



STARK COUNTY
**Mental Health &
Addiction Recovery**

“Achieving Health Equity in Infant Mortality”

Jessica Zavala, Engagement and Inclusion Consultant July 19, 2017

Canton-Stark County THRIVE Partner Appreciation Breakfast

StarkMHAR.org

What does StarkMHAR do?

Vision

People of Stark County live enriched lives through wellness and recovery

What we do

Advance public mental health and addiction prevention, treatment and recovery in Stark County through funding, advocacy and education.

Mission People of Stark County have access to a state-of-the-art mental health and recovery system of care.



Understanding Health Equity

- *Deep respect* for cultural differences,
- *Eager to learn,*
- *Willing to accept* that...

there are many ways of viewing the world.

- Okokon O. Udo, PhD



“Of all the forms of inequality, injustice, in healthcare is the most shocking and inhumane” –Dr. Martin Luther King Jr.



Roots of Health Inequity

- *Health Disparities*
 - *Social Determinants of Health*
 - *Biases and Stereotypes*
 - *Mass Incarceration*
 - *Education Inequality*
 - *Wealth and Income Gap*
 - *Voting Access*
 - *Racism and Prejudice*



Infant Mortality and Health Equity



- Disparities: 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.

Source: <https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities>

Video

- **How Racism Impacts Pregnancy Outcomes**

<https://www.youtube.com/watch?v=k8fuzh4d544&app=desktop>

Source: Dr. Michael Lu, UCLA (University of California, Los Angeles)

Contact us

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For more information, please visit.
StarkMHAR.org/CulturalCompetence

“Reducing Infant Mortality Inequities: Cultural Competence Matters”

THRIVE – JULY 19, 2017

REMEL MOORE, M.ED., CDE



Racism in the United States was built along the black-white binary.”

Tsai, Jennifer. *How Racism Makes Us Sick: The Medical Repercussions of Segregation*, January 19, 2015.

Participation

So, Why does Race
& Racism Matter?

Participation

Define Cultural
Competence

CULTURAL COMPETENCE

Cultural competencies are a set of congruent behaviors, attitudes and policies that come together in a system, agency, or professional and enable that system, agency, or professional to work effectively in cross-cultural situations.

From: Terry L. Cross, Portland State University, 1988



Racism, Historical Trauma and Grief

The United States was founded and built on a policy and practice of racism.

Racism is defined as the belief that one's race, skin color, or more generally, one's group, be it of religious, national, or ethnic identity, is superior to others in humanity.


- Extermination /expulsion of Native American populations.
- Capture, purchase, and enslavement of Africans.
- Inducement of Chinese males to build American infrastructure.
- Internment of Japanese Americans during WW II.
- Dispossessed Hispanics/Latinos of lands; deportation

Historical Inequities: Immigration

Law

- Naturalization Act of 1790
- Eastern European quotas
- Emergency Quota Act of 1921
- Immigration Act of 1924

Practices

- Antisemitism
 - Xenophobia
- 

21st Century Racism and Its Impacts

Institutionalized Racism: Some examples:

- Native American children are 1% of the school population, but 2% of school suspensions
- Over 70% of students referred to the police for school infractions are Black or Brown
- Black students are three times more likely than White students to be suspended.
- Hispanics had the highest dropout rate (17%) for students ages 16 through 24 in 2011 - 30% of Hispanic students graduated from high school in 2011; less than 4% earned advanced college degrees.

Not Just Education



Health Disparity Results

Native American residents of Oglala Sioux reservation, the suicide rate is 300 to 400% higher than the national average. The infant mortality rate is the highest in the nation.

In a 2008 study of the 15 leading causes of death, Blacks have higher death rates than Whites. These include heart disease, cancer, stroke, diabetes, disease, hypertension, liver cirrhosis, and homicide.

28% of Latinos and 22% of African Americans report having little to no choice in where they access care, compared to only 15% of Whites.

34% of Latinos, 19% of African Americans, and 15% of Whites report having no regular source of health care.

