# Disrupting the Status Quo: Changing the Narrative about Latinx Health Disparities

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Disclaimer

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  Points of views or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.
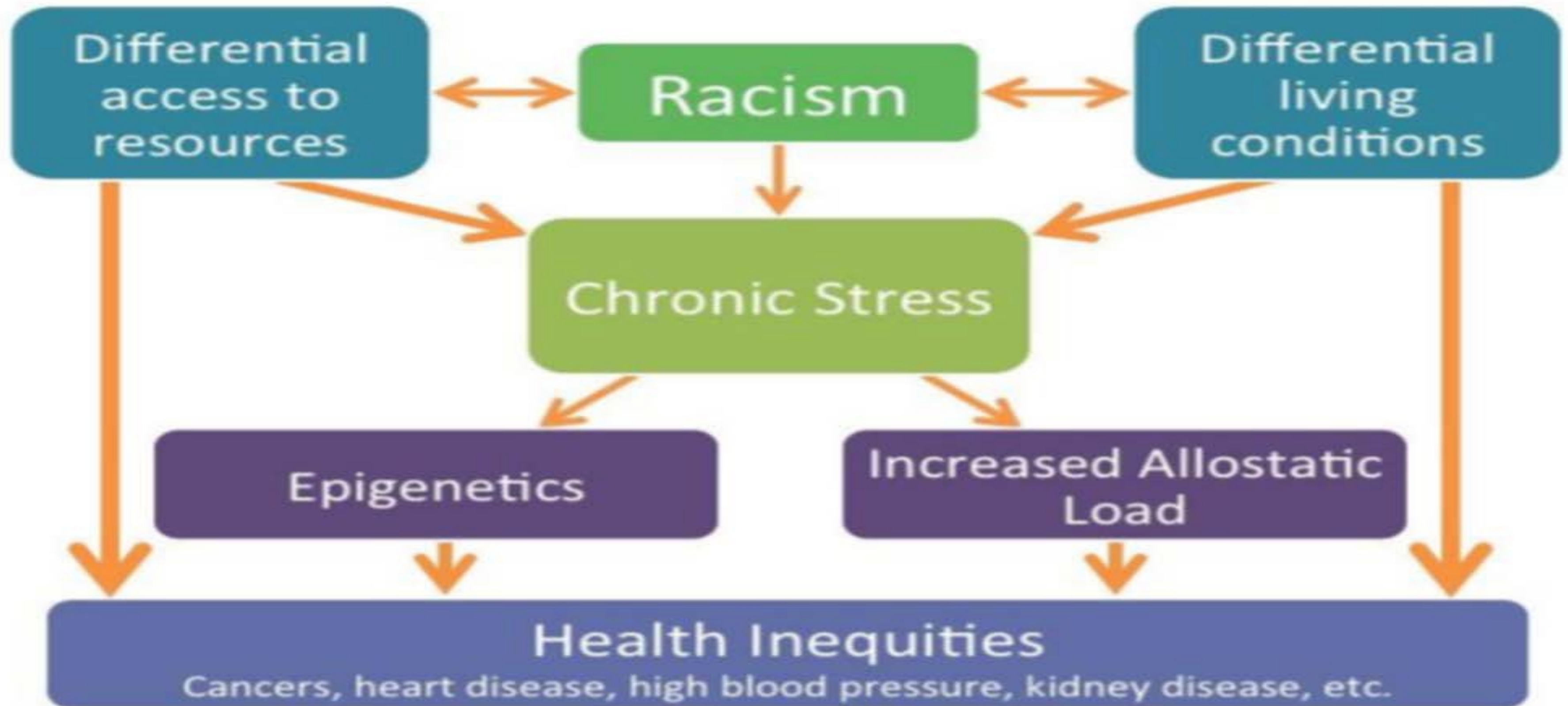
# The Isms of the World Are A Public Health Crisis

# Why Context Matters.

- Social determinants are pervasive sources of life stress experienced differentially in social systems.

- The ramifications of adverse stress exposures are demonstrably injurious to health.

- Socially based stressors play a critical role in creating vulnerability to substance use.

- Although evident across all sectors of society, the prevalence and negative consequences of alcohol and drug use are generally greater among groups characterized by disenfranchised social status (e.g., poverty, stigmatized identity.

# Chronic Stress and Racism: Impacts on Health

Differential access to resources ↔ Racism ↔ Differential living conditions

Racism → Chronic Stress

Differential access to resources → Chronic Stress

Differential living conditions → Chronic Stress

Chronic Stress → Epigenetics

Chronic Stress → Increased Allostatic Load

Epigenetics → Health Inequities

Increased Allostatic Load → Health Inequities

Differential access to resources → Health Inequities

Differential living conditions → Health Inequities

Health Inequities
Cancers, heart disease, high blood pressure, kidney disease, etc.

