



Central East (HHS Region 3)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Understanding the Evidence Base for Improving Cultural Competence

August 27, 2019 NPN Conference

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Hawaii

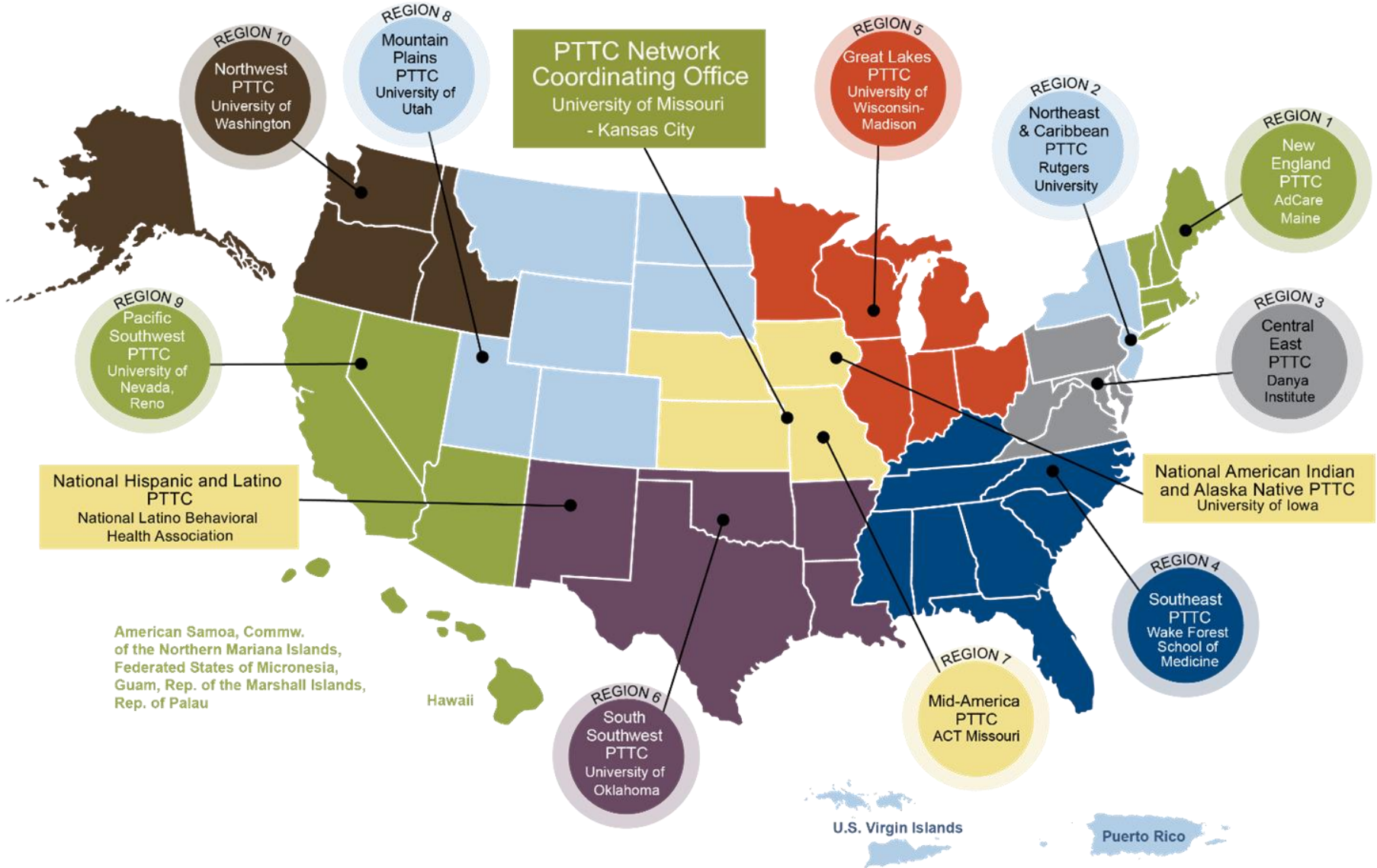
REGION 6
South
Southwest
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University of
Oklahoma

