Prevention Guide

Iowa Department of Health and Human Services
Division of Behavioral Health

2025

IOWA
Health and
Human Services

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Preface

Welcome to the field of prevention. The Iowa Department Health and Human Services (Iowa HHS) congratulates your agency for embarking on the journey toward creating a healthy Iowa by reducing substance misuse and problem gambling. The 2025 Prevention Guide provides foundational instruction and best practices for implementing prevention services throughout the state. This tool should be maintained at your agency to ensure adherence to each component provided within this document.

The 2025 Prevention Guide offers comprehensive instruction related to program performance standards for service availability and delivery, personnel onboarding and development trainings, record keeping, and data reporting. Throughout this guide, you will find useful tips and tools to support both newcomers to the field and experienced prevention specialists in developing and implementing evidence-based practices. Each component of this guide has been carefully drafted to assist your agency each step of the way.

Note: Throughout the Prevention Guidance, the term "substance misuse" will refer to alcohol, other drugs (legal and illegal), and tobacco.

Foreword

Story of the River

This story is often used to illustrate the role of prevention specialists:

Two friends, Susan and Fernando, are fishing on a river when Fernando looks upriver and sees a man in the water. He is struggling to stay afloat, so Fernando drops his fishing pole and pulls the man out of the water. The man is sputtering and cold, and Susan calls an ambulance on her cell phone to take him to a hospital. Susan and Fernando go back to fishing. Pretty soon they look upriver again and see a woman in the water. She is struggling, too, so Fernando drops his fishing pole again and pulls the woman out of the water.

She is not in very good shape, so Susan calls another ambulance to take her to a hospital. The friends return to fishing when they look upriver and see a whole group of people in the water. They are struggling to stay afloat and look like they are dragging each other down. Fernando drops his fishing pole and starts hauling people out of the water. He looks up and sees Susan walking away, upriver. He calls to her to come help pull people out of the river, and Susan responds that she is going upriver to find out why all the people are ending up in the water.

What prevention is:

We go upriver to find out what contributes to people misusing substances or experiencing issues related to problem gambling. We want to know exactly what is causing people to fall into the river, which may be different from river to river. Perhaps we go upstream—like Susan—and find that a fence to keep people away from the river has fallen and needs to be rebuilt. Maybe we find a slippery slope running into the river and can plant vegetation to prevent people from falling down the banks. Perhaps we find a big sign announcing, “The water’s great; jump in!” and we can take the sign down and replace it with a warning. We in prevention work to discover what is causing people to misuse substances or engage in high-risk gambling activities in our community, and then we work to reduce those risks and to build protections against substance misuse and/or problem gambling.

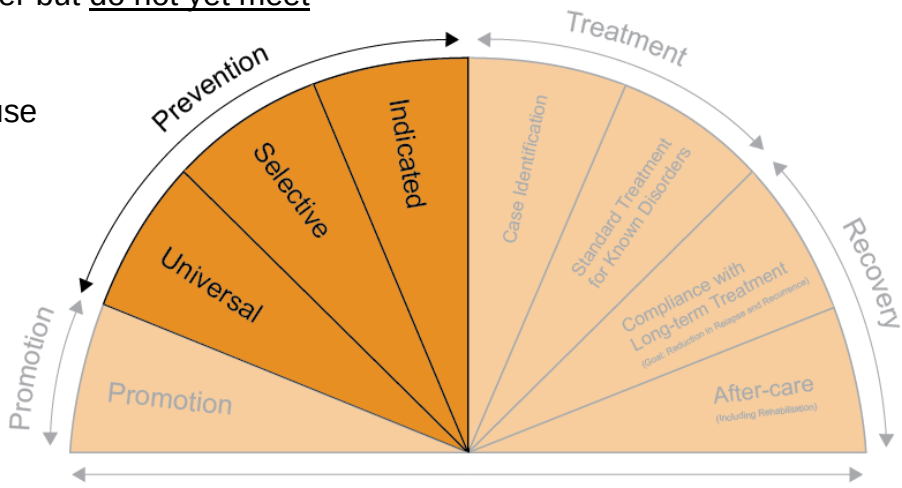
Source: Introduction to the field of prevention, The Athena Forum by the Washington State Health Care Authority/Division of Behavioral Health and Recovery, 2025 (https://theathenaforum.org/introduction-prevention)

Definition of Primary Prevention/Continuum of Care

The term primary prevention refers to prevention services that are directed toward people who do not need treatment. Primary prevention should include a variety of strategies that prioritize populations and populations of focus with different levels of risk. Practitioners need to provide services in each of the Institute of Medicine (IOM) Model classifications (see below), which categorize prevention interventions by population of focus. The definitions for these population classifications are:

- **Universal:** The general public or a whole population group that has not been identified based on individual risk.
    - Universal Direct: Interventions directly serve an identifiable group of participants who have not been identified based on individual risk.
    - Universal Indirect: Interventions support population-based programs and environmental strategies.
- **Selective:** Individuals or a subgroup of the population whose risk of developing a disorder is significantly higher than average.
- **Indicated:** Individuals in high-risk environments who have minimal but detectable signs or symptoms foreshadowing disorder or have biological markers indicating predispositions for disorder but do not yet meet diagnostic levels.

> **"The term primary prevention refers to prevention services that are directed to people who do not need treatment."**



According to the Substance Abuse Mental Health Services Administration (SAMHSA), a comprehensive approach to behavioral health also means seeing prevention as part of an overall continuum of care. The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:

- **Promotion**: These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.
- **Prevention**: Delivered prior to the possible onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription medication misuse, illicit drug misuse, and/or problem gambling.

- **Treatment**: These services are for people diagnosed with a substance misuse, problem gambling, or other behavioral health disorders.
- **Recovery**: These services support individuals' abilities to live productive lives in the community and can often help with abstinence.

*Source: Substance Abuse and Mental Illness Prevention, Substance Abuse and Mental Health Services Administration, 2025 (*https://www.samhsa.gov/prevention*)*

Prevention Specialist

A prevention specialist is "a professional who uses a specialized set of knowledge, experience, training and skills to encourage healthy attitudes and behaviors which prevent the abuse of alcohol, tobacco and other drugs. The role of the prevention specialist, as defined by the six Prevention Performance Domains (see below), is to empower individuals and communities to assess needs and to develop and implement strategies that effectively meet those needs."

Source: Application Handbook for Certified & Advanced Certified Prevention Specialists, Iowa Board of Certification, December 2019 (https://iowabc.org/wp-content/uploads/2021/02/cps-acps_handbook.pdf)

Foundational Skills | Prevention Performance Domains

The International Certification and Reciprocity Consortium (IC&RC) has worked with subject matter experts in the field to identify the critical tasks, knowledge, and skills needed for working as a community prevention specialist. These essential functions are broken down into six domains:

Domain 1: Planning and Evaluation
Domain 2: Prevention Education and Service Delivery
Domain 3: Communication
Domain 4: Community Organization
Domain 5: Public Policy and Environmental Change
Domain 6: Professional Growth and Responsibility

Source: Application Handbook for Certified & Advanced Certified Prevention Specialists, Iowa Board of Certification, December 2019 (https://iowabc.org/wp-content/uploads/2021/02/cps-acps_handbook.pdf)

The following, shared from the Iowa Board of Certification, are key tasks for each domain:

Domain 1: Planning and Evaluation

- Determine the level of community readiness for change.
- Identify appropriate methods of gathering relevant data for prevention planning.
- Identify existing resources available to address the community needs.
- Identify gaps in resources based on the assessment of community conditions.
- Identify the target audience.
- Identify factors that place people in the target audience at greater risk for the identified problem.
- Identify factors that provide protection or resilience for the target audience.
- Determine priorities based on a comprehensive community assessment.
- Develop a prevention plan based on research and theory that addresses community needs and desired outcomes.

- Select prevention strategies, programs, and best practices to meet the identified needs of the community.
- Implement a strategic planning process that results in the development and implementation of a quality strategic plan.
- Identify appropriate prevention program evaluation strategies.
- Administer surveys or pre- or post-tests at work plan activities.
- Conduct evaluation activities to document program fidelity.
- Collect evaluation documentation for process and outcome measures
- Evaluate activities and identify opportunities to improve outcomes
- Utilize evaluation to enhance the sustainability of prevention activities.
- Provide applicable work groups with prevention information and other support to meet prevention outcomes.
- Incorporate cultural responsiveness into all planning and evaluation activities.
- Prepare and maintain reports, records, and documents pertaining to funding sources.

Domain 2: Prevention Education and Service Delivery

- Coordinate prevention activities.
- Implement prevention education and skill development activities appropriate for the target audience.
- Provide prevention education and skill development programs that contain accurate, relevant, and timely content.
- Maintain program fidelity when implementing evidence-based practices.
- Serve as a resource to community members and organizations regarding prevention strategies and best practices.

Domain 3: Communication

- Promote programs, services, and activities, and maintain good public relations.
- Participate in public awareness campaigns and projects relating to health promotion across the continuum of care.
- Identify marketing techniques for prevention programs.
- Apply principles of effective listening.
- Apply principles of public speaking.
- Employ effective facilitation skills.
- Communicate effectively with various audiences.
- Demonstrate interpersonal communication competency.

Domain 4: Community Organization

- Identify the community demographics and norms.
- Identify a diverse group of stakeholders to include in prevention programming activities.
- Build community ownership of prevention programs by collaborating with stakeholders when planning, implementing, and evaluating prevention activities.
- Offer guidance to and community members in mobilizing for community change.
- Participate in creating and sustaining community-based coalitions.
- Develop or assist in developing content and materials for meetings and other related activities.
- Develop strategic alliances with other service providers within the community.
- Develop collaborative agreements with other service providers within the community.

- Participate in behavioral health planning and activities.

Domain 5: Public Policy and Environmental Change

- Provide resources, trainings, and consultations that promote environmental change.
- Participate in enforcement initiatives to affect environmental change.
- Participate in public policy development to affect environmental change.
- Use media strategies to support policy change efforts in the community.
- Collaborate with various community groups to develop and strengthen effective policy.
- Advocate to bring about policy and/or environmental change.

