

PREVENTION FIRST 



PROFESSIONAL DEVELOPMENT RESOURCE GUIDE

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

PREVENTION FIRST 

Substance Use Prevention Professional Development

Funded in whole or in part by the Illinois Department of Human Services Division of Substance Use Prevention and Recovery through a grant from the Substance Abuse and Mental Health Service Administration (SAMHSA).

**Delivering Culturally Responsive Prevention Services
Professional Development Resource Guide**

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PREVENTION FIRST

Prevention First is a nonprofit founded in 1980. We engage with local communities to promote healthy behaviors and prevent substance misuse. We believe deeply that together we can proactively and effectively support the health and well-being of our kids and our communities.

Our Work

Advise – We work with organizations that actively promote healthy behaviors so they can be effective in their missions.

Amplify – Through training and education, we equip those working in prevention with the skills and confidence to best support their communities.

Advocate – We take an active role in addressing areas of need through public awareness campaigns, resource centers, special initiatives, and events.

Our Ongoing Initiatives

- Alcohol Policy Resource Center
- Cannabis Policy Resource Center
- Conference/Event Planning
- Illinois Dept. of Corrections CADC Training Program
- Leadership Center Training and Technical Assistance
- Public Health Awareness Campaigns
- RPSA Youth Development Services Training and Technical Assistance
- Teen Pregnancy Prevention Education Program
- Tobacco Enforcement Program
- Substance Use Prevention Training and Technical Assistance
- Substance Use Treatment and Recovery Training and Technical Assistance
- Traffic Safety Resource Center
- Youth Prevention Resource Center

OUR VISION

Prevention First is the leading organization for knowledge-building and the dissemination of evidence-based prevention strategies. We believe that evidence-based approaches are the most effective paths to building communities and proactively support health and well-being.

OUR MISSION

Prevention First advances efforts to promote healthy behaviors and prevent substance misuse in every community through a variety of evidence-based and collaborative approaches, including training, support and public awareness.

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WELCOME

This guide provides general information, guidance and links to websites to support substance use prevention professionals in improving their cultural humility and capacity to serve their diverse community populations. It introduces cultural responsiveness, cultural humility and related concepts, social determinants of health (SDOH), and health equity concerning prevention of substance use. It also offers suggestions for implementing culturally responsive prevention activities.

This resource has been created with the understanding that historical prevention strategies and substance-use interventions have not always considered marginalized perspectives. Both the prevention and culturally responsive landscapes are ever evolving, and the information in the guide may incite discomfort, as the process of confronting our biases and learning is uncomfortable. Additionally, Prevention First recognizes that this guide is not exhaustive, and will require revision as more work is done around this important topic.

Visit www.prevention.org to view additional resources and information regarding current training opportunities. For more information about technical assistance or our services, please contact providerservices@prevention.org or call 217-836-5346.

TERMS TO KNOW

Acculturation: the process of adopting another group's cultural traits or social patterns.¹

Behavioral health disparities: a difference in substance use or mental health outcomes linked to social, economic and environmental disadvantage, which adversely affects a sub-population or group.²

Community mobilization: community-driven approach typically led by subject experts who bring specific, predefined issues and proposed solutions to the community for "buy-in."³

Community organizing: a community-driven approach that usually begins with listening campaigns that yield insights into problems that community members care about and affect them personally.³

Cultural awareness: being open to the idea of changing cultural attitudes.¹

Cultural competence: the ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles and traditions based on their heritage and social relationships.²

Cultural humility: a willingness to suspend what you know or think you know about a person based on generalizations about their culture.⁴

Cultural identity: a person's affiliation or identification with a particular group or groups.⁵

Cultural knowledge: an understanding of some cultural characteristics, history, values, beliefs and behaviors of an ethnic or cultural group.¹

Cultural norms: the spoken or unspoken rules or standards for a cultural group that indicate whether a specific social event or behavior is appropriate or inappropriate.⁵

Cultural sensitivity: knowing that cultural differences exist but not assigning values to the differences (better or worse, right or wrong).¹

Culturally and Linguistically Appropriate Services (CLAS) Standards: national care and services criteria that respect and respond to individuals' cultural and linguistic needs.²

Culturally responsive programs: programs and strategies that meet the needs of diverse populations that those programs and strategies aim to serve.⁶

Culture: the shared values, traditions, norms, customs, arts, history, folklore and institutions of a group of people unified by race, ethnicity, language, nationality, religion or other significant factors (such as gender, sexual orientation, faith).¹

Discrimination: discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age or sexual orientation.⁷

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

Diversity: dissimilarities among people with respect to age, class, ethnicity, gender, health, physical and mental ability, race, sexual orientation, religion, physical size, education level, job and function, personality traits, and other human differences.⁸

Ethnicity: the social identity and mutual belongingness that defines a group of people based on common origins, shared beliefs and shared standards of behavior (culture).⁵

Health disparities: a type of health difference closely linked to social, economic and environmental disadvantage. Health disparities adversely affect groups of people who have experienced significant obstacles to health because of their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory or physical disability; sexual orientation or gender identity; geographic location or other characteristics.²

Health equity: the attainment of the highest level of health possible for all groups.²

Implicit bias: cultural or racial biases that perpetuate stereotypes and prejudices, often expressed automatically and without awareness.⁵

Marginalized populations: groups and communities that experience discrimination and exclusion (social, political and economic) because of unequal power relationships across economic, political, social and cultural dimensions.⁹

Public health approach: an approach to prevention that focuses on populations, determines broad causes, implements strategies to address those causes and ensures equal access to care and reductions in outcome disparities.¹⁰

Race: a social construct that describes people with shared physical characteristics.⁵

Racism: an attitude or belief that people with specific shared physical characteristics are better than others.⁵

Social determinants of health (SDOH): the conditions in the environments in which people live, learn, work, play, worship and age that affect a wide range of health, functioning and quality-of-life outcomes and risks.¹¹

Structural (systemic) racism: the policies, practices and norms that incidentally but inevitably perpetuate inequality, resulting in significant economic, legal, political and social restrictions.⁵

Trauma-informed care: a program, organization or system that realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures and practices and resists re-traumatization.¹²

BUILD YOUR KNOWLEDGE

Introduction to Culture

The United States was mainly built on immigration and is one of the most culturally diverse countries globally. Nearly every region in the world has influenced American culture.¹³

Culture is defined by a community or society and structures how people view the world. It is a particular set of beliefs, norms and values about relationships and how people live and organize their environments.⁵ Culture permeates aspects of identity beyond race, ethnicity and gender. Researchers have identified the following cultural factors:¹

- National origin
- Education
- Sexual orientation
- Religion
- Language
- Hobbies and interests
- Health status
- Housing situations
- Immigrant or refugee status
- Employment status
- Location (rural, urban, suburban)
- Socioeconomic status
- Age
- Occupation
- Literacy
- Disability
- Gender identification
- Family structure
- Substance misuse or mental health status
- Health status and conditions

Everyone has a **cultural identity**, which describes a person's affinity with a particular group or groups. Someone's cultural identity reflects their group's values, norms and worldview, but it is defined by more than these factors. Cultural identity develops across life cycle stages. It includes *individual* traits and attributes shaped by race, ethnicity, language, life experiences, historical events, **acculturation**, geographic and other environmental influences.⁵

No two people will possess the same cultural identity, even if they identify with the same cultural group(s). Attempting to assign norms or values to someone who identifies with a particular group may not be effective and may lead to stereotyping.⁴

Every community has a culture, and cultural norms can influence youth perceptions about alcohol use, misuse, and related problems.^{1,4} Prevention professionals must understand the cultures prevalent in their community to deliver effective and **culturally responsive programs** that meet the needs of the diverse populations served.¹⁴

A Path for Increasing Cultural Responsiveness

The path to increasing capacity for delivering prevention services across multiple cultures is complex. It is a continual process rather than an actual outcome and involves acquiring and applying specific knowledge, skills and values.^{1,15}



Adapted from CADCA¹

Cultural knowledge involves understanding the characteristics, history, values, beliefs and behaviors of distinct groups, for example, learning about your community's language(s).^{1,15}

Cultural awareness involves being mindful, observant and conscious of similarities and differences among and between cultural groups, *including one's own*. It also includes being aware of power, privilege and oppression.⁴ Prevention professionals who lack self-awareness risk imposing their values, beliefs and judgments on others.¹⁵

An example of cultural awareness is understanding that some religions practice or gather on the weekends. If your youth advisory committee plans to do weekend work, you should know whether weekend work is culturally appropriate for all committee members. Another example is to be aware of the holidays your youth advisory committee members celebrate so that you can plan activities and events around them.