REGION 7
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ACT Missouri

REGION 4
Southeast
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Wake Forest
School of
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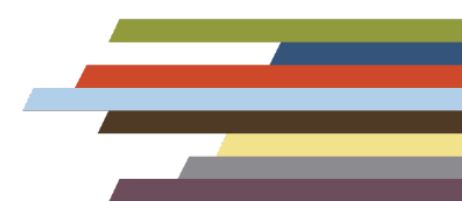
Puerto Rico



PTTCs

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- **Heighten** awareness of the cultural and linguistic competencies of the prevention workforce and other public health practitioners
- **Increase** access to publicly available, free training and technical assistance to the prevention services field
- **Educate & Support** the workforce on EBP prevention strategies and approaches for smoking cessation strategies, opioid overdose prevention, and suicide prevention
- **Assist** the prevention workforce in improving use of technological tools³
- **Provide** T/TA on how to match supported prevention programs to local circumstances and address social determinants of health



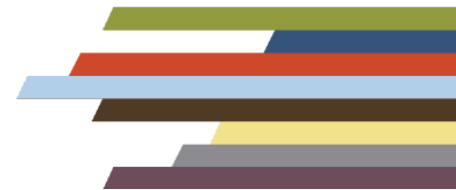
PTTC Mission

To Strengthen **the Capacity of the Workforce to Deliver Evidence-Based Prevention Strategies and Facilitate Opportunities for Preventionists to Pursue New Collaboration Opportunities, which include Developing Prevention Partnerships and Alliances**



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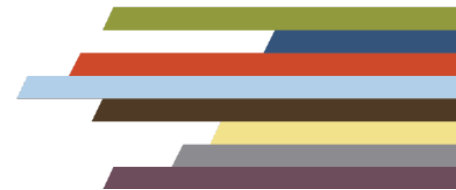
Central East PTTC Specialty Area

Engaging and Collaborating with Primary Care Providers for Substance Use Prevention



Central East (HHS Region 3)

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Central East Region

HHS REGION 3

Delaware

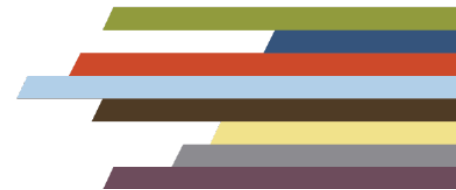
District of Columbia

Maryland

Pennsylvania

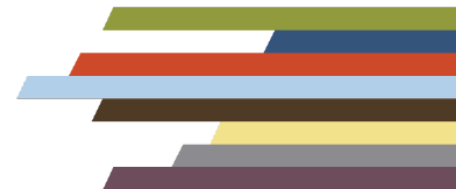
Virginia

West Virginia



Upcoming Webinars

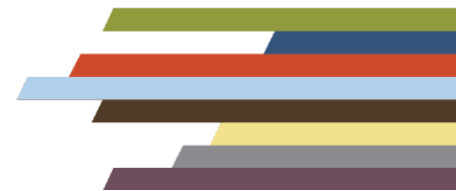
- August 28- Suicide and the LGBTQ Community
- September 4- Vaping and LGBTQ Youth
- September 10- **Preventing Drug Overdoses Part 4: Addressing Risk Factors for Overdoses**



Upcoming Webinars cont.



- September 19- **Prevention Approaches**
Part 4: Engaging in Collaborative Prevention Efforts
- September 26- **Emerging Drug Trends**
Part 4: Balancing Addressing Emerging Trends and Ongoing Crises



Other Resources in Region 3



Central East (HHS Region 3)

ATTC

Addiction Technology Transfer Center Network
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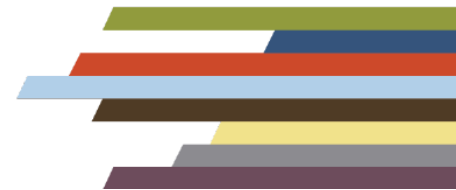
MHTTC

Mental Health Technology Transfer Center Network
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What is Cultural Competency?

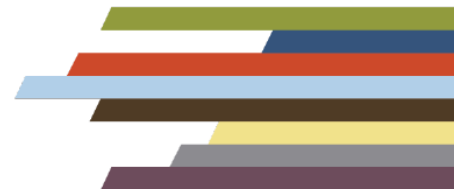


- Academic (Cross)
 - SAMHSA
 - NASW

Academic

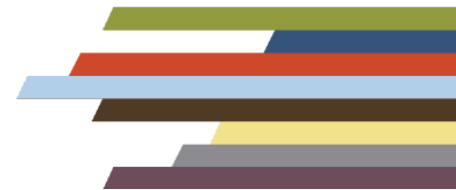


Cultural and linguistic competence is a **set of congruent behaviors, attitudes, and policies** that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. (Cross, 1989).