# ACEs and Systems of Oppression (Bignall, 2021)

**Residential Segregation**

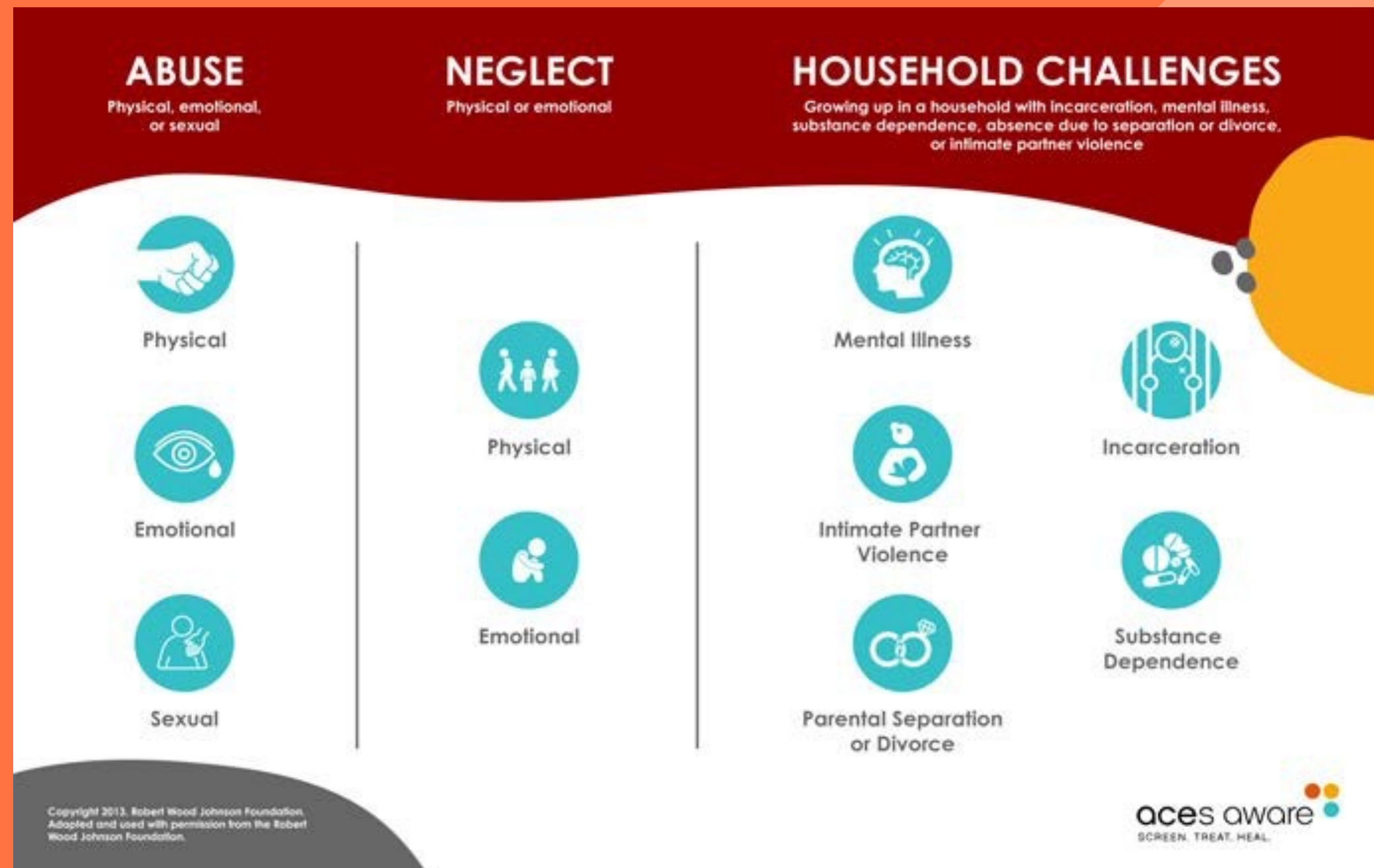**Housing and Shelter**

**Food Insecurity**

**Income Inequality**

**Education Inequality**

**Environmental Justice**

**Policing and Incarceration**

**Health Inequities**

# Racism, Social Determinants of Health, and ACEs

Residential Segregation ➡️ Historical Legacy of redlining = food deserts

Housing and Shelter ➡️ Insecure housing can leave families at risk for physical, emotional, and sexual abuse.

Food Insecurity ➡️ Nutrition is linked to growth impairment, cognitive development, etc.

Income Inequality ➡️ Access to purchase nutritious foods, caregivers working multiple, low-wage jobs.

Education Inequality ➡️ Correlated to residential segregation, resources in school districts.

# Racism, Social Determinants of Health, and ACEs

Education Inequality → Correlated to residential segregation, resources in school districts.

Critical Race Theory and Teaching the history of the U.S.

Environmental Justice → Over-policed neighborhoods are less desirable for investment, less likely to have fresh food access in supermarkets and stores.

