The Interwoven World: Reframing How We Address Social Determinants of Health in an Integrated World

Summer Institute July 2013
Introductions
The Ouch Agreement
Overview of Today

- National Partners
- Social Determinants of Health
- Health Disparities
- Cultural Competency

“Education is the most powerful weapon which you can use to change the world.”

~ Nelson Mandela
January 1, 2013

315,091,138
Activity

It is time to fill in your census form

census.gov
2010 Census Results

Arizona

State Population: 6,392,017

Population Change by County: 2000-2010

State Population by Race
Arizona: 2010

Percent of Population

<table>
<thead>
<tr>
<th>Race</th>
<th>Change 2000-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>73.0%</td>
</tr>
<tr>
<td>Black or African American alone</td>
<td>63.0%</td>
</tr>
<tr>
<td>American Indian and Alaska Native alone</td>
<td>4.1%</td>
</tr>
<tr>
<td>Asian alone</td>
<td>4.6%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander alone</td>
<td>15.9%</td>
</tr>
<tr>
<td>Some Other Race alone</td>
<td>2.8%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>87.9%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>11.9%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>49.0%</td>
</tr>
</tbody>
</table>

State Population by Hispanic or Latino Origin
Arizona: 2010

Percent of Population

<table>
<thead>
<tr>
<th>Race</th>
<th>Change 2000-2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic or Latino</td>
<td>29.6%</td>
</tr>
<tr>
<td>Not Hispanic or Latino</td>
<td>70.4%</td>
</tr>
</tbody>
</table>
What impacts Arizona Systems
Determinants of Health
Why They are Important to Behavioral Health Strategies & Interventions
Summer Institute
July 2013

By
RJ Shannon, BA
Minority AIDS Coordinator
ADHS, BTCD, HIV Prevention Program
Additional and enhanced slides from Erica Ferguson, MSW
Health Inequities
What are Health Inequalities or Inequities?

Health inequities are **avoidable** inequalities in health between people within countries and between countries. These inequities arise from inequalities within and between societies. Social and economic conditions and their effects on people’s lives determine the risk of illness and the actions taken to prevent them becoming ill or treat illness when it occurs.

Drivers
Determinants of Health
Why Determinants?

- Identifies the **underpinnings** or root causes that cause health inequities
- Removes blame from the individual
- Expands prevention and treatment strategies
- Creates non-traditional partnerships
- Includes policy support, financial resources, social justice/equity and evaluation in strategies
- More holistic approach

**Health and Wellness for All Arizonans**
What are the Social Determinants of Health?

The social determinants of health are the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economics, social policies, and politics.

SOCIAL DETERMINANTS OF HEALTH
Determinants of Health

DISPARITIES

- Access to Care
- Education
- Living Conditions
- Poverty
- Race/Ethnicity
- Disabilty
- Disease
- Premature Death
- Poor Health Outcomes
- Geographic Location
- Rural/Urbam Status
- Gender
- Working Conditions
- Income
- Cultural Practices
- Sexual Orientation
- Age
- Environment
- Community
- Violence
- Ethnostress
Other Determinants Of Health

Beyond the Social...

DISPARITIES

- Poor Health Outcomes
  - Behavioral Determinants
    - Individual Behavior

- Disease
  - Physical Determinants
    - Health Services

- Disability
  - Social Determinants
    - Social Factors
    - Economic Determinants
    - Environmental
    - Policy Making

- Premature Death
  - Biological and genetic determinants
Social Conditions that are influenced by policy choices and are primarily responsible for disparities in mental health

- Diet
- Physical Activity
- Alcohol, cigarette, and other drug use
- Hand washing

www.HealthyPeople.gov/2020/about/DOHAbout.aspx#indi

Adler School Institute on Social Exclusion: Mental Health Impact Assessment, pg. 17
Racial and ethnic minorities are less likely to have access to mental health services and often receive a poorer quality of care.  

