

Frequently Asked Questions:

The Strategic Prevention Framework Overview

I. Introduction:

The following are questions that have been frequently asked at CAPT trainings. We provide you this information to assist you with your TA and Training efforts on the SPF

II. Summary of Questions

- 1.) Why was the Strategic Prevention Framework created?
- 2.) What is the difference between the first State Incentive Grant and the Strategic Prevention Framework State incentive grant?
- 3.) What is population level change?
- 4.) What is outcome based prevention?
- 5.) Why are cultural competency and sustainability in the middle of the model?
- 6.) Do you have to do the steps in the order outlined in the model with assessment first?
- 7.) What is Epidemiology?
- 8.) Why in the Strategic Prevention Framework State Incentive Grants do the states do an epi-profile first and select a priority?
- 9.) Why can't individual communities select their own priorities?
- 10.) What is the difference between consequences, consumption patterns, and risk and protective factors?

III. Answers to Questions

1. Why was the Strategic Prevention Framework created?

The purpose of SPF is to provide a consistent framework, or process, for doing prevention work at either the state or the local level—a way to make meaningful connections among people, neighborhoods, data, and interventions. Most importantly, it is an ongoing process. You will return to these steps again and again.

To understand the SPF, it's helpful to review a little about prevention history. In the early 1990s, CSAP funded partnership grants--community mobilization coalition grants to local communities. Although these were successful in helping communities build effective coalitions, coalitions did not always select effective strategies and practices.

So, in the late 1990s, a push began toward using model programs and practices. But then people too often latched onto their favorite program, without linking them to the needs of their own communities. As a result, these programs weren't as effective as they had been in the original research setting. From this experience, CSAP determined there was a need to bring the two together: emphasize best practices

but transplant them so they are embedded in the context of the community. That is why the SPF was developed.

2. What is the difference between the first State Incentive Grant and the Strategic Prevention Framework State incentive grant?

The SPF SIG expands from the SIG and emphasizes a comprehensive planning process.

In SIG one the emphasis was on selected and implementing evidence based interventions. The SPF SIG includes those two steps but connects the implementation of evidenced based strategies to a careful planning process that includes looking at data at each step.

In addition, because the State is using epidemiological data and prioritizing consequences and consumption patterns across the life span in the State, there is connection between the priority that is selected by the state and the work that the communities will do locally. Communities will then assess that priority within their own community and determine the factors that are driving that problem. There is a direct connection between the work of the State and the work of local communities.

SIG 1

- Start with steps 3 and 4
- Everyone was working on underage drinking
- Emphasis on implementing evidenced based strategies
- Risk and Protective Factors confined to Hawkins and Catalano 19
- Program level change
- Focus on underage drinking and substance use

SPF SIG

- Start with Steps 1, 2 and 3
- State Level Assessment substance abuse consequences looking across life span
- Emphasis on step by step planning process that is data driven and leads to the selection of strategies
- Risk and Protective factors found in the substance abuse literature
- Community level change
- Across the life span

3. What is population level change?

Population level change refers to the incidents and prevalence of a particular substance abuse related problem or consumption patterns in a particular geographic area

Example:

*Reduce the incidence and prevalence of alcohol related motor vehicle crashes among 16-21 year olds for a particular county

*Reduce the incidence of adolescent binge drinking among 10th, 11th and 12th graders in a school system

Previously, in other prevention grants change was measured at the program level. Example included number of youth who reported better communication with parents. In this model we are measuring whether a behavior changed across a population. In addition, Population-based public health considers an entire range of factors that determine health.

4. What is outcome based prevention?

Outcomes-based prevention focuses on starting with the end in mind. The SPF asks people to begin by looking at what they want to change and how to accomplish that. This is different from earlier attempts that failed to tie program investments directly with results.

With the SPF, there is an emphasis on reviewing patterns of consumption and consequences of use, as well as targeting strategies at those populations in greatest need. These terms may actually be new to some of you, so let's define them:

Consumption: The way that people drink, smoke and use drugs is linked to particular substance-related consequences. Example of consumption patterns:

- *Underage binge drinking
- *Women of child-bearing years who drink 5+ drinks per day (which can result in Fetal Alcohol Syndrome)
- *Older people who mix alcohol with their medications

Consequences: The consequences of substance abuse are the social, economic, and health problems associated with the use of alcohol, tobacco, and illicit drugs. Any social, economic, or health problem can be defined as a substance use problem if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring. Examples of substance abuse consequences:

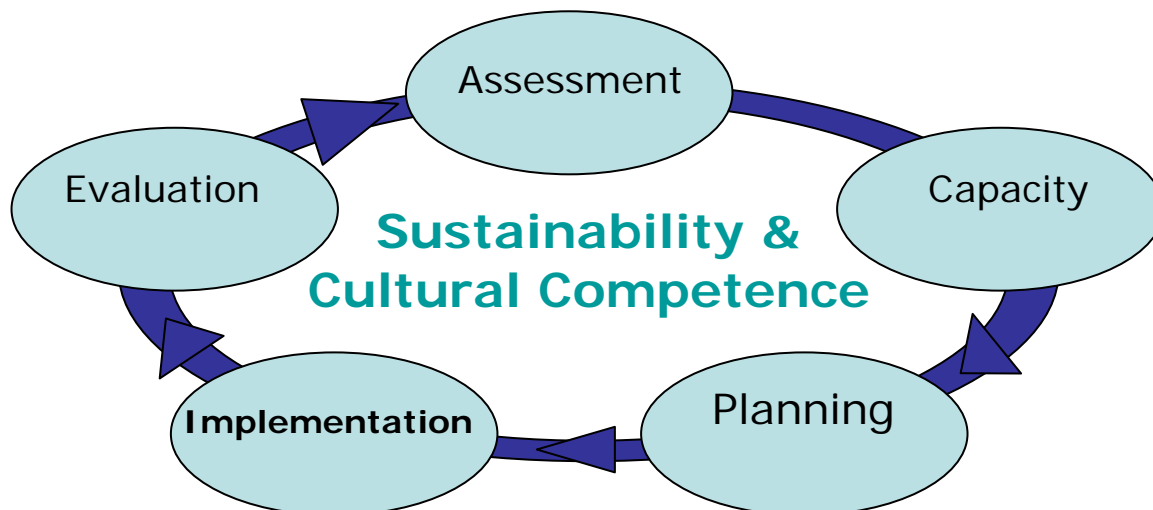
- The risk of a traffic crash is increased when the driver has been drinking
- The risk of lung cancer is increased by long-term, heavy smoking.

