



**Ensuring Equity in Aging Webinar Series
Culturally Informed Policy & Programs for Black Elders
Captioners Transcript
February 3, 2020**

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00:00:16.830 --> 00:00:29.340

Amanda Lawrence: Okay Hello everyone welcome Good morning, it is our fourth episode of our ensuring equity and aging webinar series very pleased to have everyone here today next slide.

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00:00:30.480 --> 00:00:40.860

Amanda Lawrence: and welcome today, we will have live captioning streamed through the webinar at the bottom of your screen, you should see a CC button, that you can click to access the closed captioning.

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00:00:41.250 --> 00:00:45.300

Amanda Lawrence: We also have American sign language interpretation available through the webinar.

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00:00:45.930 --> 00:01:01.560

Amanda Lawrence: All of today's slides the recording and the transcripts will be posted on CDAA as a web page and our equity and aging resource

Center as well as that the presentation recording can be found on CDA as YouTube channel next slide.

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00:01:02.220 --> 00:01:07.050

Amanda Lawrence: We have reserved 10 minutes this morning for questions and comments, if you are.

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00:01:07.530 --> 00:01:16.320

Amanda Lawrence: Online on the webinar and your tablet or computer go ahead and just you can raise your hand if you'd like to ask the question at the end of this webinar.

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00:01:16.560 --> 00:01:25.860

Amanda Lawrence: or go ahead and enter in your question in the Q&A and we can also try to address your question that way, if you are logged on to audio by phone go ahead and press.

8

00:01:26.190 --> 00:01:41.430

Amanda Lawrence: star nine if you have a question and you'll be added to the queue for the end of the webinar Q&A session, if you have any other questions comments always feel free to email us at engage at aging that ca.gov next slide please.

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00:01:43.080 --> 00:01:51.210

Amanda Lawrence: So this webinar series, we have every month, the first, Wednesday, at least through July 2021 perhaps longer.

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00:01:51.630 --> 00:02:00.840

Amanda Lawrence: And we will always feature national state and local leaders with expertise in the subjects of cultural competency equity and service delivery next slide.

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00:02:01.350 --> 00:02:10.860

Amanda Lawrence: I hope you can join us next month, we have our focus will be on culturally responsive policy and programs for Asian Pacific islander older adults.

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00:02:11.070 --> 00:02:24.840

Amanda Lawrence: will be joined by June bang of the national Asian Pacific Center on aging and Yvonne son of ssg silver a service delivery organization down in Los Angeles, you can register in advance on our webpage.

13

00:02:25.620 --> 00:02:38.670

Amanda Lawrence: And Kim McCoy Wade will be joining us later in the presentation, she is our director of the Department of aging, but has been pulled to work on some vaccination work at the moment, obviously very important and urgent work right now next slide.

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00:02:41.160 --> 00:02:50.820

Amanda Lawrence: So I am so pleased with our lineup today of our speakers such a great breadth and depth of knowledge regarding the health and well being of black older adults.

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00:02:51.210 --> 00:03:01.440

Amanda Lawrence: So, first we will hear from Dr Jonathan Butler he is an assistant Professor professional researcher in the department of family and community medicine at ucsf.

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00:03:01.770 --> 00:03:10.260

Amanda Lawrence: He is a social epidemiologist and a minister with interest in the role of religion, childhood experiences and psychological stress on health outcomes.

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00:03:10.590 --> 00:03:18.420

Amanda Lawrence: is also actively involved in projects in two primary domains psychosocial stress and type two diabetes risk and obesity.

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00:03:18.990 --> 00:03:31.380

Amanda Lawrence: And Community based participatory research focus on obesity across the life course he was appointed to the sugary drinks distributor tax Advisory Committee in San Francisco known for a lot of fantastic work.

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00:03:31.890 --> 00:03:44.160

Amanda Lawrence: and has also been responsible for things such as leading efforts to provide more than 2000 fresh produce bags to vulnerable adults in San Francisco in collaboration with both private and nonprofit partners.

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00:03:44.700 --> 00:03:56.040

Amanda Lawrence: Dr Butler completed both his PhD in medical sociology and his masters of divinity at Howard university and completed his postdoctoral fellowship at ucsf department of medicine.

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00:03:56.940 --> 00:04:09.720

Amanda Lawrence: Following Jonathan will hear from Lisa Taylor she is the Executive Director of the bay area Community health advisory committee, which is a community based organization focused on eliminating health disparities in diverse communities across generations.

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00:04:10.350 --> 00:04:19.410

Amanda Lawrence: The committee has an inclusive approach to this work by partnering with several organizations through health education connection and to resources and advocacy.

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00:04:19.980 --> 00:04:29.340

Amanda Lawrence: Prior to that role Lisa has spent over 30 years in the biotech industry in technical and management roles supporting clinical trials and manufacturing processes.

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00:04:29.670 --> 00:04:38.370

Amanda Lawrence: And in human resources roles specifically managing a wide range of diversity, inclusion and equity initiatives Lisa also serves as a Community.

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00:04:39.030 --> 00:04:49.200

Amanda Lawrence: advisory board member for the ucsf Helen Diller family comprehensive cancer Center and COPA 19 research sequoia hospital and the Stanford cancer Institute.

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00:04:50.040 --> 00:05:02.430

Amanda Lawrence: Do the pandemic she joined the REACH coalition to increase equity and Community health for all, in addition, she is a member of the equity recovery group and the vulnerable populations support committee for San Mateo county.

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00:05:03.180 --> 00:05:15.420

Amanda Lawrence: Long Range long range plan recovery initiative just undergraduate degree in biology from mills college and a diversity management certificate from our college of business at the University of Houston.

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00:05:16.170 --> 00:05:29.040

Amanda Lawrence: And finally, our third speaker today will be Dr Leandro clerk Harvey she is the chief executive officer of the California Council of

Community behavioral health agencies and the Executive Director of the California access coalition.

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00:05:29.670 --> 00:05:40.680

Amanda Lawrence: coalition, she has previously served as chief consultant to the California State Assembly committee on business and professions principal consultant to the Senate Committee on business professions and economic development.

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00:05:40.980 --> 00:05:45.450

Amanda Lawrence: and health policy consultant to the office of the former Senator current D price junior.

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00:05:46.020 --> 00:05:49.740

Amanda Lawrence: Dr Clark Harvey serves on national and local boards and her current position.

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00:05:50.160 --> 00:05:58.830

Amanda Lawrence: On the American psychological association, she was appointed by governor new some to the master plan for aging Advisory Committee, as well as the behavioral health Task Force.

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00:05:59.610 --> 00:06:06.060

Amanda Lawrence: Dr Clark Harvey has received numerous awards, including a 2020 minority fellowship program really career award.

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00:06:06.510 --> 00:06:21.360

Amanda Lawrence: The Henry Tom's Award for advancement of ethnic minority psychology and the University of Wisconsin outstanding woman of color award and there are so many other words that Leandro has one and she's also is recognized by the Sacramento Bee is a top influencer in the healthcare sector.

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00:06:22.380 --> 00:06:31.380

Amanda Lawrence: Leandro completed her PhD in counseling psychology at the University of Wisconsin Madison go badgers and.

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00:06:31.980 --> 00:06:36.120

Amanda Lawrence: has completed her postdoctoral fellowship that University of California Los Angeles.

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00:06:36.510 --> 00:06:51.180

Amanda Lawrence: So I want to welcome all of my speakers Thank you so much for being here, we are going to go ahead and get rolling we only have an hour today and there's so much to cover so our first speaker will be Jonathan Butler go ahead and advance to the next slide all right take it away Jonathan.

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00:06:51.900 --> 00:07:01.920

Jonathan Butler, PhD: Thank you Amanda and I'm certainly appreciative of the invitation to be able to present to a such a wonderful audience of folks thanks to the Department of aging.

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00:07:02.790 --> 00:07:12.900

Jonathan Butler, PhD: Today, I wanted to talk briefly about some of the work that I'm doing as it pertains to disparities research, I want to Title my talk adversity and health next slide please.

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Jonathan Butler, PhD: And for our discussion today I want to talk about simply the finding health disparities in health equity cardiovascular disease, which I am certainly doing my conducting research in health of African Americans.

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Jonathan Butler, PhD: Particularly in a conceptual framework that I like to talk about and most of my research is around adversity and psychosocial stress and so I'd like to begin, having a conversation about that as well as a call to action next slide please.

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00:07:41.040 --> 00:07:45.690

Jonathan Butler, PhD: So what is health disparity and health equity, this is a.

