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AMERICAN  
INDIAN & ALASKA  
NATIVE TOR  
WEBINAR SERIES

# Building Blocks of Prevention:

## Public Health Tools for the Opioid Crisis

*Paul Gilbert, PhD*

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Behavioral Health is Essential to Health | Prevention Works | Treatment is Effective | People Recover

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## American Indian & Alaska Native Behavioral Health webinar series

*This webinar is provided by the National American Indian & Alaska Native ATTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT).*

**U.S. Based ATTC Network**

ATTC Network Coordinating Office  
University of Missouri-Kansas City

American Samoa, Consulate of the Northern Mariana Islands, Federated States of Micronesia, Guam, Rep. of the Marshall Islands, Rep. of Palau, Hawaii, U.S. Virgin Islands, Puerto Rico

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For more information on the National American Indian & Alaska Native ATTC, visit: [attnetwork.org/native](http://attnetwork.org/native) or email [native@attnetwork.org](mailto:native@attnetwork.org)

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## Webinar Follow-Up

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### Continuing Education Hours (CEU)

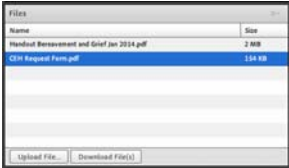
**CEUs are available upon request for \$15 per session.**

- This session has been approved for 1.5 CEU's by:
  - NAADAC: The National American Indian & Alaska Native ATTC is a NAADAC (The Association for Addiction Professionals) certified educational provider, and this webinar has been pre-approved for 1.5 CEU.
- To obtain CEUs for this session, submit a CEU Request Form and payment to the National AI & AN ATTC. A request form is available for download in the "Files" pod in the webinar screen. If you choose to download a file, a new tab will be opened in your browser, and you will have to click on the webinar window to return to view the webinar.
- Participants are responsible for submitting state specific requests under the guidelines of their individual state.

**Presentation handouts:**

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## Webinar Follow-Up

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### Evaluation: SAMHSA's GPRA

This webinar is provided by the National American Indian & Alaska Native ATTC, a program funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Center for Substance Abuse Treatment (CSAT).

Participation in our evaluation lets SAMHSA know:

- How many people attended our webinar
- How satisfied you are with our webinar
- How useful our webinars are to you

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**We appreciate your response and look forward to hearing from you.**



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## Today's Speaker

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**Paul Gilbert, PhD**, is an assistant professor in the Dept. of Community & Behavioral Health, College of Public Health, University of Iowa. Dr. Gilbert conducts research to understand and address the ways that gender, race/ethnicity, and sexual orientation shape drinking patterns, risk of alcohol use disorders, and use of treatment services. He also focuses on improving the health of Latino communities in non-traditional settlement states through participatory, action-oriented research. Dr. Gilbert is a core faculty member of the Health Equity Advancement Lab (HEAL), which brings together students, staff, and faculty who are interested in social justice to engage in research and extra-curricular learning opportunities. Dr. Gilbert also chairs the College of Public Health Diversity, Equity, and Inclusion Committee.

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# Building Blocks of Prevention: Public Health Tools for the Opioid Crisis

Paul A. Gilbert, PhD  
May 7, 2019



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## Agenda

1. Levels of prevention
2. Intervention planning models
3. Community readiness
4. Evidence based interventions



Plus two additional considerations



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# 1. Levels of Prevention



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## Levels of Prevention

Level	Aim	Example
Primary	Avoid problem; minimize risks of problem	
Secondary	Detect problem and intervene early	
Tertiary	Minimize damage from problem	



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## Levels of Prevention

Level	Aim	Example
Primary	Avoid problem; minimize risks of problem	Prescription drug monitoring program; safe medication disposal
Secondary	Detect problem and intervene early	
Tertiary	Minimize damage from problem	



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## Levels of Prevention

Level	Aim	Example
Primary	Avoid problem; minimize risks of problem	Prescription drug monitoring program; safe medication disposal
Secondary	Detect problem and intervene early	Screening, brief intervention, and referral to treatment (SBIRT)
Tertiary	Minimize damage from problem	



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# Levels of Prevention

Level	Aim	Example
Primary	Avoid problem; minimize risks of problem	Prescription drug monitoring program; safe medication disposal
Secondary	Detect problem and intervene early	Screening, brief intervention, and referral to treatment (SBIRT)
Tertiary	Minimize damage from problem	Substance use disorder treatment; case management & wrap-around services

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What level of prevention will you pursue?