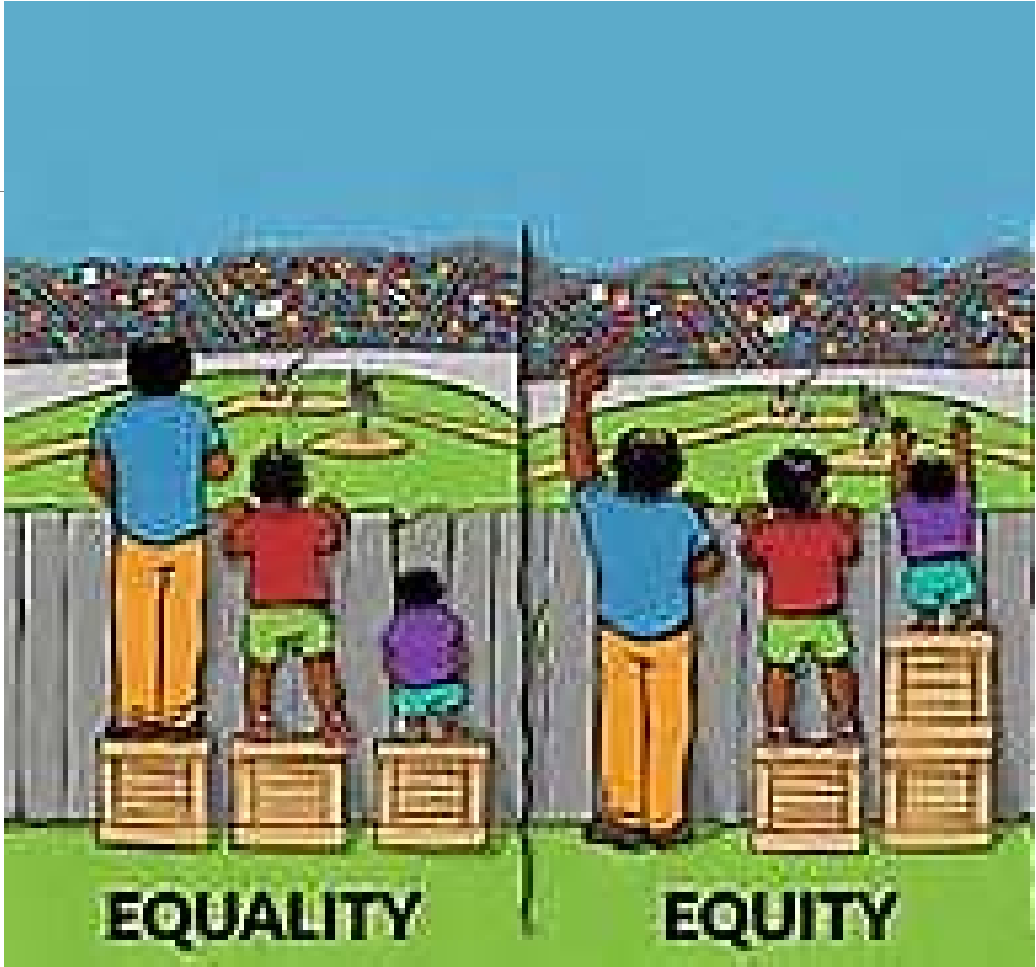
So, how does racism affect health realities and prospects of minority groups?

