

# Centering Community Power and Wisdom

to Prevent Substance Use and Promote Youth Well-Being

**Jochebed Gayles, PhD** | Edna Bennett Pierce Prevention Research Center, Penn State University

ASDN Congressional Briefing Series · Part V: Community Engagement



**PennState**

College of Health and  
Human Development

**EDNA BENNETT PIERCE  
PREVENTION RESEARCH CENTER**

# Prevention science is working

Decades of federal investment are paying off — right now.

**66-91%**

of teens abstained from alcohol, marijuana & nicotine in the past month (8th–12th grade)

**-27%**

drop in U.S. overdose deaths in one year — 110,037 down to 80,391

**Record  
lows**

Adolescent substance use remains at the lowest levels ever recorded

# A proven program is not the same as a working program

## THE PROGRAM

### The seed

Evidence-based curricula and practices developed through decades of federal research.

*Necessary — but not enough on its own.*

## THE INFRASTRUCTURE

### The soil

**People & local capacity** — coalitions, coordinators, trained staff

**Data & evaluation systems** — to see what works and adjust

**Technical assistance & training** — upskilling to deliver well and sustain

**Today, federal investment funds seeds while underfunding the soil.**

# Community wisdom + proven science – held together by infrastructure

## COMMUNITY WISDOM

**What will actually work here** — the history, culture, and priorities only residents and youth can name.

## PROVEN SCIENCE

**What's been shown to work** — evidence-based programs and practices from decades of federal research.

## INFRASTRUCTURE

**Coordinators · coalitions · data systems · training · technical assistance** > what lets communities bring their wisdom to the table and sustain the work.

**Infrastructure isn't the opposite of community power — it's what makes community power possible.**

# What this looks like in real communities

Evidence2Success: a decade partnering WITH six communities, not delivering AT them.

## Communities lead with their own data

When residents help interpret their data and set priorities, it changes whose voice is heard, what gets prioritized, and how resources are spent. In Kearns, Utah, this built “a foundation for lasting community resilience.”

## Wisdom needs scaffolding to last

These gains came from infrastructure — a coalition, a coordinator, a data system, and ongoing technical assistance. Where that scaffolding exists, community wisdom takes root; where it disappears, the work unravels.

# A working model: connecting research, practice, and community

The Penn State–Pennsylvania OCYF research–practice partnership is funded today by philanthropy.

## Research that partners with the people who decide

This partnership links a university with a state agency and brings policymakers, practitioners, communities, and youth with lived experience in foster care into the research itself as co-designers rather than subjects. It is the infrastructure of community power and wisdom, built into how decisions are made.

### WHO FUNDS IT TODAY

William T. Grant Foundation · Spencer Foundation · Bezos Family Foundation · Doris Duke Foundation · Penn State SSRI

**Philanthropy already sees the value. We need the federal government to see it too.**

# The science and the dollars agree

**\$25.92**

saved per \$1 invested in a school-based prevention program

**\$1,196**

saved in future health costs per \$1 invested in tobacco prevention

## THE NATIONAL ACADEMIES AGREE

Their 2025 Blueprint for a National Prevention Infrastructure found our prevention system is “insufficiently funded and fragmented” and called on Congress, NIH, CDC, and SAMHSA to sustain the workforce, data systems, and community supports that prevention depends on.

# To center community power and wisdom, fund the infrastructure, not just the programs

1

## Protect the agencies

Sustain NIH, CDC, and SAMHSA — the backbone of local prevention capacity.

2

## Fund durable supports

Coalitions, coordinators, data systems, and technical assistance (not one-off programs) — so communities can lead.

3

## Invest in community engagement

Including youth and family voice — not an add-on, but the active ingredient.

# We are winning – for the first time in a long time.

This is exactly the wrong moment to pull back.

The science is proven. The wisdom is in our communities, and they are ready.

Invest in the soil, so the seeds we've spent decades developing can take root everywhere.

Fund the infrastructure, and community wisdom will take root in every district you represent.

Jochebed Gayles, PhD · [johegayles@psu.edu](mailto:johegayles@psu.edu) · Edna Benntt Pierce Prevention Research Center



**PennState**  
College of Health and  
Human Development

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**PREVENTION RESEARCH CENTER**



US  
ALCOHOL  
POLICY  
ALLIANCE

# Changing America's Relationship with Alcohol

## A Community Based Approach

June 4, 2026

Addiction Science Defense Network



US  
ALCOHOL  
POLICY  
ALLIANCE

# **Mike Marshall**

## **C.E.O.**

- **CoFounder of Oregon Recovers & OregonRecoveryNetwork.org**
- **18 years in recovery**
- **No conflicts**

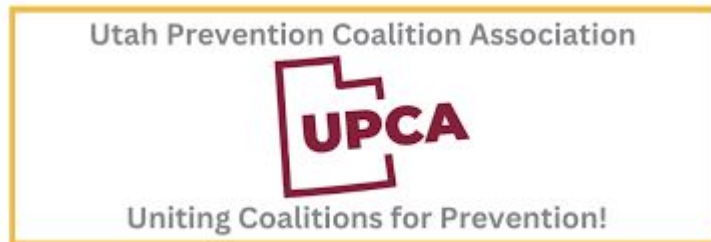
# What is the U.S. Alcohol Policy Alliance?

**USAPA MISSION:** *Translating alcohol  
policy research into public health  
practice to prevent and reduce  
alcohol-related harm.*  
*[www.AlcoholPolicy.org](http://www.AlcoholPolicy.org)*

# USAPA COMMUNITY COALITIONS:



TEXANS FOR  
SAFE AND  
DRUG-FREE  
YOUTH



S+ | THE DEADLIEST DRUG

# Alcohol is wreaking havoc on U.S. public health. American society looks the other way

Confronting heavy drinking could be one of the best ways to improve health and save lives



# Alcohol is Deeply Integrated into Our Communities



## VACCINES & BEER

THURSDAY, JUNE 10<sup>TH</sup>  
4:00 - 8:00PM  
THE RAILYARD SOUTHEND  
1414 S. TRYON ST.

Rhino Market & Deli will give a free beer to anyone 21+ who gets vaccinated!

Moderna vaccine provided by RAO Community Health to those 18+.

Free Goodie Bags! Please bring an I.D.

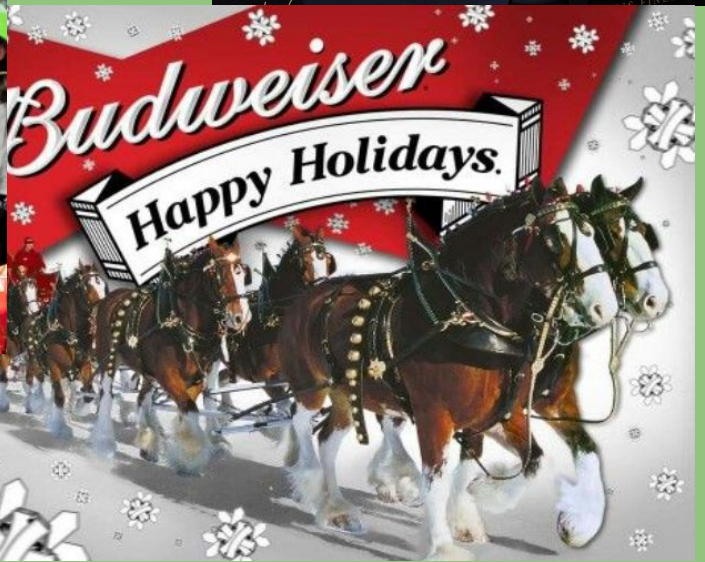
RAO COMMUNITY HEALTH



ODK

THE WORLD'S FINEST SUPER PREMIUM

TRUMP



### Baby Shower Drink Ideas



# Drinking at an All Time Low!

## Americans' Use of Alcoholic Beverages, 1939-2025

*Do you have occasion to use alcoholic beverages such as liquor, wine or beer, or are you a total abstainer?*

— % Yes, use alcoholic beverages



[Get the data](#) • [Download image](#)

GALLUP

# Who drinks?

## Gallup Poll

### August 2025

- *54% of Americans consume alcohol*
  - *51% of women*
  - *57% of men*
  - *68% = white Americans*
  - *59% = Hispanic Americans*
  - *57% = American Indians and Alaska Natives*
  - *50% = African Americans*
- *46% of Americans DON'T drink*

