



Chicano/Latino/ Indígena Health Equity Coalition

Envisioning a healthy community

Improving Health Equity in the Chicano/Latino/Indígena Community

San Francisco Health Commission – April 7, 2015



Chicano/Latino/Indígena Coalition

Goals and Strategies

Goals

- Define, highlight, and reduce the health disparities and inequities impacting the CLI communities in San Francisco
- To represent and advocate on behalf of the CLI communities with respect to policy and program development.

Strategies

1. **Data Collection:** Improve data collection systems to capture ethnic, cultural, linguistic and health outcomes among different Latino subgroups.
2. **Health Assessments:** Conduct further assessment of the health needs of CLI communities in San Francisco.
3. **Outreach:** Reach out and engage CLI community including leaders, residents, and community based organizations to fully incorporate them in the processes of planning and delivery of services.



Leadership Committee

- ❖ Alberto, Perez-Rendon, **Asociación Mayab**
- ❖ Lariza Dugan-Cuadra, **CARECEN**
- ❖ Estela Garcia, **Instituto Familiar de la Raza**
- ❖ Brenda Storey, **Mission Neighborhood Health Center**
- ❖ Fernando Benitez-Gomez, **Mission Neighborhood Health Center**
- ❖ Pedro Torres, **National Council on Alcoholism**
- ❖ Jorge Zepeda, **SF AIDS Foundation Latino Programs**
- ❖ Roberto Vargas, **UCSF Clinical & Translational Science Institute**
- ❖ Celina Lucero, **Horizons Unlimited of San Francisco, Inc.**



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Mental Health

Context

Current Interventions

Recommendations

Context

- Adverse Childhood Experiences (ACES) Kaiser Study (70% Caucasian) found **67% of population experienced 1/8 stressors**: exposure to emotional, physical or sexual abuse, separation, divorce, incarceration, parent with substance abuse
- **Of total IFR outpatient clinic clients, 60% are children** exhibiting trauma-related conditions such as anxiety, depression, and adjustment issues.
(Management Report, AVATAR CBHS Database)

Number of Newcomer Students from Central America Entering SFUSD Each Year

School Year	El Salvador	Guatemala	Honduras	TOTALS
2010-11	107	29	12	148
2011-12	51	27	24	102
2012-13	95	66	49	210
2013-14	130	108	113	351
2014-15 (As of 10.20.14)	99	61	113	<u>273</u> 391