Cultural sensitivity involves having knowledge and awareness of cultural differences, accepting these differences without judgment, and applying this knowledge and understanding to your work. For example, you may be aware of discrimination against communities of color. You may also understand how discrimination affects your community. Your awareness allows you to adjust your work to account for these effects by developing a recruitment plan to include communities of color in prevention planning and implementation.¹⁵

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

Increasing your cultural knowledge, awareness and sensitivity as you work with others from diverse cultures will allow you to serve your diverse community better and lead to more culturally responsive prevention programs.

Often, resources refer to attaining **cultural competency** as part of the path to becoming more culturally responsive. The term cultural competency asserts there is an endpoint on the path. It assumes that one can learn quantifiable attitudes and skills that enable effective work within the cultural context of another person.¹⁶ **However, no one can ever be an expert in another person's culture.** That is why it is essential deliver culturally responsive prevention services with **cultural humility**.⁴

Cultural humility is the willingness to suspend what you know or think you know about someone based on generalizations about their culture. It is a dynamic and lifelong process entailing self-reflection and personal critique. Truly understanding anyone's culture is an ongoing task because people are unique, even if they are from the same culture.⁴

For example, if you are collaborating with a community stakeholder who is blind, you would regard this person as an expert in their own life, including their experiences and perspectives about blind culture. Rather than assuming their needs, you would acknowledge that you do not understand blind culture the same way as this person, and you would value the opportunity to learn from them.¹⁵

Cultural competency is when you:¹⁶

- Have an *expert* understanding of people's cultures.
- Are aware of your own cultural background and biases.

Cultural humility is when you:¹⁶

- Do not assume you know about other's cultures, histories and experiences.
- Take a reflective approach to cultural differences (self-reflection).
- Make a commitment to ongoing learning and understanding of diverse cultures.

Principles of Culturally Responsive Prevention

Conducting your prevention work with cultural humility requires ongoing self-reflection and personal critique. This will enable you to provide culturally responsive programs and work with people from different cultures with openness, appreciation, acceptance and flexibility.

SAMHSA's Center for Substance Abuse Prevention has identified six practice-based principles for increasing prevention professionals' cultural responsiveness:²

- Ensure community involvement in all areas.
- Use a population-based definition of community (let the community define itself).

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

- Stress the importance of relevant, culturally appropriate prevention approaches.
- Employ culturally competent evaluators.
- Promote cultural competence among program staff that reflects the communities they serve.
- Include the target population in all aspects of prevention planning.

Reflecting on how well you are currently incorporating these principles in your work can help you identify steps you can take to delivering culturally responsive prevention.

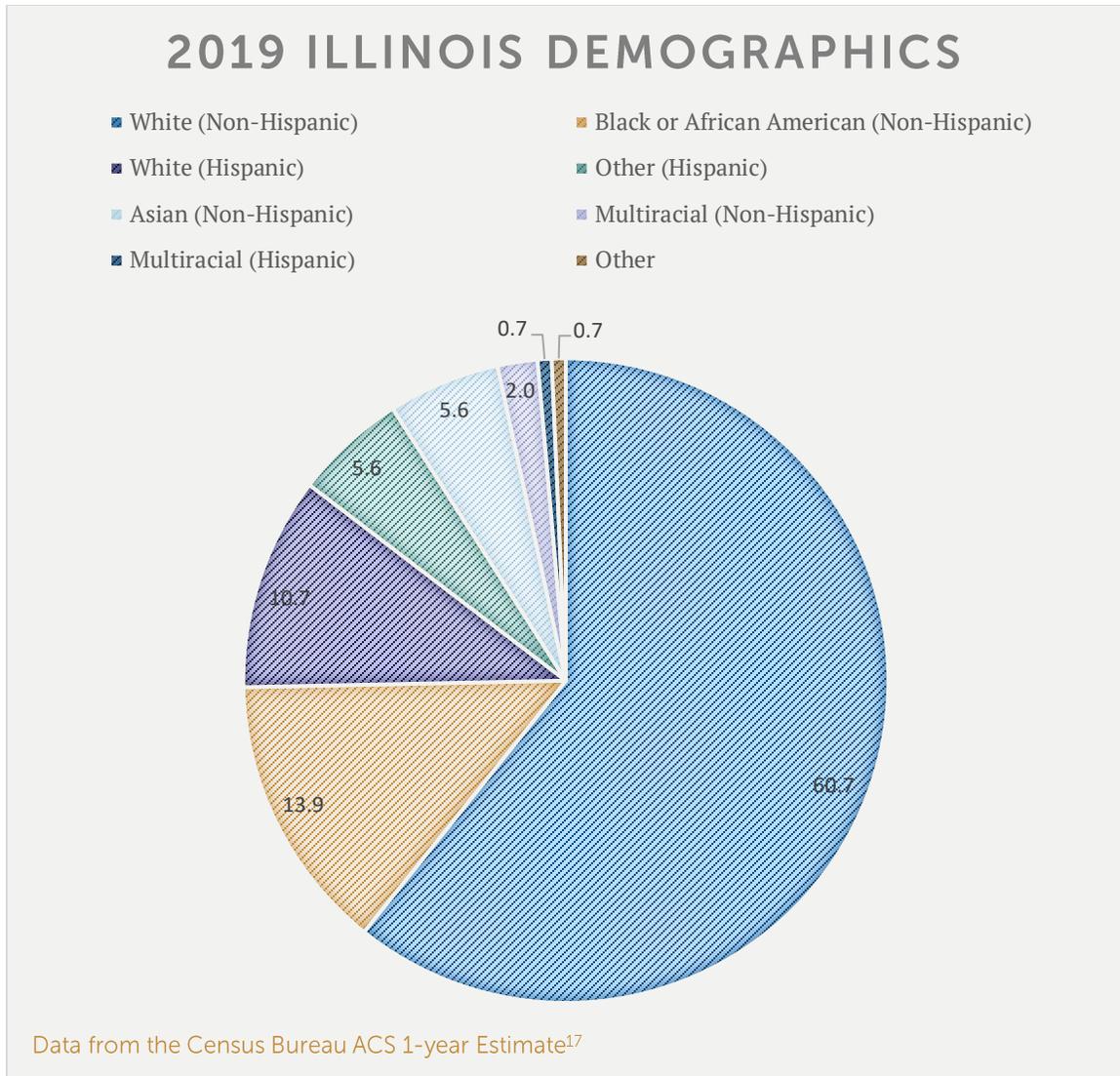
The Need for Culturally Responsive Prevention

Because developing cultural humility and the knowledge and skills to deliver culturally responsive prevention requires time and effort, it's important to understand how it helps contribute to reducing substance use. The following are common reasons for devoting resources to culturally responsive programming.