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Jonathan Butler, PhD: term these terms can be used interchangeably but in terms of defining health disparity it's a particular type of health difference that is closely linked with economic, social or environmental disadvantage health disparities adversely affect groups of people that have been systemically.

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00:08:04.500 --> 00:08:14.430

Jonathan Butler, PhD: experiencing greater social economic obstacles to health, based on their racial ethnic group religion socioeconomic status, gender, age, mental health sexual orientation.

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00:08:14.700 --> 00:08:21.030

Jonathan Butler, PhD: and gender identity geographical location, there are a myriad of characteristics that define this.

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00:08:21.420 --> 00:08:32.820

Jonathan Butler, PhD: I want us to pay particular attention to the highlighted portions by economic disadvantage, it refers to the lack of material resources and opportunities for example low income lack of wealth.

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00:08:33.630 --> 00:08:39.510

Jonathan Butler, PhD: The sub squeak and inability to purchase goods, services and influence.

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00:08:39.990 --> 00:08:48.630

Jonathan Butler, PhD: Social data disadvantages define or refers to more generally to someone's relative position in a social pecking order, and by that we mean.

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00:08:48.870 --> 00:08:58.650

Jonathan Butler, PhD: individuals or groups can be stratified by economic resources, as well as by their race, ethnicity, religion, sexual orientation, disability.

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00:08:58.860 --> 00:09:05.220

Jonathan Butler, PhD: And in terms of environmental disadvantage this refers to reside in in a neighborhood where there is concentrated poverty.

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00:09:05.580 --> 00:09:21.930

Jonathan Butler, PhD: And or the social disadvantages that often accompany it so health equity is the principal underlining a commitment to reduce health disparities and its internal determinants, and that includes social determinants of health next slide please.

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00:09:24.060 --> 00:09:34.290

Jonathan Butler, PhD: I want to make sure that I frame my conversation around racism and how it may be the most important phenomena underlying black health disparities, particularly.

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00:09:34.590 --> 00:09:38.040

Jonathan Butler, PhD: exerting the ominous effects through institutionalized systemic.

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00:09:38.490 --> 00:09:45.690

Jonathan Butler, PhD: stigma and exclusion so historically structured racist practices and institutions are further reproduced by.

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00:09:45.990 --> 00:09:54.090

Jonathan Butler, PhD: White majority policymakers decision makers administrators, educators and health providers and address and health disparities.

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00:09:54.390 --> 00:10:04.350

Jonathan Butler, PhD: From on an individual level, Mrs. the social institution organizational levels underline and health disparities among black, so I wanted to make sure to frame this.

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00:10:04.920 --> 00:10:25.590

Jonathan Butler, PhD: With the context of racism as being that underlying black phenomena underlying black health disparities, so we are living in a carefully crafted function, a system that's functioning as plan successfully implementing social policies, many of which are rooted in Racism next slide please.

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00:10:27.240 --> 00:10:33.840

Jonathan Butler, PhD: also want to focus our attention on some of my research that I do is around cardiovascular disease.

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Jonathan Butler, PhD: heart disease is the leading cause of death among Americans 46% of African Americans older than 19.

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00:10:42.270 --> 00:10:53.250

Jonathan Butler, PhD: years of age suffer from cardiovascular disease, some of the leading risk factors of this disease, as we all know, high blood pressure, high cholesterol diabetes smoking physical activity.

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00:10:53.490 --> 00:11:02.760

Jonathan Butler, PhD: Obesity and older age, which a lot of my research focuses on cardiovascular disease and the elderly next slide please.

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00:11:03.420 --> 00:11:15.840

Jonathan Butler, PhD: So CBD age, just to death rates are 33% higher for blacks than the overall population than us blacks are twice as likely to have a first stroke compared to that of whites.

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00:11:16.320 --> 00:11:24.870

Jonathan Butler, PhD: A high blood pressure is more prevalent in certain race, ethnic minorities in the US, especially blacks have a higher prevalence of diabetes than whites.

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00:11:25.230 --> 00:11:33.030

Jonathan Butler, PhD: over the age of 20 and then none Hispanic blacks and Mexican American women have a higher rate of obesity, a risk factor for CBD.

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00:11:33.660 --> 00:11:44.820

Jonathan Butler, PhD: and diabetes, so a lot of my research really focuses on cardiovascular risk cardiovascular disease, especially an older individuals and particularly and older women.

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00:11:45.390 --> 00:11:49.050

Jonathan Butler, PhD: The next slide please and we talk about health disparities.

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Jonathan Butler, PhD: This is certainly the discussion that we need to start with, in terms of life expectancy by right by race, as you can see there's a significant gap even between 1970 and to 2010.

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00:12:02.310 --> 00:12:18.480

Jonathan Butler, PhD: Of the life expectancy among whites and the life expectancy of blacks and the honest truth about this slide is, if you freeze if we just you know, held on to lie or just you know put a froze life.

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00:12:18.900 --> 00:12:24.420

Jonathan Butler, PhD: For 30 years it would take 30 years for blacks to actually catch up with whites in terms of their.

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00:12:25.020 --> 00:12:32.430

Jonathan Butler, PhD: Life expectancy, so that is something that's very significant and the first thing that we need to look at in terms of health disparities next slide please.

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00:12:33.030 --> 00:12:45.330

Jonathan Butler, PhD: And this is looking at life expectancy between black and white person's contributing causes so in terms of heart disease, cancer homicide diabetes.

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00:12:45.930 --> 00:12:56.430

Jonathan Butler, PhD: perinatal conditions blacks have a disadvantage compared to whites blacks have an advantage over whites in terms of these chronic liver disease all timers disease.

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00:12:56.910 --> 00:13:07.770

Jonathan Butler, PhD: Chronic low respiratory diseases and unintentional injuries and super in suicide, but these advantages are slowly becoming disadvantages as time goes by.

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00:13:08.640 --> 00:13:15.000

Jonathan Butler, PhD: OK, the next slide so what I want to focus on now is just this conceptual framework So how do we sort of.

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00:13:15.690 --> 00:13:20.610

Jonathan Butler, PhD: sort of put this in a conceptual way so that we can understand how all these things.

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00:13:21.300 --> 00:13:31.020

Jonathan Butler, PhD: play a part, so in terms of social determinants of health in terms of racism in terms of cardiovascular disease or health outcomes, how does this all come together in the next slide.

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00:13:31.620 --> 00:13:38.880

Jonathan Butler, PhD: So this is, if you just look from top down, so the health of African Americans in the US is determined by.

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00:13:39.480 --> 00:13:43.650

Jonathan Butler, PhD: The social determinants of health and the social determinants of health inequities.

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00:13:44.160 --> 00:13:54.960

Jonathan Butler, PhD: In and involve poverty incarceration stress which I'm going to talk about mostly today violence environmental exposures last have access to health care.

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00:13:55.380 --> 00:14:04.620

Jonathan Butler, PhD: And it is also determined by risk factors poor nutrition physical inactivity obesity, high blood pressure, smoking substance abuse.

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00:14:05.040 --> 00:14:12.780

Jonathan Butler, PhD: These risk factors result in morbidity heart disease, diabetes, cancer injuries mental.

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00:14:13.200 --> 00:14:29.700

Jonathan Butler, PhD: illnesses and it leads to mortality and one thing that we know in terms of health services and which is are the policies the access utilization and the workforce, they either prevent or treat these risk factors so it's important for us to identify.

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00:14:30.660 --> 00:14:45.510

Jonathan Butler, PhD: that health services are certainly important in terms, especially policies and workforce and access important for us to eliminate these risk factors which contribute to morbidity and mortality, the next slide please.

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00:14:46.350 --> 00:14:53.430

Jonathan Butler, PhD: So part of my work is looking at adversity and I wanted to just define what adversity, is the next slide.

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00:14:54.210 --> 00:15:06.570

Jonathan Butler, PhD: adversity, is the state of serious and persistent difficulty calamity or misfortune adversity, is more than just one difficulty or setbacks, but it's a series of difficulties and miss.

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00:15:07.290 --> 00:15:13.740

Jonathan Butler, PhD: Miss fortunes that keep you from achieving your goals are finding happiness or your quality of life, the next slide.

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00:15:16.260 --> 00:15:25.890

Jonathan Butler, PhD: What I want to focus on is a component a core component adversity, which is psychosocial stress the next slide please psychosocial stress our.

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00:15:26.760 --> 00:15:37.170

Jonathan Butler, PhD: First I'm going to talk about that there are some positive stress that there you know stressful situations um you know our body responds to sort of positive stress and that's the good stress that's the.

