

Lobby

Did you participate in Part 1 of this series last month?

- a. Yes
- b. No
- c. I don't remember, I can't keep track these days!



Pacific Southwest (HHS Region 9)

PTTC

Prevention Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

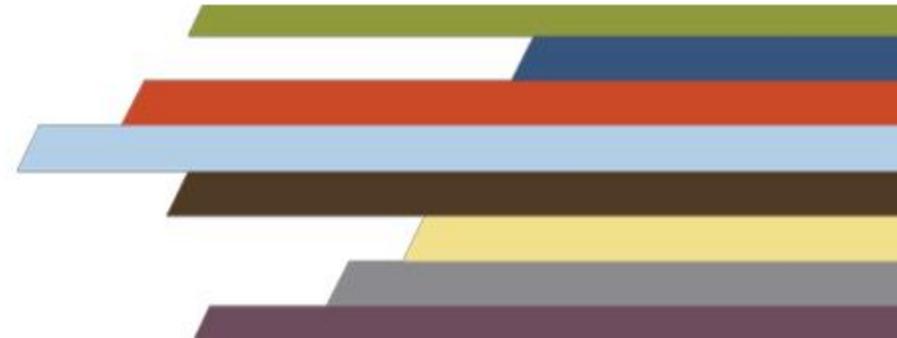


Why Health Equity Matters In Prevention Part 2

Rachel Hardeman, PhD, MPH

Haner Hernandez, PhD, CPS, CADCI, LADCI

Nicole Augustine, MPH, MHCES, PS



Disclaimer

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

Developed under SAMHSA Cooperative Agreement
#H79SP081015-01

Purpose of the PTTC

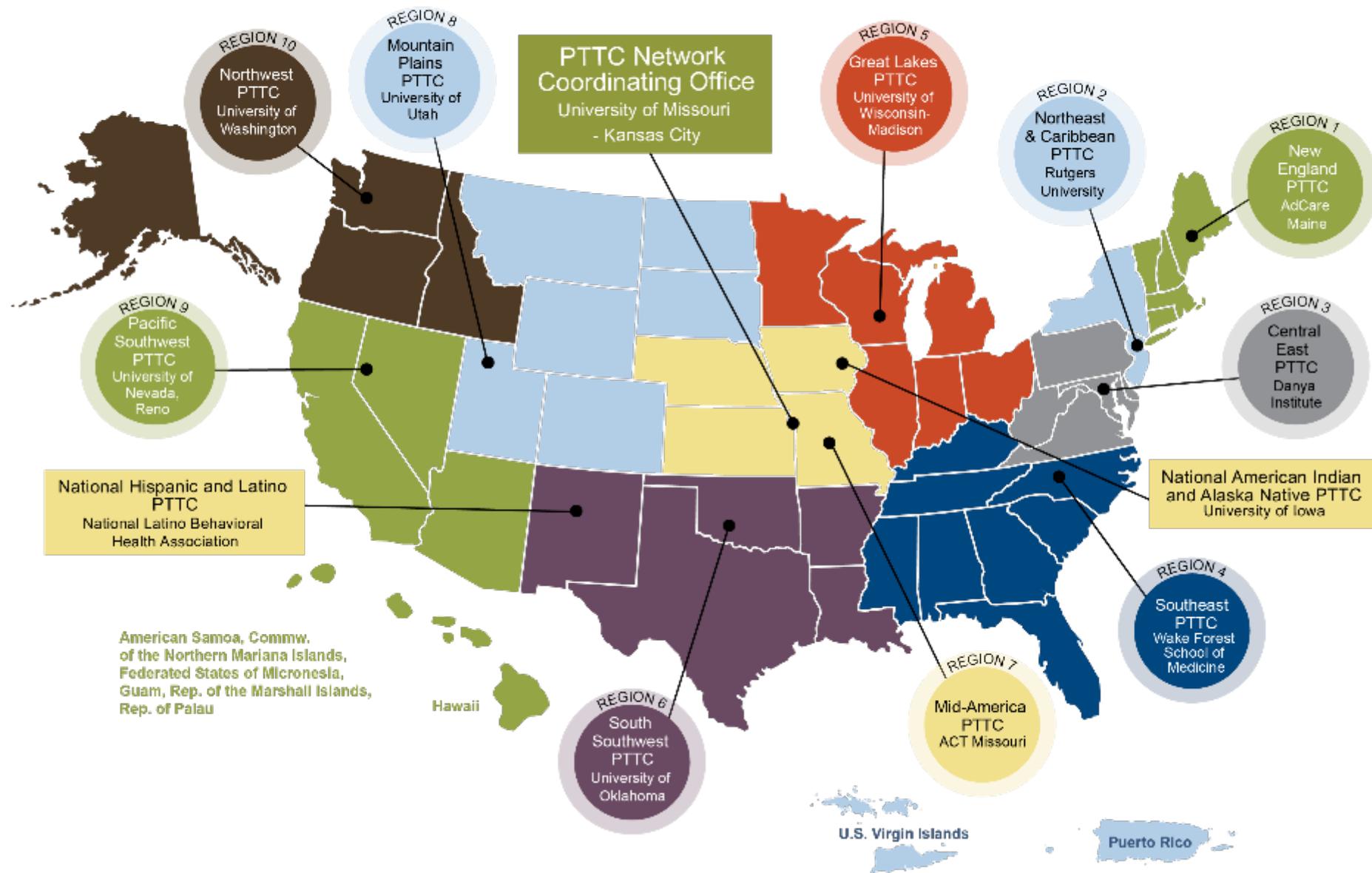
- Develop and disseminate tools and strategies needed to improve the quality of substance abuse prevention efforts
- Provide training and learning resources to prevention professionals
- Develop tools and resources to engage the next generation of prevention professionals



