

The Future of our Youth: What Represents the Ideal Compass for Policy and Practice?

Alfgeir Logi Kristjansson, PhD, MSc

Associate Professor, West Virginia University, School of Public Health, USA

Senior Researcher, ICSRA, Iceland

Adjunct Faculty, Reykjavik University, Iceland

Changing traditions and processes

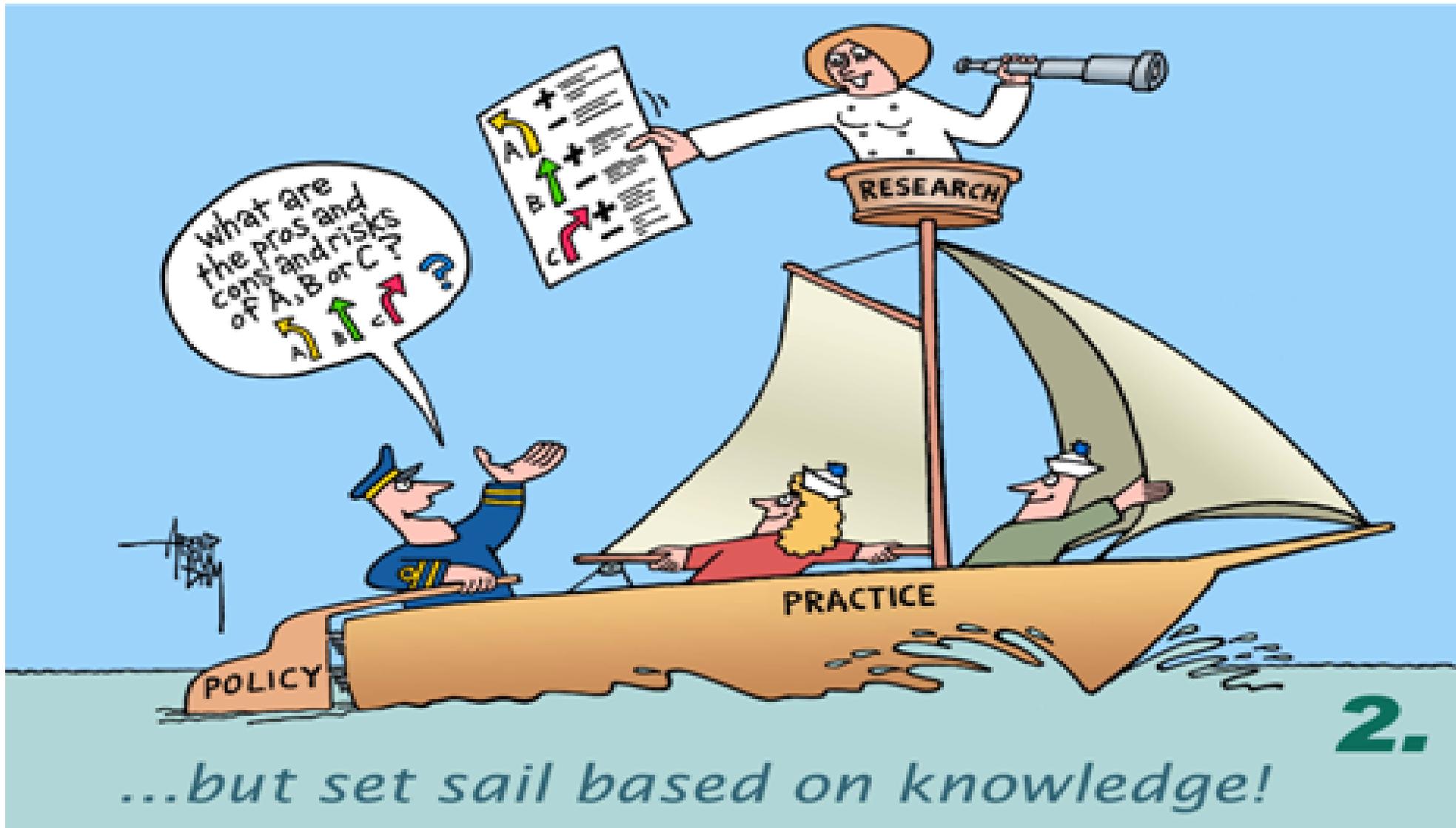
Icelandic Prevention Model – Brief review

In response to failing individual interventions..

