

Behavioral Health in the Latine Community: *Expanding Meaningful Equity in Addiction and Recovery Service Delivery for Diverse Communities*

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Acknowledgment

Presented in 2024 by the Addiction Technology Transfer Center (ATTC) Network, 2464 Charlotte St, Suite 2425, Kansas City, MO 64108.

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At the time of this publication, Miriam E. Delphin-Rittmon, Ph.D, served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administrator of the Substance Abuse and Mental Health Services Administration.

The opinions expressed herein are the view of TTC Network and do not reflect the official position of the Department of Health and Human Services (DHHS), SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this document is intended or should be inferred.

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Presented 2024

A bit abc



The Addiction Tec
resource for profes

HHS REGION 10



Northwest ATTC

Addictions, Drug & Alcohol Institute
(ADAI), University of Washington

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Seattle, WA 98195-6560



206-685-4419



Email Northwest ATTC

HHS REGION 10

WA, AK, ID, OR

ON ▾ ABOUT ▾ 🔍

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ld.

The use of affirming language inspires hope and advances recovery.

LANGUAGE MATTERS.

Words have power.

 PEOPLE FIRST. 

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.



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Unconscious Bias Disclosure

- The ATTC NCO recognizes that language is constantly evolving, and while I will make every effort to avoid bias and stigmatizing terms, we want to acknowledge that unintentional lapses may occur in our presentations.
- As such, we value and encourage your feedback and want to hear from you if any language, images, or concepts are offensive or stigmatizing
- Our goal is to continually evolve and ensure our work is inclusive, we appreciate your help in this endeavor.



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Learning Objectives



Identify Latine community demographics in service delivery areas to become more familiar with the unique needs of the local community



Leverage information about common behavioral health experiences in Latine communities to improve service delivery



Meaningfully implement culturally/linguistically responsive **components** to your service delivery options



Address **key** social determinants of health as a tool to overcome barriers to equitable care

A network diagram on a light gray background. It features several colored pushpins (red, green, yellow, blue, and white) connected by a dense web of thin black lines. The pushpins are arranged in a way that suggests a complex, interconnected network. The text "An activity to get us started" is overlaid in white, sans-serif font, centered horizontally and slightly above the middle vertically.

An activity to get us started

Circles of self

The power of storytelling....





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The power of storytelling...

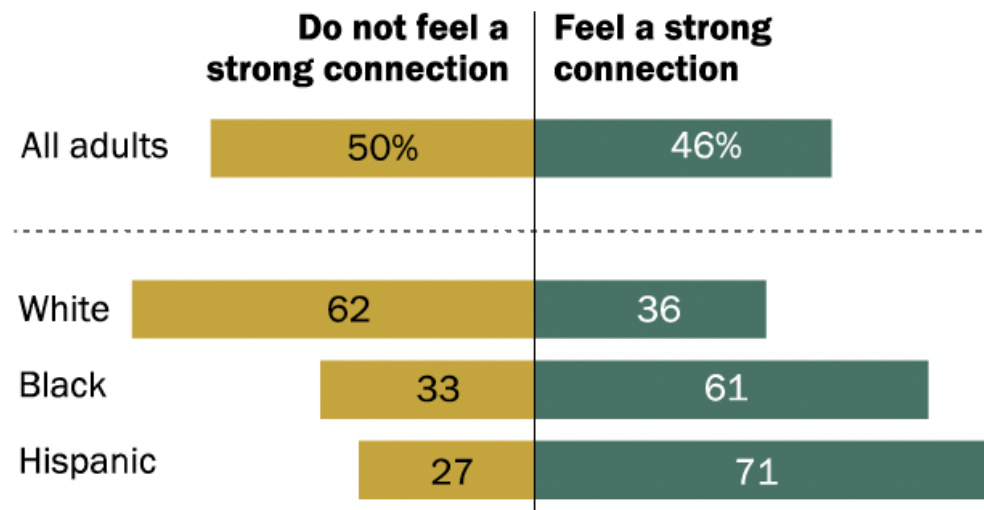
Terminology Is it
Hispanic, Latino/a/x,
Latine?...

Population Numbers,
Origin, Heritage

Raices/Roots why
this matters

Black and Hispanic adults feel more connected to roots than White adults

% saying they ____ with the cultural origin of their family



Note: White and Black adults include those who report being only one race and are not Hispanic. Hispanics are of any race. Share of respondents who didn't offer an answer not shown.

Source: Survey of U.S. adults conducted Jan. 3-13, 2020.

"Black and Hispanic Americans See Their Origins as Central to Who They Are, Less So for White Adults"

PEW RESEARCH CENTER



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Long history of teaching and learning through stories

- Reciprocal
- Honors our ancestors
- Is considered a gift
- Ensures we retain our culture





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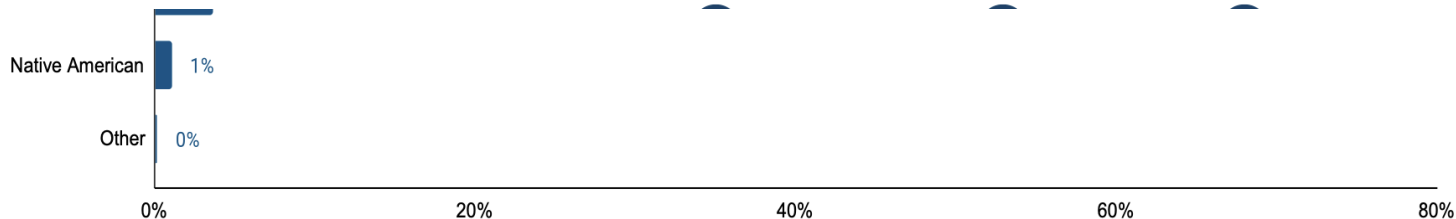
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Latine gente in Washington:

Latinos are the second largest racial or ethnic group in Washington at 13% of the population (Figure 1). This is 5 percentage points less than the national share of Latinos (18%). [Since 2000](#), the Latino population has grown by 133%—more than four times the state's overall growth rate during the same time (30%).

Figure 1: Population by Race and Ethnicity in Washington, 2019

More than three-quarters of Latinos in Washington are of Mexican descent (80%)—18 percentage points more than the national average (62%). Latinos of other descent (6%), Puerto Ricans (4%), South Americans (3%), and Salvadorans (2%) close out the top five Latino descent groups in Washington. The substantial proportion of Latinos of other descent may reflect Washington's historical development. Latinos have had a permanent presence in the state since the early 1800s when [Mexico's border extended to Oregon](#), while [Mexican migration intensified](#) in the 1920s during the Mexican Revolution.



