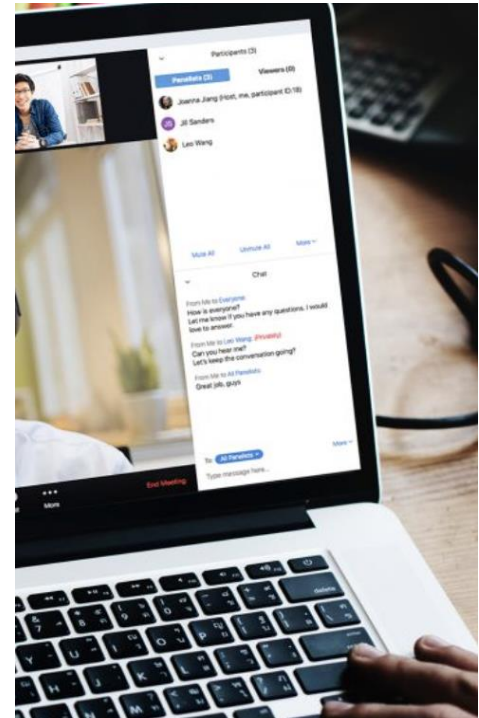


# In the CHAT: Introductions and

*In the CHAT, write:*

- 1) Your Name (and pronouns)*
- 2) Your Organization and/or Role*
- 3) Any CEUs needed: SW, LPC, WVCAPP, LE*
- 4) Location and a fun fact about it*



# Break the Cycle: Effective Prevention Through the Strategic Prevention Framework

**Shelley Mann-Lev, MPH**

**May 12, 2020**

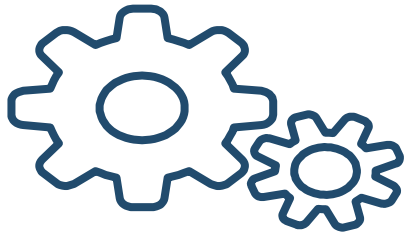


Opioid  
Response  
Network  
STR-TA

# Welcome, Introductions, Zoom-keeping

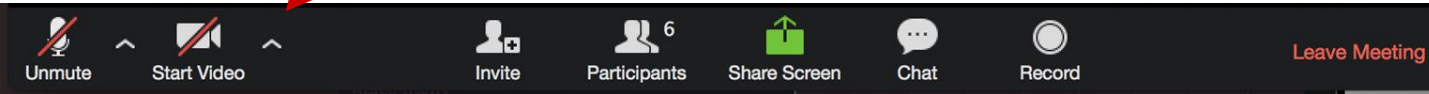
**Carri Strunk**  
**Prevention Specialist**  
**Fayette Prevention Coalition**





# Set-up on Zoom

Click Unmute and Start Video to say hello



Click Participants and Chat

# Working with communities to address the opioid crisis

✧ SAMHSA's State Targeted Response Technical Assistance (STR-TA) grant created the *Opioid Response Network* to assist STR grantees, individuals and other organizations by providing the resources and technical assistance they need locally to address the opioid crisis.

✧ Technical assistance is available to support the evidence-based prevention, treatment, and recovery of opioid use disorder.

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



# Opioid Response Network

- ✧ The Opioid Response Network (ORN) provides local, experienced consultants in prevention, treatment and recovery to communities and organizations to help address the opioid crisis.
- ✧ The ORN accepts requests for education and training.
- ✧ Each state/territory has a designated team, led by a regional Technology Transfer Specialist (TTS), who is an expert in implementing evidence-based practices.



# Learning Objectives

- 1) Define key principles and steps of the Strategic Prevention Framework (SPF) and how it helps communities address substance misuse.
- 2) Describe ways to assess community needs and readiness
- 3) Explain different types of prevention strategies, including environmental approaches



# FAYETTE COUNTY, WV

 ADD COMPARISON

POPULATION

44,602

1.31% DECLINE

POVERTY RATE

20%

MEDIAN AGE

43.3

MEDIAN HOUSEHOLD INCOME

\$39,297

3.83% GROWTH

NUMBER OF EMPLOYEES

16,147

1.31% DECLINE

MEDIAN PROPERTY VALUE

\$86,400

6.27% GROWTH



ABOUT



COVID-19



ECONOMY



HEALTH



DIVERSITY



EDUCATION



HOUSING &  
LIVING



# What is the Strategic Prevention Framework (SPF)?

- The SPF is a process that a community can follow in order to prevent and reduce the misuse of alcohol, tobacco, opioids, and other drugs
- SPF focuses on eliminating Risk Factors and strengthening Protective Factors -- root causes



# Risk and Protective Factors

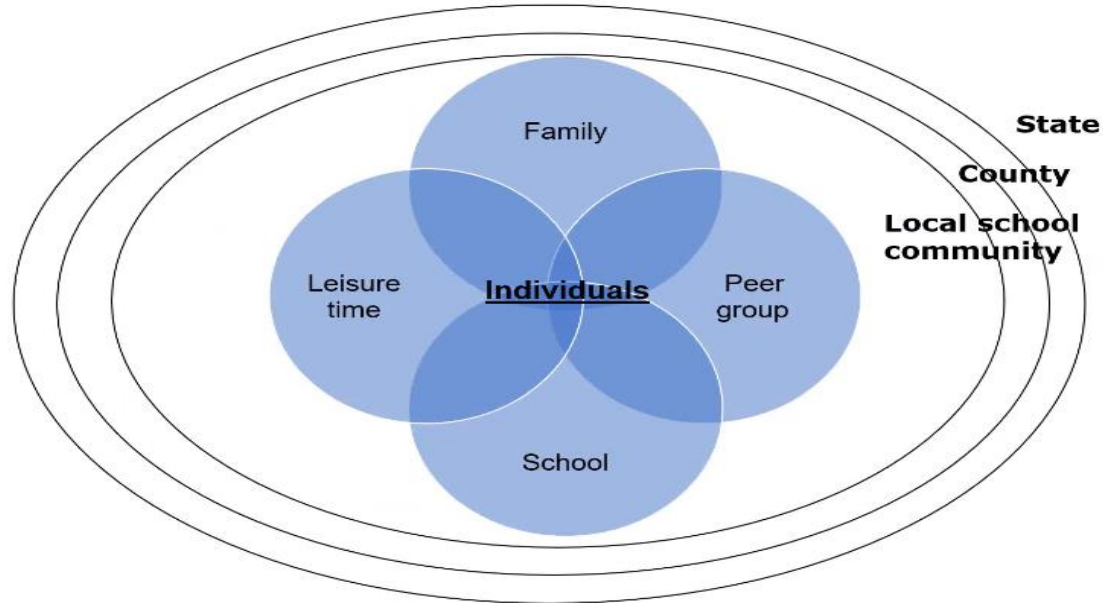
**Risk factors:** Those elements within an individual or their environment that make them **more** susceptible to negative behaviors or conditions

