



**HISPANIC/LATINO**  
**BEHAVIORAL HEALTH**  
CENTER OF EXCELLENCE

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**Structural Barriers in Substance Use Disorders Care  
among Hispanic Populations:  
Means, Strategies and  
Resources to Improve Access and Services.**

Hector Colón-Rivera MD, MRO

July 23<sup>rd</sup>, 2024



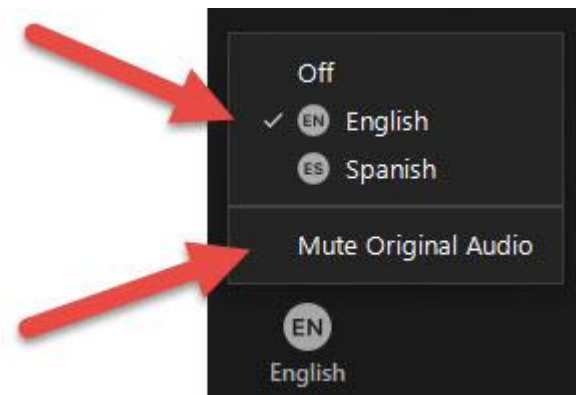
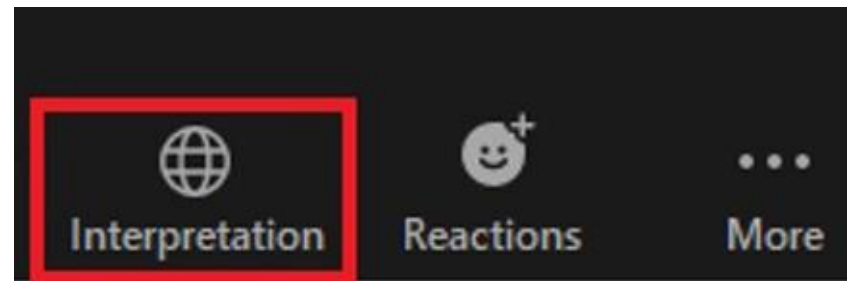
# For simultaneous translation to Spanish

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interpretation tab  
and then click  
Spanish

Presionar la pestaña  
de interpretación y  
luego  
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# During today's webinar...

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- Today's event is being **recorded**.
- All participants will be **muted, and cameras turned off**.
- Please make sure your computer **speakers are turned on** and up to hear today's presentation.
- If you are having **technical issues**, please send a message to the **Hispanic and Latine Behavioral Health CoE** on the **Chat Box**.
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- You will receive a **certificate of attendance** by email approximately 2 weeks from today. Please remember to check your junk folder.



# Mission

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To advance and support the sustainability of behavioral health equity by promoting community driven, culturally grounded and person-centered prevention, intervention, multiple pathways of recovery, and recovery supports for diverse Hispanic and Latine communities.

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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.

# Hector Colón-Rivera, MD, MRO

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Speaker's bio

# Disclosures

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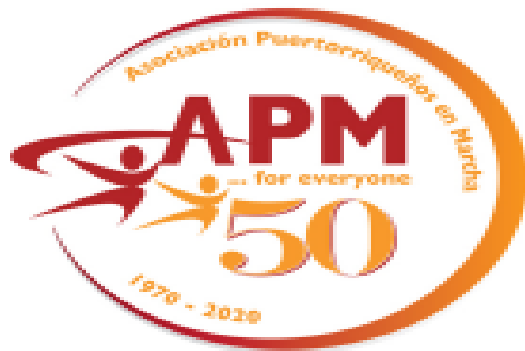
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**UPMC**  
**LIFE CHANGING MEDICINE**

# Objectives

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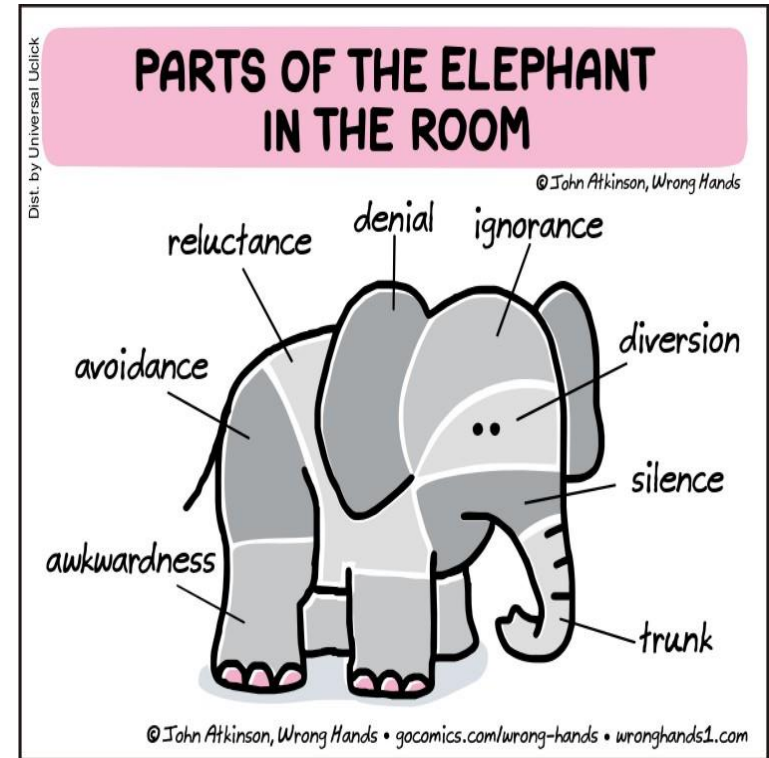
- 1) Discuss the structural level of barriers that impact substance use disorder care services, access, and outcomes of Hispanic and Latine communities.
- 2) Address models, programs, and resources that help improve the accessibility of culturally grounded and responsive substance use disorder care services for Hispanics.
- 3) Discuss means, strategies and recommendations to develop and implement advocacy initiatives and connect individuals to community-based supports.

# Culture and Health

In 1999, the Surgeon General released *Mental Health: A Report of the Surgeon General*.

