

# Background Research: The Strategic Prevention Framework

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# The Strategic Prevention Framework

## Rationale

The Strategic Prevention Framework (SPF) was developed by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). SPF is a structured planning process that can be applied to prevention systems at both the state and local level. This research brief will focus on SPF as a process that coalitions can use when planning to address substance abuse issues within the community.

SPF is intended to provide a structure or mechanism for coalitions and other broadly represented community organizations to identify the most pressing substance abuse problems in their community. SPF uses a data-driven approach to understand what the most pressing problems are, who is affected most by the problems (consumption and consequences), why the problems are happening (contributing factors), and what programs, practices, and policies are most effective in addressing these problems and contributing factors. The guiding principle of this framework is that data on problems, resources, and readiness should guide the selection of evidence-based prevention strategies. Each community could potentially have a different set of outcomes targeted, but the goal is always community-level change in substance use consumption patterns and consequences.



The Strategic Prevention Framework is a five-step process that includes Assessment, Capacity Building, Planning, Implementation, and Evaluation. Within each step, there is focus on considering both cultural competence and sustainability.

### Step 1: Assessment

Assessment involves the collection of data to define problems within the community. Assessment also involves mobilizing key stakeholders to collect the needed data to understand substance abuse consequences, consumption patterns, and contributing factors to those patterns. Both the data collected and the process used to synthesize the information is best viewed through the lens of how each of the relevant cultures in the community are represented. In addition, the broader the

participation in the assessment process, the more likely assessment will be sustained as a “way of doing business” for a coalition.

### ***Step 2: Capacity Building***

Capacity involves the mobilization of resources (including people and funding) within the community. A key aspect of this step is to convene coalition members to plan and implement sustainable prevention efforts during assessment and planning. Rather than expecting one person to develop a plan, all the coalition members should be fully involved. Culturally appropriate representation helps assure that the cultures represented in the community are also engaged in the mobilization process. Many coalitions become stuck at this stage in the process. The SPF requires coalitions to move beyond recruiting members to actively engaging them in a data-driven process to surface local substance abuse priorities and potential solutions.

### ***Step 3: Planning***

Planning involves bringing together the coalition members to develop a strategic plan that includes a logic model for how problems will be addressed. The strategic plan also includes evidence-based programs, practices, and policies that are designed to address the problems identified during assessment and that are uniquely suited to the community characteristics. The planning process produces strategic goals, objectives, and performance targets as well preliminary action plans.

### ***Step 4: Implementation***

Implementation involves taking action guided by the strategic plan that was created during assessment and planning. Appropriate adaptations to programs, policies, and practices should be made based on the characteristics, culture, and context of the population.

### ***Step 5: Evaluation***

Evaluation involves measuring the impact of the SPF and the implemented programs, policies, and practices. An important part of the process is identifying areas for improvement. Evaluation includes reviewing the effectiveness, efficiency, and fidelity of implementation in relation to the strategic plan and standards of practice. The evaluation step also emphasizes sustainability since it involves measuring the impact of the implemented policies, programs, and practices.

## ***Outcomes***

Research on the use of a data-driven planning process by coalitions remains in the early stages of development and understanding; however, a number of factors seem to be associated with effective processes, outcomes, and impacts. Process evaluation results have found that numerous coalition characteristics and factors such as formalization, planning, inclusiveness, leadership, resources, and ongoing professional development are essential to coalition effectiveness. On the other hand, despite the widespread use and moderate success in using coalitions to reduce substance abuse in the community, the results on long-term behavioral outcomes and impacts are mixed, and call for further research and understanding to determine when and where they work best (Berkowitz, 2001; Hallfors, Cho, Livert, & Kadushin, 2002; Holder et al., 2000; Merzel & D’Afflitti, 2003).

Using various levels of research and evaluation rigor, the results of the multiple coalition studies have demonstrated immediate, intermediate, and long-term outcomes and impacts. Coalition outcomes may be viewed as occurring at several levels, beginning with the collaborative process that brings existing

resources together to work more effectively and efficiently. Coordination, collaboration, and resource exchange are often viewed as the true value-added benefit of a working and effective coalition. First-level outcomes may include systems change, changes in service delivery, system reform, cross-referral, and new community linkages. The evidence of long-term impact on behaviors is less well documented in the research literature.

