



HISPANIC/LATINO
BEHAVIORAL HEALTH
CENTER OF EXCELLENCE

CLAS Matters! Helping People Achieve Their Full Health Potential

CLAS (Culturally and Linguistically Appropriate Services)

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February 27, 2024



Central East (HHS Region 3)

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration



Acknowledgment

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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

LIVE

This webinar is now live.



It is being recorded.



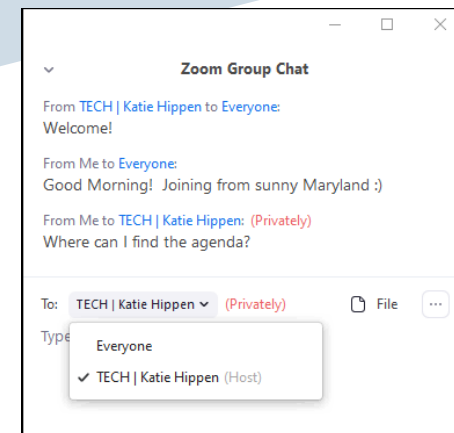
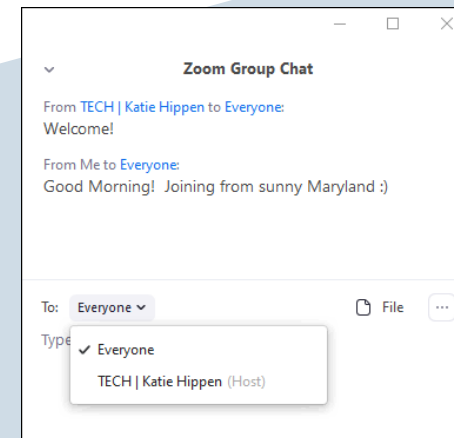
Please remain muted unless prompted to unmute.

Questions for Presenters or General Discussion:

- If you have a question for a presenter or something to add to the discussion, please send it in the chat to “Everyone”

Tech Support:

- If you have a tech question, please, send it privately to a host/co-host (anyone with “TECH” in their name)
- Tech support is also available by email: webinars@danyainstitute.org



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.



Building Health Equity and Inclusion

ATTC Network, Building Health Equity and Inclusion, [Free Resources](#)



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Goal

Inform on the National Enhanced Culturally and Linguistically Appropriate Services (CLAS) Standards as a structured set of guidelines that can be implemented within various organizational levels to increase equitable and inclusive services for racial and ethnic communities.



Objectives 4 sessions

- Define health equity and inclusion and its correlation to your work.
- Identify how cultural, behavioral, and health system factors converge and contribute to unequal access and differential care.
- Describe benefits of implementing CLAS Standards across behavioral health settings with growing minority populations.
- Identify business strategies to build organizational capacity to deliver culturally responsive services to diverse communities.
- Identify opportunities for CLAS Standards integration in your role.
- List technical assistance opportunities to support organizational implementation of CLAS Standards.



Objectives Module 1

1. Discuss the current data on Latine populations in the US
2. Identify disparities for Latine populations
3. Define relevant concepts related to disparities
4. Address the need for National Standards for Culturally and Linguistically Appropriate Services (CLAS)



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Module 1:

Hispanics and Latines in the US

Exploring the Current Landscape, including
Disparities

Latine

Latina

?

Latinx

?

