

**Social Justice,
Cultural Humility,
Ethics, and Equity
in the Planning and
Implementation of
Evidence-Based
Prevention Interventions**



**Sept.
2024**

Social Justice, Cultural Humility , Ethics, and Equity in the Planning and Implementation of Evidence-Based Prevention Interventions

Acknowledgement

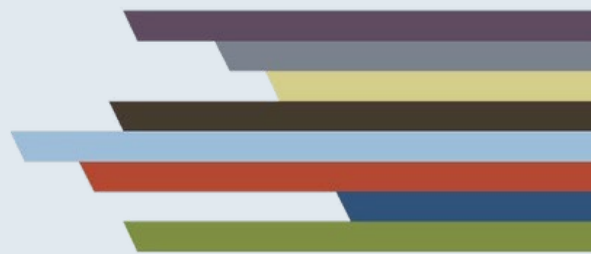
This product is developed by Prevention Technology Transfer Center (PTTC) Staff in the WORKGROUPS. This product is supported by SAMHSA of the U.S. Department of Health and Human Services (HHS). The contents are those of the author and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government. SAMHSA Cooperative Agreement # 1H79SP081020-05b

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

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

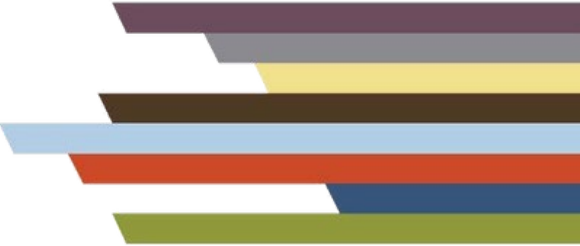
Table of Contents

| | |
|---------------------------------------------------------------------------------------------------------|----------------|
| Overview | Page 2 |
| Setting the Stage: Why Do We Need Ethics, Social Justice, & Cultural Humility in Prevention? | Page 3 |
| Section 1: Introduction | Page 6 |
| Section 2: Cultural Humility | Page 11 |
| Section 3: Capacity Building | Page 16 |
| Section 4: Ethics and Social Justice | Page 23 |
| Section 5: Data Equity | Page 31 |
| Section 6: Implementation and Sustainability | Page 37 |
| Section 7: Planning | Page 44 |
| Resources | Page 55 |



Setting the Stage

Contributions by: De'Asia Harris



Overview

This resource was created from the research, conversations, experiences, and knowledge gathered during a six-session series on the intersection of Advanced Ethical Practices for Prevention Professionals and Social Justice, which took place in 2022. This webinar series was jointly presented by the Building Health Equity and Social Justice, Implementation Science, and Community Coalitions and Collaborators PTTC work groups.

This resource is designed to stand alone and may be used to support your ethical and socially just prevention work by itself. You may also view the on-demand recordings to enrich your experience by visiting the links below.

The resource that you are about to read is provided through the Prevention Technology Transfer Center Network (PTTC), a program funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA) SAMHSA Cooperative Agreement #5H79SP081020-05.

The Prevention Technology Transfer Center program is funded by SAMHSA of the U.S. Department of Health and Human Services (HHS). The contents of New England PTTC products are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by SAMHSA/HHS, or the U.S. Government.



Click on any of the sessions to view the recordings.

Setting the Stage: Why Do We Need Ethics, Social Justice, & Cultural Humility in Prevention?

A prevention goal in simple terms: granting every individual the opportunity to achieve optimum health through needed services while respecting and understanding culture and lived experiences.

Prevention is one of the many components of the behavioral health field, and it is more than using tools and guidelines to carry out needed services. It is a lifestyle that embodies what it means to serve people for a greater purpose. When planning to help a person or community through positive change systematically and socially, it is a priority to know everything you can to help achieve that goal. To prevent, we must not only understand what needs to be prevented, but also how to best adapt, how to address our communities in a culturally sensitive way, and how to break barriers while not overstepping boundaries. People tend to seek advice and help from those who demonstrate interest in their experiences. Organizations get the most positive outcomes by serving communities in which they are embedded and which they represent socially, economically, linguistically, and culturally as best as they can.



Setting the Stage: How do we Embed a Community into our Processes?

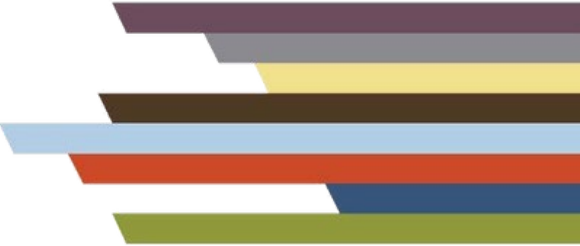
How do we include communities within our process? First, we remember that data does not tell everything about a community and we become comfortable with uncomfortable conversations. Second, we maintain our humanity. From experience, we know that you learn more about someone by talking to them than by reading a chart or a set of documents. **Prevention is an equal partnership.** Relationships are more likely to thrive in the form of a partnership than a hierarchy. People need to have a say in the health decisions that affect them; therefore, treating a community as a partner means that both the community and organization are equally invested in creating a safer and healthier environment for all. Community partnerships create an opportunity for greater efficiency and equitable services.

Creating equity among communities encompasses three important concepts: **ethics, social justice, and cultural humility**. It is important to remember that ethical practices are vital to organizations, the individuals served, and to us as prevention professionals. It is also important to understand what ethics means to the community being served, to know what historical and current social justice issues have impacted the community, and what impact that has on behavioral health, especially among the most vulnerable populations you serve. Cultural humility is about being prepared to explore. You are aware that there will be differences among those in the community, which you can see as an opportunity to adapt rather than a barrier. **These concepts warrant trust, accountability and responsibility, advocacy, and long-term partnerships.**



Setting the Stage

Contributions by: Zili Sloboda, Sc.D



Section 1: Introduction

The professionalization of the field of prevention science is built on two key supports: the Strategic Prevention Framework (SPF) and the Prevention Think Tank Code of Ethical Standards. The SPF lays out the steps required to implement evidence-based prevention programming to meet the needs of our communities and sustain them over time. Our Code of Ethical Standards includes principles from the International Certification and Reciprocity Consortium that form the ethical basis for prevention professionals.

The Strategic Prevention Framework, developed by the Substance Abuse and Mental Health Services Administration, provides prevention professionals with a step-by-step guide to implement and sustain evidence-based prevention programming to meet the changing needs of their communities. The framework **begins with conducting a needs assessment** to determine the epidemiology of substance use in the community and how to work with community input to determine priorities.

Also, as part of the needs assessment and prioritization, the prevention professional is encouraged to conduct a community resource assessment to see what services already exist in a community to meet those needs. If there are no such services, then the prevention professional (with community support) outlines a plan to put needed services in place that builds on existing community capacity to address gaps. This plan is then enacted using all community resources available. Services are closely monitored to determine if prevention programming is being delivered as designed, reaching and retaining the relevant populations, and achieving the desired outcomes. Before deciding if a program should be continued, these evaluations need to be reviewed. If it is decided to continue the programming, then a sustainability plan needs to be put in place with continued monitoring to assure it continues to meet the needs of the community.



The Prevention Think Tank Principles

The Prevention Think Tank Principles consist of six guides for behavior for prevention professionals. Various professional organizations, such as those in the fields of medicine, social work, psychology, law, social science research, and substance use treatment, have their own codes of ethics.

Professional ethical standards are based on values. Values are the basic beliefs that an individual thinks to be true and guiding principles in one's life or the bases upon which an individual makes decisions. The work of prevention involves decisions regarding the treatment of others in the most common and important settings of their lives—the family, the school, and the workplace. Prevention work also involves the community, in which policies and laws dictate legal and illegal behavior. The prevention practitioner needs to be guided by ethics and values that can help in these challenging areas of life. **Each part of the Code of Ethical Standards is important, but in terms of social justice, cultural competence, ethics, and equity, perhaps the most important tenet of the Code is non-discrimination.** Non-discrimination means providing fair and equitable access and services. Responsiveness, integrity, nature of services, and confidentiality all contribute to the quality of programming; ethical obligations for community and society meet the definition of equity itself.



