

# Eliminating Disparities and Building Equity: A Social Justice Framework and Approach

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The use of affirming language inspires hope and advances recovery.

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LANGUAGE MATTERS.

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**Words have power.**

 **PEOPLE FIRST.** 

The ATTC Network uses affirming language to promote the promises of recovery by advancing evidence-based and culturally informed practices.

**Share One thing about Disparities and Building Equity that You would Like to Discuss in More Detail?**

# Structural and Social Determinants of Health (SDOH)

- Structural and Social Determinants of Health are **conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.**
- Healthy People 2030 states that our goal should be to: **“Create social and physical environments that promote good health for all.”**



# Physical

- Natural environment, such as green space (e.g., trees and grass) or weather (e.g., climate change)
- Built environment, such as buildings, sidewalks, bike lanes, and roads
- Worksites, schools, and recreational settings
- Housing and community design
- Exposure to toxic substances and other physical hazards
- Physical barriers, especially for people with disabilities
- Aesthetic elements (e.g., good lighting, trees, and benches)



# Economic Stability

- Employment and Under-Employment
- Food Insecurity - Deserts
- Substandard Housing and Instability
- Poverty and Generational Poverty



# Education

- Early Childhood Education and Development
- Quality K-12 Schools and Curriculum
- High School Graduation
- Access to and Enrollment in Higher Education
- Language and Literacy





# Social and Community Context

- Civic Participation
- Racism and Discrimination
- Racist Policing and Mass Incarceration
- Social Cohesion
- The Arts





# Health and Health Care

- Access to Health Care
- Quality of Health Care
- Access to Primary Care
- Health Literacy
- Preventive Health



# Deplorable SDOH Produce Disparities...

“Particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.” Healthy People 2030



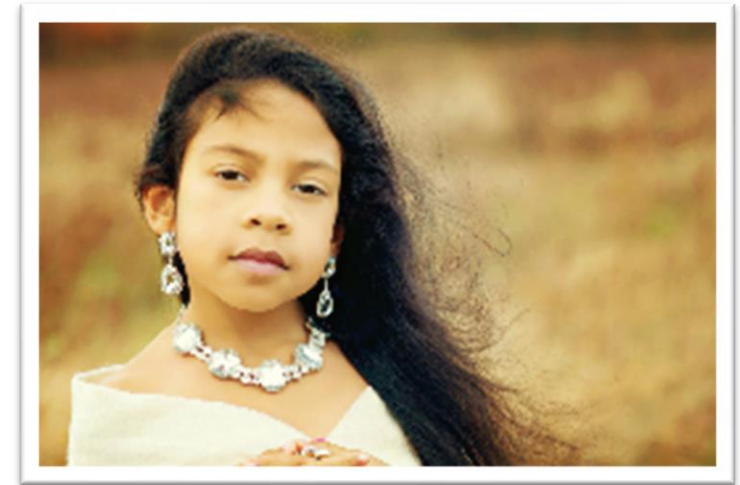
# Individual Factors Associated with Disparities

- Race/Ethnicity
- Religion
- Socioeconomic status
- Ability
- Gender
- Age
- Sexual orientation
- Gender identity
- Other characteristics historically linked to discrimination or exclusion



# Structural Factors Associated with Disparities

- Education
- Neighborhood Conditions
- Environmental Hazards
- Complete Access to the Continuum
- Health Insurance Coverage and Quality of Care





# Which Disparities do You want to Discuss Further?





What can and should we do to dismantle the Silos?

