Institutionalization of a Community Action Program Targeting Licensed Premises in Stockholm, Sweden

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The objective of this article is to evaluate the level of institutionalization of a community action program targeting licensed premises in Stockholm. Five key factors were identified for institutionalization: adoption, sustainability, key leader support, structural changes, and compliance. A scale was developed to assess the strength of each factor. The results indicate a high degree of institutionalization (score 13 on a scale from 5 to 15). The authors conclude that the program activities have been sustained at a high level. A written agreement ensures that the participating organizations take responsibility for the continuing work.

**Keywords:** community action; institutionalization; alcohol; licensed premises

Several evaluations of community action programs to reduce alcohol-related problems have been reported in the scientific literature. The main focus of most of these evaluations has been on processes (e.g., how the programs were conducted) and/or on effects (e.g., alcohol-related traffic accidents). Few studies have been published on institutionalization of alcohol-prevention programs (Holder and Moore 2000; Oldenburg et al. 1999). According to Jepperson (1991), an institution can be defined as a social pattern or order that can reproduce or sustain itself over time, independent of the particular people in the institution at any point in time. An example of an institution is the school system. Independent of the specific teachers working or students attending school, this system is sustained over time.

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Whether an alcohol-prevention program succeeds in decreasing alcohol-related problems is dependent on its capacity to change extant subsystems, such as economic, social, and cultural systems (Holder 1998). To be effective, prevention strategies have to target subsystems that influence both the supply (the retail system) and the demand (current alcohol-use norms). If the extant subsystems remain intact, the chances of achieving long-term effects are limited. If they are to be reproduced, program activities have to be integrated into extant routines and regulations. Hence, attaining program sustainability is a critical step toward achieving long-term effects. The level of acceptance of activities within a community is one predictor of sustainability. This creates a dilemma, as effective strategies are those that disrupt the extant system, making them harder for the community to accept.

As few studies have been published on the institutionalization process, there is a need for further research on this area.

Holder and Moore (2000) suggested, in their review of community action projects to prevent alcohol problems, that the following factors are systematic facilitators of institutionalization:

- local factors (community relevance, community values, key leader support, indigenous staff),
- program factors (development of local resources, flexibility, leveraging prior success), and
- institutionalization as goal (policy and structural changes).

Pentz (2000) suggested that developing local resources and distributing feedback about prevention program effects also promote local policy change and institutionalize prevention in the community. She also recommended strategic use of mass media.

**INTERVENTION**

In 1996, the county council in Stockholm initiated a community action project intended to decrease problems related to alcohol consumption at licensed premises (Andréasson et al. 1999). The primary reason for this initiative was concern about the rapid increase in licensed premises, causing expectations of increased intoxication and violence. Inspired by experiences from other programs, a multicomponent strategy was chosen that was based on local mobilization, training in responsible beverage service (RBS), and monitoring of alcohol service at licensed premises regulated by the alcohol laws (Holder et al. 2000; Wagenaar et al. 2000; Wagenaar, Murray, and Toomey 2000). A project coordinator was hired, and Stockholm’s inner city...
was chosen as the project area. Interviews were conducted with authorities and representatives from the hospitality industry. Covered in the interview guide were questions on prevalence of problems with overserving, alcohol service to underage persons and violence, as well as the restaurant owners’ interest in training in RBS. According to the restaurant owners, they did not have any particular problems with alcohol service, as opposed to the authorities who reported a prevalence of overserving and alcohol service to minors at licensed premises in Stockholm. Two baseline studies (problem analyses) were also conducted, one on alcohol service to underage patrons and one on alcohol service to intoxicated patrons. The results from these studies indicated low use of RBS practices, with a 5% refusal rate to intoxicated patrons and 55% refusal rate to underage patrons (Andréasson, Lindewald, and Rehnman 2000; Wallin and Andréasson forthcoming. Newspapers and TV covered the results from the baseline studies, resulting in an increased level of concern among the restaurant owners.