# Alcohol Use:

## NSDUH Survey

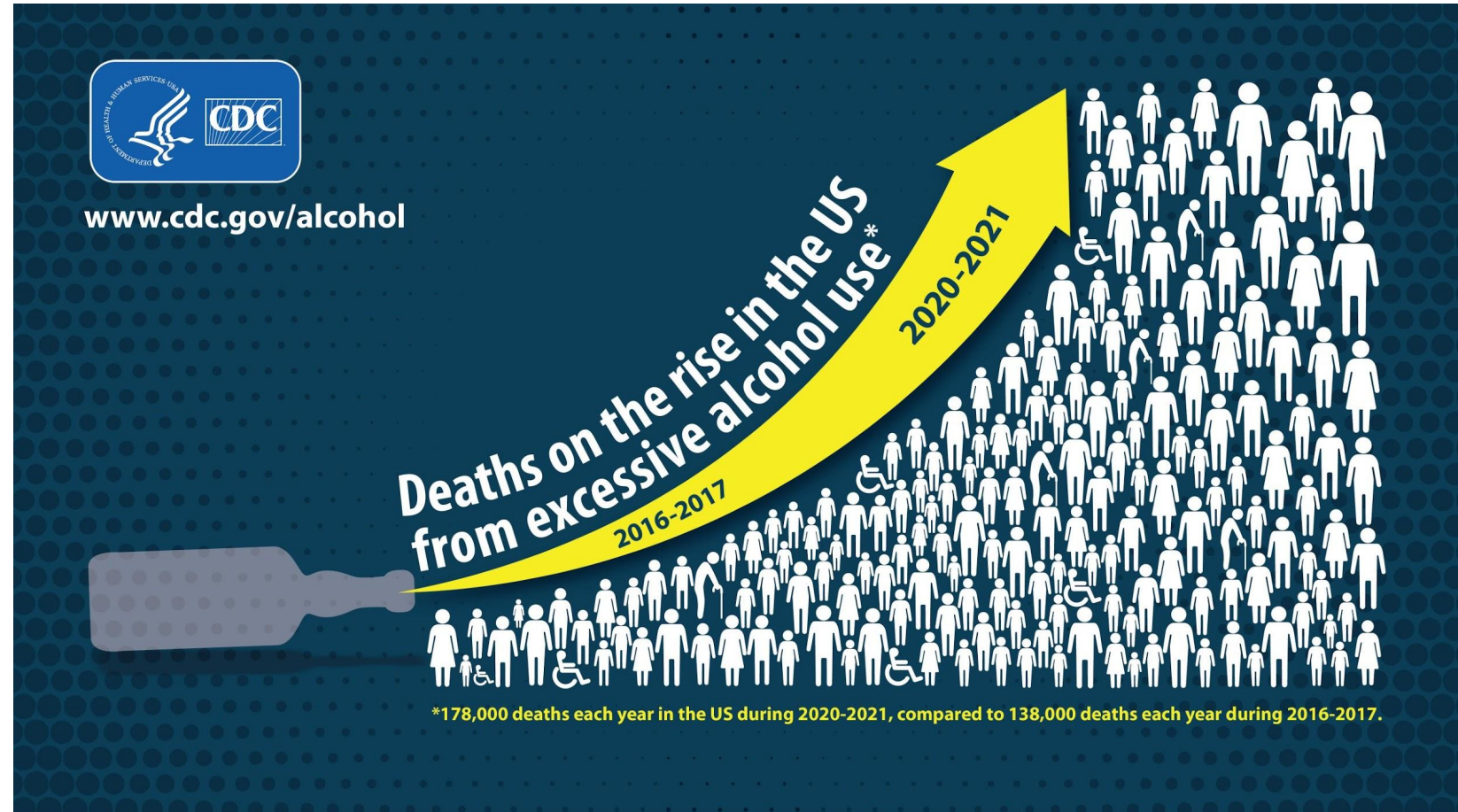
AUD (12+) 9.7%

Youth  
AUD 5.36%

Binge  
Drinking 20.9%

# Alcohol Deaths at an All-Time High

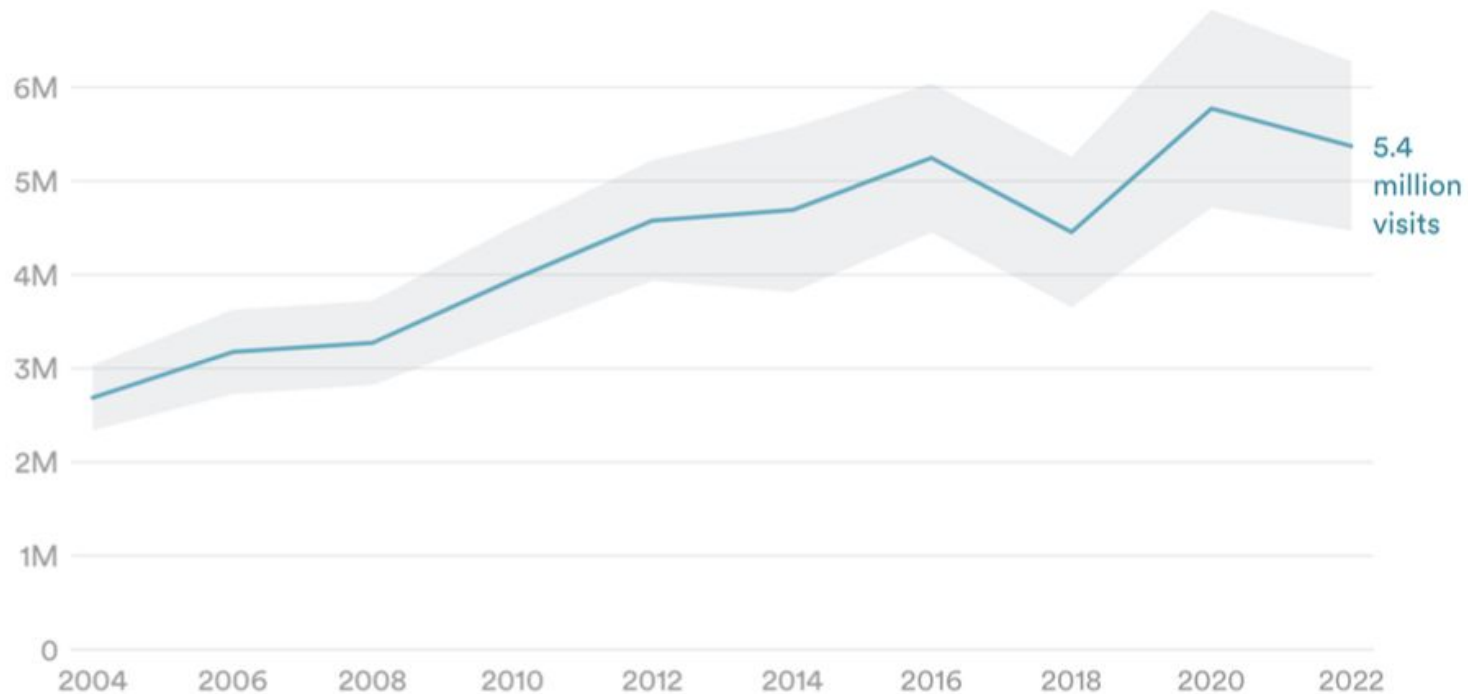
- A 29% increase in alcohol related deaths over the last 10 years.
- 178,000 Americans die each year
- 488 Americans die each day (20 every hour)
- Marginalized communities disproportionately represented



# Alcohol related ER visits nearly doubled over the last 20 years.

## Increasing strain on emergency departments

Estimated total number of emergency department visits per year for alcohol-specific diagnoses in the U.S.