Domain 6: Professional Growth and Responsibility

- Demonstrate knowledge of current prevention theory and practice.
- Adhere to all legal, professional, and ethical principles.
- Demonstrate cultural responsiveness as a prevention professional.
- Demonstrate self-care consistent with prevention messages.
- Recognize the importance of participation in professional associations locally, statewide, and nationally.
- Demonstrate the responsible and ethical use of public and private funds.
- Advocate for health promotion across the lifespan.
- Advocate for healthy and safe communities.
- Demonstrate knowledge of current issues of addiction.
- Demonstrate knowledge of current issues of mental, emotional, and behavioral health.

Source: Application Handbook for Certified & Advanced Certified Prevention Specialists, Iowa Board of Certification, December 2019 (https://iowabc.org/wp-content/uploads/2021/02/cps-acps_handbook.pdf)

Ethics

According to the Iowa Board of Certification (IBC), “All prevention specialists must subscribe to the IBC Code of Ethics upon application for certification. The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals’ recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.”

Iowa’s Code of Ethics for Prevention Specialists is guided by six principles:

- Non-Discrimination
- Competency
- Integrity
- Nature of Services
- Confidentiality
- Ethical Obligations for Community and Society

Iowa's Prevention Specialists follow the Prevention Think Tank Code of Ethics, as recommended by the IC&RC.

Prevention Think Tank Code of Ethical Conduct Preamble

The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.
Principles

I. *Non-Discrimination*

Prevention professionals shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, age, sexual orientation, education level, economic or medical condition, or physical or mental ability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.

II. *Competence*

Prevention professionals shall master their prevention specialty's body of knowledge and skill competencies, strive continually to improve personal proficiency and quality of service delivery, and discharge professional responsibility to the best of their ability. Competence includes a synthesis of education and experience combined with an understanding of the cultures within which prevention application occurs. The maintenance of competence requires continual learning and professional improvement throughout one's career.

a. *Prevention professionals should be diligent in discharging responsibilities. Diligence imposes the responsibility to render services carefully and promptly, to be thorough, and to observe applicable standards.*
b. *Due care requires prevention professionals to plan and supervise adequately, and to evaluate any professional activity for which they are responsible.*
c. *Prevention professionals should recognize limitations and boundaries of their own competence and not use techniques or offer services outside those boundaries. Prevention professionals are responsible for*

assessing the adequacy of their own competence for the responsibility to be assumed.

d. *Prevention professionals should be supervised by competent senior prevention professionals. When this is not possible, prevention professionals should seek peer supervision or mentoring from other competent prevention professionals.*
e. *When prevention professionals have knowledge of unethical conduct or practice on the part of another prevention professional, they have an ethical responsibility to report the conduct or practice to funding, regulatory, or other appropriate bodies.*
f. *Prevention professionals should recognize the effect of impairment on professional performance and should be willing to seek appropriate treatment.*

III. Integrity

To maintain and broaden public confidence, prevention professionals should perform all responsibilities with the highest sense of integrity. Personal gain and advantage should not subordinate service and the public trust. Integrity can accommodate the error and the honest difference of opinion. It cannot accommodate deceit or subordination of principle.

a. *All information should be presented fairly and accurately. Prevention professionals should document and assign credit to all contributing sources used in published material or public statements.*
b. *Prevention professionals should not misrepresent either directly or by implication professional qualifications or affiliations.*
c. *Where there is evidence of impairment in a colleague or a service recipient, prevention professionals should be supportive of assistance or treatment.*
d. *Prevention professionals should not be associated directly or indirectly with any service, product, individual, or organization in a way that is misleading.*

IV. Nature of Services

Practices shall do no harm to service recipients. Services provided by prevention professionals shall be respectful and non-exploitive.

a. *Services should be provided in a way that preserves and supports the strengths and protective factors inherent in each culture and individual.*
b. *Prevention professionals should use formal and informal structures to receive and incorporate input from service recipients in the development, implementation, and evaluation of prevention services.*
c. *Where there is suspicion of abuse of children or vulnerable adults, prevention professionals shall report the evidence to the appropriate*

agency.

V. *Confidentiality*
Confidential information acquired during service delivery shall be safeguarded from disclosure, including—but not limited to—verbal disclosure, unsecured maintenance of records or recording of an activity or presentation without appropriate releases. Prevention professionals are responsible for knowing and adhering to the State and Federal confidentiality regulations relevant to their prevention specialty.

VI. *Ethical obligations for Community and Society*

According to their consciences, prevention professionals should be proactive on public policy and legislative issues. The public welfare and the individual's right to services and personal wellness should guide the efforts of prevention professionals to educate the public and policymakers. Prevention professionals should adopt a personal and professional stance that promotes health.

"Iowa HHS expects that all prevention professionals will adhere to this ethical code of conduct, regardless of certification status. It is also expected that prevention specialists will receive both initial and ongoing training (a minimum of at least every two years) in ethics as it relates to work in substance misuse prevention and/or problem gambling."

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Source: SAM|HSA's Center for the Application of Prevention Technologies July 2018 (downloaded from the Prevention Technology Transfer Center Network) (https://pttcnetwork.org/wp-content/uploads/2021/01/Ethics-in-Prevention_Handouts-Packet.pdf)

Certified Prevention Specialists in Iowa

The Iowa Board of Certification (IBC) is the credentialing body for Certified Prevention Specialists in the state. According to their website, "The Iowa Board of Certification (IBC) grants certification to persons who have met certain standards defined by the organization. Certification is designed to promote and maintain integrity and quality of substance misuse, problem gambling, and other behavioral health professionals."

Why does certification matter?

- Certification increases professionalism in the field.
- Certification marks the professionals who are specialists in their field.
- Certified professionals may be recognized in state and national insurance legislation, Federal Department of Transportation regulations, and agency staffing requirements.
- Certified professionals may receive opportunities for peer networking and involvement in IBC-sponsored education, conferences, and committee work.
- Most employers require certification for employment.
- If certified at a reciprocal level, professionals are free to move to another state or country that uses IC&RC credentials and receive certification in the new location.
- Iowa HHS grants may require certification.

Learn more about becoming a Certified Prevention Specialist. Visit the Iowa Board of Certification's website at https://iowabc.org/.

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Introduction to the Strategic Prevention Framework

According to SAMHSA, the "Strategic Prevention Framework (SPF) is a planning process for preventing substance misuse and/or problem gambling. The five steps and two guiding principles of the SPF offer prevention professionals a comprehensive process for addressing the substance misuse and/or problem gambling and related behavioral health problems facing their communities. The effectiveness of the SPF begins with a clear understanding of community needs and involves community members in all stages of the planning process."

Framework Overview

Before looking closely at each of the SPF steps, it is important to understand some guiding principles and features that are distinctive to the SPF and are essential to implementing the process with fidelity.

The SPF is:

Data-driven: Good decisions require data. The SPF is designed to help practitioners gather and use data to guide all prevention decisions—from identifying which substance misuse and/or problem gambling issues to address in their communities to choosing the most appropriate ways to address those problems. Data also helps practitioners determine whether communities are making progress in meeting their prevention needs.

Dynamic: Assessment is more than just a starting point. Practitioners will return to this step again and again: as the prevention needs of their communities change and as community capacity to address these needs evolve. Communities may also engage in activities related to multiple steps simultaneously. For example, practitioners may need to find and mobilize additional capacity to support implementation after an intervention is underway. For these reasons, the SPF is a circular, rather than a linear, model.

Focused on population-level change: Earlier prevention models often measured success by looking at individual program outcomes or changes among small groups. But effective prevention means implementing multiple strategies that address the constellation of risk and protective factors in each community. In this way, we are more likely to create an environment that helps people support healthy decision-making.

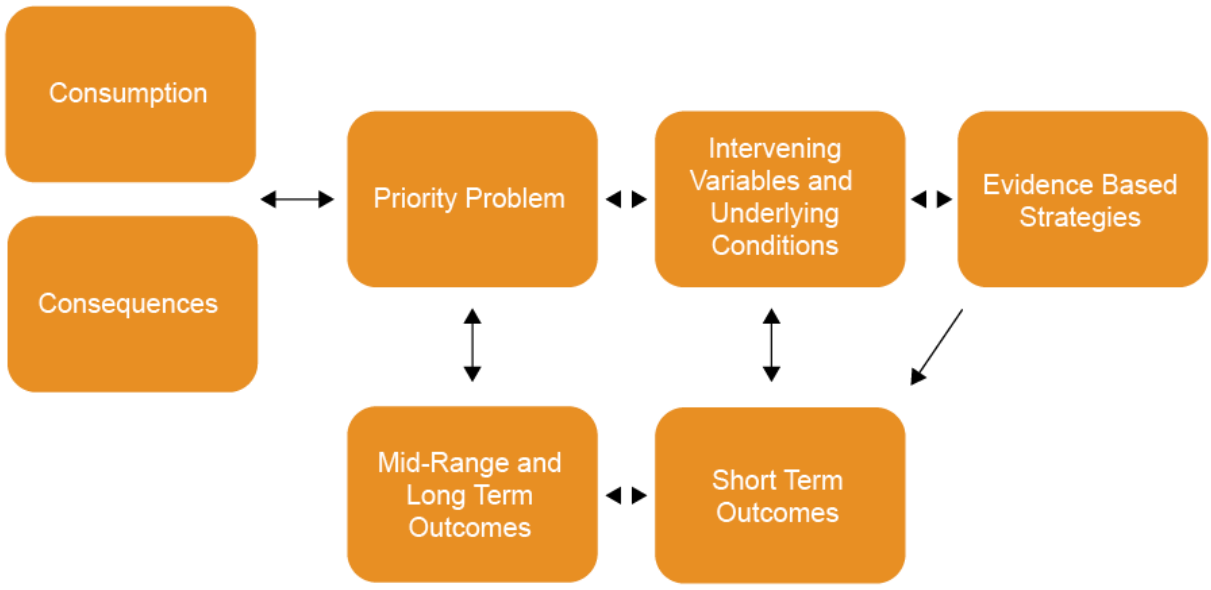
Intended to guide prevention efforts for people of all ages: Substance misuse and/or problem gambling prevention has traditionally focused on adolescent use. The SPF challenges prevention professionals to look at those two issues among populations that are often overlooked but at significant risk, such as young adults ages 18 to 25 and adults aged 65 and older.

Reliant on a team approach: Each step of the SPF requires—and greatly benefits from—the participation of diverse community partners. The individuals and institutions you involve will change as your initiative evolves over time, but the need for prevention partners will remain constant.

Read more on SAMHSA's Strategic Prevention Framework at https://www.samhsa.gov/technical-assistance/sptac/framework.