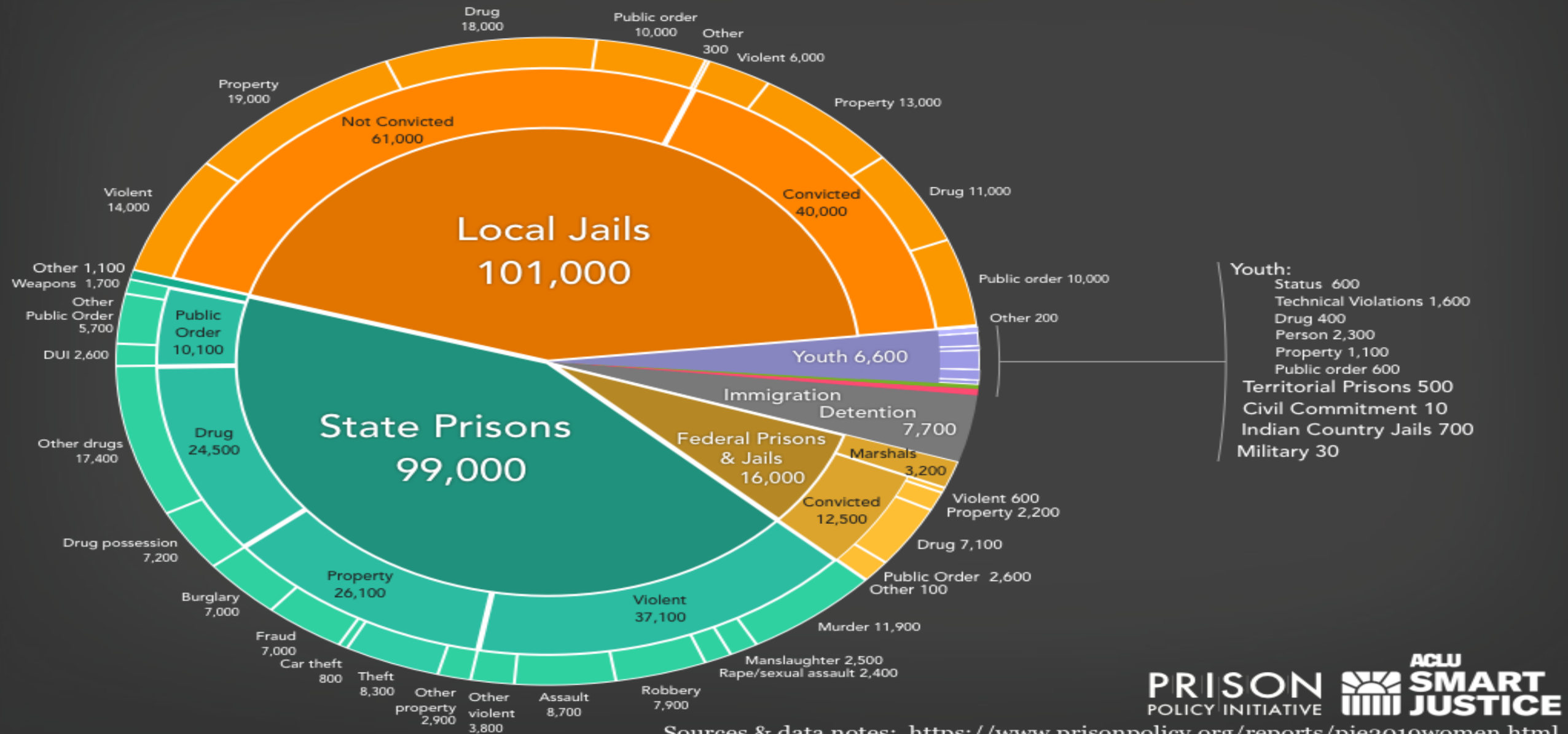


# Mass Incarceration



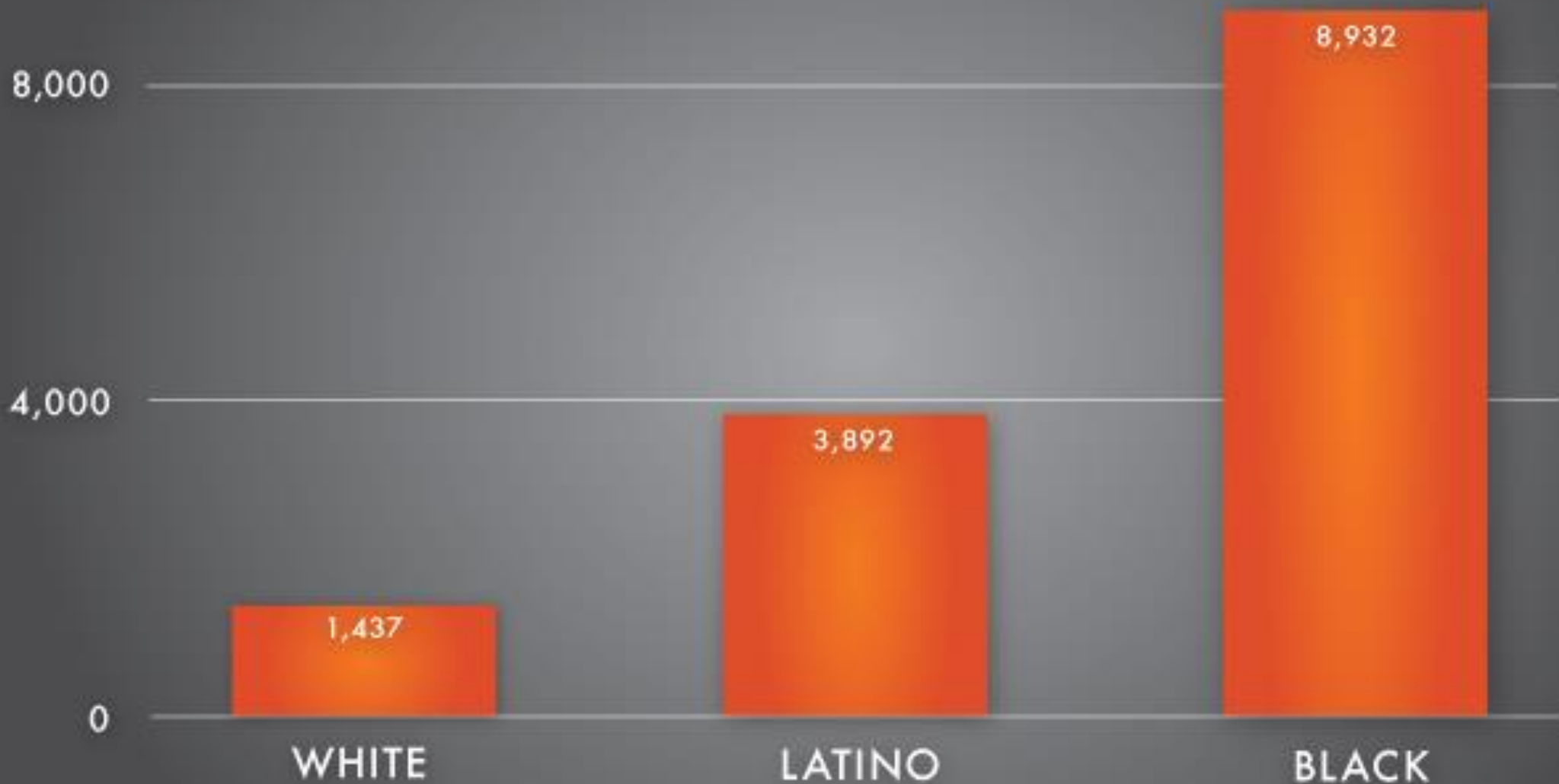
# How many women are locked up in the United States?

The United States is one of the top incarcerators of women in the world. Changing that will require knowing where 231,000 incarcerated women fall within our decentralized and overlapping systems of mass incarceration.



# Young Male Incarceration Rates, 2020

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



# Mass Incarceration

- What have been the impacts at the Individual Level?
- What have been the impacts at the Family level?
- What are you seeing and experiencing at the community level?
- What can and should we be doing to make Sustainable Changes?

# Spectrum of Attitudes in Our Field

- People Viewed as Objects
- People Viewed as Recipients
- People Viewed as Resources



# Cultural Humility

“Cultural Humility incorporates a **lifelong commitment to self-evaluation and self critique to redressing the power imbalances** in the ~~patient-physician~~ dynamic and to developing **mutually beneficial and non-paternalistic** clinical and **advocacy partnerships with communities** on behalf of individuals and the defined population.”

(Tervalon and Murry-Garcia, 1998)

# Cultural Self-Assessments

- Developed for individuals and organizations
- Gauge the degree to which you are effectively addressing the needs of culturally and linguistically diverse groups
- Determine your strengths and areas for growth
- Plan strategically for the systematic incorporation of culturally and linguistically competent policy, structures, and practices