Shaded areas represent 95% confidence intervals

Chart: J. Emory Parker/STAT • Source: [National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey](#)



US  
ALCOHOL  
POLICY  
ALLIANCE

# Alcohol =

- *30% of suicides involve alcohol*
- *37% of gun violence perpetrators and 48% of gun violence victims are under the influence of alcohol*
- *40-60% of domestic violence involves alcohol*
- *16% of opioid overdose deaths involve alcohol*
- *5% of new cancer diagnoses are due to alcohol consumption*
- *19% of households living in poverty are led by an individual with an AUD*
- *30% of incarcerated individuals were drunk when committing the crime*

# Community Based Solutions=

## The Four P's

### Place:

Controlling where and how alcohol is sold

- zoning laws
- density of outlets
- hours of sale

### Product:

Regulating the types of alcoholic beverages available

- restricting high-alcohol-content products,
- caffeinated alcohol
- single-serving containers

### Promotion:

Limiting marketing and advertising

- drink specials/happy hour
- display locations
- gifts with purchase

### Price:

Using pricing strategies to make alcohol less affordable

- taxes
- minimum unit pricing (MUP)
- reducing discounts

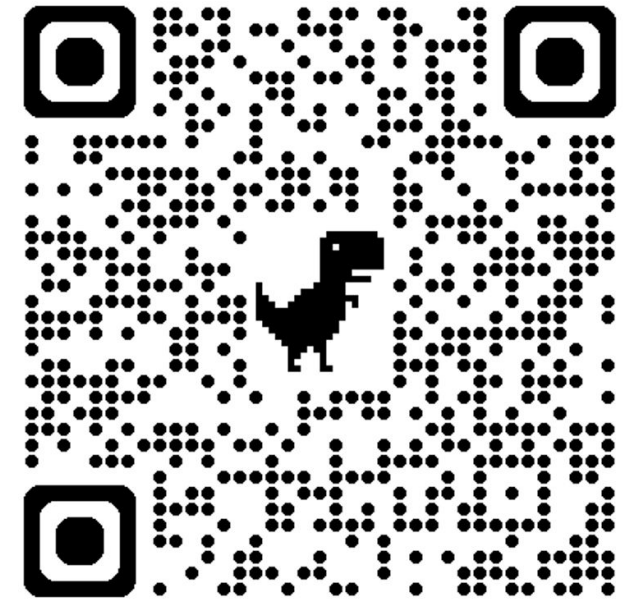
**A single community action to regulate alcohol simultaneously reduces:**

- *Poverty*
- *Cancer rates*
- *Opioid overdoses*
- *Gun violence*
- *Domestic violence*
- *Adverse Childhood Experiences (ACES)*
- *Incarceration*
- *Suicide*

# Let's END America's Alcohol Problem!

*Reducing the harm caused by alcohol is a high yield POLICY effort that will:*

- *Save lives*
- *Strengthen communities*
- *Generate government resources*
- *Improve quality of life*



**September 28 - October 1**  
**Arlington, Virginia**  
**[www.alcoholpolicyconference.org](http://www.alcoholpolicyconference.org)**



US  
ALCOHOL  
POLICY  
ALLIANCE

# REACH OUT

**Visit Our Website**  
[alcoholpolicy.org](http://alcoholpolicy.org)

**Mike Marshall, CEO**

503.828.7193

[mike@alcoholpolicy.org](mailto:mike@alcoholpolicy.org)

**Follow us on Facebook, LinkedIn & TikTok**

Addiction Science Defense Network  
5<sup>th</sup> Congressional Briefing  
Community Engagement in Substance Use Prevention  
June 4, 2026

From Surviving to Thriving: Translating  
Science Into System-Level Change for Youth,  
Families, and Communities

Velma McBride Murry, Ph.D.  
Lois Autrey Betts Endowed Chair  
University Distinguished Professor, Departments of Health  
Policy; Human & Organizational Development  
Vanderbilt University, Nashville, Tennessee, USA



# Cascading Effects and Consequences of Structural Conditions on Communities

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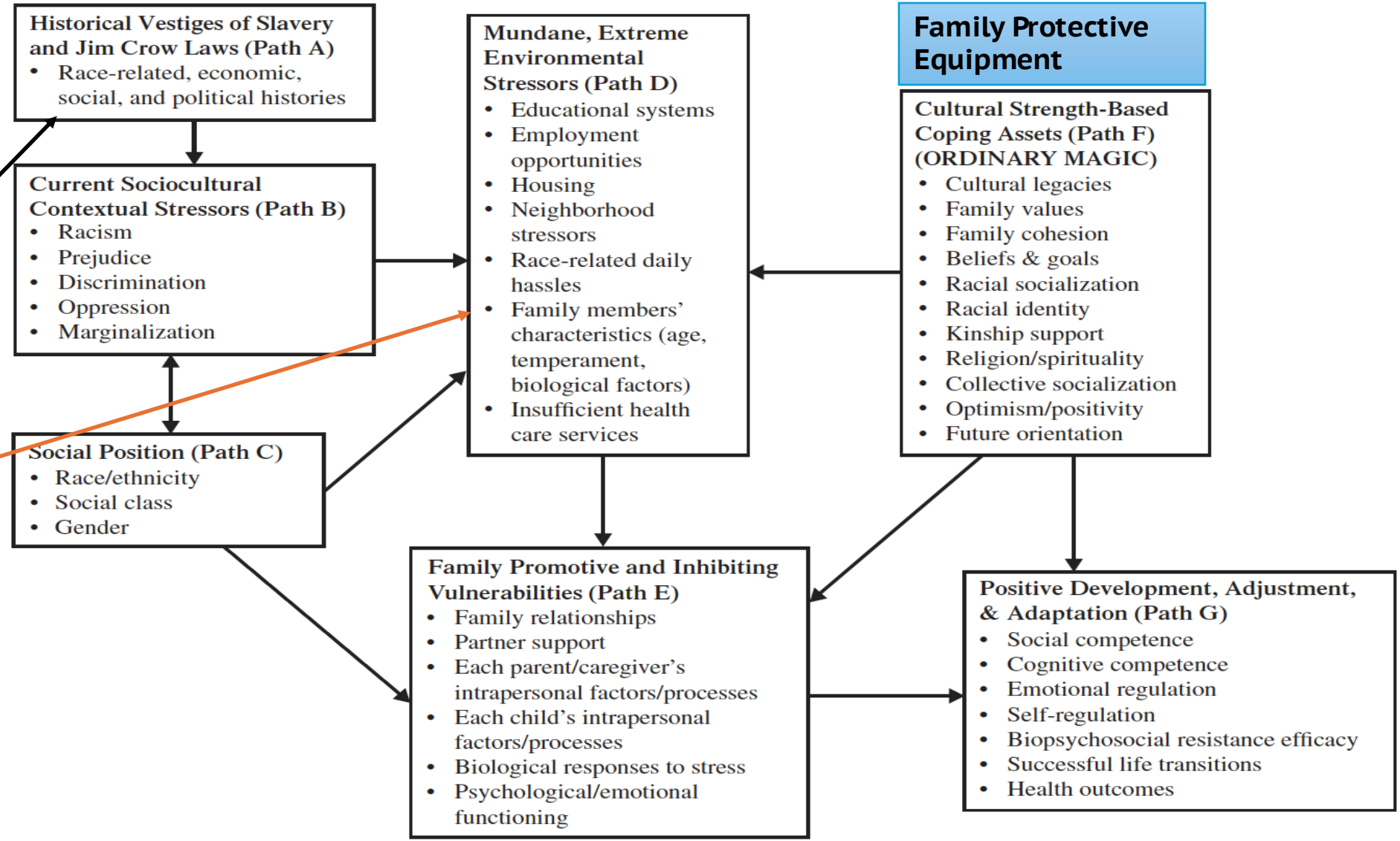
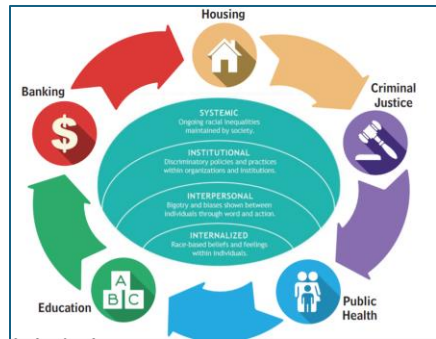
- Historical, persistent poverty
- Under-resourced schools and communities
- Unequal access to prevention, services, and care

**KEY QUESTION: How do we build systems that help youth thrive despite structural inequities?**

FIGURE 1. INTEGRATIVE MODEL FOR THE STUDY OF STRESS IN BLACK AMERICAN FAMILIES.