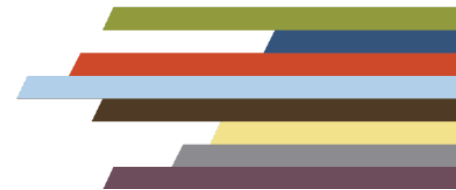
SAMHSA

The US Department of Health and Human Services (HHS) defines cultural competence as the ability to **honor and respect the beliefs, languages, interpersonal styles, and behaviors** of individuals and families receiving services, as well as staff members who are providing such services. Cultural competence is a dynamic, **ongoing** developmental process that requires a long-term commitment and is achieved over time (SAMHSA, 2014)



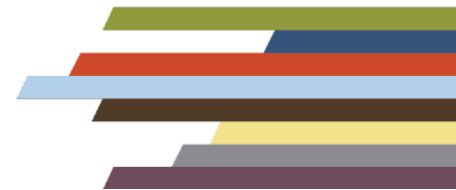
NASW

Refers to the process by which individuals and systems respond respectfully and effectively to people of all **cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors** in a manner that **recognizes, affirms and values** the worth of individuals, families, and communicates and protects and preserves the dignity of each. (NASW Standards for Cultural Competence in Social Work Practice 2001)



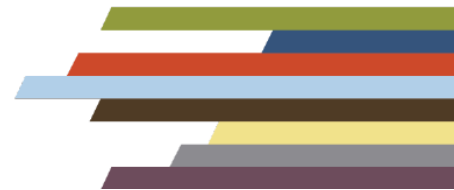
Similarities Among All Definitions

- Honor; Respect; Affirms, Value
- Behaviors; Attitudes; Beliefs; Cultural Characteristics
- Individual; Group; System