As of Feb. 2015

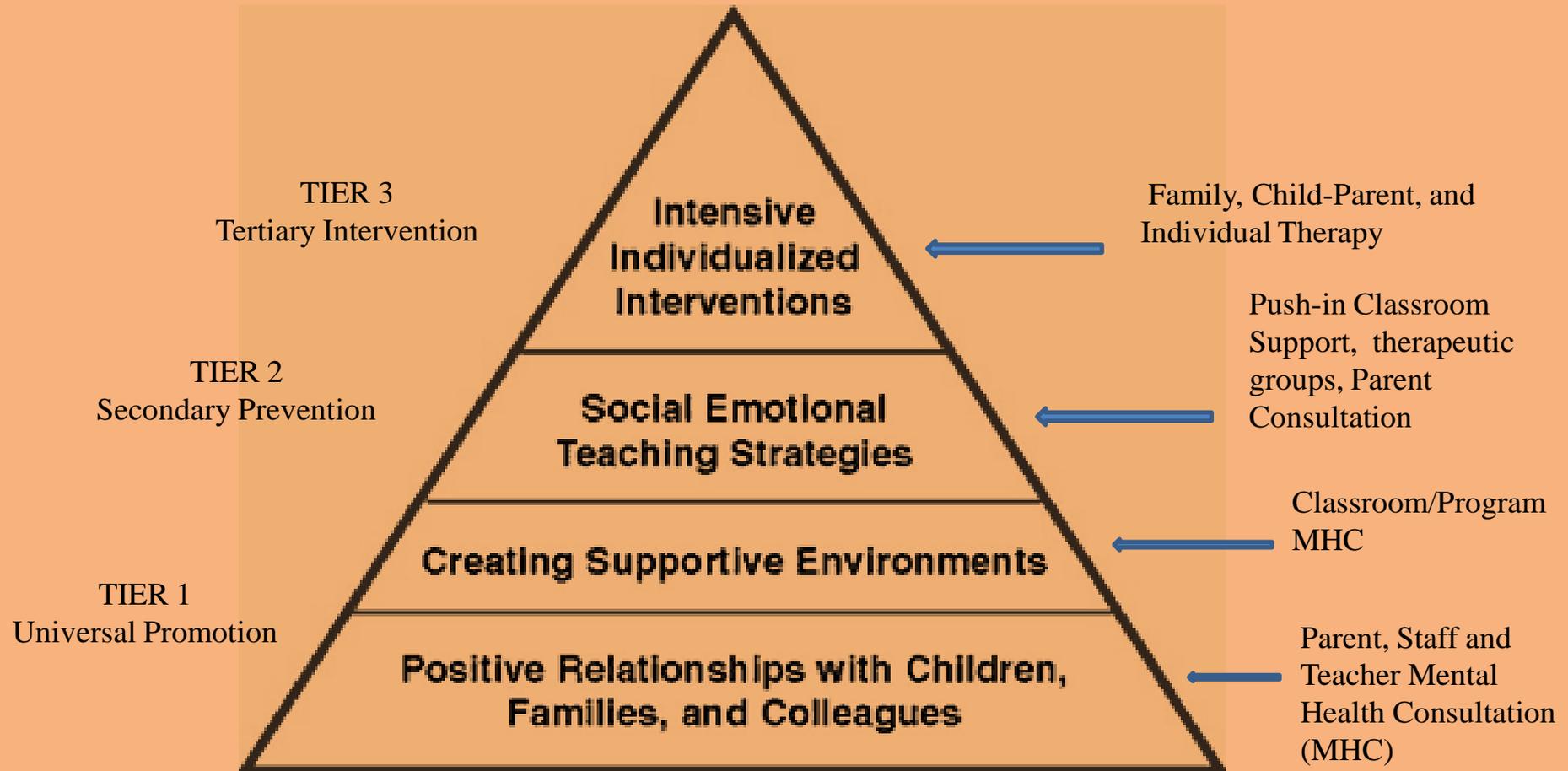
- 90-100% of Latino families in subsidized childcare and in Mission Elementary Schools are on reduced or free lunch
- 36,000 people living in San Francisco are undocumented; 37% are Latinos and its estimated that over two-thirds will not qualify for DACA or DAPA status.



Context: The Importance of Early Intervention in Meeting the Needs of Children and Families

- Children and families are experiencing a number of **adverse childhood experiences (ACEs)** that significantly impact their **developmental, health, academic, and social-emotional** trajectories:
 - Community Displacement (forced relocation)
 - Economic stressors due to changing nature of local economy
 - Recently arrived children and their families who have experienced significant traumatic experiences in their country of origin and in the journey North.

Meeting the Mental Health Needs of the Community





Recommendations:

Begin By Holding the Relational/Developmental/Socio-Cultural Frame

- The relationships that young children have with caregiving adults are critical to learning to managing stress, regulating emotions, and positive developmental outcomes.
- The impact of trauma for young children requires a developmental perspective: the characteristics of the trauma, the child's developmental capacity to manage stress, the quality of the child's early attachment and caregiving system, and aspects of child's current functioning and development influence outcomes.
- The context in which the family lives and the cultural resources need to be considered when assessing the impact of trauma.



Recommendations in Action

- Creating and supporting **secure, safe, welcoming environments** in our early learning and school settings that can begin to reverse the impact of the numerous psycho-social and political stressors our families face.
- Developing **community providers** that are trauma-informed at all settings that interface with children and families which prevents furthering or reactivating traumatic responses
- Early **identification, prevention and promotion** strategies to address developmental, behavioral and social-emotional issues.
- The work we do happens over time and across settings and is grounded in **culturally informed and congruent relationships**
- **Urgent need to further develop a Mental Health and Family Support work force that is bilingual and bicultural.**

Posadas @ Cesar Chavez



Practicing my relaxation strategy





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Primary Care

Context

Barriers to Care



Context: Health Care Access

- **The Affordable Care Act has increased access to Medi-Cal and Covered California for Latinos.**
 - At MNHC over 1,000 patients are newly enrolled in Medi-Cal.
- **Significant number of Latinos still remain uninsured- 38% of MNHC patients**
 - 69% of Healthy S.F. participants identify as Latino
 - Outreach to Latino community about HSF is still critical. MNHC currently serves 13% of all HSF participants.



Health Care Access – Barriers to Care

- **Language**

- 46% of Latinos are foreign born with 23% of Latino households being linguistically isolated.
- 65% of HSF participants selected Spanish as their preferred language.