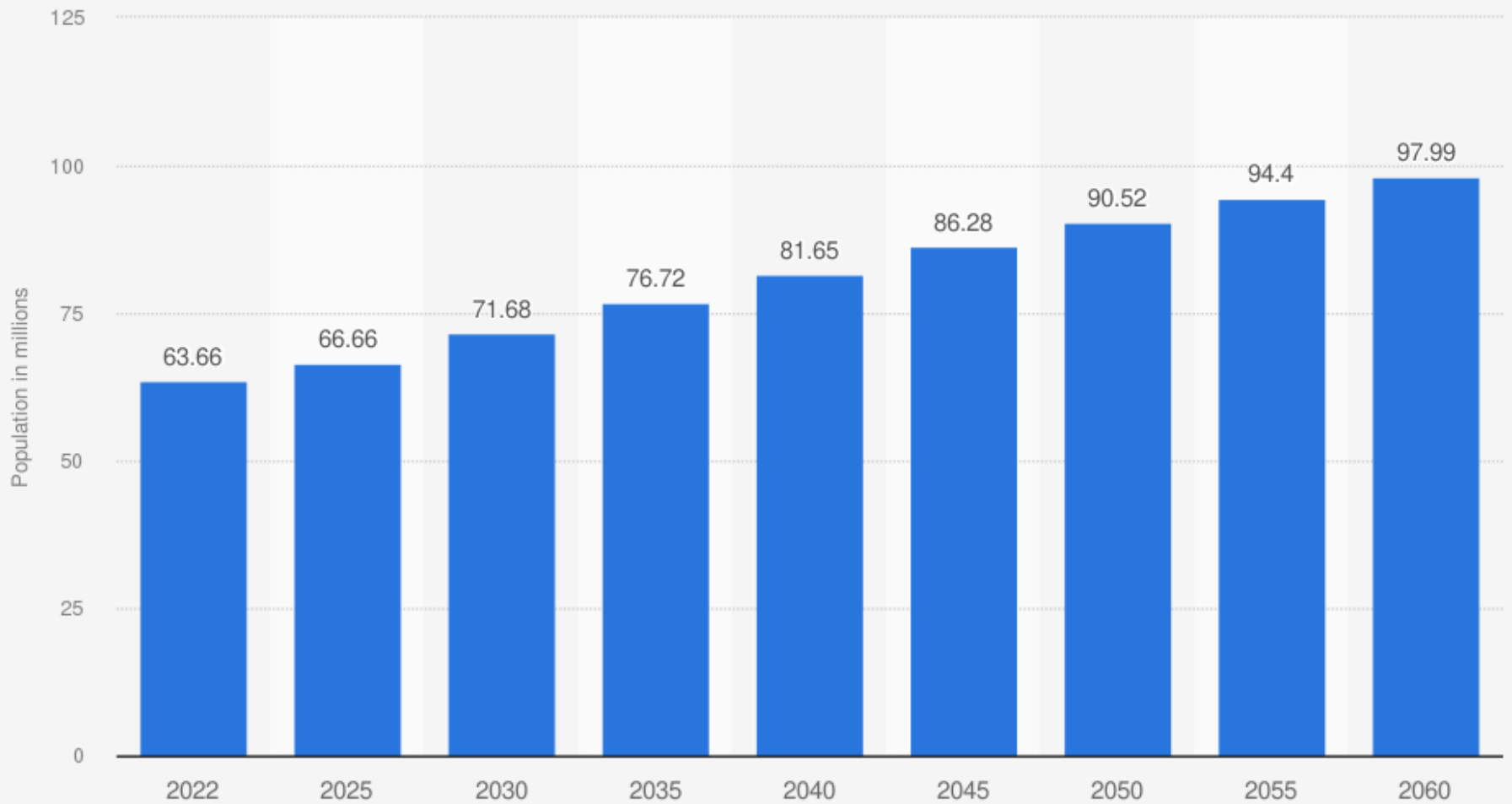
This report acknowledged that not all Americans, especially minorities, receive equal mental health treatment.

The supplement, which was published in 2001, sends one clear message: culture counts.



Office of the Surgeon General (US), Center for Mental Health Services (US), National Institute of Mental Health (US).  
*Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General*.  
Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug.

# Forecast of the Hispanic population of the United States from 2022 to 2060 (in millions)



Source  
US Census Bureau  
© Statista 2024

Additional Information:  
United States; US Census Bureau; 2022

# Demographics / Societal Issues

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- According to the U.S. Census Bureau, the Hispanic population in the United States is expected to grow to 26.9% of the total population by 2060, up from 19.1% in 2023.
- 58.9 % percent of U.S. Hispanic/Latine people have a Mexican background, followed by 9.3 percent with a Puerto Rican background.
- Nineteen percent of Latine/Hispanic people in the U.S. live in poverty.
- Latine/Hispanic people are highly concentrated in a few states in the U.S.
- There is a perception in Latine/Hispanic communities, especially among older people, that discussing problems with mental health can create embarrassment and shame for the family

# Immigrant Health in the US

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Latino immigrants in the US are healthier than their US-born Latino and non-Latino counterparts, but this health advantage diminishes over time and with higher levels of acculturation.

Acculturative stress, the stress associated with being a Hispanic immigrant and acculturating to the US, is a key driver of this decrease in health.

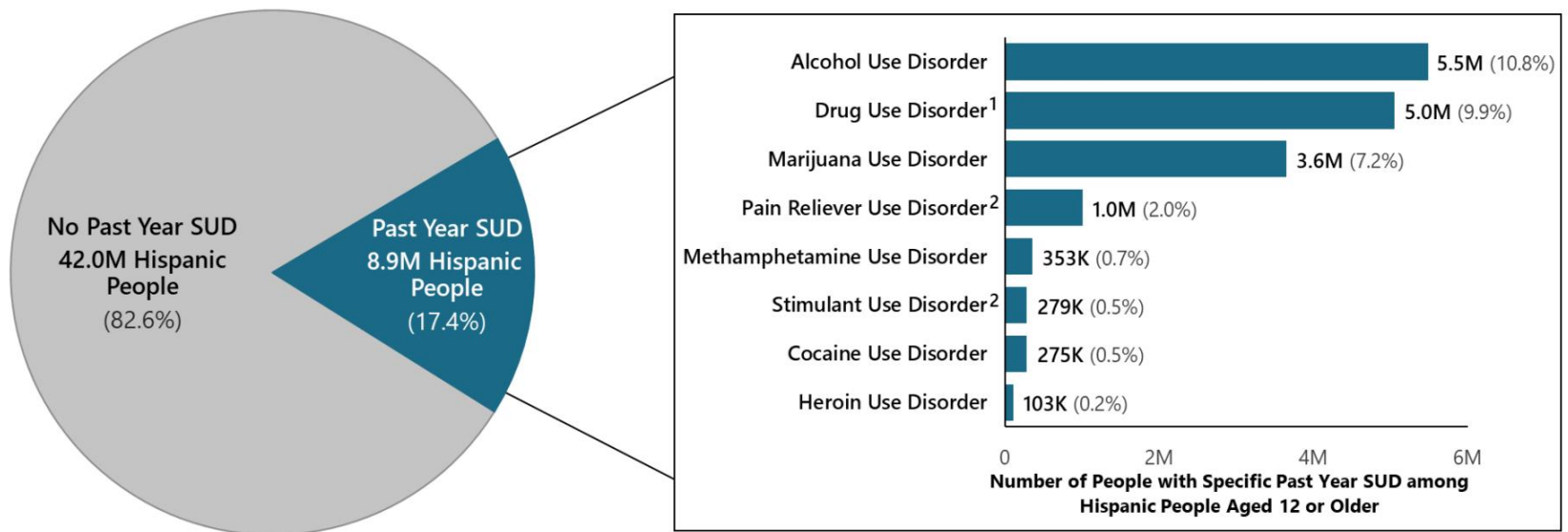
# Progress on Priorities of the Heckler Report for Hispanics

Priority	Trends	Most Recent Disparity	Disparity Change
Care for Cancer	71% improving	29% worse	50% narrowing
Care for Cardiovascular Diseases	75% improving	33% worse	0% narrowing
<b>Care for Substance Use Disorders</b>	No improvement	No disparity	No change
Care for Diabetes	50% improving	56% worse	50% narrowing
Suicide Prevention and Mental Health Care	25% worsening	75% worse	0% narrowing
Infant Mortality and Maternity Care	43% improving	43% better	No change

Trends in Priorities of the Heckler Report. Content last reviewed May 2018. Agency for Healthcare Research and Quality, Rockville, MD.

<https://www.ahrq.gov/research/findings/nhqrdr/2014chartbooks/hispanichealth/part2.html>

# Past Year Substance Use Disorder (SUD): Among Hispanic People Aged 12 or Older



Note: The estimated numbers of people with substance use disorders are not mutually exclusive because people could have use disorders for more than one substance.

<sup>1</sup> Includes data from all past year users of marijuana, cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription psychotherapeutic drugs (i.e., pain relievers, tranquilizers, stimulants, or sedatives).

<sup>2</sup> Includes data from all past year users of the specific prescription drug.