89

00:15:37.500 --> 00:15:49.530

Jonathan Butler, PhD: stress that we need to actually um you know defend someone when someone is attacking us, but then there's these toxic stressors that we oftentimes have to deal with they're either acute.

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00:15:49.980 --> 00:15:58.590

Jonathan Butler, PhD: Which is stress that accompanies sort of an episodic and negative life event like a death of a loved one or are suffering.

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00:15:59.070 --> 00:16:07.110

Jonathan Butler, PhD: An injury or illness, those are those acute stressors but they're also these chronic stressors due to regular reoccurring events or.

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00:16:07.350 --> 00:16:15.060

Jonathan Butler, PhD: or environment or so conditions that are ongoing, some of those things that we've talked about in terms of social determinants, such as poverty, such as.

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00:16:16.320 --> 00:16:27.960

Jonathan Butler, PhD: sort of discrimination and the like all this leads to clinical depression HIV progression sleep disturbance and mental illness next slide please.

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00:16:29.430 --> 00:16:39.840

Jonathan Butler, PhD: So when we talk about stress, we mean that we're stressed out, you know would fill in overwhelm out of control exhausted anxious or frustrated angry and it leads to sleep depress.

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00:16:40.350 --> 00:16:53.640

Jonathan Butler, PhD: deprivation eating too much of the wrong things alcohol access smoking not exercising regularly all these contribute to Allah static load and Allah started glowed is just the sort of.

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00:16:54.540 --> 00:17:09.180

Jonathan Butler, PhD: The progression of these chronic stressors through time so it's the accumulation of all of those stressors even from childhood up into adulthood into older age and that progression of stress can lead to a detrimental health effects.

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00:17:09.630 --> 00:17:14.760

Jonathan Butler, PhD: Next slide and, and this is basically just a description of this.

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00:17:15.060 --> 00:17:28.950

Jonathan Butler, PhD: Alex thought it load this concept that's suggest to us that our brain perceives and experience as stressful and then there's physiological and behavioral responses that are initiating leading to this Alice.

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00:17:29.340 --> 00:17:41.910

Jonathan Butler, PhD: Alice spaces and adaption and that leads ultimately to Alec static load, so you just need to know that Alec start it load is that accumulation of stress through time and it has detrimental effects to our health, the next slide.

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00:17:42.360 --> 00:18:00.840

Jonathan Butler, PhD: So what I'm focusing on is that there are a myriad of stressors that each of us have dealt with work stress work, family spillover financial stress discrimination neighborhood stress relationship stress and all those contribute to a lot of the health.

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00:18:01.890 --> 00:18:11.730

Jonathan Butler, PhD: challenges that we face later on in life and a lot of the research just focuses on one stress, or like work stress and how it impacts your health or just caregiving and how.

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00:18:11.940 --> 00:18:19.620

Jonathan Butler, PhD: It impacts your health, but my research focuses on the combination of stressors that all have detrimental effects, so the next slide.

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00:18:20.040 --> 00:18:28.500

Jonathan Butler, PhD: So I've been able to look at how these combination of stressors effect cardiovascular risk like diabetes next slide.

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00:18:29.400 --> 00:18:42.120

Jonathan Butler, PhD: and basically what I found, and all this is a lot of numbers, but I would find that those who experienced higher levels of stress versus those who experienced lower levels of stress have a two time likelihood.

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00:18:42.990 --> 00:18:53.940

Jonathan Butler, PhD: To develop an incident of type two diabetes, and this was a study that was assessed looking at women have in the older ages of 75 and above.

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00:18:54.810 --> 00:19:05.040

Jonathan Butler, PhD: The next slide and then we also looked at traumatic stress and negative life events those stressors, for example, of the death of a loved one as I, as I, as I.

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00:19:05.370 --> 00:19:12.840

Jonathan Butler, PhD: alluded to earlier and I wanted to look at how this stress actually impacts one's odds of getting obesity and next slide.

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00:19:13.320 --> 00:19:21.180

Jonathan Butler, PhD: So what I found is, and this is again in older women that those who experienced one or more a traumatic life event.

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00:19:21.840 --> 00:19:38.640

Jonathan Butler, PhD: will have an 11% odds of actually being more obese than those that have not experienced a traumatic life of it, and the same thing is similar in the next slide regarding negative life events and older women, the next slide.

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00:19:40.800 --> 00:19:51.060

Jonathan Butler, PhD: So important challenge for the future work is to go beyond assessment one isolated dimension of stress, as I have explained, but looking at multiple levels of stress and how that.

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00:19:51.690 --> 00:20:02.250

Jonathan Butler, PhD: impacts your health and so the next slide what we've been able to do in the nurture Center, which is the next slide you'll see we've been able to.

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00:20:05.370 --> 00:20:21.180

Jonathan Butler, PhD: partner with the ymca and come up with a clinical trial that actually addresses the social determinants of health and so not only looking at how eating right and working out determines whether or not you'll be able to.

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00:20:22.710 --> 00:20:34.770

Jonathan Butler, PhD: lose weight, but we also think that there's more than that, that it is actually financial stress that contributes into one does gaining weight and so we've created a clinical trial that will provide.

114

00:20:35.280 --> 00:20:54.150

Jonathan Butler, PhD: job opportunities for individuals to help them get a better job or get promotion on the job that will ultimately may contribute them may contribute to a lessening of the stress load and, ultimately, a better chance of cardiovascular health and the next slide please.

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00:20:55.290 --> 00:21:02.010

Jonathan Butler, PhD: One of my favorite quotes is in order to eliminate health disparities to achieve health equity, we need leaders who care enough.

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00:21:02.400 --> 00:21:11.760

Jonathan Butler, PhD: leaders who know enough and leaders who have the courage to do enough and leaders who will persevere into the job is done by one of my mentors Dr Davis satcher.

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00:21:12.150 --> 00:21:21.840

Jonathan Butler, PhD: And with that the next slide talks about my involvement with the soda tax, which is a an establishment of so this the voters of San Francisco voted.

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00:21:22.320 --> 00:21:24.690

Jonathan Butler, PhD: in favor of proposition of five which is.

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00:21:25.230 --> 00:21:38.220

Jonathan Butler, PhD: to utilize the money that is spit on soda of the taxes are money that's spent for soda to invest in the Community, and they have created a Advisory Committee which I.

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00:21:38.460 --> 00:21:53.520

Jonathan Butler, PhD: am happy to serve as Co chair of and our job is to make recommendations to the Mayor in terms of how that money is spent, because of the policies were able to then provide funding into communities and able to address.

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00:21:53.760 --> 00:22:03.480

Jonathan Butler, PhD: The social determinants of health, and so we are have been able to fund programs that deal with workforce development that deals with food security.

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00:22:04.050 --> 00:22:16.080

Jonathan Butler, PhD: All of that contributes to the social determinant health and, as I have stated at the beginning of the talk, it is the racism, the systematic sort of racism that helps to perpetuate.

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00:22:16.500 --> 00:22:23.670

Jonathan Butler, PhD: These policies that I have harmful effects on our Community and it's important for us to sort of.

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00:22:24.300 --> 00:22:33.060

Jonathan Butler, PhD: Provide policy that sort of addresses that and the soda tax is one of the ways in which we can do, and the last side, and I wanted to just highlight the fact.

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00:22:33.420 --> 00:22:36.960

Jonathan Butler, PhD: That we have lost a treasure in our Community, and she has stated.

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00:22:37.680 --> 00:22:51.540

Jonathan Butler, PhD: That the moment anyone tries to domain or degrade you in any way, you have to know how great you are and we have to realize that that we are great that every human is to be valued and that there are things that we can do.

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00:22:52.080 --> 00:23:03.870

Jonathan Butler, PhD: As David satcher has told us have the courage to do enough and leaders that will persevere, to the end, so that particularly African Americans will have a better quality of life, thank you for your time.

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00:23:07.020 --> 00:23:16.710

Amanda Lawrence: Thank you so much, Jonathan and I'm going to go ahead and pass it over to Lisa Taylor Executive Director of the bay area Community health Advisory Council hi Lisa.

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00:23:17.400 --> 00:23:25.590

Lisa Tealer, BACHAC: hi Amanda I want to thank you and your colleagues for inviting me to participate in today's panel with Dr Butler and Dr Clark Harvey.

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00:23:27.720 --> 00:23:34.410

Lisa Tealer, BACHAC: Again, my name is Lisa Taylor pronoun she her I've just been a little bit of time giving an overview of a.

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00:23:35.760 --> 00:23:43.470

Lisa Tealer, BACHAC: Grassroots organization talk about membership and Community engagement talk a little bit about some our programs and initiatives.

