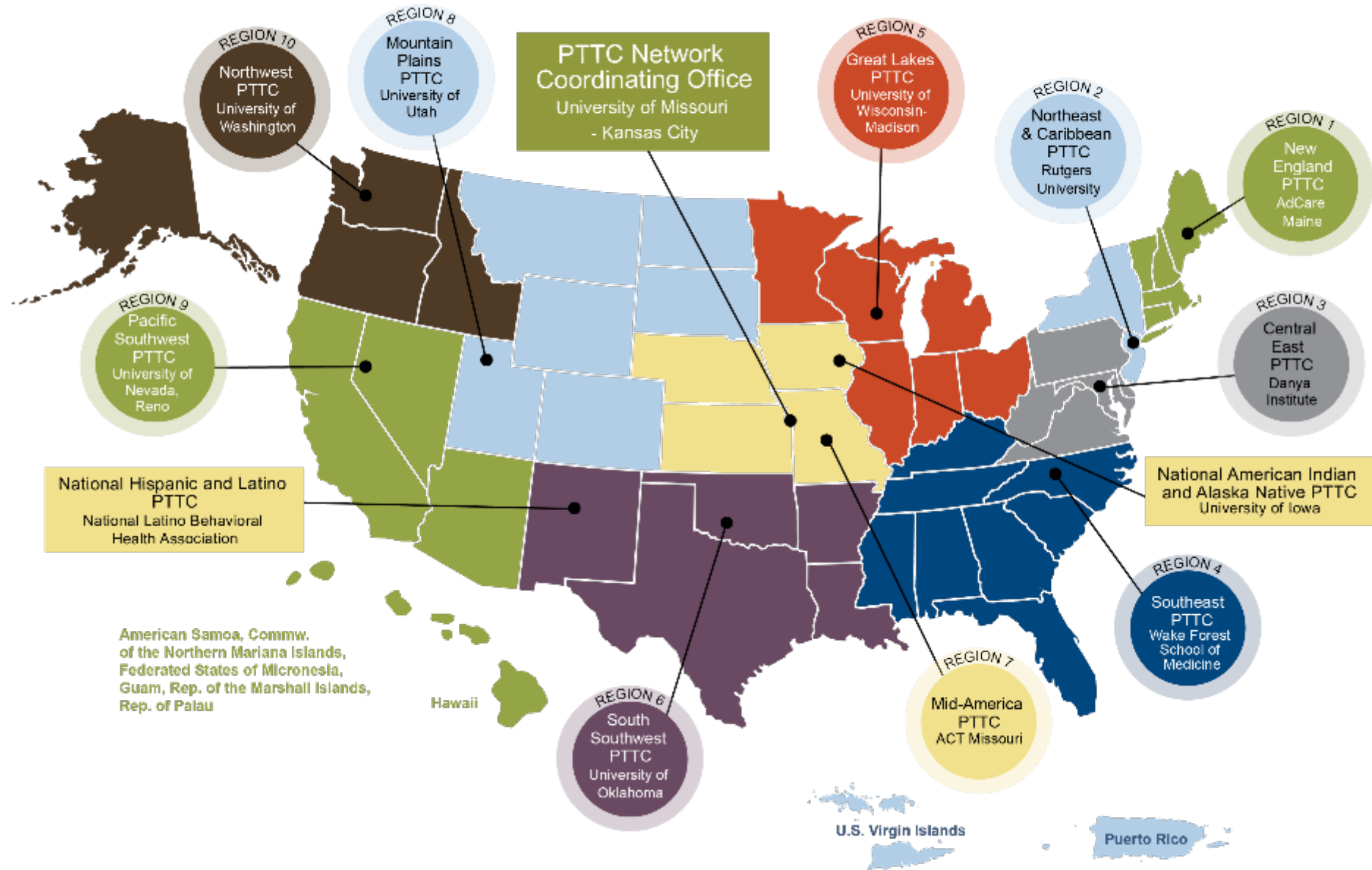




PTTC

Prevention Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

PTTC Network





Pacific Southwest (HHS Region 9)

PTTC

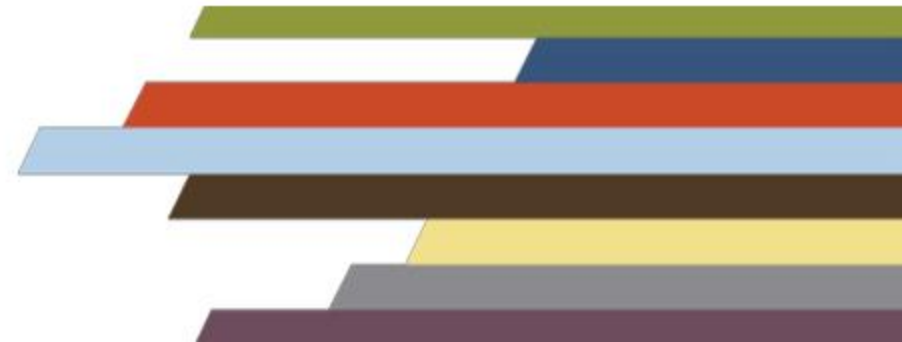
Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Health Equity Foundations for the African American Population

Albert Gay, MS



Disclaimer

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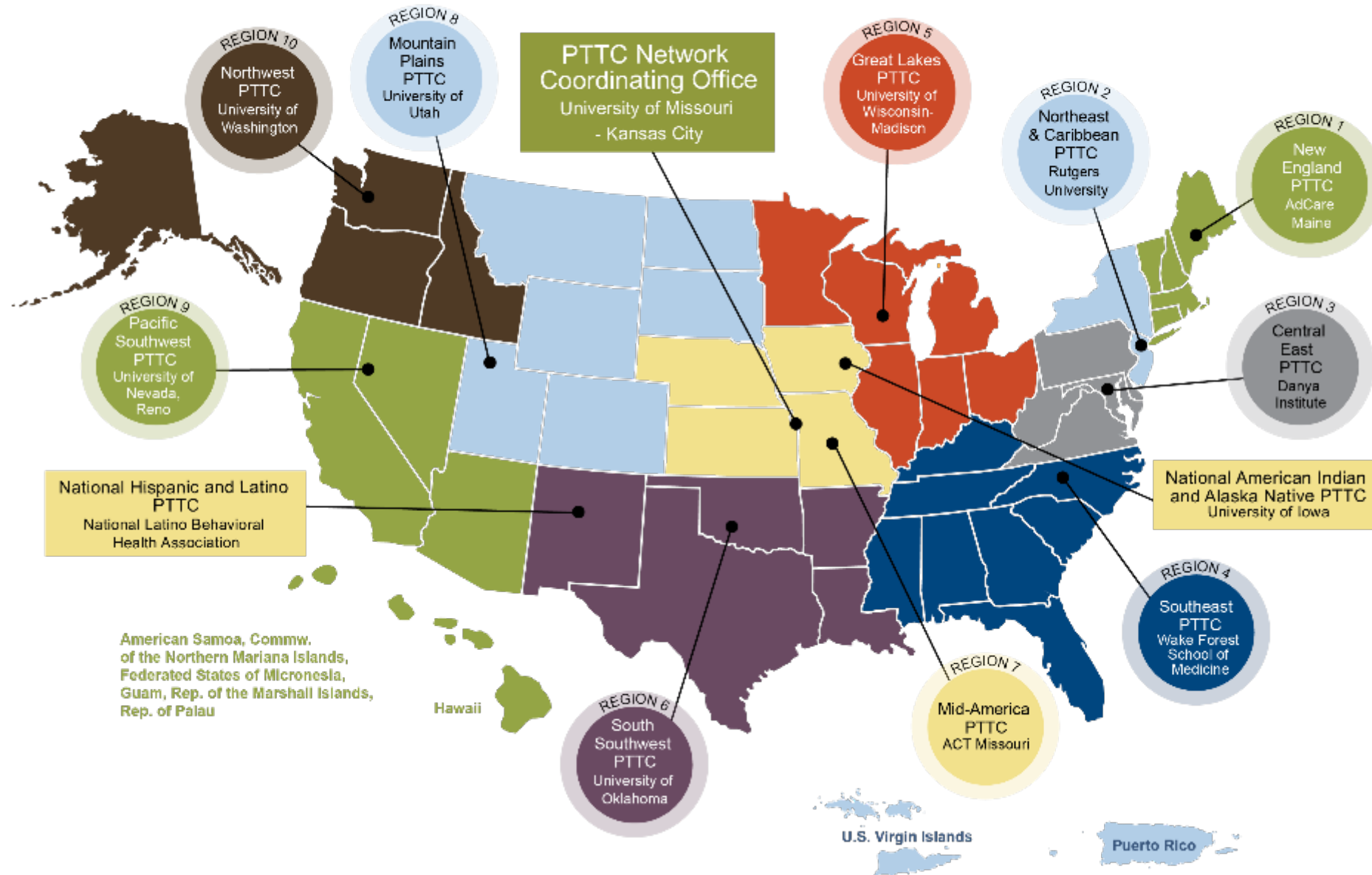
This session is being recorded and archived and will be available for viewing after the webinar. Please contact the session facilitator if you have any concerns or questions.



PTTC

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PTTC Network



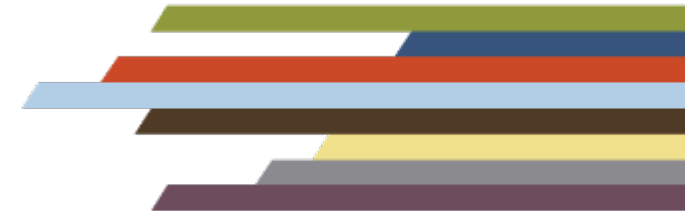
Purpose of the TTCs

1

Develop and strengthen the **workforces** that provide substance use disorder and mental health disorder prevention, treatment, and recovery support services.

2

Help people and organizations incorporate **effective practices** into substance use and mental health disorder prevention, treatment and recovery services.



PTTC Network Approach

The PTTCs...

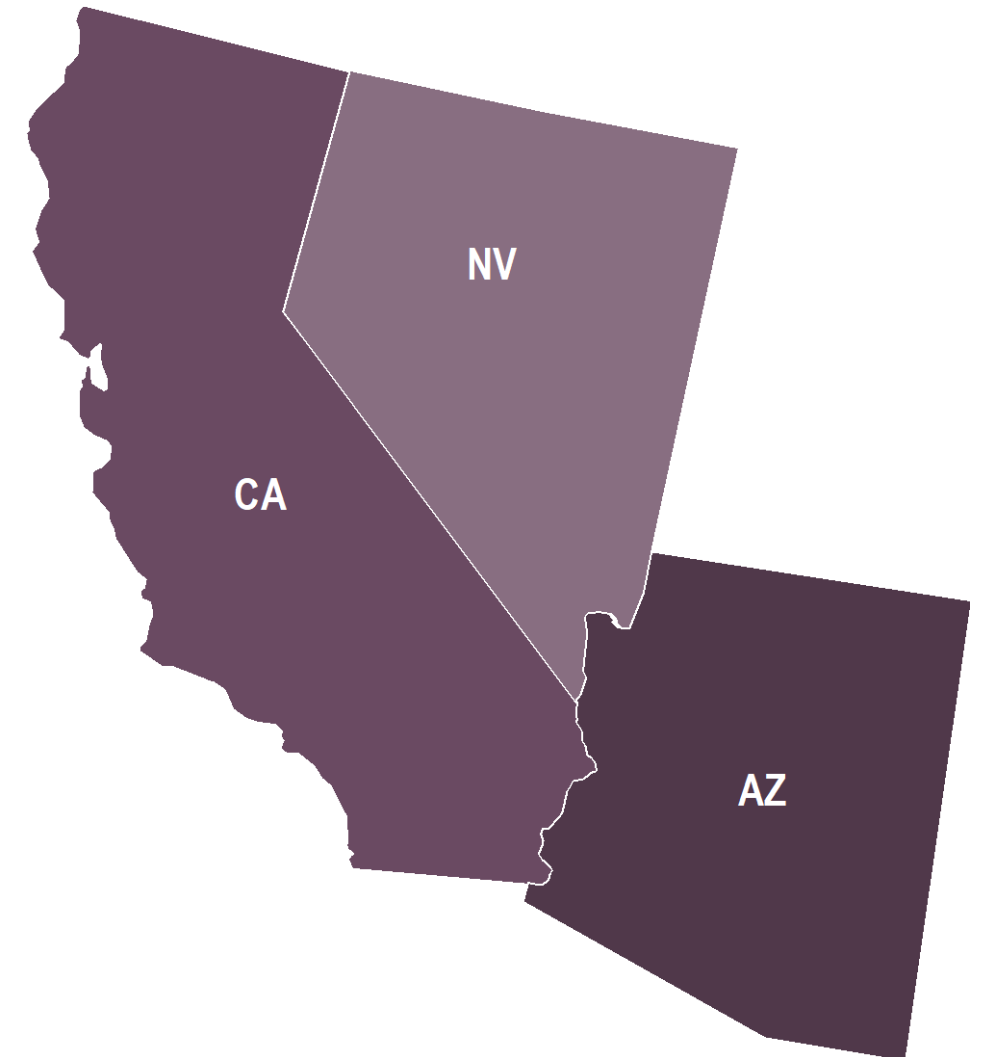
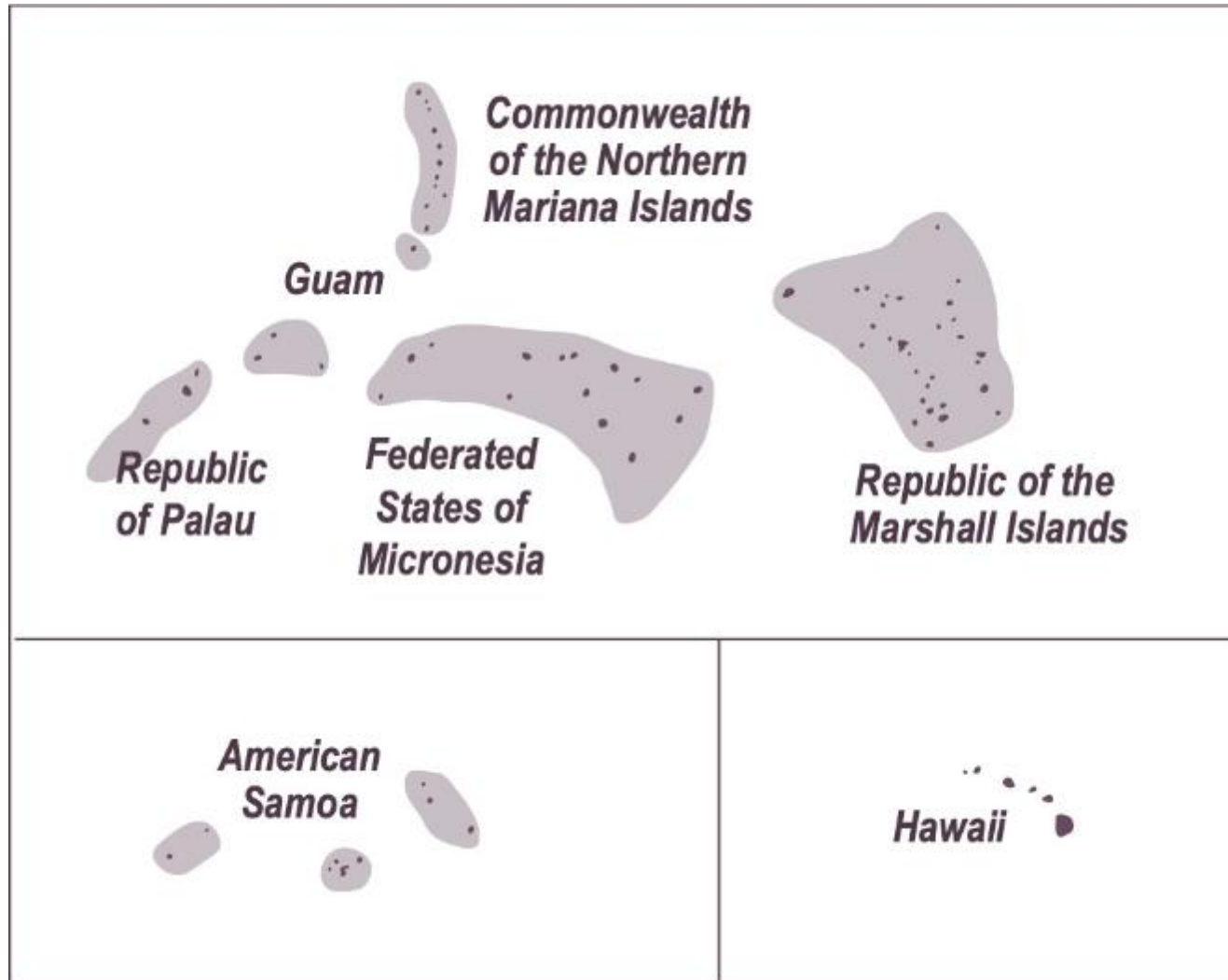
Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts

Provide training and resources to prevention professionals to improve their understanding of

- prevention science,
- how to use epidemiological data to guide prevention planning, and
- selection and implementation of evidence-based and promising prevention practices.

