

# ADVANCING HEALTH EQUITY THROUGH THE STRATEGIC PREVENTION FRAMEWORK SERIES

Session 1:

Assessment and Health Equity





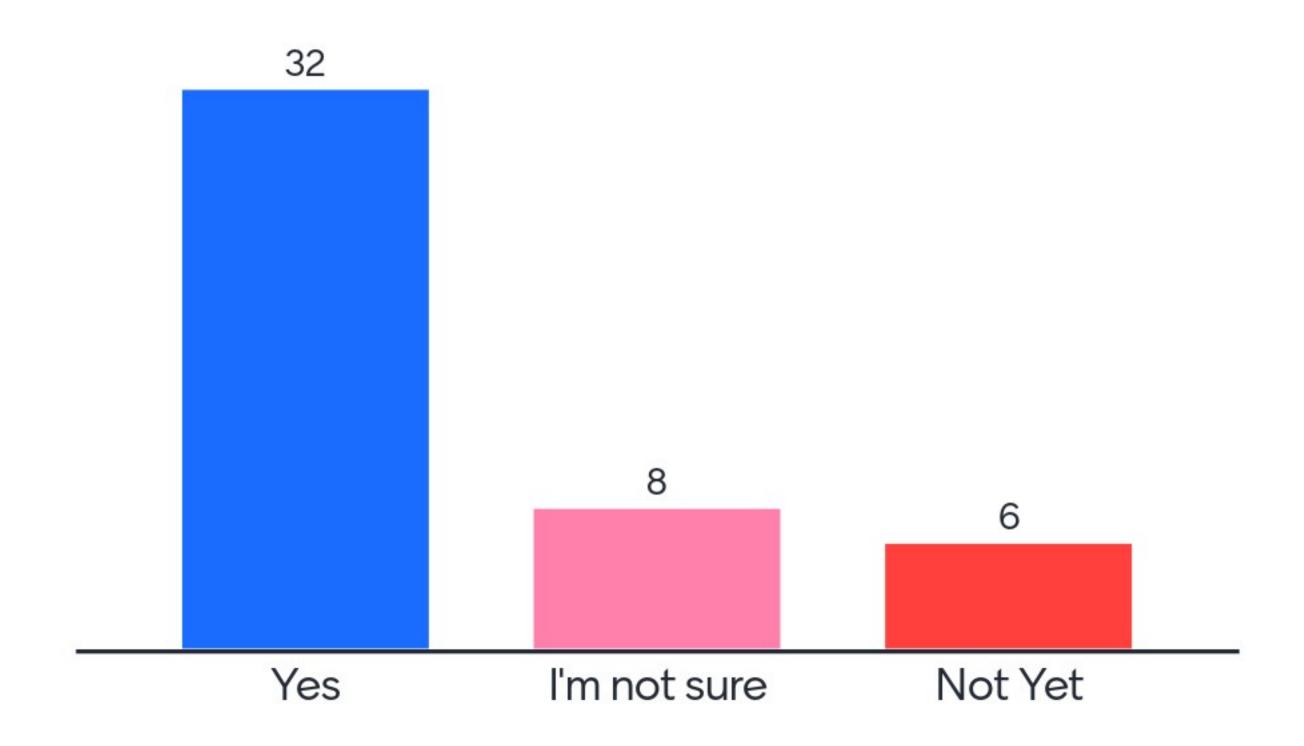
#### Learning Objectives

 Summarize Step 1 (Assessment) of the Strategic Prevention Framework (SPF)

- Identify strategies for assessing community needs and health disparities
- Describe how to conduct a community needs assessment that identifies health disparities and inequities that need to be addressed in prevention planning.



