

# Substance Use and Misuse Prevention Skills Training (SUMPST)

## Module 2:

### Strategic Prevention Framework (SPF): Cultural Competence, Assessment, and Capacity



# SAMHSA'S Strategic Prevention Framework (SPF) Guiding Principle: Cultural Competence

**One of the guiding, cross-cutting principles of the Strategic Prevention Framework (SPF) is cultural competence.** As prevention professionals plan for their work, culture must be considered at each step along the way. This helps to ensure that members of diverse population groups can actively participate in, feel comfortable with, and benefit from prevention practices.<sup>10</sup>

Culture is defined by a community or a society. It structures the way people view the world. Culture involves the particular set of beliefs, norms, and values concerning the nature of relationships, the way people live their lives, and the way people organize their environments. Culture is a complex and rich concept. Understanding culture requires a willingness to examine and grasp its many elements and to comprehend how they come together.

**SAMHSA has identified the following cultural competence principles for prevention planners:**

- Include the target population in all aspects of prevention planning
- Use a population-based definition of community, in other words let the community define itself
- Stress the importance of relevant, culturally appropriate prevention approaches
- Employ culturally competent evaluators
- Promote cultural competence among program staff, reflecting the communities they serve”<sup>10</sup>

**Cultural competence can be viewed along a continuum.**

- **Cultural Destructiveness:** Attitudes and practices are destructive to a cultural group.
- **Cultural Incapacity:** The ability to respond effectively to the needs, interests, and preferences of culturally diverse groups is lacking.
- **Cultural Blindness:** The philosophy that one views and treats all people as the same.
- **Cultural Pre-Competence:** Awareness of strengths and areas for growth to respond effectively to culturally and linguistically diverse populations.
- **Cultural Competence:** Acceptance and respect for culture is consistently demonstrated in policies, practices, and attitudes.
- **Cultural Proficiency:** Culture is held in high esteem and used as a foundation to guide all endeavors.



# Features of the SPF

## **Dynamic**

Assessment is the beginning of the SPF, but planners will revisit this step over and over again as needs change. Communities may engage in activities related to multiple steps at the same time. For example, prevention providers may need to find additional capacity to support implementation once a program has already begun. This is why the SPF is a circle, and not a linear model of practice.

## **Data-driven**

Data is gathered and analyzed to guide all prevention decisions. These decisions include things like deciding which substance to address, choosing the most effective ways to address them, and determining whether or not progress is being made.

## **Focused on population level change**

Effective prevention means implementing multiple strategies that address multiple risk factors/intervening variables in any community to create an environment that helps support healthy decision making.

## **Relies upon and encourages a team approach**

Each step of the SPF relies and benefits from the participation of diverse community partners, which change over time as needs change.

## **Intended to guide prevention efforts for people of all ages**

The SPF challenges people to look at substance use and misuse among populations that are often overlooked, but at significant risk such as young adults ages 18-25 or adults ages 65 and older.

# Five Steps of the SPF

## Step One: Assessment

**The purpose of assessment is to gather information and garner understanding about local prevention needs.** The data must come from a variety of sources. This helps prevention professionals to identify and prioritize the substance misuse issues most prevalent in their community. Through this data, the impact these problems can have on the community becomes more clear, and readiness to address the issue can be assessed. Required resources will be determined during this step, as well.

**The data gathered should be about each of the following points:**

### The nature of the substance misuse problem in the community, and the related harmful behaviors.

Substance misuse problems are characterized by behavior patterns that describe how substances are misused. An example may be binge drinking.

In turn, substance misuse problems may also lead to other harmful behaviors such as driving under the influence of alcohol or other drugs.

**Providers may ask the following questions:**

- What substance misuse problems and related harmful behaviors are occurring in this community?
- How often are these problems and behaviors occurring?
- Where are they occurring?
- Who is experiencing more of these problems and behaviors? (Males, females, youth, adults, members of certain cultural groups?)

