



**Cultural Responsiveness Review
Barnstable County Human Services Substance Use Prevention
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Executive Summary: Barnstable County Human Services (BCHS) Substance Use Prevention program contracted with Tara Vargas Wallace of Amplify POC, Inc. to do meaningful anti-racism work to result in culture change. Consultant has reviewed BCHS' current programming and marketing materials. This report includes an assessment of these materials and recommendations which identify areas to be more equitable and inclusive.

This work is funded under the MassCall3 grant that focuses on primary prevention of substance misuse, where the second part of this scope would include ongoing feedback of grant activities and implementation of recommendations. BCHS intends this to be ongoing and be a part of the overall way they operate. BCHS was granted sub-initiative B of the MassCall3 grant which is intended for communities with existing capacity, infrastructure, and experience implementing a set of systematic and evidence-based prevention programs. The aim is to utilize the infrastructure, systems, and partnerships already in place to support programming with the goal of preventing misuse of first use substances among youth.

Introduction: Addiction doesn't discriminate, it crosses all social identities including race, gender, ethnicity, sexual orientation, socioeconomic class, and religion. It's critical that the services and support that are presented and provided to the community are culturally responsive and create an inclusive treatment and recovery environment. Understanding someone's life experiences and identities, and their daily impact, is essential to working from a culturally responsive perspective. Cultural misunderstandings around health, health care, and substance use can have life-or-death consequences.

Cultural competence is not only acknowledging cultural differences, but also forming positive attitudes toward different cultural backgrounds and learning how to effectively

communicate across cultures. If we fail to make equity a priority, we risk perpetuating injustices despite the best intentions. By applying cultural responsiveness to BCHS work, your organization can help to build within the community a greater sense of safety and security, improve communication, increase trust, and enhance community satisfaction and quality of care. Increasing sensitivity and acceptance surrounding cultural, structural, and linguistic factors may help patients feel more comfortable in obtaining treatment.

Assessment Overview:

BCHS Substance Use & Prevention homepage and public facing brochures, events, and assessments were reviewed. This evaluation includes points of growth as well as strengths to be built upon. Points of growth are places for improvement and consideration and serve as a starting point for more in depth evaluation.

RSAC Council, Substance Use Assessment including Presentation Slides:

The major component of the RSAC council to consider in this review is the stakeholders. They are the idea bringers and decision makers. When building a team (staff), leadership group, or community based group that seeks to be culturally responsive, considerable attention must be given to the identification of the stakeholders. Stakeholders play a critical role in the work and approach that is implemented, especially culturally responsive (or not) ones. It is important to develop a stakeholder group representative of the populations the project serves, assuring that individuals from all sectors and historically marginalized groups have the opportunity for input. RSAC Council members included are from diverse sectors of the community organizations and their positions within those organizations. To connect with historically marginalized communities it is critical to have folks who are a part of these communities with a voice at the table.

Considerations: Are the RSAC Council members from diverse backgrounds? How are these stakeholders identified and chosen?

Community engagement and assessment interviews are a crucial component to your organizational goals within the community. The complete assessment goes into minor detail on the interviewees' backgrounds as to recovery community member vs treatment professional. It is critical for service delivery organizations to develop strong, trusting relationships with community members as early as possible when conducting community needs assessments and developing new service delivery options. Many

people in historically marginalized groups have mistrust in the intent of the government and their services and may not feel comfortable participating if there isn't an existing relationship or diverse representation by the organization seeking the interview. There is a common term used in the BIPOC community - "by us, for us" - which describes the importance, and requirement, of representation to understand the needs of the community. When a diverse group of community members are reflected in leadership, it often allows the community you are trying to reach a comfort level and level of trust which cannot otherwise be duplicated. The importance of establishing ongoing relationships and building trust with leaders, community members, stakeholders from underrepresented communities cannot be overlooked, cannot be inauthentic, and takes time to build and maintain. Community members are experts of their own work, life experiences and cultural context thus to be truly inclusive we must design studies and processes that center and elevate their experience. Meaningful roles within the substance use space must be created for historically marginalized community members.

