

# CT's STRATEGIC PREVENTION FRAMEWORK



**GRANTEE LEARNING  
COMMUNITY:  
MOBILIZING AND BUILDING  
CAPACITY FOR SPF SIG  
GRANTEES**

# Overview of Learning Communities

- Topics and Schedules
- Overall Learning Objectives
- Learning Community vs. Training



# **INTRODUCTION TO THE STRATEGIC PREVENTION FRAMEWORK**

# SAMHSA's Strategic Prevention Framework Steps

Assessment

Profile population  
needs, resources, and  
readiness to address  
needs and gaps

Capacity

Mobilize and/or build  
capacity to address needs

Sustainability &  
Cultural Competence

Develop a  
Comprehensive  
Strategic Plan

Planning

Implement evidence-  
based prevention  
programs and  
activities

Implementation

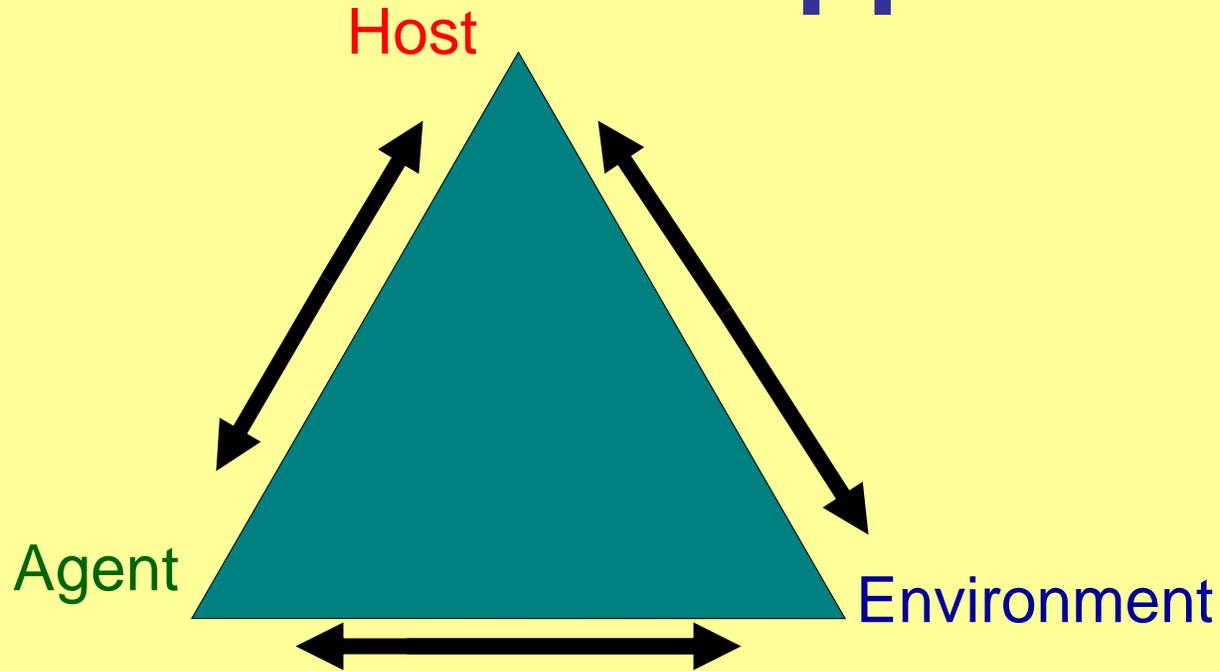
Evaluation

Monitor, evaluate,  
sustain, and improve  
or replace those that  
fail

# Key Principles of the SPF

- Based on a public health approach.
- Focused on outcomes-based prevention.
- Widens the scope to population-based prevention.
- Follows a strategic planning process using epidemiological data throughout the process to drive decision making.

# Public Health Approach



- A public health approach focuses on change for entire populations.
- Population-based public health considers an entire range of factors that determine health.

