Adapting Prevention Interventions to Better Serve Populations Which Are Under-Resourced Part 1: Understanding the Need for Adaptation and Implications for Prevention

August 9, 2022

Thank you for joining us today.

We will begin promptly at **1PM** Eastern.





Welcome Central East PTTC Webinar

Adapting Prevention Interventions to Better Serve Populations Which Are Under-Resourced Part 1: Understanding the Need for Adaptation and Implications for Prevention

The Central East PTTC is housed at the Danya Institute in Silver Spring, MD

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Technology Transfer Centers

Funded by Substance Abuse and Mental Health Services Administration

Each TTC Network includes 13 centers.



Network Coordinating Office

National American Indian and Alaska Native Center

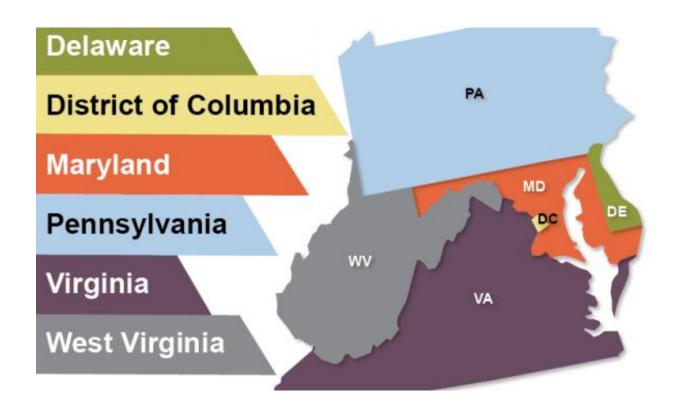
National Hispanic and Latino Center

10 Regional Centers (aligned with HHS regions)



Central East Region

HHS REGION 3





The use of affirming language inspires hope. LANGUAGE MATTERS. Words have nower. PEOPLE FIRST.

The PTTC Network uses affirming language to promote the application of evidence-based and culturally informed practices.



orientation ethnicity spirituality practices expression normalize care Matter shootings education change Racial space seem normal powerful NASW self Black gender affected Lives hate humility Diversity uncertainty sexual competency religious



PTTC Mission

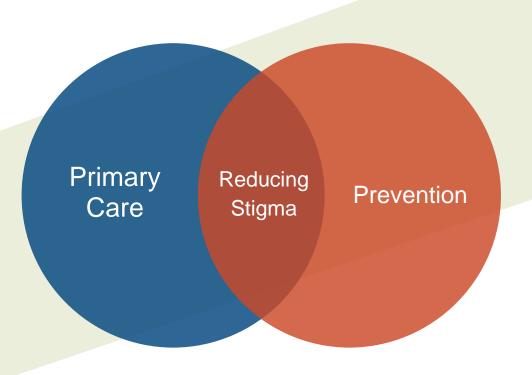




Central East PTTC Specialty Area

Engaging and Collaborating with Primary Care Providers for Substance Use

Prevention





Eligibility

Consistent with Regional, State and Local Needs



No Cost

Data Driven

EBPs provided by Subject Matter Experts



PTTC Focus Areas



Services Available





Technical Assistance



Skill Based Training







Facilitate Prevention
Partnership &
Alliances



Research Learning Collaborative







Literature Searches





Research Publication



Other Resources in Region 3



Central East (HHS Region 3)

ATTC

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



Central East (HHS Region 3)



Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Adapting Prevention Interventions to Better Serve Populations Which Are Under-Resourced Part 1: Understanding the Need for Adaptation and Implications for Prevention

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August 9, 2022





Presenters



Josh Esrick



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Learning Objectives

- Explain why cultural humility and adapting interventions can improve outcomes
- Review the racial and ethnic inequities in substance use prevention and their connections to the social determinants of health
- Discuss how rising discrimination and hate crimes can impact behavioral health outcomes among affected populations
- Review the common challenges associated with adaptation



Cultural Humility and Competence

- Cultural humility and competence are integral to strategic planning
 - Because they can lead to improved outcomes





What is Cultural Humility & Competence? (APA)

- Cultural humility is the ability to understand the importance of another person's cultural identity
- Cultural competence is the ability to understand, appreciate, and interact with people from different cultures
- Why it matters?
 - Interventions are more effective when responsive to the needs of the target population
 - Helps to mitigate unconscious bias which can produce negative outcomes



The '5 Rs' of Cultural Humility (Robinson et al)

- Reflection
- Respect
- Regard
- Relevance
- Resiliency





What This Means for Prevention?