Policing and Incarceration → Increased carceral and law-enforcement exposures contribute to adverse child mental health concerns.
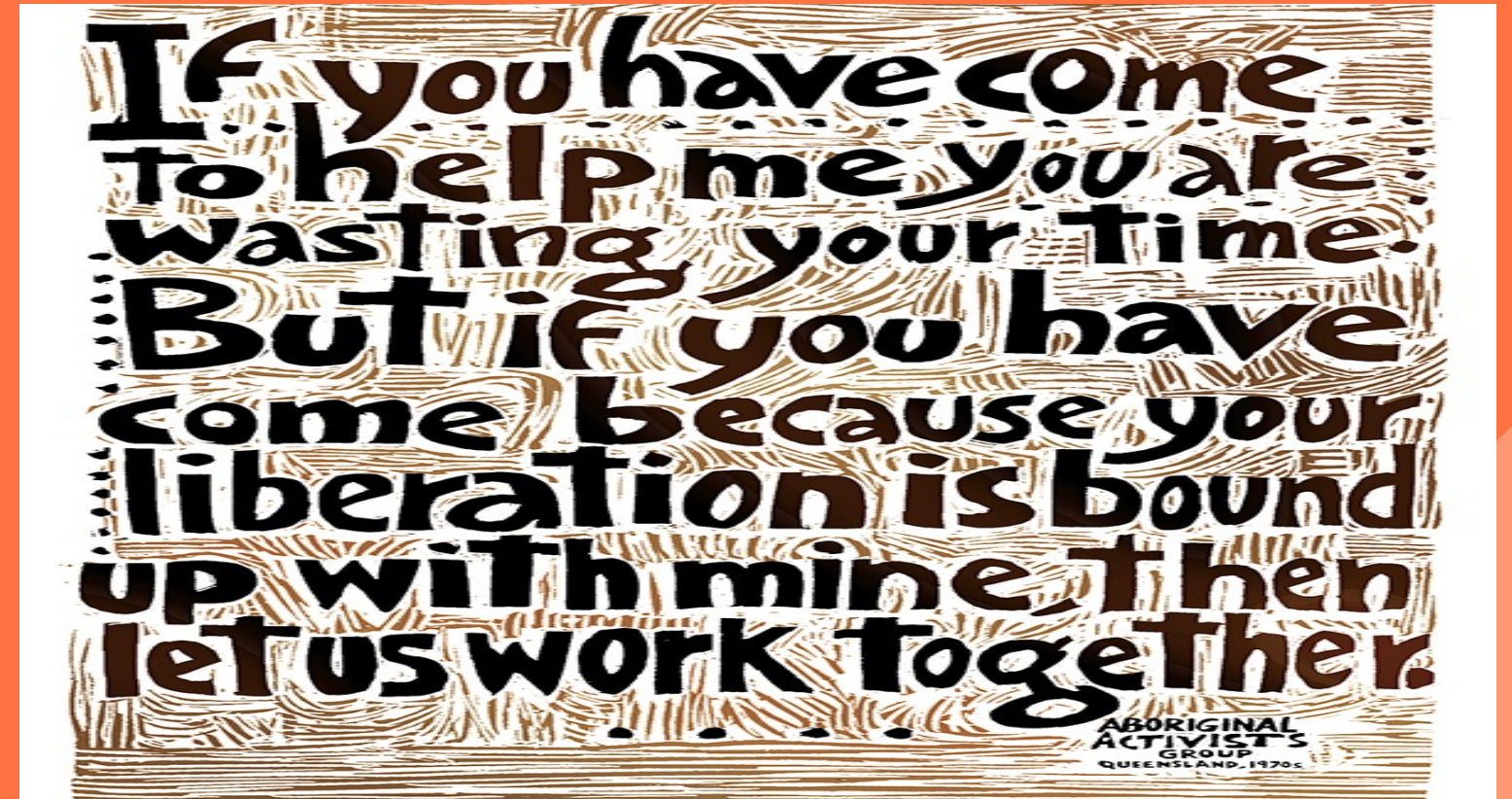