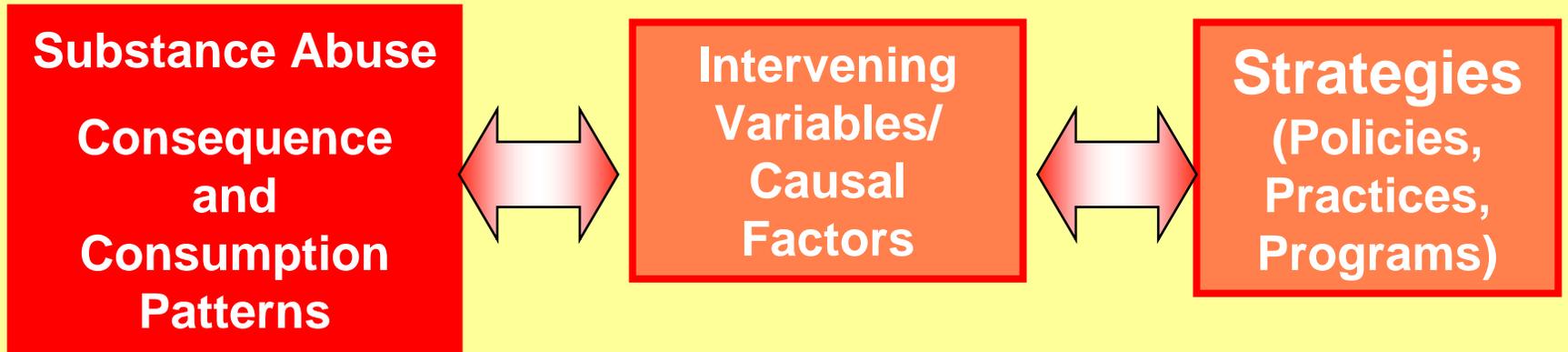
# Outcomes-Based Prevention

- Understanding the nature and extent of consumption and consequences is critical for determining prevention priorities and aligning strategies to address them.
  - Consumption (e.g., underage drinking)
  - Consumption and consequence patterns (e.g., motor-vehicle crashes)
  - Consumption and consequences (e.g., smoking and low birth weight babies)

# Epidemiology: A Tool for Public Health

- Epidemiology is the study of “the distribution and determinants of disease frequency in populations.”
  - Looks at multiple causal factors for whole groups of people (e.g., neighborhoods, gender groups).
  - Determines the “hot spots” for where to intervene (e.g., high need and high infrastructure/capacities).

# Assessing the Problem:





# Systemic View of Cultural Competence

“ A set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations...”

*(HRSA/DHHS indicators of Cultural Competence in Health care Delivery Organizations: A organizational Cultural Competence Assessment Profile, prepared by Lewin Group Inc, April 2002)*

# 7 Domains of Cultural Competency

Applicable to programs, systems, agencies, coalitions

- Organizational values
- Governance
- Planning/ Monitoring/Evaluation
- Communication
- Staff Development
- Organizational infrastructure
- Services, Interventions

# Factors Affecting Cultural Competence (Inter/Intra-personal)

- Culture
- Race/Ethnicity
- Language
- Gender
- Disability
- Sexual Orientation
- Age
- Perceptions of all of the above

# Contextual/ Environmental Factors

- Poverty
- Socio-economics
- Policies, Laws
- Racism
- Bias/Prejudice
- Racial/ Cultural isolation
- Acculturation, Assimilation
- Trauma
- Migration/Immigration
- Etc, etc., etc.

# Increasing Cultural Competency:

- Skills
- Knowledge, attitudes, beliefs, behaviors, perceptions (KABPPs)
- Comfort
- Contact
- Applications
- Continuous Learning Process
- Continuous Quality Improvement (systemic)
- TECHNICAL ASSISTANCE, GUIDANCE

Keep in mind that the end result /mission:

(For SPF-SIG process) ...

The development and fostering of Cultural Competence and continually respecting Diversity will result in positive substance abuse prevention outcomes.

# Sustainability

- The ability of states and communities to continually apply the SPF process over time to reduce alcohol and other drug-related problems and their associated consumption patterns.

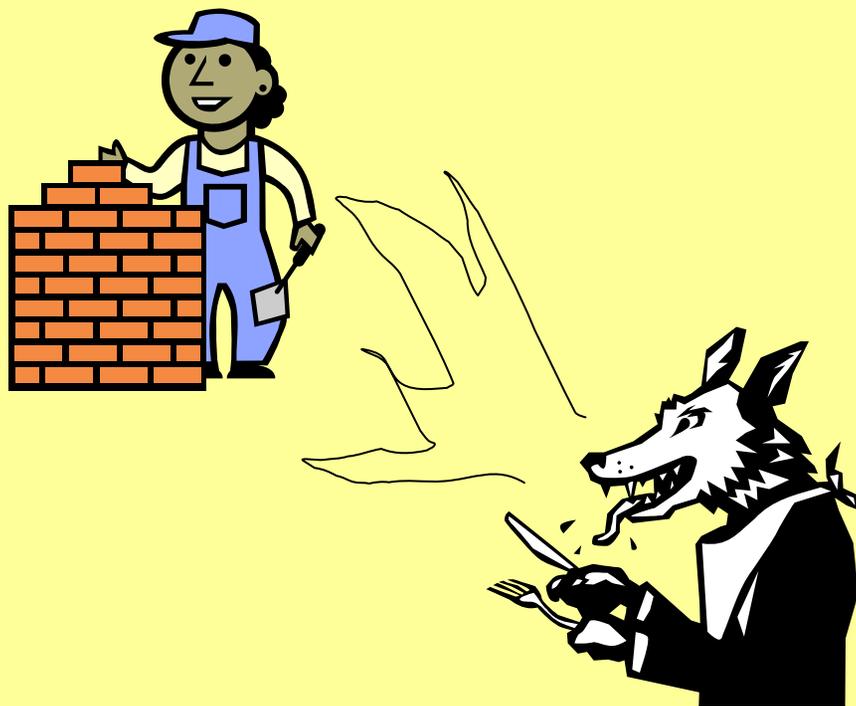
# Cultural Competency & Sustainability

Sustainable= not just about finances.

