EQUITY IN AGING CALIFORNIA

AGES

^Qging.ca.go^V

Le Ondra Clark Harvey, PhD

CA Council of Community Behavioral Health Agencies Lisa Tealer Bay Area Community

Health Advisory Council

Jonathan Butler, PhD UCSF NURTURE Center

Ensuring Equity in Aging Webinar Series Feb 3, 2021, 10–11 am

Culturally Informed Policy & Programs for **Black Elders**

Closed captioning will be provided



Welcome!

Webinar Logistics: Join by smart phone, tablet, or computer

- To join audio by telephone: 888-788-0099
- Meeting ID: 916 9773 3482 Password: 153029
- Live captioning streamed through webinar (Zoom)
- American Sign Language Interpretation via webinar (Zoom)
- Recording, slides, and transcripts will be posted at CDA's online California for ALL Ages <u>Equity in Aging Resource Center</u> and YouTube channel.





Questions & Comments

- The final 10 minutes of the webinar is reserved for questions and comments:
 - Attendees joining by webinar (Zoom), use the Q&A function to ask a questions or <u>click the raise hand button</u> to join line. The moderator will announce your name or your last 4 digits of your phone number and will unmute your line.
 - Attendees joining by **phone**, <u>press *9 on your dial pad</u> to "raise your han". The moderator will announce the last 4 digits of your phone number and will unmute your line.
 - For additional information or feedback email <u>Engage@aging.ca.gov</u>.





Ensuring Equity in Aging Webinar Series

- 1st Wednesday of each month: November 2020 July 2021
- State and local speakers with expertise in the subjects of cultural competency, equity, program and service delivery
- Let's learn together how we can help make our communities a more just place and build a California for ALL Ages





NEXT MONTH'S WEBINAR

March 3, 2021 - Culturally Responsive Policy & Programs for Asian & Pacific Islander Older Adults.

Speakers: Joon Bang of <u>National Asian Pacific Center on</u> <u>Aging</u> and Yvonne Sun of <u>SSG Silver (</u>LA)

Register in advance!





Welcome & Introductions



Kim McCoy Wade Director California Department of Aging (CDA)





Today's Speakers





Jonathan Butler, PhD

Assistant Professional Researcher UCSF Department of Family & Community Medicine, NURTURE Center

Lisa Tealer

Executive Director Bay Area Community Health Advisory Council (BACHAC)

Le Ondra Clark Harvey, PhD

Chief Executive Officer California Council of Community Behavioral Health Agencies (CCCBHA)





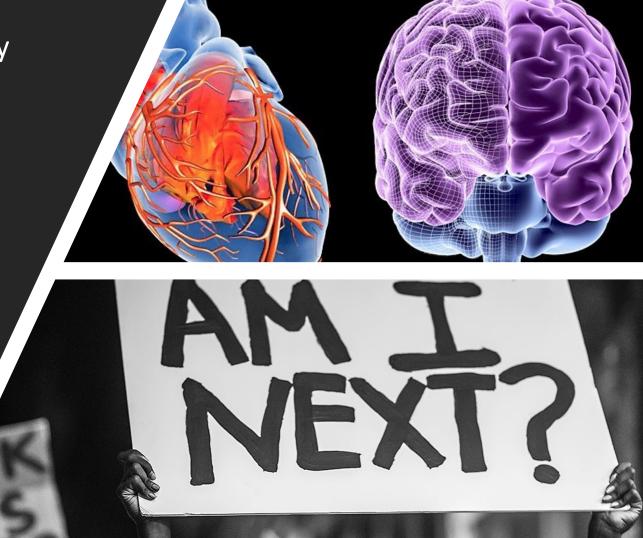


Adversity and Health

- Jonathan Z. Butler, PhD MDiv
- Department of Family and Community Medicine, UCSF
- Center for the Study of Adversity and Cardiovascular Disease (NURTURE Center)

Talk Outline

- Defining Health Disparities and Health Equity
- Cardiovascular Disease
 African Americans and CVD
- Health of African Americans Conceptual Framework
- What is Adversity?
- Psychological Stress is a Core Component of Adversity
- A Call to Action



Defining Health Disparity and Health Equity "...a particular type of health difference that is closely linked with economic, social, or environmental disadvantage. Health disparities adversely affect groups of people have systematically experienced greater social or economic obstacles to health based on their racial or ethnic group, religion, socioeconomic status, gender, age, mental health, sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion."

Healthy People 2020

Heart disease is the leading cause of death for most Americans

- An estimated 83.6 million adults in the United States (greater than 1 in 3) have at least one form of CVD.
- 46 percent of African Americans older than 19 years of age suffer from cardiovascular disease.
- The leading risk factors for heart disease and stroke currently are:
 - high blood pressure
 - high cholesterol
 - diabetes
 - current smoking
 - physical inactivity
 - obesity
 - older age (based on if male or female)

Greater Risk, Greater Deaths

AHA, CVD Health Disparities Fact Sheet, 2016 CVD age-adjusted death rates are 33% higher for blacks than for the overall population in the U.S.