Changing Demographics

The U.S. Census indicates the country is undergoing demographic change. Many immigrants are settling in traditional and new communities, and far fewer culturally homogeneous communities exist now than in the past.¹ The graph on the next page depicts the Illinois racial and ethnicity demographics from 2019.

Among Illinois citizens, 23.3 percent are speakers of a non-English language, which is higher than the national average of 22 percent. In 2019, the most common non-English language spoken in Illinois was Spanish—13.6 percent of the overall population of Illinois are native Spanish speakers. The next two most common languages were Polish (1.36 percent) and Chinese, including Mandarin and Cantonese (0.944 percent).¹⁷



Widespread Reach of Substance Use

The negative consequences of substance use affect all segments of society, regardless of income, gender, ethnic origin, sexual orientation, disability and age. Reducing rates in one segment of a community is not enough; a comprehensive approach is necessary to target all demographic groups.¹

Value of Group Strengths and Protective Factors

Research shows that people have strengths and protective factors that can temper the harmful effects of substance use.¹ For example, one study found that "among children of Latino illicit drug users, the youth's conservative family values and a responsible attitude toward community traditions were dual factors related to family bonding, perhaps operating as sources of 'protection' against youth problem behaviors."¹⁸

Prevention professionals must collaborate with their communities to identify these factors and include them in their strategies to reduce substance use.

Value of Group Representation

It's critical to include youth, stakeholders and community members who reflect the community's diversity in strategic planning and implementation of substance use prevention programs. Including diverse voices will increase the likelihood that prevention programs are culturally responsive. Youth and community stakeholders are also more apt to be empowered and invested if they participate in the development and delivery of culturally responsive services.¹

Increased Sustainability

Cultural responsiveness improves an organization's sustainability by reinforcing the value of diversity, flexibility and the ability to address its community's current and changing needs. Matching prevention services to the community's needs enhances program effectiveness, increasing widespread community buy-in for your prevention efforts. Organizational policies and procedures, including training and supervision, can support staff to provide culturally responsive services and increase program sustainability.^{1,5}

Opportunity to Reach Vulnerable Populations

Providing culturally responsive prevention services ensures that vulnerable populations, especially youth who identify with cultures prone to substance use, have access to prevention services.²

REFLECTION

1. What defines your own culture?
2. Why is it essential to provide culturally responsive prevention?
3. Where do you think you are on the path to providing culturally responsive prevention services?

Prevention and the Social Determinants of Health (SDOH)

Social determinants of health (SDOH) are the conditions in the environments in which people live, learn, work, play, worship and age that affect a wide range of health, functioning and quality of life outcomes and risks.^{10,19} How a person experiences social determinants can determine whether they are experiencing **health equity** (fair and just opportunity to be as healthy as possible) or **health inequity** (difference in health outcomes that are avoidable, unfair or unjust).^{10,11}

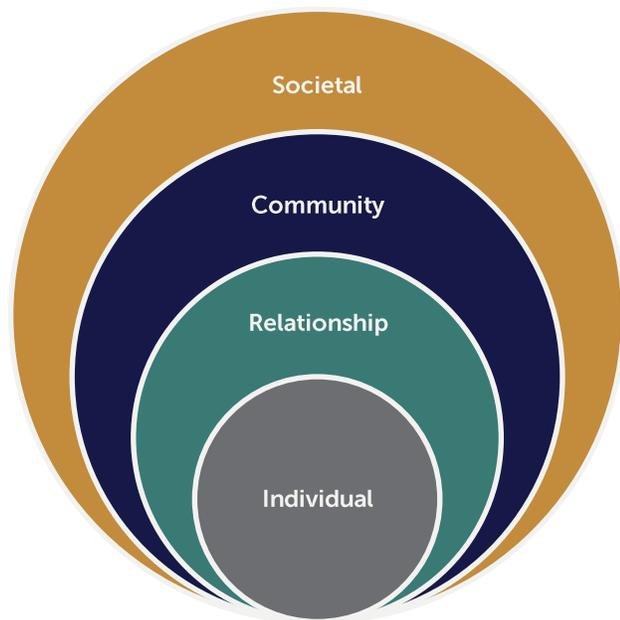
Equity does not mean providing the same resources to everyone; it is giving each person and family access to the level of resources they need to succeed.⁶

Social Determinants of Health (SDOH)	Description	Health Inequity Example
Education access and quality	The ability to obtain a high-quality education	A school district with limited transportation options
Economic stability	The ability to afford health-supporting purchases (food and housing)	A neighborhood with many families living in poverty
Healthcare access and quality	The ability to obtain high-quality healthcare services	A county with very few or no mental health care providers
Neighborhood and built environment	The ability to live safely and avoid danger	A neighborhood with high rates of gun violence
Social and community context	The ability to have positive relationships with people around us	A community with high rates of childhood bullying

Source: Carnevale Brief²⁰

Health inequities can lead to **health disparities**, which are differences closely linked to economic, social or environmental disadvantages.²¹

These conditions can be connected to the Social-Ecological Model (at right) used by prevention and health care professionals. They are another way to think about *community-* and *societal-*level risk factors for substance use.¹⁰



DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

Root Causes Leading to Health Inequities

Without a clear understanding of health inequities and their root causes, well-intentioned prevention strategies may have little to no effect on the population or may increase health inequities.²²

The causes of health disparities are complex. The next section provides a general overview but does not describe all underlying causes of health disparities.

DISCRIMINATION AGAINST MARGINALIZED POPULATIONS

Marginalized populations are those that are excluded from mainstream social, economic, educational or cultural life based on:^{5, 23}

- Class and socio-economic status
- Race
- Ethnicity
- Disability
- Language
- Immigration status
- Gender
- Sexual orientation
- Religion
- Mental health
- Geographic location

Marginalized groups can experience unfair and unjust **discrimination** at structural and individual levels.²⁴

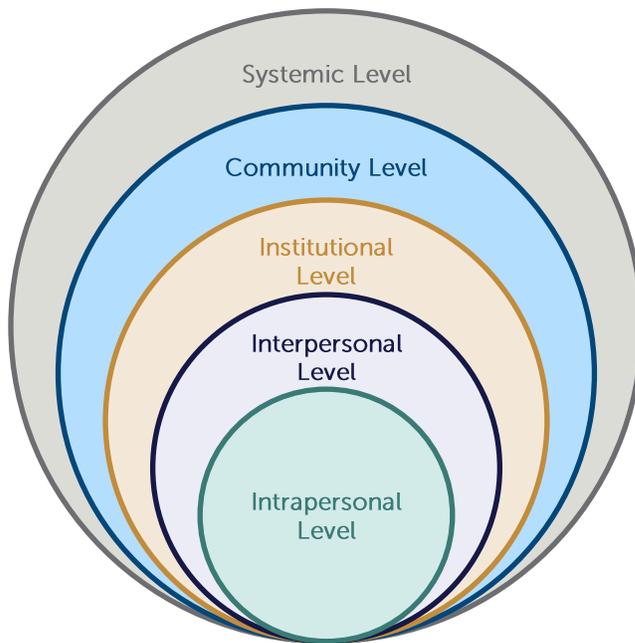
- *Structural discrimination* refers to macro-level conditions (for example, residential segregation) that limit the opportunities, resources and well-being of less privileged groups.
- *Individual discrimination* refers to negative interactions between individuals in their institutional roles (health care provider and patient) or as public or private individuals (salesperson and customer) based on individual characteristics.