Based on the interviews, key persons were identified (e.g., restaurant owners with high credibility among colleagues) and invited to participate in an action group. The action group consisted of representatives from the county council, the licensing board, police officers from the task force for restaurant-related crimes, local police officers, the county administration, the National Institute of Public Health (NIPH), the Organization for Restaurant Owners (ORW), the union of restaurant employees, and the specially selected owners of popular nightclubs/restaurants. Based on the needs assessment and problem analyses, the action group formulated a mutual goal: to decrease problems related to alcohol service at licensed premises. The task for the action group was defined as developing strategies to prevent intoxication and alcohol service to underage persons at licensed premises. The group members have collaborated to develop a 2-day training in RBS, primarily aimed at restaurant owners, servers, and doormen. Key elements in the training are medical and behavioral effects of alcohol, Swedish alcohol law, restaurant-related crimes, other drugs, and conflict management (Wallin, Norström, and Andréasson 2003). Another component of the intervention has involved stricter enforcement of extant alcohol laws. As of June 2001, all partners in the action group had signed a written agreement specifying each partner’s responsibility in a permanent organization for RBS.

The main objective of this article is to evaluate the level of institutionalization of this community-based alcohol-prevention project in Stockholm, which is focused on licensed premises. Evaluation results on the effects of the project are promising. Alcohol service to underage patrons, alcohol service to markedly drunk patrons, and violence have all decreased significantly (Wallin, Gripenberg, and Andréasson 2002; Wallin, Norström, and
Andréasson 2003; Wallin and Andréasson forthcoming). An additional aim is to test the feasibility of a set of indicators of institutionalization.

**METHOD**

**KEY CONCEPTS: INSTITUTIONALIZATION, KEY FACTORS, AND INDICATORS**

To enable an analysis of level of institutionalization, the concept itself must be defined. For the present purposes, institutionalization is defined as activities that are designed to reduce problems and that are accepted and sustained by the community—a definition inspired by Moore and Holder (2003). To determine the level of acceptance and sustainability of a community action program, we also need to specify key factors of success or failure, as well as indicators of these key factors. A number of key factors have been suggested. The level of institutionalization of the community action program in Stockholm will be analyzed based on indicators specified for each key factor, by applying a mixed-method design (Patton 1990). The time period studied is 1996 to 2002.

**KEY FACTORS AND INDICATORS**

We have developed a scale to assess the level of institutionalization based on five chosen indicators (see Table 1). The range for each key factor is 1 (low level), 2 (moderate level), and 3 (high level of institutionalization). A combined score of 5 indicates that the program has not achieved institutionalization as measured by any factor, and the maximum score of 15 indicates the highest degree of institutionalization for all factors.

**Adoption**

In the research literature, adoption has been identified as one precursor of institutionalization (Holder and Moore 2000). If an intervention is accepted by important members of the community, the likelihood of survival is greater. Adoption is related to the level of acceptance of the intervention on the part of relevant target groups. Acceptance is related to how the intended receivers value the activities/policy changes and how and to what extent they participate (Pentz 2000).
Indicators. One indicator was the level of acceptance of key intervention components by members of the action group. Another was participation and activity by action group members in key intervention components, such as the RBS training and action group meetings (e.g., lecturing, disseminating information on the program, attending meetings, recruiting participants). These indicators were measured using meeting minutes from the action group, 1996 to 2002; regular reports from the project coordinator; yearly reports, 1996 to 2002; and qualitative interviews with key persons from the action group, 2000 and 2002.

Sustainability

Another factor for institutionalization is that activities continue to increase over time and are sustained at a high level after the demonstration phase has been concluded.

Indicators. The first was the number of participants attending the RBS training during the demonstration phase and in continuation. The second was the number of meetings in the action group during the demonstration phase and in continuation. These indicators were measured using statistics on participants at RBS training and action group meetings.

Key Leader Support

A third factor of relevance for institutionalization is key leader support. Support from important leaders in the community and organizations is considered essential to the continuation of a program.

Indicators. The program is given priority by local politicians and key members from relevant organizations and authorities (e.g., by high attendance rate at meetings), by written agreements to ensure continuation of program activities, and/or by contribution of resources (funds or staff). These aspects were measured using meeting minutes from the action group, 1996 to 2002; regular reports from the project coordinator; yearly reports, 1996 to 2002; a collection of written agreements; and qualitative interviews with key persons from the action group, 2000 and 2002.
Structural Change

Written policies increase the likelihood that program activities will be integrated into extant routines and regulations, thereby producing structural change in the community and increasing the program’s potential to be reproduced.

Indicators. This includes written policies and regulations of relevance to program activities at the municipal or organizational level.

This was measured by collecting written policy documents at the municipal level and house policies developed by licensed premises.

Compliance

Compliance refers to the extent to which important elements of a prevention program are actually applied in practice. Reinforcement and additional support are often needed to guarantee that key elements are maintained at a high level.