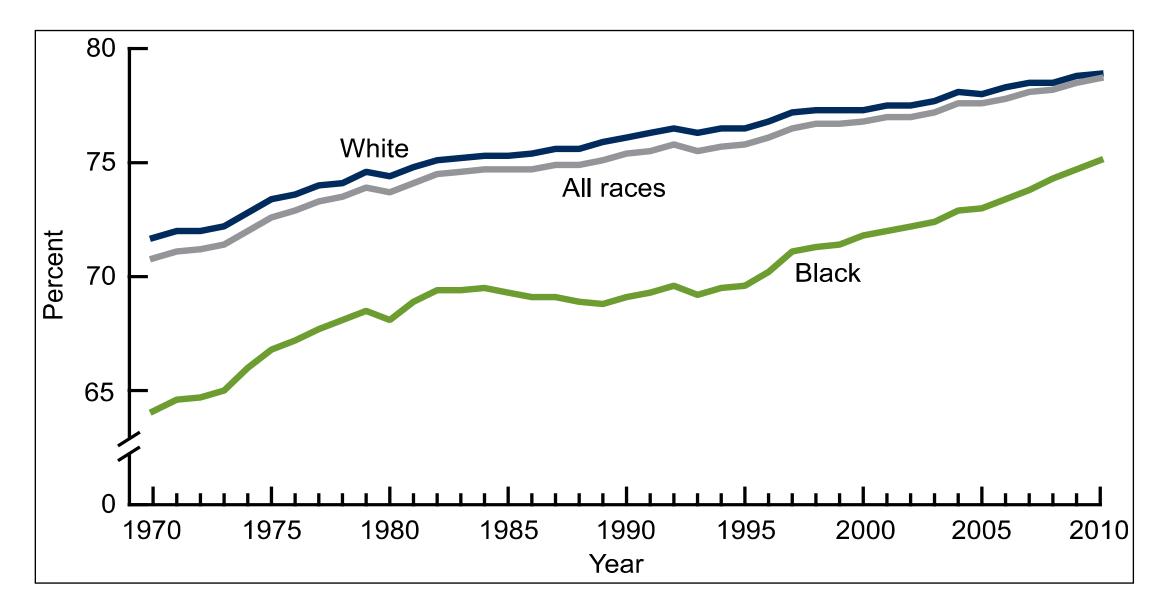
Blacks are nearly twice as likely to have a first stroke and much more likely to die from one than whites.

High blood pressure is more prevalent in certain racial/ethnic minority groups in the U.S., especially blacks.

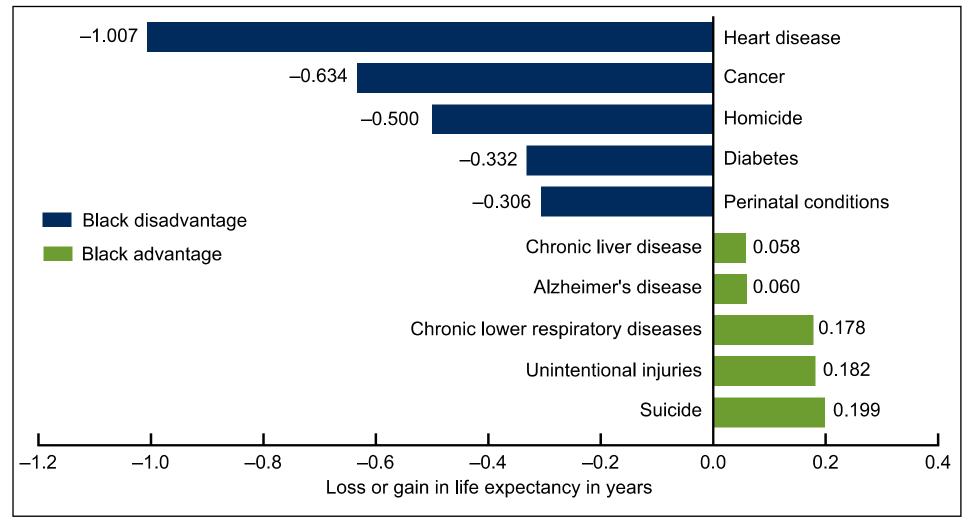
Blacks have a higher prevalence of diabetes than in whites for adults over age 20.

Non-Hispanic blacks and Mexican American women have a higher rate of obesity, a risk factor for CVD and diabetes, than non-Hispanic white women.