Health Inequities → Bias in providers, use of emergency services over prevention
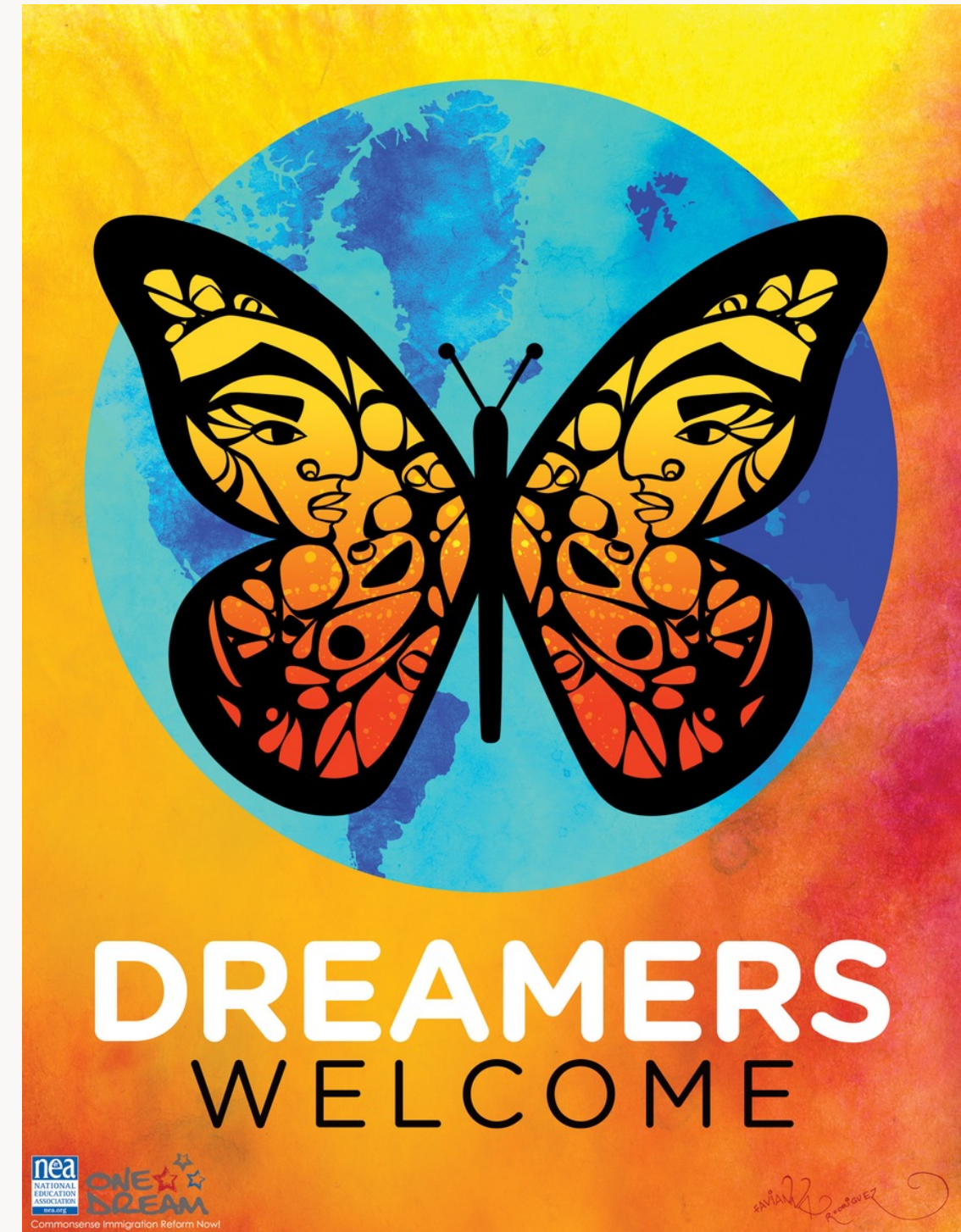
# Why Going Upstream Matters



