

# Lobby

Would you rather...?

...tell your past self something or ask your future self a question?

...live a regular boring life or have something unexplainable happen to you every day?

...be able to turn sand into water or air into sand?



Pacific Southwest (HHS Region 9)

PTTC

Prevention Technology Transfer Center Network

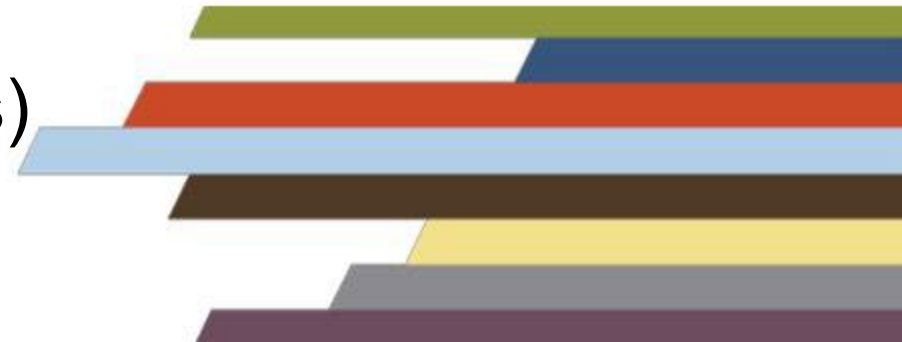
Funded by Substance Abuse and Mental Health Services Administration



# Prioritizing Equity in Prevention

Utilizing cultural & social determinants of health to address substance use prevention among Native Hawaiian and Pacific Islanders (NHPs)

*Sarah Momilani Marshall, PhD, LSW*



# Disclaimer

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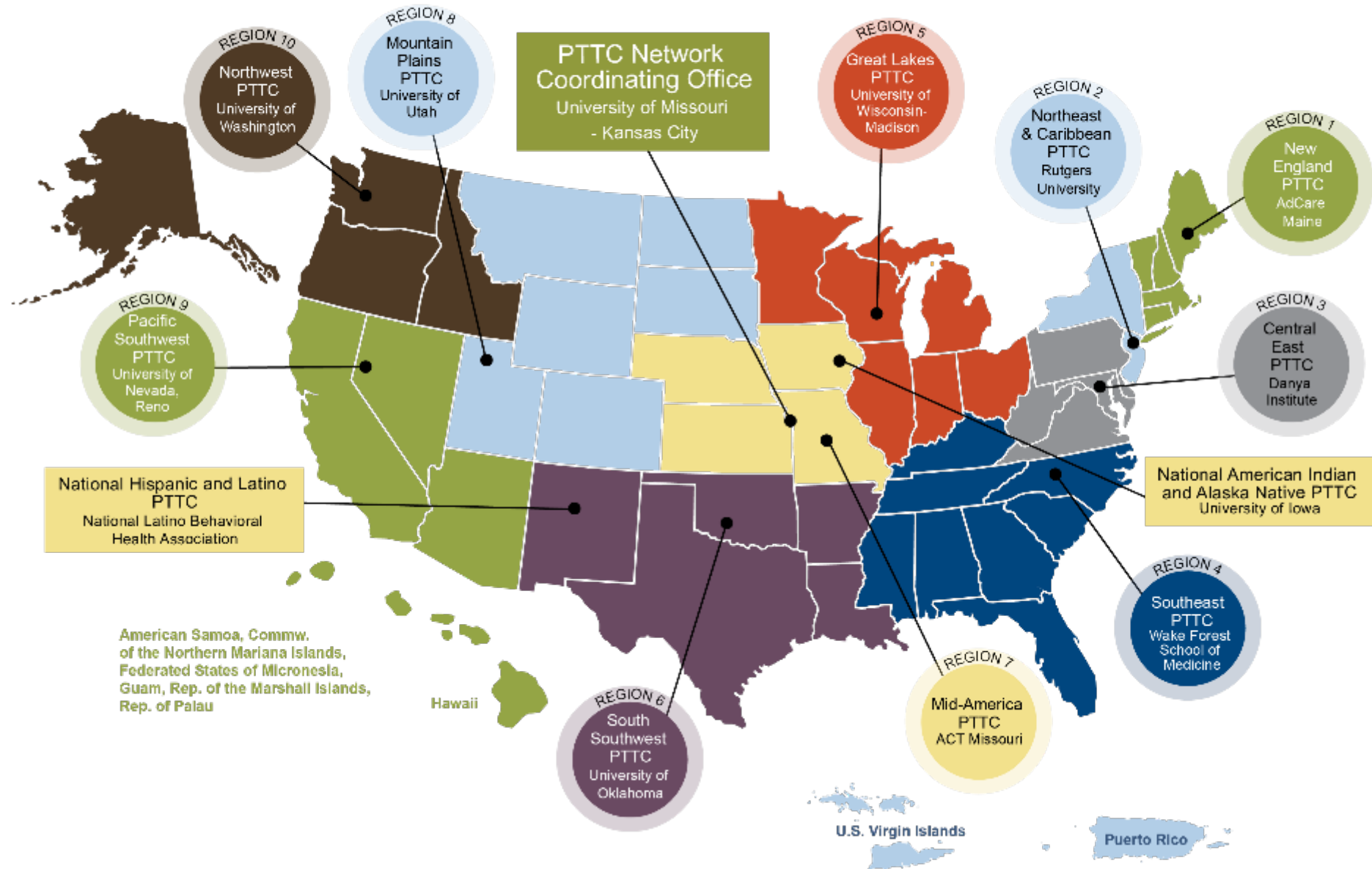
This webinar is being recorded and archived and will be available for viewing after the webinar. Please contact the webinar facilitator if you have any concerns or questions.



# PTTC

Prevention Technology Transfer Center Network  
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## PTTC Network



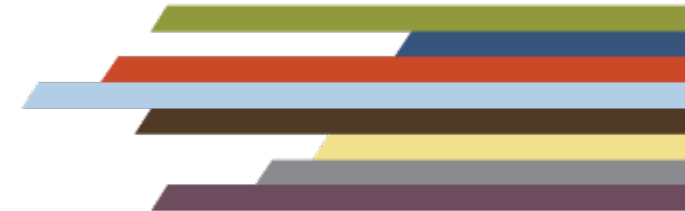
# Purpose of the TTCs

1

Develop and strengthen the **workforces** that provide substance use disorder and mental health disorder prevention, treatment, and recovery support services.

2

Help people and organizations incorporate **effective practices** into substance use and mental health disorder prevention, treatment and recovery services.