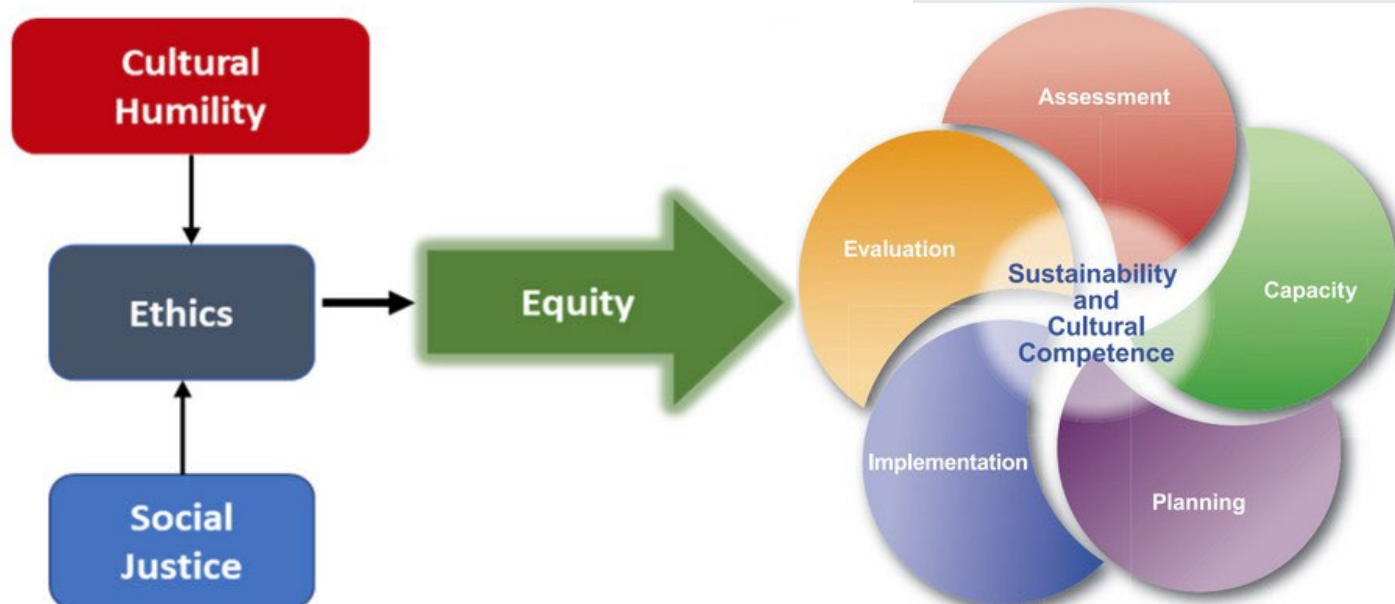
Prevention Think Tank Code of Ethical Standards Main Tenets

- NonDiscrimination
- Competence
- Integrity
- Nature of services
- Confidentiality
- Ethical Obligations for Community & Society

Integrating the Strategic Prevention Framework & Ethics to Achieve Equity

Two concerns of all prevention professionals are “**Am I reaching everyone in my community?**” and “**Am I meeting all community needs?**”

How can prevention professionals achieve **equity**? In the following model, the three concepts on the left should guide all prevention programmatic action steps—cultural humility, ethics, and social justice. Each contributes to equity. Equity is a goal for all evidence-based prevention programming to reach all populations in need. So, to build equity, first look at these actionable concepts during each stage of your strategic planning.



Equity: As a goal for programming, some basic definitions of equity need to be understood. Merriam-Webster defines the term as “**justice according to natural law or right, specifically: freedom from bias or favoritism.**” Dictionary.com defines it as “the quality of being fair or impartial; fairness; impartiality: the equity of Solomon; something that is fair and just.” In the arena of health, particularly, equity represents **a goal to overcome long-term disparities that interfere with the potential of providing equality in services.** So, in many ways, equity is more than equality. It involves addressing the specific barriers and other potential difficulties in reaching at-risk populations with the high-quality services they need. To address these barriers, explore the elements that feed into the ability to provide equity in services: social justice, cultural humility, and a strong ethical foundation.

Integrating the Strategic Prevention Framework & Ethics to Achieve Equity

Social Justice. Social justice provides a value-based framework in which we can apply the code of ethics. What is social justice? The Society for Prevention Research defines social justice as "... the ethical and moral imperative to understand why certain population subgroups have a disproportionate burden of disease, disability, and death, and to design and implement prevention programs and systems and policy changes to address the root causes of inequities." **It serves to enhance the well-being of individuals through equal access to healthcare, justice, and economic opportunity.**

Cultural Competence. While social justice provides the values that underscore equity, how can we best reach all those in need with evidence-based prevention? One value that prevention professionals have embraced for years is cultural competence .

Cultural competence is driven by the following principles:

- ♦ Define culture broadly
- ♦ Value clients' cultural beliefs
- ♦ Recognize complexity in language interpretation
- ♦ Facilitate learning between providers and communities
- ♦ Involve the community in defining and addressing service needs
- ♦ Collaborate with other agencies
- ♦ Professionalize staff hiring and training
- ♦ Institutionalize cultural responsiveness

Although cultural competency is important, it isn't the complete picture. **We also need to have cultural humility** . Cultural humility is defined as "a lifelong process of self-reflection and self-critique whereby the individual not only learns about another person's culture, but ... starts with an examination of her/his own beliefs and cultural identities" 4 and "Cultural competence is more aptly viewed as a process; a journey, not a destination. And cultural humility is the mindset that fuels the journey." 5

Cultural competence is "... the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing better outcomes. "

Centers for Disease Control and Prevention
(CDC)

An Integrated Implementation Plan

With a better understanding of social justice, cultural competence, and ethical practice, how do we put this all together? The graphic presented on page X shows that to achieve equity, we need to apply these concepts to assure inclusiveness throughout the implementation cycle. Examples of this include:

- ♦ **Identifying vulnerable populations** and the availability of resources for reaching them
- ♦ Engaging representatives of the target population in **selecting potential evidence-based interventions or policies (EBI)** to best serve population needs
- ♦ Developing and testing **processes to determine ‘fit’** of EBIs with existing values, beliefs, and language for adaptations without losing fidelity to the core of the intervention
- ♦ **Piloting** the delivery of the adapted intervention to determine receptivity, and attainment of short-term EBI outcomes
- ♦ **Reviewing the findings** to decide on the continuation and ‘scaling out’ of the intervention to the full target population
- ♦ If deciding to fully implement the adapted intervention, recruit and train prevention professionals **who reflect the populations of interest** to deliver the intervention and recruit participants
- ♦ **Monitoring the fidelity** of implementation of delivery and assessing short-term and (if possible) intermediate- and long-term outcomes
- ♦ Review the results of the monitoring process with representatives of the targeted population and make decisions regarding continuing and **sustaining** the intervention

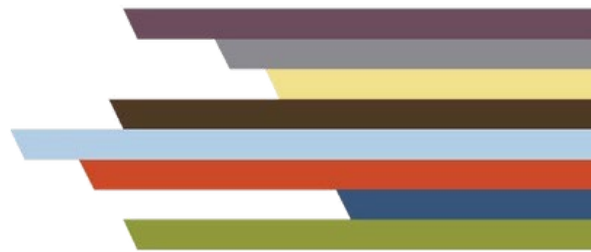
As we begin the process of planning and implementing prevention services, we must address these foundational elements— *cultural humility* , *ethics*, and *social justice*— to create *equity*, an essential to providing the highest quality of evidence-based programming to reach our targeted populations. This involves overcoming the barriers and other disparities that may interfere with program success. Throughout our planning, these concepts need to stay front and center as we progress through the implementation process and all the way to when we evaluate what we are doing and how effectively we are doing it. At every stage, collaborating with community partners will help to produce and deliver the most effective programming.

This booklet outlines how to apply these concepts to each phase of the planning framework from needs assessment through capacity building, planning, and evaluation.

