



# Introduction to the Special Issue on “Promoting a Culture of Prevention: an International Perspective”

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## Abstract

The primary goal of this special issue is to showcase novel, theory-driven, creative, and rigorous contributions to our understanding of the existence and development of a culture of prevention and readiness to prevent. The term “culture of prevention” is neither a set of practical guidelines nor a leading theory. Instead, it is a multidimensional term representing the general orientation and readiness of a group of people (be it a family, community, school, organization, nation, etc.) to deal with problems using a preventive, rather than a reactive, approach. The COVID-19 pandemic creates an opportunity for taking stock of the worldwide progress in creating a “culture of prevention.” This special issue aims to stimulate this discourse by presenting six studies and three commentaries from international scholars focused on themes and approaches for creating a culture of prevention.

Practitioners, prevention scientists, and policymakers need to consider the necessary elements of a culture of prevention that support successful efforts to address specific diseases or behavioral health practices that threaten global health. A culture of prevention can be defined by the norms, values, and beliefs about promoting global health both among professionals and the general public. The regulatory and health systems that are in place to proactively prevent or respond to emerging health crises are visible representations of prevention’s existing culture. Regulatory and health infrastructures can also be assessed by how ethically these systems are created and implemented, including the equitable distribution of resources and the capacity to implement with sensitivity toward the communities served. The culture of prevention can also be measured by the public’s willingness to adopt and implement practices to improve global health.

The COVID-19 pandemic demonstrates the urgency for assessing our culture of prevention and how well our infrastructure resources are positioned to provide a response

(Bekker et al. 2020). The pandemic also demonstrates our challenges in engaging our diverse communities in building a stronger culture of prevention to promote global health. Significantly, preventive recommendations to reduce the virus spread have exposed major differences among stakeholders, regions, and political beliefs. These differences centered around economic issues, citizen health and well-being, and individual freedom versus the common good. Such differences are to be expected and highlight that a culture of prevention requires an efficient communication structure and credible champions to create population buy-in.

Resources devoted to discovering and designing cures for diseases have historically overshadowed efforts at prevention. Although the pandemic requires treatment of those who have contracted the disease, it underscores the need for preventing the disease from emerging and spreading. The wisdom of developing a cogent prevention strategy can be readily understood based upon the huge number of deaths, human suffering, life-long health impacts, psychological toll, medical costs, economic impacts, and ethical concerns the pandemic has exerted on communities around the world. A paradigm shift has occurred from thinking that disease requires a comprehensive treatment plan only, to also requiring complementary prevention and treatment plans, with adequate planning, provision of financial resources, and creative thinking implemented for both ends of the health response continuum. This paradigm shift to a greater focus on prevention creates a renewed call for reviewing the cumulative efforts made in prevention science over the past three decades.

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## Emerging Success Stories in Prevention Science

### Registries of Evidence-Based Programs

The maturity of prevention science can be measured by the extent to which programs that are supported by scientific evidence are available. Since the early efforts of the National Registry of Evidence-Based Programs and Practices (NREPP), several registries have emerged (e.g., Blueprints for Violence Prevention or the Green List in Germany). They provide essential guidance for scientists and practitioners to select only programs that are considered model programs and coordinate technical support to help sites choose and implement programs with a high degree of integrity.

### Practices and Policies

Prevention science and practice have demonstrated the capacity to develop and implement strategies and programs to engage the public in promoting health, crossing international boundaries (World Health Organization 2019). For example, the World Health Organization is actively leading efforts to reduce HIV, viral hepatitis, and sexually transmitted infections worldwide. Efforts to improve health by providing better cookstoves that reduce pollution have also found a worldwide audience (Haines 2017). Home nurse visits to families with newborns have indicated improved medical outcomes for babies (Kilburn and Cannon 2017).

### Methods and Approaches

Prevention science cannot operate in the dark and requires timely and accurate surveillance systems to identify emerging community needs. A set of methods and approaches have been developed in prevention science that are well-suited to adaptation for existing and emerging health crises. One example of such an effort is National Institute of Drug Abuse's Community Epidemiology Surveillance Network, which consists of multiagency workgroups with a public health orientation that study the spread, growth, or development of drug abuse and related problems (Kozel et al. 2002). Other surveillance systems include population-focused surveys, such as the Youth Risk Behavioral Surveillance System (YRBS), and topic-focused surveys, such as Monitoring the Future. These approaches are crucial for regularly collecting and monitoring information to inform systemic planning process to address emerging problems.