- Approaches that focus on upstream factors, such as those that seek to improve the conditions in which people live via changes in policies, housing, neighborhood conditions, and increased socioeconomic status, could have a more powerful impact at the population level by reducing exposure to modifiable chronic stressors (Braverman et al., 2011; Rhodes et al., 2003, Williams et al., 2008).

- Such upstream prevention efforts might include structural changes that alter how resources are distributed or how regulatory systems are governed; for example, health care policy and training for providers to assess social determinants of health (housing, access to food, neighborhood safety, chronic stress, and trauma) during medical appointments and a referral process to address areas of concern (NASEM, 2017; 2019a; 2019b).

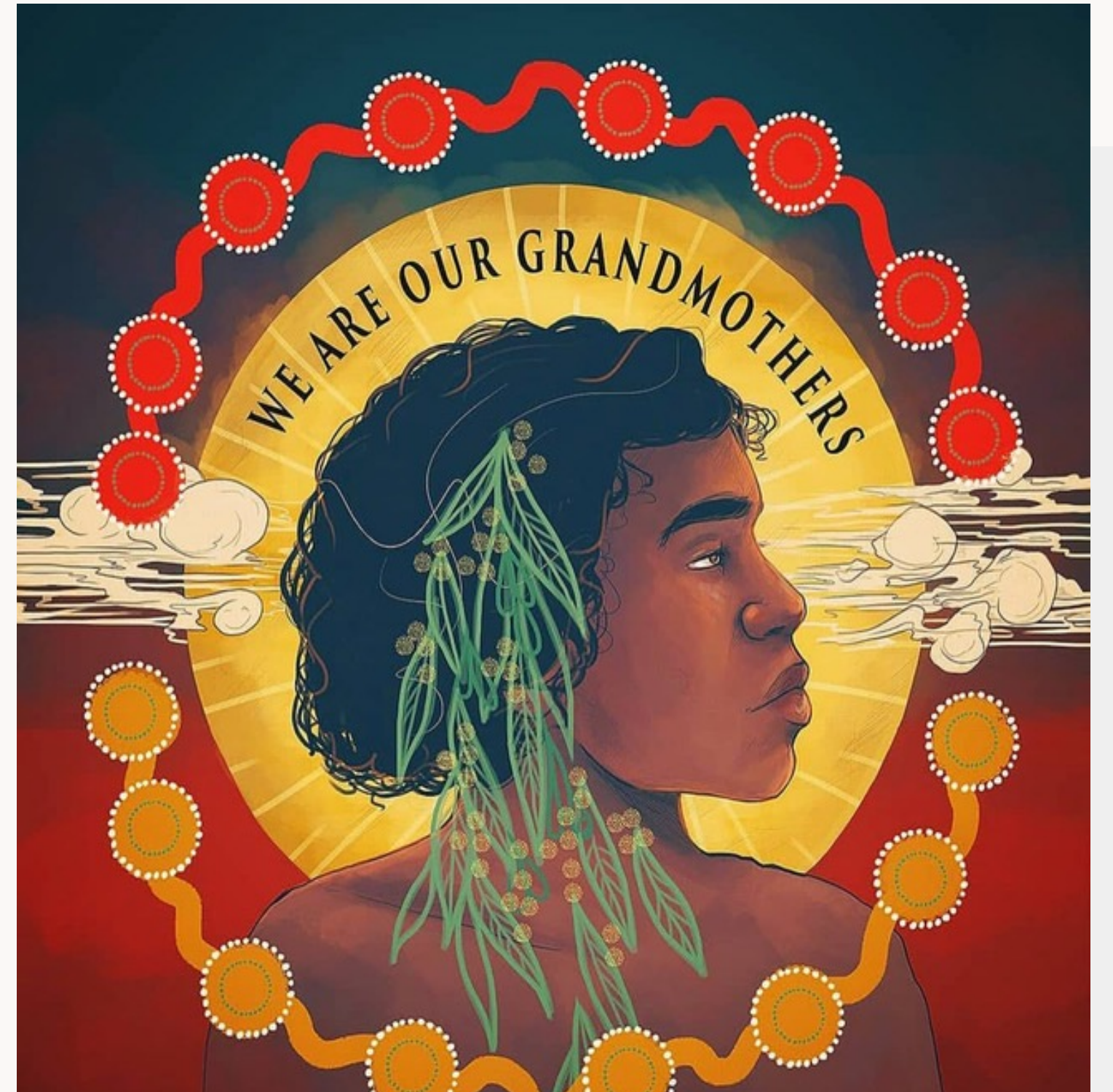# What Do Disparities Really Mean?

**Disparities:** "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." (Healthy People, 2030, U.S. Department of Health and Human Services).

# What Do Disparities Really Mean?

**Examples:** Opioid overdose deaths, HIV, HCV, Education, Employment, Diabetes, Housing, Infant Mortality, Incarceration, etc.

**Equity Definition:** "Behavioral **Health Equity is 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." (SAMHSA, 2023).