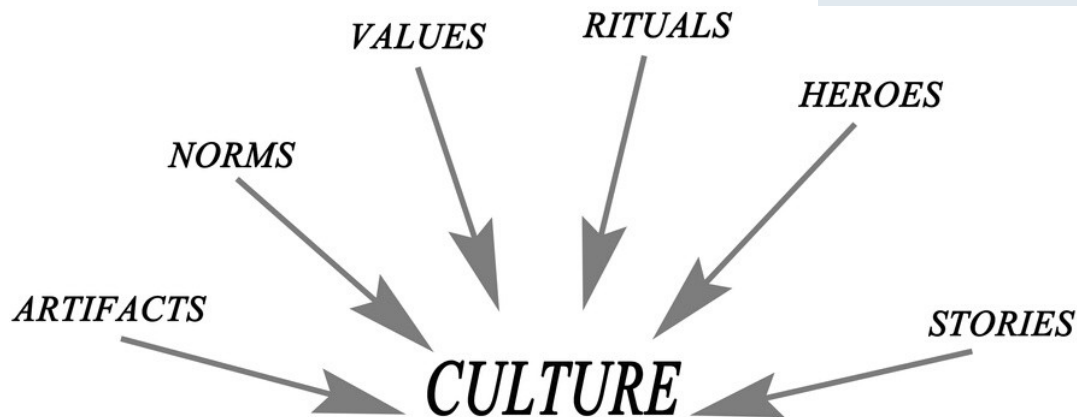


Section 2: Cultural Humility

Contributions by: Deborah Nixon Hughes, LCSW-C



Cultural Humility



Culture is one of the most critical organizing concepts that define who people are and what they value. Understanding, respecting, and accepting cultures is vital to ensuring the success of substance use prevention services—or any social services. By doing so, prevention stakeholders can significantly improve the likelihood of identifying and implementing effective services through strategic planning. **Cultural humility** is an umbrella term for the principles and activities that prevention stakeholders should follow as they seek to learn about and embrace the cultures of the populations they serve.

Culture can be defined as the norms, values, rituals, symbols, and practices that different groups of people follow. As a result, culture influences individuals, families, institutions, and communities. It helps establish attitudes, beliefs, and processes, such as how relationships develop and trust is formed. In addition, culture shapes how people view the world; everyone is part of at least one culture. Culture influences people's preferences and implicit biases. Implicit biases, which are automatic and unintentional, are not necessarily negative. However, it is important that they be identified and understood, especially among professionals seeking to serve people.

A quote from Stephen Covey can represent these biases: **"We see the world not as it is but as we are – or as we are conditioned to see it. When we open our mouths to describe what we see, we, in effect, describe ourselves, our perceptions, our paradigms."**

Prevention stakeholders need to understand all biases and their influence on culture (both among themselves and the people they seek to serve) to improve the quality of services. For example, culture influences how people receive and react to information. **This means that people from one culture may respond very differently to a prevention messaging campaign than people from another culture.** If prevention practitioners acknowledge this, and seek to implement interventions that complement the cultures they wish to reach, they can engage in more effective strategic planning.

Cultural Humility: Concepts

Cultural humility is a concept that prevention stakeholders can utilize as they seek to accomplish their goals. The term was first coined by Dr. Melanie Tervalon and Dr. Jann Murray-Garcia in 1998 to address health disparities and institutional inequities in medicine. As they conceived it, cultural humility is about following three core principles:

- ♦ Having a life-long commitment to learning, self-evaluation, and self-critique
- ♦ Seeking to address power imbalances where they should not exist
- ♦ Developing mutually beneficial and non-paternalistic partnerships with communities

Cultural humility is different from cultural competence which is more knowledge-based and commonly defined as

“the integration and transformation of knowledge about individuals and groups of people into specific standards, policies, practices, and attitudes used in appropriate cultural settings to increase the quality of services; thereby producing a better outcome.”

By contrast, cultural humility is about identifying and accepting cultural differences. **It is the idea of being humble, acknowledging that you do not have all the answers, and seeking to add value to other people.** Importantly, cultural humility and cultural competence are not oppositional. They are complementary, and **prevention stakeholders should seek to ensure humility and competence** as they engage with a variety of cultures.



Cultural Humility: Getting Started

1

The first step to pursuing cultural humility, and the most significant difference from cultural competence **is to engage in self-reflection**. This self-reflection should focus on examining one's culture, its values and limitations, and its potential to create implicit biases when exploring other cultures.

2

The next step is to engage in self-improvement. More specifically, to always have an open mind, ensure active listening when talking with people, and practice acting modestly and humbly.

3

The third (and ongoing) step is to seek to learn more about values, beliefs, and experiences outside your own, and build collaborations with members of other cultures to implement interventions that respect and honor those experiences.

More tips for pursuing cultural humility include: Seek to

- ♦ engage with people different from yourself
- ♦ Be curious and empathic about life experiences outside your own
- ♦ Learn about historical people and events important to a culture; remember that culture is more than food and holidays
- ♦ Learn to pronounce names correctly
- ♦ Share your own culture with people who have different experiences
- ♦ Do not be afraid of difficult conversations about racism, sexism, or classism
- ♦ Believe what people tell you about their beliefs
- ♦ Show interest and appreciation to people for taking the time to talk with you
- ♦ Have an open mind when listening and learning

Lastly, remember that one of the tangible results of cultural humility is that it can improve strategic planning. As such, it is crucial to understand the core principles of strategic planning and follow a strategic planning process such as SAMHSA's Strategic Prevention Framework. One should understand the positive impacts that cultural humility can have, such as:

- ♦ Ensuring better representation and inclusion in planning
- ♦ Giving voice to served populations and improving collaborative efforts
- ♦ Gaining additional expertise and knowledge about working with people from the culture
- ♦ Expanding the reach of services and avoiding pitfalls that can negatively impact outcomes
- ♦ Allowing greater focus on equity and addressing disparities
- ♦ Increasing our empathy, engagement, and communication
- ♦ Improving our understanding of the populations being served

Cultural Humility: Key Take Aways

Culture defines who people are and what they value.

Cultural humility means learning about and appreciating other cultures.

Culture influences the effectiveness of specific services, and cultural responsiveness can improve strategic planning to account for that.

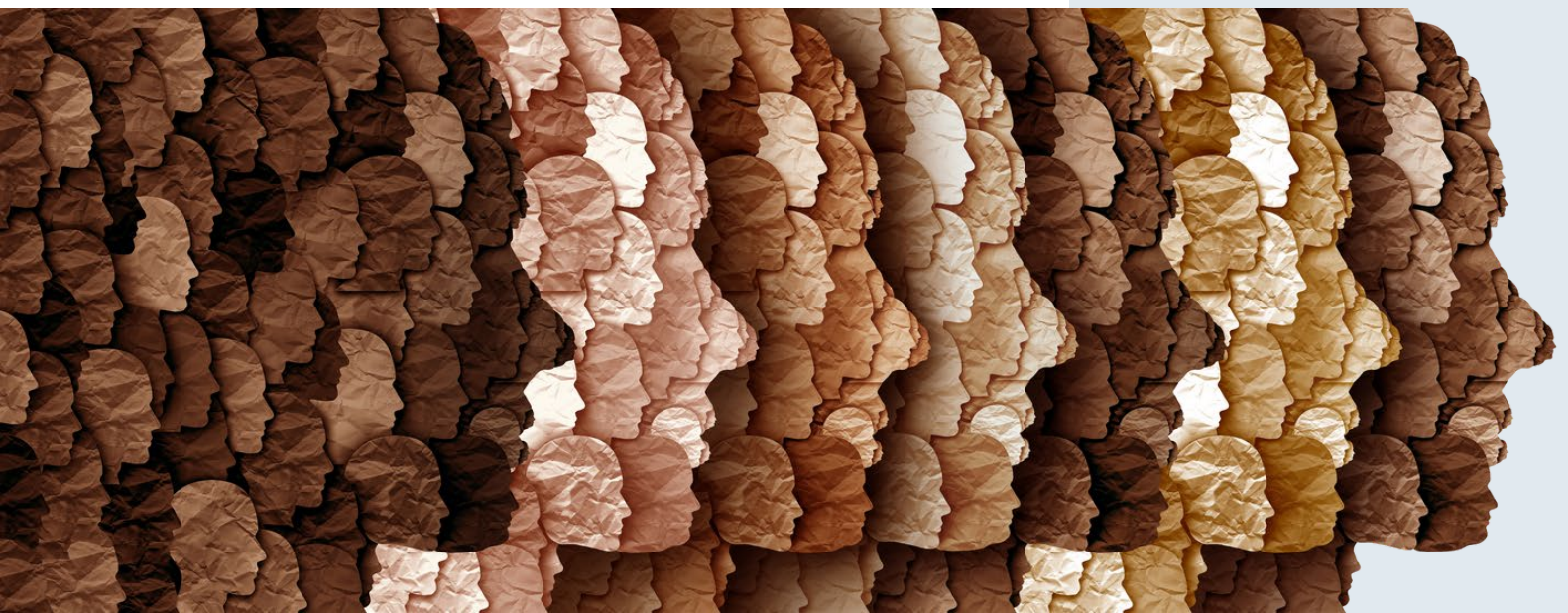
Cultural humility and cultural competence are different but not oppositional