In July 2007, a nationwide report indicated that male veterans are twice as likely to die by suicide as compared with their civilian peers in the general US population.

Individuals living with serious mental illness face an increased risk of chronic medical conditions. Adults living with serious mental illness die 25 years earlier than other Americans, largely due to treatable medical conditions.

Twenty four percent of state prisoners and 21 percent of local jail prisoners have a recent history of a mental health disorder. Seventy percent of youth in juvenile justice systems have at least one mental disorder with at least 20 percent experiencing significant functional impairment from a serious mental illness.

Suicide is the eleventh-leading cause of death in the United States and the third-leading cause of death for people ages 10-24 years. More than 90 percent of those who die by suicide have a diagnosable mental disorder.

Over 50 percent of students with a mental disorder age 14 and older drop out of high school – the highest dropout rate of any disability group.

Mental Illness: FACTS AND NUMBERS, NAMI, National Alliance on Mental Illness. www.nami.org/template.cfm?Section=About_Mental_Illness
A Snapshot of Arizona’s Mental State
Arizona and National 2011 BRFSS

Survey Question: Now thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health not good?

Respondents Reporting 30 Days of Poor Mental Health in the Past Month

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>5.4%</td>
<td>3.9%</td>
<td>6.8%</td>
</tr>
<tr>
<td>National</td>
<td>5.6%</td>
<td>4.9%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

Survey Question: During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work or recreation?

Respondents Reporting 30 Days of Restricted Activities Due to Poor Health in the Past Month

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arizona</td>
<td>6.1%</td>
<td>5.7%</td>
<td>6.6%</td>
</tr>
<tr>
<td>National</td>
<td>5.8%</td>
<td>6.7%</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

Figure 2B. Arizona and National 2011 BRFSS binary mental health response. The response was measured by categorizing those who had poor mental health within the past 30 days.

Figure 2C. Arizona and National 2011 BRFSS binary restricted activities due to poor health. Respondents who reported poor physical or mental health restricted their usual activities within the past 30 days.
Arizona’s Populations
Arizona Population by Race and Ethnicity

Total Population: 6,044,985

Source: US Census Bureau, State & Country Quickfacts, 2010
ADHS, Differences in the Health Status Among Race/Ethnic Groups, Arizona 2009, 2D Patterns of Premature Mortality
Median Age of Death

Figure 2D-1
Median Age at Death by Race/Ethnicity, Arizona, 2009

- White non-Hispanic: 78.0
- All Arizonans: 76.0
- Asian: 74.0
- Hispanic: 67.0
- Black: 64.0
- American Indian: 59.0

ADHS, Differences in the Health Status Among Race/Ethnic Groups, Arizona 2009, 2D Patterns of Premature Mortality
Arizona Determinants
Within countries, the evidence shows that in general the lower an individual’s socioeconomic position the worse their health. The social gradient in health means that health inequities affect everyone.

WHO 2012, Commission on Social Determinants of Health
Percentage of Americans Living in Poverty

Percentage of Americans Living in Poverty, 2010

Poverty, Real Median Household Income and Uninsured Rates by Race and Hispanic Origin


Real Median Household Income by Race and Hispanic Origin of Householder: 1967 to 2010

Note: Income rounded to nearest $100.

Uninsured Rates by Race and Hispanic Origin: 1999 to 2010

Top 10 States for Poverty Rates

National Poverty Numbers: 46.2 Million/ 15.1 %
Family of 4 - $21,954
Source: US Census Bureau 2010

Mississippi...................21.0
New Mexico...................19.9
DC.................................19.1
Arizona..........................19.1
Louisiana......................18.9
Georgia..........................18.5
Texas.............................17.7
Arkansas........................17.6
Kentucky.......................16.9
West Virginia.................16.7
Arizonans Living in Poverty by Gender

**MALES**
- 428,746 live in poverty
  - Income in the past 12 months at or above poverty line: 2,584,408
  - 25-34 yrs. of age: 363,732
    - 35 to 44: 358,615
    - 45 to 54: 354,363