RACISM

Research shows that centuries of **racism** in the United States have had profound negative impacts on people of color, creating inequities in access to social and economic benefits (housing, education access, economic advantage and employment).¹⁰

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

Following are examples of racism constructs within the social-ecological model.



Source: Communities in Action⁴¹

Systemic Level

- Immigration policies
- Incarceration policies
- Predatory banking

Community Level

- Differential resource allocation
- Racially or class- segregated schools

Institutional Level

- Hiring/promotion practices
- Under/over valuation of contributions

Interpersonal Level

- Overt discrimination
- Implicit bias

Intrapersonal Level

- Internalized racism
- Stereotypic threat
- Embodying inequities

Health disparities based on race and ethnicity remain the most persistent and challenging to address.¹⁰

IMPLICIT BIAS

Research finds that individuals hold biases that they are not aware of, called **implicit biases**, resulting in potentially discriminatory behaviors.¹¹ For example, a prevention professional involves their youth advisory committee members in creating a local youth substance use presentation. The provider asks male committee members to compile data from the Illinois Youth Survey and asks female members to develop a narrative for the slides. In this case, the provider may have unconsciously acted on a common bias, assuming that males have better math skills and females have better writing skills. Implicit biases in health care can lead to discrimination that negatively impacts health outcomes. For example, racial and ethnic minorities and women are subject to less accurate diagnoses, limited treatment options, less pain management and worse clinical outcomes.²⁵

Implicit biases operate almost entirely unconsciously, and everyone has them. Having an implicit bias does not mean you will automatically discriminate against someone. The brain tends to sift, sort and categorize information about the world based on

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

individual experiences, cultural influences and media, leading to implicit biases. You can combat implicit biases by becoming more aware of your unconscious thinking and how society influences you.²⁶ You will find resources in the *Learn More* section to help you begin this process.

LANGUAGE AND COMMUNICATION BARRIERS

Limited English proficiency in the United States can be a barrier to accessing health services and information, understanding health information, proper medication use and utilization of preventive services.²⁷

There are also institutional barriers, such as a lack of well-trained interpreters and culturally competent providers. Individuals who do not speak English at home and individuals with lower levels of education may have limited English ability, which puts them at risk for experiencing a health disparity.²⁷

Culturally and Linguistically Appropriate Services (CLAS) can improve the quality of services provided to all individuals, which will help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: respect the whole individual and respond to the individual's health needs and preferences. By tailoring services to an individual's culture and language preferences, health professionals can help bring about positive health outcomes for diverse populations.^{2, 28}

The National CLAS Standards are intended to advance health equity, improve quality and help eliminate health care disparities by establishing a blueprint for health organizations.²⁸

TRAUMA

Studies indicate a connection between experiencing trauma and health outcomes, including substance misuse. Traumatic events can change brain chemistry and lead to poor health outcomes.²⁹ Trauma can involve a single event, repeated events, or sustained experiences. A single trauma is limited to a single point in time (e.g., a death of a loved one). Repeated traumas are a series of traumas that happen to the same person over time (e.g., physical assaults). Sustained traumas are a series of traumas that tend to wear down resilience and the ability to adapt (e.g., ongoing emotional abuse).³⁰

Social determinants can increase an individual's risk for trauma. Examples include:²⁹

- **Poverty.** Those who live in poverty may experience limited access to food, water and shelter. The consequent mental and emotional stress can be traumatic for many individuals.
- **Neighborhood Crime and Violence.** Experiencing neighborhood crime or violence can increase the likelihood of post-traumatic stress disorder (PTSD) symptoms.

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

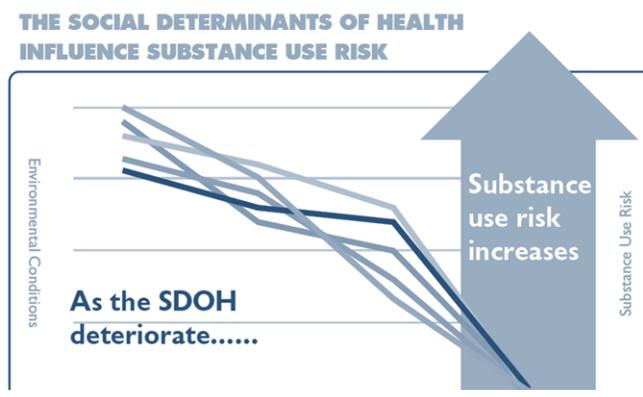
- **Racism.** Discrimination, systemic injustice and violent acts against racial groups based on attitudes of superiority held by the dominant group can result in racial trauma. Racial trauma can lead to similar outcomes as any other traumatic event. Black and Latino Americans have a higher rate of lifetime PTSD than white Americans.

Prevention's Impact on Social Determinants of Health

There is a correlation between substance use risk factors and the social determinants of health. As the social determinants of health deteriorate, substance use risk increases.¹⁰

Some social determinants of health have direct and indirect associations with substance use. For example, neighborhoods with lower rates of economic stability are associated with

increased rates of substance use among residents, even after controlling for individual economic status. Research attributes these findings to increased social stressors, higher levels of psychological distress and fewer social resources in poorer neighborhoods.²⁰



Source: Carnevale Associates Info Brief. Addressing the Social Determinants of Health in Substance Use Prevention²⁰

Social determinants of health and health inequities may require large-scale efforts or legislative solutions. The issues involved in addressing them may seem overwhelming for prevention professionals. However, their organizations can choose to focus on more manageable components of a problem.²⁰

Addressing the social determinants of health can be part of the prevention strategic planning process. For example, a prevention organization doesn't need to resolve access to education in their community. However, you can address education access by collaborating with local community partners to develop a strategic plan to ensure that all community schools implement an evidence-based Youth Prevention Education program.²⁰

Prevention professionals also can partner with other community stakeholders to learn more about the community landscape and address significant issues related to social determinants of health and inequities. Prevention is part of an overall **public health approach**. Stakeholders from across public health may be interested in addressing the same problems. Prevention professionals can be one voice among many collectively working for supportive housing or employment, health care services in underserved areas and efforts to combat racism and discrimination.^{10, 20}

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

Considering the social determinants of health and community inequities during planning will help you better target the root causes of substance use and serve youth who are likely to engage in substance use. Collaborating with your community to implement prevention strategies through a health equity and cultural humility lens can reduce health disparities and foster improved outcomes.²²

REFLECTION

1. What barriers to health equity exist in the community you serve?
2. How well do your existing prevention strategies address the social determinants of health?
3. Who are the community stakeholders (individuals and organizations) that you can collaborate with to address the social determinants of health?

TAKE ACTION

Increasing Cultural Humility and Responsiveness

There are actions that you can take to increase your cultural humility and the cultural responsiveness of your prevention programs and services. You will find tools and resources in the *Learn More* section to help apply some of these actions.

Build Your Personal Capacity

Take these steps to begin developing increased personal cultural awareness and cultural humility.⁴

- ❑ Conduct a self-evaluation and acknowledge how your cultural attitudes, beliefs, feelings and implicit biases affect your worldview.
- ❑ Commit to continuously learning about the beliefs, values, attitudes and feelings of people whose cultures differ from yours.
- ❑ Seek opportunities to challenge your cultural expectations and learn how to communicate with others who have different languages and worldviews.
- ❑ Work towards recognizing, accepting and respecting cultural differences between yourself and the groups you work with.

Historically, pronouns have helped us to identify gender, and in doing so, they have communicated our identities. It has become increasingly important to examine the use of pronouns. Sharing your pronouns and trying to use others' pronouns correctly communicates values of respect and inclusion. It can feel challenging to do this since many of us are unfamiliar with the concept but, trying to be inclusive and respectful is important. We can practice the following actions to help us create an inclusive environment.