### Infrastructure Development

An infrastructure has emerged to support prevention efforts as well as to continue the research and development of new and

emerging strategies and programs that are evidenced-based. For example, several organizations exist that support the exchange of knowledge and research data among the various experts in the field and increasingly include the international transference of knowledge, science, and best practice. Organizations, such as the US, European, and Brazil Societies for Prevention Research, United Nations Office of Drugs and Crime, have devoted considerable resources and personnel to sharing scientific standards and best practices as well as new research findings across national boundaries. For example, the International Standards on Drug Use Prevention (UNODC 2015) and its dissemination policy represent an important example of creating buy-in from policymakers. The Standards document clearly articulated that an essential aspect of an effective prevention system is stakeholders' involvement at the national, regional, and municipal levels in the planning and delivery phase of programs. To this end, UNODC and Italy's Department for Anti-Drug Policies launched a joint initiative in Rome entitled "Prevention Strategy and Policymakers." This Initiative created regional prevention hubs connecting and training policymakers to provide them with the concrete tools to improve their national prevention system, including an archive consisting of effective drug prevention sample programs and materials.

An increasing effort has been made to develop partnerships with communities being served to address the implementation of best practices in a way that meets regional and local needs. These efforts also help to support the development of a culture of prevention in local and regional communities. For example, community coalitions (Valente et al. 2007) connect multiple sectors of the community (e.g., businesses, parents, media, law enforcement, schools, faith organizations, health providers, social service agencies, and government) to collaborate and develop plans, policies, and strategies to achieve reductions in the rates of risky behaviors at the community level.

### Workforce Professionalization

A related effort can be seen in the effort to professionalize the prevention science workforce through credentialing efforts. This effort involves partnering with universities and prevention and treatment specialists to help train substance use prevention and treatment professionals through a degree program and Continuing Education using the Universal Prevention Curriculum. Training would license individuals based on work experience and test scores with quality upgrades over time. It helps communities build an implementation system to support prevention and treatment to include health and social services, schools, parent groups, businesses, law enforcement, and the judicial system (Ostaszewski et al. 2018; Sumnall 2019; Watson-Thompson et al. 2017).

## Overview of the Special Issue

Building a culture of prevention also offers further motivation to work across national boundaries to share what we have learned in the field of prevention science and to support these efforts globally. This collection of articles focuses on turning prevention from potential and sporadic activity into a systematic community-wide approach (i.e., the establishment of a culture of prevention). This volume offers a start in an organized effort to reach across nations and share our efforts as a global community to build a more cohesive culture of prevention.

### The Challenge of Establishing a Culture of Prevention

The challenge for prevention scientists, practitioners, and policymakers is to use this moment of awareness brought about with the pandemic to establish and support a culture of prevention. Establishing a culture of prevention should not be confused with the question of how to adapt a prevention program to a specific context culturally. Establishing a prevention culture seeks to socialize people (and society) to think differently about prevention as integral to building a healthy and robust society (Chase 2006; Corsaro and Johannesen, 2007). Culturally adapting a program is a more targeted issue (i.e., making a given program or set of policies fit in a new socio-cultural context; Castro et al. 2010).

Defining the term “culture” is characterized by a long-standing debate in science (e.g., Haring 1949; Jahoda 2012; Keller 2017; Mironenko and Sorokin 2018). Interestingly one of the only standard components in most of the definitions is that having a culture means the existence of communication. For example, Blumenthal (1940) suggested culture is a “... stream of ideas...” and Ramsey (2013) definition of culture as “information transmitted between individuals or groups.” In the case of promoting a culture of prevention, both the initiation of comprehensive, culture-wise prevention and its detailed implementation can be fostered by change agents of all kinds. This includes the development of a culture of prevention that can come from top-down (e.g., COVID-19) or can be a bottom-up approach (e.g., drinking and driving laws; Fell and Voas 2006).

Approaching a precise definition of culture is a mission beyond the scope of the current Special Issue. However, to promote the discussion and research on the culture of prevention, there was a need to generally draw the topic outlines. Thus, this special issue’s importance stems from its being the first effort to outline some of the critical considerations in defining the evolving concept of a culture of prevention.

Thus, in the Call for Papers, we described the “culture of prevention” as a multidimensional concept that represents “adherence to prevention in attitudes, behaviors, and operational systems (Kim et al. 2016). We suggest that transforming

our communities’ and countries’ acceptance of a culture of prevention would rely on several of the following components (Foster-Fishman et al. 2001; Foster-Fishman and Watson 2012; Shaw 2019; Shteynberg 2010): public and government being receptive to the ideas and values of prevention; supportive policies and legal frameworks; accessible and available scientific evidence and research to support prevention efforts; plans to coordinate multiple sectors and levels of public and private entities involved; engagement of policymakers and practitioners in the building of systems, structures, policies; practices based upon scientific knowledge to support prevention efforts; public will and commitment to provide adequate resources and to sustain the system in the long term; translation of scientific evidence for real-world adaptation; and the emergence of best practices for consumers. Referring to these possible components, we invited submissions that addressed questions such as the following: What is the current state of the culture of prevention in various nations? What are similar and diverse elements across nations? What are the major dimensions along which the culture of prevention varies (across groups, organizations, nations, etc.)? How should the culture of prevention be measured? What are the characteristics of groups/organizations/nations in which a significant change in the culture of prevention has occurred? Does a culture of prevention develop through bottom-up or top-down processes? And what are the significant barriers in promoting a culture of prevention?

