

Unpacking systemic racism as a barrier to access and engagement with services

*Strategies to Achieve Alignment, Collaboration and Synergy across Delivery and Financing
Systems*



Research-in-Progress Webinar
Month Day, 2023
12-1pm ET

colorado school of
public health

Agenda

Welcome: Systems for Action

Presenters: Trish Kohl, Professor, Research Director, Hermann Center for Child and Family Development
Neha Navsaria, Associate Professor of Psychiatry
Devin Banks, Assistant Professor of Psychiatry

Commentary: Jessica Price, Manager of Evaluation at the Center for Public Health Systems Science

Q&A:

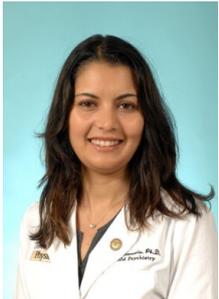
Presenters



Dr. Banks' research aims to improve racial equity in the research, treatment, and prevention of substance use and mental health problems, with a focus on Black Americans. She examines how racial and cultural determinants of health (including racism-related stress) impact the development, progression, and treatment of substance use.



Dr. Kohl's intervention, implementation and community-based research is focused on interventions to promote the emotional development of young children, treat early childhood emotional and behavioral problems, and prevent child maltreatment.



Dr. Navsaria is Co-Director of Psychotherapy Training Clinic & Seminar And Co-Director of the Preschool Mental Health Clinic at Washington University School of Medicine, Department of Psychiatry. She also leads the department's Mental Health Equity initiative.



Acknowledgements

Outline

- Findings informing the current development grant
 - Group Model Building
 - Focus Groups
- Aims
- Mental health equity framework
- Systemic racism, social determinants of health and early childhood mental health
- Methods
- Engaging children's voices in research



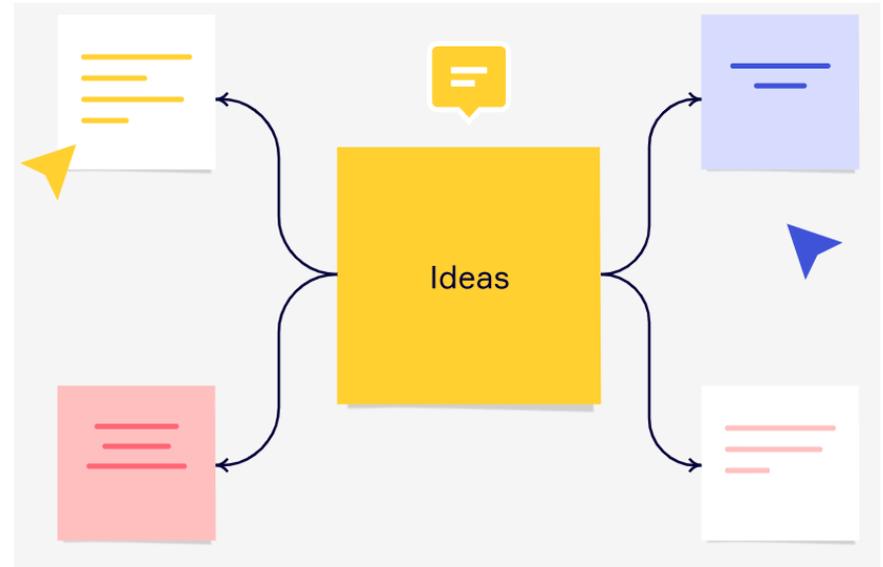
PACT - STL

Parents & Children Together ST. LOUIS

A sampling of findings...

Group Model Building

- Session 1: n=25
- Session 2: n=27
 - 2 workshops (held virtually via Zoom)
 - Assessed barriers and facilitators to collaboration
 - A causal loop diagram was created to reflect participants' understandings of barriers to collaboration at the systemic level.