**FEMALES**
- 504,367 live in poverty
  - Income in the past 12 months at or above the poverty line: 2,592,783
  - 45–54 yrs. of age: 369,612
    - 35 to 44: 347,667
    - 25 to 34: 339,409
    - 55 to 64: 320,269

Source: U.S. Census Bureau, 2006-2010 American Community Survey
Arizona and Suicide
### TABLE 3-1
NUMBER OF SUICIDES AND AGE-ADJUSTED SUICIDE MORTALITY RATES* BY GENDER AND YEAR, ARIZONA RESIDENTS, 1999-2009

<table>
<thead>
<tr>
<th></th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MALE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--Number</td>
<td>613</td>
<td>604</td>
<td>485</td>
<td>622</td>
<td>692</td>
<td>647</td>
<td>674</td>
<td>723</td>
<td>743</td>
<td>773</td>
<td>737</td>
</tr>
<tr>
<td>--Rate</td>
<td>25.7</td>
<td>24.7</td>
<td>19.1</td>
<td>24.6</td>
<td>26.4</td>
<td>24.0</td>
<td>24.1</td>
<td>24.9</td>
<td>24.7</td>
<td>24.4</td>
<td>23.0</td>
</tr>
<tr>
<td><strong>FEMALE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--Number</td>
<td>160</td>
<td>133</td>
<td>115</td>
<td>145</td>
<td>163</td>
<td>160</td>
<td>180</td>
<td>192</td>
<td>205</td>
<td>213</td>
<td>231</td>
</tr>
<tr>
<td>--Rate</td>
<td>6.5</td>
<td>5.2</td>
<td>4.4</td>
<td>5.6</td>
<td>6.0</td>
<td>5.8</td>
<td>6.3</td>
<td>6.5</td>
<td>6.6</td>
<td>6.7</td>
<td>7.0</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>--Number</td>
<td>773</td>
<td>737</td>
<td>600</td>
<td>767</td>
<td>855</td>
<td>807</td>
<td>854</td>
<td>915</td>
<td>948</td>
<td>986</td>
<td>960</td>
</tr>
<tr>
<td>--Rate</td>
<td>15.8</td>
<td>14.6</td>
<td>11.5</td>
<td>14.9</td>
<td>15.9</td>
<td>14.6</td>
<td>14.9</td>
<td>15.4</td>
<td>15.4</td>
<td>15.4</td>
<td>15.4</td>
</tr>
<tr>
<td>Rate ratio, M:F</td>
<td>4.0</td>
<td>4.7</td>
<td>4.3</td>
<td>4.4</td>
<td>4.4</td>
<td>4.0</td>
<td>3.8</td>
<td>3.8</td>
<td>3.7</td>
<td>3.6</td>
<td>3.3</td>
</tr>
<tr>
<td>Percent MALE suicides</td>
<td>79.3</td>
<td>81.9</td>
<td>80.8</td>
<td>81.1</td>
<td>80.9</td>
<td>80.2</td>
<td>78.9</td>
<td>79.3</td>
<td>78.4</td>
<td>78.4</td>
<td>76.1</td>
</tr>
</tbody>
</table>

*Number of suicides per 100,000 population in specified group age-adjusted to the 2000 U.S. standard. The age-adjusted mortality rates in this report, based on the (new) 2000 standard, CANNOT BE compared to previously published rates which use the 1940 standard population.

*Includes one record with unspecified gender.

TOTAL suicides = 100 percent.