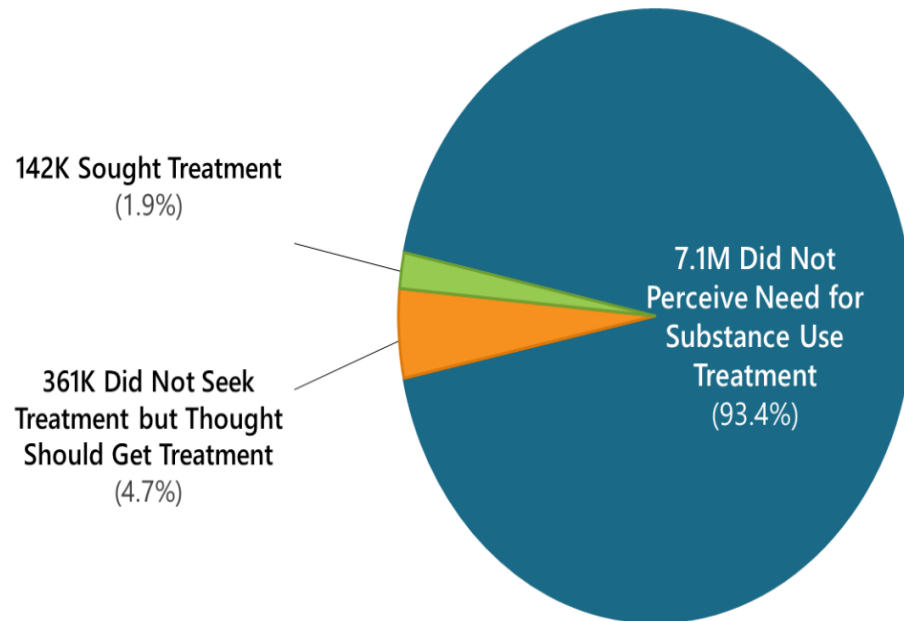
# DIFFERENCES ACROSS HISPANIC COMMUNITIES

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There are important differences in the rates of substance use among different Hispanic subgroups:

- Puerto Ricans have the highest rate of recent illicit drug use (6.9%) and South Americans have the lowest (2.1%).
- Puerto Ricans have the highest rate of recent marijuana use (5.6%) while Cubans and South Americans have the lowest (2.1%).
- Other Hispanics (individuals originating from a Spanish speaking country other than Puerto Rico, Mexico, Cuba, Central America, and South America) have the highest rate of recent cocaine use (1.7%) while Cubans have the lowest (0.5%).

## Perceived Need for Substance Use Treatment: Among Hispanic People Aged 12 or Older with a Past Year Substance Use Disorder Who Did Not Receive Substance Use Treatment in the Past Year

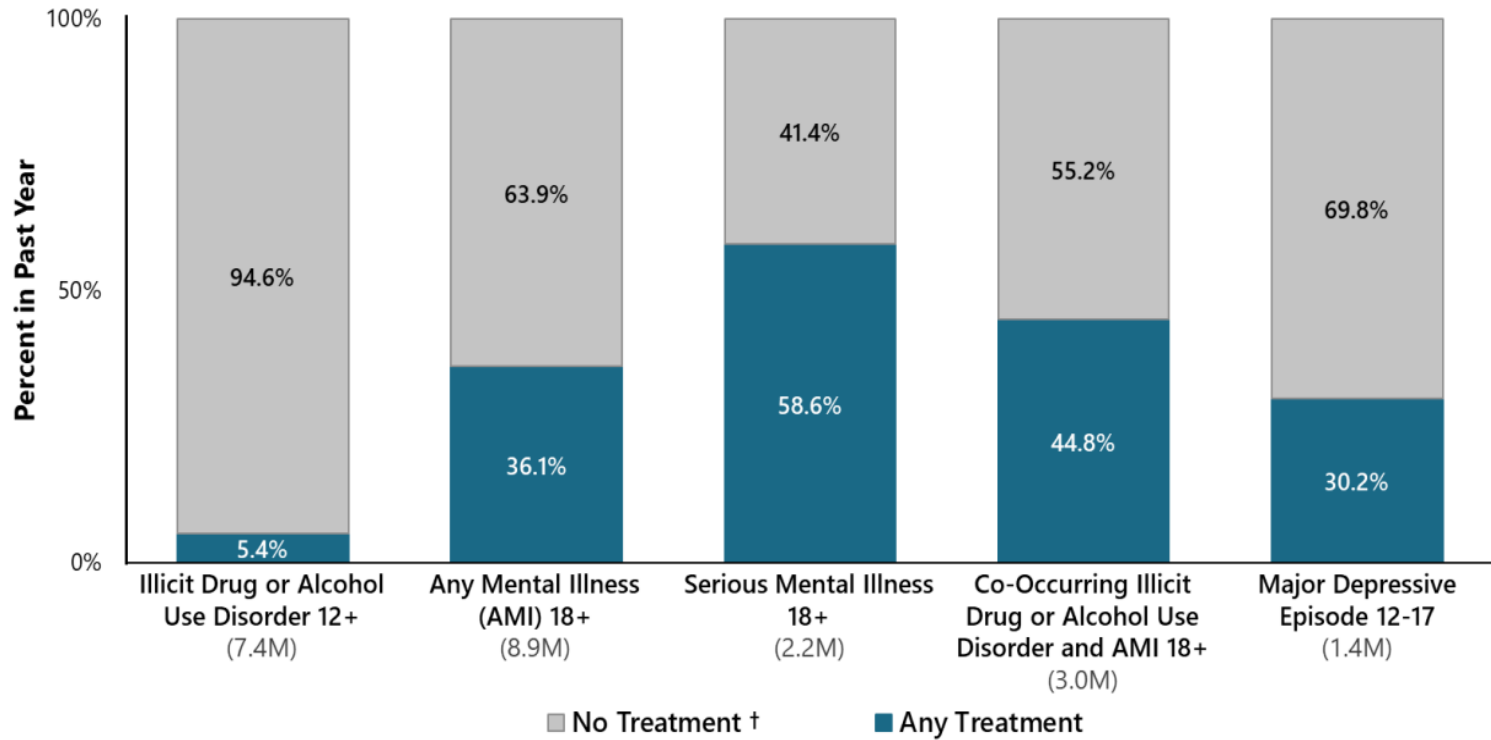


- Nearly all Hispanic people with a substance use disorder who did not receive substance use treatment **did not think they needed treatment**

**7.8 Million Hispanic People with a Substance Use Disorder Who Did Not Receive Substance Use Treatment**

Note: Respondents with unknown perceptions of need for substance use treatment were excluded from the analyses.

# Latinos 12yrs and Older who Did Not Receive Mental Health or Substance Use Treatment in the Past Year



**H/L's with a SUD: more than 90 % do not receive treatment**

Source: NSDUH, 2022

# Mental Health Care for Hispanics

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Measure	Most Recent Disparity	Disparity Change
Adults who received mental health treatment or counseling in the last 12 months	Worse	No Change
Adults with a major depressive episode in the last 12 months who received treatment	Worse	No Change
Children ages 12-17 with a major depressive episode in the last 12 months who received treatment	Worse	No Change
Suicide deaths per 100,000 population	Better	Narrowing

A stylized graphic on the left side of the slide depicts three human figures in motion, rendered in light gray and white. The figures are arranged in a vertical sequence, with the top figure appearing to be in a jumping or running pose, the middle figure in a similar pose, and the bottom figure in a more dynamic, possibly falling or leaping pose. The background behind the figures is white, and the overall style is minimalist and modern.

DIFFICULT?

YES.

IMPOSSIBLE?

NO.

# Treatment Barriers

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Latinx/Hispanic people are more likely to seek help for a mental health disorder from a primary care provider (10 percent) than a mental health specialist (5 percent). Poor communication with healthcare providers is often an issue.

Mental health problems can be hard to identify because Latine/Hispanic people will often focus on physical symptoms and not psychiatric symptoms during doctor visits.