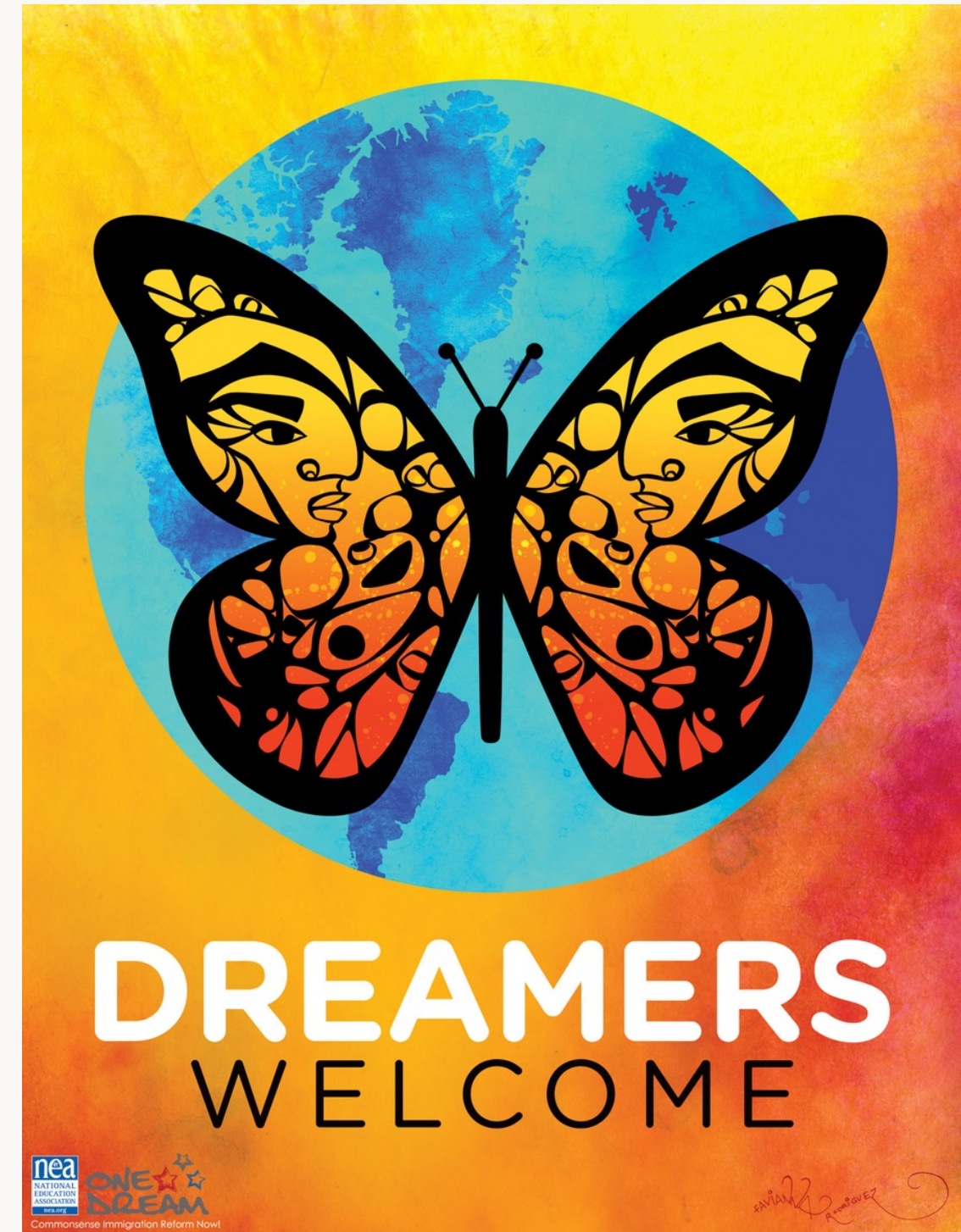Culturally and Linguistically Appropriate Services (CLAS)

# CLAS Standards

**CLAS Standards:**

***Principle standard***, "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.

***Three Broader Themes***,

- Theme 1: Governance, Leadership and Workforce (Standards 2-4).

- Theme 2: Communication and Language Assistance (Standards 5-8).

- Theme 3: Engagement, Continuous improvement and Accountability (Standards 9-15).



DREAMERS WELCOME

# Health Disparity Populations: Race/Ethnicity, Low SES, Rural, Sexual/Gender Minority
## Other Fundamental Characteristics: Sex/Gender, Disability, Geographic Region

| Domains of Influence | | Levels of Influence | | | |
|---|---|---|---|---|---|
| | | **Individual** | **Interpersonal** | **Community** | **Societal** |
| **Biological** | | Biological Vulnerability and Mechanisms | Caregiver–Child Interaction<br><br>Family Microbiome | Community Illness Exposure<br><br>Herd Immunity | Sanitation<br>Immunization<br>Pathogen exposure |
| **Behavioral** | | Health Behaviors<br>Coping Strategies | Family Functioning<br><br>School/Work Functioning | Community Functioning | Policies and Laws |
| **Physical/Built Environment** | | Personal Environment | Household Environment<br><br>School/Work Environment | Community Environment<br><br>Community Resources | Societal Structure |
| **Sociocultural Environment** | | Sociodemographics<br>Limited English<br><br>Cultural Identity<br><br>Response to Discrimination | Social Networks<br>Family/Peer Norms<br><br>Interpersonal Discrimination | Community Norms<br><br>Local Structural Discrimination | Societal Norms<br><br>Societal Structural Discrimination |
| **Health Care System** | | Insurance Coverage<br>Health Literacy<br>Treatment Preferences | Patient–Clinician Relationship<br><br>Medical Decision-Making | Availability of Health Services<br><br>Safety Net Services | Quality of Care<br>Health Care Policies |
| **Health Outcomes** | | **Individual Health** | **Family/ Organizational Health** | **Community Health** | **Population Health** |

*Life Course* (vertical double-headed arrow spanning the domains column)

Latinx and Immigration

THEY TRIED TO BURY US.
THEY DIDN'T KNOW WE WERE SEEDS.

# Latinx Immigrants

The New York Times (2013) reported that there is a growing body of mortality research on immigrants that demonstrates that the longer they live in this country, the worse their rates of heart disease, high blood pressure and diabetes.

The report goes on to state that while American-born children of immigrants may have more money, they tend to live shorter lives than their parents.

