

Iowa's Center of Excellence for Behavioral Health

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# Webinar 3: Understanding the Strategic Prevention Framework

**FOUNDATIONS IN BEHAVIORAL HEALTH PREVENTION WEBINAR SERIES**

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# Disclaimer

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# Welcome & Agenda

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- Introduction to the Strategic Prevention Framework (SPF)
- Assessment
- Capacity
- Planning
- Implementation
- Evaluation
- Sustainability

# Objectives

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1. Review the five steps of strategic prevention framework (SPF).
2. Explore how SPF aligns with prevention theory and science.
3. Examine application of core principles: cultural competence and sustainability.

# The Strategic Prevention Framework

*Why use a strategic planning model?*



# Key Characteristics of the SPF

- Dynamic and iterative
- Data-driven
- Encourages a team approach



# The SPF Answers...

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- What is the problem?
  - What is driving the problem?
  - Where is the problem occurring and for whom?
- What do you have to work with?
- What should you do and how should you do it?
- How can you put your plan into action?
- Is the plan succeeding?

# At the Center of the SPF

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## Cultural competence

The ability to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

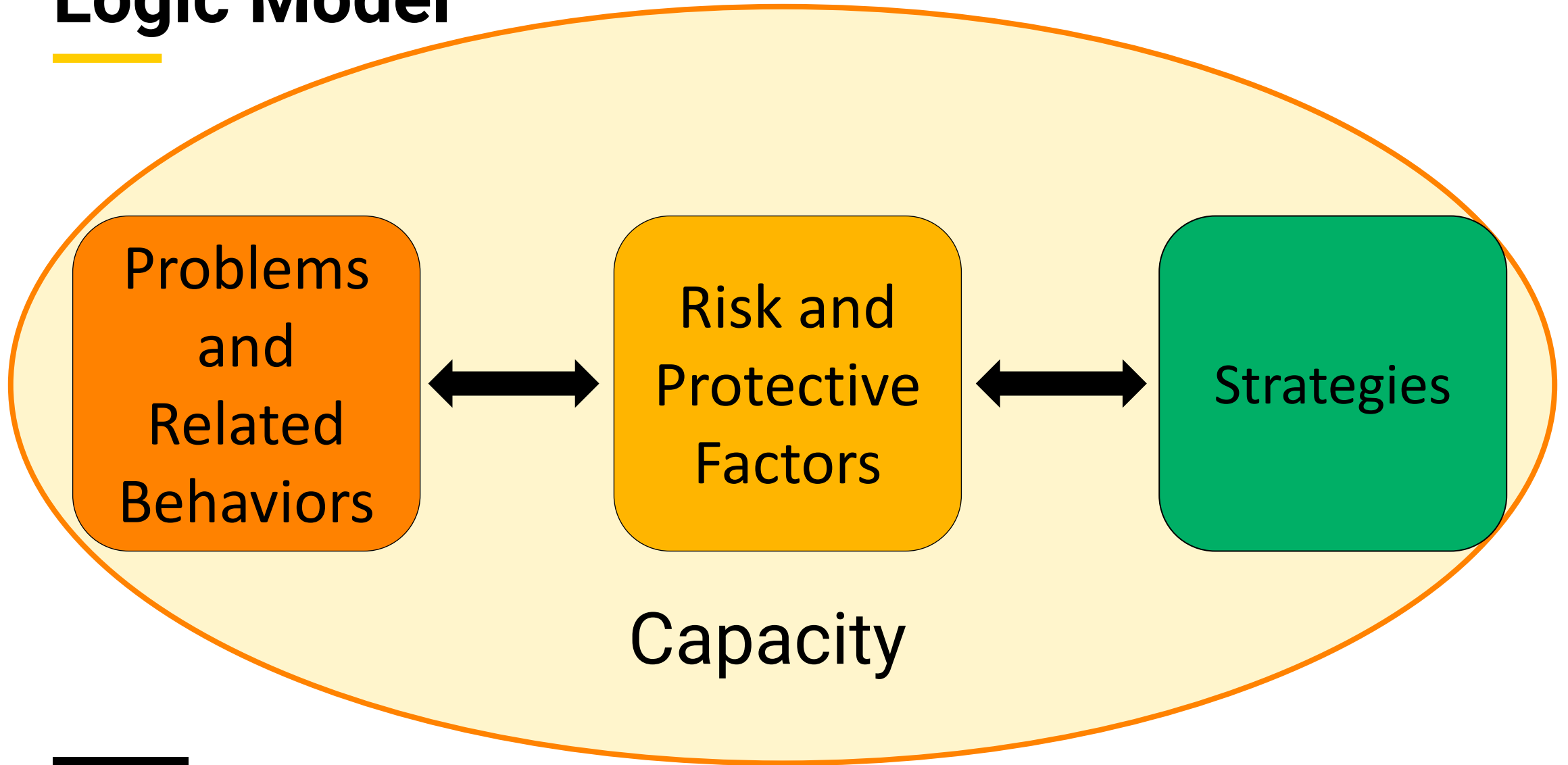
## Sustainability

The process of building an adaptive and effective system that achieves and maintains desired long-term results





# Logic Model



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# Assessment

*What is the problem?*



# What to Assess

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**The nature and extent of problems  
and related behaviors**



**The risk and protective factors that influence these  
problems and behaviors**



**The existing resources and readiness of the community  
to address its problems**

# Assessment Seeks to Answer Questions

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- ***What*** problems and behaviors are occurring in the community?
- ***How often*** are these problems and related harmful behaviors occurring? Which ones are happening the most?
- ***Where*** are these problems and related harmful behaviors occurring?
- ***Who*** is experiencing more of problems and related harmful behaviors?



# Problems and Related Behaviors

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## PROBLEM

Adult Binge Drinking

## RELATED BEHAVIORS

- Alcohol Poisoning
- Fatal and Nonfatal Accidents
- Substance Misuse Disorder

# Quantitative Data Sources

## National/State

- ☐ Government websites
- ☐ Survey-specific websites
- ☐ State departments/data warehouse

## Local

- ☐ Health Departments
- ☐ Hospitals/Clinics
- ☐ Police Departments
- ☐ Schools/Colleges

# Qualitative Data: The Why?

## Used when:

- ❑ No or little qualitative data available
- ❑ Data requires additional context
- ❑ such as sub-populations

## Collected through:

- ❑ Observations
- ❑ One-to-one interviews
- ❑ Focus groups

# **Tips To Remember About Data**

- Look for relationships and patterns
- Notice any data gaps
- Examine different kinds of data
- Be aware that not all data are equal
- Consider populations when examining data