## We collect data on health disparities in our community:



#### Assessment

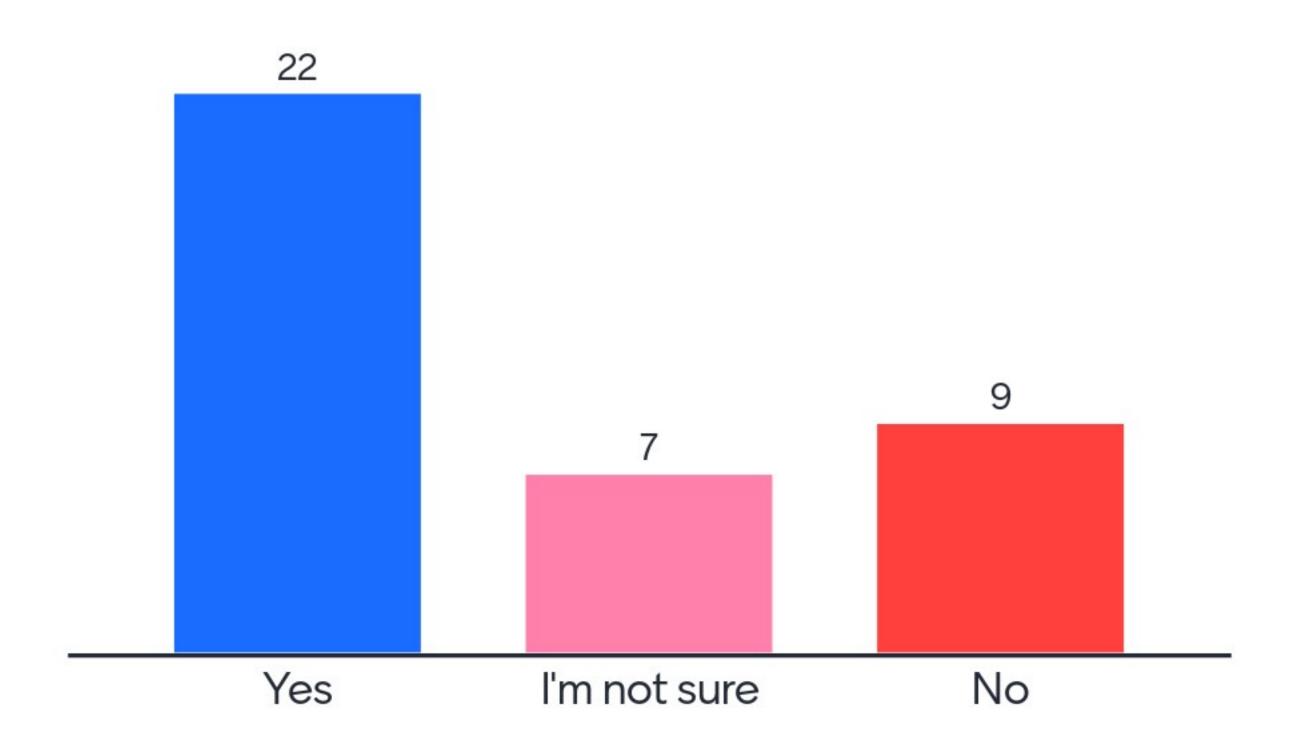
#### Getting to know your community

- Assess problems and related behaviors
- Prioritize problems
- Assess risk and protective factors

