



# IDENTIFYING AND IMPLEMENTING EFFECTIVE IMPLEMENTATIONS WITH THE STRATEGIC PREVENTION FRAMEWORK (SPF): A REVIEW OF THE RESEARCH

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Benjamin Gleason, PhD & Tanner Brooks, MA



## INTRODUCTION

Due to shortcomings associated with strategic planning models and approaches, the Substance Abuse and Mental Health Services Administration (SAMHSA) introduced the Strategic Prevention Framework (SPF) in 2008 in an effort to strategically address the challenges of risky behaviors in communities. **The Strategic Prevention Framework is intended to increase implementation of prevention and early intervention programs in communities nationwide, incorporating a sharper focus on sustainability and community involvement, and emphasizing cultural competence.** It provides a conceptual foundation for developing and implementing evidence-based prevention strategies and promotes efforts to facilitate both programmatic and environmental changes, with attention on improved outcomes. As an adapted form of strategic planning, the SPF resonates with emerging prevention science initiatives as a process built on the integration of recent life course development research, preventive intervention trials, and community epidemiology.

**Exploring applications of the SPF and related prevention programs to problematic health behaviors in communities, current studies have investigated their implementation characteristics and successes, as well as the SPF's effectiveness.** Florin et al. (2013) described how the Interactive Systems Framework for Dissemination and Implementation (ISF) helped bridge the gap between research and practice in implementing the SPF, examining it in a real-world context, and demonstrating its potential as a model for effective community-based prevention. Dariotis et al. (2008) similarly analyzed evidence-based prevention programs (EBPPs) in real-world settings, whether programs are implemented with fidelity to their original plan, and challenges faced by communities in implementing EBPPs.

Examining the Communities That Care (CTC) prevention system, Arthur et al. (2010) compared implementation degrees between program and control coalitions and assess program diffusion between prevention coalitions in intervention communities. Anderson-Carpenter et al. (2016) evaluated improvements in targeted outcomes and influencing factors in communities applying the SPF, and measure differences in efficacy between intervention and comparison groups. Investigating the success of Project Stay Free (PSF) in its use of the SPF, Hoefer et al. (2013) found extensive positive results despite significant areas for improvement.

## SUMMARY

Rather than attempting to change individual attitudes and behaviors, a community systems model of prevention focuses on strategies targeting the community context in working to reduce rates of substance access, use, and problems. **The Strategic Prevention Framework (SPF) prioritizes changing the environment that helps foster substance use, thereby catalyzing population-level change.** Seeking to expand the evidence base of the science regarding how such prevention programs are implemented under real-world conditions, and bridge the gap between research and practice, researchers introduced the Interactive Systems Framework for Dissemination and Implementation (ISF) to the challenges of implementing the SPF in 14 Rhode Island communities (p. 402-403).

With an emphasis on developing new training and technical assistance (TTA) systems to support SPF efforts, the ISF model applied three interacting systems: 1) the SPF itself, which distilled information and developed innovations; 2) a prevention support system, which delivered reinforcing TTA; and 3) a prevention delivery system, which implemented innovations in the field. Researchers found the ISF to be an effective heuristic framework that helped articulate interactions between different stakeholders and avoided confusion about roles and responsibilities, additionally demonstrating the major role that TTA plays in complex innovations and why investment in these functions is essential. **TTA provided positive outcomes in challenging implementation scenarios, and increased understanding of how dissemination, implementation, and institutionalization of the SPF can be best accomplished (p 404-412).**

By employing data-driven decision making, adhering to a structured and sequential process, and focusing on empirically based environmental practices, the SPF has the potential to dramatically change the practice of substance abuse prevention. **Applied through the ISF, it demonstrated the ability to “take community-based prevention to a level of sophistication and cost-effectiveness that will help to advance the field and potentially serve as a model for other community public health initiatives” (p. 413).** The ISF proved its effectiveness and potential at addressing the environmental context of prevention delivery systems and the challenges faced when adopting new and largely unfamiliar approaches. When carefully integrated with state systems that wisely prioritize objectives and allocate resources, training and technical assistance systems showed they can significantly improve community prevention and health promotion (p. 411-413).

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## CITATION

Florin, P., Friend, K. B., Buka, S., Egan, C., Barovier, L., & Amodei, B. (2012). The interactive systems framework applied to the strategic prevention framework: The Rhode Island experience. *American Journal of Community Psychology*, 50(3-4), 402-414.