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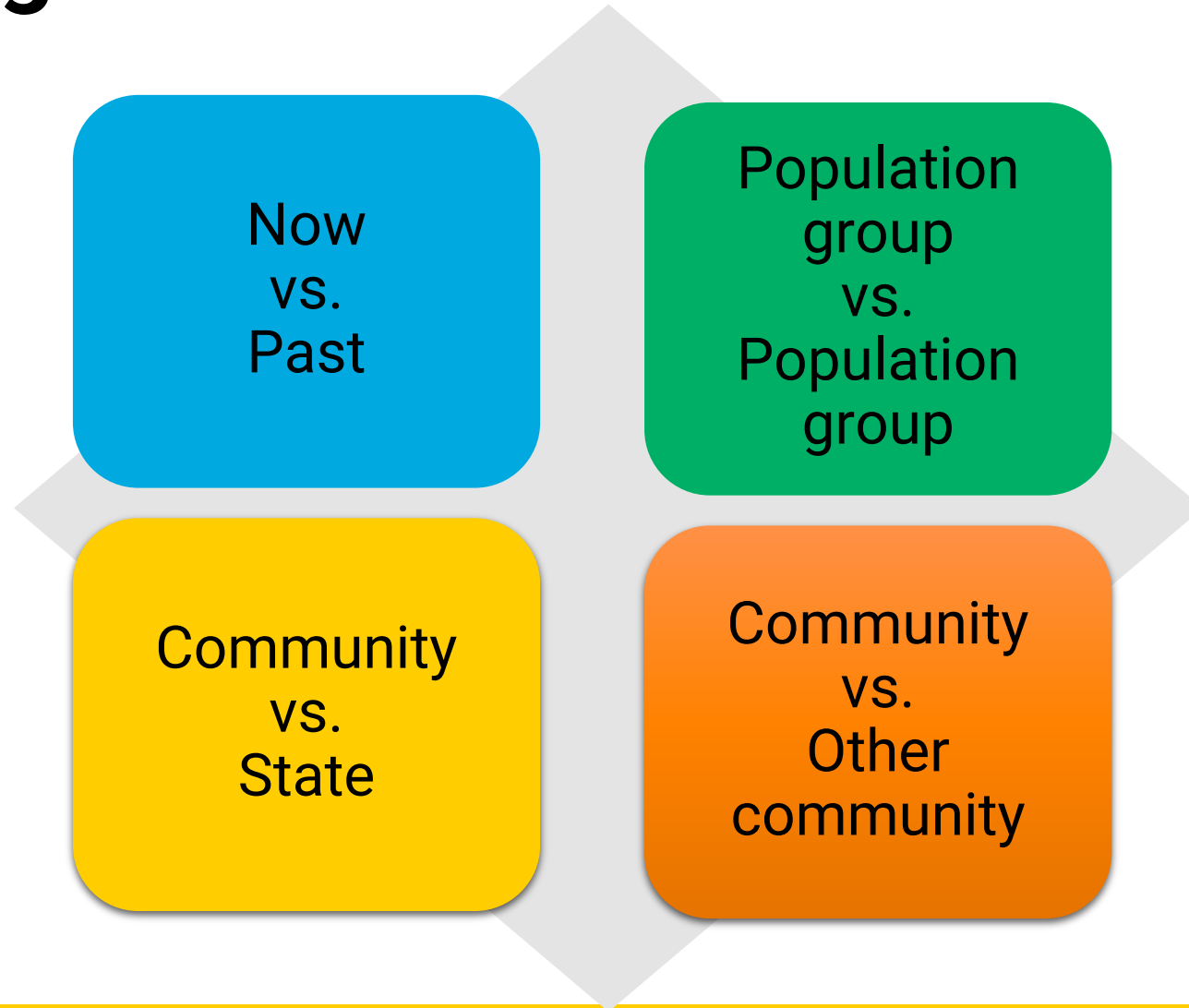
# **Prioritize Problem Behaviors**

# Logic Model: Problems & Behaviors



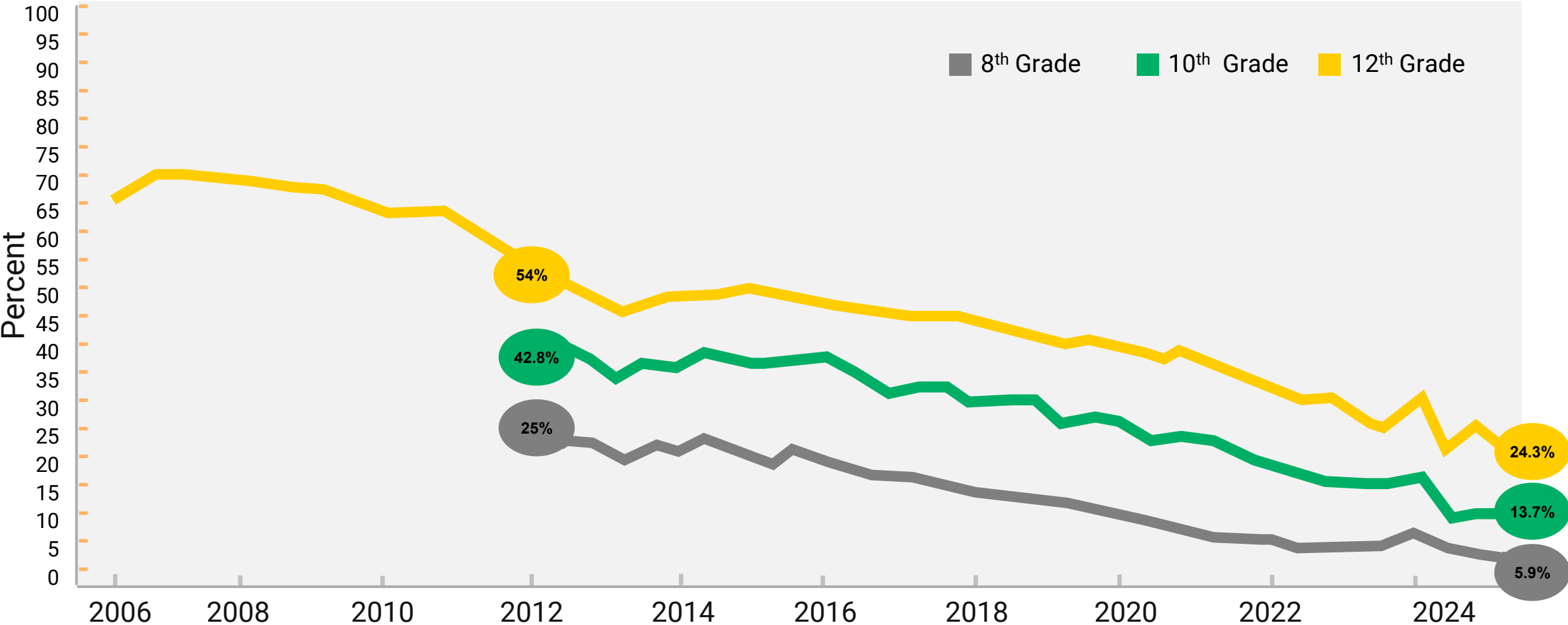
- What are the problems and behaviors?
- What populations are experiencing the problems?