- **Income**

- Latinos in the Mission District per capita income is \$20,550 compared to White/Caucasian at \$63,916

Comparative Prevalence Rates of Selected Chronic Conditions in San Francisco

Condition (among adults)	San Francisco Population	Latinos	MNHC Patients % and # of patients
Diabetes	4.7%	5.2%	11% (857)
Overweight-Obesity	41.8%	66.2%	30.6% (3,826 [includes adult and children])
Asthma	13.2%	17.6%	4.9% (613)
Hypertension	20.5%	24.4%	11.4% (1,425)
HIV	1.8% (15,901)	2.2% (2862)	3.4% (434)

Source: 2013 San Francisco Health Improvement Partnership and 2014 MNHC Uniform Data System Report, US Census





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Disparities in HIV Among Latinos

Context

Interventional Gaps

- **Screening**
- **Prevention**
- **Treatment**

Disparities in HIV among Latinos

SCREENING

- **Latinos accounted for 25% of new infections in 2013** – indicating an increase in the past few years
- **Gaps in Screening Interventions**
 - Eligibility for DPH-funded services be based on risk factors not BRP: due to stigma, many men don't disclose being gay/MSM. For example homelessness itself can create disparities to access HIV screening
 - Availability of testing technologies at Latino agencies
 - Latino-specific data needed: Citi-wide positivity rate, infection stage (acute vs late), point of entry into care, foreign vs US born (different risk and barriers to care)



Disparities in HIV among Latinos

PREVENTION

Barriers

- **Stigma and shame** related to disclosure of sexual behavior requires trust and culturally-based services (DPH guidelines for determining eligibility may exclude many individuals)
- **Limited access** to latest technologies such as PrEP, PEP, RNA testing (acute infections)
- Homelessness, fear of accessing services as barriers to prevention



Disparities in HIV among Latinos

Gaps in Prevention Efforts

- Insufficient culturally-appropriate services for Spanish speaking and transgender individuals
- Lack of additional interventions and funding that reduce structural health disparities and better align with national strategic plan
- Transwomen left out of PrEP protocols and messages
- Structural, community-level interventions to influence perception of risk (e.g. testing campaign for Latinos)

Disparities in HIV among Latinos

Treatment

Barriers

- Immigration status still a barrier to care equality (many individuals with temporary or no status face challenges getting all their medications covered)
- No income safety net for undocumented immigrants living with HIV/AIDS. SF General Assistance provides income (\$444/month) to HIV clients who qualify for catastrophic illness (6-month to live medical letter)
- In a few years, most Latinos living with HIV will be 50 and over, systemic barriers will become more visible



Disparities in HIV among Latinos

Treatment

Gaps in Treatment Efforts

- Insufficient number of medical providers who are bilingual (let alone bicultural). Loan forgiveness programs can help
- Insufficient funding for case management and navigators due to great need to help navigate systems
- Care protocols for transwomen must be culturally appropriate throughout the city (hormone therapy)
- HIV Mortality rate still higher among Latinos



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Substance Abuse

Context
Interventional Gaps
Community Efforts/Collective
Impact



Context: Substance Abuse Does Not Stand Alone, So We Must Not Address It Alone.

In order to understand the depth of substance abuse and its pervasive role in Latino communities, it is important to look at the socio-economic, cultural, and sometimes political factors and drivers.

Poverty

Access to Health Care/SA services (shortage of culturally responsive services)

Culturally responsive approaches

Forced displacement (trauma)