Excavating New Constructs for Family Stress  
 Theories in the Context of Everyday Life  
 Experiences of Black American Families

Generational  
 Embodiment Historical  
 Trauma



# The Science of Structural Stress

## Structural inequities can increase:

- Anxiety and depression
- Conduct problems
- Substance use
- Academic disengagement
- Risk-taking behaviors

## Key Insight

- Families are **not** the problem to fix.
- Families are **partners** in prevention.

Why Racism Is About the Color of the Mind, Not Your Skin  
Race is natural, Racism is not



THESLICE  
Parenting While Black: Toya Graham on Violence, Fear and Freddie Gray



By Carla Murphy  
August 11, 2015 9:43 am

The Stress of Parenting While Black Can Take a Toll on Mental Health

Rachael Meadows-Fernandez  
3/15/18 9:00am • Filed to: PARENTING WHILE BLACK • 6.2K 7 6



Photo: iStock

My son is only 2 years old—he's loving and outgoing. He runs to strangers with open arms, saying "Hug" in his cute little voice. He laughs heartily and shares his toys regardless of the other child's color. But most importantly, he's free.

I want him to keep that freedom for the rest of his life. But I know that not preparing him for the world will hurt him more than help him.

Karlie Johnson, Contributor  
Wife/blogger  
The Heartbreaking Reality Of Raising Black Children In America

I do everything in my power so they don't acquire any negative stereotype.  
3/21/2016 09:17 pm ET | Updated Apr 30, 2017



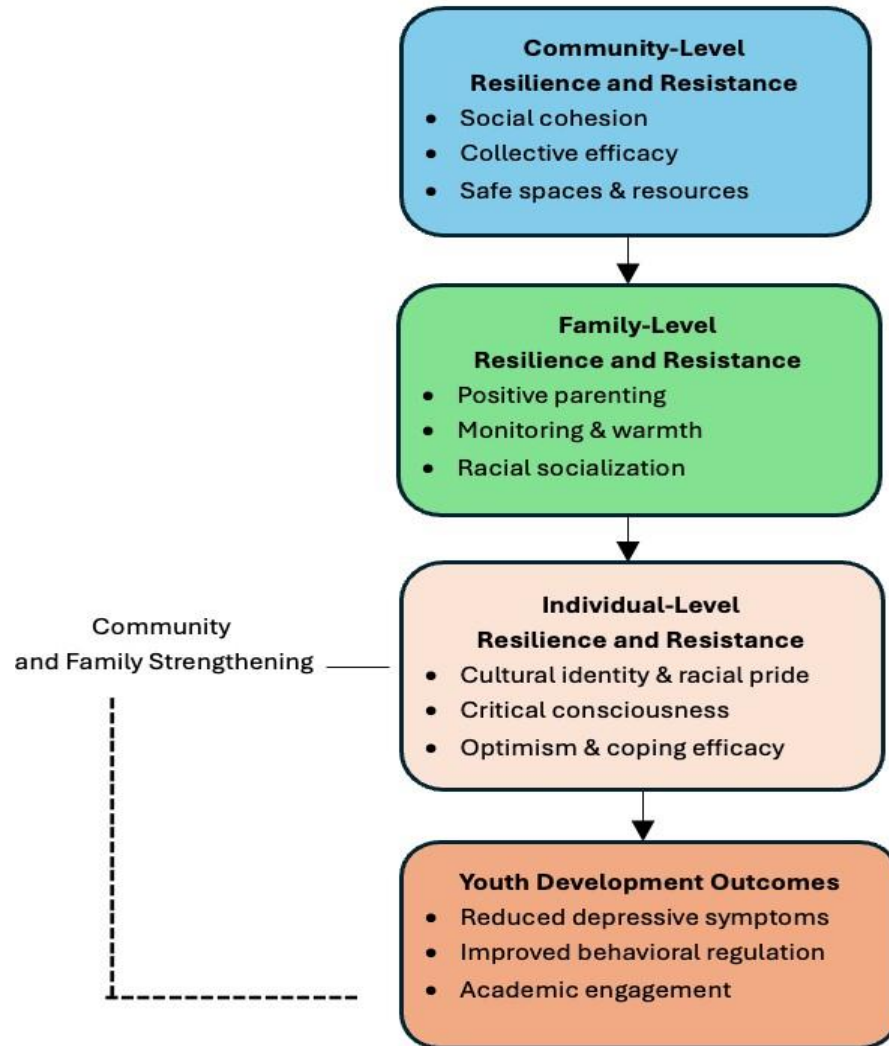
©GABBY  
Children playing at beach



The Black Family in the Age of Mass Incarceration

American politicians are now eager to disown a failed criminal-justice system that's left the U.S. with the largest incarcerated population in the world. But they've failed to reckon with history. Fifty years after Daniel Patrick Moynihan's report "The Negro Family" tragically helped create this system, it's time to reclaim his original intent.

# Multilevel Community Resilience and Resistance



Murry et al. (in press) *Translating Multilevel Research into Prevention: Community and Family Pathways to Resilience and Resistance in Violence-Exposed Rural African American Families*