# Comparing Data



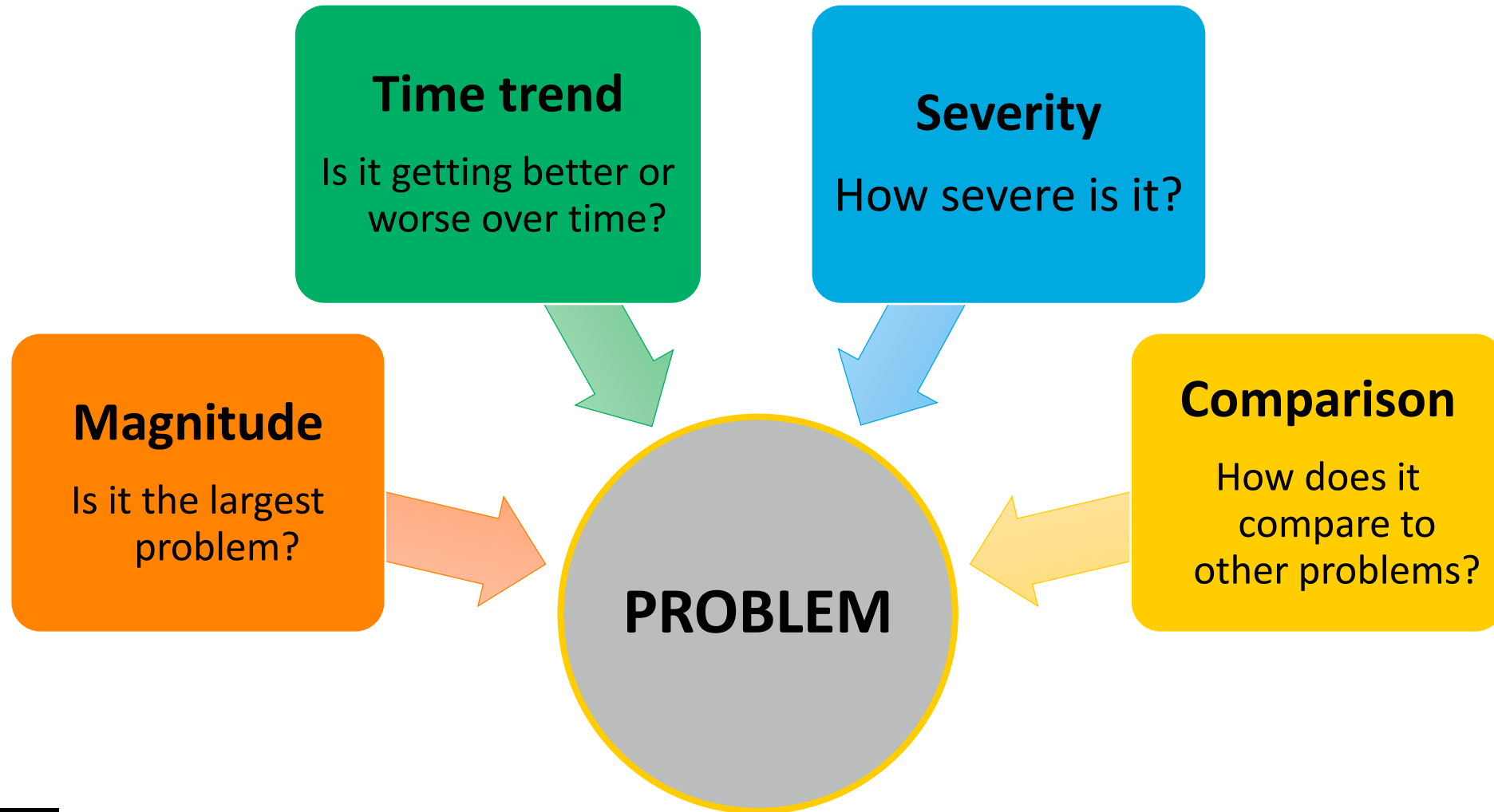
# Comparison

## Trends in 30-Day Prevalence of Use in Grades 8,10, and 12

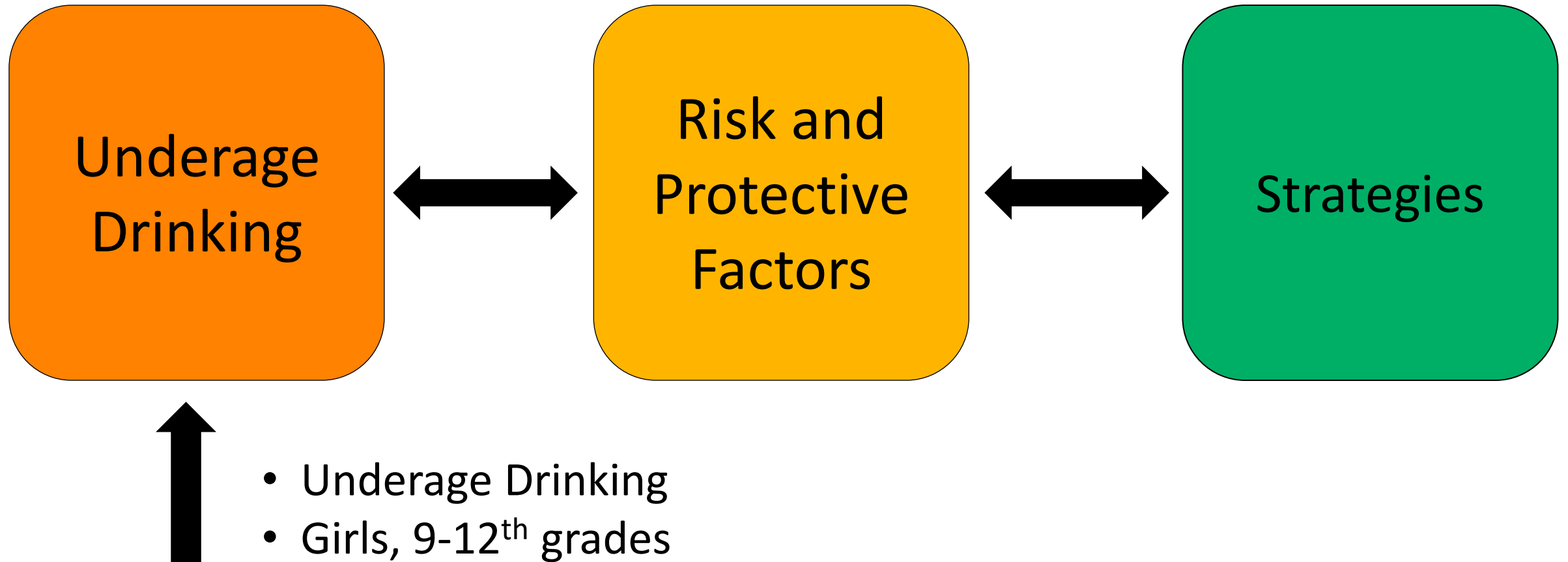


# Prioritization Criteria

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# Logic Model: Problem Identified



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# **Identify Risk and Protective Factors**

# RISK AND PROTECTIVE FACTORS

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## Protective factors



Attributes, skills, and/or resources that are associated with a lower likelihood of developing a problem (e.g., academic achievement, parental bonding, and family cohesion).