Source: National Center for Cultural Competency,  
<https://nccc.georgetown.edu>

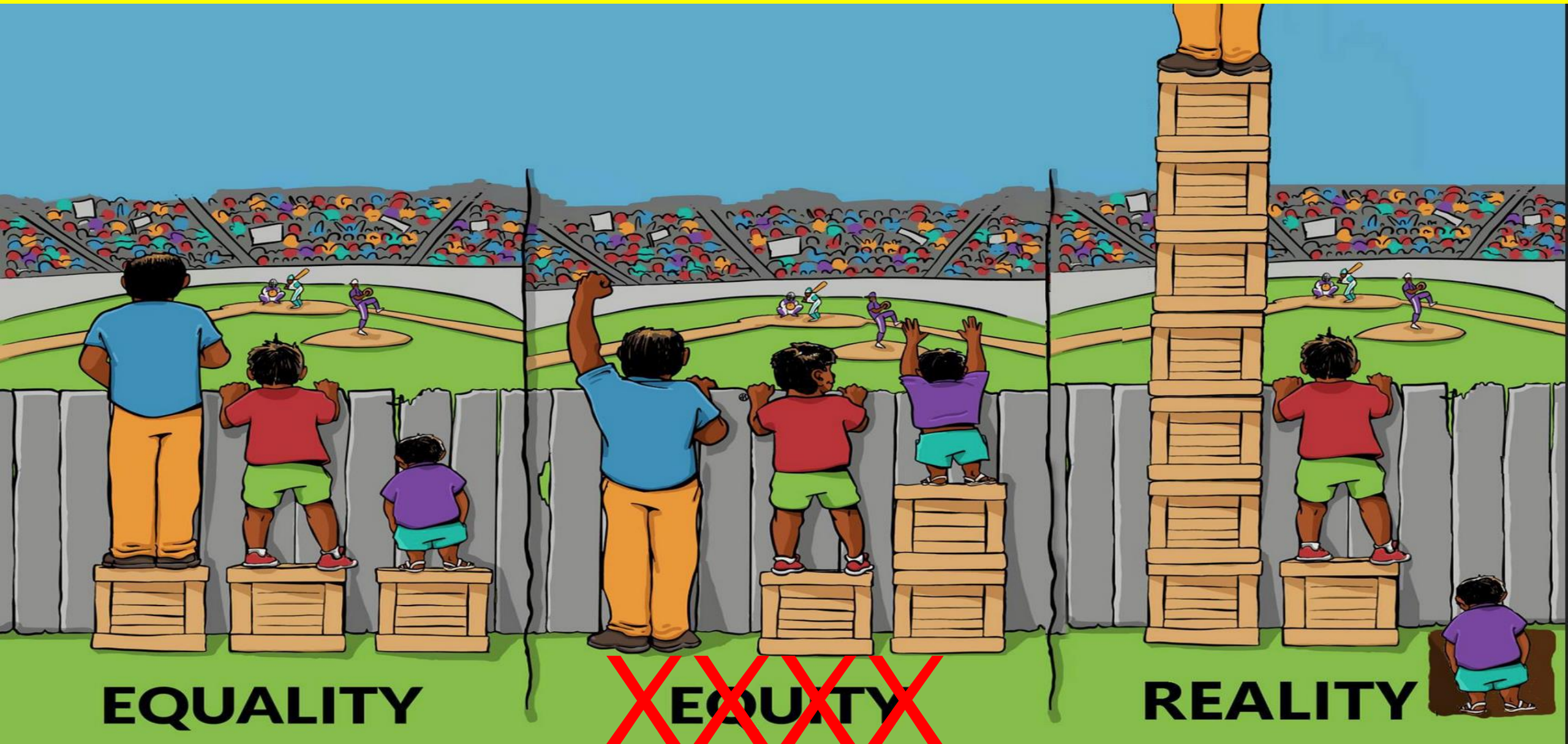


# Health Equity.....

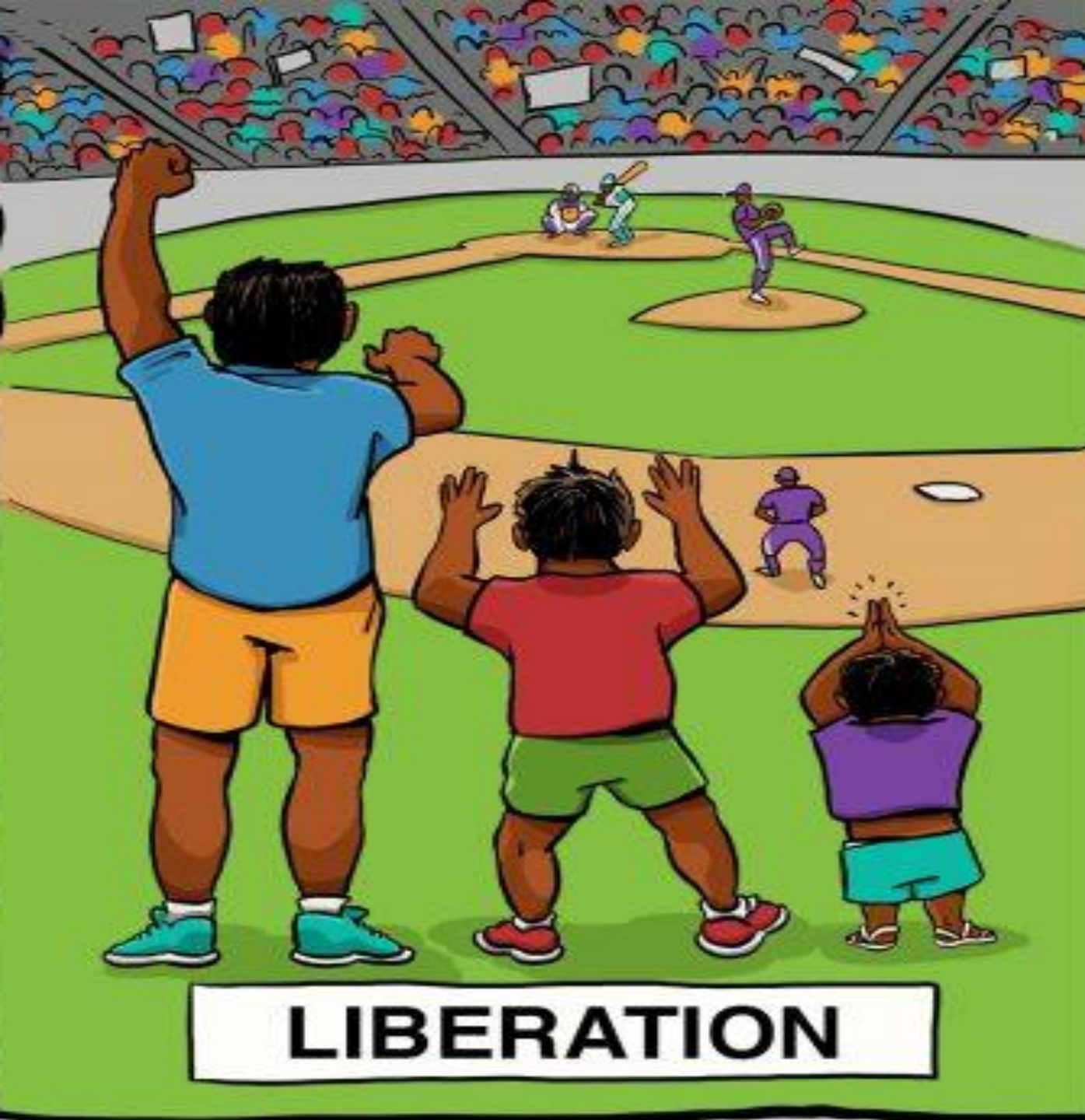
**“Behavioral Health Equity is the right to access quality health care for all populations** regardless of the individual’s race, ethnicity, gender, socioeconomic status, sexual orientation, geographical location and social conditions through prevention and treatment of mental health and substance use conditions and disorders.” SAMHSA