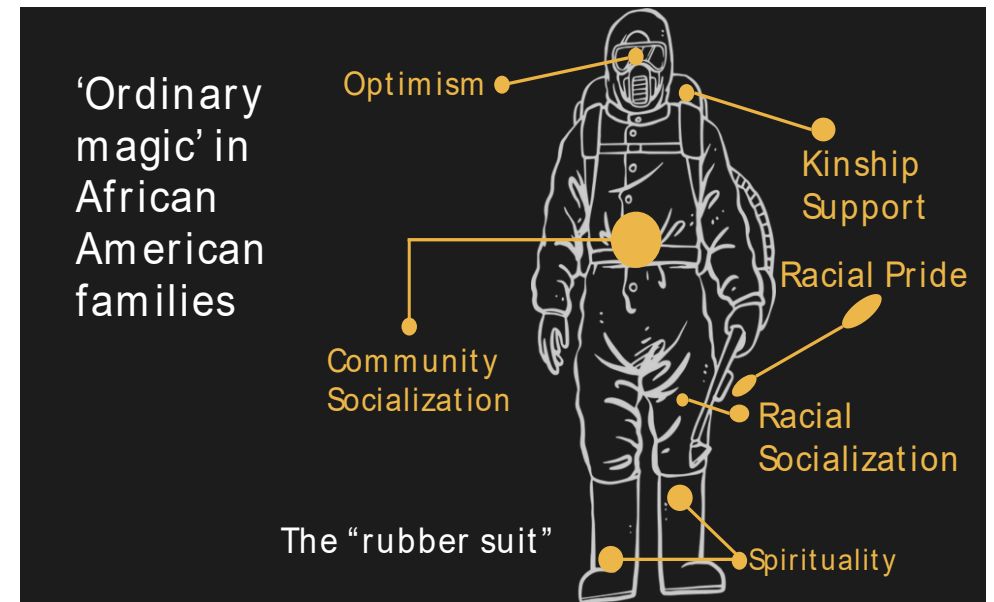
## Special Issue Article

### 2022 Minnesota Symposium on Child Psychology

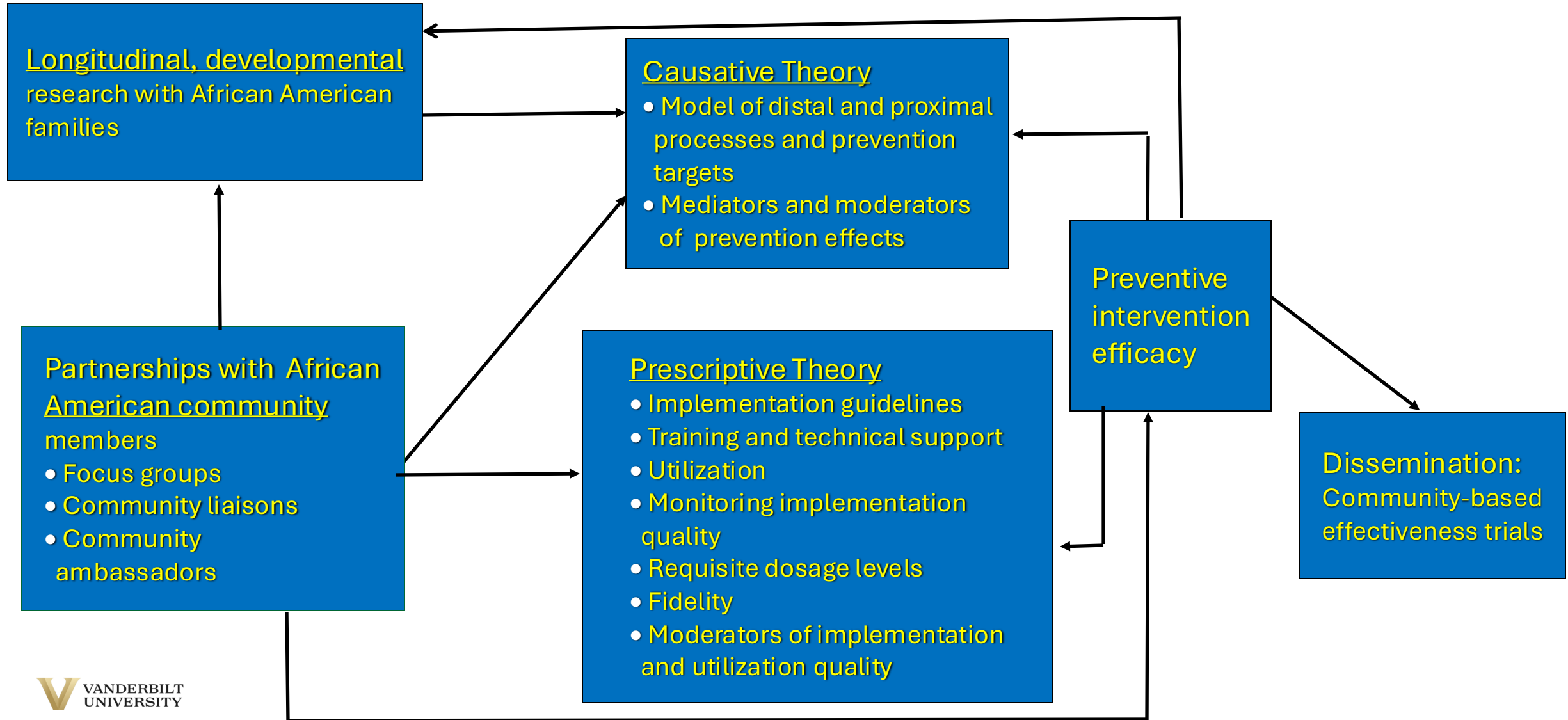
## Critical examination of resilience and resistance in African American families: Adaptive capacities to navigate toxic oppressive upstream waters

Velma McBride Murry<sup>1,2</sup>, Juliet M. Nyanamba<sup>1</sup>, Rachel Hanebutt<sup>1</sup>, Marlana Debreaux<sup>1</sup>, Kelsey A.B. Gastineau<sup>3</sup>, Aijah K.B. Goodwin<sup>4</sup> and Lipika Narisetti<sup>5</sup>

<sup>1</sup>Department of Human and Organizational Development, Vanderbilt University, Nashville, TN, USA, <sup>2</sup>Department of Health Policy, Vanderbilt University, Nashville, TN, USA, <sup>3</sup>Department of Pediatrics, Vanderbilt University Medical Center, Nashville, TN, USA, <sup>4</sup>Department of Psychiatry, University of Maryland School of Medicine, Baltimore, MD, USA and <sup>5</sup>Center for Medicine Health & Society, Vanderbilt University, Nashville, TN, USA



# Community Engagement Research Partnership Implementation Model



# Why Partnering with Communities Matters?

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Shifts blame

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Centers strengths

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Creates culturally and  
contextually usable tools

# Translating Research to Practice

## Longitudinal, Developmental

Contextual pathways through which parents/caregivers and linked lives in communities forecast psychological adjustment among African American middle schoolers, as they transition into young adulthood



## Prevention/Intervention

- Strong African American Families Program (SAAF)
- Pathways for African Americans Success (PAAS)e-Health Program©
- PAAS e-Health fMRI Study



## Family-Centered Positive Youth Development Programs

- A seven-session program
- Designed for youth aged 10–14 and their caregivers

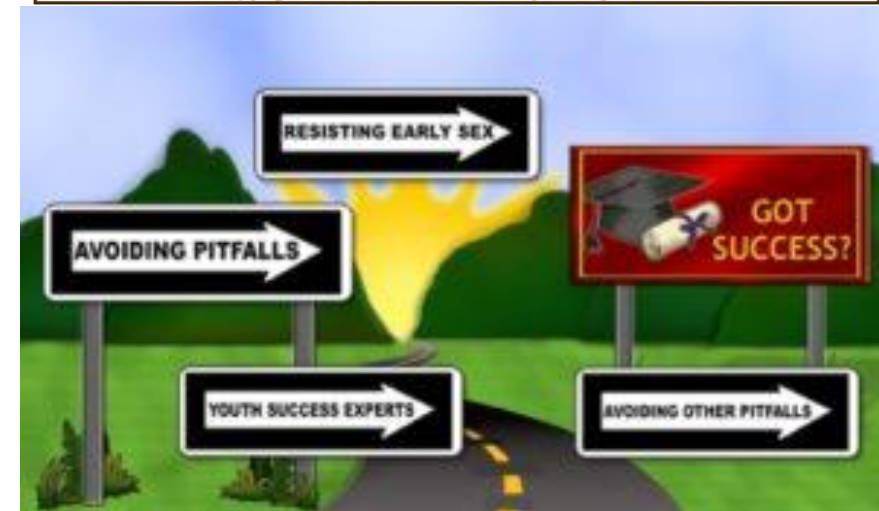


# 2<sup>nd</sup> Generation Family-Centered Positive Youth Development Programs

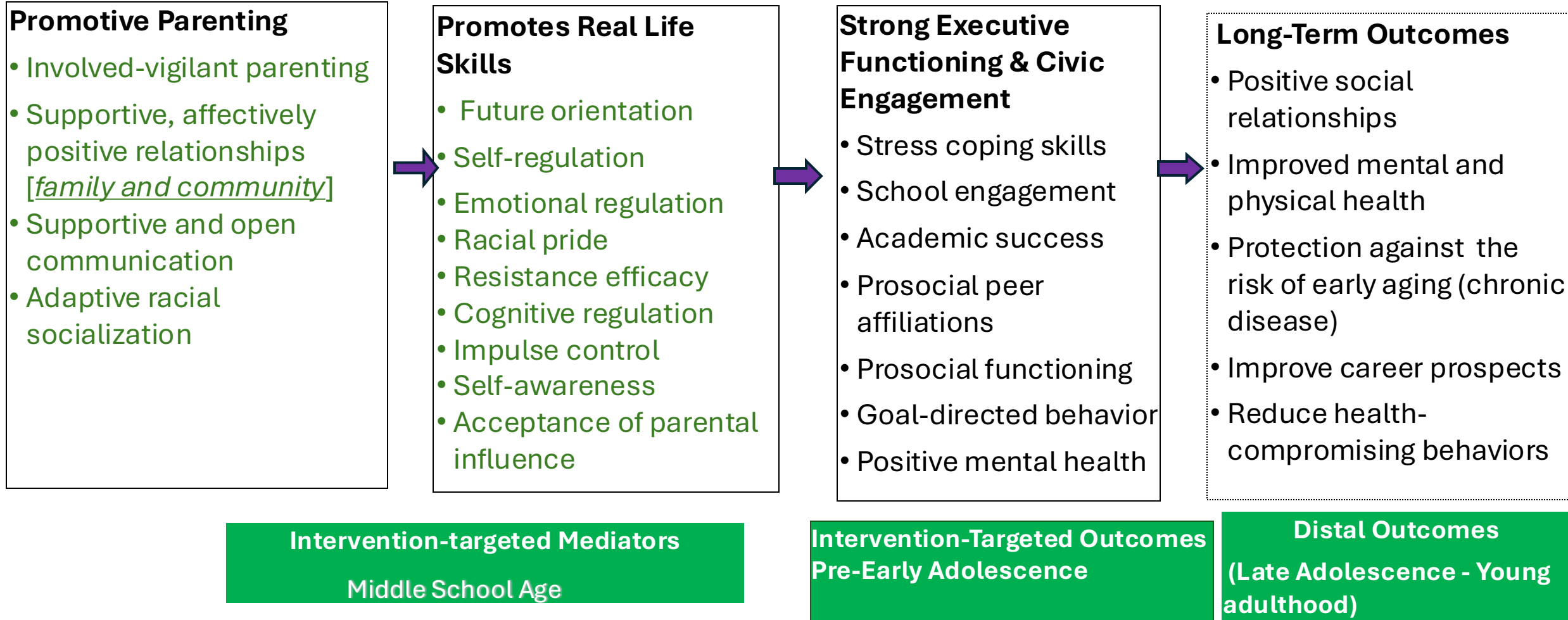
A six-session, family-centered prevention program

Three different program delivery platforms

- Manualized curriculum – in-person
- Topical brochures that can be distributed to families
- e-Health format that delivers program through digital platforms



# Theoretical Foundation



# What the Evidence Shows:

## Family-Strength-Based Early Intervention Works

### Long-Term Outcomes

- Reduced substance use
- Reduced conduct problems
- Reduced academic performance risks
- Lower-risk sexual behavior
- Increased resilience
- Increased resistance
- Increased critical consciousness

### Takeaway

- Community-Engaged, Co-Created, Culturally Relevant Prevention Works.

