

## Handout 20



# Glossary of Strategic Prevention Framework Terms

### **Advisory Group**

Broadly speaking, the state Advisory Group is the body that is responsible for implementing the SFP SIG grant. The SPF SIG advisory council will be the Advisory Group for the state epidemiological work group. This group should have strong connections to the governor's office, focus on the community as well as the state perspective, integrate issues of diversity and cultural competence, and focus on moving the process along.

### **Casual Factors/ Intervening Variables**

Causal factors or intervening variables are factors that have been identified as being strongly related to substance abuse consequences, and can influence the occurrence and magnitude of substance use and consequences. In the case of the consumption pattern: adolescent binge drinking and the consequences: alcohol poisoning and motor vehicle fatalities, potential causal factors could be: perception of risk and harm of binge drinking, availability, promotion and price of alcohol, social access to and social norms around alcohol, and enforcement of underage drinking policies.

### **Community Level Logic Model**

A community level logic model is a conceptual framework for intervention in a community. In the context of SPF SIG, the community logic model will contain the state identified substance related consequences and consumption patterns, as well as state and locally defined casual factors and related strategies chosen to impact the identified substance related problem.

### **Consequences**

The consequences of substance abuse are the social, economic, and health problems associated with the use of alcohol, tobacco, and drugs. Any social, economic, or health problem can be defined as a substance related consequence if the use of alcohol, tobacco, or drugs increases the likelihood of the problem occurring. Some examples include: the increased risk of a traffic crash when the driver has been drinking or the increased risk of lung cancer among long-term, heavy smokers.

### **Consumption Patterns**

Consumption patterns are the way in which groups of people use alcohol, tobacco or drugs. Examples of consumption patterns include underage binge drinking, heavy drinking among pregnant women, and the mixing of alcohol with prescription drugs in elderly populations. These consumption patterns can be linked to substance related consequences such as alcohol related car crashes, fetal alcohol syndrome, and unintentional poisoning.

## **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, 2002)

## **Epidemiology**

Epidemiology is the study of the distribution and determinants of disease within a population. In the context of the SPF SIG, an epidemiological study will be conducted by the State Epidemiological Workgroup (SEW) to consider multiple causal factors for whole groups of people (e.g., neighborhoods, gender groups) and determine where to intervene based on need and capacity within communities.

## **Evidence-Based Programming**

CSAP’s Evidence Based Workgroup has identified guidelines for practitioners in evaluating the evidence base of programs, policies, and practices when selecting strategies to address the alcohol, tobacco, or drug problem(s) of their communities. The guidelines describe the following as examples of evidence based programming:

- Interventions that appear in “evidence based” or “best practices” registries. These interventions generally include curricula tested in a highly controlled research setting with an experimental design including randomized control trials. However, quasi-experimental designs for interventions where randomization is not possible, such as policy interventions, can also be recognized as “evidence based”.
- Primary research literature and journal articles on an area of research appropriate to the problem can also be a source of evidence based programming. This allows for access to interventions that may not have made it into registries as of yet. Assessing the appropriateness and relevance of the literature however requires a certain level of knowledge about the advantages and disadvantages of research design and interpretation of results.
- Local planners and implementers may also need to use their professional judgment and knowledge of communities to adapt or even develop an intervention to meet specific needs based on clear and logical arguments that are grounded in research. An example could be a program that was locally developed and implemented based on an established theory of behavior change which has collected data over time on multiple implementations of the intervention.

## **Outcome-Based Prevention**

Outcome based prevention focuses on starting with the end in mind. Initially, the state or community must consider what change they hope to create and then how to accomplish that. Outcome based prevention requires an understanding of the nature and extent of substance consumption and consequences in order to determine prevention priorities and align strategies to address them.

## **Population-Level Outcomes**

The focus on population level outcomes in the SPF is a shift from traditional prevention models which evaluate individual program outcomes as a measure of success. This model requires the use of policies, practices, and programs to create change at the population level in an alcohol or drug related problem within a community.

## **Program-Level Logic Models**

For each selected strategy chosen to address the substance related problem, communities will develop a program level logic model delineating program goals, target

population, strategies of implementation, short and long term outcomes (or inputs, outputs, strategies, short and long term goals).

### **Public Health**

Public health is community health. The mission of public health is to "fulfill society's interest in assuring conditions in which people can be healthy." The three core public health functions are:

- The assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities;
- The formulation of public policies designed to solve identified local and national health problems and priorities;
- To ensure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services, and evaluation of the effectiveness of that care.

### **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. The classic public health model considers the interactions between the agent, host, and environment. In substance abuse prevention, the agent is alcohol or drugs; or the sources, supplies, and availability of alcohol and drugs. Hosts can be seen as the potential and/or active substance users. The environment is the broad social climate that encourages and supports the potential and/or actual use of substances. This environment includes norms and sanctions that define acceptable and unacceptable substance use. The public health model posits that each of these factors—the agent, host, and environment—be addressed together for prevention to be effective.

### **State Epidemiological Workgroup**

The state is required to fund a State Epidemiological Workgroup (SEW) for at least \$150,000 per year for each of the five years of the SPF SIG grant.

- The SEW should be an active, working group that will review information/data to help inform planning for the state and provide support to the Advisory Group.
- The primary responsibility of the SEW is to supply and help analyze the data needed to describe the needs and resources in Step One (Assessment) of the SPF.
- As an essential element in the promotion of data-driven decision making at the state and local level, the SEW is charged with identifying and describing substance abuse-related problems and their link to patterns of consumption.
- To support the work of the SEW, SAMHSA has posted national, state, and when available, local county data on its website.

### **Strategic Prevention Framework**

The Strategic Prevention Framework (SPF) is a prevention planning process that is data driven and consists of five interactive steps including: 1) Profiling needs, readiness, resources and resource gaps, 2) Capacity Building 3) Planning 4) Implementation and 5) Evaluation.

- The purpose of SPF is to provide a consistent framework or a process for doing prevention work at either the state or the local level.

- SPF is being promoted as a SAMHSA-wide process that is to apply to all activities funded by its three centers: CSAP, CSAT and CMHS.
- The five-step process was developed with assistance from the field's leading evaluators and constituent groups, including CADCA, NPN, the CAPTs, and Drug-Free Communities grantees.

### **Sustainability**

Sustainability is 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.

### **Sources**

CSAP's Northeast Center for the Application of Prevention Technologies (2005). Draft: Strategic Prevention Framework Training of Trainers: Pilot Training, Newton, MA.

CSAP's Evidence-Based Workgroup. (2006). Draft: Guidelines for Evidence-Based Programming.

Health Resources & Services Administration/Department of Health & Human Services, prepared by Lewin Group, Inc. (2002). HRSA/DHHS Indicators of Cultural Competence in Healthcare Delivery Organizations: An Organizational Cultural Competence Assessment Profile.