**Protective factors:** Those elements that make them **less** susceptible to those negative behaviors or conditions



# Multiple Domains: The Socio-Ecological Model

IPM: Ecological domains of intervention focus



# SPF has 5 Steps and 2 Guiding Principles

1. Assessment
2. Capacity
3. Planning
4. Implementation
5. Evaluation

Guiding Principles:

- ❖ Sustainability
- ❖ Cultural Competence



# Advantages of the SPF

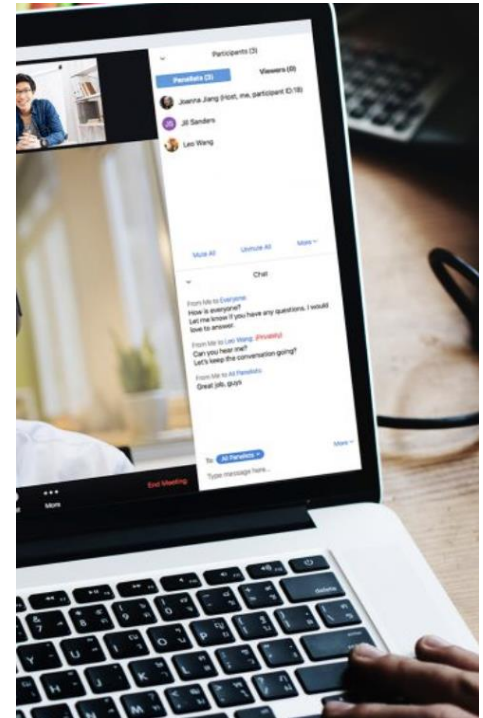
- ❖ Inclusive and participatory
- ❖ Emphasizes the role of the community in prevention
- ❖ Aims to create long-term social change by focusing on risk and protective factors that can be influenced by short- or medium-term prevention efforts
- ❖ Provides communities with proven, evidence-based strategies to choose from
- ❖ Addresses social conditions, not just individuals
- ❖ Data-driven



# In the CHAT: Who is at your Table?

Who is *Present*?

What groups are represented?



# Who's Involved Now?

## Who is Present?

- **Inmates**
- **Military**
- **Healthy Families**
- **Recovery Programs**
- **Non-profit**
- **Supports for living**
- **Youth at risk**
- **Defendants**
- **Outreach prevention**
- **Behavioral health**
- **Harm Reduction**

## Who is Missing?



# Who gets Involved? All Stakeholders

- ❖ Members of the population(s) most at risk - lived experience
- ❖ Medical professionals, particularly those who work directly with at-risk populations
- ❖ Social service workers
- ❖ Treatment and recovery specialists
- ❖ Law enforcement
- ❖ Educators





# Step 1: Assessment

## What is the problem?

- ❖ Define your community
- ❖ What are the substance use problems, how often and where, and who is being affected most
- ❖ Assess community needs and assets/resources
- ❖ Assess community readiness
- ❖ Determine the most pressing needs to address - prioritize
- ❖ Consider forming an epidemiological work group



# All Stakeholders (cont)

- ❖ Public officials and policy makers
- ❖ Parents
- ❖ Youth
- ❖ Elders
- ❖ Business community
- ❖ Faith community
- ❖ Other interested community members



# Define Your Community

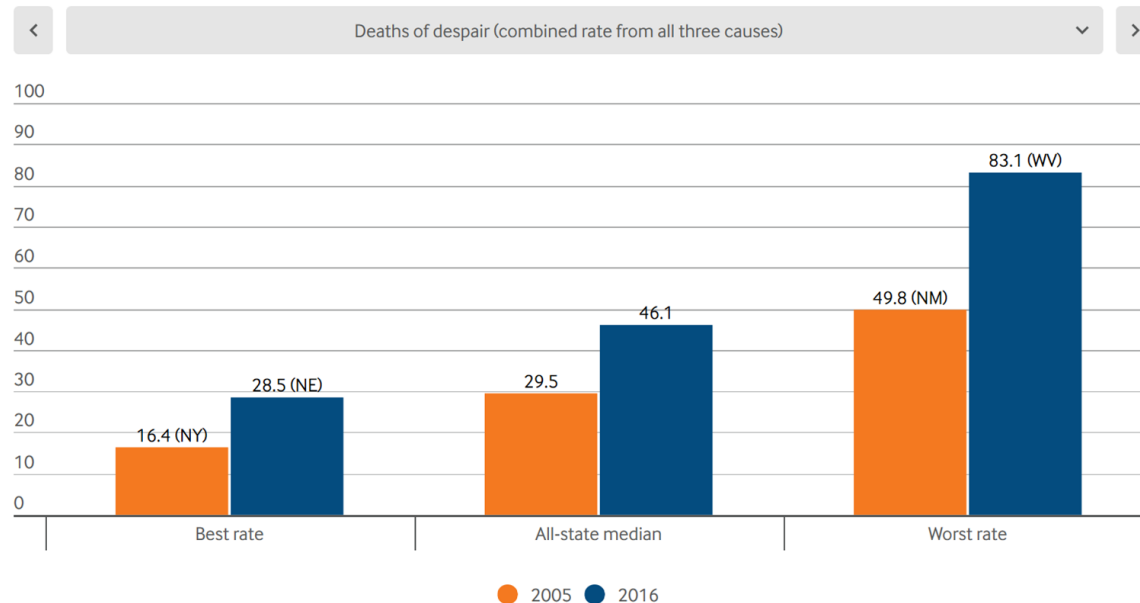


*Draw a quick map of your community and a few facts*

# Assessment: What are our community's needs and assets?

## State Variation in Death Rates from Drug Overdoses, Alcohol Abuse, or Suicide, 2005 and 2016

Deaths from drugs, alcohol, or suicide per 100,000 people



Quantitative Data  
Mortality rates



# Opioid Misuse Community Assessment Tool

<https://opioidmisusetool.norc.org/#>

County Profile: 2014-2018

## Fayette County, WV

### Drug Overdose Mortality Rate

**70.4**

Deaths per 100k population  
(Ages 15-64)