Develop tools and resources to engage the next generation of prevention professionals

Pacific Southwest





Land acknowledgement

We acknowledge that the University of Nevada, Reno is situated on the traditional homelands of the Numu (Northern Paiute), Wašiw (Washoe), Newe (Western Shoshone), Nuwu (Southern Paiute) peoples. These lands continue to be a gathering place for Indigenous Peoples and we recognize their deep connections to these places. We extend our appreciation for the opportunity to live and learn on their territory.

Housekeeping

- Meeting room
- Webinar recording and materials
- Certificates of attendance



Mark your Calendars!*

Preventing Underage Drinking and Excessive Drinking Among Adults Through Alcohol Policies

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The Why – Alcohol Policy: A Community Approach to Reduce Community Harms

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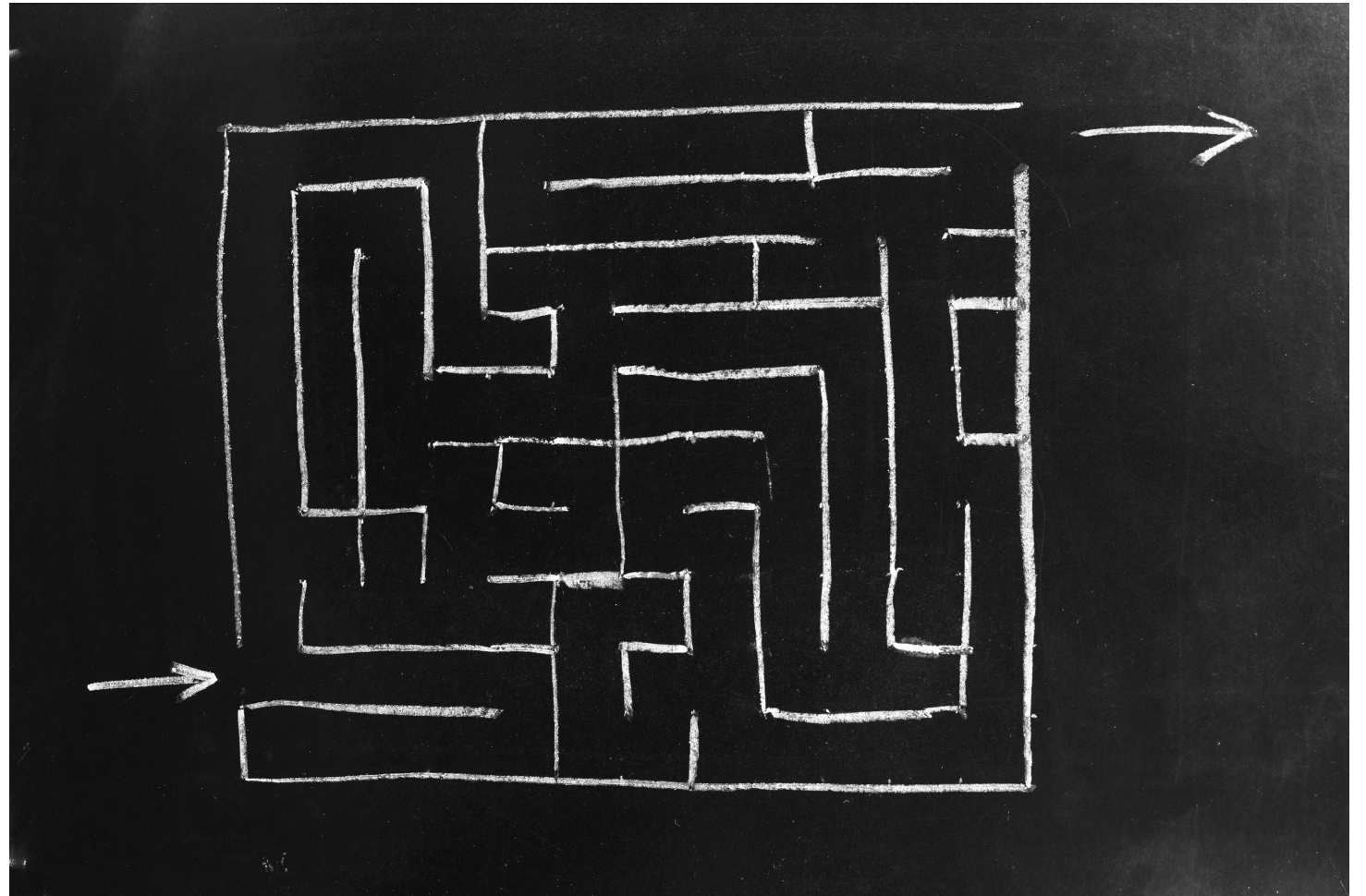


Health Equity Moving Forward

By Albert Gay, MS
TTJ Group, LLC

Agenda

- Terminology Linked to Health Equity
- The Tie between Health Disparities and Inequities and Substance Misuse
- Role of Cultural Competence and Humility

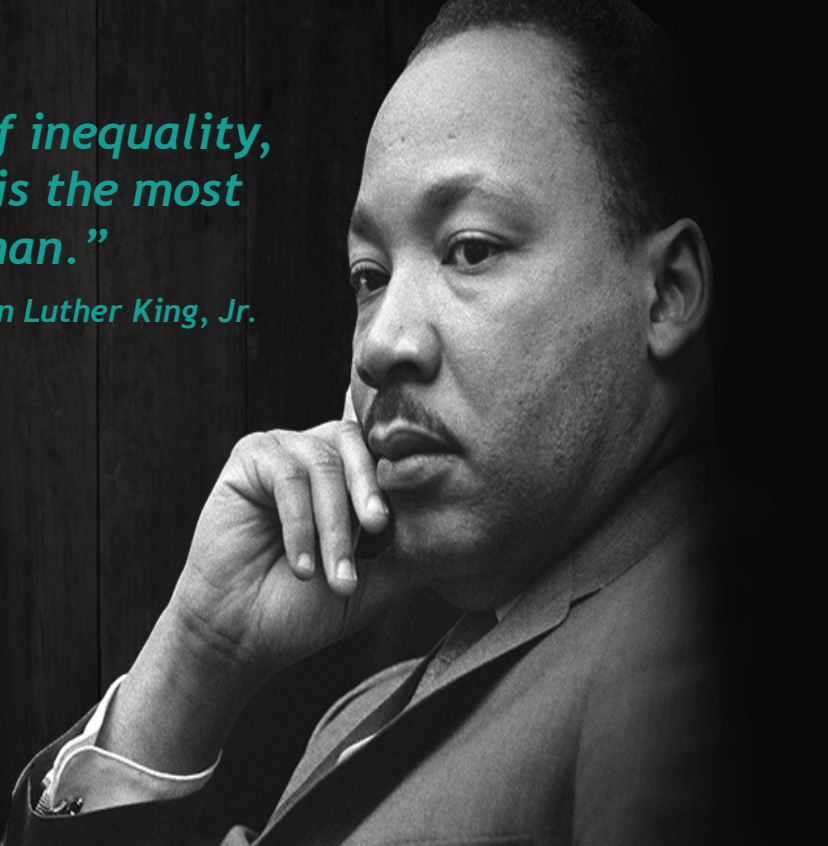




Terminology

“Of all the forms of inequality, injustice in health is the most shocking and inhuman.”

- Rev. Dr. Martin Luther King, Jr.



Health Disparities Defined

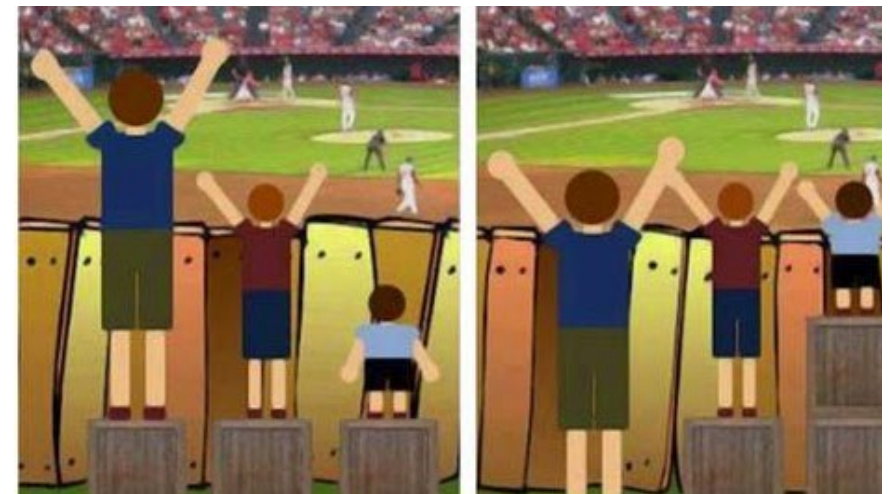
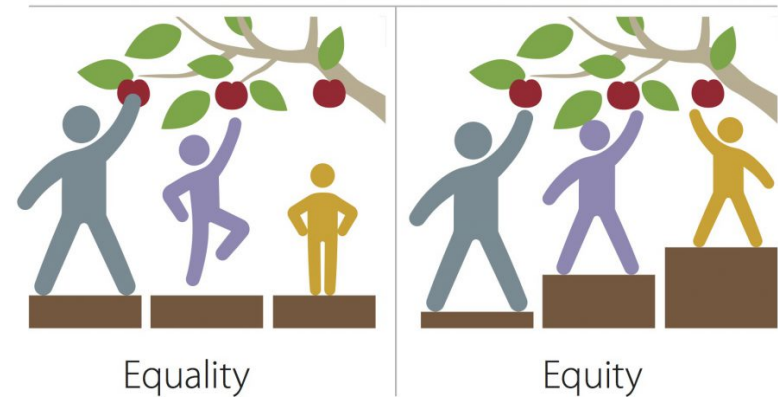
Healthy People 2020 defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their 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.”

U.S. Department of Health and Human Services. The Secretary’s Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020.

What are health inequities?

Discrimination based upon social status/other factors resulting in unequal access to

- quality education
- healthcare
- housing
- transportation
- other resources



Robert Wood Johnson Foundation

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”
(RWJ)



Defining Health Equity Definitions

Health equity is achieved when every person has the opportunity to “attain his or her full health potential” and no one is “disadvantaged from achieving this potential because of social position or other socially determined circumstances.” (CDC)



Health Equity in Summary

Health equity focuses on making things right, so everyone has the resource needed to attain their full health potential.



Behavioral Health Equity

The right to access quality health care for all populations regardless of the individual's race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders.



Behavioral Health Disparities

Differences in outcomes and access to services related to mental health and substance misuse which are experienced by groups based on their social, ethnic, and economic status.

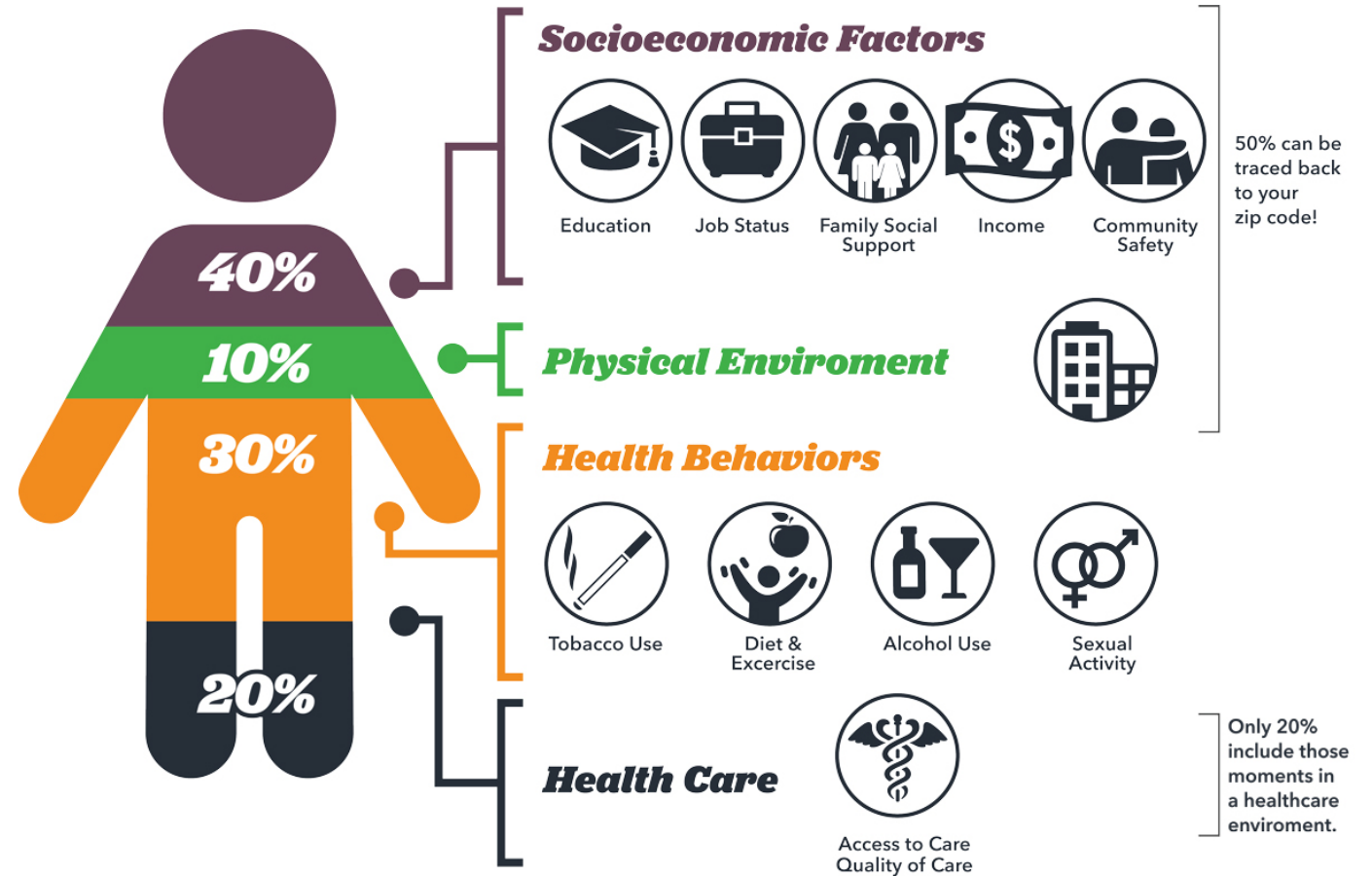


Comparison of Definitions

Health Disparities	Health Inequities
Differences in the incidence and prevalence of health conditions and health status between groups.	Systematic and unjust distribution of social, economic, and environmental conditions needed for health

What creates Health Inequities?

- Result of not just a result of lack of access to services or poor choices.
- policy decisions that systematically disadvantage some populations over others.
- SDOH are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between groups.