With Cultural Competency: It is the ability to maintain continuity, application, but moreso, *Institutionalization*, a “future legacy” of sorts.

Consider: Inclusion of cultural competency, diversity considerations, and championing throughout the 5 steps and all activities to achieve the goal of SUSTAINABILITY.

# Building With Cultural Competency- the Strongest Foundation



“I’ll huff, and I’ll puff and I’ll blow your house down...”

The Big, Bad Wolf

# Building With Cultural Competency



“Not by the hairs of our chinny, chin, chins!...”

The Strong & Smart Organization

# SPF Step 2:



**Mobilizing and Building  
Capacity**

**Learning Community  
Overview**

# Community Level Instrument Guidance, TA and Training

## Step 2 Capacity Building

- Assist with recruiting participant staff, task force and/or coalition member training
- Improve community awareness about substance abuse problems
- Build new relationships and strengthen existing relationships
- Improve organizational resources, such as leadership development, coalition structure including decision making procedures and prevention planning processes
- Develop and prepare prevention work force
- Ensure sustainability of the project

# What is Capacity?

- Various types and levels of resources within the community and within an organization such as a coalition
- The community's level of readiness to engage in and support prevention efforts

**Capacity = Resource + Readiness**

# Capacity Building Activities

To improve the ability of the community to deliver substance abuse prevention services by:

- Improving ***awareness*** about substance abuse problems
- Building new ***relationships*** and strengthening existing relationships
- Improving ***organizational resources***
- Developing and preparing ***prevention workforce***
- Ensuring ***sustainability*** of the project

**From CSAP Community Level Instrument**

# Sustainability

- Sustainability refers to sustaining:
  - The five SPF steps
  - Cultural competency throughout the model
  - Outcomes
  - Evidence-based strategies

**The more capacity we build, the stronger our system both within the community and within the coalition**

# Grantee Capacity Building Tasks

1. Highlighting your strengths and gaps in the following areas:
  - Community readiness
  - Community resources and resource gaps
  - Organizational resources and resource gaps
  - Community partnerships development
  - Cultural competency
2. Create and implement a plan that utilizes your strengths in addressing your gaps