70.7

West Virginia Drug Overdose  
Mortality Rate

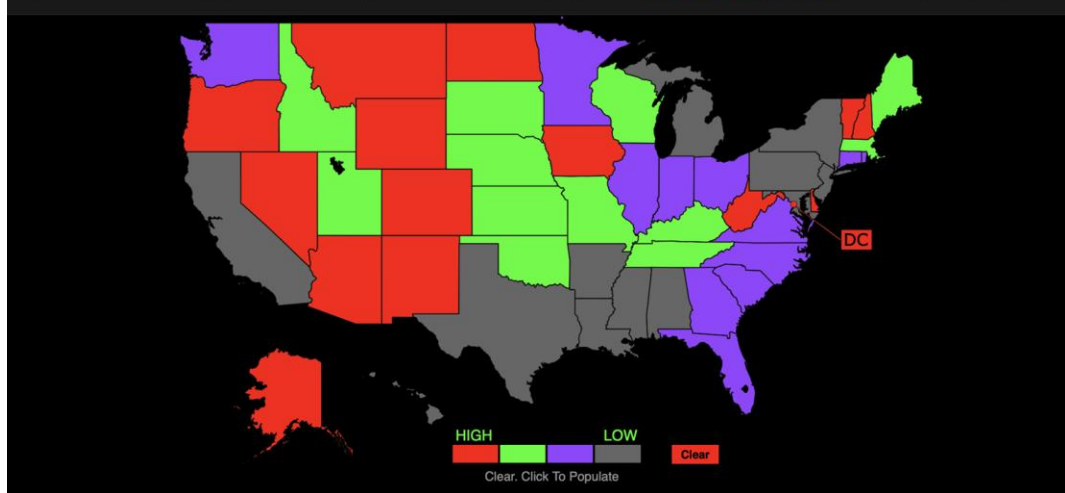
27.1

U.S. Drug Overdose Mortality  
Rate



# Alcohol Mortality Rates

HOME ABOUT WORLD HEALTH RANKINGS RESEARCH AND FEATURES USA HEALTH RANKINGS ANIMAL LIFE EXPECTANCY



Rank	State	Rate	Rank	State	Rate	Rank	State	Rate
1	NEW MEXICO	10.7	18	MAINE	3.4	35	NORTH CAROLINA	2.5
2	MONTANA	6.9	19	IDAHO	3.2	36	SOUTH CAROLINA	2.5
3	WYOMING	6.4	20	MASSACHUSETTS	3.2	37	VIRGINIA	2.4
4	OREGON	5.8	21	TENNESSEE	3.1	38	CONNECTICUT	2.4
5	COLORADO	5.1	22	KENTUCKY	3.1	39	GEORGIA	2.4
6	NORTH DAKOTA	5.0	23	UTAH	3.0	40	MICHIGAN	2.4
7	ALASKA	4.7	24	NEBRASKA	3.0	41	NEW YORK	2.1
8	NEVADA	4.6	25	KANSAS	3.0	42	NEW JERSEY	2.0
9	WEST VIRGINIA	4.4	26	MISSOURI	2.9	43	PENNSYLVANIA	2.0



# Some good news



West Virginia  
Department of  
Health & Human Resources

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[Employment](#)

[WVDHHR](#) > [News & Announcements](#) > [Gov. Justice - DHHR Data Suggests West Virginia Overdose Deaths Appear to be Declining](#)

## Gov. Justice - DHHR Data Suggests West Virginia Overdose Deaths Appear to be Declining

01/15/2019



## Positive signs in the West Virginia opioid crisis

SHARE ARTICLE

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Tweet

Share 1



by Talkline host  
Hoppy Kercheval

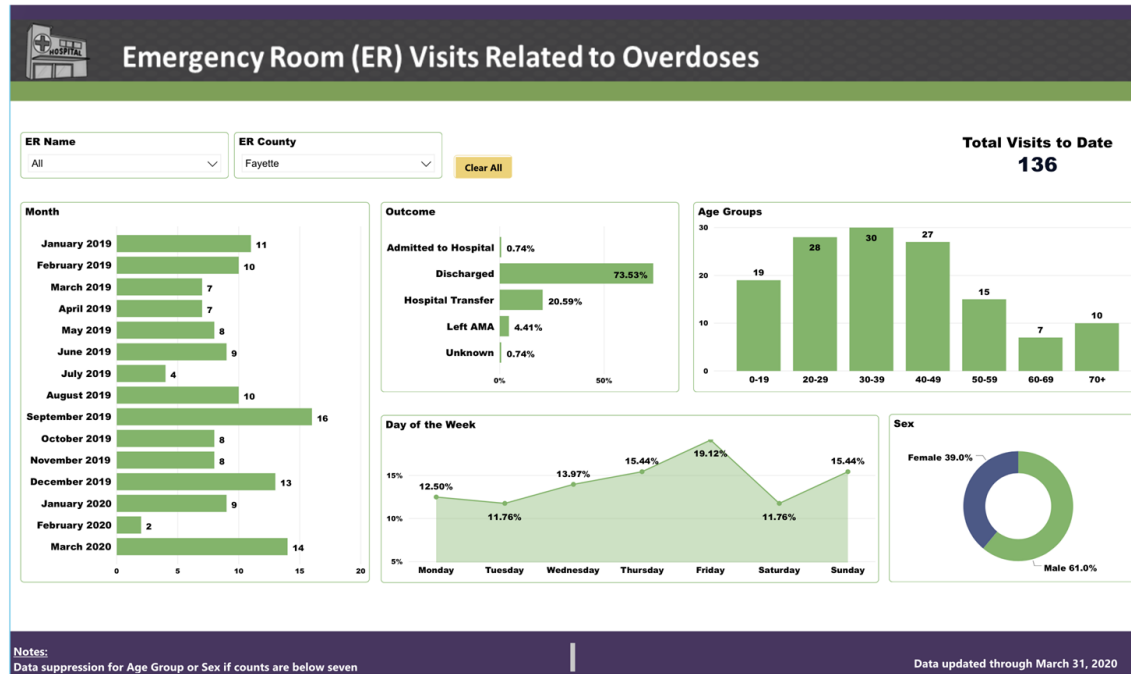
Hoppy's Commentary | February 03, 2020 at 12:29AM

In 2018, two to three West Virginians died every day on average from drug overdoses. Figures from the West Virginia Health Statistics Center for 2018—the most recent year figures are available—show that 900 people in our state died from overdoses, primarily heroin, methamphetamine and fentanyl.