# PTTC Network Approach

## ***The PTTCs...***

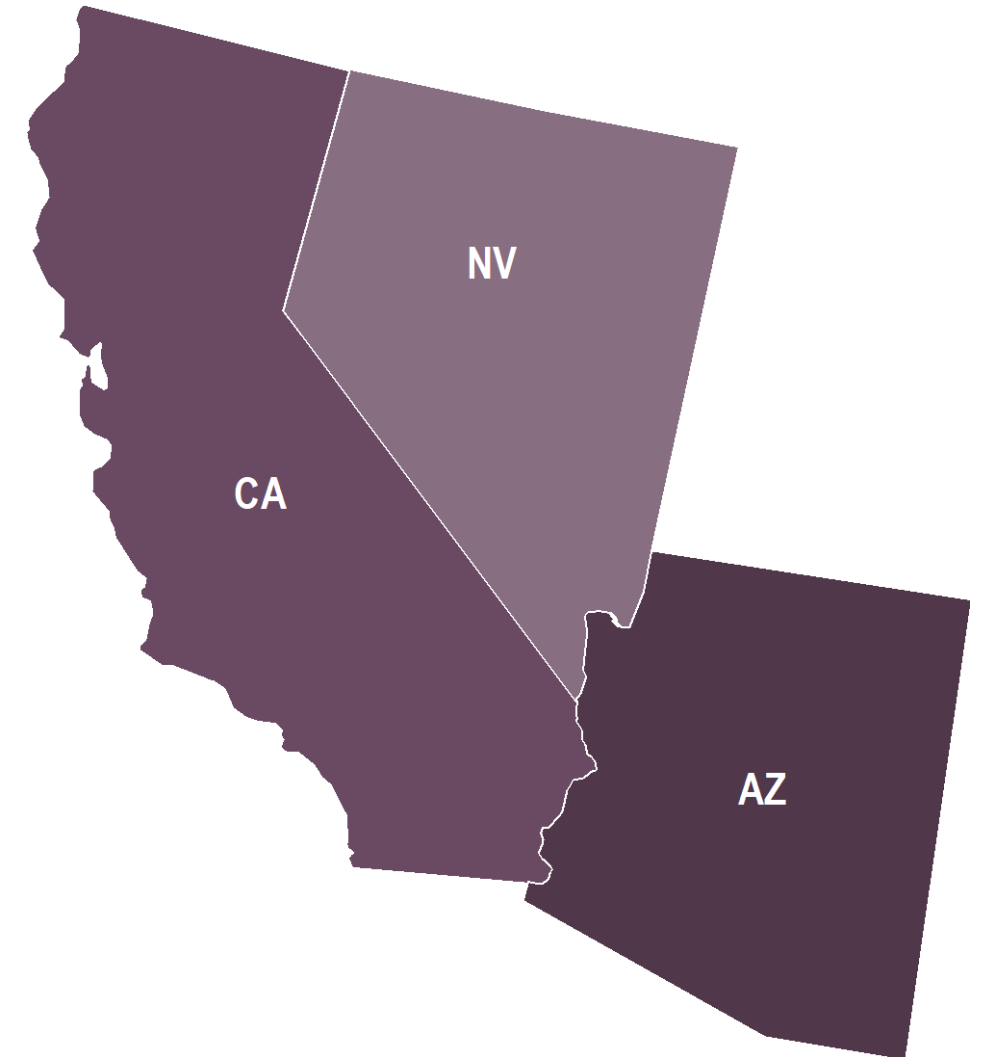
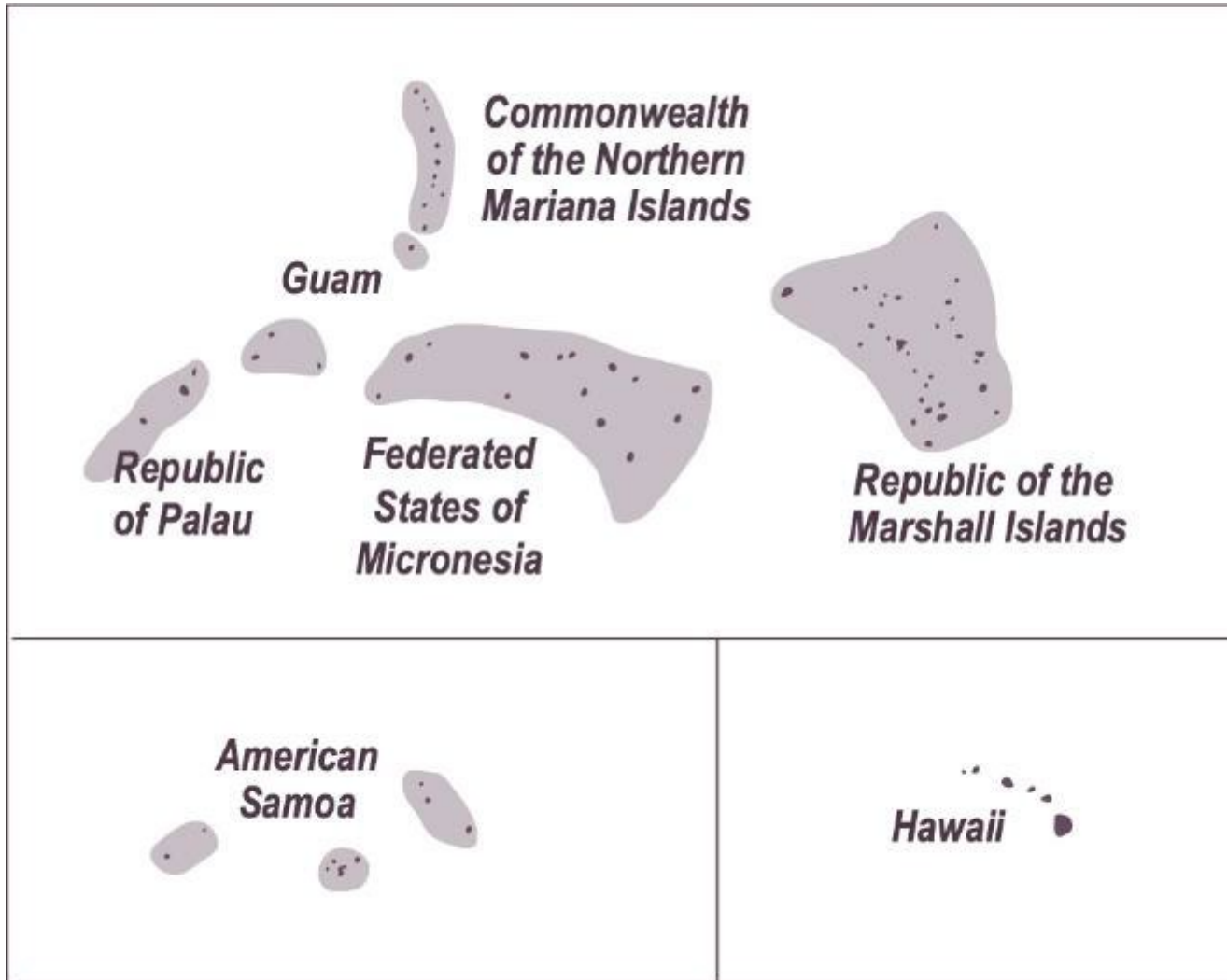
Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts

Provide training and resources to prevention professionals to improve their understanding of

- prevention science,
- how to use epidemiological data to guide prevention planning, and
- selection and implementation of evidence-based and promising prevention practices.

Develop tools and resources to engage the next generation of prevention professionals

# Pacific Southwest





# Land acknowledgement

We acknowledge that the University of Nevada, Reno is situated on the traditional homelands of the Numu (Northern Paiute), Wašiw (Washoe), Newe (Western Shoshone), Nuwu (Southern Paiute) peoples. These lands continue to be a gathering place for Indigenous Peoples and we recognize their deep connections to these places. We extend our appreciation for the opportunity to live and learn on their territory.



# Housekeeping

- Webinar recording and materials
- Certificates of attendance
- Meeting room reminder
- Chat box



# Mark your Calendars!\*

## Media in Prevention: A Three-Part Webinar Series

*Webinar 1: Social Media Best Practices*

Tuesday, June 20, 2023

*Webinar 2: Media Literacy as a Practical and Transferrable Skill*

Tuesday, July 11, 2023

*Webinar 3: Using Media in Substance Misuse Prevention*

Tuesday, August 1, 2023

*Please visit [pspttc.org](https://pspttc.org) for registration and more information!*

\*all times 3:00 Pacific, unless otherwise noted.

# Presenter Bio



Dr. Sarah Momilani Marshall is a Native Hawaiian Postdoctoral Researcher with the University of Hawai'i Cancer Center. Her program of research concentrates on understanding social and behavioral determinants of health within rural Hawaiian communities, especially those that impact substance use resistance among Native Hawaiian and Pacific Islander youth. She is currently involved in research examining the sustainability of a culturally-grounded drug abuse prevention curriculum developed for Hawai'i Island public schools and a newly funded study that focuses on the development and evaluation of an ENDS (electronic nicotine delivery system) prevention intervention for rural Hawaiian youth. She has recently been approved for a pilot study which will explore parental influences on Native Hawaiian youth substance use resistance. In August she will transition into her new position as an Assistant Professor at the University of Hawai'i at Manoa's Thompson School of Social Work and Public Health.