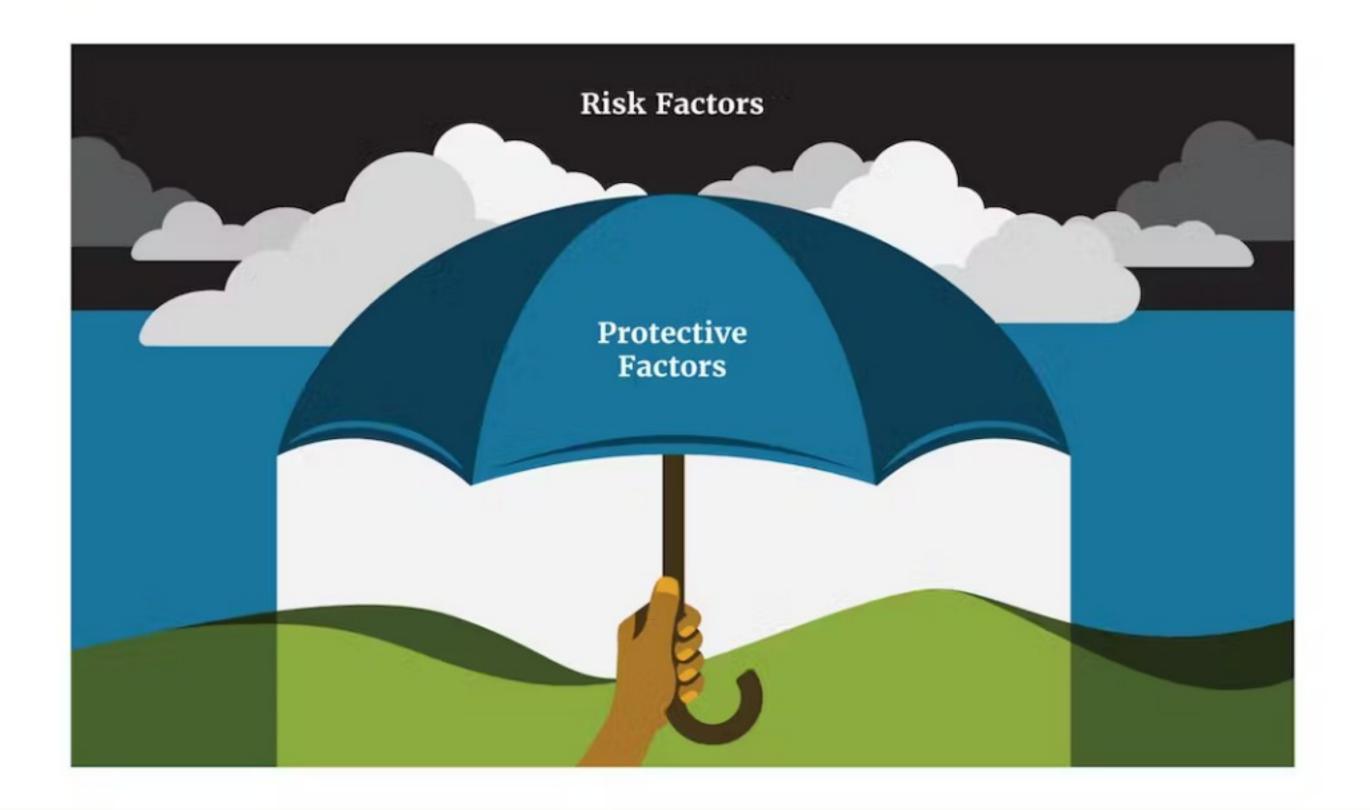




## We are exploring the connection between ACEs and health outcomes:



Once a community has identified one or more priority problems, it is important to look at the factors associated with those problems. Two types of factors influence the likelihood that an individual will develop a substance misuse or related mental health problem:



 Risk factors are associated with a higher likelihood of developing a problem

 Protective factors are associated with a lower likelihood of developing a problem

Life long monitoring of alcohol use

her understanding of the main factors that contribute to resilience

The many layers of support the individual received!

The hope she had for other overcoming obstacles

Hope, never to late

Her transparency and candidness while approachability

Having access to adequate protective factors

Sounds similar to the Social Cognitive Theory with the triangle





Acknowledging predispositions and making informed decisions in life to avoid giving power to risk factors.

She understood the main factors

Caring adults

Triangle

Her relationship with her support system

Having multiple risk factors can be balanced out with protective factors.

Recognized inherent/genetic predispositions.

The connection of early intervention and positive outcomes





The interventions -protective factors-ongoing supports

The support that she received.

How she knew she was genetically impacted beyond the assumption based on family history.

Triangle!

The ability once she realized her family history of use how it prevented her from early use

Jessica said it's science and made it so simple almost everyone could get it. Some folks who present science are 'too heady' and don't speak to heart of listener The impact of genetic predispositions.

The seesaw analogy





How she balanced out having so many risk factors by countering them with protective factors

"No child is un savable" triangle Resources were available in formidable years!

Triangle

She used her experience to share her success was science, and not happenstance

Legal consequences for BIPOCs exceed those for Whites

community involvement

More confidence in my decision to move primarily from treatment to prevention which was my original desire.





#### Assessing Resources and Readiness







RESOURCES

READINESS

## Health Equity Questions

Do certain communities exhibit different consumption patterns?