Even so, a review of the limited research literature in 2008 suggested that building capacity is an important part of the process of promoting effective prevention (Wandersman et al., 2008). Results from the Getting To Outcomes intervention, which uses capacity building, training, and technical assistance to help communities conduct high quality prevention programming, showed that it could build individual capacity (within coalitions) and increase prevention program performance (Chinman et al., 2008).

### **Behavioral Outcomes and Impacts**

- Reduction in substance abuse (Fawcett et al., 1997; Yin & Kaftarian, 1997; Center for Substance Abuse Prevention [CSAP], 2001).
- Reduction in early adolescent tobacco and marijuana use (Johnson, Pentz, Weber, Dwyer, Baer, Mackinnon, Hansen, & Flay, 1990).
- Decrease in alcohol sales to minors (Lewis et al., 1996).
- Reductions of alcohol consumption, driving after drinking, rates of alcohol-related crashes, and assault injuries observed in emergency rooms and admissions to hospitals (Holder et al., 2000).
- Increased number of schools with non-smoking policies, a decrease in alcohol and other drug offenses within university early intervention programs, reduced alcohol-related fatalities, and reduced underage alcohol sales to minors (Snell-Johns, Imm, Wandersman, & Claypoole, 2003).

### **Organizational Outcomes**

- Coordination, collaboration, and resource exchange can help a coalition extend its reach and offer more programs. The greater the number of programs and prevention activities implemented by a coalition, the greater the influence on substance abuse and related outcomes (Crowley, Yu, & Kaftarian, 2000).
- Each coalition member has some power to develop and contribute external resources to manage change (Chavis, 1995).
- Creating quick wins and short-term successes (outcomes) will increase the motivation, commitment, and credibility of the coalition.
- Coalitions may be more effective in changing community policy, norms, and physical environment, as opposed to delivering direct services (Kegler et al., 2000).

### ***SPF Implementation: Effective Practices in the Coalition***

The following research summaries are provided to help inform the implementation of SPF in coalitions and organizations. This information is a quick summary of best practices that are better detailed elsewhere (see the Resources section at the end of this research brief). The following steps and suggestions work best in a comprehensive implementation mix that combines the strengths of each aspect; none of these are effective in isolation.

## **Assessment**

Before tackling a community issue or problem of substance abuse, coalitions should first assess community ATOD needs and resources (Community Anti-Drug Coalitions of America [CADCA], 2006):

- Define the coalition's community and boundaries (neighborhood, county, city, etc.).
- Reconstruct and build on the relevant local history of community mobilization and anti-drug work.
- Collect qualitative data via community forums, focus groups, listening sessions, key informant interviews, and surveys.
- Collect quantitative data from partners and outside sources, including related archival and survey data

Community assessments should be conducted at the beginning of a coalition's development, but they can also occur as a periodic check-up. Communities and coalitions are not static—they change and develop over time. Understanding how community strengths, needs, resources, and composition change and evolve is critical to coalition effectiveness. This can occur through regular (annual or biannual) assessments so that the coalition can be responsive to the community in a proactive and effective manner (CADCA, 2006). Also, a community needs assessment is only part of the equation. The community must also have an appropriate level of readiness to ensure ownership and commitment to act on substance abuse issues.

## **Capacity**

### ***Early Stages of Development***

The creation and formation of a coalition requires substantial skill, energy, and commitment from a representative community, regardless of the targeted health or behavioral issue. This is particularly true in the formation stage, since various groups of people and organizations with different viewpoints and philosophies are asked to work together in new ways. However, a number of evidence-based practices have been reported in the literature to guide the early stages of coalition development (Butterfoss, Goodman, & Wandersman, 1993; Goodman, 1998):

- Every community has a unique history and context that must be considered in the development and implementation of a coalition—politics, economics, geography, leaders, and various sectors must all be considered (Goodman, 1998).
- Community mobilization for a coalition requires recruiting a critical mass of active participants, and engaging key community constituencies or sectors (Florin & Chavis, 1990).
- Coalitions should seek to consolidate local power and knowledge to address substance abuse and related health problems.