The poverty rate of Hispanic and Latino Americans is nearly two times higher (17%) than non-Hispanic White Americans (9.5%)

Nearly 18% of Hispanic or Latino Americans were not covered by health insurances in 2021 compared with about 6% of non-Hispanic White Americans

**Augusto**



# Augusto Case

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Augusto is a 17-year-old Spanish-speaking Puerto Rican boy who lives with his mother. They moved to Philadelphia after Hurricane Maria destroyed their home.

His father was physically abusive towards him, and his father left three months before they moved to the mainland.

Augusto has been using heroin, cannabis, and cocaine for two years to "calm his nerve.", "I can quit whenever you want." When his father left, he decided "it was time to stop" and came to the clinic asking for help.

He is now receiving psychotherapy and medication and has stopped using cannabis and cocaine but continues to use heroin.

He has tried buprenorphine for opioid use, but it has not worked for him, and at times he sells his medications.

He missed his last appointment, and you found out that his mother "kicked" him out of the home and that his girlfriend is pregnant.



## Observations

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Speaks only Spanish

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Substance Use

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Pregnant girlfriend

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History of trauma

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Possible homelessness

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Missing appointments and school

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SAFE



EFFECTIVE



CULTURALLY  
HUMBLE AND  
SENSITIVE



PATIENT-CENTERED



TIMELY

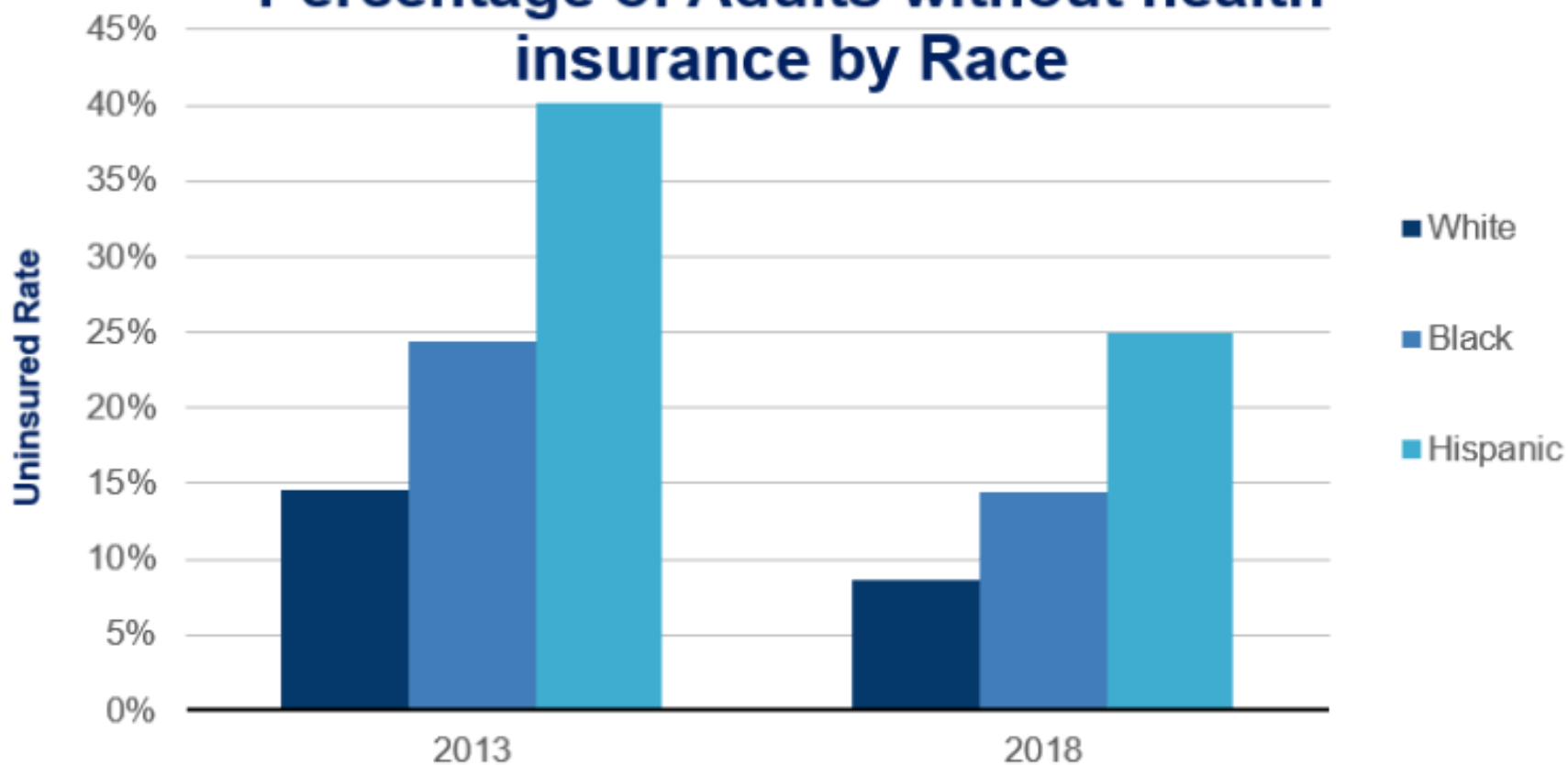


EFFICIENT



EQUITABLE

## Percentage of Adults without health insurance by Race



Source: American Community Survey Public Use Microdata Sample (ACS PUMS), 2013-2018

BROOKINGS

# Risk for Hispanic Youth

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By the 12th grade, Latino students report the highest rates of 30-day use of marijuana, inhalants, ecstasy, cocaine, crack, Vicodin, methamphetamine, crystal methamphetamine, over-the-counter cough medicines, and tobacco using a hookah (Johnston, et al., 2016)

Past studies have shown that Latino students have the highest rates of binge and heavy drinking (Pemberton, M.R. et al 2008)

Latina adolescent teenage pregnancy rates are higher than any other racial and ethnic minority group (Hamilton, Martin & Ventura, 2012)

\*Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2016). Demographic subgroup trends among adolescents in the use of various licit and illicit drugs, 1975–2015 (Monitoring the Future Occasional Paper No. 86). Ann Arbor, MI: Institute for Social Research, The University of Michigan. Available at [monitoringthefuture.org/pubs.html#papers](http://monitoringthefuture.org/pubs.html#papers) \*Pemberton, M. R., Colliver, J. D., Robbins, T. M., & Gfroerer, J. C. (2008). Underage alcohol use: Findings from the 2002-2006 National Surveys on Drug Use and Health (DHHS Publication No. SMA 08-4333, Analytic Series A-30). Rockville, MD: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. \*Martin JA, Hamilton BE, Ventura SJ, et al. Births: Final data for 2010. National vital statistics reports; vol 61 no 1. Hyattsville, MD: National Center for Health Statistics. 2012.