# Build Equity!!!







# Building Sustainable Equity

- Simply Delivering Services with Token Participation and Involvement that Sustain the Status Quo is **NOT Equity**.
- **Working Actively to Dismantle Systems of Oppression and the Structural Determinants** is a Form of Community Driven Prevention and is Social Justice and Equity in Action.
- Our Movement Doesn't' Need Allies! **We need Co-conspirators and Co-Defendants, people who lead with Cultural Humility.**

Harm Reduction is Recovery.....

**HARM REDUCTION  
SAVES LIVES**

.....Recovery is Harm Reduction!!

# Federal Changes Related to Harm Reduction

- SAMHSA, CDC, ONDCP 2 Day Summit on Harm Reduction in December 2021
- Harm Reduction Defined, Principles Established
- Steering Committee Established and Providing Input
- National Harm Reduction Technical Assistance Center Established
- 30 Million in Initial Funding Made Available; More to Follow!

# Definition of Harm Reduction

- Harm reduction is a set of **practical strategies and ideas aimed at reducing the negative consequences** associated with drug use.
- Harm reduction is also a **movement for social justice** built on a belief in, and **respect for, the rights of people** who use drugs.

(National Harm Reduction Coalition, 2021)



# Reducing Harm From What?

(National Harm Reduction Coalition, 2021)

- Substance Use Disorders and Mental Health Disorders
- HIV/AIDS
- Sexually Transmitted Infections/Diseases
- Hepatitis B, and C
- Criminal Justice Involvement
- Experiences with Homelessness
- Other Health Conditions
- Risk of Overdose

# Harm Reduction Principles

(National Harm Reduction Coalition, 2021)

- Accept, for better or worse, that licit and illicit drug use is part of our world and chooses to work to minimize its harmful effects rather than simply ignore or condemn them.
- Establish quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies.
- Ensure that people who use drugs and those with a history of drug use routinely have a real voice in the creation of programs and policies designed to serve them.

# Harm Reduction Principles (cont.)

(National Harm Reduction Coalition, 2021)

- Recognize that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.
- Understand drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others.
- Call for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm.

# Harm Reduction Principles (end)

(National Harm Reduction Coalition, 2021)

- Affirm people who use drugs (PWUD) themselves as the primary agents of reducing the harms of their drug use.
- Seek to empower PWUD to share information and support each other in strategies which meet their actual conditions of use.
- Do not attempt to minimize or ignore the real and tragic harm and danger that can be associated with illicit drug use.