In outlining these questions, we lean on existing positive examples of changing cultural perceptions, such as the Road safety initiatives (e.g., Johnston 2010; Schlembach and Kaiser 2019), OECD (2012) adoption of *Nuclear Safety Culture* and OECD efforts to promote “*Cultural heritage*”—i.e., “...a shared resource, raising awareness of common history and values, and reinforcing a sense of belonging to a common European cultural and political space” (OECD 2019). The papers that are included in this Special Issue are examples of the culture of prevention in various international settings. Below we provide a brief description of the papers and the issues relevant to addressing the culture of prevention.

### Overview of Papers in the Special Issue

Strengthening the regulatory processes and the infrastructures supporting prevention work is essential to building a culture of prevention. For example, Heikkilä et al. (2020) discuss the United Nations Office on Drugs and Crime (UNODC) efforts to engage with the decision-makers to strengthen a culture of prevention, particularly in low- and middle-income countries. Heikkilä and colleagues further suggest several additional necessary components of the intervention process, such as addressing the needs, beliefs, values, priorities, and skills of

decision-makers, a national/international champion, and professionalization of the working team.

An example of building an infrastructure of support for the culture of prevention in a specific setting, i.e., social health networks in schools, is provided by (Murphy et al. 2018). The importance of establishing an active network is also highlighted. The article exemplifies a system-building approach based upon the adaptation of the Transdisciplinary Complex Adaptive Systems (T-CAS), which was used to establish a preventive-oriented school health network. Several prerequisites for establishing a culture of prevention are highlighted in their work, including establishing transdisciplinary partnerships, investment in and the linking of resources, engagement activities that generate research evidence to constantly inform policies and practices.

As part of the infrastructure development for a culture of prevention, issues related to professionalization and the adoption of evidence-based approaches are also addressed in this special issue. Mauricio and colleagues (Mauricio et al. 2018) present several facilitators and barriers in cross-country transport of evidence-based programs. Mauricio et al. call for more attention to identifying a universally recognized topic (e.g., parenting) and the need to analyze the drivers, competency, organization, and leadership that will be essential in the pursuit of forming better partnerships.

Articles by Sentell and colleagues (Sentell et al. 2018) and Parra-Cardona and colleagues (Parra-Cardona et al. 2018) present the challenges of engaging the public and changing the culture of prevention in specific types of communities. Sentell and colleagues provide significant background information on political and cultural difficulties that characterized (or still exist in) many Eastern Europe nations, as well as within an elderly population which represents an understudied population (Israelashvili and Romano 2017). Parra-Cardona and colleagues also discuss the challenges of implementing prevention programs in low- and middle-income countries. They demonstrate the iterative and multifaceted process, accompanied by close collaborations with the local community's leadership, to introduce a gradual process for promoting a culture of prevention in developing countries.

The culture of prevention is also addressed by examining specific topics that are a concern within the community. Exner-Cortens et al. (2019) suggest that creating culture of prevention can be based on four elements: focusing on significant and costly social problems; offering a well-supported, developmentally appropriate solutions; building a network of relevant and supportive stakeholders; and considering factors related to scale-up from the beginning. Their work focuses specifically on a culture of prevention that focuses on intimate partner violence prevention through the promotion of healthy youth relationships.

The recognition that the culture of prevention can be built upon constructs that are shared more globally is addressed by

Rowland and colleagues (Rowland et al. 2019). They note the similarity of adolescents' problem behaviors across four nations: USA, Australia, India, and the Netherlands. Specifically, their study relies on the positive youth development framework that is implemented across these different geopolitical contexts.

## Conclusions and Implications

All of the papers in this special issue address several, rather than a singular, aspects of building a culture of prevention. One clear theme that emerged from this collection of papers is that establishing a culture of prevention is not accomplished by a single (or "dramatic") act. Instead, the development of a prevention culture requires a series of related and contributory actions to bring about the desired appreciation for prevention to address global health. Although COVID-19 provides a catalyst for sensitizing nations worldwide, continued development and implementation of a culture of prevention will require sustained, planned, complementary, and coordinated actions to establish such a culture.

There remains much work to be done. Models of planned activities to establish and to sustain a culture of prevention are needed. Comprehensive theories that provide a roadmap for establishing more broadly a culture of prevention for a host of public health issues are required. Those actively engaged in shaping the prevention science field must move forward and explore ways to foster the building of a culture of prevention and the frameworks that support this culture as the default option in every society and system. The current special issue offers some beginning points for moving in this direction; the urgent need for developing a culture of prevention is made apparent by the emergence of the COVID-19 pandemic.

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## Compliance with Ethical Standards

**Conflict of Interest** The authors declare that they have no conflict of interest.

**Ethical Approval** All procedures performed in this study were in accordance with the ethical standards of the institutional research committee,

with the Belmont Report, and with the 1964 Helsinki declaration and its later amendments.

**Informed Consent** This study did not involve human subjects, and informed assent/consent was not required.

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