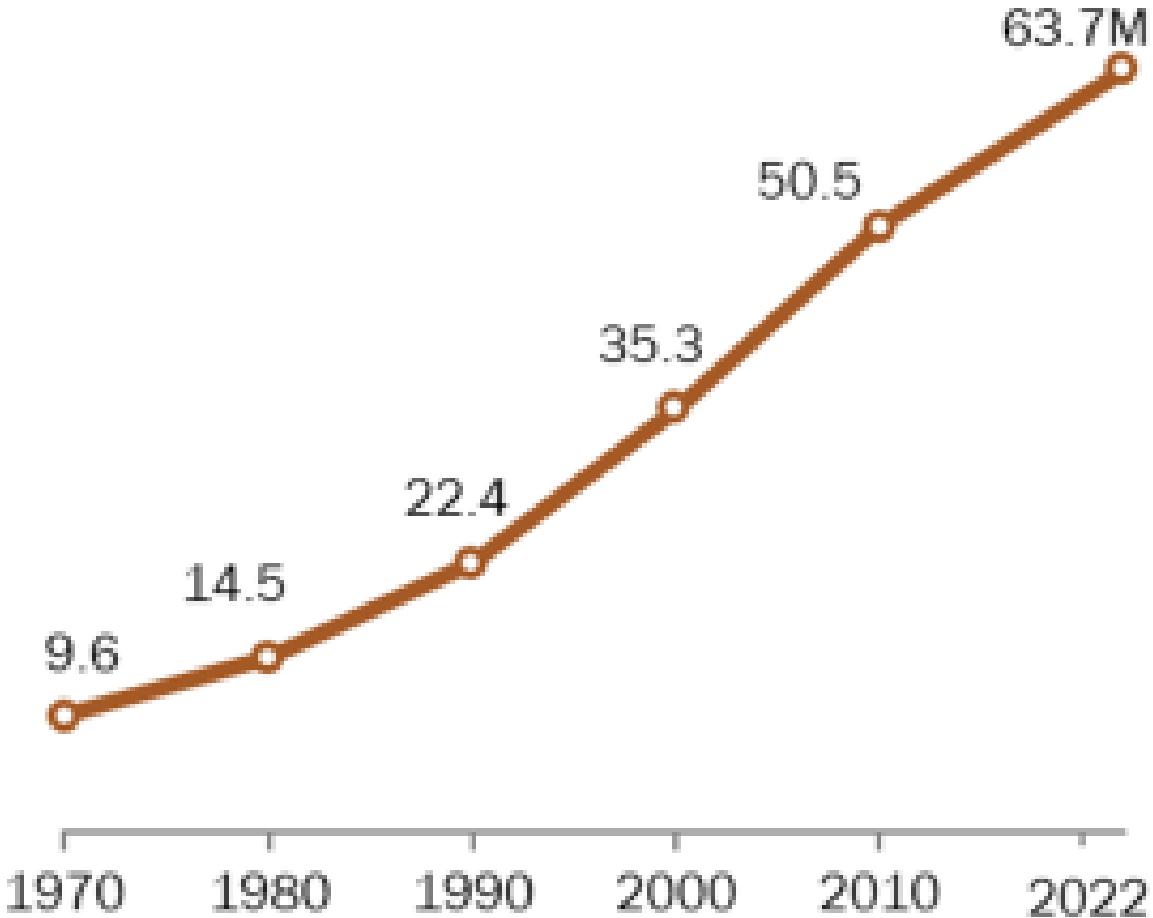
Hispanic

Latino



The Hispanic/Latino Behavioral Health Center of Excellence recognizes the complexities associated with gender and ethnic identification as well as the right of all individuals to self-identify. The Center uses the term Latine with the intention of both facilitating a fluent reading and pronunciation and supporting an inclusive and respectful language. Latine is a gender-neutral form of the word Latino that uses the letter e at the end; an idea native to the Spanish language.

Nearly 64 million Latinos live in the U.S.



US Census data

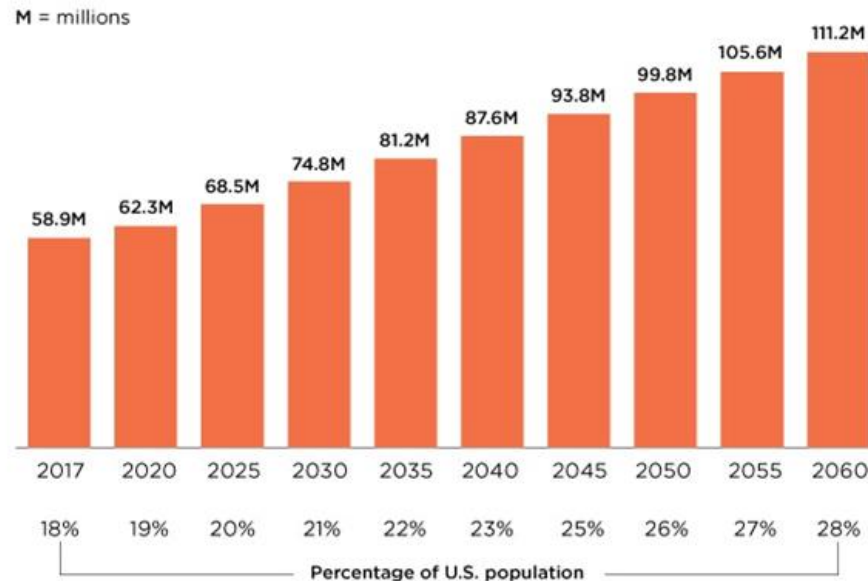
In 2022, 63.7 million Hispanics lived in the US.

Hispanics were 19.1% of the U.S. population in 2022.

By 2060 it is estimated that the Hispanic and Latino population will grow up to 111.2 million.