Workshop 1

Organization type	Number
Child welfare	8
Healthcare	1
Housing	2
Legal/advocacy	5
Multi-service	3
Research	6

Total number of participants: 25

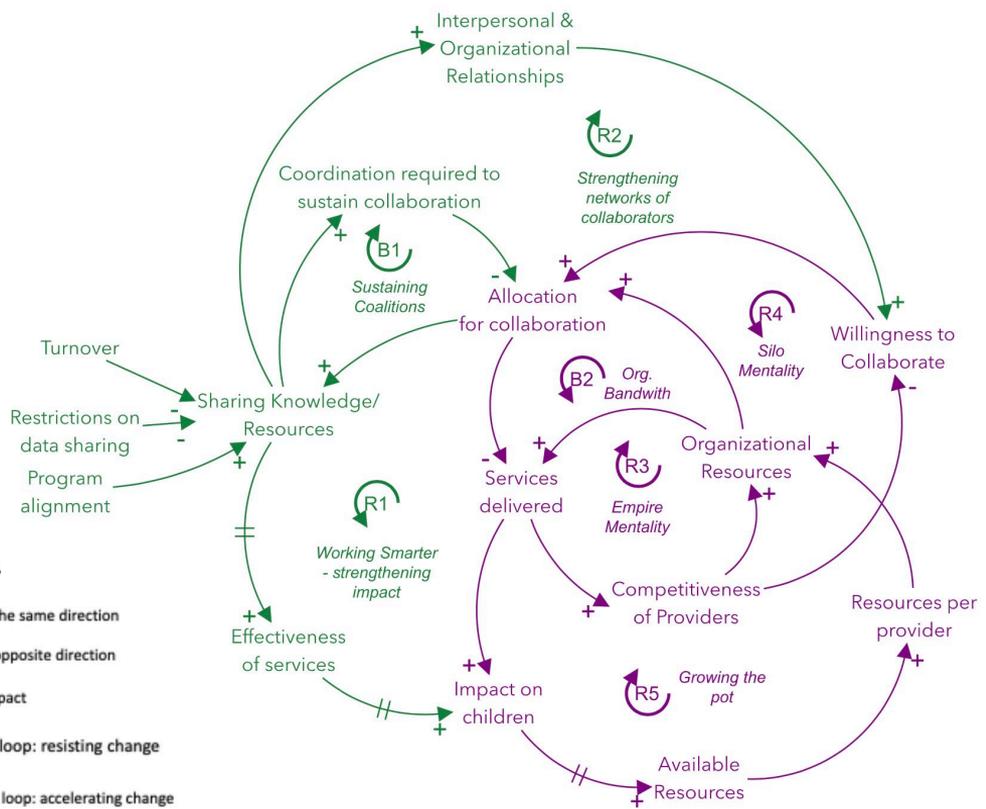
Workshop 2

Organization type	Number
Child welfare	8
Healthcare	2
Housing	2
Legal/advocacy	7
Multi-service	3
Research	5

Total number of participants: 27

Workshop Objectives and Cross-Sector Participants

- (1) Identify structural barriers and facilitators to collaboration within the group and larger organizational network
- (2) Develop system insights about potential intervention points to enhance collaboration across organizations



Legend

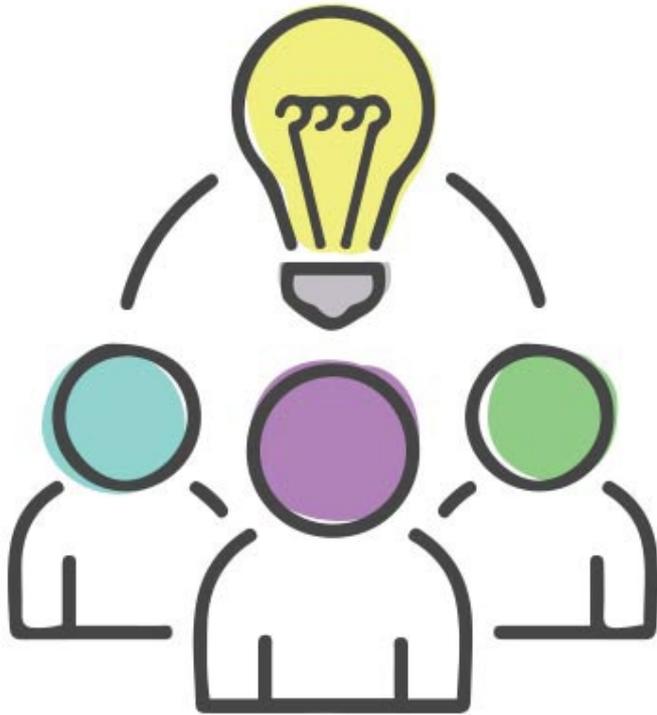
- X →+ Y Change in the same direction
- X →- Y Change in opposite direction
- X →|| Y Delay in impact
- B Balancing loop: resisting change
- R Reinforcing loop: accelerating change