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## 2. Intervention Planning Models



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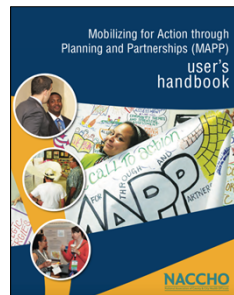


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## Mobilizing for Action through Planning and Partnerships (MAPP)

- Developed by National Association of County & City Health Officials
- For local health departments & community partners
- Useful for aligning multiple agencies or initiatives



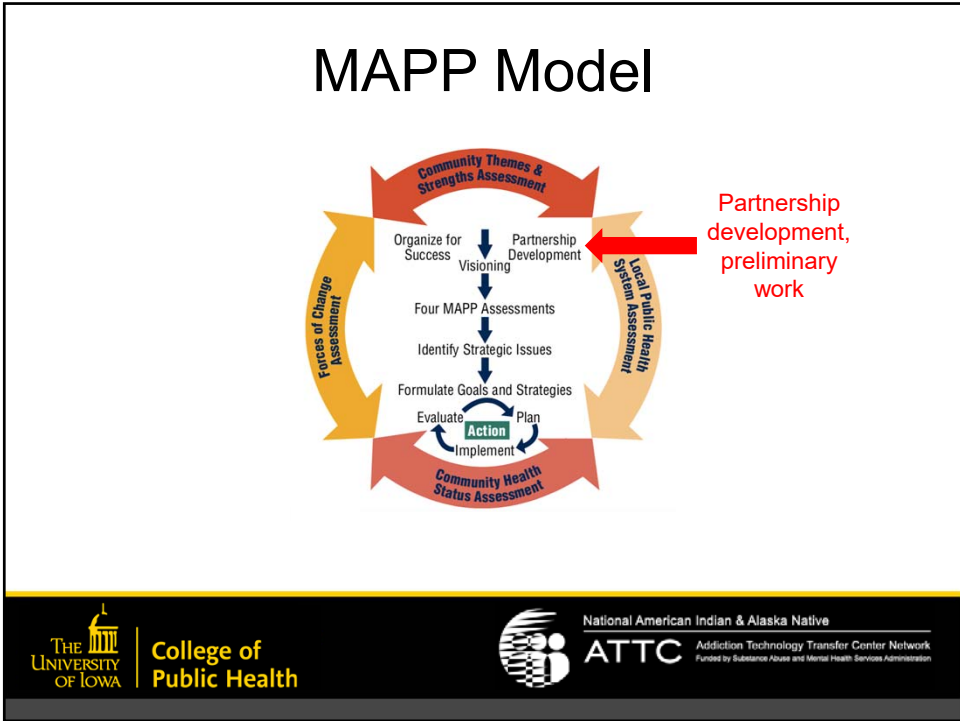
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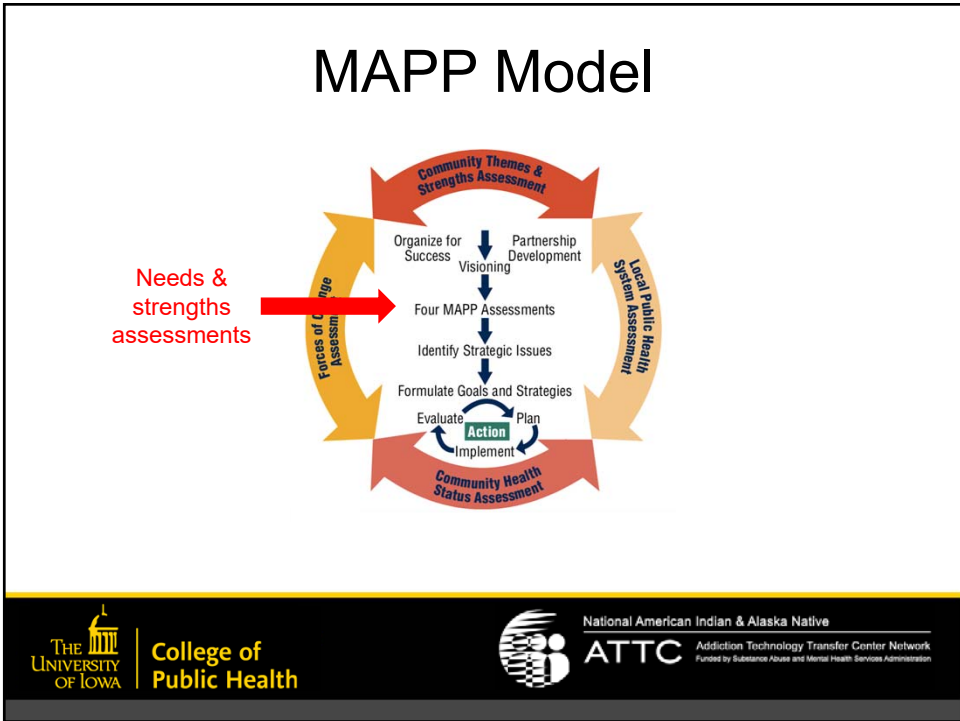
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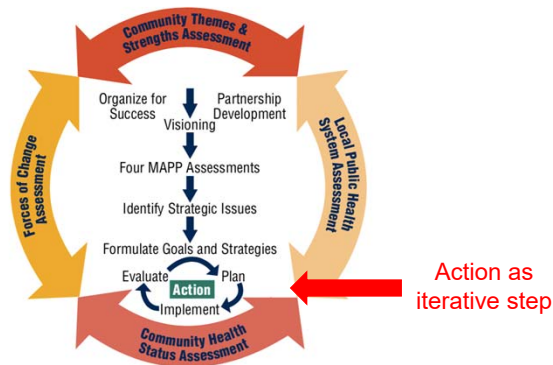