Hispanic Population to Reach 111 Million by 2060

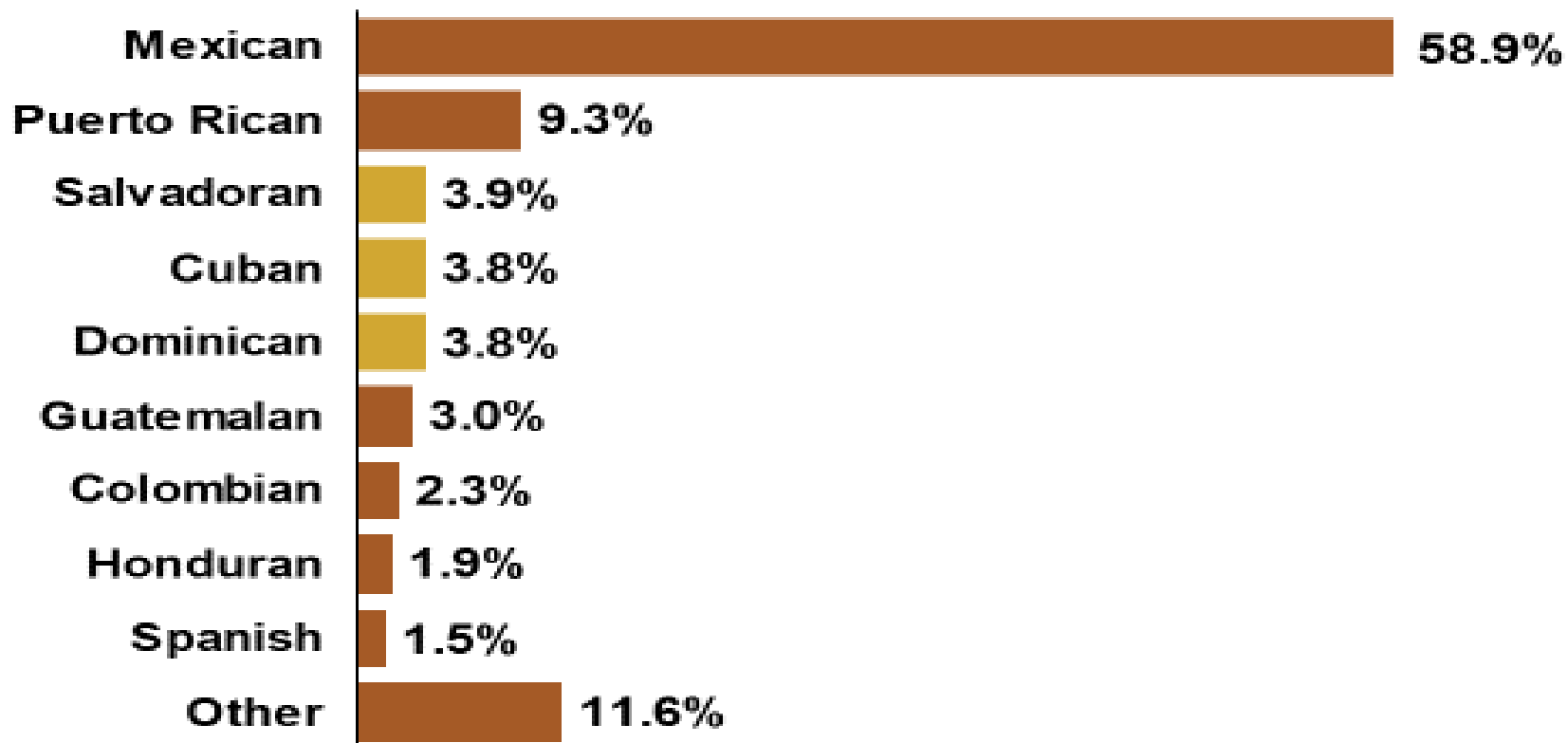
Projected Hispanic Population 2020 to 2060



5 decades of U.S. Hispanic population dispersion

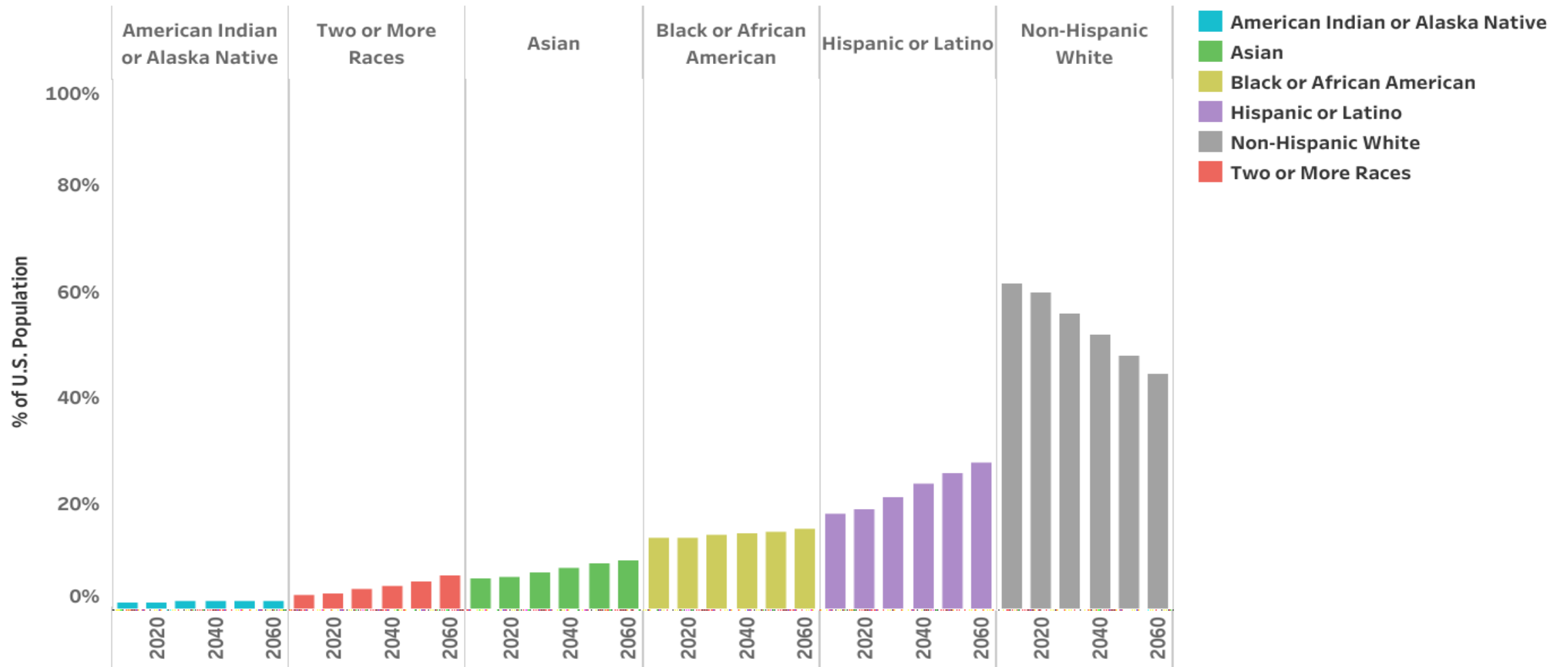


Origins of U.S. Latinos, 2022



Source: Pew Research Center analysis of the 2022 American Community Survey.