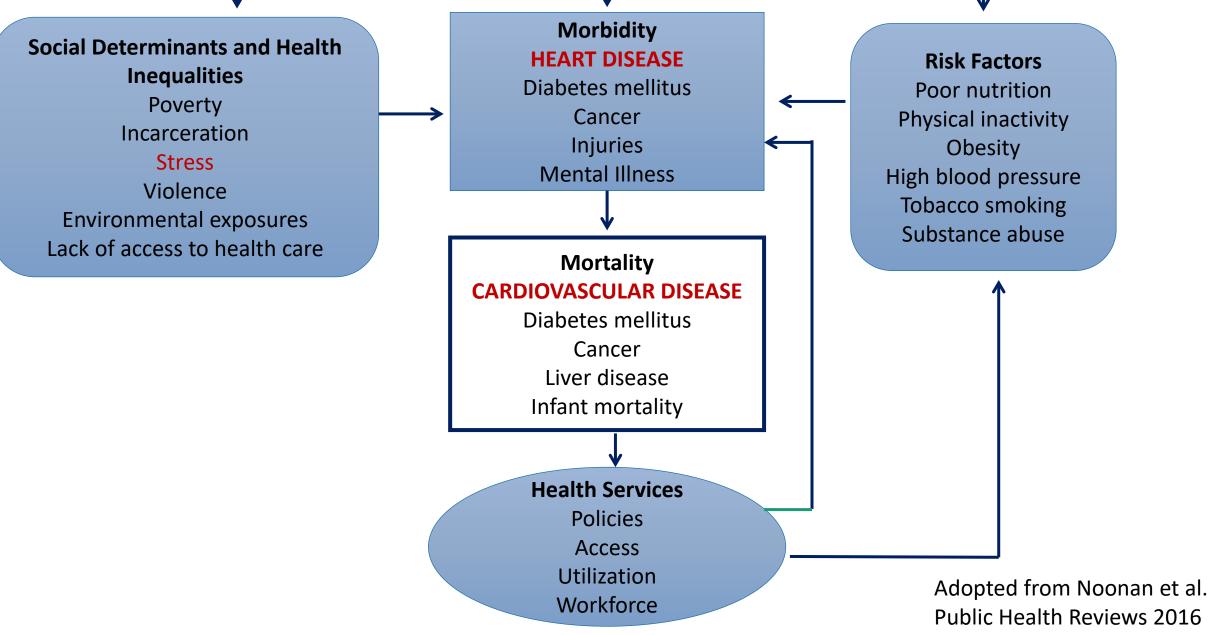
The Health of African Americans in the U.S.



Difference In Life Expectancy Between Black And White Persons: Contributing Causes



The Health of African Americans in the U.S.



What is Adversity?

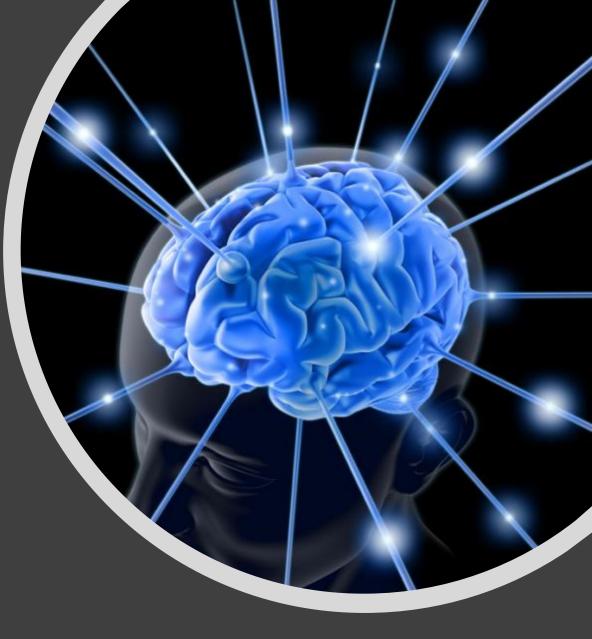
- State of serious or persistent difficulty, calamity or misfortune.
- Adversity is more than just one difficulty or setback.
- <u>Adversity:</u> a series of difficulties or misfortunes that keep you from achieving your goals and/or finding happiness.





