Pacific Southwest (HHS Region 9)

PTTC Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Structural Racism and Supporting People of Color: The Role of Prevention Professionals

Structural racism affects every aspect of American life and society, but it can be confronted at an organizational level with anti-racist actions. These organizational action items will empower prevention professionals to incorporate anti-racism into the operational practices and community outcomes of their prevention work.[1]

Recommended Action Items for Prevention Leadership:

❏ **Make understanding the health effects of structural racism a required professional competency.**

Why Racism is a fundamental cause of health outcomes,[2] and prevention professionals must understand structural racism in order to confront racial health disparities in the communities they serve.

How

❏ Prioritize anti-racist competency during recruitment and hiring

❏ Embed anti-racist trainings into annual organizational training plan

❏ Create opportunities to engage in interdisciplinary continuing education on issues of structural racism

❏ Incorporate anti-racism into the framework of prevention programs

❏ **Diversify the prevention professional workforce.**

Why Structural racism limits access to resources and opportunities, including impeding entry into the prevention workforce.

How

❏ Collaborate with the higher education system to provide internship opportunities for students of color

❏ Intentionally recruit a racially diverse workforce

❏ Promote a professional culture of equity and inclusion

❏ Prioritize retention of racially diverse employees
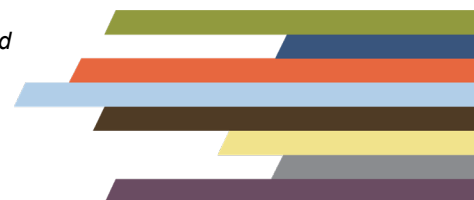
Recommended Action Items for ALL Prevention Professionals:

❏ **Mandate and measure equitable health outcomes.**

Why Too often in prevention work, "colorblind" policies and programs result in racially unequal outcomes.[3] Marginalized communities must be centered from the outset in prevention work.

How

- ❏ Engage communities of color and stakeholders in identifying disparities
- ❏ Gather and analyze disaggregated data in order to properly identify disparities
- ❏ Identify strategies to address root causes and evaluate for effectiveness
- ❏ Monitor strategies and adapt as needed

❏ **Divest from institutions that perpetuate racial health inequities.**

Why Many corporations profit off of the exploitation of communities of color.[4] Money is an expression of morality, and prevention organizations should divest from companies that engage in systemically racist practices.

How

- ❏ Research the internal practices and external impacts of collaborators
- ❏ Communicate conduct expectations for collaboration and/or investment
- ❏ End collaborations with persistently toxic companies/organizations
- ❏ Divest funds from persistently toxic companies/organizations

❏ **Promote anti-racist civic and political engagement.**

Why We are all part of united civic and political society, and we must engage in civics and politics to confront structural racism.

How

- ❏ Provide education on the effects of legislative policy on prevention work to employees and collaborators
- ❏ Promote continuing education opportunities on issues of racism and anti-racism in civic, political, and legislative institutions
- ❏ Promote civic and political engagement in anti-racist activism among employees and collaborators
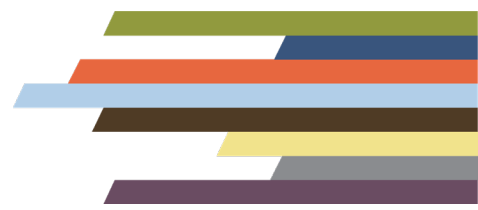
Additional Resources

1. **National Center for Cultural Competence at Georgetown University: Cultural Self Assessments**
   This resource includes multiple Cultural Self Assessments for Individuals working in different settings and providing a wide range of services. The Self Assessments designed for Organizations can help organizations assess and plan what they need to do to improve services for individuals, families, and communities experiencing health disparities. https://nccc.georgetown.edu/assessments

2. **US Department of Health and Human Services (HHS)**
   Enhanced Cultural and Linguistic Appropriate Services (CLAS) Standards
   This resource provides information about the Enhanced Cultural and Linguistic Appropriate Services (CLAS) Standards developed by the Office of Minority Health. All of the Standards are described and additional resources are included to assist individuals and organizations in their implantation.
   https://thinkculturalhealth.hhs.gov/clas#:~:text=The%20National%20CLAS%20Standards%20are,culturally%20and%20linguistically%20appropriate%20services

3. **National Technology Transfer Center Network (TTC)**
   The Prevention, Addiction, and Mental Health TTCs across the US have collaborated to develop and identify tools and resources across the continuum (prevention, intervention, and recovery supports) related to the Enhanced Cultural and Linguistic Appropriate Services (CLAS) Standards. The main goal is to help individuals and organizations understand health disparities and building health equity.

   PTTC: https://pttcnetwork.org/centers/global-pttc/culturally-and-linguistically-appropriate-practices-priority-area

   ATTC: https://attcnetwork.org/centers/global-attc/products-resources-catalog

   MHTTC: https://mhttcnetwork.org/centers/global-mhttc/racial-equity-cultural-diversity

4. The Association for Prevention Teaching and Research's (APTR's) Anti-Racism Toolkit provides extensive resources on bringing antiracism into prevention practices, teaching, and research,

5. Schlaff, A & Young, D (2020). Anti-racism toolkit. *Association for Prevention Teaching and Research.* Retrieved from
   https://www.aptrweb.org/page/toolkitoverview

6. Historian Ibram X Kendi's TED Talk "The difference between being 'not racist' and antiracist" and book *How To Be An Antiracist*, which define antiracism and explain the necessity for antiracist action.

7. Kendi, I. X. (2019). *How to be an antiracist.* First Edition. New York: One World.

8. Kendi, IX (2020, May). TED2020: The difference between being "not racist" and antiracist. [Video file] *TED: Ideas worth spreading.* Retrieved from https://www.ted.com/talks/ibram x kendi the difference between being not racist and antiracist?language=en

9. Physician Dr. Camara Phyllis Jones contextualizes the effects of structural racism on health in the time of COVID-19.

10. Wallis, C (2020, June 12). Why racism, not race, is a risk factor for dying of COVID-19. *Scientific American*. Retrieved from https://www.scientificamerican.com/article/why-racism-not-race-is-a-risk-factor-for-dying-of-covid-191/

11. *The Prevention Coalition's Role in Addressing Health Disparities.* Developed by the Pacific Southwest PTTC. https://pttcnetwork.org/sites/default/files/2020-08/The%20Prevention%20Coalition%E2%80%99s%20Role%20in%20Addressing%20Health%20Disparities%20-%20English%20Handout.pdf

References

1. Hardeman, RR, Medina, EM, & Boyd, RW (2020). Stolen breaths. *N Eng J Med*, 383: 191-199. https://www.nejm.org/doi/full/10.1056/NEJMp2021072

2. Phelan JC & Link BG (2015). Is racism a fundamental cause of inequalities in health? *Annu Rev Sociol*, 41: 311-330.

3. Cross, RI (2018). Commentary: Can Critical Race Theory enhance the field of public health? A student's perspective. *Ethn Dis, 28*(S1): 267-270. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6092171/

4. Robinson, R (2019). Corporations profit from racism. It's time for us to stand up to them. *The Guardian*. https://www.theguardian.com/commentisfree/2019/may/16/racial-justice-corporations