- Do not assume someone's pronouns. Instead, use the person's name until you know what their pronouns are.
- If you make a mistake, acknowledge the mistake, apologize and move on. The best way to show you are apologetic is to use the correct pronoun in the future.
- Avoid the phrase "preferred pronouns." Simply state "My pronouns" or "Brian's pronouns." The term "preferred" implies it is optional for the user.
- Instead of phrases like "Guys," "Ladies and Gentlemen," try using phrases such as "guests," "class," "everyone" or "you all, y'all" to refer to groups in a more inclusive way.
- When writing, favor the singular "they" over phrases such as "he or she," "his/hers" unless referring to a specific person whose pronouns are known.

Sources: 31, 32

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

Identify Diverse Community Population(s) and Their Needs

Learning about the diverse populations and existing inequities in your community will help you identify characteristics and situations that place youth at higher risk for substance misuse and identify factors that might mitigate those risks.²

- Identify your service area's demographics (race and ethnicity, sexual orientation, gender identity, disability status, socioeconomic status, age group).²
 - Use the **U.S. Census** to find demographic information on income, education, race and ethnicity, housing and other factors at national, state, county and smaller geographic area levels.
<https://www.census.gov/>
 - Use the **Illinois Report Card** to find school data, including student demographics. <https://www.illinoisreportcard.com/>
 - Seek more precise **local data** from hospital and community health needs assessments or local departments or organizations, such as city or county planning departments, economic development offices, tribal councils or chambers of commerce.
- Use primary data collection to identify and understand your community's current needs and health inequities to establish baselines and monitor trends over time.²
 - **Interviews** can be used to explore youth substance use issues experienced by diverse populations. Interviews also offer excellent opportunities to build relationships, raise awareness and inform key community members about problems and prevention efforts.
 - **Focus groups** can be used to have in-depth discussions about prevention-related topics with specific populations and offer an opportunity for marginalized groups to share their unique perspectives.
 - **Surveys** are beneficial for collecting information across a large geographic area, hearing from as many people as possible and exploring sensitive topics. Surveys can be conducted via paper/pencil, phone, mailings or online.

Build Trust and Relationships with Diverse Community Members

Prevention is a piece of a larger puzzle. Delivering culturally responsive services and reducing health inequities require you to collaborate with your community on a continuum of care and to build and strengthen connections and partnerships with community members from diverse populations.^{6, 11, 33}

- Prioritize building multicultural partnerships with the populations you serve to ensure culturally meaningful programming and emphasize common interests.

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

- ❑ Invest the time needed to build authentic engagement, ownership, involvement and input from diverse community partners in prevention planning, implementation and evaluation.
- ❑ Meet with community stakeholders in their own spaces and on their terms (for example, volunteer at events, make presentations at worksites).
- ❑ Consider including community members whose experiences are relevant to your prevention efforts. Individuals in recovery can bring valuable insights.
- ❑ Form strategic partnerships with community organizations working to increase health equity (such as public health agencies). You can work together to implement evidence-based strategies to address all aspects of a person's health and wellness and implement large-scale interventions.
- ❑ Increase support and collaboration by sharing your prevention knowledge and data to inform community partners about needs for prevention resources and interventions and tell partners how they can help.
- ❑ Leverage existing efforts whenever possible. For example, join an existing coalition with diverse community members across all community sectors.

Infuse Cultural Responsiveness within Your Program Structure

To transform knowledge about cultural responsiveness into practical action, consider the following steps to create a sustainable program or organizational structure.^{1, 2, 5}

- ❑ Assess your program's current level of cultural responsiveness. Where are the gaps? What knowledge, skills and resources can you build on?
- ❑ Establish a program vision that articulates principles and values for culturally responsive prevention services.
- ❑ Develop cultural responsiveness goals, action steps and a timeline for achieving them.
- ❑ Create a team that promotes a positive multicultural work environment.
- ❑ Use the Culturally and Linguistically Appropriate Services (CLAS) Standards to design and implement culturally responsive policies and procedures. For example:
 - Develop and sustain organizational leadership that promotes CLAS and health equity through policy, practices and resource allocation.
 - Recruit, promote and support culturally and linguistically diverse leadership, program staff and volunteers.
 - Educate and train leadership, program staff and volunteers in culturally and linguistically appropriate policies and practices on an ongoing basis.
- ❑ Identify barriers to cultural responsiveness at work in your organization. Consider what's not working or what may hinder your efforts towards cultural responsiveness.

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

- ❑ Continually evaluate your program's progress (measure outcomes) and make adjustments to achieve your cultural responsiveness goals. What will success look like? How do you know you are on the right track?
- ❑ Adjust styles and methods of communication to the cultural group(s) you are working with. Communication norms will vary within and between cultural groups based on class, gender, geographic origins, religion, subcultures and other factors.
- ❑ Offer language assistance to individuals who have limited English proficiency or other communication needs at no cost to them.
 - Inform individuals that language assistance services are available.
 - Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals or minors (for example, children or other younger relatives or friends) as interpreters should be avoided.
 - Offer services and materials in a variety of languages based on the needs of your community. For example, host events in Spanish, separate from events hosted in English and provide materials in both English and Spanish.

Use a Strategic Planning Process

Using a planning process, such as the Strategic Prevention Framework (SPF), provides opportunities to address health inequities through the lens of culture and ensure that members of diverse population groups can participate in, feel comfortable with and benefit from prevention practices.^{1,6}

- ❑ **Assessment.** Identify vulnerable populations vulnerable to behavioral health disparities and the health disparities they experience. Identify data gaps and make efforts to fill them. Develop plans to share and solicit input about assessment findings with members of these populations.
- ❑ **Capacity.** Build the knowledge, resources and readiness of prevention service providers and community members to address disparities and provide culturally and linguistically appropriate services. Ensure understanding of the unique needs of populations experiencing disparities.
- ❑ **Planning.** Involve members of your focus population as active participants and decision-makers in the planning process. Identify and prioritize factors associated with disparities. Incorporate effective prevention interventions developed for and evaluated with an audience similar to your focus population.

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

- ❑ **Implementation.** Implement prevention strategies that target populations experiencing health disparities. Involve members of these groups in the design and delivery of these programs. Use expert consultation to adapt or tailor evidence-based practices to be more culturally relevant. For example, create an in-person version of a virtual training or provide internet hotspots so that it is accessible to audiences with limited internet access.
- ❑ **Evaluation.** Conduct process and outcome evaluations to determine whether prevention strategies have the intended impact. Track all adaptations of the strategies. Conduct follow-up interviews with program participants to better understand program evaluation findings.
- ❑ **Sustainability.** Engage in sustainability planning efforts with partners who represent and work with populations experiencing behavioral health disparities. Sustain processes that have successfully engaged members of these populations and programs that produce positive outcomes.

Implementing the SPF in an equitable and culturally responsive way requires building relationships and partnerships from the start. That preparation could be a SPF process in itself. It involves assessing who is in your community and their needs and building the capacity for authentic engagement with populations and the prevention capacity of those populations. True engagement is not a “one-and-done” process.⁶

Implementing Culturally Responsive Strategies

To develop culturally responsive programs, consider the cultural, social and environmental influences within the community during prevention program planning and design. The following strategy-specific suggestions can be applied to program activities appropriate for the target population's culture.

Communication Campaigns

- ❑ Use local demographic and community health disparity data to identify your campaign target population(s), including marginalized groups who may be at higher risk for substance use.
- ❑ Ensure that your primary messages and supplemental activities are representative of your target audience(s).
- ❑ Invite students from marginalized groups to design and develop supplemental activities that target marginalized populations.
- ❑ Recruit focus group participants who represent your campaign's target audience(s).