US Population by Race/Ethnicity 2016-2060





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Latinos in Region 3

Delaware 9.44%

District of Columbia 11.11%

Maryland 10.26%

Pennsylvania 7.6%

Virginia 9.53%

West Virginia 1.59%



Healthy People 2030



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Disparities

Disparities are a particular type of difference that is closely linked to social determinants of health and/or other characteristics historically linked to systemic barriers. Racial and ethnic disparities are difference in health outcomes and access to behavioral health care based on racial background or ethnic heritage.

(SAMHSA, 2023)



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In the Chat Box

Define the term by completing the following statement:

Provide examples of disparities:



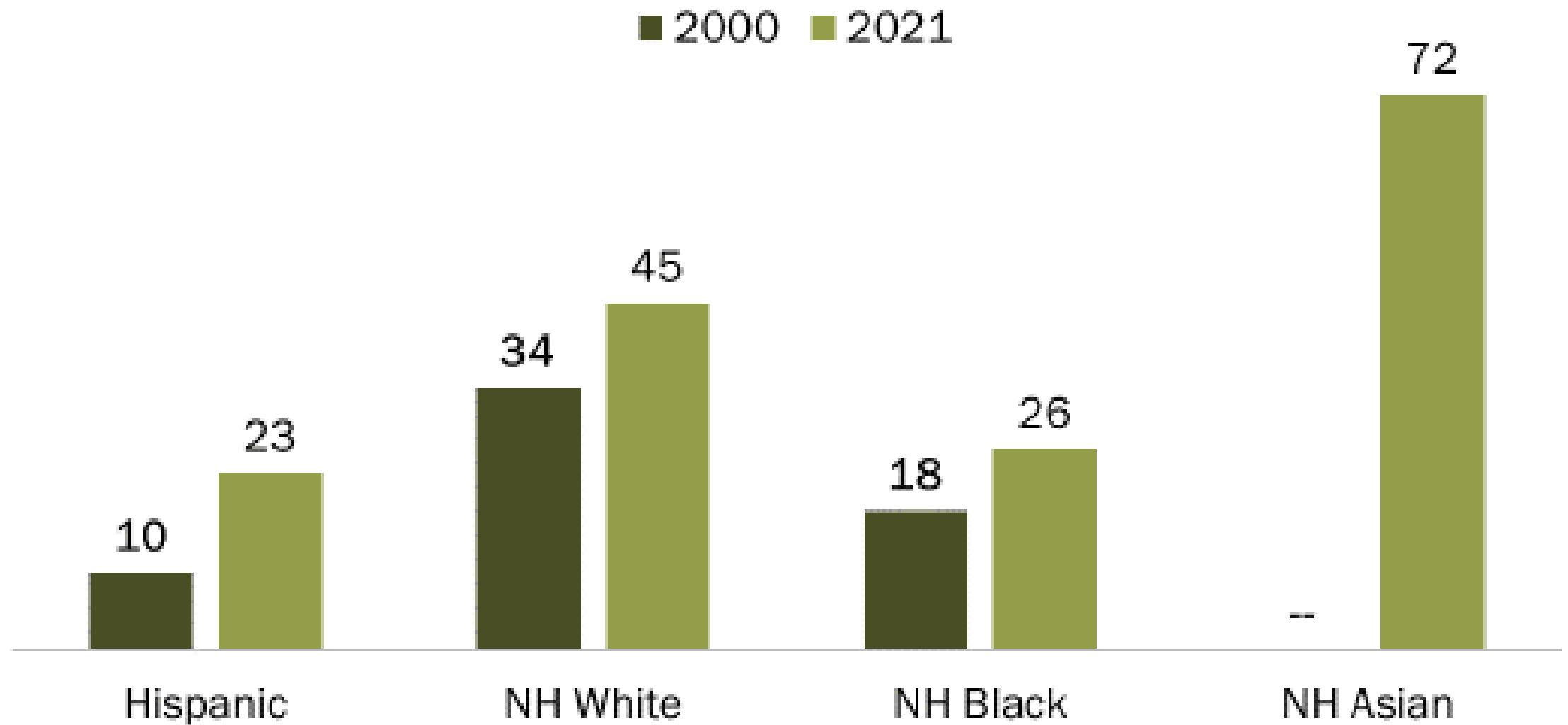
Disparities and Latinos

In 2020, the US Census Bureau reported that 49.9 percent of Hispanics had private insurance coverage, as compared to 73.9 percent for non-Hispanic whites

More than half of H/Ls adults aged 18 or older with AMI and H/L youths aged 12 to 17 with an MDE did not receive treatment within the past year. Fewer H/L adults sought help for SUD and more than 90 percent do not receive treatment; highlighting disparities in access to care. Of the 2.4 million H/L who experienced both a mental and substance use disorder in the past year only 25.4% received any mental health treatment, and only 10.8% received both mental health and SUD treatment