As shocking as that number may be, it is down significantly from the previous year. In 2017, the death toll was 1,019. That's a decline of nearly 12 percent after six consecutive years of increases.

# Assessment: What are our community's needs and assets?

## Morbidity Data: Reasons for ED visits/overdoses

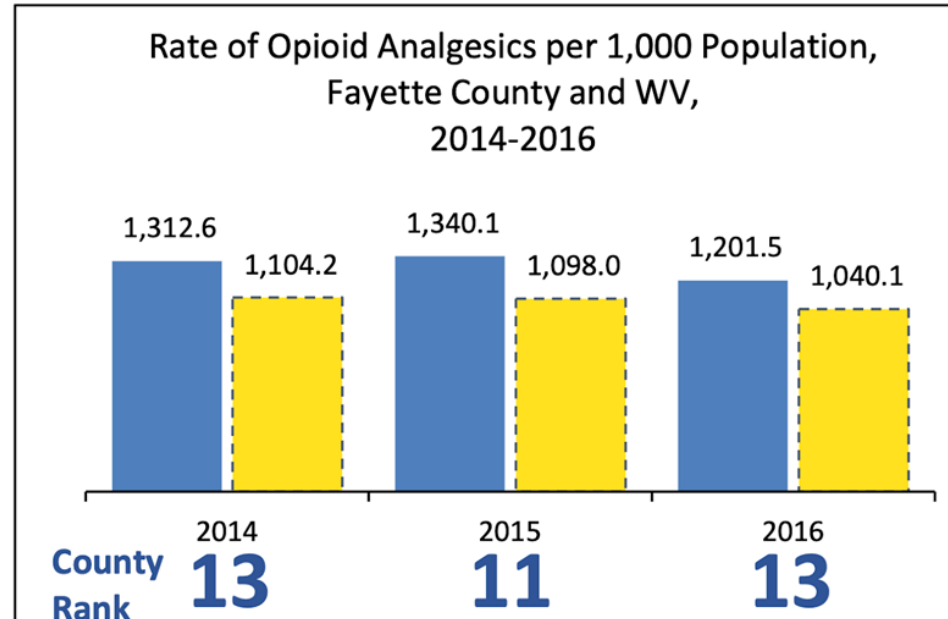
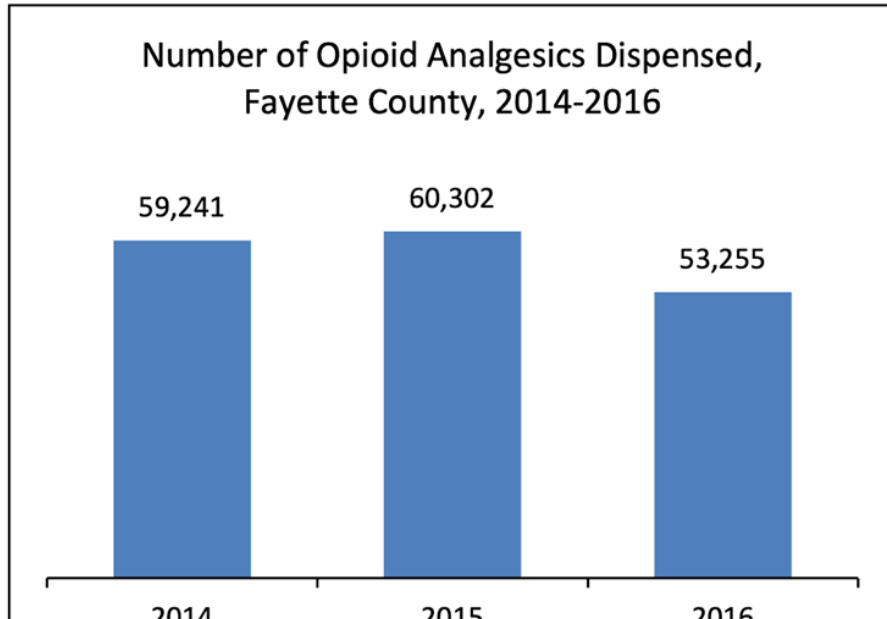




# Availability of Opioid Painkillers

WV Board of Pharmacy Prescription Opioid Problematic Indicators 2017

[https://helpandhopewv.org/docs/PFS\\_County\\_Reports/Fayette\\_PFS%20County%20Reports\\_Final.pdf](https://helpandhopewv.org/docs/PFS_County_Reports/Fayette_PFS%20County%20Reports_Final.pdf)



# Assessment: What are our community's needs and assets?

## Quantitative Information on Behavior and Needs

- ❖ BRFSS, with county data for 2013-17
- ❖ County Health Ranks: RWJF, rank of 55 counties
- ❖ Substance Use Disorder Community Survey for 2020



# BRFSS

- ❖ WV is 1st or 2nd highest in the nation for:
  - General health is fair or poor - 26%; in Fayette - 35%
  - Poor physical health and mental health
  - Diagnosed depression (26%), Fayette among highest counties
  - Difficulty concentrating, remembering, or making decisions: 19%
  - Obesity: 38%
  - Consume fewer than five servings of fruits and vegetables daily: 91%
  - Cardiovascular disease (14%), Diabetes (15%), Arthritis (39%)
- ❖ Binge drinking is 2nd lowest in the nation: 11%; 9% in Fayette (but DWI is high)
- ❖ Current smoking - 26%; in Fayette - 29%
  - 26% reported that smoking was allowed inside their home



