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# Best Practices for Engaging Communities of Color in Opioid Prevention Programs

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## Best Practices for Engaging Communities of Color in Opioid Prevention Programs

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## **Best Practices for Engaging Communities of Color in Opioid Prevention Programs**

### **Abstract**

The United States has an opioid epidemic that requires efforts to help youths and families navigate complex challenges. Extension professionals are being called on to develop programs that equitably and effectively engage and serve audiences across racial and ethnic differences. To accomplish this, Extension professionals must understand the systemic and historic inequities that have shaped prevention and treatment initiatives within communities of color. Establishing culturally responsive practices is essential for building successful prevention programs. This article presents an overview of historical occurrences, challenges faced by communities of color, and recommendations for best practices.

**Keywords:** [diversity](#), [opioid prevention](#), [community outreach](#), [youth development](#), [parenting](#)

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As the United States becomes increasingly ethnically and racially diverse (Vespa, Armstrong, & Medina, 2018), Extension educators are being called on to develop the knowledge, skills, and dispositions to equitably and effectively engage and serve all audiences (Ingram, 2013). Establishing culturally responsive practices is especially important for Extension educators working in the area of opioid prevention. While the public face of the opioid epidemic is mostly White and rural (Griffith, La France, Bacchus, & Ortega, 2018)—due largely to the stark increase in overdoses among young White adults—opioid deaths are also rising across communities of color, with the opioid death rate among Black and indigenous populations even

outnumbering that of Whites in some states (Kaiser Family Foundation, 2018). Additionally, fatal opioid overdoses have increased at a more rapid rate in recent years among Black communities than White ones, 43% versus 22%, respectively (James & Jordan, 2018). Blacks and Latinos are also more likely to be criminalized for substance abuse than identified for preventive services and rehabilitation, a circumstance that has contributed to their mistrust of both health-care professionals and prevention specialists (Santoro & Santoro, 2018). For many Latinos, especially immigrants, access to treatment and prevention is further stifled by a general lack of Spanish language and culturally responsive resources (Pagano, 2014).

As a leader in practical, research-based education with professional educators in every state, Extension is in a position to serve as a hub for opioid prevention education (Skidmore et al., 2018). This work, however, necessitates a critical understanding of both diversity and the ways in which systemic and historic inequities have shaped prevention and treatment initiatives (James & Jordan, 2018). Such an understanding is the first step toward building a meaningful foundation upon which to serve all youths and families in a manner that is both effective and culturally responsive.

Informed by an interdisciplinary body of literature and guided by work developing a research-based opioid prevention program, we present considerations and best practices for engaging and working with communities of color in opioid prevention programs within Extension.

## **Best Practices for Extension Professionals**

### **Understand the Unique Needs Within Each Community**

Effective community-based prevention programs require a systems approach with a focus on population health, community participation, community empowerment to engage in systems change, and an understanding of the characteristics of the community, including "the cultural, social, political, and physical characteristics of the populations that are targeted by the intervention" (Institute of Medicine, 2012, p. 27). For instance, to successfully extend the reach of a program to indigenous peoples, it is first necessary to learn about the experiences of the targeted Native population(s), the challenges they face with regard to opioid prevention, and the protective factors that help them thrive. This knowledge can then serve as a foundation upon which to establish trust, develop a needs assessment, begin outreach efforts, and design affirming and inclusive policies, resources, and practices for working with diverse audiences across programmatic areas.

### **Recognize That Diversity Exists *Within* Communities**

Social categorizations of identity—whether race, ethnicity, class, sexual orientation, gender, or ability—do not exist in a vacuum. They are affected by the interconnected and intersecting nature of all one's identities and life experiences (Bell, 2007). For example, people of color who live in low-income communities are at higher risk for opioid addiction and overdose than those who live in more affluent areas (James & Jordan, 2018). According to some studies, opioid use is also more prevalent among Black men who have sex with men (Voisin, Hotton, & Schneider, 2017).

Indeed, intragroup differences within communities of color vary widely. Latinos, for instance, share a common identity in their Latinidad. However, the experience of being Latino is shaped by various factors,

including citizenship status, nationality, language, and generational differences (Saenz, 2004). These factors should therefore inform one's approach to engaging Latino communities.

## **Examine Personal Biases**

All individuals carry a set of biases or prejudicial attitudes and assumptions about the world and the people with whom they interact. Biases are influenced in large part by a broader cycle of socialization that serves to perpetuate stereotypes and maintain rigid social norms (Harro, 2000). Effective engagement with communities of color requires the critical examination of one's biases—implicit and explicit, conscious and unconscious—and the ways in which dominant narratives affect perceptions of others (Hardiman & Jackson, 2007).

For example, despite similar rates of substance abuse between Whites and Blacks, the latter are 13 times more likely to be arrested for buying and using illicit drugs (Griffith et al., 2018). The historic response of criminalizing people of color for substance abuse while rehabilitating White people reinforces existing biases surrounding the assumed criminality of people of color, particularly those who are Black and Latino (Najdowski, Bottoms, & Goff, 2015; White, 2015).

## **Establish Connections and Nurture Authentic Relationships**

Establishing meaningful connections and cultivating authentic relationships are time-intensive endeavors. They require going beyond superficial collaborations and being intentional about whose voices and perspectives are being represented during the planning, implementation, and evaluation phases of a program (Smalkoski, Axtell, Zimmer, & Noor, 2016). Are the communities that will be served included in the decision-making process? Even if they have a seat at the table, are their voices being heard and valued? Beyond strengthening connections with diverse communities, representation helps ensure that a program is culturally responsive, appropriate, and accessible to a variety of learners.

When it comes to working on opioid prevention efforts with Black communities, for instance, James and Jordan (2018) have recommended including the experiences of Black people in the broader opioid narrative, involving Black leaders and organizations in all stages of program development and implementation, removing barriers to participation, and creating racial impact statements.

## **Seek Opportunities for Professional Development**

Working to make opioid prevention programs more accessible and equitable for all audiences is at once a process and a goal. It is therefore imperative to listen with the intent to learn and embrace mistakes as opportunities for continued growth and self-reflection. Such a mind-set requires being proactive about seeking opportunities for continued professional development on matters related to both opioid prevention and diversity, equity, and inclusion.

## **Conclusion**

While empirical research is needed to examine the effectiveness of these best practices on opioid prevention programs within Extension, our efforts to apply these recommendations to a research-based opioid prevention program have generated a positive response, both from the families we serve and the Extension

educators who have participated in our professional development initiatives related to diversity, equity, and inclusion. Specifically, we have taken steps to integrate culturally responsive practices into our curricula and train Extension professionals to better engage with communities of color in opioid prevention programs using the recommendations outlined herein. We hope these best practices provide a road map for Extension educators to use in developing and implementing opioid prevention programs that help all families thrive.

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