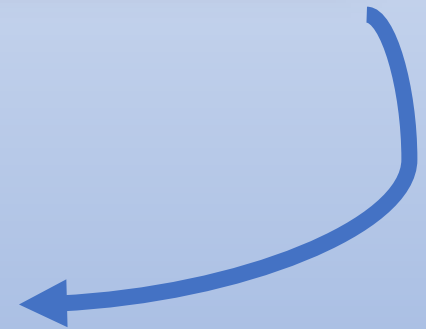
**Prioritizing Equity in Prevention:  
Utilizing Cultural and Social  
Determinants of Health to Address  
Substance Use Prevention Among  
Native Hawaiian and Pacific Islander  
Communities**

**Sarah Momilani Marshall, PhD, LSW**

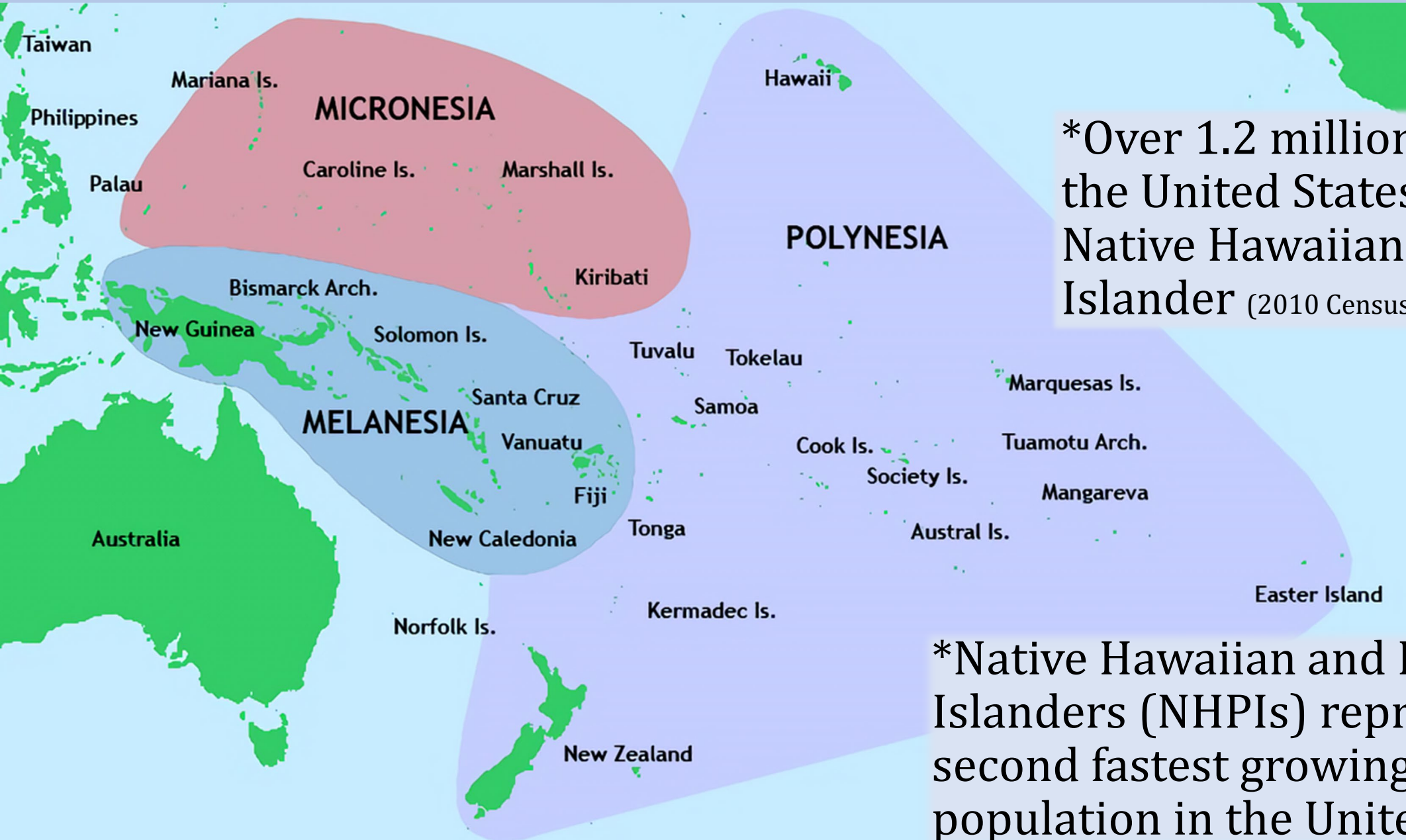
**10 May 2023**



# My Pathway



# Native Hawaiians & Pacific Islanders (NHPI)



\*Over 1.2 million people in the United States identify as Native Hawaiian and Pacific Islander (2010 Census Report)

\*Native Hawaiian and Pacific Islanders (NHPIs) represent the second fastest growing minority population in the United States.

# **The 2019-2020 Hawai'i Student Alcohol, Tobacco, and Other Drug Use (ATOD) Survey** *Selected Hawai'i State & Regional Level Results*

University of Hawai'i at Mānoa  
JABSOM Department of Psychiatry  
in partnership with

the Hawai'i State Department of Health Alcohol & Drug Abuse Division

Onoye, J., Miao, T., Goebert, D., Thompson, M., Helm, S., Akamu, C., Gomes, I., Terakubo, J., Salvador, M., Alejo, L., Kuniyoshi, E. (2021). "2019-2020 Hawai'i Student Alcohol, Tobacco, and Other Drug (ATOD) Survey: Statewide Report." Sponsored by State of Hawai'i Department of Health, Alcohol and Drug Abuse Division ASO Log #19-238. Honolulu, HI.

# Hawai'i Statewide Estimate for Probable Substance Use Disorder (11.1%)\*

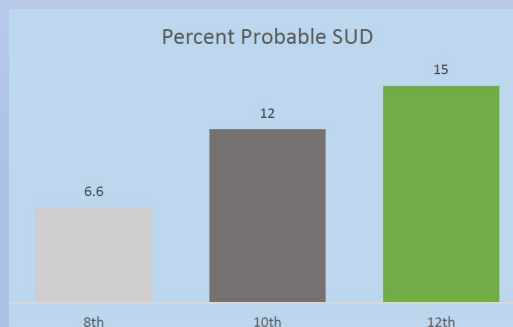
More than *one in ten*

**1:10**

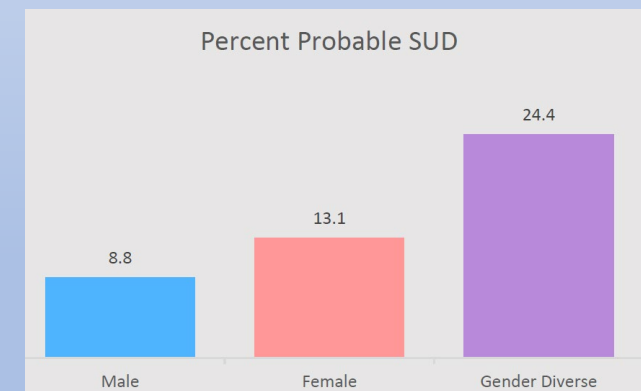
middle and high school students have a probable substance use disorder



Screening for a Probable Substance Use Disorder **more than doubles** from middle to high school