Disparities in substance use disorders and access to treatment among individuals identified as persons of color or of the BIPOC community have become a significant public health issue. Regional efforts to identify, understand, and eliminate such disparities have highlighted the role of structural racism in health. Data tells us how substance use and access to care may be impacted by discrimination, acculturation stress, and other mechanisms of structural racism. As structural racism is represented by policies, systems, structures, and norms that deny and/or minimize cultural strengths and disempower culturally diverse groups and their attempts to invest in their wellness, we highlight how cultural competence may reduce the risk of substance use disorder and may enhance access to treatment among diverse groups.

It is important to highlight the need for culturally competent practices and for providers to understand and use clients' cultural backgrounds, including immigration and acculturation experiences, to support their recovery from substance use disorder. Cultural competence may play a critical role in reducing the impact of structural racism in enhancing access to and engagement in the prevention and treatment of substance use. It is important to establish trust and effective communication to foster positive health outcomes for clients. Engagement occurs through understanding and accepting cultural distinctions, speaking the client's language, and addressing sociocultural and economic issues related to the problem. In turn, structural racism creates policies, systems, structures, and norms to deny and/or minimize cultural strengths and disempower culturally diverse groups and their attempts to invest in their wellness. Increasing cultural competence in prevention or treatment improves substance use disorder problems among individuals from various cultural backgrounds. Sociocultural

beliefs can influence an individual's approach to substance use and abuse and further shape treatment options. For non-English speaking and other racial and ethnic minorities, language barriers and unavailability of bilingual interpreters can also add to long waiting periods to receive treatment. Even further, Latinos and other racial and ethnic minorities experience more difficulties in navigating the health care system as compared to Whites. These findings suggest that it is vital for substance use disorder treatment programs to address the cultural and linguistic needs of their non-English speaking and other minority clients by tailoring services and practices to help achieve better treatment outcomes. Specifically, with diverse populations continuing to increase, it becomes vital to assess an individual's substance use and abuse based on his or her racial and ethnic background.

Considerations: Was a diverse group of community members interviewed? Who chooses the intended interviewees and how are those people communicated with? Who participates in developing and refining the questions? How are these interviews conducted? Whose values and interests are represented in the proposed questions? Is there an option for anonymity? Are participants paid for their time? Is there local data available on the impact of race, ethnicity, culture, sexual orientation, socioeconomic class, disability, etc when it comes to substance use?

Organizational relationships within the community are a crucial component to building connections with community members we want to serve. Your assessment includes a variety of organizations in different sectors but there are others who serve historically marginalized communities specifically which can benefit from the services and knowledge of BCHS substance use department.

Considerations: Assess the organizations that BCHS is working with, connected to, and sharing information with and be more inclusive of multicultural organizations.

There is an acknowledgement within the assessment of the power, privilege, and oppression associated with different identities and how this may impact substance use and accessibility to treatment resources and care. It's important to include this as a common thread throughout the assessment by weaving it in not just one section. Impact can be made when we are able to use the lens of anti-racism throughout the entirety of the work that we do. A land acknowledgment was included within the assessment. This is an important way to recognize and respect Indigenous Peoples as traditional stewards of this land and the enduring relationship that exists between Indigenous Peoples and their traditional territories. To develop true inclusion these statements must be taken off paper, into the community and acted upon.

Considerations: Were Wampanoag voices represented as stakeholders and community members within the assessment?

Department Publications - Resources, etc:

Acknowledgement of different cultures' acceptance of the use of certain substances is an important consideration. Familial substance use happens across cultures and that can contribute to a potential reason children try or have access. Nobody wants to feel like an outsider or judged by their (culturally appropriate actions) therefore inclusion of parents who use and expand to acknowledging medical use will help everyone to feel more seen and understood. Critical to talk about the safe use of substances.

Accessibility of resources and services is a barrier in the BIPOC community, specifically the immigrant community. Often this is due to lack of inclusion from organizations. With diverse leaders involved in the RSAC Council and leadership, accessibility can be approached from a needs based perspective. In addition to multiple languages, many communities have other terms for certain things (example- marijuana, ganga, herb, etc) and understanding these will help to stay relevant and culturally aware.

Considerations: What languages are resources offered in? What languages are community/educational presentations offered in? Which organizations included in the resource guide offer multilingual services? What type of outreach happens within the community in relation to resource availability and event participation?