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

- Engage community members that have relationships with the target audience to assist with the distribution of campaign materials - specifically those that will reach the marginalized populations.
- Adhere to Culturally and Linguistically Appropriate Services (CLAS) standards:
 - Ensure that all printed, digital and audiovisual materials reflect the culture, preferred language and background of the populations they serve.¹⁶ For example:
 - Choose images carefully to ensure that a variety of community diversity is represented (not just one token image).
 - Ensure images do not portray the target group in a negative light.
 - Customize campaign materials to include wording, names, and settings that reflect the target audience (e.g., if most youth in the community play soccer, use images of youth playing soccer not baseball).
 - Use gender neutral images (e.g., girls with short hair, boys with long hair, non-stereotypical clothing styles, etc.).
 - Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.¹⁶

Youth Prevention Education and Youth Advisory Committee

- Use culturally responsive classroom management.³⁴
 - Recognize your cultural lens and biases.
 - Get to know the young people's cultural backgrounds.
 - Be aware of the broader social, economic and political contexts of the youth population(s) you serve.
 - Build caring environments by inviting students to engage in positive relationships built on mutual and shared respect and to learn from and collaborate with other people while valuing diversity.
- Customize role-play scenarios and discussions using language, names or settings appropriate for the youth populations served.^{35, 36}
- Tailor learning activities and instructional methods to youth culture, development stage, gender and sexual orientation.^{35, 36}
- Make activities more interactive and appealing to different learning styles.^{35, 36}
- Infuse trauma-informed care into your YPE facilitation. Simple changes to classroom structures and interactions with students that prioritize student comfort and engagement can be impactful for students who have experienced trauma.³⁷ Create a classroom environment where:
 - Students can connect to each other and you.
 - Students feel protected and safe.

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

- Students are shown respect.
 - Skill-building and competence are encouraged.
- Make words, images and stories inclusive of all participants to increase engagement and effectiveness.^{35,36}
- Create a recruitment plan for your youth advisory committee that is intentional about ensuring the members reflect the diversity of your community and include methods to reach out to students from marginalized populations.
- Include your advisory committee members in the planning and decision-making for *all* YAC activities.
- Invite community members from diverse and marginalized populations to participate in or present at youth advisory committee meetings and activities.¹⁴
- Build YAC members' capacity to understand the importance of planning events through a cultural humility lens or provide training on health equity in prevention.
- Use the following SAMHSA guidelines for developing culturally responsive communication with students:¹⁴
 - Frame issues in culturally relevant ways.
 - Allow for the complexity of the problems based on cultural content.
 - Make allowances for variations in the use of personal space.
 - Be respectful of culturally specific meanings to physical communication (direct eye contact, handshaking).
 - Explore culturally based experiences of power and powerlessness.
 - Adjust communication styles to the student's culture.
 - Interpret emotional expressions considering the student's culture.

Other Prevention Strategies

COMMUNITY RESOURCE GUIDE

- Meet with diverse community stakeholders to identify resources needed by your community, including marginalized populations.
- Include organizations that serve marginalized populations.
- Include resources for language assistance organizations.
- Provide the community resource guide in multiple languages spoken in your community.
- Include information about the languages spoken at each resource agency (if possible).
- Provide multiple methods of contact to increase accessibility (phone number, email address, location).

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

- ❑ If necessary, assist community members with connecting with a needed resource (make a phone call, send an email).
- ❑ Distribute the resource guide within the community, ensuring that diverse and marginalized populations can access the information.

NATIONAL PREVENTION WEEK

- ❑ Utilize the NPW promotional materials in both English and Spanish; translate materials into other languages as needed.
- ❑ Build on the NPW themes and conduct additional activities that best meet your community's needs.
- ❑ Expand your reach by partnering with organizations and coalitions representing diverse populations within your community.
- ❑ Invite members from diverse populations within your community to speak about the benefits of substance use prevention and mental health promotion. Event attendees may benefit significantly from personal stories or a motivational speaker.

ENVIRONMENTAL STRATEGIES

- ❑ Identify race, class and immigration status issues to ensure appropriate strategies, as every community will benefit from environmental strategies unique to their needs.³

For example,

- Policy strategies that depend on increased law enforcement may work in some communities but may not be welcomed in neighborhoods with strained relationships with the police, including those with high numbers of undocumented residents fearful of deportation.
- Strategies to change the availability of alcohol through zoning reform may benefit some neighborhoods, but they can also limit economic expansion and subsequently be less popular in communities with high poverty levels.

Implementing environmental prevention strategies allows prevention professionals to address the environmental factors (physical environment and community norms) that support the use of alcohol and other drugs. Environmental strategies complement individual strategies and employ a public health approach to impact substance use on a larger scale.³

Environmental strategies focus on reducing substance use by effecting change in:

- Policy and policy enforcement.
- Access and availability.
- Community norms.

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

- Media messages that rely heavily on the internet or Smartphone access have limited reach where such access is not the norm.
- Assess community readiness before implementing new strategies. If readiness is low, hold off on that strategy and either look to another strategy or utilize strategies to increase community readiness.
- Use **community mobilization** or **community organizing** approaches to build personal, social and political power among those most affected by substance misuse issues and whose voices are often left out of the public debate.³ Examples of strategies that can be implemented through community efforts include:
 - Create and implement a communication campaign to increase awareness of local cannabis record expungement services to increase protective factors like intact family units and job access (there is a large racial disparity for marijuana arrest rates and undocumented folks experience a lot of difficulty seeking expungement for a cannabis related offense, and sometimes it can even put them at risk for deportation).
 - Advocate for local policy to create a restorative justice community council.
 - Alter local school or district policy to enact alternatives to suspensions for substance-related offenses.
- Integrate community assessments and community-defined priorities, interventions and involvement.³

CONSIDERATIONS FOR PROGRAM ADAPTATIONS

There is currently a lack of culturally responsive prevention interventions for some populations. Making appropriate adaptations to evidence-based programs and practices may be necessary to better serve your community populations' needs.

There are several approaches to developing prevention interventions to serve a particular cultural group:⁶

Surface-Structure Cultural Adaptation involves minor adaptations to wording or images. These adaptations do not change the core components or goals of a program. For example, changing names to be more reflective of the culture or community or selecting breakout groups for activities by methods other than gender identification.

Deep-Structure Cultural Adaption involves substantial adaptations to structure, design and content, for example, adding culturally relevant activities to a youth prevention education program. Changes at this level should reinforce learning to

Adaptation is a process of making changes to an evidence-based program (EBP) so that it is more suitable for a particular population or an organization's setting or program structure without compromising its core components.⁶

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

address youth substance use risk and protective factors and should not dilute the core messages of the program or make the program too long. Consult the program developer or a strategy expert before making these types of adaptations.

Before making adaptations, it's critical to assess the motives for intended changes to ensure they make the strategy more suitable for the program's population and not just for convenience.⁶ For example, adjusting activity scenarios to be more culturally appropriate is an acceptable adaptation. However, reducing or eliminating activities that allow youth to practice substance use prevention skills is not an acceptable adaptation.

Sometimes meeting the needs of vulnerable populations requires more than an adaptation of a prevention program. **Culturally Grounded Prevention** is the development of entirely new interventions situated within the cultural context of a particular group. A culturally grounded approach allows the targeted group to serve as critical decision-makers and the efforts to be designed from scratch from the group's cultural context.

REFLECTION

How do the prevention programs you work with embody cultural humility and cultural responsiveness? What can improve?

