Considering Intersectionality in Addressing Behavioral Health Disparities

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Marilyn Laila Sampilo, PhD, MPH
Health Equity & Cultural Competency Administrator
Overview

- Provide data on behavioral health disparities
- Outline core tenets and principles of intersectionality
- Discuss intersectionality in the context of SDH
- Review cultural humility
- Outline steps forward
National Data

Race and Hispanic Origin

United States

- White, Non-Hispanic: 76.6%
- Black or African American: 13.4%
- Asian: 18.1%
- Native Hawaiian and Other PI: 0.1%
- Two or More Races: 0.6%
- American Indian or Alaskan Native: 0.0%
- Hispanic or Latino: 3.8%
- Two or More Races: 0.0%

Ohio

- White, Non-Hispanic: 79.1%
- Black or African American: 12.9%
- Asian: 2.6%
- Native Hawaiian and Other PI: 0.3%
- Two or More Races: 0.0%
- American Indian or Alaskan Native: 0.0%
- Hispanic or Latino: 3.8%
- Two or More Races: 0.0%
Percentage Minority* Population 2017
State Percentage: 20.92%

Source: U.S. Census Bureau
Prepared by: Ohio Development Services Agency, Office of Research (June 2018)

*Obtained by subtracting non-Hispanic whites from total population
National Data

Rate of Opioid Overdose Deaths by Race and Hispanic Origin—United States 2016 and 2017

- White, non-Hispanic
- Black, non-Hispanic
- Hispanic

ABSOLUTE RATE CHANGE

%CHANGE IN RATE

Scholl et al., 2019
National Data

RATE OF DRUG OVERDOSE DEATHS (HEROIN, SYNTHETIC OPIOIDS) BY RACE AND HISPANIC ORIGIN - UNITED STATES 2016 AND 2017

Absolute rate change %Change in rate Absolute rate change %Change in rate

White, non-Hispanic Black, non-Hispanic Hispanic

-0.2 -3.2 0.4 8.9 3.6 3.7 3.4 1 45.1 60.7 37

Scholl et al., 2019

mha.ohio.gov • Connect with us:
National Data

PAST YEAR OPIOID MISUSE AND USE DISORDER BY POVERTY STATUS, 2016

- **Past Year Misuse**: 6.00%
  - Under 100% Poverty: 1.00%
  - 100-200% Poverty: 2.00%
  - Over 200% Poverty: 3.00%

- **Past Month Misuse**: 4.80%
  - Under 100% Poverty: 1.10%
  - 100-200% Poverty: 1.80%
  - Over 200% Poverty: 2.10%

- **Opioid Use Disorder**: 3.90%
  - Under 100% Poverty: 0.60%
  - 100-200% Poverty: 1.00%
  - Over 200% Poverty: 1.50%

Ghertner et al., 2019
Poverty Rates in Ohio, 2015-2016
by Age Group, Sex and Minority Status

Source: U.S. Census Bureau
Health Equity & Health Disparity

- **Health equity**: Everyone has the opportunity to be as healthy as possible.

- **Health disparity**: Differences in health outcomes and their causes among groups of people.

- **Behavioral health disparity**: Systemic difference in substance use or mental health outcomes between segments of the population.

CDC, 2019
Disparities in Buprenorphine Treatment

• White patients given more prescriptions for medication-assisted treatment from 2012-2015.

• No increase seen for African Americans.

• *Despite opioid deaths rising faster for African Americans.*

Lagisetty et al., 2019
Disparities in Buprenorphine Treatment

• Self-pay and private insurance were most common methods of payment for buprenorphine visits.

• Number of buprenorphine visits by private insurance and self-pay accounted for 33.9 and 39.6% of visits respectively.

Lagisetty et al., 2019
Unit 5  Intersectionality
There is no such thing as a single-issue struggle because we do not live single-issue lives.

Audre Lorde
Intersectional Framework

• History in Black feminist discourse
• Refers to a set of assumptions regarding marginalized groups
• Linked experiences
• Social constructions

Letiecq, 2017
Sears, 2012
Intersectional Framework

• Focuses on group location or social positioning within current structure
• Focuses on structured inequalities and power differentials within society
• Structural patterns influence outcomes
• Meanings of social locations may vary across social and historical contexts

Letiecq, 2017
Sears, 2012
Intersectionality: Keys to Understanding

1. Shifting of paradigms
2. Challenging assumptions
3. Understanding social statuses/social locations
4. Recognizing simultaneous experiences & considered accordingly
INTERSECTIONALITY
a fun guide

this is Bob.