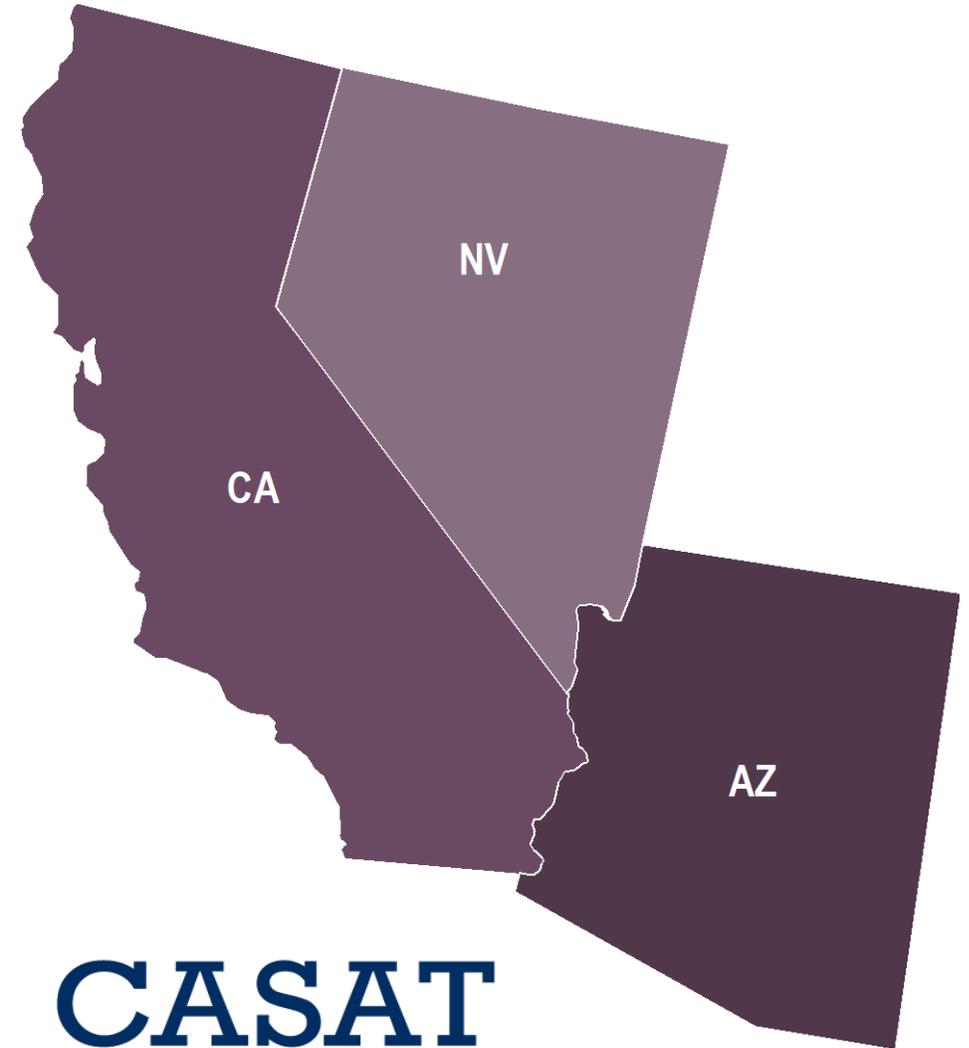
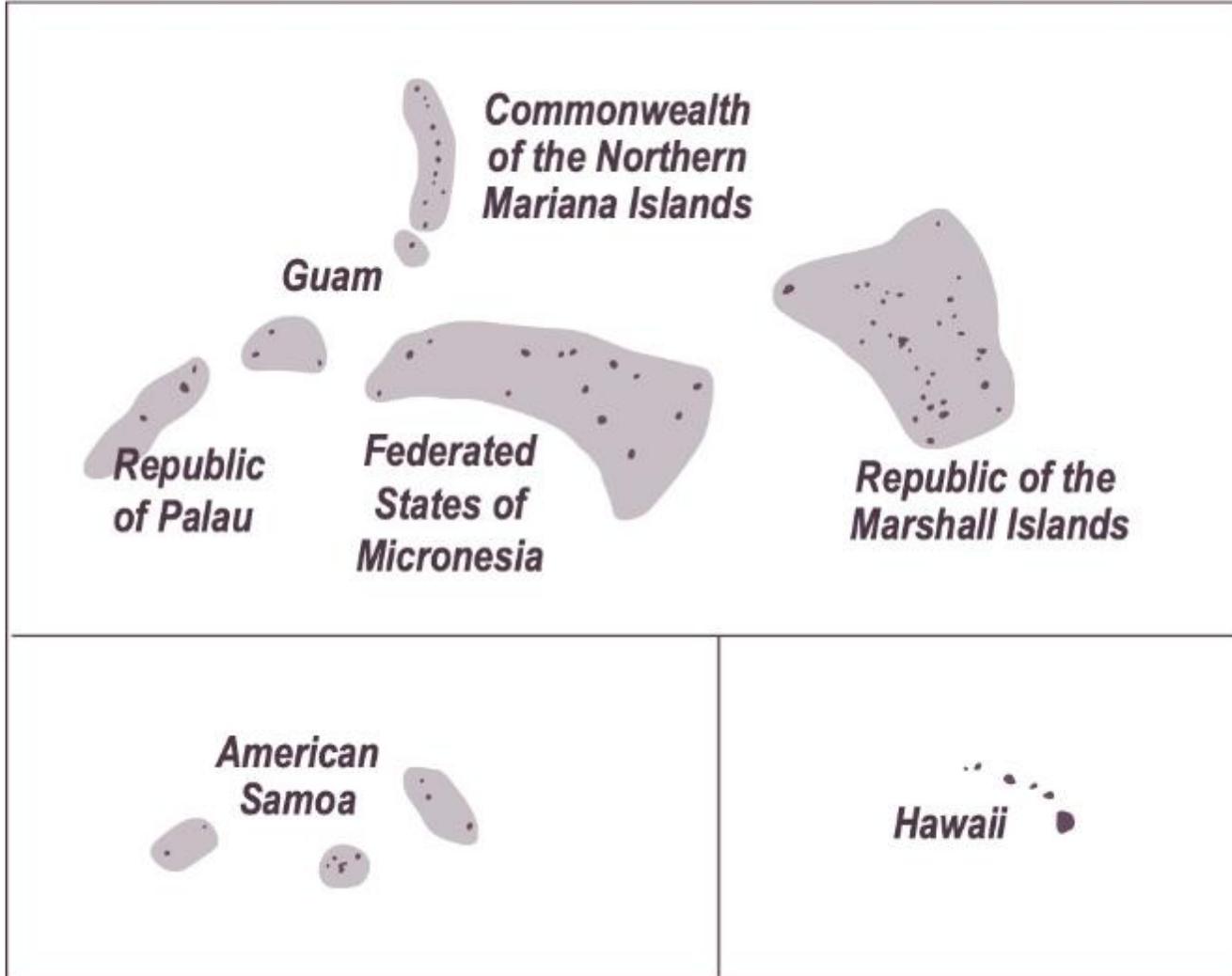
PTTC

Prevention Technology Transfer Center Network
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PTTC Network



Pacific Southwest



Mark Your Calendars!

The National PTTC Data-Informed Decisions Workgroup presents:

Completing the Data Puzzle: Addressing Data Gaps in Your Needs Assessment

October 21, 2020 12pm Pacific

National ATTC presents: **The Impact of Substance Use on the Developing Adolescent Brain**

October 27, 2020 11am Pacific

The National PTTC Community Coalitions and Collaborators Workgroup presents:

The Six Elements of Effective Coalitions-Goal Directedness & New Skills

(Part 3 of 4)

November 19, 2020 12pm Pacific

Presenters



Nicole Augustine,
MPH, MCHES, PS



Rachel Hardeman
PhD, MPH



Haner Hernandez
PhD, CPS, CADCI, LADCI



Internal Factors Influencing Racial Inequity

Nicole Augustine, MPH, MCHES, PS

Paying Attention to Language & Meaning

“Racialization”

(Source: john powell, Kirwan Institute for the Study of Race and Ethnicity)

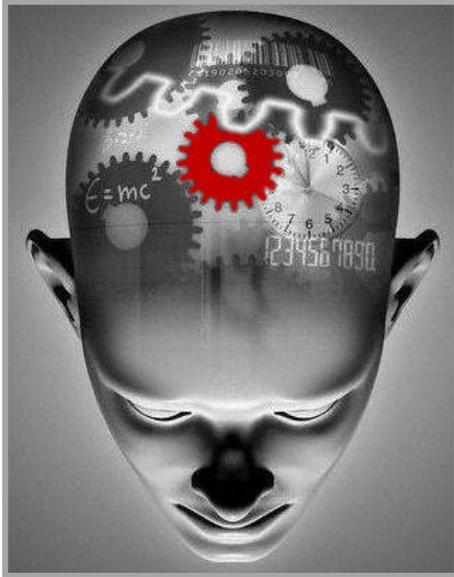
3 Internal Factors

Bias

Privilege

Internalized Racism

Unconscious/Implicit Bias



People are meaning-making machines.