Psychosocial Stress is a Core Component of Adversity

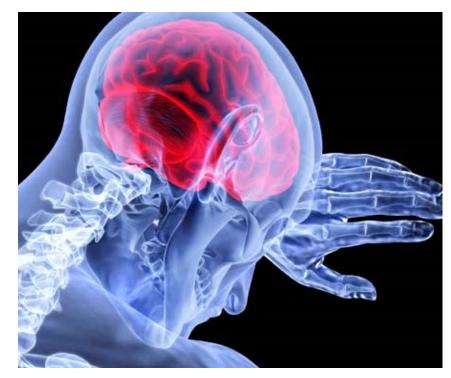
- Acute: stress that accompanies "episodic negative life" events that do not occur on a regular basis
- Chronic: stress due to regularly recurring events or environmental or social conditions that are ongoing
- Clinical Depression, HIV Progression, Sleep
 Disturbance, Mental Illness



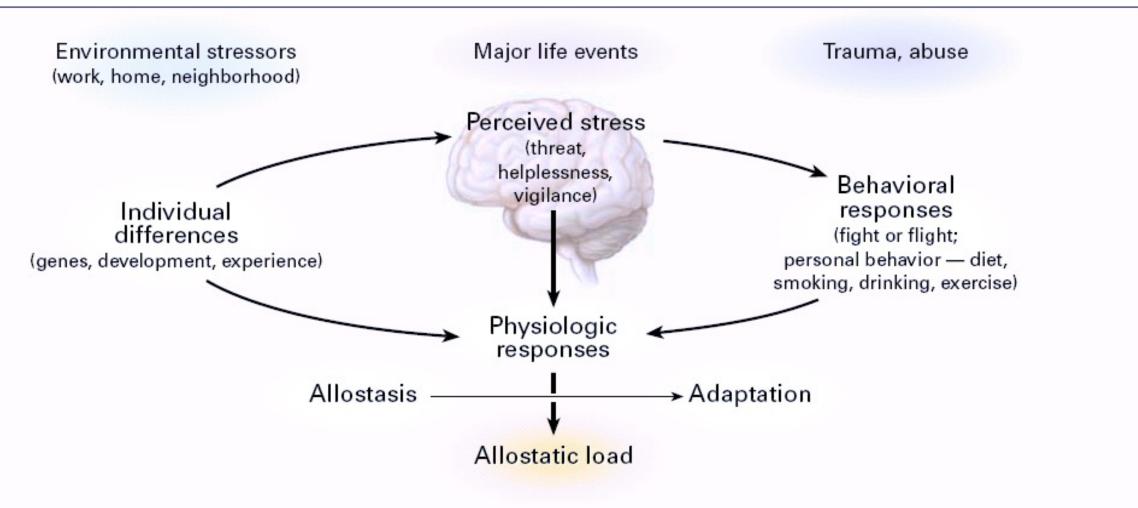
What we often mean by "stress" is being "stressed out"!

- Feeling overwhelmed, out of control, exhausted, anxious, frustrated, angry
- What happens to us?
 - Sleep deprivation
 - Eating too much of wrong things, alcohol excess, smoking
 - Neglecting regular, moderate exercise
- All of these contribute to <u>allostatic load</u>





The Stress Response and Health



McEwen, B., 1998

Cumulative Psychosocial Stress Questionnaire

Work **Stress**

Work/Family Spillover

Financial Stress

Everyday Discrimination



Women's Health Study

Relationship Stress

Neighborhood **Stress**

Negative Life Events

Traumatic Life Events

- **Reflects prominent** domains of types of stressful life experiences
- 8 domains of acute and chronic stress
- Chronic stress items checked for internal reliability
- Weighted cumulative stress score

Albert MA et al. 2016

Cumulative Psychosocial Stress and Type II Diabetes Mellitus

Aim:

Hypothesis:

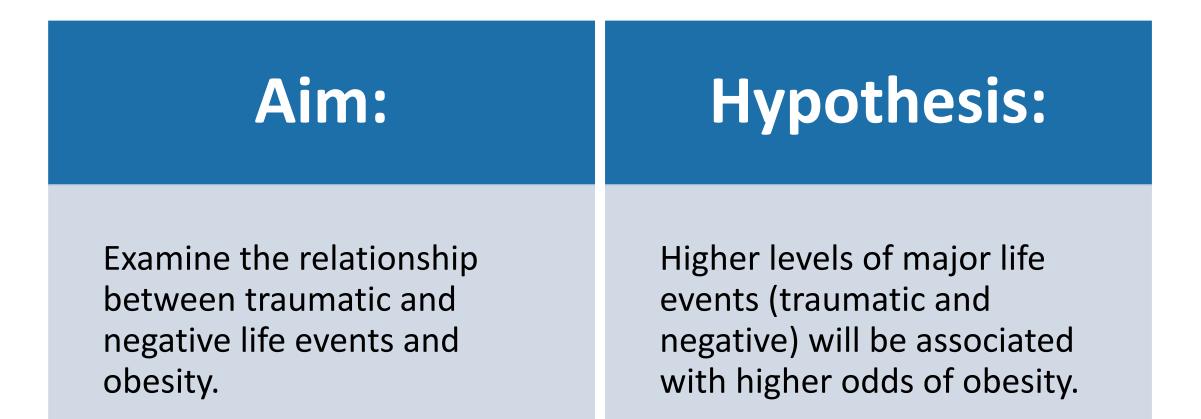
To examine the relationship between cumulative psychological stress and incident diabetes mellitus among older women Higher levels of cumulative psychological stress will be associated with higher incident of diabetes among older women

