

TRACK 362.W Diversity and Inclusion in Prevention

Sponsored by the New England PTTC

Presented by *Nicole Augustine, MPH, RIZE Consultants*June 9th from 10:30a – 3:45p





The event in which you are about to participate is provided through the New England Prevention Technology Transfer Center (New England PTTC) a program funded through the Substance Abuse and Mental Health Services Administration's (SAMHSA). SAMHSA Cooperative Agreement #5H79SP081020-03.

The views and opinions represented in the webinar are not necessarily the views and opinions of the U.S. Department of Health and Human Services, SAMHSA or the New England PTTC







Webinar Information

- Certificates will be emailed to all who participate in the full webinar
- Please complete evaluation at end of webinar
- Ask questions or add comments in the chat
- For technical questions, chat Jessica
 Mehorter or email <u>jmehorter@adcareme.org</u>
- Feel free to introduce yourself in the chat





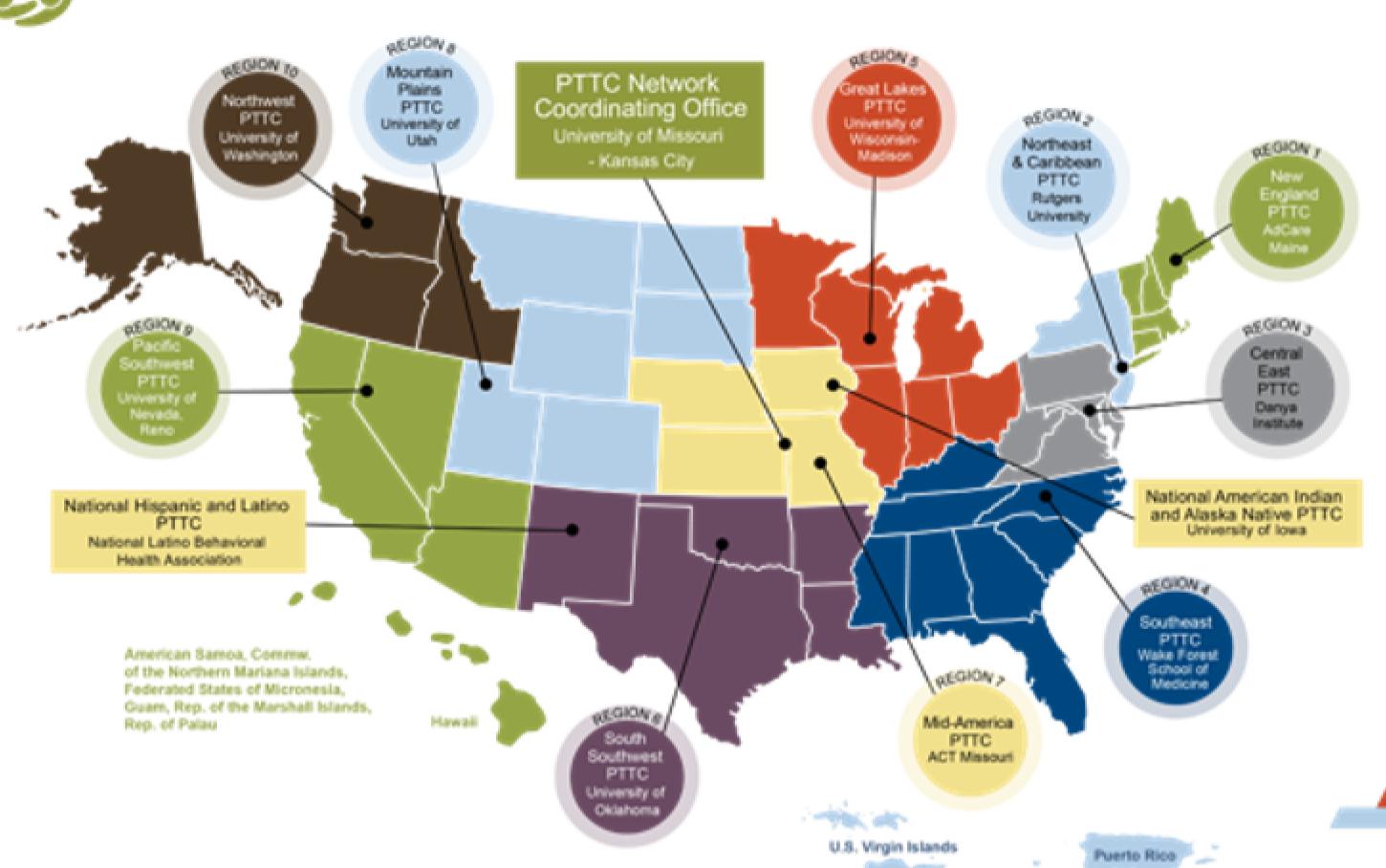




New England Prevention Technology Transfer Center

- The New England PTTC translates prevention science into trainings and technical assistance products to guide the prevention workforce in adopting and implementing prevention science in their communities.
- Products include in-person, distance-learning, and online trainings as well as prevention tools and resources.
- The Prevention Technology Transfer Center Network is funded by the Substance Abuse and Mental Health Services Administration.
- Find us online: https://pttcnetwork.org/newengland

PTTC Network



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.

New England PTTC Evaluation

Participants will be asked to complete an evaluation after the webinar has concluded. This evaluation will take less than 5 minutes to complete.



Objectives

- Think critically about addressing health equity in prevention;
- Retain the knowledge gained and create action steps for embedding health equity into their prevention practice;
- Describe how to bring an equity lens to each component of the SPF; and
- Share their training experience with at least one colleague to facilitate a discussion on how to address equity issues in prevention.





Agenda