Indicators. These include routines for monitoring of alcohol service and evaluation of alcohol sales to underage and intoxicated patrons.

These indicators were measured using statistics on monitoring activities, minutes of meetings with the licensing board and police during the period from 1999 to 2002, and recurrent measures of alcohol sales to underage and intoxicated patrons on licensed premises in Stockholm.

ANALYSES

Content analyses of all written documentation have been performed, specifically focusing on actions taken and decisions made that are of relevance to the development of components in the intervention.

The analysis of the qualitative interviews was based on written transcripts. The transcripts have been coded and sorted into emerging themes, using the software program OPEN-CODE. The interviews were sorted in the following themes: motives to participate, project goal, sense of participation, possibilities to influence, alcohol service and level of intoxication, participation in the action group, collaboration, RBS training, policy, and monitoring. One focus of the analyses was to reveal to what extent the participants shared the
TABLE 1:  A Scale for Determining Level of Institutionalization for the Following Key Factors: Adoption, Sustainability of Activities, Key Leader Support, Structural Change, and Compliance

<table>
<thead>
<tr>
<th>Key Factor</th>
<th>1 = Low Level</th>
<th>2 = Moderate Level</th>
<th>3 = High Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adoption</td>
<td>Level of acceptance within key groups</td>
<td>Program activities not accepted by important key groups; low sense of participation within key groups</td>
<td>Only some of the activities are accepted by important key groups and/or only some of the key groups accept the activities; moderate sense of participation within key groups</td>
</tr>
<tr>
<td></td>
<td>Participation by key groups</td>
<td>Low level of participation in intervention activities by key groups</td>
<td>Moderate level of participation in intervention activities by key groups</td>
</tr>
<tr>
<td>Sustainability of activities</td>
<td>Development of activities</td>
<td>Intervention activities stop after the demonstration phase or are continued only on a very small scale</td>
<td>A moderate development of activities after the demonstration phase (not at the same level as before)</td>
</tr>
<tr>
<td></td>
<td>Structure for cooperation</td>
<td>No system for cooperation developed and/or continued after the demonstration phase</td>
<td>Some system exists for cooperation but on a moderate level</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A system for cooperation developed and sustained (e.g., regular meetings)</td>
</tr>
<tr>
<td>Key leader support</td>
<td>Priorities by key leaders</td>
<td></td>
<td>Important key leaders (e.g., high officials from relevant organizations) prioritize the program activities—this is indicated by a high attendance rate at meetings; written agreement to ensure continuation of activities; allocation of resources for activities</td>
</tr>
<tr>
<td>--------------------</td>
<td>---------------------------</td>
<td>-----------------</td>
<td>--------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>Activities not prioritized and/or supported by key leaders; low attendance rate at meetings; no written agreement elaborated; no contribution of resources for program activities</td>
<td>Key leaders support the activities at a moderate level; moderate attendance rate at meetings (less than 50%) and/or some contribution of resources for program activities</td>
<td></td>
</tr>
<tr>
<td>Structural change</td>
<td>No written policies or regulations to support the continuation of activities</td>
<td>Written policies and regulations elaborated that give some support for program activities</td>
<td>Written policies and regulations elaborated that strongly support and have an impact on the continuation of program activities</td>
</tr>
<tr>
<td>Compliance</td>
<td>Monitoring of key elements in intervention activities</td>
<td>Monitoring of activities continues at a moderate level after the demonstration phase (smaller scale than before); small effects on target behavior in focus</td>
<td>Monitoring of activities continues at a high level after the demonstration phase; continuing/persistent effects on target behavior in focus</td>
</tr>
<tr>
<td></td>
<td>Monitoring of activities stops (or is nonexistent) or continues on a very small scale after the demonstration phase</td>
<td>Monitoring of activities continues at a moderate level after the demonstration phase (smaller scale than before); small effects on target behavior in focus</td>
<td></td>
</tr>
</tbody>
</table>

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same view (e.g., regarding the organization of the RBS training) or if there were variations. Another focus was to identify changes over time that have occurred with relevance to the intervention components, according to the respondents, and the explanations given for these changes.

RESULTS

ADOPTION

Level of acceptance. In the interviews with key persons from the action group, the respondents reflected on their motives for participating. Several of them mentioned the importance of preventing problems related to alcohol consumption at licensed premises. Another reason for participation was the notion that many actors working together will achieve more than the same actors working alone. The restaurant owners in the action group emphasized the long-term perspective as a motive for participating. They had prior experience of other short-term projects that had not had an impact or survived.