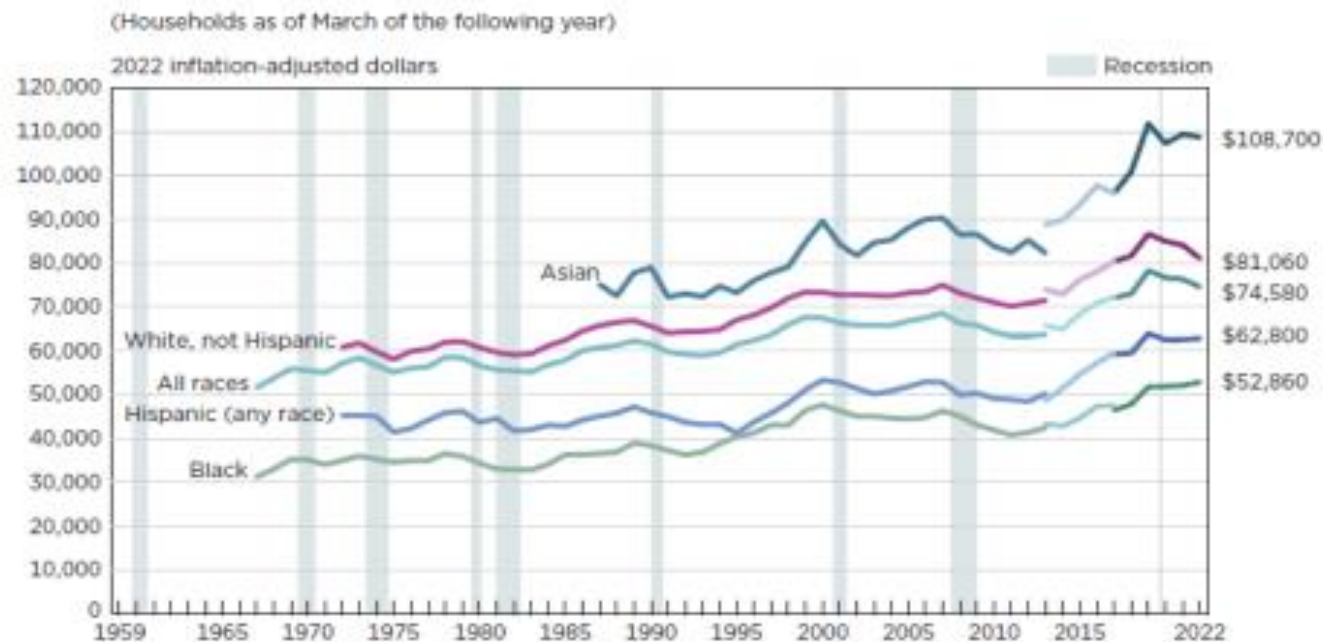
(US Census Bureau, 2020 and NSDUH, 2022)

(% of 25-29 year olds with a bachelor's degree or higher)



Source: Pew Hispanic Center Analysis of the March 2021 Current Population Survey (CPS)

Real Median Household Income by Race and Hispanic Origin: 1967-2022



Note: The data for 2017 and beyond reflect the implementation of an updated processing system. The data for 2015 and beyond reflect the implementation of the redesigned income questions. Refer to Table A-2 for historical race footnotes. The data points are placed at the midpoints of the respective years. Median household income data are not available prior to 1967. Income is in 2022 dollars, adjusted using the C-CPI-U (2000-2022) and R-CPI-U-RS (pre-2000). More information on the inflation adjustment and recessions is available in Appendix A. Information on confidentiality protection, sampling error, nonsampling error, and definitions is available at <https://www2.census.gov/programs-surveys/cps/techdocs/cpsmar23.pdf>.

Source: U.S. Census Bureau, Current Population Survey, 1968 to 2023 Annual Social and Economic Supplements (CPS ASEC).

Significant Behavioral Health Workforce Shortage

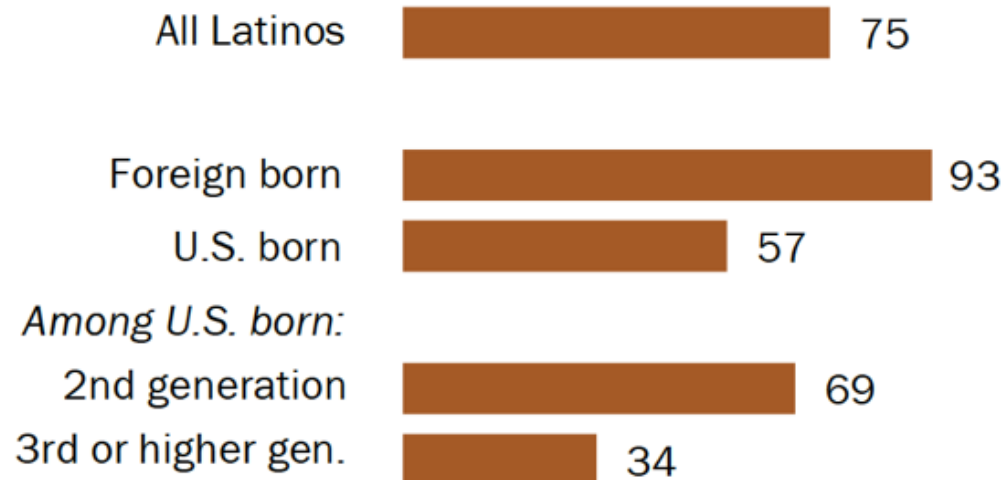
BH professionals that identify as Hispanic:

- 10.7% of counselors
- 12% of social workers
- 7.9% of psychologists
- The growth of the Hispanic population exceeds and outpaces the growth of Hispanic individuals in the helping professions.
- Within H/L populations, demand for behavioral health services will increase 106% by 2030

(APA, 2017,2022; HRSA, 2017,2023)

Most U.S. Latinos speak Spanish

% of U.S. Hispanic adults who say they can carry on a conversation in Spanish, both understanding and speaking, at least pretty well

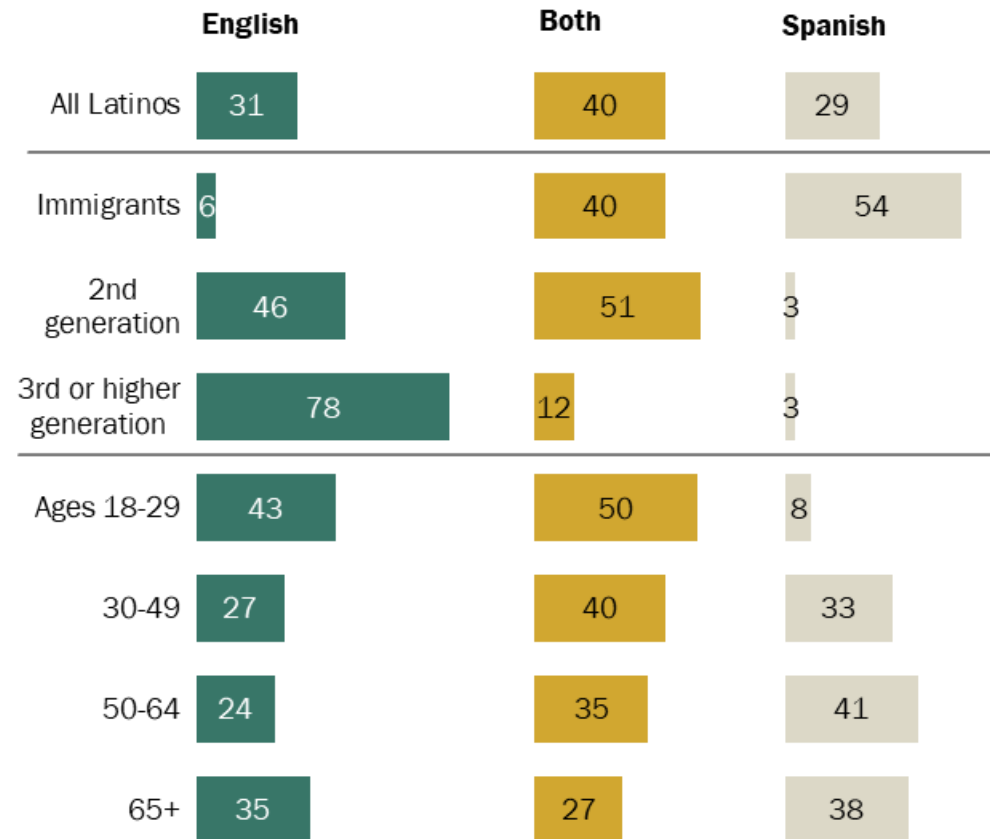


Note: Share of respondents who didn't offer an answer not shown. In this analysis, "foreign born" groups together Hispanic adults born in Puerto Rico or outside the U.S. to noncitizen parents. Those born in Puerto Rico are U.S. citizens at birth.

Source: National Survey of Latinos conducted Aug. 1-14, 2022. "Latinos' Views of and Experiences With the Spanish Language"

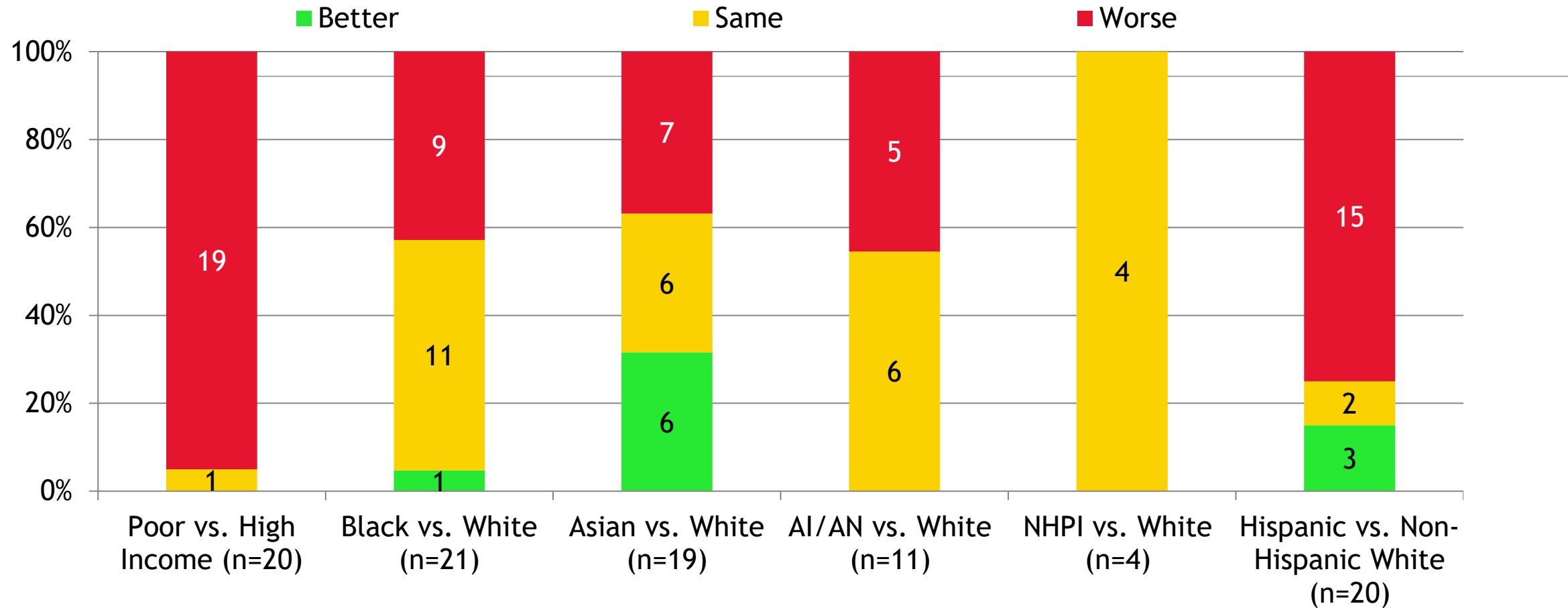
Half of 2nd generation Latinos are bilingual