**Look for existing data:** Start by looking at state and local data already collected by others, such as hospitals, law enforcement, community organizations, state agencies, health departments, schools, etc.

**Look closely at existing data:** Examine the quality of the data you've found, discard data that isn't useful and create a list of data you feel confident with using.

**Identify gaps:** Examine your list and determine whether you are missing information. This could include information about a problem, behavior, or population group.

**Collect new data to help fill any gaps:** If something is missing, determine the best way to get the information. This may include surveys, focus groups, and key informant interviews.

- Quantitative data shows HOW OFTEN an event or behavior occurs or to what degree it exists.
- Qualitative data explains WHY people behave or feel the way they do

## Risk and protective factors that may influence the issue, particularly those of high priority.

**Risk factors** (Intervening variables) increase the chance that certain issues will occur. These may include:

- Low perception of harm from prescription drug use.
- Social norms that accept prescription drug misuse.
- Easy retail access to substances.
- No laws/enforcement around storage or disposal of substances.
- Easy social access.
- Low or insufficient adult monitoring of prescription drugs around youth.

**Protective factors** reduce the likelihood that certain issues will occur. Keep in mind it's not "all or nothing."

- Support for learning.
- Positive teacher support.
- High academic standards.
- Self-efficacy.
- Reliable support and discipline from caregivers.
- Supportive relationships with family members.
- Opportunities to belong.
- Future orientation.

## Community capacity, or readiness and available resources for prevention.

Assessing community capacity is a key part of the planning process. Capacity for prevention includes both resources and readiness.

### **Resources**

- People
- Specialized knowledge and skills
- Community connections
- Supplies
- Community awareness
- Existing efforts or policies to address the issues.

### **Readiness**

- Knowledge of the substance misuse problem
- Existing efforts to address the issue
- Availability of local resources
- Support from local leaders
- Community attitudes toward the problem

# Cultural Considerations in Assessment

**Work with the community**

---

**Use a culturally competent evaluator for assessment**

---

**Ensure a mechanism for collecting cultural competence related information**

---

**Gain approval of the community for data collection and analysis**

---

**Ensure that data is culturally responsible and appropriate**

---

**Create a process for identifying culturally relevant intervening variables and other underlying conditions**

---

**Formulate culturally-based assumptions of change, identified from the community's perspective**

---

## Step Two: Building Capacity

In the capacity building process, local resources are mobilized and the community's readiness to address the issues is determined. Step one, assessment, saw prevention professionals taking inventory of what was available in their community. In step two, building capacity, they ensure that the community is ready to take on the issues and create positive change.



**Resources** refers to programs, people, organizations, money, and expertise that a community has to address substance misuse issues.

**Readiness** measures how ready a community/group is to accept that a substance misuse problem exists, needs to change, and how willing they are to take action to change the problem.

## Self-Reflection

**Capacity can be built through fiscal, human, and organizational means.** Read the description, and list a few resources of each type in your own community.

**Fiscal:** Refers to the money that communities can bring to prevention efforts, as well as other things that cost money but can be obtained for free. Grants/donations, Promotion/Advertising

**Human:** Refers to the people who could assist with prevention in some way  
Staff, Consultants/Volunteers, Stakeholders

**Organizational:** Refers broadly to the structures within an organization and can include vision and mission statements, Organizational policies

# Three Strategies for Building Local Capacity for Prevention

## 1. Engage diverse community stakeholders

**It is important to build relationships with stakeholders throughout the community who support prevention efforts as well as engaging those who do not.** People will vary in their interest and ability to get involved.

Substance misuse is a complex behavioral health problem, and addressing it requires energy, expertise, and experience from multiple partners across different disciplines. Involving community members in prevention programming gives them a sense of investment and can lead to more positive outcomes.