# Context for Change.....

Among many other considerations Prochaska and DiClemente stated that **“...individuals go through a logical series of decision changes on the way to adopting a new behavior.”**



# Context for Change.....

- Change is a process, rather than an event.
- Involves cognitive and behavioral processes.
- Change can be a challenging and rewarding process.
- Change requires education, recovery capital, resources, support, guidance, practice and patience!

# Model: Stages of Change

**Behavior Change Occurs in Five Stages (Prochaska and DiClemente, 1984):**

- Pre-contemplation
- Contemplation
- Preparation
- Action
- Maintenance







What does Restorative  
Justice look like in Practice?



# Enhanced National CLAS Standards (OMH, 2017)

The enhanced **National Standards for Culturally and Linguistically Appropriate Services** in Health Care are issued by the USDHHS' Office of Minority Health to **advance health equity, improve quality and eliminate health care disparities** by establishing a blueprint to implement culturally and linguistically appropriate services.



# Why Implement CLAS Standards in Your Settings?

- To respond to current and projected demographic changes in the United States
- To eliminate long-standing disparities in the health status of people of diverse racial, ethnic and cultural backgrounds
- To improve the quality of services and health outcomes
- To meet legislative, regulatory and accreditation mandates
- To decrease the likelihood of liability/malpractice claims

# Principle CLAS Standard

- Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.



# CLAS: Three Broader Themes

- Theme 1: Governance, Leadership and Workforce (Standards 2-4).
- Theme 2: Communication and Language Assistance (Standards 5-8).
- Theme 3: Engagement, Continuous improvement and Accountability (Standards 9-15).

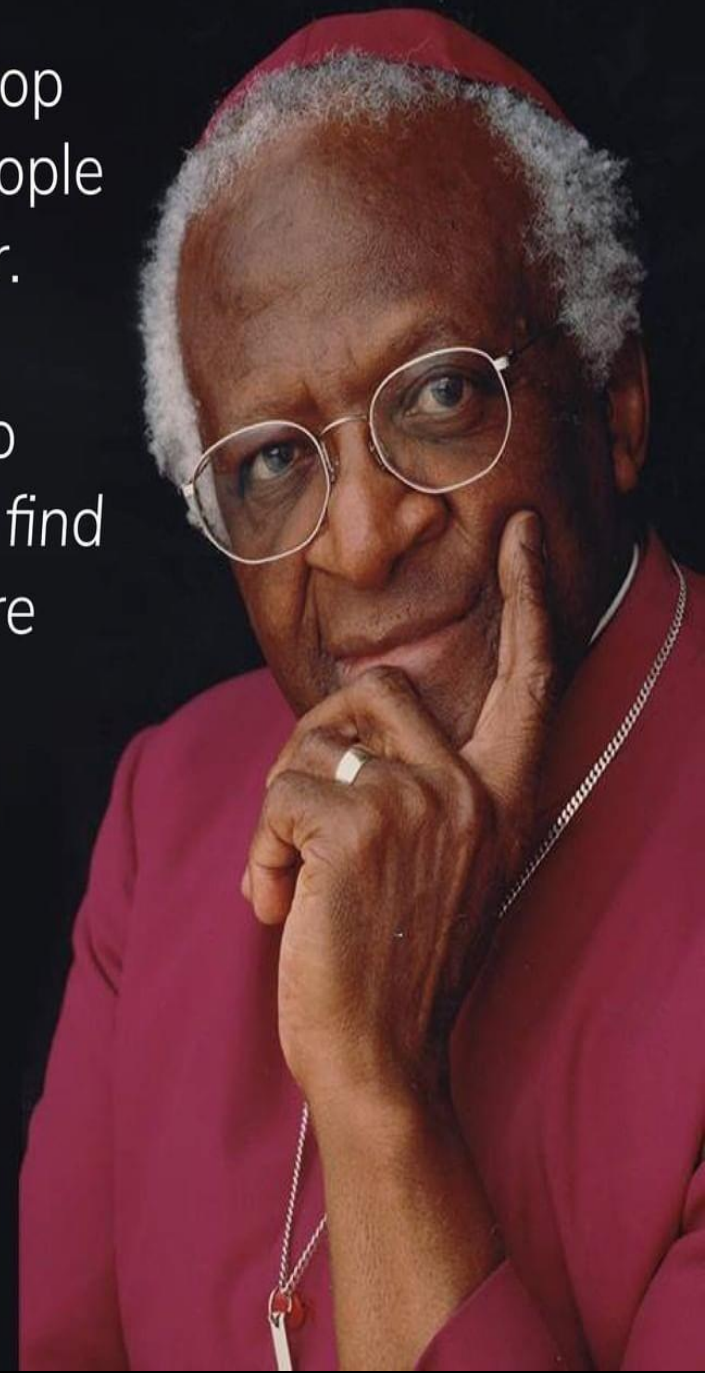




We need to stop  
just pulling people  
out of the river.