# Focusing on Community Systems also Matter

## Effective implementation requires:

- Community trust
- Local partnerships
- Schools and faith organizations
- Health care systems
- Sustainable infrastructure

## Rapid Dissemination Strategies:

Move evidence from journals into everyday life.

# Investing in Family-Based Prevention Will Have Long-Term Payoffs

## Family-Centered Interventions Help:

- Strengthen protective parenting
- Promote academic engagement
- Build racial pride and identity
- Increase coping skills
- Reduce long-term risk

## Widespread Uptake Requires:

- Cultural relevance
- Community voice
- Sustainable implementation
- Access at scale



# Policy Implications for Congress

## Invest in:

- Community-based prevention infrastructure
- Family- and parenting-based preventive interventions
- Implementation science
- Workforce development
- Research-community partnerships

**The Big Lesson:  
Equity + Evidence  
= Impact**

**We improve outcomes and reduce substance use among youth when we:**

- Address structural inequities
- Strengthen families
- Invest in community systems
- Prepare the work force, which includes community members as program implementers
- Deliver culturally grounded interventions

The most effective solutions are those that **communities** help create, trust, and sustain

***NOTHING FOR US WITHOUT US***



**THANK YOU**

[velma.murry@vumc.org](mailto:velma.murry@vumc.org)



# **Start with Service, then Study What Sticks**

Rachel Winograd, PhD

Associate Professor and Director of Addiction Science

School of Social Work and Psychological and Brain Sciences, Missouri Institute of Mental Health

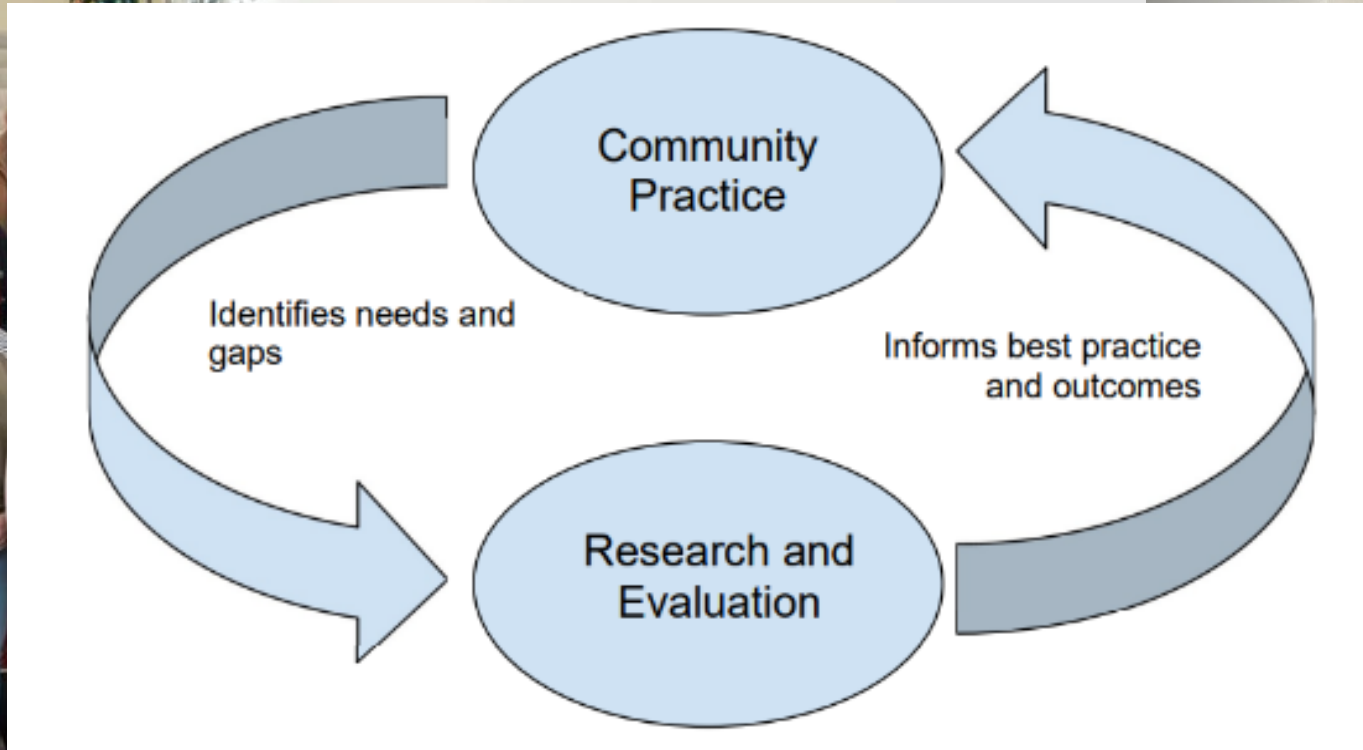
University of Missouri, St. Louis

# “Community Engaged Research”



- We all agree our research should be relevant and done in partnership with community
- And yet, very often... community partners:
  - Don't trust academic institutions
  - Don't experience the benefits of empirical studies
  - Are very busy serving the people in front of them!

# Addiction Science Team & ASPIRE Lab



# We're uniquely positioned to do things differently

Supply  
Distribution

Give tangible goods,  
meeting immediate  
needs of organizations

Education &  
Capacity  
Building

Build relationships and  
trust over time

Community Data  
& Dissemination

Learn what's working,  
what's not

Research &  
Analysis

Seamlessly partner on  
research efforts as they  
arise



# Two case examples

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## First Responder Overdose Response Programming



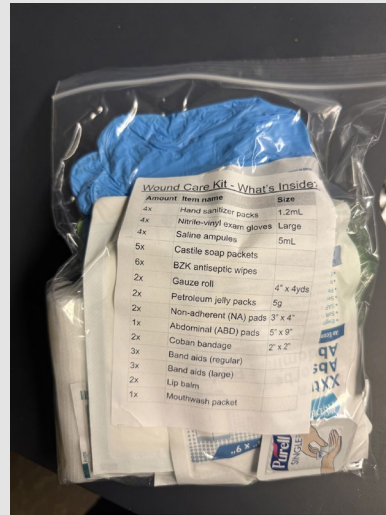
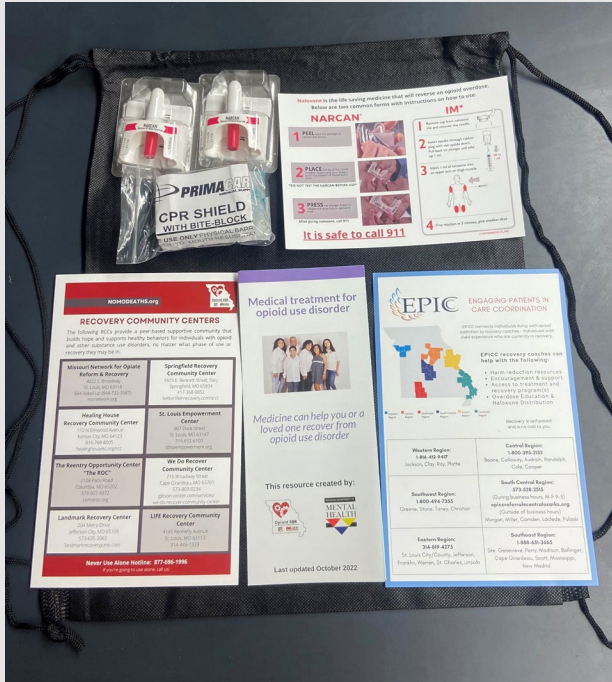
## Recovery housing and Medications for Opioid Use Disorder (MOUD)