## Risk factors

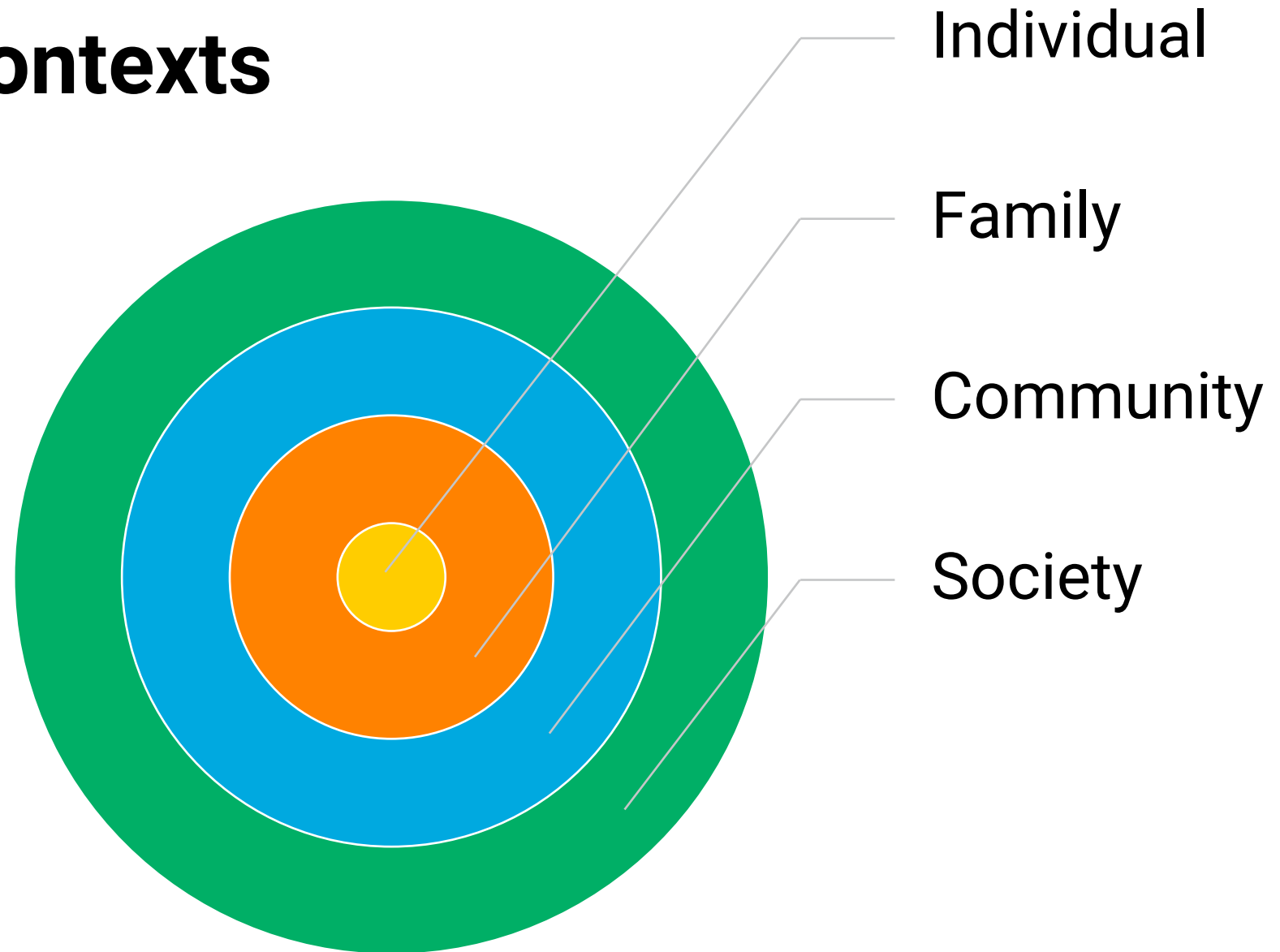
Attributes that are associated with a higher likelihood of developing a problem (e.g., low impulse control, peer substance use).





# Multiple Contexts

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# Key Features of Risk and Protective Factors

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- Risk and protective factors...
  - exist in multiple contexts;
  - are correlated and cumulative; and
  - are influential over time.
- Individual factors can be associated with multiple problems.

# Logic Model: Risk and Protective Factors



- How much are the risk and protective factors influencing the problem?
- Does the factor impact the priority population?

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# Capacity

*Assess and build local resources and readiness to address prevention needs.*



# Defining Capacity: Resources

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# Assessing Capacity

# Assessing Resources

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Resources

## Types of Resources

- Financial
- Organizational
- People, Partners, and Interested parties
- Prevention Knowledge and Skills

# Assessing Readiness

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## Components of readiness:

- Acceptance of the problem and need for change
- Able to take action to change
- Partner interest in addressing the problem