Source: LPPI analysis of 2015-19 5-year American Community Survey public use microdata.



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A Brief look at Latine Behavioral Health

Recovery: Among Hispanic Adults Aged 18 or Older



- **7 in 10** (69.6%) Hispanic adults who ever had a **substance use problem** considered themselves to be **recovering or in recovery**



- **2 in 3** (66.1%) Hispanic adults who ever had a **mental health issue** considered themselves to be **recovering or in recovery**

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Latine gente and gambling

Several studies indicate that Latine people may be more likely to participate in and have problems with gambling (Caler, et al; Campos, et al; Barry, et al)

‘...in racial and ethnic minority groups including gambling availability, comorbid substance use, psychiatric conditions, stress, acculturation, and differences in cultural values and cognitions.’ (Okuda, et al)



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Where are the Latinos, how do we find them?

Caution with Stigma

Internal & External

Acknowledgment of

Valid mistrust and fear

“Participants reported avoiding the health care system whenever possible, first turning to family members and unlicensed community healers, then seeking safety net providers if necessary.” Raymond-Flesch, et al., 2014

“Mistrust is a somewhat different issue than stigma.” Norris & Alegria, 2005



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*Where are the Latinos, how do we find them?
(continued)*

EQUITABLE
Behavioral Health
Considers

CULTURAL *risk*
factors

&

CULTURAL
protective factors



Photo Credit: Univ of Oxford,
Dept of Experimental Psych.



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Speaking of a strengths-based approach to care....

How do you describe wealth?



Traditional Capital

Often overlooks community assets.



Community Wealth

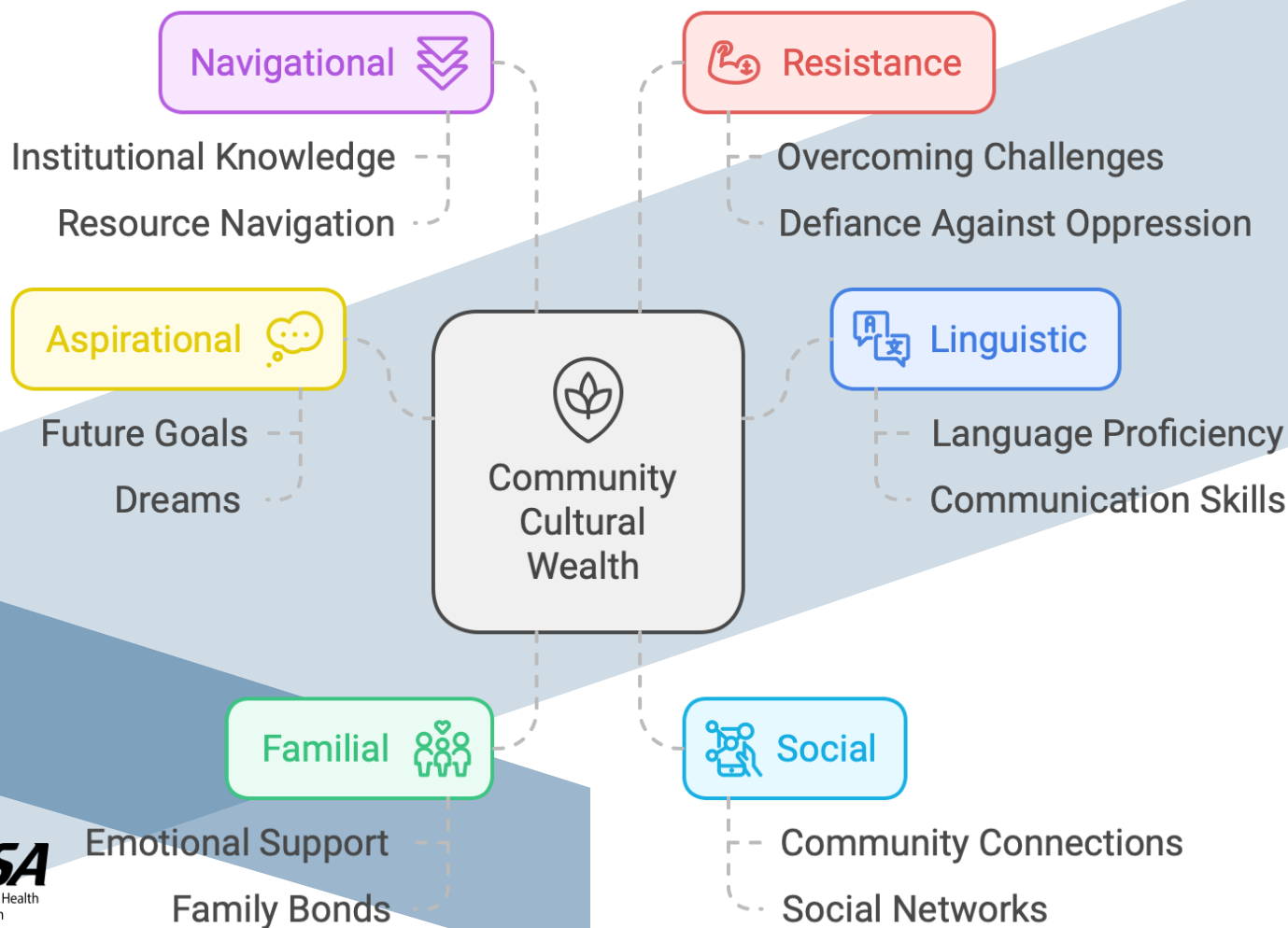
Highlights diverse strengths and resilience.