Representation across the board is a requirement when making the commitment to anti-racism work. Every resource/handout that is given to the community must reflect that entirety of that community. There is an obvious effort from BCHS on this front but further expansion will help all community members to be able to see themselves, and understand that this is for them.

Recommended addition to the Substance Use Resource Guide:

B Free Wellness, Inc.

B Free Wellness is a community that transforms people's lives by providing free or low cost services including movement, mindfulness, and coaching programs to those whose lives have been affected by trauma, addiction and oppression. The organization was founded and is run by local Black activist, Ayanna Parent.

Web page: Although we do live in the digital age, accessibility and access are still an issue and not everyone has internet and/or email access or the ability to use it for regular communication. Logo with white hands at the top of the webpage is not the most

inclusive image. It is understood that these images are cohesive throughout the county's multiple pages.

Considerations: Including phone numbers for working groups and events would be more inclusive. Identifying an image for the home page that is more representative of the community.

Opioid Recovery and Remediation Fund, Attachment C; Menu of Program Examples:

Considerations: to include funding for missed pay when a patient goes into detox and cannot afford to miss work.

Staff: We all must strive to be as inclusive and culturally aware as possible. Culturally competent people view all people as unique individuals and realize that their beliefs, experiences, values, and language affect their perceptions. Recognizing that there is a difference between cultures which are reflected in the ways that different groups communicate and relate to others. There is much, and ongoing, internal and reflective work to be done to begin developing a culturally responsive staff and leadership team. Personal assessment is a major part of the process of building culture change within an organization.

Considerations: Have staff participated in any general anti-racism training cultural competence and/or substance use prevention specific anti-racism training? Are accountability partners in use for staff? Is offering substance use prevention specific anti-racism training to local providers a priority?

Other Considerations:

- Ensure community involvement in all areas.
- Use a population-based definition of community (let the community define itself).
- Stress the importance of relevant, culturally appropriate prevention approaches.
- Employ culturally competent evaluators.
- Promote cultural competence among county staff that reflects the communities they serve.
- Include the target population in all aspects of prevention planning.

Reflecting on how well you are currently incorporating these principles in your work can help you identify steps you can take to deliver culturally responsive prevention.

Delivering culturally responsive services and reducing health inequities require you to collaborate with your community on a continuum of care and to build and strengthen connections and partnerships with community members from diverse populations. Prioritize building multicultural partnerships with the populations you serve to ensure culturally meaningful programming and emphasize common interests. Invest the time needed to build authentic engagement, ownership, involvement and input from diverse community partners in prevention planning, implementation and evaluation. Meet with community stakeholders in their own spaces and on their terms (for example, volunteer at events, make presentations at worksites). Consider including community members whose experiences are relevant to your prevention efforts. Individuals in recovery can bring valuable insights. Increase support and collaboration by sharing your prevention knowledge and data to inform community partners about needs for prevention resources and interventions and tell partners how they can help. Leverage existing efforts whenever possible.

Delivering culturally responsive prevention services-To develop culturally responsive programs, consider the cultural, social and environmental influences within the community during prevention program planning and design. The following strategy-specific suggestions can be applied to program activities appropriate for the target population's culture.

- Use local demographic and community health disparity data to identify your campaign target population(s), including marginalized groups who may be at higher risk for substance use.
- Ensure that your primary messages and supplemental activities are representative of your target audience(s).
- Invite students from marginalized groups to design and develop supplemental activities that target marginalized populations.
- Recruit focus group participants who represent your campaign's target audience(s). Engage community members that have relationships with the target audience to assist with the distribution of campaign materials - specifically those that will reach the marginalized populations.
- Adhere to Culturally and Linguistically Appropriate Services (CLAS) standards:
- Ensure that all printed, digital and audiovisual materials reflect the culture, preferred language and background of the populations they serve. For example: Choose images carefully to ensure that a variety of community diversity is represented (not just one token image).
- Ensure images do not portray the target group in a negative light.