# More Known Risk Factors

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- A family history of alcoholism and parental use of illegal drugs
- Poor family management practices
- Academic failure
- Alienation and rebelliousness
- Early initiation of drug use
- Extreme economic deprivation; neighborhood disorganization

# Barriers to care

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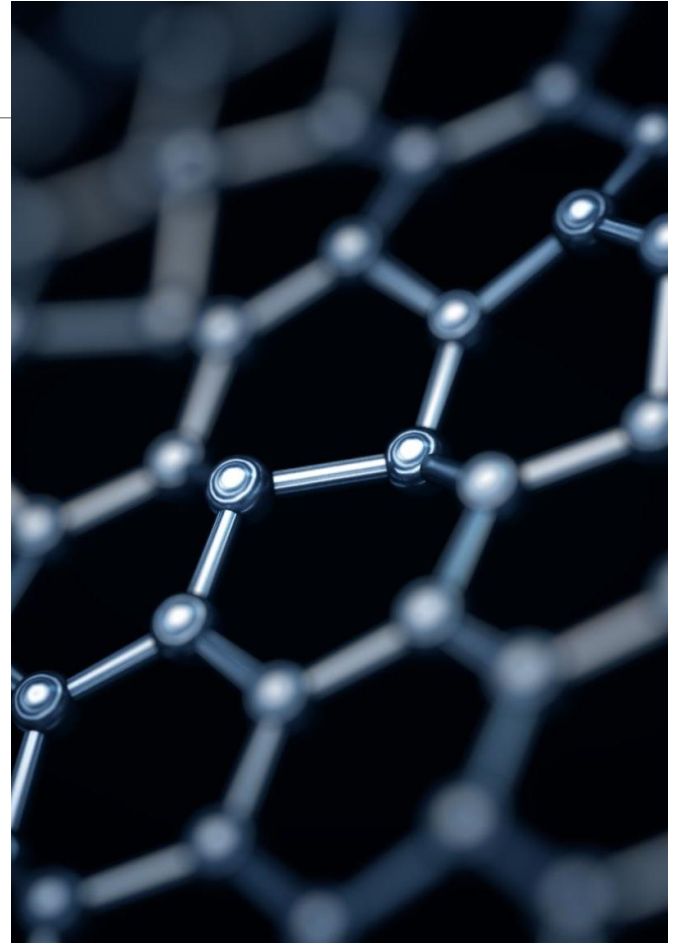
Individual level  
barriers

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Community-level  
barriers

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Societal barriers



# Individual Barriers

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The content analysis of the Mesas de Trabajo summaries and focus groups generated five major themes related to individual-level barriers:

- (1) stigma associated with mental health problems
- (2) cultural barriers
- (3) masculinity
- (4) violence and trauma
- (5) lack of knowledge and awareness

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A shortage of culturally and linguistically appropriate services

A shortage of qualified mental health professionals

A shortage of academic and school-based mental health programs

Structural barriers to care.



# Social Barriers

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Social and economic resources and living conditions

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Inadequate transportation

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Social exclusion

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Accessibility

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The critical shortage of mental health facilities and general practitioners and specialized providers

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# Social Barriers

## Legal Status

The fear of deportation can prevent them from seeking help.

## Acculturation

The level of adoption the predominant culture of the place they live, can play a role in mental health and access to care

## Stigma

Hispanic/Latinx individuals may not seek treatment because they may not recognize the signs and symptoms of mental health conditions or know where to find help.

# Appropriateness of Treatment

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Availability of culturally relevant services increased Latinos' service utilization and treatment effectiveness.

Compatibility between the patient and therapist, mutual trust, and therapeutic efficacy are essential.

Communication style and cultural competence have been found to influence patients' retention in treatment.

Speaking a client's language is crucial for mental health treatment, yet many mental health professionals assume that speaking the language equates to cultural competence.

Many migrants experience discomfort in discussing mental health problems with a therapist.



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# Strategies to Improve Community Services and Treatment

# Prevention And Early Intervention Evidence-based Community-identified Strategies For Improving Substance Use Disorder Treatment

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Implement peer- to-peer strategies, such as peer support and mentoring programs

Family psychoeducational curricula

Community capacity-building strategies that promote the connection of community-based strengths and health to improvements in Latino behavioral health outcomes.

Academic and school-based mental health programs

- 
- Have you treated other Hispanic/Latine people?
  - Have you received training in cultural competence or on Hispanic/Latine mental health?
  - How do you see our cultural backgrounds influencing our communication and my treatment?

A large, light gray graphic in the background depicts a group of stylized human figures arranged in a circle, with their arms raised, suggesting a community or a group of people. The figures are composed of simple shapes: a circle for the head and a curved shape for the body and arms. A thin horizontal line is positioned above the word 'Models'.

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# Models

# Stress-Illness Framework as a Basis for Risk Assessment among Latine Youth

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- The model of stress and coping (Lazarus & Folkman, 1984; Lazarus, 1990), is a good framework for understanding the acculturation process.
- Acculturation itself can produce stressful life events associated with poor mental health, substance and alcohol use (Unger, et al 2010).
- The stress process for adolescents is influenced by multiple factors related to peer relationships, school and other responsibilities, family environment, and physical and psychological changes
- Among Hispanic/Latine youth, acculturation gaps within the family have been thought to be a key in understanding mental health, behavioral problems and suicidality



# Familia Adelante: Multi-risk Reduction Behavioral Health Prevention for Latino/Hispanic Youth and Families

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- It was developed using the Stress-Illness Paradigm (Aneshensel, 1992) as a framework for stress management, coping skills and family resilience.
- It helps strengthen ethnic identity and sense of belonging; acknowledge trauma and loss.
- Targets the various combinations of culturally based stressors identified in the Hispanic Stress Inventory studies for both youth and parents.



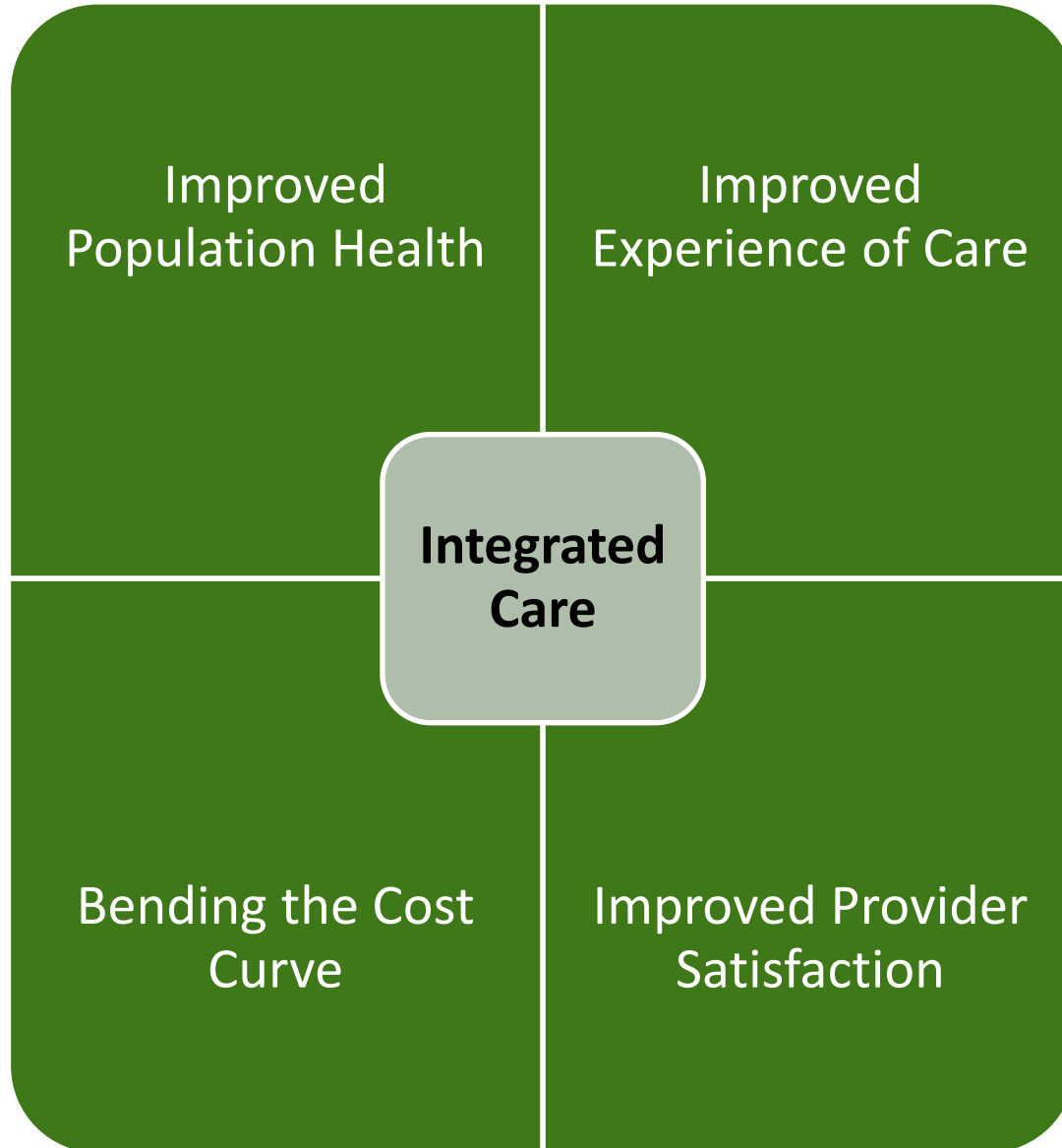
# Integrated behavioral health (IBH)