Outcomes-Based Prevention

The foundation of the SPF model is Outcomes-Based Prevention (see below for a visual representation as a logic model). This process details the planning steps that must occur for community-level change. Building the logic model begins with careful identification or mapping of the local substance misuse and/or problem gambling issue (and the associated patterns and consequences among the population affected), as well as the factors or intervening variables that contribute to them.



Consumption refers to the way people misuse and consume substances or engage in problem gambling behaviors. For example, the number of underage youths in a community who have used a prescription medication in a way other than was prescribed in the last 30 days or the number of 11th-graders who report gambling in the last 30 days.

Consequences are the social, economic, and health problems associated with substance misuse and/or problem gambling. For example, the number of youths suspended from school for alcohol-related citations.

Intervening Variables are the underlying factors that contribute to the problem. For example, social access, where peers may be sharing prescription medications at parties or at other social gatherings for the “effect” of the medications, may contribute to the problem of prescription medication misuse in a community. Intervening variables answer the question: “Why here?”

Underlying Conditions continue to drill down to the intervening variables to figure out: “But, why here?” For example, maybe social access is an issue in your community because there are many multigenerational families in your community and youth have easy access to a grandparent’s medications. The more specific you can be in identifying the distinct conditions contributing to the problem in your community, the more likely you are to match them with a strategy that will have the most impact.

Evidence-Based Strategies have documented evidence of effectiveness and preferably have been rigorously tested and shown to have positive outcomes in multiple peer-reviewed evaluation studies.

The Strategic Prevention Framework

Assessment

OVERVIEW

The first step of the SPF is Assessment, where you gather and examine data related to substance misuse and/or problem gambling as well as related consequences, community climate, environment, infrastructure, and resources.

Just like when building a house, having a strong foundation is essential. Investing time in a thorough assessment will increase the likelihood that your efforts will achieve the desired change you are seeking. While many communities across the country are struggling with the devastating effects of substance misuse and/or problem gambling, the specific variables and conditions can be different from one community to another. By identifying the scope of the problem (by looking at the consequences and consumption trends in your county) and the specific variables and conditions that are contributing to these issues, you can better focus your resources on specific improvements.

COLLECTING AND ANALYZING COMMUNITY DATA

The following are guidelines from SAMHSA for collecting and analyzing community data:

- Take stock of existing data: Start by looking for state and local data already collected by others, such as hospitals, law enforcement agencies, community organizations, state agencies, and epidemiological work groups.
- Look closely at your existing data: Examine the quality of the data you have found, discard the data that are not useful, and create an inventory of the data you feel confident about including in your assessment.
- Identify any data gaps: Examine your inventory of existing data and determine whether you are missing any information. This could include information about a particular problem, behavior, or population group.
- Collect new data to fill those gaps: If you are missing information, determine which data collection method—or combination of methods—represents the best way to obtain that information. Data collection methods include surveys, focus groups, and key informant interviews.

For more information on assessing community data, see “Completing the Data Puzzle: Filling Assessment Gaps” from the Prevention Technology Transfer Center: (https://pttcnetwork.org/products_and_resources/completing-the-data-puzzle-filling-assessment-gaps/).

Data may reveal that multiple areas are contributing to substance misuse and/or problem gambling in your community. You will want to establish criteria for analyzing assessment data

to guide your decision on which issue(s) to make your priority. See "Conducting Epidemiological Needs Assessment": (https://pttclearning.org/wp-content/uploads/2022/12/needs-assessment-guidance-document_508.pdf) from the Prevention Technology Transfer Center Network (PTTC).

Source: A Guide for SAMHSA's Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf), June 2019

RISK AND PROTECTIVE FACTORS

Biological and psychological characteristics can make people vulnerable or resilient to potential behavioral health problems. Individual-level protective factors might include a positive self-image, self-control, or social competence.

In addition, people do not live in isolation; they are part of families, communities, and society. A variety of risk and protective factors exist within each of these environmental contexts.

Learn more from the PTTC regarding Risk and Protective Factors at https://pttcnetwork.org/risk-protective-factors/. and from the National Institute on Drug Abuse's report, "Preventing Drug Use among Children and Adolescents" (https://nida.nih.gov/sites/default/files/redbook_0.pdf).

ASSESSING COMMUNITY READINESS

Community readiness is a community's willingness to engage in and support prevention efforts, as well as the availability of skills and resources within that community. The Community Readiness Model was developed at the Tri-Ethnic Center to assess how ready a community is to address an issue. The basic premise is that matching an intervention to a community's level of readiness is essential for success.

According to the Tri-Ethnic Center, the Community Readiness Model (CRM) can help a community move forward and succeed in its efforts to change in a variety of ways. Some of these include:

- Measuring a community's readiness levels in several dimensions to help diagnose where to put initial efforts.
- Helping to identify a community's weaknesses and strengths, and the obstacles they are likely to meet as they move forward.
- Pointing to appropriate actions that match a community's readiness levels.
- Working within a community's culture to come up with actions that are right for the community.
- Aiding in securing funding, cooperating with other organizations, working with leadership, and more.

Source: Community Readiness, Tri-Ethnic Center, College of Natural Sciences, Colorado State University, 2018 (http://www.triethniccenter.colostate.edu/community-readiness-2/)

Building Capacity

According to SAMHSA:

Step 2 of the Strategic Prevention Framework (SPF) helps prevention professionals identify resources and build readiness to address substance misuse and/or problem gambling." This "involves building and mobilizing local resources and readiness to address identified prevention needs. A community needs both *human* and *structural* resources to establish and maintain a prevention system that can respond effectively to local problems. It also needs people who have the motivation and willingness—that is, the *readiness*—to commit local resources to address identified prevention needs." Prevention programs and interventions that are well-supported with adequate resources and readiness are more likely to succeed.

Engaging a broad range of partners is key to unlocking a community's capacity for prevention. Effective prevention depends on the involvement of diverse partners—from residents to service providers to community leaders. These people can help you share prevention information and resources, raise awareness of critical substance misuse and/or problem gambling issues, build support for prevention efforts, and ensure that prevention activities are appropriate for the populations they serve.

Build relationships with those who support your prevention efforts, as well as with those who do not. Recognize that potential community partners will have varying levels of interest and/or availability to get involved. One person may be willing to help with a specific task, while another may be willing to assume a leadership role. Keep in mind that, as people come to understand the importance of substance misuse and problem gambling prevention efforts, they are likely to become more engaged.

Source: A Guide for SAMHSA's Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration, June 2019 (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf)

COMMUNITY ENGAGEMENT

Community engagement is key for making data-informed decisions, as well as building ongoing sustainability. Agencies should attempt to involve not only the 12 required sectors but also seek out a diverse variety of partners that connect with the priority issue, shared risk, and protective factors or activities. This should include a wide range of people, especially individuals whose behavior the funded entity is working to change (population of focus) and individuals who will implement the strategies impacting that population (agents of change). Other key partners include community members who can speak to local conditions, culture, and available data and resources; gatekeepers with the access or influence to effectively implement strategies; and those with the skills to complete the process, such as the ability to gather and interpret information, knowledge of prevention, or experience with evidence-based practices.

Building capacity is most likely to be successful when it is done in a purposeful way, specifically considering fidelity to the SPF steps.

The Prevention Technology Transfer Center Network (PTTC) identifies three key strategies for building capacity:

- **Engage a broad range of community partners**: Involve a broad range of community members—including residents, service providers, and leaders—to share information, raise awareness, and build support for prevention efforts.
- **Strengthen your prevention team**: include representatives from those community sectors that are most vital to the success of your prevention initiative.
- **Raise community awareness**: Use a combination of strategies (e.g., one-on-one meetings with community leaders, articles in community publications, social media, etc.) to raise public awareness of and increase local readiness to address substance misuse problems.

Source: "Step 2: Capacity: An Introduction to SAMHSA's Strategic Prevention Framework, Prevention Technology Transfer Center Network (https://pttcnetwork.org/wp-content/uploads/2022/12/SPF-Step-2-Capacity-Overview.pdf)

COMMUNITY COALITIONS

As stated in the Community Tool Box from the University of Kansas's Center for Community Health and Development, "In simplest terms, a coalition is a group of individuals and/or organizations with a common interest who agree to work together toward a common goal. That goal could be as narrow as obtaining funding for a specific intervention, or as broad as trying to improve permanently the overall quality of life for most people in the community. By the same token, the individuals and organizations involved might be drawn from a narrow area of interest or might include representatives of nearly every segment of the community, depending upon the breadth of the issue."

Check out the Community Tool Box from the University of Kansas's Center for Community Health and Development

Source: Section 5 – Coalition Building I: Starting a Coalition, Community Tool Box, Center for Community Health and Development, University of Kansas, 2025 (https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coaltion/main)

Diverse community input and engagement is a central tenet of the SPF. Creating or working with a community coalition, collaborative council, or other advisory council increases the likelihood that data-driven decisions and planning are done within the context of the community's culture, capacity, and readiness.

REQUIRED SECTORS

According to SAMHSA, "Substance use and misuse are complex problems that require the energy, expertise, and experience of multiple players, working together across disciplines, to address. Collaboration can help you tap the resources available in your community, extend the reach of your own resources by making them available to new audiences, and ensure that your prevention efforts are culturally competent. By working in partnership with community members and involving them in all aspects of prevention planning, implementation, and evaluation, you demonstrate respect for the people you serve and

increase your own capacity to provide prevention services that meet genuine needs, build on strengths, and produce positive outcomes."

Source: A Guide for SAMHSA's Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration, June 2019 (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf)

Diverse collaboration may look different for each community, but Iowa HHS supports an approach initially put forth through the national Drug-Free Communities Program that requires the inclusion of 12 sectors of the community to ensure a foundational level of input and community engagement.

The 12 required sectors are:

- Youth
- Parents
- Law enforcement
- Schools
- Businesses
- Media
- Youth-serving organizations
- Religious and fraternal organizations
- Civic and volunteer groups
- Health care professionals
- State, local, and tribal agencies with expertise in substance misuse and/or problem gambling
- Other organizations involved in reducing substance misuse and/or problem gambling

Source: Drug-Free Communities (DFC) Program, Community Anti-Drug Coalitions of America, 2019

Additional Resources

CADCA (Community Anti-Drug Coalitions of America): https://www.cadca.org/

Capacity Primer: Building Membership, Structure and Leadership, CADCA: https://www.cadca.org/resources/capacity-primer-building-membership-structure-and-leadership

Starting a Coalition, Community Tool Box, University of Kansas: https://ctb.ku.edu/en/table-of-contents/assessment/promotion-strategies/start-a-coaltion/main

Planning

Step three of the Strategic Prevention Framework (SPF) helps prevention professionals form a plan for addressing priority problems and achieving prevention goals.