# First Responder Overdose Response Programming

- Started with **naloxone**, then as time went on... added:
  - *Training (with first responder trainers & POST credits)*
  - *Leave-behind naloxone kits*
  - *Connections to post-overdose care linkage programs*
  - *EMS buprenorphine training and protocols*
  - *Xylazine wound care education and kits*
  
- Eventual research opportunities:
  - *Workshop co-presenters at national research conferences*
  - *Co-authors on manuscripts about the training model*
  - *Reliable partners on grant proposals to scale up*





### Code Bupe: IMPLEMENTING POST-OVERDOSE EMS BUPRENORPHINE PROGRAMS ACROSS MISSOURI

**WHAT WORKS**  
PREPARING TO IMPLEMENT EMS BUPRENORPHINE

- Providing ongoing implementation supports such as pilot funding, peer learning, & direction from experts
- Utilizing existing advocates within agencies to increase buy-in when expanding substance use interventions
- Deepening EMS connections to rapid access treatment and care navigation for post-overdose follow-up care
- Developing paramedic-specific training to teach the evidence-based impact of buprenorphine through an occupational lens and mitigate the effects of stigma and compassion fatigue

**BACKGROUND**  
Opioid overdose emergency calls offer an ideal touchpoint for emergency medical services (EMS) to initiate buprenorphine, a medication shown to relieve withdrawal symptoms and reduce future overdose risk. The UMSL-MMH research team provided guidance, structure and support to 6 Missouri EMS agencies piloting the development of EMS-led buprenorphine programs over 6 months, using the team's Foster and Frame Learning Model:

- FOSTER:** Co-learning and co-development of EMS buprenorphine protocols. Monthly meetings with project staff, national EMS practice developers and pilot agency cohort.
- FRAME:** The intervention within the Overdose Chain of Survival Framework: Education and support to increase harm reduction and treatment linkage practices before and after buprenorphine administration.

**CURRENT STUDY**  
This study aimed to identify barriers and facilitators associated with the implementation of EMS-led buprenorphine programming across Missouri.

Using the EPIS (Exploration, Preparation, Implementation, Sustainment) framework we conducted readiness interviews with agency representatives (N=6) agencies during the preparation phase of the project. Interviews were coded using reflexive thematic analysis, with themes identified by the research team, project staff, and EMS practitioners.

**OUTER CONTEXT** (external organization)

**INNER CONTEXT** (internal organization)

**FACILITATORS**  
Foster and Frame learning model provides key support

**Barriers**  
EMS uncertainty about long-term patient outcomes

**OUTER CONTEXT (continued)**

- Financial investment to address the opioid overdose crisis
- Exposure to harm reduction training and supplies
- Guidance from EMS practice experts

**INNER CONTEXT (continued)**

- Internal advocates drive capacity for implementation
- Integration with community paramedic programming
- Leadership buy-in & advocacy
- Support of protocol adoption and adherence

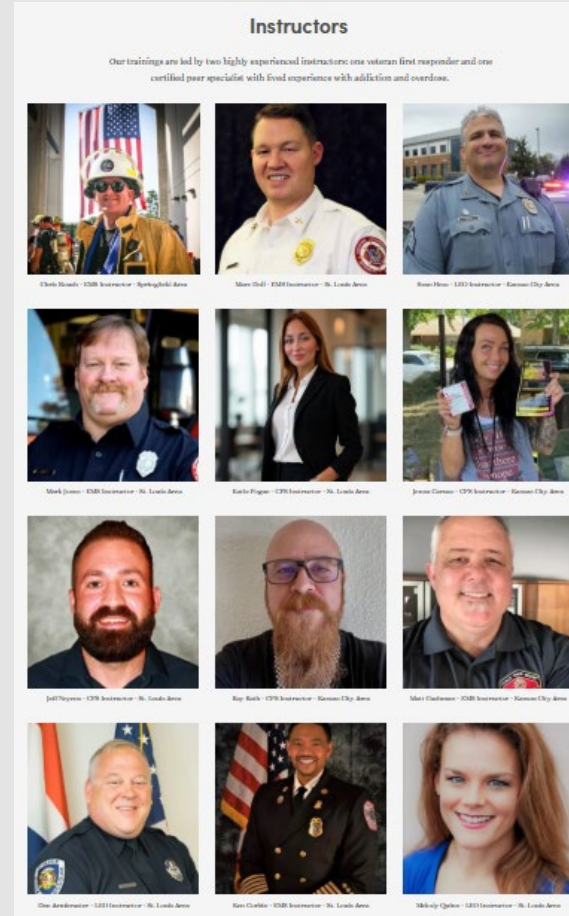
**Barriers (continued)**

- Inconsistent linkage to care post-overdose
- Limited availability of long-term treatment
- Reluctance among paramedics to carry out the intervention
- Stigma toward people who use drugs
- Staff resistance to new responsibilities
- Compassion fatigue and secondary trauma

UMSL Addiction Science Team

MARIA PASCHKE, MPP; SAAD SIDDIQUI, MPH; BRADLEY RAY, PhD; JOSHUA WILSON, BSC, EMT-B; GERARD CARROLL, MD; FAHM FARIS, MSW; INDI FLETCHER, LICW, MSW, CADC; ALIA ALMAJRI, MPH; GREGORY BOAL, MPA, EMT-P; RACHEL P. WINDIGRAD, PhD

Missouri Institute of Mental Health  
Cooper University Healthcare  
RTI International



*“One self-proclaimed "asshole medic" said he gave the teaching of MO-CORPS a try and had one of the smoothest overdose calls of his career...”*

# Recovery housing and Medications for Opioid Use Disorder (MOUD)

- Started with **naloxone**, then as time went on... added:
  - *Training (with community trainers & clinical contact hours)*
  - *Bus passes*
  - *Wound care and Withdrawal care kits*
  - *Medication lockboxes*
  - *Subcontracts for residents to pack naloxone kits*
  
- Eventual research opportunities:
  - *Co-designing measures of MOUD barriers*
  - *Operator and resident qualitative interviewing & recruitment*
  - *Reliable partners on grant proposals to expand programs*



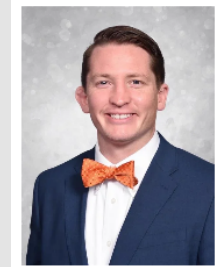
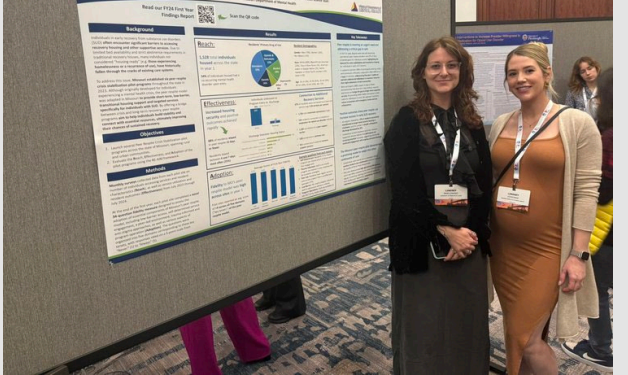
"At times this might be the difference between someone who is experiencing housing instability to be able to stay on their medications"  
 "At times this might be the difference between someone who is experiencing housing instability to be able to stay on their medications"



Journal of Substance Use and Addiction Treatment  
 Available online 30 April 2026, 210009  
 In Press, Journal Pre-proof

**Would we, could we? Measuring attitudinal and capacity barriers to supporting recovery housing residents on medication for opioid use disorder**

Rachel P. Winograd<sup>a,b</sup>, Brandon Park<sup>a</sup>, Rashmi Ghonagsi<sup>c</sup>, Maria Paschke<sup>b</sup>, Amy A. Mericle<sup>d</sup>



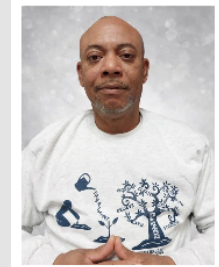
**Dr. Nathaniel Nolan**  
 Nathaniel Nolan, MD MPH MPE is an Infectious Disease specialist with a special interest in the Intersection of Infectious diseases and substance use. He currently works for VA St. Louis Health Care and Washington University School of Medicine. He is the founder of Street Medicine St. Louis and regularly makes medical rounds to unhoused people in St. Louis city.