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IBH occurs when primary medical care and mental and/or substance use disorders treatment coexist in the same health services setting

Primary care and mental health practitioners work together to provide care, and to coordinate care from other medical specialists

The integrated behavioral health model reflects the ecological framework and strengths perspective inherent in social work practice





ASSESS YOUR ORGANIZATION'S CURRENT INTEGRATION USING  
THE AHRQ PLAYBOOK OR ASSESSMENT TOOLS SUCH AS THE  
INTEGRATED CARE PRACTICE ASSESSMENT TOOL



REVIEW THE CORE COMPETENCIES FOR INTEGRATED CARE

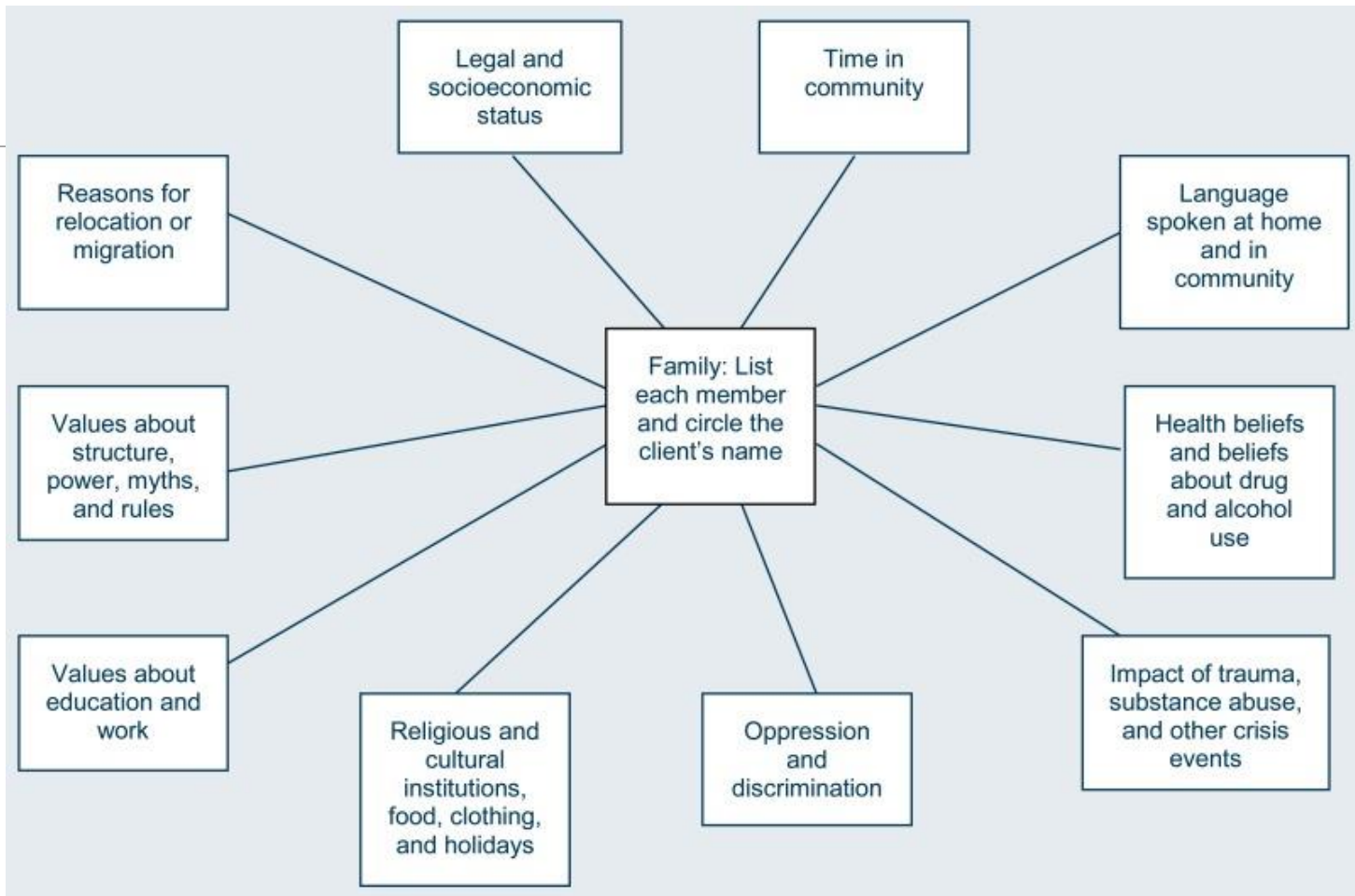
# Personalized/precision medicine and Hispanic/Latine health