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Social Determinants of Health



Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

<https://health.gov/healthypeople/priority-areas/social-determinants-health>

SDOH Indicators

Figure 1

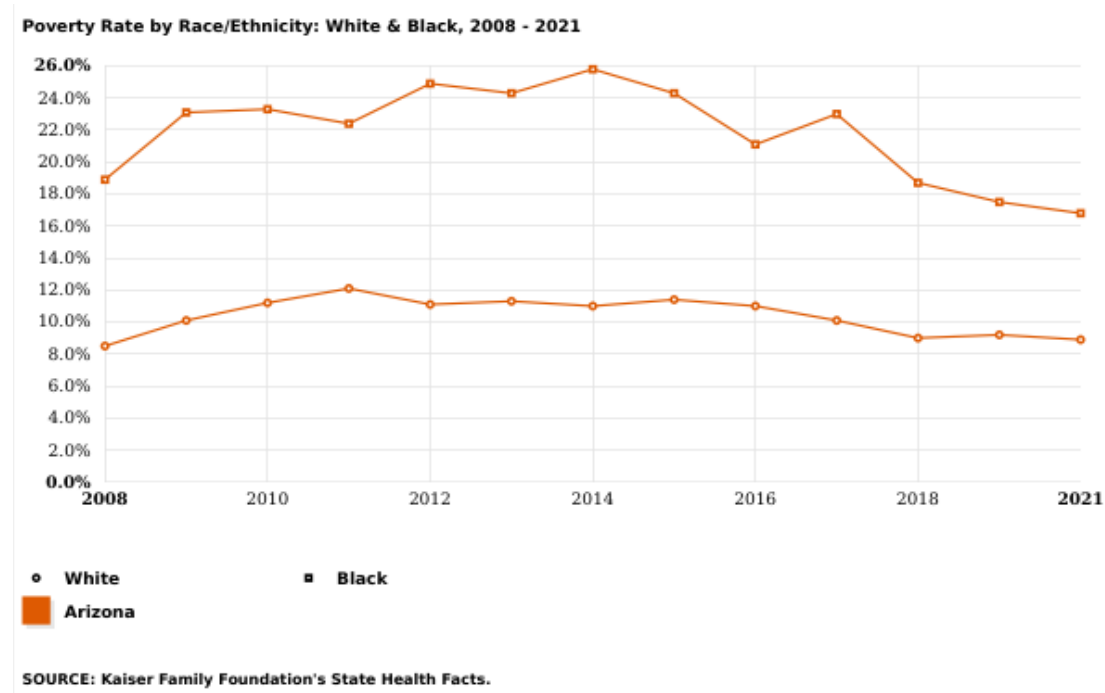
Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Poverty Rate by Race/Ethnicity

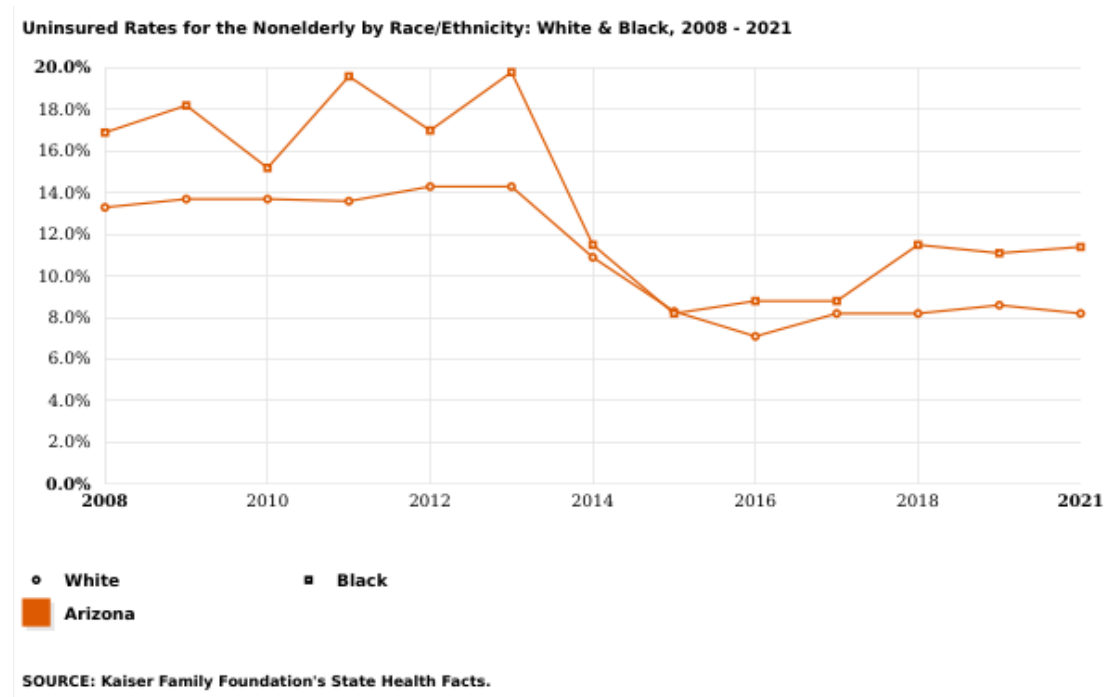
Timeframe: 2008-2021



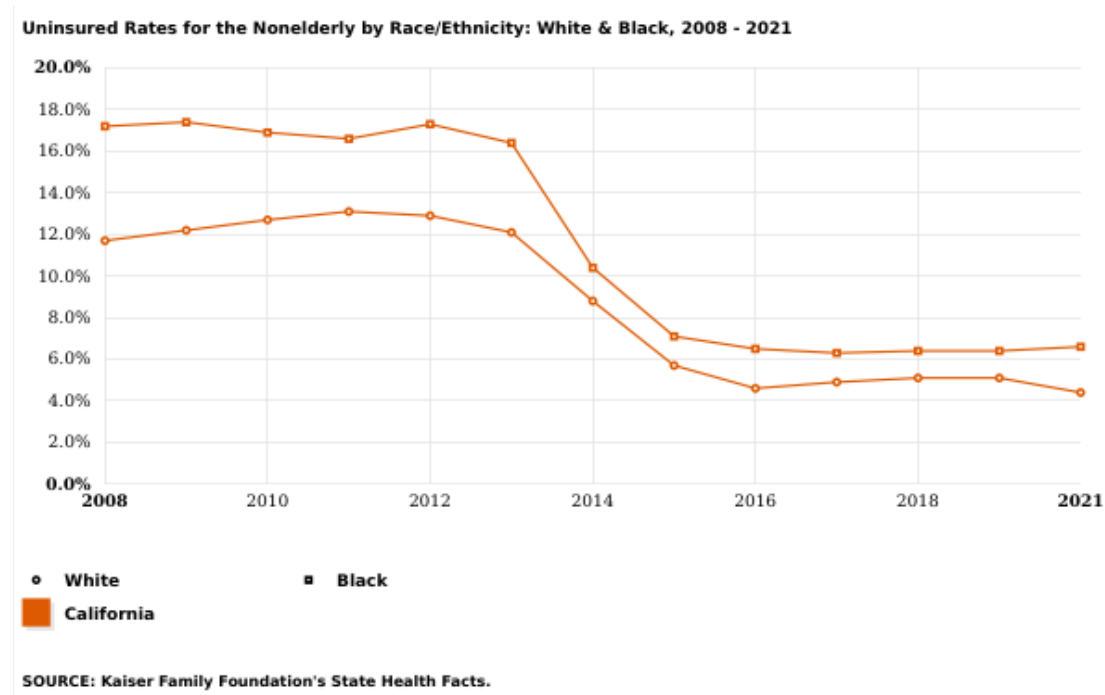
Health Care



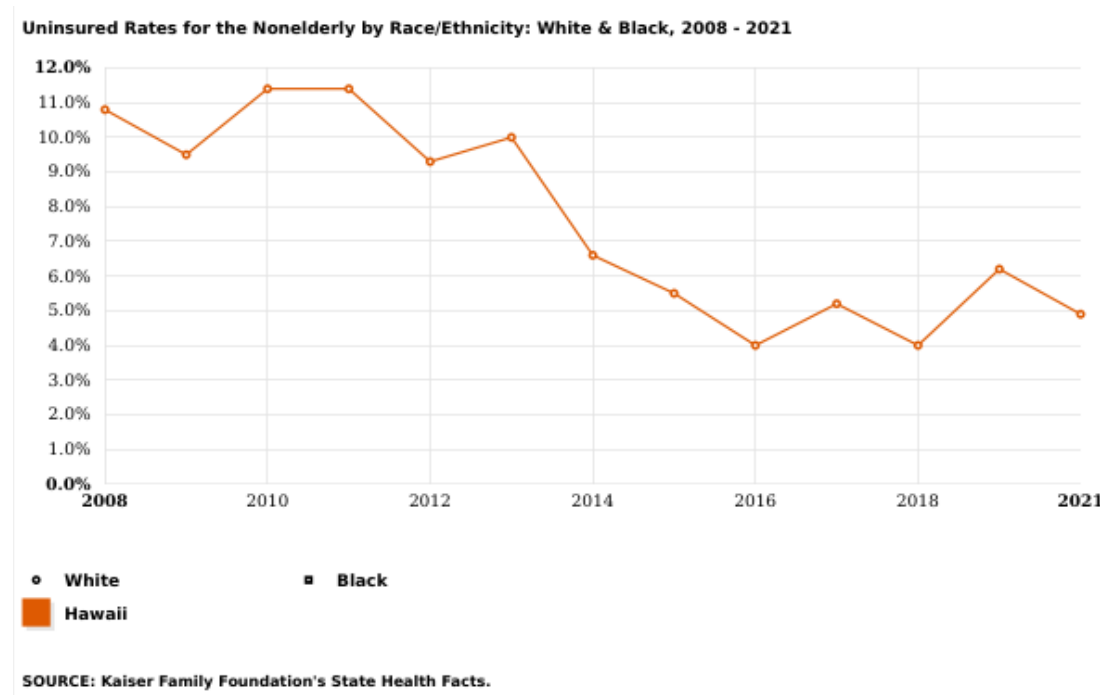
Uninsured Rates for the Nonelderly by Race/Ethnicity



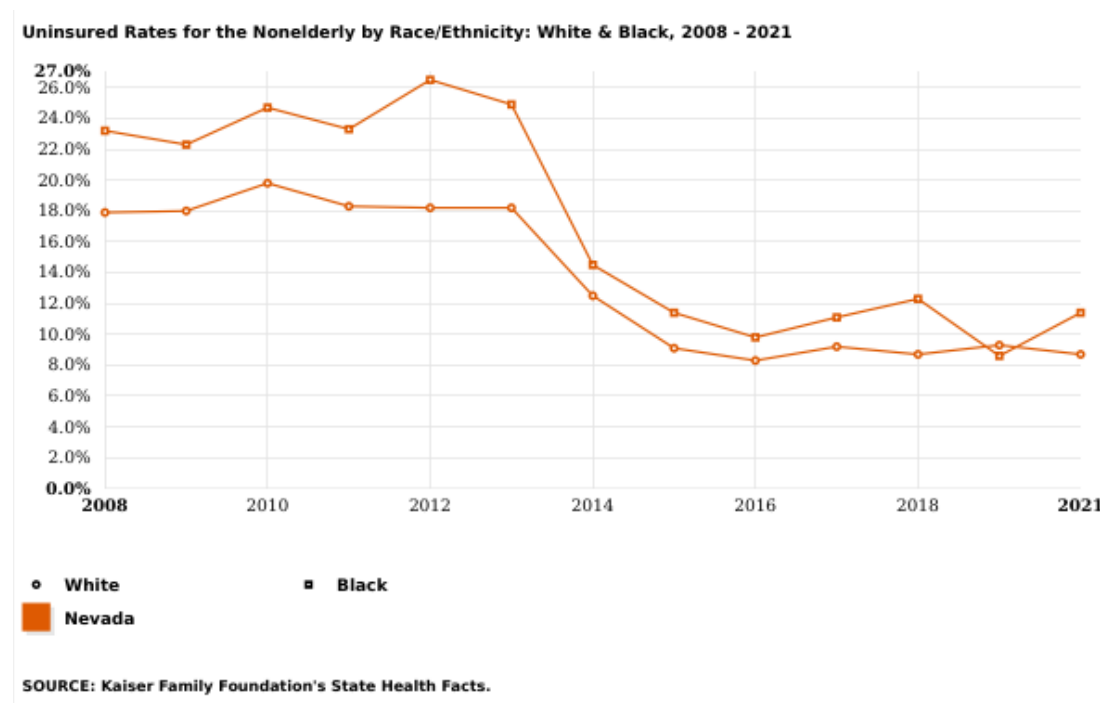
Uninsured Rates for the Nonelderly by Race/Ethnicity



Uninsured Rates for the Nonelderly by Race/Ethnicity



Uninsured Rates for the Nonelderly by Race/Ethnicity



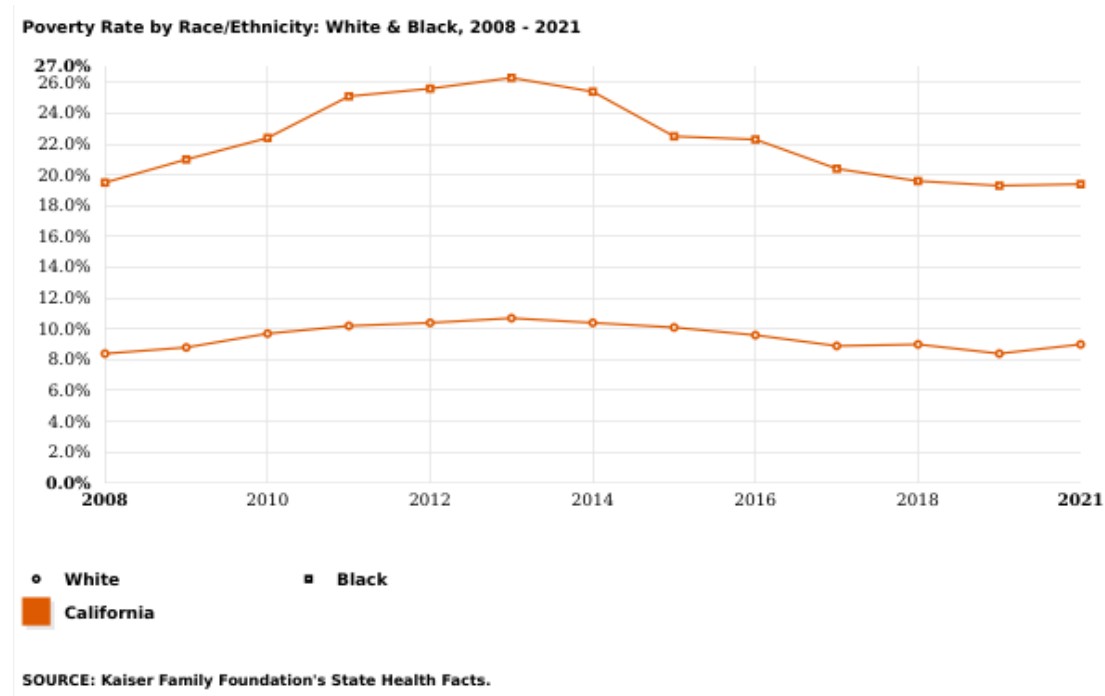
Location	2008_Wh	2008_Bla	2009_Wh	2009_Bla	2010_Wh	2010_Bla	2011_Wh	2011_Bla	2012_Wh	2012_Bla	2013_Wh	2013_Bla	2014_Wh	2014_Bla	2015_Wh	2015_Bla	2016_Wh	2016_Bla	2017_Wh	2017_Bla	2018_Wh	2018_Bla	2019_Wh	2019_Bla	2020_Wh	2020_Bla	2021_Wh	2021_Bla
Nevada	0.179	0.232	0.18	0.223	0.198	0.247	0.183	0.233	0.182	0.265	0.182	0.249	0.125	0.145	0.091	0.114	0.083	0.098	0.0921	0.1109	0.08668	0.12268	0.09338	0.08618	0.08727	0.11376		