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Community Cultural Wealth





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A closer look at capital and addiction/recovery supports

SAMHSA's WORKING DEFINITION OF RECOVERY



10 GUIDING PRINCIPLES
OF RECOVERY

ance

ing Challenges

e Against Oppression

Linguistic

Language Proficiency
Communication Skills

Community Connections

networks



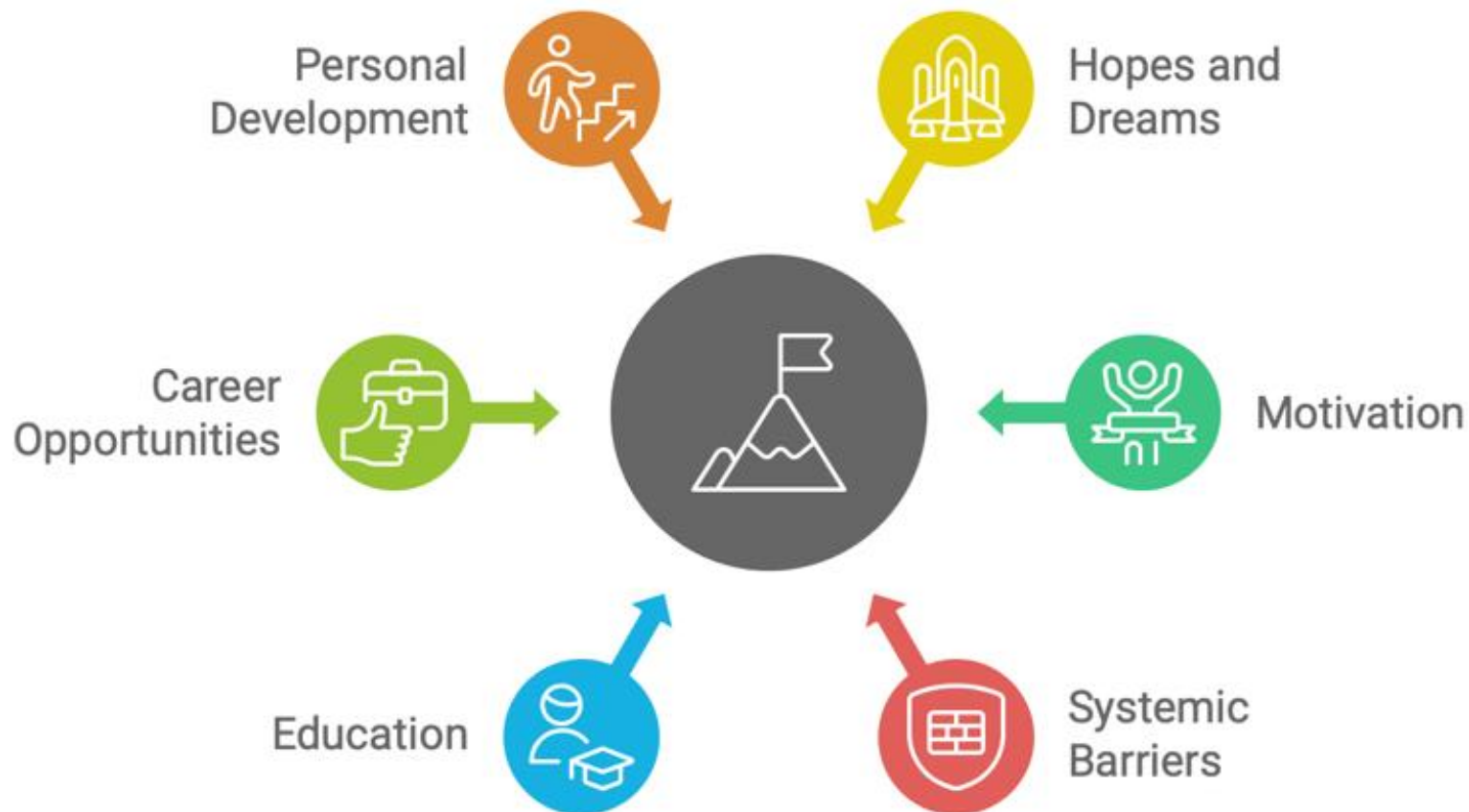
Source: Adapted from Swarbrick, M. (2006). A Wellness Approach.
Psychiatric Rehabilitation Journal, 29(4), 311-314.



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Components of Aspirational Capital

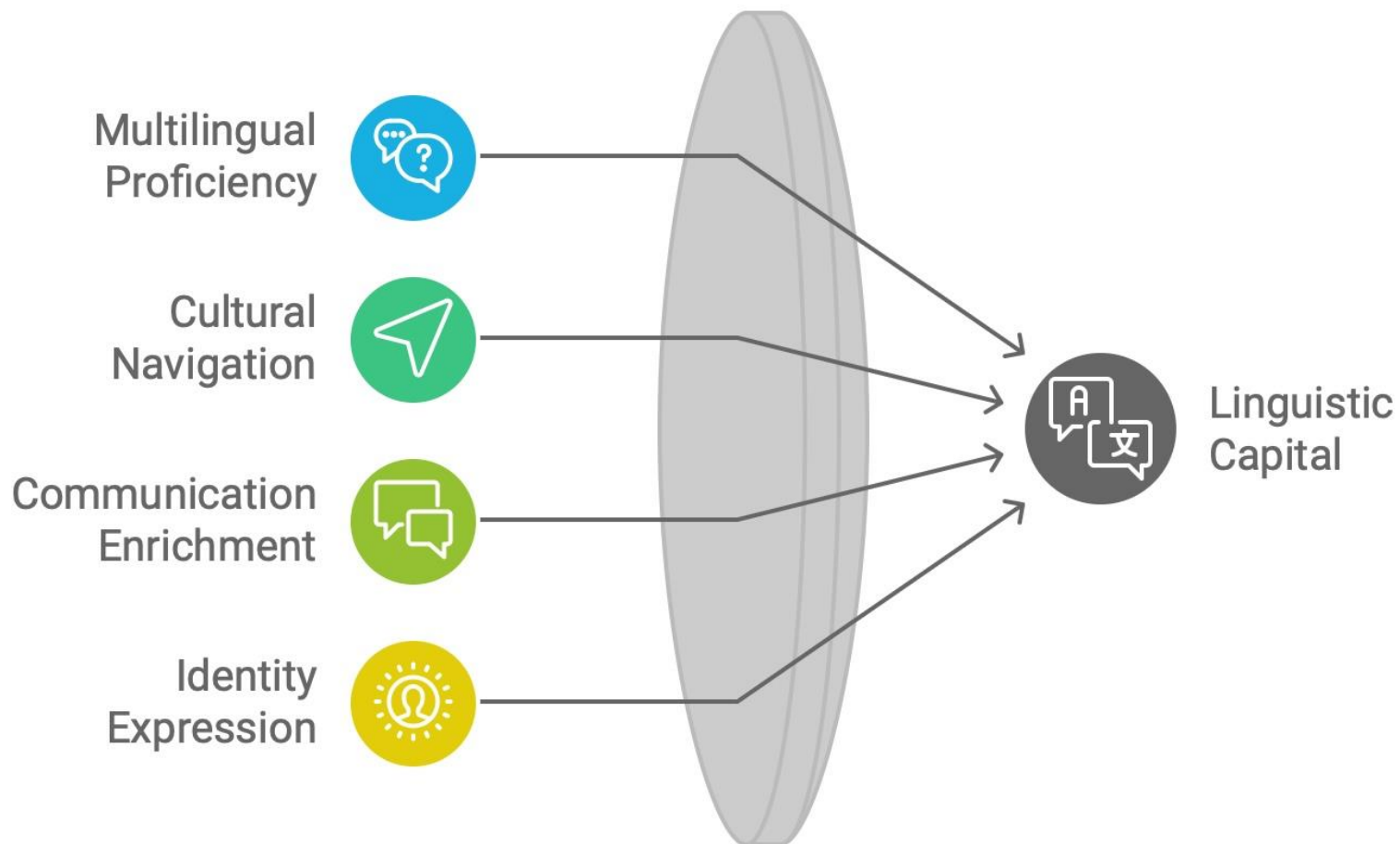




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Linguistic Capital: A Bridge to Community