Social status/immigration/disconnect from cultural

Norms that favor use

Stigma for accessing services

Reunification challenges/Changing dynamics of the family

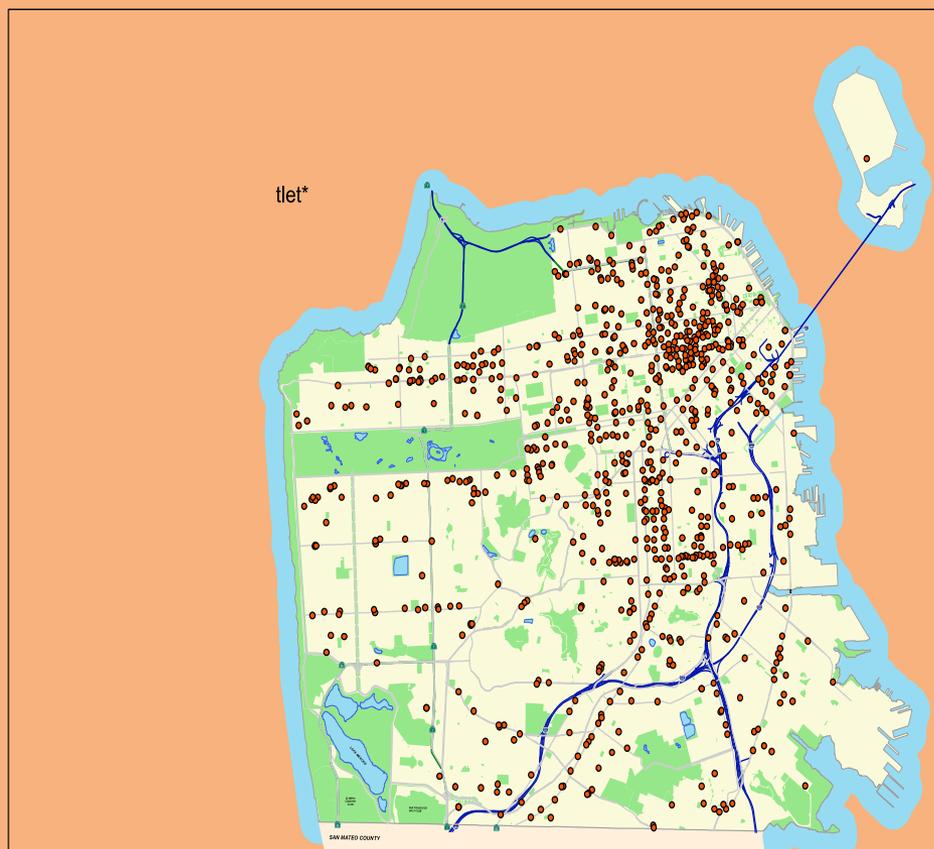
Through the delivery of our services we see:

- 1) Undeniable correlation between trauma, mental health and substance abuse
- 2) Internal and external pressure and stressors that lead to self-medication, escape, and self-sabotaging behavior
- 3) Youth and families straddle two worlds (cultural and mainstream) and find themselves not fitting into either.

Context: Trauma, Mental Health, Substance Abuse

- Suffer from complex trauma: violence, displacement, trafficking, acculturation, sexual assault, abandonment, persistent poverty, devaluation of/disconnect from culture, reunification challenges.
- Co-occurring disorders: underlying or latent mental health issues can lead to self-medication, which can then exacerbate mental health issues. (cyclical effect)
- Allopathic (western) medicine approaches tend to focus on the alleviation of symptoms through medication (as medication prescriptions rise, so does availability, exposure, and access)
- Seeing an increase in youth mixing prescription drugs and alcohol (Mollies/Xanibars/Lean)
- Alcohol related harm continues to have a huge impact on the Latino community
 - 1) San Francisco youth and young adults, aged 20 and under, were admitted to the ED for alcohol only at a rate nearly twice the national rate;
 - 2) Nearly 10% of *middle school students* reported lifetime use of alcohol;
 - 3) San Francisco has the highest concentration of alcohol retail outlets per capita of any other California county.

Context: Alcohol Density and Disparities



The Problem: With the increase in forced displacement among Latinos, Latino families are migrating to communities outside of the Mission, including the Tenderloin and Bayview Hunter's Point – neighborhoods with the highest concentration of alcohol outlets.

Latino youth and families have a higher exposure to media messaging that promotes, glorifies, and connects culture to alcohol.

There is a direct correlation between binge drinking rates and alcohol advertising exposure .

The Strategies: Environmental prevention strategies are developed to address and prompt larger, systems change by affecting and changing the host (individual), the agent (alcohol, tobacco, other drugs), and the environment (community).

More aligned with indigenous cultures that take a more holistic approach to health and wellness



Interventions:

Culturally Informed Practices and Providers

- Lack of culturally informed evidence based practices that examine and address the person as a whole and their relationship/role in their family, community, and culture
- High need for resources dedicated to the development, implementation, duplication, evaluation, and validation of culturally appropriate program models and frameworks
- Model fidelity protocols/considerations should include cultural adaptations
- Shortage of culturally appropriate Spanish speaking and providers
- San Francisco workforce development strategies should target SFUSD curriculum task forces and create pathways to public health professions
- Examine the profession through a cultural lens and elevate/promote the status of substance abuse workers to that of healers/curanderas, which play an important role in Latino history, customs, and way of life.