- 10:30a 3:45p (4.5 Hours)
- Noon 12:30p Lunch
- 2:00p 2:15p Break
- 3:45p Session Ends/Evaluations





Joining a breakout room

- You will be invited to join a breakout room.
- Click "Join" when the message appears.
- If you choose **Later**, you can join by clicking the **Breakout Rooms** option in your meeting controls.

In the breakout

- Participants can speak, chat, share screens and video
- Participants in breakout rooms can request that the meeting host join their meeting by clicking Ask for Help.



Leaving the Breakout

- When time is up, the host will end the breakout room.
- Participants will be notified and given the option to return to the main room or leave the meeting entirely.
- Choose "Return to Main Room" to continue in the meeting.

Diversity and Cultural Inclusion in Prevention

New England School of Addiction and Prevention Studies

June 9, 2021





Who Are We?







Some notes about about engagement

Workshop Overview

Part 1: Setting the Stage

Part 2: Assessment/Evaluation

Part 3: Capacity/Sustainability

Part 4: Planning/Implementation

Part 5: Evaluation/Sustainability

Part 6: Summary - Action Steps

Setting the Stage

Why Talk About Health Equity?



Setting the Stage

Why Talk About Health Equity?



Reason 1:

Prevention Code of Ethics Principle 1: Non-Discrimination

Prevention Code of Ethics

We have a professional duty to prioritize equity

Prevention Think Tank Code of Ethical Conduct

Preamble

The principles of ethics are models of exemplary professional behavior. These principles of the Prevention Think Tank Code express prevention professionals' recognition of responsibilities to the public, to service recipients, and to colleagues within and outside of the prevention field. They guide prevention professionals in the performance of their professional responsibilities and express the basic tenets of ethical and professional conduct. The principles call for honorable behavior, even at the sacrifice of personal advantage. These principles should not be regarded as limitations or restrictions, but as goals toward which prevention professionals should constantly strive. They are guided by core values and competencies that have emerged with the development of the prevention field.