Cumulative Psychosocial Stress and Incident Type II Diabetes: Odds Ratios and 95% Confidence Intervals (95% CI)

CUMULATIVE STRESS QUARTILES			Quartile 1	Quartile 2	Quartile 3	Quartile 4
Hazard Ratio for Type II Diabetes HR (95% CI)	Ν	Events	Referent			
Model 1	22542	194	1.00	1.79 (1.09-2.94)	2.66 (1.53-4.63)	2.42 (1.34-4.38)
Model 2	20955	184	1.00	1.95 (1.17-3.27)	2.82 (1.59-4.99)	2.51 (1.36-4.65)
Model 3	20042	173	1.00	1.78 (1.05-3.03)	2.48 (1.37-4.47)	1.89 (1.00-3.58)
Model 4	19945	173	1.00	1.74 (1.01-2.99)	2.37 (1.29-4.38)	1.75 (0.87-3.55)

Butler JZ, Albert MA, AHA Scientific Sessions. 2018.

Traumatic and Negative Life Events and Obesity



Durazo E, Butler JZ, Albert, MA, et al., AHA Scientific Sessions. 2018

Traumatic Life Events and Obesity in Older Women: Odds Ratios and 95% Confidence Intervals (95% CI)

N=25,335	Model 1		Model 2		Model 3	
Traumatic Life Events	OR	CI (95%)	OR	CI (95%)	OR	CI (95%)
0	1.00		1.00		1.00	
1+	1.15	(1.08-1.23)	1.12	(1.05-1.20)	1.11	(1.03-1.19)

Bold denotes statistical significance P=<0.01

Model 1 Adjusted for Race/Ethnicity, Age, and Marital Status

Model 2 Adjusted for Model 1 + education and income

Model 3 Adjusted for Model 2 + Adjusted for a + CVD Risk Factors (i.e. blood pressure, diabetes at baseline, hypertension, hypercholesterolemia, BMI, physical activity, and smoking) + depression and anxiety symptoms

Durazo E, Butler JZ, Albert, MA, et al., AHA Scientific Sessions. 2018

Negative Life Events in the past 5 years and Obesity in Older Women: Odds Ratios and 95% Cl

N=21,904		Model 1		Model 2	Model 3		
Negative Life Events	OR	CI (95%)	OR	CI (95%)	OR	CI (95%)	
0		1.00		1.00		1.00	
1	1.13	(1.01-1.27)	1.14	(1.01-1.28)	1.16	(1.02-1.31)	
2	1.11	(0.99-1.24)	1.11	(0.99-1.24)	1.11	(0.99-1.25)	
3	1.11	(0.99-1.24)	1.13	(0.99-1.27)	1.11	(0.98-1.27)	
4+	1.49	(1.33-1.66)	1.45	(1.29-1.63)	1.38	(1.22-1.56)	

Bold denotes statistical significance P=<0.01

Model 1 Adjusted for Race/Ethnicity, Age, and Marital Status

Model 2 Adjusted for Model 1 + education and income

Model 3 Adjusted for Model 2 + Adjusted for a + CVD Risk Factors (i.e. blood pressure, diabetes at baseline, hypertension, hypercholesterolemia, BMI, physical activity, and smoking) + depression and anxiety symptoms

Durazo E, Butler JZ, Albert, MA, et al., AHA Scientific Sessions. 2018.

An important challenge for future work is to go beyond assessing one isolated dimension of stress (such as perceived discrimination) but to model how <u>multiple stressors relate to</u> <u>each other and combine over the life course to affect both the</u> <u>onset of illness and the progression of disease</u>. Research indicates that failure to measure stress comprehensively leads to an underestimate of the effects of stress on health. Blacks and Hispanics/Latino Individuals are Disproportionately affected by Obesity and Socioeconomic Disadvantage

- In San Francisco, overweight/obesity prevalence is 53.9% with higher rates in blacks and Hispanics (74%) versus whites (45%).
- Nationally >33% of adults with income less than \$15,000/year versus 25% of those with incomes greater than \$50,000/year are obese.
 - Differential poverty rates by race/ethnicity exist in SF:
 - white, 7.5%
 - black, 25%
 - Hispanic, 17%
 - Asian, 9%
- ObeSity and Jobs in SoCioeconomically Disadvantaged CommUnities: A Randomized CLinical Precision Public HealTh Intervention- SCULPT-Job Study



"In order to eliminate health disparities and to achieve health equity, we need leaders who first care enough, then we need leaders who know enough, leaders who have the courage to do enough and leaders who will persevere until the job is done."