- **Youth in Iceland surveys (1992), ESPAD 1995, and “Drug Free Iceland” 1997 – 2022. Local work initiated**
 - Landslide data collection
 - DFI, five year project, initiated in 1997, sponsored by the Government of Iceland, the City of Reykjavik, and the Institute of Educational Research (RUM > ICSRA)
 - Environmental intervention focus begins
 - Strategic plan: “mobilize society as a whole in the struggle against drugs”
 - Dissemination of information to localities (municipalities, schools)
 - Local translation and ownership







2.

The Five Guiding Principles of the Icelandic Prevention Model

1

Apply a **primary prevention approach** that is designed to enhance the social environment.

3

Engage and empower **community members** to make practical decisions using local, high quality, accessible data and diagnostics.

2

Emphasize **community action** and embrace public schools as the natural hub of neighborhood/area efforts to support child and adolescent health, learning, and life success.

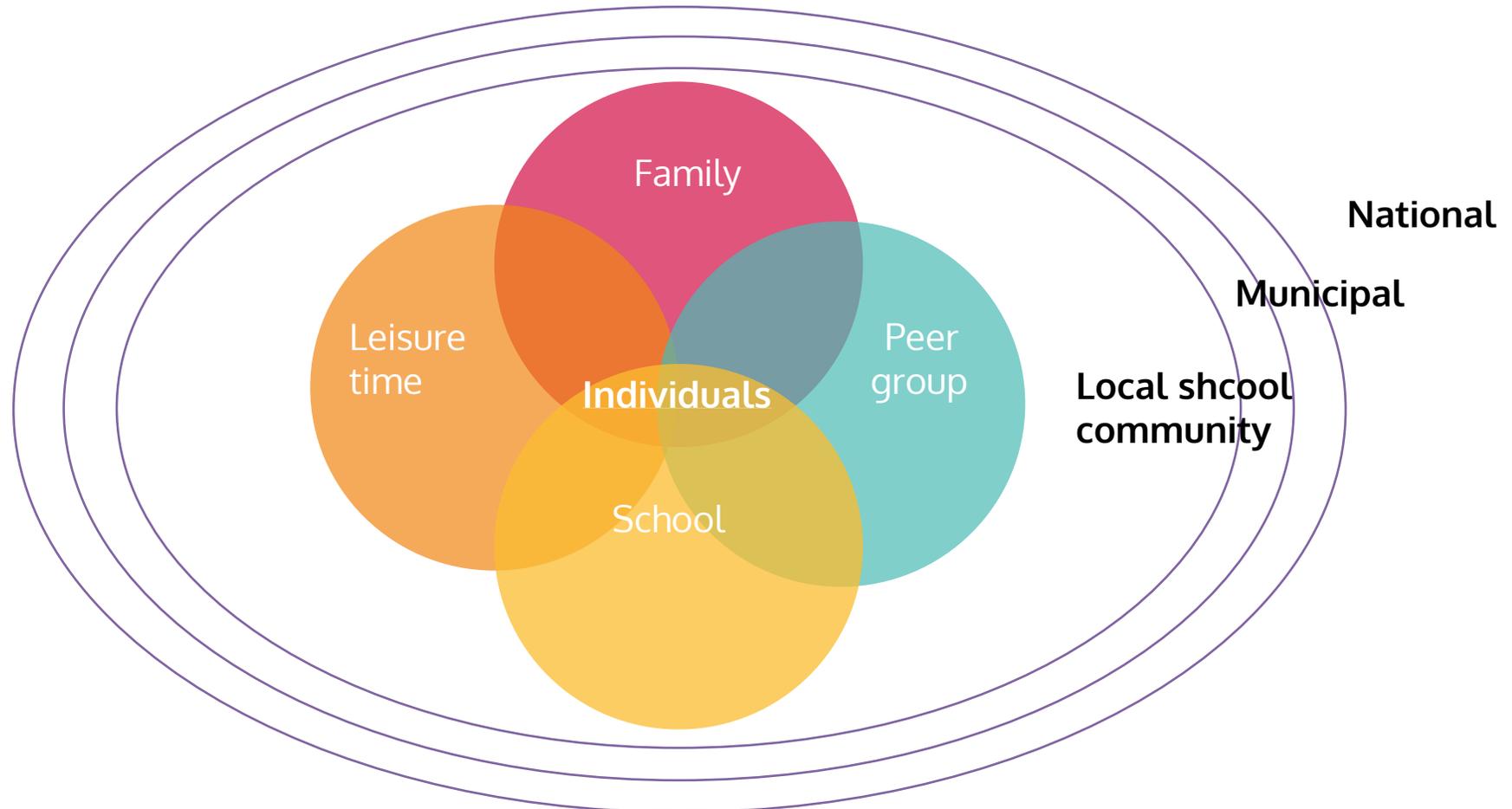
4

Integrate **researchers, policy makers, practitioners, and community members** into a unified team dedicated to solving complex, real-world problems.