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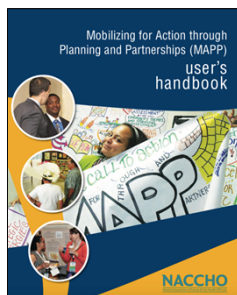


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# MAPP Model



# MAPP Handbook



<https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

# PRECEDE-PROCEED

- Developed by academics in 1970s (Larry Green and Marshall Kreuter)
- Comprehensive intervention planning model (8 steps)
- Hallmarks:
  - Focus on outcomes
  - Thorough assessment of conditions
- Promoted by Centers for Disease Control and Prevention

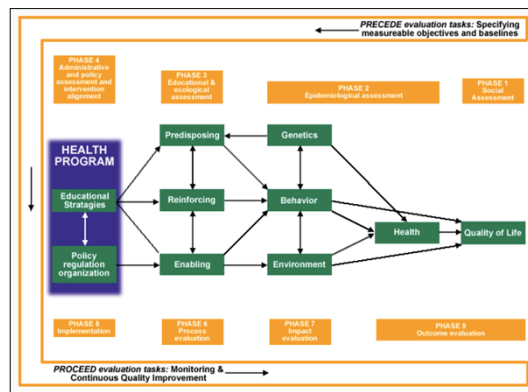


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# PRECEDE-PROCEED



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# PRECEDE-PROCEED Textbook



Green LW, Kreuter MW (2005). *Health Program Planning: An Educational and Ecological Approach*, 4th ed. New York NY: McGraw Hill.



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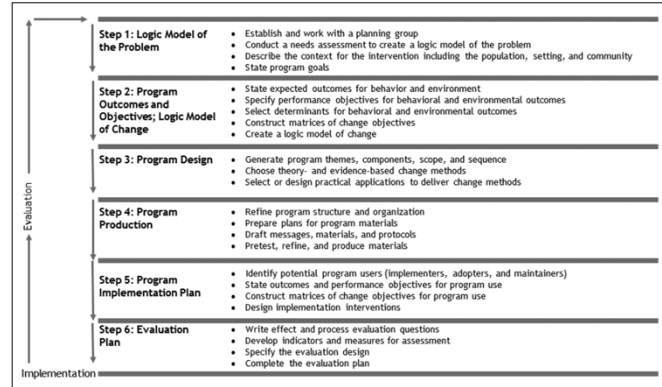
# Intervention Mapping

- Developed by academics in 1990s (Kay Bartholemew and colleagues)
- Comprehensive intervention planning model (6 steps)
- Hallmarks:
  - Draws on PRECEDE assessments
  - Emphasizes theory, evidence, and stakeholder participation
  - Doesn't demand linear progression

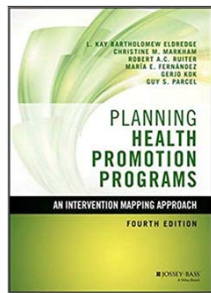


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# Intervention Mapping



# Intervention Mapping Textbook



Bartholomew Eldredge LK, Markham CM, Ruitter RA et al. (2016). *Planning Health Promotion Programs: An Intervention Mapping Approach*, 4th ed. San Francisco CA: Jossey-Bass.

Which intervention planning model will you use?