Principles

I. Non-Discrimination

Prevention professionals shall not discriminate against service recipients or colleagues based on race, ethnicity, religion, national origin, sex, age, sexual orientation, education level, economic or medical condition, or physical or mental ability. Prevention professionals should broaden their understanding and acceptance of cultural and individual differences and, in so doing, render services and provide information sensitive to those differences.

Prevention Code of Ethics

We have a professional duty to prioritize equity

Non-Discrimination Principle

- Avoiding & preventing discrimination
- Promoting cultural competency
- Complying with anti-discrimination laws and regulations



Anti-Discrimination Laws & Practices

The **Civil Rights Act of 1964**: This act prohibits discrimination based on race, religion, sex, national origin, and other characteristics.



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The Age Discrimination in Employment Act of 1975: This act prohibits federally–funded programs and activities to discriminate on the basis of age.



Anti-Discrimination Laws & Practices

The **Civil Rights Act of 1964**: This act prohibits discrimination based on race, religion, sex, national origin, and other characteristics.

The Age Discrimination in Employment Act of 1975: This act prohibits federally–funded programs and activities to discriminate on the basis of age.

The American with Disabilities Act of 1990: This act prohibits discrimination based on disability under certain circumstances.

Setting the Stage

Why Talk About Health Equity?



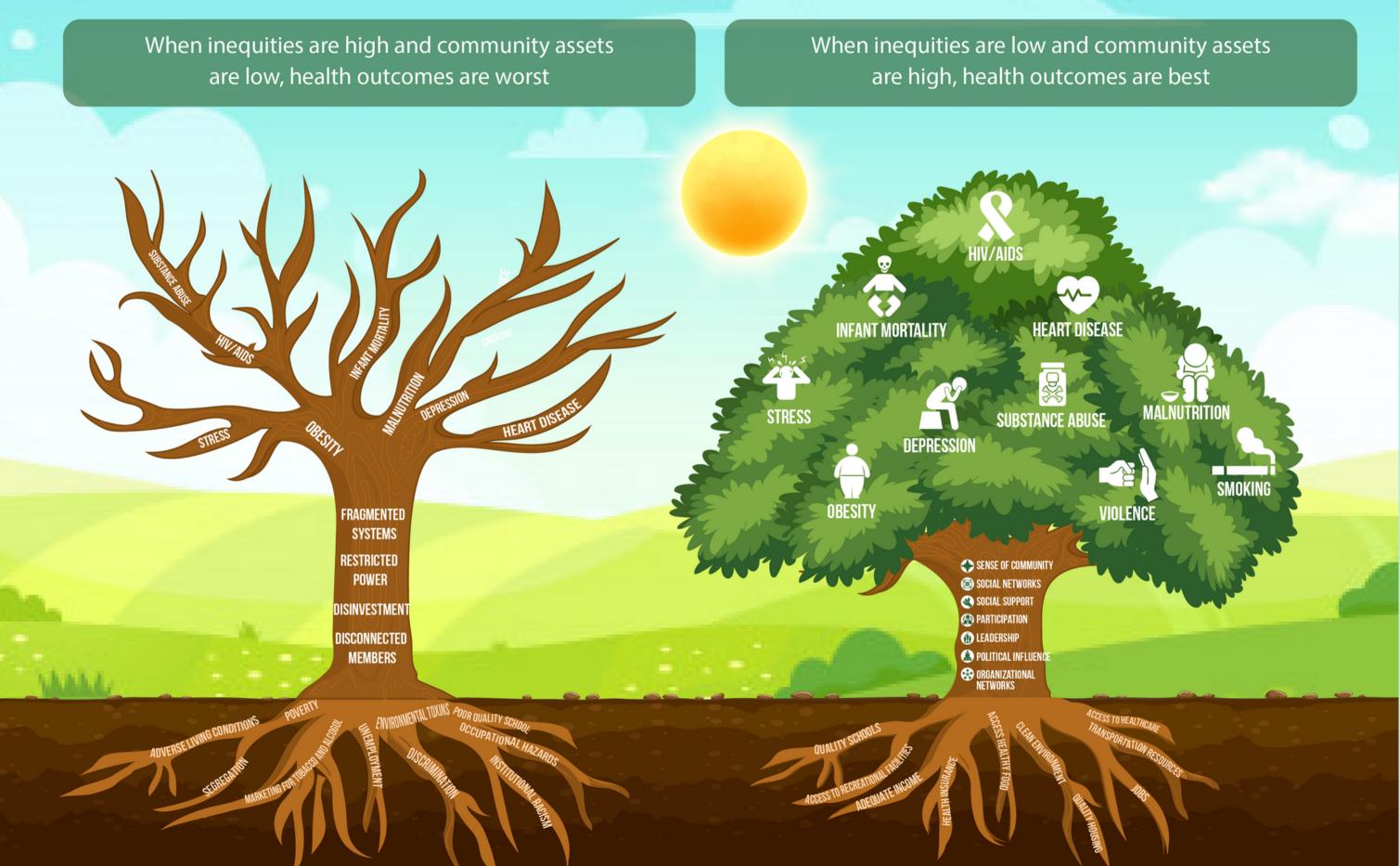
Reason 1:

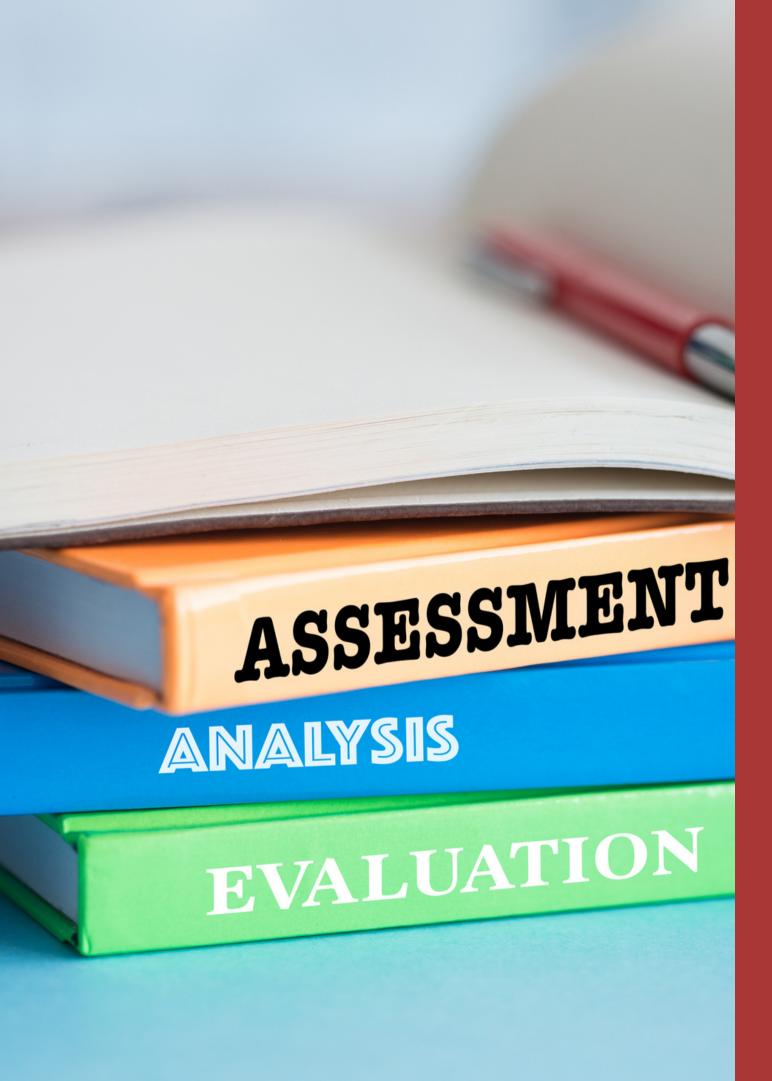
• Prevention Code of Ethics Principle 1: Non-Discrimination