Casual Loop Diagram

GMB Themes

- Participants identified a lack of resources, including funding, time, and staff, as a central theme to collaborative barriers.
- Relationships were seen as a key driver of collaboration-- both in terms of facilitating resource sharing or inhibiting new collaborations.
- Motivation was viewed as a primary factor in collaboration, yet this was complicated by multiple definitions of collaboration.
- Collaboration infrastructure was identified as central to facilitating or inhibiting collaboration.





- Participants identified several themes that act as barriers to collaboration:
 - “Empire building”, or competition between organizations
 - Challenges in how organizations spend time and money
 - Discrepancies between agencies who invest in collaboration and those who benefit
 - Problem of short-term funding and planning in inhibiting collaboration
- **The legacy of systemic racism in St. Louis**

Focus Groups

- n=27
- 4 virtual focus groups
- Participants were parents/caregivers with lived experience with the child welfare system
 - Current or previous experience
 - Report
 - In-home services
 - Children removed from home



Focus Groups



Parents were asked about their experiences of how agencies in the St. Louis region work together to meet their needs



They were also asked about their experiences with trust (or lack thereof) in these agencies.



Organizations discussed included CPS, public health, health care, mental health, and social services.

Sample

- Mean age: 40, with a range from 26 to 68 years of age
- 96% were female
- African American: 88%; Hispanic or Latino: 4%; multiracial: 4%
- Education:
 - 52% had at least some high school, high school diploma or GED
 - 19% had an associate's degree or vocational training
 - 28% had at least some college

Theme 1: Lack of collaboration between organizations, resulting in agency miscommunication and misaligned treatment goals.

“You’ll go to one person. They give you one piece of information. Then you talk to somebody else, and they tell you something altogether different, and when you try to figure out, okay, which one is it, nobody knows the answer. I think they need to streamline some of these processes, and then, I don’t know—be more interactive to each other.”

“Sometimes, agencies that are working together don't have the same goals. Let's say there's a mom with substance abuse issues. [One organization] helps the mom and child stay together by providing residential services so the mom can get substance abuse treatment and keep her family together, [while another organization] may be trying to move the child in terms of the child's safety. Working together, but having different goals where we want to maybe work on working together and having the same goal.”

Theme 2: Parents / caregivers reported experiencing an absence of care within organizations, impacting their trust in the organizations.

“You tend to trust agencies more when they follow up with you. Nobody wanna be begging. You know what I’m sayin’? You don’t wanna be too prideful, but you don’t wanna be stalkin’ the people, calling them, and they never call you back. They make you not even wanna engage with them, but if somebody is callin’ in and they’re checkin’ in on you, and they’re sayin’, “Ooh, I ain’t heard from her. Let me give her a call,” that make you more trusting, but when they just kind of push you off—they’re busy; they’re meetin’ all week; they’re in trainin’; they don’t call you back—then that can turn into days and weeks and months, it’s like you don’t care.”

Theme 3: Parents / caregivers reported experiencing bias and racism in interactions with organization staff and a lack of culturally competent services.

“Before you could open up your mouth, before they even look at your resume, before they even know anything about you, they already got an assumption.”

“I had to advocate for myself because nobody was gonna advocate for me. Part of that, played a part of that was race. They didn’t wanna hear a young black girl, at that, that got multiple kids.”

“It’s like, when you’re black and you do good, you’re still bad. You do bad, you’re just bad. It’s just, either way it goes, you’re gonna be bad in people’s eyes.”

“Let's say, for instance, you have someone that's not familiar with African American family values, and they're only familiar with their way of living. They may come into the home and say, ‘This is wrong. This is wrong. This is wrong. You know what? Let's take all the kids 'cause it's all wrong. It's all messed up.’ Then they go share that information with their colleagues, and then their colleagues have that impression of you based off what they told them, and now your name has pretty much been slandered throughout the office just because of their interpretation of your lifestyle.”