## ARTICLE 2: HOW DO IMPLEMENTATION EFFORTS RELATE TO PROGRAM ADHERENCE? EXAMINING THE ROLE OF ORGANIZATIONAL, IMPLEMENTER, AND PROGRAM FACTORS

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## SUMMARY

Though recent prevention science innovations have produced numerous evidence-based prevention programs (EBPPs) that demonstrate efficacy at altering youth development trajectories and preventing problem behaviors, leading program developers to promote their diffusion and replication, little is known about quality of implementation when a wide variety of programs are broadly disseminated. **To understand the assets and barriers faced by communities in implementing EBPPs, and whether programs are implemented with adherence to their original plan, the study used data collected from 32 community-based implementations of EBPPs throughout Pennsylvania in 1998 to examine implementation factors related to program fidelity** (p. 744-746).

Researchers assessed the degree to which aspects of five key implementation characteristics (Chen, 1998)—implementer, implementing organization, program, recipient, and community context—were related to program adherence and implementation quality, and how relationships between these factors differed as a function of program type (i.e. school, community, family). Results found that providers of EBPPs were about equally likely to report implementing programs as planned versus making changes. Overall, family-based programs produced slightly greater program adherence (57%) than community programs (50%), whereas no school-based programs reported complete adherence. Findings further suggest that programmatic changes were associated with perceived barriers whereas adherence was associated with perceived assets. **For family-based and community-based programs, higher perceived assets across all five factors was linked to greater implementation adherence.** For community-based programs reporting adherence, community/school context was rated as the greatest asset, whereas family-based programs reporting adherence rated implementer

characteristics as the greatest asset. Both family- and community-based programs reported recipient characteristics to be the greatest implementation barrier (p. 746-755).

Results indicate the likelihood that a range of program adaptations will develop as EBPPs go to scale, and program fidelity in real-world settings will be influenced by factors/characteristics that vary by program type. To deliver programs as planned, it will be essential for program developers to place a greater focus on confronting barriers to implementation. Considering real-world barriers that impede implementing all program aspects can provide guidance about possible adaptations that minimally interfere with program success. **Additionally, it may be helpful for training organizations and program developers to “devote more energy to establishing community coalitions or other supportive structures that serve to increase awareness and provide support of prevention efforts as well as facilitate implementation efforts”** (p. 754-757).

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#### CITATION

Dariotis, J. K., Bumbarger, B. K., Duncan, L. G., & Greenberg, M. T. (2008). How do implementation efforts relate to program adherence? Examining the role of organizational, implementer, and program factors. *Journal of Community Psychology*, 36(6), 744-760.

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#### ARTICLE 3: IMPLEMENTATION OF THE COMMUNITIES THAT CARE PREVENTION SYSTEM BY COALITIONS IN THE COMMUNITY YOUTH DEVELOPMENT STUDY

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#### SUMMARY

The Community Youth Development Study (CYDS) is a community-level, randomized trial of the Communities That Care (CTC) system—a coalition-based prevention system activating community stakeholders toward collaboration on the development and implementation of a science-based community prevention system. The present study compared 12 community prevention coalitions implementing the CTC system as part of the CYDS to prevention coalitions in 12 control communities **to evaluate the extent to which CYDS coalitions in the intervention communities implemented the CTC system versus coalitions in control communities, and assess the level to which elements of the CTC system were diffused to other prevention coalitions in the intervention communities in the CYDS** (p. 1-4).

**The prevention coalitions receiving support in implementation of the CTC system demonstrated significantly greater levels of implementing the CTC system versus coalitions in control communities.** All CYDS-supported coalitions reported implementing at least two effective, tested prevention programs, however none of the prevention coalitions in control communities reported implementing such programs, and little more than half monitored their programs' impact. Further, while the CYDS coalitions completed an average of 12 of 15 CTC benchmarks, coalitions in control groups only completed an average of 6.5 benchmarks. In contrast, few benchmark differences were observed between non-CYDS coalitions in the CYDS intervention communities and coalitions in the control communities. No differences in summative CTC benchmark scores were found between non-CYDS coalitions in the intervention communities and the coalitions in the control communities.