Reason 2:

Health equity is connected to environmental strategies

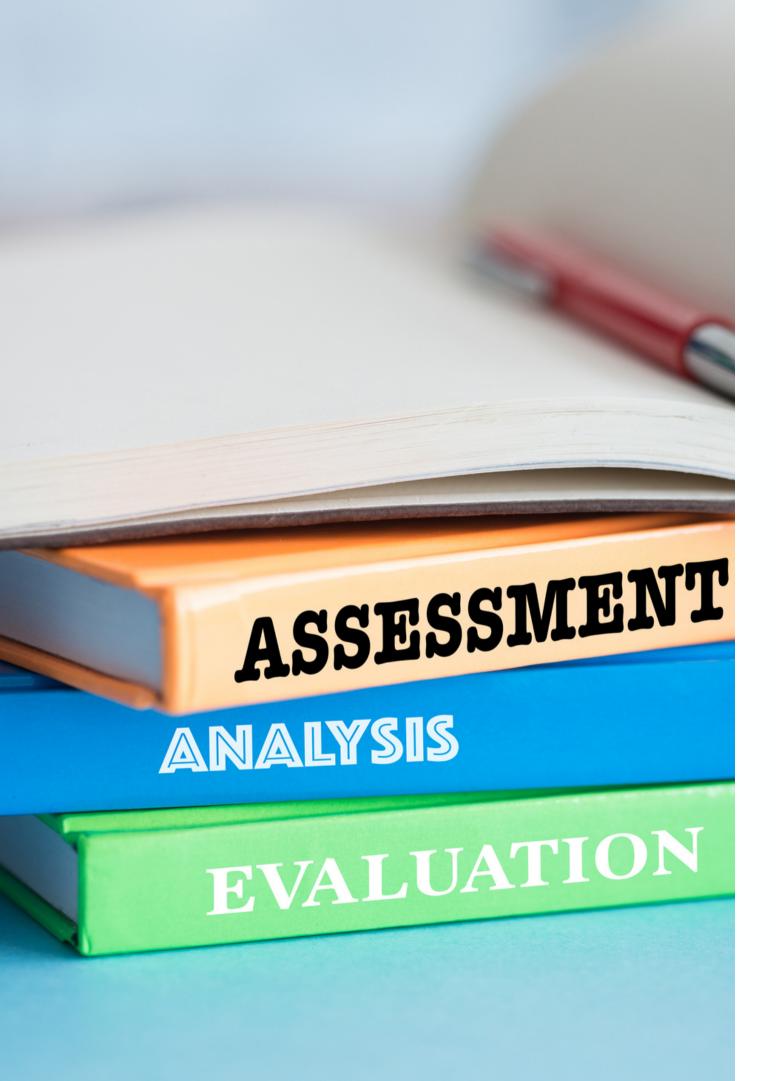
OUR ENVIRONMENTS CULTIVATE OUR COMMUNITIES, AND OUR COMMUNITIES NURTURE OUR HEALTH