---

**Causes of death**

<table>
<thead>
<tr>
<th>Cause of death</th>
<th>1999</th>
<th>2000</th>
<th>2001</th>
<th>2002</th>
<th>2003</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suicide</td>
<td>773</td>
<td>737</td>
<td>600</td>
<td>767</td>
<td>855</td>
</tr>
<tr>
<td>Suicide by drugs</td>
<td>105</td>
<td>59</td>
<td>76</td>
<td>113</td>
<td>100</td>
</tr>
<tr>
<td>Suicide by firearms</td>
<td>495</td>
<td>486</td>
<td>358</td>
<td>468</td>
<td>544</td>
</tr>
<tr>
<td>Accidental discharge of firearms</td>
<td>7</td>
<td>11</td>
<td>114</td>
<td>6</td>
<td>26</td>
</tr>
</tbody>
</table>

Unprecedented decline in 2001 in the number of suicides and the equally unprecedented increase in the number of firearm deaths classified as accidental obviously are associated. Some of the firearm fatalities (as well as drug poisonings), that would have been classified as suicides had the manual coding system been in place, were classified as accidents in 2001 because the "manner of death" was not indicated and the automated coding system defaulted to accidental injury. Table 3-1 provides two data columns for 2001: unmodified and modified for the misclassification of the underlying cause of death. The numbers and rates used in the "modified" column for 2001 are from the WISQARS site at http://www.cdc.gov/injury/wisqars/index.html.
Veterans
# 21.5 Million Veterans Nationally

## AGE

<table>
<thead>
<tr>
<th>Age</th>
<th>Estimate</th>
<th>Margin of Error</th>
<th>Estimate</th>
<th>Margin of Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 to 34 years</td>
<td>31.0%</td>
<td>±0.1</td>
<td>10.2%</td>
<td>±1.2</td>
</tr>
<tr>
<td>35 to 54 years</td>
<td>34.3%</td>
<td>±0.1</td>
<td>22.7%</td>
<td>±1.3</td>
</tr>
<tr>
<td>55 to 64 years</td>
<td>15.6%</td>
<td>±0.1</td>
<td>22.3%</td>
<td>±1.3</td>
</tr>
<tr>
<td>65 to 74 years</td>
<td>10.1%</td>
<td>±0.1</td>
<td>22.9%</td>
<td>±0.9</td>
</tr>
<tr>
<td>75 years and over</td>
<td>8.2%</td>
<td>±0.1</td>
<td>22.9%</td>
<td>±0.8</td>
</tr>
</tbody>
</table>

## RACE AND HISPANIC OR LATINO ORIGIN

<table>
<thead>
<tr>
<th>Race and Hispanic Origin</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>91.5%</td>
<td>±0.3</td>
<td>89.1%</td>
<td>±0.6</td>
<td>89.7%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>3.9%</td>
<td>±0.1</td>
<td>4.7%</td>
<td>±0.6</td>
<td>5.8%</td>
</tr>
<tr>
<td>American Indian and Alaska Native</td>
<td>4.1%</td>
<td>±0.1</td>
<td>2.4%</td>
<td>±0.3</td>
<td>4.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>2.9%</td>
<td>±0.1</td>
<td>0.0%</td>
<td>±0.2</td>
<td>2.1%</td>
</tr>
<tr>
<td>Native Hawaiian and Other Pacific Islander</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td>Some other race</td>
<td>5.5%</td>
<td>±0.1</td>
<td>7.5%</td>
<td>±0.6</td>
<td>5.9%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>2.8%</td>
<td>±0.2</td>
<td>1.5%</td>
<td>±0.3</td>
<td>2.1%</td>
</tr>
<tr>
<td>Hispanic or Latino (of any race)</td>
<td>24.5%</td>
<td>±0.1</td>
<td>81.2%</td>
<td>±0.8</td>
<td>27.4%</td>
</tr>
<tr>
<td>White, not Hispanic or Latino</td>
<td>72.6%</td>
<td>±0.1</td>
<td>80.1%</td>
<td>±1.1</td>
<td>66.5%</td>
</tr>
</tbody>
</table>
## AZ Vets Cont’d