The Approach: Community Efforts/Collective Impact

- Substance abuse is not an “I” problem, it is a “we” problem
- Must take a collective, inclusive, and culturally informed approach to wellness that looks at and addresses the health of the individual and the community
- Community based organizations play a critical role in this effort
 - 1) Liaison to the community
 - 2) Understand community needs
 - 3) Incorporate Latino centric values into services
- Coalition based efforts to achieve collective impact
 1. Coordinated efforts
 2. Wider reach
 3. Expertise to address multiple factors (i.e. linguistic need, phenomena such as forced displacement)



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Sugary Beverages

Context

Health Disparities

Proposed Solutions

CDC: Diabetes to afflict 1 in 3 born in 2000

Scientist says kids must eat healthier, exercise more

By JAMES O'CONNOR
Atlanta Journal-Constitution

New Orleans — One in three U.S. children born in 2000 will become diabetic unless many more people start eating less and exercising more, a scientist with the Centers for Disease Control and Prevention warned Saturday.

The odds are worse for African-American and Latino children: Nearly half of them are likely to develop the disease, said Dr. K.M. Venkat Narayan, a diabetes epidemiologist at the CDC.

"I think the fact that the diabetes epidemic has been raging has been well-known to us for several years. But looking at the risk in these terms was very shocking to us," Narayan said.

The 33 percent lifetime risk is about triple the American Diabetes Association's current estimate.

by 2050, to 29 million, an earlier CDC study by Narayan and others found.

"These estimates I am giving you now are probably quite conservative," Narayan said in an interview before the diabetes association's annual scientific meeting here.

Narayan said, "I would be surprised if we don't see a significant increase in the number of cases of diabetes in the next 20 years. If they did, that could push the 2050 figure to 40 million or more."

Doctors have long known what causes diabetes, but the onset of the disease because it typically showed up in middle-aged people — is on the rise, and that patients are getting younger.

Nobody else had crunched the numbers to look at current odds of getting the disease, Narayan said.

Overall, he said, 39 percent of the girls who now are healthy 2½- to 3-year-olds and 33 percent of the boys are likely to develop diabetes, he said.

For Latino children, the odds are closer to one in two: 53 percent of the girls and 45 percent of the boys. The numbers are about 49 percent and 40 percent for African-American girls

1 in 2 for African American and Latino children



Context: Big Soda Targeting Black and Latino Children and Teens



In the words of Coca Cola's Chief Marketing Officer Bea Perez:

“We know that 86 percent of the growth through 2020 for Coca-Cola's youth target market will come from multicultural consumers, especially Hispanic, and focusing on this segment is critical to the company's future growth.”