Strategic planning increases the effectiveness of prevention efforts by ensuring that prevention professionals select and implement the most appropriate programs and strategies for their communities. To develop a useful plan, practitioners need to:

- Prioritize risk and protective factors associated with identified prevention problems. (See Step 1: Assess Needs)
- Select effective interventions to address priority factors.
- Build a logic model that links problems, factors, interventions, and outcomes.

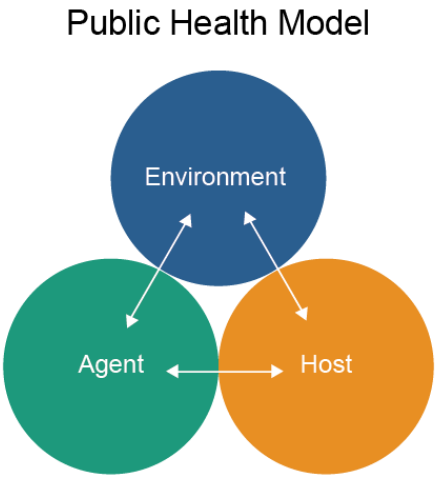
An effective prevention plan should reflect the input of key partners, including community members. Collaborative planning processes are more likely to address community needs and be sustainable over time.

Source: A Guide for SAMHSA's Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration, June 2019 (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf)

PUBLIC HEALTH MODEL

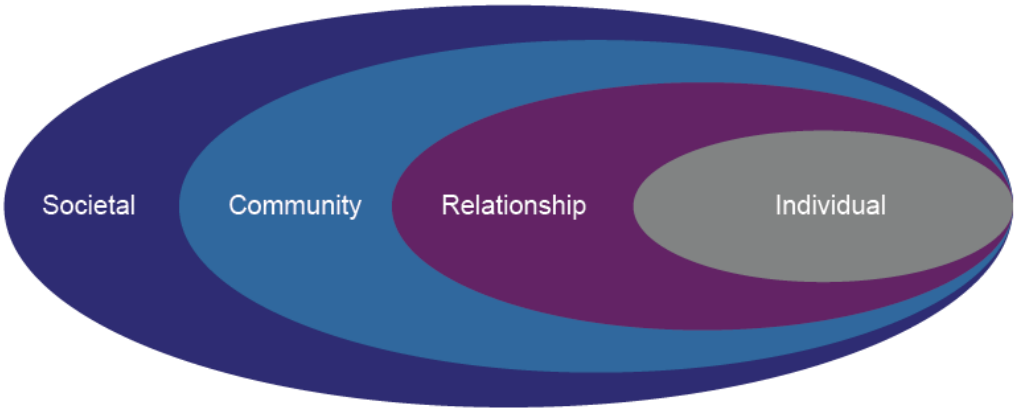
There are certain model definitions and associated strategies that are helpful to consider when moving into the planning step.

The public health model embraces a comprehensive approach to community change. Instead of focusing efforts on changing individuals one at a time through prevention efforts, the public health model looks at changing the environment that surrounds those individuals.



SOCIAL-ECOLOGICAL MODEL

The social-ecological model is a multi-faceted public health model grounded in the understanding that to achieve sustainable changes in behavior, prevention efforts must focus on individuals within the population of focus at the different levels of influence surrounding them.



This model consists of four levels of impact:

Individual: This level encompasses the knowledge, attitudes, and skills of the individuals within the population of focus. It is characterized by individual-level strategies, such as educational and skill-building programs, as well as county-wide media and social marketing campaigns. An example of an individual-level strategy would be a six-week program targeted toward high-risk students to improve their self-confidence and teach the skills needed for resisting drug use.

Relationship: This level includes the family, friends, and peers of individuals within the population of focus. These people can shape the behaviors of the individuals in the population. Strategies include enhancing social supports and social networks, as well as changing group norms and rules. An example of a relationship-level strategy would be an educational program targeted at parents of 12- to 14-year-olds to teach them how to better communicate with their children and establish rules around substance misuse and/or problem gambling.

Community/County: This level includes the unique environments in which individuals in the target population live and spend much of their time, such as schools, places of employment and worship, neighborhoods, sports teams, and volunteer groups. Strategies include changes to rules, regulations and policies within different community organizations and structures. An example of a community-level intervention would be the adoption of a drug-education policy by a local company for all new employees. An example at the school level would be creating or strengthening a good conduct policy as it relates to substance misuse and/or problem gambling.

Societal: This level includes the larger, macro-level factors that influence the behaviors of individuals in the population of focus, such as laws, policies, and social norms. Strategies include changing state and local laws, policies, and practices, as well as other initiatives designed to change social norms among the population of focus, such as a media campaign.

An example of a societal-level intervention would be requiring health care providers to register for the Prescription Monitoring Program.

TYPES OF PREVENTION STRATEGIES

Prevention strategies typically fall into two categories: environmental and individual.

Environmental strategies target the broader physical, social, cultural, and institutional forces that contribute to problem behaviors. These strategies are found in the outer layers (or levels) of the social-ecological model.

Individual strategies target the knowledge, attitudes, and skills of individuals.

Individual Strategies	Environmental Strategies
Focus on behavior and behavior change	Focus on policy and policy change
Focus on the relationship between the individual and alcohol/drug-related problems	Focus on the social, political and economic context of alcohol/drug-related problems
Short-term focus on program development	Long-term focus on policy development
Individual generally does not participate in decision making	People gain power by acting collectively
Individual as audience	Individual as advocate

Source: The Coalition Impact: Environmental Prevention Strategies, Community Anti-Drug Coalitions of America National Community Anti-Drug Coalition Institute, 2009 (https://www.cadca.org/resource/the-coalition-impact-environmental-prevention-strategies/)

The social-ecological model promotes a multi-strategy approach targeting the individual, as well as the different levels of influence surrounding them. Particular attention should be given to implementing evidence-based environmental strategies. According to the Community Anti-Drug Coalitions of America (CADCA), environmental strategies can produce widespread and lasting behavior change by making appropriate (or healthy) behaviors more achievable for the individuals in the target population. Furthermore, these strategies can result in behavior change that reduces problems for the entire county, including those outside the population of focus.

Environmental strategies can achieve this through changes to county policies, practices, systems, and norms. In addition, because environmental strategies require substantial commitment from various sectors of the community, long-term relationships can be established with key county partners. Lastly, costs associated with environmental strategies can be considerably lower than those associated with ongoing education and services applied to individuals.

In summary, we strongly recommend using a multi-strategy approach to target priority problems and intervening variables. As part of this multi-strategy approach, it is particularly important to choose one or more environmental strategies designed to impact the community and societal levels of the social-ecological model, as well as the individuals in the population of focus and in the identified disparate population. Failure to implement strategies at different levels of the social-ecological model will greatly decrease the likelihood of achieving long-term successes.

Particular attention should be given to the implementation of evidence-based environmental strategies.

SAMHSA'S PREVENTION STRATEGIES

Prevention services are intended to prevent or reduce the use and misuse of alcohol, tobacco, and other drugs and to prevent or reduce problem gambling. They are based on the six SAMHSA Primary Prevention Strategies.

1. **Information Dissemination**
   This strategy provides awareness and knowledge on the nature and extent of alcohol, tobacco and drug use, and misuse and addiction, as well as problem gambling and the effects on individuals, families, and communities. It also offers awareness and knowledge of available prevention programs and services. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two.

2. **Education**
   Education involves two-way communication and interaction between the educator/facilitator and the participants. Activities are intended to affect critical life and social skills, including decision-making, refusal skills, critical analysis (e.g., of media messages), and systematic judgment abilities.

3. **Alternatives**
   This strategy provides consultation to groups that offer opportunities for target populations to participate in activities that exclude alcohol, other drugs, gambling, etc. The purpose is to discourage substance misuse, problem gambling, or other risky behaviors.

4. **Problem Identification and Referral**
   This strategy aims to identify individuals who have indulged in illegal or age-inappropriate use of tobacco or alcohol and individuals who have indulged in their first use of illicit drugs, as well as risky or problem gambling. The goal is to assess if their behavior can be reversed through education. This strategy does not include any activity to determine whether a person needs treatment.

5. **Community-Based Process**
   This strategy aims at building community capacity to more effectively provide prevention and treatment services for substance use disorders and problem gambling. Activities include organizing, planning, enhancing the efficiency and effectiveness of services, inter-agency collaboration, coalition building, and networking.

6. **Environmental**
   Environmental strategies establish or change written and unwritten community standards, codes, ordinances, and attitudes, thereby influencing the incidence and prevalence of alcohol, tobacco, and other drug use/misuse and problem gambling in the population.

INTERVENING VARIABLES & UNDERLYING CONDITIONS

Intervening variables are the underlying factors that contribute to the problem. Intervening variables answer the question: “Why is this happening here?” Intervening variables are based on risk and protective factors for substance misuse and/or problem gambling.

Examples of intervening variables:

- Enforcement
- Retail access
- Social access
- Individual factors
- Community norms

Underlying conditions continue to drill down the intervening variables to answer the deeper question: “But why here?” Identifying the specific conditions contributing to the problem in the community will help match a strategy that will have the most impact.

For example, for the intervening variable of individual factors, an underlying condition may be that 15- and 16-year-old male youth have a low perception of the risk of harm related to playing poker for money on the weekends with peers.

For the intervening variable of enforcement, an underlying condition may be that there are not enough certified Drug Recognition Enforcement officers due to limited resources for police departments.

For the intervening variable of education, an underlying condition may be that doctors are not registered with the Prescription Monitoring Program and are not checking it before prescribing opioids.

POPULATION OF FOCUS

A population of focus is the population who has been identified in relation to the priority problem, presumably those shown by assessment to have been impacted the most through consequences and/or consumption data.

Intervening variables may indicate that a subgroup of this population, such as children of substance misusers or problem gamblers, may need specific attention and services to make the most change in the county.

Agents of change may also be targeted for some services. An example is key influencers of youth ages 12-25, such as parents. Agents of change may also be able to help contribute to the solution. These agents of change are a focus of efforts to help change the behavior of the targets of change.