We need to go  
upstream and find  
out why they're  
falling in.

- Desmond Tutu





# Current Workforce



# Client Population



# Diverse Workforce



# The Galilean Theological Center (GTC)

- GTC has been in Partnership with the Latino Addiction Counselor Education (LACE) Program for the last three years.
- In the last three (3) years GTC in Partnership with LACE has accomplished the following;
- Reached out to more than 200 Latinx faith leaders, clergy, and social service providers.
- Have provided SUD Educational and Training Seminars in Spanish or Bilingual to the Faith Community in Cleveland and throughout the State of Ohio.
- Have certified over 150 participants with CDCA Preliminary and CDCA (second phase).

# The Galilean Theological Center (GTC)

- Have referred participants for employment at Treatment Centers, Detox Centers and Recovery Services Program.
- Just recently began providing services to the Ohio Department of Rehabilitation and Corrections (ODRC) particularly at Lorain Correctional Institution and Grafton Correctional Institution and reaching out to other correctional facilities in the State of Ohio.
- Last but not least GTC and LACE are working together to establish a Prevention Training Program for the Latinx population including the faith based community.
- For the first time in the State of Ohio, GTC and LACE have brought into existence a linguistically and culturally specific SUD Educational and Training Program that is pertinent and relevant to the Latinx community, a community that is underserved and underrepresented.

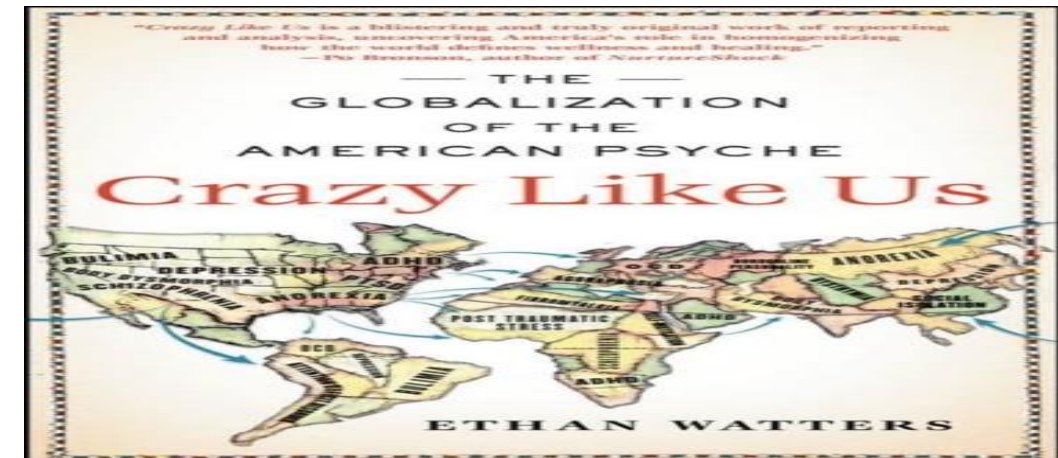
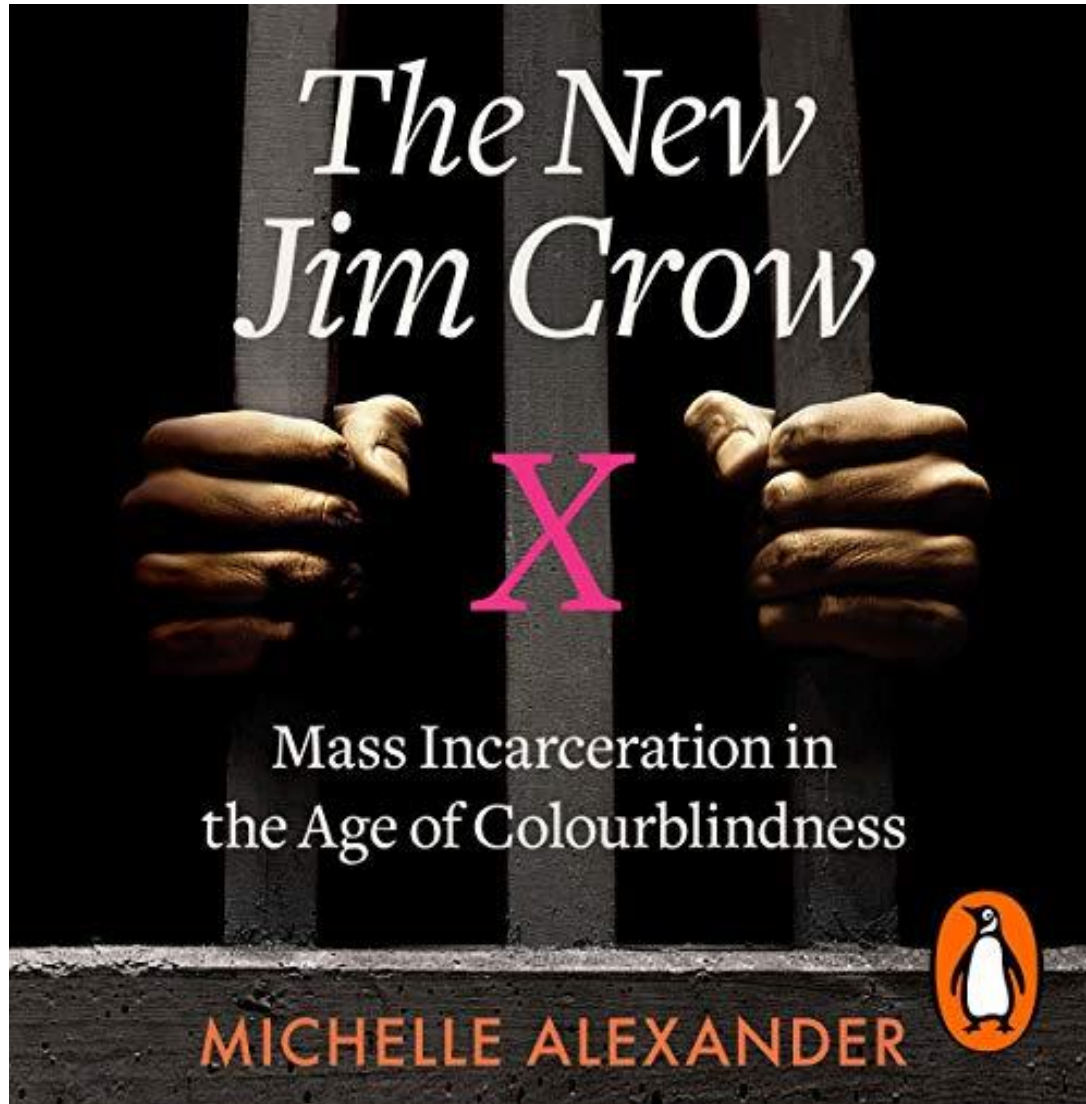
# Advocacy