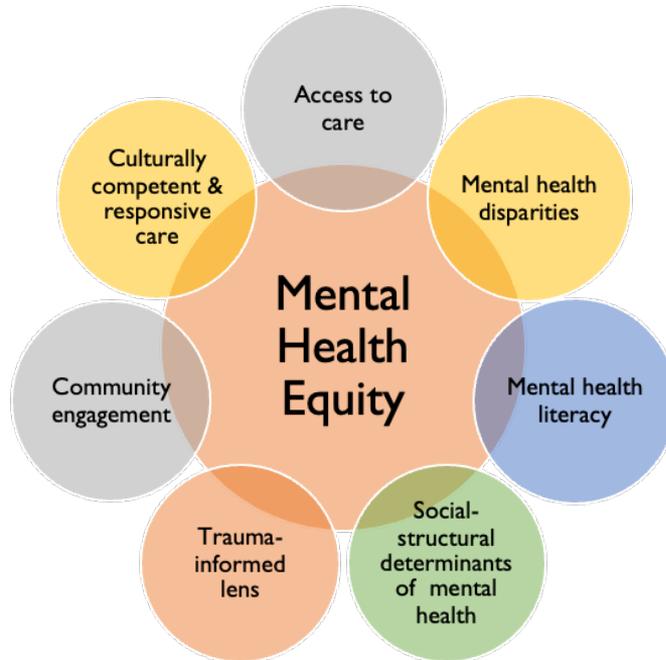
Implications

- Findings highlight the need for enhanced collaboration and improved care in child and family services that better meet the needs of families.
- Results highlight the importance of engaging individuals at multiple levels—in both organizations and the larger community.
 - It is important to elevate parent voices and the perspectives of agency leaders to determine areas that warrant change and new solutions in collaboration and improved services.
- Employing a race equity lens in the service network is essential to centering community voice and enhancing cultural sensitivity, responsiveness, and trust between providers and families.

Aims of Current Study

- **Aim 1: Elucidate the ways in which systemic racism and race-related social determinants of health impact racially and/or ethnically minoritized families with young children.**
 - (1) How do caregivers and children experience systemic racism as a contributor to mental health challenges and as a barrier to mental healthcare and to services targeting SDoH (e.g., housing, food security, family and community violence)?
 - (2) What are the perceptions of providers in the health, public health and social service sectors about the mechanisms through which systemic racism operates to prevent equitable services?
 - (3) What negative race related SDoH do families seeking child mental healthcare experience, and how do these and systemic racism affect their treatment experiences?
- **Aim 2: Explore potential pathways to disrupt racism in health, public health and social service settings serving families with young children.**
 - What do caregivers and providers identify as potential strategies to disrupt cross-sector systemic racism?
- **Aim 3: Develop a cross-sector system alignment strategy for achieving mental health equity and assess the feasibility and acceptability of a larger study to test its effectiveness.**

Mental Health Equity Framework



Mental Health Equity Framework

1. Access to mental health care

- the right of all individuals to access high-quality and affordable mental health care services and support ([SAMHSA](#)).
- barriers can include high cost, insufficient insurance coverage, limited options and long waits, lack of awareness and social stigma.

2. Mental health disparities

- data that outlines discrepancies in mental health, mental health services and mental health determinants
- most often based on race, ethnicity, gender and sexual identity ([Barksdale et al, 2022](#); [American Psychaitric Association](#); [American Psychological Association](#)).

3. Mental health literacy

- ability to gain access to, understand, and use information in ways which promote and maintain good mental health ([Jorm, 2000](#) [Jorm, 2011](#); [Sequieria et al, 2022](#))

4. Social-structural determinants of mental health

- how circumstances in which people live and work shape their mental health outcomes ([Alegria, et al, 2018](#); [American Psychiatric Association, 2022](#)).
- neighborhood resources, psychosocial conditions and structural factors ([Cobb, 2023](#)).

5. Trauma-informed lens

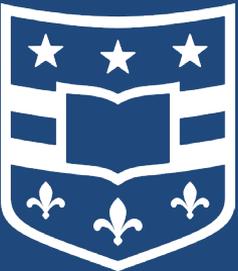
- a service system which recognizes and responds to the impact of traumatic stress on those who have contact with the system ([NCTSN](#)).
- trauma knowledge, and skills infused into organizational cultures, practices, and policies.
- intersections of trauma with culture, history, race, gender, location, language, and the compounding impact of structural inequity

6. Community engagement

- give communities “a sense of collective ownership of programs and interventions, by involving them in both design and delivery” ([Dowrick et al, 2013](#)).
- achieved by developing knowledge of the range of understandings and attitudes about mental health and well-being in the community.
- informs mental health literacy and how providers organize care delivery and support ([Rice et al, 2022](#)).