Economic Stability



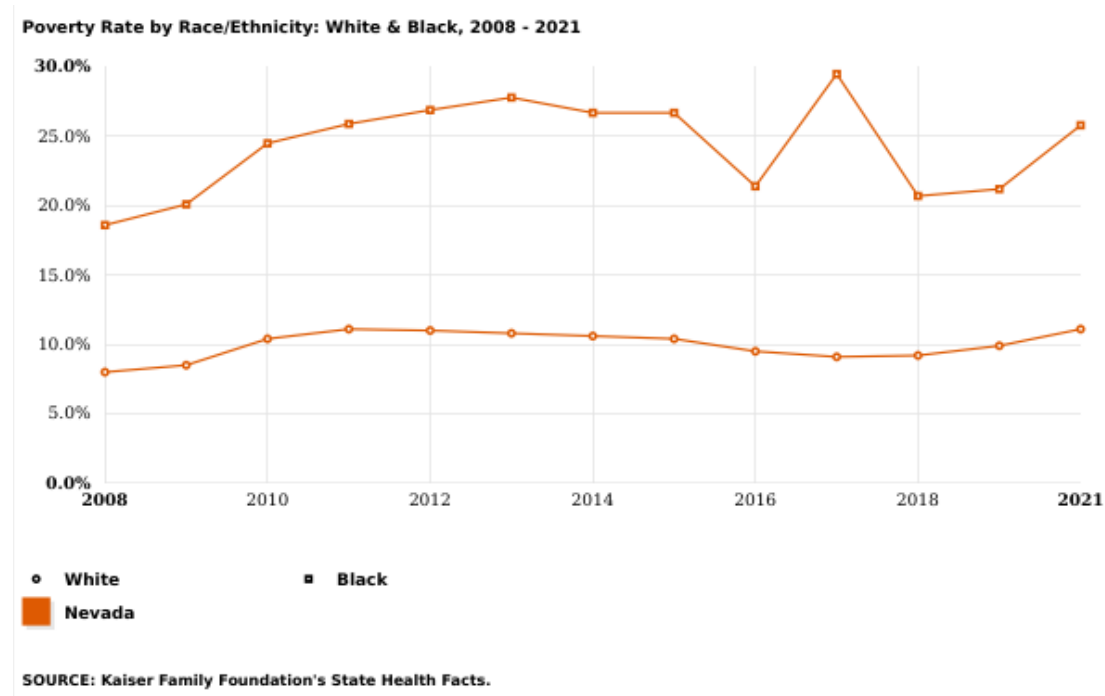
Poverty Rate by Race/Ethnicity

Timeframe: 2008-2021



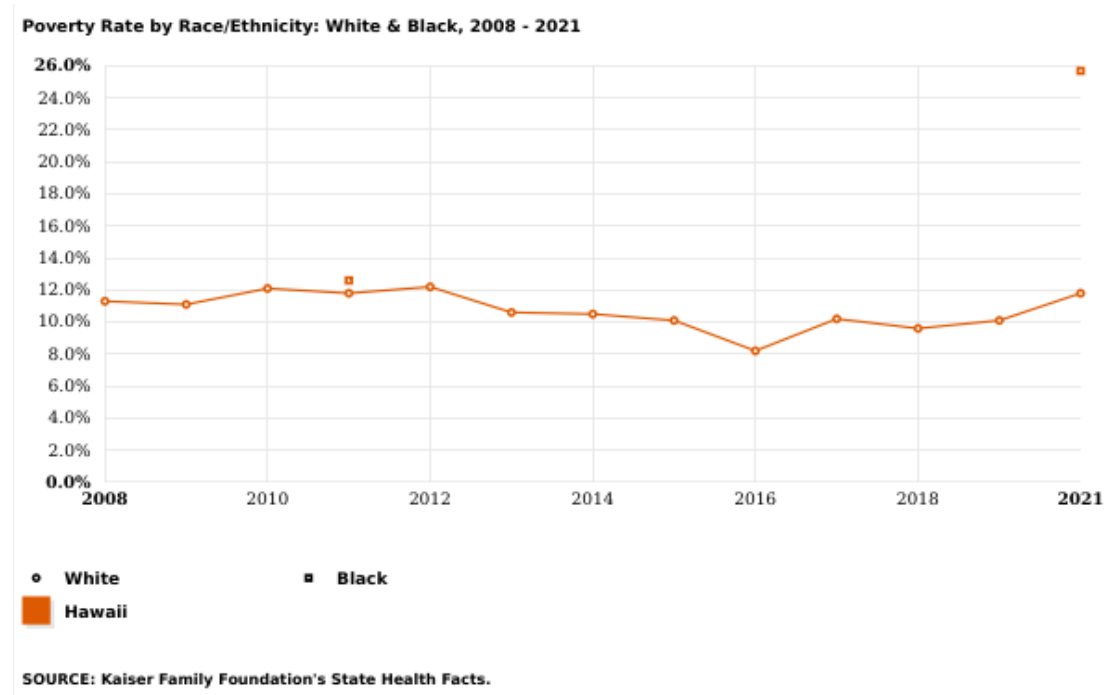
Poverty Rate by Race/Ethnicity

Timeframe: 2008-2021



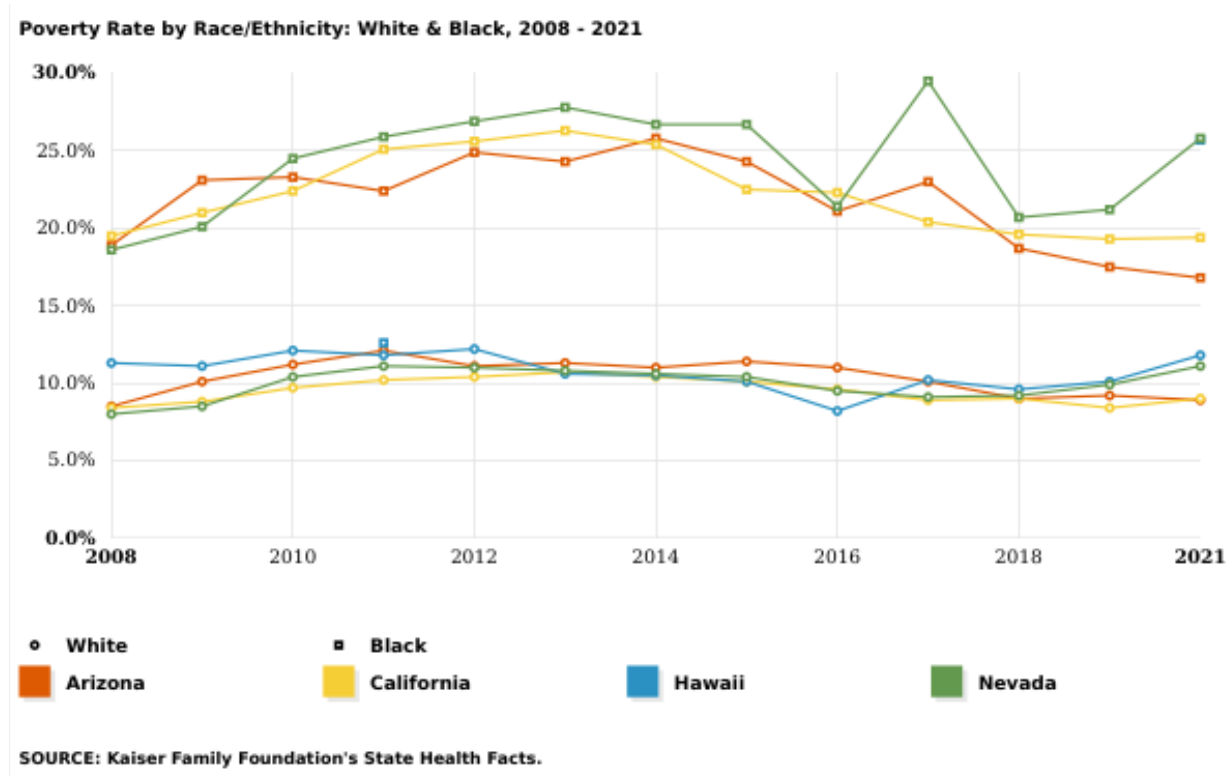
Poverty Rate by Race/Ethnicity

Timeframe: 2008-2021



Poverty Rate by Race/Ethnicity

Timeframe: 2008-2021



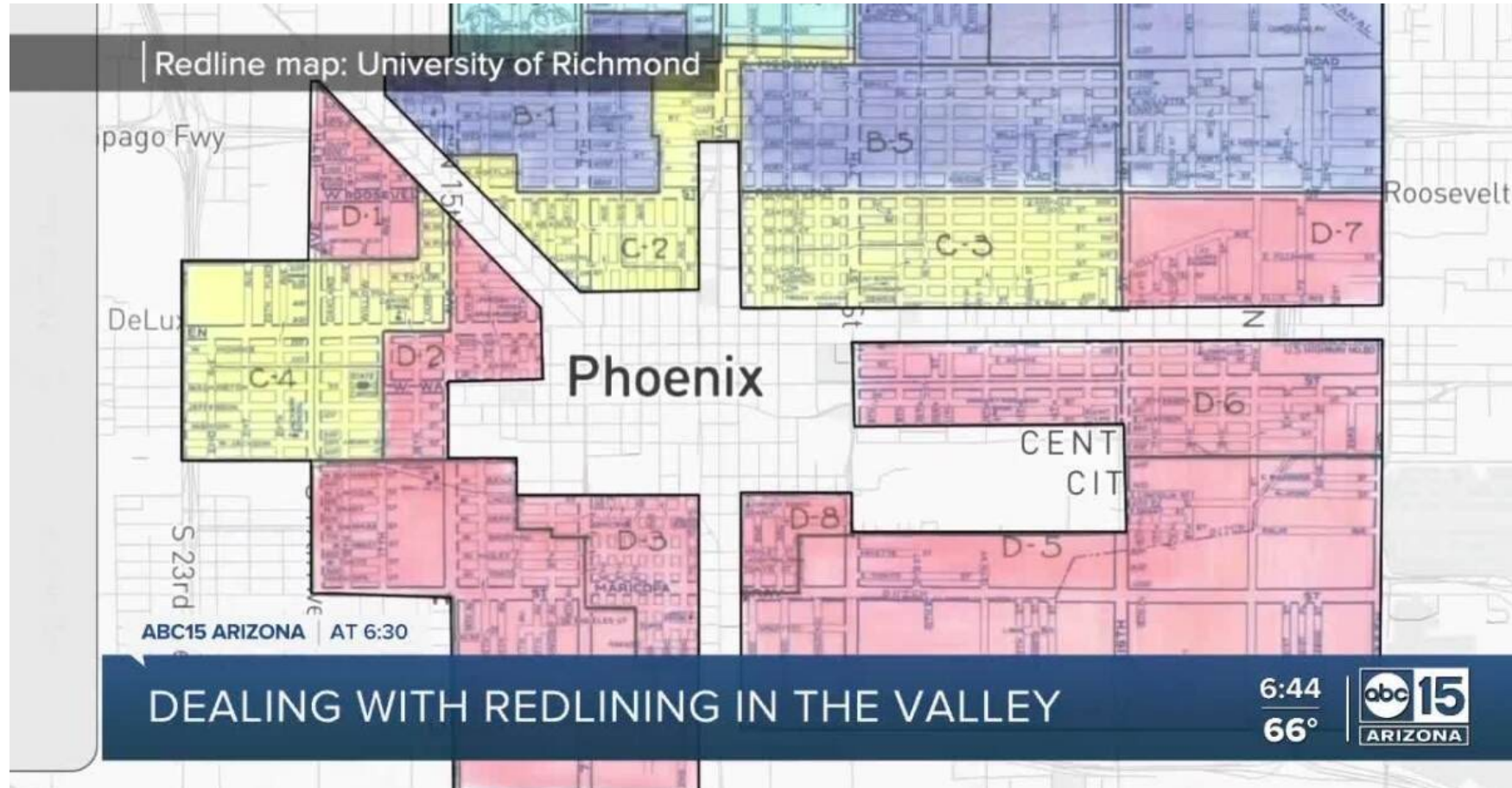


The Tie between Health Disparities and Inequities and Substance Misuse

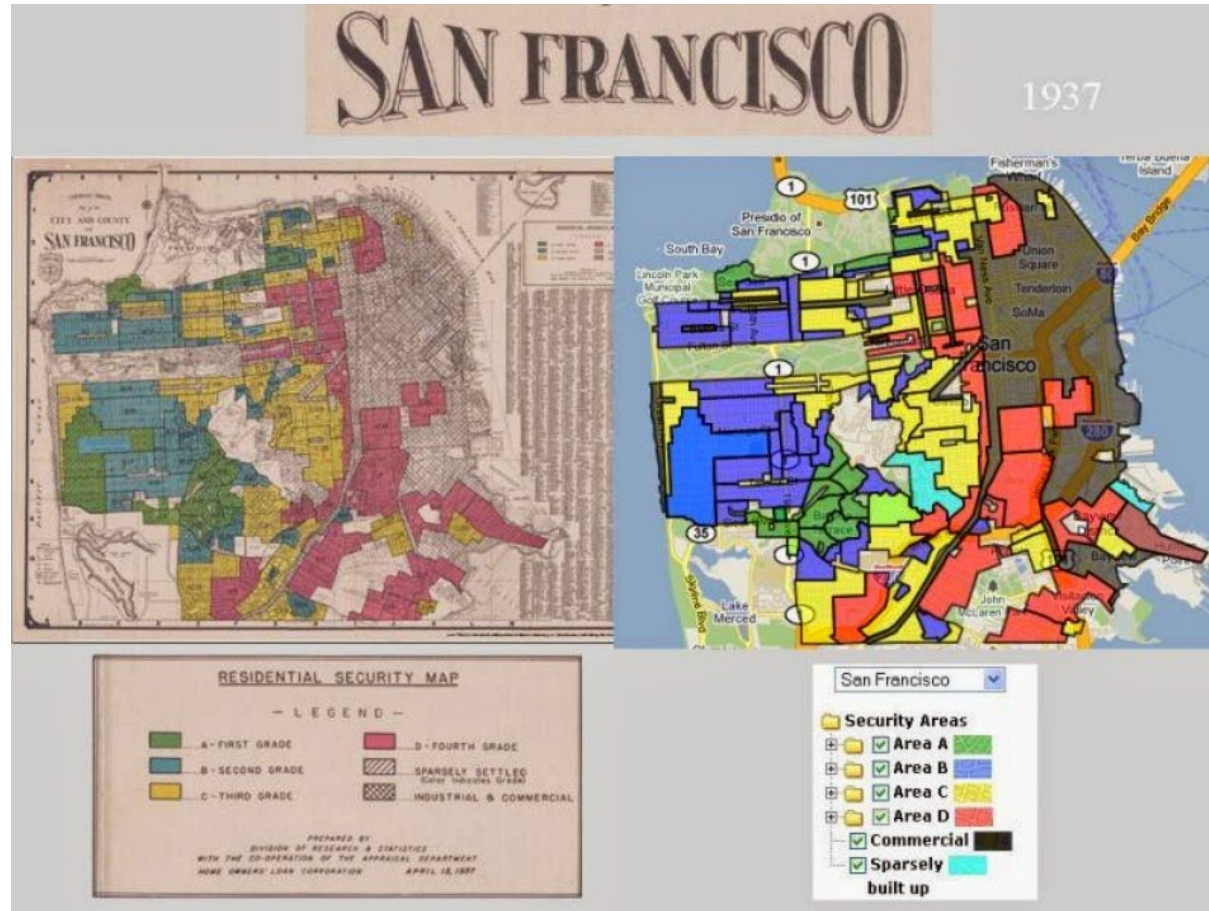
Neighborhood & Built Environment



Redlining

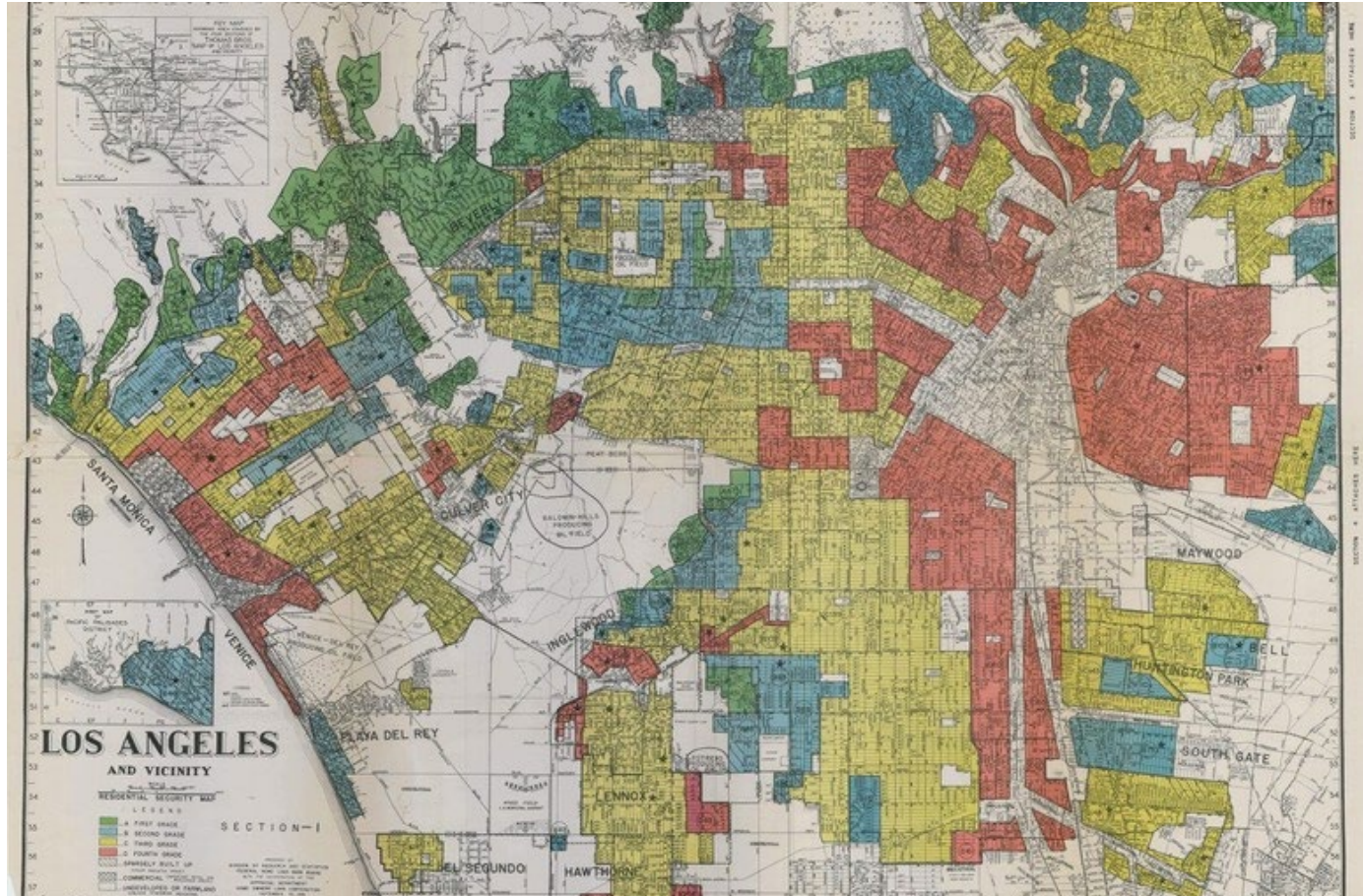


Redlines Everywhere



<https://dsl.richmond.edu/panorama/redlining/#loc=5/39.1/-94.58>

Historical Redlining and Birth Outcomes in Los Angeles, Oakland, and San Francisco