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00:23:44.880 --> 00:23:56.400

Lisa Tealer, BACHAC: Project particularly around seniors of color in San Mateo and sort of the challenges that we're facing and how we're going to continue to engage our elders and what's coming next slide please.

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00:23:57.750 --> 00:24:05.520

Lisa Tealer, BACHAC: be a ch AC for short, is a 25 year grassroots organization, it was started by a group of African Americans.

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00:24:06.780 --> 00:24:17.040

Lisa Tealer, BACHAC: residents in San Mateo county and for those of those who are not aware San Mateo county is just south of San Francisco and as Dr Butler mentioned.

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00:24:18.120 --> 00:24:32.310

Lisa Tealer, BACHAC: They started this organization because of all the disparities in health conditions that they found from the Community, the Community health assessment cancer, cardiovascular disease tobacco use etc. next slide please.

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00:24:33.960 --> 00:24:42.150

Lisa Tealer, BACHAC: So we do our work by addressing health disparities in diverse communities across a variety of generations.

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00:24:42.690 --> 00:24:56.130

Lisa Tealer, BACHAC: Our focus is around awareness and education we do this in partnership with a number of diverse organizations and I'll talk about that and, and we also try to do that in a culture of equity innovation and inclusion next slide.

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00:24:57.570 --> 00:25:10.860

Lisa Tealer, BACHAC: We have a core group of 30 to 40 volunteers about 60% of those are 50 Plus we have about seven part time staff members and that are also bilingual Spanish and Tom again.

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00:25:11.580 --> 00:25:21.840

Lisa Tealer, BACHAC: And again, as I mentioned a diverse group of Community partners that really Sir as additional volunteers and also provide financial assistance to our organization.

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00:25:23.520 --> 00:25:31.140

Lisa Tealer, BACHAC: How we engage our members in the Community is we have membership meetings monthly they're open to anyone second Monday for an hour.

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00:25:31.770 --> 00:25:42.240

Lisa Tealer, BACHAC: there's regular communication either online phone calls regular mail we actively seek out Community members to participate.

142

00:25:42.660 --> 00:25:47.730

Lisa Tealer, BACHAC: and help us organize our events and programs give feedback participating surveys.

143

00:25:48.360 --> 00:26:02.610

Lisa Tealer, BACHAC: Our Members are very diverse in terms of just their level of engagement, so not only are they involved with be a ch AC a number of them are involved and our leaders and other organizations like naacp the various.

144

00:26:04.200 --> 00:26:15.240

Lisa Tealer, BACHAC: Black sororities and fraternities they are leaders in their churches and just involved and just a plethora of different organizations and we also have Members with the context of this conversation.

145

00:26:15.960 --> 00:26:24.120

Lisa Tealer, BACHAC: We have Members that are represent representatives from aarp and Alzheimer's association and other senior focus organizations.

146

00:26:24.750 --> 00:26:34.440

Lisa Tealer, BACHAC: Some of our programs our oldest program is a Community mammogram program that we started some 23 years ago in partnership with an affiliate of Sutter health.

147

00:26:35.850 --> 00:26:43.410

Lisa Tealer, BACHAC: Tobacco a free education, particularly around babying and E cigarettes among our youth of color.

148

00:26:44.790 --> 00:26:48.240

Lisa Tealer, BACHAC: We also have a physical and nutrition Program.

149

00:26:49.110 --> 00:27:00.090

Lisa Tealer, BACHAC: That we offer every year it's actually the Saturday off to a good start and I'll talk a little bit more about that one of our major events is soul stroll for health, this is a major family fun fitness.

150

00:27:01.020 --> 00:27:13.470

Lisa Tealer, BACHAC: event last year it was first time we did it virtually and our honorary chair was Sunday hosting of the view, where we expose people to different types of.

151

00:27:14.070 --> 00:27:26.820

Lisa Tealer, BACHAC: Physical Activity provide them with health information, a number again and member of our organizational members provide information as well, we also are involved in some of the other.

152

00:27:28.050 --> 00:27:34.020

Lisa Tealer, BACHAC: What you may not expect from health organizations is some of the other social and cultural.

153

00:27:35.490 --> 00:27:43.680

Lisa Tealer, BACHAC: addition to the next, in these last year, as you know, we were there was the census and voter education that we provided.

154

00:27:44.460 --> 00:27:55.230

Lisa Tealer, BACHAC: Because our communities are hard to count are hard to reach, and so we participated in them, because those are some social determinants of health.

155

00:27:55.710 --> 00:28:02.730

Lisa Tealer, BACHAC: One of our newest programs is wellness where you are we started that in response to the pandemic, since we couldn't.

156

00:28:03.240 --> 00:28:18.570

Lisa Tealer, BACHAC: interface with our Community, as much face to face this is a virtual sessions, that we have throughout the year we've had about 13 of those and we just have one this past Saturday, focusing on resilience grief loss and mental health next slide please.

157

00:28:20.610 --> 00:28:26.700

Lisa Tealer, BACHAC: we're heavily involved no surprise to the coven 19 efforts.

158

00:28:28.110 --> 00:28:37.860

Lisa Tealer, BACHAC: We have a free covert testing side, and that is the collaboration with the material county college of San Mateo and nursing program and one of our.

159

00:28:38.640 --> 00:28:52.620

Lisa Tealer, BACHAC: Faith based partners thing James and the Zion church and I want to just stop there for a second and say this is really the I think the success or the key ingredient of our organization is the ability.

160

00:28:53.100 --> 00:29:01.020

Lisa Tealer, BACHAC: to collaborate and partner with a variety of organizations that bring several skill sets and experiences to the table.

161

00:29:01.530 --> 00:29:13.500

Lisa Tealer, BACHAC: And again, the county was providing the kits the nursing program provided the nursing students, they did not have access to their regular channels to get their clinical hours and then also to.

162

00:29:13.980 --> 00:29:23.310

Lisa Tealer, BACHAC: To the to our faith based community historically that has been sort of the rock of the African American Community where you got information.

163

00:29:23.670 --> 00:29:40.710

Lisa Tealer, BACHAC: Where you connected, socially and spiritually with your Community and also seen as a trusted messenger and so we've been doing that, since November every week in fact today from four to seven we provide the free testing, as well as P, p.

164

00:29:41.850 --> 00:29:51.990

Lisa Tealer, BACHAC: We also do some additional education and outreach, particularly for our seniors now they are savvy on the computer so phone banking.

165

00:29:52.560 --> 00:30:12.630

Lisa Tealer, BACHAC: is really important, they have questions they will give them information, etc., we do our online, so we have a resource hub on our website webinars email blast blogs, and then all the social media platforms and then in a safe way we do the canvas a weird we do pop ups, we.

166

00:30:13.710 --> 00:30:23.940

Lisa Tealer, BACHAC: provide information around testing coven and vaccines to food distribution channels and other heavy traffic areas next slide please.

167

00:30:25.650 --> 00:30:33.870

Lisa Tealer, BACHAC: we're also very involved in the vaccine education in our region do similar as we are with the coven testing and asking and.

168

00:30:34.260 --> 00:30:41.490

Lisa Tealer, BACHAC: Answering people's questions we're doing the same as well as we're going to be starting a pilot promontory.

169

00:30:41.850 --> 00:30:47.670

Lisa Tealer, BACHAC: navigator program to help those individuals who may need some additional support, particularly if they test positive.

170

00:30:48.360 --> 00:31:04.200

Lisa Tealer, BACHAC: Being able to navigate the systems work with contact racers where do you go etc. as well, and then again I'll just pause briefly with this last bullet point, this is where we're talking about policy and in the introduction, there was.

171

00:31:06.120 --> 00:31:12.690

Lisa Tealer, BACHAC: A comment made about you know policy is really critical we do a lot of programming in for.

172

00:31:13.650 --> 00:31:25.290

Lisa Tealer, BACHAC: Activities but it's really being a baby being able to be at the table with folks that are making those decisions to bring those voices to the table bring those issues concerns and solutions.

173

00:31:26.220 --> 00:31:33.840

Lisa Tealer, BACHAC: To the table, and so we have regular meetings, as well as several CBS and other agencies with the county leadership.

174

00:31:34.560 --> 00:31:51.960

Lisa Tealer, BACHAC: The health folks that communication people etc. other activities obviously panel participation letters, the support and these

are just examples of different organizations that we've partnered with I mentioned the black sororities other.

175

00:31:53.190 --> 00:32:03.390

Lisa Tealer, BACHAC: Black health care professional organizations and Alzheimer's association we do variety of activities for them and also support some of their activities as well next slide.