Self-reflection is the first step to cultural humility .

Cultural humility is a journey, not a destination. It is a life-long process of learning, self-evaluation, and seeking to better serve people.

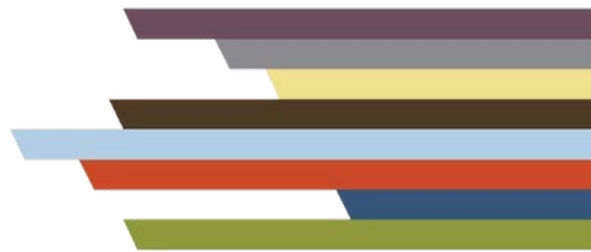
Actively incorporate principles of cultural humility into strategic planning. Do not think of cultural humility as just a box to check off.

Practice: Self-reflect on these key take aways. How do you define your culture? How do you define the culture in which you work? Of your community?



Section 3: Capacity Building

Contributions by: Albert Gay



Capacity Building: Concepts

In this Chapter you will find:

A brief description of Strategic Prevention Framework (SPF) step through a cultural lens and its importance-

Because capacity building is centralized on engagement of resources, it is therefore dependent on cultural awareness.

Because engagement of people who leverage resources is central to the capacity building phase of the Strategic Prevention Framework (SPF), we should pay particular interest to the cultural aspects. This focus on culture will allow for more buy-in from those resources. Readiness of those responsible for those resources should also increase as a result of attention to cultural needs.



Capacity Building: Getting Started

Consider the following ethical- and equity- aligned steps during the capacity-building phase of your strategic planning process.

1 Ground yourself in the practice of cultural humility , as discussed in the previous section. In doing so, you can use self-reflection to understand your own background and the background of those you serve, who may experience disparities. This will allow you to discover your own core values as well as the core values of your focus population(s).

2 Next, anchor yourself in the Prevention Code of Ethics (discussed in the Introduction). Realize how each of these principles align with the elimination of disparities and the pursuit of equity. This, too, is a part of cultural humility .

3 Another component of culturally humility practice is the recognition of **power imbalances**. Consider raising awareness of these imbalances to coalition members and/or partner agencies. Many prevention professionals are not aware of their own role in disparities and inequities within the systems that serve vulnerable populations. Historically, these imbalances may be causing certain populations to consistently experience negative outcomes; thus, it is important to recognize and address them.

4 As power imbalances are exposed, the next step is to hold institutions accountable. We are not just readying resources for substance use/misuse prevention, but also readying those same resources to address the systemic inequities that link to those substance use/misuse issues. Here, we should **prepare people to face and address their role in sustaining barriers and discriminatory practices that have been experienced historically by vulnerable populations**. This step takes preparation and empathy. Tools and trainings that expose bias for the purpose of recognizing and reducing it should be used regularly to be effective.

5 A community readiness model can be used to measure the current climate about equity issues. In order to prepare for and overcome potential challenges during this step, coalitions should consider the implementation of an awareness-raising campaign about disparities and equity issues.

6 Leadership and workforce development can be more efficiently readied through the implementation of the **National CLAS Standards**. As a leadership step, coalitions/organizations should begin strategic preparation and planning to integrate the CLAS Standards into their organizational structure. This capacity-building effort will not only transform the organization, but will also allow for opportunities for all organizations that interface with it to transition to newer methods of interaction that create better outcomes. This is the equitable systemic transformation that we all look forward to.

Capacity Building: Key Take Aways

As we discuss ethics and equity in the capacity-building phase of the Strategic Prevention Framework, let us consider our own core values; the prevention code of ethics; and systemic reformation for consistent equitable outcomes.

When thinking of your own core values, consider what makes up who you are: , your identity, the people you work with, and the family and community that you stem from. Core values include beliefs like altruism, accountability, generosity, freedom, and more. Many of these core values are also aligned with this resource booklet's focus on equity. We should consider our core values as our starting point in this discussion.

We should also think of our professional selves. As prevention professionals, we are expected to align with the ethical code of our field. As discussed earlier, there are six principles within our prevention code of ethics:

- ♦ non-discrimination (cultural
- ♦ competence/humility); responsiveness;
- ♦ integrity;
- ♦ nature of services;
- ♦ confidentiality;
- ♦ and ethical obligations for community and society.

In this section, we discuss how capacity building with an equity lens applies directly to all of these principles (with the exception of confidentiality). Without question, equity incorporates the principle of non- discrimination. **As prevention professionals, we should not only strive to ensure that discriminatory practices are eliminated from our policies and procedures, but also that we learn about those audiences we desire to engage through cultural competence and cultural humility methods.**

Equity is ensured and supported when we are competent in our equitable actions. We should be aware of systemic inequities that cause disparate outcomes. Knowing how health and behavioral health disparities originate is crucial to challenging and righting these injustices.

As prevention professionals, we need to know the historical elements that have and are still contributing to the lesser outcomes experienced by vulnerable populations.

Capacity Building: Key Take Aways cont.

We should remember that the third ethical principle, **integrity**, often surfaces during challenging times. People who have exemplified integrity have often suffered great loss because they went against societal norms that were often unethical, although popular. Consider for example the life of Ida B. Wells, a journalist and educator who revealed the real reasons for lynchings of African Americans, in spite of the false narratives given at the time to satisfy the masses. She printed her findings in the newspaper that she helped publish. As a result, her newspaper business was burned down by rioters, and she had to escape from Tennessee.

Likewise, as prevention professionals, we must use integrity to get to the real root of inequities and be willing to share the truth of what we find, regardless of popular opinions or norms reinforced within our society. Integrity also enables us to face giants, as Ida B. Wells and others have. Her integrity did not allow her to live peaceably with injustice. She confronted society on every level, including challenging the White House to establish federal anti-lynching law. Integrity is a powerful principle with which to ground ourselves when we are looking to end disparities through the creation of equitable systems.

The next principle of the prevention code of ethics is **nature of services**. As we lean into equity and capacity building, we should remember the two sayings that ground us in our work as preventionists:

- ♦ Do no harm
- ♦ Nothing about us without us

Our assessment data, when disaggregated, often reveals that some populations suffer more negative outcomes based on historical barriers and discriminatory practices. This knowledge should compel us to consider the nature of services principle within the code of ethics. It should remind us to do no further harm and inspire us to partner with those who are experiencing harm.

Through inclusionary practices, we have the opportunity to learn directly from those we desire to assist, and it is necessary that we take this opportunity. When we include community members in our work, we can hear the causes of harm and the needs of those community members directly. Including our focus population during the capacity-building phase of the Strategic Prevention Framework will help with the delivery of equitable services. In a way, this principle gets to the root of all disparities.

The lack of representation at the decision-making table leads to harmful practices being enacted without objection.