5

Match the **scope of the solution to the scope of the problem**, including emphasizing long-term intervention and efforts to marshal adequate community resources.

Icelandic Model: Ecological domains of data collection and intervention focus

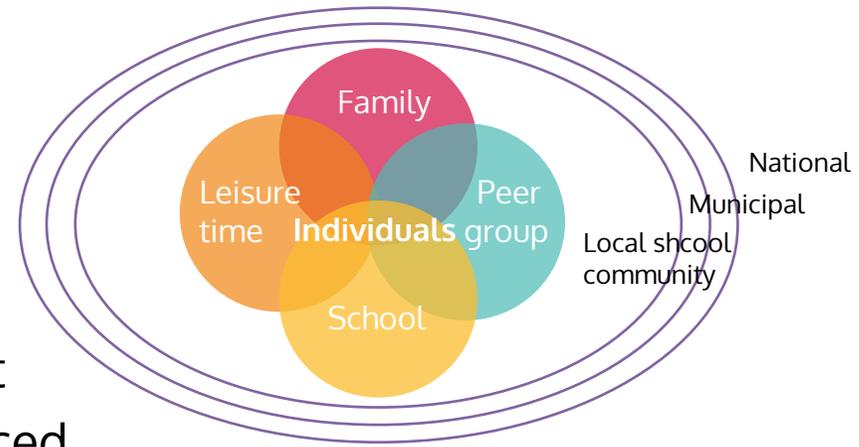


Icelandic Model: Three pillars

- Not a program, but a process-structure to form and maintain collaborative partnerships towards systems change
- Everything is data driven
- Collaboration is key
- Goal: Population-level delay in onset of substance use

Summary

- Primary substance use prevention
- Main focus on the adolescent social environment
- substance use is perceived to be socially produced
- Focus on environmental change over time in relevant age-groups (for example, 13-15 year olds), not behavior changes within cohorts
- Work with well-established risk and protective factors within the four domains
- Not time-limited, but an ongoing effort to alter society on behalf of young people
- Quick and consistent dissemination and translation of annually updated results as a diagnostic and monitoring tool for policy makers, administrative leaders and practitioners (incl. parents)
- Aims to create a collaborative dialogue between researchers, policy makers and practitioners, > to empower communities and practitioners to take ownership of the issues at the local level
- Consistent, repetitive cycle



In a nutshell, to speed-up and integrate



10 Steps to Implementing the Icelandic Prevention Model

Step 1
Local Coalition
Identification,
Development,
and Capacity
Building



Step 2
Local Funding
Identification,
Development,
and Capacity
Building



Step 3
Pre-Data
Collection
Planning and
Community
Engagement



Step 4
Data Collection and
Processing, Including
Data Driven
Diagnostics



Step 5
Enhancing
Community
Participation
and
Engagement

Step 6
Dissemination
of Findings



Step 7
Community
Goal-Setting and
Other Organized
Responses to
the Findings



Step 8
Policy and
Practice
Alignment



Step 9
Child and
Adolescent
Immersion in
Primary Prevention
Environments,
Activities, and
Messages



Step 10
Repeat Steps
1-9 Annually

Health Promotion Practice (2020). Volume #21, issue #1

Sigfusdottir, ID, Soriano, HE, Mann, MJ, Kristjansson, AL (2020). Prevention is Possible: A Brief History of the Origin and Dissemination of the Icelandic Prevention Model. *Health Promotion Practice*, 21(1), 58-61.