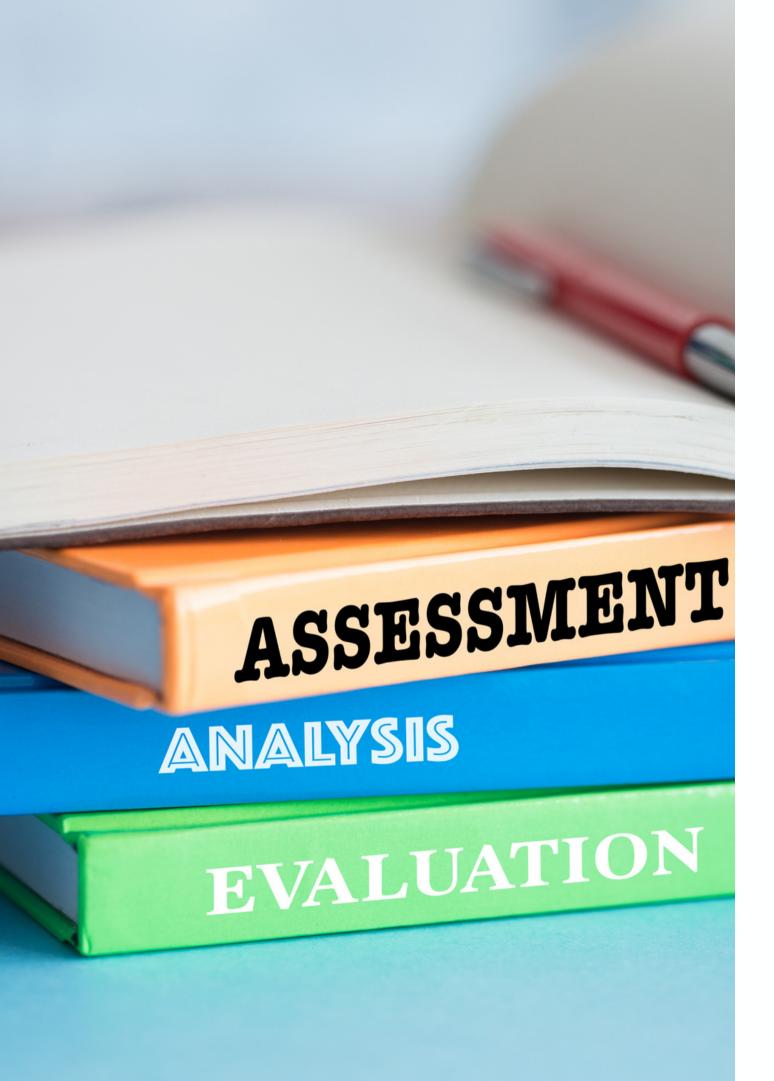
Part 2:

Assessment & Evaluation



Why Assess?