176

00:32:05.310 --> 00:32:12.630

Lisa Tealer, BACHAC: So I you know I wanted to put in a little data, because, as I was preparing for this talk.

177

00:32:13.680 --> 00:32:21.990

Lisa Tealer, BACHAC: I wanted to just find out the latest information about seniors of color in general and then find get the Maxwell breakdown, unfortunately.

178

00:32:22.560 --> 00:32:33.330

Lisa Tealer, BACHAC: We couldn't find the right down there are roughly over 760 6000 individuals in San Mateo county, which is an area that we that we.

179

00:32:34.170 --> 00:32:57.510

Lisa Tealer, BACHAC: Cover mostly we found out about 25% of those are individuals 60 plus so 195 plus thousand individuals of those about 88,000

are seniors of color However, when we went to find data on the further breakdown of African Americans Pacific islander Latino etc.

180

00:32:59.010 --> 00:33:05.940

Lisa Tealer, BACHAC: That it wasn't available, and I think that also can be a barrier to.

181

00:33:06.990 --> 00:33:15.780

Lisa Tealer, BACHAC: those individuals who are in policy making decisions not being aware of the demographics in their area that they're responsible for now.

182

00:33:16.620 --> 00:33:24.060

Lisa Tealer, BACHAC: You know, San Mateo county folks are looking into this and seeing how they can get that data, but I think that's really critical if you.

183

00:33:24.360 --> 00:33:32.430

Lisa Tealer, BACHAC: are having programs and initiatives and policies around communities, but you don't really have a good idea of who's in that Community that will that's problematic.

184

00:33:34.560 --> 00:33:41.160

Lisa Tealer, BACHAC: periodically do focus groups, and so this past last month we did just a small focus group.

185

00:33:42.210 --> 00:33:45.090

Lisa Tealer, BACHAC: With some of our seniors or color mostly African Americans.

186

00:33:45.960 --> 00:33:54.570

Lisa Tealer, BACHAC: Who were themselves for seniors were part of organizations that support seniors or who are caregivers and the end was small, but it was it was very telling.

187

00:33:55.170 --> 00:34:07.380

Lisa Tealer, BACHAC: We post three questions, what are some challenges and issues of seniors are calling from their perspective, what are some opportunities and solutions and then how can our organization bch AC play a role in that next slide please.

188

00:34:09.990 --> 00:34:14.160

Lisa Tealer, BACHAC: Top challenges and I'm sure for this audience, this should not be a surprise.

189

00:34:15.270 --> 00:34:21.360

Lisa Tealer, BACHAC: top of the list of course it was vaccine related so vaccine availability and reluctance.

190

00:34:21.870 --> 00:34:30.420

Lisa Tealer, BACHAC: And again want to just take a slight pause there, because just navigating the system to get on the list you know going online.

191

00:34:31.170 --> 00:34:37.770

Lisa Tealer, BACHAC: figuring out where you go navigating that has been very problematic, and I can just speak personally my 83 year old.

192

00:34:38.250 --> 00:34:52.290

Lisa Tealer, BACHAC: Mother lives with me and she's somewhat savvy on that, on the Internet, but even I had to help her with navigating that I'm another issue that came up was the lack of.

193

00:34:53.340 --> 00:34:57.420

Lisa Tealer, BACHAC: Self advocacy and feeling empowered in healthcare environments.

194

00:34:58.470 --> 00:35:01.710

Lisa Tealer, BACHAC: Mental health so isolation and depression actually or.

195

00:35:03.120 --> 00:35:17.400

Lisa Tealer, BACHAC: Dr Clark Harvey will we'll talk more about that and Dr Butler also alluded to some of this data on that a big one was finances

San Mateo county is part of the bay area and it's very expensive to live here.

196

00:35:18.480 --> 00:35:21.120

Lisa Tealer, BACHAC: The average rent is about 40 \$100.

197

00:35:22.710 --> 00:35:31.050

Lisa Tealer, BACHAC: And the average income is about 200 K, but about 30 to 50% of African Americans and Latinos.

198

00:35:33.750 --> 00:35:34.980

Lisa Tealer, BACHAC: don't make that kind of money.

199

00:35:36.060 --> 00:35:46.530

Lisa Tealer, BACHAC: On the lack of and also access to resources and knowing where to go San Mateo county has quite a few programs directed towards the years.

200

00:35:46.950 --> 00:35:51.540

Lisa Tealer, BACHAC: But again being able to track who's actually utilizing those programs and also.

201

00:35:52.320 --> 00:35:58.620

Lisa Tealer, BACHAC: Pressure testing that against our members in our Community, a lot of folks aren't even aware of some of the services that are available.

202

00:35:59.220 --> 00:36:16.620

Lisa Tealer, BACHAC: And then of course the caregiving the financial and psychological burden of being a caregiver a number of our seniors are also taking care of their parents and older siblings or relatives and that has is a stress point which.

203

00:36:17.640 --> 00:36:24.330

Lisa Tealer, BACHAC: Dr Butler mentioned about the various dresses that face communities of color specifically African Americans next slide.

204

00:36:26.220 --> 00:36:29.280

Lisa Tealer, BACHAC: So coast um we.

205

00:36:30.540 --> 00:36:49.860

Lisa Tealer, BACHAC: went right into you know, a whole lot of discussion around challenges and issues, but what were some of the opportunities, first and foremost was acknowledgement of mistreatment of and Dr Butler alluded to this racism and systemic racism, with the.

206

00:36:50.880 --> 00:37:02.190

Lisa Tealer, BACHAC: Medical Research and the health care system and it was sort of a pivotal moment because, as I was facilitating this discussion, some of the things that we were talking about that we read in history books.

207

00:37:02.730 --> 00:37:13.620

Lisa Tealer, BACHAC: Around sterilization around the tuskegee experiment etc. are seniors were actually involved in that or they were aware of they lived it.

208

00:37:15.030 --> 00:37:15.840

Lisa Tealer, BACHAC: So.

209

00:37:17.640 --> 00:37:29.070

Lisa Tealer, BACHAC: that's critical advocacy both the self advocacy from the organizations, etc., I talked about the technology piece.

210

00:37:30.180 --> 00:37:37.830

Lisa Tealer, BACHAC: Programming designed for and by seniors being a conduit to resources and again holding the systems accountable next slide.

211

00:37:40.170 --> 00:37:43.980

Lisa Tealer, BACHAC: Our next steps is the pressure test and actually some of the.

212

00:37:44.850 --> 00:37:58.410

Lisa Tealer, BACHAC: challenges that came up, I went to the master plan and saw some alignment and, but we will continue to do that continue to embed some of the things in our programming continue to influence an advocate for the data got to have the data.

213

00:37:58.920 --> 00:38:08.970

Lisa Tealer, BACHAC: On that influences the policy and where resources go and the programming continue to explore partnerships and continue to engage the Community and continue with best practices next slide.

214

00:38:10.500 --> 00:38:16.710

Lisa Tealer, BACHAC: I'm in terms of organization what's coming up next we just launched a blog I talked about.

215

00:38:17.340 --> 00:38:26.760

Lisa Tealer, BACHAC: This month kind of reflection, for the last six months, I did an open letter to the Community, when our brother George floor it was murdered on TV.

216

00:38:27.360 --> 00:38:40.500

Lisa Tealer, BACHAC: And the impact that had on our organization and what we're going to do about it, as I mentioned this Saturday we have off to a good start with physical activity and nutrition and we're going to have some expert speakers.

217

00:38:42.390 --> 00:38:43.500

Lisa Tealer, BACHAC: Dr Curtis.

218

00:38:44.610 --> 00:38:48.330

Lisa Tealer, BACHAC: Who is the medical deputy medical director for San Mateo county was.

219

00:38:49.110 --> 00:38:57.900

Lisa Tealer, BACHAC: The health equity officer, as well as someone doing a cooking DEMO on nutritious meals again this is black history month so.

220

00:38:58.350 --> 00:39:15.060

Lisa Tealer, BACHAC: We will be supporting some of them are our Community partners on their black history programs in the next month we don't have a date yet, but we will do a wellness where you are a series on our session on seniors and cover in the impact what we're calling the sudden.

221

00:39:16.140 --> 00:39:31.950

Lisa Tealer, BACHAC: The suffering in silence, our seniors of color again want to thank all of you know that would very quickly, and you will learn more about organization, this is a website and without further ado, I will turn it over to Dr Clark Harvey Thank you.

222

00:39:34.770 --> 00:39:40.710

Le Ondra Clark Harvey, PhD: awesome so many great things happening and I'm so grateful to join my colleagues here.