DOSAGE AND FREQUENCY

Dosage for a strategy or intervention refers to how many in, or what percent of, the target population needs to receive the service for change on the priority or intervening variable to occur. The same dosage may not work for all strategies or similar populations. For most environmental strategies, there is an expectation of engaging at least 50% of the target population.

Frequency is how often a strategy or intervention needs to be offered to ensure the greatest impact. For many evidence-based programs, frequency is already established, such as facilitating eight, one-hour sessions over an eight-week period. For environmental strategies, the frequency often depends on research. For instance, one Training for Intervention Procedures (TIPS) training per year is very unlikely to make an impact in a community. However, training services provided quarterly, or every other month, offer availability and consistency for retailers to participate in training and, in return, encourages attendance.

STRATEGIC PLANNING

According to SAMHSA, “Strategic planning increases the effectiveness of prevention efforts by ensuring that prevention professionals select and implement the most appropriate programs and strategies for their communities.”

Strategic planning includes several steps:

1. Set priorities.
2. Select effective interventions to address priority factors.
3. Build a logic model that links problems, factors, interventions, and outcomes.

In addition, you will also be planning for:

- Implementation success, including planned adaptations and monitoring for fidelity
- Effective dosage and frequency
- Building needed capacity and resources

SAMHSA continues, “An effective prevention plan should reflect the input of key partners, including community members. Collaborative planning processes are more likely to address community needs and be sustained over time.”

Source: A Guide for SAMHSA’s Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration, June 2019 (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf)

SELECTING PROGRAMS, PRACTICES, AND POLICES

When choosing an appropriate prevention intervention, it is important to select programs and strategies that are:

- **Evidence-based**
  Evidence-based interventions have documented evidence of effectiveness. The best

places to find evidence-based interventions are federal registries of model programs. It is important to note, however, that these sources are not exhaustive, and they may not include interventions appropriate for all problems and/or all populations. In these cases, look to other credible sources of information. Since states have different guidelines for what constitutes credible evidence of effectiveness, start by talking to prevention experts, including the state-level evidence-based workgroup.

- **A good conceptual fit for the community**
  An intervention has good conceptual fit if it directly addresses one or more of the priority factors driving a specific substance misuse and/or problem gambling issue and has been shown to produce positive outcomes for members of the target population in other communities. To determine the conceptual fit, ask, “Will this intervention have an impact on at least one of the community’s priority risk and protective factors?”
- **A good practical fit for the community**
  An intervention has good practical fit if it is culturally relevant for the population of focus, if the community has capacity to support it, and if it enhances or reinforces existing prevention activities. To determine the practical fit, ask, “Is this intervention appropriate for the community?”

EFFECTIVE STRATEGIES | EVIDENCE-BASED PROGRAMS, PRACTICES, AND POLICIES SELECTING PROGRAMS, PRACTICES, AND POLICES

Primary prevention services that are evidence-based or are found to be effective through research and are considered best practice approaches. These are considered evidence-based programs/policies/practices (EBPs). Prevention professionals should plan for, select, and implement prevention strategies that are proven to create positive behavior change.

Two approval categories for evidence-based strategies are listed below. If your selection is not pre-approved, it will need to go through a more detailed approval process.

1. Pre-approved by Iowa HHS:

   Pre-approved EBPs consist of those strategies designed to impact identified priorities, for which strong and well-documented evidence of effectiveness is available. These EBPs have been recommended by federal agencies or national prevention organizations and/or are strongly supported by peer-reviewed literature. Iowa HHS has developed a list of approved EBPs that address a variety of behavioral health issues in the Evidence-Based Practices, Programs and Policies Selection and Implementation Guide on the University of Iowa Centers for Excellence website at https://www.iowacebh.org/prevention/.

2. Not pre-approved, but meets the requirements of one of the other definitions of evidence-based provided by SAMHSA:

   Definition 1: The intervention is reported (with positive effects on the primary targeted outcome) in a peer-reviewed journal

Definition 2: The intervention has documented effectiveness supported by other sources of information and the consensus judgment of informed experts based on the following guidelines:

- The intervention is based on a theory of change that is documented in a clear logic or conceptual model.
- The intervention is similar in content and structure to interventions that appear in registries and/or the peer-reviewed literature.
- The intervention is supported by documentation that it has been effectively implemented multiple times in the past in a manner attentive to scientific standards of evidence and with results that show a consistent pattern of credible and positive effects.

The "Finding Evidence-Based Programs and Practices" document from SAMHSA includes a list of national registries to explore when assessing evidence-based programs/policies/practices with community partners (https://www.samhsa.gov/sites/default/files/20190719-samhsa-finding_evidence-based-programs-practices.pdf).

When selecting an evidenced-based program/policy/practice, consider how the evidence was defined, the size of the research study, what criteria were set for the specific study, the population of focus for the program, and the population of focus for the research.

Strategies that are not pre-approved can be submitted to Iowa HHS for review through an appeal process with a panel of prevention experts.

Prevention professionals who are wanting to utilize an EBP that is not pre-approved by Iowa HHS must complete an EBP Waiver Request Form. In addition, this form will need to be completed for any modification and/or adaptation to a program/policy/practice. Forms can be found on the University of Iowa Centers for Excellence at https://www.iowacebh.org/prevention/. The Evidence-based Practice Review Team, which is a subcommittee of the Iowa HHS-led Evidence-based Practice Workgroup, will review all Waiver Request Forms and provide feedback accordingly.

Feasibility Checklist

Feasibility means determining whether there are the right supports in place to implement a particular prevention service. These supports can include funding to implement the program as intended, support from school leadership for the program, the program meeting in the needs of the population of focus, a practitioner with the capacity to implement the program, etc.

A feasibility checklist serves as a tool to identify community support and resources around a specific substance misuse and/or problem gambling prevention activity. Using a checklist ensures that funding is dedicated towards prevention services that have community support, maximize positive behavior change, and are sustainable in the long-term.

Before planning a prevention service, reflect on the following question, "How do I know this prevention service will have a positive impact?" To fully respond to that question, an

assessment must be conducted that asks key partners to contribute their feedback on the potential strengths and weaknesses of a particular service.

Creating Short- and Long-Term Outcomes

Short-term outcomes show progress changing the underlying conditions and intervening variables. This in turn leads to long-term outcomes that impact the priority problem.

Outcomes planned and written using the SMART technique are described below.

- **S**pecific – Objective clearly stated, so that anyone reading it can understand what will be done and who will do it.
- **M**easurable – Objective includes how the action will be measured. Measuring objectives helps determine whether progress is being made. It keeps individuals on track and on schedule.
- **A**chievable – Objective is realistic given the realities faced in the community. Setting reasonable objectives helps set the project up for success
- **R**elevant – A relevant objective makes sense; that is, it fits the culture and structure of the community, and it addresses the vision of the project.
- **T**ime-bound – Every objective has a specific timeline for completion.

Source: Setting Goals and Developing Specific, Measurable, Achievable, Relevant, and Time-Bound Objectives, Substance Abuse and Mental Health Services Administration, 2025 (https://www.samhsa.gov/sites/default/files/nc-smart-goals-fact-sheet.pdf)

Examples of SMART Outcomes:
By June 30, 2029, decrease underage use of alcohol in ABC County by 5% among 11th grade students who report having at least one drink in the last 30 days (baseline: 2021 Iowa Youth Survey: 18% of 11th grade students in ABC County reported having at least one drink in the past 30 days.

By June 30, 2026, a minimum of three (3) new policies will be implemented (or existing policies strengthened) by community event leaders in ABC County which restrict alcohol use at community events (baseline: 20 community events in ABC County that served alcohol in 2024).

Creating a Strategic Plan

A strategic plan is a summary that articulates the theory of change for the priority problem and provides both narrative and visual representation (in the form of a logic model) that connects the dots for partners. It should outline how data-driven decisions were made, how intervening variables were prioritized, and strategies selected, and how implementation and evaluation were successfully undertaken.

A strategic plan should:

- Help articulate the theory of change.
- Check assumptions and logic when moving from assessment and capacity building to planning and implementation—ensuring that the strategies, programs, and practices implemented will have the greatest impact.
- Ensure clear communication and collaboration with partners who are participating in, and making planning decisions for, the project.
- Provide a concise summary for partners, decision makers, and other community members to explain the project, plans, and expected outcomes.

By creating a clear and concise document, you can use the plan as a tool to increase support and action when moving into the implementation phase, as well as to build a solid foundation for sustainability planning.

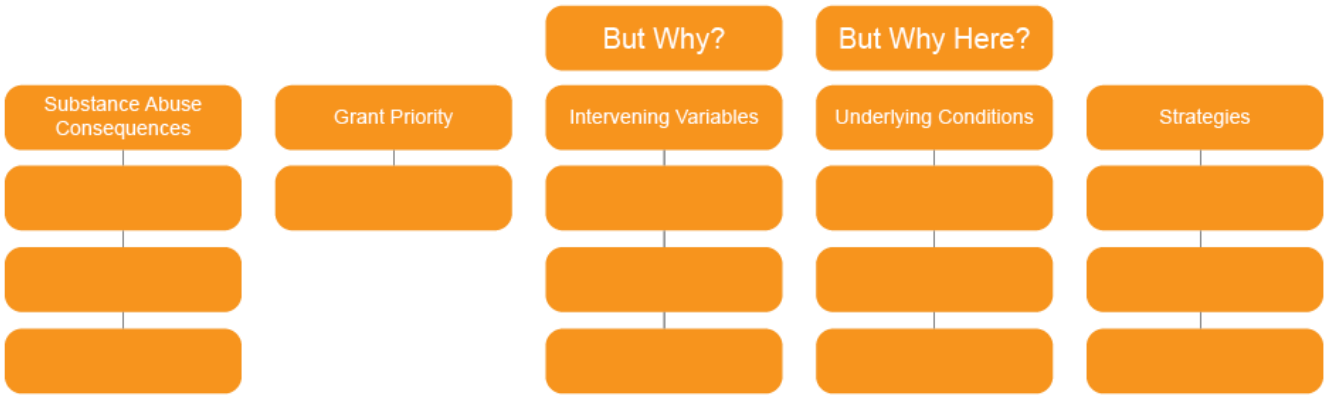
Creating a Logic Model

A logic model is a visual tool that shows the logic, or rationale, behind a program or process. According to SAMHSA, logic models can help:

- Explain why a program or intervention will succeed. By clearly laying out the tasks of development, implementation, and evaluation, a logic model can help explain what is to be done and why.
- Identify gaps in reasoning. A logic model helps identify those gaps or places where assumptions might be off track. The sooner mistakes are discovered, the easier they are to correct.
- Make evaluation and reporting easier. A logic model shows clear, explicit, and measurable intended outcomes.