Bob is a stripey blue triangle.

AND SHOULD BE PROUD.

Sad some people do not like Bob. Bob faces oppression for being a triangle, & for having stripes.

Luckily, there are liberation groups! But they aren't intersectional.

So they look like this.

Bob can't work out where to go. "Am I more stripe or triangle?"

Opression of one affects us all. No liberation without equal representation!

Bob wishes that the triangles and stripes could work together.

Intersectionality is the belief that oppressions are interlinked and cannot be solved alone.

Opressions are not isolated.

Intersectionality now!
Intersectional Framework

“...hold multiple identities, some identities are more visible than others. Yet all these identities are important in the young person’s lived experience and to his or her worldview.”

“...seek to recognize and understand that identity and self-definition are fluid and complex, and that the interaction between the two is dynamic. To this end... appreciate that intersectionality is shaped by the multiplicity of the individual’s social contexts.”

APA, 2017
Social Determinants of Health

• “The poor health of the poor, the social gradient in health within countries, and the marked health inequities between countries are caused by the unequal distribution of power, income, goods, and services, globally and nationally, the consequent unfairness in the immediate, visible circumstances of people’s lives... This unequal distribution of health damaging experiences... is the result of a toxic combination of poor social policies and programmes, unfair economic arrangements, and bad politics. Together, the structural determinants and conditions of daily life constitute the social determinants of health and are responsible for a major part of health inequities between and within countries (p. 1).”

CSDH, 2008
Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)
Transforming the conditions in which people are BORN, GROW, LIVE, WORK and AGE for optimal health, mental health & well-being.

- Prevention
- Mental Health Services
- Culturally/Linguistically Appropriate and Competent Services
- Income Security
- Housing
- Neighborhood Safety/Collective Efficacy
- Environmental Quality

ACHIEVING HEALTH & MENTAL HEALTH EQUITY AT EVERY LEVEL

- Health Care
- Child Development, Education, and Literacy Rates
- Food Security/Nutrition
- Built Environments
- Discrimination/Minority Stressors

Bay Area Regional Health Inequities Initiative, 2016
Intersectionality and SDH
Unit 5 Intersectionality
Cautions with Interpretation

- Avoid reducing framework to only explaining multiple identities
- Asking “too much” of it
- Utility as an analytical framework
Explicit Bias

Attitudes and beliefs that we have about a person or group on a conscious level. We are fully aware of these, so they can be self-reported.

Implicit Bias

Unconscious attitudes that lie below the surface, but may influence our behaviors.
Implicit Bias is...

Attitudes, Stereotypes, & Beliefs that can affect how we treat others.

Implicit bias is not intentional, but it can still impact how we judge others based on factors such as:

- Race
- Ability
- Gender
- Culture
- Language
Circles of My Multicultural Self
Cultural Competence

Defined as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.

Cross et al., 1989
Cultural Humility
Cultural Humility: What It Isn’t

- Focused on group traits;
  Historically focused on racial & ethnic minority groups

- Static process;
  Defined course or curriculum

- Focused on achieving competence or expertise

Yeager & Bauer-Wu, 2013
Focused on individuals;
Focused attention given to other aspects/components of culture (e.g., gender, class, geographic location, country of origin, sexual orientation)

Continuous, ongoing process;
Life-long learning

Focused on achieving flexibility/humility

Yeager & Bauer-Wu, 2013

Cultural Humility: What It Is
Cultural Humility: Attributes

- Openness
- Self-awareness
- Egoless(ness)
- Supportive interaction
- Self-reflection & critique

Foronda et al., 2016
Cultural Humility: Consequences

- Mutual empowerment
- Partnerships
- Respect
- Optimal care
- Lifelong learning

Foronda et al., 2016
Turning Inward

- Identify/consider aspects of cultural identity, lived experience
- Consider privilege and power structures
- Identify/consider biases and assumptions
- Commit to self-evaluation and self-critique
Where Do We Go From Here

Turning Outward

• Consider health equity in the context of intersectionality

• Focus on systems of power/privilege rather than seek to change those marginalized or oppressed by systems of power

• Develop partnerships with community, groups who advocate for vulnerable populations
Turning Outward

- Clinical care integration with initiatives to address structural factors
- Improvements in access to treatment (structural advantages in access)
- Advocate for social change
Where Do We Go From Here

- Listen to others’ stories
- Demonstrate compassion and empathy
- Acknowledge “culture of 1”
Resources

- http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/
- https://implicit.harvard.edu/implicit/takeatest.html
- https://www.tolerance.org/professional-development/webinars/intersectionality
References


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