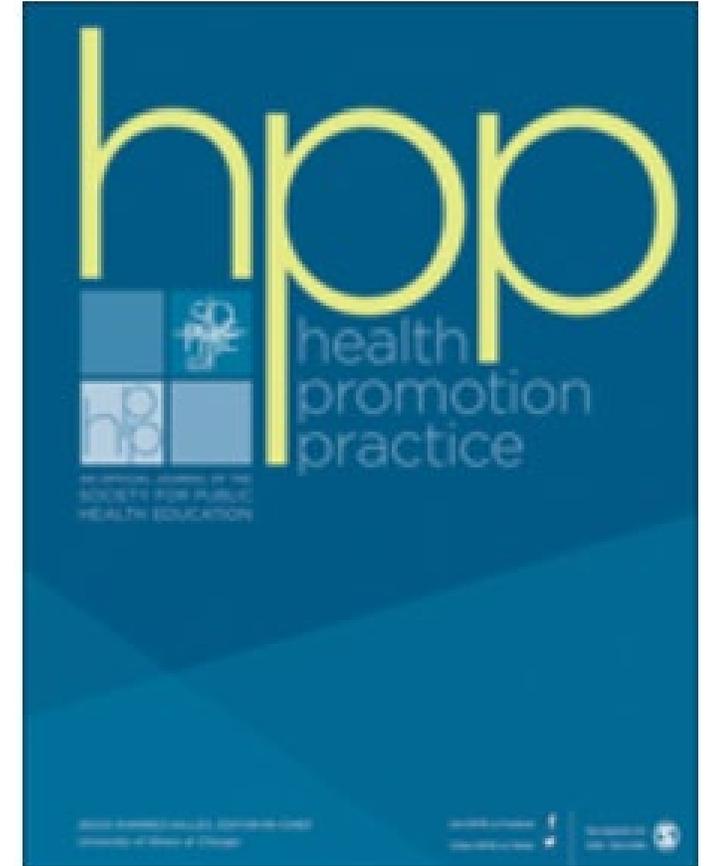
- *Brief historical overview*

Kristjansson, AL., Mann, MJ., Sigfusson, J., Thorisdottir, IE., Allegrante, JP., Sigfusdottir, ID. (2020). Development and Guiding Principles of the Icelandic Model for Preventing Adolescent Substance Use. *Health Promotion Practice*, 21(1), 62-69.

- *Five guiding principles*

Kristjansson, AL., Mann, MJ., Sigfusson, J., Thorisdottir, IE., Allegrante, JP., Sigfusdottir, ID. (2020). Implementing the Icelandic Model for Preventing Adolescent Substance Use. *Health Promotion Practice*, 21(1), 70-79.

- *10 steps to implementation*



What type of collaborative process is most helpful for policy makers and practitioners?

The difference between the IPM and many other intervention programs*

Traditional Approach	Icelandic Prevention Model
Short-term	Long-term
Prescriptive, top-down	Collaborative
Focus on isolated, single outcomes (e.g., Smoking)	Focused on holistic change and many outcomes
Career driven, research intense	Community driven, service intense
Limited benefits to community partners	Fosters sustained and long-term benefits to community partners