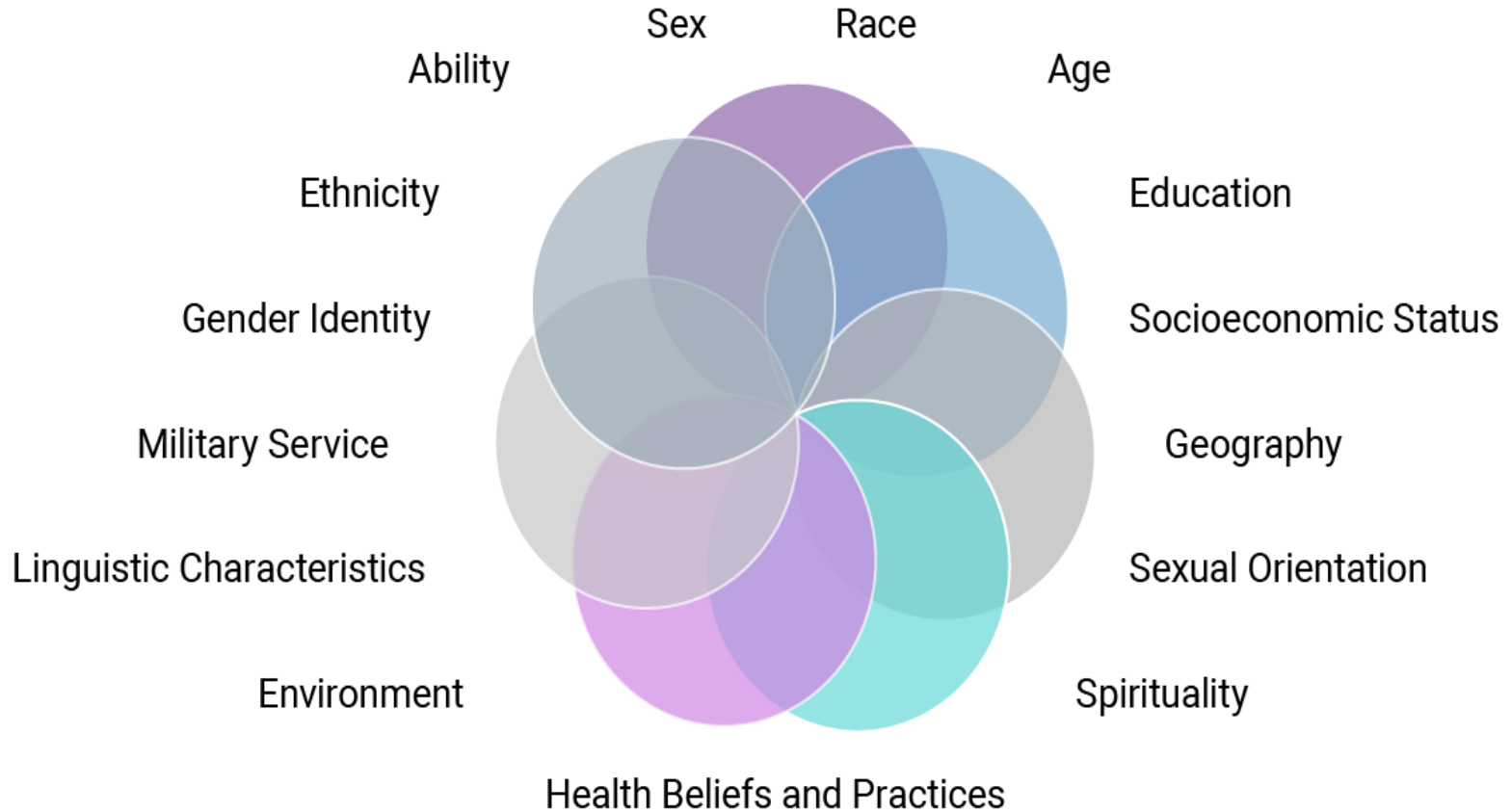
Most Important

- Lifelong Process
- Not a Destination
- Ongoing/Ever Changing
- A Journey
- Dynamic



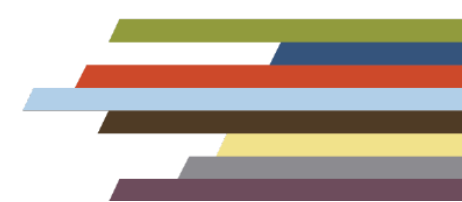
Aspects of a provider's and a client's cultural identity influence the therapeutic process

Cultural Thinks (<https://thinkculturalhealth.hhs.gov/>)



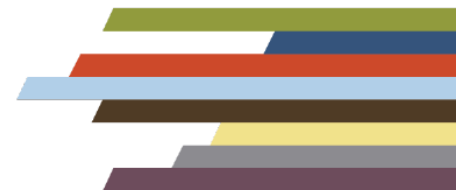
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Determinants of Health (CDC 2012)

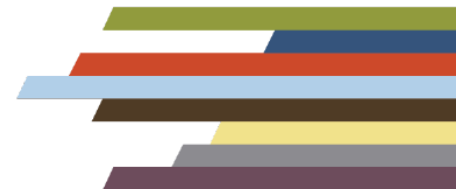
- Biology and Genetics (sex and age)
- Individual Behavior (alcohol use, injection drug use, smoking, etc.)
- Social Environment (discrimination, income, gender, etc.)



Determinants of Health (CDC 2012) cont.

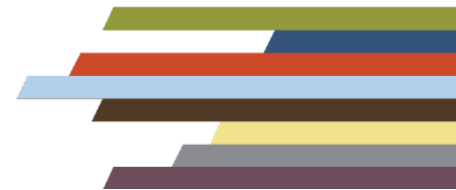


- Physical Environment (Where a person lives, crowding)
- Health Services (Insurance)



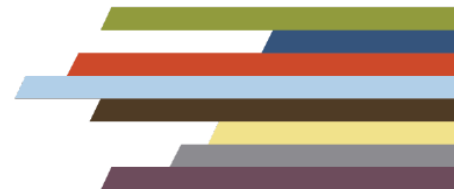
Considerations in Planning Prevention Strategies

- How Families Express their Illness
- Feelings/Beliefs
- Spiritual/Rituals
- Family Role and Structure/Treatment Decision
- Help Seeking Behavior
- Outside the Family; Use of Healers
- Home Remedies
- Perceived Causes of Illnesses