### Poverty Status in the Past 12 Months

<table>
<thead>
<tr>
<th>Category</th>
<th>Count (95% CI)</th>
<th>Count (95% CI)</th>
<th>Count (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civilian population 18 years and over for whom poverty status is determined</td>
<td>4,728,740 (+/-2,463)</td>
<td>528,098 (+/-13,559)</td>
<td>4,200,642 (+/-13,559)</td>
</tr>
<tr>
<td>Below poverty in the past 12 months</td>
<td>16.3% (+/-0.5)</td>
<td>7.6% (+/-0.7)</td>
<td>17.3% (+/-0.7)</td>
</tr>
</tbody>
</table>

### Disability Status

<table>
<thead>
<tr>
<th>Category</th>
<th>Count (95% CI)</th>
<th>Count (95% CI)</th>
<th>Count (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civilian population 18 years and over for whom poverty status is determined</td>
<td>4,728,740 (+/-2,463)</td>
<td>528,098 (+/-13,559)</td>
<td>4,200,642 (+/-13,559)</td>
</tr>
<tr>
<td>With any disability</td>
<td>14.3% (+/-0.3)</td>
<td>25.0% (+/-1.1)</td>
<td>12.9% (+/-1.1)</td>
</tr>
</tbody>
</table>

Arizona and Incarceration
National & Statewide Trends

CY 2009 First Decline in State Prison Populations in 38 Years (Pew Center on the States) Economic Slowdown has encouraged alternatives to incarceration

FY2010 & FY2011 had the two lowest growth rates ADH has on record (since 1973)
Total: 40,181 inmates

Jails

Dramatic decrease in Maricopa County Jail population. Detainees decreased from an average daily population of 5,873 in CY 08, to 4,744 in CY10, TYD a 19% decrease

Technical probation revocations have fallen from 3,993 in FY 08 to 2,665 in FY 11.

Prepared By: Bureau of Planning, Budget and Research Date Prepared: July 13, 2011
www.azcorrections.gov/data_info_081111.pdf
# Incarceration Comparisons

## Arizona
- Total, Prison & Jail: 53,849
- Prison Population Rate: 589
- Jail Population Rate: 261
- Racial/Ethnic Disparity
  - Black: White Ratio: 5.6:1
  - Hispanic: White Ratio: 1.8:1
- Juveniles in Custody: 1,092

## National
- Total, Prison & Jail: 2,257,267
- Prison Population Rate: 492
- Jail Population Rate: 236
- Racial/Ethnic Disparity
  - Black: White Ratio: 5.6:1
  - Hispanic: White Ratio: 1.8:1
- Juveniles in Custody: 70,792

Bureau of Justice Statistics, Office of Juvenile Justice and Delinquency Prevention. The Sentencing Project Research and Advocacy Reform, [www.sentencingproject.org/map/map.cfm#map](http://www.sentencingproject.org/map/map.cfm#map)
Incarceration Comparisons

Arizona

- Total, Prison & Jail: 53,849
- Prison Population Rate: 589
- Jail Population Rate: 261
- Racial/Ethnic Disparity:
  - Black: White Ratio: 5.6:1
  - Hispanic: White Ratio: 1.8:1
- Juveniles in Custody: 1,092

Mississippi

- Total, Prison & Jail: 32,000
- Prison Population Rate: 690
- Jail Population Rate: 391
- Racial/Ethnic Disparity:
  - Black: White Ratio: 3.5:1
  - Hispanic: White Ratio: 1.2:1
- Juveniles in Custody: 357

Arizona’s Youth
The Nation’s Youth

*The good news is: The Nation’s high school graduation rate is at its highest point since the 1970’s. 75%
Class of 2010

- Latinos +16% = 68%
- Blacks +13% = 62%
- Native Americans -3% = 51%

The bad news is: The Southwest falls behind by having dropout rates that continue to worsen.