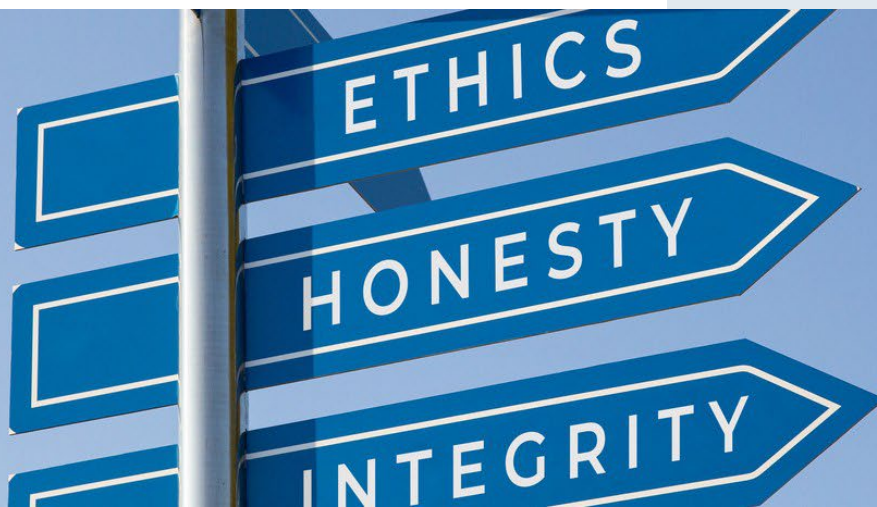
Capacity Building: Key Take Aways Cont.

The final principle to be remembered is **ethical obligations for community and society**. As we discuss equity, it is important to realize that without movement, certain issues remain the same. For example, some groups may experience negative outcomes for long periods of time because of historical barriers.

For instance, how often have we heard of the "school to prison pipeline?" Due to systemic barriers and intentionally unequal treatment that produce consistently negative outcomes, we become conditioned to believe these outcomes are normal and just. Our ethical obligations require us to become and remain active rather than passive when we see harm occurring due to unethical situations. In such situations, we must raise awareness with key stakeholders and community leaders to increase readiness for equity building.

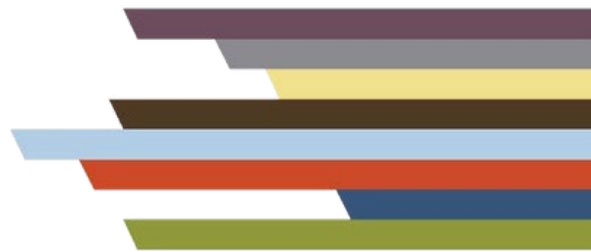
In prevention, it is our responsibility to address the needs of our most vulnerable populations. Therefore, we must use the tools and resources available to us, and in some ways create new resources, to transform systems and hold institutions that we work with and in accountable.

As we navigate the SPF, we should build on the resource assessment tools that make us aware of the disparities and institutional biases that create barriers for vulnerable populations that experience negative outcomes. In this section, we focus on tools for equity readiness. Some of the tools shared include the Cultural Proficiency Continuum Self-Assessment, Multiculturally Competent Service System Assessment, Racial Justice Organization Assessment, Assessing for CLAS (Culturally and Linguistically Appropriate Services) Standards, Racial Equity Readiness Assessment, and the Organizational Self-Assessment Related to Racial Equity. As with all of these tools, implementation should include raising awareness, training, and intentionality.



Section 4: Ethics and Social Justice

Contributions by: Kristen Gilmore Powell, Ph.D., L.S.W
LaShonda Williamson-Jennings, M.Ed., CPS
Mariam Rashid, Ph. D
Kristen Van Pevenage, MSW



Ethics and Social Justice: Concepts

It is important for prevention professionals to understand how the principles of prevention ethics intersect with social justice. As defined by Bell (2013),

“... **social justice is both a process and a goal.** The goal of social justice is full and equal participation of all groups in a society that is mutually shaped to meet their needs. Social justice includes a vision of society in which the distribution of resources is equitable, and all members are psychologically and physically safe and secure.”

As discussed, the prevention principles of ethics include the following: non-discrimination, responsiveness, integrity, nature of services, confidentiality, and ethical obligations for community and society. Within a social justice framework outlined by Goodman and colleagues (2004), the principles of social justice include the following: **ongoing self-examination, sharing power, amplifying voices, consciousness raising, focusing on strengths, and leaving communities with the skills for self-determination.** Prevention principles and social justice principles have much in common, and this likeness provides the foundation for the processes of prevention work. This work will support the needs of the community while providing a vision for the future, where all members of the community have full and equal participation in prevention efforts.



Ethics and Social Justice: Getting Started

What does social justice mean to you?

What does it mean in the larger context?

Prevention specialists/organizations can take the following steps to get started with understanding the intersection between social justice and prevention ethics:

- ◆ Define what social justice means to you and your organization.
- ◆ Consider how social justice relates to equity within your organization or within the prevention work that you do.
- ◆ Determine and amplify how social justice is important to prevention work.
 - Review the differences between **equity** and **equality**. These are important concepts connected to social justice that are often misused by many. Differentiating these concepts helps when there is discussion on the concept of fairness and social justice.
 - Brainstorm how these two concepts can be presented to policy makers, partners, and communities.
 - Consider how you can raise awareness linking social justice and ethics within your prevention efforts.

Ethics and Social Justice: Getting Started

Voices from the field: During the webinar conversation with preventionists, facilitators asked the following questions and received these real examples from preventionists in the field who incorporate ethics and social justice into their work daily. These serve as examples of how to put this theory to practice.

How can we address historical injustices seen within prevention?

Prevention has traditionally underserved marginalized populations, in particular, people of color. Here are some ideas, generated from the field, on ways to address historical injustices:

- Establish authentic and true collaborations by holding meetings within the community (e.g., church , community centers, family centers).
- Ensure that those who are often marginalized are included at the table of those making decisions; provide people with the agency to determine their own direction. Recognize the underlying factors and systems which have left marginalized populations behind.
- Take the time to listen and build relationships.
- Utilize prevention funds to develop culturally appropriate prevention programs and strategies.
- Learn new ways to conduct assessments, such as utilizing motivational interviewing, as opposed to relying on school and community surveys for information gathering.
- Bring prevention work out of offices; outreach to people on the streets, discuss priorities with residents who might not be found at stakeholder meetings, and seek out those who are part of marginalized populations and bring them to the table where decisions are made.
- Utilize community voices when making decisions which will impact that community.
- Include young people of all color in coalitions and teach them to develop change-making skills.
- Design media reflective of all ethnic and cultural groups within the communities that you serve.

Ethics and Social Justice: Getting Started

Voices from the field: During the conversation with preventionists, facilitators asked the following questions and received these real examples from preventionists in the field who are working ethics and social justice into their work daily. These serve as examples of putting this theory to practice.

How do we amplify the voices of communities?

One coalition leader discussed her community's commitment to amplify the voice of young people by including youth as coalition co-chairs and providing them with the opportunity for discussion with local government officials. Additionally, the coalition has taken steps to amplify the voice of the LGBTQ+ student community through leadership positions and sought to engage with a recent population influx of Latinx members in their otherwise homogenous community.

How have you woven social justice principles into the community?

Participants discussed how self-reflection leads to an evaluation of self-bias resulting in enhanced non-discrimination practices. Furthermore, participants discussed how teaching communities the skills of self-determination, amplifying of voices, raising of consciousness, and focusing on strengths are ethical obligations.



Ethics and Social Justice: Key Take Aways

Prevention principles intersect with social justice principles.

| Prevention Principles | Social Justice Principles |
|-----------------------------------------------|------------------------------------------------------------|
| Non-discrimination | Ongoing self-examination |
| Competence | Sharing power |
| Integrity | Amplifying voices |
| Nature of services | Consciousness raising |
| Confidentiality | Focus on strengths |
| Ethical obligations for community and society | Leaving communities with the skills for self-determination |

Consciousness raising is an important first step to addressing historical and current injustices. We must continuously bring awareness to issues, such as racism, racist practices, etc. Approaches include the use of multiple medias to make people aware of a particular issue (e.g, social media, townhall meetings, factsheet distribution, newsletters, etc.)