They make:

- **Individual meaning**
- **Collective meaning**

We unconsciously think about race even when we do not explicitly discuss it.

Unconscious/Implicit Bias



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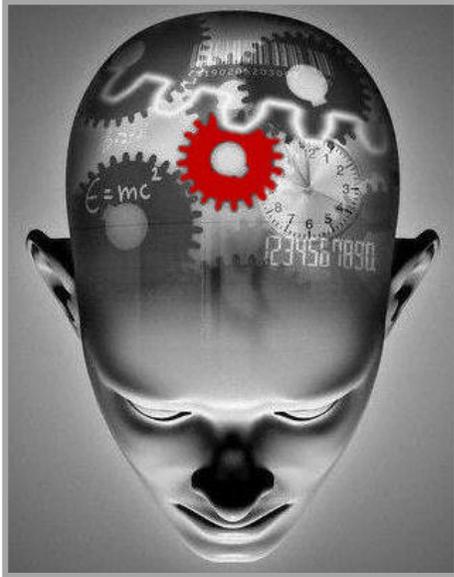
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Only 2% of emotional cognition is available to us consciously

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People are meaning-making machines.

They make:

- **Individual meaning**
- **Collective meaning**

Only 2% of emotional cognition is available to us consciously

Racial bias tends to reside in the unconscious network

<https://implicit.harvard.edu/>

3 Internal Factors

Bias

Privilege



3 Internal Factors

Bias

Privilege

Internalized Racism

Internalized Racism

Personal acceptance views, stereotypes, and biases of one's ethnic group.

Gives rise to minimizing, criticizing, invalidating, and hating oneself while simultaneously valuing the dominant culture.

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<https://www.world-trust.org/rel-volume-1>



Why Health Equity Matters in Prevention

Part 2

Rachel R. Hardeman PhD, MPH

Associate Professor, Division of Health Policy & Management

Blue Cross Endowed Professor of Health and Racial Equity

McKnight Presidential Fellow 2020-2022

10.01.2020



Audience Poll

How would you describe yourself when it comes to anti-racist practice / anti-racism?

(Select the one that most closely matches your current thinking.)

1. I tend not to think about anti-racism/anti-racist practice in my work
2. I think anti-racism/anti-racist practice is important, but not sure where to begin in addressing it in my work
3. I have been thinking about anti-racism/anti-racist practice and if/how it affects my work
4. I actively consider anti-racism/anti-racism when planning my projects and/or choosing who to work with

What is Health Equity?

- Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.
- Implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.

How do we achieve it?

***“Learn about, understand and accept
the United States’ racist roots”***



The NEW ENGLAND JOURNAL of MEDICINE

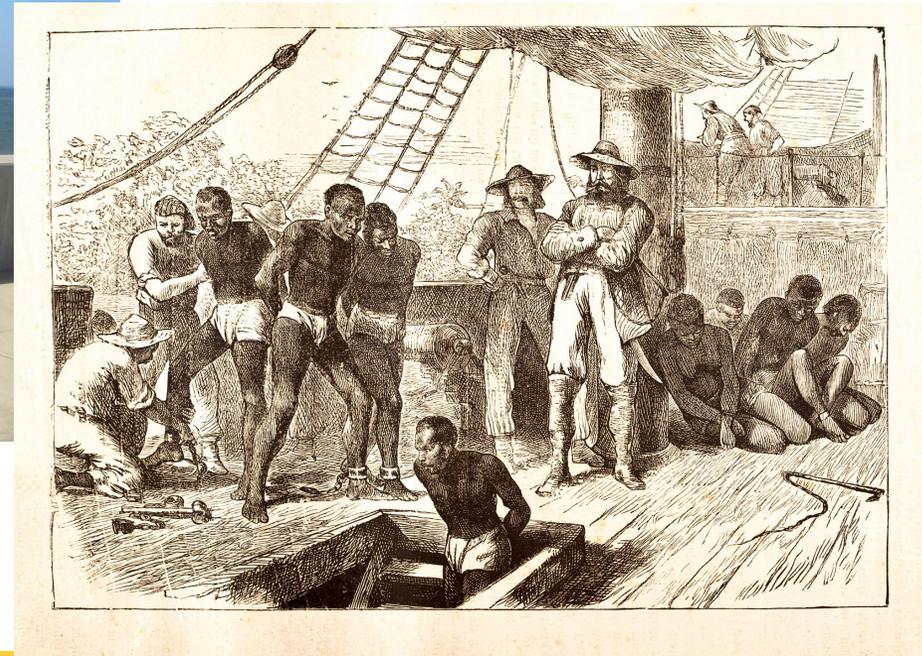
Perspective
DECEMBER 1, 2016

Structural Racism and Supporting Black Lives — The Role of Health Professionals

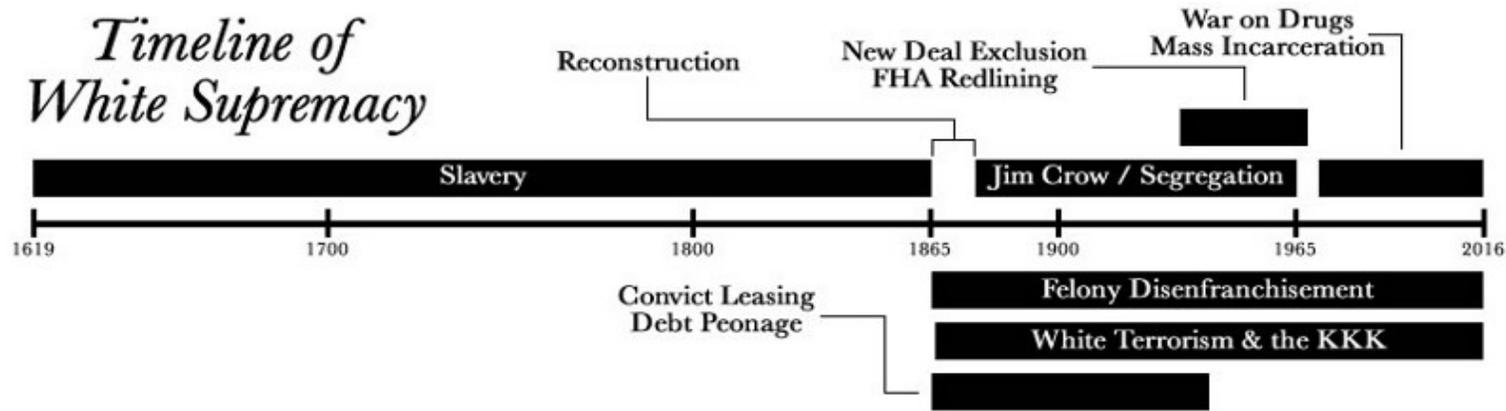
Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Katy B. Kozhimannil, Ph.D., M.P.A.