**Additionally, though a significantly greater number of control community coalitions reported implementing programs that targeted specific protective or risk factors versus non-CYDS intervention community coalitions, none of the non-CYDS intervention community coalitions nor the control community coalitions implemented two or more effective, tested prevention programs to address such factors, and half or fewer examined the effect of their programs on the targeted factors.** Results indicate that the CTC system did not diffuse to either the non-CYDS coalitions in the intervention communities, nor to the prevention coalitions in control communities (p. 4-7).

Study findings indicate that the CTC system is effective in helping community coalitions achieve success in reducing adolescent drug use and delinquency. **Data also suggest that due to similarities between the CTC system and the Center for Substance Abuse Prevention's Strategic Prevention Framework (SPF), the CTC may bring useful mechanisms, training, and technical assistance to assist communities implementing the SPF (p. 7-9).**

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#### CITATION

Arthur, M. W., Hawkins, J. D., Brown, E. C., Briney, J. S., Oesterle, S., & Abbott, R. D. (2010). Implementation of the Communities That Care prevention system by coalitions in the Community Youth Development Study. *Journal of Community Psychology*, 38(2), 245-258.

## ARTICLE 4: REDUCING BINGE DRINKING IN ADOLESCENTS THROUGH IMPLEMENTATION OF THE STRATEGIC PREVENTION FRAMEWORK

### SUMMARY

As a conceptual model that supports the use of comprehensive or multicomponent community-based approaches, the Strategic Prevention Framework (SPF) has been widely promoted and implemented, however research is limited on the SPF's effectiveness in improving targeted outcomes and associated influencing factors. This study examined the effects of SPF implementation on excessive drinking and enforcement of underage drinking laws as an influencing factor in 11 school districts across eight Kansas communities implementing the SPF with local prevention coalitions. (p. 36-38)

During the 2009-2012 intervention period, the SPF-funded coalitions facilitated 137 community changes consisting of new or modified practices and policies supporting implementation of nine environmental strategies. **The coalitions facilitated substantially more practice changes than policy changes as a result of SPF implementation, with approximately 94% of community changes due to practice changes versus 6% due to policy changes**—a discrepancy which may be attributable to policy changes taking more time to facilitate, more effort on the part of coalition representatives and change agents, and more community engagement to implement changes successfully (p. 38-41, 43).

Intervention communities showed improvements in outcomes that were more substantial than in comparison districts, however differences between the groups were not significant. At the beginning of the study, intervention districts reported a higher average prevalence of binge drinking than comparison districts (18% versus 16%, respectively). By the study's end, rates between the two groups were negligible (13.0% versus 12.7%, respectively). Similarly, the intervention groups showed a 15.3% increase in enforcement of underage drinking laws while the comparison groups showed a 15.9% increase, indicating comparable improvement rates. **Corresponding improvements in binge drinking and enforcement outcomes in both intervention and comparison groups suggest that overall effects across intervention communities were minimal (p. 41-44).**

Although there were no significant differences in improvements between intervention and comparison groups, **findings suggest that SPF implementation “may support coalitions in facilitating community changes, which may contribute to some modest improvements in binge-drinking and enforcement-related outcomes over time”** (p. 43-45).

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## CITATION

Anderson-Carpenter, K. D., Watson-Thompson, J., Chaney, L., & Jones, M. (2016). Reducing binge drinking in adolescents through implementation of the strategic prevention framework. *American Journal of Community Psychology*, 57(1-2), 36-46.

## ARTICLE 5: PLANNING TO SUCCEED: A CASE STUDY OF THE IMPLEMENTATION OF THE STRATEGIC PREVENTION FRAMEWORK

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## SUMMARY

In this case study, researchers evaluated the use of the Strategic Prevention Framework (SPF) by Project Stay Free (PSF), a community-based AIDS service program addressing substance abuse and HIV transmission in Dallas, Texas (p. 43-48).

The program targeted college-aged youth, formerly incarcerated people, and veterans, conducting its evaluation through a qualitative method of using guided conversations with staff members, an open-ended survey, and program documents. **In developing a comprehensive needs assessment, the program achieved its desired outputs and outcomes through successful access and trust-building across individuals and organizations. Mobilizing and building capacity was also successful as PSF staff were able to bring together many stakeholders and agencies from the community.** PSF staff also effectively created a strategic plan that identified additional sites for implementation, identified training needs for staff members, which programs to implement, what needs to be done, and when. However in program implementation and outcome evaluation, a lack of timely training presented a barrier to implementation, and programs experienced delays. Lastly, an active advisory council was essential to accomplishing the process evaluation (p. 49-56).

