

From SAMHSA's Center for the Application of Prevention Technologies. Tools from the CAPT: Increasing Cultural Competence to Reduce Behavioral Health Disparities

<https://www.samhsa.gov/capt/sites/default/files/resources/increasing-cultural-competence-reduce-behavioral-hd.pdf>

## Tools from the CAPT: Increasing Cultural Competence to Reduce Behavioral Health Disparities

### ADDRESSING BEHAVIORAL HEALTH DISPARITIES: KEY DEFINITIONS

Defining key terms is an important first step toward ensuring that all practitioners “speak the same language” when discussing and describing disparities.

**Health:** A state of physical, mental, and emotional well-being.

**Health Disparity:** A particular type of health difference that is closely linked to social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.<sup>4</sup>

**Behavioral Health Disparity:** A difference in substance use or mental health outcomes, linked to social, economic, and/or environmental disadvantage, which adversely affects a sub-population or group.

**Health Equity:** The attainment of the highest level of health possible for all groups.<sup>2</sup> Sometimes our differences and/or history can create barriers to achieving good health. Health equality is *not* the

same as health equity. While *health equality* emphasizes sameness, fairness, and justice by giving everyone the same resources, *health equity* highlights the importance of providing people with access to the same opportunities. To achieve health equity, communities must work to address avoidable inequalities, historical and contemporary injustices, and existing health and health care disparities.

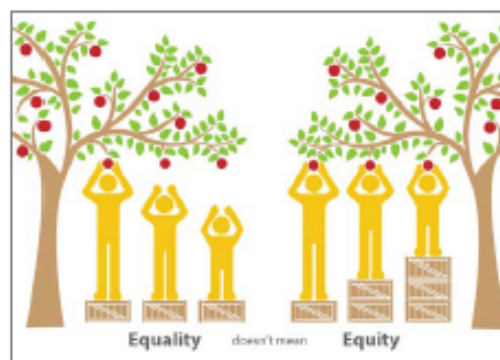


Image Source: [Community View Collaboration](#)

The goal of practitioners working to prevent substance use and misuse is to increase behavioral health equity. One way to foster health equity is by implementing **culturally competent** prevention approaches that may contribute to the reduction of behavioral health disparities. (See figure on the following page.)

<sup>4</sup> U.S. Department of Health and Human Services. (2008). The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase 1 report: Recommendations for the framework and format of Healthy People 2020. Retrieved from: [http://www.healthypeople.gov/sites/default/files/Phase1\\_0.pdf](http://www.healthypeople.gov/sites/default/files/Phase1_0.pdf)

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### Tools from the CAPT: Increasing Cultural Competence to Reduce Behavioral Health Disparities



**Cultural Competence:** The ability of an individual or organization to understand and interact effectively with people who have different values, lifestyles, and traditions based on their distinctive heritage and social relationships.

Based on practice, SAMHSA's Center for Substance Abuse Prevention has identified the following principles of cultural competence for prevention practitioners:

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