223

00:39:41.610 --> 00:39:50.130

Le Ondra Clark Harvey, PhD: That I'm presenting with so I'm Leandro Clark Harvey I'm the chief executive officer of that California Council of Community behavioral health agencies.

224

00:39:50.460 --> 00:39:59.760

Le Ondra Clark Harvey, PhD: And we represent mental health and substance use disorder clinics across the state that collectively serve over 500,000 Californians annually.

225

00:40:00.270 --> 00:40:05.430

Le Ondra Clark Harvey, PhD: And so I'm really grateful for my co presenters and how they've really set the stage.

226

00:40:05.760 --> 00:40:22.290

Le Ondra Clark Harvey, PhD: For the way that black older adult physical health is impacted and then also the importance of Community resources and culturally sensitive treatment models to help address the health disparities that are prevalent among this population next slide.

227

00:40:24.210 --> 00:40:32.280

Le Ondra Clark Harvey, PhD: So I'll start off by sharing this photo with you, oh go into the previous life, yes, thank you, I want to start off by sharing this photo with you.

228

00:40:32.880 --> 00:40:43.950

Le Ondra Clark Harvey, PhD: This is my grandfather William Turner he was born and raised in New Orleans Louisiana and he's a veteran who fought in the Korean conflict and then he settled in California.

229

00:40:44.460 --> 00:40:53.460

Le Ondra Clark Harvey, PhD: He was a businessman, a former smoker a cancer survivor and now he's in his late 80s now like his mother, he has all timers.

230

00:40:53.940 --> 00:41:04.530

Le Ondra Clark Harvey, PhD: He is also recently recovered from a coma 19 infection that plague upwards of 70% of the patients that were in his care facility and 50% of the staff.

231

00:41:05.400 --> 00:41:14.850

Le Ondra Clark Harvey, PhD: So why do I share this with you well, because I think that, as I reflect on my grandfather story he represents so many black older adults.

232

00:41:15.090 --> 00:41:30.780

Le Ondra Clark Harvey, PhD: His experiences of racism of poor coping mechanisms across his lifetime poor physical health and a lack of understanding and even a lack of belief, about behavioral health conditions and treatments it's all interconnected.

233

00:41:31.440 --> 00:41:39.900

Le Ondra Clark Harvey, PhD: Now he's also had some protective factors, as we call them, and I believe that that's the reason that he's still alive today, which would include the fact that he's.

234

00:41:40.170 --> 00:41:46.470

Le Ondra Clark Harvey, PhD: Very much integrated and included in his faith community who have been a tremendous support to him his church.

235

00:41:46.860 --> 00:41:54.750

Le Ondra Clark Harvey, PhD: He because he's a veteran he received some really good care from the veterans hospitals that he's been associated with in California across his life.

236

00:41:55.320 --> 00:42:12.630

Le Ondra Clark Harvey, PhD: And he has family members who are educated and who advocate for him earnestly so today I'm going to venture into an area that's not often discussed within the black community but has significant impact on our psyches and how we operate next slide.

237

00:42:13.860 --> 00:42:22.080

Le Ondra Clark Harvey, PhD: And this topic is mental health and substance use disorder collectively referred to as behavioral health or behavioral health conditions.

238

00:42:22.440 --> 00:42:36.330

Le Ondra Clark Harvey, PhD: Now we know that behavioral health treatment is most effective when it's comprehensive and it's inclusive and not just the individual, but the Community as well, so that's why I like this distant this definition, because it talks about the.

239

00:42:36.960 --> 00:42:44.220

Le Ondra Clark Harvey, PhD: Experience of an individual and a community and the fact that they have to work together to achieve behavioral health next slide.

240

00:42:45.450 --> 00:42:50.520

Le Ondra Clark Harvey, PhD: So I'll tell you I'm a psychologist by training and I decided to branch out.

241

00:42:51.630 --> 00:42:58.530

Le Ondra Clark Harvey, PhD: Go back to the previous slide Sorry, I decided to branch out from clinical work and research and pursue a career in advocacy.

242

00:42:59.100 --> 00:43:07.320

Le Ondra Clark Harvey, PhD: And it's really because of the families that I served I actually never wanted to work as a mental health professional and that's because my mother is a mental health professional.

243

00:43:07.740 --> 00:43:14.910

Le Ondra Clark Harvey, PhD: But the people that she saw in her private practice when I was growing up, they don't look like me or my family they didn't live in our neighborhood.

244

00:43:15.180 --> 00:43:29.370

Le Ondra Clark Harvey, PhD: So I grew up with this assumption that mental health treatment just wasn't for black people, and that is a story of so many others in the black Community I saw this as I practice with racially diverse communities.

245

00:43:30.390 --> 00:43:37.530

Le Ondra Clark Harvey, PhD: And I felt frustration as a clinic because a clinician because I was well trained to provide clinical services and interventions.

246

00:43:37.920 --> 00:43:46.260

Le Ondra Clark Harvey, PhD: But there was a barrier of stigma mixed with quote real life issues that we professionals call social determinants of health.

247

00:43:46.860 --> 00:43:54.660

Le Ondra Clark Harvey, PhD: As my colleague Dr Butler reviewed earlier on in the hour, but it was ultimately these experiences that led me to a career as an advocate.

248

00:43:55.110 --> 00:44:11.430

Le Ondra Clark Harvey, PhD: So now, you know I'm really examining the intersection of physical health and behavioral health because it's important, especially among black older adults, you know, we know that persons with any behavioral health condition are more likely to have chronic conditions next life.

249

00:44:12.600 --> 00:44:32.190

Le Ondra Clark Harvey, PhD: such as high blood pressure, asthma, diabetes, heart disease stroke these also happened to be the health conditions that blacks have the highest rates in and the poorest outcomes in, and this can result in high use of emergency rooms and hospitalizations next slide.

250

00:44:33.360 --> 00:44:40.020

Le Ondra Clark Harvey, PhD: And when we look at some of the national statistics overall for diverse populations, we know that blacks in particular experience.

251

00:44:40.380 --> 00:44:50.160

Le Ondra Clark Harvey, PhD: Less access to quality mental health services they're less likely to receive the care that they need in a timely fashion, more likely to receive poor quality care when treated.

252

00:44:50.940 --> 00:45:06.870

Le Ondra Clark Harvey, PhD: We know that blacks also delay or fail to seek mental health treatment they're more likely to terminate prematurely and after entering care they're less likely to receive the best available treatments, particularly for Depression and anxiety, this is a problem next slide.

253

00:45:07.980 --> 00:45:17.280

Le Ondra Clark Harvey, PhD: And if we drill down a little bit, and we look at just let's say the medical recipients of behavioral health treatment in our state, we know that.

254

00:45:17.820 --> 00:45:33.540

Le Ondra Clark Harvey, PhD: Three quarters of these recipients are racially and ethnically diverse populations, this is despite the fact that many of these populations in this case blacks do not make up that same percentage within the population of our state so there's over representation here next slide.

255

00:45:34.980 --> 00:45:48.450

Le Ondra Clark Harvey, PhD: And, as this chart illustrates blacks lead the way in rates of psychology psychological distress and then the other chart

shows you that unmet need for that psychological distress and psychological issues blacks are also.

256

00:45:48.840 --> 00:45:55.800

Le Ondra Clark Harvey, PhD: coming in high, but what's really interesting is that when you look at the data about black older adults.

257

00:45:56.190 --> 00:46:12.630

Le Ondra Clark Harvey, PhD: They don't have the highest rates of behavioral health disorders, however, when they experience a behavioral health disorder that impacts tend to be more significant more deleterious and researchers call this a race paradox, but why is this next slide.

258

00:46:14.070 --> 00:46:15.960

Le Ondra Clark Harvey, PhD: So for African American older adults.

259

00:46:16.950 --> 00:46:34.140

Le Ondra Clark Harvey, PhD: There has been a legacy of overt and covert racism within the healthcare delivery system, and these cumulative experiences of racism, have resulted in mistrust of the system and generational stigma that gets passed down from generation to generation.

260

00:46:34.890 --> 00:46:50.460

Le Ondra Clark Harvey, PhD: In addition, structural racism has led to limited access to resources, such as education, employment, healthcare,

housing political participation on and on and all of these taken together contribute to what my colleague.

261

00:46:51.090 --> 00:46:59.490

Le Ondra Clark Harvey, PhD: Earlier described as health disparities and the increased rates of mental health disorders such as depression, anxiety and dementia.

262

00:47:00.060 --> 00:47:16.710

Le Ondra Clark Harvey, PhD: So when black older adults get hit they get hit hard and then they have less access to quality of care, and if you throw On top of that, the stigma and the hesitancy it's really a recipe for poor health and poor quality of life next slide.