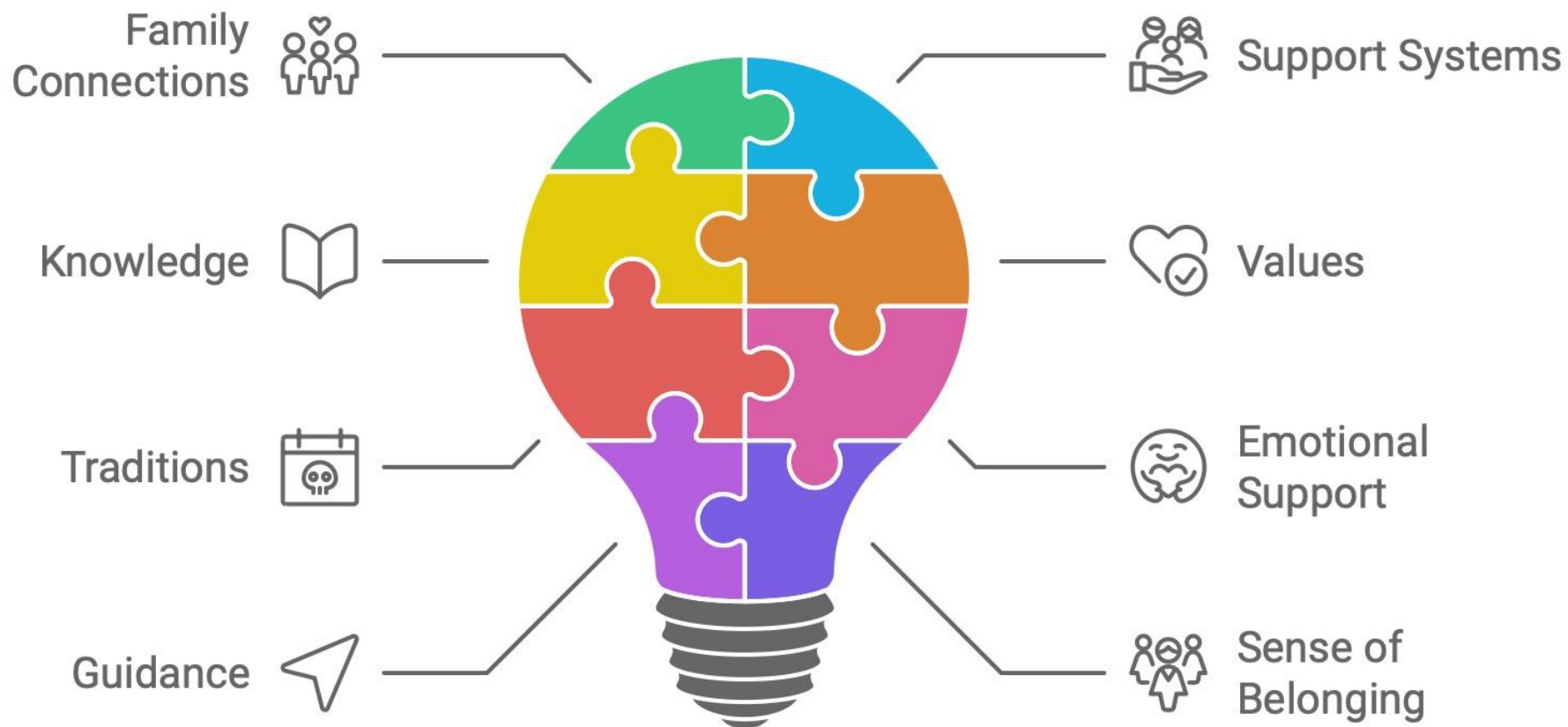




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Components of Familial Capital