% of Latino adults who mainly use English, Spanish or both



Source: Pew Research Center, National Survey of Latinos conducted Aug. 1-14, 2022.

Better, Same, or Worse Access to Care





Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment Income Expenses Debt Medical Bills Support	Housing Transportation Safety Parks Playgrounds Walkability Zip Code/ Geography	Early Childhood Education Vocational Training Higher Education	Hunger Access to Healthy Options	Social Integration Support Systems Community Engagement Discrimination Stress	Health Coverage Provider Availability Provide Linguistic and Cultural Competency Quality of Care

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Acknowledging the Obvious

“To reduce racial and ethnic health disparities, advocates say health care professionals must explicitly acknowledge that race and racism factor into health care.”

The Commonwealth Fund, In Focus: Reducing Racial Disparities in Health Care by Confronting Racism,
<https://www.commonwealthfund.org/publications/2018/sep/focus-reducing-racial-disparities-health-care-confronting-racism>

Factors that Contribute to Health Disparities

Structural inequities and social determinants of health including inadequate access to care, poor quality of care, community features and personal behavior are believed to be primary causes of health disparities.

Communities historically impacted:

- Racial and ethnic populations
- People with limited English proficiency (LEP) and low health literacy
- LGBTQ+ communities
- People with disabilities



Mass Incarceration

1970
200,000

2022
2.3 Million

People Incarcerated
in the USA!!!

5.5 to 6 Million Individuals
on Probation, Parole, House Arrest!

Deliberate Policies!

- Deinstitutionalization
- War On Drugs
- Criminalization of Behaviors
- Powder vs. Crack Cocaine
- Mandatory Minimums
- Voting Rights

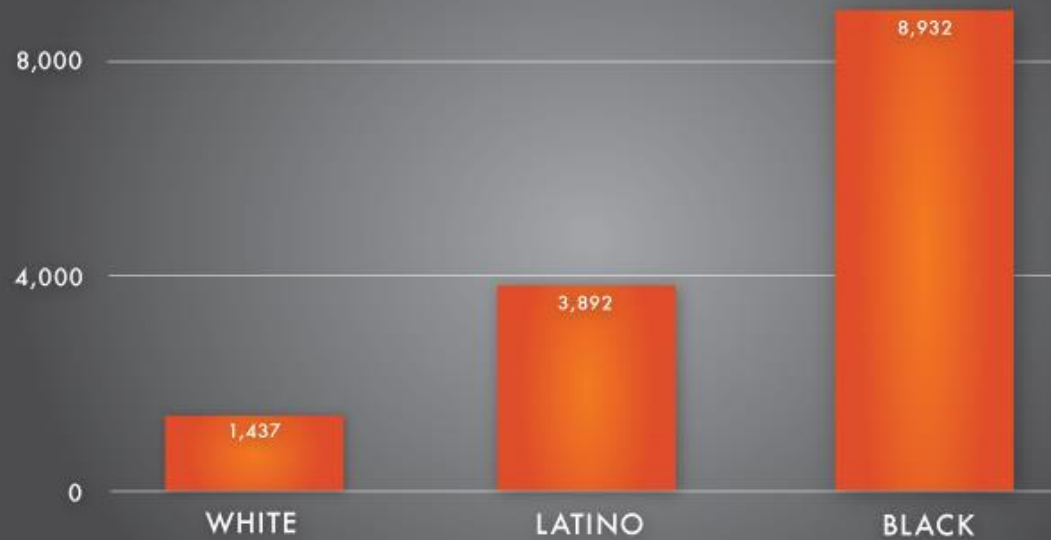
So Called "Plea Bargains:"

- 97% at the Federal level
- 94% State Level

- Schools Zones
- 3 Strikes and You're Out
- Massive Prison Construction
- Privatization of Prisons/Jails
- Criminal Offender Records

YOUNG MALE INCARCERATION RATES, 2010

(Number of people 25-29 years old incarcerated per 100,000 people in that group)