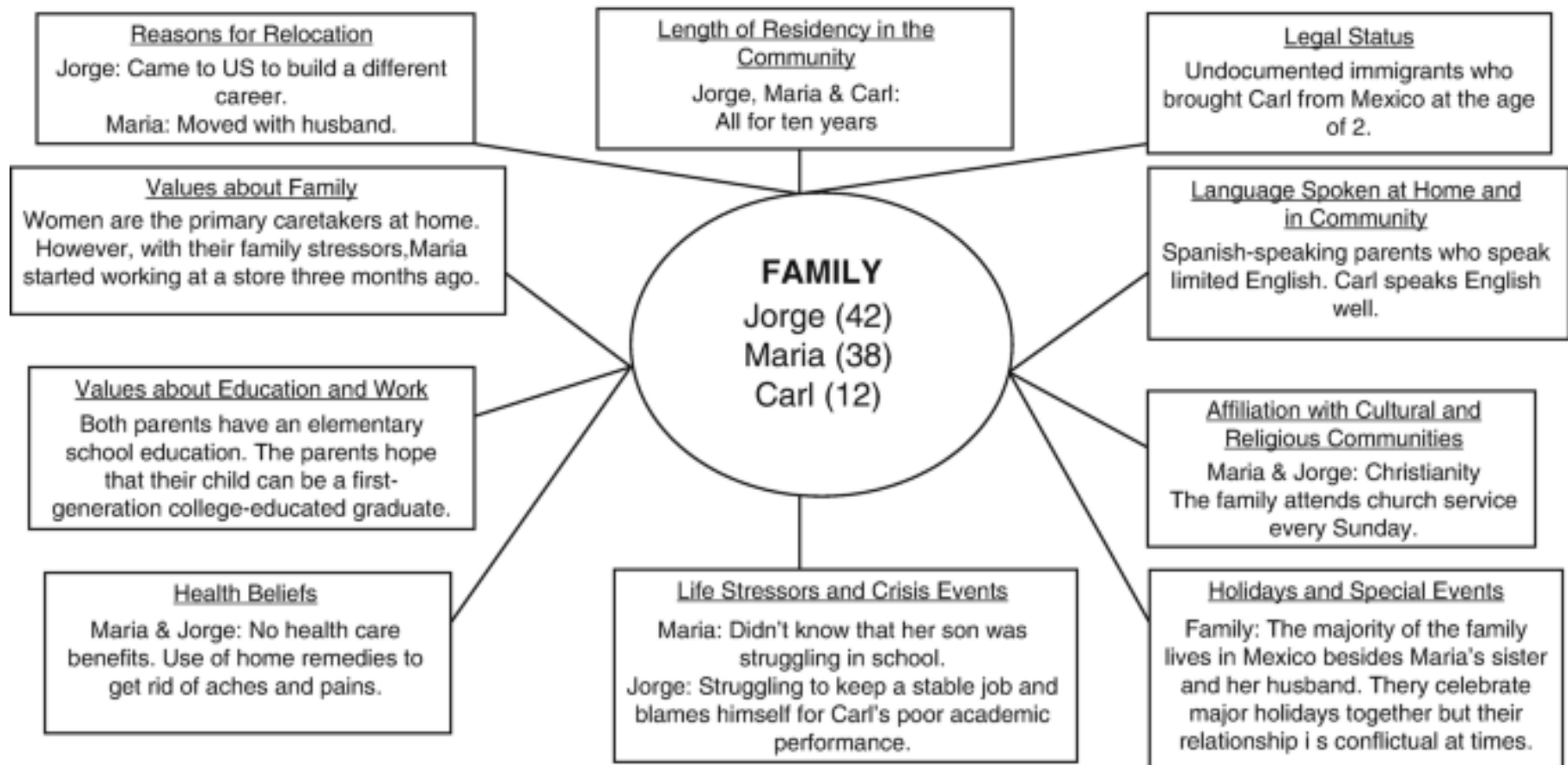
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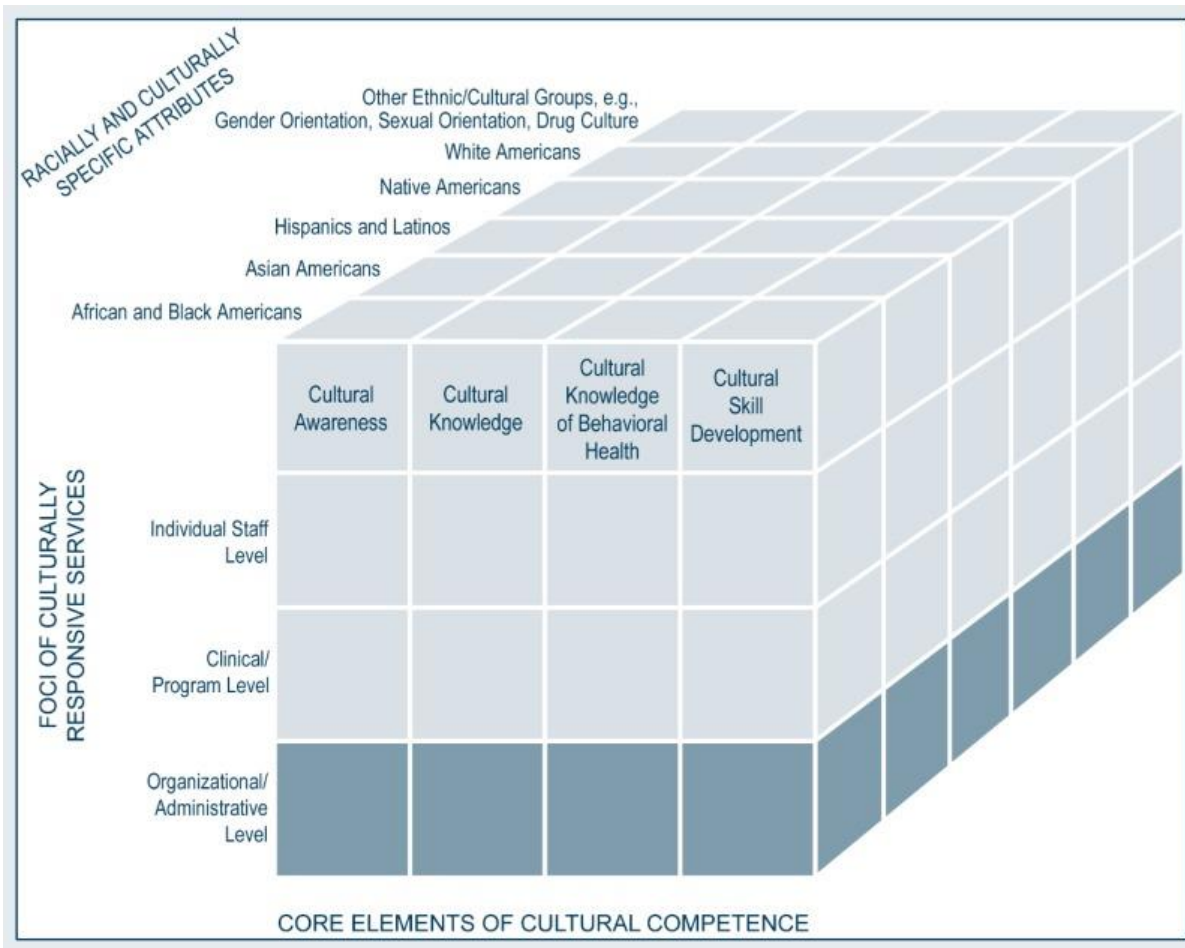
Advances in biomedical research and clinical medicine have led to successful treatments for many diseases.

Publicly available genomic and epigenomic tools and databases are fundamental tools for precision medicine efforts.

Prioritize research on Hispanic/Latino populations not currently represented





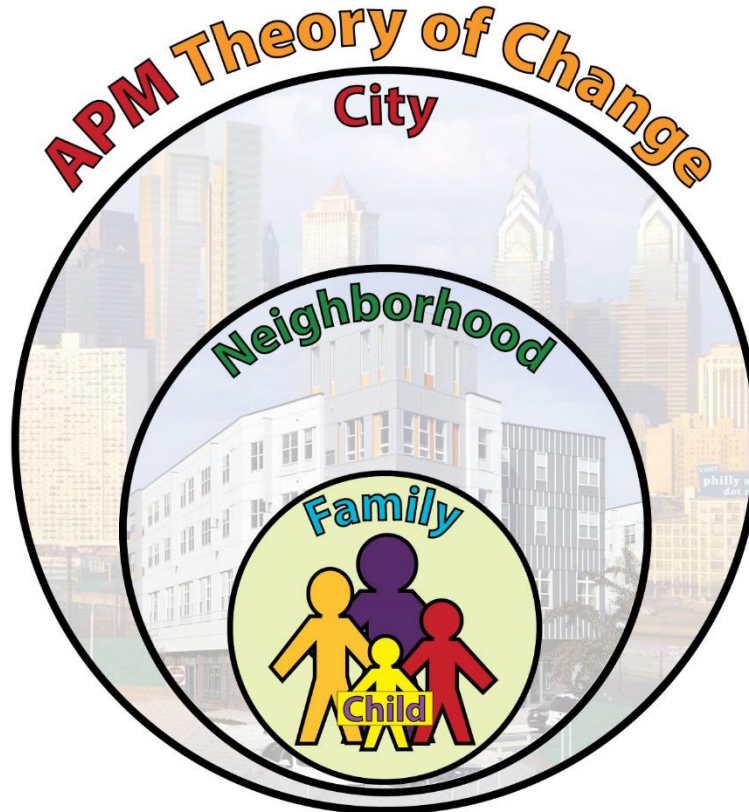


## Multidimensional Model for Developing Cultural Competence: Cultural Knowledge of Behavioral Health





APM's operates under the simple theory of change that people thrive in a healthy environment.  
 A child will thrive in a healthy family; a family will thrive in a healthy neighborhood;  
 and a neighborhood thrives in a healthy City.