# Assessing Capacity

**Community Readiness**

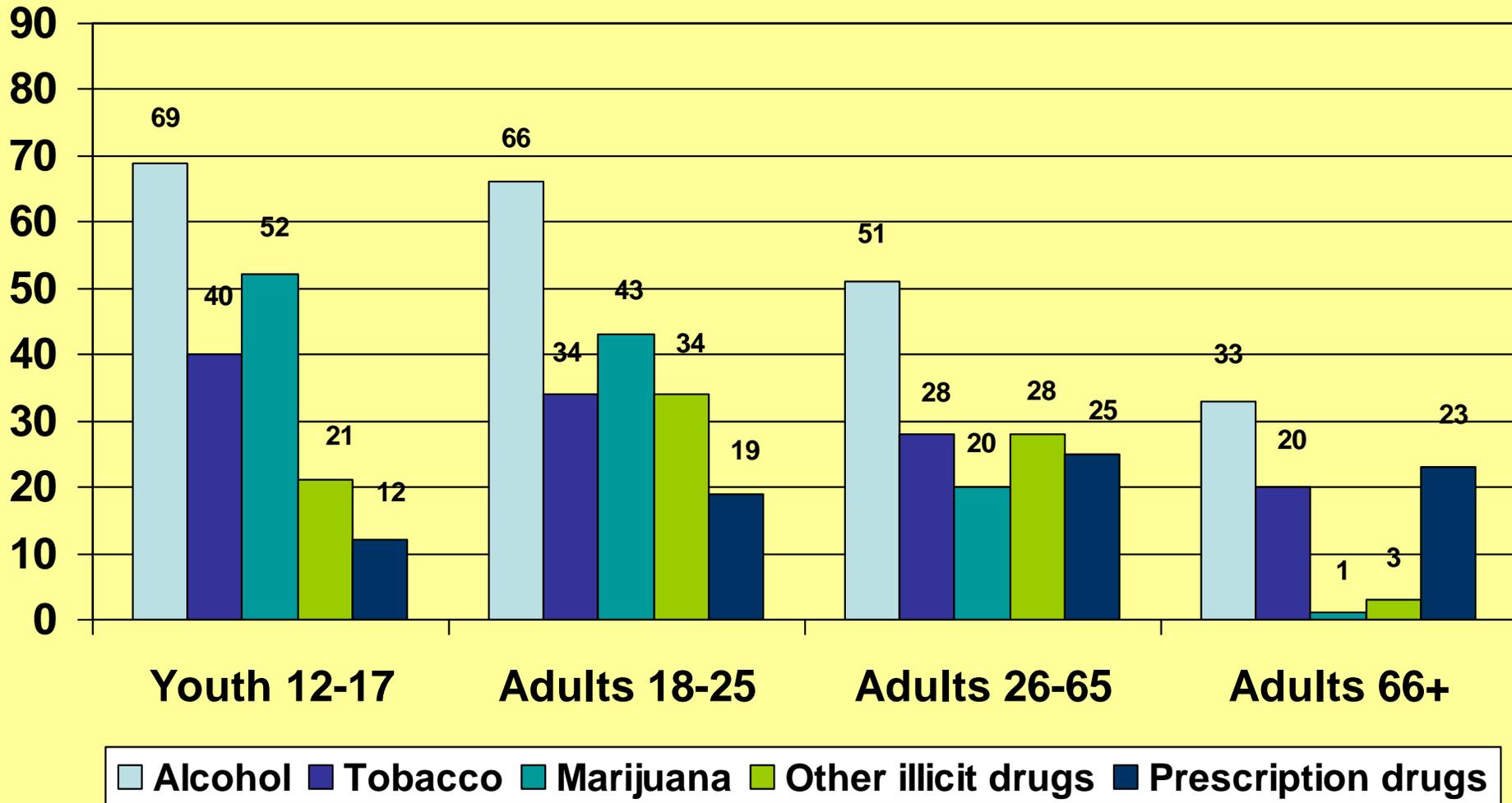
**Community Resources**

**Organizational Resources**

[Questions 7-10]

# Perceived Community Attitude that a Substance is a “Significant Problem” in Different Age Groups in the Community

2006 Connecticut Community Readiness Survey



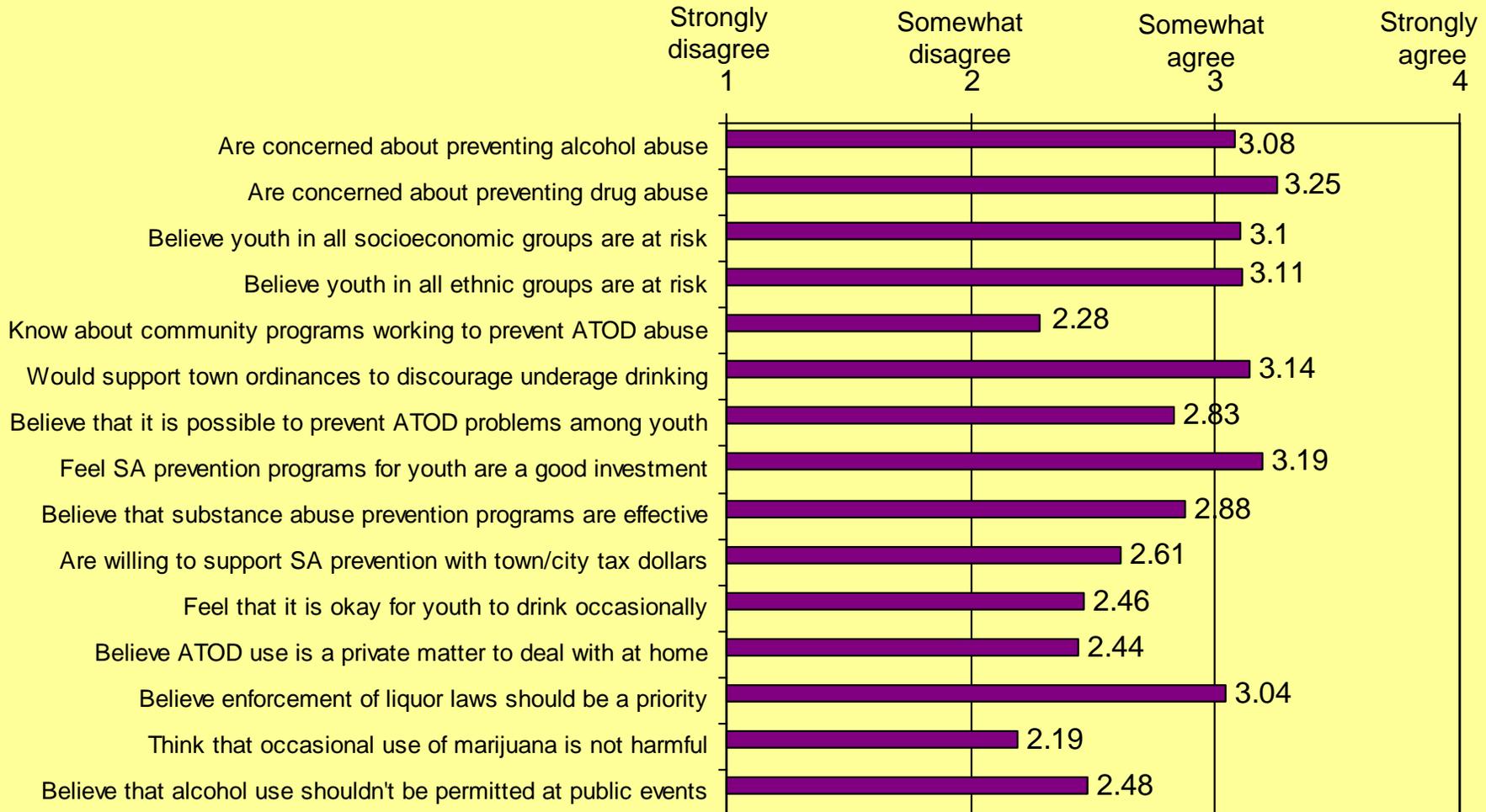
## Ranking of Top Three Substances Identified as a “Significant Problem” for Different Age Groups