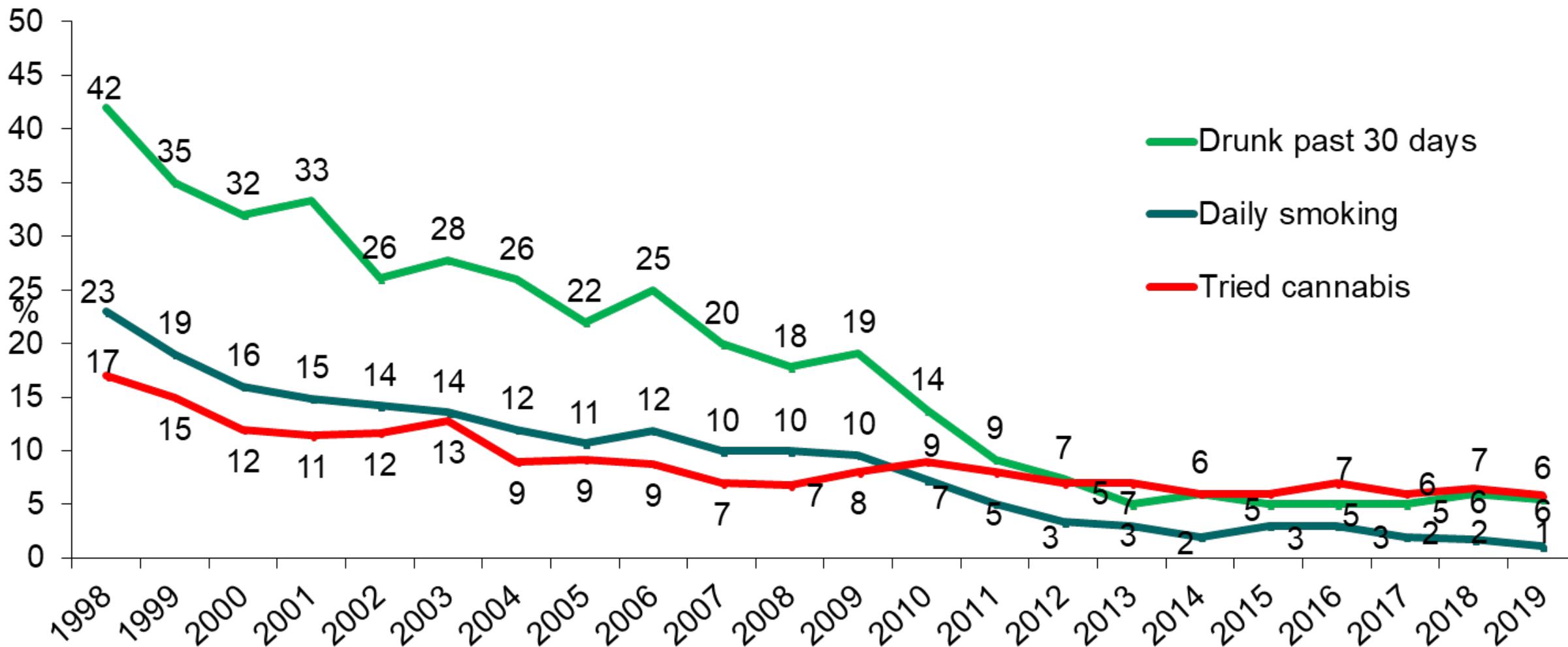
*Mann, MJ

To sum up: What is different about the IPM?

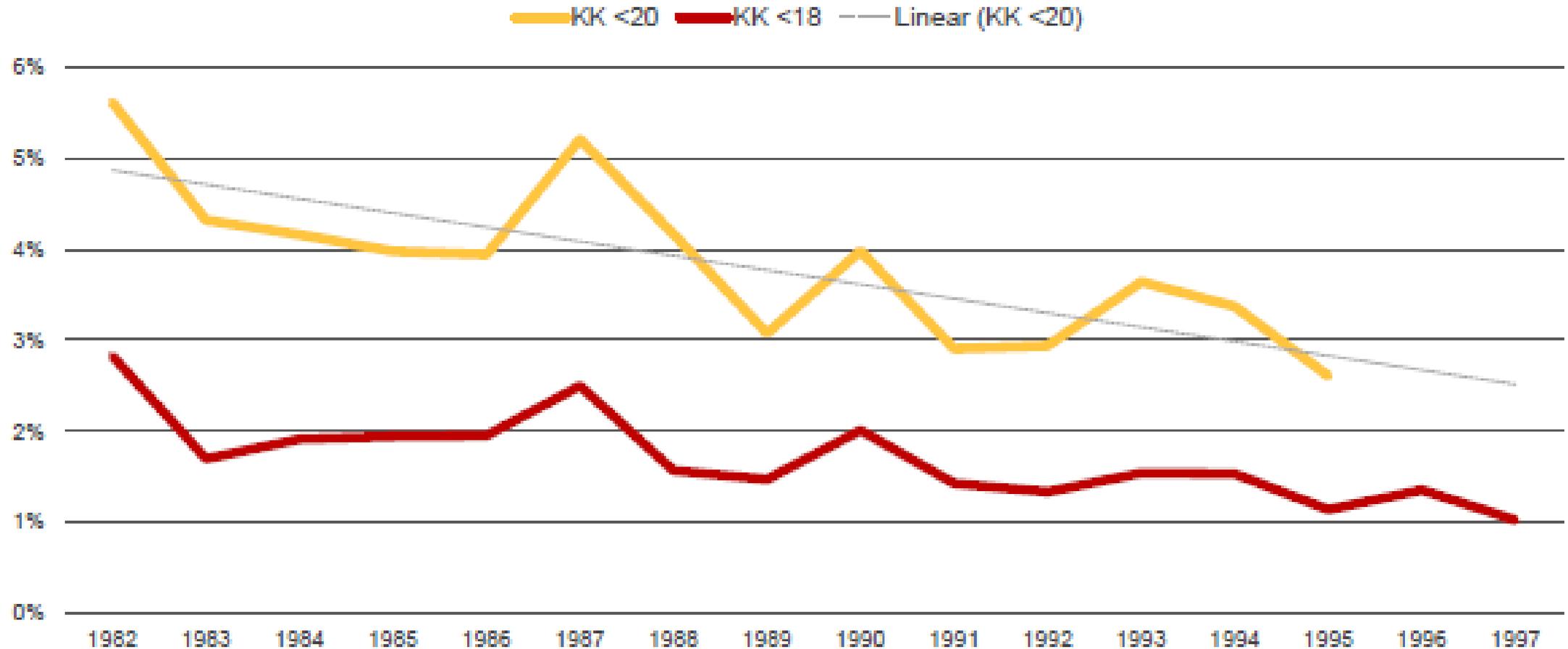
Organizing/arranging traditional aspects of prevention work somewhat differently than is commonly done

