%
Public awareness campaign	70	21	9	69	23	8
Using media strategies	69	21	10	71	21	9
Engaging media to promote your work	69	19	13	76	15	9
Facilitating coalition or community meeting	75	22	3	71	25	4
Advocating for prevention	63	27	11	61	28	10
Effectively communicate mental health promotion and suicide prevention	77	18	6	72	20	8
Advocating for mental health promotion and suicide prevention	78	17	5	76	17	7
Workforce Development: Community Organizing	**Need Training**	**Enough Training**	**Not Interested**	**Need Training**	**Enough Training**	**Not Interested**
Mobilizing and engaging of community stakeholders	68%	17%	15%	73%	19%	7%
Identifying and engaging diverse stakeholders or non-traditional partners in prevention planning and programmi	76	15	10	75	20	5
Developing strategic alliances for systems change	76	15	9	80	16	5
Coalition leadership	63	20	17	69	18	13
Change management	75	14	11	80	13	7
Writing a comprehensive community prevention plan	73	13	14	77	13	10
Including youth voice in community coalitions	73	14	13	74	19	7
Workforce Development: Public Policy and Enviromental Change	**Need Training**	**Enough Training**	**Not Interested**	**Need Training**	**Enough Training**	**Not Interested**
Advocating for policy and environmental change	74%	13%	13%	78%	11%	10%
Implementing and evaluating environmental change strategies	77	9	15	81	10	9
Prevention and Social Determinants of Health	74	19	7	78	15	7
Environmental strategies to address health disparities	80	10	10	83	8	9
Workforce Development: Professional Growth and Responsibilty	**Need Training**	**Enough Training**	**Not Interested**	**Need Training**	**Enough Training**	**Not Interested**
Ethical principles relevant to prevention	63%	34%	3%	56%	41%	3%
Racial equity and inclusion	75	24	1	72	27	1
Knowledge of current issues of substance misuse	69	30	1	73	25	2
Recruitment and retention of prevention staff	68	18	14	68	18	14
Preventing burnout	71	23	5	79	14	7
Public speaking and presentation skills	61	30	9	66	29	5
Mentoring or coaching of prevention staff	72	15	13	74	16	11
Knowledge of Adverse Childhood Experiences (ACES)	54	41	5	63	36	2
Project management	69	20	11	72	21	7
Knowledge of mental health promotion	71	22	7	70	23	7
Knowledge of suicide prevention	73	21	5	70	25	6

Appendix C – Training Needs:
No Prevention Certification vs. Prevention Certification

Top Three Training Topics for the Prevention Workforce Development by State
Based on the Percentage of Participants Reporting a Need for Training
No Prevention Certification (n=330)
Engagement of priority populations in prevention Programs, Policies, and Practices (82%)
Strategies to reduce SUD stigma (79%)
Environmental strategies to address health disparities (78%)
Prevention Certification (n=66)
Engagement of priority populations in prevention Programs, Policies, and Practices (87%)
Strategies to reduce SUD stigma (87%)
Advocating for mental health promotion and suicide prevention (86%)