**Dr. Fred Rottnek**  
 Dr. Fred Rottnek is the Director of Community Medicine and Program Director of the Addiction Medicine Fellowship at Saint Louis University. Fred's style of training is to present medical and/or technical content in understandable and reusable models. While Dr. Rottnek can speak to health professionals, he is just as comfortable presenting to interprofessional groups and diverse audiences. Dr. Rottnek enjoys presenting by himself or as part of a team and aims to keep his presentations casual, interactive, and when possible, injected with humor.



**Rashonda Thorton**  
 Utilizing her background as a Licensed Professional Counselor and Certified Compulsive Trauma Professional, Rashonda strives to develop innovative clinical interventions in efforts to enhance treatment outcomes and empower all in care charge of that well-being. Rashonda strives to equip communities and organizations with the tools and knowledge beneficial to effectively support those facing addiction challenges. Her passion is creating synergies between diverse stakeholders and bridge the gap between clinical practices for treatment and community needs. Whether through workshops, seminars, or one-on-one interventions, she is dedicated to increasing awareness and understanding of harm reduction strategies that prioritize compassion, dignity, and industry.



**Andreas Prince**  
 Andreas began working in SUD services in Chicago with methadone treatment. He has also worked in residential and outpatient services. He is a Columbia College Graduate BA, CPS, CAD/CMAA/C; II, and is also a Graduate of Great Lakes ATTC. Andreas is a person with lived experience in long term recovery.



**Jennifer Wolfe-Brown**  
 Jennifer Wolfe-Brown is CPS certified and specializes on speaking to audiences on opioid use disorder and stimulant use disorder. Her focus is on Medication Assisted Treatment, Naloxone Distribution, Opioid Use Prevention, and engaging community members in self-disclosed recovery options. Jennifer's training style focuses on community building and reducing stigma around accessing treatment options.

*"this [lockbox] might be the difference for someone experiencing housing instability to be able to stay on their medications..."*  
 – Opioid Treatment Program

Sound familiar...?

# Harm Reduction



# Thank you!



*Addiction Science staff and faculty*

*ASPIRE Lab students*

*First responder partners and trainers*

*Recovery housing partners*

*Treatment trainers*

*Funders!*

[www.MIMHAddiSci.org](http://www.MIMHAddiSci.org)



National Institute  
on Drug Abuse



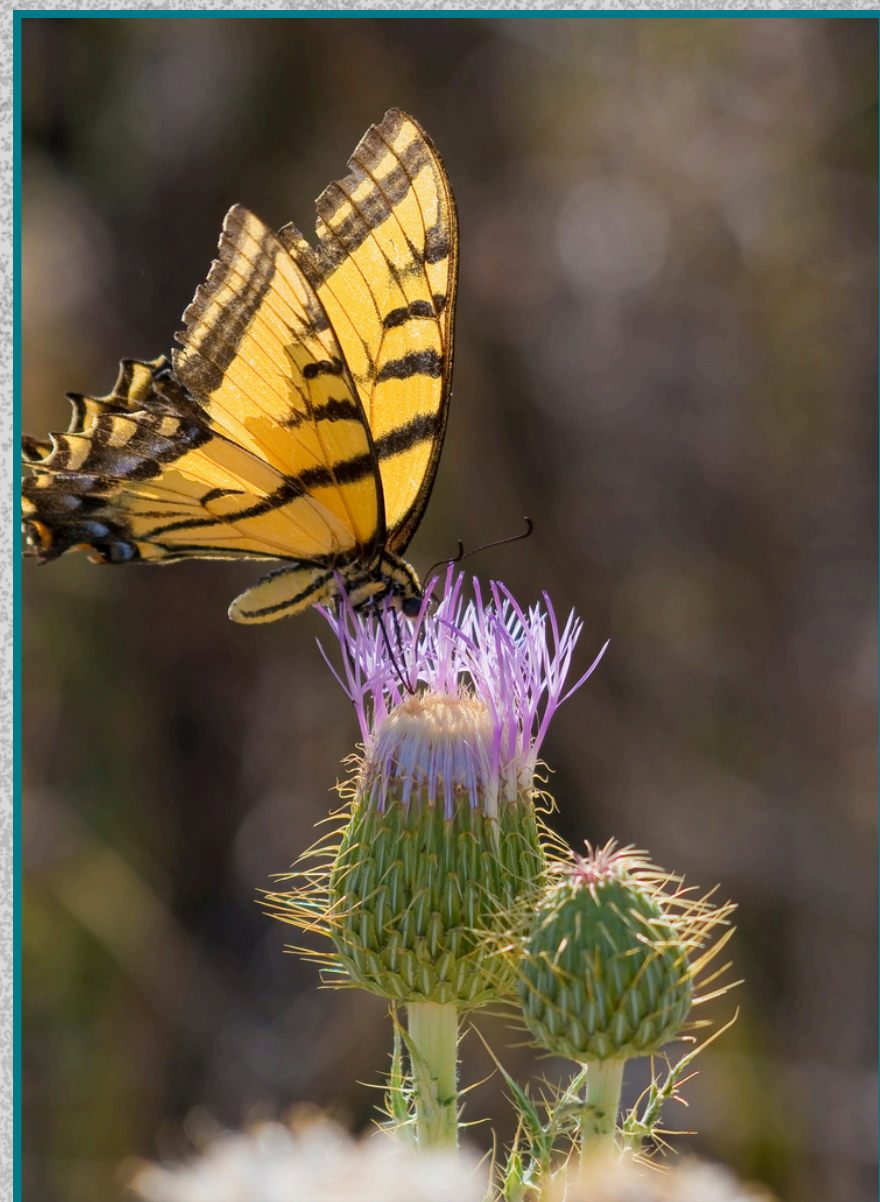
Missouri Department of  
**MENTAL HEALTH**



**SAMHSA**  
Substance Abuse and Mental Health  
Services Administration



MISSOURI DEPARTMENT OF  
**HEALTH &  
SENIOR SERVICES**



# Rooted in Community:

Why Connection Matters  
for Prevention and  
Recovery



**Presented By:**

**Liliana Miranda, CHW, CFPSW**

**Substance use doesn't begin in a crisis.**

**It begins in moments where young people don't have the support, information, or connection they need.**

# About Me:

## Building Bridges Between Communities and Systems

- *Community Health Worker*
- *Certified Family Peer Support Worker*
- *First-generation Latina*
- *Person in Recovery*

- Building partnerships
- Expanding Spanish-language access
- Connecting students and families to support
- Bringing community voices into research and public health





# About Connection

- **One student**
- **One conversation**
- **One trusted connection**

# What Research and Communities Teach Us

**Students who feel connected to school are less likely to engage in substance use and other health-risk behaviors.**

— *CDC School Connectedness Framework*

- Connection is protective
- Belonging reduces risk
- Community engagement improves outcomes



# Why Access Matters



When families can understand information, they are more likely to engage.

When communities see themselves reflected in services, they are more likely to participate.



**Access = Trust**

- ✓ **Seen**
- ✓ **Heard**
- ✓ **Valued**
- ✓ **Connected**

*Addiction Does Not  
Discriminate.*

**Recovery Often Does.**

**Access is shaped by:**

- Language
- Culture

- Geography
- Resources

# Why Federal Investment Matters

**Federal support helps communities:**

- Build partnerships**
- Strengthen prevention**
- Expand access**
- Support recovery**
- Turn research into action**



# Community is Prevention

**Substance use doesn't begin in a crisis.**

It begins in moments where people lack connection, support, and information.

**The good news:**

*Communities can  
change those  
moments.*



# Thank You

**Presented by Liliana Miranda, CHW, CFPSW**