Source: A Guide for SAMHSA's Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration, June 2019 (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf)

The format may vary but logic models will include the components in the following example:



Creating an Action Plan

An action plan takes the logic model and breaks it into smaller, actionable steps. Action plans should include steps for:

- Building capacity
- Carrying out implementation tasks
- Ensuring fidelity
- Planning for sustainability
- Media advocacy

Find a balance for the number of action steps—not too many and not too few. The connection between each step and how it leads to the short-term outcome, which in turn leads to reaching long-term outcomes, should be easily articulated.

Consider the following examples:

Short-term outcome: By May 30, 2026, 80% of Anytown Middle School students (80 of 100) will demonstrate they have maintained or increased their perception of harm of underage alcohol use through LifeSkills Training, as measured by pre- and post-test question 4, according to program documentation.

Proposed action step: Submit three press releases.
Problem with proposed action step: Action step does not show a clear connection with reaching the short and long-term outcomes.

Better action step: Utilize three media formats to reach middle school parents with messages that reinforce concepts taught through LifeSkills Training.

Action plans should also include specific time frames, the location(s) where services will occur, indicators to identify whether the plan is on track, and necessary resources and people responsible for each step.

COMMUNICATION STRATEGIES

According to SAMHSA, "Messages communicated through the media influence how the public thinks and behaves. Communication strategies—public education, social marketing, media advocacy, and media literacy—can be used to influence community norms, increase public awareness, and attract community support for a variety of prevention issues."

Source: Prevention Approaches, Substance Abuse and Mental Health Services Administration, 2018

Media communication can, and should, be leveraged to:

- Raise the awareness of the community on the priority issue and spur them to get involved.
- Reach the population of focus and necessary partners and gatekeepers with messages and actionable items.

Plain Language

It is important to share public health information in an accessible and understandable way. Use plain language when creating media messages.

Make materials easier for audiences to understand:

- **Know your audience and purpose before you begin.**
- **Put the most important message first.**
- **Present other information in order of importance to the audience.**
- **Break text into logical chunks and use headings.**
- **Write in the active voice.**
- **Choose words and numbers your audience knows**
- **Strive for an average of 20 words per sentence. Limit each sentence to 1 idea.**
- **Limit paragraphs to 1 topic and 5 sentences.**
- **Use "you" and other pronouns.**
- **Use headings and text boxes.**
- **Delete unnecessary words, sentences, and paragraphs.**
- **Create lists and tables, if appropriate**

According to the U.S. Department of Health and Human Services, “Plain language is “communication that users can understand the first time they read or hear it. With reasonable time and effort, a plain language document is

one in which people can find what they need, understand what they find, and act appropriately on that understanding."

Source: Plain Language: A Promising Strategy for Clearly Communicating Health Information and Improving Health Literacy, U.S. Department of Health and Human Services Office of Disease Prevention and Health Promotion, 2024 (https://www.cdc.gov/health-literacy/php/develop-materials/plain-language.html)

The Centers for Disease Control and Prevention (CDC) suggests the following:

- Keep it short.
- Communicate as if talking to a friend.
- Respect and value the audience.
- Use an encouraging tone.
- Limit jargon.
- Use analogies.
- Avoid unnecessary abbreviations and acronyms.
- Limit statistics: Use words like "most," "many," and "half."

Source: Simply Put, U.S. Department of Health and Human Services Centers for Disease Control and Prevention, 2009 (https://stacks.cdc.gov/view/cdc/11938/cdc_11938_DS1.pdf)

Implementation

During implementation, prevention professionals put their strategic prevention plans into action by delivering their selected, evidence-based interventions.

According to SAMHSA, when preparing to implement your selected prevention interventions, it is important to consider issues of **fidelity** and **adaptation**.

Fidelity describes the degree to which a program or practice is implemented as intended.

Adaptation describes how much, and in what ways, a program or practice is changed to meet local circumstances.

Evidence-based programs are defined as such because they consistently achieve positive outcomes. The greater fidelity to the original program design, the more likely positive results will be reproduced. Customizing a program to better reflect the attitudes, beliefs, experiences, and values of the focus population can increase its cultural relevance. However, it is important to keep in mind that such adaptations may compromise program effectiveness.

Remaining faithful to the original evidence-based design while addressing the unique needs and characteristics of the population of focus requires balancing fidelity and adaptation. When interventions are changed, outcomes can be compromised. However, implementing a

program that requires some adaptation may be more efficient and cost-effective than designing a program from scratch.

It is important to maintain fidelity to not only a chosen program, policy, or practice, but also to a planning model such as the Strategic Prevention Framework (SPF) and its five phases. That is, to meet the goals of grants of increased prevention capacity and decreased substance misuse and/or problem gambling, a community must systematically step through each phase of the framework, always with an eye toward sustainability and cultural competency. Incomplete or missing activities within each phase compromise the success of the endeavor.

However, adaptation to the local needs and priorities is important for stakeholder buy-in and programmatic success. Too much adaptation may degrade the intent of the program, policy, or practice so much that success is out of reach. The best results occur when program fidelity is maintained regarding the core components. However, if the program is not completely relevant or a perfect fit to community needs, then rigid adherence to the program implementation plan may not produce positive outcomes.

BALANCING FIDELITY AND ADAPTATION

Striking a balance between fidelity and adaptation is crucial. This balancing act is a dynamic process, often evolving over time. The ideal balance involves retaining elements of the program that analysis shows are most likely to account for its positive outcomes and adapting non-critical elements.

Guidelines for Balancing Fidelity and Adaptation

1. Identify and understand the theory base behind the program.
2. Locate or conduct a core components analysis of the program.
3. Assess fidelity/adaptation concerns for the implementation site.
4. Consult as needed with a program developer or a technical assistance (TA) provider.
5. Consult with the organization and/or community where the implementation will take place.
6. Develop an overall implementation plan based on these inputs (create a logic model).

Here are some additional guidelines to consider when balancing fidelity and adaptation.

Retain core components: Evidence-based programs are more likely to be effective when their core components (that is, those elements responsible for producing positive outcomes) are maintained. Core components are like the key ingredients in a cookie recipe. Bakers may be able to omit the nuts, but if they leave out the flour, the recipe will not work. Here are some general guidelines for maintaining core components:

- Preserve the setting, as well as the number and length of sessions.
- Preserve key program content: It is safer to add rather than subtract content.
- Add new content with care: Consider program guidance and prevention research.

Build capacity before changing the program: Rather than changing a program to fit with local conditions, consider ways to develop the resources or build local readiness so the program is delivered as it was originally designed.

Adapt with care: Even when interventions are selected with great care, there may be ways to improve a program's appropriateness for a unique focus population. Cultural adaptation

refers to program modifications that are tailored to the values, attitudes, beliefs, and experiences of the population of focus. To make an intervention more culturally appropriate, it is crucial to consider the language, values, attitudes, beliefs, and experiences of focus population members.

If adapting, consult experts first: Experts can include the program developer, an environmental strategies specialist, or an evaluator. They may be able to explain how the intervention has been adapted in the past and how well (or not) those adaptations worked. For cultural adaptations, cultural leaders and members of the focus population should be consulted.

FEASIBILITY CHECKLIST

Feasibility checklists help prevention professionals ensure that the service is on track to reach the intended outcomes.

Before implementing a prevention service, prevention organizations should decide how to monitor fidelity, how often, and who will be responsible for collecting and reporting the information. For services being facilitated by a professional outside of the prevention agency, a plan should be created in partnership with the individual(s), so everyone agrees on and understands the monitoring process.

At a minimum, fidelity can be checked in the following ways:

- Review the core components of any program, practice, or policy.
- Complete a detailed assessment of any adaptations (planned or unplanned).
- Record detailed information, such as attendees, contractors, community, setting, evaluation, and sustainability.

ESTABLISH IMPLEMENTATION SUPPORTS

Many factors combine to influence the implementation and support the success of prevention interventions, including the following:

Favorable prevention history: An individual or organization with positive experiences implementing prevention interventions in the past will likely be more ready, willing, and able to support a new intervention. If an individual or organization has had a negative experience with—or does not fully understand the potential of—a prevention intervention, then it is important to address these concerns early in the implementation process.

On-site leadership and administrative support: Prevention interventions assume many different forms and are implemented in a variety of settings. To be effective, interventions require leadership and support from key partners.

Practitioner selection: When selecting the best candidate to deliver a prevention intervention, consider professional qualifications and experiences, practical skills, and their fit with the focus population.

Practitioner training and support: Pre- and in-service trainings can help practitioners responsible for implementing an intervention understand how and why the intervention works, practice new skills, and receive constructive feedback. Since most skills are learned on the job, it is also very helpful to connect the practitioners with a coach or professional mentor who can provide ongoing support.

Program evaluation: By closely monitoring and evaluating the delivery of an intervention, the practitioners can make sure that it is being implemented as intended and improve it as needed. By assessing program outcomes, they can determine whether the intervention is working as intended and worthy of sustaining over time.

When prevention practitioners promote both fidelity and cultural relevance and anticipate and support the many factors that influence implementation, their efforts go a long way toward producing positive outcomes. But to sustain these outcomes over time, it is important to get others involved and invested in the prevention interventions. Find concrete and meaningful ways for people to get involved, keep cultural and public opinion leaders well-informed, and get the word out to the broader community through media and other publicity efforts.

Source: A Guide for SAMHSA's Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration, June 2019 (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf)

Evaluation

According to SAMHSA, "Evaluation is the systematic collection and analysis of information about program activities, characteristics, and outcomes. The evaluation step of the Strategic Prevention Framework (SPF) is not just about collecting information but using that information to improve the effectiveness of a prevention program. After evaluation, planners may decide whether to continue the program.

"Prevention practitioners need to evaluate how well the program was delivered and how successful it was in achieving the expected outcomes. Once the program has been evaluated, prevention planners typically report evaluation results to partners, who can include community members and lawmakers. Partners can promote their program, increase public interest, and possibly help to secure additional funding."

Source: A Guide for SAMHSA's Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration, June 2019 (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf)

Evaluation is a process, not a discrete task or one-time event. Planning for evaluation should be ongoing and involve key partners, especially those with specific skills needed to plan, conduct, and interpret evaluation, as well as members of the target population and any disparate populations.