What is the magnitude—versus impact—of the problem in particular communities?

The biggest difference in consequences is the difference between rural amd non-rural residents

I do not know.

I see huge differences among BIPOC and LGBTQ youth

Im not sure

Poverty, employeement, SES, rural/urban

More young black boys in the juvenile justice system

By nearby counties and cities

Underserved communities





In philadelphia there are stastically significant differences in adverse outcomes based on many factors most significantly by zip cofe

Access to care

Certain things happen in different communities. I believe each community is different depending on how big or small.

Kids caught vaping and whether or not their vape is tested for marijuana

Different economic status among towns/cities

BIPOC youth are more likely to experience juvenile justice.

Lack of resources

Lack of economic opportunities





Intersectional impact of a number of factors

Lack of DJJ diversion programs for black young women

Adequate housing

Not for sure

Availability for resources in the community

Criminalization of Homelessness

Thinking of alcohol, some

High rates of fentanyl use in poor communities





Socioeconomics, social norm in your community

Cannabis use in ages under 21

#### What are the differences in consumption patterns between communities?

college population living environments have different policing and social norms.

Rural indoviduals do have higher consumption rates.

There are slight differences among the communities that I work with. Higher use rates in more affluent communities.

In our youth outpatient program, we see a lot of substance abuse with foster kids in group homes.

Binge rates for young adult

I think it depends on whether local governments allow recreational dispensaries.

High Fentanyl overdose rates in poor communities

Availability's of vape/smoke shops in the community

#### What are the differences in consumption patterns between communities?

Lower consumption rates in some communities of color but what they consume has a higher alcohol content by volume

I'm not sure

Rural, Southern US has a high acceptance of binge drinking and allowing youth drinking patterns

Socioeconomics, social norms, policies.

Agree with the comment on rural areasAlso, the more affluent communities usually have their consumption rates consealed - many times; or simply shared differently

Rural communities frown upon alcohol consumption (harsher laws) than urban.

Our needs assessment data incidcated that the existance of SDOH risk factors (housing and food instability, home safety concerns, etc.) Increased risk of usingnsubstances by significant percentages.

The environment



#### What are the differences in consumption patterns between communities?

cultural sensitivity

## Actionable steps for applying an Equity lens to the Strategic Prevention Framework – Assessment Phase

- Assess existing behavioral health disparities and gaps in data at the individual (e.g. race/ethnicity) and social (e.g. access to services) levels
- Nothing About Us Without Us: get the community involved early in the process
- Have staff representation that reflects the communities in which you're working
- Be inclusive and culturally sensitive in the way you are asking questions to your community during your assessment phase
- Share the results or a summary of the data you collected with your community

#### What's circling in your mind?

28 responses





#### What are you taking away from this session?

Can't wait for tomorrows session

**Professional Growth** 

Assessing environmental factors

Building upon each meeting this week

Readability, sharing information back, share these videos with others

Assessing community resources

How important the PTTC's are to drive thought

Think more "out of the box" when collecting data. Look at the data surrounding the disparities not just the usual statistics.



#### What are you taking away from this session?

Remembering to get to the reason behind the factors presented by the community.

specific ideas for improving our existing practices

Assessing communities needs.

### Advancing Health Equity through the Strategic Prevention Framework Series

#### Upcoming sessions:

- Session 2: Capacity and Health Equity
  - Tuesday, February 6, 2024
- Session 3: Planning and Health Equity
  - Wednesday, February 7, 2024
- Session 4: Implementation and Health Equity
  - Thursday, February 8, 2024
- Session 5: Evaluation and Health Equity
  - Friday, February 9, 2024

#### References



A Guide to SAMHSA's Strategic Prevention Framework

https://www.samhsa.gov/sites/default/files/samhsa-strategic-prevention-framework-guide-08292019.pdf

CDC: Health Disparities Prevention Framework

https://www.cdc.gov/healthyyouth/disparities/index.htm#:~:text=Health%20disparities %20are%20preventable%20differences,experienced%20by%20socially%20disadvantage d%20populations.





#### THANK YOU