Participation

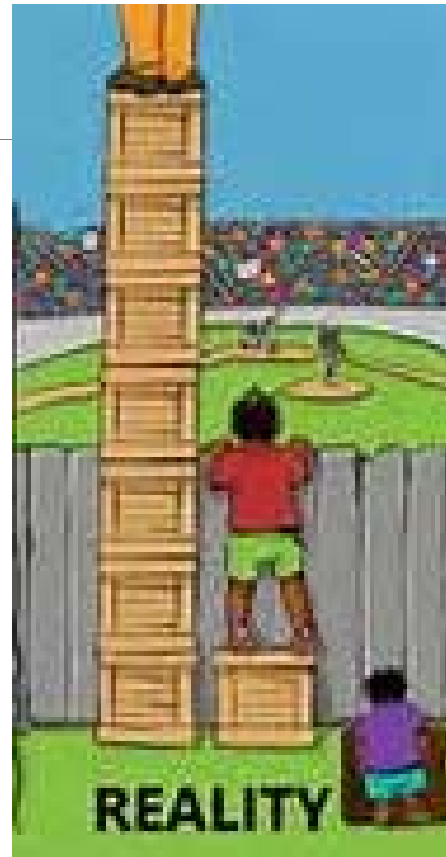
5 minute small group discussion

Summarization statements





REALITY



CHANGING DEMOGRAPHICS: WHY IT MATTERS

1

In 1960, Whites made up 85% of the population

2

Currently, there are entire States/Cities that are predominantly Minority

3

By 2050, Minorities will account for 54% of the Population

- Immigration
- Fewer Births
- Aging population

A Nation Free of Disparities in Health and Health Care

Fact 1: 33 years between the longest living and shortest living groups in the U.S

Fact 2: “the combined costs of health inequalities and premature death in the United States were \$1.24 trillion” between 2003 and 2006

Fact 3: Individuals, families and communities that have systematically experienced social and economic disadvantage face greater obstacles to optimal health.

Fact 4: Characteristics such as race or ethnicity, religion, SES, gender, age, mental health, disability, sexual orientation or gender identity, geographic location, or other characteristics historically linked to exclusion or discrimination are known to influence health status.

Source: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, A Nation Free of Disparities in Health and Health Care

A Nation Free of Disparities in Health and Health Care (2)

Fact 5: Racial and ethnic minorities are significantly less likely than the rest of the population to have health insurance.

Fact 6: Members of racial and ethnic minority groups are also overrepresented among the 56 million people in America who have inadequate access to a primary care physician.

Fact 7: Minority children are also less likely than non-Hispanic White children to have a usual source of care.

Source: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, *A Nation Free of Disparities in Health and Health Care*

Everyone has prejudices.....

We want to think of ourselves as good people, but we still have ...emotional impulses.

Virtually any preference we have is likely to have some bias associated with us.

And it is, for the most part, unconscious.

Howard J. Ross, Everyday Bias, 2014

Bias and Racism



There must be an informed, multi-strand anti-racism strategy by committed individuals and organizations to leverage power and instill permanence.