The social justice approach uses a multi-issue lens to focus on policy and environmental change while acknowledging the racial and patriarchal context, as well as power and privilege. This approach focuses on structural change, redistribution of resources, and seeks to change power relations. It emphasizes mutual, long-term relationships which shape the public conversation, changing policy and practice, and building power within the community.

Ethics and Social Justice: Resources

- ◆ Social Justice, Race, and the Intersection of Prevention

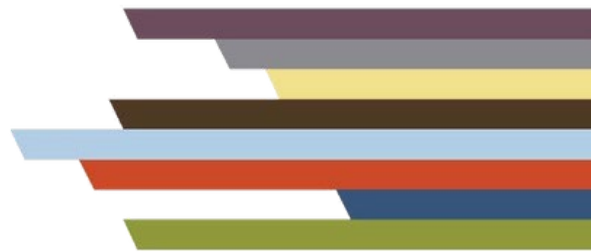
<https://pttcnetwork.org/centers/pttc-network-coordinating-office/social-justice-race-and-intersection-prevention>

- ◆ Social Justice and Health

<https://www.apha.org/what-is-public-health/generation-public-health/our-work/social-justice>

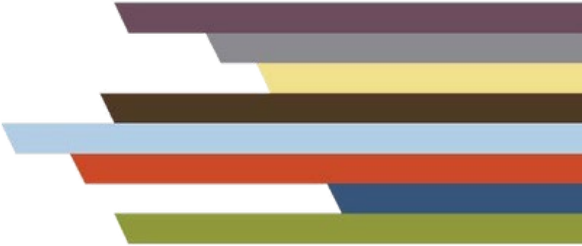
- ◆ Centering Equity and Justice in Rebuilding the Nation's Public Health Infrastructure

<https://www.preventioninstitute.org/projects/centering-equity-justice-rebuilding-nation%E2%80%99s-public-health-infrastructure>



Section 5: Data Equity

Contributions by: Nicole Schoenborn, M.A., ICPS



Data Equity: Concepts

As prevention professionals, working with data to conduct assessment and evaluation activities is an essential part of the job. However, prevention professionals may not have training in data processes, while prevention evaluators may not have training in social justice and equity principles while conducting assessment and evaluation activities. Marginalized communities have unequal opportunities to access data. At times, these communities are harmed from data misuse, which is a concern for prevention professionals, because these practices can contribute to poor substance misuse prevention outcomes. It raises the issue of data sovereignty, and the democratization of data (Hummel et al., 2021). In other words, people should have access to data that involves them, and should have the skills and resources to collect and store this data for their own use as well. Data equity pushes us to consider the ways that data can reinforce stereotypes, exacerbate problems like racial bias, or otherwise undermine social justice efforts.

Capatosto (2017) also emphasizes that human beings naturally “encode our values, beliefs, and biases into these analytic tools by determining what data is used and for what purpose.”

Data justice, a term that at times is used interchangeably or in close relation to **data equity**, has been tied to the ethics of personal data privacy, "big data," and decision making that results from the datafication of modern society.

Datafication applies to the use and impact data has on social processes, such as substance misuse prevention (Taylor & Broeders, 2015). But it is also used to encompass the complex meanings that data equity conveys, including concerns regarding power and privilege, knowledge equity, and the ways that harmful decision making may be justified or maintained through data.



Data Equity: Concepts

This section focuses on building the capacity of prevention professionals to ethically involve the community in data processes, through an equity and social justice lens, by following the Continuum of Community Engagement Framework in Research (Key et al., 2019). This section was designed for professionals in local, state, or community settings who work with data in the assessment and evaluation steps of the Strategic Prevention Framework (SPF). An expected outcome is greater capacity to implement social justice and equity principles into the data lifecycle back at the organization, state, or local community. This is to bring attention and advocate for needed substance misuse prevention issues that are occurring in communities to facilitate positive change.

Objectives include:

- 1 List one way prevention ethics relate to data equity and justice.
- 2 Describe one method for analyzing data with an equity lens.
- 3 Apply data justice and equity principles to a prevention scenario.



Data Equity: Getting Started

Part of the ethical code of conduct for substance misuse prevention professionals requires us to take great care when working with data and communities (International Certification and Reciprocity Consortium, 2017). As advocates, prevention specialists must tell an accurate and meaningful story about the communities they serve and the barriers they face in reducing substance misuse. Part of telling this accurate and meaningful story is including those served in each step of the data lifecycle.

Prevention specialists/organizations can take the following steps to get started:

- ◆ **Collect** data from individuals who reflect the population and employ sampling methods to obtain an adequate number of individuals.
- ◆ **Use** multiple modalities, formats, and languages to communicate with stakeholders during an assessment.
- ◆ **Examine** data throughout the assessment process to identify any gaps in reach and brainstorm ways to engage populations where there are gaps.
- ◆ **Involve** stakeholders in the design and at each step of the assessment to ensure appropriate methods and communication.



Data Equity: Key Take Aways

- 1 Disaggregate data during data collection and analysis to uncover different patterns between groups.
- 2 Collect data using multiple methods (surveys, focus groups, etc.) and with participation/feedback from the community.
- 3 Be aware that bias can enter at any stage of the data lifecycle, including how data is analyzed and interpreted.
- 4 Use data for good to advocate for policy change.
- 5 Visualize data to communicate findings with a social justice and equity lens.
- 6 Involve the community at every step of the assessment process.

Cwalina et al. (2021), propose a refinement to tobacco control data standards that consider systemic racism and inequitable data practices that are used to develop population health standards. By creating Black-centered data standard practices, the review for tobacco products could more accurately show the risk to Black communities instead of assuming the risk is the same for White communities. The authors cite four methods for addressing systemic racism and inequities in tobacco control: 1) disaggregating data by race for tobacco potential harm, 2) requiring research samples on tobacco harm include a representative sample from Black Americans, 3) including data by race for particular tobacco product consumption, and 4) addressing inequitable marketing practices that disproportionately target Black Americans with tobacco advertising. **These same methods can be applied at the local policy level to address systemic racism in communities.**

Data Equity: Resources

- ◆ Approaches for Diverse, Equitable, and Inclusive Evaluation

https://bellwethereducation.org/sites/default/files/Bellwether_ApproachesTo_DEIEvaluation_Final.pdf

- ◆ A Toolkit for Centering Racial Equity Throughout Data Integration

https://aisp.upenn.edu/wp-content/uploads/2020/08/AISP-Toolkit_5.27.20.pdf

- ◆ Data Storytelling in a Diverse World

https://www.tableau.com/foundation/data-equity/do-no-harm?_ga=2.192065774.597531287.1639505145-1962008467.1639505144

- ◆ Engaging the Families of Transgender and Gender Diverse Children

<https://www.lgbtqiahealtheducation.org/wp-content/uploads/2021/09/Engaging-the-Families-of-Transgender-and-Gender-Diverse-Children-9.10.21.pdf>

- ◆ How to Embed a Racial and Ethnic Equity Perspective in Research: Practical Guidance for the Research Process

https://www.childtrends.org/wp-content/uploads/2019/09/RacialEthnicEquityPerspective_ChildTrends_October2019.pdf

- ◆ LGBTQ-Inclusive Data Collection: A Lifesaving Imperative

<https://assets2.hrc.org/files/assets/resources/HRC-LGBTQ-DataCollection-Report.pdf>

- ◆ Principles for Advancing Equitable Data Practice

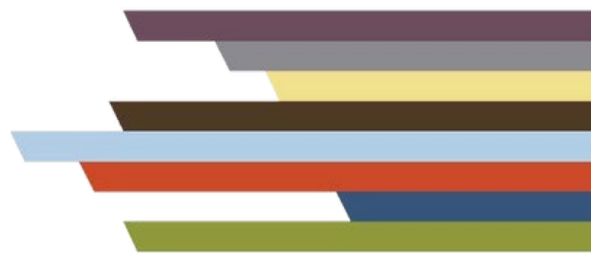
<https://www.urban.org/sites/default/files/publication/102346/principles-for-advancing-equitable-data-practice.pdf>