The literature on cooperation between organizations emphasizes that actors need to be empowered, have an influence on and participate in the organization of cooperation, as well as be committed (Stenberg 1999). The best motivator is a sense of participation and influence.

Sense of participation and influence has been measured using primarily the interview study, conducted in 2000. According to the respondents, they all felt as if they could influence the directions of the project. They reported that the project coordinator and other members of the action group listened to what they had to say.

The project coordinator has had many challenges. One of these has been to create a collaborative climate based on respect from each party. At the first meetings of the action group, the participants were protecting their own positions. They attended meetings to make statements as representatives of organizations, not to listen to the other members. For example, the authorities acted as experts attending meetings to give recommendations and good advice to the restaurant owners. An important task for the project leader was to emphasize that all suggestions and ideas from each member were equally important. In the interviews with the action group members, it was emphasized that communication between the members did improve over time.

Several of the other respondents in the interview study also mentioned establishment of a mutual mission and benefits as one explanation for the
improved collaboration. Evidence of these changes in meeting climate and collaboration is also found in the regular reports from the project coordinator.

Overall, the analysis of process documentation indicates a high level of acceptance by members of the action group and that the level of acceptance increased during the project period.

**Participation by action group members.** A majority of action group members frequently attended the meetings (see Figure 1). Everyone in the action group had, with varying intensity, disseminated information about the training, both within their own organization and outside. The licensing board and the ORW included information about the training on their Web sites. They also advertised the training when sending out written information to the restaurant owners.

Another task for the action group has been to recruit participants for the training. One key group working with recruitment has been local police officers. They have been active in recruiting participants, starting in 1999 and in continuation.

At the training, staff from the licensing board, the police, and county council have lectured free of charge.

Almost everyone in the action group has personally attended the training. Other groups attending training, with the exception of servers and doormen, are local police officers and licensing board inspectors.

Smaller working groups have been used as a tool during different steps in the development of the training (e.g., in producing written training material). The working groups have had varying constellations depending on the task to
be performed. One exception is the union of restaurant employees, representatives of which have not participated in any working groups.

To conclude, everyone in the action group has (to a varying degree) participated in the intervention activities.

SUSTAINABILITY

In Figure 2, we present the cumulative development of one main component of the intervention, the RBS training, for the demonstration phase (until June 2001) and in continuation. The training in RBS started on a small scale in 1997. The number of participants began to accelerate around 1999. There has been an ongoing acceleration in the number of participants since the demonstration phase.

In Figure 1, we display the number of action group meetings per year. These increased during the demonstration phase and have been sustained at the same level after this period.

KEY LEADER SUPPORT

Priorities by key leaders. A majority of the action group members frequently attended meetings (see Table 2).
One exception was the union, the representatives of which did not attend the meetings to the same extent. Some members sent high-ranking representatives to the meetings throughout the entire project period (e.g., the licensing board).

During the project period, many action group members presented the project to different groups (e.g., local politicians). Representatives of the authorities and the restaurant owners were active in these lobbying activities.

Results from the evaluations have been presented recurrently at action group meetings and to local politicians. The effect studies have also been given a great deal of media attention. The positive results from the follow-up studies, showing a decrease in alcohol service to intoxicated patrons and a decrease in violence in the project area, have probably inspired the action group members to participate and increased local politicians’ interest in the program.

Another indicator of key leader support is financial contributions. The restaurant owners have contributed by financing movies, by supplying brochures about the training, and by providing facilities for the training. Other organizations, such as the ORW, the licensing board, the NIPH, and the union of restaurant staff, financed one of the movies produced for the training.

Another indicator of key leader support is the written agreement signed by high-ranking officials from the participating authorities and organizations in June 2001. This agreement distributes responsibility for different parts of

### TABLE 2: Attendance Rate and Percentage of High-Status Representation at Meetings in Action Group, 1996-2002

<table>
<thead>
<tr>
<th>Attendance Rate (%)</th>
<th>High Status (%)</th>
<th>Number of Meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>County council</td>
<td>100</td>
<td>77</td>
</tr>
<tr>
<td>Licensing board</td>
<td>88</td>
<td>88</td>
</tr>
<tr>
<td>Police (task force for restaurant-related crimes)</td>
<td>77</td>
<td>65</td>
</tr>
<tr>
<td>County administration</td>
<td>73</td>
<td>54</td>
</tr>
<tr>
<td>National Institute of Public Health(^a)</td>
<td>96</td>
<td>42</td>
</tr>
<tr>
<td>Organization for restaurant owners(^a)</td>
<td>85</td>
<td>35</td>
</tr>
<tr>
<td>Union</td>
<td>38</td>
<td>38</td>
</tr>
<tr>
<td>Local police officers(^b)</td>
<td>38</td>
<td>26</td>
</tr>
<tr>
<td>Restaurant owners</td>
<td>92</td>
<td>92</td>
</tr>
</tbody>
</table>

\(^a\) Both the National Institute of Public Health and the organization for restaurant owners sent a representative with a higher status to meetings after the written agreement had been signed.