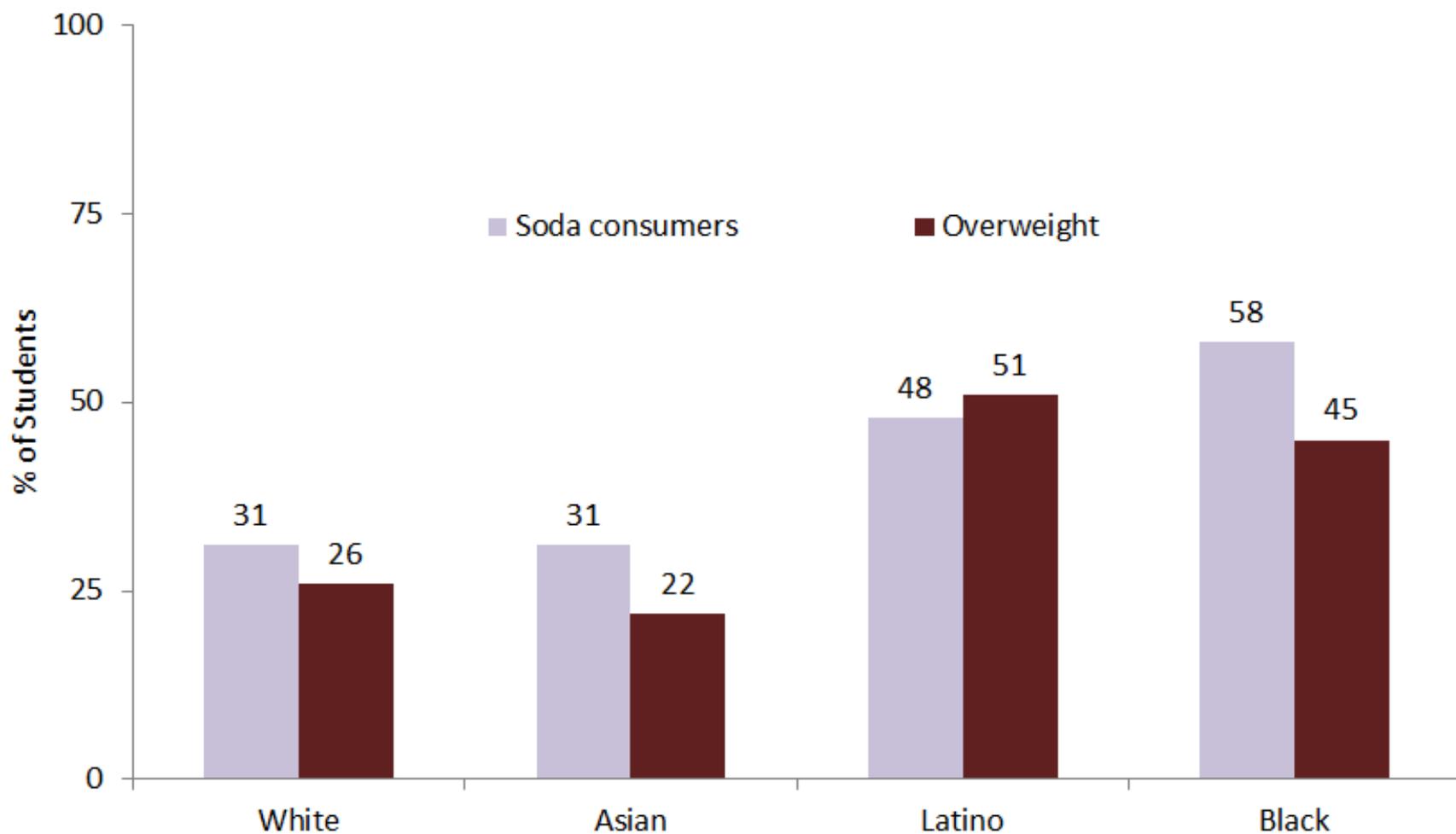
- **Marketing on Spanish-language TV is growing.** From 2008 to 2010, Hispanic children saw 49% more ads for sugary drinks and energy drinks, and teens saw 99% more ads.
- **Hispanic preschoolers saw more ads** for Coca-Cola Classic, Kool-Aid, 7 Up and Sunny D than older Hispanic children or Hispanic teens did.

Context: Increased Consumption by Latino Youth

- Minority Youths, including Latinos, drink more SSBs than their non-Latino White peers by age 2.
- Greater consumption of SSBs contributes to higher body weight and related health problems, such as diabetes, and liver issues, that disproportionately affect Latino youths.
- Individuals with lower socioeconomic status and US immigrants with a higher degree of acculturation are more likely to consume more SSBs.
- The Latino population, including youth, is highly exposed to beverage company marketing efforts.