# Readiness Assessment Steps

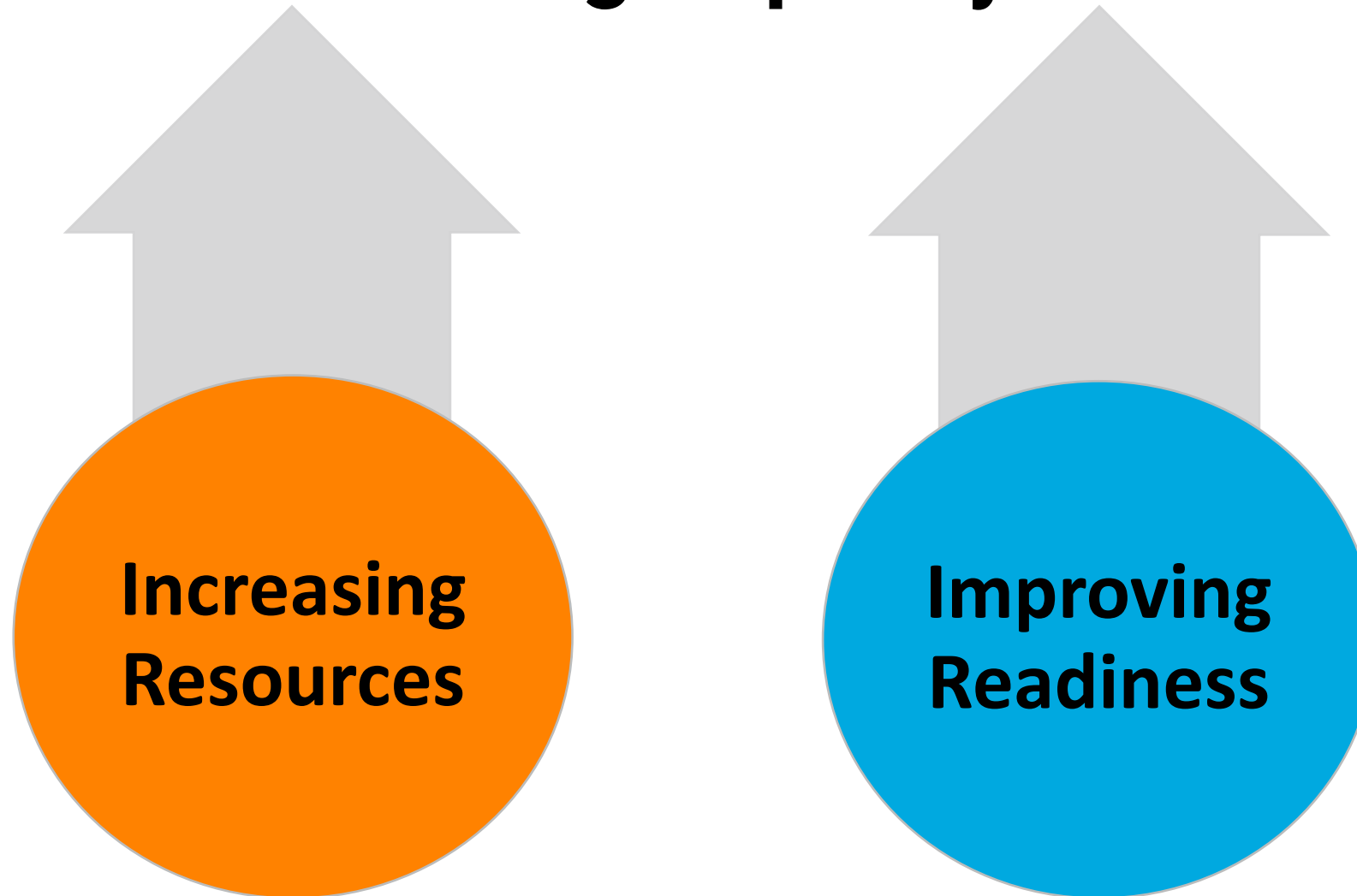
- 1 Community-wide readiness survey instruments
- 2 Community-wide readiness models such as the Tri-ethnic Center
- 3 Key Informant interviews
- 4 Focus groups

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# Building Capacity

# **Two Parts to Building Capacity**

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# Increasing Resources

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Raise Awareness



Engage interest groups



Strengthen collaborative groups and partnerships

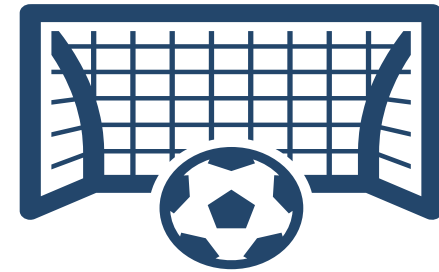
# Improving Readiness



Show Impact



Share Data



Highlight Shared  
Goals

*Based on your community's level of readiness, you may have to try different ways to improve understanding of the problem and the role of prevention.*

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# Planning

*Find out what works to address prevention needs and how to do it well*



# Planning Steps

- ❑ Prioritizing risk and protective factors.
- ❑ Selecting prevention interventions.
- ❑ Develop a comprehensive, logical, and data-driven prevention plan.

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# **Prioritizing Risk and Protective Factors**



# Logic Model: Risk & Protective Factors



- How much are the risk and protective factors influencing the problem?
- Does the factor impact the priority population?

# Why Prioritize Risk & Protective Factors

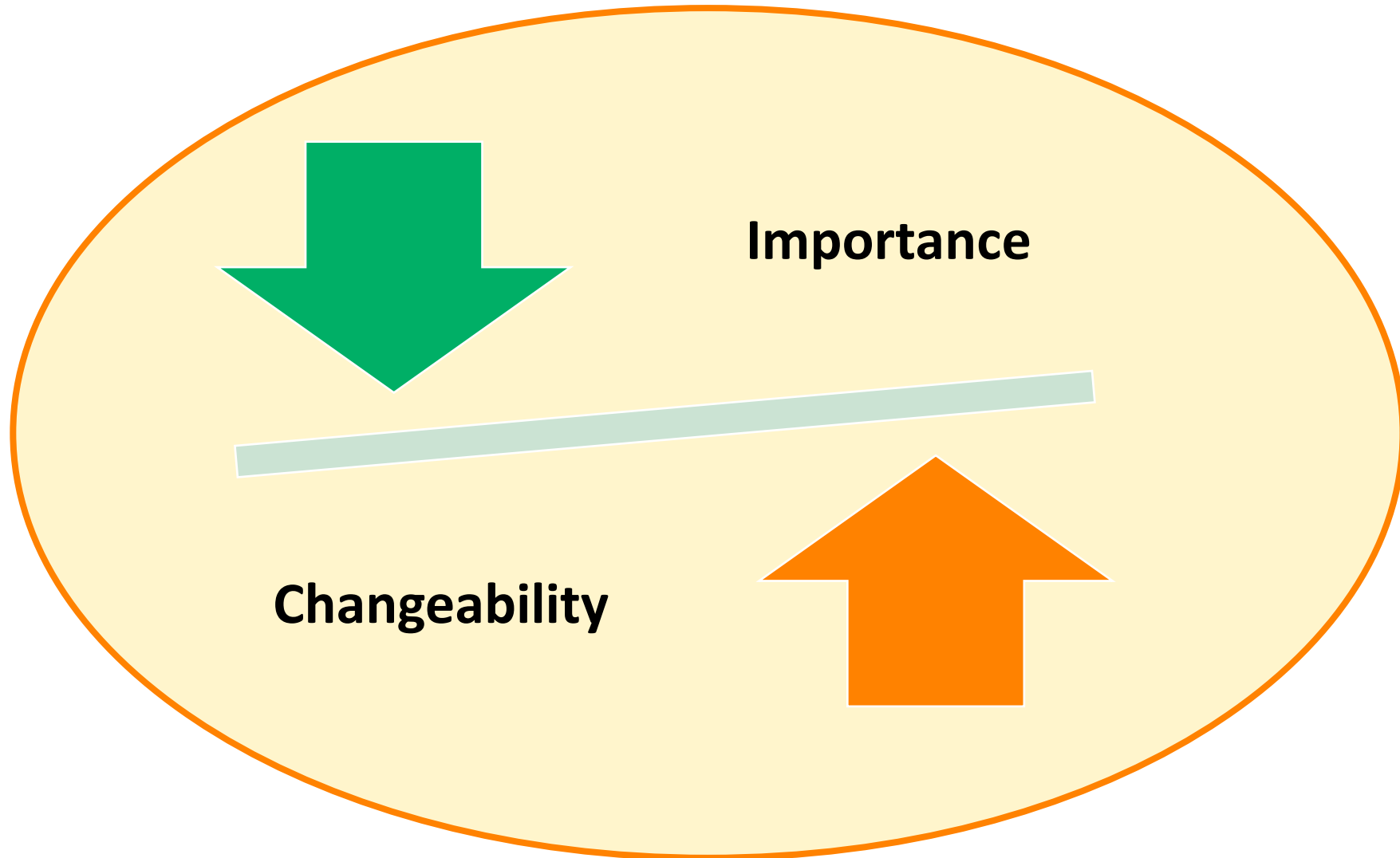
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- Focus your resources
- Increase the likelihood of successfully implementing with available resources
- Ensures the factors selected are driving the problem