<b>NEIGHBORHOOD</b>	<ul style="list-style-type: none"> <li>▪ Comprehensive Planning</li> <li>▪ Leadership Development</li> <li>▪ Civic Engagement</li> <li>▪ Affordable Housing</li> <li>▪ Commercial Development</li> </ul>
<b>FAMILY</b>	<ul style="list-style-type: none"> <li>▪ Workforce Development</li> <li>▪ Benefit Counseling</li> <li>▪ Financial Planning</li> <li>▪ Behavioral Health</li> <li>▪ Supportive Housing</li> <li>▪ Affordable Housing</li> </ul>
<b>CHILD</b>	<ul style="list-style-type: none"> <li>▪ Foster Care</li> <li>▪ Adoption</li> <li>▪ Early Intervention</li> <li>▪ Early Childhood Education</li> <li>▪ Parent Training</li> </ul>



Evitemos el Uso de Alcohol en Nuestros Menores



- BEHAVIORAL HEALTH RESOURCES

Depresión en madres:  
Más que tristeza

Un kit de herramientas para proveedores de servicio familiar



988



# Who deals with health disparity issues in the US?

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- National Institute of Minority Health and Health Disparities (NIH)
- Office of Minority Health (DHHS)
  - Federal Collaboration on Health Disparities Research (DHHS)
- Office of Minority Health and Health Disparities (CDC)
- Office of Behavioral Health Equity (SAMHSA)
- Office of Health Equity (HRSA)



Crear  
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# Governance Recommendations

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- Assign a Senior Manager To Oversee the Development of Culturally Responsive Practices and Services
- Establish a Cultural Competence Committee and mentorship
- Develop policies and procedures to support community involvement in the treatment setting
- Develop local outreach and educational programs in multiple languages
- Participate in community events to raise awareness of services, to develop trust and build relationships, and to gain further knowledge of local cultural groups and community practices.
- Periodically analyze community demographic trends

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dreamstime.

# Observations

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Speaks only Spanish

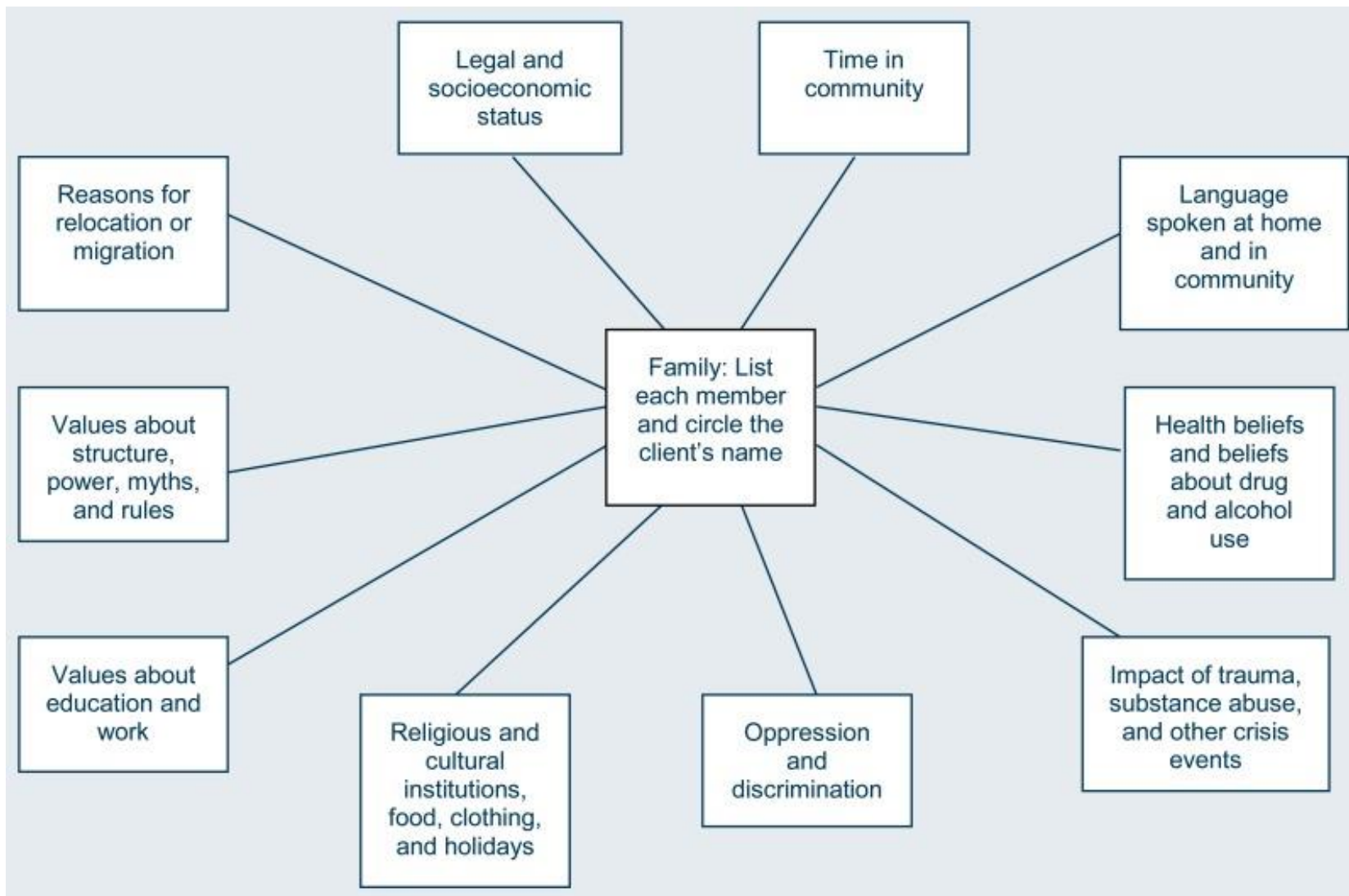
Substance Use

Pregnant girlfriend

History of trauma

Possible homelessness

Missing appointments and school





# Risk and Protective Factors for Youth Substance Use

Risk Factors	Domain	Protective Factors
Racism/Oppression Economic Deprivation Availability Community Laws and Norms	<b>Community</b>	Neighborhood Attachment Employment and Housing Community Connection
Lack of Parental Supervision Norms: Favorable Attitudes Family History of Misuse	<b>Family</b>	Parental Monitoring Family Connection Authoritative Style
School Failure Lack of Commitment	<b>School</b>	School achievement Drug Use Policies
Substance Misuse Norms: Approval	<b>Peer</b>	Academic Success
Trauma (ACEs) Early Aggressive Behavior Impulsivity and Thrill Seeking Mental Health Challenges Early Initiation	<b>Individual</b>	Self-Control Involvement in Activities Engagement: School and Family Caring Adult and High Expectations

# Youth and Young Adults Recovery Supports

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Recovery High Schools

Alternative Peer Groups

College Recovery Programs

Faith-based Organizations

12 Step Young People's  
Groups



# Opportunities to Build Youth Resilience

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- Healthy Communities
- Systems Serving Youth: Schools, Child Welfare and Juvenile Justice
- Trauma-Informed Approaches
- Social-Emotional Learning
- Relationships and Connection
- Cultural Competence and Humility



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# ¡Gracias! Thank You!

Your opinion is important to us!  
Fill out your evaluation form.  
Just scan this code with  
your smartphone.



English

If you cannot complete the evaluation  
with the QR code, an email with the  
link will be sent to you after the  
webinar.



Español

## CONTACT US

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