On July 7, 2016, in our Minneapolis community, Philando Castile was shot and killed by a police officer in the presence of his girlfriend and her 4-year-old daughter. Acknowledging believe that as clinicians and researchers, we wield power, privilege, and responsibility for dismantling structural racism — and we have a few recommendations

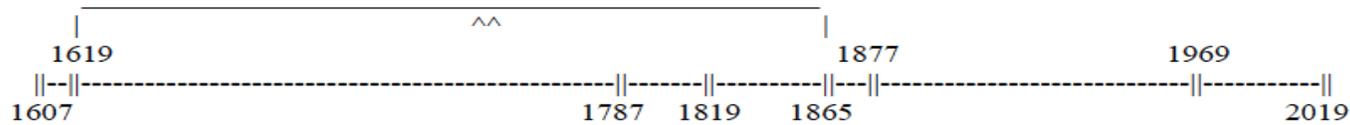
401 Years of Inequality



White supremacy shaped America

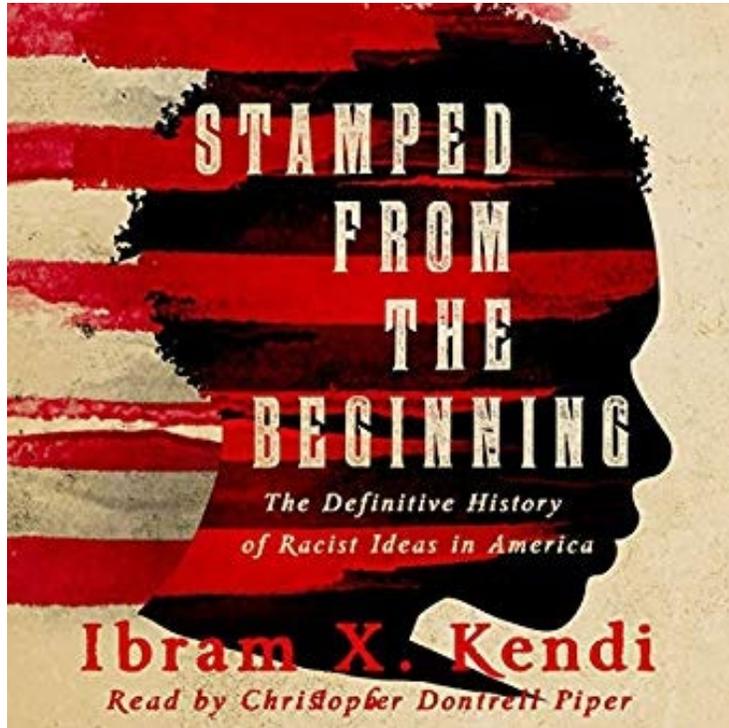


BLACK ENSLAVEMENT, ABOUT 60% OF THIS COUNTRY'S HISTORY



JIM CROW, ABOUT 22% OF OUR HISTORY

A History of Racist Ideas



- Discriminatory actions, wrought by self-interest, come first.
- Then racist ideas are developed to justify them, and they spread.
- Racist ideas date back to 15th century
- Multiplied in the colonial era and early slave-holding republic

Discriminatory actions

The Racist History of Cocaine

Today, cocaine may be stereotyped as a drug favored by whites — business executives or rock stars, perhaps. But its beginnings were mired in racism, in some cases forcing cocaine use on black slaves and workers for increased production.

Learn more about the history of cocaine and crack cocaine, how history has reshaped the reputation of the drugs, and how the legal system handles sentencing differently by drug type and race.

LATE 1800s:

Cocaine use spreads through American black communities. Dockers in New Orleans used it to enable them to work harder and for longer hours. Shortly after, the trend migrated to southern plantation workers.

1901:

The Senate adopts a resolution which forbids the sale by American traders of opium and alcohol “to aboriginal tribes and uncivilized races.”

This was soon extended to include “uncivilized elements in America itself and in its territories, such as Indians, Alaskans, and the inhabitants of Hawaii, railroad workers, and immigrants at ports of entry.”

1903:

Anti-cocaine campaigner Colonel Watson concludes that ‘Many of the horrible crimes committed in the Southern States by the colored people can be traced back directly to the cocaine habit.’

ehab +

SINCE ALCOHOL AND OPIUM WERE BANNED TO THE BLACK COMMUNITY, COCAINE WAS ONE OF THE FEW DRUGS LEFT.

1910:

Racist Beliefs & Racist Actions

1914:

The New York Times publishes an article with the headline "NEGRO COCAINE 'FIENDS' ARE A NEW SOUTHERN MENACE."

It said that 'Southern sheriffs had increased the caliber of their weapons from .32 to .38 to bring down Negroes under the effect of cocaine.'



DEC 1914:

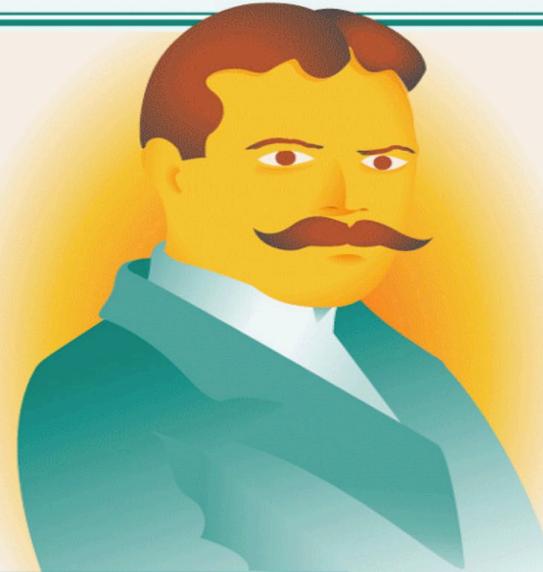
Harrison Narcotics Tax Act:

A federal law that regulates and taxes the production, importation, and distribution of opiates and cocaine.

1910:

Dr. Hamilton Wright testifies to a US Congressional Committee: 'Cocaine is the direct incentive to the crime of rape by Negroes of the South and other sections of the country.'

Wright also reported that American contractors gave cocaine to their black employees to get more work out of them.



MORE VIOLENCE ON BLACK PEOPLE CONTINUES IN THE SOUTH, AS THE COCAINE FIEND STEREOTYPE PERSISTS AMONG WHITE CITIZENS.

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Racist policy

LATE 1980's

The United States increases focus on the drug problem. Both Democrats and Republicans demand a "War on Drugs."

Mainstream media regularly runs stories about alleged "epidemics" or "plagues" of drug abuse, and how they're central to some of the biggest problems facing our society.

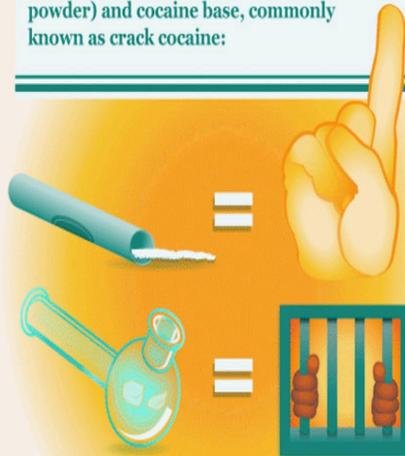
In response to public complaints over drugs and crime, Congress passes the Comprehensive Crime Control Act (CCCA) of 1984. The CCCA has since had a major impact on the sentencing of federal defendants.



OCTOBER 17, 1986

One of the most controversial amendments to the CCCA was a provision for a 100 to 1 enhancement ratio between powder cocaine and "crack" cocaine.