- Customize campaign materials to include wording, names, and settings that reflect the target audience (e.g., if most youth in the community play soccer, use images of youth playing soccer not baseball).
- Use gender neutral images (e.g., girls with short hair, boys with long hair, non-stereotypical clothing styles, etc.).
- Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- Recognize your cultural lens and biases.
- Get to know the young people's cultural backgrounds.
- Be aware of the broader social, economic and political contexts of the youth population(s) served.
- Build caring environments by inviting students to engage in positive relationships built on mutual and shared respect and to learn from and collaborate with other people while valuing diversity.
- Customize role-play scenarios and discussions using language, names or settings appropriate for the youth populations served.
- Tailor learning activities and instructional methods to youth culture, development stage, gender and sexual orientation.
- Infuse trauma-informed care into facilitation. Simple changes to interactions with students that prioritize student comfort and engagement can be impactful for students who have experienced trauma.
- Make words, images and stories inclusive of all participants to increase engagement and effectiveness.
- Create a recruitment plan for a youth advisory committee that is intentional about ensuring the members reflect the diversity of your community and include methods to reach out to students from marginalized populations.
- Include your advisory committee members in the planning and decision-making for all activities.
- Invite community members from diverse and marginalized populations to participate in or present at youth advisory committee meetings and activities.
- Build members' capacity to understand the importance of planning events through a cultural humility lens or provide training on health equity in prevention.

Conclusion:

BCHS communication materials must reflect understanding and values of diverse communities. Addiction doesn't discriminate, it crosses all social identities including race, gender, ethnicity, sexual orientation, socioeconomic class, and religion. It's critical that the services and support that are presented and provided to the community are culturally responsive and create an inclusive treatment and recovery environment. Understanding someone's life experiences and identities, and their daily impact, is essential to working from a culturally responsive perspective. Cultural misunderstandings around health, health care, and substance use can have life-or-death consequences.

Cultural competence in the community- Aside from improving cultural competence in government organizations, it is equally important to focus these efforts on refining communities. With minority populations migrating to different communities in Barnstable County, there is an urgent need to make communities more inclusive. This diversity and inclusion may help mitigate some of the psychosocial stresses related to substance use disorder among minority populations. Access to treatment for clients is usually available in their own neighborhoods and communities, and therefore it is critical for substance use disorder treatment programs to adopt a community approach to cultural competence. Mounting evidence suggests that programs with greater knowledge and investment in minority communities are more likely to increase access to care. Programs investing in communities of color may also benefit some of the most vulnerable members of society, such as homeless individuals.

Clients with substance use disorder issues should feel comfortable accessing providers in their own communities that offer a safe and acceptable space for them to seek health care options. Efforts should be made to culturally integrate communities to develop programs and policies that are meaningful for diverse populations and to ensure cultural values are shared across the population. Cultural competence could lead to numerous benefits from the individual to the communal level and lead to improved health outcomes by increasing understanding, acceptance, and respect for diverse clients and their communities.

The prevalence of substance use disorder in the BIPOC community is affected by factors, such as unemployment, acculturation stress, and discrimination. Discrimination, in terms of exclusive prevention and treatment policies and practices by funders, regulators, and service providers, may be one of the most critical factors contributing to substance use disorder. Overall, ecological factors, such as family, employment, migration, and discrimination, play an important role in substance use and need to be studied further.

Cultural competence has become a critical approach to understand and respond to the substance use disorder issues experienced by groups vulnerable to discrimination and/or racism. In the past, research in the definition, operationalization, and assessment of this concept has slowly gained attention because of its potential to improve prevention and interventions to address substance use disorder. But significant challenges remain to implement culturally responsive practices in social, educational, and government institutions to reduce acculturation stress related to BIPOC substance use and access to substance use disorder treatment. Additional research is needed to establish the impact of key components of culturally responsive practices (e.g., inclusive policies, matching provider and clients based on language and cultural background) with different areas that support minorities achieving sobriety.

If resilience factors can be identified and encouraged, addiction and its adverse medical and social consequences can be reduced. The distinctive nature of BIPOC' patterns of substance use, substance of choice, co-occurring mental and primary care issues, and barriers to access care highlights the importance of developing and implementing culturally informed interventions that consider clients' background, immigration experience, and linguistic service needs to help reduce substance abuse among communities of color. Policies and practices that are culturally responsive may have the foundation and drive to have a significant impact on eliminating disparities and promoting the health equity that communities of color have long deserved.