Gender Diverse students are **more likely** to have a substance use disorder

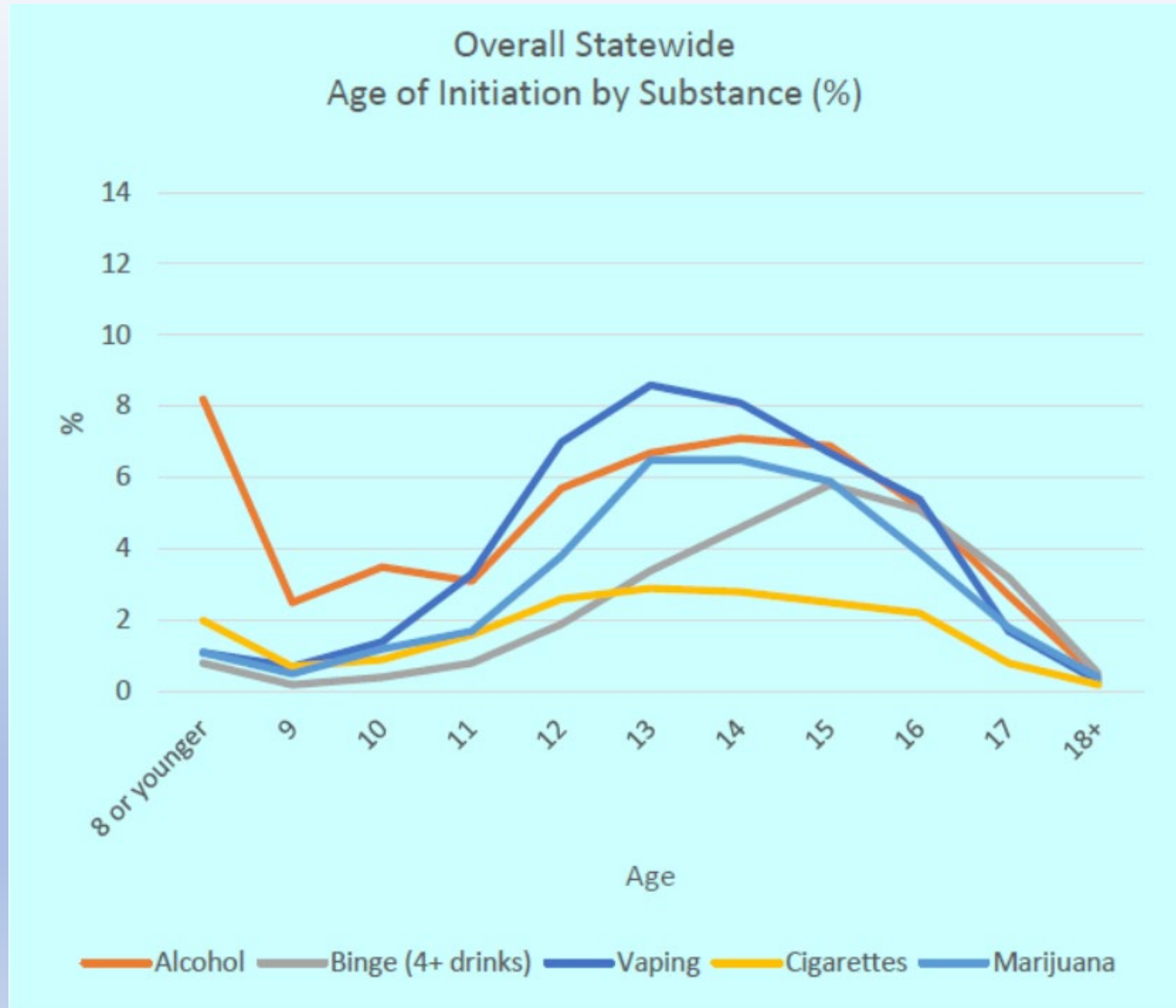


\*Based on the CRAFFT Screening Tool (Knight JR, Shrier LA, Bravender TD, Farrell M, Vander Bilt J, Shaffer HJ. A new brief screen for adolescent substance abuse. Arch Pediatr Adolesc Med. 1999 Jun;153(6):591-6. doi: 10.1001/archpedi.153.6.591. PMID: 10357299).



# Early Initiation of Substance Use

- ❖ “Early initiation” refers to a person's first use of a substance occurring at age 13 or younger
- ❖ Alcohol, vapes, and tobacco cigarettes more often reported as being first used at  $\leq$  age 13
- ❖ Early peak for first alcohol use and continues throughout adolescence
- ❖ Vaping, marijuana, tobacco cigarettes peak around age 13 (middle school)
- ❖ Binge drinking peaks around ages 15-16 (high school)



## Overall Statewide Age of Initiation by Substance (%)



Age	8 or younger	9	10	11	12	13	14	15	16	17	18+
Alcohol	8.2	2.5	3.5	3.1	5.7	6.7	7.1	6.9	5.2	2.7	0.4
Binge (4+ drinks)	0.8	0.2	0.4	0.8	1.9	3.4	4.6	5.8	5.1	3.2	0.5
Vaping	1.1	0.7	1.4	3.3	7	8.6	8.1	6.7	5.4	1.7	0.3
Cigarettes	2.0	0.7	0.9	1.6	2.6	2.9	2.8	2.5	2.2	0.8	0.2
Marijuana	1.1	0.5	1.2	1.7	3.8	6.5	6.5	5.9	3.9	1.8	0.4

— Alcohol   
 — Binge (4+ drinks)   
 — Vaping   
 — Cigarettes   
 — Marijuana

# Key Highlights

- ❖ Overall ~11% screen as PSUD, and additional 14% for positive risk
- ❖ Treatment need more than doubles from middle to high school
- ❖ Gender diverse students are smallest proportion but at highest risk
- ❖ Students who primarily identify as Pacific Islander, Native Hawaiian (including 2 or more ethnicities), Hispanic/Latino more likely to have a PSUD and also to use alcohol/vape/marijuana
- ❖ More than 1/3 of students endorse mental health distress, which is associated with having a PSUD
- ❖ Less than 1/3 of students in PSUD range receive help (school or outside of school)
- ❖ Alcohol, vaping, and marijuana most used substances in the past month – also substances that students more often try before age 13