CADCA has outlined five essential functions of evaluation:

Improvement: The first, and most important, function of information gathered by a coalition evaluation is improvement. Volunteers, leaders, and supporters should get better at the work of community problem-solving because of what they learn from the evaluation.

Coordination: Coalitions are made up of many partners working on different parts of an overall response to community problems. Keeping these partners and activities pointing in the same direction can be difficult unless the evaluation fosters coordination. Members should know what others are doing, how this work fits with their own actions and goals, and what opportunities exist for working together in the future.

Accountability: Volunteers want to know if their time and creativity make a difference. Funders want to learn how their money factors into community improvements. Everyone involved in coalition work wants to see positive outcomes. A good evaluation allows the coalition to describe its contribution to important population-level change.

Celebration: A stated aim of any evaluation process should be to collect information that allows the coalition to celebrate genuine accomplishments. The path to reducing substance misuse and problem gambling at the community level is not easy. Regular celebration of progress is needed to keep everyone motivated and encouraged in the face of difficult work.

Sustainability: The path to reduced substance misuse or problem gambling behavior can be long, often requiring years of hard work to see movement in population-level indicators. Likewise, new community problems emerge, requiring renewed response. Evaluation should help a coalition stay in the game long enough to make a difference by sharing information with key partners and actively reinforcing their continued support.

Source: Evaluation Primer: Setting the Context for a Community Coalition Evaluation, Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute (https://www.cadca.org/resource/evaluation-primer-setting-the-context-for-a-community-coalition-evaluation/)

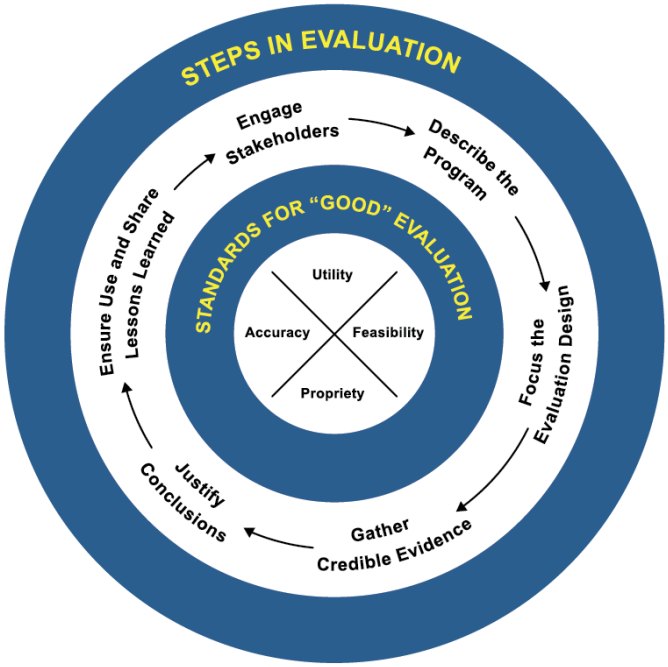
According to The Community Tool Box from the University of Kansas, it is important to consider these questions:

- What will be evaluated?
- What criteria will be used to judge program performance?
- What standards of performance must be reached for the program to be considered successful?
- What evidence will indicate performance on the criteria relative to the standards?
- What conclusions about program performance are justified based on the available evidence?

Source: Community Tool Box, Center for Community Health and Development, University of Kansas (https://ctb.ku.edu/en)

A FRAMEWORK FOR PROGRAM EVALUATION

Program evaluation offers a way to understand and improve community health and development practices through useful, feasible, proper, and accurate methods. This framework from the University of Kansas's Community Tool Box is a practical, non-prescriptive tool that summarizes in a logical order the important elements of program evaluation.



The framework contains two related dimensions:

- Steps in evaluation practice
- Standards for good evaluation

The six connected steps of the framework should be a part of any evaluation. Although the steps may be completed out of order, it usually makes sense to follow them in the recommended sequence. That is because earlier steps provide the foundation for subsequent progress. Decisions about how to carry out a given step should not be finalized until previous steps have been thoroughly addressed.

However, these steps are meant to be adaptable, not rigid. Sensitivity to each program's unique context (for example, the program's history and organizational climate) is essential for sound evaluation. They are intended to serve as starting points around which community organizations can tailor an evaluation to best meet their needs.

The six steps:

1. Engage partners.
2. Describe the program.
3. Focus the evaluation design.
4. Gather credible evidence.
5. Justify conclusions.
6. Ensure use and share lessons learned.

Understanding and adhering to these basic steps will improve most evaluation efforts.

The second part of the framework is a basic set of standards to assess the quality of evaluation activities. There are 30 specific standards, organized into the following four groups:

- Utility
- Feasibility
- Propriety
- Accuracy

These standards help answer the question: "Will this be a good evaluation?" They are recommended as the initial criteria by which to judge the quality of the program evaluation efforts.

Source: A Framework for Program Evaluation: A Gateway to Tools, Community Tool Box, University of Kansas (https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/framework-for-evaluation/main)

Evaluation can also be a strong influencer for sustainability. According to CADCA:

"Evaluation plays a central role in sustaining your coalition's work. Evaluation enables you to take key pieces of data and analyze and organize them, so you have accurate, usable information. This process facilitates development of the best plan possible for the community and allows your group to accurately share its story and results with key partners. It also can help members and staff track and understand community trends that may have an impact on your coalition's ability to sustain its work."

Source: Evaluation Primer: Setting the Context for a Community Coalition Evaluation, Community Anti-Drug Coalitions of America, National Community Anti-Drug Coalition Institute, 2018 (https://www.cadca.org/resource/evaluation-primer-setting-the-context-for-a-community-coalition-evaluation/)

Additional Resources

Evaluation, Prevention Technology Transfer Center Network (https://pttcnetwork.org/evaluation/)

Tools for Evaluation, Community Tool Box, University of Kansas (https://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/framework-for-evaluation/tools)

Sustainability

During this step, prevention practitioners ensure the sustainability of prevention outcomes by building stakeholder support for the program, showing and sharing results, and obtaining steady funding.

The sustainability of prevention outcomes is often seen as the culmination of program planning and implementation. However, that assumption will place your program at a disadvantage. Effective programs plan for sustainability from the beginning of program design. Sustainability should be revisited and revised throughout the life of a program.

The goal is to sustain prevention outcomes, not programs. Programs that produce positive outcomes should be continued. Programs that are ineffective should not be sustained.

Key activities involved in ensuring sustainability involve building support, showing results, and obtaining continued funding. All these activities require time, people, and ongoing planning and evaluation.

Additionally, SAMHSA's Strategic Prevention Framework (SPF) emphasizes sustaining the prevention process itself, recognizing that practitioners will return to each step of the process, again and again, as communities face evolving problems.

Sustainability should be revisited and revised throughout the life of a program.

Source: A Guide for SAMHSA's Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration, June 2019 (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf)

CROSSWALK OF SPF STEPS WITH SUSTAINABILITY MILESTONES AND SKILLS

The following pages outline the crosswalk that identifies tasks commonly associated with each step of SAMHSA's Strategic Prevention Framework (SPF) and aligns them with sustainability milestones and skills needed to meet these milestones. This helps determine capacity-building needs within communities/counties implementing the SPF process.

Step 1: Needs Assessment

Gather and assess data from a variety of sources to ensure that substance misuse and/or problem gambling prevention efforts are appropriate and targeted to the needs of communities/counties.

Tasks	Sustainability Milestones	Skills Needed
Develop a profile of consumption patterns and related problems and consequences.	Key partners are engaged. Data sharing agreements are formalized. County substance misuse and/or problem gambling problems are prioritized.	Identify and engage key partners. Conduct key informant interviews. Build collaborative relationships, including the development of effective initial MOA/MOUs.
Provide demographic context, including geographic and target population differences.		
Identify intervening variables and underlying conditions.		

Conduct community capacity assessment by appraising community readiness and identifying prevention resources and gaps in services/capacity.	Use readiness data in the selection of prevention priorities. Identify service and capacity gaps.	Analyze community readiness data and create a plan to increase community readiness. Plan for prevention workforce development.
Conduct and document a county needs assessment.	Reach a countywide consensus on prevention priorities.	Communicate prevention priorities to a broad group of partners.

Step 2: Capacity Building

Identify resources and determine readiness for addressing substance misuse and/or problem gambling in communities.

Tasks	Sustainability Milestones	Skills Needed
Develop prevention workforce knowledge, skills, and competencies.	Identify internal coalition or agency staff capacity needs. Consider broader community capacity needs in the creation of a capacity building plan.	Plan for long-term internal and external capacity needs. (Cultural issues are considered for the capacity-building plan.) Identify cultural issues in the county and incorporate them into a capacity-building plan
Ensure current and ongoing current knowledge of culturally relevant issues and programs.		
Build community-based capacity in prevention (e.g., Boys and Girls Clubs). Build and/or enhance local prevention infrastructure.	Engage the community in creating sustainable prevention efforts.	Create a working group to focus on sustainability.
Analyze readiness data while assessing community needs.	Factor in the needs of groups with varying levels of readiness.	Assess community readiness. Identify actions or strategies to advance readiness.
Develop and enhance data systems.	Collect data and identify gaps.	Identify data gaps and plan for data collection and analyses.

Step 3: Planning

Using capacity and needs assessment findings, develop a prevention plan by prioritizing intervening variables and underlying conditions and building related logic models and action plans.

Tasks	Sustainability Milestones	Skills Needed
Select priorities using a clear and transparent process.	Clarify priorities and link key factors and conditions. Reassess and address capacity needs for implementing the proposed strategies.	Identify specific individual and environmental strategies and the intervening variables/underlying conditions they can address.
Incorporate assessment results into strategic plan.		
Develop a logic model that demonstrates the intervening variables/underlying conditions that are well-aligned with the selected evidence-based programs.		
Develop an action plan that focuses on the strategy services to be provided.		
Identify multiple methods and measures for monitoring and measuring process/outcomes.		
Select strategies based on levels of evidence, as well as the practical and conceptual fit.	Identify key partners or settings for the implementation of specific strategies.	Negotiate/renegotiate working agreements with key partners.
Assess the current fiscal situation.	Begin business planning.	Create and maintain a business plan.

Step 4: Implementation

Develop action plans to implement your chosen prevention intervention.