# Balancing Criteria and Capacity

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# Logic Model: Risk Factors Identified



- Misperception of peer alcohol use
- Perceived parental approval of alcohol use

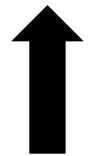
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# Selecting Strategies

# Logic Model: Strategies



- What strategies address the prioritized risk factors?
- Which strategy do we have the capacity to support?



# Selecting Evidence-based Strategies

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- Based on prioritized risk and protective factors
- Consider capacity
- Comprehensive approach to prevention



# Examples Of Strategies

- ❑ Education-based programs
- ❑ School and community bonding activities
- ❑ Communication and public education
- ❑ Policy
- ❑ Enforcement



# Selecting Strategies: Things To Consider

## Effectiveness

- Is the strategy effective?

## Practical Fit

- Is the strategy feasible for the community?

## Conceptual Fit

- Will the strategy impact the risk and/or protective factors?

# Effectiveness: Is It Evidence-based?

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1

It has been included in a **federal registry** of evidence-based interventions.

2

It has been reported in **peer-reviewed journals** with positive effects.

3

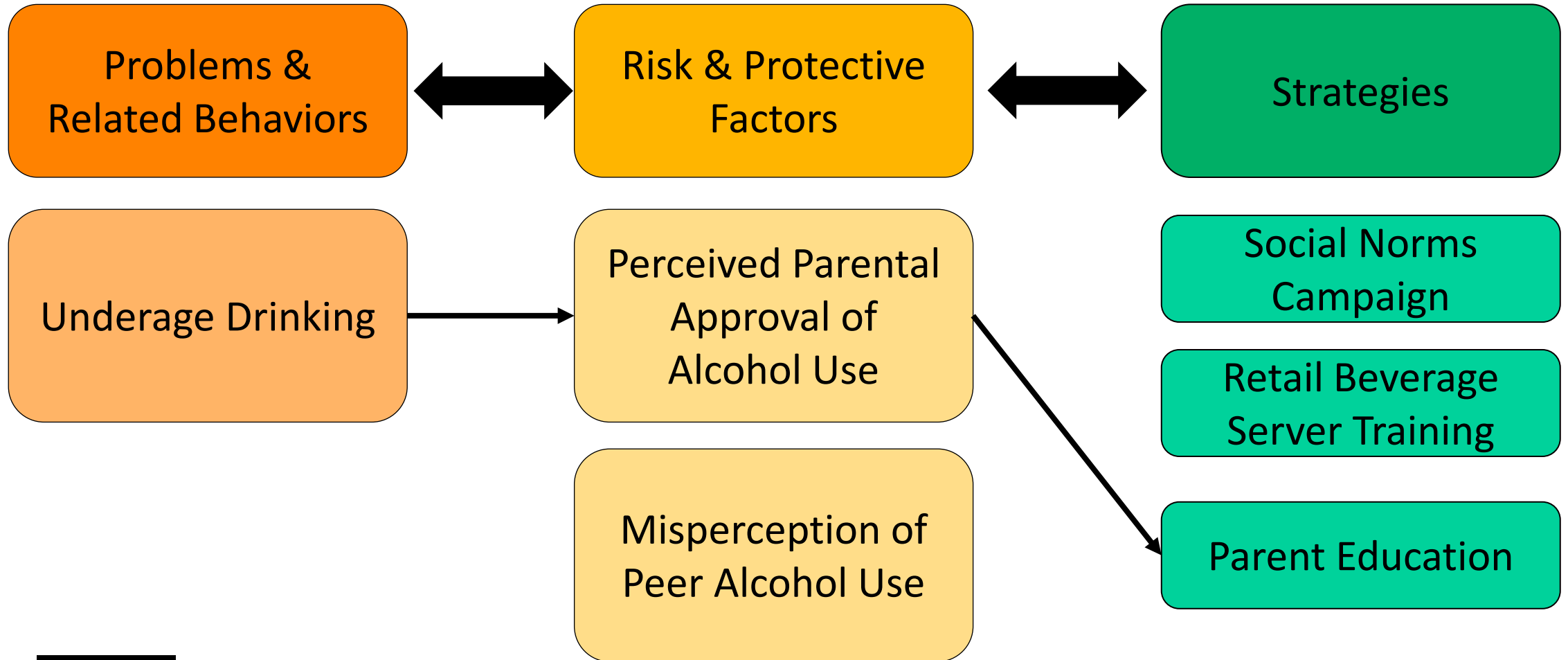
It has documented effectiveness that is **supported by other sources** of information and the **consensus of experts**.

# Practical Fit: Is It Appropriate?

- Does the community have the resources?
- Does the strategy add to or reinforce existing efforts?
- Will the community support the strategy?
- Does it meet the needs of the population of focus?