Age Group	Ranked 1 <sup>st</sup>	Ranked 2 <sup>nd</sup>	Ranked 3 <sup>rd</sup>
Youth ages 12 to 17	Alcohol	Marijuana	Tobacco
Young adults 18 to 25	Alcohol	Marijuana	Tobacco/ Other Illicit Drugs
Adults 26 to 65	Alcohol	Tobacco/ Other Illicit Drugs	Prescription Drug Misuse
Adults 66 and older	Alcohol	Prescription Drug Misuse	Tobacco

[Question 12]

# Community Attitudes toward Substance Abuse Prevention

Key Informant Agreement that “Most” Community Residents:



# Tri-Ethnic Center

## Stages of Community Readiness

1. Community Tolerance
2. Denial
3. Vague Awareness
4. Pre-planning
5. Preparation
6. Initiation
7. Institutionalization
8. Confirmation & Expansion
9. Professionalization

—*Edwards et al (2000)*

**Activity: Use the Tri-Ethnic  
Center Model of Community  
Readiness to Increase Your  
Community's Readiness**

# **Community Resources: Perception of Current Prevention Activities**

# Community Resources

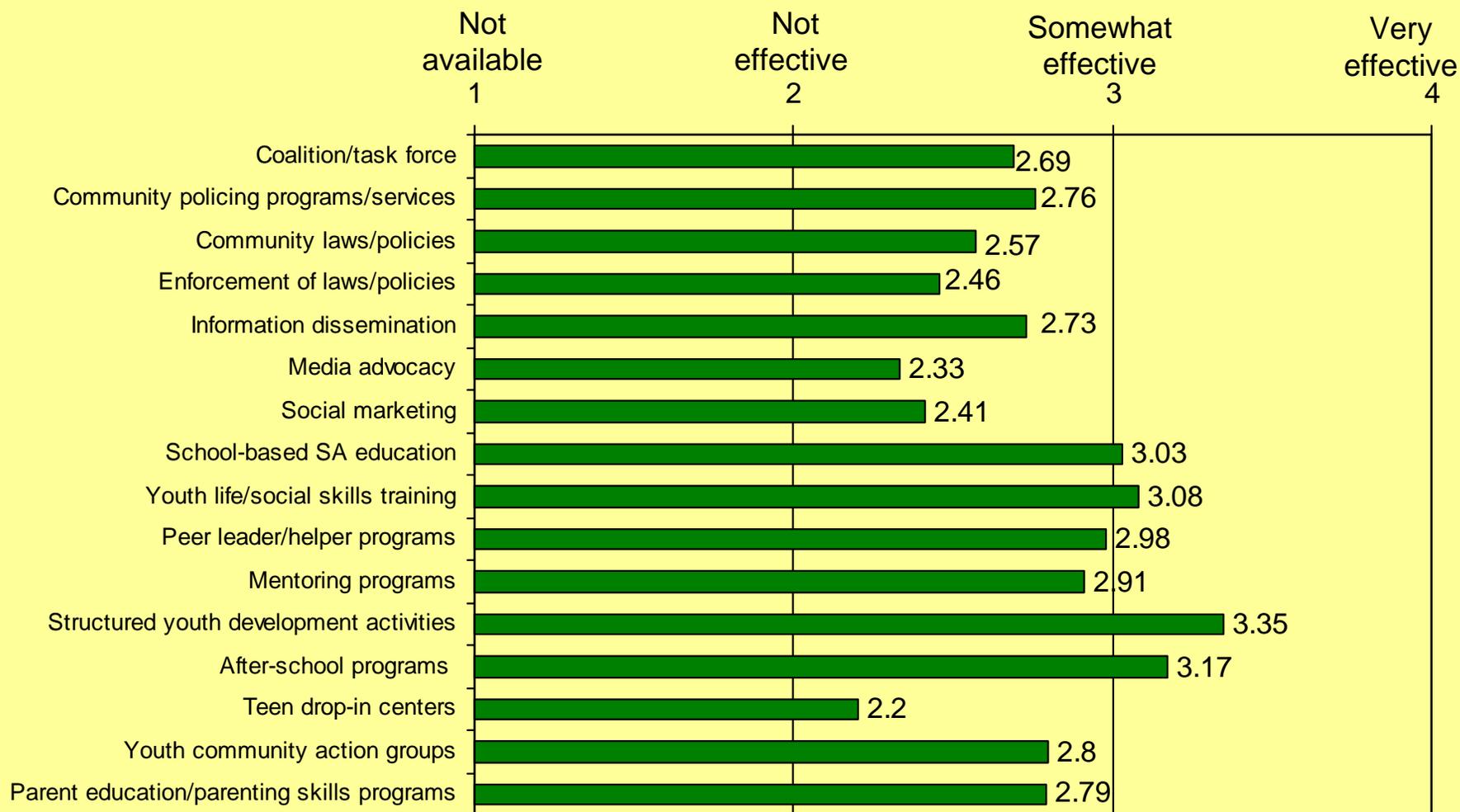
- Community efforts
- Community knowledge of those efforts
- Knowledge about the issue
- Data usage