### ***Community Participation***

Coalition members should represent broad and relevant community sectors. Coalitions should seek to bring people together across social, economic, and political boundaries to address common community interest. Diverse membership contributes to collaborative endeavors, but participants must be on equal ground in order to reduce hierarchy (Lasker & Weiss, 2003). More diverse sector representation and increased diversity of membership has been associated with better outcomes for policy change (Hays et al., 2000).

In addition, most community substance abuse prevention coalitions also typically involve youth and parents. Both youth and parents can bring significant insight and understanding to the unique aspects of substance abuse in a community, as well as assist in engaging and promoting solutions and interventions for prevention. Usually, parents and youth also represent a part of the target population that the coalition is trying to affect or reach. Youth and parents represent a “critical” voice of the community who can assist in identifying and contributing to the vision and mission of a substance abuse prevention coalition.

Community coalitions usually involve youth in a variety of roles. Although there has been little research into the efficacy or impact of youth participation, it is reasonable to expect youth participation to have an effect on the individual, organization, and community. In addition, the youth themselves benefit from their involvement with community initiatives by strengthening their interpersonal competencies, social connectedness, and analytical and organizational skills (Checkoway & Richards-Schuster, 2003).

### ***Organizational Structures***

The organizational structure of the coalition evolves as the coalition grows and gains experience in community prevention. An essential element of an effective coalition is the creation of structures and operations that maximize community input and ensure goal attainment. In fact, coalitions may be more challenging than other organizations because they are typically voluntary, community-based, and susceptible to the “vote with your feet” phenomenon, whereby members show their dissatisfaction by not attending. Evidence-based practices that address structures can assist in effective coalition development (Butterfoss, Goodman, & Wandersman, 1993, 1996; Kegler, Steckler, McLeroy, & Malek, 1998):

- An effective coalition requires a strong and stable organizational structure that clarifies roles and procedures, and adequately addresses task and maintenance function (Florin, Mitchell, Stevenson, & Klein, 2000).
- An effective coalition creates a formalized set of structures and practices, such as written roles and procedures (e.g., bylaws), and maintains and distributes meeting minutes.
- The coalition should develop and maintain quality organizational management strategies such as effective communication, conflict resolution, perception of fairness, and shared decision making.
- High levels of coalition organizational effectiveness result in a positive work climate, higher member satisfaction and communication among committee members, linkages established with community organizations, and less conflict.
- Effective leadership, leadership development, and staff support are frequently identified as the most essential elements of an effective coalition. Effective leaders are open, task oriented, and supportive to the group.

### **Planning**

Regardless of the approach taken, many coalition members will come to the table with different levels of understanding of substance abuse and the basic planning process. For example, many may not be familiar with the inner workings of effective logic models. It is important to conduct some learning sessions to get everyone to the same baseline in their understanding of the planning process (CADCA, 2007).

A coalition should employ one or more of the well-established planning methods (Outcome-based Planning, SWOT, PIE, Proceed/Precede, Rolling Ball, etc.) in order to create an effective strategic plan. Although an excellent strategic plan does not assure effective actions and outcomes, it has been associated with positive outcomes. The coalition must develop an ongoing, strategic planning process that allows the coalition to know where they are and where they are going, how they are getting there, and how they will know when they arrive. To that end, a strategic planning process entails a number of critical steps that guide a coalition's work, as listed below (Drug Strategies, 2001; National Institute on Drug Abuse, 2003):