> Dr. David Satcher 16th Surgeon General of the United States

The voters of San Francisco voted in favor of Proposition V in November of 2016.

This law mandates the establishment of the Sugary Drink Distributor Tax Advisory Committee (SDDTAC) which is comprised of 16 people, representing experts and stakeholders.

The SDDTAC is tasked with making recommendations for how San Francisco invests the revenue from the Sugary Drinks Distributor Tax (SDDT) to reduce consumption of sugary drinks and to mitigate the impacts of their consumption. Sugary Drink Distributor Tax Advisory Committee Recommendations The Advisory Committee recommended that funds be used for new services or programming or expanding programming rather than replacing existing revenue.

The SDDTAC recommends that funds be directed to support primary and secondary prevention efforts and not for medical treatment of disease.









- Overview of BACHAC
- Membership/Community Engagement
- Programs & Initiatives
 - COVID-19 & Vaccine Initiatives
 - Other Activities
- Seniors of Color in San Mateo County
 - Data Challenge
 - Focus Group, Engagement & Next Steps
- What's Coming?



- A 25+ year grass roots community health organization
- Started by African American residents in San Mateo County (next county south of San Francisco)
- Concerned about findings from the Community Health Assessment Report regarding African Americans (Cancer, CVD, Tobacco Use, etc.)



- Address health disparities in diverse communities across generations
- Through awareness, education, access to resources, advocacy
- In partnership/collaboration with a diverse groups
- In a culture of Equity, Innovation and Inclusion





- Core group of 30-40 volunteer members (~60% are 50+ age range)
- 7 Part-time staff (Bilingual: Spanish & Tongan)
- Diverse group of Community Partners (Additional volunteers, sponsorships)





Engagement

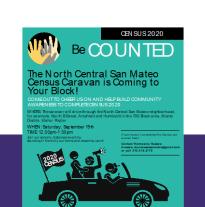
- Membership meets monthly
- Regular communication, on-line, phone calls, regular mail
- Actively sought out to assist to organize events, provide feedback, participate in surveys, focus groups, etc.
- Members are part of other organizations (NAACP, Sororities/Fraternities, faith-based, SMC, Library, academics/research institutions)
- Members consist of representatives from AARP, Alzheimer's Assn. and others



Programs/Initiatives

- Community Mammogram Program
- Tobacco Free Education
- Off To A Good Start
- Soul Stroll for Health
- Census
- Voter Education & Engagement
- Wellness Where You Are









Soul Stroll

JOIN THE



Bag for all

ST. JAMES



BAY AREA



COVID-19 Efforts

- Free COVID-19 Testing
 - Collaboration: SMC, CSM Nursing Program, & St. James AME Zion Church
- COVID-19 Education & Outreach
 - Phone Banking
 - Online: Resource Hub, Webinars, E-mail blast, blog, FB, IG, Twitter)
 - Canvassing (Pop-Ups, Food Distribution, other heavy traffic areas)





COVID-19 Efforts

- Vaccine Education & Outreach
 - Phone Banking



- Online Websites, Webinars, Networks, FB, IG, Twitter)
- Canvassing (Pop-Ups, Food Distribution, other heavy traffic areas)
- Pilot Promotora/Navigator Program
- SMC Workgroup: COVID Recovery & Vaccine Equity
 - Regular Meetings with County Leadership (Chief Public Health Director, County Manager, BOS, COBs)





Other Activities

- Panel Participation
- Letters of Support
- Members of Work Groups







TAKING CHARGE OF THE UNKNOWN

DEMENTIA CARE 101 TELEPHONE SEMINARS NOON TO 1 PM. 👟 📋



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Seniors of Color (Data Challenge)



Source CA Data Base

- *Number of Seniors 60+ in San Mateo County (SMC)
- **Number of Seniors of Color 60+ in San Mateo County
- SMC is working on further demographic breakdown



Focus Group

- January 2021
- Small group (~15)
- Seniors of Color, organization that support seniors, caregivers
- Challenges/Opportunities & Solutions
- Inform BACHAC's programming





Focus Group-Top Challenges

- Vaccine related (Vaccine Availability & Reluctance)
- Lack of Self Advocacy/Empowerment in health environment
- Mental Health (isolation, depression)
- Finances (housing, food, transportation, healthcare)
- Lack of/Access knowledge of resources
- Caregiving (financial & psychological burden)





Focus Group Opportunities/Solutions

- Acknowledgement of mistreatment
- Advocacy, Advocacy, Advocacy
- Ease of access, not all savvy with technology
- Programming designed for/and by Seniors
 - Nutrition, Exercise, Dental, Self-Advocate
- Conduit to Resources
- Hold 'the systems' accountable (policy & practice)



BACHAC- Next Steps

- Pressure Check vs other sources
- Embed in programming
- Continue influence/advocate (data, policy, etc.)
- Continue explore partnerships
- Continue to engage our community
- Learn best practices





What's Coming?