# County Health Rankings (RWJF)

	Fayette County	Error Margin	Top U.S. Performers <sup>i</sup>	West Virginia	Rank (of 55) <sup>i</sup>
<b>Health Behaviors</b>					<b>54</b>
Adult smoking	<sup>i</sup> 27%	26-27%	14%	25%	
Adult obesity	40%	36-44%	26%	36%	
Food environment index	7.3		8.7	6.9	
Physical inactivity	31%	28-35%	19%	28%	
Access to exercise opportunities	62%		91%	60%	
Excessive drinking	<sup>i</sup> 11%	11-12%	13%	12%	
Alcohol-impaired driving deaths	26%	18-34%	13%	31%	
Sexually transmitted infections	273.4		152.8	261.4	
Teen births	<u>55</u>	50-61	14	36	



# SUD Community Assessment

## 32 Questions - 523 responses

8. In your opinion, what are the top 3 causes for a person to begin using substances? (Please select up to three)

- |   |  |
|---|--|
| <input type="checkbox"/> Family problems          | <input type="checkbox"/> Rite of passage/ because I can            |
| <input type="checkbox"/> Unemployment             | <input type="checkbox"/> Peer pressure                             |
| <input type="checkbox"/> Family genetics          | <input type="checkbox"/> Nothing else to do                        |
| <input type="checkbox"/> A way to escape stress   | <input type="checkbox"/> Emotional breakdown                       |
| <input type="checkbox"/> A sense of adventure     | <input type="checkbox"/> Addiction following surgery, other injury |
| <input type="checkbox"/> Behavioral health issues | <input type="checkbox"/> Chronic condition                         |
| <input type="checkbox"/> Family "norm"            |  |
| <input type="checkbox"/> Other (please specify)   |  |



# HS and MS Youth Survey, Fall 2019

## Age of Initiation: First use before age 13 (HS)

- ❖ Alcohol (more than a few sips): 19% and Got drunk: 8%
- ❖ Smoked cigarettes: 13%
- ❖ Marijuana: 9%

## E-Cigarette Use (HS)

- ❖ 21% have used in the past 30 days
- ❖ 13% have used daily



# Qualitative Data

Qualitative Data: Interviews, Stories, Focus Groups, etc.

- ❖ Adult Survey with Open-Ended Questions
  - 2009 (262) and 2018 (129)
  - Same questions
- ❖ Youth Discussions: students and out-of-school
- ❖ Key informant interviews
- ❖ Media: social, print, etc.



# Assessment: What is our community capacity?

- ❖ Current prevention resources
- ❖ Assets and gaps in services and capacity
  - Map of services
  - Inventory of services
- ❖ Community Readiness: Surveys and interviews





# Community Readiness Model

## **Individual Readiness**

(Transtheoretical Model of Behavior Change, Prochaska & DiClemente, 1983)

## **Community Readiness**

(Edwards, Jumper-Thurman, Plested Oetting, Swanson, 2000)

1. Precontemplation
2. Contemplation
3. Preparation
4. Action
5. Maintenance

1. No Awareness
2. Denial/Resistance
3. Vague Awareness
4. Preplanning
5. Preparation
6. Initiation
7. Stabilization
8. Confirmation/Expansion
9. High Level of Community Ownership

# Breakout 1:

## Fayette County Assessment

- 1) What do you know about substance use in your community--problems, risk and protective factors, etc.?
  - a) WHAT YOU KNOW
  - b) WHAT YOU DON'T KNOW
- 2) What do you think is/are the most important substance use related problem(s) to address?
- 3) How ready is your community to work on the problem?



# What We Know

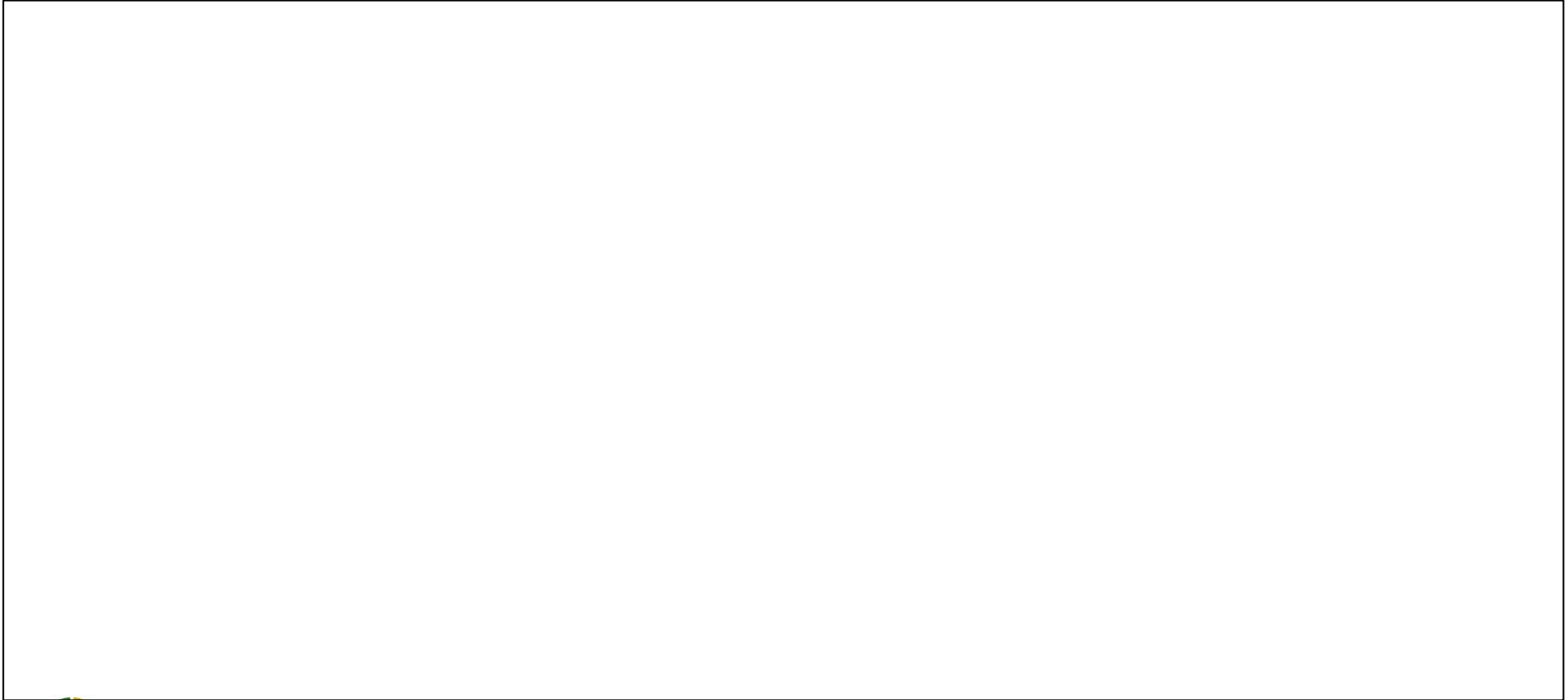
## What do we know?