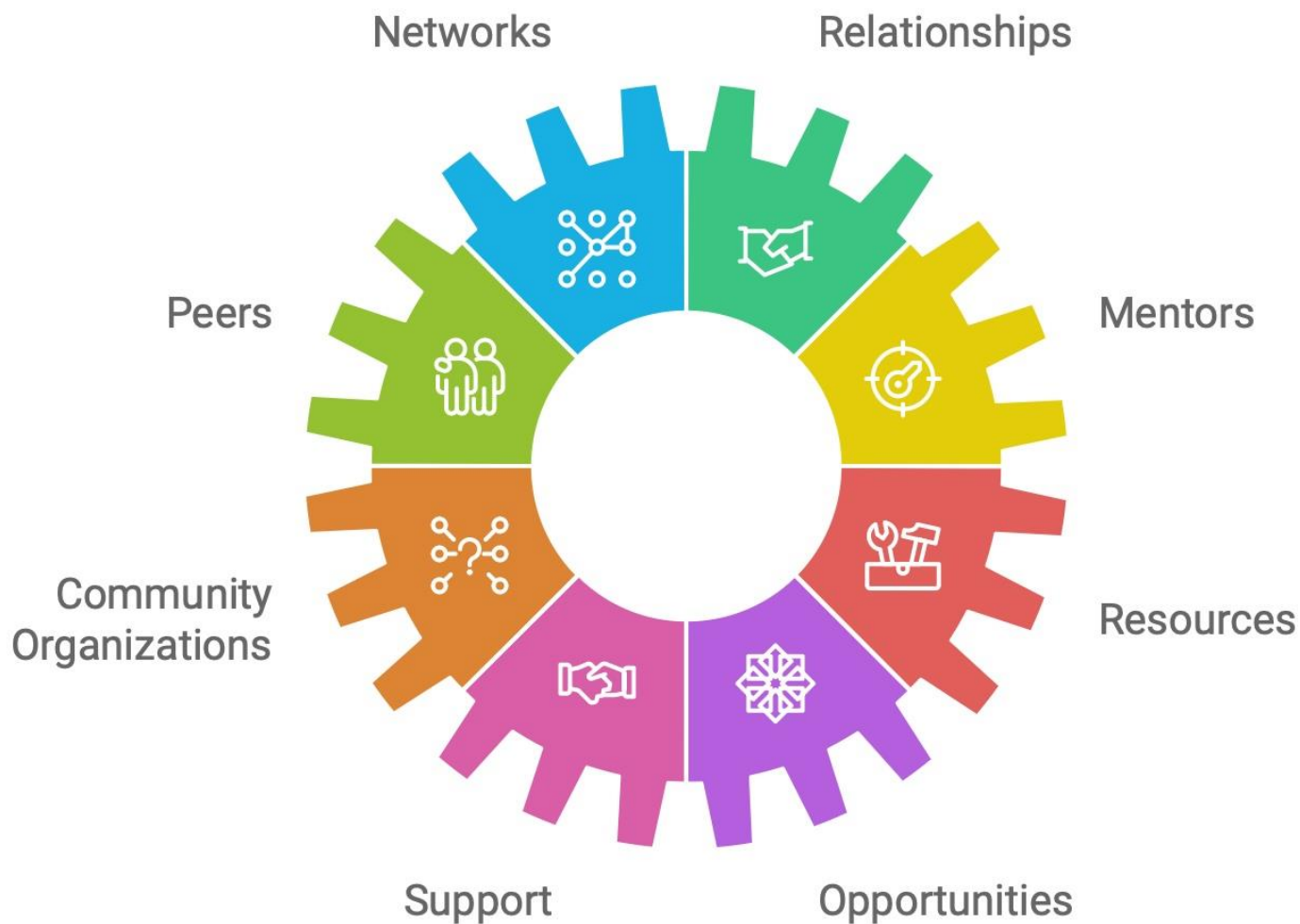




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Components of Social Capital



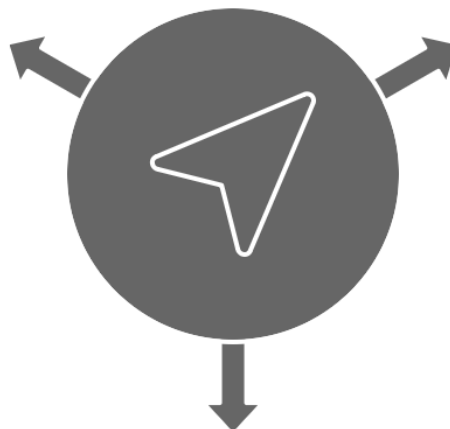


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Navigational Capital

Self-Advocacy
Skills



Social
Institutions



Marginalized
Backgrounds



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Components of Resistance Capital

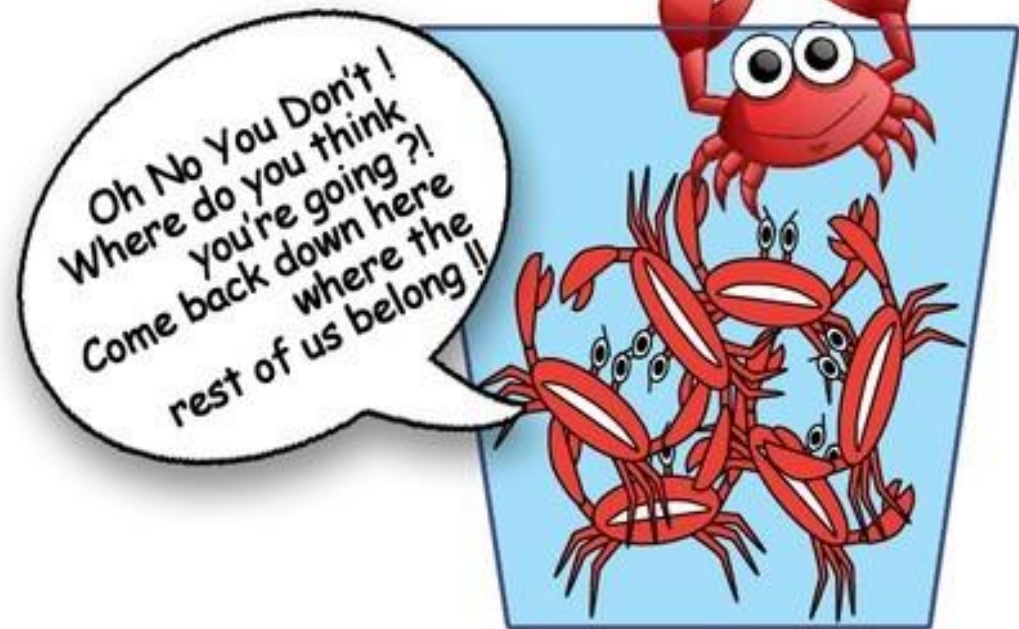




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Ok, we found them, but they won't talk about (insert issue here)...





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A challenge for us

- Latino/Immigrant ***Paradox***
- ***Acculturation*** and ***Assimilation***
- ***Valid*** fear and mistrust
- ***Protecting*** what was risked to be here





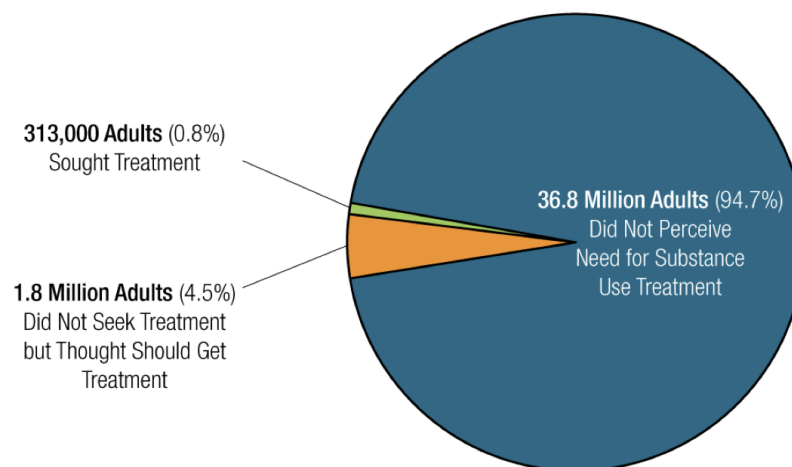
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Don't just take my word for it...