Congress created a mandatory minimum penalty structure for possession with intent to distribute cocaine hydrochloride (cocaine powder) and cocaine base, commonly known as crack cocaine:



PENALTY

TYPE AND QUANTITY OF COCAINE



Cocaine Base



Cocaine HCL

5 grams

500 grams

5 years

1. Min 5 years imprisonment
\$2 million fine
4 years supervised release



50 grams

5 kilos

10 years

2. Min 10 years imprisonment
\$4 million fine
5 years supervised release



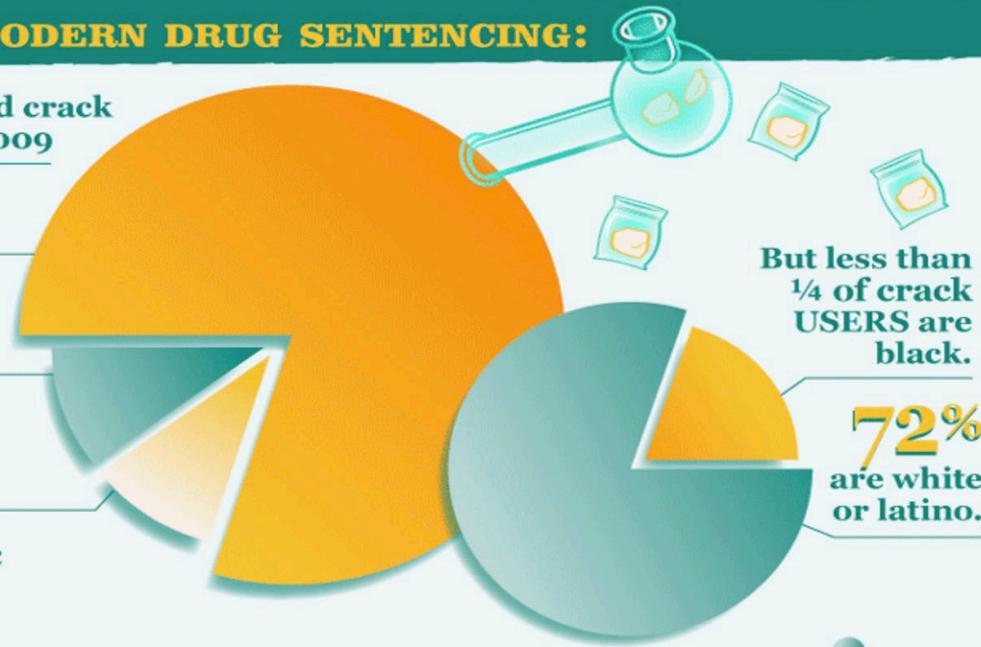
RACISM IN MODERN DRUG SENTENCING:

Of 5,669 sentenced crack OFFENDERS in 2009

79% were black

10% were white

10% were hispanic



Of 6,020 powder cocaine sentenced OFFENDERS

53% were hispanic

28% were black

17% were white



“Understand how racism has shaped our narrative about health disparities”



The NEW ENGLAND JOURNAL of MEDICINE

Perspective
DECEMBER 1, 2016

Structural Racism and Supporting Black Lives — The Role of Health Professionals

Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Katy B. Kozhimannil, Ph.D., M.P.A.

On July 7, 2016, in our Minneapolis community, Philando Castile was shot and killed by a police officer in the presence of his girlfriend and her 4-year-old daughter. Acknowledging

believe that as clinicians and researchers, we wield power, privilege, and responsibility for dismantling structural racism — and we have a few recommendations

The dominant belief in medicine...

Race is a biological Fact

- Humans can be divided into biologically distinct groups, which we call races
- External differences are signs of important underlying biological differences
- Underlying biological differences explain differences in group outcomes and behaviors



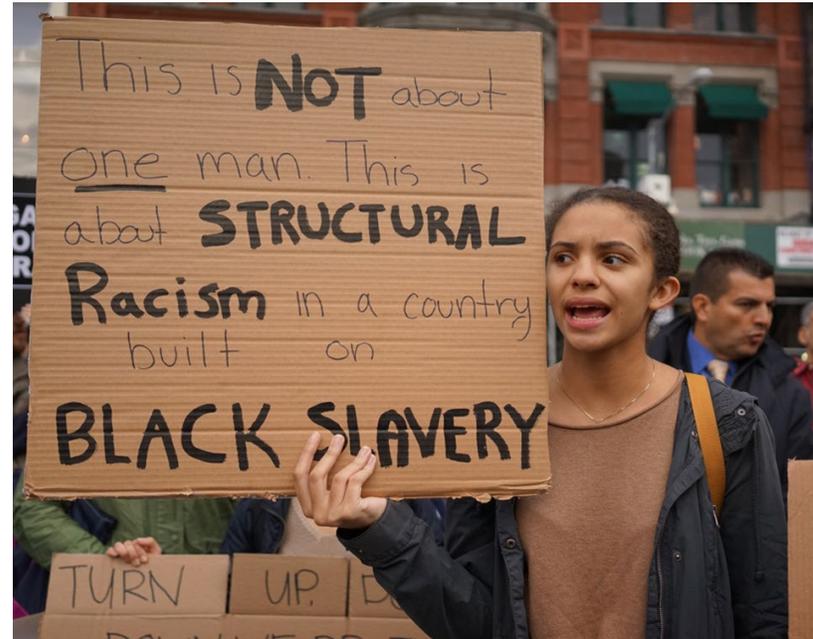
More Accurate

RACE is a Social FACT

- RACE IS NOT A THING THAT PEOPLE ARE OR HAVE.
- RACE IS AN ACTION.
- RACE IS SOMETHING WE DO.
- RACE is a way to define in-groups vs. out-groups, us vs. them.
 - Group membership shapes our experiences and access to opportunities, including:
 - education, employment, living conditions, neighborhood resources, social networks, HEALTH!

Root Cause?

Racism not race.



“Define, recognize, and acknowledge racism in its distinct forms”



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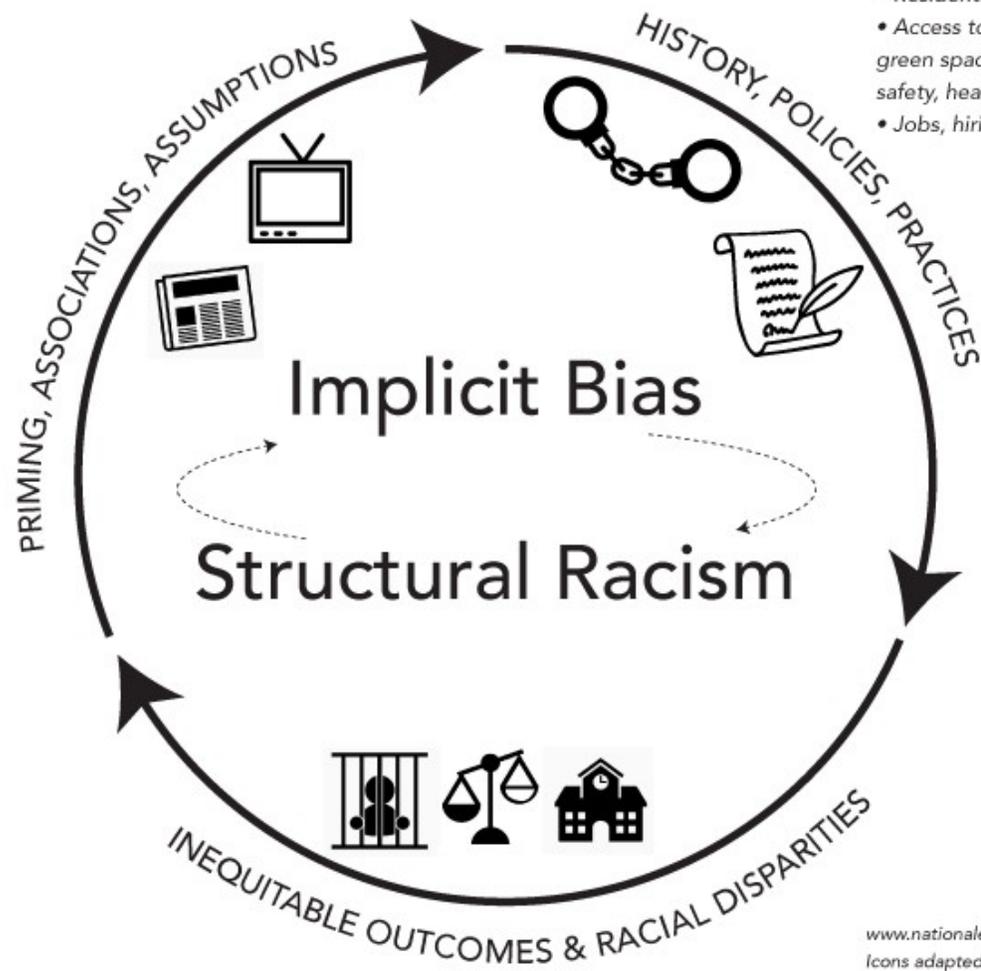
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Hardeman, R. R., Medina, E. M., & Kozhimannil, K. B. (2016). Structural racism and supporting black lives—the role of health professionals. *New England Journal of Medicine*, 375(22), 2113-2115.