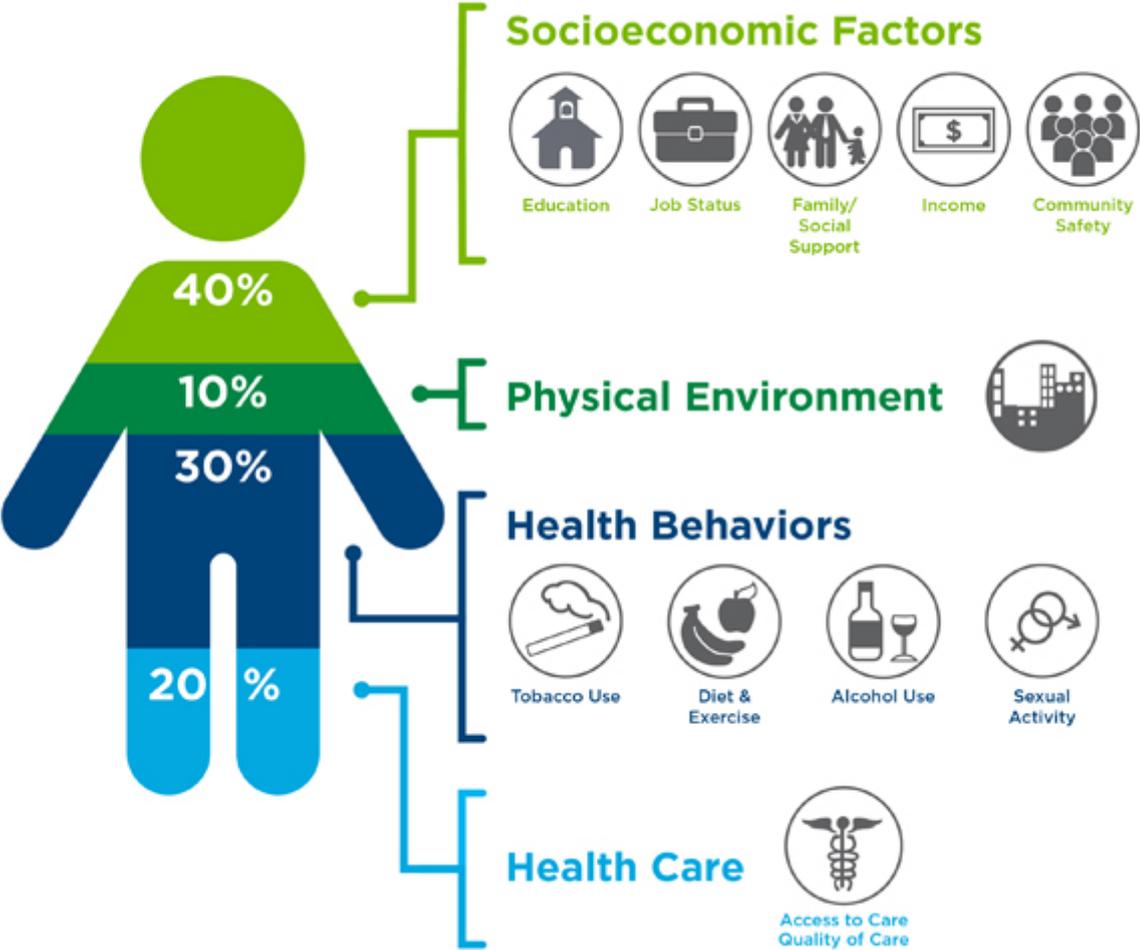
7. Culturally competent and responsive mental health care

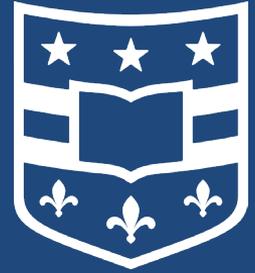
- a culturally competent mental health care provider “is able to consider how someone’s culture, race, and ethnicity may influence their mental health, and the best way to treat them” ([Fountain House, 2022](#)).
- intentional and consistent decision-making to address the way in which intersecting identities, barriers, stigmas, and historical trauma have impacted mental health ([Educational Development Center, 2020](#)).