# Knowing the Cultural Landscape

- What is the cultural and ethnic make up of the community?
- How is the problem perceived across the cultural landscape of the community?
- Who has been engaged in prevention planning and implementation of interventions?
- Are there barriers to participation in prevention efforts for some sectors of the community?

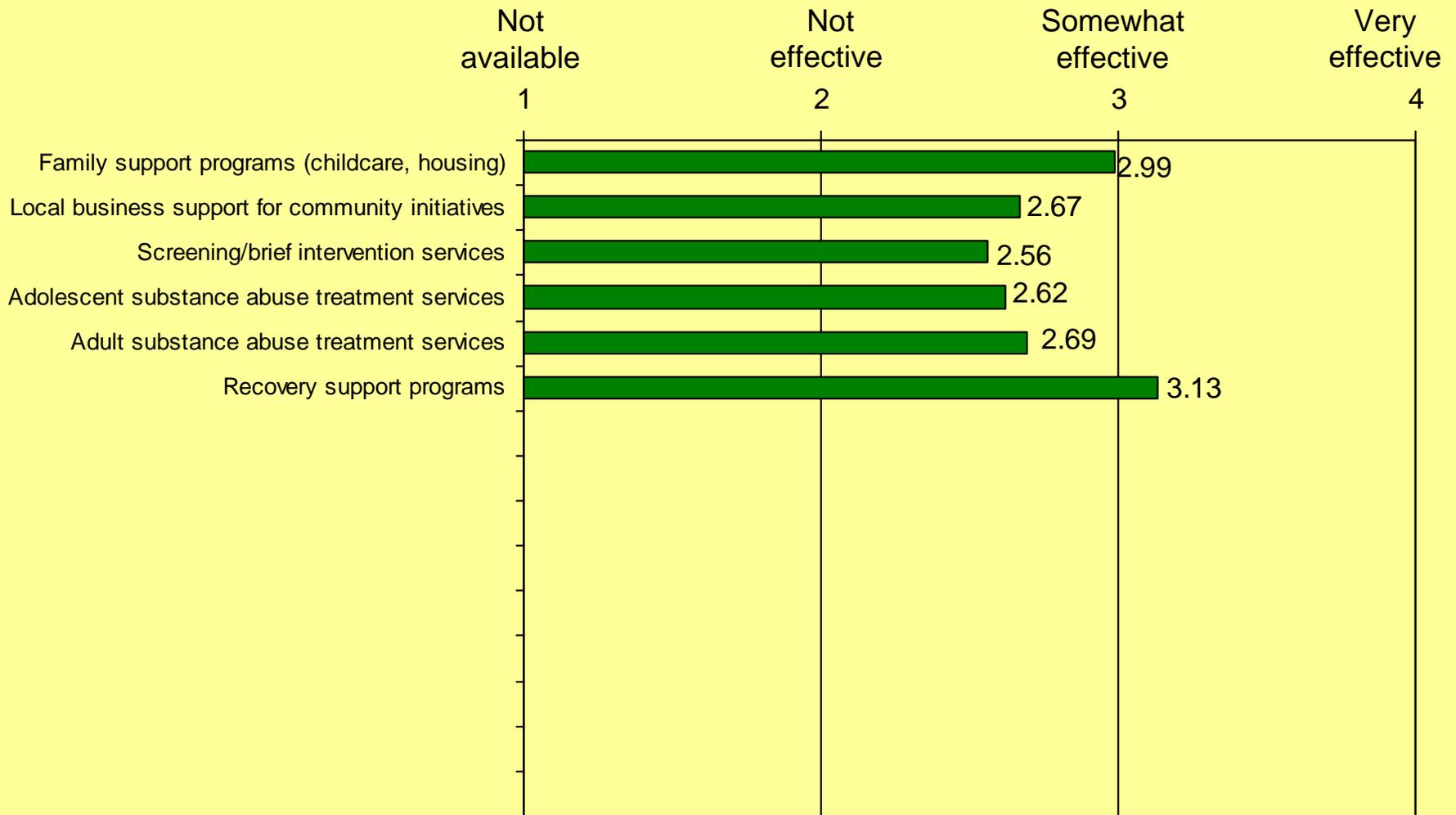
[Question 13]