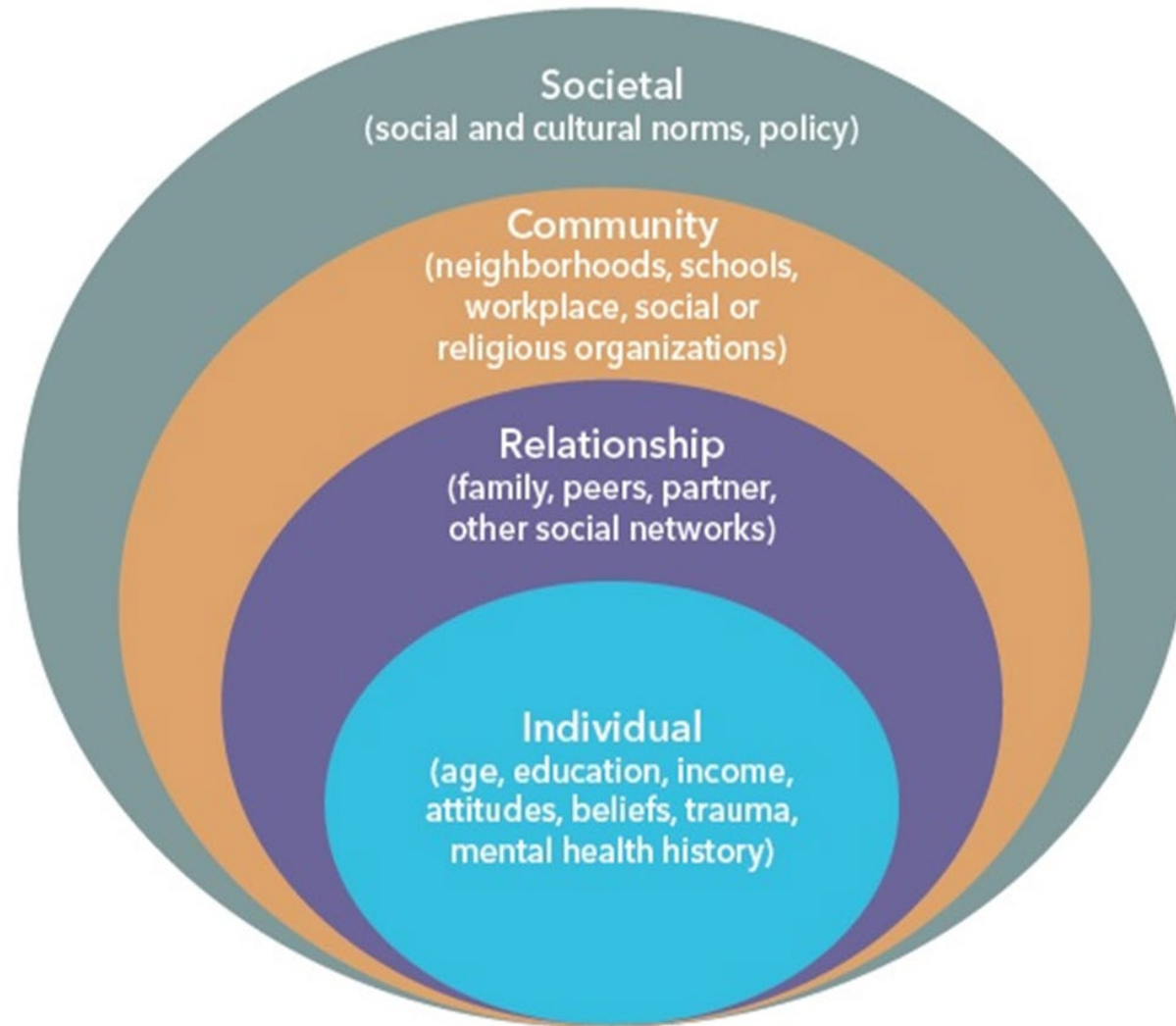
# Key Highlights

- ❖ Students most commonly acquire alcohol, tobacco/vape, and marijuana from being GIVEN to them, giving money to buy for them, while at school, or taking (alcohol) from a family member
- ❖ Common places where student use alcohol, tobacco/vape, and marijuana are their or someone else's home, public places, and at school or when riding/driving in a vehicle (vape and marijuana)
- ❖ Large majority of students receive substance use prevention education and messaging from family, school, TV/internet channels, social media, device ads, and printed media
- ❖ Students who primarily identify as Pacific Islander, Native Hawaiian (including 2 or more ethnicities), Hispanic/Latino more likely to have a PSUD and also to use alcohol/vape/marijuana
- ❖ Risk factors in all domains contribute to adversity, but resilience factors like community validation of prosocial beliefs, school climate, relationships, self-efficacy & cultural connection are important for reducing likelihood of substance use

# Potential Implications for Practice & Prevention

- ❖ Bolster school and community resources for addressing vape use
- ❖ Increase outreach or monitoring for transgender /other gender minority students at higher risk
- ❖ Incorporate mental health screeners and behavioral health integration in schools and community settings to address co-occurring mental health issues and substance use
- ❖ Assimilate prevention efforts for alcohol and other substances in early initiation, including education and awareness around prenatal alcohol use
- ❖ *Integrate culturally-based approaches into prevention and treatment for enhancing resilience and improving care*

# Socio-Ecological Model



Adapted from Urie Bronfenbrenner's Ecological Framework for Human Development

## Social-Ecological Modeling-Informed Important Factors

### Protective Factors

#### **Community**

44.2% Encouragement  
69.4% Positive social norms for youth (non)use of alcohol

#### **School**

47.3% Climate/Enjoyment

#### **Peer**

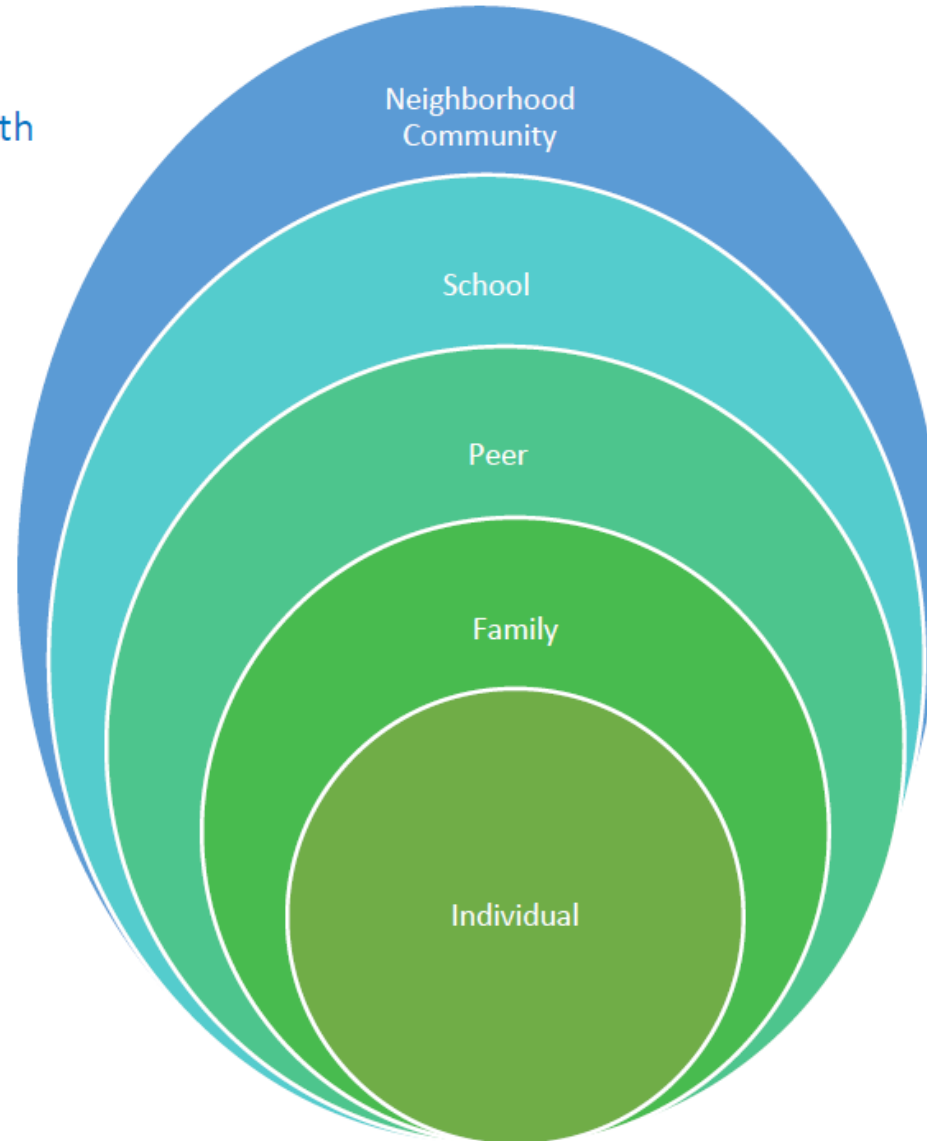
41.1% Friends enjoy school

#### **Family**

66.4% Talking to family about a problem  
90.6% Clear rules & consequences about using alcohol & drugs

#### **Individual**

86% Disapproval of substance use  
73.9% Academic achievement



### Risk Factors

#### **Community**

55.8% Ease of access to substances  
31.4% Neighborhood substance use  
19.8% Neighborhood crime/drug selling

#### **Peer**

42.3% Close friends offer alcohol/marijuana  
37.8% Peer exposure to alcohol/marijuana use  
13.3% Close friends approve of alcohol/marijuana