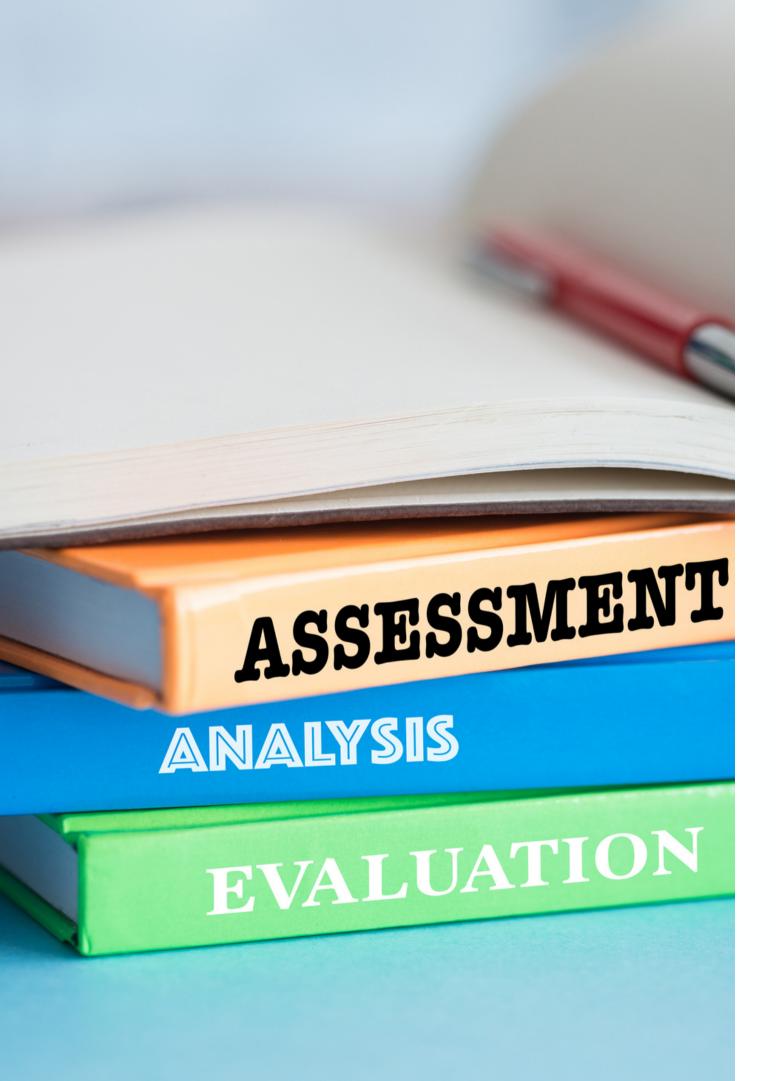
Create consensus



Why Assess?

Create consensus

Identify underlying factors



Why Assess?

Create consensus

Identify underlying factors

Establish a baseline

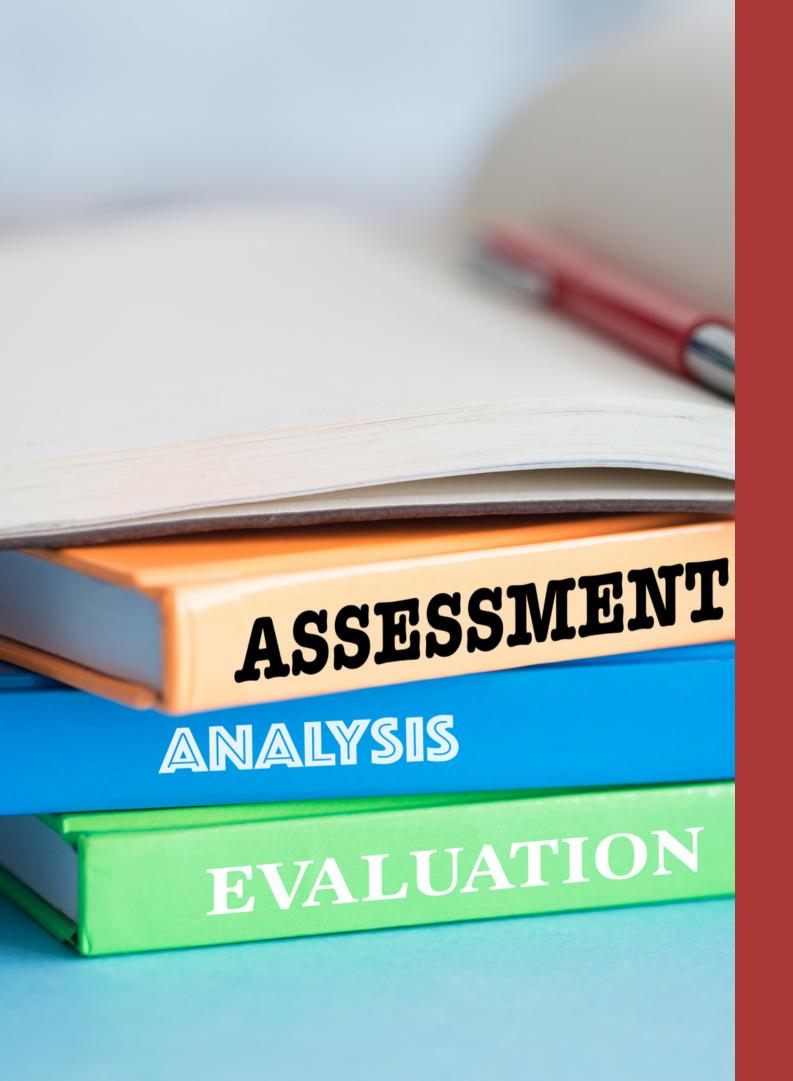


Key Considerations

Are sub-populations experiencing different consequences?

Do sub-populations exhibit different consumption patterns?

What is the magnitude – vs impact – of the problem in a particular sub– population?