Structural Racism

- The **normalization** and **legitimization** of an array of dynamics – historical, cultural, institutional and interpersonal – that routinely advantage whites while producing cumulative and chronic adverse outcomes for people of color.
- A **system of hierarchy** and inequity, primarily characterized by white supremacy – the preferential treatment, **privilege** and **power** for white people at the expense of Black, Hispanic/Latino, Asian, Pacific Islander, Native American and other racially oppressed people.



- Voting rights
- FHA Loans
- Residential segregation
- Access to education, green space, resources, safety, healthcare, etc
- Jobs, hiring, & advancement

www.nationalequityproject.org
 Icons adapted from the Noun Project

Structural Racism and the Social Determinants of Health



Assigning value

- Narrow focus on the individual
- A-historical stance
- Myth of meritocracy
- Myth of a zero-sum game
- Limited future orientation
- Myth of American exceptionalism
- White supremacist ideology





“This could all be different”

-Dr. Monica McLemore, PhD, RN



Center at the margins

- Shift our viewpoint from the dominant narrative to that of marginalized group or groups.
- Re-anchoring our academic and health care delivery systems.
- Ensure that oppressed and under-resourced communities have access to **decision making** and **positions of power**



Be critically self-consciousness

- The ability to understand how society and history have influenced and determined the opportunities that define our lives.
- In prevention work, this means reflecting on how we define “vulnerable” populations and being willing to understand the social determinants for the communities we serve.

Reframe

- Predominant notions about race shape the way we frame our research/evaluation questions
 - “What causes Black people to have so many disadvantages compared to whites?; and what forces are at work?”

Instead...

- “What aspects of Black social networks help individuals diagnosed with chronic diseases succeed?”
- “What causes white people to have so many advantages compared to Black people; and what forces are at work?”

Emancipate

- Make the white racial frame visible
- Consciously take apart and critically analyze health inequities within the context of the white racial frame (deframing)
- Accept and create of a new frame (reframing)

We cannot build a more equitable and just future using the same white supremacist tools that were used to create the systems of disadvantage that we seek to dismantle.



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Perspective

Stolen Breaths

Rachel R. Hardeman, Ph.D., M.P.H., Eduardo M. Medina, M.D., M.P.H., and Rhea W. Boyd, M.D., M.P.H.

In Minnesota, where black Americans account for 6% of the population but 14% of Covid-19 cases and 33% of Covid-19 deaths, George Floyd died at the hands of police.

“Please — I can’t breathe.”

He was a black man detained

In the wake of his public execution, uprisings have ignited in

The truth is black people cannot breathe because as many mourn George Floyd, we also mourn Breonna Taylor and Tony McDade, and the nearly 1000 people who are killed by police each year, an outsized proportion of whom are black.

“In the face of literal gasps, as Black communities bear the physical burdens of centuries of injustice, toxic exposures, racism, and white supremacist violence, too many either do not know what our communities endure or are aware but choose not to act.”

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Understanding Disparities and Building Health Equity

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Disparities.....

A racial, ethnic or behavioral health outcome that is seen to greater or lesser extent between populations

Particularly linked with social, economic, and/or environmental disadvantage

(Healthy People 2020)

Individual Factors Associated With Disparities

- Race/ethnicity
- Religion
- Socioeconomic status
- Ability
- Gender
- Age
- Sexual orientation
- Gender identity
- Other characteristics historically linked to discrimination or exclusion



Social Factors Associated with Disparities

- ▶ Education
- ▶ Neighborhood Conditions
- ▶ Environmental Hazards
- ▶ Health Insurance Coverage
- ▶ Access to Prevention and Treatment



Disparities on this Continent...

- ▶ Have Been Developing Since 1492
- ▶ Murdering of Native Peoples and Displacement
- ▶ Purposeful Slavery – Colonialism – Segregation – and Marginalization
- ▶ Public Health Institutions Not Responsive by Design
- ▶ Further Marginalization of People of Color