NNR.58

Perceptions of Need for Substance Use Treatment: Among Adults Aged 18 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year; 2022



39.7 Million Adults with a Substance Use Disorder Who Did Not Receive Substance Use Treatment

59

Note: Adults with unknown information for perceptions of need for substance use treatment were excluded.

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“Instead of asking communities to be more resilient, we must strive to create the conditions for all people to thrive.” (The Praxis Project, 2022)



MARKETING & RETAIL ENVIRONMENT
HOUSING
CRIMINAL LEGAL SYSTEM
FOOD SYSTEM
COMMUNITY SAFETY
HEALTHCARE
CIVIC PARTICIPATION
SOCIOECONOMIC ENVIRONMENT
TRANSPORTATION SYSTEM
COMMUNITY INFRASTRUCTURE
IMMIGRATION CLIMATE
PHYSICAL ENVIRONMENT (WATER, AIR, & SOIL)
PARKS & REC SPACES
REPRODUCTIVE LIFE
EDUCATION SYSTEM



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PARKS & REC SPACES
REPRODUCTIVE LIFE
EDUCATION SYSTEM

HETEROSEXISM
CAPITALISM
RACISM
SEXISM
ABLEISM



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What can you do to make real change?



Standards



Training



Staffing



Collaboration



Standards

Leadership Buy-In

- Formally adopt [CLAS Standards](#)
- Make it a big deal
- Add it to leadership performance metrics
- Tie it to recognition/incentives for innovation and commitment

Provider Contributions

- Use supervision
- Incorporate [CFI](#)
- Share community-level events
- Suggest local cultural brokers

Onus is on us all

1

Cultural Formulation Interview (CFI)

Supplementary modules used to expand each CFI subtopic are noted in parentheses.

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

(CLAS consists of the following 15 standards.)

INTRODUCTION FOR THE INDIVIDUAL:
I would like to understand the problems that bring you here so that I can help you more effectively. I want to know about your experience and ideas. I will ask some questions about what is going on and how you are dealing with it. Please remember there are no right or wrong answers.

CULTURAL DEFINITION OF THE PROBLEM

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

CULTURAL DEFINITION OF THE PROBLEM

Governance, Leadership, and Workforce:
(Explanatory Model: Level of Functioning)

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and programs that address a range of social problems and key concerns.

3. Foster a diverse and equitable workforce that reflects the communities served.

4. Use evidence-based approaches to address health disparities.

5. Ask individuals about the problems that bring them to health care and their social network.

6. Inform all individuals of the availability of language assistance services, including qualified interpreters and written materials in multiple languages.

7. Focus on the social, cultural, and linguistic needs of the community.

8. Provide easy-to-understand information about health and health care.

CULTURAL PERCEPTIONS OF CAUSE, CONTEXT, AND SUPPORT

Engagement, Continuous Improvement, and Accountability
(Explanatory Model: Social Network: Older Adults)

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and integrate them throughout the organization's mission and vision.

10. Conduct ongoing assessments of the organization's CLAS-related activities and implement CLAS-related measures into measurement and continuous quality improvement activities.

11. Ask individuals about the problems that bring them to health care and their social network.

12. Conduct regular assessments of community health and social issues and the cultural and linguistic diversity of populations in the service area.

13. Engage the community in the development and implementation of CLAS-related activities, policies, and programs, and provide opportunities for community input.

14. Monitor and evaluate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

PROMPT FURTHER IF REQUIRED:
What are the social, cultural, and linguistic factors that influence your health and health care? How do these factors affect your health and health care? What are the social, cultural, and linguistic factors that influence your health and health care? How do these factors affect your health and health care?



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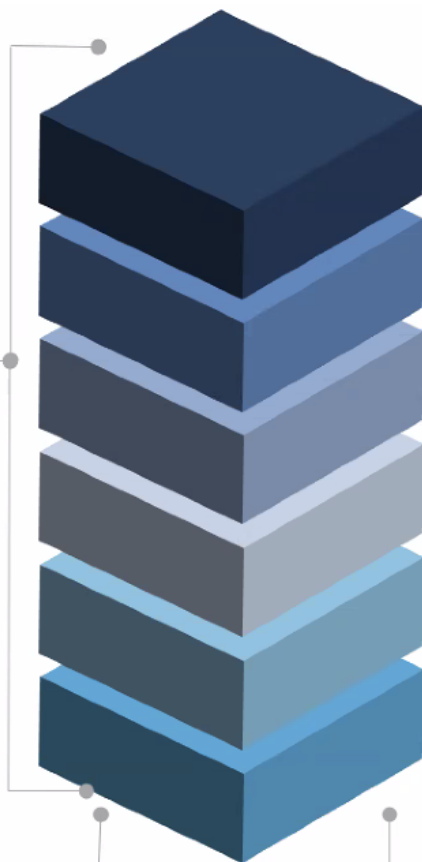
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Structural Competency

Framework for conceptualizing and addressing the role of structure in health-related social justice issues

Structure

Aggregate of public policies, institutional practices, and social norms



Health Disparities

Existing differences in health or health care

Social Determinants of Health

Current cultural and social conditions

Health Inequalities

Systematic differences in the opportunities groups have to achieve optimal health