These health and mortality advantages are often framed as paradoxical given that they frequently occur in the context of significantly worse socioeconomic risk.
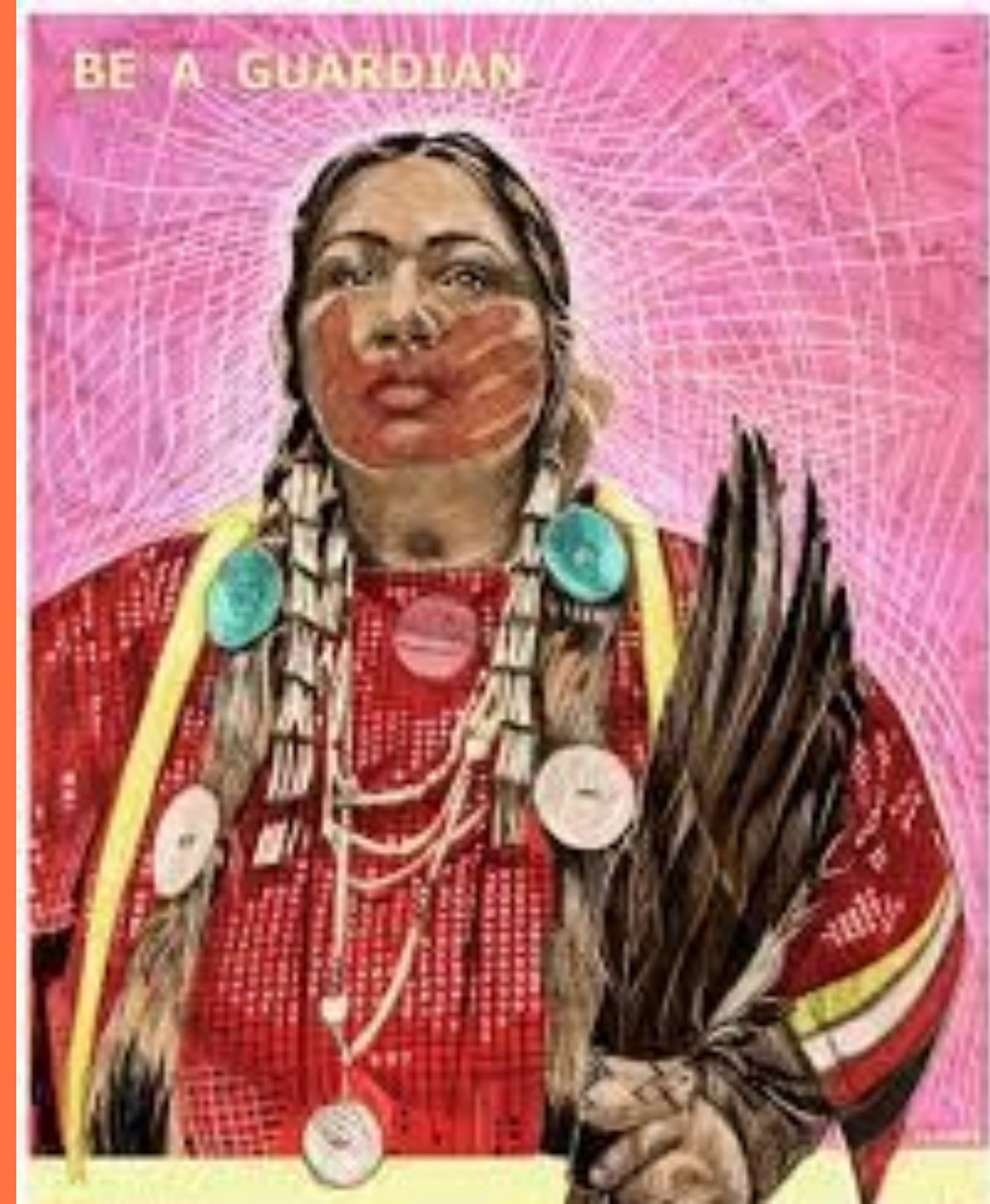
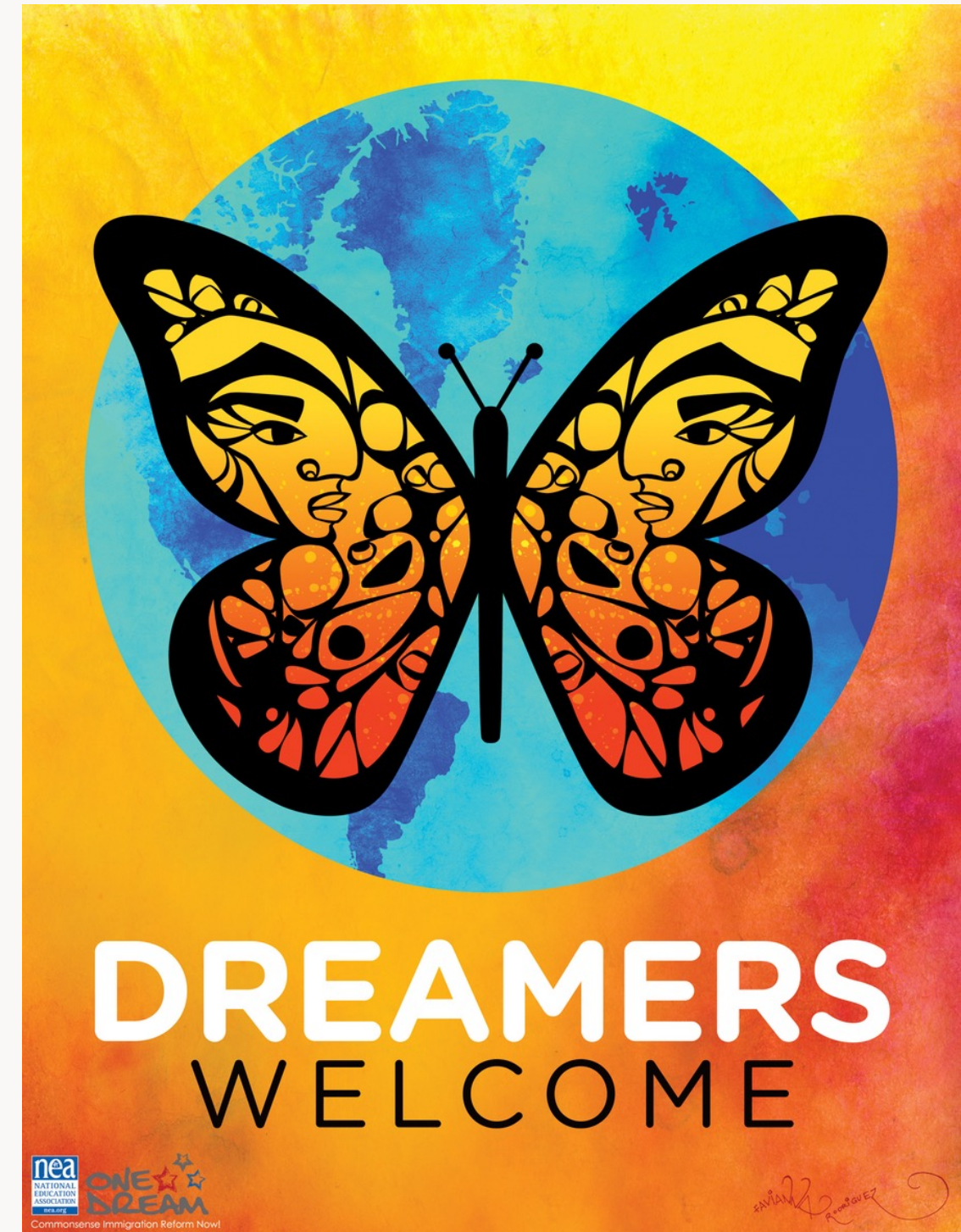Former Farmworker on American Hypocrisy. (NY Times, 2020)