Social Determinants of Health (SDOH)

Account for population level mortality & quality of life

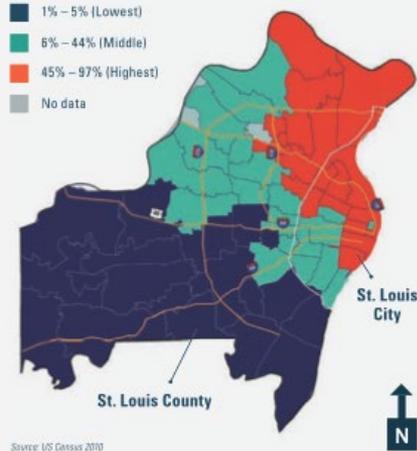




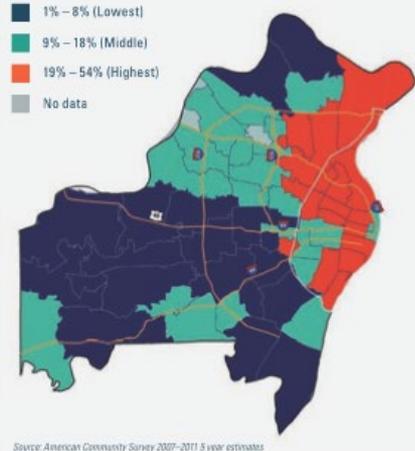
Social Determinants of Health (SDOH)

Environmental exposures drive racial inequities

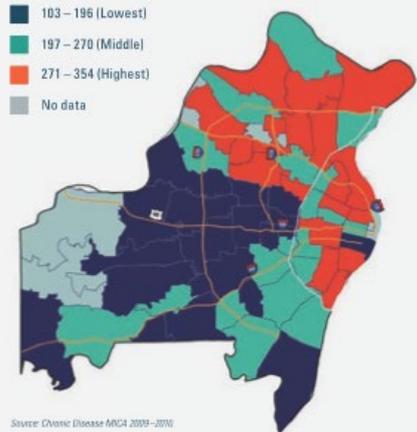
A) The concentration of African American population
Percent African American population by ZIP code



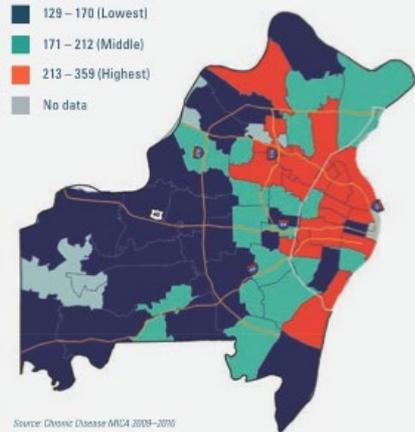
B) The concentration of poverty
Percent of all residents living in poverty by ZIP code



C) Heart disease death rates
Heart disease death rates per 100,000 for all residents by ZIP code



D) Cancer death rates
Cancer death rates per 100,000 for all residents by ZIP code



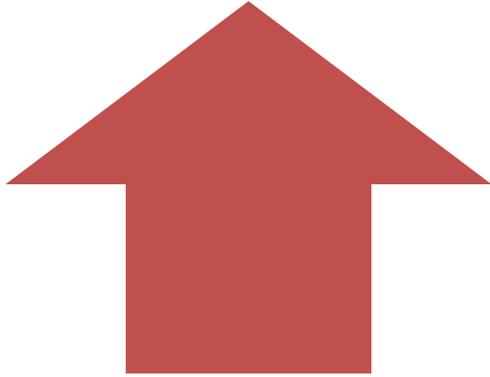


SDOH are shaped by systemic racism → health inequities

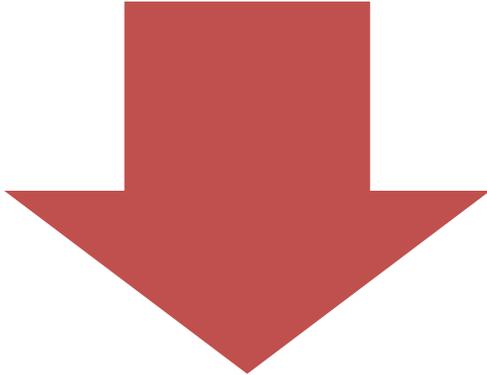
Inequitable conditions in the U.S. racial hierarchy create two types of differences in behavioral health risk across development:

1. **Compositional:** cultural variability in experience leads to different outcomes
2. **Process:** cultural variability in experience mitigates or exacerbates “traditional” factors, leading to differences in their impact

SDoH...



risk for early childhood
mental health disorders



access to and
engagement with
services

Resource Navigation

- Poverty introduces an array of service needs – beyond mental health -- across multiple sectors, while also placing further barriers on family's access to services.
- Hermann Center provides clinical services to young children and their parents
- Incorporates a resource navigation model to help families engage with needed services



The
HERMANN CENTER

For Child and Family Development





- Need those services to be positive experiences for the families we refer!

Methods

- 2 focus groups with caregivers (n=16-20)
- 2 focus groups with providers in health, public health and social service settings (n=16-20)
- In depth qualitative interviews with caregivers (n=25) of children seeking early childhood mental health services
- Child-oriented participatory interview methods (n=25)
- Online organizational self-assessment (n=25)

Child Oriented Research

Hunleth Lab at WUSM



Why include children and adolescents?

Child participation is a core principle of the UN Convention on the Rights of the Child

In health and medicine, participation means

1. Including the voices of children in pediatric global health research
2. Using methodologies that facilitate children's meaningful involvement, which are oftentimes qualitative, visual, and participatory

Current Tropical Medicine Reports
<https://doi.org/10.1007/s40475-024-00323-1>

REVIEW

Including the Voice of Children < 15-Years-Old in Paediatric Global Health Research

Dillon T. Wademan¹ · Jean Hunleth² · Musonda Simwinga³ · Tahiya Mahbub⁴ · Sarah Bernays⁵ · Graeme Hoddinott^{1,5} · Amrita Daftary^{5,7}

RESEARCH ARTICLE Open Access

What is the state of children's participation in qualitative research on health interventions?: a scoping study 

Jean M. Hunleth¹, Julie S. Spray^{1,2}, Corey Meehan^{1,3}, Colleen Walsh Lang^{1,4,5} and Janet Njelesani⁶

Playshops: Methods Used

Dice Game¹



Mapping¹
Exercise



Reflexivity on^{1, 2}
power dynamics



Role Plays³



¹ Hunleth, J. Beyond on or with: Questioning power dynamics and knowledge production in 'child-oriented' research methodology *Childhood*. 2011;18(1):81-93.
² Hunleth, J, et al. What is the state of children's participation in qualitative research on health interventions?: A scoping Study. *BMC Pediatrics* 2022; 4;22(1):328.
³ Hunleth J. *Zambian children's imaginal caring: On fantasy, play, and anticipation in an epidemic* *Cultural Anthropology*. 2019;34(2).

Play as a mode of research with young people

- Drawing
- Photography
- Collage

WHAT IMAGES AND PLAY DO IN OUR RESEARCH

"In play, a person adopts a contextual orientation toward something, which produces a text distinguished by allusion, distortion, and purported imitation. Play as a way of doing visual research can serve as a form of listening that compels us to attend to and contextualize images." Hunleth 2019
Cultural Anthropology

"You do need to know that children's opinions matter. Take that to mind." – Josh, age 13. PHRAME Study, Southern Illinois

- Recognize agency and constraint
- Co-create with Participants
- Transform meaning and knowledge
- Invite audiences into the research