\(^b\) Local police officers were not included in the action group after the written agreement was signed.
the intervention among the various members of the action group. The term of
the agreement is 3 years. No extra money has been provided for the members
to fulfill their responsibilities. The course administrator is employed by the
ORW but is financed by registration fees.

After the written agreement, the action group transformed into a steering
group. Meetings became more formalized in terms of rules for who could
participate and how decisions were made. The head of the licensing board
became the chairperson at the meetings, replacing the project coordinator. As
the restaurant owners did not represent any organization signing the agree-
ment, they were at first not included in the group following the change in
meeting structure. However, this was altered after the first meeting in the new
constellation. The restaurant owners were included in the group, as they were
crucial to the continuing activities. Both the ORW and the NIPH shifted pri-
orities after the written agreement and began to send high-ranking represen-
tatives to action group meetings.

STRUCTURAL CHANGE

In January 2000, the local politicians strongly recommended RBS train-
ing for licensed premises with late open hours in their new written municipal
alcohol policy. According to the recommendation, all serving staff should be
trained.

The impact of the project on the development of house policies at estab-
lishments has been limited. Only a small number of licensed premises (35/
820) have developed written house policies on alcohol.

COMPLIANCE

Routines for monitoring alcohol service. An important component of
institutionalization of RBS is enforcement activities intended to ensure a
high level of compliance.

Local police officers began to show an interest in the project during fall
1999, and they were invited to a meeting with the project coordinator. Pre-
viously, it had mainly been the police officers in charge of the specially
assigned group for restaurant-related crimes who had been involved. The
local police officers were interested in a more proactive approach, involving
visiting licensed premises before problems arose. At the next meeting with
the police officers, the head of the licensing board participated at her own
request. She suggested that the licensing board and the local police officers
conduct joint controls at licensed premises to encourage a common view on
overserving and to improve communication between the two authorities. Another suggestion was that the licensing board attend the meetings regularly. As of fall 1999, monthly meetings have been conducted with both authorities, focusing on monitoring of licensed premises.

Figure 3 displays the number of monitoring letters dispatched to licensed premises regarding problems with overserving or alcohol service to underage patrons, and Figure 4 displays the number of joint controls conducted by the licensing board and police. These figures indicate that routines for monitoring have been developed during the project period and have been sustained at the same level, even after the demonstration phase. However, we do not have any systematic data on the police activities, except as regards their joint monitoring with the licensing board.

Evaluation of alcohol sales to underage and intoxicated patrons. The other group of indicators for compliance includes alcohol sales to underage and intoxicated patrons on licensed premises in Stockholm. Evaluations show that the refusal rate of alcohol sales to underage patrons has increased: 55% in 1996, 59% in 1998, and 68% in 2001 (Wallin and Andréasson forthcoming). The refusal rate of alcohol service to intoxicated patrons has also increased significantly: 5% in 1996, 47% in 1999, and 70% in 2001 (Wallin, Gripenberg, and Andréasson 2002; Wallin and Andréasson 2003).
CRITICAL EVENTS

In Table 3, we have identified so-called critical events during the project period. We have defined events as critical when they describe actions taken and decisions made that have been of major importance to development of the training and institutionalization.

As mentioned earlier, it has been suggested that establishing institutionalization as a goal early on is a systematic facilitator of institutionalization (Holder and Moore 2000). An interest in institutionalizing was documented at an early stage in the project. It was expressed at action group meetings (first documented August 1998; see Table 3), in interviews with action group members, and in the reports from the project leader. In the interview study, all respondents expressed a desire to institutionalize the project and to disseminate it to other parts of the country. However, it was not until the training was strongly recommended by local politicians, and there was a great demand for training by licensed premises, that the discussion of institutionalization intensified during spring 2000. The ORW wished to take the initiative to take over the training and presented a written suggestion for this in August 2000.
This was a wake-up call for the other members of the action group. They realized that they too wanted to be part of this development.