- Our community is not prepared
- Generational substance misuse
- Difficult for rural communities to access treatment
- High overdose rates
- Intergenerational trauma, apathy and poverty
- Ways to use prevention with COVID and after COVID. Ex. Underage drinking and getting info to parents and kids
- Much bigger problem than Covid-19
- alcohol across the different states
- We need representation from more sectors...lived experience, youth, faith-community, school representative, and many more.
- high overdose rates
- intergenerational trauma, poverty and apathy
- our community is trying and learning more about it every day
- Much bigger problem in our area than COVID 19 and higher death rate, yet nowhere near as much focus and resources.
- The part of our community living in poverty (which is most) do not want better. They believe self medicating is better than nothing. They smoke marijuana with their children at young ages. sometimes use more dangerous drugs to try and "treat" their children
- High school dropout rate
- Drug "adultration" and "concoctions"
- increase in population in rural community; increase use of vaping, marijuana, and opioids; transportation issues, no access to health insurance
- Increase in NAS and the need for more foster homes.

## What do we need to find out?

- Look at comparison trends with Covid.
- Is the problem self-medicating?
- What are our trends, Covid time?
- Who are our NAS families?

# Our Substance Use Problem(s)

A large, empty rectangular box with a thin black border, intended for the user to write their substance use problem(s).



# Stretch Break

- ▶ Please return in 5 minutes
- ▶ Turn on your video or type in chat to let us know you're back!

# Step 2: Capacity Building

## What do you have to work with?

Mobilize human, organizational and financial resources:

- ❖ Start with your core group
- ❖ Increase awareness and encourage participation
- ❖ Expand the network of interested community members
- ❖ Train stakeholders and community members to increase readiness and knowledge



# You've Learned A Lot

**Oct. 2019:** Understanding Addiction – How SUD Alters the Brain

**Nov. 2019:** Straight Talk about Stigma

**Dec. 2019:** Medication-Assisted Treatment--What You Need to Know

**Jan. 2020:** SUD Treatment and Recovery for Youth and Young Adult Populations

**Feb. 2020:** Person-Centered Planning for SUD Treatment & Recovery Services

**March 2020:** Partnering with Law Enforcement to Impact Addiction

**April 2020:** Partnering with Schools to Impact Addiction



# Step 2: Capacity

## What do you have to work with?

- ❖ Get buy-in from community leaders
- ❖ Create infrastructure: name, leadership, teams, etc.
- ❖ Share information and data
- ❖ Develop cultural competence
- ❖ Increase awareness in community for readiness
- ❖ Expand financial and volunteer support





**Capacity** = Resources + Readiness

# In the CHAT: Training Wishes



# Step 3: Planning

## What Should We Do and How?

- ❖ Assemble and train a planning team
- ❖ Analyze the selected risk and protective factors
- ❖ Research and choose evidence-based approaches that will impact the risk and protective factors
- ❖ Create a comprehensive plan including
  - Logic Model
  - Action Plan: Goals, objectives, tasks, who is responsible, partners, timeline
- ❖ Share the action plan and gather support

# Logic Model

- ❖ The Substance Use Related Problem:
  - Consequence and/or Use
- ❖ Root Causes (Intervening Variables)--But Why?
- ❖ Local Conditions -- But Why Here?
  - Where/how does it happen
  - Specific, identifiable, actionable
- ❖ Data:
  - Qualitative
  - Quantitative