	No Certification				Certification		
Workforce Development: Planning and Evaluation	**Need Training**	**Enough Training**	**Not Interested**		**Need Training**	**Enough Training**	**Not Interested**
Developing a vision for the coalition/community	62%	25%	13%		44%	49%	6%
Shared Risk and Protective Factors Theory	64	28	8		48	52	0
Using data to make decisions	67	26	6		52	45	3
Development of measurable goals and objectives (including SMARTIE goals)	56	36	8		57	40	3
Identifying and selecting evidence-based Programs, Policies, and Practices	67	25	8		57	43	0
Logic models	67	20	13		58	40	2
Develop a strategic plan using the Strategic Prevention Framework	69	19	13		48	51	2
Evaluating your prevention Programs, Policies, and Practices	76	14	10		69	31	0
Identifying community assets and resources (human, fiscal, and organizational)	72	19	8		57	42	2
Identifying risk and protective factors that impact disparate populations	69	26	5		71	29	0
Identifying and addressing health disparities to increase health equity	72	20	8		82	18	0
Coalition sustainability strategies	75	9	16		76	21	3
Foundations of prevention science	70	18	12		42	57	2
Workforce Development: Prevention Education and Service Delivery	**Need Training**	**Enough Training**	**Not Interested**		**Need Training**	**Enough Training**	**Not Interested**
Cultural competency, humility, and responsiveness in prevention	71%	27%	3%		81%	19%	0%
Implementing evidence-based Programs, Policies, and Practices	72	23	4		51	48	2
Suicide prevention, mental health promotion	74	23	3		81	18	2
Issues of fidelity, adaptation, and implementation for evidence-based prevention programs	72	20	8		60	39	2
Strategies to reduce SUD stigma	79	14	7		86	13	2
Engagement of priority populations in prevention Programs, Policies, and Practices	82	12	6		87	10	3
Strategies for promoting positive youth development	72	16	12		79	21	0
Virtual facilitation skills	70	19	11		69	23	8
Workforce Development: Communication	**Need Training**	**Enough Training**	**Not Interested**		**Need Training**	**Enough Training**	**Not Interested**
Effectively communicate about prevention/promotion	71%	25%	4%		66%	34%	0%
Public awareness campaign	70	18	12		58	42	0
Using media strategies	70	17	13		66	33	2
Engaging media to promote your work	71	14	15		73	26	2
Facilitating coalition or community meeting	74	22	4		61	39	0
Advocating for prevention	62	24	14		48	44	8
Effectively communicate mental health promotion and suicide prevention	74	18	8		79	21	0
Advocating for mental health promotion and suicide prevention	76	17	7		86	15	0
Workforce Development: Community Organizing	**Need Training**	**Enough Training**	**Not Interested**		**Need Training**	**Enough Training**	**Not Interested**
Mobilizing and engaging of community stakeholders	70%	14%	16%		57%	38%	5%
Identifying and engaging diverse stakeholders or non-traditional partners in prevention planning and programmi	74	15	12		64	34	2
Developing strategic alliances for systems change	75	13	12		72	26	2
Coalition leadership	60	18	22		71	26	3
Change management	73	13	13		75	20	5
Writing a comprehensive community prevention plan	73	9	18		63	30	7
Including youth voice in community coalitions	68	17	15		73	25	2
Workforce Development: Public Policy and Enviromental Change	**Need Training**	**Enough Training**	**Not Interested**		**Need Training**	**Enough Training**	**Not Interested**
Advocating for policy and environmental change	73%	10%	17%		74%	23%	3%
Implementing and evaluating environmental change strategies	74	9	17		77	18	5
Prevention and Social Determinants of Health	74	16	10		75	23	2
Environmental strategies to address health disparities	78	9	13		84	13	3
Workforce Development: Professional Growth and Responsibilty	**Need Training**	**Enough Training**	**Not Interested**		**Need Training**	**Enough Training**	**Not Interested**
Ethical principles relevant to prevention	65%	31%	5%		33%	67%	0%
Racial equity and inclusion	71	27	2		67	33	0
Knowledge of current issues of substance misuse	71	25	4		66	34	0
Recruitment and retention of prevention staff	68	16	17		55	38	7
Preventing burnout	76	17	7		75	20	5
Public speaking and presentation skills	64	27	9		60	38	2
Mentoring or coaching of prevention staff	70	13	17		65	32	3
Knowledge of Adverse Childhood Experiences (ACES)	56	38	5		48	53	0
Project management	70	18	13		62	34	3
Knowledge of mental health promotion	71	21	8		68	30	2
Knowledge of suicide prevention	71	22	7		72	26	2

Appendix D – Coalition Coordinators
Less than 5 Years vs. 5 Years or More

Top Three Training Topics for the Prevention Workforce Development by State

Based on the Percentage of Participants Reporting a Need for Training

Coalition Coordinator with less than 5 years Experience (n=41)

Advocating for policy and environmental change (94%)

Implementing and evaluating environmental change strategies (94%)

Strategies to reduce SUD stigma (92%)

Engagement of priority populations in prevention Programs, Policies, and Practices (92%)

Coalition Coordinator with more than 5 years Experience (n=17)

Implementing and evaluating environmental change strategies (93%)

Environmental strategies to address health disparities (93%)

Preventing burnout (93%)