Areas for improvement include implementing more video-based intervention to teach transmission prevention, solidifying more sites, and building an annual calendar. Additional challenges involved long-time staff members' comfort in their existing roles and resistance to changing their work patterns, as well as new staff members' discomfort in voicing their ideas. Getting target population access requires a much higher level of networking, and although there was good access to the reentry population, getting information about and accessing veterans was difficult, as was finding current young injection drug users. **Lessons learned**



**include: the SPF process must start with an emphasis on sustainability; it is crucial to use key individuals to assist in involving potential client groups; and though intervention should be driven by the target population’s needs, there is no automatic assurance of implementation of a culturally competent, research-based, gender-sensitive program after it is selected (p. 56-57).**

Overall, the accomplishments of PSF are notable and numerous. Given its positive results in implementing the SPF, **“it is important that social workers gain knowledge of the SPF to increase the chances that their efforts to design, implement, and sustain culturally competent and gender-sensitive programs are successful”** (p. 56-58).

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#### CITATION

Hoefer, R., & Chigbu, K. (2013). Planning to Succeed: A Case Study of the Implementation of the Strategic Prevention Framework. *Journal of Community Practice*, 21(1-2), 43-61.

## CONCLUSION

The Strategic Prevention Framework is a planning model that uses evidence-based policies, programs, and initiatives to specifically target community needs through local assets, resources, and coalitions. It has been the subject of much research, and this review attempted to report on the experience of states and coalitions over the past 10 years, specifically focusing on how states and coalitions, from Rhode Island to Dallas, Texas, support the prevention initiatives of coalitions at the selection and implementation stage of the Strategic Prevention Framework.

Florin et al reported on the “Rhode Island Experience,” in their research article from 2012, exploring specific adaptations that Rhode Island made to their SPF initiative. For example, the state introduced a “Interactive Systems Framework” (ISF) in order to address the gap between research and practice, and to help coalitions, providers, and communities receive the training and technical assistance (TTA) needed for success. This TTA provided a number of positive outcomes, even in trying scenarios, suggesting that TTA can help distill and disseminate information, provide organizational and logistical support to a number of stakeholders, and institutionalize the complex change-making process.

Dariotis (2008) investigated the relationship between program fidelity and program success, exploring 32 community-based implementations over a period of years in Pennsylvania. The researchers found that family-based programs reported program adherence at a slightly higher rate (57 to 50%) than community-based programs. However, the research team suggested that program developers should consider barriers to implementation and create adaptations that do not interfere with program success.

Arthur (2010) explored the success of community coalitions in the Communities that Care (CTC) system, finding that communities in the CTC system demonstrated more success in their implementation stage than communities received less support and guidance around implementation. This research suggested that these grants may bring useful technical assistance and training (TTA) to communities that benefit from this support and guidance.

Anderson-Cooper (2016) researched how effective the SPF can be in improving targeted outcomes and associated factors. They found that, over three years between 2009-2012, the coalitions completed many more “practice changes” than “policy changes,” as a result of the length of time needed to enact policy change and the resources and interest on the part of community to support practice changes.

In an empirical study about the effect of a prevention program in Dallas, Texas Hoefler (2013) noted that the program succeeded in part because it was able to develop trust among coalition partners by including a number of trusted sources from the community. In addition, the authors described as a key factor in this success the program’s emphasis on sustainability.

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## AUTHOR INFORMATION

Benjamin Gleason, PhD is the Director of Applied Research for the Prospectus Group. He earned a PhD in Educational Psychology & Educational Technology from Michigan State University, researching how to best support communities of learners through educational technology. Before academia, Benjamin has worked in youth and adult-serving learning spaces for almost fifteen years, from designing youth-initiated community service projects and teaching high school in Richmond, California, to working as a university instructor in Guatemala. Benjamin is also a founder of the Prospectus Group.

Tanner Brooks earned his BA in Political Science from Oberlin College and an MA (Distinction) International Studies and Diplomacy from the University of London School of Oriental and African Studies, where his thesis focused on examining the application of international human rights norms to the experience of child soldiers in Sierra Leone. He has a decade of experience in national and international activism, advocacy, and education, from working on political campaigns, nonprofits, and political action committees to writing and teaching politics and sociology as a professor in Tunisia. His most recent work involves mentoring and tutoring teenage survivors of sex trafficking.