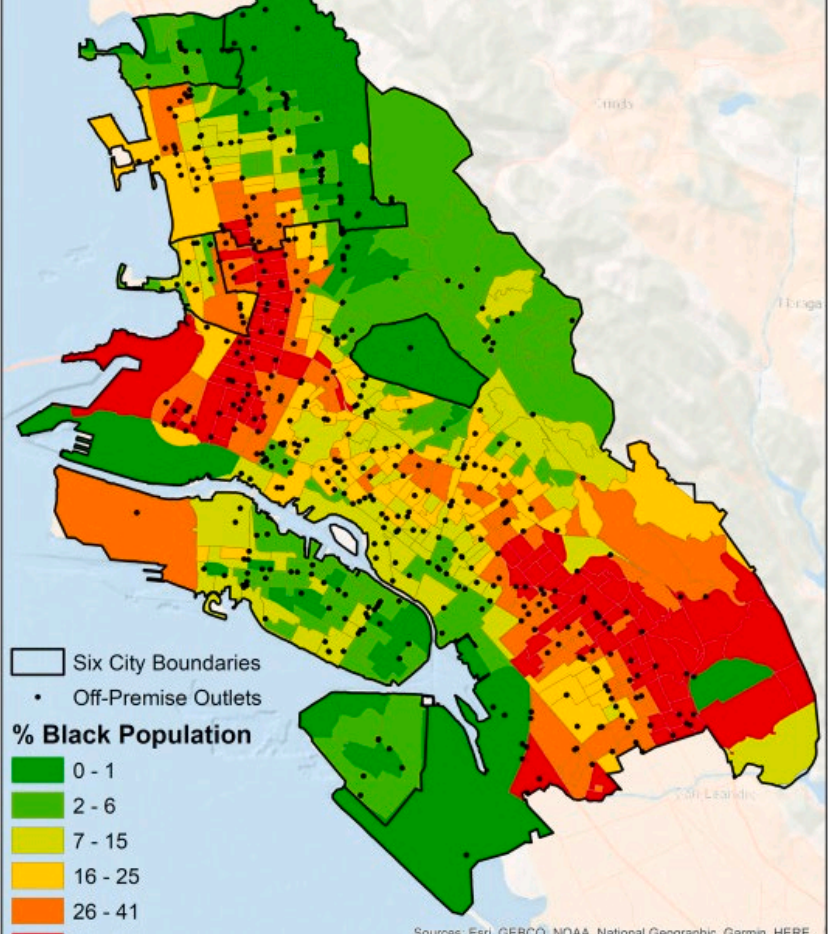
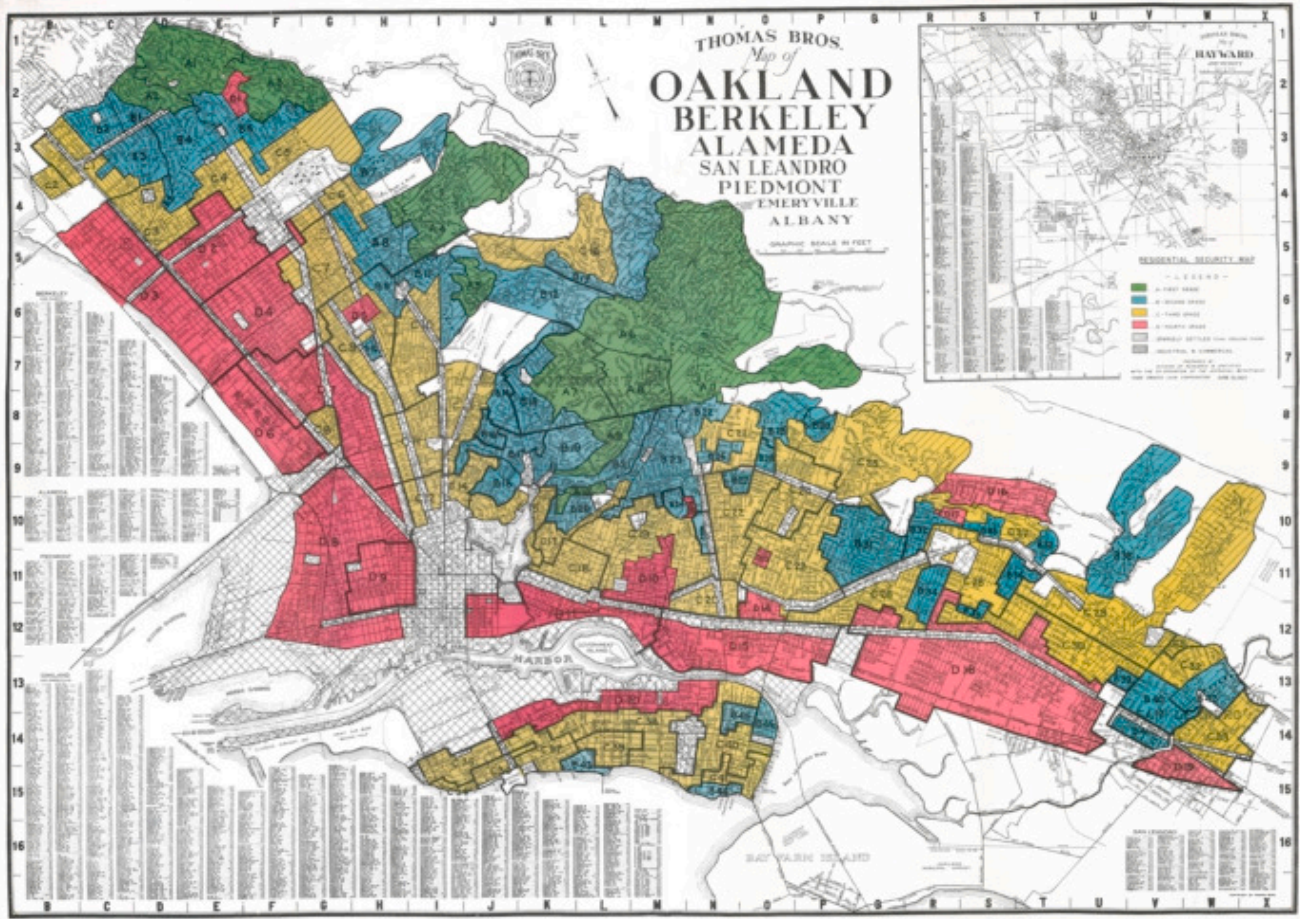


Segregated Communities are at Elevated Risk

Black residents of segregated communities are at elevated risk of depression, anxiety, and general psychological distress

These mental health outcomes, in turn, create vulnerability to both engaging in injection drug use and sniffing or snorting injectable drugs such as heroin and cocaine.

Alcohol Outlet Density



Redlined Areas Have Decreased Behavioral Health Clinician Availability

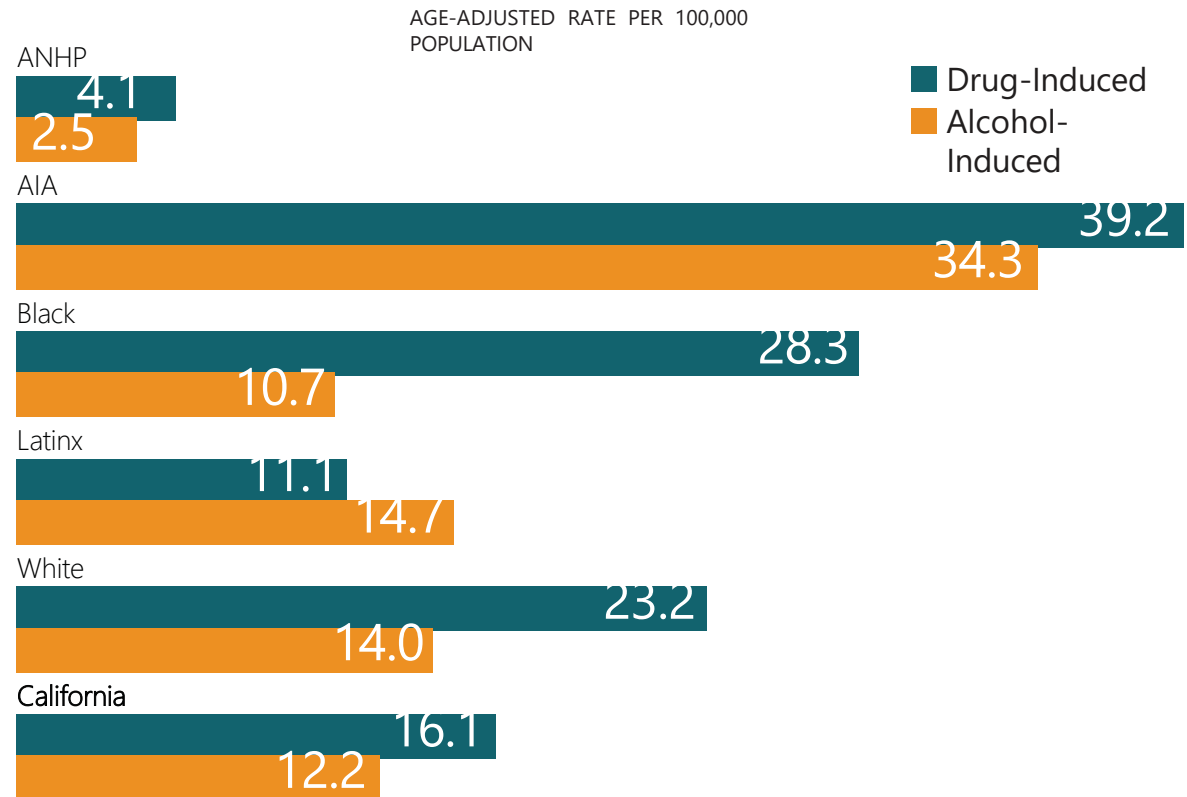
- redlining policies from the 1930s were associated with decreased current behavioral health clinician availability in redlined communities



Health
Disparities

Drug and Alcohol-Induced Deaths, by Race/Ethnicity

California, 2019



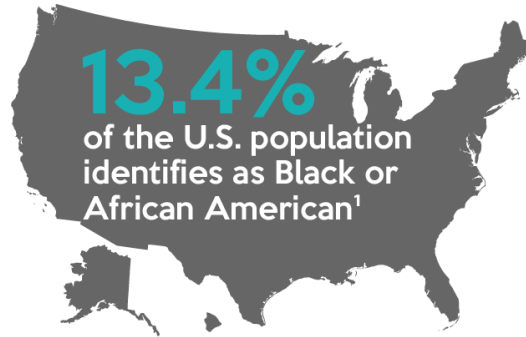
Health Disparities by Race and Ethnicity
Behavioral Health

Drug- and alcohol-induced death rates differed considerably by race/ ethnicity in California, with American Indian and Alaska Native people experiencing the highest rates in 2019 . The drug-induced death rates for Black and White

Source: "Underlying Cause of Death 1999-2019." CDC WONDER Online Database, Centers for Disease Control and Prevention.

African American Mental Health





Of those, over
16%
reported having a
mental illness in the
past year²



That is over
7
million
people



MORE people than the populations of
Chicago, Houston, and Philadelphia



COMBINED³

SOURCES

¹<https://www.census.gov/quickfacts/fact/table/US#>

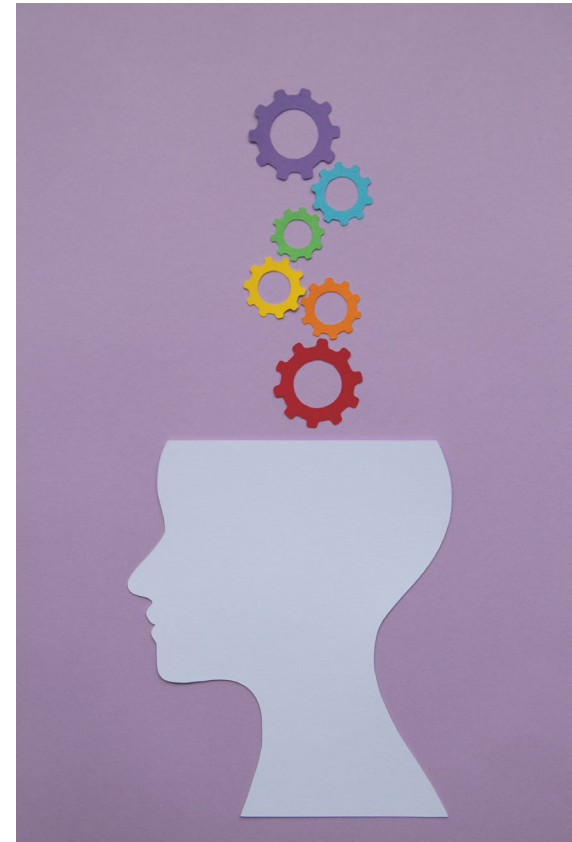
²Substance Abuse and Mental Health Services Administration (SAMHSA)'s public online data analysis system (PDAS)

³<https://www.census.gov/data/tables/time-series/demo/popest/2010s-total-cities-and-towns.html>

Average Number of Poor Mental Health Days Reported in the Last 30 Days Among All Adults by Race/Ethnicity

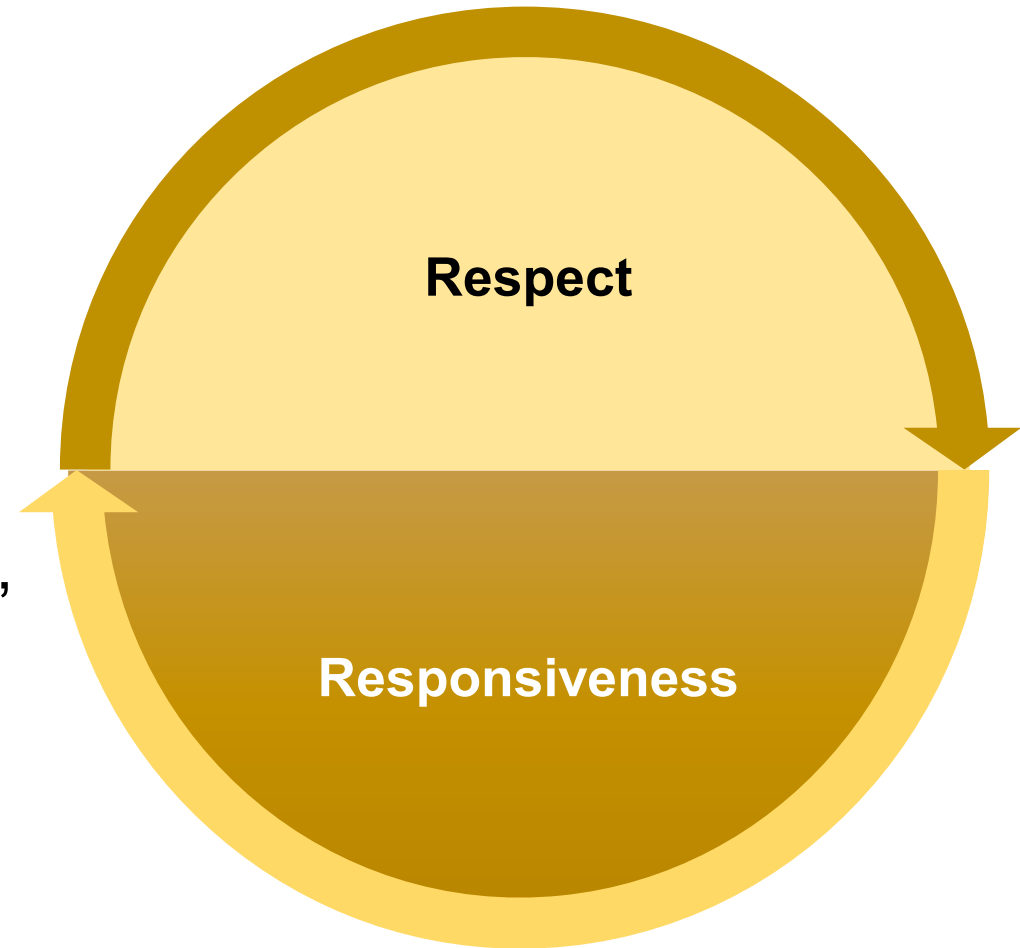
Location	All Adults	White	Black	Hispanic	Asian/ Na	American	Other
Arizona	4.4	4.3	5.4	4.5	2.4	5.5	6.1
Hawaii	3.5	3.6	3.6	4.7	2.8	NSD	4.4
California	4.4	4.5	6.1	4	3.9	6.8	5.1
Nevada	4.9	4.7	5.3	5	4	NSD	8.3

Role of Cultural Competence and Humility



Cultural Competence

having the capacity to function effectively – individually and as an organization – within the context of the cultural beliefs, behaviors, and needs of a community or population group.