- We need to serve all the people in our communities
- This means understanding the differing influences that can lead various people to use substances
- And understanding how different people may react to various strategies and interventions
- This can mean trying new ideas
- It can also mean adapting existing programs to different circumstances



Why Should We Adapt?

- Prevention's goal is to implement evidencebased practices (EBPs) to ensure the greatest chance of achieving success
- However, communities and people are complex!
 - There are many different risk and protective factors for substance use, which can be experienced in different ways and under different contexts
- Most EBPs are specific about what populations and under what conditions there is evidence of success



Why Should We Adapt?

- We cannot do nothing if relevant EBPs are not available for the populations we are trying to serve
- Need to work with community members and representatives, along with available experts, to adapt existing EBPs to fit their needs
- Best practices exist for engaging in cultural humility and competence as we adapt programs



Why Should We Adapt?

- Adaptation outside of cultural contexts can also be necessary
 - E.g., adapting classroom interventions to virtual environments during the COVID-19 pandemic
- The process for this can involve some of the same best practices we'll be talking in this series
- These kinds of adaptations may not rely as heavily on the principles of cultural humility or competence
 - But can be just as important for reducing disparities



Inequities in Substance Use Prevention





The Social Determinants of Health

"Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks" (HHS)

Social Determinants of Health



Social Determinants of Health Copyright-free

Healthy People 2030



The Five Domains of SDOH (HHS)

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context



Understanding the SDOH

- The SDOH are often the really "big picture" aspects of life
- These aspects of life are often unequal in scale or scope for different populations
- Which can lead to unequal opportunities and outcomes entirely on their own
- Prevention needs to consider how it can address these inequalities, as well as any internal biases



Racial and Ethnic Inequities

- Health equity is when all members of society enjoy a fair and just opportunity to be as healthy as possible
- Health inequities are differences in outcomes that are avoidable, unfair, or unjust
- Research shows that centuries of racism in the U.S. has had profound negative impacts on communities of color
- This has created inequities in access to a range of social and economic benefits (e.g., housing, education access, economic privilege, employment)



Prevalence in Populations At-Risk

- ~19.3 million people ages 18+ had a substance use disorder (SUD) in 2020 (SAMHSA)
- ~6.9% of African Americans, 7.1% of Hispanic Americans, 4.8% of Asian Americans, and 10% of Native Americans have an SUD compared to 7.4% among the total population
- SUD rates may be underdiagnosed among populations that can be marginalized for various reasons
 - Racial bias, stigma, and lack of culturally competent care

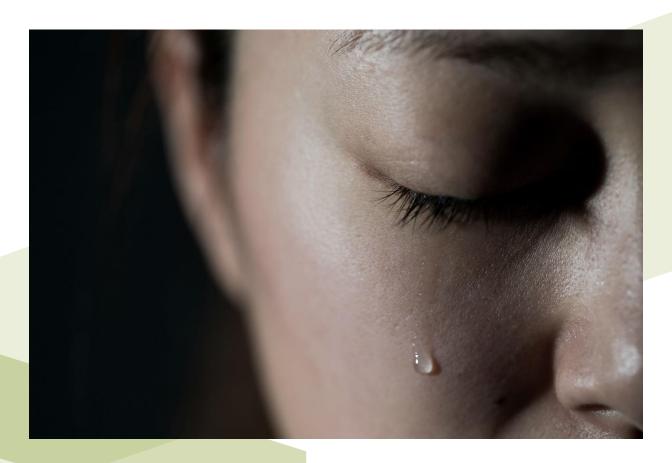


Examples of Potential BiasesWithin Prevention

- Only using standardized data collection instruments
- Not including sufficient perspectives in developing priority criteria or planning activities
- Implementing EBPs without consideration of local circumstances
- Not including hard-to-reach populations in evaluation metrics



