THE INFLUENCE OF CULTURE OF SPECIAL POPULATIONS

The way in which culture influences us reaches beyond our race and ethnicity and has different effects for special populations. An understanding of culture can aid staff working with youth by increasing staff awareness of the impact of health disparities and how particular cultural influences might guide adolescent behaviors.
Why Are We Here?

Nebraska’s DHHS Office of Minority Health has made health equity for all Nebraskans a priority and is committed to improving health outcomes for culturally diverse populations of Nebraska. This Office provides support to the DBH related to this goal and our work serving our communities with behavioral health prevention, treatment and recovery services.
Presenter Information

Hon. Stevie S. Burden

- Over 30 years of experience in the Prevention and Treatment
- Formerly Certified as a Prevention Specialist and a Certified Alcohol and Drug Counselor II (Retired)
- Worked as a substance abuse treatment provider in residential and out patient programs with youth, adults, families, and correctional clients
- Supervised state level prevention systems as the State Programs Supervisor and National Prevention Network (NPN) Representative for both the State of Wyoming and the State of Nevada and served on its Executive Committee for 6 years
- Mayor for City of Wheeler, Oregon
Definition of Culture

• The culture of origin provides its members with a basic understanding of the world and the means to perceive and explain experiences. It teaches about history, customs, philosophy and behavior.

• Culture is the knowledge, experience, values, ideas, attitudes, skills, tastes and techniques that are passed on from more experienced members of a community/group to new or younger members.

• A way of interacting, a belief system or way of living with similar and intersecting points of reference.
Brainstorm

Who are the populations that are at risk of health disparities in Nebraska?
Who are the “Special Populations”? How Do You Define the People at Risk for Health Disparities?

- Race/Ethnicity
- Socioeconomics
- Family History
- Developmental/Physical Ability
- Education
- Geography
- Legal Status
Potential Stumbling Blocks

• **Language**- People may use different languages or different dialects of the same language. Certain words may be difficult or impossible to translate. Pacing and timing can be very different from culture to culture.

• **Nonverbal communications**- Gestures, physical distance, facial expressions, and eye contact may have different or even opposite meanings among different cultures.

• **Cultural-related values**- Different meanings and values are attached to behavior, objects, events, and situations by different cultures.
Cultural Barriers

- **Stereotyping** - The assignment of characteristics or beliefs about another culture based on prejudice or limited exposure.
- **Racism** - The belief that one race is superior in some way to another.
- **Ethnocentricity** - The belief that one’s ethnicity provides the true or correct view of the world and that any other interpretation is false.
- **Class-related values** - Differences based on socioeconomic class may create differences in values or customs. Privileges may be taken for granted by persons in higher socioeconomic groups.
Theory of Change

• A strategy or blueprint for achieving large-scale, long-term goals
• I.D.’s the preconditions, pathways and interventions necessary for an initiative's success
• Can refer to a specific planning tool as well as to a more general overview of how an organization intervenes in a system to initiate and sustain positive change

ActKnowledge & the Aspen Institute Roundtable on Community Change: http://www.theoryofchange.org/
Institute of Medicine’s (IOM) Continuum of Care
Public Health Model

- **AGENT**: Person or Group at risk or experiencing the problem
- **HOST**: Prevention or Interventions - focus on one or more of the three areas
- **ENVIRONMENT**: Context where the host and agent interact

Cause of the Problem

- **AGENT**

- **ENVIRONMENT**
Strategic Prevention Framework

Five Step Process

• Assessment
• Capacity
• Planning
• Implementation
• Evaluation
Culture is Prevention

If

Then

Culturally healthy connected people and communities protect and sustain healthy generations to come

Culturally healthy communities and people have improved behavioral health and fewer negative consequences from high risk behavior(s)

Culturally based activities, traditions, value systems and spirituality promote healthy balanced lifestyles, communities and systems

People and communities that participate in culturally based activities have stronger and healthier identities and lifestyles

Culture

Is

Prevention
Nevada’s Statewide Native American Coalition (SNAC)

- **Data Collection**
  - During the SPF SIG assessment was difficult
  - Very little available data to assess the needs of tribes and tribal populations was available
  - Most data was not in the control of the tribes or ITCN
  - Lack of tools and capacity to collect, analyze, or use data driven decision making
  - Wide service areas = wide array of needs
SNAC Accomplishments

Assessing and Understanding the Needs

• Participated in the development and implementation of a convenience survey
  • Gathered surveys at places of convenience i.e.: Schools, Sporting Events, Grocery Stores etc.
  • Collected over 1300 surveys from across the state and tribes
• 400 Participants identified themselves as Native in a randomized phone survey
• Sought commonalities in needs statewide and began to address them through multiple strategies
  • Began with policy changes to build their foundation - CSAP considered this a “notable practice”
  • Began to develop the Young Men’s and Women’s Gatherings to address the lack of healthy rites of passages that was identified in the assessment
Great Lakes Intertribal Council (GLITC)

- Great Lakes Intertribal Council (GLITC)
  - Consortium of 11 Wisconsin Tribes and 1 Michigan Tribe

- Logic Model – Medicine Wheel
  - Develop a logic model based on the traditional medicine wheel
    - East: Assessment
      - Community needs are identified and addressed using shared data (assessment)
    - South: Capacity
      - Coordinated prevention systems effectively address needs (capacity)
    - West: Implementation
      - Cultural protective factors are sustained in the community (implementation)
    - North: Evaluation
      - Culture connects communities that are healthy and balanced (evaluation)