Why is it Important

Culturally responsive skills can improve participant engagement in services, relationships between populations of focus and providers, and retention and outcomes.

Cultural competence is an essential ingredient in decreasing disparities in behavioral health.

Provides more opportunities to access services that reflect a cultural perspective on and alternative, culturally congruent approaches to their presenting problems.

Culturally responsive services will likely provide a greater sense of safety from the participant's perspective, supporting the belief that culture is essential to better behavioral health outcomes.

Competence Vs. Humility

Cultural Competence

- Build an understanding of minority cultures to better serve
- Knowledge & Training
- idea that there can be 'competence' in a culture other than one's own
- Based on academic knowledge rather than lived experience
- Promotes skill building
- Allows for people to strive to obtain a goal.

Cultural Humility

- Encourage personal reflection and growth around culture to increase awareness
- Introspection & Co-learning
- Challenging for professionals to learn with and from clients.
- No end result, which those in professional fields can struggle
- Lifelong learning, no end goal, Joy in the Journey
- Mutual beneficial relationship

Cultural Humility Principles

Organizational

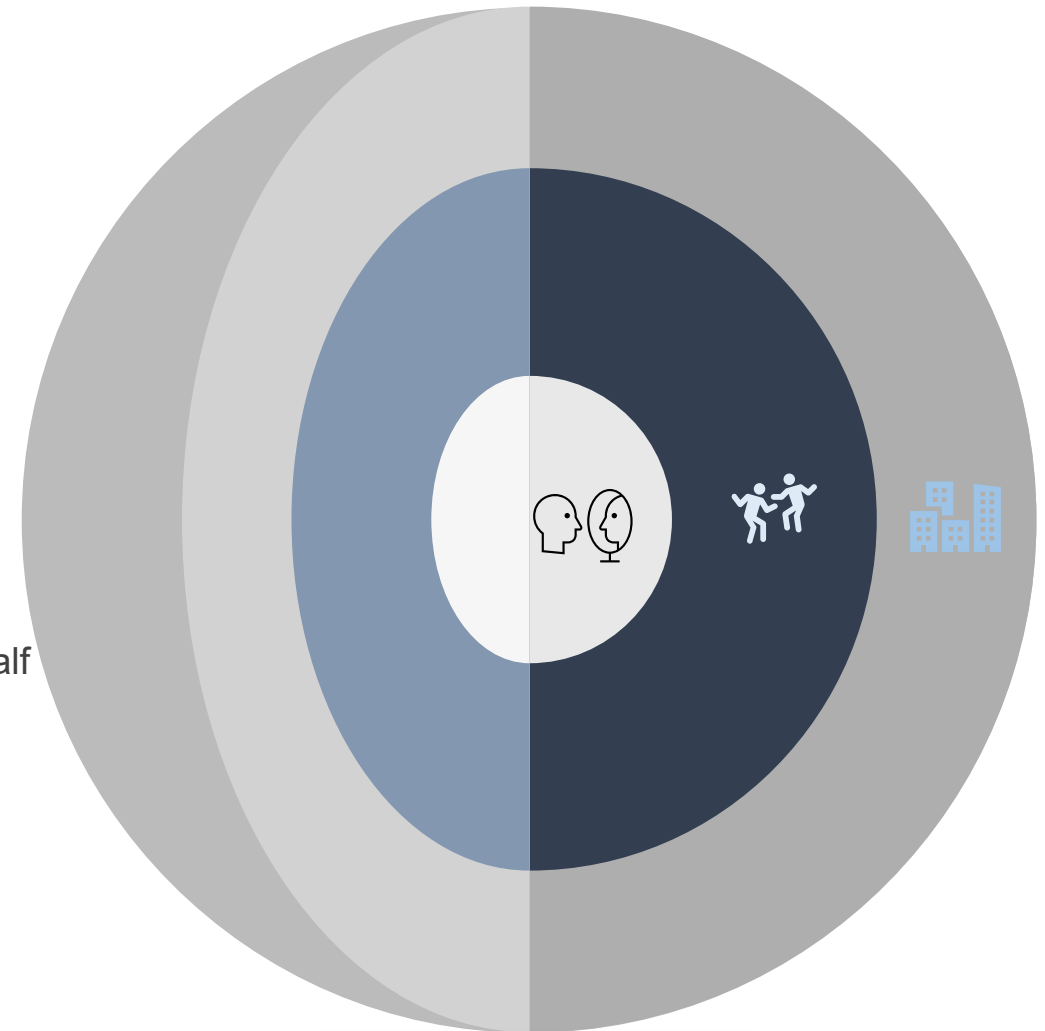
- Advocate and maintain institutional accountability
- Create anti-discrimination policies

Interpersonal

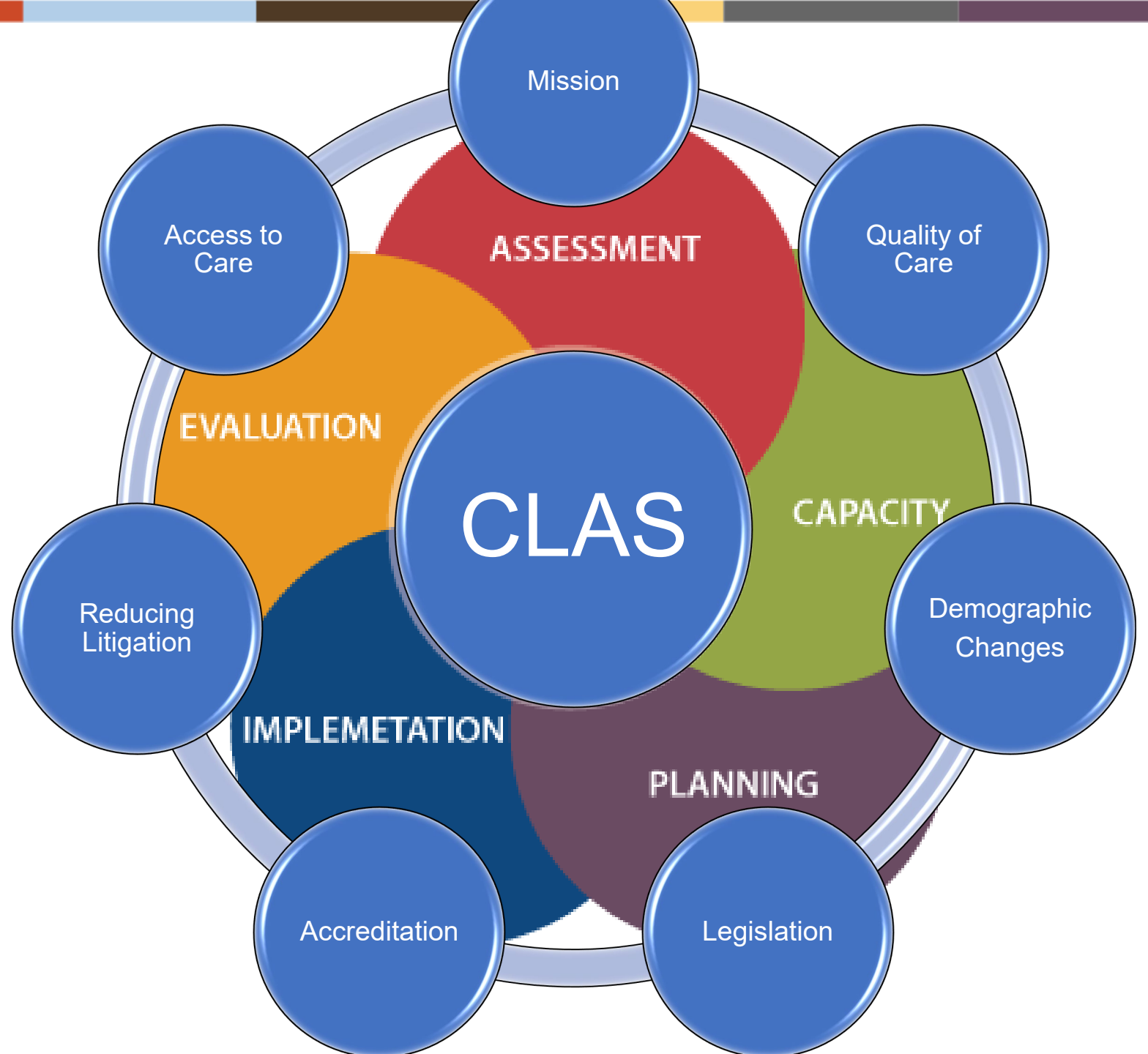
- Lifelong commitment to learning from others
- Challenge and redress the power imbalances
- Mutually beneficial partnerships with communities on behalf of individuals and defined populations

Intrapersonal

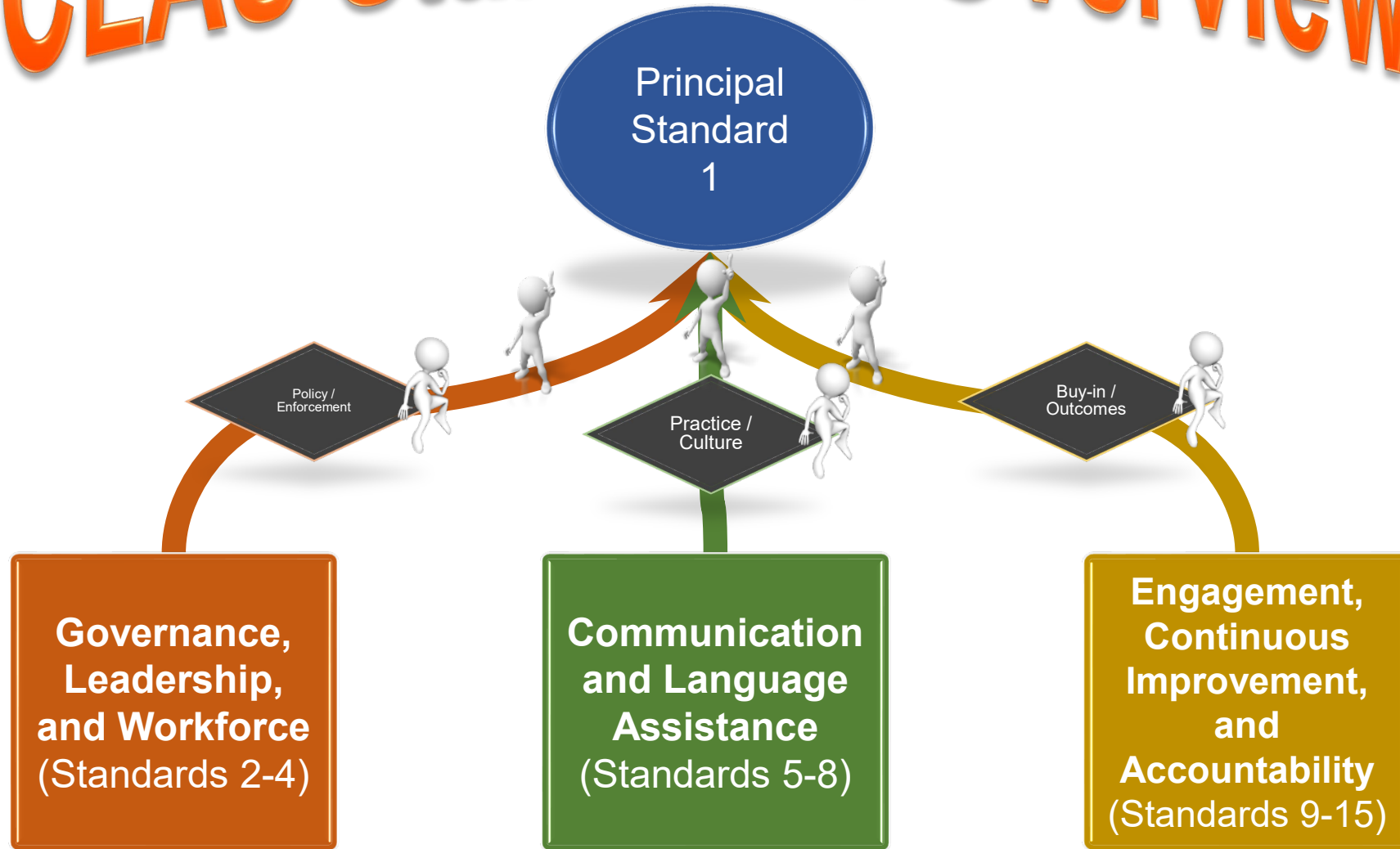
- A lifelong process of critical self-reflection, self-critique, and learning
- Self-awareness of biases, limitations, and humility



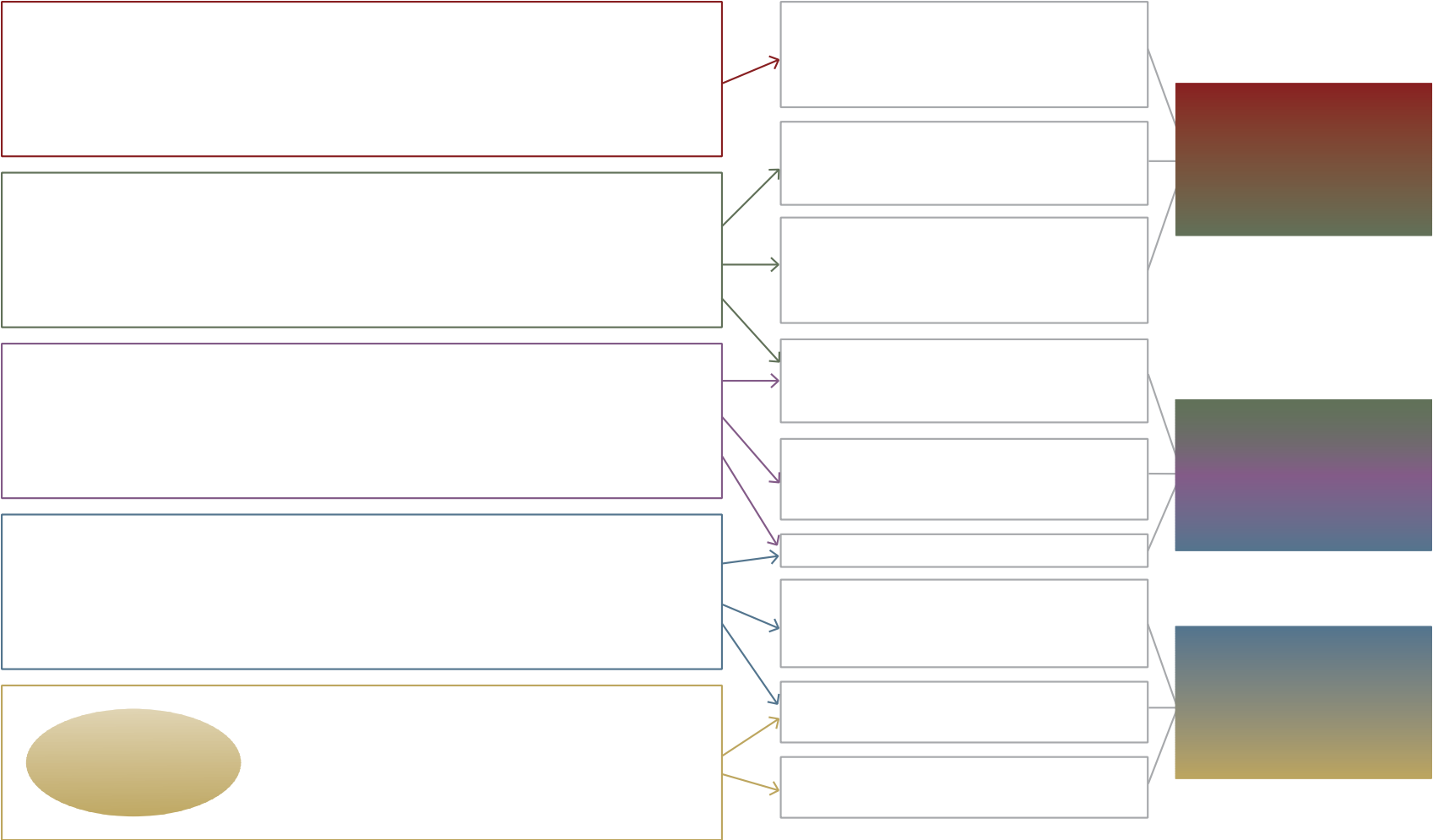
The National Culturally and Linguistically Appropriate Service Standards