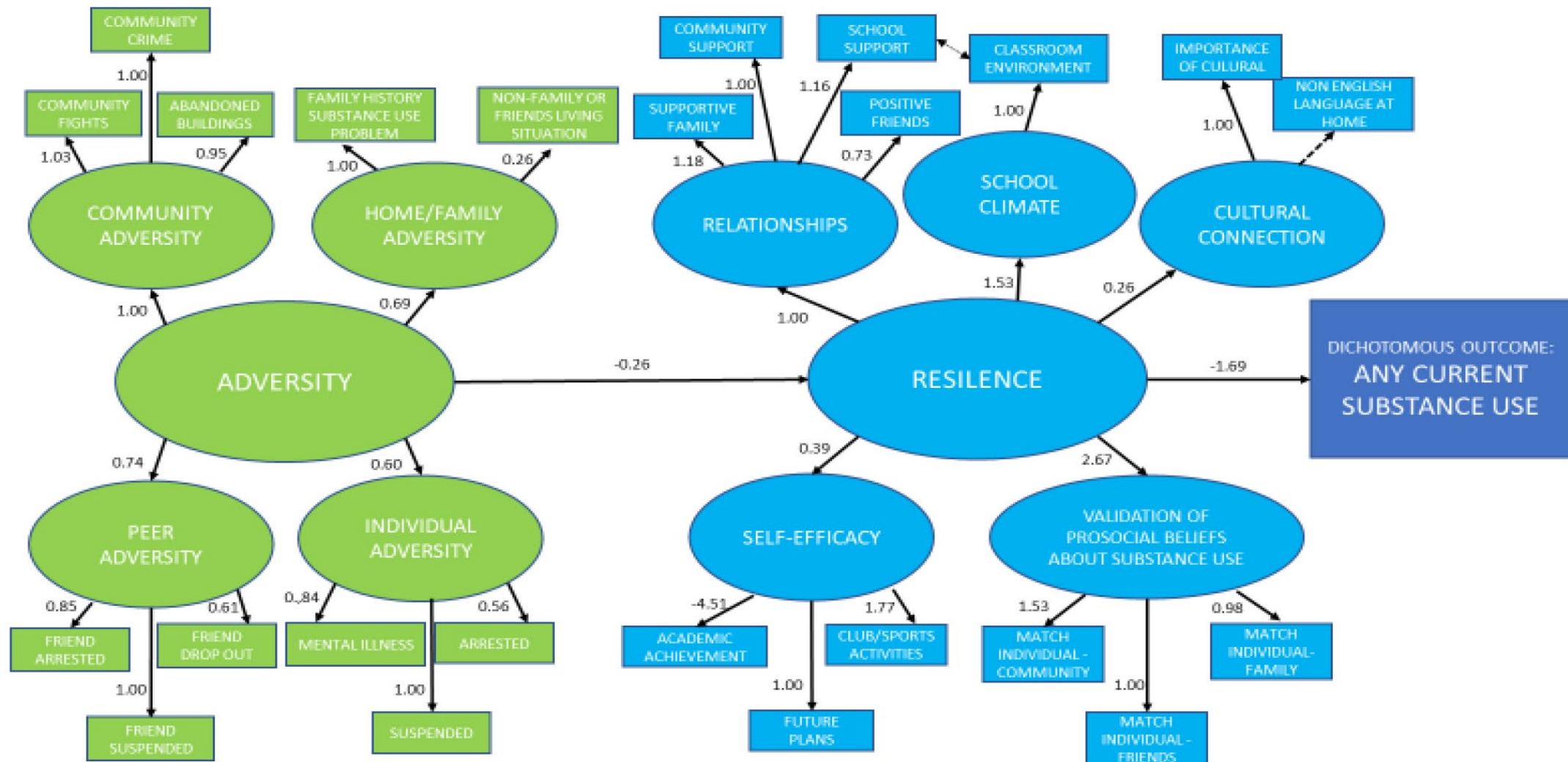
#### **Family**

20.3% Exposure to parent alcohol use  
6.7% Relative marijuana use  
29.2% Lived with someone with a substance use problem

#### **Individual**

21.8% Suspension or expulsion  
19.9% Skipping class  
43.3% Done something crazy  
40.9% Depression

# Resilience Model for any substance use based on theoretical constructs





# Current Research:

## Parental Influences in Youths' Tobacco and Drug Use Resistance in Rural Hawai'i



**Ola HAWAII**

*Health and Wellness Achieved by Impacting Inequalities*

University of Hawai'i



National Institute  
on Minority Health  
and Health Disparities

# Parental Influences in Youths' Tobacco and Drug Use Resistance in Rural Hawai'i

## Risk Factors for High-Risk Substance Use

Risk factors for youth high-risk substance use can include:

- Family history of substance use
- Favorable parental attitudes towards the behavior
- Poor parental monitoring
- Parental substance use
- Family rejection of sexual orientation or gender identity
- Association with delinquent or substance using peers
- Lack of school connectedness
- Low academic achievement
- Childhood sexual abuse
- Mental health issues

## High-Risk Substance Use Prevention

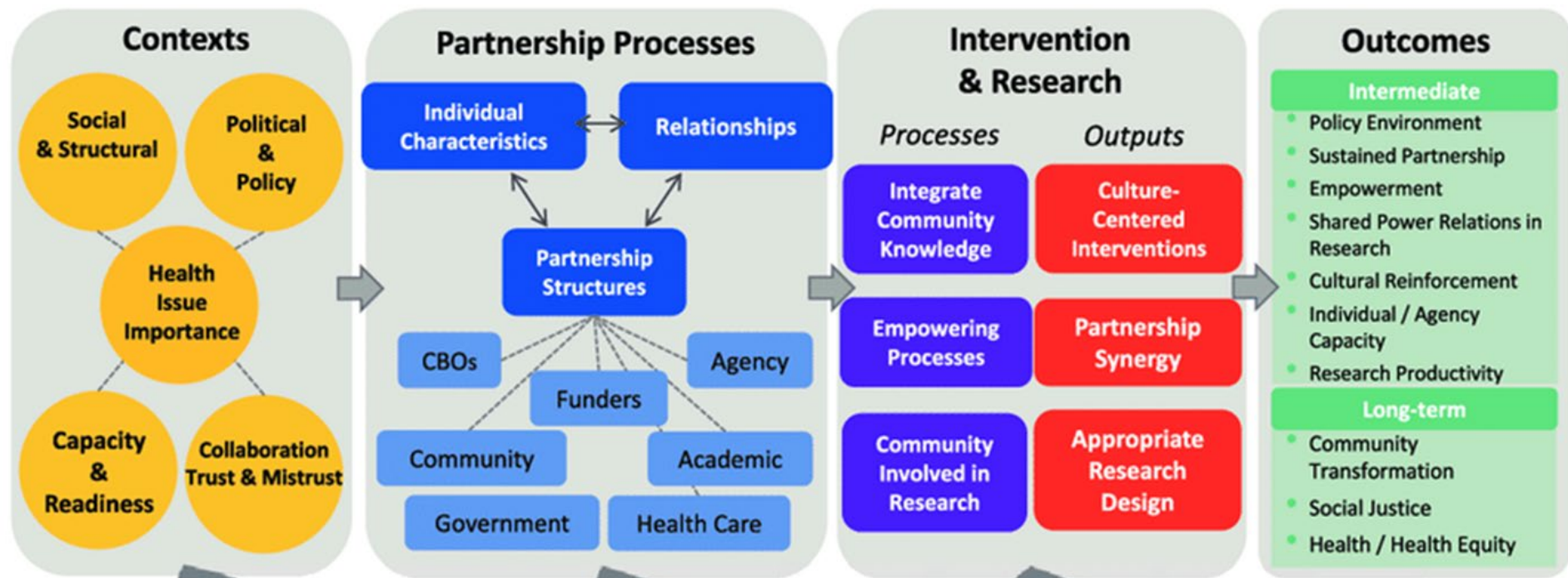
Research has improved our understanding of factors that help buffer youth from a variety of risky behaviors, including substance use.