# Sample Logic Model

The Problem

## Underage Drinking

- 30-day use
- Age of onset

Root Causes

### Favorable Parental Attitudes

- Perception of risk
- Parental disapproval

### Availability of Alcohol

- Perceived availability
- Police reports

Local Conditions

#### Parents drink at high school football games

- Police reports
- Youth focus groups

#### Parents host graduation parties with alcohol

- Police reports
- Interviews

#### Liquor stores not carding under 21

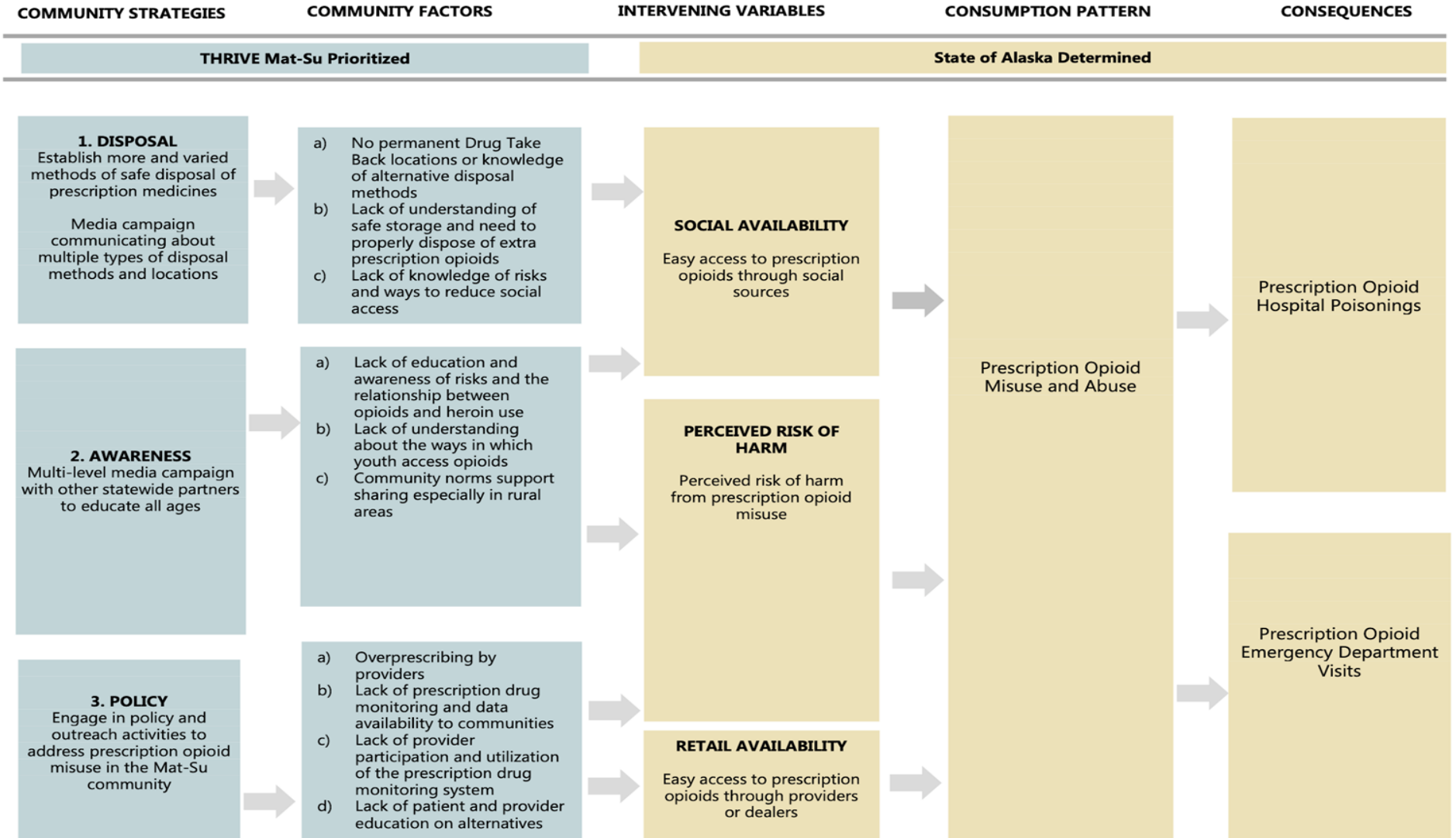
- Compliance check
- Youth survey

#### Youth drink at off-campus college parties

- MIP arrests
- College reports

### Comprehensive Strategies

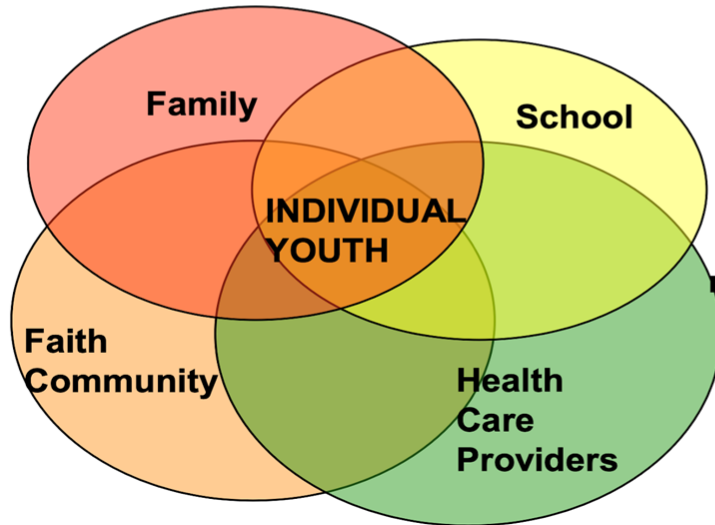
- Information
- Build Skills
- Provide Support
- Access/Barriers
- Rewards/Consequences
- Physical Change
- Policy Change



# Individualized and Environmental Strategies

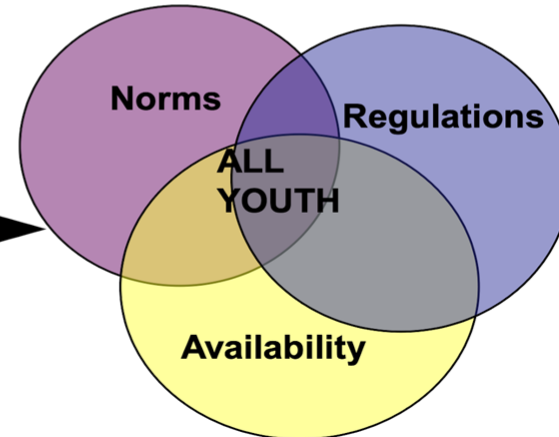
## Strategies Targeting Individualized Environments

Socialize, Instruct, Guide, Counsel



## Strategies Targeting the Shared “Community” Environment

Support, Thwart



# Evidence-Based Environmental Strategies

## Changing Conditions and Context--Environmental Strategies

- ❖ **Built Environment:** Density regulations, advertising, etc.
- ❖ **Policies:** Public alcohol or tobacco sales, school rules, taxes, clean indoor air, opioid prescribing rules, etc.
- ❖ **Social Conditions**
  - Family: Parent patrols, pledges, sanctions
  - Peers: Student voice, youth media campaigns
  - Leisure Time: Organized activities, after school programs
  - School: School climate, engagement, tutoring/mentoring
- ❖ **Community Norms:** positive norms campaigns

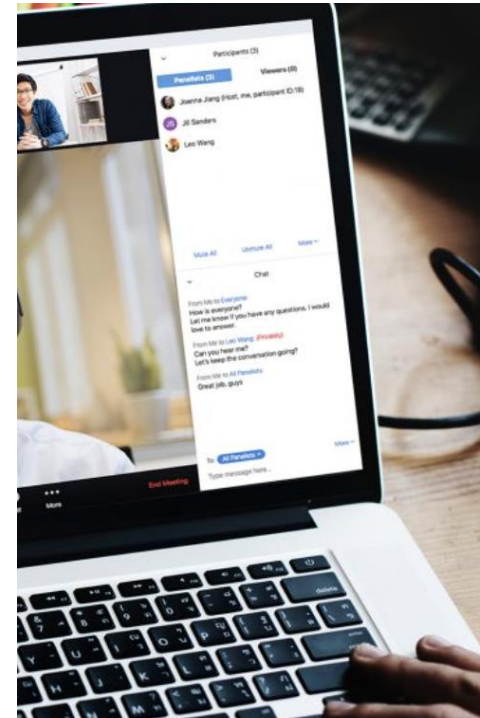


# In the CHAT: Examples of environmental strategies

In the CHAT, write an example of an **environmental strategy** to prevent/reduce:

- ❖ Alcohol misuse: underage drinking, adult binge drinking, DWI
- ❖ Opioid misuse (Rx, heroin, fentanyl)
- ❖ Tobacco or e-cigarette use

*E.g., laws/rules, zoning, sales, etc.*



# Environmental Strategies



# Breakout 2: Logic Model Exercise

*Pick 1 substance use problem **your community** is facing such as:*

*“Adult Overdose Deaths” or “Youth Tobacco Use” and discuss:*

- 1) Why? What are the **root causes or risk and protective factors**? e.g., availability, laws/enforcement, norms/attitudes, etc.*
- 2) Why Here? What is a **specific local condition**?*
- 3) What **strategies** might impact the local condition? Include at least one **environmental strategy**.*



**The Problem**

Problem Statement

**But Why?  
Root Causes/  
R/P Factors**

Root Cause/Factor

Root Cause/Factor

**Local Conditions**

Condition

Condition

Condition

Condition

**Strategies**

Strategy

Strategy

Strategy

Strategy

Strategy

Strategy

# Time for an Action Plan

Strategy:

Strategy target population:

Long Term Outcome:

Action Steps	Time	Location	Process Indicators	Resources	Persons Responsible	Short-Term Outcome(s)
<i>What will we do?</i>	<i>When will it happen?</i>	<i>Where will it happen?</i>	<i>How will we know it has happened?</i>	<i>What do we need to make this happen?</i>	<i>Who will make sure it happens?</i>	<i>What will success look like?</i>

# Step 4: Implementation

## How can you put your plan into action?

- ❖ Hire staff and/or recruit volunteers.
- ❖ Start to implement the plan
- ❖ Stick to your plan for the implementation process
  - Fidelity
  - Adaptations
- ❖ Continue to pay attention to resources
- ❖ Keep the community informed

# Step 5: Evaluation Is Your Plan Working?

- ❖ Evaluate the process
  - How much did we do?
  - How well did we do it?
- ❖ Evaluate the impact of the program
  - How did they benefit
  - By how much?
- ❖ Use the evaluation results to make improvements to be more effective!

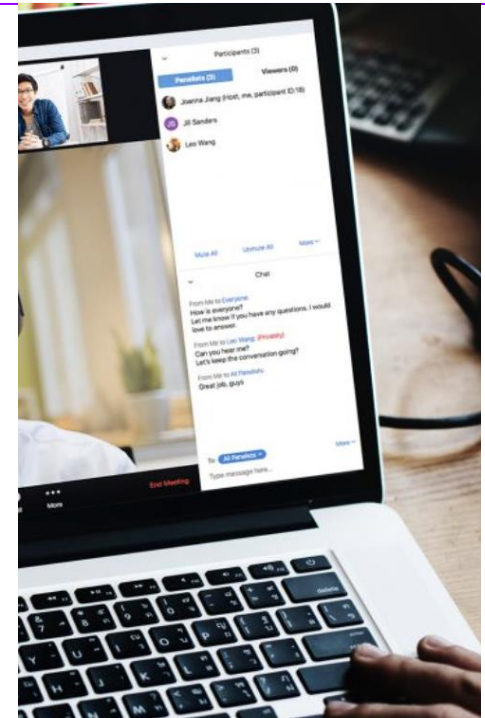
# Cultural Competence

- ❖ Include diverse groups throughout the process
- ❖ Establish policies and practices that support cultural competence
- ❖ Gain skills for meeting the needs of diverse populations
- ❖ Listen and learn; ask for feedback and input



# In the CHAT: Cultural Competence

*Which diverse groups in your community do you need to make sure are included in every step?*



# Sustainability

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

- ❖ Stable and iterative planning process
- ❖ Strong infrastructure
- ❖ Data-driven strategic planning<sup>58</sup>
- ❖ Comprehensive evidence-based strategies
- ❖ Data that demonstrates need, capacity and effectiveness

# Contact the ORN-- Opioid Response Network

- ✦ To ask questions or submit a TA request to the Opioid Response Network:
  - Visit [www.OpioidResponseNetwork.org](http://www.OpioidResponseNetwork.org)
  - Email [orn@aaap.org](mailto:orn@aaap.org)
  - Call 401-270-5900

Funding for this initiative was made possible (in part) by grant no. 6H79TI080816 from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.



# Contact Information



**For more information, contact:  
Carri Strunk, Prevention Specialist**

New River Health Association, Inc.

57 Sutphin Lane

Scarbrough, WV 25917

(304) 619-2126, [carri.strunk@nrhawv.org](mailto:carri.strunk@nrhawv.org)



# SPF Resources

*Strategic Prevention Framework, SAMHSA, 2019*

<https://www.samhsa.gov/sites/default/files/20190620-samhsa-strategic-prevention-framework-guide.pdf>

*Selecting Best-Fit Programs and Practices: Guidance for Substance Misuse Prevention Practitioners*

[https://www.samhsa.gov/sites/default/files/ebp\\_prevention\\_guidance\\_document\\_241.pdf](https://www.samhsa.gov/sites/default/files/ebp_prevention_guidance_document_241.pdf)

*Community Assessment Primer, CADCA, 2018*

[https://www.cadca.org/sites/default/files/resource/files/community\\_assessment.pdf](https://www.cadca.org/sites/default/files/resource/files/community_assessment.pdf)

*Planning Primer: Developing the Coalition's Vision, Mission, Objectives, Strategies and Action Plans, CADCA, 2018*

<https://www.cadca.org/sites/default/files/resource/files/planning.pdf>

*Data USA*

<https://datausa.io/profile/geo/fayette-county-wv>