# Conceptual Fit: Is it Relevant?



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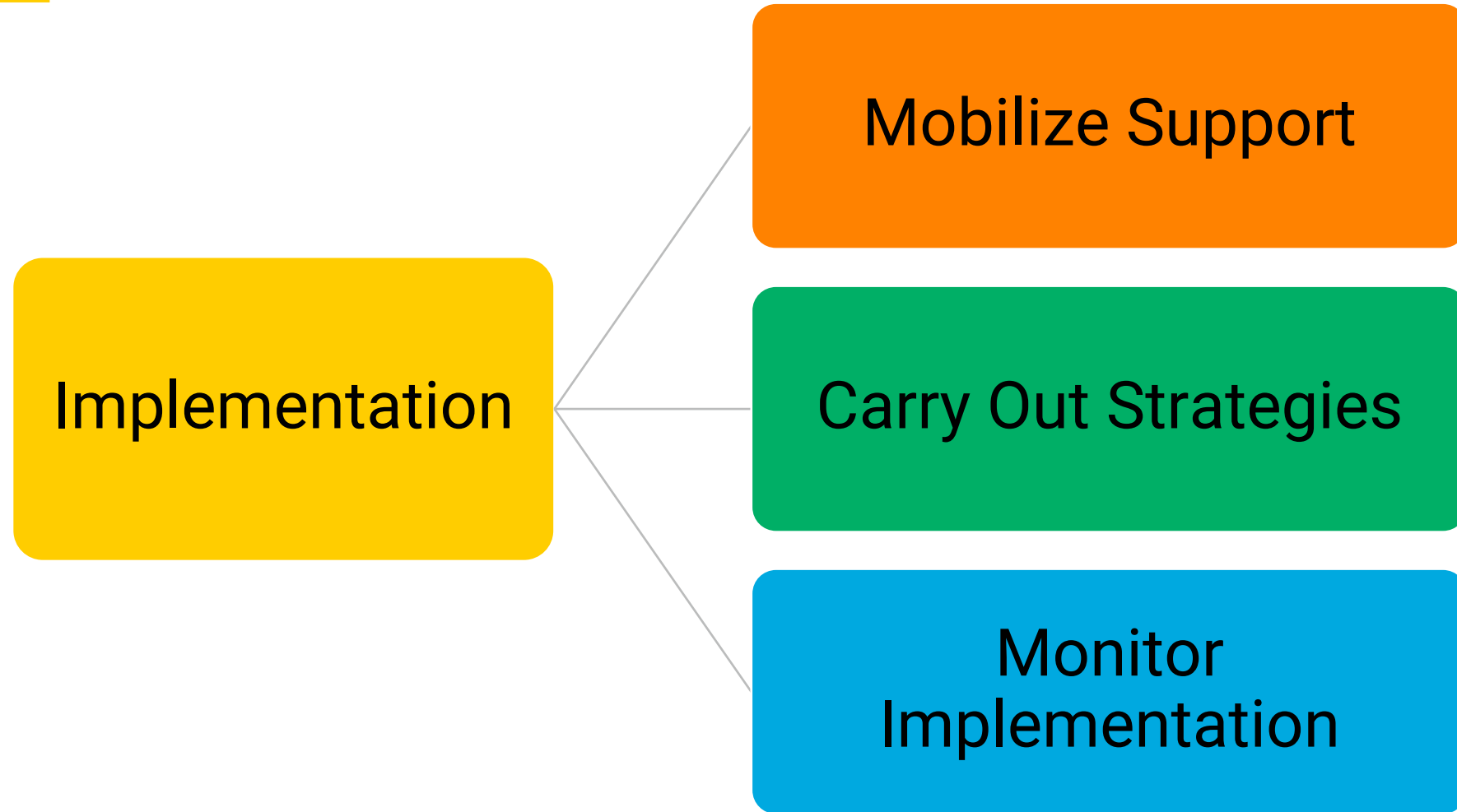
# Implementation

*Deliver evidence-based programs and practices as intended*



# Implementation in Three Steps

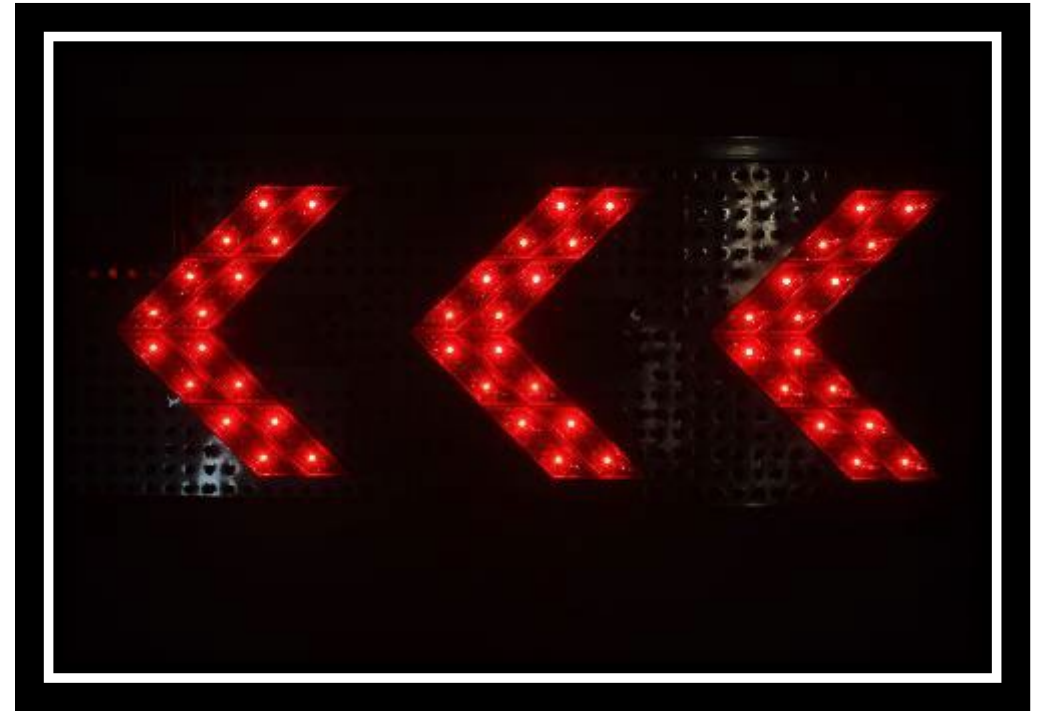
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# 1. Mobilize Support

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- Introduce the strategy to relevant partners and invested parties.
- Increase community awareness.
- Provide training.
- Plan for any anticipated adaptations.



## 2. Implement Strategies: GO TIME

- Carry out strategy as planned.
- Implement the strategy's components and procedures.
- Gather data on implementation.
- Make adaptations as needed.





# 3. Monitor Implementation

## ☐ Was the intervention implemented as planned?

- Number of sessions
- Focus population
- Timetable
- Staffing
- Setting

## ☐ What adaptations were made to the interventions?



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# Evaluation

*Examine the process and outcomes  
of programs and practices*



# Why Evaluation is Important



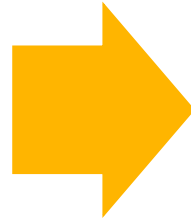
Monitor  
Implementation

Improve  
Implementation

Make Future  
Decisions

# Types of Evaluation

Process Evaluation



How was the  
program  
implemented?

Outcome Evaluation



Did anything  
change?