- Primary prevention => not so much about drugs, more about community building
- Focus on environmental change, not individual responsibility
- Not a top-down program, but a bottom-up collaborative
- Collaboration between research-policy-practice is central
- Consistent and repetitive. No defined time limit
- Population surveys for localized analysis and practice-oriented translation
- Ongoing dialogue where local input is valued and encouraged

Iceland: Positive development over 20 years (10th grade students)



Population cohort proportion of young men enrolled into drug use treatment in Iceland over time



Source: SÁÁ Annual Report 2016

Planet Youth: Common IPM challenges outside of Iceland

- Individual programs the normal route, - other ideas met with skepticism
- Limited primary prevention infrastructure at both local and municipal levels – multidisciplinary teams uncommon
- Substance use prevention work commonly grouped into one melting pot, irrespective of primary, secondary or tertiary prevention and/or age groups
- Organizational collaboration atypical
- Siloed, and often outcome-specific, funding lines the norm
- Collaboration between researchers-policy makers/admin leaders, and practitioners rare– and a novel idea to many
- Inactive or weak parent organizations in schools
- Problems of outreach and communication, with parents/families and professionals
- Resistance/confusion concerning the ownership of research findings and distribution of reports to relevant agencies and organizations

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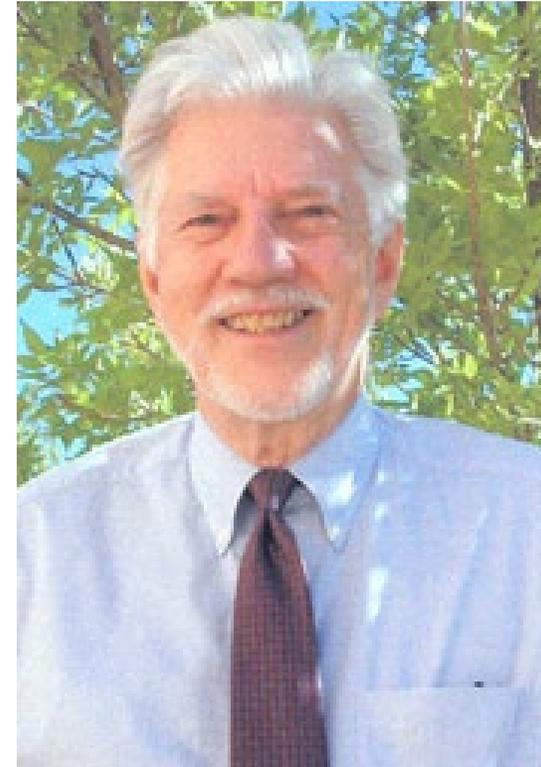
Case Study:

Diffusion of Innovation Theory and the Icelandic Prevention Model

-> Changing traditions and processes

Diffusion of Innovation theory

- Developed studying agricultural innovations in a rural community in Iowa
 - Sociology/Communications studies
- Adoption of innovations follows a universal process of social change
- First published, 1962, 5th edition in 2003



Everett Rogers, 1931 – 2004

Key concepts

- **Innovation** as "an idea, practice or object that is perceived as new by an individual or other unit of adoption,"
- **Diffusion** as "the process by which an innovation is communicated through certain channels over time among members of a social system"

Attributes that are Key Determinants of Diffusion's Speed and Extent

- Relative advantage
- Compatibility
- Complexity
- Trial-ability
- Observability
- Impact on social relations
- Reversibility
- Communicability
- Time required
- Risk and uncertainty level
- Commitment required
- Modifiability



Thank you !



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Questions and concerns:

Alfgeir@planetyouth.org

alfgeirlogi@gmail.com

alkristjansson@hsc.wvu.edu