- A foundational element of creating a good strategic plan is the development of a clear coalition mission statement with consensus from the members.
- Conducting an initial community needs and asset assessment are essential for understanding the community issues and concerns (Kegler et al., 2000).
- Conducting periodic needs/assets assessment also continually grounds the strategic plan in the most current community needs and issues (Drug Strategies, 1996).
- The strategic plan should prioritize and clearly state coalition goals and objectives based on the needs/assets assessment.
- The plan should incorporate and deliver evidence-based programs and strategies logically linked to the goals and objectives.
- Using comprehensive programs and/or strategies that target multiple levels of substance abuse and related risk and protective factors (targeting multiple domains) is an effective planning method.
- A comprehensive strategic plan engages people, ideas, and resources to create a synergy of prevention efforts (Lasker & Weiss, 2003).
- The more community sectors represented, the higher the levels of collaboration, and the more comprehensive the prevention plan (Hays et al., 2000).
- Programs and strategies proposed in a plan should be based on evidence of effectiveness as well as being appropriate for the community setting (Florin & Chavis, 1990).
- Studies have reported that having paid staff and more members attending meetings led to more highly rated strategic plans (Florin et al., 2000).

## **Program Implementation**

Coalitions are relatively easy to start, but have difficulty becoming effective if they do not have the capacity (knowledge, skills, or resources) to attain their goals. Along with creating effective organizational structures, the organization's capacity to plan, manage, and implement prevention programs and policies is essential.

Research has linked a variety of organizational characteristics to successful implementation of prevention programming:

- leadership (Lempa et al., 2008)
- program goals/vision (MacDonald & Green, 2001)
- commitment (MacDonald & Green, 2001)
- size (Greenhalgh et al., 2004)
- skills for planning, implementation, and evaluation (Riley et al., 2001)
- climate (Glisson & Hemmelgarn, 1998)
- structure (Lempa et al., 2008)
- access to information on the programs to be implemented (Greenhalgh et al., 2004)

The coalition's strategic plan serves as its roadmap for coalition prevention strategies and actions. After the plan has been developed, accepted, and disseminated to the community, the coalition and affiliated individuals and organizations become the impetus to implement the plan, or to ensure that strategies are effectively implemented by other community organizations (Bracht, 1999; Butterfoss et al., 1993):

- Quality implementation requires an array of intervention strategies, and requires engaging key organization players, networks, and citizens in implementation (Florin et al., 2000; Hays et al., 2000).
- Programmatic capacity is important; for example, using programs with impact, getting others to implement them, and getting community support for programs demonstrates adequate programmatic capacity (Foster-Fishman et al., 2001).
- Programming should fit the community context because it is driven by community needs, and builds on community strengths and resources (Foster-Fishman et al., 2001).
- Programs must be culturally competent (Foster-Fishman et al., 2001).
- Greater member participation correlates with greater impact (Hays et al., 2000).
- Social climate, member knowledge and skills, and inter-organizational linkages lead to higher levels of prevention program implementation skills (Florin et al., 2000).
- Effective implementation is associated with better outcomes (Durlak & Dupre, 2008; Greenhalgh et al., 2005; Fixsen et al., 2005; Stith et al., 2006)
- Access to resources, social capital, communication channels, and existing networks provide reciprocal links, supportive interactions, new associations, and cooperative decision making when implementing prevention programs (Goodman, 1998).

Prevention providers and organizations implement new programs more effectively to the extent they fit within the organization's current mission, priorities, and existing practices (Durlak & DuPre, 2008). In addition, shared decision-making among prevention providers, researchers, administrators, and community members consistently leads to better program implementation (Mihalic et al., 2004; Riley et al., 2003). In fact, four comprehensive reviews of the literature on successful prevention program implementation all agree on the importance of 11 factors relating to organizations (Durlak & Dupre, 2008; Greenhalgh et al., 2005; Fixsen et al., 2005; Stith et al., 2006):

- funding
- a positive work climate
- shared decision making
- coordination with other agencies
- formulation of tasks
- leadership
- prevention program "champions"
- administrative support
- skills and proficiencies of the prevention providers
- training
- technical assistance

## **Evaluation**

The process of evaluation demonstrates the capacity of a coalition to observe, listen, and assess its progress and impact. Only through an ongoing reflective process can a coalition continue to respond to changing community needs. This process can be done through a variety of evaluative methods including

surveys, interviews, focus groups, and reviews of progress and milestones. Evidence-based practices that can be used for the assessment process include:

- Employing process evaluation data for coalition refinement that includes community input and understanding (Florin et al., 2000).
- Reflecting on the assumptions underlying ideas and actions, reasoning logically, assessing how the environment influences individual and social behavior, and growing in the ability to reflect and change over time (Goodman, 1998; Drug Strategies, 2001).
- Periodically conducting appropriate outcome and impact evaluations on coalition programs and strategies (National Institute on Drug Abuse, 2003; Center for Prevention Research and Development, 1996).
- Reviewing and updating the strategic plan to continually meet the changing community needs and context (National Institute on Drug Abuse, 2003; Center for Prevention Research and Development, 1996).

## Cultural Competency

Cultural competence cuts across all aspects of the SPF. According to the Community Anti-Drug Coalitions of America (CADCA), cultural competence affects all phases of coalition building, and is therefore included as one of the 15 core competencies for achieving community change. Every coalition needs to have a basic understanding of the key principles of cultural competence and how to integrate them into the coalition's work. This may be as simple as acknowledging community diversity, reaching out to diverse organizations, and inviting them to join the coalition. (CADCA, 2007).

Coalitions can incorporate cultural competence into their work through steps like the following (CADCA, 2007):

- Invest time and resources in training staff and volunteers in cultural competence.
- Carefully examine their structure, practices and policies to ensure that these elements truly facilitate effective cultural interactions.
- Display respect for differences among cultural groups
- Expand cultural knowledge and pay attention to the dynamics of culture.
- Solicit advice from diverse communities regarding all activities.
- Hire employees who respect unique aspects of different cultures.

Culture must be viewed as a key moderator of prevention intervention effectiveness (Guerra & Phillips-Smith, 2006). Cultural competence is more than just finding and implementing prevention programs that have been tested with certain cultural groups. Given the diversity of cultures within the United States, it would be impossible to develop and test interventions for all ethnic and cultural groups (Guerra & Knox, 2008). Likewise, it is virtually impossible and probably not even desirable to strive for perfect replication of model prevention programs across diverse cultures and settings (Guerra & Knox, 2008).

One way to incorporate cultural considerations is through program adaptation in order to maximize the comprehension and utilization of the intervention by different groups. One of the primary ways programs are culturally adapted is through language translation. Adaptation may also incorporate external characteristics of the culture, including colloquial expressions, relevant scenarios, food, music, etc. This type of program adaptation has been characterized as addressing *surface structure* (Wright & Zimmerman, 2006; Resnicow et al., 2000).

In addition, it is also important to consider whether the intervention is suited to important cultural, social, psychological, environmental, and historical factors that can influence risk and protective factors in the target population. These characteristics have been described as addressing *deep structure* (Wright & Zimmerman, 2006, Resnicow et al., 2000).

Thus, cultural competency is not just adapting programs to fit the culture, but directly addressing issues of culture as part of the intervention, so that culture becomes an asset to be enhanced by the intervention, not a distraction to be tolerated (Guerra & Knox, 2008).

Cultural competency also includes understanding the culture of the agency or organization, to determine whether a prevention program is a good match and will fit with the agency's worldviews and principles (Guerra & Knox, 2008). In addition, the culture of the agency must blend with the culture of the site where the program will be delivered (Guerra & Knox, 2008).

## **Sustainability**

Coalitions require a sustained community effort if they are to address complex health and behavioral issues such as substance abuse prevention. These efforts require attention not only to the health-related problem (substance abuse), but also to ensure that the coalition continues to maintain efforts until their goals and objectives are successfully attained. To help coalitions maintain their efforts, the following evidence-based practices are recommended (Kumpfer et al., 1993; Butterfoss et al., 1993; Drug Strategies, 2001; Nezelek & Galano, 1993):

- Develop and employ a process for leader succession and recruitment of new members.
- Provide recognition and renewal to coalition members to increase energy and reduce burnout (Chavis, 1995).
- Continuously integrate the coalition's goals and strategies into the missions of their own organizations (Florin et al., 2000).
- Develop diversified funding streams to ensure balance and commitment to coalition activities and actions (Center for Prevention Research and Development, 1996).