These are known as protective factors. Some protective factors for high risk substance use include:

- Parent or family engagement
- Family support
- Parental disapproval of substance use
- Parental monitoring
- School connectedness

# CBPR Conceptual Model

Adapted from Wallerstein et al, 2008 & Wallerstein et al, 2018: <https://cpr.unm.edu/research-projects/cbpr-project/cbpr-model.html>



Visual from Amos Health 2017

Contexts	Partnership Processes	Intervention & Research	Outcomes
<ul style="list-style-type: none"> <li>• Social-Structural: Social-Economic Status, Place, History, Environment, Community Safety, Institutional Racism, Culture, Role of Education and Research Institutions</li> <li>• Political &amp; Policy: National / Local Governance/ Stewardship Approvals of Research; Policy &amp; Funding Trends</li> <li>• Health Issue: Perceived Severity by Partners</li> <li>• Collaboration: Historic Trust/Mistrust between Partners</li> <li>• Capacity: Community History of Organizing / Academic Capacity/ Partnership Capacity</li> </ul>	<p><b>Partnership Structures:</b></p> <ul style="list-style-type: none"> <li>• Diversity: Who is involved</li> <li>• Complexity</li> <li>• Formal Agreements</li> <li>• Control of Resources</li> <li>• % Dollars to Community</li> <li>• CBPR Principles</li> <li>• Partnership Values</li> <li>• Bridging Social Capital</li> <li>• Time in Partnership</li> </ul> <p><b>Individual Characteristics:</b></p> <ul style="list-style-type: none"> <li>• Motivation to Participate</li> <li>• Cultural Identities/Humility</li> <li>• Personal Beliefs/Values</li> <li>• Spirituality</li> <li>• Reputation of P.I.</li> </ul>	<p><b>Relationships:</b></p> <ul style="list-style-type: none"> <li>• Safety / Respect / Trust</li> <li>• Influence / Voice</li> <li>• Flexibility</li> <li>• Dialogue and Listening / Mutual Learning</li> <li>• Conflict Management</li> <li>• Leadership</li> <li>• Self &amp; Collective Reflection/ Reflexivity</li> <li>• Resource Management</li> <li>• Participatory Decision- Making</li> <li>• Task Roles Recognized</li> </ul> <p><b>Commitment to Collective Empowerment</b></p>	<p><b>Intermediate System &amp; Capacity Outcomes</b></p> <ul style="list-style-type: none"> <li>• Policy Environment: University &amp; Community Changes</li> <li>• Sustainable Partnerships and Projects</li> <li>• Empowerment – Multi-Level</li> <li>• Shared Power Relations in Research / Knowledge Democracy</li> <li>• Cultural Reinforcement / Revitalization</li> <li>• Growth in Individual Partner &amp; Agency Capacities</li> <li>• Research Productivity: Research Outcomes, Papers, Grant Applications &amp; Awards</li> </ul> <p><b>Long-Term Outcomes: Social Justice</b></p> <ul style="list-style-type: none"> <li>• Community / Social Transformation: Policies &amp; Conditions</li> <li>• Improved Health / Health Equity</li> </ul>

# 10 Core Community-Based Participatory Research Principles



Community is the unit of identity, solution, and practice



Builds on community strengths and resources



Facilitates collaborative, equitable partnership in all research phases

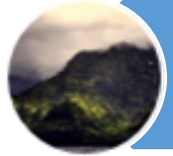


Fosters co-learning and capacity building among all partners



Integrates and achieves a balance between research and action for the mutual benefit of all partners

# 10 Core Community-Based Participatory Research Principles



Emphasizes local relevance of public health problems & ecological perspectives that recognize & attend to multiple determinants of health