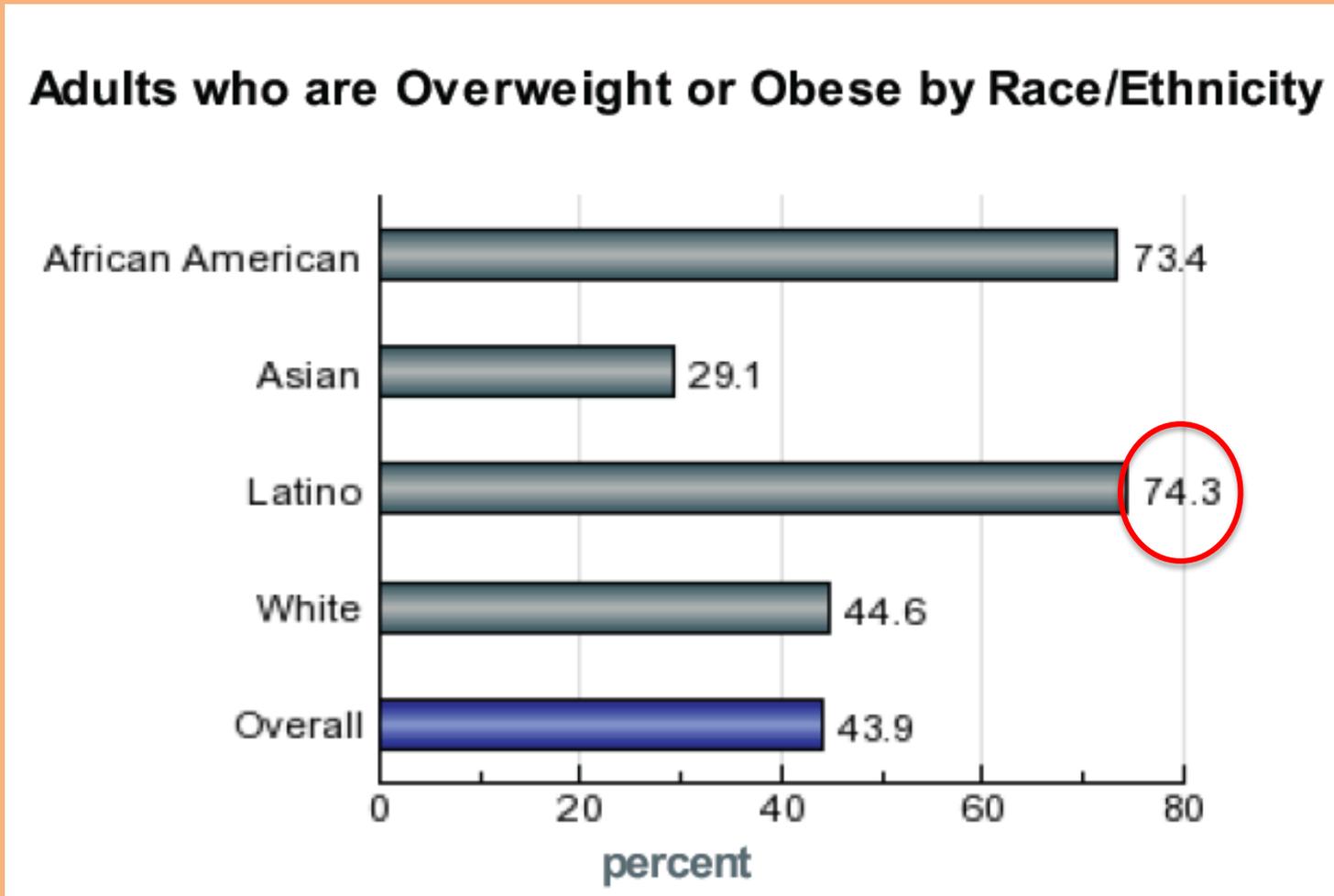
Chaloupka, FJ, Ramirez, AG, Gallion, KJ. 2013. *Sugar-Sweetened Beverages Consumption by Latino Youths and the Impact of Pricine Research Review*. Salud American & the Robert Wood Johnson Foundation. Retrieved on October 16, 2013 from www.salud-america.org

Black and Latino 9th graders in San Francisco have twice the rate of soda intake and overweight/obesity



Data sources: The proportion of soda consumers was estimated from the California Healthy Kids Survey, 2010-2011. Students were asked "Yesterday, how many times did you drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite?". Soda consumers reported drinking soda one or more times yesterday. California Department of Education Fitnessgram Data, 2010-2011, were used to estimate the prevalence of overweight, defined as measured BMI percentile \geq 85% based on CDC growth curves. Data analyzed by SFDPHMCAH Epidemiology, Sept. 2013.

Disparities Exist in San Francisco



California Health Interview Survey, 2009

Proposed Solutions



In partnership with SFHIP:

- Community-based education, including OpenTruth.org promotion

In partnership with UCSF:

- Convened focus groups on education and policy options related to sugary drinks
- Development and implementation of culturally-competent educational materials for promotoras to disseminate across SF
- UCSF Center for Vulnerable Populations created poetry videos in English and Spanish

In partnership with the SFPUC:

- Provide community-based guidance to help locate and/or host new water fountains and water-bottle filling stations in the Mission community
- Help develop and implement Latino community-focused education about why SF public water is the safest, healthiest drink



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Violence Prevention and Safety