In Table 4, each key factor indicating institutionalization is valued separately, based on the scale developed for estimating level of institutionalization. The combined score for all key factors is 13, indicating a high degree of institutionalization of the program. Compliance was estimated at a moderate level, as there were no reliable data on police activities. Structural changes were also rated as moderate, due to the limited number of house policies developed during the demonstration phase and in continuation.

**DISCUSSION**

The focus of this article has been to determine the degree of institutionalization of a community action program in Stockholm. Overall, the results indicate that the program has been institutionalized to a high degree. All analyses were conducted based on previously specified factors: adoption, sustainability, key leader support, structural changes, and compliance. A scale was developed to estimate the level of institutionalization, showing high program scores for each key factor. The intervention activities were accepted and prioritized by important target groups and were sustained at a high level, even following conclusion of the demonstration phase. The number of participants attending RBS training indicates an ongoing development. Support from key leaders seems to be strong, as indicated by the signing of a mutual written agreement. This written agreement ensures that it is the organizations and authorities themselves—indeed, independent of specific persons—that will take responsibility for the continuing work. According to Jepperson (1991), this is one prerequisite of institutionalization. Compliance was valued as moderate, as the data available were insufficient to estimate police activities in a reliable way. Policy changes were also rated as moderate, due to the limited number of house policies developed.

Using quantitative data on the development of program activities and focusing the process analysis on critical events based on previously specified indicators facilitated our ability to estimate the degree of institutionalization. We have data that allow us to analyze the development of almost every key factor. The positive results from the effect studies also indicate successful institutionalization. Not only has the refusal rate of alcohol service to intoxicated and underage patrons increased, but a significant reduction of police-reported violent crimes of 29% was found for the time period January 1998 to September 2000 (Wallin, Norström, and Andréasson 2003). These data also
### TABLE 3: Critical Events Identified by Meeting Minutes From Action Group and Reports by Project Leader, 1997-2001

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td><strong>JANUARY</strong>&lt;br&gt;A pilot training is developed with popular restaurants</td>
</tr>
<tr>
<td>1998</td>
<td><strong>JANUARY</strong>&lt;br&gt;Training sessions planned in close collaboration with few selected nightclubs&lt;br&gt;<strong>AUGUST</strong>&lt;br&gt;The restaurant owners in the action group say that they like the training and want to send more employees to training; an interest in institutionalization is expressed&lt;br&gt;<strong>OCTOBER</strong>&lt;br&gt;Project coordinator initiates smaller working groups; a new brochure with information about the training is produced, financed by one restaurant owner; recruitment of participants is very time consuming</td>
</tr>
<tr>
<td>1999</td>
<td><strong>JANUARY</strong>&lt;br&gt;Key persons from action group plan a meeting for restaurant owners; the meeting takes place&lt;br&gt;<strong>APRIL</strong>&lt;br&gt;A training session with 100 participants takes place; recruitment of participants is still very time consuming&lt;br&gt;<strong>JULY</strong>&lt;br&gt;First meeting with local police officers; they are willing to recruit participants&lt;br&gt;<strong>AUGUST</strong>&lt;br&gt;Frequent meetings with local police officers; all of them are recruiting participants</td>
</tr>
<tr>
<td>2000</td>
<td><strong>JANUARY</strong>&lt;br&gt;A new alcohol policy for the community is presented; strong recommendation for licensed premises with late open hours to train all employees in responsible beverage service&lt;br&gt;<strong>FEBRUARY</strong>&lt;br&gt;Members in action group start showing an interest in taking over the training (primarily restaurant owners and the National Institute for Public Health)&lt;br&gt;<strong>MARCH</strong>&lt;br&gt;One restaurant owner lobbies with the ORW to interest them in taking over the training; various parts of the training are divided between members in the action group; the project coordinator has to say “no” to participants for the first time</td>
</tr>
</tbody>
</table>

(continued)
show continuing positive results after the demonstration phase, thereby indicating that the program activities and its effects are persistent.

Many of the findings from this study are in accordance with those of other studies, for example, findings showing the importance of support from key leaders (Holmila 1998; Holder and Moore 2000). In Stockholm, the support from local politicians has been strong, resulting in a written alcohol policy strongly recommending RBS training for servers. However, achieving this required continuous lobbying activities on the part of members of the local network.

One factor that most likely contributed to the strong dedication of community members and key leaders was the positive results from the effect studies.