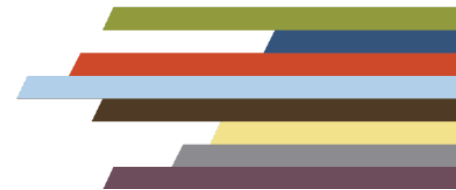
Impact

- Messaging
- Who the Target Audience Is
- Graphics



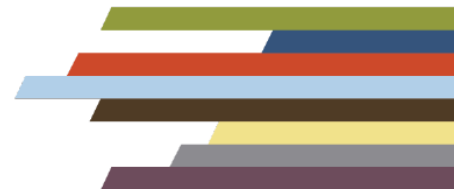
Objectives of a CC Approach

- Increases Access
- Increases engagement/the ability to establish a relationship
- Increase patient/client satisfaction
- Increases staff satisfaction and decreases frustration
- Increases communication



Why Use a Cultural Competency Approach?

- Improves Health Outcomes
- Law Requires It
- Many Funders Require It
- Reduces Health Disparities



PTTC Contact Information

Contact Us:



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Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Central East PTTC website

Click here



Danya website

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Deborah Nixon-Hughes

240-645-1145

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Understanding the Evidence Base for Improving Cultural Competence

**National Prevention Network Presentation
August 27, 2019**

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Deborah Nixon Hughes
Project Director
Danya Institute



Key Objectives

- Explain what it means to become culturally competent at an organizational level
- Describe the approaches to improving cultural competence identified by researchers
- Examine the outcomes achieved by these approaches
- Discuss the limitations of the evidence base and where more research is needed

The Cultural Competence Resource Guide

- Central East PTTC-developed cultural competence information repository
 - Resources for improving organizational cultural competence
 - Research on the latest evidence-based processes for improving cultural competence, and identified outcomes
- Produced from a literature review of academic databases and resource registries
 - Criteria of English language-published articles, 2014-present
- Includes record summaries of academic studies: description, study design elements, outcomes



What The Research Shows

- Engaging in cultural competence can improve prevention outcomes among vulnerable and minority populations
 - Though more research is needed
- Improving organizational cultural competence should be rooted in a conceptual model based around the available evidence-base
- Multi-sector collaboration tools, such as Communities of Practice (CoPs), are effective methods for supporting cultural competence
- Engaging with members of the target population is essential to ensuring cultural competence is achieved



Summary of the Evidence

- The evidence base for cultural competency is still growing (Liddell & Burnette)
- Many studies have found positive impacts from engaging and improving cultural competency (Bloom et al)
 - However, the total number of studies conducted is low and many had methodological problems or a limited scope
 - No evidence that cultural competency can have a negative impact
- Some evidence that certain non-culturally tailored strategies may have reduced impact in minority populations (Wexler et al)

Cultural Adaptation vs Culturally Grounding

- A non-systematic overview of the literature surrounding culturally grounded (as opposed to adapted) drug prevention interventions for Indigenous youth (Okamoto et al 2014).
 - Cultural Adaptation: modified from existing prevention programs originally developed for youth populations that are culturally and regionally distinct from the target population
 - Culturally Grounded: Developed from the cultural values and beliefs specific to each culture
- Few evidence-based, culturally grounded prevention programs specific to indigenous youth exist
 - They are based on a less established body of literature compared to many adapted interventions
 - Involves significantly more time and resources

Outcomes Studies

- Systematic reviews of prevention strategies targeting minority populations with a cultural emphasis on the importance of family have found strategies with a strong family component having a greater impact than other strategies (Bloom et al; Wang-Schweig, et al).
- Growing evidence similarly found among minority populations with cultural emphasis on the importance of community (Bloom et al; Gonzalez et al)
- Prevention strategies tailored towards Latino youth had a greater impact among them than non-tailored strategies (Hernandez et al)

Outcome Studies

- Various studies have found culturally adapted prevention strategies to be effective, but lacked a control group receiving non-tailored prevention services (Langdon et al; Liddell et al; Shadick et al; Scott et al; Perez et al)
- Tobacco cessation programs may be equally effective for LGBTQ and non-LGBTQ populations; however, LGBTQ populations may have greater difficulty accessing services (Lee et al)
- Family Check-Up implemented in middle schools was found equally effective in reducing anti-social behavior among various ethnicities with no tailoring (Smith et al)