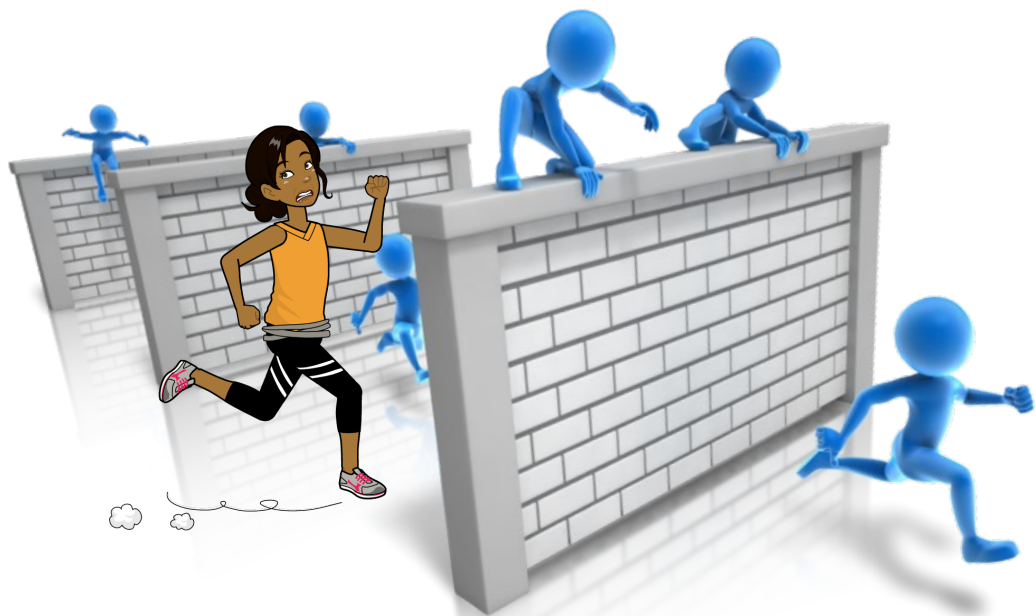


CLAS Standards Overview



□ Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.









Preventable Hospitalizations, by Race/Ethnicity

HOSPITAL ADMISSIONS PER 100,000 POPULATION	ASIAN	BLACK	LATINX	WHITE
Angina, adults age 18 and over	9.5	39.3	19.1	12.3
Asthma, adults age 18–39	3.2	38.4	7.1	8.9
Asthma, children age 2–17	50.3	266.0	80.0	64.3
Chronic obstructive pulmonary disease or asthma, adults age 40 and over	153.0	683.6	209.2	261.0
Congestive heart failure	175.6	708.9	295.1	237.3
Diabetes (long-term complications), adults	45.5	230.1	172.9	75.0
Diabetes (short-term complications), adults	15.4	176.1	58.4	63.2
Diabetes (short-term complications), children age 6–17	6.2	60.8	18.1	31.6

Health Disparities by Race and Ethnicity
Quality

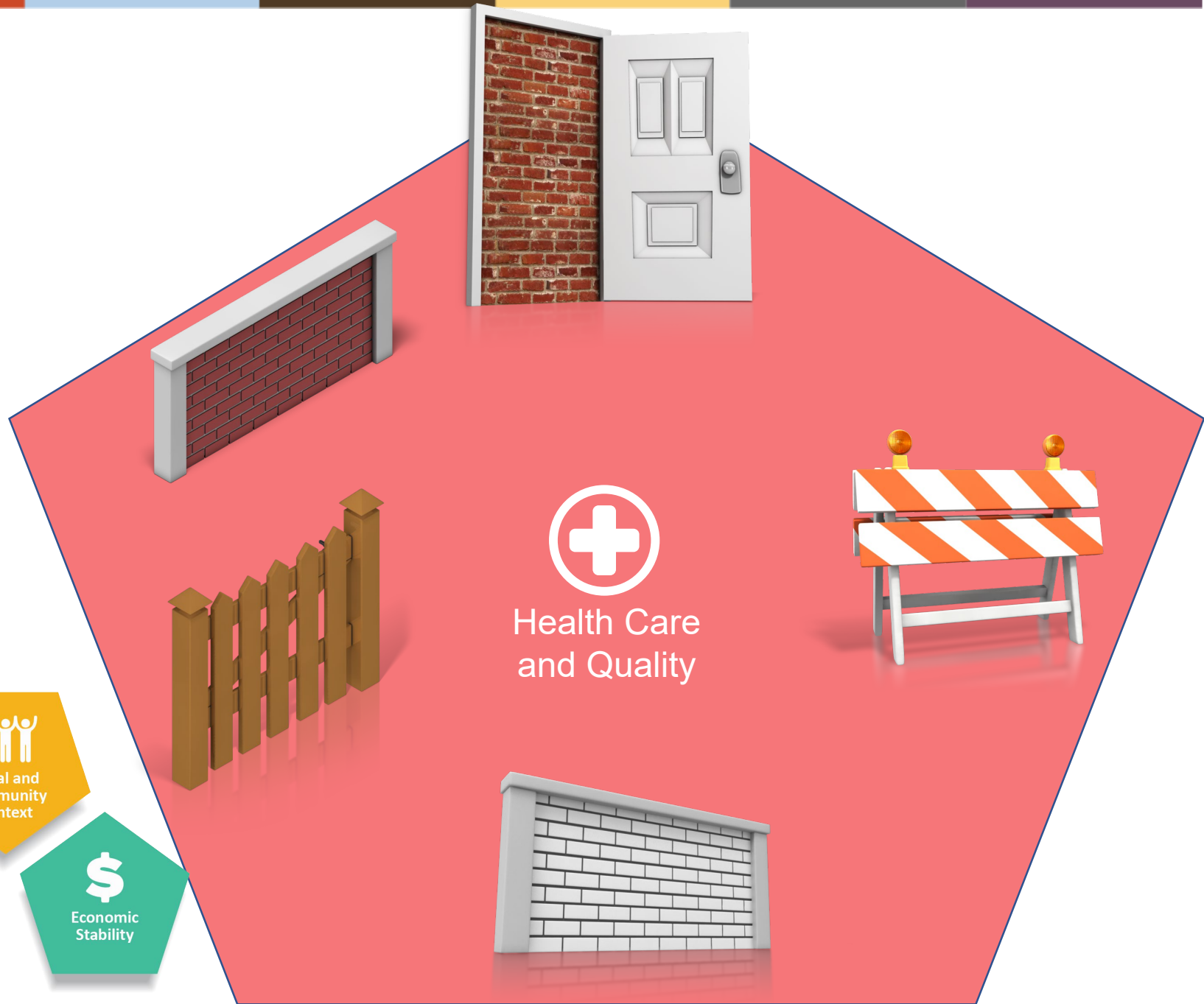
Potentially preventable hospitalizations are admissions to a hospital for certain acute illnesses or worsening conditions that might not have been required if the conditions had been successfully managed with primary or preventive care in outpatient settings.* In 2015, the rates of preventable hospitalizations for Black Californians were much higher than the rates for those of other races/ethnicities.

CALIFORNIA

HEALTH CARE FOUNDATION
Note: Source uses Hispanic ethnicity. SOURCE: Health Disparities by Race and Ethnicity: The California Landscape, CHCF, October 2019.

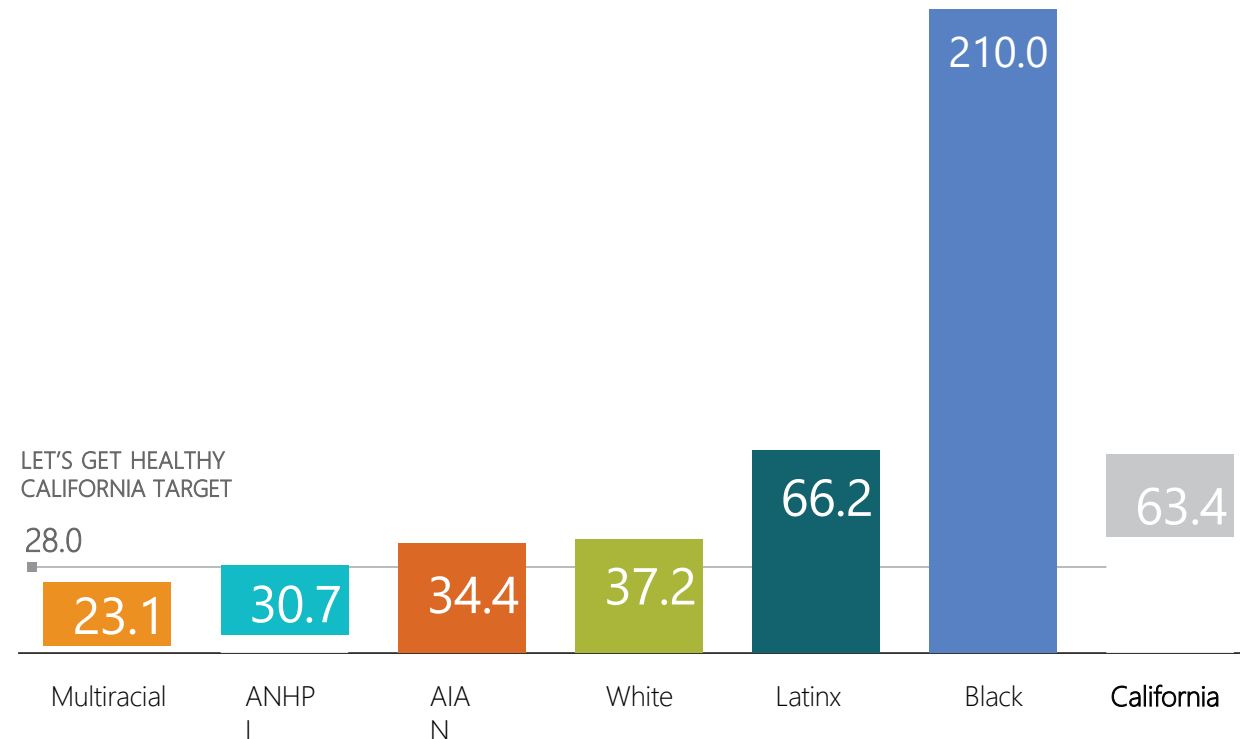
CARE FOUNDATION

* Source: Ernest Moy, Eva Chang, and Marguerite Barrett, "Potentially Preventable Hospitalizations — United States, 2001–2009," *Morbidity and Mortality Weekly Report* 62, no. 3 (Nov. 22, 2013): 139–43.



Asthma Emergency Department Visits, Children and Adolescents, by Race/Ethnicity, California, 2019

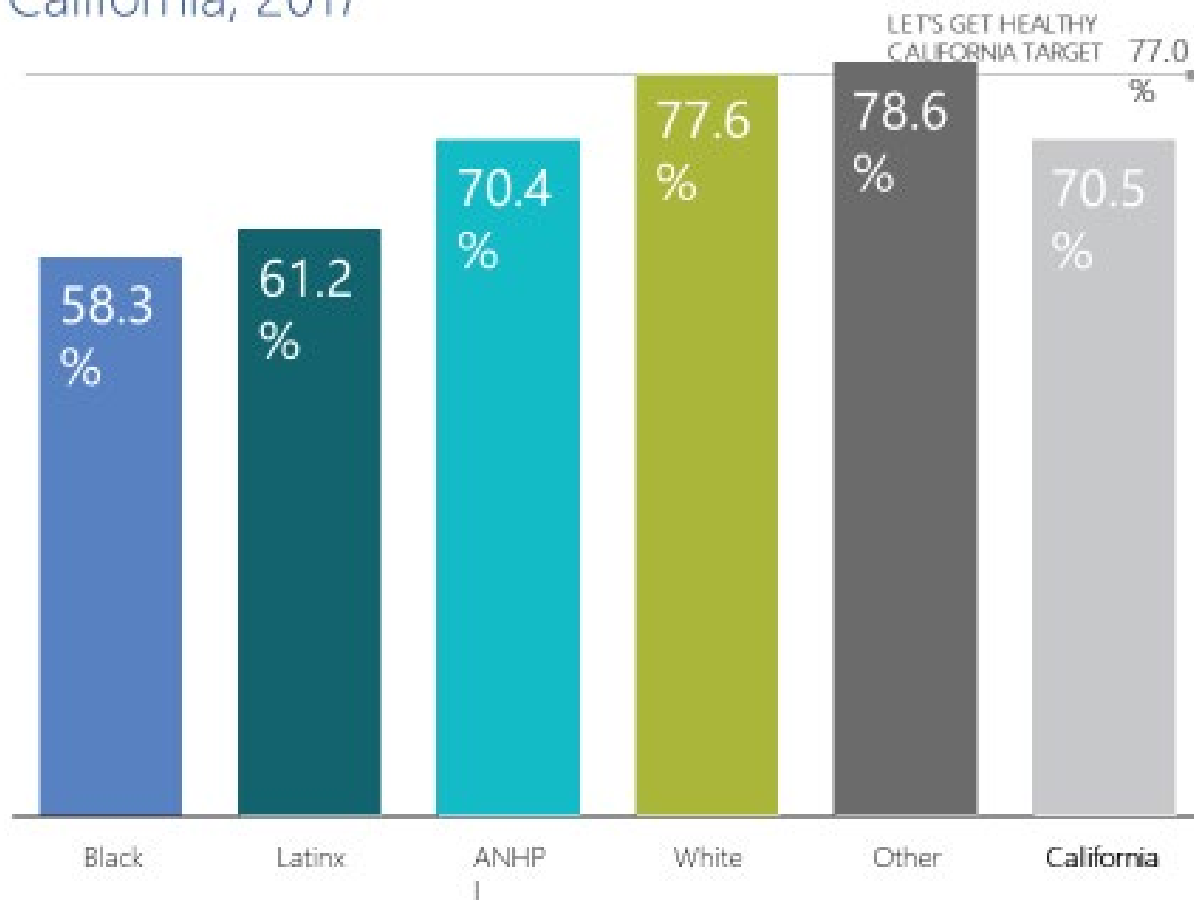
RATES PER 10,000
POPULATION



In 2019, Black children in California experienced higher rates of emergency department visits for asthma than children of other races/ethnicities.

Notes: The number of emergency department visits with asthma as the primary diagnosis among children age 0–17 in California. Records are visit-based and not person-based. ANHP is Asian, Native Hawaiian, and Pacific Islander; AIAN is American Indian and Alaska Native. Source uses *Hispanic, African-American, and Asian / Pacific Islander*. Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs, with 10-year improvement targets for 46 health care indicators. SOURCE: <https://www.letsgethappy.org/Reducing-Childhood-Asthma-ED-Visits>, Let's Get Healthy California, accessed June 28, 2021.