## Key Informant Ratings of Substance Abuse Prevention Strategies in the Community



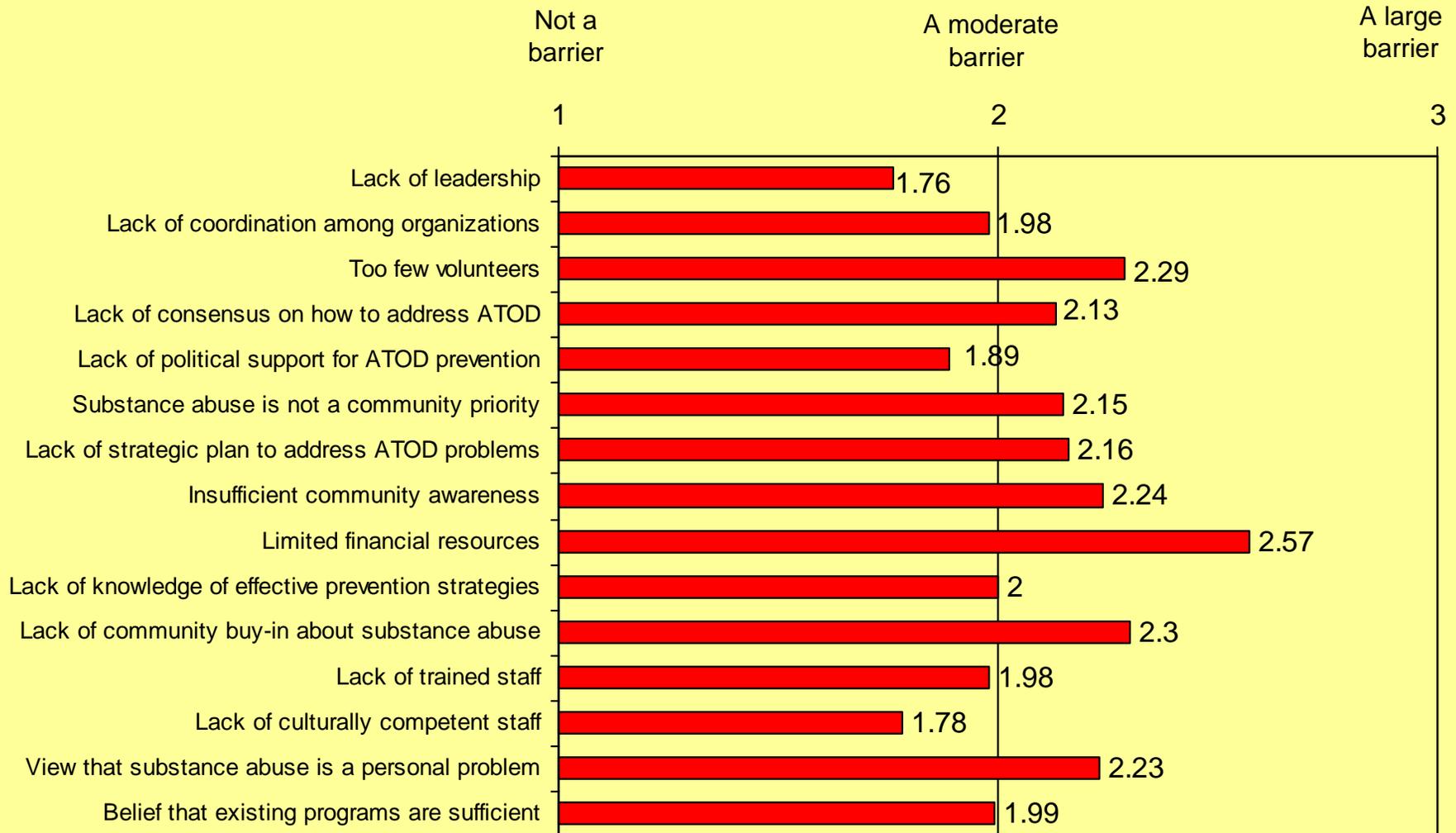
[Question 13 (cont'd)]

# Key Informant Ratings of Substance Abuse Prevention Strategies in the Community



[Question 15]