LEARN MORE

We curated these resources to help you extend your learning on the topic of developing culturally responsive prevention programs beyond this resource guide. If a resource provides a valuable tool for assessing your current state, capturing community data or implementing new processes or ideas, it is listed under the resource description.

Compilation Resources

BUILDING HEALTH EQUITY AND INCLUSION

Prevention Technology Transfer Center Network (PTTC)

The PTTC Culturally and Linguistically Appropriate Practices Work Group developed this comprehensive list of resources produced by the PTTC Network to help individuals understand the impact of culture and identity in prevention efforts. You will have access to resources on:

- Importance of culture, cultural competency/humility/intelligence.
- Understanding health equities and disparities.
- National standards for Culturally and Linguistically Appropriate Services (CLAS).
- Marginalized populations.
- Importance of language and accessibility.

<https://pttcnetwork.org/centers/global-pttc/cultural-responsiveness>

EQUITY, DIVERSITY, AND INCLUSION: RESEARCH AND RESOURCES

Mountain-Plains Prevention Technology Transfer Center (PTTC)

The website includes a comprehensive list of equity, diversity and inclusion resources. Topics include racial equity and cultural diversity, cultural competency, health equities and disparities and resources by populations. This list is by no means exhaustive and will be updated periodically to ensure it has the most relevant information.

<https://pttcnetwork.org/centers/mountain-plains-pttc/equity-diversity-and-inclusion-research-and-resources>

HEALTH EQUITY AND CULTURAL COMPETENCY RESOURCES

Great Lakes Prevention Technology Transfer Center (PTTC) Current YouTube Channel

The website provides videos on health equity and cultural responsiveness topics, including why health equity matters in prevention, addressing the social determinants of health, creating an inclusive organization, sustaining cultural competence and more.

https://www.youtube.com/playlist?list=PLd9xWon_wErQNFTx9nT6zOwzeysJn9CYf

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

RACIAL EQUITY RESOURCES

Region 7 Mid-America Technology Transfer Centers (TTCs)

The website provides resources to develop a collaborative plan with community partners to promote equity, safety and health for communities.

<https://attcnetwork.org/centers/mid-america-attc/racial-equity-resources>

Improving Cultural Responsiveness

ENHANCING CULTURAL COMPETENCE TOOLKIT

Community Toolbox

The toolkit aids in assessing and enhancing cultural competence in your organization or community effort.

<https://ctb.ku.edu/en/enhancing-cultural-competence>

IMPROVING CULTURAL COMPETENCE: A TREATMENT IMPROVEMENT PROTOCOL

U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration

The protocol is oriented toward treatment, but some sections are suitable for prevention:

- Definitions of cultural competency and responsiveness and their importance.
- Information on cultural competence at the organizational level.

https://www.ncbi.nlm.nih.gov/books/NBK248428/pdf/Bookshelf_NBK248428.pdf

INCORPORATING CULTURAL COMPETENCE INTO YOUR COMPREHENSIVE PLAN

Community Anti-Drug Coalitions of America (CADCA)

The CADCA primer includes information on identifying culture and diversity in the community, building cultural competence through the Strategic Prevention Framework (SPF) and recruitment of diverse coalition members.

Tools

- Checklist to assess the overall cultural competence of your coalition.
- Checklist to assess cultural competence in each step of the SPF.

https://www.cadca.org/sites/default/files/resource/files/cultural_competence.pdf

INFUSING EQUITY AND CULTURAL RESPONSIVENESS IN LOCAL YOUTH SUBSTANCE USE PREVENTION EFFORTS

Wilder Research

The toolkit was developed to help communities incorporate equity and cultural responsiveness through need assessment, building community and coalition capacity, planning and implementation and evaluation.

Tools

- Coalition self-assessment
- Community demographics worksheet

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

- Equitable prevention reach worksheet
- Identifying and prioritizing populations of focus worksheets
- Communications Plan Template
- Risk and protective factor inventory worksheet
- Monitoring reach worksheet

https://www.wilder.org/sites/default/files/imports/PartnershipForSuccess_SPF-InfusingEquityCulturalResponsiveness_6-21.pdf

A PREVENTION GUIDE TO IMPROVING CULTURAL COMPETENCY: A LITERATURE REVIEW

Prevention Technology Transfer Center Network (PTTC) Central East

The guide is intended to support substance use prevention stakeholders in improving their cultural competency and capacity to serve minority and vulnerable populations. It is based on a literature review of recent academic journal publications and evidence-based resource databases.

<https://pttcnetwork.org/centers/central-east-pttc/product/prevention-guide-improving-cultural-competency>

PROMOTING CULTURAL DIVERSITY AND CULTURAL COMPETENCY SELF-ASSESSMENT CHECKLIST FOR PERSONNEL PROVIDING BEHAVIORAL HEALTH SERVICES AND SUPPORTS TO CHILDREN, YOUTH, AND THEIR FAMILIES

Tawara D. Goode. National Center for Cultural Competence. Georgetown University Center for Child & Human Development.

The checklist assesses providers' cultural responsiveness in the physical environment, materials and resources; communication styles and values and attitudes.

<https://nccc.georgetown.edu/documents/ChecklistBehavioralHealth.pdf>

Working Together for Racial Justice and Inclusion

Community Toolbox

The toolbox provides information (including examples and links) on topics such as building relationships with people from diverse cultures, reducing prejudice and racism, building organizations and communities that are responsive to people from diverse cultures and building inclusive communities.

Tools

- Worksheets and exercises to consider aspects of your culture, explore stereotypes and explore patterns of interactions. (Section 2)
- Exercise for Building Cultural Competence (Section 7)
- Inclusivity Checklist (Section 7)
- Cultural Diversity Barriers (Section 7)
- Tips for Accessing and Involving People of Color in a Significant Way (Section 7)
- Blocks to Culturally Effective Communication (Section 7)
- Sample Ground Rules for Multicultural Collaborations (Section 8)

<https://ctb.ku.edu/en/table-of-contents/culture/racial-injustice-and-inclusion>

Cultural Humility and Respect

CULTURAL HUMILITY: WHERE BEING HUMAN MATTERS IN SERVING OTHERS

National Hispanic and Latino Mental Health Technology Transfer Center Network (MHTTC)

The recorded webinar addresses why cultural humility matters in our work as service providers, the current literature on color-blind racial ideology and implicit bias.

<https://www.youtube.com/watch?v=kj7VMHKHMos>

CULTURAL RESPECT

Clear Communication. Department of Health & Human Services. National Institutes of Health

The resource pages support science and public health communicators in creating and disseminating health information. The Cultural Respect page describes the concept and explains why it is crucial.

<https://www.nih.gov/institutes-nih/nih-office-director/office-communications-public-liaison/clear-communication/cultural-respect>

Culturally and Linguistically Appropriate Services (CLAS)

A PRACTICAL GUIDE TO IMPLEMENTING THE NATIONAL CLAS STANDARDS

Centers for Medicare and Medicaid Services

The toolkit provides examples for each of the enhanced National Culturally and Linguistically Appropriate Services (CLAS) Standards that can be adapted to any health care setting, focusing on racial, ethnic and linguistic minorities, people with disabilities and sexual and gender minorities.

<https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf>

THINK CULTURAL HEALTH RESOURCES

Office of Minority Health, Department of Health and Human Services

The website provides information, continuing education and other resources about CLAS, including national standards and implementation, to health care professionals.

<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

Health Equity and Disparities

A PRACTITIONER'S GUIDE FOR ADVANCING HEALTH EQUITY. COMMUNITY STRATEGIES FOR PREVENTING CHRONIC DISEASE

National Center for Chronic Disease Prevention and Health Promotion. Division of Community Health.