**Arizona’s Youth**

- There was an increase of .78% in dropout rates for Arizona between 2010/11 and 2011/12
- Native Americans 7.5%
- LEP 6.39
- Latinos 4.69
- African Americans 4.36
- Students with Disabilities 4.27
- Economically Disadvantaged 4.08

*Diplomas Count 2013, Second Chances, Turning Dropouts Into Graduates, Executive Summary, As Graduation Rates Rise, Focus Shifts to Dropouts By the Editors, 5/31/13, 6/2013. www.edweek.org/ew/articles/2013/06/34execsum.h3
Arizona and a Few Sexual Health Disparities
Are Determinants Insurmountable?
What Happens to Them?
All individuals have the opportunity to achieve full potential through healthcare and disease prevention.

Fairness in health distribution, information, access to care, etc.

- Advance science in identifying and eliminating disparities.
- Mobilize partners to promote health equity and social determinants of health.
- Identify and address key social determinants of health for programs.

“It is time to refocus, reinforce, and repeat the message that **HEALTH DISPARITIES EXIST** and that **HEALTH EQUITY BENEFITS** everyone.”

Kathleen G. Sebelius, Secretary, Health & Human Services
Particular attention to groups that have experienced major obstacles to health associated with being socially or economically disadvantaged

Promotion of equal opportunities for all people to be healthy and to seek the highest level of health possible

Distribution of the social and economic resources needed to be healthy in a manner that progressively reduces health disparities and improves health for all

Attention to the root causes of health disparities, specifically health determinants, per Healthy People 2020

Sources: Healthy People 2020
Federal Strategies

- National HIV/AIDS Strategy
- National Prevention Strategy
- National Stakeholder Strategy for Achieving Health Equity
- The Patient Affordability Care Act
- Title VI of the Civil Rights Act of 1964
- Improving Access to Services for Persons with Limited English Proficiency (Civil Rights Division Department of Justice Executive Order 13166)
- CLAS Standards – DHHS Office of Minority Health, National Standards on Culturally and Linguistically Appropriate Services (CLAS) in Healthcare
WHO Recommendations

1. Improve daily living conditions
2. Tackle the inequitable distribution of money, power and resources
3. Measure and understand the problem, and assess the impact of action

WHO Committee on Social Determinants of Health, 2008
Social and Structural Interventions

Social and structural interventions that focus on education, employment, food security, health services, housing, income and social exclusion are needed to comprehensively address root causes to mental health vulnerabilities to unsuccessful prevention and treatment.
Social Factors

- Economic & Social Conditions
  - Conditions for early childhood development
  - Education
  - Employment
  - Income & Job Security
  - Food Security
  - Health Services
  - Access to Services
  - Housing
  - Social Exclusion
  - Stigma

Structural Factors

- Physical
- Social
- Cultural
- Organizational
- Community
- Economic
- Legal
- Policy Aspects
Summary/Recommendations

- Mental/Behavioral Health prevention and treatment efforts must address the **underlying drivers M/BH risk** and vulnerability
- Increased strategies addressing **Determinants of Health** through structural interventions that seek to change the social, economic, political or environmental factors determining M/BH risk and vulnerability
- Addressing Determinants of Health should be part of a **balanced** approach
Promote population health using the **Health Impact Assessment (HIA)**

Promote population mental health using the **Mental Health Impact Assessment (MHIA)**

Systems of care
“Reducing health inequities is, for the Commission on Social Determinants of Health, an ethical imperative. Social injustice is killing people on a grand scale.”

WHO – Commission on Social Determinants Final Report

We > AIDS
Arizona Health Disparities Center

• Vision
  – Health Equity for All: We envision a state where each person has equal opportunity to prevent and overcome disease and live a longer, healthier life

• Mission
  – To promote and protect the health and wellbeing of the minority and vulnerable populations of Arizona by enhancing the capacity of the public health system to effectively serve minority populations and reduce health disparities
Why Health in Arizona Policies?

• Health is a dynamic state of complete physical, mental, spiritual and social well-being and not merely the absence of disease, (WHO 1998).

• Public health is “what we as a society do collectively to assure the conditions in which people can be healthy,” (IOM 1988).