263

00:47:18.180 --> 00:47:29.430

Le Ondra Clark Harvey, PhD: And let's talk for a moment about how we kind of see this playing out today with Kobe, we know that coven 19 has disproportionately impacted black older adult populations.

264

00:47:30.690 --> 00:47:42.690

Le Ondra Clark Harvey, PhD: Public health campaigns were not robust in black communities there were ramp there was rapid information misinformation about let's say coven not affecting those with higher levels of melanin I heard this all around me.

265

00:47:42.900 --> 00:47:51.510

Le Ondra Clark Harvey, PhD: I got in a cab one day and the calendar ever told me hey you know you're black you don't have to worry about you know catching coven because you have a lot of melanin there was so much information.

266

00:47:52.380 --> 00:48:02.490

Le Ondra Clark Harvey, PhD: And we already know that as we've painted today there's this historical miss trust that's at play so are blacks going to trust the healthcare system or the government.

267

00:48:03.150 --> 00:48:10.200

Le Ondra Clark Harvey, PhD: Or are they going to trust the information that's being stretched spread in the Community, what we saw with cohmad as they trusted the misinformation.

268

00:48:10.560 --> 00:48:20.610

Le Ondra Clark Harvey, PhD: And this impacted their behavior and it resulted in high transmission rates and high death rates and now there's a significant hesitancy to taking the vaccine.

269

00:48:21.090 --> 00:48:24.540

Le Ondra Clark Harvey, PhD: Even among those who work in the healthcare sector.

270

00:48:24.930 --> 00:48:35.940

Le Ondra Clark Harvey, PhD: My father in law sits on a hospital system board and when they looked at their rates of employees who were refusing the vaccine almost 50% of the staff refused and the majority were black.

271

00:48:36.720 --> 00:48:45.420

Le Ondra Clark Harvey, PhD: Black some other racially diverse populations are leery because, again, the historical monstrous that exists next slide.

272

00:48:46.380 --> 00:48:50.010

Le Ondra Clark Harvey, PhD: All right, so what can we do that's a big problem lots of issues.

273

00:48:50.880 --> 00:48:58.440

Le Ondra Clark Harvey, PhD: So what can we do to address this phenomenon, well, we know that persistent health disparities within low income and racially.

274

00:48:58.650 --> 00:49:07.770

Le Ondra Clark Harvey, PhD: and ethnically diverse communities can impede access to affordable, integrated and quality health and medical services so as my colleague miss Taylor pointed out.

275

00:49:08.040 --> 00:49:16.470

Le Ondra Clark Harvey, PhD: We don't have enough data on the impacts of black older adults and this really underscores the importance of making investments to integrate care.

276

00:49:17.160 --> 00:49:26.850

Le Ondra Clark Harvey, PhD: Bringing together a diverse group of caregivers and Community members whoever's important and the life of a patient to provide the best services.

277

00:49:27.270 --> 00:49:40.890

Le Ondra Clark Harvey, PhD: Training the workforce, this is so important, you know, ensuring equity by addressing disparities in order to meet the needs of underserved communities is critical, for example, bolstering programs that help older Californians.

278

00:49:41.730 --> 00:49:53.310

Le Ondra Clark Harvey, PhD: meet their basic social and mental health needs, and do so from a culturally informed lens, this means that providers alternative providers should be trained about how to provide services to all people.

279

00:49:54.120 --> 00:50:01.380

Le Ondra Clark Harvey, PhD: That basic training is missing that basic training is needed, we also must understand as providers the impact of racism.

280

00:50:01.590 --> 00:50:16.470

Le Ondra Clark Harvey, PhD: And my colleagues talked about this earlier, you know for blacks the effects of racism are felt daily racism also intersects with other forms of discrimination, including ages classism sexism able ISM and hetero sex of them.

281

00:50:16.950 --> 00:50:24.300

Le Ondra Clark Harvey, PhD: Therefore, the goal is really to aim to understand the limb, through which individuals view their experiences when you're providing them care.

282

00:50:24.630 --> 00:50:34.170

Le Ondra Clark Harvey, PhD: So start the dialogue about difference educate yourself get trained as a provider and then be courageous start the dialogue about difference when you are interacting with your clients.

283

00:50:34.830 --> 00:50:38.130

Le Ondra Clark Harvey, PhD: also focus on resilience there's been so much you know.

284

00:50:38.880 --> 00:50:48.030

Le Ondra Clark Harvey, PhD: You know, statistics that have been shared that say you know black older adults are lacking in this or the Community is lacking in this, but the Community is also very resilient and strong.

285

00:50:48.480 --> 00:51:01.350

Le Ondra Clark Harvey, PhD: This is a group of individuals who experienced slavery, as Miss Taylor pointed out some of these folks were you know existing and living in the era of the tuskegee experiment so there's a lot there to unpack but they have been resilient.

286

00:51:02.070 --> 00:51:11.430

Le Ondra Clark Harvey, PhD: And so, as providers work with black older adults really focus on the strengths being strength base so supporting strengthening enhancing resilience.

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00:51:12.240 --> 00:51:19.890

Le Ondra Clark Harvey, PhD: And really focusing on the ability to successfully adapt overcome negative life events such as stress and trauma and blacks have done this.

288

00:51:21.180 --> 00:51:29.910

Le Ondra Clark Harvey, PhD: Also, a focus on spirituality and family ties and strong positive racial group identity, these are things that are huge strength among this population.

289

00:51:30.570 --> 00:51:43.920

Le Ondra Clark Harvey, PhD: We think about the African concept of who boon to I am because we are This is essential, and this is a lens that providers should work from when providing treatment to older black Americans also integrating cultural norms and traditions.

290

00:51:44.610 --> 00:51:48.480

Le Ondra Clark Harvey, PhD: celebrate culture organized Community activities next slide.

291

00:51:49.710 --> 00:51:55.500

Le Ondra Clark Harvey, PhD: My colleague miss Taylor talked about you know all that her organization is doing and reviewed, many of the activities.

292

00:51:55.800 --> 00:52:07.020

Le Ondra Clark Harvey, PhD: And everything they're doing in the Community and hosting this is really important to participate in these activities, but to also link that to integrating health information fairs.

293

00:52:07.620 --> 00:52:15.540

Le Ondra Clark Harvey, PhD: Providing information to folks in a way that's not stigmatizing in a way that allows them to engage with health professionals.

294

00:52:16.020 --> 00:52:21.180

Le Ondra Clark Harvey, PhD: In a comfortable Community setting it's also really important to partner with Community allies.

295

00:52:21.660 --> 00:52:35.580

Le Ondra Clark Harvey, PhD: trusted leaders within the Community can sometimes provide education and intervention and awareness, better than medical professionals who are highly trained so partnering with clergy partnering with community leaders who black older adults, trust is really key.

296

00:52:36.210 --> 00:52:44.910

Le Ondra Clark Harvey, PhD: Providing that social support for older people and their caregivers as well, this is so critical and often overlooked black people are communal people for the most part.

297

00:52:45.090 --> 00:52:51.840

Le Ondra Clark Harvey, PhD: So individual interventions are not always successful it takes a team of providers and often takes a family.

298

00:52:52.230 --> 00:53:00.270

Le Ondra Clark Harvey, PhD: Working with those providers to provide the best intervention it's also important to understand that the way that family is defined by blacks is different.

299

00:53:00.780 --> 00:53:12.960

Le Ondra Clark Harvey, PhD: So become familiar with a concept of fictive kin, which means that people are considered family as a result, sometimes of just having long standing relationships, not necessarily by blood or legal ties.

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00:53:13.530 --> 00:53:19.710

Le Ondra Clark Harvey, PhD: So families define different, and the more that providers understand that the better care they're able to get the more comprehensive care.

301

00:53:20.160 --> 00:53:34.980

Le Ondra Clark Harvey, PhD: As they work through a cultural lens and then also you know, providing information to caregivers about long term care and supportive services oftentimes it focuses again is on the individual and not those who are supporting them as they're seeking wellness.

302

00:53:36.660 --> 00:53:45.480

Le Ondra Clark Harvey, PhD: I would say in closing that you know most African American older adults have really developed some effective coping skills spirituality kinship neck networks.

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00:53:45.810 --> 00:53:51.540

Le Ondra Clark Harvey, PhD: And this is how they've been able to be resilient and manage the experiences of racism and the effects of it.

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00:53:52.080 --> 00:53:59.310

Le Ondra Clark Harvey, PhD: However, when needed it's still really important to refer people to culturally competent mental and behavioral health services.