### **Some potential sectors to recruit from may include:**

- Treatment providers
- Law enforcement
- Health care providers
- Local government
- Youth-serving agencies
- Local businesses
- Universities
- Neighborhood associations
- Faith-based communities

### **To invite people or organizations to participate in prevention efforts, prevention planners can try:**

- Call known contacts that may have overlapping interests
- Attend and speak up at community events
- Ask partners to reach out to their contact list
- Keep stakeholders informed about progress and future activities
- Anticipate roadblocks and address them as they arise
- Meet face-to-face (whenever possible)
- Make specific requests for involvement

## Levels of Involvement <sup>3</sup>

Different sectors and stakeholders may want or need to be involved in your prevention activities to different degrees. The following is a table showing examples of different degrees, or levels, of involvement.

Level	Expression	Examples
<b>No Involvement</b>	“You do your thing; we’ll do ours.”	Stakeholders engage in separate activities, strategies, and policies.
<b>Networking</b>	“Let’s talk and share information.”	Stakeholders share what they are doing during an interagency networking meeting; talk about community issues in which they all have a stake; or communicate with other organizations about existing programs, activities, or services.
<b>Cooperation</b>	“I’ll support your program, and you’ll support mine, or we can even co-sponsor one.”	Partners publicize each other’s programs in organization newsletters, write letters in support of each other’s grant applications, co-sponsor trainings or professional development activities, and/or exchange resources such as printing or meeting space.
<b>Coordination</b>	“Let’s partner on an event.”	Stakeholders serve together on event planning committees or community boards, or implement programs or services together.
<b>Collaboration</b>	“Let’s work together on a comprehensive plan to address the issue; after all, our missions overlap.”	Participating organizations create formal agreements including memoranda of understanding or formal contracts, developing common data-collection systems across organizations and community sectors, partnering on joint fundraising efforts, pooling fiscal or human resources, or creating common workforce training systems.

## Self-Reflection

**Who might be involved at the following levels in your community?**

Networking \_\_\_\_\_

Cooperation \_\_\_\_\_

Coordination levels \_\_\_\_\_

Full collaborator \_\_\_\_\_

Other: \_\_\_\_\_

**What might you do if someone doesn’t have time to join your meetings?**

\_\_\_\_\_

## 2. Develop and Strengthen a Prevention Team

**The prevention team should include representatives from those community sectors that are most directly connected to the success of the prevention initiative.** Prevention programs would be well-served to have a variety of individuals from the sectors mentioned previously. Planners should be deliberate in their team planning. Be clear about the purpose of the work, determine how goals will be measured, and establish clear guidelines for all involved.

Use a variety of strategies to train the team on the evidence-based practices that prevention programming will follow in order to be successful. Speakers and group trainings are just two examples of how to train a prevention collaborative.

Monitor and improve the group processes and structure, if needed. Discuss openly what the expectations are, and who will be responsible for various tasks. Establish open lines of communication with all members of the team.

## 3. Engage Stakeholders: Raise Community Awareness

**The following list includes six strategies for raising community awareness.**

- **Meet** with public opinion leaders
- **Ask** stakeholders to share information in their own meetings
- **Submit** articles to local newspapers, church bulletins, newsletters, etc.
- **Share** information on relevant websites and social media
- **Host** community events to share information about and discuss the issue(s).
- **Convene** listening sessions or focus groups to get input on plans.

## Self-Reflection

### Improving Readiness

What information would the stakeholder/sector need to know to increase their awareness of the problem and improve their level of readiness? (e.g., data on the problem, information about prevention)

---

How would you get information to the stakeholder/sector? (e.g., public event, flyer, media, social media)

---

When would you get information to the stakeholder/sector? (e.g., when new data about the problem is available, when resources are needed)

---

## Cultural Considerations in Capacity

Examine community resources and readiness: \_\_\_\_\_

Provide a safe and supportive environment for all participants: \_\_\_\_\_

Examine the breadth and depth of cultural competence: \_\_\_\_\_

Check cultural representation (language, gender, age): \_\_\_\_\_

Develop policies to improve cultural competence: \_\_\_\_\_

Ensure that tools and technology are culturally competent: \_\_\_\_\_