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3. Community Readiness



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# Community Readiness

- Necessary condition for long-lasting change
- Can increase intervention effectiveness
- May lead to tailored activities
- However, need to define community



# Available Assessments

**SAMHSA'S CENTER FOR THE APPLICATION OF PREVENTION TECHNOLOGIES**

### Tools to Assess Community Readiness to Prevent Substance Misuse

"Readiness" describes the degree to which a community is willing and prepared to address prevention needs. This tool provides a list of tools that practitioners working to prevent substance misuse can use to assess their community's readiness to address identified needs, and to prioritize these needs accordingly. Please note that the examples presented here are not representative of all assessment tools available to the field and do not imply endorsement by SAMHSA's Center for the Application of Prevention Technologies.

TOOL	DIMENSIONS COVERED	FROM WHOM IS DATA COLLECTED?	KEY ELEMENTS	INSTRUMENT CONSIDERATIONS
<b>Community Key Leader Survey</b> Goodman and Wandersman <a href="http://www.ats.ucla.edu/hsa/infocentre/hsa/hsa/assessments/ckl/ckl.htm">http://www.ats.ucla.edu/hsa/infocentre/hsa/hsa/assessments/ckl/ckl.htm</a>	<ul style="list-style-type: none"> <li>• Awareness</li> <li>• Concern</li> <li>• Action across community levels</li> </ul>	<ul style="list-style-type: none"> <li>• Key leaders</li> </ul>	<ul style="list-style-type: none"> <li>• 48 questions</li> <li>• Questions focus on leaders' organization</li> <li>• Can be used with any number of respondents</li> <li>• No implementation training available</li> <li>• Cost: Free</li> </ul>	<ul style="list-style-type: none"> <li>• Since key leaders are the only source, tool may not provide accurate picture of overall community readiness</li> <li>• Supplementary Interpretation Guide offers guidance for understanding findings and strategies for increasing readiness</li> </ul>

Developed under the Substance Abuse and Mental Health Services Administration's Center for the Application of Prevention Technologies task order Reference #4530320130004446126343007. For training use only. May 16, 2016

[www.samhsa.gov/capt/sites/default/files/resources/community-readiness-tools.pdf](http://www.samhsa.gov/capt/sites/default/files/resources/community-readiness-tools.pdf)



How ready is your  
community to engage in  
opioid prevention work?



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## 4. Evidence Based Interventions (EBIs)



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## What Are EBIs?

A program, policy, or intervention that:

- Has been rigorously developed; and
- Has been evaluated scientifically.



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## Value of EBIs

- Improve promise of desired outcomes
- Avoid duplicating efforts
- Justify allocation of resources
- May be mandated by funders
- Bridge academic and practice worlds

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# Where to Find EBIs?

National Congress of American Indians Opioid Initiative

<http://www.ncai.org/initiatives/partnerships-initiatives/ncai-opioid-initiative>

Substance Abuse and Mental Health Services Administration Evidence Based Practices Resource Center

<https://www.samhsa.gov/ebp-resource-center>

National Institute on Drug Abuse Evidence Based Practices

<https://www.drugabuse.gov/publications/finder/t/95/evidence-based-practices>

JAMA Forum: Community Based Prevention & Strategies for the Opioid Crisis

<https://newsatjama.jama.com/2017/08/22/jama-forum-community-based-prevention-and-strategies-for-the-opioid-crisis/>



# Adapting EBIs

- Must often adapt EBIs to local community
- CPRN framework is very helpful
- Materials available online at no cost

Putting Public Health Evidence in Action  
Adaptation Planning Tool<sup>®</sup>

Adaptation Categories	Your Community	EBA	Fill evidence, adaptation Needs		Recommendations	Engaged	Decision
			Yes	No			
<b>Health</b>							
Behavioral							
Environment							
<b>Community</b>							
Community							
Community							
Community							

<http://cpcrn.org/pub/evidence-in-action/>



## Webinar Recording & Materials Available



<http://www.mphtc.org/education-training/mphtc-webinars/>

<https://prc.public-health.uiowa.edu/using-evidence-based-practices/>



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Is there an EBI you could use?  
If yes, how much will it need  
to be adapted?



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## Two Concluding Thoughts



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## Naloxone



- Much attention recently
- A lifesaving resource, but NOT treatment
- What else makes up your repertoire of opioid responses?



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# Wellbriety

- Recovery is more than sobriety
- Holistic wellbeing for individuals, families, and communities
- Culturally congruent
- [www.whitebison.org](http://www.whitebison.org)



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Paul A. Gilbert, PhD  
 Assistant Professor  
 Department of Community and Behavioral Health  
 University of Iowa College of Public Health  
 Email: [paul-gilbert@uiowa.edu](mailto:paul-gilbert@uiowa.edu)  
 Tel: 319-384-1478



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