# Perceived Barriers to Substance Abuse Prevention Activities in the Community



# **Activity: Increasing Resources in Your Community**

**Presentation:  
Community Connection  
through Asset Mapping  
Process (CCAMP)**

**Greg Ryan, CT Assets Network**



# **Assessing, Mobilizing and Building Capacity**

# Types of Organizational Capacity

- **Human**
  - Staffing
  - Coalition membership
  - Volunteers
  - Partnerships
  - Members reflect the community
- **Coalition Structure & Processes**
  - Vision & mission
  - Leadership
  - Member Roles
  - Work Groups/Committees
  - Decision making
- **Technical**
  - Prevention knowledge and skills
  - Data collection and analysis
- **Cultural**
  - Policies
  - Accountability of policies
  - Training
- **Fiscal**
  - Monetary
  - In-kind
  - Space

# Characteristics of an Effective Coalition

- Understanding of the “community”
- Shared vision
- Clearly defined mission, goals, and objectives
- Clear/visible benefits to community-at-large
- Linkages to organizations outside the community
- Organizational competence

# Characteristics of Ineffective Coalition

- Lack of leadership and teamwork
- Turf and competition
- Bad history between members
- Failure to act
- Dominance by professionals
- Poor links to the community
- Funding - too much or too little
- Costs outweigh the benefits

# Characteristics of Ineffective Coalition

- **Lack of critical thought**
- **No systems perspective**
- **Ignoring history and environmental signs**
- **Focusing on the short-term**
- **Complacency**
- **Lack of capacity building of members**
- **Not listening to consumers/customers**
- **Do not change**

# Mobilizing and Building Community and Organizational Capacity

- Sustainability, Mobilizing and Building  
Community and Organizational Capacity
- Enhancing and Building Community  
Partnerships *For Action*
- Increasing Community Awareness
- Building Organizational Capacity

# Collaboration

Collaboration is a process of participation through which people, groups, and organizations come together in mutually beneficial and well-defined relationship to work towards results they are more likely to achieve together than alone.

# Community Champions

- A champion is someone who has influence outside the organization
- Champions can be external and internal to the organization
  - Champions can advocate for efforts and often facilitate obtaining important resources

# Levels of Collaboration

- **Networking**
- **Cooperation**
- **Coordination**
- **Collaboration**

# Understanding the Cultural Landscape

- Community Demographics
- Trends
- External: Organizations/Stakeholders
- External: Links and Relationships
- Personal Beliefs and Attitudes

# Questions to Consider When Mobilizing Partnerships

- Do you have an existing coalition or prevention planning group?
- Who in the community is not currently represented in prevention planning efforts?
- Do people engaged in prevention planning and interventions reflect the cultural makeup of your community?
- What is the level of collaboration between organizations within the community around prevention planning?
- What resources do members currently bring to addressing ATOD problems?
- What are the resources within the community and what are the strengths (e.g. professional skills) that could be further developed?

# Community Sectors

- Families
- Youth
- Schools
- Youth Services
- Recreational Programs
- Private Industry
- Business
- Health Care
- Media
- Social Services
- Universities
- Government
- Legislators
- Law Enforcement
- Senior Citizens
- Faith Community
- Recovery Community

**Activity: Increasing Coalition  
Capacity – Promoting the  
Builders and Removing the  
Barriers**



# **Building Community Awareness Through Public Education**

# Raising Community Awareness

Communications can be broadly defined as “purposive attempts to inform, persuade, or motivate behavior changes in a relatively well-defined and large audience.”

[1] Rice, R. E. and Atkin, C. K. (Eds.) (1989). *Public communication campaigns*, 2nd Edition. Newbury Park, CA: Sage Publications; Rogers, E. M. and Storey, D. (1987). Communication campaigns. In C. Berger and S. Chaffee (Eds.), *Handbook of communication science*. Newbury Park, CA: Sage

# Public Education Goals

- Increase the public's knowledge and awareness of a particular health issue
- Support the development and success of programs and policies that address the problem
- Communicate information about personal risk factors or publicize new laws or programs that promote safe, healthy behaviors that protect people from risk
- Target a wide range of people, including youth, parents, teachers, and others involved in the lives of youth

# Keys to Public Communication Plan

- **Audiences** with whom you want to communicate
- **Message** you want to convey
- **Effective channels** to reach your audience (times, places)
- **Actions** you wish them to take after they receive your messages

# Possible Audiences

- Prevention Practitioners
- Decision Makers
- Champions
- Silent Majority
- Fence Sitters
- Nay-Sayers

# Message Development

- Boil the message down to three main points
- Eliminate the jargon
- Test the message

# Communication Channels

- Newsletter
- Feature article
- PSA
- Radio/TV interview
- Op-ed
- Brochure
- Pamphlet
- Targeted letter
- Face-to-face meeting
- Presentation

**Activity: Using the Tri-Ethnic  
Center Model of Community  
Readiness to Inform Public  
Education Strategies**