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

Evaluation

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

Implementation

Implement evidence-based prevention programs and activities

Planning

Develop a Comprehensive Strategic Plan
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.
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:

Substance Abuse
Consequence and Consumption Patterns

Intervening Variables/ Causal Factors

Strategies (Policies, Practices, Programs)
**Substance - Related Consequences**
- DUI Arrests
- Motor Vehicle Crashes/Injuries
- Crime
- School Attendance
- Dropouts
- Expulsions/Suspensions

**Substance Use and Abuse**
- Underage drinking

**Causal Factors**
- Alcohol availability (family, peers)
- Alcohol promotion (advertising, media)
- Family/peer norms that accept/encourage drinking
- Low enforcement of alcohol laws
- Low availability of alternative activities
- Low commitment to school

**Strategies**
- Raise awareness, monitor parties
- Restrict alcohol advertising targeting youth
- Media advocacy to raise awareness of alcohol abuse
- Enforcement of underage drinking and DUI laws
- Community based alternative activities
- Mentoring, after school tutoring programs
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
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

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Ranked 1st</th>
<th>Ranked 2nd</th>
<th>Ranked 3rd</th>
</tr>
</thead>
<tbody>
<tr>
<td>Youth ages 12 to 17</td>
<td>Alcohol</td>
<td>Marijuana</td>
<td>Tobacco</td>
</tr>
<tr>
<td>Young adults 18 to 25</td>
<td>Alcohol</td>
<td>Marijuana</td>
<td>Tobacco/Other Illicit Drugs</td>
</tr>
<tr>
<td>Adults 26 to 65</td>
<td>Alcohol</td>
<td>Tobacco/Other Illicit Drugs</td>
<td>Prescription Drug Misuse</td>
</tr>
<tr>
<td>Adults 66 and older</td>
<td>Alcohol</td>
<td>Prescription Drug Misuse</td>
<td>Tobacco</td>
</tr>
</tbody>
</table>
[Question 12]
Community Attitudes toward Substance Abuse Prevention

Key Informant Agreement that “Most” Community Residents:

<table>
<thead>
<tr>
<th>Strongly disagree</th>
<th>Somewhat disagree</th>
<th>Somewhat agree</th>
<th>Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

- Are concerned about preventing alcohol abuse: 3.08
- Are concerned about preventing drug abuse: 3.25
- Believe youth in all socioeconomic groups are at risk: 3.1
- Believe youth in all ethnic groups are at risk: 3.11
- Know about community programs working to prevent ATOD abuse: 2.28
- Would support town ordinances to discourage underage drinking: 3.14
- Believe that it is possible to prevent ATOD problems among youth: 2.83
- Feel SA prevention programs for youth are a good investment: 3.19
- Believe that substance abuse prevention programs are effective: 2.88
- Are willing to support SA prevention with town/city tax dollars: 2.61
- Feel that it is okay for youth to drink occasionally: 2.46
- Believe ATOD use is a private matter to deal with at home: 2.44
- Believe enforcement of liquor laws should be a priority: 3.04
- Think that occasional use of marijuana is not harmful: 2.19
- Believe that alcohol use shouldn't be permitted at public events: 2.48

2006 Connecticut Community Readiness Survey
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

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

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Not available</th>
<th>Not effective</th>
<th>Somewhat effective</th>
<th>Very effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coalition/task force</td>
<td></td>
<td></td>
<td>2.69</td>
<td>3.03</td>
</tr>
<tr>
<td>Community policing programs/services</td>
<td></td>
<td></td>
<td>2.76</td>
<td></td>
</tr>
<tr>
<td>Community laws/policies</td>
<td></td>
<td>2.57</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enforcement of laws/policies</td>
<td></td>
<td>2.46</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Information dissemination</td>
<td></td>
<td>2.73</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Media advocacy</td>
<td></td>
<td>2.33</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social marketing</td>
<td></td>
<td>2.41</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School-based SA education</td>
<td></td>
<td></td>
<td>3.03</td>
<td>3.17</td>
</tr>
<tr>
<td>Youth life/social skills training</td>
<td></td>
<td></td>
<td>3.08</td>
<td></td>
</tr>
<tr>
<td>Peer leader/helper programs</td>
<td></td>
<td></td>
<td>2.98</td>
<td></td>
</tr>
<tr>
<td>Mentoring programs</td>
<td></td>
<td></td>
<td>2.91</td>
<td></td>
</tr>
<tr>
<td>Structured youth development activities</td>
<td></td>
<td></td>
<td></td>
<td>3.35</td>
</tr>
<tr>
<td>After-school programs</td>
<td></td>
<td></td>
<td></td>
<td>3.35</td>
</tr>
<tr>
<td>Teen drop-in centers</td>
<td></td>
<td>2.2</td>
<td></td>
<td>2.8</td>
</tr>
<tr>
<td>Youth community action groups</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent education/parenting skills programs</td>
<td></td>
<td>2.8</td>
<td></td>
<td>2.79</td>
</tr>
</tbody>
</table>

2006 Connecticut Community Readiness Survey
Key Informant Ratings of Substance Abuse Prevention Strategies in the Community

2006 Connecticut Community Readiness Survey
Perceived Barriers to Substance Abuse Prevention Activities in the Community

2.15

2.16

2.24

2.57

1.98

1.98

2.29

1.3

2.16

2.24

2.57

2.13

1.89

2.15

1.89

2.16

2.4

1.98

1.78

2.23

1.99

Lack of leadership
Lack of coordination among organizations
Too few volunteers
Lack of consensus on how to address ATOD
Lack of political support for ATOD prevention
Substance abuse is not a community priority
Lack of strategic plan to address ATOD problems
Insufficient community awareness
Limited financial resources
Lack of knowledge of effective prevention strategies
Lack of community buy-in about substance abuse
Lack of trained staff
Lack of culturally competent staff
View that substance abuse is a personal problem
Belief that existing programs are sufficient

2006 Connecticut Community Readiness Survey
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
- Ignoring history and environmental signs
- Complacency
- Not listening to consumers/customers
- No systems perspective
- Focusing on the short-term
- Lack of capacity building of members
- 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.”

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