(Great Lakes Inter-Tribal Council, INC., 2012)
GLITC

- **Strengths-based**
  - Using cultural protective factors and a strength base to address needs and create an approach

- **Recommendations from their policy consortia - Tribes Need to:**
  - Develop data collection and analysis capacity
  - Develop a data repository/warehouse
  - House, store, and analyze data
  - Produce reports, recommendations, and proposals at the regional level
  - Provide Inter-Tribal coordination, training, and technical assistance to individual tribes
  - Develop capacity to collect and use data (Burden, Butt, Melson, & Wright, 2012)
Culture Is Prevention

Coordination of Services Logic Model

If → Then

Communities sustain the capacity to maintain coordinated prevention systems

Coordinated Prevention Systems Effectively Address Needs (Capacity)

Then → If

Community partners work together to address community prevention needs

If → Then

Collaboration to sustain the capacity to address needs effectively

Coordination of Services
Oregon’s Tribal Best Practices Law

- Process of getting TBPs into law
  The Oregon Tribal Best Practices (TBP) began when an evidence-based model program mandate was problematic.
  - Oregon’s response was constructive engagement.
  - Tribes came forward with a culturally appropriate approach to identifying best practices-Tribal Best Practices methodology.
  - TBP initiative, requires tribes to document programs, established a peer review panel to certify that the program meets TBP Criteria
  - “Understanding the ways of knowing underlying culture-based practices such as traditional healing, ceremony, storytelling and canoe journey, will further strengthen culture-based programs in Indian communities” (Walker & Bigelow, 2011).
Canoe journey is a metaphor for the journey of life. Through the process of community participation, culturally relevant and personally meaningful programs are ATOD free. The model discussed here has evolved over several years of working together with Native American community members and incorporates culture, wellness and creative expression for Native American men, youth and women.

Cultural education provided by tribal members and based in one’s own tribal history, language, ceremonies and traditional stories, songs and dancing has promoting personal and community resiliency and healthy lifestyles. Traditional canoe carving and paddling are a basic element of survival for coastal tribal communities.
Tribal Best Practices

- Approved: (more than a dozen programs)
  - Native American Therapeutic Horse Program
  - Canoe Journey
  - Talking Circle
  - Culture Camp

- Under Review
  - Storytelling
  - Powwow
  - Elder-based Family Mediation
  - Cultural Recognition Sobriety Recognition Dinner
Native American Health Center’s One With All (OWA) SPF SIG

- NAHC lead a collaborative effort across five counties in Northern California
  - Indian Health Center of Santa Clara Valley
  - Friendship House Assoc. of American Indians
  - Sacramento Native American Health Center
  - Native American Health Center: Oakland and San Francisco sites
Historical Trauma has led to increased negative consequences associated with substance abuse and addiction for Native Americans.

Consequences

Consumption Patterns

Intervening Variables and Other Underlying Conditions

Strategies (Examples)

- Loss of traditional roles, language and traditions
- Low neighborhood attachment and community disorganization
- Community norms favorable toward drug use
- Transitions and Mobility
- Lack of social connectedness

Prevention Education

Community Based Processes

Environmental Approaches

Culturally Appropriate Alternative Activities

Information Dissemination

Early Identification and Referral

Heavy Alcohol Use

Heavy Use of Substances

Binge Drinking in Youth and Adults

Transitions and Mobility

Lack of social connectedness

Early Identification and Referral
Consequences

Historical Trauma has been associated with increased risk factors and decreased protective factors which has resulted in negative consequences associated with substance abuse and addiction for Native Americans.

Consumption Patterns

Heavy Use of Substances – Heavy Use of Alcohol - Binge Drinking by Youth and Adults

Intervening Variables and Other Underlying Conditions

Lack of social connectedness

Community norms favorable toward drug use

Loss of traditional roles, language and traditions

Strategies

Alternative Activities

Community Based Processes

Early Identification and Referral

Information Dissemination

Community Based Processes

Environmental Approaches

Alternative Activities

Community Based Processes

Prevention Education

Talking Circles

Day at the Marina

Gathering of the Lodges

Prevention Fair

Running is My High

City Hall / Pow Wows

Drum Circle

Dance and Regalia Classes

GONA
Holistic Approach to Native American Health and Wellness – One With All SPF SIG - Native American Health Center

Developed By: Stevie S Burden through technical assistance provided by NACE/CSAP 2010
One With All Outcomes

- Between exit and follow up (6 months) there was a 66% reduction in the number of drinking days.
- Binge Drinking for those reporting four or more drinks there was a 50% reduction and those reporting five or more there was a 73% reduction.
- The biggest reductions were noted between exit and follow up.
Journal of Psychoactive Drugs: A Multidisciplinary Forum

- Guest editors from the NAHC
- Topics include:
  - Response to the Evidence-Based Program mandate,
  - Reclaiming our roots
  - Holistic System of Care
  - Decolonization of EBP System
  - Relevance of cultural activities in identity
In Conclusion

• Be Willing to not try harder but to try different
• There are many pathways to follow to success
• Understand the evidence-based practice may well have started as practice based evidence
• Don’t believe everything you think
• Understand where you’re from and appreciate that others follow a different star