<table>
<thead>
<tr>
<th>Year</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAY</td>
<td>Strong demand for training by licensed premises; a new group is licensed</td>
</tr>
<tr>
<td></td>
<td>premises with late open hours that have to train employees to get a</td>
</tr>
<tr>
<td></td>
<td>renewed license to serve alcohol; a strong desire to institutionalize</td>
</tr>
<tr>
<td></td>
<td>training expressed at meeting; the ORW starts to show an interest in</td>
</tr>
<tr>
<td></td>
<td>taking over training</td>
</tr>
<tr>
<td>AUGUST</td>
<td>Information on how to register for training included on STAD Web site;</td>
</tr>
<tr>
<td></td>
<td>the ORW presents a written proposal to take over training—strong reaction</td>
</tr>
<tr>
<td></td>
<td>against this by other members</td>
</tr>
<tr>
<td>NOVEMBER</td>
<td>First meeting regarding a written agreement on institutionalization with</td>
</tr>
<tr>
<td></td>
<td>all members of the action group</td>
</tr>
<tr>
<td>DECEMBER</td>
<td>Second meeting regarding written agreement; participating are also high-</td>
</tr>
<tr>
<td></td>
<td>ranking officials from the Police Authority, the municipality, the NIPH,</td>
</tr>
<tr>
<td></td>
<td>and the County administration</td>
</tr>
<tr>
<td>2001</td>
<td>MARCH</td>
</tr>
<tr>
<td></td>
<td>Strong demand for training is persistent and increasing; numbers of train-</td>
</tr>
<tr>
<td></td>
<td>ing sessions are multiplied</td>
</tr>
<tr>
<td></td>
<td>JUNE</td>
</tr>
<tr>
<td></td>
<td>Written agreement signed by high-ranking officials from the participating</td>
</tr>
<tr>
<td></td>
<td>authorities and organizations; the project coordinator is hired half-time</td>
</tr>
<tr>
<td></td>
<td>by ORW for dissemination of STAD to other parts of Sweden</td>
</tr>
<tr>
<td></td>
<td>OCTOBER</td>
</tr>
<tr>
<td></td>
<td>A course leader is hired, financed by training fees</td>
</tr>
</tbody>
</table>

NOTE: ORW = Organization for Restaurant Owners.
<table>
<thead>
<tr>
<th>Adoption</th>
<th>Sustainability of Activities</th>
<th>Key Leader Support</th>
<th>Structural Change</th>
<th>Compliance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of acceptance by members of action group; increased acceptance of program activities by action group members; strong sense of participation/empowerment</td>
<td>Number of participants at RBS training and development: development of number of participants attending RBS training sustained at high level after demonstration phase</td>
<td>Priorities by key leaders: high attendance rate by high officials at meetings of action group; a written agreement signed by high-ranking officials from the participating authorities and organizations, dividing responsibility for activities; all action group members participate without any external funding provided; provision of financial resources (e.g., for producing education material)</td>
<td>Written policies and regulations: alcohol policy in community strongly recommending RBS training for licensed premises with late open hours; only a small number of licensed premises have developed written policies on alcohol</td>
<td>Routines for monitoring alcohol service: routines for monitoring sustained at same level after demonstration phase; insufficient data available for estimating separate police monitoring activities</td>
</tr>
<tr>
<td>Participation by action group members: a high level of participation (lecturers, lobbying, marketing of training, recruitment of participants)</td>
<td>Number of meetings in steering group (former action group): number of steering group meetings sustained at same level after demonstration phase</td>
<td>Evaluation of alcohol sales to underage and intoxicated patrons: sustained/improved increase of refusal rate of alcohol sales to underage and intoxicated patrons</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Score

| 3 (high) | 3 (high) | 3 (high) | 2 (moderate) | 2 (moderate) |

NOTE: RBS = responsible beverage service.
The results from the follow-up study of overserving in 1999 (47% denied alcohol service to intoxicated patrons) showed a marked improvement compared with baseline results in 1996 (5% denied alcohol service; Wallin, Gripenberg, and Andréasson 2002). This resulted in considerable media coverage as well as positive publicity for the program. These results have most likely been of importance in getting local politicians to pay attention to the program. It is also worth mentioning that it was not until demand for program activities increased (primarily the RBS training) that planning for institutionalization intensified. There is no interest in institutionalizing a program that is not in demand or that does not show positive results. However, in this program, the driving forces behind institutionalization did not involve making a profit on the activities. No one profits financially from the training, as it is self-financed. Instead, other driving forces must have been important to the action group members, for example, gaining good merits and work satisfaction.