Structural Vulnerability

Risk experienced as a result of structural violence

Structural Violence

How social structures cause harm

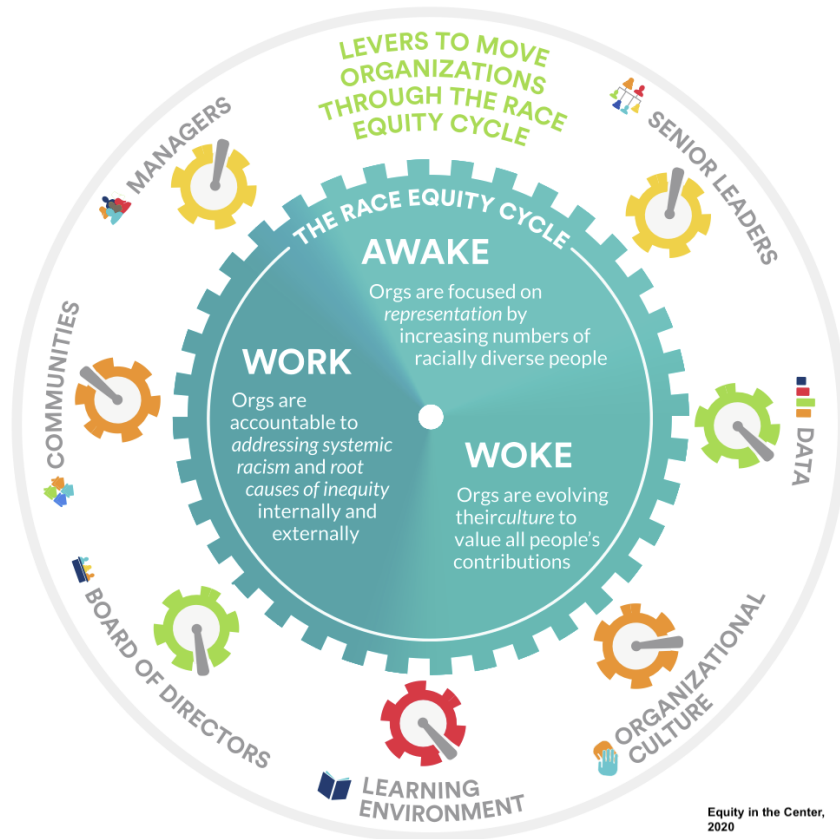
Social Structures

Policies, economic systems and other institutions that contribute to the vulnerability of communities



Training

Training for Change



- ***Not*** a 'one and done' approach
- ***Beyond*** Cultural Competency
- Internal/External ***EXPERTS***
- ***Community-Defined*** Evidence
- Reasonable timelines for ***implementation***

Cultural Humility Primer

Peer Support Specialist and Recovery Coach Guide to Serving
and Supporting Diverse Individuals and Their Recovery Journeys



Training

Get to know SA

grams

TOPIC FOCUS

REGIONAL



**National Center of Excellence for
Tobacco-Free Recovery (National
TFR)**

SAMHSA awarded a five-year grant to the S
Cessation Leadership Center at UCSF to est
National Center-...

Developed by the Peer Cultural Cooperative for the
Northwest Addiction Technology Transfer Center
(ATTC), Seattle, WA, USA



Northwest (HHS Region 10)

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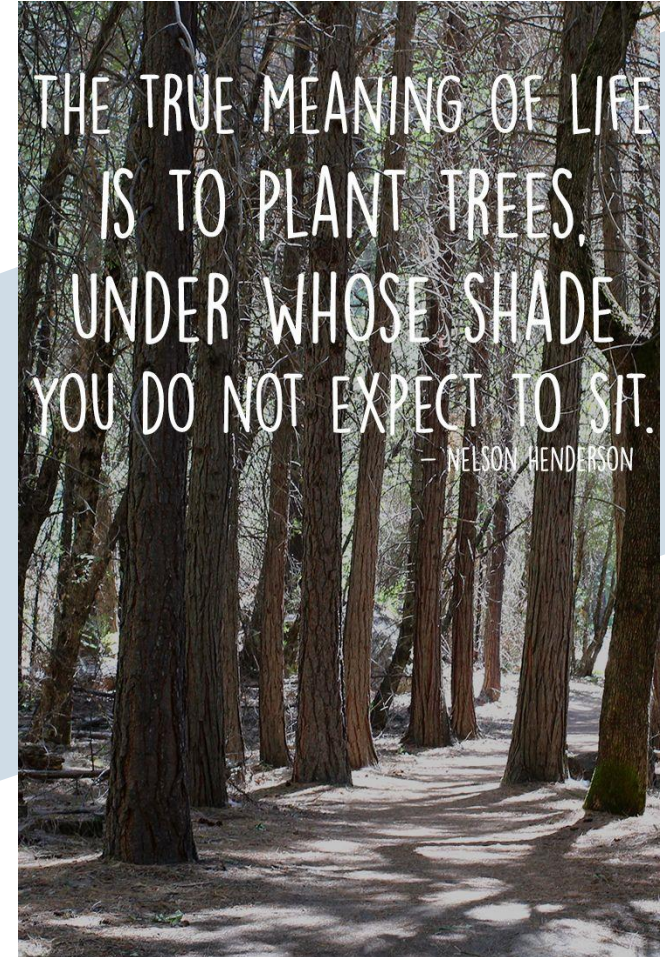




Staffing

Who is on our team?

- Think **BEYOND** “diversity hiring”
- What happens once someone is **ONBOARD**?
- Are people able to show up as **THEMSELVES** at work?
- Are we **MENTORING** in both directions?





Collaboration

Who else should be on our team?

Programs

Local
Community
Needs

Elders

Peers

Promotores

Evaluation

Input on
instruments

Developed
with
community

Threshold
languages

Ownership

Events

Accessible

Location

Interpretation

Cultural
Calendar

Marketing

Images/Visuals

Translation

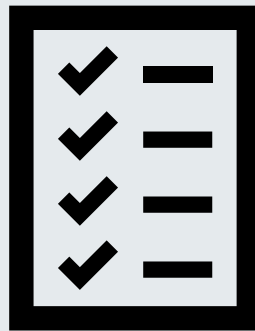
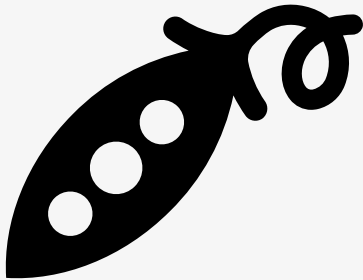
Who is
sharing?

Where is
information
shared?



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Of course we
collaborate with
those we serve