Impact of Rising Discrimination and Hate Crimes





Structural Racism (Farahmand et al)

- Biases deeply-rooted in institutions that impact lived experiences (e.g., justice system, healthcare, government, education)
- Linked to increased risk of substance use and overdose
 - Impacts on SDOH inequalities
 - Stressors that can increase individual risk factors
 - Barriers to accessing services



Impact of Discrimination

- "Socially toxic environments" such as experiencing discrimination or racism are a risk factor for substance use (Amaro et al)
 - Major source of psychological stress
- "Unconscious bias" discrimination can further increase the impacts from structural racism
- Acculturation/assimilation stress is also a risk factor (Kulis et al)



Hate Crimes

- Hate Crimes are crimes committed on the basis of a characteristic about the victim (DOJ)
- The "most extreme expression" of prejudice and discrimination (APA)
- Many types of hate crimes significantly increased in 2020
 - 31.9% increase due to race/ethnicity/ancestry
 - 34.3% increase due to gender identity
 - 8.7% increase due to gender



Impact of Hate Crimes

- Substance use rates found higher in neighborhoods where hate crimes have occurred compared to others, among the populations affected (Duncan et al)
- No increase found among other populations in the neighborhoods or due to other property/violent crimes
- Hate Crimes can be directed against people with behavioral health disorders as well



Cultural Adaptation Challenges





Cultural Adaptation Challenges

- Anticipating common challenges can help your cultural adaption efforts. These include:
 - Balancing fidelity and adaptation
 - Need for more research on EBPs to adapt
 - Use of culturally competent research methods
 - Intragroup diversity



Balancing Fidelity and Adaptation

- Fidelity: The degree to which a strategy is implemented as intended
- Adaptation: How much a strategy is altered to meet local needs
- Tips when implementing:
 - Retain core components
 - Build capacity further before adapting
 - Addition is better than subtraction
 - Adapt with care, using experts





Balancing Fidelity and Adaptation

- Evidence-based programs are more likely to be effective when their core components are maintained
 - The aspects responsible for identified outcomes
- Guidelines for maintaining core components:
 - Preserve setting and number & length of sessions
 - Preserve key program content: It's safer to add rather than subtract content
 - Add new content with care: Consider program guidance and prevention research



Need For More Research

- "Off the shelf" evidence-based models are sparse
 - Of 1400 programs reviewed on Blueprints for Healthy Youth Development less than 5% meet their top standard for evidence
- To address this challenge, consider:
 - Insights from small scale research: implementing evidence informed practices based on process methods when experimental methods are not feasible
 - The relative strength of evidence as opposed to a pass/fail model



Need For More Research

- Some populations are underrepresented in evaluation research
 - Limited evidence of efficacy in general but especially for these populations
- Here are some questions to consider when conducting or reading research:
 - What works in which circumstances for whom?
 - What factors impede the innovation in this new context/ for this new population?
 - How does it work on the ground?
 - What unintended consequences have emerged?



Use of Culturally Competent Research Methods

- Cultural competency can prevent...
 - Poor research outcomes and invalid data
 - Distrust from the target population
 - Inaccurate representation of the population
 - Exploitation of populations that are vulnerable
- Some strategies:
 - Involve members of the community in the evaluation
 - Be aware of researcher-participant power dynamics
 - Ensure accurate translation & equivalent meanings
 - Use caution when discussing taboo topics



Intragroup Diversity

- A challenge for adaptation as there are diverse subgroups of ethnic groups to consider
- E.g., Caribbean-born Black (CB) men are more at risk of psychiatric disorders than African American (AA) men (Williams 2007)
 - Compared to first-generation CB men, third-generation CB men had higher rates of psychiatric disorders
- Important to consider intragroup diversity, but shouldn't be a major inhibitor to adaptation efforts



Conclusion

- Cultural humility and competency are important steps to improving outcomes among diverse populations
- This is especially necessary as many diverse populations face increased risks of substance use
- Adapting EBPs to ensure cultural humility and competency can face challenges, but there are steps we can take
- We'll talk more about how to adapt EBPs in Part 2





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