• Check out BACHAC's Knowledge for Life blog

Saturday, Feb. 6th 9am-1pm

- Off To A Good Start
- Register @ <u>www.bachac.org</u>

Saturday, Feb. 20th 10:30am-12:30pm

- 29th Annual Black History Month
- Register here



serramonte 🗶

Off to a Good Start



SATURDAY FEBRUARY 6, 2021 9:00 a.m. - 1:00 p.m. Coordinator: Anita Black Cow Keynote speakers



Dr. Curtis Chan, MD, Parente Health Officer

SIGN UP ONLINE OR BY PHON Register online: http://bit.ly/3c2zgvA Call: (650) 652-3884

Get 2021 Off To A Good Start!

March:

Wellness Where You Are Session focused on Seniors & COVID (date-tbd)









Culturally Informed Policy and Programs for Black Elders

The Importance of Behavioral Health

California Department of Aging *Equity in Aging* Webinar Series February 3, 2021

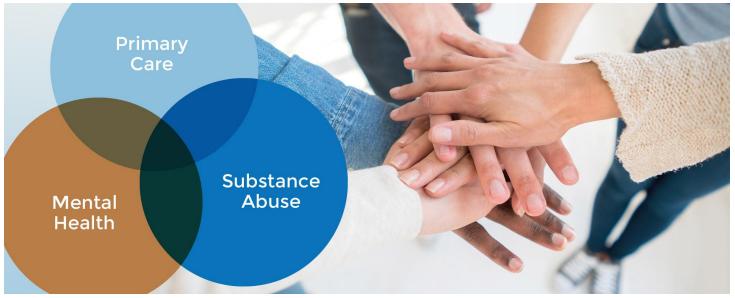
LE ONDRA CLARK HARVEY, PH.D.

CHIEF EXECUTIVE OFFICER

CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES



What is Behavioral Health?



The promotion of mental health, resilience and wellbeing; the treatment of mental and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities.

Source: Substance Abuse and Mental Health Services Administration



Chronic Conditions:

> high blood pressure, asthma, diabetes, heart disease and stroke

High Utilization Rates:

- > hospitalization
- >emergency room visits

Source: National Survey on Drug Use and Health Report



National Statistics: Service Use

- Less access to mental health services
- >Less likely to receive needed care
- > More likely to receive poor quality care when treated
- > Delay or fail to seek mental health treatment
- > Blacks are more likely to terminate treatment prematurely
- >After entering care, less likely to receive the best available treatments for depression and anxiety

Source: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3928067/#R28

The Golden State

Medi-Cal Recipients

>70% are members of racial and ethnic diverse groups.

>40% identify their primary language as other than English.

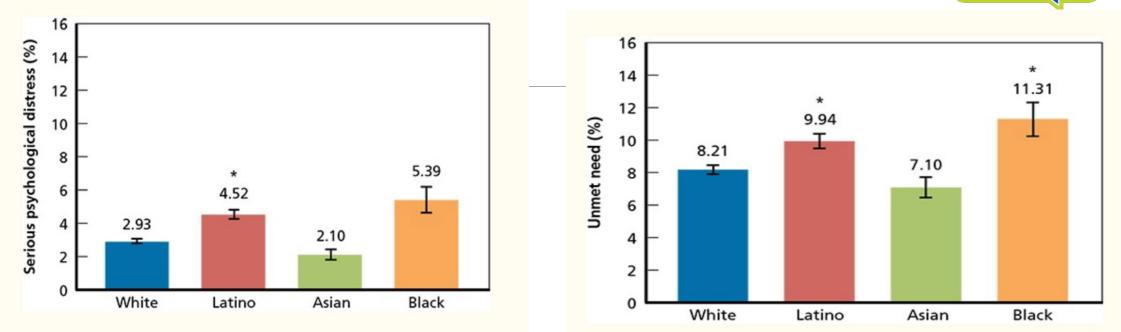
- >10.9 million enrollees:
 - > Over ¾ were racial and ethnically diverse individuals.
 - >Latinx made up half of all enrollees.

Second-lowest rate of access to mental health treatment.