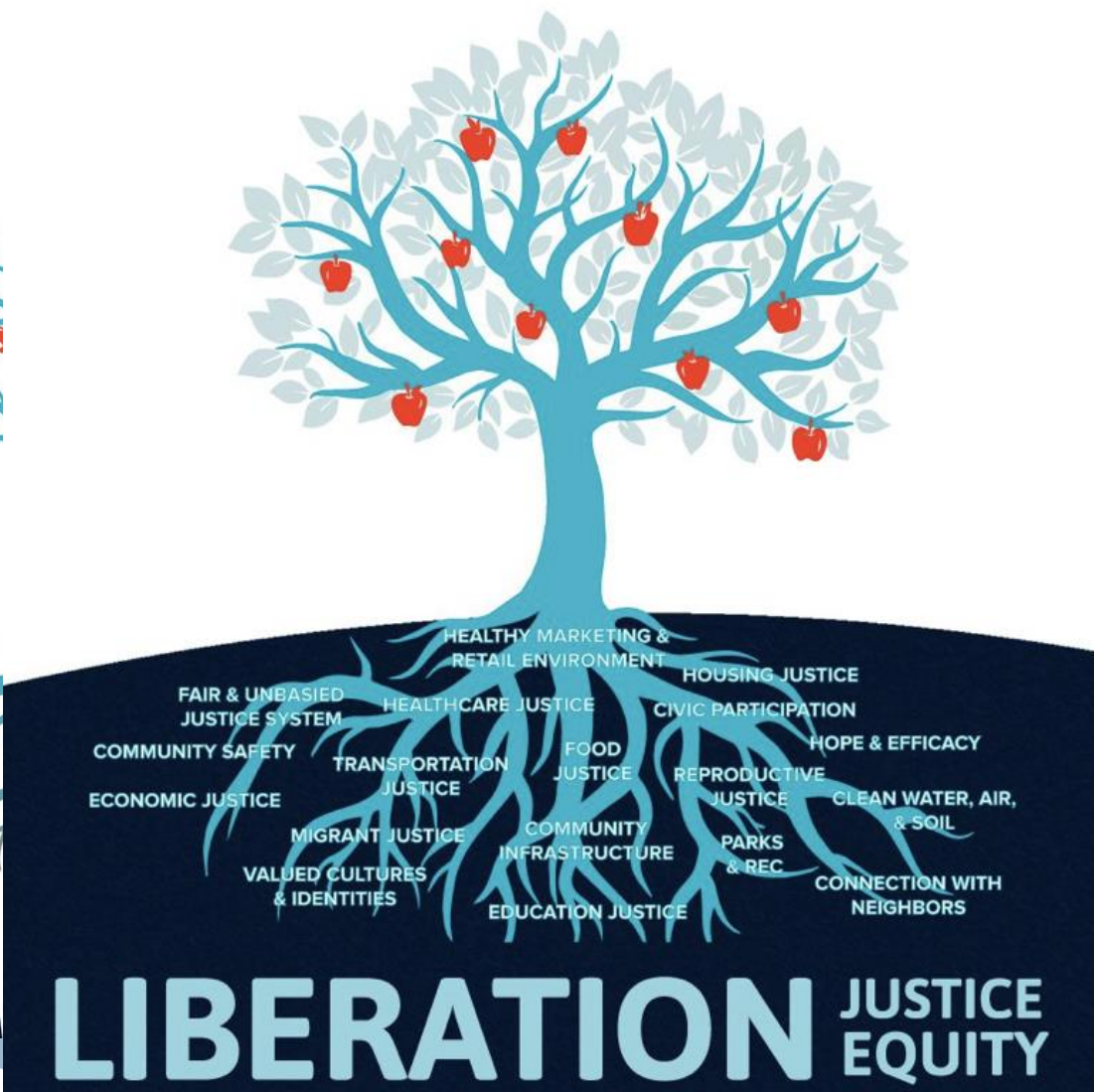
- Peer Support
 - Individual and group
 - Meaningful integration
- Allyship
 - When to become an accomplice
- Self Agency
 - Empowerment vs Power
- Goals
 - Self-prioritized
 - SMART



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One last look at the Vital Conditions for Well-being and Health

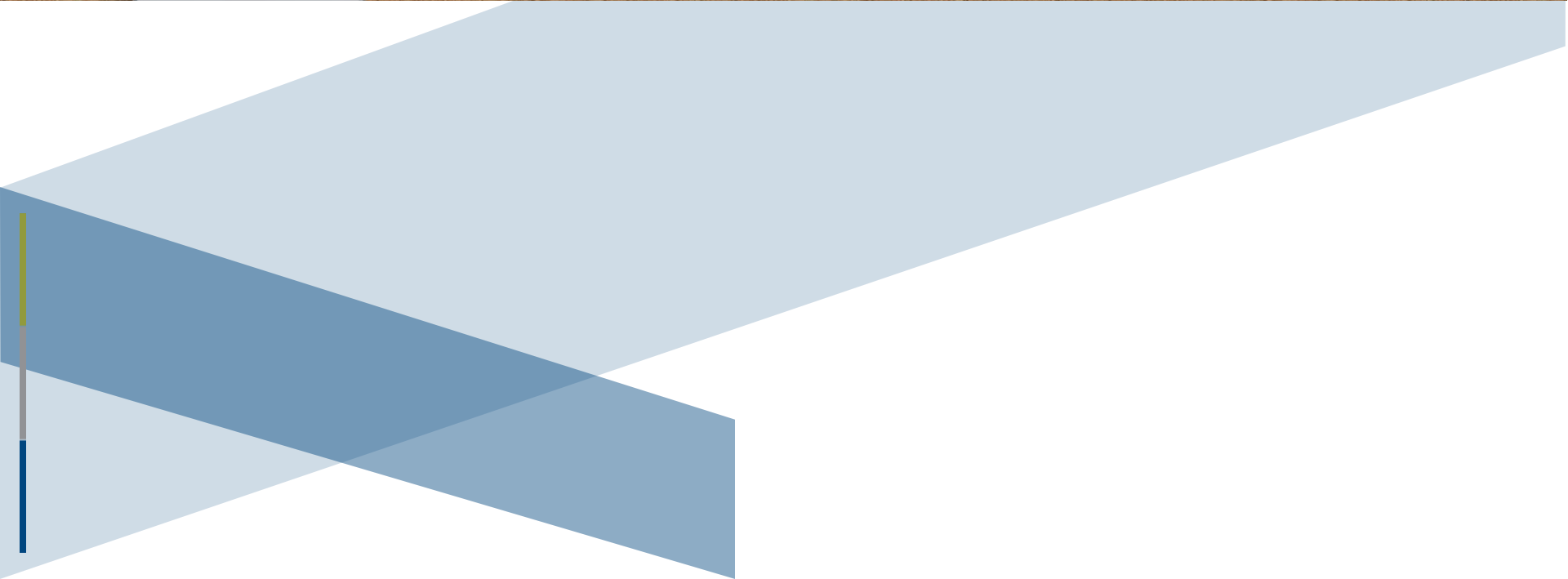


In Lak'Ech
(Yo Soy Otro Tú)



Hala Ken
(Tú Eres Otro Yo)

Photo Credit:
Centro Holístico





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The ATTC Network Mission & Vision

- Accelerate the adoption and implementation of evidence-based and promising addiction treatment and recovery-oriented practices and services;
- Heighten the awareness, knowledge, and skills of the workforce that addresses the needs of people with substance use or other behavioral health disorders; and
- Foster regional and national alliances among culturally diverse practitioners, researchers, policy makers, funders, and the recovery community.

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