<table>
<tr><th>Tasks</th><th>Sustainability Milestones</th><th>Skills Needed</th></tr>
<tr><td>Implement logic model/action plan.</td><td rowspan="3">Build community and stakeholder capacity to understand and support your selected strategies.

Continuously develop and improve on the prevention infrastructure.</td><td rowspan="3">Use the logic model as a key driver in strategy implementation.

Link logic models to key implementation partners and key sustainability partners.</td></tr>
<tr><td>Collect and analyze measures throughout implementation.</td></tr>
<tr><td>Document evidence of incremental continuous quality improvement (CQI) and strategy fidelity.</td></tr>
<tr><td>Provide training and coaching for prevention staff.</td><td></td><td></td></tr>
<tr><td>Develop a media advocacy plan.</td><td>Begin to report on process and intermediate outcomes.

Formalize relationships with key partners.</td><td>Communicate process and intermediate outcomes.

Formalize relationships, i.e. moving from MOAs to contracts.</td></tr>
</table>

Step 5: Evaluation

Quantify the challenges and successes of implementing a prevention program.

<table>
<tr><th>Tasks</th><th>Sustainability Milestones</th><th>Skills Needed</th></tr>
<tr><td>Identify key evaluation questions.</td><td rowspan="4">Develop evaluation plan.

Continuously engage in collaborative monitoring of the outcomes with project staff.

Recollect and analyze baseline data.

Include long-term outcomes in evaluation data reporting plans.</td><td rowspan="4">Engage in evaluation planning.

Manage an evaluator.

Analyze data.

Review activities, outputs, and process measures against core component and fidelity guides to demonstrate reasonable alignment with outcomes or explain the lack thereof.</td></tr>
<tr><td>Revisit baseline data from the needs assessment and process and outcome data.</td></tr>
<tr><td>Use fidelity data and describe quality improvements.</td></tr>
<tr><td>Build evaluation capacity.</td></tr>
<tr><td>Implement media advocacy plan.</td><td>Report on outputs and increases in intermediate outcomes.</td><td>Communicate evaluation results with partners.</td></tr>
</table>

Source: Assessing the Fidelity of Implementation of the Strategic Prevention Framework in SPF SIG-funded Communities: Users Guide and Fidelity Assessment Rubrics (Version 2), Center for Substance Abuse Prevention, Substance Abuse and Mental Health Services Administration, 2008

BUILDING CAPACITY FOR SUSTAINABILITY

Communities must build capacity at three levels to sustain a prevention effort:

1. **At the coalition level.** The coalition must be strong enough to effectively identify and prioritize populations whose substance misuse and/or problem gambling is contributing to community problems.

2. **Among community agencies.** The capacity of community agencies must be strengthened and expanded with a prevention-oriented operating mission. This will help agencies to understand and leverage their resources to effectively address factors among populations that contribute to substance misuse and/or problem gambling issues and/or their consequences.

3. **Among community members.** The community's capacity to understand the role and impact of substance misuse and/or problem gambling on community problems is critical to prevention planning efforts. Community members must support coalition efforts to strengthen the community's prevention system so that it employs strategies (programs, policies, and practices) that will most likely influence population-level consumption patterns and reduce resulting problems.

To build these capacities, communities, through their coalitions, must have the ability to:

- Ensure the effectiveness and alignment of the prevention system. The coalition, with the community agencies whose services contribute to prevention outcomes, must assess the prevention strategies supported by the community prevention system and ensure that:
    - Prevention strategies align logically and reach an appropriate number of the targeted population to achieve reductions in the substance misuse and/or problem gambling behavior targeted based on a local data-driven needs assessment.
    - Agencies whose services contribute to strategic prevention outcomes regularly document the implementation process, including implementation fidelity, adaptations, and quality, and use this information for quality improvement.
    - Contributing agencies regularly document, demonstrate, and communicate the accomplishment of intended outcomes.
- Ensure organizations' ability to support the community prevention system through a strategic planning process that helps achieve targeted changes in substance misuse and/or problem gambling behaviors and related consequences at the population level. The coalition must determine that the agencies that are implementing the preventive interventions have the capacity to sustain the effort. The coalition, as the steward of the community's prevention system, ensures that organizations have the capacities needed to participate fully within the coalition and the community prevention system, including:
    - Administrative structures and linkages that support the efforts of the community's coalition to strategically integrate the skills and capacities of community organizations to achieve targeted reductions in substance misuse and/or problem gambling behaviors and consequences.
    - Administrative policies and procedures that permit community organizations to respond as data indicates to changes in community conditions.
    - Administrative structures within prevention-focused community organizations that support staff or contracted partners to ensure the community has the

expertise needed to plan for and carry out prevention strategies that will achieve the expected outcomes.
    - The organization has multiple funding sources that support efforts in these areas.

The coalition must assure that the community can sustain the prevention system and its impacts by working to:

- Cultivate community support for the prevention system and its outcomes. The community coalition must assure it attains broad community support for its outcomes through:
- Ongoing, dynamic interactive communication with key partners and community leaders.
- Cultivating partners as leaders and champions who support the coalition.
    - Awareness and support for the coalition and its strategy by community members who integrate concern for substance misuse and/or problem gambling issues into their professional, social, or personal considerations.

*Source: **Planning for Sustainability**, Substance Abuse and Mental Health Services Administration, 2018*

Additional Resources

Sustainability Primer: Fostering Long-Term Change to Create Drug-Free Communities, CADCA *(https://www.cadca.org/resource/sustainability-primer-fostering-long-term-change-to-create-drug-free-communities/)*

Chapter 46, Planning for Sustainability, Community Tool Box, University of Kanas (https://ctb.ku.edu/en/table-of-contents/sustain/long-term-sustainability)

Cultural Competence

According to SAMHSA, “Cultural competence is the ability to interact effectively with people of different cultures. In practice, both individuals and organizations can be culturally competent. Culture must be considered at every step of the Strategic Prevention Framework (SPF). ‘Culture’ is a term that goes beyond just race or ethnicity. It can also refer to such characteristics as:

- Age
- Gender
- Sexual orientation
- Disability
- Religion
- Income level
- Education
- Geographical location
- Profession

Cultural competence means to be respectful and responsive to the health beliefs and practices – and cultural and linguistic needs – of diverse population groups. Developing cultural competence is also an evolving, dynamic process that takes time and occurs along a continuum.”

Source: A Guide for SAMHSA’s Strategic Prevention Framework, Substance Abuse and Mental Health Services Administration, June 2019 (https://library.samhsa.gov/sites/default/files/strategic-prevention-framework-pep19-01.pdf)

SAMHSA’s Center for Substance Abuse Prevention (CSAP) has identified the following principles of cultural competence:

- Ensure community involvement in all areas.
- Use a population-based definition of community. (Let the community define itself.)
- Stress the importance of relevant, culturally appropriate prevention approaches.
- Employ culturally competent evaluators.
- Promote cultural competence among program staff who reflect the community they serve.
- Include the target population in all aspects of prevention planning.

SKILLS FOR CULTURAL COMPETENCY

SAMHSA’s Center for the Application of Prevention Technologies further identified these skills. When applying the five steps of the SPF, culturally competent prevention professionals are able to do the following:

Assess Needs

- Accurately assess the influence of their own values, perceptions, opinions, knowledge, and social position on their interactions with others.
- Provide and promote an atmosphere in which similarities and differences can be explored and understand that this process is not only cognitive but inclusive of attitudes and emotions, as well.

Build Capacity

- Learn to be an ally to groups that experience prejudice and discrimination in the community, as well as help others learn to be an ally to their own cultural groups.
- Help expand other people's knowledge of their own culture and affirm and legitimize other people's cultural perspectives.

Plan

- Learn to embrace new, ambiguous, and unpredictable situations, and be persistent in keeping communication lines open when misunderstandings arise.
- Encourage community members to see themselves in a multicultural perspective and promote the growth of skills in cross-cultural interactions and communication.

Implement

- Encourage and accommodate a variety of learning and participation styles, building on community members' strengths.
- Draw upon the experiences of participants or collaborators to include diverse perspectives in any given intervention.

Evaluation

- Be skeptical about the validity of diagnostic tools applied to people who are culturally different from those upon whom the norms were based.
- Understand, believe, and convey that there are no culturally deprived or culturally neutral individuals or groups, and that all cultures have their own integrity, validity, and coherence and deserve respect.

Source: Strategic Prevention Framework (SPF) Guiding Principle: Cultural Competence, Great Lakes PTTC (https://pttcnetwork.org/wp-content/uploads/2024/05/Cultural-Competence-SPF-Principle-Overview.pdf)

NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) IN HEALTH AND HEALTH CARE

Health equity is the attainment of the highest level of health for all people. Currently, individuals across the United States from various cultural backgrounds are unable to attain their highest level of health for several reasons, including the social determinants of health. These are the conditions in which individuals are born, grow, live, work, and age, such as socioeconomic status, education level, and the availability of health services. Though health inequities are directly related to the existence of historical and current discrimination and social injustice, one of the most modifiable factors is the lack of culturally and linguistically appropriate services, broadly defined as care and services that are respectful of and responsive to the cultural and linguistic needs of all individuals.

Source: National Cultural and Linguistically Appropriate Services Standards, U.S. Department of Health and Human Services Office of Minority Health, 2025 (https://thinkculturalhealth.hhs.gov/clas/standards)

Additional Resources

Resources on Health Literacy

Health Literacy Online: A Guide for Simplifying the User Experience, Office of Disease Prevention and Health Promotion (https://odphp.health.gov/healthliteracyonline/)

Everyday Words for Public Health Communication, Centers for Disease Control and Prevention (https://www.cdc.gov/ccindex/everydaywords/index.html)

CDC Clear Communication Index, Centers for Disease Control and Prevention (https://www.cdc.gov/ccindex/widget.html)

Resources on Cultural Competency

National Culturally and Linguistically Appropriate Services Standards, U.S. Department of Health and Human Services (https://thinkculturalhealth.hhs.gov/clas/standards)

Strategic Prevention Framework (SPF) Guiding Principle: Cultural Competence, Prevention Technology Transfer Center Network (https://pttcnetwork.org/wp-content/uploads/2022/12/Cultural-Competence-SPF-Principle-Overview.pdf)

Incorporating Cultural Competence into Your Comprehensive Plan, CADCA National Coalition Institute (https://www.cadca.org/wp-content/uploads/2019/02/cultural_competencecompressed.pdf)