Participation

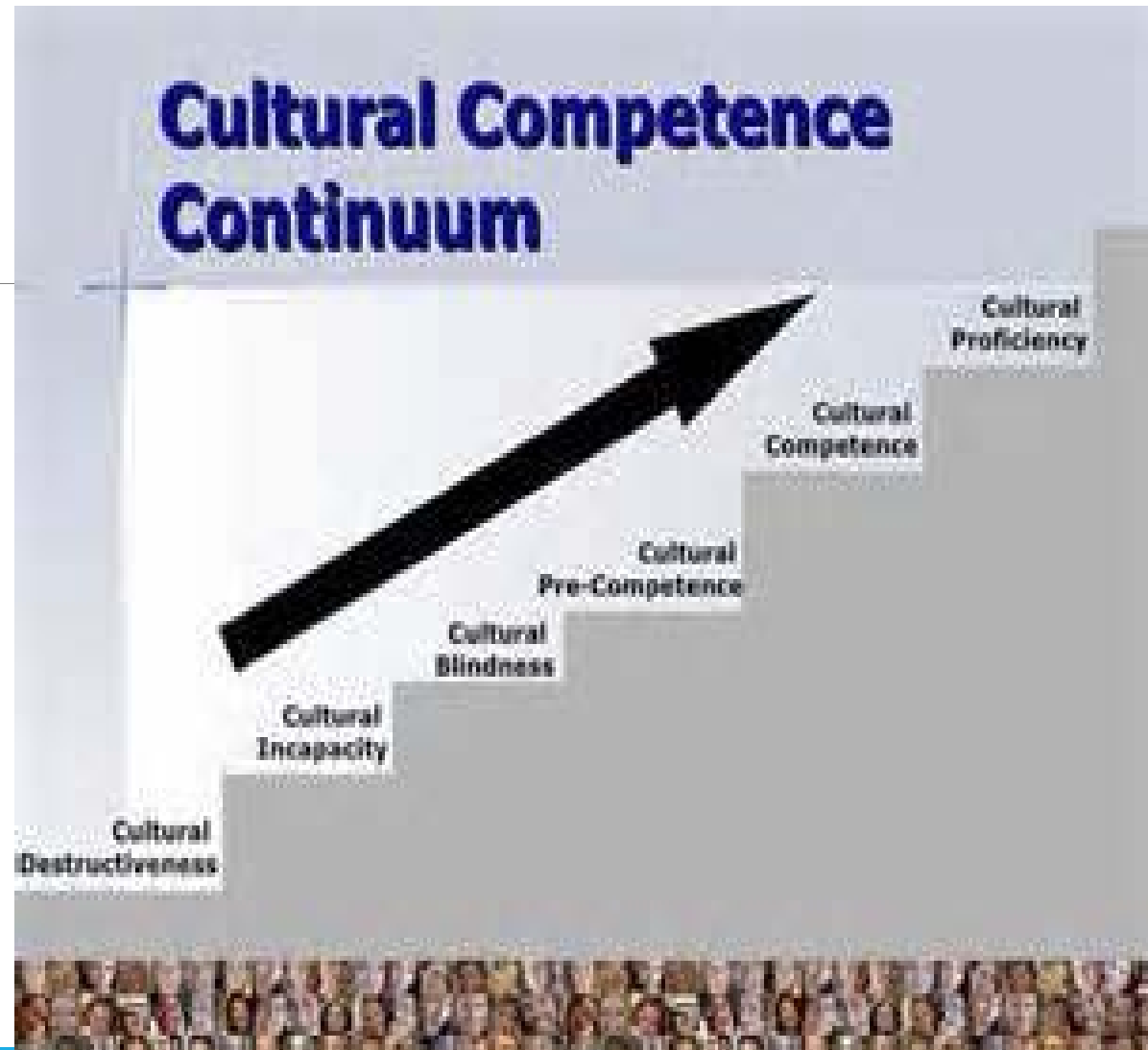
How does racism affect health realities and prospects of minority groups?

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CULTURAL COMPETENCE CONTINUUM



CULTURAL COMPETENCE

Definition: refers to an ability to interact effectively with people of different cultures and socio-economic backgrounds, particularly in the context of [human resources](#), [non-profit organizations](#), and government agencies whose employees work with persons from different cultural/ethnic backgrounds.

Cultural competence comprises four components: (a) Awareness of one's own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) Cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures

Developing cultural competence



CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES ARE...

Services that are respectful of and responsive to individual cultural health beliefs and practices, preferred languages, health literacy levels, and communication needs and employed by all members of an organization at every point of contact.

From: Improving Quality and Access to Integrated Care for Racially Diverse and Limited English Proficiency Communities, SAMHSA – HRSA Center for Integrated Health Solutions

THE NATIONAL CLAS STANDARDS

Present a set of ‘action steps’

Originally published in 2000; revised and updated in 2013

The standards are organized into one Principal Standard and 3 themes comprised of several standards each.

From: Addressing Disparities in Mental Health Agencies: Strategies to Implement the National CLAS Standards in Mental Health



NATIONAL STANDARDS FOR CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES IN HEALTH AND HEALTH CARE

National Standards for Culturally and Linguistically
Appropriate Services in Health and Health Care (2012)

Principal Standard

Governance, Leadership, and Workforce


Communication and Language Assistance

Engagement, Continuous Improvement, and Accountability

STANDARD 1 – THE PRINCIPAL STANDARD

1. 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.

From: *National Standards for CLAS in Health Care*, Office of Minority Health, U.S. Department of Health and Human Services



Infant & Maternal Health Impacts

“Unraveling the Mystery of Black-White Differences in Infant Mortality”

<https://www.youtube.com/watch?v=TJK9cLOBE4Q>

Reduce premature birth rates for racial and ethnic groups that are disproportionately affected with a focus on women residing in southeast and northeast Canton, central Massillon, and eastern Alliance.

THRIVE, January 2016



Next Steps

Convene Focus Groups, 2018

For Participation Information, Contact

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