Regarding the cultural competency aspect of sustainability, CADCA (2007) suggests that sustaining initiatives to bring about population-level changes in substance abuse rates requires a strong coalition that can unite all sectors of a community. Coalitions must therefore clearly demonstrate that they have the commitment and participation of diverse sectors of the community population, especially those acutely affected by substance abuse.

Sustaining an initiative over time also requires a combination of diverse internal and external non-financial resources. Necessary internal resources include sound leadership; committed, well-trained partners and members; and strong administrative and financial management systems. Critical external resources include support from the public and other key stakeholders and the engagement of community-based organizations, parents, and other residents (CADCA, 2007).

## **Resources**

The following resources provide tools, instructions, and additional details for implementing each step of the Strategic Prevention Framework at the local level:

*Strategic Prevention Framework: Information Brief*, January 2005, Carnevale Associates (Darnestown, MD). Available online at [http://www.carnevaleassociates.com/CA\\_IB-SAMHSA\\_SPF\\_Overview.pdf](http://www.carnevaleassociates.com/CA_IB-SAMHSA_SPF_Overview.pdf)

*Preventing Underage Drinking: Using Getting To Outcomes™ with the SAMHSA Strategic Prevention Framework to Achieve Results*, 2007, RAND Corporation (Santa Monica, CA). Available online at [http://www.rand.org/pubs/technical\\_reports/TR403/](http://www.rand.org/pubs/technical_reports/TR403/)

*The Strategic Prevention Framework*, National Community Anti-Drug Coalition Institute (Alexandria, VA). Available online at [http://www.coalitioninstitute.org/SPF\\_Elements/SPFElementsHome.asp](http://www.coalitioninstitute.org/SPF_Elements/SPFElementsHome.asp)

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# Standards for the Strategic Prevention Framework (SPF)

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*Providers implementing the Strategic Prevention Framework (SPF) must*

1. Verify that the coalition they are working with is committed to implementing the SPF, which includes the following steps:

## **Assessment**

- Assess levels of local substance abuse-related problems using local data.
- Assess levels of contributing factors associated with substance abuse problems in the community.
- Build capacity for assessment.

## **Capacity Building**

- Build coalition's capacity in terms of leadership, membership, and infrastructure.
- Identify community assets and resources:
  - ▶ Gaps in services and capacity.
  - ▶ Readiness to act.
- Engage stakeholders in prevention (i.e., convene leaders and stakeholders and/or build coalitions; train community stakeholders, coalitions, and service providers; organize agency networks; leverage resources).
- Engage stakeholders in developing intentional strategies to sustain outcomes over time.

## **Planning**

Develops a community strategic plan that:

- Documents resources/strengths that exist in the community.
- Includes a logic model for substance abuse prevention which:
  - ▶ Identifies local problems.
  - ▶ Identifies local contributing factors.
  - ▶ Identifies evidence-based policies, programs and/or practices to be implemented.
  - ▶ Specifies performance measures and baseline data against which progress will be monitored.

## **Implementation/Evaluation**

- ▶ Monitoring progress of the strategic plan.
- ▶ Assessing outcomes over time.

2. Demonstrate that each CGP staff member assigned to the program activity completes the SAPP approved SPF professional development activity(ies).

3. Document in what way the CGP contributes to the COGs implementation of the SPF (specific ways they serve as a resource, expert, member, etc to implement the process).
  - Working directly on one (or more) of the steps when the CGP is acting as a member of the group.
  - Providing TA to the group to implement the steps (provide tools, provide step by step guidelines to do each step, offer feedback, build capacity for each step) when the CGP is not a member of the group, but a TA provider.
  - The work of the CGP **cannot** be exclusively focused on the coalition capacity building stage of the SPF.
  
4. Demonstrate that decisions about future contributions to the group are based on the effort and progress of the group to fully implement the SPF.
  - The CGP will discontinue working with a group (under this program activity) if a community strategic plan is not written within 2 years of securing commitment from the group to implement the SPF.