- ◆ Why Am I Always Being Researched? A Guidebook for Community Organizations, Researchers, and Funders to Help Us Get from Insufficient Understanding to More Authentic Truth

https://chicagobeyond.org/wp-content/uploads/2019/05/ChicagoBeyond_2019Guidebook.pdf

Section 6: Implementation and Sustainability

Contributions by: Nicole Augustine, MPH, MCHES, PS



Implementation and Sustainability: Concepts

Implementation gets most prevention specialists excited. We often see implementation as the “arrival” point. This is the time to strengthen commitment to the plan and to demonstrate the effectiveness of the plans’ outlines to solve community problems. During the implementation, monitoring becomes our most important task. By assessing whether we are reaching our intended outcome, we are able to hold ourselves accountable to that information. Are we on track, or do we need to make adjustments? We are committed to responding appropriately. If you have been operating through a cultural lens during all the previous strategic planning steps, you can continue that lens throughout the implementation and monitoring stages. So how can you connect implementation, ethics, and the sustainability of your socially just programming?

Consider:

What prevention efforts that you carry out are important to sustain?

Can you identify partners or focus populations you should engage as you conduct sustainability planning?

Implementation and Sustainability: Getting Started

As you are in the implementation process, here are some signs that you are "getting it right" with sustainability and social justice in mind. You will be:

- ◆ More responsive and flexible as the substance misuse issues change over time
- ◆ Efficient with resources
- ◆ Outcomes-based
- ◆ Easily scalable for maximum reach

Sustaining our outcomes is vital to maintaining our ethical standard to do no harm and our ethical obligations to community and society. There are three primary keys to sustainability:

- ◆ **Organizational Capacity** - Often this is where people start and end when they think about sustainability. Most folks are just worried about maintaining their job. Although keeping your job is important, it is a relatively small component of sustainability. Your organizational capacity includes all the human, technical, physical, and financial resources needed to accomplish the mission of the organization. As you think about the expertise at the "table," remember to consider whether you have a diverse group of voices contributing to your collective knowledge. This will ensure you have embedded concepts of diversity and inclusion into the core function(s) of the organization.



Implementation and Sustainability: Getting Started Cont.

- ♦ **Continued Innovation** - Continued innovation keeps our work current and relevant and keeps it from becoming a dinosaur or relic of the past. Many may mistakenly think that as long as we use an evidence-based strategy, there is no need for innovation. However, we must assure an appropriate match between each strategy and the population's needs, feasibility of implementation, and appropriateness within the cultural context. This process starts with having the community at the table to assist in innovation as the community and cultural context changes. **A valuable tool when focused on innovation is your logic model**, which shows how strategies reduce risk factors or enhance protective factors and logically lead to the targeted long-term change in substance use behavior and related problems. Additionally, your logic model provides the foundation for your process and outcome evaluation. Both are important in communicating what you did and getting support for continuing your work.
- ♦ **Community Embeddedness** - Community embeddedness focused on how we **shift ownership of the work from us doing something for the community, to us working with the community**. This is truly critical to sustaining an initiative beyond the seed funding. This part- the sustainability- might be hardest for preventionists to truly do. So often we see this as the community "not needing us anymore." We should challenge this mindset, as thinking this way can and has limited us from truly serving communities as prevention experts and consultants. **Community ownership of prevention initiatives significantly expands our reach**. Developing and nurturing positive relationships among all key stakeholders creates a system of shared mutual trust and a willingness to work together strategically. This means more funding, more resources, more people, and larger initiatives. When you consider the diversity of stakeholders needed to create strategies across the social determinants of health (SDOH,) you realize you cannot not do this work alone.

Implementation and Sustainability: Key Take Aways

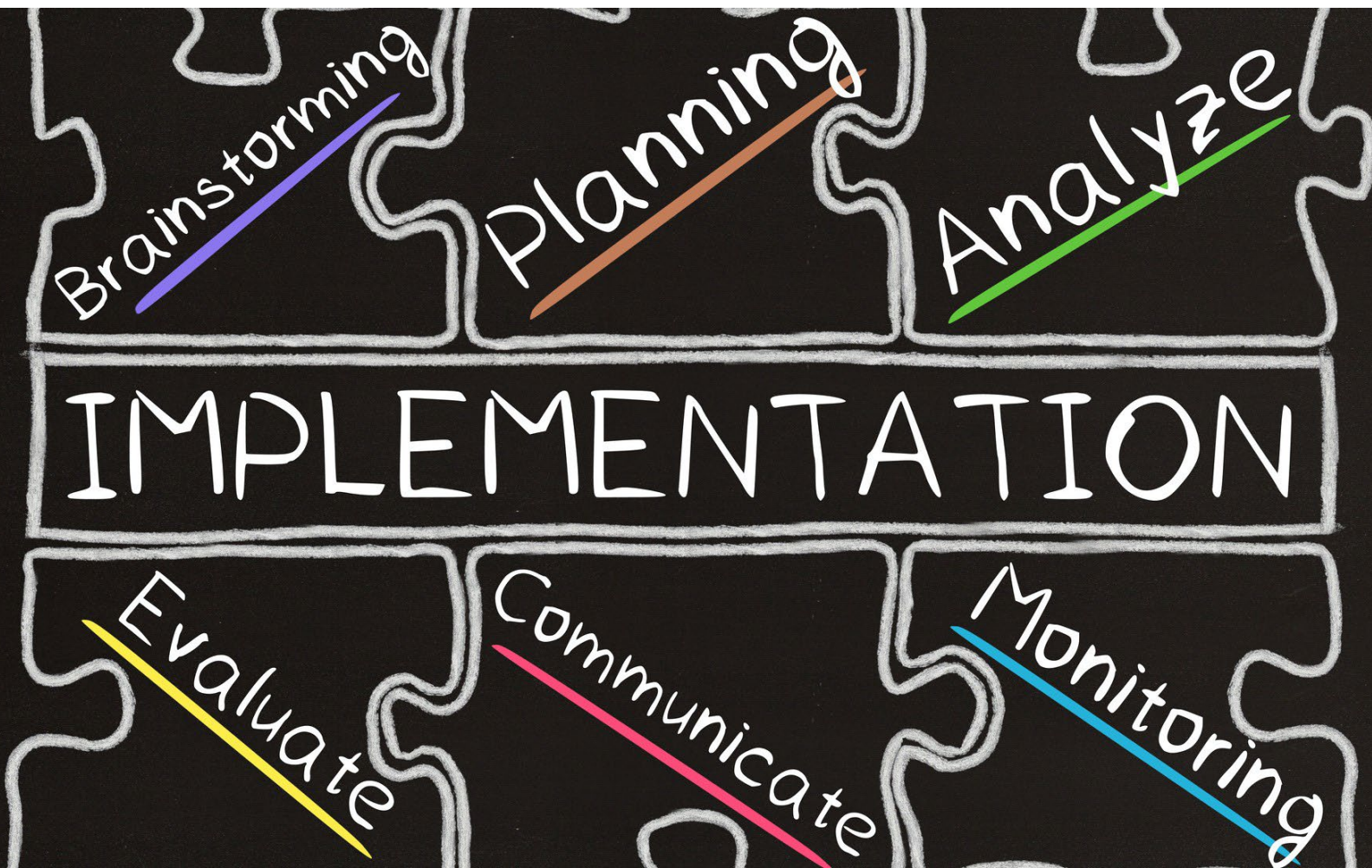
There are six key steps to consider during the implementation and monitoring phase of your prevention practice:

- 1** **Goals & Objectives** - Your goals and objectives were established during the planning phase. You should have SMART goals and objectives, and those goals and objectives should reflect the overall focus of equity, social justice, and improving health outcomes.
- 2** **Assigning Tasks** - Sounds simple, but you'd be surprised how many prevention professionals end up doing all the work! Delegation is an important skill that creates engagement and fosters sustainability. Your goal as a prevention professional is to teach the community "how to fish," not to do the fishing for them. Let go, and share the responsibility of implementing the plan.
- 3** **Developing a Schedule** - Scheduling out a prevention initiative can feel like herding cats! There are multiple competing priorities, funding delays, and unexpected circumstances may change plans. Yet developing a schedule is a component of the overall process.
- 4** **Resource Allocation** - Managing resources is critical to project success and efficiency. Resources include funding, in-kind, technology, time, trainings, and people. We are charged with being good stewards of our resources. Additionally, the monitoring of resources allows you to see gaps and assists you in developing a viable sustainability plan.