Outcomes Studies

- One systematic review determined that in 60%-70% of studies, culturally tailored and non-tailored programs were equally effective among minority populations (Huey et al)
- In the remaining studies, evidence was found that tailored programs could have a larger impact among minority populations
- More research is needed to determine under which circumstances improving cultural competency will have the greatest impact and what strategies will be effective (Okamoto et al)

Summary of Process Study Research

- Limited research on the most effective methods for improving cultural competency
- Certain methods have been studied and found successful, but it is still unknown if they are the most effective way to improve cultural competency
- Two common themes emerge from the research:
 - The importance of having a conceptual model to guide your efforts
 - The importance of collaborating with leaders and members of the target populations you are trying to serve



Processes for Improving Cultural Competence

- Using a Conceptual Model
- Engaging in Multi-Sector Collaboration
- Working with Population of Interest

Note: These processes are not mutually exclusive!

Using a Conceptual Model

- Sufficient research exists to create a multi-level model that illustrates the moderating variables that impact the likelihood of childhood socio-emotional problems occurring. These problems can increase the risk of substance use later in life (Garner et al)
- Interventions designed to address these variables with a competent socio-cultural approach had common elements:
 - Compatible and sensitive to characteristics of the target population
 - Considered issues of measurement equivalence, language, and consider multiple domains of development in choosing outcome measures
 - Considered what dosage and timing would be appropriate for the audience
 - Emphasized formal training for teachers in applying sociocultural competence in the classroom

Example of a Conceptual Model

- Guiding Good Choices, a family-based intervention, was adapted for Chinese American families and found to have positive outcomes
- The adaptation was designed using a model intended to ensure the program would honor participants' worldviews, norms, beliefs, and values, through (Wang-Schweig et al):
 - Examining the original theory underlying the intervention to determine constructs relevant to the program's core components
 - Using a macro-level theory to identify and select key constructs most likely to be culturally dependent
 - Reviewing the literature to specify how culture might influence these constructs
 - Incorporating culturally based constructs and their relationships to the core constructs into the intervention.

Example of a Conceptual Model

- Researchers working with Lumbee Tribe members developed a successful youth suicide prevention program. The program was designed with a model focused on (Langdon et al):
 - Contexts (i.e., socioeconomic, cultural, geographic, etc.)
 - Group Dynamics/Equitable Partnerships (i.e. Lumbee team members are equal partners)
 - Intervention/ Research (i.e., culturally tailored, appropriate research design)
 - Identifying Outcomes

Multi-Sector Collaboration

- Engaging individuals and organizations across community sectors can add value and reach to prevention programming (Anderson et al. 2014)
 - Sectors can include schools, families, youth-serving organizations, government agencies, law enforcement, local businesses, faith-based organizations etc.
- Communities of Practice (CoP)
 - “A group of people who share a common interest engage in intrasectoral or multisectoral (i.e., cross-sector) collaboration to examine shared approaches to addressing an issue” (Barnett et al. 2012).
 - SAMHSA supports the use of CoP through Strategic Prevention Framework (SPF) grants, which encourage awardees to collaborate with key stakeholders throughout the SPF process.

Communities of Practice Examples

TABLE 1 Communities of Practice Sectors that Support Substance Abuse Prevention Efforts

Community Sector	Definition	Community Groups Engaged
Youth	People in the community who are between childhood and adulthood	Youth volunteers, youth groups
Parents/Families	Parents of children in the community; those involved in the well-being of children	PTA/PTO, Parent support groups
Schools	Institutions that provide instruction for teaching	High schools; Universities
Businesses	Organizations where people buy or sell products for financial profit	Retailers; Companies
Media	Organizations that specialize in using mass communications to deliver messages to communities	Newspapers; Radio; Television
Law enforcement agencies	Local or state governmental safety authorities and law enforcement offices	Police; Sheriffs; National Guard
Religious/Fraternal organizations	Organizations that are religious in nature and are distinguished from government, or secular organizations	Parishioners; Clergy; Religious associations
Civic and volunteer groups	Social service agencies and organizations that promote social well-being activities	Community organizations
Healthcare professionals	Individuals or organizations that provide health care services	Hospitals; Nurses; Physicians
Government agencies	Local, state, or tribal organizations working on behalf of a state or federal agency	Local government; Health department
Other	Individuals or organizations who do not fit any of the above definitions and are not included in the named sectors	