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00:54:00.060 --> 00:54:07.890

Le Ondra Clark Harvey, PhD: Do not avoid making those referrals and making connections with people in the Community that provide those culturally competent services.

306

00:54:08.370 --> 00:54:17.640

Le Ondra Clark Harvey, PhD: I wanted to end here with providing you all, with a resource list the slides will be provided to you, but here's a resource list and some great literature and interventions for working with.

307

00:54:18.150 --> 00:54:22.290

Le Ondra Clark Harvey, PhD: Black older adults, I hope that you'll take advantage of them, and thank you for your time this morning.

308

00:54:33.480 --> 00:54:47.340

Amanda Lawrence: Thank you all very much and we are going to move into the question and comments section, and I think Maria will facilitate this, I see a couple hands up so if you're accessing audio by the phone only.

309

00:54:48.030 --> 00:54:59.610

Amanda Lawrence: hit star nine to ask a question to raise your hand, otherwise I see a bunch in the chat box and I do see several for Lisa people are very interested in how they can get involved with.

310

00:54:59.970 --> 00:55:08.580

Amanda Lawrence: Your organization and so any advice you have what's the best way to reach out to you to help get older adults involved with your programs.

311

00:55:08.970 --> 00:55:33.180

Lisa Tealer, BACHAC: I'm great I will put my email address in the Q&A section and people can definitely contact me that way or call us at 650-636-5238 846-505-2384 so thank you love to have you participate in our organization.

312

00:55:35.190 --> 00:55:41.610

Amanda Lawrence: And another question actually I believe it was for you is a lot of black seniors don't have Internet or computers, how do you reach them.

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00:55:43.290 --> 00:55:49.470

Lisa Tealer, BACHAC: We will the great thing about zoom is you can call in so we encourage our seniors to call in.

314

00:55:50.670 --> 00:55:59.430

Lisa Tealer, BACHAC: And if they're you know, having challenges, a lot of times folks you know, will help them like over the phone how they can navigate their iPhone if they have one.

315

00:56:00.480 --> 00:56:14.730

Lisa Tealer, BACHAC: or they'll disseminate the information in other ways, so we definitely try to get information, for example, our meeting that we have monthly I have a number of seniors that are not on computers, so I actually may hold them the agenda and the monthly letter.

316

00:56:17.220 --> 00:56:27.450

Amanda Lawrence: Great Thank you here's a question I think for any of the speakers, how can allies help with these disparities being experienced by older black adults.

317

00:56:32.790 --> 00:56:33.720

Any takers.

318

00:56:36.480 --> 00:56:36.840

Lisa Tealer, BACHAC: I'll.

319

00:56:38.670 --> 00:56:45.240

Lisa Tealer, BACHAC: Take a stab at it, I think there's a lot of things that can be done, I think one just listening and acknowledging.

320

00:56:46.410 --> 00:57:01.560

Lisa Tealer, BACHAC: The Community that Community and really getting to know those folks in your Community supporting organizations like myself and making sure that they're part of the dialogue going you're discussing policy or practices.

321

00:57:03.630 --> 00:57:23.130

Lisa Tealer, BACHAC: Is a definitely a way to continue to be an ally to engage are a lot of times just being in the room and acknowledging so, for example, you may be, you know, working on a policy or program is you know wow I've noticed that that we don't have a person of color the table.

322

00:57:24.450 --> 00:57:26.190

Lisa Tealer, BACHAC: let's make sure that we're being inclusive.

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00:57:27.510 --> 00:57:36.360

Lisa Tealer, BACHAC: and seeking out those voices to make sure that you are being inclusive in our being Allah and there's a lot of different ways, you can be an ally.

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00:57:37.320 --> 00:57:44.220

Lisa Tealer, BACHAC: This like 10 different ways, you can be an ally and that I can definitely talk to folks offline more about that, because I do that work to.

325

00:57:46.860 --> 00:57:51.390

Amanda Lawrence: Thank you, Maria do you want to go ahead and see if we have anyone on the phone who'd like to ask a question.

326

00:57:52.080 --> 00:58:02.370

CDA Tech Support (Mariya): Do it looks like we have to folks with their hands up and Dominique why don't we start with you I've opened your line for you should see an option to unmute and then you can jump right in.

327

00:58:08.040 --> 00:58:12.840

CDA Tech Support (Mariya): Okay Dominic will give you a couple more seconds and we'll move on to Bernadette weimer.

328

00:58:15.810 --> 00:58:17.130

CDA Tech Support (Mariya): Your line has been open.

329

00:58:25.890 --> 00:58:33.450

CDA Tech Support (Mariya): Okay I'm and I think we might need a couple more minutes for folks I'm wondering if there's any other questions, we can turn to in the Q&A in the meantime.

330

00:58:35.640 --> 00:58:50.070

Amanda Lawrence: Sure, I think, a question here, most relevant to Jonathan's work and someone wondering about a tax on high sodium products any talk of that in the future, any viability would that be a good tactic.

331

00:58:51.900 --> 00:58:52.710

In your opinion.

332

00:58:53.910 --> 00:58:54.600

Amanda Lawrence: you're muted.

333

00:58:54.840 --> 00:58:58.320

Jonathan Butler, PhD: Something I haven't thought about certainly something.

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00:59:00.510 --> 00:59:09.210

Jonathan Butler, PhD: That may have potential, but in terms of policy, I think the soda Texas work just because of sort of the.

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00:59:09.810 --> 00:59:19.080

Jonathan Butler, PhD: The sort of the efforts nationally around this work and how there is a particular marketing strategy that are geared towards.

336

00:59:19.890 --> 00:59:25.290

Jonathan Butler, PhD: Young people and African Americans Hispanic communities around the soda industry um.

337

00:59:25.680 --> 00:59:38.310

Jonathan Butler, PhD: In terms of their marketing strategy to our communities and how has impacted our communities around diabetes so

that's how that was driven so I'm not sure in regards to sodium how that how that works, but certainly a good idea.

338

00:59:41.910 --> 00:59:42.210

CDAAs Tech Support (Mariya): um.

339

00:59:43.410 --> 00:59:44.220

CDAAs Tech Support (Mariya): Go ahead Amanda.

340

00:59:44.880 --> 00:59:56.940

Amanda Lawrence: Oh no I was just going to say we are at 11 o'clock I'm going to go ahead and copy all the questions that we have remaining in the chat box, if you want to check the phone, one more time that's great otherwise I'll hand it over to Kim for wrapping everything up.

341

00:59:59.160 --> 01:00:02.880

Kim McCoy Wade: Well, I have the delight of thanking all of you and thanking our experts.

342

01:00:03.450 --> 01:00:07.440

Kim McCoy Wade: For Dr Jonathan Butler executive director Lisa Taylor and, of course.

343

01:00:07.620 --> 01:00:20.010

Kim McCoy Wade: friend and colleague CEO Dr Le Ondra Clark Harvey I just want to lift up so much your leadership that I was able to hear on programs and services and learn so much about your advocacy with and for black elders.

344

01:00:20.610 --> 01:00:26.220

Kim McCoy Wade: The stories of resilience, thank you, Dr Clark Harvey and also the accountability you're charging us all with.

345

01:00:26.730 --> 01:00:35.880

Kim McCoy Wade: To be anti racist to be inclusive, to really move us towards the California for all ages, so thank you so much for what you've done with us and for us today.

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01:00:36.300 --> 01:00:43.500

Kim McCoy Wade: This month black history month at every day of the year, we are so grateful for the partnership and honor your leadership, thank you.

347

01:00:46.740 --> 01:00:54.990

Amanda Lawrence: Okay, and please everyone, if you visit CDAs website it'll take you to resources for black elders for cold at night pain.

348

01:00:55.320 --> 01:01:03.210

Amanda Lawrence: or equity aging resource Center has all the recordings from our previous webinars it'll have the recording for this webinar as well, you can go ahead and.

349

01:01:03.630 --> 01:01:13.410

Amanda Lawrence: register for next month's webinar on there, and I will email everybody who registered for today's webinar all of the links to these things anyway so look for that in your inbox.

350

01:01:13.920 --> 01:01:20.850

Amanda Lawrence: If we didn't get your questions I'm going to try to find you some answers you could always email us at engage@aging.ca.gov.

351

01:01:21.120 --> 01:01:35.910

Amanda Lawrence: I also would love to ECHO Kim's remarks they're very grateful for these three phenomenal speakers and I hope to see everybody next month for our culturally responsive policy programs for Asian and Pacific islander older adults goodbye, thank you.