Key Take Aways Cont.

- 5** Define Metrics - How will you know if you're headed in the right direction? Your metrics help you measure the degree to which you have accomplished your objectives. This step connects to your needs assessment and evaluations steps. Be sure to include process and outcome metrics. Note: The process metrics determine whether program activities have been implemented as intended and resulted in certain outputs.
- 6** Contingency Planning - Unexpected things happen (i.e.: COVID-19 pandemic). Create a plan for dealing with the worst case scenario, and you'll be prepared for anything! This allows you to more quickly respond to unique situations. Take the time to review how you adapted during the pandemic and develop a contingency plan from those lessons learned.

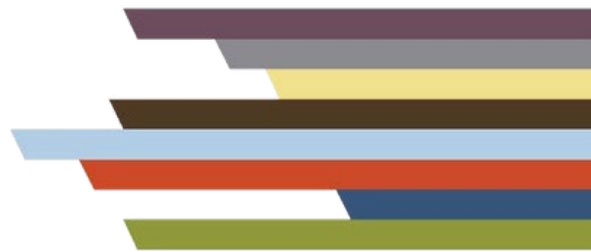


Resources

- ♦ [Implementation Primer: Putting Your Plan into Action](#)
 - ♦ [Sustainability Primer: Fostering Long-Term Change to Create Drug-Free Communities](#)
 - ♦ [Sustainability Planning Toolkit](#)
- 

Section 7: Planning

Contributions by: Priscila Giamassi, MPM, CP



Planning: Concepts

The topic of cultural and social justice seems to be something that has been part of our prevention planning since the inception of SAMHSA's Strategic Prevention Framework (SPF). After all, cultural competence has been at the hub of the framework.

What does creating equity really entail?

First, according to the CDC, health equity is defined as everyone having the opportunity to be as healthy as possible. The process of having equity in prevention planning suggests that we start by being curious. This means getting comfortable with the uncomfortable and understanding that our experiences might be related to having power and privilege (although we might not always recognize it). Perhaps we had opportunities because of our background, culture, or language. As prevention professionals, we want to make these opportunities available to others as we plan programming in our communities.

This brings us to the first point, understanding the value of diverse experiences. It is a valuable practice to learn the perspectives of as many people as possible when thinking about prevention planning. Recognizing what diverse voices bring to the table yields the foundation for sustainable work. A diverse team can help mold the work, especially when many community voices are represented.

When addressing the importance of inclusion in program planning, three elements need to be considered: **people, places, and process**. These elements will provide the foundation for effective planning. The following provides an illustration on how these elements are pieces of the planning.



Planning: Concepts Cont.

People: When planning, use an equity lens and recruit help to understand people's perspectives. An example is involving cultural brokers such as Promotores or Promotoras. Cultural brokers are defined as liaisons or mediators between groups or persons usually from different cultural backgrounds. Cultural brokers are able to provide a vision for the project that is inclusive. Although one might not recognize it, we might not be the best person to take a message to the community because of who we are and what we look like or who we represent. A cultural broker such as a Promotor/a provides valuable insight on the community that cannot be obtained from a textbook, such as historical trauma with the community, or any historical knowledge about the community regarding behavioral health. Understanding the community dynamics will yield an effective planning process. A cultural broker will help engage throughout the process; if we refer back to SAMHSA's SPF model, cultural brokers are key in every step of the framework. In the Assessment step, they help "translate" important community dynamics to gather community needs. In the Capacity step they will be the person(s) who remind us that perhaps we are using too many acronyms and that we need to use different terminology to be inclusive. In the Program planning step, cultural brokers will help create appropriate materials and messages for the community and will provide input on the best venues for dissemination. During the Implementation and Evaluation steps, cultural brokers will remind u how to engage key audiences so that appropriate feedback gets asked in a language that is understood.

The ideal goal is to have cultural brokers weaved into the entire team; they may take the roles of staff, coalition or agency leadership, coalition members, evaluators, and/or community stakeholders. A way to ensure that these roles are met is to have a process in writing that outlines the recruitment, hiring, and retention of cultural brokers. CLAS standards can be used as a guide is to begin a written process.

<https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedNationalCLASStandards.pdf>

Planning: Concepts Cont.

Place: When planning, an understanding of where the work happens is important. Our work and the way we carry out our work changed over the last couple of years. As community outreach activities become more prominent, you'll need to get comfortable with the uncomfortable. The questions you need to ask are:

- ◆ Do we continue doing things virtually because it works or because it is convenient for us?
- ◆ What does it feel like if the work is not on Zoom anymore, but rather in the community?
- ◆ Do I need to rebuild trust in the community because I have not stepped out of the virtual world?

This also means getting curious and identifying the best locations when doing the work and finding out where the “people are”; this may include local churches, schools, community centers, or even the local bakery or panadería. A cultural broker can provide this insight. If no cultural broker is available when you are examining the community for the best place, you can seek out cultural brokers within the community and help to build them up by teaching them more about prevention.



Planning: Key Take Aways

Process: The last element of planning is the process. Process has several details: forward thinking, budget, language, and seeking understanding. To start, forward thinking and creating a vision and foundation that supports equity is essential.

The next detail in the process is having an intentional budget that will allocate resources to this process. A specific budget signifies that there is a value to diversity. Again, getting curious and asking questions such as:

- Who needs this material?
- How many languages are needed?
- What does it look like if I don't have access to this on social media? What resources do I need for this?

For example, giving importance to language access equals allocating resources. This may include translator(s), editor(s), and graphic designer(s) and might include multi-language materials to cater to the community. The provision of resources will automatically strengthen the planning process.



Planning: Key Take Aways Cont.

The last detail in the process is **Seeking Understanding**.

Once more, getting curious about understanding the process:

- Are we including those that we intended?
- Are we obtaining community input?
- Are we making an impact with this work?
- What are we doing with the community input that we receive?
- Who do we need to share it with?
- How are we making improvements or adaptations?

The answers to these questions will help in the understanding of the efforts and, more importantly, will demonstrate if the program is reaching and including the intended community members.

This last detail about seeking understanding is where the process comes full circle. Similar to the SPF model, **sharing insights, input, and overall data with those involved or impacted is vital**. It creates community buy-in , new opportunities, and even new partnerships that become part of the planning to achieve health equity.

Striving for health equity is a continued journey. It benefits your work and it benefits the community. Employee longevity is much higher in an organization that has a vision and procedures centered on equity. When seeking funding, an organization that is able to describe and provide evidence of equity-seeking practices will have an advantage.. The partnerships and trust that an equity-seeking organization develops are also an asset with this work.



Planning: Resources

<https://thinkculturalhealth.hhs.gov/assets/pdfs/AnImplementationChecklistfortheNationalCLASStandards.pdf>

https://attcnetwork.org/sites/default/files/2019-03/TheChangeBook2010_attcfinal.pdf <https://equityinthecenter.org/aww/>



Resources

Bell, L. (2013). Theoretical foundations. In M. Adams, W.J. Blumenfeld, C. Castañeda,, H.W. Hackman, M.L. Petrs, & X. Zúñiga. (Eds.), *Readings for diversity and social justice*. Routledge.

Goodman, L., Liang, B., Helms, J., Latta, R., Sparks, E., & Weintraub, S (2004). Training counseling psychologists as social justice agents. *The Counseling Psychologist*. 32. 793-83sa6.
<https://doi.org/10.1177/0011000004268802>.