Source:

https://www.dhcs.ca.gov/services/Documents/MMCD/June2018Release.pdf





State Statistics: Disparities in Prevalence and Care

Source: ncbi.nlm.nih.gov/pmc/articles/PMC6557041/



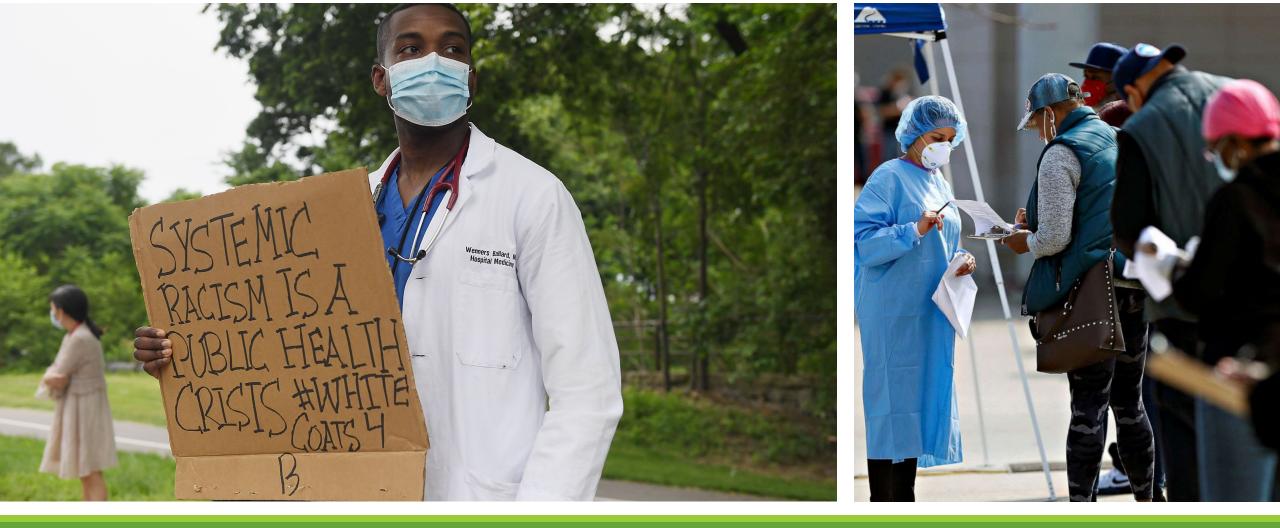
Stigma and Cultural Mistrust

Experiences of racism result in stigma and cultural mistrust

- ≻Limited access to:
 - Education
 - >Employment
 - >Healthcare
 - ≻Housing

Contributes to behavioral health disorders

- > Depression
- ≻Anxiety
- > Dementia



Intersection of COVID and Behavioral Health

CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES



Culturally Responsive Services

- Integrate care
- •Train the workforce
- •Understand the impact of racism
- •Start the dialogue about difference
- Focus on RESILIENCE! Be strengths based

Integrate cultural norms and traditions





Include Family and Community

Partner with community allies

- Social support for older people and their caregivers
- Information on longer-term care and supportive services





Resources

Black Aging Matters: How to Better Address Racism-Related Stress in African American Older Adults (Webinar, APA Office on Aging, 2018): youtu.be/DqvF_700ISY

Black and African American Elders (Diverse Elders Coalition, 2018): www.diverseelders.org/who-we-are/ diverse-elders/black-elders/

Facing the Divide: Psychology's Conversation on Race and Health (APA Office of Ethnic Minority Affairs, 2018): on.apa.org/facing-the-divide

Health and Healthcare of African American Older Adults (V.J. Periyakoil & Rita Hargrave, 2010): geriatrics.stanford.edu/wp-content/uploads/2014/10/ african_american.pdf

Mechanisms of Racial/Ethnic Disparities in Cognitive Aging and Alzheimer's Disease (Jennifer Manly, 2016): wai.wisc.edu/pdf/ADUpdate2016/Manly%20 presentation-6SLIDESPERPAGE.pdf

Multicultural Aging Efforts at APA: on.apa.org/multicultural-efforts Psychological and Physical Effects of Race Related Stress (Association of Black Psychologists, 2018): youtu.be/NPYpYC6xCLg



Thank you for your time and attention!

Le Ondra Clark Harvey, Ph.D.

Iclarkharvey@cccbha.org

CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES

Questions & Comments

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- For additional information or for feedback email <u>Engage@aging.ca.gov</u>.





Thank You!

- Visit CDA's Aging & Equity Resources for More Information:
 - COVID-19 Resources for Black Elders
 - Equity in Aging Resource Center
 - California For All Ages Campaign
- **Register in Advance for the March 3, 2021 webinar** Culturally Responsive Policy & Programs for Asian & Pacific Islander Older Adults. Speakers: Joon Bang of <u>National Asian Pacific Center on Aging</u> and Yvonne Sun of <u>SSG Silver (</u>LA)
- Webinar recordings, slides, and transcripts are available at CDA's online Equity in Aging Resource Center and YouTube channel.
- Send questions and comments to engage@aging.ca.gov