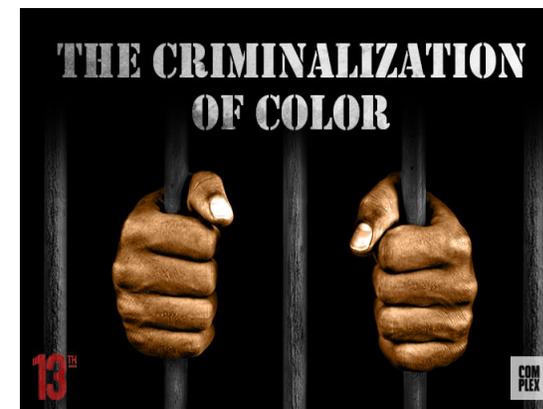


FLAWED

DESIGN



Punitive Approaches



Mass Incarceration

1970
200,000



2020
2.3 Million

**People Incarcerated
in the USA!!!**

**5.5 to 6 Million Individuals
on Probation, Parole, House Arrest!**

Deliberate Policies

- War On Drugs
- Schools Zones
- Criminalization of
- 3 Strikes and You're

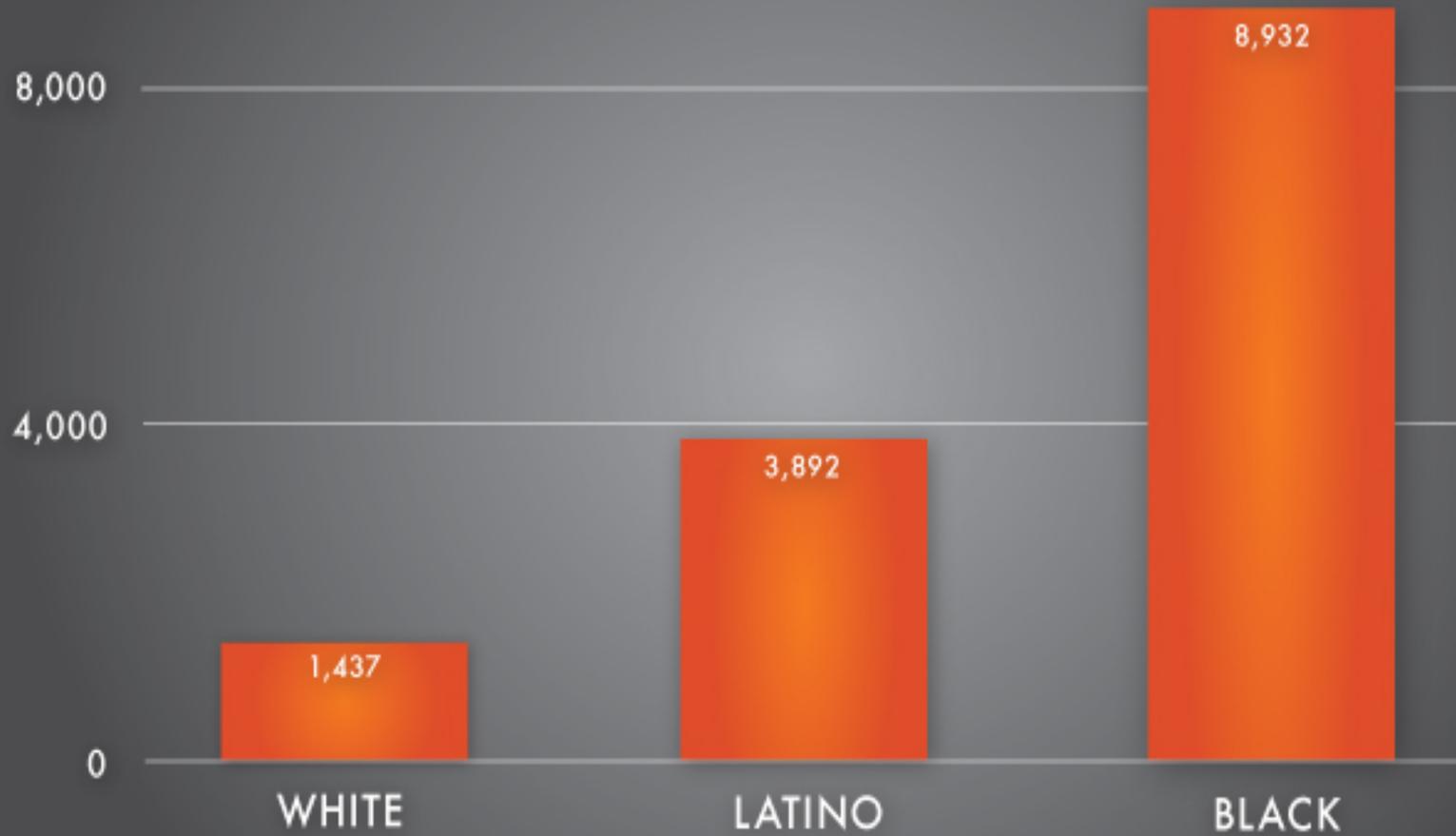
So Called "Plea Bargains" 2018

- 97% at the Federal level
- 94% State Level

- Mandatory Minimums
- Privatization of Prisons/Jails
- Voting Rights
- Criminal Offender Records

Young Male Incarceration Rates, 2018

(25–29 years old per 100,000 people)



Myopic View of the Problem.....

Myopic Solutions that Maintain the Status Quo

Why Declare a Crisis Now?

Opioid Overdose Deaths

- ▶ Everyday more than 100 people die in the US (NIDA)
- ▶ Approximately 70,000 deaths in the US in 2018 (CDC)
- ▶ 1999–2018 approximately 450,000 people have died in the US thus far (CDC)
- ▶ In Massachusetts approximately 2,000 people died in 2019 (MDPH)

Disproportionate Impacts in MA

- In 2017 there was a **8.3% decrease** in opioid overdose deaths

**Getting Better for
Who?!!!!!!!!!!!!**

- Between 2015–2017 opioid overdose deaths increased **83% for African Americans** and **100% for Latinos/Hispanics**

Poll Question

- ▶ Disparities are linked to environmental, economic, and social disadvantage.
- ▶ True or False



Strategies, Techniques and Solutions



Humanization!!

HOW TO RESPOND TO PANHANDLING



Hello, I am not able to give money, but I hope you have a great day.

Hi, how are you?

I have to keep walking but thanks for saying hello.

Sure, here is a little bit. Have a good day.

- * Make eye contact
- * Smile
- * Have compassion

When you meet a fellow human who is asking for help, it may make you feel uncomfortable. This does not mean that person does not deserve the same rights as you.

Cities are increasingly criminalizing people who are financially poor with laws, such as making it illegal to sit on sidewalks. This works to remove people from sight, but is not a humane or sustainable solution.



Have a purse at home you no longer use?



Fill it with snacks, sanitary & hygiene products. Next time you see a homeless woman, give it to her.



Cultural Proficiency

“A set of congruent behaviors, attitudes and policies that come together in a **system, agency or among professionals** and enable that system, agency or those professionals to work effectively in cross-cultural situations...”

Source: National Center for Cultural Competency

Cultural Humility

“Cultural Humility incorporates a lifelong commitment to self-evaluation and self critique to redressing the power imbalances in the ~~patient-physician~~ dynamic and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and the defined population.”

(Tervalon and Murry-Garcia, 1998)

Cultural Intelligence

“Cultural Intelligence is the **capability to relate and work effectively** in culturally diverse situations. It goes **beyond existing notions of cultural sensitivity and awareness** to highlight a theoretically-based set of capabilities needed to **successfully and respectfully accomplish** your objectives in culturally diverse settings.”

(Cultural Intelligence Center, 2019)

Latinx and Hispanics: Cultural Elements

- Family or *Familia (Familismo)*
- Respect or *Respeto*
- Personal Relationships or *Personalismo*
- Trust or *Confianza*
- Religion, Spirituality or *Espiritualidad*