The guide offers lessons from public health practitioners in health promotion and prevention of chronic disease health disparities. It includes planning reflection questions to help integrate the concept of health equity into practice in building

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

organizational capacity, engaging the community, developing partnerships, identifying health inequities and conducting evaluations.

<https://www.cdc.gov/NCCDPHP/dch/pdf/health-equity-guide/Practitioners-Guide-section1.pdf>

Communities in Action: Pathways to Health Equity

James N. Weinstein, Amy Geller, Yamrot Negussie, and Alina Baci

The report delineates the causes of and the solutions to health inequities in the United States. It focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them and the causes and structural barriers that need to be overcome.

<https://nap.nationalacademies.org/catalog/24624/communities-in-action-pathways-to-health-equity>

HEALTH EQUITY TOOL

National Overdose Prevention Network

Use this tool to organize your coalition or organization's big-picture thinking and strategic planning using a health equity lens. The tool was created for the National Overdose Prevention Network but can be easily adapted for other areas of prevention.

Tools

- A worksheet to define your work, your community's socioeconomic, political and cultural contexts and why you need to use a health equity lens.
- A planning worksheet to identify stakeholders, priority activities and short- and long-term outcomes using a health equity lens.

https://static1.squarespace.com/static/5ec4117905020554272f0c05/t/5f249c8dd7134470c34ffee6/1596234894184/Health+Equity+Tool+Final+1.3_form.pdf

INCREASING CULTURAL COMPETENCE TO REDUCE BEHAVIORAL HEALTH DISPARITIES

SAMHSA's Center for the Application of Prevention.

The resource includes "hands-on" tools and worksheets to help providers articulate the relationship between cultural competence, behavioral health disparities and SAMHSA's Strategic Prevention Framework and better understand how to address health disparities at the local level.

Tools

- Identifying At-Risk Populations Worksheet.
- Creating an Action Plan Worksheet.

https://www.sprc.org/sites/default/files/resource-program/CAPT_Increasing-cultural-competence-reduce-behavioral-hd2016.pdf

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

NATIONAL NETWORK TO ELIMINATE DISPARITIES IN BEHAVIORAL HEALTH (NNED)

The National Network to Eliminate Disparities in Behavioral Health (NNED) comprises community-based organizations focused on the mental health and substance use issues of diverse racial and ethnic communities. The NNED website supports information sharing, training and technical assistance to promote behavioral health equity.

<https://nned.net/>

SUBSTANCE USE PREVENTION WITH EQUITY: A COMMUNITY AND NEUROSCIENCE-BASED APPROACH

Duke University Institute for Brain Sciences

The online conference, held on September 25, 2020, was co-sponsored by Together for Resilient Youth and the Center on Addiction and Behavior Change at the Duke Institute for Brain Sciences. It brought together researchers, practitioners and community members for a day of information-sharing and collaboration. A video recording of the event is available.

https://dibs.duke.edu/substance-use-prevention-community-based-neuroscience-approach?fbclid=IwAR2Ivu3pz3Yx0KWILDp0c01gXyEEDe1_hHow8e8APfzely9us2L2zBwLgPA

UNDERSTAND AND IDENTIFY ROOT CAUSES OF HEALTH INEQUITIES

County Health Rankings & Roadmaps, A program of the University of Wisconsin Population Health Institute

The guide focuses on how inequities impact community health.

Tools

- Reflection questions to help you identify health inequities in your community.
- Facilitation guide that can be adapted and used to engage your coalition or community partners on the topic of health inequities.
- Companion worksheet with reflection questions to guide your understanding and help you develop ideas to address root causes that impact health.

<https://www.countyhealthrankings.org/take-action-to-improve-health/learning-guides/understand-and-identify-root-causes-of-inequities#/>

Implicit or Unconscious Bias

IMPLICIT ASSOCIATION TESTS

Project Implicit

Project Implicit's mission is to educate the public about bias and provide a "virtual laboratory" for collecting data on the internet. Project Implicit scientists produce high-impact research that forms the basis of our scientific knowledge about bias and disparities. The implicit association tests can help identify hidden biases.

<https://implicit.harvard.edu/implicit/takeatest.html>

DELIVERING CULTURALLY RESPONSIVE PREVENTION SERVICES

IMPLICIT OR UNCONSCIOUS BIAS,

Charlotte Ruhl, Simply Psychology

Learn more about implicit bias, including how it differs from explicit bias, the causes of implicit bias and ways to reduce it.

<https://www.simplypsychology.org/implicit-bias.html>

Prevention Strategy Implementation

A CONTINUUM OF APPROACHES TOWARD DEVELOPING CULTURALLY FOCUSED PREVENTION INTERVENTIONS: FROM ADAPTATION TO GROUNDING

Okamoto, S. K., Kulis, S., Marsiglia, F. F., Steiker, L. K., & Dustman, P. (2014).

The article describes a conceptual model of methods to develop culturally focused interventions oriented toward Youth Prevention Education (YPE).

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3943988/>

CULTURALLY RESPONSIVE ENVIRONMENTAL PREVENTION

Dustianne North, MSWE, Ph.D. Prevention Tactics.

Okamoto, S. K., Kulis, S., Marsiglia, F. F., Steiker, L. K., & Dustman, P. (2014).

The document is based on the idea that "every community has a culture" that should be central to prevention. It suggests approaches to environmental prevention that aim to be both evidence-based and culturally responsive, offering a selection of frameworks, recommendations, and evidence-based models.

<http://ca-cpi.org/wp-content/uploads/2015/11/Prevention-Tactics-Vol9-No12-2014.pdf>

CULTURALLY RESPONSIVE CLASSROOM MANAGEMENT STRATEGIES

NYU Steinhardt School of Culture, Education and Human Development

The article targets classroom teachers but the strategies can be applied by prevention professionals working with youth in classrooms in traditionally underserved communities.

<https://www.asdn.org/wp-content/uploads/Culturally-Responsive-Classroom-Mgmt-Strat2.pdf>

CREATING CARING CLASSROOM COMMUNITIES

Midwest & Plains Equity Assistance Center

The newsletter explores the characteristics and benefits of creating caring classroom communities.

https://greatlakesequity.org/sites/default/files/202030042233_newsletter.pdf

Racial Equity

RACIAL EQUITY TOOLS

MP Associates, CAPD, World Trust Educational Services

The website offers tools, research, tips, curricula and ideas to enhance understanding of racial equity and help those working for racial justice at every level—in systems, organizations, communities and the culture at large.

Tools

- Tipsheet: How do you review your resources with an equity lens?
<https://drive.google.com/file/d/1xEcziRKw4tlw7qdT8iZNP5UH45dM3Zlb/view>
- Tipsheet: How can we create an inclusive and equitable planning process?
https://drive.google.com/file/d/1S6sMC5MDw5O5GkepD2NoetLs7_oJqrhM/view
- Tipsheet: What special factors should a theory of change that addresses racism include?
<https://drive.google.com/file/d/1RglgGPDjaLwVHL-gu76ZpvorJlqd441u/view>
- Tipsheet: How can we avoid blaming the victim when we present information on poor outcomes for different racial, ethnic, language or immigrant groups in our community?
https://drive.google.com/file/d/1KNn_iuGDGi5Nn2tSneBRuJ7ExGBIrlcP/view

ADDRESSING RACISM IN PREVENTATIVE SERVICES

Methods Report to Support the U.S. Preventive Services Task Force

The report summarizes racism and health inequity issues and how they are addressed in preventive health.

<https://jamanetwork.com/journals/jama/fullarticle/2786146>

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