# Collecting Evaluation Data

## Process Evaluation Tools

- Attendance lists
- Meeting minutes
- Implementation checklists
- Activity journals

## Outcome Evaluation Tools

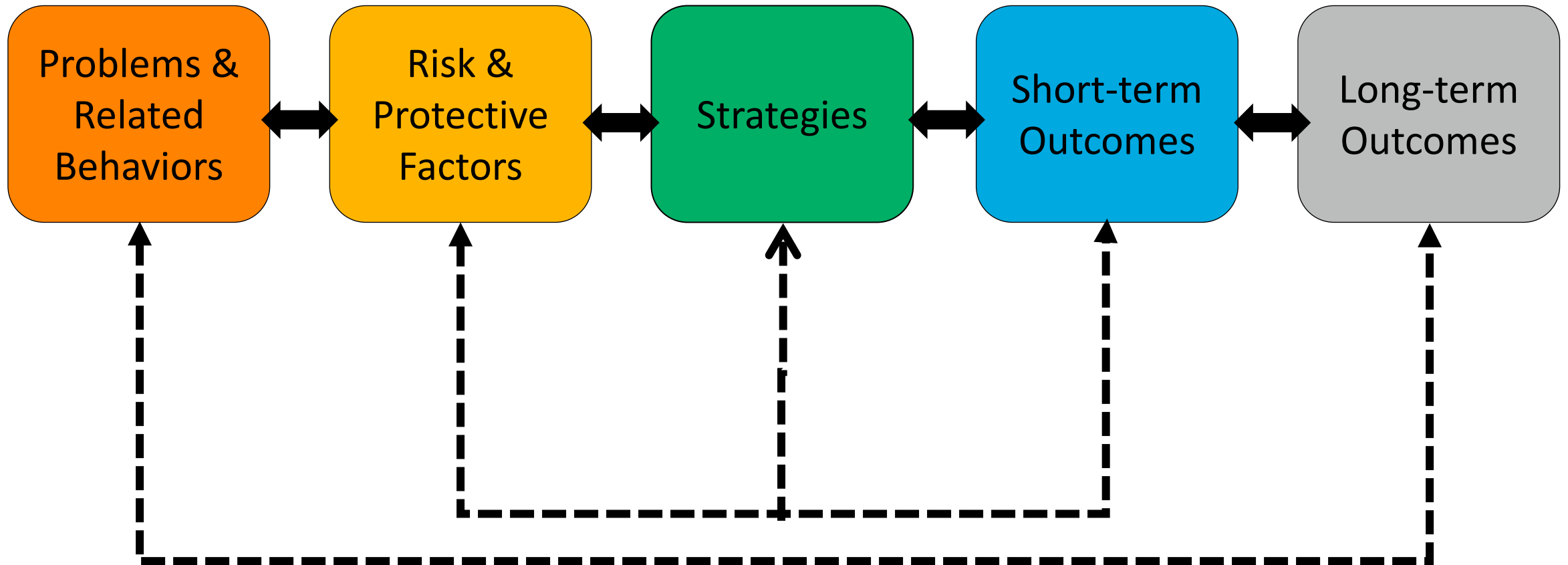
- Pre/post tests
- Outcome surveys
- Pre/post observations
- Pre/post focus groups/interviews

# Levels of Outcomes

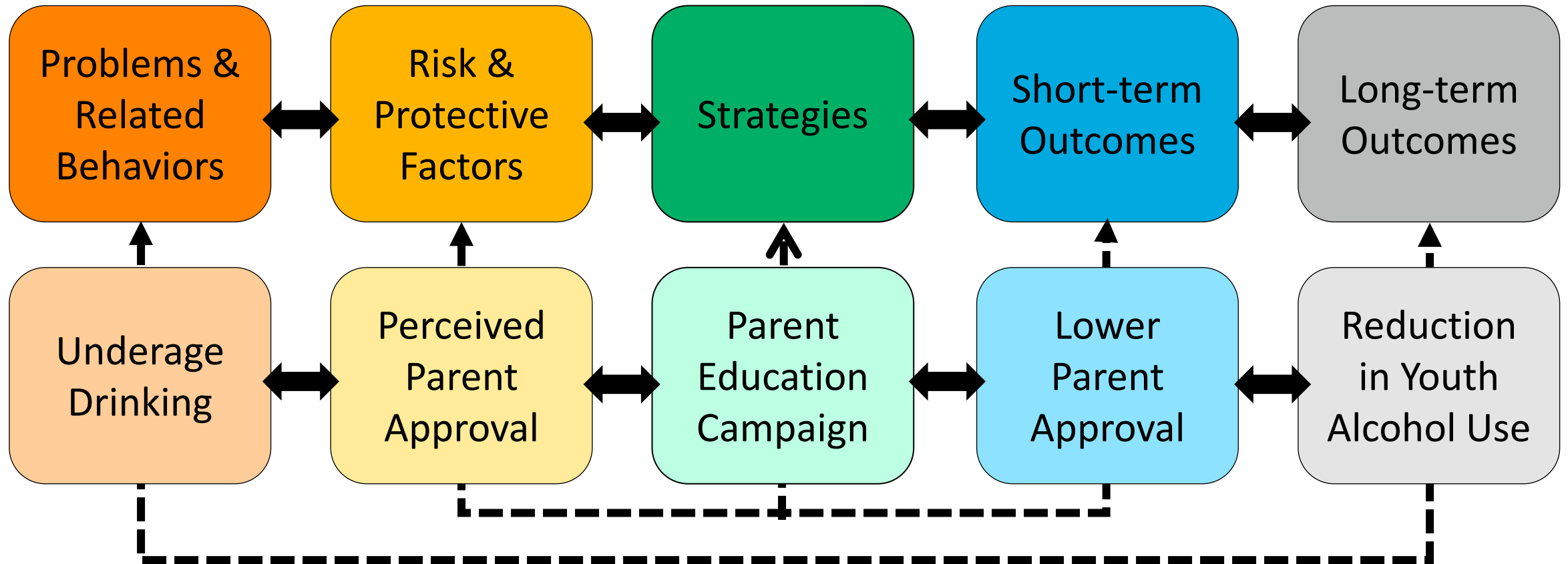
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- **Short Term:** Targeted outcomes that the program is designed to change, such as knowledge or attitudes
- **Intermediate:** Changes in the risk or protective factors the program is designed to impact
- **Long Term:** Changes in the initial problem or behavior identified; often the result of the sustained change in the targeted factor(s)

# Complete Logic Model



# Our Logic Model





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# Sustainability

*Ensure processes and outcomes can be maintained into the future.*



# The Three Keys to Sustainability

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- Organizational Capacity
- Effectiveness
- Community Support



# Sustainability Milestones Throughout the SPF

| Assessment                 | Capacity  | Planning                                  | Implementation   | Evaluation                                     |
|----------------------------|---|---|--|--|
| Key partners engaged       | Community readiness assessment completed              | Risk and protective factors identified    | Strategy specific capacity-building plan implemented   | Evaluation plan in place                       |
| Data agreements formalized | Staff capacity gaps identified                        | Strategies to address priorities selected | Fidelity monitoring system in place                    | Ongoing evaluation capacity building           |
| Capacity data reviewed     | Capacity building plan created                        | Logic model developed                     | Process and outcome data collection processes in place | Ongoing monitoring of process and outcome data |
| Gaps identified            | Relationship building with key partners and champions | Implementation plan created               | Key partnerships formalized                            | Regular updates on process and outcome data    |



**Good prevention  
practices create  
sustainable  
prevention programs**



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# Questions

→ [iowacebh.org/prevention](https://iowacebh.org/prevention)

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