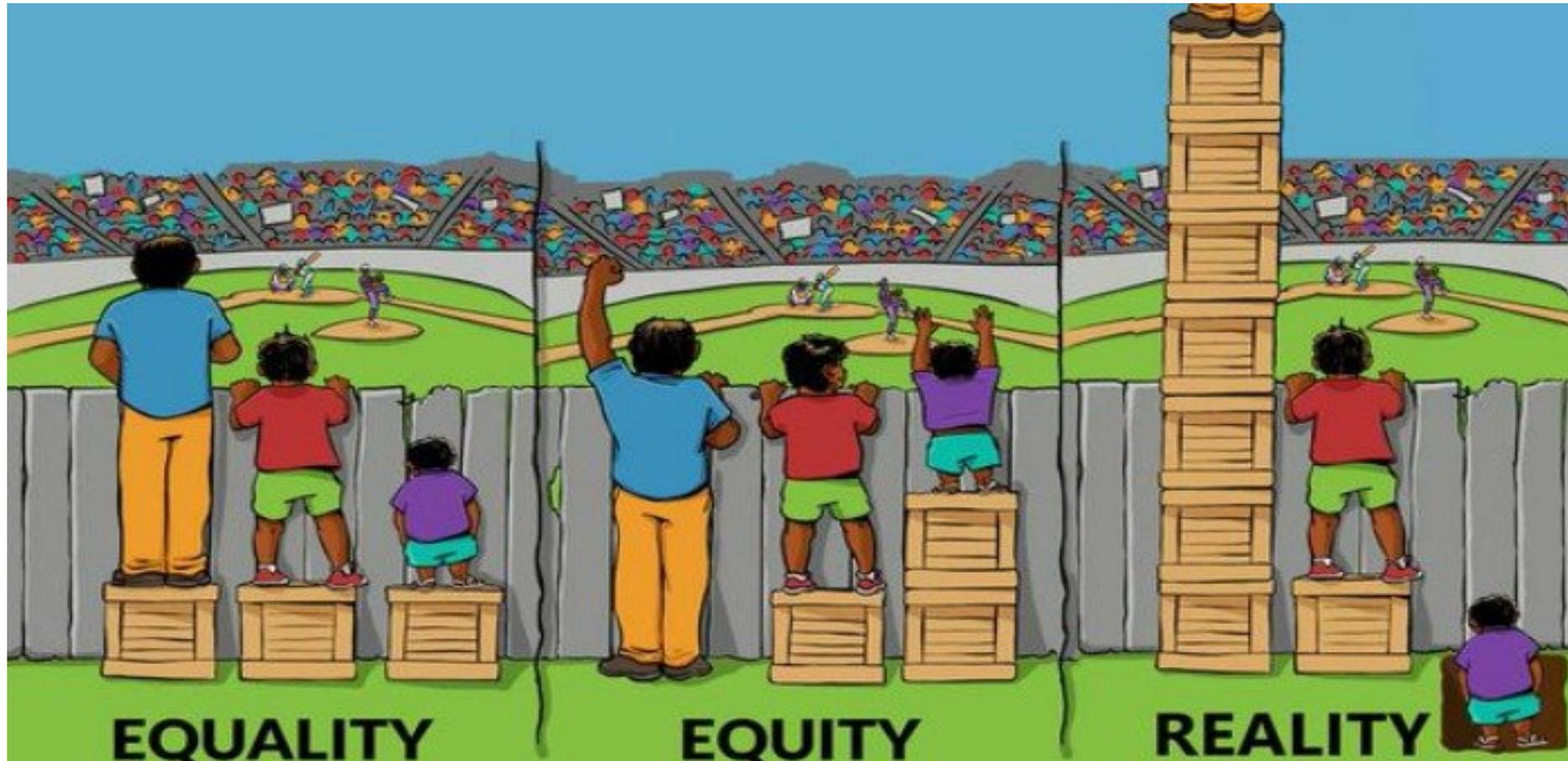
Source: Falicov, 1998; Santiago-Rivera et.al, 2002, Pajewski & Enriquez, 1996 & Bracero, 1998

Not Just Trauma Informed...



..... Social Justice Informed!!

Building Health Equity

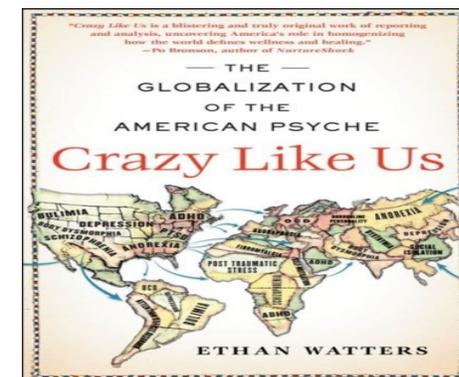
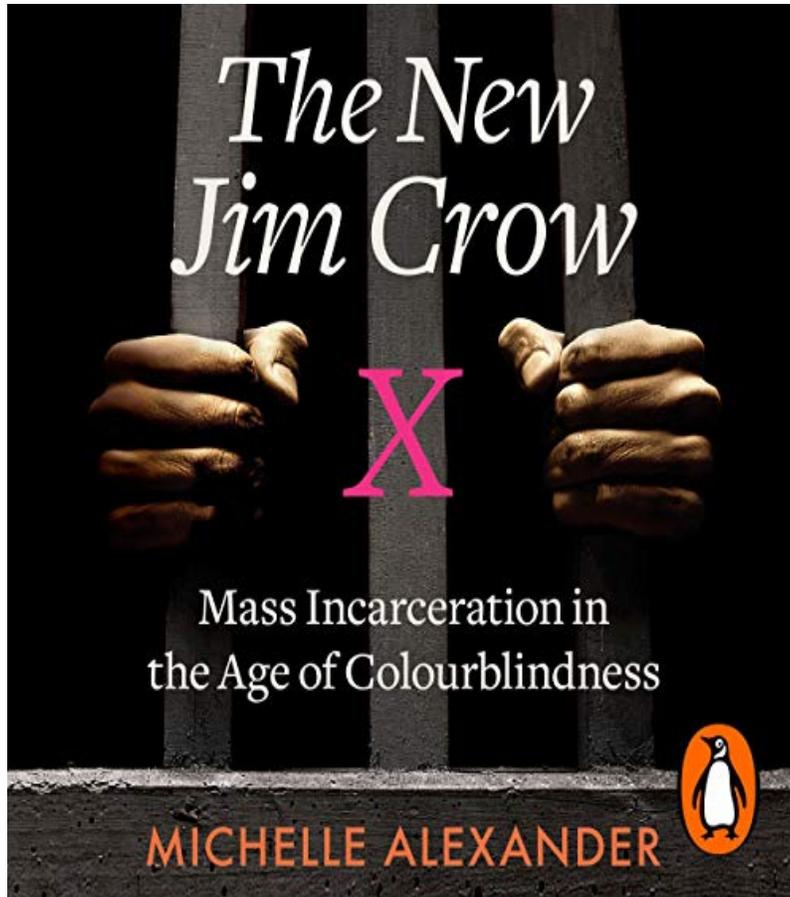


Advocacy and Policy!!

Community Involvement at all Levels of the Strategic Prevention Framework

- ▶ **Assessment:** Profile population needs, resources, and readiness to address needs and gaps
- ▶ **Capacity:** Mobilize and/or build capacity to address needs
- ▶ **Planning:** Develop a Comprehensive Strategic Plan
- ▶ **Implementation:** Implement evidence-based prevention programs and activities
- ▶ **Evaluation:** Monitor, evaluate, sustain, and improve or replace those that fail

Learn More...Do More!



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- ▶ Prison Policy Initiative: <https://www.prisonpolicy.org/data/#census>
- ▶ Tervalon and Murry-Garcia, 1998. [Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education](#)



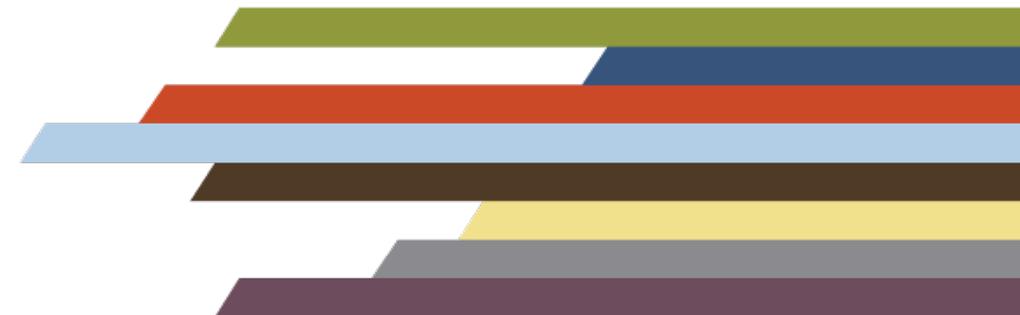
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