Perceived empowerment, positive communication, and developing time-specific targets predict participation by community leaders (Butterfoss, Goodman, and Wandersman 1996). The analyses show a high level of participation by action group members in key intervention components. It has been a great challenge for the project coordinator to encourage everyone to participate. Literature dealing with similar coalitions indicates that it is important for a project coordinator to have skills in conflict resolution and a sense of fairness (Bracht, Kingsbury, and Rissel 1999). The “project coordinator effect” is most likely one important explanation for the present successful institutionalization.

Some participants in the action group may have played a more important role than others did. One example is the head of the licensing board, who attended almost every action group meeting, took part in many of the smaller working groups, and conducted lobbying for politicians and key leaders. She was also very actively involved in the formulation of the written agreement. Her personal involvement is most likely an important explanation for the increased monitoring conducted by her authority during the project period and that is ongoing. The licensing board was selected unanimously to appoint the chairman for the steering group (former action group) after the signing of the agreement by the other members for the following 3 years. The explanation for this is probably her involvement in the project, as well as the important role of this authority for the monitoring of alcohol service at licensed premises.

Another factor contributing to the survival of program activities is that local resources have been developed. This finding is in accordance with other experiences (McCarthy and Wolfson 1996).
Contrary to other similar initiatives, the Stockholm program has had a long time period in which to develop (Holder and Moore 2000). Having had sufficient time to mobilize important community members, to create a common vision, and to develop and reconsider strategies for action has probably increased the likelihood of program survival.

In the Swedish National Action Plan 2001, the importance of RBS training for servers is emphasized (National Action Plan 2001). Following the plan, the NIPH was given the task to disseminate the model developed by the Stockholm project to the rest of Sweden (Socialdepartementet 2001). This is a promising policy development, indicating an awareness of the potential benefits of the model on the part of national politicians and administrators. The dissemination of the model to other parts of Sweden has begun. This process is still in an early phase, and we do not yet have any data on the progress of either the intervention or the outcome. There is a need for more research on dissemination (Oldenburg et al. 1999). We lack information on the best practices of spreading community action models. Useful theories have been developed, such as the diffusion of innovations, but more empirical studies are necessary to gain insights into facilitators of and barriers to the dissemination process (Rogers 1995).

As mentioned earlier, no specific model has yet been developed for determining the level of institutionalization of community action programs. One aim of this article was to study the usability of a set of criteria for determining institutionalization. Key factors were specified as indicating institutionalization, and a scale was developed for estimating the strength of each key factor separately. Institutionalization is a complex concept that must be studied in terms of several varying aspects. Quantitative measures (e.g., number of participants attending a certain training) need to be combined with qualitative measures (e.g., what type of policies have been developed). In our study, the results based on qualitative process data limit our ability to generalize as well as to estimate the strength of each separate factor. We have compensated for this by using several data sources and data collection methods. For example, we studied support from key persons in terms of priorities (measured with statistics on attendance rate at meetings), collection of written agreement, and allocation of resources (measured by reports from the project coordinator and meeting minutes).

This set of criteria could be developed further. An example is one of the indicators specified for adoption: level of acceptance. In this study, we only had access to qualitative interviews to determine the acceptance level. It would have been useful if we had also developed a quantitative scale for assessing this at baseline and at follow-up points throughout the project period.
The question remains whether this group of key factors and scale are more generally feasible when estimating the degree of institutionalization of other community alcohol-prevention programs. The key factors specified for this article are not restricted to community alcohol-prevention programs focusing on licensed premises. We believe that this set of criteria could be used to estimate the degree of institutionalization of programs focusing on, for example, brief intervention or problems related to alcohol consumption by young people. However, the set of key factors and the scale need to be empirically tested by others to validate their usefulness. For future studies, it will be a challenge to further develop the indicators of institutionalization for the different factors and to develop better methods of estimating the strength of each factor and their development over time.

CONCLUSION

In this study, we have analyzed the level of institutionalization of a community action program in Stockholm. The results indicate a high level of institutionalization based on the following factors: adoption, sustainability, key leader support, structural change, and compliance. The program activities have been sustained at a high level since the conclusion of the demonstration phase, a structure for participation has been maintained, and a written agreement ensures that the organizations themselves—indeed of specific persons—will take responsibility for the continuing work.

REFERENCES


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