SCAN ME TO LEARN MORE

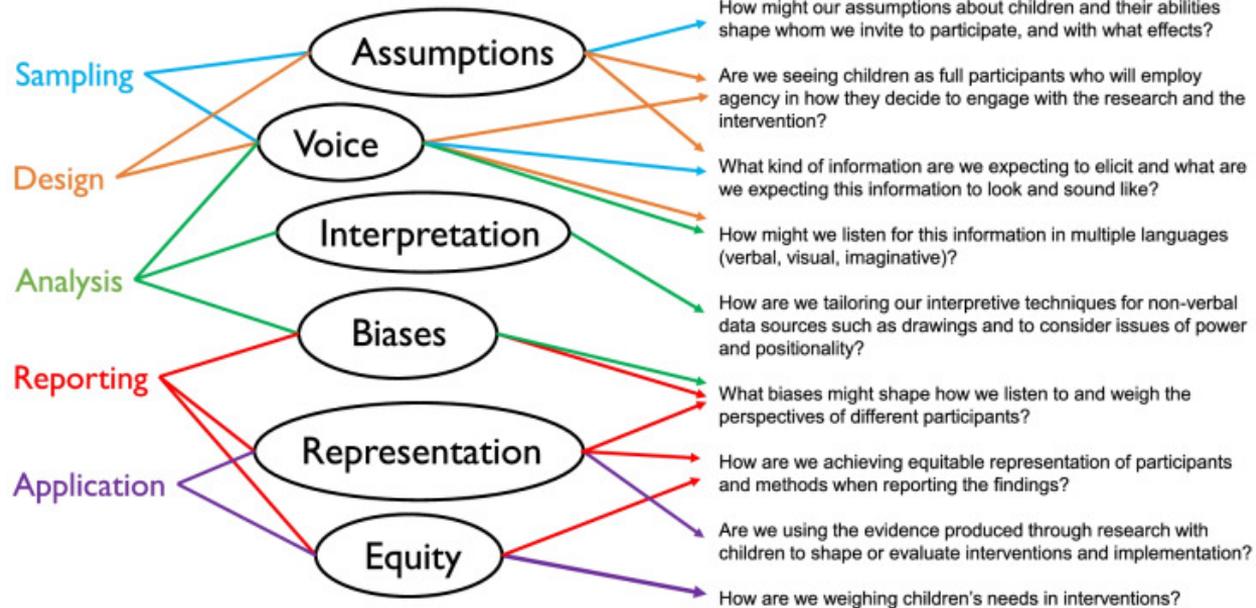
Children's Voices in Research

- Adults, including caregivers, do not always know what their children know, understand, or experience, and they might hold different understandings of children's needs and subjective wellbeing
- This means that health research also requires children's perspectives.
- Children have historically been treated as objects, rather than subjects of or participants in health research
 - Therefore, assessing the *meaningfulness* of children's participation in qualitative health intervention research is important
 - Source: Hunleth et al, 2022

Hunleth et al. 2022

Meaningfulness of Child Participation

Reflective Guide for Children's Meaningful Inclusion in Health Intervention Research

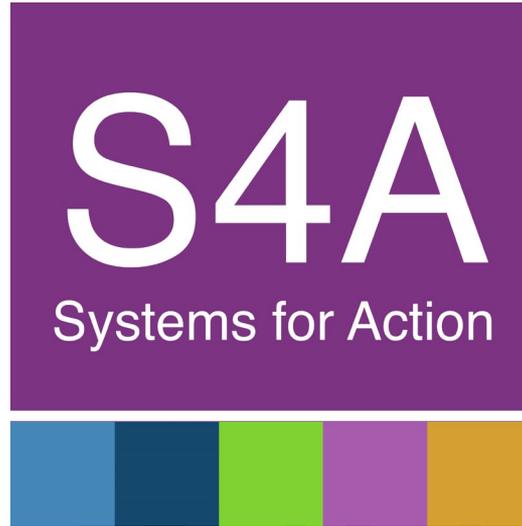


Commentary

- Jessica Price is the Manager of Evaluation at the Center for Public Health Systems Science at the Brown School at WashU. She oversees evaluation and implementation science projects including [CADCA Tools & Manuals](#), [PACT-STL](#), REACH St. Louis, and the [Rural Communities Opioid Response Program](#). Her areas of interest include community-engaged and participatory evaluation, developmental evaluation, and qualitative and mixed methods research.



Questions?



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If you would like to receive a **certificate of completion** for today's ResProg webinar, please complete the survey at the end of the session.

One will be emailed to you.

Aligning Health and Social Systems to Promote Vaccination Access for Populations Experiencing Systemic Barriers

Wednesday, Jan. 8th | 12pm ET

Register [here](#).

Systems Alignment For Effective Resettlement (SAFER): Engaging Refugee-led Organizations and Empowering Refugee Voices to Advance Equity in Refugee Resettlement

Wednesday, Jan. 22nd | 12pm ET

Register [here](#).

Acknowledgements

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