• Health equity is where everyone has the opportunity to “attain their full health potential,” (CDC 2008).
Developing Healthy Communities

Involves **planning & collective action** to generate solutions to community problems.

Developing a healthy community should be:
- a long-term endeavour,
- well planned,
- inclusive and equitable,
- initiated and supported by community members,
- of benefit to the community, and
- grounded in experience that leads to best practice.
Developing Healthy Communities

It does not just happen—it requires both a conscious and a conscientious effort to do something (or many things) to improve the community.
<table>
<thead>
<tr>
<th>Instead of only asking:</th>
<th>Perhaps we should also ask:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who lacks health care coverage and why?</td>
<td>What policy changes would redistribute health care resources more equitably in our community</td>
</tr>
<tr>
<td>How can we create more green space, bike paths, &amp; farmer’s</td>
<td>What policies and practices discourage access to transportation, recreational resources, &amp;</td>
</tr>
<tr>
<td>markets in vulnerable neighborhoods?</td>
<td>nutritious food in neighborhoods where health is poorest?</td>
</tr>
<tr>
<td>Why do people smoke (drink)?</td>
<td>What social conditions &amp; economic policies predispose people to the stress that encourages</td>
</tr>
<tr>
<td></td>
<td>smoking (drinking)?</td>
</tr>
</tbody>
</table>
One Team

Private Organizations
Public Schools
Hospitals
Parks & Recreation
Health Department
The Red Cross
Community Residents
Cultural Competency and
Arizona Department of Health Services/Division of Behavioral Health

TRANSFER VALUES
FOR THINGS THAT MATTER MOST
Cultural Competency

Describes a process of developing behaviors, attitudes, and policies that come together in a system that enables effective interaction in cross-cultural situations.
Culturally Competent Systems

Acknowledges and incorporates, at all levels:

- Awareness of cultural differences,
- Vigilance toward cultural differences,
- Expansion of cultural knowledge,
- Services to meet culturally unique needs.
Cultural competence within the health care system is defined as...

...the ability to respect and appreciate the values, beliefs, and practices of all individuals, including those who are culturally different than oneself and perceive such individuals through their own cultural lens rather than that of oneself.
CLAS Standards: are inclusive, address, the needs of underserved/underrepresented populations with a goal of eliminating health disparities.
What do we look for?

Culture Groups

Cultural Norms

Cultural Indicators
Culture and Language

May influence . . .

- Health, healing and wellness belief systems
- How illness, disease and their causes are perceived
- How health care treatment is sought
- Delivery of health care services by providers
Culturally Welcoming Environment
Culturally Welcoming Environment

Awareness of the:

• organization’s climate,
• systems of care,
• individual relationships,
• culturally appropriate services.
Cultural Competency and Health Care

Health and Wellness for all Arizonans
Changing Cultures

Health Care Reform

AFFORDABLE
HEALTH CARE
POLITICS
NURSING
Healing and Curing: Two Worlds

Disease

Curing

Illness

Healing
Health and Wellness for all Arizonans

New Cultural Groups

Identification of Commonalities

Documentation of Variances

Establishing Guidelines

Collaboration

Communication
What does this mean for us?

Mental Health + Primary Health = Whole Health Care

The New Culture Group
CULTURE
...is, and always has been, the “key”!
Aspects of culture can make us uncomfortable but compel us to move forward...
Questions
Group Time

Solutions
NEXT EXIT
Thank You For Your Participation!

RJ Shannon,  
Community Engagement Coordinator  
Arizona Department of Health Services  
BTCD, HIV Prevention Program  
150 North 18th Avenue, Ste. 310  
Phoenix, AZ 85007  
(602) 364-3603  
Rj.shannon@azdhs.gov

Diana Kramer,  
Cultural Competency and Workforce Development Manager  
Arizona Department of Health Services/Division of Behavioral Health  
150 North 18th Avenue, Ste. 270  
Phoenix, AZ 85007  
(602) 364-4641  
Diana.Kramer@azdhs.gov