Workforce Development: Planning and Evaluation	CC with less than 5 Years Work			CC with more than 5 Years Work		
	Need Training	Enough Training	Not Interested	Need Training	Enough Training	Not Interested
Developing a vision for the coalition/community	61%	32%	8%	50%	50%	0%
Shared Risk and Protective Factors Theory	61	40	0	38	63	0
Using data to make decisions	65	32	3	63	38	0
Development of measurable goals and objectives (including SMARTIE goals)	74	24	3	56	44	0
Identifying and selecting evidence-based Programs, Policies, and Practices	76	24	0	44	56	0
Logic models	63	34	3	69	31	0
Develop a strategic plan using the Strategic Prevention Framework	63	34	3	50	50	0
Evaluating your prevention Programs, Policies, and Practices	79	21	0	80	20	0
Identifying community assets and resources (human, fiscal, and organizational)	79	21	0	67	33	0
Identifying risk and protective factors that impact disparate populations	74	26	0	63	38	0
Identifying and addressing health disparities to increase health equity	76	24	0	88	13	0
Coalition sustainability strategies	87	13	0	75	25	0
Foundations of prevention science	58	42	0	47	53	0

Workforce Development: Prevention Education and Service Delivery	Need Training	Enough Training	Not Interested	Need Training	Enough Training	Not Interested
Cultural competency, humility, and responsiveness in prevention	78%	22%	0%	81%	19%	0%
Implementing evidence-based Programs, Policies, and Practices	70	30	0	38	63	0
Suicide prevention, mental health promotion	81	16	3	88	13	0
Issues of fidelity, adaptation, and implementation for evidence-based prevention programs	70	30	0	67	33	0
Strategies to reduce SUD stigma	92	8	0	88	13	0
Engagement of priority populations in prevention Programs, Policies, and Practices	92	8	0	88	13	0
Strategies for promoting positive youth development	87	14	0	67	33	0
Virtual facilitation skills	76	22	3	73	20	7

Workforce Development: Communication	Need Training	Enough Training	Not Interested	Need Training	Enough Training	Not Interested
Effectively communicate about prevention/promotion	78%	22%	0%	53%	47%	0%
Public awareness campaign	81	19	0	47	53	0
Using media strategies	81	19	0	60	40	0
Engaging media to promote your work	87	14	0	67	33	0
Facilitating coalition or community meeting	81	19	0	43	57	0
Advocating for prevention	68	30	3	36	57	7
Effectively communicate mental health promotion and suicide prevention	84	16	0	73	27	0
Advocating for mental health promotion and suicide prevention	89	11	0	73	27	0

Workforce Development: Community Organizing	Need Training	Enough Training	Not Interested	Need Training	Enough Training	Not Interested
Mobilizing and engaging of community stakeholders	80%	20%	0%	53%	40%	7%
Identifying and engaging diverse stakeholders or non-traditional partners in prevention planning and programming	74	26	0	53	47	0
Developing strategic alliances for systems change	77	23	0	73	20	7
Coalition leadership	71	29	0	53	47	0
Change management	77	17	6	79	21	0
Writing a comprehensive community prevention plan	74	23	3	73	27	0
Including youth voice in community coalitions	66	31	3	73	27	0

Workforce Development: Public Policy and Enviromental Change	Need Training	Enough Training	Not Interested	Need Training	Enough Training	Not Interested
Advocating for policy and environmental change	94%	6%	0%	73%	27%	0%
Implementing and evaluating environmental change strategies	94	3	3	93	7	0
Prevention and Social Determinants of Health	82	15	3	87	13	0
Environmental strategies to address health disparities	83	14	3	93	7	0

Workforce Development: Professional Growth and Responsibilty	Need Training	Enough Training	Not Interested	Need Training	Enough Training	Not Interested
Ethical principles relevant to prevention	46%	54%	0%	20%	80%	0%
Racial equity and inclusion	63	37	0	73	27	0
Knowledge of current issues of substance misuse	66	34	0	73	27	0
Recruitment and retention of prevention staff	66	23	11	43	50	7
Preventing burnout	80	14	6	93	7	0
Public speaking and presentation skills	71	23	6	57	43	0
Mentoring or coaching of prevention staff	74	17	9	36	57	7
Knowledge of Adverse Childhood Experiences (ACES)	57	37	6	53	47	0
Project management	74	21	6	67	33	0
Knowledge of mental health promotion	74	24	3	71	29	0
Knowledge of suicide prevention	71	24	6	67	33	0