



Strategic Prevention Framework (SPF) Guiding Principle: Cultural Competence

An Introduction to SAMHSA's Strategic Prevention Framework



Behavioral health disparities pose a significant threat to the most vulnerable populations in our society. Whether manifesting themselves as elevated rates of substance misuse among American Indian/ Alaska Natives, high rates of suicide among LGBTQ youth, or reduced access to prevention services among people living in rural areas, these disparities threaten the health and wellness of these populations and of our society as a whole.

To overcome systemic barriers that may contribute to disparities, planners must be culturally competent. They must recognize and value cultural differences—such as those in the health beliefs, practices, and linguistic needs of diverse populations. They must develop and deliver prevention programs and practices in ways that ensure members of diverse cultural groups benefit from their efforts.

SAMHSA has identified the following cultural competence principles for prevention planners:

- Include the target population in all aspects of prevention planning
- Use a population-based definition of community (i.e., let the community define itself)
- Stress the importance of relevant, culturally appropriate prevention approaches
- Employ culturally competent evaluators
- Promote cultural competence among program staff, reflecting the communities they serve

Cultural competence is one of the SPF's two guiding, cross-cutting principles and, as such, should be integrated into each step of the framework's implementation. By considering culture at each step, planners can help to ensure that members of diverse population groups can actively participate in, feel comfortable with, and benefit from prevention practices.

Included in the following table are some opportunities to integrate cultural competence throughout the SPF process.

<i>SPF Step</i>	<i>Opportunities to Integrate Cultural Competence</i>
Assessment	<ul style="list-style-type: none"> • Take steps to identify those sub-populations who are vulnerable to behavioral health disparities and the disparities that they experience. • Identify data gaps and take efforts to fill them. • Develop plans to share and solicit input about assessment findings with members of these sub-populations, and describe these findings using terms and phrases that are devoid of jargon.
Capacity	<ul style="list-style-type: none"> • Build the knowledge, resources, and readiness of prevention practitioners and community members to address disparities, as well as to provide culturally and linguistically appropriate services. • Make sure that practitioners understand the role of cultural competence in their work, overall, and the unique needs of those sub-populations experiencing disparities. • Develop new partnerships that will help engage members of these groups in prevention planning efforts.
Planning	<ul style="list-style-type: none"> • Make community representation in the planning process a priority. • Involve members of the focus population as active participants and decision-makers. • Identify and prioritize factors associated with disparities. • Develop logic models that include a reduction in health disparities as a long-term outcome. • Incorporate effective prevention programs and practices that have been developed for and evaluated with an audience similar to the focus population. • If and when misunderstandings arise, be persistent in keeping communication lines open.
Implementation	<ul style="list-style-type: none"> • Implement prevention programs that target populations experiencing behavioral health disparities. • Involve members of these groups in the design and delivery of those programs. • Understand that people may choose to participate in different ways and that they may also have different learning styles. • Adapt and/or tailor evidence-based practices to be more culturally relevant. For example, create an in-person version of a training that was originally designed to be delivered virtually so that it is accessible to audiences with limited online access.

<p>Evaluation</p>	<ul style="list-style-type: none"> • Conduct process and outcome evaluations to demonstrate whether selected programs and practices are having the intended impact on identified disparities. • Track all adaptations. • Allocate the evaluation resources needed to learn whether the interventions you selected are having the intended impact on the behavioral health disparities you are hoping to reduce. • Conduct follow-up interviews with program participants to better understand program evaluation findings.
<p>Sustainability (Guiding Principle)</p>	<ul style="list-style-type: none"> • Engage partners who represent and work with sub-populations experiencing behavioral health disparities in your sustainability planning efforts. • Sustain processes that have successfully engaged members of these populations. • Sustain programs that produce positive outcomes for these populations.

Developed by [Promoting Cultural Competence](#), Tennessee Dept. of Mental Health & Substance Abuse Services