Young Male Incarceration Rates, 2019

(number of males 25-29
years old incarcerated
per 100,000)

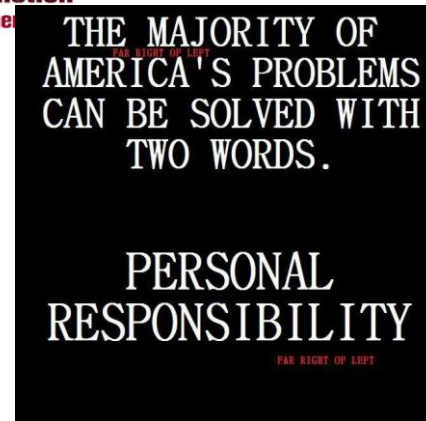
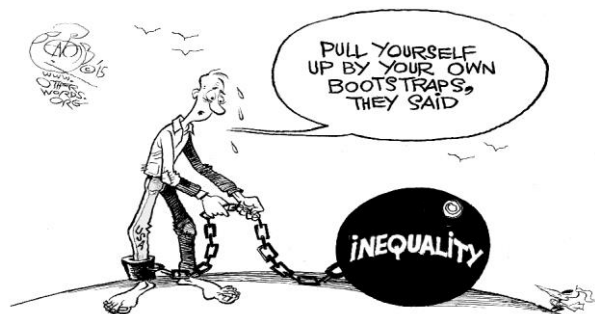
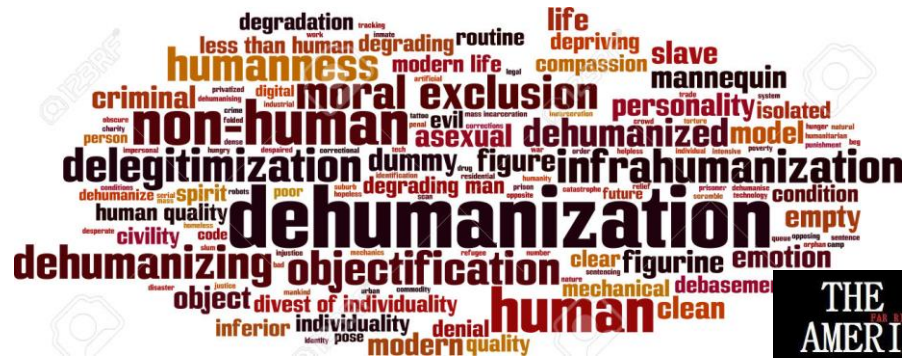


After Decades of People Dying, Why Declare a Crisis in Recent History?

Massachusetts

Department of Public Health Data...

- In 2017 there was a 8.3% Reduction in Opioid Over Dose Deaths
- In 2018 and 2019 there were 4% Reductions in Opioid Over Dose Deaths
- Between 2015 and 2017 there was a 83% Increase in Deaths Amongst African Americans
- Between 2015 and 2017 there was a 100% Increase in Deaths Amongst Latinxs and Hispanics



When Culture Becomes an ‘Issue’

“As the population at risk of chronic conditions becomes increasingly diverse, more attention to linguistic and cultural barriers to care will be necessary.”

- Native Americans report more frequent episodes of poor treatment compared to other groups, (Black, Latinx).
- Black/African American, Native Americans and Hispanic/Latinx groups are more likely to die of diabetes.
- Racist experiences were barriers to lower service satisfaction and attending conventional health services.
- Culture impacts health outcomes as well as:
 - Help-seeking behavior
 - Responses to medication interventions
 - Affordability of care for specific conditions

Barriers to Culturally Appropriate Care

- Implicit bias
- Systems of care poorly designed for diverse populations
- Language barriers
- Poor cross-cultural communication between providers and patients
- Patient/client fears and distrust
- Stigma and discrimination
- Lack of diversity in behavioral health care leadership and workforce

...others?



National Standards for Culturally and Linguistically Appropriate Services

CLAS is a way to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity. CLAS is about respect and responsiveness: **Respect** the whole individual and **Respond** to the individual's health needs and preferences.

[Culturally and Linguistically Appropriate Services - Think Cultural Health \(hhs.gov\)](https://www.hhs.gov/cultural-competence/)



Upcoming sessions

- Self-assessment and readiness for change
- CLAS Standards (15 standards)
- Challenges and strategies for implementation of CLAS standards

Any
Questions

Resources

[Culturally and Linguistically Appropriate Services - Think Cultural Health \(hhs.gov\)](#)

[Healthy People 2030 | health.gov](#)

[Central East ATTC | Addiction Technology Transfer Center \(ATTC\) Network \(attcnetwork.org\)](#)

[CWS Data Tool: Demographics of the U.S. Psychology Workforce \(apa.org\)](#)

[Behavioral Health Workforce Projections, 2016-2030: Clinical, Counseling and School Psychologists \(hrsa.gov\)](#)

[Hispanics/Latinos - Research and data from Pew Research Center](#)

[NCCC | home \(georgetown.edu\)](#)

[TIP 59: Improving Cultural Competence | SAMHSA](#)

[Hispanic/Latino Behavioral Health Center of Excellence \(hispaniclatinobehavioralhealth.org\)](#)



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*thank
you*



ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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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<https://attcnetwork.org/centraleast>



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Evaluation

Your feedback is important!

- QR code



- Url: <https://ttc-gpra.org/P?s=733738>