Involves systems development using a cyclical & iterative process



Disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process

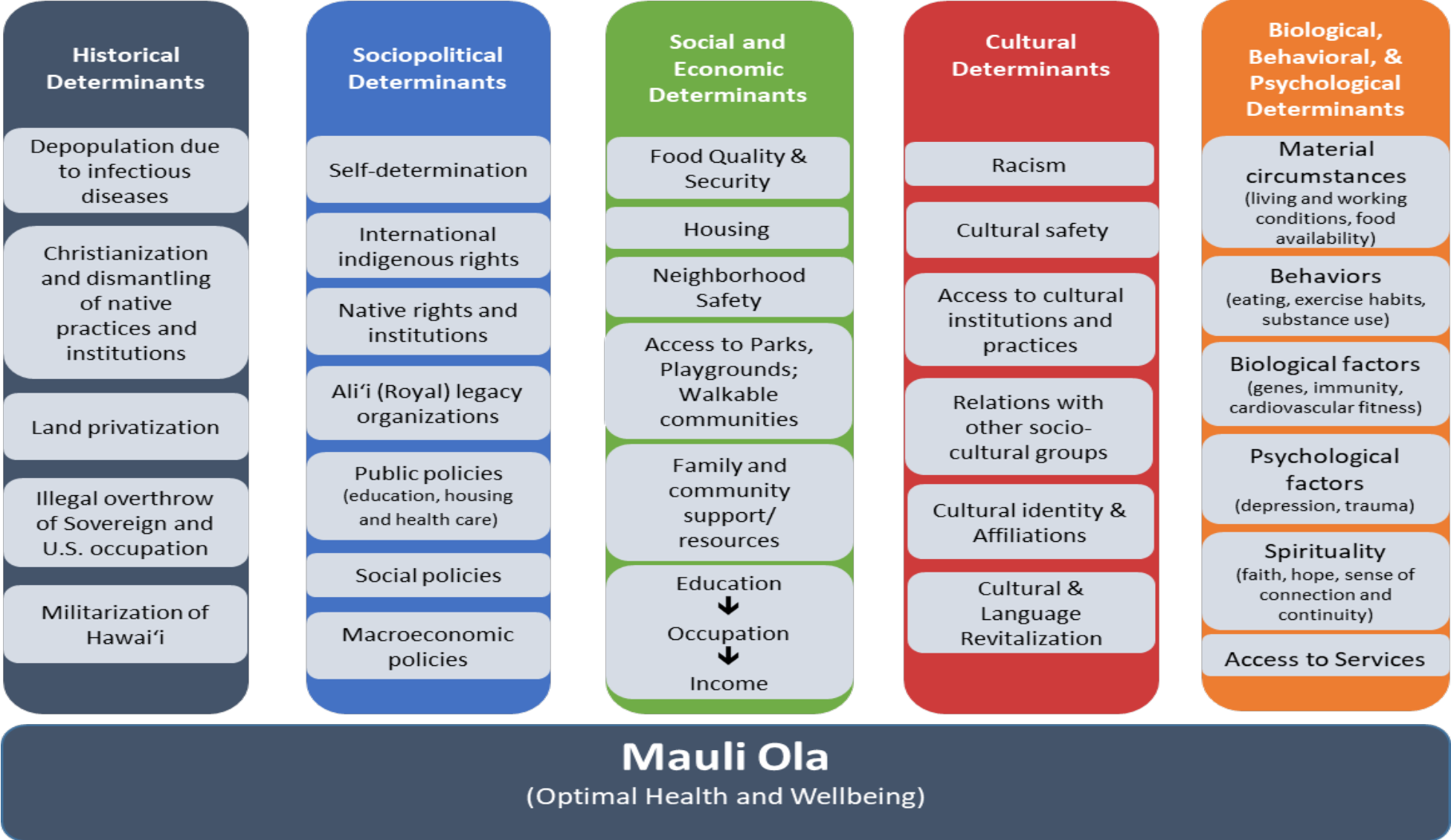


Involves a long-term process and commitment



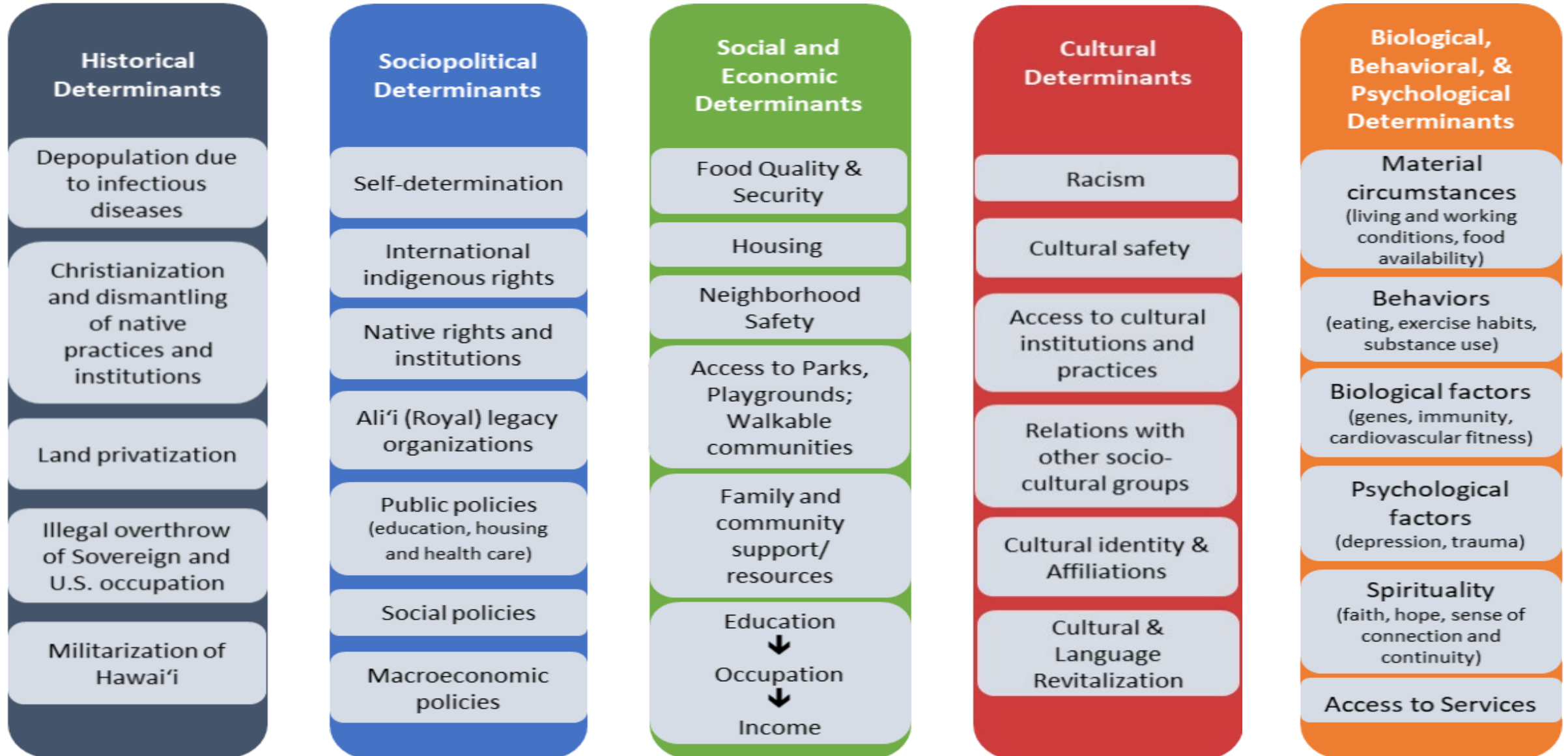
Addresses issues of race, ethnicity, racism, and social class, and embraces “cultural humility”

# Social and Cultural Determinants of Health



Kaholokula, J.K. (2017). Maui ola: Pathways to optimal Kanaka 'Oiwī health. In Look, M. & Mesiona-Lee, W. (eds), *Ho'i Hou I ka Maui Ola: Pathways to Native Hawaiian Health, Hawai'inuiakea Monograph, Vol. 5*. Honolulu, HI: University of Hawai'i Press

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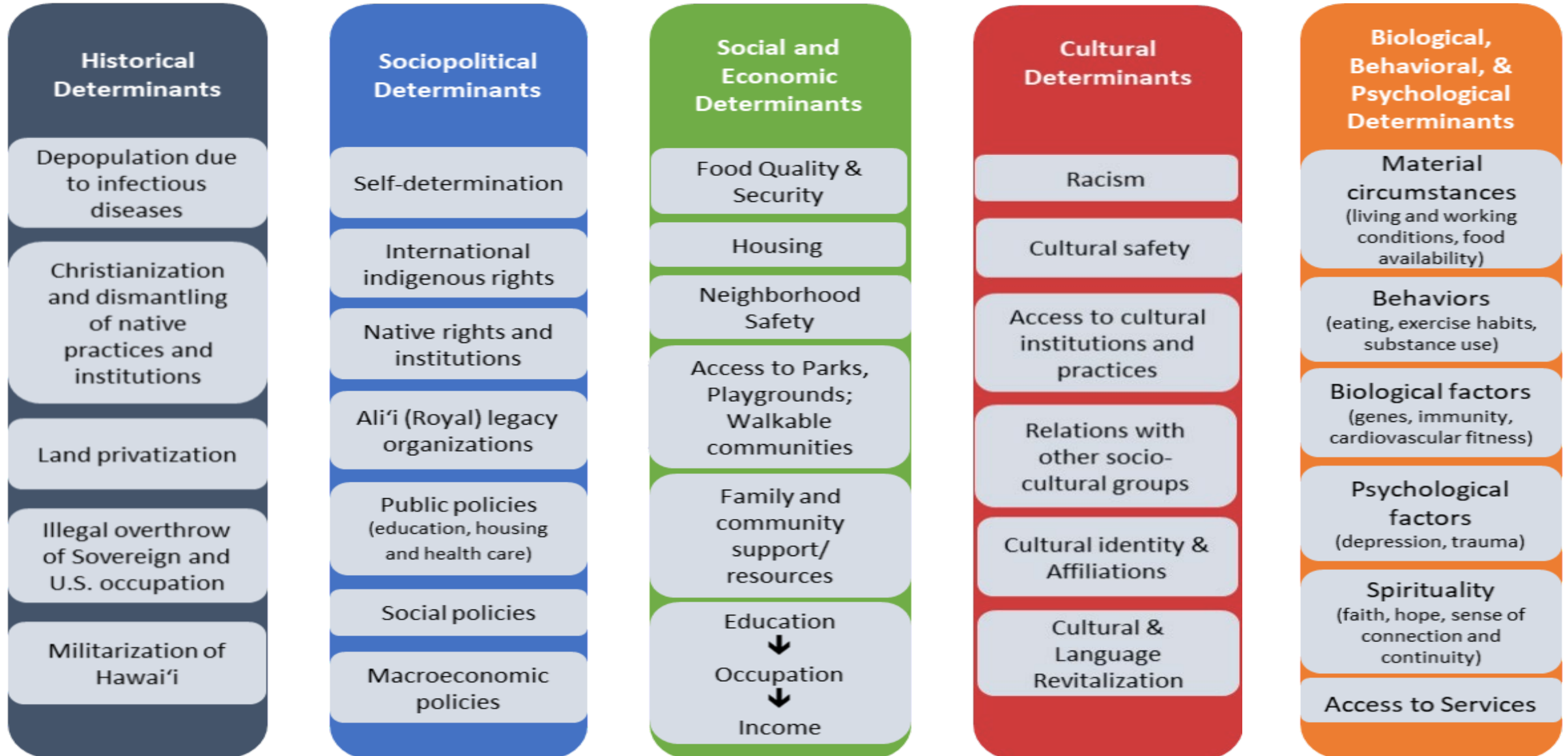


*Mahalo nui*  
Thank you very much!

Any questions?



# Social and Cultural Determinants of Health



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# Post-Webinar Feedback

Please click on the link in the chat to complete a very brief online feedback form!

*Thank you!*



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Pacific Southwest (HHS Region 9)

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# Thank You!

# CASAT



Center for the Application of  
Substance Abuse Technologies

UNIVERSITY OF NEVADA, RENO