Multi-Sector Collaboration

- CoP Elements of Success (Barnett et al. 2012)
 - Project Leadership
 - Facilitator prompts and guides group engagement
 - Champion/Advocate convenes the CoP and supports ongoing promotion of the group
 - Identified Objectives
 - Agreed-upon goals and objectives that guide the function and purpose of the group
 - Clear Measures
 - Agreed-upon measures of success to assess proximity to reaching goals and to inform changes as necessary
 - Technological Supports
 - Utilizing virtual CoPs to aid in communication and coordination via virtual meetings, resource-sharing platforms (e.g. listerv) etc.



Engaging with the Population of Interest

- Best Practices From the Research
 - Community engagement has been shown to impact the implementation and long-term adoption of interventions
 - Collaboration should be sustained throughout the process of implementing a prevention intervention or policy and into the evaluation process, including measure development.
 - Be open to revising or discarding elements of the program or policy based on feedback from the population of interest
 - An alternate approach to adaptation is culturally grounding an intervention where an intervention is structured from the “ground up” based on the values, beliefs, and worldviews of the target population



Example of Engagement

- Using focus groups of community members can lead to important information about key concerns and suggestions on ways to serve the community (Ford-Paz et al)
- Latino youth focus group in Chicago suggested:
 - Combining multiple outreach strategies
 - Focus on addressing cultural/familial discouragement of expressing emotions and seeking help
 - Promoting social connection and cultural enrichment



Example of Engagement

- *The Tribal Tobacco Education and Policy initiative (Scott et al. 2017)*
 - Addresses the limited research on how sovereign Tribal Nations are addressing the high rates of commercial tobacco use among American Indians
- Monthly discussions held with tribal coordinators ensured that the evaluation was culturally grounded and informed by Indigenous evaluation models
- Coordinators were ultimately successful in generating support for policy change by conducting culturally relevant education, engaging tribal members, and relationship building
- Evaluators discovered the importance of change from within has major impacts on policy work in Tribal Nations.

Example of Engagement

- *The Yup'ik Regional Coordinating Council (YRCC) (Gonzalez & Trickett 2014)*
 - An oversight committee of respected and well-known community leaders to provide guidance and coordinate efforts
 - The committee was vital in measure development to inform a suicide and alcohol abuse prevention project targeting two Yup'ik Alaska Native youth communities. The measures were assessed for:
 - Linguistic equivalence
 - Comprehensibility
 - Cultural relevance/appropriateness
- Through discussion with community partners and the YRCC, some original measures were discarded, and new measures created resulting in a considerably different model from the original
 - For example, asking youth about trauma and suicidal ideation was too culturally inappropriate. After much discussion, the trauma measure was removed
- The “culture of the community” and the “culture of science” were at times at odds during the measure development process.

Common Barriers to Cultural Competence

- Studies cite preventionists as regularly identifying barriers (Chu et al):
 - Lack of training on engaging in a culturally competent manner
 - Lack of awareness of cultural concerns
 - Lack of experience working with minority populations
 - Lack of practical guidelines for improving cultural competence
- Gaps in collaboration efforts and disagreements over the scope of cultural needs can also exist (Croff et al)

Overcoming Barriers

- Training preventionists can lead to quantifiable increases in knowledge about cultural issues (Clifford et al)
- Training and technical assistance can provide practical knowledge and understanding of needs for, though obtaining data to act upon can remain a challenge (Valenti et al)
- Practical guidelines for adapting programs to become more culturally relevant exist, based on the steps (Marsiglia et al):
 - Determining that cultural adaptation of an intervention should be pursued
 - Identifying mismatches between the original intervention and the client's culture
 - Testing/evaluating changes that have been made to rectify these disparities.



Questions?

Conclusion

- Cultural competence “honors and respects the beliefs, languages, interpersonal styles, and behaviors” of people
- The evidence base supporting the importance of cultural competence is still growing, though studies have found a positive impact
- Engaging and improving cultural competence is a constant process, which requires a conceptual understanding of your goals and the ability to collaborate with and listen to your population of focus and others
- Numerous barriers exist, which require increased training, awareness, and guidelines

Contact Information

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<https://pttcnetwork.org/centers/central-east-pttc/home>

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