Adult Physical Activity, by Race/Ethnicity California, 2017



Notes: The percentage of adults age 18 and over who met aerobic physical activity guidelines in California. Based on self-reported information. ANHP is Asian, Native Hawaiian, and Pacific Islander. Source uses Hispanic, Asian/Pacific Islander and African-American. Let's Get Healthy California, which was launched in 2012, aims to achieve the triple aim of better health, better care, and lower costs, with 10-year improvement targets for 46 health care indicators.

Source: ["Living Well / Increasing Adult Physical Activity,"](#) Let's Get Healthy California, accessed February 12, 2021.

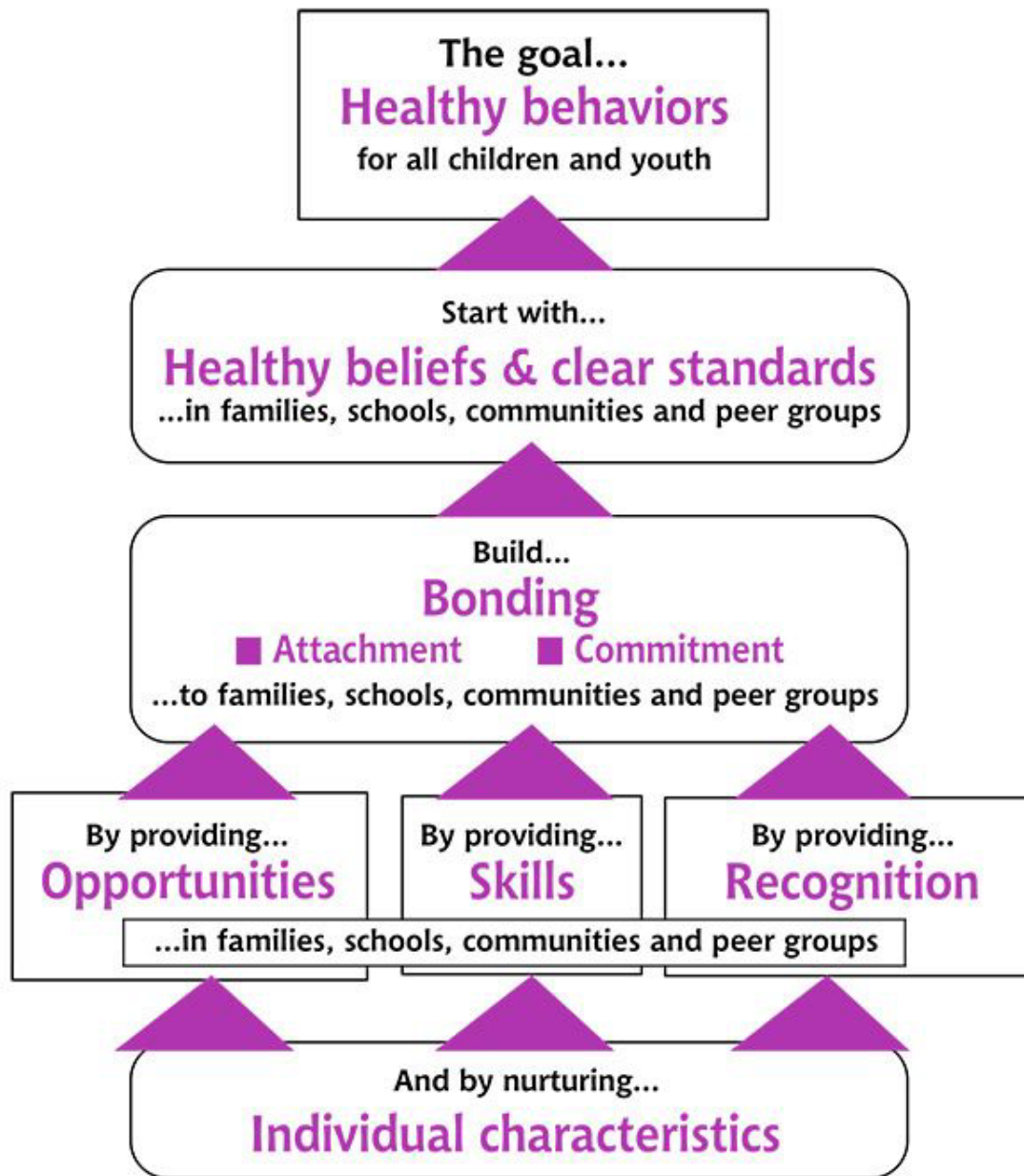
Health Disparities by Race and Ethnicity Prevention

Participation in regular physical activity, along with other healthy behaviors, may help prevent or postpone the development of chronic illness.* In 2017, the percentage of California adults that self-reported meeting the physical activity guidelines was below the Let's Get Healthy California target of 77%. Black and Latinx adults self-reported lower rates than other racial/ethnic groups.

* ["Living Well / Increasing Adult Physical Activity,"](#) Let's Get Healthy California.



Connecting The Social Development Strategy (SDS)



Social Determinants of Health



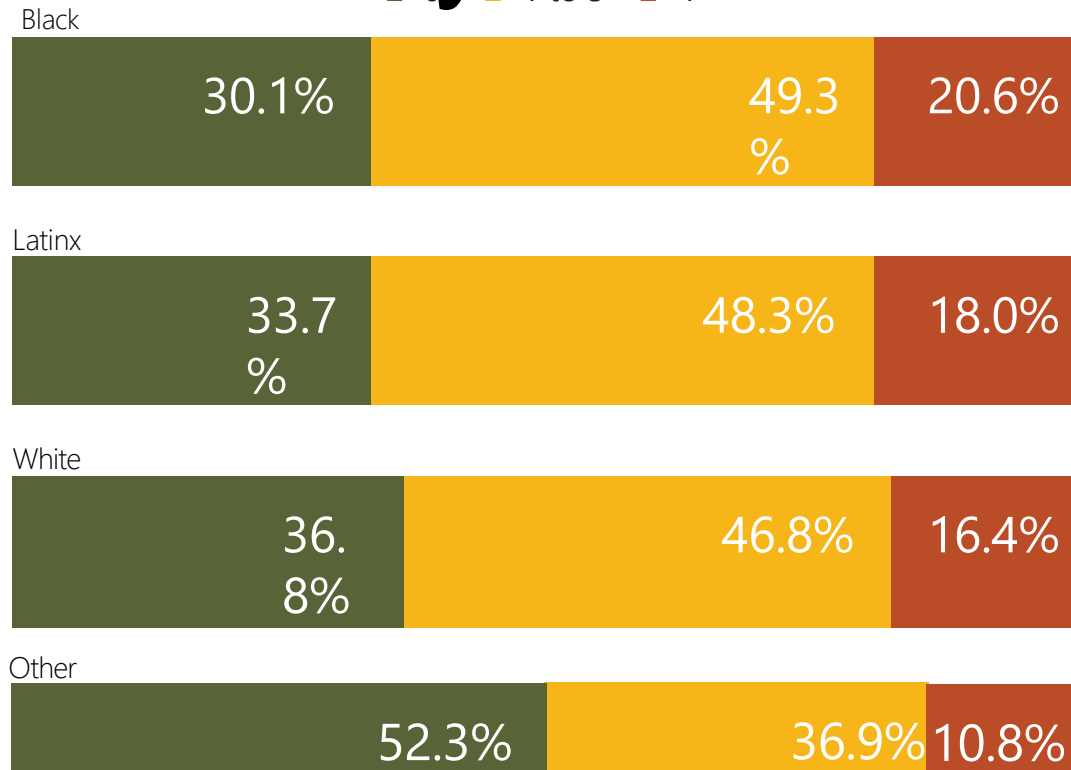


Adverse Childhood Experiences, by Race/Ethnicity

California, 2011 to 2017

NUMBER OF ADVERSE CHILDHOOD EXPERIENCES (ACE)

0 1 to 3 4+



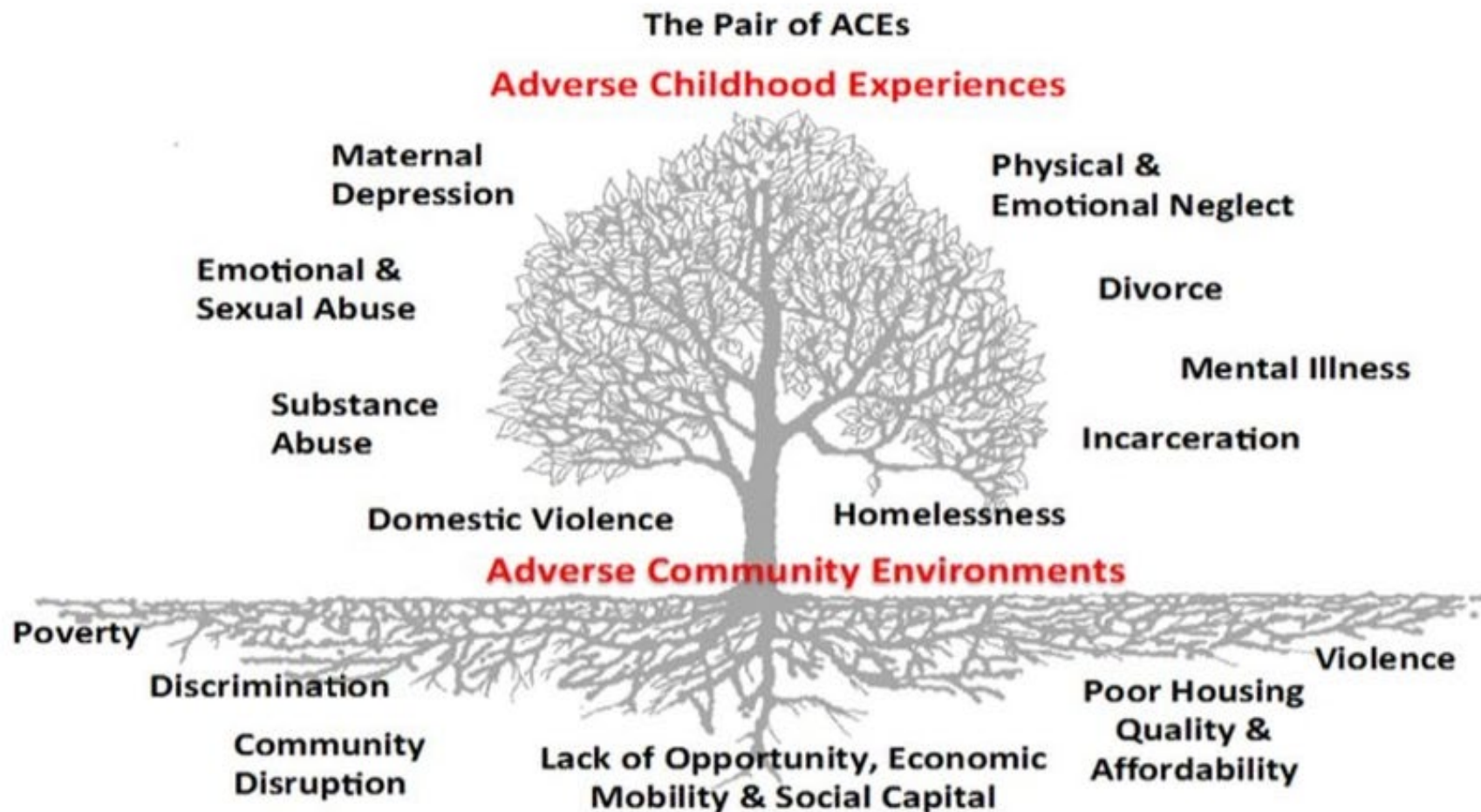
Adverse childhood experiences (ACEs) are traumatic events that can have negative impacts on health, education, and employment opportunities over the course of a person's life. Experiencing four or more ACEs is associated with increased risk of death in adulthood from conditions such as heart disease, cancer, and diabetes.* Black adults in California were slightly more likely to report experiencing four or more ACEs than other races/ethnicities.

Notes: Data are based on responses from adults age 18 and older about their experiences in the first 18 years of life. Source uses *Hispanic, Other* includes *Asian, Pacific Islander, American Indian, Alaska Native, and Other race/ethnicity*.

Source: *Adverse Childhood Experiences Data Report: Behavioral Risk Factor Surveillance System (BRFSS), 2011-2017* (PDF), California Dept. of Public Health, October 2020.

* ["Adverse Childhood Experiences Resources,"](#) Centers for Disease Control and Prevention.

Impact of Injustice Destabilized Communities



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

4 or More ACEs

Experience physical and behavioral health issues

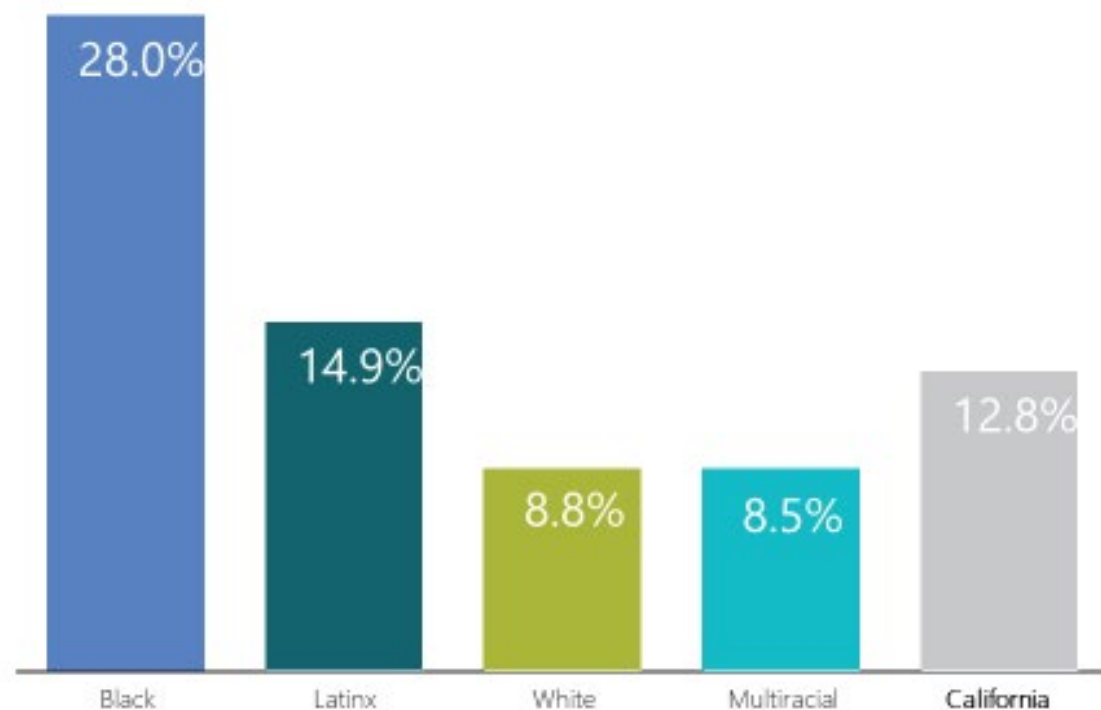
- 7.4 times as likely to suffer from alcoholism and
- 12.2 times as likely to attempt suicide

*“Childhood trauma increases the risk for **seven out of ten** of the leading causes of death in the United States. In high doses, it affects brain development, the immune system, hormonal systems, and even the way our DNA is read and transcribed. Folks who are exposed in very high doses have triple the lifetime risk of heart disease and lung cancer and a **20-year difference** in life expectancy.”*

– Dr. Nadine Burke Harris, Founder of Center for Youth Wellness and current Surgeon General of California



Children Who Are Overweight, by Race/Ethnicity California, 2020



Notes: Data include children under age 12 who are overweight for their age. Source uses Latino, Black or African American, and Two or more races. Estimates are not shown for American Indian and Alaska Native and Asian because the results were statistically unstable. Estimate for Native Hawaiian and Pacific Islander is not available due to small numbers. [BCHS](#), UCLA Center for Health Policy Research, accessed October 7, 2021.

Health Disparities by Race and Ethnicity Chronic Conditions

Nearly 3 in 10 Black children were overweight for their age in 2020. Among other factors, lack of access to healthy food and recreational space can influence weight. Children who are overweight are more prone to become adults who are overweight.*

* Source: Frank M. Biro and Michelle Wien, "Childhood Obesity and Adult Morbidity," *American Medical Association* (May 2010): 1400S-1505S.





Questions & Comments



Historical Realities



Economic Mobility

- 
- Negritude

Post-Webinar Feedback

Please click on the link in the chat to complete a very brief online feedback form!

Thank you!



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