**Through the lens of the Roadmap to
Peace Initiative**



Context: Chican@/Latin@/Indígena Youth of San Francisco

- **What do we know?**

- Latin@s make up approximately 16% of San Francisco population
- 55% of Latinos live at or below 200% of Federal Poverty Level (MNHC report, 2012) and only increasing
- Linguistic Isolation for Spanish Speaking Households @ 23%
- 18% of low-income Latinos reported not having a usual source of care & declining. (MNHC health needs report, 2012)
- The Mission District observed a 23% decline in the number of Latinos/as living in this area: from (34,425 to 26,595 or 7,830 less Latinos) while the Bayview, Excelsior and South of Market Districts, and Visitation Valley neighborhood saw an increase of 8,936 Latinos/as from 43,273 to 52,209, representing a 21% growth from 2000 to 2010 (MNHC report 2012)
- Approximately 67.5% percent of Latino students graduated from high school 2012 - 2013 (SFUSD); Latin@ student drop-out 13.7%
- In SF, approximately 28% referrals to Juvenile Probation Department are Latin@ ; Bookings ~ 25% unduplicated counts (SFJPD 2013 report)



Roadmap to Peace Initiative (RTP)

History

- **History:** Community response to violence (Six deaths in five weeks in 2012)
- **Community Engagement:** Town halls & work groups formed to discuss and identify the needed supports for youth and their families
 - Community-based Solutions: Strong collective of community residents, service providers came together and met to create vision statement
- **Milestones:**
 - RTP vision document presented to city officials in Nov. 2013; many city officials pledge support
 - Google/Mayor's grants (2014)
 - Community builder/planner begins Jan. 2015; Service Connector to onboard soon



Roadmap to Peace

Mission

- Improve health and safety outcomes of US born Latin@ & immigrant youth 13 – 24 years of age out of school, system touched and most vulnerable to street/gun violence in the Mission and city-wide

Frameworks:

- Community Driven
- Restorative Justice
- Trauma Informed
- Resiliency/Strength based

Strategies:

- Community-defined & integrated holistic solutions
- Multi-Sector Collective Partnership
- Access to Continuum of Care that is on-demand and coordinated
- System Reform
- Data & evaluation



The Roadmap to Peace Partnerships

Current Committee

- Instituto Familiar de la Raza
- CARECEN
- Bay Area Community Resources
- Asian Neighborhood Design
- Five Keys Charter School
- Mission Neighborhood Centers
- UCSF – Clinical and Translation Science Institute
- SFSU – Cesar Chavez Institute
- Mission Peace Collaborative

Partnership Building

- Mission Neighborhood Health Center
- Horizons, Inc.
- Jamestown
- Brava Theater
- Arriba Juntos
- San Francisco Department of Public Health
- And more...



The Roadmap to Peace Approach: Considerations when working with Latin@ youth and their families

- Immigration status & migration history
- Resiliency & strength assessment (community, family, individual)
- Language & literacy
- Assess for Trauma – PTSD, Complex Trauma, Institutional, community & family violence
- Cultural/Spiritual/Intergenerational connections
- Dislocation and displacement



Summary of Key Points

- Latinos are the second largest ethnic population in the city, representing 16-18% of San Francisco residents, estimated at 121,744
- 36,000 people living in San Francisco are undocumented; 37% are Latinos and its estimated that over two-thirds will not qualify for DACA or DAPA status
- The Latino community is represented in all 11 districts, with the top 3 districts being Mission District, Excelsior, and Tendorloin/SOMA – We are everywhere!
- The Mission District continues to be the cultural home for Latinos in spite of the changing demographics of the neighborhood
- Culture, Class, and Race matter in the delivery of services and culturally-informed interventions are critical to addressing health disparities
- Community-defined and evidenced-informed interventions are effective and increase access, quality of care and improve outcomes in the Latino community
- CBO's are responsive, adaptive, creative, and collaborative
- We are committed to health equity and social justice

[\(Source: Socioeconomic Equity in the City of San Francisco Policy Analysis Report, Board of Supervisors, May 23, 2013\)](#)



Summary of Recommendations

- Parity in resources to retain the dedicated staff that believe in community-level interventions and are committed to public health
- Investment in prevention and early intervention to move and advance health outcomes in the Latino community
- Dedicated workforce resources to integrate trauma-informed practices among health and social service providers (mental health, substance abuse, primary care, social services, family services, etc.) to build protective factors for children, youth, and families.
- Improved partnerships with Departments to reform as needed, build upon our advances in culturally-responsive system of care and strengthen the safety net for the diverse communities of San Francisco
- Advance progressive policies that protect poor, working class, and middle income individuals and families to live, work, play, and pray in San Francisco (i.e. housing, Parks and Recreation, Restorative Justice Policies in the schools, Juvenile Justice System, Adult Probation etc.)

Gracias



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