# Wellness & Health

- Is there a health advantage to immigrants in taking on the culture of dominant U.S. society, or to U.S. society in general?

- Latinxs with higher acculturation have more substance use concerns and sexual risk behaviors, poorer dietary practices, and worse birth outcomes than those less acculturated.

- Less acculturated, first-generation Mexican American women have a lower incidence of low birth-weight infants than more acculturated, second-generation Mexican American women.

- Mexican immigrants who arrive to the U.S. after age 6 demonstrated a lower risk of depressive disorders than those Mexican individuals who arrived prior to age 6 or who were born in the U.S.

# What is Our Role?

- Identify barriers to the well-being of Latinx individuals by analyzing the sources of power and social influence within their social structures/contexts.

- Reassess exclusivity standards in the provision of services and in the delivery of services, resources available, etc.

- Engage in acts of allyship, activism, and advocacy in our roles as service providers.

- Begin to re-examine the sources of intervention, and the systems in which service provision takes place.

# Cultural Explanatory Model

**Cultural Explanatory Model (CEM)** (Kleinman et al., 1978)

- Health professionals who adhere to a biomedical model would base their work on empirical, observable, measurable, objective, individualistic, absolute, and rational tenets.

- Lay individuals' CEMs are vague, dynamic, have emotional meaning, and are embedded in a person's sociocultural context (i.e., cultural beliefs, socioeconomic factors, and community social networks; Rajaram & Rashidi, 1998).

- CEMs help us understand the multitude of ways individuals conceptualize an illness, its causes, signs and symptoms, modes of prevention and diagnosis, treatment, prognosis, and expectations of their role as a patient and the role of the treatment provider.



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# Intersections: Wellness and Justice



**Ethical Consideration #1**: Emphasis on helping individuals and small groups, times undermines the importance of recognizing and addressing societal ctors that are more responsible for personal problems.

**Ethical Consideration #2**: Services tend to be reactive and focused on erson-based solutions, to the neglect of both proactive and community-based olutions.

**Ethical Consideration #3**: Most service providers focus on cognitive and trapsychic dynamics at the expense of power dynamics of oppression and scrimination affecting individuals and communities.

# Thank you!

## Q&A