- **Definition:** “The act or process of supporting a cause or proposal : the act or process of advocating for something.” (Webster’s 2022)
- **Lower Case Advocacy** is the Advocacy that I do **WITH** the people that I work **WITH**.
- **Upper Case Advocacy** is the Advocacy I do to **CHANGE Systems, Policies and Procedures**.



# Learn More...Do More!



**iGracias! - Thank You!**





# Resources

Additional Readings: <http://nccc.georgetown.edu/resources/publicationstitle.html>

Behavioral Health Crisis: <https://aspe.hhs.gov/reports/crisis-services-behavioral-health-workforce-issue-brief>

Cultural and Linguistic Appropriate Standards (CLAS): <https://thinkculturalhealth.hhs.gov/assets/pdfs/EnhancedCLASStandardsBlueprint.pdf>

Healthy People 2030: <https://health.gov/healthypeople>  
<http://www.samhsa.gov/recoverytopractice/RTP-Contribution-Detail-For>

A Practical Guide for Implementing the Recommended National Standards for Culturally and Linguistically Appropriate Services (CLAS): <https://www.thinkculturalhealth.hhs.gov/content/clas.asp>

Individual and Organizational Self Assessments: <http://nccc.georgetown.edu/resources/assessments.html>

National Center for Cultural Competence: <http://nccc.georgetown.edu/>

Prison Policy Initiative: <https://www.prisonpolicy.org/>

SAMHSA Equity: <https://www.samhsa.gov/behavioral-health-equity#:~:text=Behavioral%20health%20equity%20is%20the%20right%20of%20all,access%20high-quality%20and%20affordable%20healthcare%20services%20and%20support>

White, W.L. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. *Counselor*, 9(5), 22-27.

White, W.L. (2010). Relapse is not part of recovery: A brief commentary. [www.facesandvoicesofrecovery.com](http://www.facesandvoicesofrecovery.com) and [www.williamwhitepapers.com](http://www.williamwhitepapers.com)

White, W.L. Evans Jr., A.C., Lamb, R. & Acharya-Abraham, I. (2013). [Addiction recovery communities as indigenous cultures: Implications for professional and scientific Collaborations](#). *Alcoholism Treatment Quarterly* 31(2), 270-277.