The SPF model challenges us to look at the results or problems caused by alcohol and drug abuse in the community. With the SPF model, we would consider not only adolescent drinking patterns, but also additional people in the community who might be affected by their drinking. We would ask ourselves, if young people drink, what problems can result for them and others from these behaviors? (i.e. vehicle deaths or alcohol poisoning).

5. Why are cultural competency and sustainability in the middle of the model?

- When you look at the center of this model, you see that cultural competence and sustainability are at the center. They are elements that need to be integrated into each step of the SPF in order to be successful. Cultural competence is not an add-on after the five steps, but rather something that needs to be considered at each step in the process. For example in Step 1 Assessment, we want to make sure that we collect data on the whole community including subpopulation. We also want to make sure that we have people from sub-populations help us analyze the data we are collecting.
- The purpose of focusing on cultural competence throughout the SPF model is to be sure that you are seeing the whole problem. Without input from every group affected by a decision, there are bound to be things left out and mistakes made.
- Similarly sustainability isn't something to be considered at the beginning of the last year of funding but integrated into each step. Unlike previously where the emphasis was on sustaining programs, our emphasis now is on sustaining outcomes and the five step SPF process.

6. Do you have to do the steps in the order outlined in the model with assessment first?



- When you look at the five-step diagram, you will notice the arrows are going one way. While we are presenting this framework in a linear way, the process is really iterative. The model is designed so the steps loop around, they are continuous and interconnected. In many cases, the first step will be Assessment, followed by Capacity, Planning, Implementation, and Evaluation. Since the model is iterative, however, organizations will be doing assessment as they are doing planning.
- As you make your way around the racetrack, you'll want to ask yourself the following questions:

- What is the problem?
- What do you have to work with to address the problem?
- What is the plan for doing the work?
- What are we going to do to get the work done?
- How will we know if we have succeeded?

7. What is Epidemiology?

- 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).
- The entire SPF planning process is based on the importance of finding and using the appropriate data. For example, the planning phase requires that you choose evidence-based practices to put into place to address the risk and protective factors and underlying conditions you have identified.

8. Why in the Strategic Prevention Framework State Incentive Grants do the states do an epi-profile first and select a priority?

The Strategic Prevention Framework using a public health approach to looking at the alcohol and other drug abuse and its consequences. In a public health approach the focus is on change for entire populations and considers an entire range of factors that determine health. It is therefore important that States gain an understanding of how alcohol and other drugs are impacting the entire state. The State will ask questions such as which substances are resulting in the greatest amount of deaths and in what age range. For example, in one State when the preventable death data was reviewed, the state learned that unlike neighboring states that lose more young people ages 18-25 to alcohol related car accidents, this State had the greatest number of deaths due to opiate overdoses.

In addition to having individual communities respond to needs in their own community, the State needs to get a picture of what is happening across the State so they can harness resources most effectively and really have an impact on a significant problem the State.

9. Why can't individual communities select their own priorities?

The Strategic Prevention Framework State Incentive Grants are a pilot for the Strategic Prevention Framework planning process on a State and community level. Within this framework planning at the State level is directly tied to planning at the community level. For some communities eligible for SPF dollars they will assess and select between several State priorities determining which is the largest priority in their community. In other States where the State has selected one priority area, local communities receiving SPF dollars will assess the priority problem in their individual community. All communities receiving SPF dollars will also assess the risk and protective factors that are driving that problem in their own community. For example in one community where underage drinking is the priority, youth gaining access from the abundance of liquor outlets may be a factor that is contributing to the problem. In another community where there is no selling of alcohol in the town, access may be focused on youth gaining it from parents and older youth with cars. In summary, local communities that have SPF dollars will have the opportunity to assess the States priority problem locally and determine the factors that are contributing to the problem.

10. What is the difference between consequences, consumption patterns, and risk and protective factors?

Consequences: The consequences of substance abuse are the social, economic, and health problems associated with the use of alcohol, tobacco, and illicit drugs. Any social, economic, or health problem can be defined as a substance use problem if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring. Examples of substance abuse consequences:

- * The risk of a traffic crash is increased when the driver has been drinking
- * The risk of lung cancer is increased by long-term, heavy smoking.

Consumption: The way that people drink, smoke and use drugs is linked to particular substance-related consequences. Example of consumption patterns:

- *Underage binge drinking
- *Women of child-bearing years who drink 5+ drinks per day (which can result in Fetal Alcohol Syndrome)
- *Older people who mix alcohol with their medication

Risk and Protective Factors and Underlying Conditions

Factors that have been identified as being strongly related and influenced the occurrence and magnitude of substance use and its consequences