Part 2: Breakout room discussion

Are sub-populations experiencing different consequences?

Do sub-populations exhibit different consumption patterns?

What is the magnitude – vs impact – of the problem in a particular sub-population?

12:00 - 12:30

Be sure to step away from the computer

Take a moment for movement and breathing

Take a moment for gratitude





Part 3:

Capacity & Sustainability



Improve resources



Improve resources

Strengthen Partnerships



Improve resources

Strengthen Partnerships

Improve Awareness



Improve resources

Strengthen Partnerships

Improve Awareness

Prepare the workforce



Key Considerations

Does membership reflect the cultures present in the community?

Has anyone assessed readiness levels within diverse communities? If so, how do they vary across communities?

Is your "priority" problem viewed differently within or across communities?



Part 3: Breakout room discussion

Does membership reflect the cultures present in the community?

Has anyone assessed readiness levels within diverse communities? If so, how do they vary across communities?

Is your "priority" problem viewed differently within or across communities?

Part 4:

Planning & Implementation



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V ision

Mission

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V ision

Mission

O bjectives

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V ision

Mission

O bjectives

S trategies

Conceptual Fit Practical Fit

Conceptual Fit



Alignment with priority problem

Conceptual Fit



Alignment with priority problem

Alignment with priority factors

Conceptual Fit



Alignment with priority problem

Alignment with priority factors

Alignment with focus population

Conceptual Fit



Parental Disapproval > Protective Factor

Parenting program that raises awareness of the dangers of underage drinking would have strong conceptual fit.

Conceptual Fit



Parental Disapproval > Protective Factor

Parenting program that raises awareness of the dangers of underage drinking would have strong conceptual fit.

In contrast, a **responsible server training** for alcohol retailers would be a weak conceptual fit for the identified community problem.

Conceptual Fit

Practical Fit



Implementation guidance

Conceptual Fit

Practical Fit



Implementation guidance

Support of key stakeholders

Conceptual Fit

Practical Fit



Implementation guidance

Support of key stakeholders

Support of community

Conceptual Fit

Practical Fit



Implementation guidance

Support of key stakeholders

Support of community

Implementation feasibility

Conceptual Fit

Practical Fit



Implementation guidance

Support of key stakeholders

Support of community

Implementation feasibility

Synergy with other efforts

Conceptual Fit

Practical Fit



Parental Disapproval > Protective Factor

Parenting program that raises awareness of the dangers of underage drinking would have strong practical fit, if:

- Leaders recognize the problem
- Community readiness is high
- Strategy is affordable



V ision

Mission

O bjectives

S trategies

A ction Plan

Part 4 | Diversity and Cultural Inclusion in Prevention



Key Considerations

Are members of the focus population involved in the planning process?

Will the proposed strategy be a good cultural fit for the community?

How will we monitor the implementation process for success so changes can be made?



Part 4: Breakout room discussion

Are members of the focus population involved in the planning process?

Will the proposed strategy be a good cultural fit for the community?

How will we monitor the implementation process for success so changes can be made?

2:00 - 2:15

Be sure to step away from the computer

Take a moment for movement and breathing





Part 5:

Evaluation & Sustainability



Improvement



Improvement

Coordination



Improvement

Coordination

Accountability



Improvement

Coordination

Accountability

Celebration



Improvement

Coordination

Accountability

Celebration

Sustainability



Key Considerations

Are members of the focus population involved in the collection, interpretation and dissemination of information?

Does your evaluation include various qualitative methods?

What is your plan for communicating outcomes and lessons learned?



Part 5: Breakout room discussion

Are members of the focus population involved in the collection, interpretation and dissemination of information?

Does your evaluation include various qualitative methods?

What is your plan for communicating outcomes and lessons learned?



Part 6:

Summary - Action Steps

Knowledge without action = NO power

Thank You!

For making this a great learning experience.

GPRA Evaluation





Contact Us!



